Evidence Base

Community Based Support and Housing Commissioning Framework

Evidence Base 2017-2025

Version 1.0

Children, Families and Adults

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CORNWALL COUNCIL

Community Based Support and Housing Commissioning Framework Evidence Base 2017-2025

Contents

Introduction

This evidence base has been developed in order to inform the Community Based Support and Housing Commissioning Framework 2017-2020. Further evidence will be collected and analysed for the detailed business case, implementation plan and Comprehensive Impact Assessment for each area of commissioning required for delivery of the framework.

Demographics

Cornwall in Context

Cornwall is the second largest local authority area in the South West region, covering an area of 3,559 sq. km, and has the longest coastline of all English counties at 697 km. It is an area of many contrasts; with varied landscapes including remote rural, costal and environmentally sensitive areas, interspersed with villages and historic market towns; where affluence sit's alongside some of the most disadvantaged areas in England.

Cornwall has an estimated 545,400 residents[1] living in 230,400 households.

2014 Cornwall Population Estimate by 5 year age band			
Note: Figures may not total due to rounding			
	Males	**Females**	**Total**
Age 0	2,800	2,800	5,500
Age 1-4	12,200	11,400	23,600
Age 5-9	14,700	13,900	28,600
Age 10-14	14,400	13,700	28,100
Age 15-19	16,300	15,400	31,700
Age 20-24	15,300	14,600	29,800
Age 25-29	13,600	13,300	26,900
Age 30-34	13,500	14,100	27,600
Age 35-39	13,300	14,300	27,500
Age 40-44	16,300	18,100	34,500
Age 45-49	18,700	20,300	39,000
Age 50-54	18,900	20,000	39,000
Age 55-59	17,700	19,200	37,000
Age 60-64	17,900	19,600	37,500
Age 65-69	20,700	21,700	42,400
Age 70-74	14,500	15,600	30,100
Age 75-79	10,800	12,200	23,000
Age 80-84	7,300	9,400	16,800
Age 85+	5,800	11,000	16,800
Total	**264,700**	**280,600**	**545,400**
Source: 2014 Mid-Year Population Estimates, Office for National Statistics			

[1] ONS (2014) Mid-Year Population Estimates

Deprivation is a persistent problem - Cornwall as a whole is not deprived but there are areas where there are very high levels of deprivation and this has not changed for some years. The number of neighbourhoods that fall into the 20% most deprived in England has gone up from 33 in 2010 to 44 in 2015. This includes an increase in the neighbourhoods in the worst 10% nationally from 8 to 17 (Cornwall has 326 neighbourhoods plus the Isles of Scilly is one)[2].

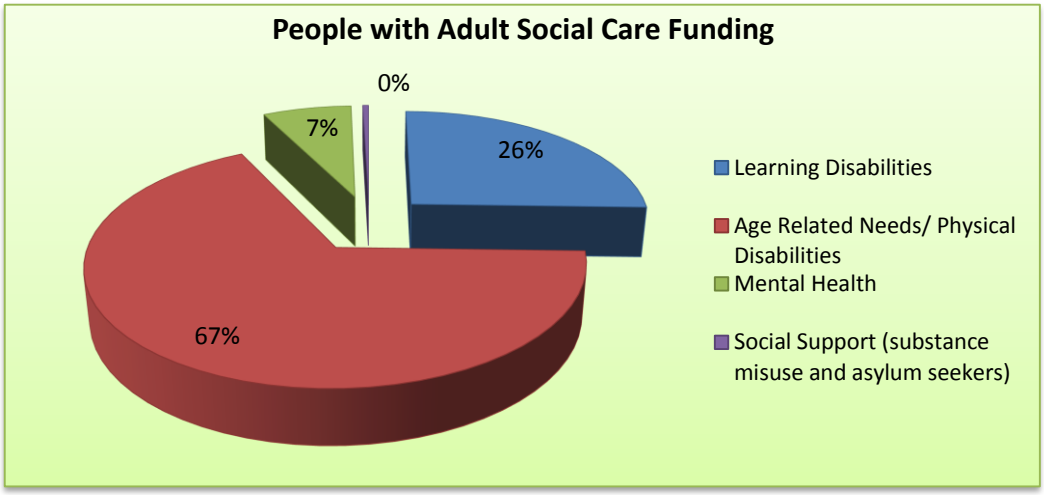
According to the 2011 Census 113,715 people in Cornwall said they had a disability or long term illness which limits their day-to-day activities. 53,166 said that activities are limited a lot and 60,549 said that activities are limited a little[3].

Adult Social Care

According to the case management system Mosaic accessed by the Performance Team there were approximately **6,700** people receiving funding through Adult Social Care in July 2016, as can be seen in the table below. This includes **1,530** people receiving direct payments.

People receiving funding through Adult Social Care July 2016 (NB. This data represents a snapshot in time, may be impacted by processes and is dependent on data coding.)				
	Council commissioned services	**Direct Payment (DP) or mix of DP and Council commissioned**	**Residential and Nursing Care Home**	**Total People**
Learning Disabilities	700	600	400	1,700
Age related needs/ physical disabilities	2,250	850	1,400	4,500
Mental Health	190	45	235	470
Social Support (substance misuse and asylum seekers)	10	5	15	30
Total	3,140	1,530	2,050	**6,700**

[2] Indices of Multiple Deprivation 2015
[3] ONS (2012) 2011 census data



Approximate data from case management system July 2016

Young People in Transition from Children's to Adult Services

Data from the Local Authority EMS One report as of 28 August 2015 shows that there were:

- **806** children aged 5 – 10 resident in Cornwall with a Statement of Special Educational Needs (SEN) or Education, Health and Care (EHC) plan
- **1,018** young people aged 11 – 15 resident in Cornwall with Statement of SEN or EHC plan
- **359** young people post 16 in Further Education provision with a Statement of SEN or EHC plan or Learning Needs Assessment

The Transforming Care Plan (TCP) in Cornwall acknowledged that these figures do not adequately identify children and young people who would fall within the scope of the TCP (children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition). Further extrapolation gives the working figures for the following groups who have a Statement of SEN or EHC who *may* fall within scope:

Statement/EHC	5-10 yrs.	11-15 yrs.
Social/Emotional/MH	89	213
Severe Learning Difficulty	169	131
PMLD	25	24
Autistic Spectrum Disorder	232	283

In Cornwall 4.2% of young people aged 16-18 years were not in education, employment or training in 2014 (5.0% in 2010), which compares to 4.5% regionally and 4.7% nationally (CHIMAT.org.uk). The table below indicates the latest number of 16-18 year olds NEET.

16 - 18 year olds NEET and not known - summary (End 2015)			
16-18 year olds known to the local authority	16-18 year olds NEET [1]		% whose activity is not known
	Estimated number	%	
18,360	670	3.7%	6.6%

(2015 Local Authority NEET Data, Department for Education)

In general those not in education, employment or training are more likely to be young people who are disabled, were eligible for free school meals or had a baby (Department for Education (2011) Longitudinal Study of Young People in England).

The table below shows the predicted increase in the numbers of people with a physical disability, visual impairment, learning disability or autism spectrum disorder aged 18-24 years according to Projecting Adult Needs and Service Information (PANSI). Data is not available through PANSI on the numbers of people aged under 18 years old or numbers of people aged 18-24 with mental health needs. The figures show that the numbers of people are expected to remain stable between now and 2030.

People aged 18-24 years with support needs					
	2015	**2020**	**2025**	**2030**	**% change 2015-2030**
Total population of people aged 18-24 in Cornwall	44,000	41,700	40,800	45,500	3.41%
People aged 18-24 predicted to have a serious Physical Disability	352	334	326	364	3.41%
People aged 18-24 predicted to have a serious Visual Impairment	29	27	27	30	3.45%
People aged 18-24 predicted to have a moderate or severe Learning Disability	275	262	259	290	5.45%
People aged 18-24 predicted to have Autistic Spectrum Disorders	446	427	418	467	4.71%
Source: Projecting Adult Needs and Service Information (PANSI)					

Approximately **1,300-1,500** people aged 14-25 years were recorded by Children, Families and Adults as having a disability at 23 September 2016. However, further information on the numbers of people and the needs of those people needs to be collated and analysed as not all of these people would be assessed as eligible for adult social care.

