Community Based Support and Housing Commissioning Framework 2017-2025

Children, Families and Adults

Adult Transformation and Commissioning Service
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1. Executive Summary

This framework sets out the intention to radically reshape the way services are delivered, ensuring community based preventative services are supporting people to stay in their own homes for as long as possible.

The framework examines the community based care and support solutions and suitable housing provision for all adults with assessed eligible care needs in Cornwall; including those in transition from children’s to adults’ services. The strategic aim is to replace and take forward the recommendations in the Long Term Accommodation Strategy for People with Eligible Social Care Needs 2015-2018 while transforming Adult Social Care to:

- Determine the types of accommodation and geographical locations required for all client groups
- Increase provision of supported living and extra care schemes and other models as alternatives to residential care
- Proactively plan for the future needs of our population through data collection and analysis and develop cost-effective solutions
- Invest in community based services, both health and social care, to prevent reliance on long term residential services.

The purpose is to ensure community based support services set high expectations around adults of all ages taking part in purposeful activity and living in a home of their own. To achieve this aim there will need to be a substantial increase in the provision of suitable housing, as well as a change in support provision, focusing on promoting independent living skills and community resilience.

Children, Families and Adults directorate has a strong commitment to developing partnerships; the ongoing appetite to deliver change collectively is crucial to the success of this framework. The framework has been and continues to be developed through engagement, consultation and partnership working with a variety of statutory and voluntary agencies as well as the community; this includes:

- People with eligible social care needs and their carers
  - people with learning disabilities, physical disabilities, autism, mental health needs or sensory needs
  - people with age related needs, including dementia
  - other client groups with eligible social care needs
- Strategic Housing, Cornwall Home Solutions and Planning Services
- Cornwall Housing Ltd and Registered Providers
- Social Care and Community Support Service Providers
- Transformation Challenge Award Team
- NHS Kernow Clinical Commissioning Group
The purpose of the Community Based Support and Housing Commissioning Framework is to:

- Provide a detailed understanding of existing housing options and community based support services across Cornwall
- Analyse data on the existing and predicted needs of the people of Cornwall with eligible social care needs and people at high risk of developing needs
- Identify current and potential housing options, resources available to support people to stay in their homes and opportunities for new housing schemes across the county as an alternative to residential care
- Help plan and shape the market across Cornwall to ensure that there are a range of appropriate community based care and support options that promote independence, social inclusion and community assets
- Enable Cornwall Council to adequately plan for any future capital and revenue expenditure for community based care and support and housing options
- Improve health and social care outcomes, to move away from complex systems to simplistic pathways to housing and care and support provision
- Respond to the increasing demand upon all services not only as a result of an ageing population but also the multiple or complex needs of clients.

In summary the delivery of this framework is a key tool to support the transformation of services and supports the movement towards personalisation giving people choice and control over where and how they live their lives. The overarching aim, key outcomes and benefits are set out below that have been established through the development of this framework.
**AIM:** Improve outcomes for vulnerable people through enabling choice, personalisation and independence

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<th>STRATEGIC OUTCOMES</th>
<th>BENEFITS</th>
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| **INFO AND ADVICE** Easy to understand information on community based support and housing options is available and people are supported to make informed decisions | • Accessible information and advice on community based support and housing options is available  
• Options are communicated to people with care and support needs  
• People with care and support needs are supported to understand their options |
| **PERSONALISED, OUTCOME FOCUSED SUPPORT** Community based care and support is available at home or as close to home as possible that promotes independence, social inclusion and community assets | • Support is available that is personalised and outcome focused to help people with daily living, dealing with a crisis, staying safe and managing risk.  
• People are linked into their local community and able to access groups, activities and short breaks  
• Best use is made of equipment and technology to support people to be as independent as possible |
| **HOUSING OPTIONS** A range of housing options are available that are fit for purpose and promote independent living | • People receive the support they need to access housing schemes, private rented housing, social housing, adult placements or purchase a property  
• Different housing options are available that are fit for purpose with access to care and support, facilities and activities  
• Care home admissions are reduced |
| **FUNDING** Funding is maximised and provision offers best value for money | • Everyone accessing community based support has a transparent personal budget  
• Community solutions offer better value for money than care home admissions  
• Services are developed in partnership with health and housing colleagues where appropriate |
| **EVIDENCE** Commissioning is informed by evidence and services are coproduced | • Services are co-designed and co-decisions are made in relation to allocation of resources and providers ensure services are co-delivered and co-evaluated where possible  
• Procedures, communication channels and pathways are clear and are followed appropriately  
• Data on demand is collected and analysed through enhanced internal and external systems |
# 2. Introduction

## 2.1 Aim of the framework

| Improve outcomes for vulnerable people through enabling choice, personalisation and independence. |

**In scope:** The focus of this framework is the development of flexible community based support services and housing solutions that provide additional options to day centres and residential care for adults with assessed eligible social care needs. This includes:

- ✓ people with learning disabilities and/or physical disabilities and/or autism and/or mental health needs and/or sensory needs
- ✓ people with age related needs, including dementia
- ✓ people in transition from children’s to adult services
- ✓ other client groups with assessed eligible social care needs

Flexible support services will offer access to person centred and outcome focused care and support services, activities and groups. There will be integration into the wider community and people will be supported to access existing local activities and groups. Development of housing options will ensure people are able to access independent accommodation with support.

