

ADULT HEALTH AND SOCIAL CARE

MARKET POSITION STATEMENT 2019-2022



Demand for health, care and wellbeing services is increasing rapidly. Our population is growing, and people are living longer. There is an increase in chronic conditions, with more of us requiring long-term support. **As citizens, we expect to receive high quality and consistent care, resulting in the best possible outcomes.**

01. INTRODUCTION

INTRODUCTION AND WELCOME

We are pleased to share with you the joint Cornwall Council and NHS Kernow Clinical Commissioning Group Market Position Statement (MPS) for 2019-22, which explains our intentions as the integrated strategic commissioners of health, care and wellbeing services for Cornwall.

We know that current circumstances present significant challenges, both for the Council and the CCG as commissioners, and for providers. Demand for health, care and wellbeing services is increasing rapidly. Our population is growing, and people are living longer. There is an increase in chronic conditions, with more of us requiring long-term support. As citizens, we expect to receive high quality and consistent care, resulting in the best possible outcomes. The reality is that demand is growing faster than our budget.

To address this, the MPS is designed to **help current and potential future providers of care and support to understand predicted demand**, and to help to build a local care market which can provide innovative, flexible, high quality and value for money services. **Promoting real choice and independence for citizens is critical**, and we want to work together in partnership to support people to achieve their aspirations.

Our MPS is intended to be a live document leading to two-way exchanges of views and information, offering a basis on which to explore creative solutions and opportunities to genuinely offer people more choice and control over their lives. This document has already benefited from the input of provider colleagues. **We want to increase that involvement** as we develop some of the key themes that have been identified.

- **WHOLE SYSTEM WORKFORCE STRATEGIES**
- **THE LOCALITY PICTURE - DEVELOPING COMMUNITY-LEVEL SERVICES**
- **TECHNOLOGY-ENABLED CARE (TEC)**
- **QUALITY ASSURANCE FRAMEWORK FOR HEALTH AND CARE**
- **CORNWALL ENVIRONMENTAL GROWTH STRATEGY**

MANY THANKS FOR TAKING THE TIME TO READ THIS DOCUMENT.

We look forward to having conversations with key stakeholders about how we can work together to develop a world class system of health, care and wellbeing services for the people of Cornwall.



WHAT IS A MARKET POSITION STATEMENT?

Across the country, local authorities, the NHS and their partners in the independent, voluntary and community sectors are working hard to meet the challenges of increasing demographic demand, people's increasing expectations of services and of the financial circumstances within which they work.

The Care Act (2014) clearly says that local authorities have a duty to make sure that people who live in their areas can access the following.

- Services that **prevent their care needs from becoming more serious**, or that delay the impact of their needs.
- A range of **provision of high quality, appropriate services** to choose from.
- **Information and advice** they need to make good decisions about care and support.

This Market Position Statement (MPS) is for use by all of those who currently are, or would like to become, providers of care and healthcare in Cornwall. It describes the current population and how it is likely to change, and outlines the vision that describes ways of meeting future need.

In future, we want to use information contained in the MPS more effectively. We will jointly work up plans to make sure the right services are in place to meet the needs of the people of Cornwall and ensure that the market of provision is resilient and sustainable. This work should include Cornwall Council, NHS Kernow Clinical Commissioning Group, people who use services, carers, providers and other stakeholders.

WHERE DO WE WANT TO GO?

The health and care system in Cornwall is striving to achieve the following 'quadruple aims'.

- **Improve health and wellbeing** and improve outcomes for those with health, care and support needs.
- **Improve the experience of care** by improving the quality of commissioned health and care services.
- **Get the most out of the money committed to health, care and wellbeing** and improve the resilience and sustainability of Cornwall's health and social care system.
- **Make Cornwall a great place to live and to work in health, care and wellbeing.**

Cornwall Council and NHS Kernow have statutory duties to commission services that meet the needs of older, disabled and vulnerable people and their carers. This includes older people, people with dementia, adults with learning disabilities, people on the autistic spectrum, adults with mental health problems and those with physical and sensory disabilities.

Younger people in transition between childhood and adult services are a priority within this work. **A key ambition is to support people** to navigate this section of their 'life-course' in as seamless a manner as is possible.







This Market Position Statement concentrates on specific types of provision within the community. Awareness of the needs of these key groups of people will be woven through the narrative.

HOW WILL WE GET THERE? A NEW 'MODEL OF CARE'

The health and care system in Cornwall has many characteristics in common with the national picture. In recent years, pressure on urgent / emergency care services has increased. The acute sector hospital trust is at the front line of this pressure while community-based service activity is under-resourced and fragmented. Altogether, the system is not well-equipped to manage the inevitable challenges of increased demand and expectations and reducing finance. **Nationally and locally, health and care systems need reform.**

THE FOLLOWING OBJECTIVES WILL UNDERPIN THAT REFORM

- 1. 'WHOLE POPULATION' APPROACH** to improving health, regardless of health status, eligibility or service-user category.
- 2. GREATER EMPHASIS ON PREVENTION** at every level of need, including a focus on improving community and personal resilience.

<p>85,000 people living well</p>		<p>Wellbeing support</p>
<p>280,000 at risk</p>		<p>Targeted prevention</p>
<p>135-145,000 managing long term conditions well</p>		<p>Self-managed</p>
<p>20,000 needing some help</p>		<p>Coordinated care</p>
<p>4,000 with complex conditions needing more help</p>		<p>Managed care</p>
<p>4,000 at the end of life</p>		<p>24 hour support available</p>

3. IMPROVED SYSTEM OF COMMUNITY CARE AND SUPPORT SERVICES, to enable people to live safely and happily in their own homes.

THIS WILL INVOLVE THE FOLLOWING:

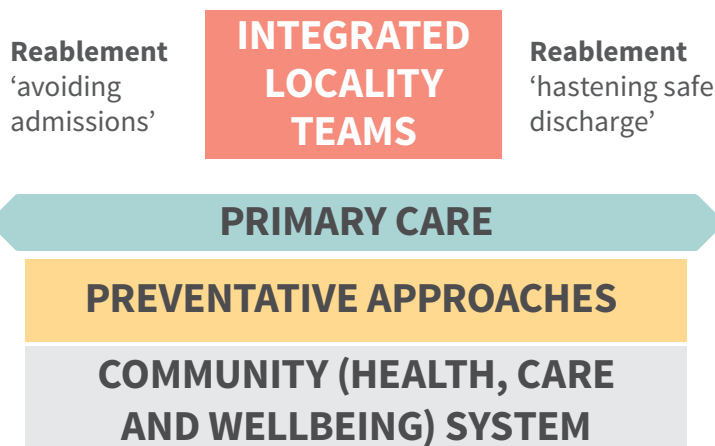
- **SHIFTING FROM REACTING** to ill health to improving population health at every life stage.
- **MOVING FROM CENTRALISED CONTROL** to more locality-based approaches.
- **IMPROVING OUR COMMUNITY-BASED SYSTEM OF CARE** and pulling people away from the urgent care system.
- **SHIFTING FROM ACUTE CARE** to community-based urgent care (including exploring the opportunities offered by urgent treatment centres).

CREATING A ‘COMMUNITY HEALTH, CARE AND WELLBEING SYSTEM’

Key aspects of the community ‘model of care’ (as described below) are described in this Market Position Statement in the following chapters.

- **PREVENTATIVE APPROACHES**, including work done in the community and voluntary sector, advocacy services, services to support carers, self-care and health improvement activity, etc.
- **INTEGRATED LOCALITY TEAMS**, ‘wrapped around’ primary care, identifying people within the population that are in need or at risk, and ensuring that they and their carers get the care and support they need from the people best placed to give it.
- **INTEGRATED SOLUTIONS FOR INDEPENDENCE**. A menu of coordinated services that enable people to live independently in their own homes, including (for example)
 - Personal Assistants
 - Telecare, Telehealth, Assistive Technology (TECS)
 - Equipment / adaptations (DFGs)
 - Extra Care / Supported Living
 - Day services / day opportunities
 - Carers support services

- **REABLEMENT (INTERMEDIATE CARE) SERVICES.** Health and care services that support people to avoid unnecessary hospital admission and react quickly to hasten hospital discharge.
- **CARE SERVICES AT HOME.** Domiciliary care services (Home Care for older people and Supportive Lifestyles for younger adults), and Shared Lives.
- **COMMUNITY BED-BASED SERVICES.** The available short and long stay NHS, nursing care and residential care beds will be organised, equipped and staffed in the best way to meet fluctuating locality-level demand.



WORKFORCE

Workforce is presently the most important issue for the system of health, care and wellbeing services and support in Cornwall and it is recognised that the system depends upon having people with the right skills, attitudes and values to deliver high quality care.

It is estimated that the health and care workforce in the county (at all levels, and across the statutory, independent, voluntary and community sectors) numbers in excess of 20,000 people, and that this number will need to increase significantly to meet projected demand.

The reality is that for a range of reasons, the opposite is the case. Recruitment and retention of staff at all levels within the system is problematic, and the care and support workforce in Cornwall is under-populated.

- **CORNWALL HAS A 'SUPER AGEING' POPULATION.** This describes a faster than average expansion of the older age range population, and a comparative shortage of younger people able and willing to take on care roles.
- **THE COUNTY IS EXPERIENCING A NET REDUCTION IN THE NUMBER OF YOUNGER PEOPLE.**
- **THERE ARE SIGNIFICANT SEASONAL FLUCTUATIONS IN THE WORKFORCE, ESPECIALLY IN SUMMER PERIODS.**
- **CORNWALL HAS RELATIVELY LOW UNEMPLOYMENT.** Due to this, work in the care sectors is for many an unattractive option. Cornwall Council's Fair Cost of Care / Living Wage Foundation policy seeks to remedy this.
- **CORNWALL'S SHORTAGE OF MANY OF THE KEY HEALTH AND CARE WORKERS, INCLUDING REGISTERED NURSES, OCCUPATIONAL THERAPISTS AND SOCIAL CARE ASSESSMENT WORKERS IS SIGNIFICANT,** and this has implications both for the NHS, for social care services and for the provision of community-based nursing care within residential care homes.

As part of their commitment to support the development of the market within the health, care and wellbeing system, Cornwall Council, NHS Kernow and key partners within the independent, voluntary and community sectors are adopting a 'whole system' approach to workforce development. This approach, taking place under the Shaping Our Future transformation programme, will do the following:

- **DEVELOP AND COORDINATE THE ENTIRE WORKFORCE** contributing to health, care and wellbeing services and support in the county.
- **BUILD UPON THE COUNCIL'S COMMITMENT TO IMPROVE PAY LEVELS** and career progression opportunities within the care and support sectors.
- **FURTHER EMBED THE CONTRIBUTORY WORK OF THE VOLUNTARY AND COMMUNITY SECTOR** into the system of care and support for health, care and wellbeing.
- **CONSIDER THE BENEFITS OF TECHNOLOGY-ENABLED SOLUTIONS** to aid the workforce in the delivery of care and support.