People aged 18-64 years with support needs in Cornwall

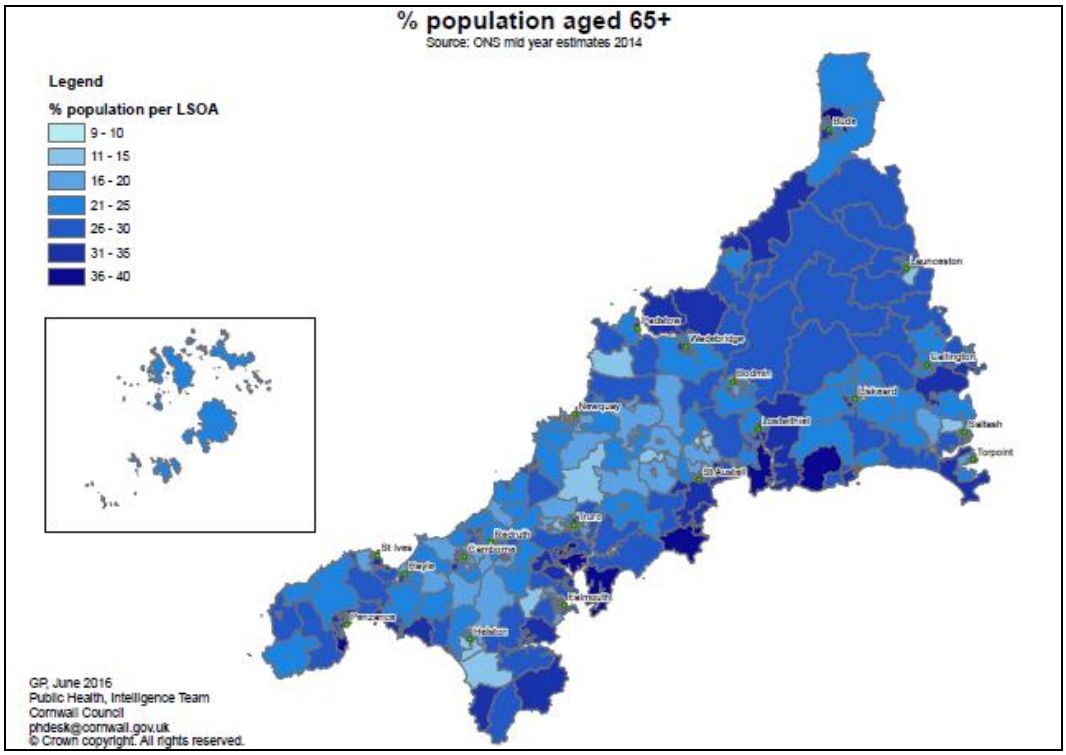
The population of Cornwall aged 18-64 years is predicted to increase by **2.42%** by 2030. The percentage of the population in Cornwall aged 18-64 with a learning disability, autism, physical disability, visual impairment or mental health need is predicted to remain stable, as well as people aged 30-64 with early onset dementia, as can be seen in the tables below.

Predicted demographics of the 18-64 population in Cornwall with learning disabilities, autism, physical disabilities, visual impairment or early onset dementia					
	2015	**2020**	**2025**	**2030**	**% change 2015-2030**
Total population aged 18-64	**313,700**	**317,600**	**319,900**	**321,300**	**2.42%**
Total Learning Disability (moderate or severe) population aged 18-64	1,727	1,748	1,766	1,789	3.59%
Total Autism Spectrum Condition population aged 18-64	3,070	3,119	3,145	3,166	3.13%
Total Physical Disability (serious) population aged 18-64	8,038	8,280	8,434	8,305	3.32%
Total population aged 18-64 predicted to have a serious visual impairment	204	206	208	209	2.45%
People aged 30-64 predicted to have early onset dementia	153	160	165	160	4.58%
Source: Projecting Adult Needs and Service Information (PANSI)					

Predicted demographics of the 18-64 population in Cornwall with mental health needs					
	2015	**2020**	**2025**	**2030**	**% change 2015-2030**
People aged 18-64 predicted to have a common mental disorder	50,785	51,432	51,706	51,922	2.24%
People aged 18-64 predicted to have a borderline personality disorder	1,424	1,441	1,448	1,454	2.11%

Predicted demographics of the 18-64 population in Cornwall with mental health needs					
People aged 18-64 predicted to have an antisocial personality disorder	1,077	1,094	1,103	1,110	3.06%
People aged 18-64 predicted to have psychotic disorder	1,263	1,279	1,285	1,291	2.22%
People aged 18-64 predicted to have two or more psychiatric disorders	22,604	22,904	23,038	23,144	2.39%
Source: Projecting Adult Needs and Service Information (PANSI)					

People aged 65+ years with support needs in Cornwall



The demographic is getting older as average life expectancy continues to rise. The average life expectancy in Cornwall is 83.5 for women and 79.5 for men; for healthy life expectancy this is 64.8 and 63.7 respectively. In reality life expectancy varies in accordance with differing levels of deprivation. Cornwall has a dispersed settlement pattern, and higher proportions of older people can be found on the south coast, in affluent rural villages and in or near some town centres.

Predicted population aged 65 and over					
	2015	**2020**	**2025**	**2030**	**% change 2015-2030**
People aged 65-69	42,400	36,700	39,200	43,700	3.07%
People aged 70-74	31,800	40,000	34,900	37,500	17.92%
People aged 75-79	23,300	28,600	36,200	32,000	37.34%
People aged 80-84	17,200	19,500	24,300	31,100	80.81%
People aged 85-89	11,000	12,400	14,600	18,700	70.00%
People aged 90 and over	6,600	8,200	10,300	13,300	101.52%
Total population 65+	**132,300**	**145,400**	**159,500**	**176,300**	**33.26%**
Source: Projecting Older People Population Information (POPPI)					

The total population of people aged over 65 years is predicted to increase by **33.26%** by 2030. There is expected to be an increase of 80.81% for people aged 80-84, 70% for people aged 85-89 and 101.52% for people aged 90 and over.

The number of people with learning disabilities over 65 is expected to increase by 25.2%; people with learning disabilities aged 75-84 years is predicted to rise by 52.94% and people with learning disabilities aged 85 years and over is expected to grow by 78.13%.

The number of people with autism over 65 is expected to increase by 33.76%; with people aged 75 years and over with autism predicted to rise by 69.59%.

The number of people with dementia over 65 is predicted to increase by 63.82% by 2030. There is expected to be an increase in the number of people with dementia of 78.95% for people aged 80-84, 67.35% for people aged 85-89 and 99.85% for people aged 90 and over.

The number of people with severe depression aged 65 and over is expected to increase by 39.11% by 2030. The number of people with severe depression aged 80-84 years is predicted to increase by 80.81% and aged 85 and over by 81.34%.

By 2030 the number of people aged 65 and over unable to manage at least one mobility activity is projected to increase by nearly 50%. The number of people unable to manage at least one mobility activity aged 80-84 years is predicted to increase by 78.03% and aged 85 and over by 77.36%.

The projected number of people living in a care home aged 65 and over is expected to increase by 67.69%. For people aged 75-84 years the number of people living in a care home is expected to rise by 55.86% and for people aged over 85 the increase is 81.28%. This highlights the need to develop alternatives to residential care that give people more independence such as Extra Care schemes.

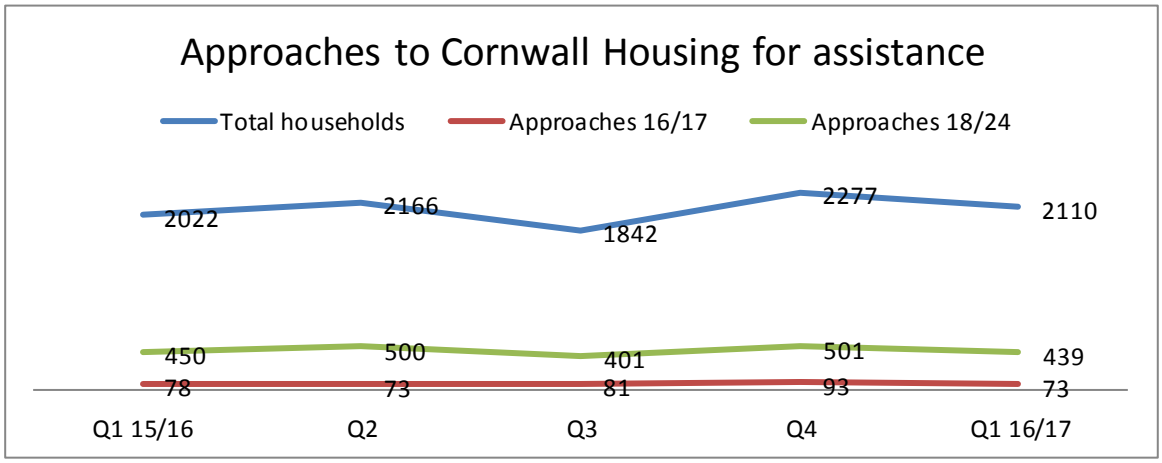
Predicted demographics of the 65+ population in Cornwall					
	2015	**2020**	**2025**	**2030**	**% change 2015-2030**
Total population 65 and over	**132,300**	**145,400**	**159,500**	**176,300**	**33.26%**
Total Learning Disability (moderate or severe) population aged 65+	377	406	432	472	25.2%
Total Autism Spectrum Condition population aged 65+	1,238	1,363	1,500	1,656	33.76%
Total moderate or severe Visual Impairment 65+	11,359	12,814	14,740	16,339	63.69%
Total moderate or severe Hearing Impairment 65+	1,460	1,641	1,880	2,227	52.53%
Total Dementia population aged 65+	9,013	10,419	12,431	14,765	63.82%
Total unable to manage at least one mobility activity* population aged 65+	23,760	26,960	30,803	35,417	49.06%
People aged 65+ living in a care home	4,104	4,769	5,731	6,882	67.69%
Total population aged 65 and over predicted to have severe depression	3587	3,947	4,506	4,990	39.11%
Source: Projecting Older People Population Information (POPPI)					

* Mobility activity - going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Homelessness and complex needs

The evidence base used for the Homelessness Strategy for Cornwall 2015-2020 showed demand for advice and assistance to prevent homelessness remains consistent, with an average of 9,200 approaches to Cornwall Housing a year (Homelessness in Cornwall January 2014). The latest evidence from live tables on homelessness from the DCLG homelessness statistics presented below shows from that during 2015/2016 250 people were assessed as homeless and in priority need.