Current community based care and support provision and housing solutions commissioned by Adult Transformation and Commissioning for adults with assessed eligible social care needs and included in this framework are as follows:

- **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).

- **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. 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.

- **Adult Placement/ Shared Lives** - accommodation with care and support which is provided by individuals or families in their own homes. People are included in family activities and are part of the wider local community. The provision is available to all client groups but the majority of people accessing Shared Lives are people with learning disabilities.

- **Day Activities** - traditionally building based services where people attend for a set number of hours each day. There is a move towards more community based support services, activities and groups. Day
activities are mainly provided for adults with a learning disability and for older people with age related needs.

- **Short Breaks (respite)** - 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.

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

- Residential care homes
- Care at home services (domiciliary care)
- Prevention and early intervention services (including homelessness)
- Children’s and family services

**Co-production:** The Council aspires to be working towards the co-production of services to ensure that the commissioning process results in the services that people actually want and need. It is essential that we work together with all those people involved in using, providing and working alongside commissioned services. The development and delivery of the framework will be broken down into key themes; for each key theme there will be a Co-production Plan.

### 2.2 The Care Act 2014

**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.

*Care Act 2014, Section 1*

In exercising choice, a local authority must ensure that the accommodation is suitable to meet the person’s assessed needs and identified outcomes established as part of the care and support planning process.

*Care Act 2014, Annex A*

The Care Act 2014 sets out the vision for adult social care, reinforcing the transformation necessary to enable greater choice, control and personalisation. It highlights the need for more preventative services that help people maintain their wellbeing through developing more supportive, inclusive and effective communities. It is critical to the vision of the Care Act that wellbeing and independence are actively promoted before people reach crisis point and the need for formal support. Therefore early intervention, community based support services and a range of housing
options are crucial in meeting the requirements set out in the Care Act and supporting people in Cornwall to achieve their outcomes.

2.3 Vision for Health and Social Care in Cornwall

The Cornwall Deal: This is an agreement between the Government, Cornwall Council, NHS Kernow Clinical Commissioning Group and Cornwall and Isles of Scilly Local Enterprise Partnership to devolve a range of powers and responsibilities to Cornwall. This agreement will empower public and private sector partners in Cornwall to reform services, to make them more effective and efficient for the people who live and work in Cornwall.

Better Care Fund: In December 2013, the government introduced the Better Care Fund, which was established to support transformation and integration of health and social care services to ensure local people receive better care. The Council and NHS Kernow submitted a joint plan to address the increasing challenges faced in the provision of health and social care in Cornwall, which is financed from a pooled budget of £44.5 million for 2015/16 with expected savings of £3.3 million.

Cornwall’s Better Care Fund focuses on five key themes as set out below:

Sustainability and Transformation Plan: In November 2015 NHS regulators mandated all local health and care systems to develop a five year Sustainability and Transformation Plan (STPs) focused on tackling nationally identified priorities based on closing three gaps:

1. The health and wellbeing gap;
2. The care and quality gap;
3. The finance and efficiency gap.

The Cornwall and Isles of Scilly Sustainability and Transformation Plan Draft Outline Business Case sets out a future operating model for the local health
and care system. This is based on functions rather than separate organisational responsibilities and sets a clear blueprint for collectively delivering the integrated system required to ensure effective and sustainable services in the future. The six themes of the operating model are set out below:

Under the theme ‘integrated care in the community’ a priority intervention detailed in the outline business case is developing and investing in a range of specialised housing and supported accommodation to meet local needs which enables quicker return to care in the community and independence. This framework will support the implementation of this intervention.

**Transforming Care:** 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.

The local Transforming Care Partnership includes NHS Kernow, 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. 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 for people with learning disabilities and/or autism and behaviour that challenges to ensure that it is community based and preventative. This includes:

- Developing self-contained accommodation with support;
- Workforce development to ensure staff members are trained in positive behaviour support and person centred planning;
- Ensuring that existing mainstream crisis and acute services are accessible to people of any age;
- Ensuring that the support pathway is coproduced;
- Increasing personalised and self-directed care and support;
- Introducing intervention services for adults on the autism spectrum.

### 2.4 Commissioning framework

Cornwall Council and NHS Kernow have adopted the [Institute for Public Care Commissioning Framework](#). The model provides a cyclical framework shown in the diagram below that requires commissioners to take an evidence-based approach to commissioning; to use local and national intelligence to make informed decisions about prioritising resources, identifying gaps in provision and taking a strategic approach to commissioning and purchasing services. It then incorporates market development and management, with emphasis on the continuous review and improvement of performance outcomes and quality of services and the provider market.