Cornwall Council is working to gain Living Wage Foundation (LWF) accreditation, which requires contracted providers to pay staff at the LWF minimum rate. It is anticipated that in the care sector, this will increase the wages of affected employees by an average of 7.7%.

The Council believes that the benefits for businesses of paying a Living Wage are many and have far reaching impacts. These include increasing the attractiveness of care as a profession, improving recruitment and retention in the care sector, reductions in staff turnover and sickness, improvement in morale and productivity, and creating a 'virtuous circle' with higher pay spent locally boosting the local economy.

02. WORKING TOGETHER, NOW AND INTO THE FUTURE

This Market Position Statement is part of an ongoing conversation that Cornwall Council and NHS Kernow want to have with people who provide health, care and wellbeing services in the county. This conversation will be part of a wider engagement with people who use services, their carers and other stakeholders.

A co-production event took place with providers on 25 February 2019 to help shape the content of the document. Over 60 current and potential provider delegates were present, together with representatives from the Royal Cornwall Hospitals NHS Trust, the voluntary and community sector, training providers and the university sector (EPIC project). Three workshop sessions covered domiciliary care, care homes and community support and prevention.

The need to focus on some key areas of future development was reinforced at this co-production event. In future, it is intended that more detailed co-production work will take place on the following subjects.

- **WORKFORCE** – This is generally considered to be the key challenge. Providers are seeking help with this, recognising that strategic system-wide solutions to shortfalls in workforce capacity are necessary.
- **THE LOCALITY PICTURE** - How do Cornwall-wide commissioning intentions translate into locality-focused approaches? This is especially relevant to providers who only work in certain areas of the County.
- **SELF-DIRECTED SUPPORT** – There is enthusiasm to develop the potential of self-directed personal budgets (PBs) to fund packages of care and support. Learning Disabilities providers were particularly interested in the potential of Personal Health Budgets (PHBs).
- **SERVICES ACROSS THE ‘LIFECOURSE’ INCLUDING TRANSITIONS (E.G. FOR PEOPLE WITH LEARNING DISABILITIES)** – How to organise services and support for people who are likely to need them all of their lives? As above, the use of PBs and PHBs will be a central feature of this.
- **TECHNOLOGY ENABLED CARE (TEC)** – There is real enthusiasm about the potential of TEC to enable better care and support, and help to improve quality of life. Providers are keen to showcase great work that they are already doing in this area.
- **STANDARD OPERATING PROCEDURES (SOPs)** – Statutory agencies working in the Urgent Care system are adopting SOPs to improve the predictability and reliability of discharge systems. It is suggested that independent sector providers do the same, in order to ensure that transfers within an acute care episode are as smooth as possible.
- **DEMENTIA** – There is real awareness of the upcoming challenge of dementia. Providers are keen to be involved in strategic work to address this. Issues were highlighted regarding the complexity of dementia, and ways to categorise types and levels of need when determining care packages.

03. PREVENTION

Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as they can¹.

PREVENTION

SUMMARY DESCRIPTION

Local authorities and the NHS are required to put prevention at the heart of everything they do: tackling the root causes of poor health, not just treating the symptoms, and providing targeted services for those most at risk.

Cornwall Council, NHS Kernow and partners in the voluntary and community sectors are committed to prevention and to working with stakeholders to ensure that people can access services, resources and facilities that promote wellbeing and independence. This includes interventions aimed at helping people to take responsibility for their own health and wellbeing, developing social connections and ensuring health and care services are focused on maximising independence.

▶ CURRENT POSITION

Current provision includes that which is delivered and commissioned by the Council and the NHS, as well as support and activities at a local community level, as set out in the table below.

Level of prevention	Population Health	Wellbeing Care	Early Intervention
Primary (universal)	Preventing the onset of disease by reducing risk. (e.g. healthy eating, not smoking). 'Stop it starting'	Support for anyone who wants to be as well as they can be.	Aimed at people who have no particular social care needs or symptoms of illness.
Secondary	Detecting asymptomatic disease at an early stage to slow or reverse disease progression. 'Catch it early and treat'	Support for people at risk due to particular health or social needs.	Aims to identify people at risk and to halt or slow down any deterioration, and actively seek to improve their situation.
Tertiary	Reduce the impact of disease and prevent disability. 'Minimise the consequences'	Specialist support for people with complex tertiary care needs.	Aimed at minimising disability or deterioration from established health conditions or complex social care needs.

¹ Department of Health and Social Care (2018) Prevention is better than cure: Our vision to help you live well for longer.

FURTHER REQUIREMENTS

Currently, across the health and social care system, there are many separate activities which aim to prevent the need for care and support. **Better coordination across the system is required in order to ensure that best use is made of resources.** Existing services, resources and facilities need to be mapped to ensure that people have access and that gaps are identified. This will allow the Council, NHS and local communities in Cornwall to work together to consider how to positively address the following:

- **LIFESTYLE** - Help people to make healthier life choices, self-manage their health and wellbeing and maximise their independence
- **CONNECTIONS** - Encourage social connections, build community resilience and reduce loneliness and social isolation
- **ENVIRONMENT** - Design healthy work environments and neighbourhoods and ensure people have access to appropriate housing

APPROACH TO MARKET AND ASPIRATIONS

Public Health in Cornwall is leading on the development of a 'whole system' prevention strategy in partnership with ASC, NHS Kernow and other key stakeholders. There are currently various contractual arrangements across the health and social care system in Cornwall. These need to be mapped and coordinated, offering a more consistent approach to commissioning and delivering preventative activities.

In the interim, there are planned open re-tenders throughout 2019/20 related to specific preventative services commissioned by Cornwall Council and NHS Kernow aimed at improving social inclusion and empowering independence.

Existing and potential future stakeholders in Cornwall's health and care system will need to integrate and introduce preventative activity that will improve health, increase inclusion, and support people towards independence. Current and future providers of health and care services should consider how, as part of their quality care offer, they are integrating prevention throughout their service.

INDEPENDENT ADVOCACY

SUMMARY DESCRIPTION

When people do require health and/or social care, the assessment and planning process must be a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities need to arrange for an independent advocate.

Local authorities must involve people in decisions made about them and their care and support and are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions. The statutory duties related to independent advocacy are as follows.

- **NHS COMPLAINTS ADVOCACY** for people making or intending to make a NHS complaint.
- **CARE ACT ADVOCACY** for people who have substantial difficulty in being involved in the assessment, planning, care review, safeguarding enquiry or safeguarding adult review processes and who have no other appropriate person to facilitate their involvement.
- **MENTAL CAPACITY ADVOCACY** for people who are considered to lack capacity and have no appropriate family or friends to consult when a decision is being made about:
 - serious medical treatment;
 - a stay of more than eight weeks in a care home;
 - hospital stays of more than 28 days;
 - adult protection proceedings;
 - care reviews.
- **MENTAL HEALTH ADVOCACY**, for people detained under the relevant sections of the Mental Health Act (1983 (amended 2007)).

Local authorities must involve people in decisions made about them. No decisions about me without me.

▶ CURRENT POSITION

The existing Independent Advocacy Framework Agreement runs for a term of three years until June 2019, with an option to extend for one additional year. Cornwall Council, NHS Kernow and the Council of the Isles of Scilly jointly commissioned the framework. There is currently one provider on the framework that is paid by activity to deliver all elements of statutory advocacy.

FUTURE REQUIREMENTS

A review is taking place of the advocacy referral process and service delivery model to ensure high quality, value for money statutory advocacy services are offered that meet people's needs. The following requirements have been highlighted so far.

- **IMPROVE OPPORTUNITIES FOR PEOPLE** to self-advocate, including improving information and advice online and through information packs
- **BETTER SUPPORT FOR FAMILY/FRIENDS** to facilitate the person's involvement and help make informed decisions
- **ENSURE CLARITY** in terms of the role of statutory independent advocates and other support available, including non-statutory advocacy (separately commissioned)
- **HOLD AVERAGE CASE TIMES TO AGREED TARGETS**
- **INCREASE VOLUNTEER INVOLVEMENT** in delivering advocacy services

APPROACH TO MARKET AND ASPIRATIONS

We want all NHS, adult social care and associated staff (including advocacy providers) to work to a strengths-based approach, making best use of existing resources, including family and friends and volunteers. Engagement work with providers will take place prior to an open re-tender of these services, once co-produced service design has taken place with service users and key stakeholders during 2019/20. This will allow new contractual arrangements to commence in June 2020.

We want all NHS, adult social care and associated staff to work to a strengths-based approach

CARERS

SUMMARY DESCRIPTION

Support for Carers is delivered under a Section 75 Agreement between NHS Kernow and Cornwall Council.

Services are identified and developed with Carers through the development of Carers strategies and action plans, linking in to the National Carers Strategy and including feedback from the biannual National Carers Survey.

The key outcomes for Carers are as follows.

- **JOINTLY COMMISSION SERVICES TO SUPPORT CARERS** to remain in their caring role
- **SUPPORT CARERS** where possible using direct payments / personal budgets
- **ENABLE CARERS TO ACCESS INTEGRATED AND PERSONAL SERVICES** to support them in their role
- **IMPROVE SERVICES FOR CARERS** through closer working between CCG and the Council

The support is delivered in the following key user groups (but without including specialisms such as Dementia, bereavement and Autism).

- Young Carers (0-16 years)
- Young Adult Carers (16-25 years)
- Adult Carers

Contracts are fully managed by Cornwall Council.

▶ CURRENT POSITION

The main contracts under the Carers Pooled Fund are as follows:

- Kernow Carers Service
- Carer training
- Carers Helpline and Carers Register
- Carers Group and organisation grants

These services provide support to between 6,000 and 11,000 Carers per annum. The Family Information Service delivers the Helpline and Register within Cornwall Council. The other services are contracted from the VCS. Kernow Carers Service contract runs from 2016 to 2019 with an option to extend for a further two years. Carer Training will be re-procured in 2019 along with Carers Group and organisation grants.

FUTURE REQUIREMENTS

There are a few key areas to address:

- **INCREASING DEMAND FOR CARER ASSESSMENTS** (Carers Service and Adult Social Care).
- **CARERS HAVE REPORTED DISSATISFACTION WITH SERVICES** (2016 Carers Survey).
- **CARERS HAVE REPLIED POSITIVELY THAT THEY FEEL INCLUDED** as part of the whole care assessment following the implementation of the new contract.
- Whilst more Carers are claiming Carers Allowance, **THE GROWTH RATE IN CORNWALL IS SIGNIFICANTLY BEHIND THE NATIONAL TREND** (66% vs. 107%). Uptake of support to help access this has reduced in Cornwall. Form filling support is now being trialled.