Decisions made during the year April 2015 - March 2016			
Numbers accepted as being homeless and in priority need			
Total	Number per 1,000 households		
250	1.04		
Decisions made during the year April 2015 - March 2016			
Eligible, homeless and in priority need, but intentionally	Eligible, homeless but not in priority need	Eligible, but not homeless	Total decisions
92	70	386	**798**
11.53%	8.77%	48.37%	

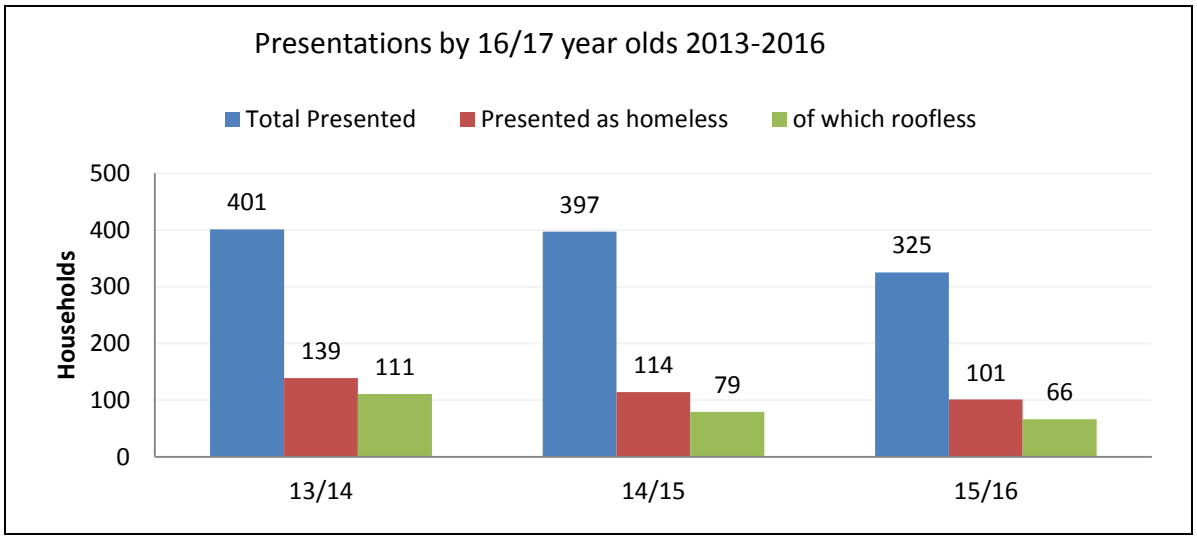


(Source: Cornwall Housing Limited)

The top five reasons for approaches have remained relatively consistent over the past five years. In 2015/16 these categories made up 68% of all approaches:

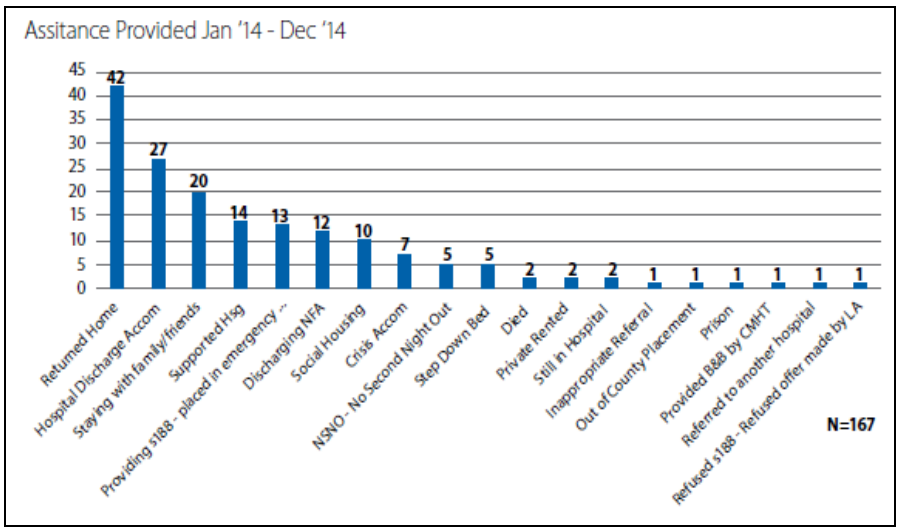
1. 'Seeking Accommodation' 31% of approaches*.
2. 'Notice to Quit from Private Sector' 13% of approaches
3. 'Family/friends unable to accommodate' 11% of approaches.
4. 'Fleeing domestic violence/Sanctuary Scheme' 8% of approaches.
5. 'Relationship breakdown' 6% of approaches.

The age profile of those accepted as homeless and in priority need shows that most people are aged under 44, and over half (55%) have dependent children (Homelessness Evidence Base September 2014). Also in the same evidence base looking at the homelessness acceptances by priority need category 2013/14 the number of households with dependent children make up over half of those accepted as being in priority need. The graph below shows the approaches from young people compared to all age groups since the beginning of 2015. Demand on the housing service remains relatively consistent.



The Cornwall Homelessness Patient Hospital Discharge Service is designed to work with patients over 16, who have settled accommodation prior to admission but will be unable to return to it for medical reasons and patients who were homeless or living in temporary accommodation prior to admission. The most recently available data from 2014 patient outcomes analysis shows with the assistance of the homeless patient advisor:

- 25% of patients were assisted to return home
- 16% accessed hospital discharge accommodation
- 38% were placed in supported accommodation



Source: Homeless Hospital Discharge Project

The majority of people presenting as homeless will not be eligible for adult social care. The commissioning intentions related to people who are homeless will be detailed in the Prevention and Early Intervention Strategy and the Homelessness Strategy.

People Accessing Services

Prevention and Early Intervention

Long term supported accommodation (LTSA) services support people in an appropriate accommodation environment to live independently. People accessing the 90 units of LTSA have support needs related to mental health, learning disabilities and/or autism; and may or may not have eligible social care needs.

Sheltered housing is accommodation for older people that offers independence through self-contained accommodation. Historically these schemes had a warden on site but now this is not funded by the Council. Many social housing providers are considering sheltered housing in terms of future usage and options, including as a potential for housing schemes with support, through reuse of sites and/or buildings.

Homeless services commissioned by Children, Families and Adults include:

- Short term supported accommodation and transitional support services for: 1) people who are homeless and have complex support needs related to mental health and/or substance misuse and/or a history of offending behaviour; 2) homeless families; 3) young homeless people. Crisis Accommodation is also available for homeless people where the length of stay is typically no more than 3 weeks.
- Street Outreach delivers support to any person who is rough sleeping for the purpose of supporting that person to access accommodation and other services which meet their support needs.
- Community Outreach providing 1) access to short term, crisis intervention support within the community to enable people to regain their independence for typically no longer than 6 weeks; 2) access to low level advice, information and support on an ad hoc basis to enable all people over 16 years of age to remain living independently in the community.

Early intervention support services are also available for other client groups as detailed below. The commissioning intentions for these services will be considered in the Prevention and Early Intervention Strategy.

- Individual Budgets service offers assessments and support plans for people with learning disabilities, autism and/ or mental health needs where their prevention needs may present a risk to their independence and wellbeing, in order to link them into community resources and identify an Individual Budget where appropriate.
- Befriending, Self-Advocacy and Voluntary Support services support people to access opportunities in order to maintain independence and promote health and wellbeing, whilst also providing Carers with a short-break from their caring role and sign-posting them to appropriate support services.

Community Based Care and Support

The data below is for people who where services are commissioned by the Council. There are also people with direct payments accessing services

directly but the numbers of people accessing the different types of services are unknown.

- **Supported Living Services (SLS)** – care and support services up to 24 hours a day, 7 days a week either on an individual basis or in shared accommodation for people with eligible social care needs. The provision is available to all client groups but the majority of people accessing SLS are people with learning disabilities/physical disabilities and/ or autism. People do not have to live in particular accommodation and can be in their own homes; however the majority of people live in either Supported Living Shared Housing or a Supported Living Housing Schemes. Recent analysis suggests that approximately **170** people are accessing SLS.
- **Long Term Supported Accommodation (LTSA)** services support people in a suitable and appropriate accommodation environment to live independently. People accessing the **90** units of LTSA have support needs related to mental health, learning disabilities and/or autism and may or may not have eligible social care needs.
- **Extra Care Housing Schemes** – self-contained accommodation with access to care and support services up to 24 hours a day, 7 days a week, communal areas and activities for people over 55 years old with age related support needs (younger people with disabilities will be considered). There are currently **119** units of Extra Care accommodation for people who may or may not have eligible social care needs
- **Adult Placement/ Shared Lives** - accommodation with care and support which is provided by individuals or families in the local community for people with eligible social care needs. The provision is available to all client groups but the majority of people accessing Shared Lives are people with learning disabilities. There are approximately **140** people accessing long term Shared Lives placements.
- **Day Activities** - traditionally building based where people attend for a set number of hours each day; however there is a move towards more community based support services, activities and groups. There are approximately **1,000** people accessing internal and external day activities.
- **Short Breaks** - a term used to describe a short break for the person and the carer from the usual care and support arrangements. People with high needs are given support away from their home for a period of time which provides an opportunity for a carer to recuperate. There are approximately **260** people accessing internal and external short break services.