![Commissioning Framework Diagram](source: Institute for Public Care Commissioning Cycle)
3. People in Cornwall

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, coastal and environmentally sensitive areas, interspersed with villages and historic market towns; where affluence sits alongside some of the most disadvantaged areas in England.

Over 40% of the population living in settlements of less than 3000 people.

Cornwall is the second largest local authority area in the South West region.

697 km is the length of Cornwall’s coastline.

30% of Cornwall is within an Area of Outstanding Natural Beauty.

3,559 is the area of Cornwall in square kilometres.

230,400 households.

Population and Settlements

Cornwall's population is growing but growth isn’t consistent across all areas of Cornwall.

Population density is one of the lowest in the England at 1.5 persons per hectare.

In-migration is predominately for economic and lifestyle reasons, not retirement purposes.

Over 40% of the population living in settlements of less than 3,000 population.

Population likely to increase by 18% over 25 years.

Deprivation

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.

Around 68,600 people (12.7% of the population of Cornwall) live in the 20% most ‘deprived’ communities in England. This equates to approx. 34,400 households.

15.9% of children in Cornwall live in low income families.

Hidden rural deprivation is not identified by national measures due to the dispersed nature of rural population.

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.

63,192 people in Cornwall provide unpaid care to a family member, friend or neighbour. (6)

There are approximately 6,700 people receiving funding through Adult Social Care in Cornwall. This includes approximately 1,500 people receiving direct payments. (7)

The percentage of the population in Cornwall aged 18-64 with a learning disability, autism, physical disability or mental health need is predicted to remain stable over the next 4 years. (8)

The total population aged 65 and over in Cornwall is predicted to rise by 7% from 2016 to 2020. The highest percentage increase is in the 90+ age group at 19%, with a significant increase in the percentage of people aged over 80 years old (80-84 years to increase by 11% and 85-89 years by 10%). (9)

There is predicted to be an increase of 11% in the percentage of people 65 and over unable to manage at least one mobility activity over the next 4 years; and an increase of 14% in the percentage of people aged 75 and over with mobility issues.

There is also predicted to be a substantial increase of 13% in the number of people aged 65 and over with dementia from 2016 to 2020; with people aged 75 and over with dementia predicted to increase by 14%. (9)

There is predicted to be an increase of 8% in people with autism over 65 from 2016 to 2020; with an expected increase of 18% for people with autism aged over 75.

The percentage of people aged 65 and over with a moderate or severe learning disability is predicted to increase by 5% from 2016 to 2020; with an expected increase of 16% for people with moderate or severe learning disabilities over 75. (9)

HEALTH AND WELLBEING - YOUNG PEOPLE

Approximately 1,300-1,500 people aged 14-25 years are recorded by children, Families and Adults as having a disability in Cornwall. (10)

There are approximately 360 young people over the age of 16 in Further Education provision with a Statement of Special Educational Needs, or Education Health and Care plan, or Learning Needs Assessment. (11)
Approximately 670 people aged 16-18 in Cornwall are not in education, employment or training (NEET). (12) In general young people NEET have a disability, were eligible for free school meals or had a baby. (13)


HOUSING

There are 9,000 applications to the Homechoice Register each year (social housing lettings system in Cornwall). 28,000 households are registered on Homechoice. (15) On average there are 9,200 approaches a year for advice and assistance to prevent homelessness. Approximately 250 people a year are assessed as homeless and in priority need. (16)

Owner occupiers are still the highest tenure type at 68%; 11% are social rented; 18.5% privately rented.

An estimated 27,300 (12.6%) of occupied homes have at least one resident with a limiting long term illness.

The cost to the Council each year is circa £5m to adapt properties for people with disabilities, with each grant costing an average of £5,900.

3,486 households are living in caravans or other temporary mobile structure, more than 3 times the national average.

4. Our Challenge - Coproduction, personalisation and outcomes

4.1 Recent engagement

Source: Shared Lives engagement event at Chy Travail Bodmin on 8 July 2016

Engagement previously took place 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 (a new Supported Living Housing Scheme). To inform the review of externally commissioned community based day support, engagement has taken place with people accessing services, carers and professionals. The service specification for the community based day support service has been co-designed with people who use services, their carers and a range of providers, including a steering group of representative stakeholders that oversaw the process. Engagement has also started for the review of the current Shared Lives and Extra Care contracts.

The findings so far have been summarised below.