FUTURE INTENTIONS / OPPORTUNITIES

- Form filling for Carers is required to prevent Carers falling into financial hardship and to sustain the caring role.
- Moving and Handling and Key Skills Training for Carers will be procured. This will enable the family/informal Carer to support paid care workers in instances such as 'double handed' visits.
- There is a move to 'proportionate assessment' with additional support (e.g. with form filling) to expedite Carers Assessments.
- Opportunities to identify technologies that will support carers in their day-to-day lives are being explored.

APPROACH TO MARKET

Kernow Carers Service is delivered through a lead provider and sub-contracted provider model. Provider engagement in 2016 identified twelve interested providers, but no single provider who could deliver an all-age service.

Carer training providers are available, but none currently with additional funding to the level of the incumbent provider. This will be tendered in 2019.

04. INTEGRATED SOLUTIONS FOR INDEPENDENCE

COMMUNITY EQUIPMENT/CELS

SUMMARY DESCRIPTION OF THE SERVICE AREA

Cornwall Council and NHS Kernow jointly commission the Integrated Community Equipment Service (ICES). **Its purpose is to provide community loan equipment where clinical assessments have been undertaken to support adults, children and their carers** safely in the environment of their choice.

KEY OUTCOMES

- Ensure safety
- Facilitate prevention and rehabilitation
- Management of complex disabilities
- Management of palliative conditions and end of life care

KEY REQUIREMENTS

- **ENSURE THE RIGHT EQUIPMENT GETS TO THE RIGHT PERSON** at the right time
- **ENSURE THE LEAST INTRUSIVE SOLUTION** is prescribed
- **ENSURE FINANCIAL BALANCE** against increased demand
- **ENSURE RISKS ASSOCIATED WITH COMMUNITY LOAN EQUIPMENT** are minimised
- **ENSURE THE EQUIPMENT SERVICE** is fit for purpose

▶ CURRENT POSITION – QUALITY AND QUANTITY

Community equipment supports the following types of activity

- Acute hospital admission avoidance and discharge hastening
- Avoidance of long-term admission to care home settings

- Palliative/end of life care
- Pressure care
- Care home placements
- Reduction in packages of care
- Reablement packages of care
- Supporting carers
- Short break services
- Education and development

ACTIVITY

Cornwall's equipment service provided the following in 2017/18.

- **EQUIPMENT** – 34,600 home deliveries (£5.33m) and 75,000 store deliveries (£1.36m) (18/19 Dec YTD: 27,952 home deliveries (£4.1m) and 66,180 Peripheral Store deliveries (£1.0m))
- **EQUIPMENT RECYCLING** – 43,780 items (£4.80m) (18/19 Dec YTD: 36,700 items (£3.6m))
- **EMERGENCY REQUESTS** – 18/19 Dec YTD: 84% delivered on time
- **NON-EMERGENCY REQUESTS** – 18/19 Dec YTD: 86% delivered on time
- **DTOC RELATED TO COMMUNITY EQUIPMENT** averages 0 to 2% annually

Community loan equipment is a key enabler providing a **low cost solution** that enables other services to function, **improving efficiency and delivering savings.**

FUTURE REQUIREMENTS

Exceeding national trends, Cornwall's population is getting older as average life expectancy continues to rise. It is projected that nearly half of Cornwall's population will be aged 50+ (46.2%) by 2021, and 1 in 4 will be aged 65+. The 85+ population is predicted to increase by almost 38% by 2021.

Children's services continue to see increasing demand for community loan equipment. This is due to improved life expectancy for children with severe disabilities, complexity of need, demographic trends, inward migration and increased expectations.

Community equipment continues to play a vital role in supporting people to remain independent and safe whilst delivering complex care in the home.

Annually, the demand for community equipment has been increasing and this is likely to continue. To meet demand, a combination of initiatives (examples below), additional efficiency savings and extra funds will be required if the same level of service is to be maintained.

FUTURE INTENTIONS / OPPORTUNITIES

- **INTRODUCE EQUIPMENT LOAN PERIODS**, incorporating reassessment/reviews to improve retrieval/reuse of equipment
- **ROLL OUT OF APP-ENABLED TECHNOLOGY** to create further efficiency gains
- **EXPLORE SINGLE DYNAMIC PURCHASING SYSTEM** which will benefit independent sector providers
- **EQUIPMENT SERVICES WILL BE PART OF THE MENU OF SUPPORT** available to integrated care teams across Cornwall
- **ESTABLISH EQUIPMENT RETRIEVAL PARTNERSHIP** with local recycling centres
- **EXPLORE TRUSTED ASSESSOR OPTIONS** with independent sector providers
- **EQUIPMENT SERVICE TO WORK TOWARDS/OBTAIN CECOPS ACCREDITATION**
- **DEVELOPMENT OF INDEPENDENT LIVING CENTRES**
- **INVEST IN SMART TECHNOLOGY**

CORNWALL HOME SOLUTIONS

SUMMARY DESCRIPTION

The Home Solutions Team works across Cornwall offering solutions that can help older and disabled people stay safe at home. These include the following.

- **INFORMATION AND SUPPORT** to adapt their home
- **FINANCIAL ADVICE AND ASSISTANCE** to support funding of adaptations and home improvements to address hazards in the home
- **ADVICE AND SUPPORT** to help people move to more suitable accommodation
- **SUPPORT TO SECURE ALTERNATIVE ACCOMMODATION** upon discharge from hospital
- **HANDYPERSON SERVICE** offering minor repairs and home improvements
- **INFORMATION AND ADVICE** on minor adaptations and equipment
- **GAS SAFE SCHEME** offering help for eligible homeowners to be gas safe

▶ CURRENT POSITION

- In a recent survey **96% of service users** rated the service as either **excellent** or **good**
- **Spent £5.1m on Disabled Facilities Grants** in 2017/18 and forecast to spend £6.5m in 2018/19
- **Supported 890 households** to adapt their homes
- **Supported 52 households** to **relocate** to a more appropriate home
- Provided **minor repairs for 1,720 older people** through Handyperson service
- **Adapted 435 bathrooms**
- **89% of customers** who responded to our survey and received a major adaptation noted that **the quality of their life had improved**, 68% feeling less at risk of a fall and/or accident, 62% feeling more independent and 57% feeling safer in their home
- Arranged **gas servicing** and **small repairs** for **67 eligible households**
- **Worked with both acute care and community hospitals** to facilitate discharge from hospital
- Implemented **the wheelchair project**, proactively

working with wheelchair users registered on Homechoice as in need of an accessible/adapted home and advising on housing options to meet their assessed need

- Completed **review on adaptations service** within Cornwall Council stock, which has resulted in working in partnership with Cornwall Housing Ltd to develop the Single Adaptations Policy
- Developed **the strategic case for Independent Living Centres** in Cornwall

FUTURE INTENTIONS / OPPORTUNITIES

- **REDUCE RESPONSE TIMES** for major adaptations through development of a 'bathroom framework', and single providers and fast track process for bathrooms, stairlifts and ramping
- **SECURE NEEDS ASSESSMENT** in relation to need for accessible housing including wheelchair accessible housing
- **DEVELOPMENT AND IMPLEMENTATION OF A SINGLE ADAPTATIONS POLICY** for Cornwall
- **INFORM REVIEW OF HOUSING ALLOCATIONS POLICY** to ensure accessible homes go to those most in need
- **TRAIN KEYWORKERS TO BECOME TRUSTED ASSESSORS**, adding to the capacity within the NHS and social care services to assess for bathing, ramping and stairlifts
- **INFORM AND DEVELOP NEW DISCHARGE PATHWAY** with NHS colleagues

OPPORTUNITIES FOR INNOVATION

- Whole system integrated approaches via the development of Independent Living Centres (ILCs) joining up assessment, DFG services, equipment provision and minor adaptations. The recent national review on DFG delivery recommended a Home Independence Transformation Fund equivalent to 1% of the national DFG allocation to help develop integrated services in all areas
- Work with industry, retail suppliers, designers and others to develop reasonably priced inclusive designed adaptations that are also desirable and sustainable

APPROACH TO MARKET

- Complete the Business Case for Independent Living Centre/s, secure funding and agree model for service delivery

TECHNOLOGY ENABLED CARE (TEC)

SUMMARY DESCRIPTION

Technology Enabled Care (e.g. Assistive Technology, Telecare, community alarms, Telehealth) has an increasingly important role as part of the menu of Integrated Solutions within the new community 'model of care', enabling people to live happy and successful lives within their own homes and communities for as long as they wish to.

TEC supports people to be independent through convenient, non-intrusive and cost-effective solutions to many aspects of home-based care as well as in more challenging situations. They can help monitor people in different ways to keep them safe and offer a means of targeted responsive support should people need it. TEC can aid clinicians in the regular and consistent gathering of health data in support of treatment and wellbeing. TEC services can support people with elements of daily living, for example by prompting medication, or checking that people are maintaining important daily routines. TEC is not an alternative to regular personal contact but can be an important supplement, especially in rural areas of the county.

Different types of Technology Enabled Care are being trialled across NHS and social care services in Cornwall.

▶ CURRENT POSITION

CURRENT OFFER. The Council's current offer is a location-based, standard, telecare product, the operation of which is shared by the Alfi Telecare Service (through Tremorvah Industries), Cornwall Housing and other industry contributors (e.g. Age UK, Careline). The Alfi Telecare service was previously outsourced (BT) and combined with Telehealth delivery, but this contractual arrangement ended in 2016.

ALFI TELECARE SERVICE. Assisted Living For Independence (Alfi) provides equipment, installation and monitoring functions for ASC and private clients. It also monitors Housing Association and supported living schemes, Lone Worker and Out of Hours monitoring and triaging. Alfi Telecare is platformed on a cloud-based operational system, which allows new functionality or component services to be added. Currently, Alfi has a limited range of products available (c.10) within its telecare equipment list.

TELEHEALTH. Since 2016, Telehealth has operated separately from Telecare. A significant service review

was undertaken in 2017. Following this, the service was restructured and is now providing both remote monitoring within integrated community teams and opportunities to access web-based health apps to help people self-manage their own long-term condition.

OTHER TEC PROJECTS ACROSS THE SYSTEM

There are several ‘test and learn’ and pilot projects looking at different types of equipment/TEC solutions and how they can support people’s lives across the system.

Economically, Cornwall has a thriving technology sector with solid superfast connectivity. This is well placed to encourage further development of new Technology Enabled Care (TEC) and eHealth solutions. The Local Enterprise Partnership (CIOSLEP) is focussed on using local knowledge to drive investment into Cornwall and Isles of Scilly via its ‘eHealth ask’. This economic commitment is also demonstrated through the local universities with their current eHealth and TEC initiatives and programmes:

- **PLYMOUTH UNIVERSITY EPIC PROJECT** (eHealth Productivity in Cornwall and Isles of Scilly) www.plymouth.ac.uk/research/epic
- **EXETER UNIVERSITY SMARTLINE PROJECT** www.smartline.org.uk
- **FALMOUTH UNIVERSITY: DESIGN THINKING AND TECHNOLOGY-ENABLED HEALTH & CARE RESEARCH PROGRAMME** www.falmouth.ac.uk/research/programmes/technology-enabled-health-and-care

The Council has also created its own Capital Grant Scheme around Technology Enabled Care in 2018.