Extra Care Demand Estimates

The projected demand for extra care housing is based on the Housing LIN approach, which includes a Strategic Housing for Older People (SHOP) analysis tool. The ratio for extra care housing used is 25 units per 1000 of population over 75 years. The ratio for enhanced sheltered housing has also been used which is 20 units per 1000 of the population over 75 years. This gives a ratio of 45 units of 'housing with care' per 1000 of the population over 75 years. The predicted demand is adjusted by tenure type based on a tenure split between the % of ownership and the % of rented in the over 65's population in each local area. There has been a significant growth in the proportion of people buying and owning their own home over the last few decades. This is reflected in Cornwall where 80% of people aged 65 and over live in homes they have bought (ONS 2011).

There are approximately 1,400 older people accessing care homes (with or without nursing) with age related needs, some of whom may also be more appropriately supported in Extra Care Schemes where they are able to live more independently.

Locations and approximate numbers of older adults accessing residential care (with or without nursing) December 2016	
North Cornwall	250
Kerrier	200
Caradon	230
Penwith	220
Restormal	280
Carrick	220
Grand Total	**1,400**

It is estimated that approximately 3,530 units of housing with care for people with age related needs are required in Cornwall by 2025. This includes 2,936 units for sale and **594** units for rent. This should include access to self-contained accommodation, carer and support and links to the local community. The intention is to work with housing providers to better understand the needs of people living in sheltered housing units to consider the potential to develop into housing with care (including Extra Care).

The table below shows the predicted number of units required broken down into 6 localities which should be used when planning future provision. Further detail is given on smaller areas; however the exact location of new developments will also depend on the availability of sites.

	Total Housing with Care Required by 2025	65+ Owned 2011 (%)	65+ Rented 2011 (%)	Housing with care required for sale by 2025	Housing with care required for rent by 2025
CALLINGTON	135	85.2	14.8	115	20
LISKEARD	86	79.5	20.5	68	18
LOOE	89	84.2	15.8	75	14
SALTASH	134	81.1	18.9	109	25
TORPOINT	51	79.6	20.4	41	10
Total Caradon	**495**			**408**	**87**
FALMOUTH PENRYN	252	83.7	16.3	211	41
ST AGNES PERRANPORTH	114	86.5	13.5	99	15
TRURO	207	82.5	17.5	171	36
Total Carrick	**573**			**480**	**93**
CAMBORNE REDRUTH	306	82.4	17.6	252	54
HELSTON	153	85.5	14.5	131	22
LIZARD	70	83.9	16.1	59	11
Total Kerrier	**529**			**442**	**87**
BODMIN	125	81.8	18.2	102	23
BUDE	130	86.3	13.7	112	18
CAMELFORD	102	86.8	13.2	89	13
LAUNCESTON	130	82.1	17.9	107	23
WADEBRIDGE	124	81	19	100	24
PADSTOW	47	80.9	19.1	38	9

Total North Cornwall	**658**			**548**	**110**
HAYLE	112	82.9	17.1	93	19
PENZANCE	208	78	22	162	46
ST IVES	101	84.3	15.7	85	16
ST JUST	102	81.6	18.4	83	19
Total Penwith	**523**			**423**	**100**
CHINA CLAY	126	84	16	106	20
FOWEY LOSTWITHIEL POLRUAN	73	81.4	18.6	59	14
MEVAGISSEY ROSELAND	69	85.3	14.7	59	10
NEWQUAY	177	83	17	147	30
ST AUSTELL	225	85.8	14.2	193	32
ST BLAZEY TYWARDREATH	82	85.7	14.3	70	12
Total Restormel	**752**			**634**	**118**
Total Cornwall	**3530**			**2936**	**594**

Supported Living Demand Estimates

In order to determine the numbers and locations of self-contained housing units with support required for people with learning disabilities and/ or autism analysis has been undertaken regarding the numbers and locations of existing people in shared living accommodation, residential care, shared lives schemes and people living at home.

There are approximated 170 people living in Supported Living Shared Housing rented accommodation and accessing supported living services (including people in single occupancy properties where the additional room is used by a carer). There are approximately 400 people accessing care homes (with or without nursing) that have support needs related to learning disabilities and/ or autism, some of whom may also be more appropriately supported in Supported Living Housing Schemes where they are able to live more independently.

Locations of people with learning disabilities and/ or autism accessing residential care and supported living services December 2016			
	Residential Care - Adult Years	**Residential Care - Older Adults**	**Accessing supported living services and living in rented properties**
North Cornwall	75	15	20
Kerrier	65	15	35
Caradon	50	10	25
Penwith	35	10	30
Restormal	55	15	30
Carrick	50	5	30
Grand Total	**330**	**70**	**170**

There are also approximately 140 people accessing Adult Placement (Shared Lives) schemes that may prefer to live in more independent accommodation, as well as 600 people over 18 with a moderate or severe learning disability (therefore likely to be eligible for social care) living at home with family (PANSI).

It is estimated that approximately 400 units of housing with support for people with learning disabilities and/ or autism are required in Cornwall by 2025. This includes **20** units for shared ownership and **380** units for rent.

The table below shows the predicted number of units required broken down into 6 localities which should be used when planning future provision. Further detail is given on smaller areas; however the exact location of new developments will also depend on the availability of properties and sites.

	Total housing with support required by 2025	**Housing with support required for shared ownership by 2025**	**Housing with support required for rent by 2025**	**Current self-contained housing with support for rent**
Total Caradon	57	3	**54**	16
CALLINGTON	8	0	8	0
LISKEARD	35	2	33	16
LOOE	0	0	0	0
SALTASH	14	1	13	0
TORPOINT	0	0	0	0
Total Carrick	66	3	**63**	0
FALMOUTH PENRYN	23	1	22	0
ST AGNES PERRANPORTH	4	0	4	0
TRURO	39	2	37	0
Total Kerrier	74	4	**70**	23
CAMBORNE	71	4	67	23

	Total housing with support required by 2025	Housing with support required for shared ownership by 2025	Housing with support required for rent by 2025	Current self-contained housing with support for rent
REDRUTH				
HELSTON	3	0	3	0
LIZARD	0	0	0	0
Total North Cornwall	86	4	**81**	0
BODMIN	52	3	49	0
BUDE	3	0	3	0
CAMELFORD	0	0	0	0
LAUNCESTON	25	1	24	0
WADEBRIDGE	5	0	5	0
PADSTOW	0	0	0	0
Total Penwith	50	3	**47**	0
HAYLE	26	2	24	0
PENZANCE	24	1	23	0
ST IVES	0	0	0	0
ST JUST	0	0	0	0
Total Restormel	68	3	**65**	0
CHINA CLAY	14	1	13	0
FOWEY LOSTWITHIEL POLRUAN	12	0	12	0
MEVAGISSEY ROSELAND	0	0	0	0
NEWQUAY	26	1	25	0
ST AUSTELL	16	1	15	0
ST BLAZEY TYWARDREATH	0	0	0	0
Total Cornwall	400	20	**380**	39

Models of Housing with Support

Purpose built extra care scheme with community facilities

- Normally around 40-60 units of accommodation in one location
- Community facilities included e.g. restaurant, resource or activity centres, health, recreational and leisure facilities which are open to people who live in the scheme and local people who live in the surrounding area.

Core and cluster extra care scheme

- Small local schemes with a core central building, e.g. a scheme perhaps spread across four or five villages, in close proximity to each other, with eight to ten housing units in each location but with services based at one central building.

- Schemes may be virtual e.g. by using telecare to link and deliver services

Remodelled extra care scheme from existing sheltered housing or residential care home

- The design and facilities within the buildings will need to be changed to bring them up to extra care standards
- Schemes may not have all the facilities of a new build extra care scheme, e.g. buggy store and charge, extensive communal facilities.

Retirement village

- Large development spread over one large site
- Often incorporates a range of buildings including flats, houses and bungalows
- Extensive communal, health and leisure facilities
- Schemes may incorporate a residential care or nursing home on site

Extra care housing linked to residential care home provision

- Small number of units – often flats
- Attached to an existing residential care home
- Ability to access care, support and facilities of existing residential care home

Smaller schemes for people with specialist needs

- Smaller than many other schemes often around 10-20 units
- Scheme specifically developed for individuals with specialist needs, e.g. cognitive impairment or learning disability
- Scheme incorporates specific care and health facilities, and is designed to specifically meet the needs of these groups. Scheme may incorporate a day resource for individuals both in and outside of the scheme with similar specialist needs

Community hub and spoke

- Can offer services and facilities to the wider community, as well as to tenants of the scheme
- Care and support is provided from a central point over a defined geographical area to people within the surrounding community
- It can ensure that smaller schemes in rural areas are cost effective

Resources

Like most councils Cornwall has had to make significant budget reductions in recent years and the situation is predicted to continue. Since 2010 the Council has found savings of £170 million; another reduction in Government funding is expected which will require further savings of £196 million by 2018/19.

The Adult Social Care (ASC) service is a major part of the Council's annual revenue expenditure at approximately £130 million net per annum. ASC is means tested and charges apply. The contribution to meeting care costs through charges is approximately £20 million per annum. Income from the

NHS through budget transfers and pooled budget arrangements contributes approximately £60 million per annum.