- **Access to leisure activities** – music, dancing, computers, arts and crafts
- **Access to learning activities** – independent living skills, qualifications
- **Access to social activities** – making friends, peer support groups and events
- **Access to work related activities** – paid work, voluntary work
- **Access to health and wellbeing activities** – food, exercise
Must take into account individual sensory needs – colour, smell, noise, soundproofing, lighting

I want the chance to choose where I live – view the property in advance and plan for a move

Accommodation

Nothing institutionalised - looks like a ‘normal’ home

Someone should go through the tenancy agreement with residents

I want to understand my tenancy agreement – easy read/ audio

My own home with my own front door

I want to be offered a range of housing options

I need to understand in advance if I can afford to live there

Familiarity of location helps a lot

Near work, social life, family and friends, facilities, transport

Location

Friendly and safe community are important

A place where I can meet friends

Be my own boss

Have visitors

Be able to use public transport

Choose my staff

Be able to speak up and be listened to

Have my own space

Independence

Have a pet if I want one

Choose when I get support and who I get support from

Make my own choices
I want my family to know and trust that I am safe and that my individual needs are understood and met
Support with domestic tasks - washing clothes, ironing, shopping, cooking, cleaning
Support me to access the community
I need help with my money, benefits and budgeting

Support

Have a plan for emergencies
Focus on my development so that I won’t need as much support in the future
Treat me as an individual with individualised care and support needs
Meet my changing needs and make adjustments to support

Be available when I need/want – including in the evenings and at weekends

Have ‘buckets of empathy’
Be consistent, familiar, offer routine

Understand my needs, family, things that are important to me
Be encouraging/enthusiastic/have a good sense of humour

Staff

Take the time to visit me regularly
Be able to support people with mixed abilities

Be positive
Should be responsive to feedback from people and families
4.2 Personalisation

A personal budget (PB) is awarded once a person’s eligible care needs are established and the care and support plan has been developed. A PB can be taken as a direct payment given to the person for them to arrange their own care and support, or the person can choose to ask the council to arrange services on their behalf (known as a Council managed budget); or the person can opt for a combination of the two.

Person centred planning (PCP) 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. It is crucial to that PCP is properly implemented in order for people to take control of their care and support; whether receiving a direct payment or a personal budget managed by the Council.

Co-production 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, deliver, monitor and review services.

Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.

New Economics Foundation and Nesta (2012)

An Individual Service Fund (ISF) means the provider has delegated responsibility to design, broker and manage delivery of care and support with the person using the personal budget to meet needs. Service providers should be clear about how they are managing someone’s personal budget, any rules that apply and how they will keep the individual or their representatives informed and involved in decisions. ISF arrangements are not currently in place in Cornwall and the Care Act 2014 is clear that we should consider establishing this as an offer for people with eligible social care needs.

Integrated Personalised Commissioning (IPC) programme was formally launched in April 2015 as a partnership between NHS England and the Local Government Association. IPC is a new approach to joining up
health, social care and other services at the level of the individual. It enables people, carers and families to blend and control the resources available to them across the system in order to ‘commission’ their own care through personalised care planning and personal budgets (both health and social care). In tandem, IPC also supports people to develop their knowledge, skills and confidence to self-manage through partnerships with the voluntary and community sector (VCSE), community capacity building and peer support.

Source: IPC Emerging Frameworks: the five key shifts of IPC.

Cornwall is part of the Southwest regional demonstrator site for IPC aimed at groups of individuals who have high levels of need. Plans are currently being made regarding the implementation of the IPC programme in Cornwall.

4.3 Outcomes

Adult Social Care, NHS and Public Health have outcome frameworks that set the direction for the commissioning and delivery of services.
The Care Act 2014 is clear that underpinning all of the care and support functions is the necessity to ensure a focus on the goals of the person. The 11 Paradigm REACH Standards and the TLAP Making it Real ‘I’ Statements set out what good personalised care and support should look like. 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. 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 leisure, health and wellbeing, learning, social and/ or work related community groups and activities.

- **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.
5. Our Current Position in Cornwall

5.1 Universal Wellbeing Services

Services and policies that promote wellbeing focus on the importance of living healthy lifestyles and recognise the important link between work, housing and health. Good employment and housing help to prevent deterioration of mental and physical wellbeing and enable people to remain independent. Health Promotion services encourage healthy lifestyles through assistance to stop smoking, reduce alcohol intake, increase healthy diet and exercise, and awareness raising regarding conditions such as diabetes.

Commissioning intentions related to universal wellbeing services will be detailed separately. However, it will be important to consider these services and support available in the community when developing the pathway of provision.

5.2 Early Intervention Services

Commissioning intentions related to adult early intervention services will be detailed in a separate Prevention and Early Intervention Strategy. However, services have been detailed here in order to consider how to ensure access to a seamless pathway of support for vulnerable people in Cornwall.

**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** has two components: 1) providing 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) providing 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.

Commissioning intentions related to homeless provision will be considered in the Prevention and Early Intervention Strategy and in the Homeless Strategy.

**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.

Commissioning intentions related to early intervention support services will be considered in the Prevention and Early Intervention Strategy.

### 5.3 Community Based Support Services

Services detailed below are available in Cornwall to support people to live independently in the community. Data on the numbers of people accessing services has been ascertained from the case management system.

Source: Day Activities engagement event at Redruth Community Centre on 15 March 2016
**Day Activities**

Cornwall Council both provides in-house and purchases externally a range of day activities for adults with an eligible support need. This includes people with physical disabilities, learning disabilities, sensory loss and age related needs. These ‘day services’ have traditionally been building based where people attend for a set number of hours each day usually Monday to Friday. However, in recent years there has been a national shift in service provision towards more community based, preventative models being developed and delivered by the private market and the voluntary and community sector.