FUTURE REQUIREMENTS

Cornwall is transforming the way it uses TEC services. People’s expectations of public services are changing and their technological awareness is growing. Services in Cornwall must adapt and respond to meet this expectation and make the most of the potential of TEC services to help people to lead their lives in the way that they wish to.

TEC can help to mitigate the significant pressures in managing increased demand and increased complexity within the limited resources available. Work is currently in progress to embed TEC as a fundamental element of emergent service design.

As part of the menu of Integrated Solutions within the new community ‘model of care’, TEC services will help people to do the following:

1. **MEASURE and manage risk more effectively.**
2. **ACHIEVE independence using creative solutions.**
3. **MAINTAIN choice and control.**
4. **ACHIEVE outcomes that matter to them.**

Confident, skilled and knowledgeable local workforce and providers are essential to underpin this transformation. TEC will be part of a menu of supportive community solutions that allow people to live independent and meaningful lives in their communities.

OPPORTUNITIES FOR INNOVATION

- Technology enabled care equipment and capability is becoming more predictive, learning from its environment and a variety of data sources. With the right combinations of technology, health crises can be prevented through careful monitoring and timely intervention.
- The local Cornwall digital and ‘e’ industry will shape and further grow the TEC arena for residents and for the economy, adopting best practice across the UK and aspiring beyond for the people of Cornwall.
- Innovation is sought on how TEC can be employed and tailored earlier in people’s lives to increase and maintain independence and wellbeing. This includes considerations about TEC within built environments, any adaptation choices that are made along the way and supporting their choices with creative and discrete uses of TEC at end of life.

In Cornwall the intention across the system is to make TEC more understood, relevant and accessible, so it can be more directly tailored to the needs of individuals.

APPROACH TO MARKET

We want to create a TEC resource in Cornwall which does the following.

- **DEMONSTRATES A WHOLE SYSTEM APPROACH** to the issue it is trying to solve.
- **IS CO-PRODUCED** with people who will use or are potential users of the product or service.
- **IS DESIGNED** using evidence-based methodology.
- **PROMOTES EQUALITY OF ACCESS** and reflects the diverse needs and requirements of people it may support.

- **HAS EFFECTIVE SAFEGUARDING PRACTICE** built in to its design approach.
- **CONSIDERS THE 'HARDEST TO REACH' IN ITS DESIGN** and shows how the product or TEC service could engage with those adults furthest away from services.
- **BUILDS CAPACITY** within the community.

There will be improved working, integration and partnerships to deliver TEC efficiencies across the system.

People's expectations of public services are changing and their technological awareness is growing.

DAY OPPORTUNITIES

SUMMARY DESCRIPTION

Community-based day support (commonly known as day services) is provided both by Cornwall Council as an in-house service and commissioned from external providers. The services are available for any individual with an assessed eligible social care need. The majority of people who currently attend are adults with a learning disability or with age-related needs.

Day support is designed to meet the needs of each individual in a person-centred way, and to develop and enable each person's skills and independence.

External providers deliver to a service specification that is designed around the **Adult Social Care Outcomes Framework** (ASCOF).

- **ENHANCING QUALITY OF LIFE** for people with care and support needs
- **DELAYING AND REDUCING** the need for care and support
- **ENSURING THAT PEOPLE** have a positive experience of care and support
- **SAFEGUARDING** adults whose circumstances make them vulnerable and protecting them from avoidable harm

▶ CURRENT POSITION

Cornwall Council directly operates twelve day services across Cornwall, presently attended by 322 people.

In 2017 Cornwall Council went out to tender for a framework of providers. The new framework went live in April 2018.

The Council framework currently has 28 providers, delivering services to a range of adults with eligible social care needs across Cornwall. A total of 1,636 individuals use the Framework providers. 832 individuals have been referred by Adult Social Care to as a way to meet their eligible support needs.

There are some people who choose to use both internal and external provision.

Provider events are held twice a year to share good practice and explore ideas for improvement.

Day services are not inspected by the Care Quality Commission or any other independent body. Cornwall Council has required all providers to have an independently verified health and safety assessment through CHAS (Contractors Health and Safety Assurance Scheme). In addition, Cornwall Council's Quality Assurance team carries out annual reviews.

FUTURE INTENTIONS / OPPORTUNITIES

Cornwall Council wants to see day support integrated into the broader activity of local communities, as part of the new community 'model of care'. This will ensure people have access to a range of activities and are not socially isolated because of their care and support needs.

In order to make this happen, day services and support providers will be expected to work with a wide range of statutory and voluntary provision across the NHS, the Council and within communities as part of Cornwall's Integrated Solutions for Independence.

Future provision will be less reliant on fixed buildings and will take a flexible person-centred approach where it benefits the people concerned. Day opportunities will have a more preventative focus, helping people keep connected to their local communities and reducing or delaying the need for formal NHS and social care services. The focus on prevention offers opportunities for innovation, including in small group activities and support from Personal Assistants (PAs), for example.

The increasing number of people with dementia warrants some reconsideration of building-based support. Day services buildings could become the

'hub' for a number of other support services, offering outreach opportunities in the local area.

APPROACH TO MARKET

Cornwall Council has started the conversation on future day support.

People using services, their carers and families have been closely involved in changes to the in house provision, such as the closure of the large underused building in Redruth followed by the development of smaller, bespoke services.

The service specification for the Community Based Day Support Framework benefited from an extended period of co-production with service providers, people at the service and their families and carers.

There will be ongoing dialogue with all people involved in day support opportunities to help find solutions that work for the future. This is likely to be different in each locality and for different groups of people. This dialogue will tie in with broader conversations about the developing community 'model of care'. The Council will be working closely with Healthwatch, with colleagues in the NHS and with local communities on this future engagement.

ACCOMMODATION WITH CARE - EXTRA CARE HOUSING /SUPPORTED LIVING

SUMMARY DESCRIPTION

Cornwall Council, NHS Kernow CCG and key NHS and independent sector partners are committed to developing a new community 'model of care' for health, care and wellbeing. This new pattern of community service delivery will address both the increased

requirements for health and care services presented by the 'super-ageing' population of Cornwall and the desire of people who receive services to have bespoke solutions that meet their needs and preferences within their local communities.

'Accommodation with Care' is an important element of this 'model of care', offering purpose-built or refurbished housing featuring care and support provision for people with specific needs. For older people this is known as Extra Care housing and for working age adults, it is called Supported Living.

Extra Care/Supported Living enables people to retain their 'own front door', even if they develop a higher-level need for care and support. Indeed, for many people, accommodation with care can be an excellent alternative to a placement in a residential or nursing care home. Alongside this, Accommodation with Care offers excellent opportunities for people to engage in social activity, reduces isolation, improves and maintains independence and wellbeing, and supports individuals to take an active part in their communities.

▶ CURRENT POSITION

To date, Cornwall Council has not adopted a strategic approach to Accommodation with Care. Instead, development has taken place in a piecemeal way. As a result, schemes have not been developed at the pace required to meet the increasing needs of the people of the county.

There are currently only two Council-commissioned Extra Care schemes in Cornwall.

- **Miners Court, Redruth** – 64 units
- **Passmore Edwards Court, Liskeard** – 55 units

Whilst this **Extra Care housing** provision is already available, there is a significant gap between availability and developing need. The Council has embarked upon a strategic process to address this gap.

The less structured approach has worked more effectively in relation to **Supported Living accommodation** for working age adults. The lower number of people requiring housing with support can be more easily integrated into general needs housing development through the proactive engagement ASC commissioners have with housing providers. However, it is intended that future requirements will be established

Extra Care/Supported Living enables people to retain their 'own front door', even if they develop a higher-level need for care and support.

through a more strategic process linked to knowledge about gaps, identified areas of need, and geographical locations.

At present, there are four schemes providing a total of 56 Supported Living flats across Cornwall. This is accommodation in which the Council has directly invested, or that has been developed in partnership with housing providers, with the Council having nomination rights. In addition, another 23 flats of a similar nature are under development.

Other Supported Living accommodation is available in Cornwall and provides the opportunity for eligible adults to have their housing and care needs met by approved care and support providers who contract with Adult Social Care.

FUTURE REQUIREMENTS

EXTRA CARE

Cornwall Council has identified that an additional 3,535 units of Accommodation with Care for Older People will be needed by 2025 to meet the predicted demand of the county's 'super-ageing' population. This challenging figure reflects provision through a number of different types of accommodation in a continuum of housing options for older people. The Council has instituted a strategic programme to start to close the gap between availability and developing need, with an initial goal of developing 750 units of Extra Care housing by 2025.

FUTURE INTENTIONS/ OPPORTUNITIES/ APPROACH TO MARKET

The Council's strategic programme for Extra Care housing offers four opportunities for Extra Care development.

- **REMODELLING EXISTING CAPACITY** – Working with care and housing providers to modernise existing services and, where relevant, to undertake conversions to enhanced Accommodation with Care schemes. Included within this is the modernisation of sheltered housing and the potential transformation of the Cornwall Care estate.
- **ESTABLISHING A STRATEGIC PARTNERSHIPS** – Cornwall Council is seeking to form strategic partnerships with local and national organisations that develop (finance, plan and build) and operate (provide high quality care and housing management services)

Extra Care housing provision. A strategic procurement process using competitive dialogue is underway to select partner/s.

- **MARKET SHAPING** – The Council will use its Strategic Housing and Planning functions to ensure that new developments are 'age friendly', considering the needs of the ageing population.
- **DIRECT DELIVERY** – The Council (and commissioning partners) will explore the potential to develop existing building and land assets itself, particularly in areas where the Extra Care market is not able to respond to need/demand.

FUTURE REQUIREMENTS SUPPORTED LIVING

Cornwall Council plans to develop an additional 112-168 units of self-contained Accommodation with Care for people with eligible social care needs by 2025 (Supported Living). This will be two to three schemes of eight units per year in line with current trajectory.

The table below shows the predicted number of units required broken down into three areas, which can be considered as a guide when planning future provision. The exact location of new developments will depend on the availability of properties, sites and current demand until 2025.

Adult Social Care is working with Housing partners and Housing Associations to identify suitable sites for the development of Supported Living Accommodation. A provider event is being planned (Spring 2019) to explore further development of Supported Living Accommodation to meet current demand.

Area	Units
East	32
Mid	40
West	45
Total	117

05. CARE SERVICES

DOMICILIARY CARE (HOME CARE AND SUPPORTIVE LIFESTYLES)

SUMMARY DESCRIPTION

Domiciliary care (also known as Home Care) is the main means through which people with ongoing social care needs are supported to live independently within their own homes. In Cornwall, domiciliary care for older people is called 'Home Care', and the equivalent service for younger adults is known as 'Supportive Lifestyles'.