A pooled budget of £44.5 million for 2015/16 (with expected savings of £3.3m) has been created from existing funding as a result of the national Better Care Fund policy. One of the new initiatives that the fund will cover is the creation of a pooled budget approach to meeting the needs of some of our most complex clients who are currently funded in part by ASC and in part by the NHS Kernow.

Prevention and Early Intervention

The budget was £9.2million in 2012/13 but has been reduced considerably due to the pressure on public services to reduce spend. The current budget is £5.3million which includes the early intervention services detailed above. Further savings are expected to be made over the next two years. The services are being reviewed and careful consideration will need to be given to how to ensure the Council are meeting duties in the Care Act (2014) in relation to preventing, reducing and delaying the need for adult social care, with a decreasing budget.

Community based care and support

- Supported Living Services (SLS): The annual spend is currently approximately £16 million for SLS. ASC and NHS Kernow contribute to a joint fund to support people with learning disabilities which is included in this spend. The remaining spend is from ASC mainstream budgets. As there are approximately 170 people accessing SLS this equates to approximately £94,117 per person per annum (£1,809 per person per week); with approximately 50% of this cost attributed to the Council (£904 per person per week).
- Adult Placement/ Shared Lives: The annual spend for the Shared Lives contract to recruit and manage Shared Lives Carers is £1.5 million. As there are approximately 140 people accessing Shared Lives this equates to approximately £10,714 per person per annum (£206 per person per week).
- Extra Care: The annual spend for the current two Extra Care Schemes that are commissioned is approximately £1m. As there are 119 accommodation units available this equates to approximately £8,403 per person per annum (£162 per person per week). Further analysis is required to understand additional care costs associated with people living in Extra Care Schemes.
- Day Activities: Cornwall Council currently spends in the region of £3 million per annum on externally commissioned day service provision. £2.5m of this is on a spot purchase arrangement and the rest is on block contracts. The council also spends approximately £5.3 million per annum on in-house council run day services. As there are approximately 1,000 people accessing internal and external day activities this equates to approximately £8,300 per person per annum (£160 per person per week).
- Short Breaks: Cornwall Council currently spends in the region of £0.5 million per annum on externally commissioned short break service

provision. The Council also spends approximately £2 million per annum on in-house council run short break services. As there are approximately 260 people accessing internal and external short breaks services this equates to approximately £9,615 per person per annum (£185 per person per week).

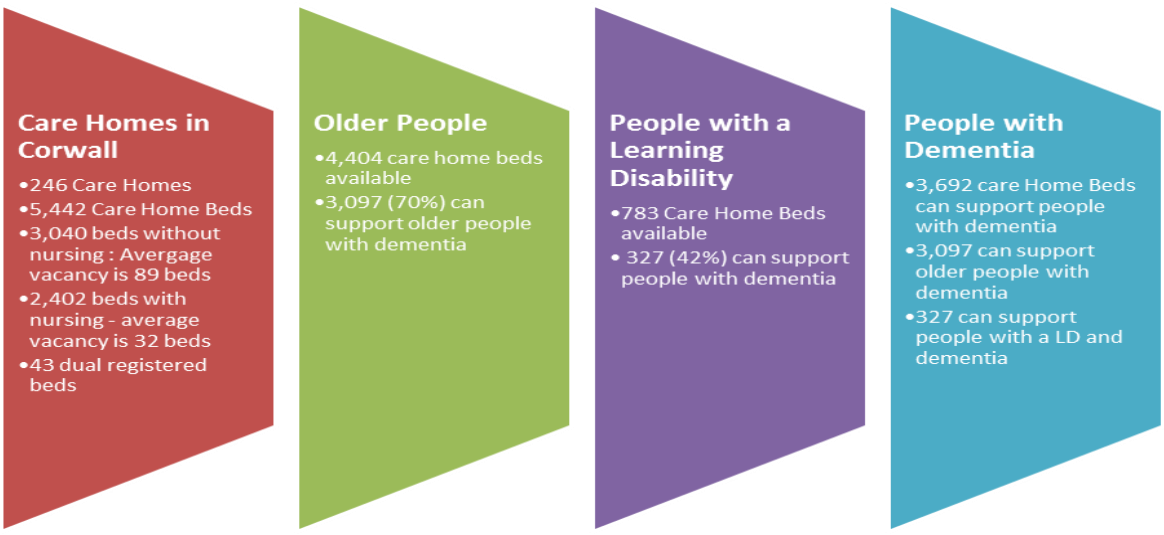
Housing costs: The rental costs for accommodation based services are paid through Housing Benefit. The Housing Benefit and Universal Credit (Supported Accommodation) (Amendment) Regulations 2014 make amendments to the Housing Benefit Regulations 2006 and the Universal Credit Regulations 2013 to ensure that tenants of supported housing are able to claim help with their housing costs through Housing Benefit and are protected from the unintended consequences of welfare reform by being categorised as 'exempt accommodation' or 'specified accommodation'.

Void costs: Void agreements have been in place for many years for Supported Living Shared Housing. Ongoing work is taking place with providers to decommission shared housing where possible and replace with self-contained accommodation. Eventually these void payments will gradually reduce as the properties are replaced and void agreements no longer needed unless it is agreed that the Council will have nomination rights.

Direct payments: There are approximately 1,500 people who are receiving direct payments and commissioning support on an individual basis. It is unclear as to how many of these people are accessing community based care options and what the cost is.

Self-funders: There are also people currently funding their own support. However, the Care Act 2014 makes it clear that it is important to consider the needs of people who are self-funding when commissioning services. Also, there will be a cap on the care fees payable to be implemented from 2020, expected to be in the region of £72k, at which point the Local Authority will be responsible for covering the cost of care fees.

Residential Care



Data on utilisation can be found in the Adult Social Care section above. It will be important to monitor how these figures change in future to ensure the objective to reduce utilisation of care homes can be monitored effectively.

Average weekly care home placement cost		
	OPPD	**LD**
Average weekly placement cost August 2015	£488	£1,245
Average weekly placement cost September 2016	£664	£1,347

There will need to be detailed analysis on the impact of the changes in the cost calculation following the introduction of the indicative budget methodology and set accommodation costs.

It is also important that analysis is undertaken of alternatives to care home provision to ascertain alternative solutions that offer improved value for money, quality of provision and opportunities for living independently. Further research needs to take place to understand the number and location of people living in residential care who would have a better quality of life living in self-contained accommodation with access to care and support, such as Supported Living Housing Schemes or Extra Care Schemes.

Commissioning intentions related to residential care homes will be detailed in the Care Homes Commissioning Strategy.

Legislation

Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, Clinical Commissioning Groups, Monitor and Health and Wellbeing Boards to make it easier for health and social care services to work together. This will improve the quality of services and people's experiences.

The Care Act 2014 introduces a number of new duties and powers and makes some changes to existing legislation.

Promoting Wellbeing: LAs must promote individual's wellbeing when carrying out any of their care and support functions. This includes promoting independent living.

Although not mentioned specifically in the way that "wellbeing" is defined, the concept of "independent living" is a core part of the wellbeing principle. Section 1 of the Care Act includes matters such as individual's control of their day-to-day life, suitability of living accommodation, contribution to society – and crucially, requires local authorities to consider each person's views, wishes, feelings and beliefs.

The wellbeing principle is intended to cover the key components of independent living, as expressed in the UN Convention on the Rights of People with Disabilities1 (in particular, Article 19 of the Convention). Supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Care Act. The language used in the Act

is intended to be clearer, and focus on the outcomes that truly matter to people, rather than using the relatively abstract term "independent living".

Care Act 2014, Section 1

Prevention: LAs must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support.

- Prevent - primary prevention/ promoting wellbeing: aimed at people with no current health/ care and support needs.
- Reduce - secondary prevention/ early intervention: aimed at individuals who have an increased risk of developing needs.
- Delay - tertiary prevention: aimed at minimising the effect of disability or deterioration for people with established health conditions, complex care and support needs or caring responsibilities.

Prevention needs to run through the design and development of community support and housing options for people with eligible care needs.

Information and advice: There is a duty placed on LAs to ensure the availability of information and advice services for all people in its area to ensure that people are aware of options in relation to care and support in order to make informed decisions, including decisions related to community support and housing options.

Market shaping: The Care Act places new duties on local authorities to facilitate and shape the market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the local authority, by the individual or in other ways. The intention of this framework is to shape housing solutions and community support in Cornwall, and will be followed by Market Position Statements and delivery plans.

Integrated working: For people to receive high quality care and support, local organisations need to work in a more joined up way. This includes LAs working with NHS and other health related services, as well as with housing authorities and providers to ensure suitable living accommodation for people with care and support needs.

Re-enablement and intermediate care services: The LA has a duty to provide 'a structured programme of care for a limited period to help a person maintain or regain the ability to live at home'. This may include provision of short term accommodation to aid re-enablement.

Cap on care costs: There will be an absolute cap on the amount a client of a service will have to pay for their care and support costs (in both residential and non-residential settings) based on their unmet eligible needs (i.e. eligible needs that the council must provide because they are not being met in any other way). The cap on the care fees will be implemented from 2020 and is expected to be in the region of £72k. The cap does not include housing/ daily living costs. Self-funders therefore need to be considered during the design and commissioning of services.