There are currently 11 buildings based day services across the county delivered by Cornwall Council’s Community and Support Services (CaSS). There are three providers on block contracts with the council; all other provision is arranged through spot purchase.

Recent analysis suggests that approximately **1,000** people are accessing internal and/ or external day activities. 700 people are of working age, predominantly with a learning disability, although some people also have a physical disability or sensory loss. 300 people are older with a range of age related needs, some of whom will also have a learning disability and/or a physical disability. Many people chose a combination of internal and external services to meet their needs. A range of options for community support activities and groups are being co-produced with people accessing services, carers and service providers to inform the future commissioning of day activities. A full review will take place over the next two years and will be based on person centred, outcome focused services to meet the needs of people with assessed eligible needs.

**Supported Living Services**

In 2014 the Care and Support at Home and in the Community Framework Agreement was tendered as two Lots:

- **Lot 1** – Domiciliary Care Services
- **Lot 2** – Supported Living Services

This framework includes Supported Living Services. The future commissioning of domiciliary care services will be considered in a separate Care at Home Commissioning Strategy.

Supported Living Services (SLS) currently offer care and support services for people with eligible social care needs up to 24 hours a day, 7 days a week either on an individual basis or in shared accommodation. This may also include people that have had their support levels reduced through successful positive promotion of independence by service providers. The provision is available to all client groups but the majority of people accessing SLS are people with learning disabilities and/ or autism.

Providers are commissioned to offer flexible and solution focused support to the person to meet their identified needs. Providers offer support that promotes the independence of the person by supporting and encouraging people to take greater responsibility for their own care and support and to undertake their own self-care and daily living tasks as far as possible.
Support is provided to enable the person to have access to community activities and to maximise a person’s inclusion opportunities to enable them to be an active member of society.

Recent analysis suggests that approximately 170 people are receiving supported living services through the Framework Agreement or through Individual Commissioned Contracts.

**Adult Placement/ Shared Lives**

A shared lives scheme is a model of service delivery that offers both long and short term placements for vulnerable adults. It is an alternative form of accommodation with care and support which is provided by individuals or families in their own home and as part of the local community.

The Council commissions a provider to manage the shared lives services. The provider’s role is the recruitment, assessment, training and management of carers to ensure that all services, accommodation, and care and support provided meets the individual needs of each person requiring the service. The provider currently supports 34 long term only, 81 long and short term and 12 short term carers. Approximately 140 people are supported on a long term basis. Whilst the service is available to people with various needs including learning disabilities, mental health, age related needs and physical/ sensory disabilities almost all placements are to adults with a learning disability.

**Short breaks (respite)**

A short break service is a term used to describe services that offer a 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. People accessing these services can expect a degree of activity related to their individual needs and designed around their particular support requirements.

Cornwall Council provides an in house respite service and has 48 respite beds. 43 of the beds are available for people with learning disability and 5 beds are available for people with a physical disability. The internal short breaks facilities offer support to approximately 200 individuals.

There are two commissioned contracts in place. One provider has 2 beds and specialises in supporting people with physical disabilities and/ or learning disabilities. The other provider has 6 beds for adults with a learning disability. Initial analysis suggests that approximately 60 people are accessing external short breaks provision.

**Supported Employment**

Cornwall Council has a small supported employment team known as Employability Cornwall. The team supports people with a learning disability and/ or autism to prepare for, find and retain paid employment. Referrals are accepted from social workers for people who have an assessed eligible need. There are also a number of providers that also offer support to people with finding and retaining employment. This provision needs to be reviewed to ensure that there is a strategic approach to supporting people with learning disabilities into employment.
Voluntary, Community and Social Enterprise (VCSE)

Interventions that minimise social isolation can help increase social wellbeing 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 will be particularly crucial in ensuring that people are able to take part in their desired social, leisure, learning and work related activities.

Aids to Daily Living

The effective use of equipment can promote people’s independence at home and reduce the need for extensive, high cost care packages. The Community Equipment Loan Store (CELS) provides a range of aids to daily living. Depending on the nature of the item this equipment is issued as a loan or given to the individual. Increasingly such items are also available for purchase through local and national retail outlets. Aids can offer people support to maintain their independence by offering solutions to practical, everyday tasks. They range from low cost items such as shower stools, grab rails, adapted cutlery and raised toilet seats to hoists, bath lifts and standing frames. AskSARA is a web based tool that can help people to decide what aids and equipment would enable them to live more independently.

Assistive Technology

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.

Source: Tremorvah Industries – care assist devices
- **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. Telecare can be provided as part of a package of care. People can also purchase equipment either by using their personal budget or by funding it privately. The future provision of telecare is currently under review by Cornwall Council.