In the main, domiciliary care enables people through supporting them with the 'activities of daily living': most usually in regard to personal care, support with eating and drinking, and other practical household tasks. It can also offer support with accessing the community, waking night and sleep-in cover. NHSK commissions care for people with complex health needs, and also care for people at the 'end of life'.

Domiciliary care can take the form of short regular drop-in visits from care workers employed by a care agency, or shifts that may provide support for up to twenty four hours a day.

Domiciliary care can be sourced in a range of ways. Often, people needing this support purchase it privately, or by using a Direct Payment or a Personal Health Budget. Services for people who are financially supported by the NHS or the local authority are generally commissioned on their behalf.

In 2017 Cornwall Council and NHS Kernow CCG worked in partnership with providers of services and people that use services to develop commissioning intentions for domiciliary care. Both organisations commission their services from an external service provider market that consists of commercial, charitable and community interest companies. In June 2018 the Council and NHS Kernow entered into a joint contract with providers that had applied through a competitive tender to join a Dynamic Purchasing System (DPS), which allows joint contract requirements, a common price structure, developing joint brokerage processes and joint monitoring procedures.

² Rate on 1 April 2019.

▶ CURRENT POSITION

Cornwall Council and NHSK CCG currently commission around 40,000 hours of Home Care per week. This amount has increased significantly in the last three years, most recently with the addition of two 'blocks' of 100 hours, one 'block' of 300 hours and one 'block' of 250 hours (total 750 hours / c.60 additional packages of care) which are available to the market to meet the seasonal challenge of winter (2018/19).

Seasonal fluctuation and an overall shortfall in care staff numbers in Cornwall remains an issue. To address this, **domiciliary care staff pay has been increased** to Living Wage Foundation minimum rate (£9.00 per hour)². The intention is that this will increase the attractiveness of care work as a career.

When the Direct Purchasing System (DPS) commenced in June 2018, 45 providers signed up. By October 2018 an additional twelve providers had signed up. Prior to the DPS the market was less well populated and diverse, with only 29 providers contracted to do business with Cornwall Council.

FUTURE REQUIREMENTS

Estimates from Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) suggest that the number of adults with learning disability in Cornwall is predicted to rise from 10,343 in 2015 to nearer 11,500 (+10%) by 2030. The same source predicts that the number of adults over the age of 65 in Cornwall will rise from 132,300 in 2015 to 176,300 (+25%) by 2030.

Whilst it is recognized that not all will need care and support, we can assume that there will be the same percentage increase of care packages across the range of services being delivered.

The future delivery of Home Care needs to reflect the changing circumstances within which Cornwall Council and NHS Kernow will operate. Outcome-based commissioning will become more important, looking at the milestones/goals service users can achieve to improve their independence rather than having ‘time and task’ duties imposed on them. This is already partly in place but will need a change in thinking to take it forward and meet the needs of the residents of Cornwall.

FUTURE INTENTIONS / OPPORTUNITIES / APPROACH TO MARKET

Supply markets are being encouraged to diversify their approaches to provision and to make use of alternative types of support that enable positive outcomes for people in receipt of their services.

Work to boost the health and care workforce, the development of community assets and resilience, and the embracing of new technologies will minimise ‘traditional’ patterns of care and support delivery and allow for a more diverse and personalised range of service approaches.

Existing multi-agency joint working will be built upon, with partnership working delivering care and support that meets the outcomes of individuals receiving services. As part of the developing community ‘model of care’, it is intended that more domiciliary care providers will work in partnership with professionals within multi-agency health and care teams working in localities. Agencies that support this will be encouraged to train staff to take on clinical duties overseen by locality lead practitioners.

SHARED LIVES

SUMMARY DESCRIPTION

Shared Lives carers offer care and support in their own homes to people who might otherwise rely on Care Home placements. They are an important element of the suite of community-based services and support that help people with higher levels of need to maintain independence and live in community and domiciliary settings. At present, Shared Lives services are mainly used by people with learning disabilities, as the approach is beneficial for people who might require such support on a long-term basis. Other user groups could also benefit from Shared Lives, potentially on a shorter-term basis.

Cornwall currently commissions Shared Lives South West to deliver the Shared Lives (formerly known as Adult Placement) service. The current contract was due to end on 31 March 2019. It is intended that a tender for the service will be released prior to the end of March 2019, and that the successful provider will commence by October 2019. The existing contract will be extended to cover the interim period.

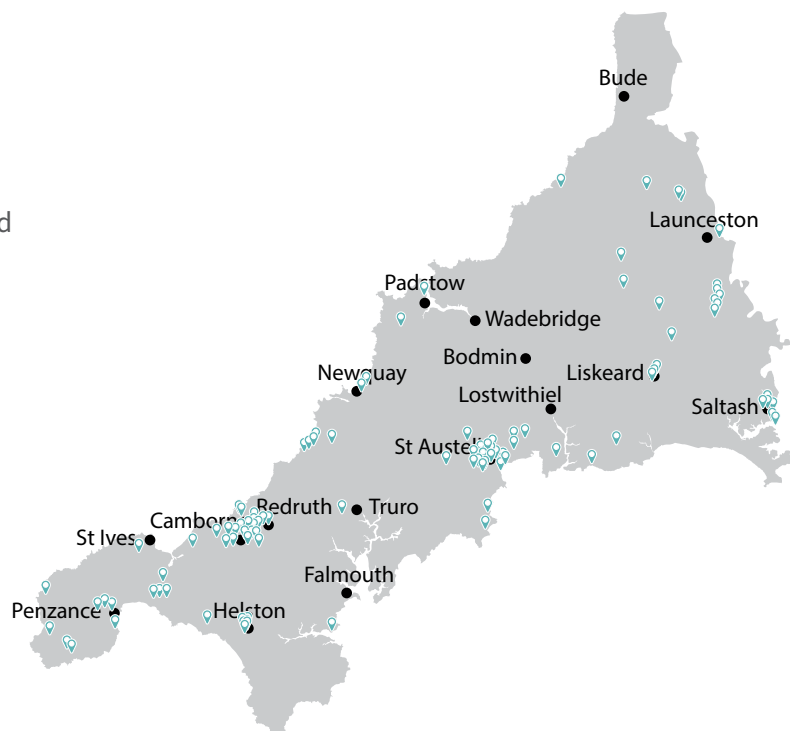
▶ CURRENT POSITION – QUALITY AND QUANTITY

The overall contract value is £1.90m. This broadly breaks down as £1.55m for the long-term placements and £0.35m for short breaks, including the payment to Shared Lives South West for the management of the scheme.

A snapshot of the current capacity is as follows:

- number of long term placements 142;
- number of active carers 122;
- number of people using short breaks 48.

This map shows the distribution of Shared Lives carers in Cornwall.



The number of long term placements equates to 8.2% of adults with a learning disability who have an assessed eligible social care need.

Shared Lives South West was recently inspected by the Care Quality Commission and given an overall rating of Outstanding.

FUTURE REQUIREMENTS

It would be possible to expand this service to cater for older people and other younger adults. This could include people presently occupying residential care placements. Additionally, the use of Shared Lives to deliver reablement is being trailed in other parts of the country, and it is intended to introduce it in Cornwall.

Specific work to develop the Shared Lives workforce may offer people the opportunity to develop careers in health and care services in ways that they may not previously have considered. Business intelligence in relation to the needs of the population will be used to enable the provider to undertake targeted recruitment of carers.

FUTURE INTENTIONS / OPPORTUNITIES / APPROACH TO MARKET

The market is engaged through Provider Forums and Partnership Boards.

Due to the limited number of providers in this area, good working relationships between commissioners and the existing provider, plus connections with national Shared Lives networks, ensure that provision is suitable. Expanding the existing service into new areas (such as more placements for older people and reablement potential) are part of discussions for the new contract in 2019/20.

Shared Lives carers offer **care and support in their own homes** to people who might otherwise rely on Care Home placements. **They are an important element of the suite of community-based services** and support that help people with higher levels of need to **maintain independence**

BED-BASED CARE (INCLUDING NURSING CARE, RESIDENTIAL CARE AND SHORT BREAKS)

SUMMARY DESCRIPTION

The Council commissions residential and nursing care home placements to provide care, support and accommodation to meet eligible social care needs twenty-four hours a day, 365 days a year. Council-commissioned care homes are registered with the Care Quality Commission.

Care home placements are also commissioned by NHS Kernow and people that self-fund the full cost of their care.

In April 2018, Cornwall Council introduced new fee methodologies and a Maximum Usual Price and Inflation Policy.

CORNWALL COUNCIL AND NHS KERNOW COMMISSIONING INTENTIONS 2017-2020

Key strategic commissioning intentions for the Council and NHS Kernow for 2017-2020 are aligned across the NHS and adult social care and include the following.

- **A JOINT STRATEGIC DIRECTION** for care home commissioning.
- **AN ALIGNED CARE HOME 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, placement 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 changes. The Commissioning Intentions have been developed through engagement with a range of partners across the NHS, social care and the provider market. There is a commitment to ensure that ongoing processes for implementation are co-designed with people who use services wherever possible.

It is anticipated that in upcoming years, the use of long term residential care will proportionally reduce. However, the presenting demographic trends suggest that with the significant increase in the number of people in Cornwall aged over 65, and the consequent increase in the physical and mental health conditions associated with the ageing population, there will be a

continued requirement for Care Home capacity. This will complement reablement services and care in peoples’ own homes. Increasingly, Care Home capacity will need to focus on nursing care for those with the most complex needs, especially those with dementia and high levels of physical frailty.