Carers: Local Authorities have a duty to ensure Provision of advice and information including to service users and Carers who do not meet the Council's eligibility threshold

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone. The following are the protected characteristics detailed in the Act: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Services are expected to make reasonable adjustments to ensure that people with different needs connected to the protected characteristics are able to access support provision.

The Autism Act 2009 made it clear that a person with autism is entitled to a Community Care Assessment and that eligibility for services could not be refused on the grounds of a person's IQ.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. The Act defines 'lack of capacity' as an inability to make a particular decision at a particular time due to "an impairment of or disturbance in the functioning of the mind or brain". It is underpinned by five key principles which are defined as follows:

- Principle 1: A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- Principle 2: Individuals being supported to make their own decisions - A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Principle 3: Unwise decisions **-** People have the right to make what others might regard as an unwise or eccentric decision.
- Principle 4: Best interests **-** If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.
- Principle 5: Less restrictive option **-** Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all.

The Act also stipulates the Deprivation of Liberty Safeguards (DoLS) which provide legal protection for vulnerable people who are, or who may be, deprived of their liberty in a hospital or care home because they lack capacity to consent to the arrangements made for their care or treatment, but for whom receiving care or treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them from harm and appears to be in their best interests.

The Act places a legal duty on local authorities and the NHS to refer a person to an Independent Mental Capacity Advocate Service (IMCAS) in

certain circumstances in order to support vulnerable people who lack capacity to make important decisions.

Key National Policy Drivers

The summary below describes the key national policy drivers to be taken into consideration when commissioning community support and housing services.

Learning Disabilities and/ or Autism: Transforming care for children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, is a national priority. This means improving the independence, well-being and health of people with learning disabilities and/or autism, closing some inpatient services, and strengthening services in the community. *Building the Right Support* (LGA; ADASS; NHS England 2015) provides information on the six fast track transformation plans already in place and how change will be implemented across the country.

The *National Service Model* (LGA; ADASS; NHS England 2015), developed with the support of people with learning disability and/or autism, as well as families/carers, and a group of independent experts, sets out how services should support people with a learning disability and/or autism who display behaviour that challenges. The principles which underpin this service model build on what have been described before, including in *Valuing People* (DoH 2001) and *Valuing People Now* (DoH 2009), all of which focus on rights, independence, choice and inclusion for people with a learning disability and/or autism.

The national autism strategies *Fulfilling and Rewarding Lives* (DoH 2010) and *Think Autism* (DOH 2014) are focused on improving the pathway to diagnosis, care and support and work related activities; as well as increasing awareness and understanding of autism.

Dementia: The aim of *Living Well with Dementia: A National Dementia Strategy* (DoH 2009) is to ensure that significant improvements are made to dementia services across three key areas: 1) improved awareness; 2) earlier diagnosis and intervention; 3) higher quality of care. Early diagnosis, effective intervention and support from diagnosis through the course of the illness can enable people to live well with dementia. Improving health and social care outcomes in dementia in the short and medium term can have significant benefits for society both now and in the future. The key objectives for this framework include 1) improved intermediate care for people with dementia; and 2) considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.

Carers: Carers outcomes have been set out in the National Carers Strategy (DoH 2008) and Recognised, Valued and Supported: Next Steps for Carers (DoH 2011) and are intended to ensure that carers are treated as experts and equal partners, have access to integrated and personalised services, have a family and community life of their own and access to income, education and employment. Carers should also be supported to maintain

their own mental and physical wellbeing. Young carers should be protected from inappropriate caring and have opportunities to learn, develop and thrive.

Disability: The aim of *Fulfilling Potential: making it happen* (DWP 2013) is that all people with disabilities, whatever their age or background, have the opportunity to fulfil their potential – to lead full and active lives that are valued by society. In order for this to happen there must be modern and responsive public services to support all people with disabilities, their carers and families. It is taking a long-term view: supporting choice and control to enable people to live independently, have greater opportunities to work and be more active members of society.

Mental Health: *No Health without Mental Health* (DoH 2011) outlined objectives to secure better mental health for the population as a whole; and better outcomes for people with mental health needs. *The NHS England 5 year vision to 2020* (NHS England 2014) also set out a framework to improve access to mental health services. This is further supported by the *Mental Health Crisis Care Concordat* (DoH 2014) which is a national agreement between services and agencies involved in the care and support of people in crisis. The Concordant focuses on four main areas: 1) access to support before crisis point; 2) urgent and emergency access to crisis care; 3) quality of treatment and care when in crisis; 4) recovery and staying well. The Mental Health Foundation report on Mental Health and Housing (2016), detailed that the implications for housing are clear: for people in supported housing, their accommodation needs to respond to their mental health needs to ensure that they receive the appropriate support. Equally supported accommodation was recognised as a place for effective treatment and management of mental health.

Young People's Well-Being: Statutory Guidance for Local Authorities on Services and Activities to Improve Young People's Well-Being 2012 places a duty on local authorities to secure equality of access to positive and preventative early help provision. Local authorities must involve young people and ascertain the views of young people and take them into account when making decisions about services and activities for them. Local authorities are responsible for securing a local offer for young people of services and activities to improve their well-being.

Local Strategies

The following local strategies and plans have been reviewed in order to identify commissioning intentions and progress.

- Our Strategy to Create a Sustainable Cornwall 2016
- Cornwall Local Plan Strategic Policies 2010-2030
- Health and Wellbeing Strategy 2015-2020
- Cornwall and Isles of Scilly Transforming Care Plan 2016-2019
- Commissioning, Performance and Improvement Service Plan 2016-17
- Care Homes Commissioning Strategy 2012-2015 (under review)
- Care at Home Commissioning Strategy 2012-2015 (under review)

- Wellbeing, Early Intervention and Prevention Commissioning Strategy 2012-2015 (under review)
- Strategic Housing Framework for Cornwall 2014-2019
- Homelessness Strategy for Cornwall 2015-2020
- Long Term Accommodation Strategy for People with Eligible Care Needs 2015-2018
- Extra Care Housing Market Position Statement (MPS) 2014-2030

The refresh of the Health and Wellbeing Strategy confirms the strategic objectives across services as:

- Improve health and wellbeing
- Improve people's experience of care
- Reduce the cost of care
- Reduce inequalities (across life course)

A summary of the relevant strategic objectives identified within the local strategies can be found below, with further information on progress so far.

Data: Determine type of accommodation required and geographical location for all client groups and consider whether individuals are living in most appropriate accommodation and location. Proactively plan for the future needs of our population through data collection and analysis and develop cost-effective solutions.

Update: Scoping assessment completed identifying need for supported living amongst adults with learning disabilities currently living in SLS shared housing. Work completed to understand baseline information on current SLS population. Prediction provided on numbers of older people and people with dementia requiring extra care housing in the Extra Care Market Position Statement. Ongoing work taking place with Statutory Performance & Integrated Social Care Systems, Public Health and Strategic Housing to improve data collection.

Extra Care and Supported Living: Increase provision of Extra Care and Supported Living Services (SLS) focusing on self-contained accommodation with care and support:

- consider potential sheltered housing schemes/ other housing stock that may be appropriate for development
- work with Planning to identify potential new schemes
- consider capital and revenue funding options and ensure best value is achieved
- commission Extra Care/ SLS services for relevant client groups

Update: Working with Cornwall Housing to identify sheltered housing schemes that could be commissioned as Extra Care/ SLS. Current Extra Care contracts reviewed and agreement received to continue to commission in interim while options for future commissioning of extra care reviewed. Two SLS schemes are operating (Harriets Close and Tolvean) and two schemes are in the developmental stage (Hendra Parc and Warfelton).

Other models of care: Consider other service delivery models offering alternatives to residential care

- Review/ research close care units linked to existing residential care schemes and commission as appropriate
- Review/ research Adult Placement/ Shared Lives service and commission as appropriate
- Review/ research potential for 'physical and virtual' models of service delivery and commission as appropriate
- Review/ research other options and commission as appropriate
- Consider capital and revenue funding options and ensure best value is achieved

Update: Adult Placement/ Shared Lives service is being reviewed to inform future commissioning. Better Care Fund programme board ensuring value for money in relation to both capital and revenue funding. Consultation started on cost modelling including consideration of core and flex model based on use of individual personal budgets.

Short term accommodation: Review options for short term accommodation to respond to hospital discharge and avoid unnecessary placements in residential care and commission as appropriate.

Update: Pathways Flats have been reviewed and lease agreements are in the process of being extended. Extra Care contracts to continue to commission care and support into Pathways Flats as appropriate alongside Short Term Enablement Planning Service. Work to promote ongoing and use of telecare/ telehealth and Occupational Therapists in Pathways Flats. Adult Placement/ Shared Lives service that includes short term placements is being reviewed to inform future commissioning.