- **Telehealth** is electronic sensors or equipment that monitor vital health signs remotely, are placed in person’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.
5.4 Housing Solutions

The strategic direction is to increase the range of independent housing options for adults with eligible social care needs which will include support to adapt existing homes, development of new accessible housing, the development of self-contained accommodation with access to health and social care services and reducing the number of Supported Living Shared Housing and residential care home placements.

Intentions related to the commissioning of Care Homes will be detailed in the Care Homes Commissioning Strategy.

Extra Care

Source: Passmore Edwards Extra Care Scheme

Extra Care offers self-contained accommodation, incorporating design features to facilitate independence and safety. Personalised care and support is accessible 24 hours a day, 7 days a week on site through block contract arrangements; as well as access to meals, communal facilities and social activities on site and/ or arranged in the community. The schemes also offer access to assistive technology, such as telecare and alarms, and adaptations and specialist equipment to meet health and social care needs. There are currently two Extra Care schemes commissioned by the Council for people over 55 years old with age related support needs (people under 55 with a disability will be considered) offering a total of 119 units of accommodation; 64 units of accommodation in Redruth and 55 units in Liskeard.

‘Everything you could want and more’; ‘Nothing is too much trouble’;
‘Community within a community’; ‘Little family within a family’;
‘I feel so very safe’; ‘Safer to go out and about’;
‘Wouldn’t live anywhere else’; ‘Now I can manage by myself’.

Quotes from Extra Care engagement at Miners Court 12 July 2016
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 housing with care (including Extra Care).

**Pathway Flats**

Within each of the commissioned Extra Care schemes there are Pathway Flats that offer short term accommodation with intermediate and re-enablement support, targeted at people who would otherwise face unnecessary prolonged hospital stays or inappropriate admission to acute in-patient care and long term residential care. There are two Pathways Flats within each Extra Care scheme. The Council has a lease agreement for the accommodation units to ensure they are available when required. Commissioning intentions related to intermediate care and re-enablement services will be detailed in the Care at Home Commissioning Strategy; however, consideration will be given to the requirement for short term accommodation when developing future housing schemes for people with eligible care needs.

**Supported Living Shared Housing**

Supported Living Shared Housing offers a room in a shared house with care and support delivered separately (including single occupancy properties where the additional room is used by a carer). The care and support is commissioned through the Supported Living Framework Agreement or through Individual Commissioned Contracts. Housing providers and commissioners have identified the need to review the current accommodation to establish whether it is fit for purpose and appropriate to the needs of the individuals. Although the strategic direction has changed with a focus on self-contained accommodation, consideration may be given to shared housing where appropriate; particularly for people in transition from children’s to adults services and living on their own for the first time. This should align with the needs and desires of individuals involved and identified through a thorough person-centred support plan. It will also be necessary to investigate the potential for shared housing models using the private rented sector for clients who have less complex needs.

**Supported Living Housing Schemes**

Supported Living Housing Schemes offer self-contained accommodation with access to support (some of this support is shared) and links to the local community. The following service values underpin all activities undertaken at Supported Living Schemes:

- People feel empowered to have the greatest possible choice and control over their lives.
- People are treated with courtesy, respect and dignity.
• People are involved in and direct any decision making that has an impact on their lives.
• People are recognised for and encouraged to use their strengths and abilities.

Source: Hendra Parc opening day 4 August 2016

• **Hendra Parc** - 14 self-contained flats and a two bedroom shared property with a large communal space to encourage community and peer led activities in Liskeard for people with learning disabilities and/ or autism. The background care and support at this service is delivered through a block contract arrangement that recently went out to open tender.

• **Harriets Close** - 6 self-contained flats and 2 semi-detached bungalows for 7 people with learning disabilities and/ or autism in Camborne. Care and support is delivered through the Care at Home and in the Community Framework Agreement.

• **Tolvean** 16 individual flats for adults with a learning disability and/or age related needs between Redruth and Camborne. Care and support is delivered through the Care at Home and in the Community Framework Agreement.

Shared Ownership is developing in Cornwall and there are already a number of people with a learning disability, many with complex needs who have benefited from previous shared ownership initiatives. A further 20 opportunities will be developed and will concentrate on people in accessing Supported Living Services and people in residential care.

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.

**Housing Options and Social Housing**

**Your Housing Options** is an online service that offers personalised housing advice. The person answers a few questions and receives a personalised summary of housing options and the next steps required for each option suitable for the person and their household circumstances. Options include
social housing, private rented, affordable housing, supported housing and more. The Housing Options team offer homeless prevention advice and assistance and general housing information.

**Homechoice** is the choice based social housing letting system in Cornwall. The person completes an online application form, their needs are assessed and they are given a Banding. The person is then able to bid for up to 3 suitable properties advertised on Homechoice website each week. Properties are generally allocated to the bidder in the highest Band and who meet any stated criteria e.g. local connection to the parish.