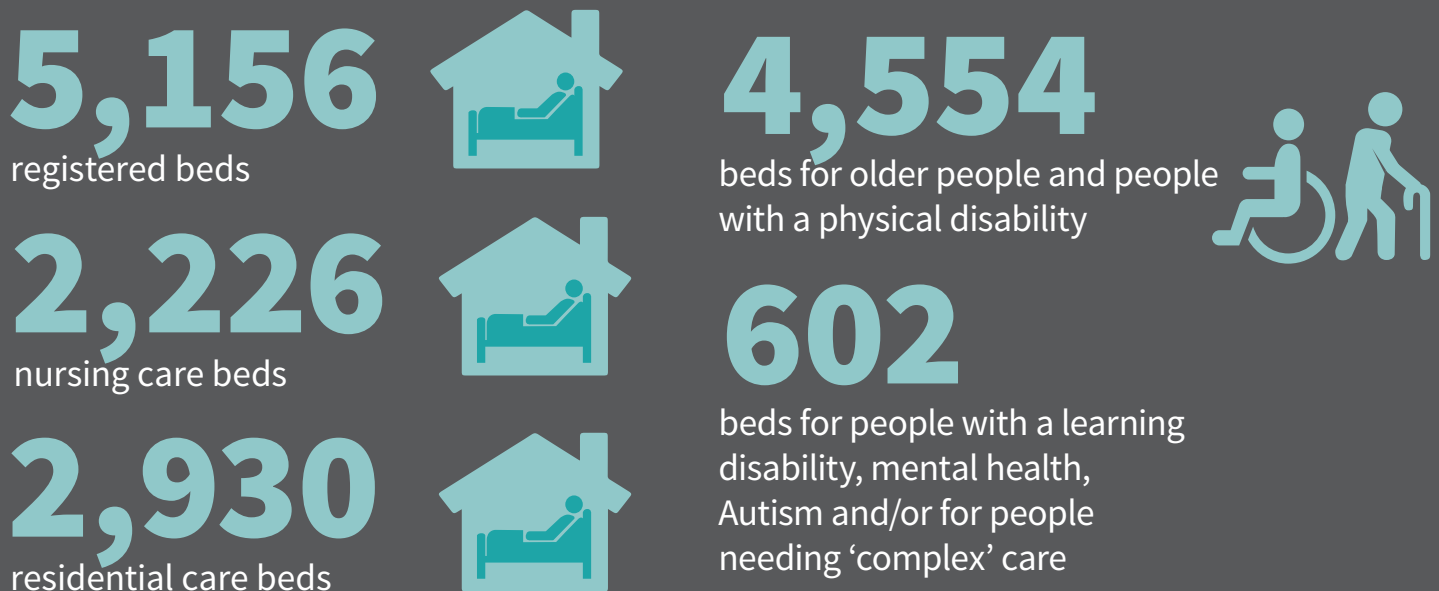
▶ CURRENT POSITION

The Council’s current total gross annual spend on care home placements is approximately £90.0m. The majority of placements are ‘spot’ purchased.

The Council currently pays fees to care home providers net of the client contribution, with the expectation that care home providers recoup the difference directly from the clients. From early 2019, gross payments will be made to the provider, and the Council will be responsible for recouping the client contribution.

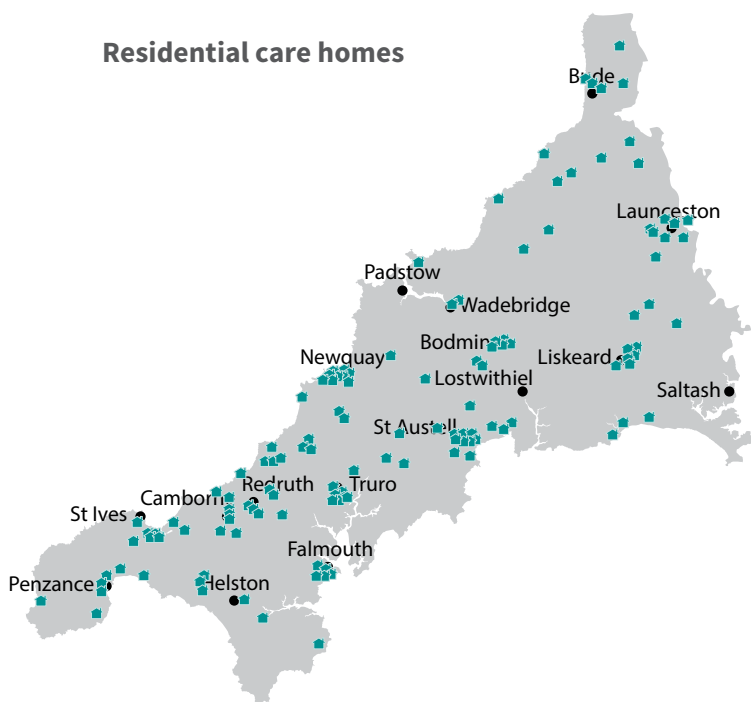
CURRENT BED AVAILABILITY

In August 2018, the Care Quality Commission reported that Cornwall has 226 care homes. These offer the following capacity.

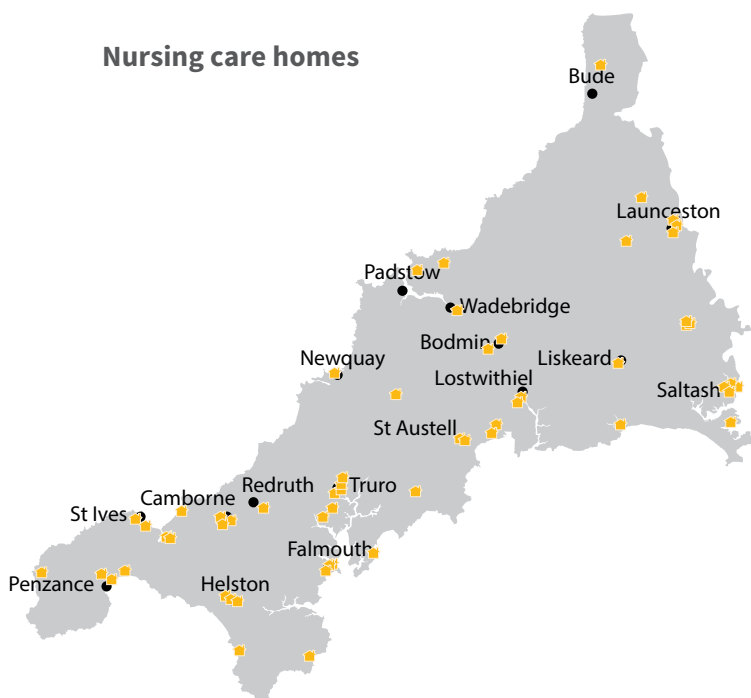


For a range of reasons, the capacity within the care home market has reduced in recent years. In 2018, 154 residential care beds deregistered due to service closures (4.7%). Of these, 132 were dementia specialist beds (4.1%). In the same period 133 nursing care beds deregistered and now provide residential dementia care (5.7%). This reflects a longer-term trend over the most recent five years.

Residential care homes



Nursing care homes



BREAKDOWN OF DEMAND - PRIMARY SUPPORT NEED

Placements for people with a learning disability have reduced over the last six years from 381 to 348. This is due to an increase in availability of Supported Living, which has been developed in keeping with the Council's strategic direction. In the same period there has been an increase in the number of placements for people who need memory and cognition support (from 58 to 223) and in Mental Health placements (from 43 to 92).

Over half the placements in residential care homes and three-quarters of placements in nursing care homes were for people who had 'physical support' as a primary need.

A quarter of placements in residential care homes are for people whose primary need is learning disability compared to 1% of placements in nursing care homes.

147 people are funded in placements out of county. Of these, 59% have chosen to move to be closer to family or to return to a place where they used to live. Other reasons include access to specialist services.

MARKET SHARE

- Eight providers have 100+ beds and account for 32% of the total market supply.
- 23 providers have between 40 and 99 beds
- 128 providers have care homes with fewer than 40 beds.

Some 'traditional' residential care is delivered in older, smaller properties with limited development potential to meet modern standards and expectations. Demand continues for these homes despite their limitations due to the pressures of the Urgent Care sector and overall system capacity.

In March 2018 the Council commissioned 60 'block' purchased ('step down') beds to facilitate discharges ahead of an assessment. The 'block' reduced to 50 on the 1 September 2018, and is likely to remain in place into 2019/20.

PROFILE OF THE MARKET

August 2018 data 'snapshot'. (Please note that on a day-to-day basis, operational monitoring by commissioners supports whole system knowledge about provider capacity. The below numbers are for illustration only).

- c.1,861 (36%) existing permanent placements (Council-commissioned)
- c.155 (3%) vacancies
- c.400 (8%) beds commissioned by NHS Kernow (CHC)
- c.2,740 (53%) beds sourced directly by self-funders

HEALTH PRESSURES – DELAYED TRANSFERS OF CARE

The top three reasons for being admitted to hospital from a care home are as follows.

1. **Thoracic procedure and disorders.**
2. **Orthopaedic trauma and procedures.**
3. **Cardiac procedures.**

Delayed transfers of care can result if there is a change in need or an individual is in hospital for more than six weeks and needs a new care home placement.

The number of delayed transfers of care attributable to the allocation of a social care placement in a care home was 106 in 2015/16 compared to 12 in 2013/14.

TEMPORARY STAYS

Temporary stays are also commissioned by the Council for a number of reasons. These include carer respite, to cater for temporary or permanent increases in need that cannot be managed at home, lack of available domiciliary care, deep clean of property, a move to a 'block' purchased 'step down' bed to avoid a hospital admission or facilitate a hospital discharge.

Temporary stays can be particularly valuable as part of a package of care in support of family members who care for people with high-level and/or complex needs.

CHALLENGES AND PRIORITIES

Due to a shortage of supply of permanent nurses in nursing care homes there has been an increase in the number of care homes deregistering their 'nursing' status, or closing.

There has been a decrease in the number of complex nursing beds in the South West at a time when the demand is increasing. This leads to authorities having to make placements out of county due to lack of complex, specialist provision in Cornwall.

Demand is predicted to rise due to increased longevity and consequent higher prevalence of dementia.

Reducing the number of delayed transfers of care attributed to the adult social care is a priority for NHSK and the Council.

FUTURE REQUIREMENTS FOR ALL CARE HOMES

There is a shortage of nursing home vacancies across Cornwall together with a shortage of dementia placements with and without nursing.

- **ENCOURAGE** Direct Payments, Supportive Lifestyles, Extra Care and Shared Lives for new packages of care.
- **REDUCE** the dependency on residential care.
- **IMPLEMENT A PROGRAMME OF REPROVISION** of existing placements into alternative care models, based on individual needs.
- **ENSURE THAT EXISTING CARE PACKAGES** are of optimum quality and demonstrate good value for money.
- **ENSURE AS MANY PEOPLE AS POSSIBLE ARE SUPPORTED** in Cornwall thereby minimising the need for out of county solutions.

Ensure there is appropriate provision of services catering for complex and specialist needs within the local area to reduce placements out of county.

REQUIREMENTS FOR RESIDENTIAL AND NURSING CARE HOMES

IMPROVING QUALITY. High quality care homes support people to achieve their own, self-defined outcomes and sustain their independence. If people are supported to remain mentally and physically healthy, they will not as readily recourse to acute sector hospital care.

In the future the Council and NHS Kernow want to commission from providers that achieve and maintain a rating of 'good' from the Care Quality Commission and can demonstrate good quality in line with NICE guidelines.

To achieve this, care home staff must be sufficiently trained. Registered Managers are vital to the management and leadership of a quality service. To support these requirements, Cornwall Council and NHS Kernow are working with training and care providers to ensure suitable training is available to meet the needs of the system. The Proud to Care programme has been

created to encourage continued and increased supply of quality carers.

Where appropriate the Council will consider capital investment into care homes to ensure that the environment of the home is maintained to a high standard to meet the needs of the residents.

In 2019, the Council will adopt a gross payments policy and have a higher proportion of block contracts at no more than the 'usual maximum price' per bed to improve provider cash flow. This will in turn enable providers to offer better terms and conditions to their workforce to aid recruitment and retention, improve resident care, quality of life and achievement of outcomes.