Housing: Work with Strategic Housing and Cornwall Housing to:

- Ensure Homechoice applicants with care and support needs are supported to register and bid
- Ensure people are able to access private rented housing as appropriate
- Develop partnerships with housing providers and private landlords
- Develop housing solutions for vulnerable people that offer alternatives to residential care
- Ensure adapted properties and wheelchair accessible housing are available
- Ensure Allocations Scheme is appropriate
- Ensure Housing Services are approachable and easy to access

Update: Partnership Agreement in place with Cornwall Housing to improve access to housing register for vulnerable people. Commitment to include adult social care in the design of the Allocations Scheme and Housing Service. Process being developed to ensure that people get the support they need to register and bid for social housing. The Housing Strategy Delivery Plan 2014-2019 is being managed as a programme through the Strategic

Housing Team; with commissioners from Education, Health and Social Care involved in the Programme Board and taking the lead on relevant workstreams.

Assistive technology: Make the most of assistive technology to enable people with support needs to live safely in their homes and local community.

Update: Consideration being given to use of assistive technology during the development of service specifications. Discussions taking place with Strategic Housing regarding the development and use of Smart Homes.

Day Activities: Develop community based day opportunities local to where people live. Consider retaining larger day centres as hubs for people to provide places of familiarity and safety. Ensure a range of activities and groups are available and people are able to purchase provision with direct payments.

Update: Co-production events have taken place and are planned throughout the year in order to develop day activities with people who access services, carers, service providers and other stakeholders.

Prevention: Invest in community based, preventative services that promote independent living skills, prevent reliance on long term social care services and help people maintain their accommodation.

Update: Current prevention services being reviewed, decisions being made about the future commissioning and strategy being refreshed. Prevention considered throughout the design and development of services.

Information, Advice and Guidance: Ensure good quality information and advice; including work with adult social care operational staff and other sectors of the market e.g. Citizens Advice Bureaux, Financial Advisors, Solicitors, Advocacy Organisations etc. to ensure that they are aware of all the housing options available.

Update: The Council has introduced a Community Directory which includes information about housing with care options in Cornwall. The Council has also developed factsheets about factors to consider when choosing care services and financial assessment. A high level Information, Advice and Guidance Strategy has been developed under the TCA programme that makes recommendations for the future delivery of IAG in Cornwall. A business improvement programme for information, advice and guidance is now being undertaken, focusing initially on services for people with debt and welfare problems.

Local Transforming Care Plan

The local Transforming Care Partnership includes NHS Kernow Clinical Commissioning Group (NHS Kernow CCG), Cornwall Council and the Council of the Isles of Scilly. Cornwall and the Isles of Scilly are in the position of having relatively low level use of inpatient beds, both within area and out of area. The focus of the local Transforming Care Plan will be to further develop services, systems and culture to consolidate and improve the existing care and treatment available. The Transforming Care Partnership will work across Cornwall and the Isles of Scilly to ensure that our focus starts at prevention and early intervention to help individuals live as

independently as possible. The following five areas have been identified in the plan as requiring significant service change and development in order to meet the needs of the Cornwall and Isles of Scilly population:

- **Workforce -** As part of the Transforming Care Partnership Workforce Development workstream, NHS Kernow, Cornwall Council and the Council of the Isles of Scilly will develop a staged training programme available to all public services and care providers, increasing awareness and skills in the larger workforce of the principles of Positive Behaviour Management and Person Centred Care.

- **Autism services -** A core specialist, multidisciplinary post diagnostic service for people with autism and related complex needs is required. The service will cater for people with autism who require autism specific interventions to help increase the individual's functioning and reduce behaviour that is difficult to manage and that poses a risk to themselves or others.

- **Children and young people services -** Children's services for individuals who have behaviours that challenge are effective and wide reaching. However, a more coherent and integrated system is needed to ensure equity both geographically and across service boundaries.

- **Housing solutions –** Choice will be improved through additional housing options including a number of recent site developments in collaboration with both private landlords and those within Cornwall Council's family of businesses (e.g. Cornwall Housing Limited), as well as consideration of private rented properties and support to register for social housing.

- **Personalisation** - Cornwall Council will continue to develop an individualised support planning process for people, as well as developing and piloting Individual Service Funds allocated to providers in order to achieve person centred outcomes for people. Integrated Personalised Commissioning (IPC) is being led by NHS Kernow, in partnership with the local authorities. The main aspect of this approach is the 'guided conversation' which aims to identify outcomes with individuals which, if met through a Personal Health Budget, may avoid them from having to use crisis and emergency services to meet their ongoing needs.

The delivery of the Community Based Support and Housing Framework will support the identified outcomes of the local Transforming Care Plan.

Best Practice

A literature review of best practice has been carried out and a summary provided below identifying the key themes.

The Person: A dominant theme in the development of best practice in health and social care has been the focus on 'the person'. Think Local Act

Personal is a national partnership with the aim of transforming health and social care through personalisation and community based support. Commissioners can ensure people have greater choice and control over meeting their needs by offering a wide range of flexible services and control over how they are accessed. Person centred planning provides a way of helping a person plan all aspects of their life, ensuring that the individual and family carers remain central to the creation of any plan which will affect them. This is connected to positive risk taking which is about supporting individuals to identify the potential risks and put risk management plans in place, using available resources and support to achieve the desired outcomes, whilst minimising potential harm. Self-directed support has the aim of giving people control over their support so that they can live more independent lives. Rather than being passive, people are active citizens choosing how to spend their allocated budget with or without help. An individual can take a personal budget as a direct payment, or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two. An alternative is an individual service fund (ISF), which is a personal budget managed by a provider on a person's behalf. It is something that can be established either: a) under contract to commissioners; or b) under contract to someone with a direct payment or their own private funding. From October 2014 individuals who are not in hospital but have complex ongoing healthcare needs will have a right to receive a personal health budget. Clinical commissioning groups (CCGs) will also be able to offer personal health budgets to others that they feel may benefit from the additional flexibility and control.

Co-production: This involves working with people with care and support needs, their families and carers, along with service providers, voluntary organisations, statutory services and other stakeholders to design, develop, monitor and review services. The Social Care Institute for Excellence has produced a guide that explains how to put co-production approaches into practice in organisations and projects. The guide breaks down co-production into four areas that are summarised below:

1. Culture **-** Ensure that co-production runs through the culture of services and that this is based on a shared understanding of what co-production is; ensuring that organisations develop a culture of being risk aware rather than risk averse.
2. Structure – Develop a Co-production Framework that sets out intentions regarding co-production and communication and how existing resources and groups will be utilised. Value and reward people who take part in the co-production process - this does not need to be a monetary reward but can be ensuring that people are involved from the start, given a purpose, listened to and can see that their contribution is valuable; however expenses should be covered.
3. Practice - Ensure that everything in the co-production process is accessible to everyone taking part, everyone has enough information, understands the principles, has the necessary skills and nobody is excluded. Think about whether an independent facilitator would be useful and ensure that time, resources, support and flexibility are allowed for co-production to take place.

4. Review - Carry out regular co-produced reviews to ensure that the process is making a real difference and is following the agreed principles. Use the review findings to improve ways of applying the principles of co-production, so that continuous learning is taking place. During reviews and evaluations, work with people who use services and carers, to think about ways of showing the impact that co-production has, as well as the processes that are involved.

The Physical Environment: The design emphasis in accommodation based services should not only be on achieving safety or maintaining health but also promoting activity and inclusion. Accommodation based services have the greatest opportunity to be effective when built to maximise flexibility of use for a range of people each with a variety of care and support needs. This not only allows for more diversity from person to person, promoting inclusion, but also future-proofs the services. Wherever possible, adaptations made for specific needs (e.g. physical disability) should be determined on an individual basis. Any adaptations must also consider the potential need for their reversal at a later stage so as to maintain flexibility in the scheme.

Housing our Ageing Population Panel for Innovation (HAPPI) identified ten key design elements:

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones'

Accommodation should be built to Lifetime Homes Standard. This ensures that they are suitable and flexible for changing physical and cognitive needs.

The Community: There is widespread agreement concerning the importance of social networks and social interaction to quality of life and psychological and social wellbeing. Interventions that minimise social isolation can help increase social well-being and services should look to support people to develop a strong community identity, creating opportunities for peer-led activity, shared support and user participation. Community involvement should also consider links to friends and family members as key to avoiding social isolation and offering emotional and practical support.

Consideration should be given to the existing networks in the voluntary, community and social enterprise (VCSE) sector and how they can contribute

to service delivery. The VCSE sector ranges from small local community groups to multimillion pound organisations and the way they deliver services is equally diverse often using a mix of paid staff and volunteers. The VCSE can provide valuable local intelligence and allow for the barriers that can exist between service providers, statutory organisations and communities to be bridged. The VCSE sector will be particularly crucial in ensuring that people are able to take part in their desired social, leisure, learning and work related activities.

Changes in Need: The ability of services to be able to respond effectively to change and in particular changes in need is vital to their success. There are a multiple ways in which changes in need can occur and, whilst some are predictable, others remain harder to anticipate. There is a requirement for services to operate in a way which supports the person to remain supported in their own home rather than having to move to more acute or institutional settings as this has multiple benefits on health and wellbeing. The level and intensity of care and support should adjust flexibly to meet needs arising from changes in health so that people can remain in their own home for as long as possible. For some people, moving house, especially to housing with access to care, improves quality of life, physical health and social wellbeing. Extra Care housing, for example, is designed to meet both the current and future needs of residents and offers access to care and support 24-hours a day on site and on call. It can therefore be a home for life, as well as a viable alternative to residential care for people with age related illnesses who need more intensive support.