Partnership working is taking place with Cornwall Housing Ltd and Adult Social Care teams to improve accessibility to the housing register for vulnerable people and encourage and support people to apply. Work is also taking place to ensure that necessary data is collected to better understand housing need and inform future developments, including people in transition from children’s to adult services. There is a need for up to date and accurate stock data to enable effective matching of applicants in need of an accessible home to an adapted/accessible property.

**Cornwall Home Solutions**

**Cornwall Home Solutions (CHS)** delivers services to support the housing needs of people over 60 and people of all ages with disabilities. The service has a holistic approach, drawing together a number of housing-related interventions and a Handyperson Service alongside the disabled facilities grant (DFG). CHS provides housing solutions to improve independence, quality of life, health and wellbeing. CHS offers a range of financial assistance including the DFG to help people adapt their homes, assistance and support to relocate to more appropriate housing, undertake minor repairs, and/or address hazards in the home relating to excess cold and falls. DFG funding is now included in the Better Care Fund and provides opportunities for integrated working with housing and health colleagues. This presents an opportunity to use the resource in more flexible and responsive ways to help reduce pressures on health and social care.

**Smart Homes**

Consideration should also be given to the use of assistive technology in the home to allow people to be as independent as possible. 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. The form of home automation called Assistive Domotics focuses on making it possible for people with age related needs to live independently. For example, 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.
6. Our Priorities

Legislation, national policy drivers and local strategies and plans have also been analysed in order to inform the development of this framework. Further information can be found in the Evidence Base.

6.1 Community Based Support Services

**Information, advice and guidance:** Ensure people are able to access information, advice and guidance on community based support and housing options and promote to Adult Social Care staff, people requiring care and support and others as appropriate.

**VCSE:** Ensure that service providers are considering VCSE services and support available in the local area when planning support for individuals. Work with the VCSE sector to develop community based meaningful activities and support local communities to make reasonable adjustments to ensure inclusion.

**Universal wellbeing and early intervention:** Develop a pathway to support that includes universal wellbeing and community based, early intervention services that promote independent living skills and community resilience, prevent reliance on long term social care services and help people to make informed choices about housing needs. Ensure that people are able to access a seamless pathway of support during the transition from children’s to adult services.

**Community activities:** Ensure that a range of community support services enable people to access meaningful activities that help them to achieve their outcomes and meet their needs; including but not limited to activities related to: Health and wellbeing (food, exercise); Learning (independent living skills, educational courses); Social interaction (relationships, peer support); Work related activities (paid work, voluntary work, work experience); Leisure (music, dancing, computers, arts and crafts).

**Supported Living and Adult Placement/ Shared Lives:** Review the Supported Living Framework Agreement and the Adult Placement/ Shared Lives contract and commission as appropriate to ensure that services are focused on achieving outcomes and supporting people to live as independently as possible. Services will be delivered through a hub and spoke model that will create a ‘virtual scheme’ which will be defined over a geographical area, to support cost efficiencies in rural areas. Providers will take an asset and strengths based approach to planning the care and support with the person; initially looking at what connections the person already has in the local community, how these can be strengthened and what other links could be made.

**Short breaks:** Review short breaks services to ensure that people with complex eligible social care needs, and their carers, are able to have a break for their routine care to maintain living in the community.

**Assistive technology:** Ensure social care staff and services providers consider how assistive technology can support people to live independent lives, achieve their outcomes and get out into the community.
6.2 Housing Solutions

The housing solutions being developed are to divert people from inappropriate residential care and shared living placements giving people an opportunity to live more independently in their community. All accommodation we develop will be flexible enough to meet changing demand and needs. Adaptations or specialist requirements will be delivered in non-institutional ways that make the accommodation suitable for anyone.

Housing with support schemes: Identify potential sites for housing with support schemes (Extra Care/Supported Living) in partnership with Cornwall Housing, other housing providers, Strategic Housing and Planning. Develop a delivery plan for the development of schemes in accordance with demand data. Ensure that schemes include access to self-contained accommodation, care and support and communal facilities and are developed in accordance with the HAPPI principles and Lifetime Homes Standard. Link to Housing Delivery Plan and Housing Investment Plan and ensure that the requirements for people with eligible social care needs are considered when planning the development of housing in Cornwall. Collect evidence to better understand the needs of other people assessed as eligible for social care, such as people with support needs related to substance misuse.

Shared housing: Consider whether there are people who would benefit from shared housing as part of the review of existing properties and whether shared properties should be retained; particularly for those in transition and new to independent living. Ensure that any shared housing services enable people to be as independent as possible. Link to Strategic Housing to consider whether shared private rented properties would be appropriate for some people with eligible care needs.

Access to housing: Work with Cornwall Housing Solutions, Strategic Housing, Cornwall Housing Ltd and Registered Providers of housing to ensure that: 1) people are supported to understand their housing options and how to access required housing solutions; 2) adapted properties and wheelchair accessible housing are available to meet need through a clear allocation system; and 3) people get the support they need to register and bid for social housing.

Void agreements: Ensure that appropriate void agreements and payment processes are in place to make sure that providers are paid appropriately for voids where the Council has nomination rights.