AREAS OF POTENTIAL DEVELOPMENT. The high priority areas for consideration currently include West Penwith, China Clay, Camelford, St Agnes and Perranporth, and Falmouth and Penryn.

Asset mapping will be undertaken to achieve a better understanding of the care home stock in Cornwall, including opportunities for potential future development.

DELAYED TRANSFERS OF CARE. The Council and NHSK will continue to work together to ensure that there is sufficient supply to meet demand and reduce the number of delayed transfers of care. When discharging someone from hospital the priority should be to help people to return home with appropriate care and support. Where this is not possible, temporary stays in care homes may be necessary.

REABLEMENT. There will be a focus on commissioning short term reablement in care homes to help return people to living independently, and improve the effectiveness of existing services. This should result in fewer people needing long term care, and where ongoing care is required, it will be at a reduced volume. To enable this to happen, additional training will be required to enable Care Homes to support people in this way.

RESIDENTIAL CARE HOMES

As the range of accommodation with care grows and people are able to access it with care through domiciliary care, Extra Care, Supportive Lifestyles or Shared Lives, the proportion of residential care home placements that the Council commissions is likely to reduce.

Providers that wish to continue to deliver residential care should prioritise delivery of services that cater for

people with dementia and more complex needs, as these will be areas of increasing demand in upcoming years.

NURSING CARE HOMES

All homes should be able to meet the needs of people with dementia and complex nursing care.

It is necessary to increase the number of nurses wanting to work permanently within care homes to reduce the number of nursing care homes deregistering or closing. Other parts of the health and care system in Cornwall are also struggling to recruit and retain nurses and there will be an emphasis on 'growing our own' and developing apprenticeship pathways to increase the overall supply.

FUTURE INTENTIONS / OPPORTUNITIES

- To work with commissioners across the South West region to develop a vision for care and support for people with complex needs / dementia.
- To consider the potential for new markets / types of provision to help to meet the developing dementia challenge, and develop care homes (and other provision) as pathfinders to creating dementia-friendly communities.
- To maximise the use of technology enabled care (TEC) and other technological solutions to improve outcomes.
- To develop better 'outreach' and cross-sector work to improve care, social inclusion, and deliver benefits of 'tertiary prevention'.

APPROACH TO MARKET

A plan will be developed that will propose new state-of-the-art, technology enabled care homes for Cornwall to ensure that the needs of the population can be met. This plan will be holistic, and linked to the development of other services to ensure that opportunities (e.g. care home provision diversifying to deliver domiciliary care or 'virtual' Extra Care to the wider community) are taken. There is also a need to link the development of Extra Care to the potential future changes in the pattern of care home provision to enable more people to remain in their own homes for as long as possible.

06. INTERMEDIATE CARE AND REABLEMENT

SUMMARY DESCRIPTION OF THE SERVICE AREA

As part of the developing whole system 'model of care' for Cornwall, intermediate care and reablement services are so-called because they sit between community (health, care and wellbeing) services and acute sector (hospital) provision. The main purpose of intermediate care is to support people to avoid unnecessary use of bed-based acute sector services, either through admission avoidance or discharge hastening work.

Intermediate care services feature the 3R approach: rehabilitation, reablement and recovery. Integrated multi-agency teams (featuring nurses, therapists, social care workers and care staff) deliver therapeutic care and support that enables people to regain and maintain their strength, skills and confidence after a debilitating crisis, accident, or period of illness. The intention is that people should return to their independent circumstances and avoid unnecessary hospital admissions and/or prolonged hospital stays.

▶ CURRENT POSITION

Cornwall's intermediate care services comprise a range of contributors. They are primarily financed through Cornwall's Better Care Fund: a budget, contributed to and held between Cornwall Council and NHS Kernow. In 2018/19, the BCF (and the temporary grant resource the Improved Better Care Fund (iBCF)) featured the following allocations for intermediate care services.

- **STEPS** (Short Term Enablement Programme) – social care reablement service: CorCare – c.£4.00m
- **EIS** (Early Intervention Service) – clinically-led intermediate care service: Cornwall Partnership Foundation Trust (CFT) – c.£1.90m
- **D2A PATHWAY 1 (HOMEFIRST)** – clinically-led generic support workers (x48): CFT – c.£1.40m (iBCF)
- **D2A PATHWAY 3** – High-level nursing care beds (x17): independent sector provision – c.£0.65m
- **DOMICILIARY CARE** – for people following hospital discharge: independent sector providers – c.£2.40m

- **CARE HOME PLACEMENTS** - for people following hospital discharge: independent sector providers – c.£2.40m

The NHSK 'block' contract for community health services (CFT) also features an estimated c.£2.40m allocation that is committed to the EIS element of the intermediate care services. Additionally, the Council pays c.£1.00m a year to EIS (CFT) outside of the BCF.

The Council has a strategic partnership with business management consultancy Newton Europe. Part of the work that Newton Europe has undertaken is a strategic review of the Council's social care service delivery. The STEPS service is part of this, and work is underway to improve productivity and service delivery within that service area, so the service benefits more people.

FUTURE REQUIREMENTS

Real-time readings of the available activity, capacity, resource and flow within the acute, community and intermediate care parts of the system would be very beneficial.

There is enthusiasm for much closer work between the STEPS and EIS/HomeFirst teams.

The 'joining up' of functions would improve responsiveness, allow more seamless transfer of cases between professionals, deliver better apportionment and use of resources meeting fluctuations in demand, and reduce unnecessary acute hospital use.

Intermediate Care is expensive. If the service delivery is not properly coordinated, the outcome will be additional expense to the system, and poorer outcomes for those that use services

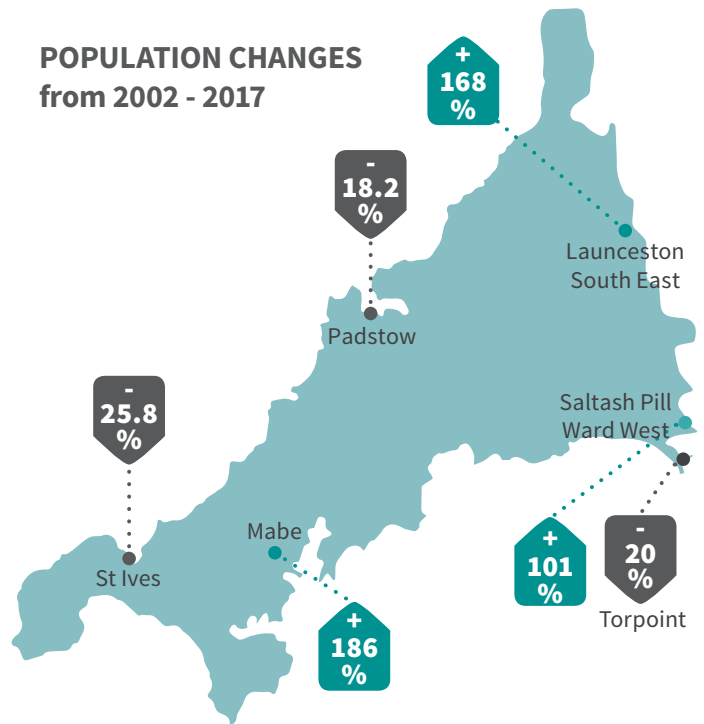
07. THE SHAPE OF NEED AND DEMAND IN CORNWALL

PEOPLE

OUR POPULATION IS GROWING BUT GROWTH ISN'T CONSISTENT ACROSS CORNWALL

Cornwall's population continues to grow however, **POPULATION GROWTH ISN'T CONSISTENT** across all areas of Cornwall. Many coastal communities have shown a population decline, linked, although not exclusively, with second/holiday homes.

▶ **563,608** people live in Cornwall and the Isles of Scilly



POPULATION CHANGE HAS A PROFOUND IMPACT ON SERVICES

The population is not only gradually increasing, but also changing demographically – in two key ways. In line with national trends Cornwall has an **INCREASINGLY AGEING POPULATION** as life expectancy continues to rise. But we also have **A GROWING YOUNGER POPULATION**. There is a significant risk in continuing to underestimate the challenges of an ageing society but this needs to be balanced with supporting the development and needs of our younger population.

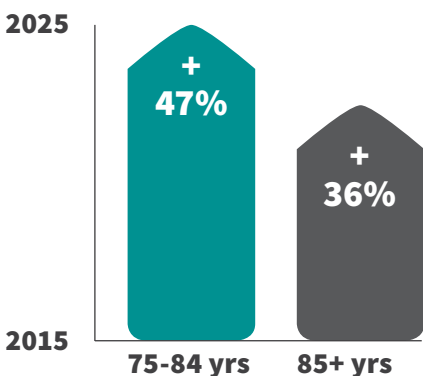
The view that **most people moving to Cornwall** come to retire is a myth, the majority **are of working age**.



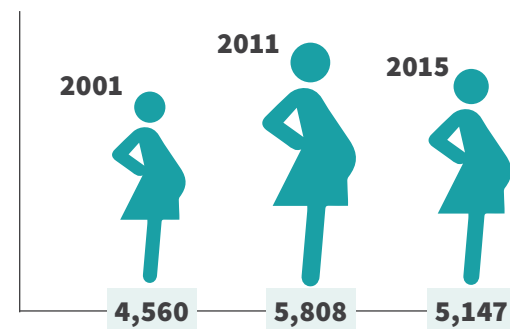
1 in 4 will be aged **65+ in 2019**

Between 2017 and 2037 our population is expected to grow by **11%** to **625,900**

Between 2017 and 2025 our older population is expected to increase:



BIRTH RATES (per 1000 women aged 15-49)



The current birth rate is at a level last seen in the early 1980s which is projected to continue.

PEOPLE

PREVENTION AND EARLY INTERVENTION AT ANY STAGE OF THE LIFE COURSE, CAN PREVENT MORE COSTLY INTERVENTIONS OR SERVICES LATER ON

PREVENTION AND EARLY INTERVENTION MEASURES are likely to have wide ranging impact, which cross service and organisational boundaries. However, **THE BENEFITS CAN BE HARD TO QUANTIFY** and this can create tensions in managing short-term priorities for service planning at times of budget reductions. Failing to invest in preventive measures, however, is likely to create a ticking time bomb.

There is extensive and consistent evidence that **BRIEF ADVICE REDUCES HARM** and brief interventions are cost-effective

INCREASING COMPLEXITY OF CONDITIONS AND/OR CIRCUMSTANCES REQUIRES A CO-ORDINATED RESPONSE

Demographic changes, technological advances and the changing pattern of disease are **PUSHING UP THE NUMBERS OF PATIENTS WITH COMPLEX CONDITIONS** who require treatment in the community.

There has also been a rise in the number of individuals and families presenting to services with complex and overlapping problems with alcohol, drugs, homelessness, mental health conditions and/or an offending history. These individuals and families place high demands on services all of which are experiencing budget pressures.