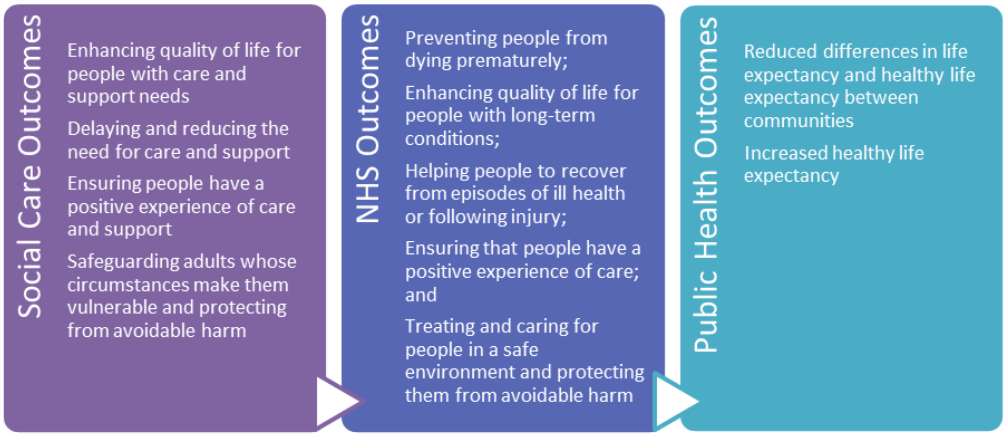
Communication: It is important to recognise that the principle of making reasonable adjustments as described in the Equalities Act (2010) should be applied to communication as much as to the physical environment. The Royal College of Speech and Language Therapists have developed the following five good communication standards:

1. There is a detailed description of how best to communicate with individuals.
2. Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
3. Staff value and use competently the best approaches to communication with each individual they support.
4. Services create opportunities, relationships and environments that make individuals want to communicate.
5. Individuals are supported to understand and express their needs in relation to their health and wellbeing.

As well as thinking carefully about direct work with individual people to ensure their communication needs are met, best practice around communication extends to an analysis of the policies and procedures that are used in services with the aim of checking that they are accessible to a variety of people with different communication needs and styles and generally straightforward. For example, many services now have 'Easy Read' versions of their policies, procedures and agreements with people

accessing services which include larger print, pictures and plain non-technical language.

Outcomes: The policy drivers described above also describe the need for outcome focused services that support people to identify their desired outcomes and the support they need to achieve their potential.



Services will contribute to achieving the outcome measures as set out in the Adult Social Care Outcomes Framework (ASCOF).

1. **Enhancing quality of life for people with care and support needs**
    - People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs
    - Carers can balance their caring roles and maintain their desired quality of life
    - People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation
2. **Delaying and reducing the need for care and support**
    - Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs
    - Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services
    - When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence
3. **Ensuring people have a positive experience of care and support**
    - People who use social care and their carers are satisfied with their experience of care and support services

- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

4. **Safeguarding adults whose circumstances make them vulnerable and protecting them from harm**
    - Everyone enjoys physical activity and feels secure
    - People are free from physical and emotional abuse, harassment, neglect and self-harm
    - People are protected as far as possible from avoidable harm, disease and injuries
    - People are supported to plan ahead and have the freedom to manage risks the way that they wish

The Care Act 2014 is clear that underpinning all of the care and support functions is the necessity to ensure a focus on the needs and goals of the person. The 11 REACH Standards, developed by Paradigm, aim to give people choice and control over how they are supported and how they live their lives. The TLAP Making it Real 'I' Statements set out what good personalised care and support should look like from the perspective of people with care and support needs, carers and families. These outcome frameworks, as well as feedback gathered through engagement events, have been used to develop a starting point for individual outcome measures. The final outcome measures will be developed with people accessing services, carers and service providers to ensure that they are the outcomes that really matter to people.

- **My Housing** - I choose who I live with and where I live. I own or rent my home and I am able to maintain my tenancy.
- **My Health and Wellbeing** – My physical health, mental health and emotional wellbeing needs are met; including support with personal care, domestic and other daily living activities.
- **My Support** - I plan my own support and choose how and when I am supported.
- **My Services** - People who support me listen to my views and my carers views when developing, delivering and reviewing support services.
- **My Choices, Rights and Responsibilities** - I understand my rights, responsibilities and choices as a citizen, service user, parent, tenant.
- **My Community Activities** - If I choose to I can take part in community groups and activities such as:
    - Leisure – e.g. music, dancing, computers, arts and crafts
    - Health and wellbeing – e.g. cooking, exercise

    - Learning – e.g. independent living skills, educational courses
    - Social – e.g. peer support groups
    - Work – e.g. paid work, voluntary work, work experience
- **My Money** – I understand the money I have, benefits I receive and the bills I need to pay.
- **My Safety** – I feel in control and safe through risk management, crisis management, protection from abuse and neglect.

Assistive Technology: is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities and also includes the process used in selecting, locating, and using them. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks.

- Telecare includes services that incorporate personal and environmental sensors in the home, and remotely, that enable people to remain safe and independent in their own home for longer. Telecare can for example remind people to take their medication and can even call for help if they fall. There are many companies who provide Telecare. People can use the open market to choose which products best suit their needs. Telecare has recently come back in-house but is no longer funded by Cornwall Council and is bought by people either through self-referral or via the Operations or Access Team.
- Telehealth is electronic sensors or equipment that monitor vital health signs remotely, are placed in service user's home, or they are given equipment that can be used while they are on the move. These readings are automatically transmitted to an appropriately trained person who can monitor the data and make decisions about potential interventions in real time, without the patient needing to attend a clinic or a GP practice. Telehealth is linked to the person's health needs and is currently under review by NHS Kernow.
- A smart home, or smart house, is a home that incorporates advanced automation systems to provide people with sophisticated monitoring and control over the building's functions. For example a smart home may control lighting, temperature, multi-media, security, window and door operations, as well as many other functions. Smart homes use 'home automation' technologies to provide home owners with 'intelligent' feedback and information by monitoring many aspects of a home. For example, a smart home's refrigerator may be able to catalogue its contents, suggest menus, recommend healthy alternatives, and order replacements as food is used up. A smart home might even take care of feeding the cat and watering the plants. The form of home automation called assistive domotics focuses on making it possible for people with age related illnesses and/ or disabilities to live independently. For example, automated prompts and reminders utilise motion sensors and pre-recorded audio messages; an automated prompt in the kitchen may remind the

person to turn off the oven, and one by the front door may remind the person to lock the door.

Recent engagement

The local Joint Strategic Needs Assessment (JSNA) includes information on the aspirations of people in Cornwall. In order to inform the previous Commissioning Strategies a review of previous local engagement was undertaken with people who use services, carers and other stakeholders, to gain an understanding of current health and social care needs and how these needs may change in the future.

Engagement has taken place more recently with the Learning Disabilities Partnership Board and Cornwall Autism Partnership regarding the Long Term Accommodation Strategy.

An event has taken place for people accessing services and carers regarding the development of the service specification for Hendra Parc.

To inform the review of externally commissioned day services, engagement has taken place with people accessing services, carers and professionals. This has included events and focus groups and an online survey. Cornwall People First led the engagement with people with learning disabilities; the Carers Service led the engagement with carers and the Transformation Challenge Award team led the engagement with older people and people with other eligible needs.

Engagement has also started for the review of the current Shared Lives and Extra Care contracts.

The findings from these have been summarised below.

I need help • with my money and budgeting • benefits • finding voluntary/ paid work • to socialise and make friends
All accommodation • must take into account individual sensory needs – colour, smell, noise, soundproofing, lighting • familiarity of location helps a lot • should be regularly reviewed for suitability • need to understand in advance if I can afford it • friendly/safe community • a place where I can meet friends • nothing institutionalised – looks like a 'normal' home • my own home with my own front door

• ability to choose – view property in advance, plan for move • near work, social life, family and friends, facilities, transport
I want a place where I can access a range of affordable activities on/ off site by myself or with friends • listen to music • watch TV • shopping • cook • discos/ dancing • use computers • cinema • swimming/ walking/ keeping fit • music clubs/ concerts • social events/ groups • arts and crafts • volunteering/ helping people
I want the service • to be available when I need/ want it – including in the evenings and at weekends • take the time to visit me regularly • plan for emergencies • treat me as an individual with individualised care and support • to support me to access the community • to have a mix of ability
I would like staff that • are positive • have 'buckets of empathy' • are responsive to feedback from people and families • are encouraging/ enthusiastic/ have a good sense of humour • are able to meet my changing needs and make adjustments • are consistent, familiar, offer routine • understand my needs, family, things that are important to me • focus on my development so that I won't need as much support in the future
I would like help looking after my home • washing clothes • cleaning • ironing • shopping • cooking
I want to keep my independence • be my own boss • choose when I get support

• choose my staff • choose my support provider • have my own space • make my own choices • have a pet if I want one • have visitors • be given time to make choices and do things on my own • offered a range of housing options • be able to use public transport • be able to speak up and be listened to
I want to understand my tenancy agreement • easy read • audio version • staff regularly go through the tenancy agreement and obligations with residents • there is someone I can talk to about my tenancy agreement
I want my family to know and trust that I am safe and that my individual needs are understood and met

Prepared by:

Long Term Care Commissioning Team

Commissioning, Performance and Improvement Service

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