Assistive technology: Consider the potential for assistive and smart technology when developing housing with support.

Funding: Work in partnership with Strategic Housing and Homes and Communities Agency to identify potential capital funding resources to build and refurbish schemes.

Short term accommodation: Review options for short term accommodation to respond to hospital discharge and crisis and avoid unnecessary placements in residential care and develop as appropriate. Link to the Care at Home Commissioning Strategy review of intermediate care and re-enablement services.
7. Developing and delivering our framework

The implementation plans will encompass all of the priorities in this framework and the intelligence that we have from our co-production events. We will develop and deliver our framework by:

**Working in partnership:** Enhancing and developing our partnership arrangements with our providers, private landlords, Cornwall Housing Ltd, other stakeholders including the wider public sector and VCSE sector as well people who use services, their carers and families.

**Co-production:** Developing a Co-production Plan for each of the key themes detailing how this will be undertaken.

**Outcome focused:** Commissioning support that focuses on the goals that people want to achieve. Developing outcome measures with people who use services, carers, providers and other stakeholders to ensure the measures reflect what really matters to people.

**Person centred:** Commissioning support services that put the person at the centre and are flexible in order to meet changes in need. Ensuring that people are able to develop Person Centred Plans to inform support provision.

**Individual Service Funds:** Developing flexible contracts and supporting providers to develop Individual Service Fund internal systems of accounting that allow the provider to manage the personal budget on the person’s behalf and make the spend transparent to the individual or family.

**Contractual arrangements:** Considering the options for contractual arrangements; including but not limited to block contracts, flexible contracts, framework agreements, alliance contracting. Ensuring that flexible contracts are in place where appropriate that set out the outcomes to be achieved. Considering delegating to the provider the responsibility to design, deliver and change the support necessary to meet someone’s needs through ISF arrangements.

**Funding:** Determining available resources and opportunities to develop services and jointly commission services with NHS Kernow.

**Intelligence and Performance:** Collecting further data to determine the demand levels for community based support and housing solutions in different areas in Cornwall. Making necessary changes to the data collection systems to allow for accurate data on community support and housing to be collected and analysed in the future.

**Performance and Governance:** This framework will be reviewed on an annual basis in order to monitor the actions and progress made. A steering group of members and partners will be responsible for the governance and monitoring of this framework and the implementation plans.
The plan so far...

Needs assessment and support planning process
- Outcome focused
- Person centered
- Assessments and plans
-透明个人预算
- 反映需求
- 智能委托和合同

Option 1
- Direct payment
- 个人委托护理和支持

Option 2
- Individual service fund
- 提供者有委托责任

Option 3
- Council commissioned
- 委托市政委托护理和支持

Flexible contracts
- 支持市政委托护理和支持

Innovative solutions developed by brokerage
- 创新解决方案

Co-produced services
- 协作服务：协作制定资源分配；协作服务提供；服务评估；与健康提供者、护理服务提供者、公共服务和卫生委员会的协作

Locality based commissioning and market facilitation
- 确定和开发每个区域的信息，提供数据和质性数据，支持和促进区域性市场发展

Community based care and support
- 一对一或共享支持
- 为有评估合格的社会护理需要
- 帮助有日常护理需要的人
- 协助和管理风险
- 支持是目标
- 促进独立和社交

Equipment and technology
- 独立生活支持
- 为有独立生活支持需要的人
- 可用的设备和信息技术
- 设备和信息技术
- 为有独立生活支持需要的人
- 联合康沃尔家居解决方案和集成社区设备

What do we need?
- 600 units of Housing with Care (Extra Care) for rent for people with age related needs in Cornwall by 2025
- 400 units of Housing with Support (Supported Living) for people with needs related to learning disabilities, mental health and/or autism in Cornwall by 2025

Housing options
- 适合的目的地
- 鼓励独立生活
- 提供必要的支持
- 考虑和使用他们的首选住房解决方案
- 专业住房方案
- 私有租赁房产
- 访问性社会住房
- 业主/租户/共同所有权
- 成人入住（共享生活）

Community activities
- 活动时间：下午茶、运动、舞蹈、电脑、艺术和手工艺
- 健康和幸福：烹饪、锻炼
- 学习：独立生活技能、教育
- 社区：支持团体
- 工作：志愿工作、单位工作、工作经验

Short breaks (people) to be delivered in existing housing schemes, adult placements or the person’s own home with links to activities and groups.

Community Based Options Information and Advice
- Access to information and advice on community based care and support and activities online and in locally based hubs making use of community resources and networks
- Access to mapping and supporting people to access activities and groups in the voluntary, community and social enterprise (VCSE) sector
- Access to prevention, early intervention and support services

Housing Options Information and Advice
- Access to local information and advice on housing options online and in locally based hubs making use of existing resources and networks
- Linked to Cornwall Housing support for people at risk of homelessness
- Linked to Cornwall Home Solutions financial assistance to help people adapt their homes to support relocation to more appropriate housing, undertake minor repairs, and/or address hazards.