CHANGES IN CRIME TRENDS over the last few years **have shifted the focus to tackling more complex crime and hidden harms** (including sexual and drug-related exploitation, serious and organised crime, fraud and cyber crime), **that impact on the most vulnerable in our communities.**



Experiencing **domestic abuse** and **sexual violence** has far-reaching and long-lasting impacts, including...

75%

of premature deaths and disabilities are caused by

5 lifestyle behaviours



Smoking



Poor diet



Excess drinking



Physical inactivity



Social isolation

20%

of NHS costs are associated with these five behaviours



Cornwall's suicide rate continues to be higher than national rates; males are at greatest risk of suicide and rates are rising



Children and young people who have experienced 4 or more adverse childhood experiences (such as domestic abuse, parental substance use and mental/emotional health problems) are more likely to adopt unhealthy and harmful behaviours themselves.

2%

16%

2% of the most complex patients in Cornwall and the Isles of Scilly account for **16%** of NHS spend

Reduced social functioning

Poor mental health and emotional wellbeing

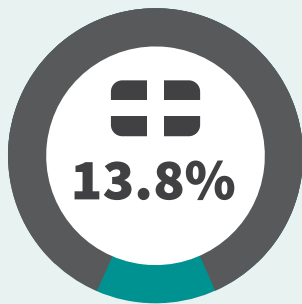
Chronic physical health conditions

Harmful use of alcohol and/or drugs

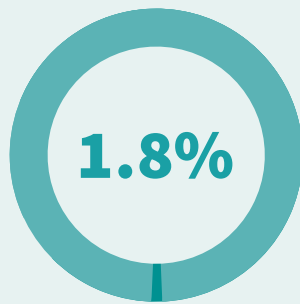
PEOPLE

OUR POPULATION ON THE WHOLE HAVE A BETTER LEVEL OF ENGAGEMENT THAN NATIONALLY – BUT, THERE ARE STILL THOSE WHO DON'T HAVE A VOICE

Engagement means people playing an active part, **HAVING GREATER CHOICE**, exercising more power and contributing significantly to decision making but this can be extended beyond the talking to the doing and using people's skills and expertise to help bring about change. There are however those who are **SOCIALLY EXCLUDED, DRIVEN BY A COMPLEX INTERPLAY OF DEMOGRAPHIC, ECONOMIC, SOCIAL AND BEHAVIOURAL FACTORS**, who do not, or find it difficult to engage.



of people in Cornwall identified as Cornish, or Cornish and another national identity (other surveys suggest a higher figure)



of people in Cornwall identified as Black, Asian or from other Minority Ethnic groups

Local estimates suggest that Cornwall has around 1,100 men, women and children of Roma or Irish Traveller ethnicity, or who live as New Travellers.

Estimates suggest there are over



Over 2,000  will have a moderate or severe learning disability.

A further 3,700



children and young people

have a learning disability and/or learning difficulty within Cornwall

Adults and young people who offend are amongst the most socially excluded in society, with deep rooted health and social problems 

ENVIRONMENT

OUR SETTLEMENT PATTERN PRESENTS CHALLENGES

Dispersed and sparsely populated settlement pattern combined with Cornwall's coastline present **ISSUES OF ACCESSIBILITY AND CHALLENGES FOR EQUAL PROVISION OF SERVICES**. The growth of settlements; not only in terms of location but also what is built, will impact service demand.

▶ **40%**
of our population live in key **settlements of fewer than 3,000 people**

In more popular holiday destinations,
20-50+%
of houses are **second homes**.

Cornwall has more than
2.4 million
overnight tourism stays per annum. This creates huge seasonal variation in population and service demands.

The changing age structure will result in a shift in the type of demand being placed on services. **Isolated communities** such as the Rame Peninsula **are projected to see a faster growth in an aged population**.

Accessibility can be an issue in more rural parts of Cornwall. Studies show that limited access to transport can lead to isolation, social exclusion and severely restrict people's quality of life/ life chances.

A third of households would have to travel for **over an hour on public transport** for an appointment at Derriford or Treliske **hospitals**.

Costs of transport are cited by service users as **a barrier** to engagement with services

ENVIRONMENT

OUR ENVIRONMENT HELPS SHAPE OUR WELL-BEING, DISTINCTIVENESS AND ECONOMIC PROSPERITY

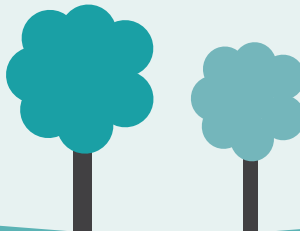
Our environment provides us with essentials: food, clean air and water; but is also **A KEY FACTOR FOR HEALTH**, the economy, and particularly in Cornwall, our sense of place and identity. Changes to our population, land-use, agricultural practices and the types of businesses across Cornwall all influence the way we live our lives, and the environment that supports and surrounds us. We have a collective responsibility to ensure 'change' simultaneously protects and enhances the natural environment - the consequences of not taking action are simply too costly. Although Cornwall is beautiful - it is not as ecologically healthy as it needs to be for the future.

Cornwall now has **360** species and **43**

habitats on our Biodiversity Action Plan lists because of their rarity or rapid decline.



6 areas are failing national air quality standards



There is a **significant ecological legacy** from the industrial revolution, intensive farming practices and monoculture developments.

Climate change will have significant impacts on Cornwall, particularly coastal communities.

Cornwall has around **490** Combined Sewer Overflows



There are currently **28,000** houses at risk from flooding or coastal changes

Cornwall has **477 managed and protected water bodies** such as lakes, rivers and coastal areas...

26% are of high or good quality

There are **97 bathing waters** in Cornwall...

78% are classed as either 'excellent' or 'good'

There are over **3,000** agricultural holdings in Cornwall... **...50%** of which are registered dairy holdings

In some of our poorest areas more than 1 in 3 live in poverty

SOCIAL

DEPRIVATION IS A PERSISTENT PROBLEM

Cornwall is **AN AREA OF CONTRAST**, with concentrations of visible wealth as well as significant visible and hidden poverty. Whilst Cornwall as a whole is not particularly deprived; there are wide variations between geographic areas. Treenere in Penzance is within the 2% most deprived areas in England, while Latchbrook South in Saltash is at the other end of the spectrum at 89%.



Over 29,500 children (under 19) in Cornwall live in poverty.

Rural areas can mask pockets of deprivation

identified by national indicators, but still suffer from the same isolation and economic disparity of areas nationally identified

Deprivation is strongly associated with lower educational attainment and poor health outcomes, including higher levels of:



Obesity



Physical inactivity



Poor diet



Smoking



Excess drinking

There were 53 rough sleeping individuals identified at the last count in 2016.

Nationally, Cornwall had the 11th highest number of rough sleepers out of 326 local authorities in England in 2018.

14% of households are in fuel poverty

42% of households are not connected to the gas network

of households are in fuel poverty

of households are not connected to the gas network

Around...

12.7% of Cornwall's population
71,450 people
30,600 households

live in the **20% most 'deprived' communities** in England

HOUSING IS MORE THAN JUST WHERE WE LIVE

Our home, both the location and the physical building itself, influences almost every aspect of our lives – from how well we sleep, to how often we see friends, to how safe and secure we feel. A healthy mix of housing options, from market-rate and affordable rental housing, single-family homes, as well as **DEVELOPMENTS FOR OLDER PEOPLE** or those with **SUPPORT NEEDS**, ensures opportunities for all individuals to improve their economic situation and contribute to their communities.

Affordability is an issue...

The average house price is **£220,000** The average wage is **£20,300**

The Average House Price to Earnings ratio is 8:6 (8:8 lower quartile)

Amount of adapted housing is low...

- **5,150** care home beds
- **119** extra care housing (rent)

Hospital discharge delays are a consistent issue and are impacted by home care packages and awaiting care home placement



6,500 retirement or sheltered housing (rent)

Specialist services are reporting that clients are presenting with **more complex housing needs**, requiring **additional support**

PROSPERITY

OUR ECONOMY IS STILL UNDERPERFORMING – DESPITE INVESTMENT

Despite investment, Cornwall is still characterised by low Gross Value Added (GVA), **LOW EARNINGS AND LOW PRODUCTIVITY**. Investment in HE/FE has seen improvements in infrastructure and high level qualifications, but there is still a significant issue in below average skills levels amongst the workforce.

There are

23,795 registered enterprises and **28,045** ... workplaces in Cornwall



Gross annual earnings (£20,301) in Cornwall are equal to **85%** of the UK average.



GETTING PEOPLE INTO GOOD QUALITY JOBS IMPROVES LIFE CHANCES AND REDUCES HEALTH INEQUALITIES

Research shows worklessness to be associated with **POORER PHYSICAL AND MENTAL HEALTH AND WELL-BEING**.

Getting people back into work and helping them 'be well' in work helps the individual and can help reduce the associated costs of homelessness, crime, benefits, and health care. Good quality jobs are important, however – national trends show increasing poverty in working families and **PREDICT A SIGNIFICANT RISE IN CHILD POVERTY** by 2020.

Employers across **many sectors** are highlighting **THE CHALLENGES of recruitment and meeting skills gap** in the workforce.

31% of employees in Cornwall **ARE PART TIME**
22% of working people in Cornwall **ARE SELF EMPLOYED**

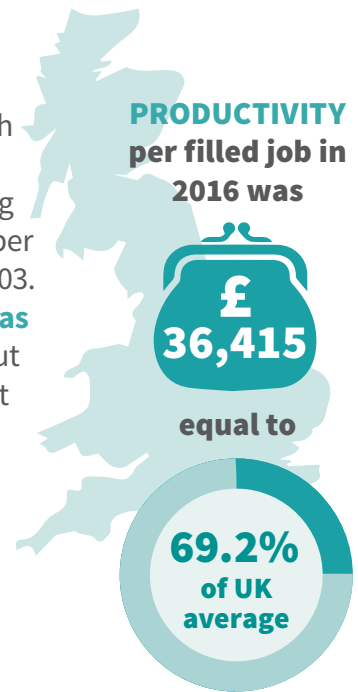
PRODUCTIVITY, which determines earnings and hence overall living standards, measured per job, has fallen since 2003. **Cornwall's position has fallen back** from **26** out of 40 regions, **to 40** out of 40 regions.

PRODUCTIVITY per filled job in 2016 was

£ 36,415

equal to

69.2% of UK average



In Cornwall there are...

326,100 people aged 16-64 of whom

250,200 are economically active with

241,800 currently employed



6% (19,800) of the total working age population in Cornwall have been **CLAIMING BENEFITS** for more than 5 years.

19,400 people (of all ages) receive **ill health related benefits** (DLA, IB/SDA)

14% (2,600) of people receive DLA due to **mental health issues**

30% (6,200) people receive DLA for **Musculoskeletal conditions (MSK)**



Over **2,800** (MSK) and nearly **10,800** (MH) ESA claimants are identified as having the same conditions.

5.1% of the local population have no qualifications



33.9% of the local population have Level 4+ NVQ qualifications (below the national average)

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

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