Home Care and Supportive Lifestyles Services

Stakeholder Engagement and Co-Production Report

Version 0.4 Draft

September 2017

Adults Transformation and Commissioning Team

Childrens Families and Adults
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Cornwall Council and NHS Kernow are due to recommission a new contract for Home Care Services and Supportive Lifestyles later this year.

The Home Care and Supportive Lifestyles Commissioning Teams has been co-designing the new service delivery model, encouraging its partners to help formulate new ideas and new ways of doing business.

The services are commissioned for adults over the age of 18 years who have eligible health and/or social care needs and include people with physical disabilities, learning disabilities, sensory loss and age related needs.

The teams have been involved with organising engagement sessions with:-

- Care and Support Providers
- People receiving our services
- People who may require services in the future
- Staff from Health and Social Care partners

The engagement sessions and workshops have been extremely successful and have looked at the current market position, exciting new marketing opportunities for present and future businesses and highlight the gaps in the market.
The co-production events have helped identify commissioning priorities and enabled a strategic joint approach to developing better outcomes for people who use Home Care and Supportive Lifestyles Services.

The main aims of the tender process are to develop services that:

- Deliver the best outcomes that people want for themselves
- Are good quality and accessible county-wide
- Are compliant with legislation and monitoring body requirement
- Enables individuals to have control over the type of support they access to improve their health and wellbeing
- Enables individuals to feel safe in their own home
- Provides good information, advice and guidance
- Works in partnership with all support services providing choice of types of support available to people
- Works in partnership to support the Health and Social Care system eg. Acute and Community Hospitals, GP Services, Ambulance Services, NHS Services in Cornwall and Social Care
- Provides good value for money

**Current Market Overview**

In Cornwall, Home Care and Supported Living is delivered through an external network of service providers. For Adult Social Care the current delivery of Home Care Services are spread over 16 geographical areas of the county.
These areas becoming integrated to work alongside other sector departments within Community Care. The areas as shown above are proposed to be split into 6 areas called 'The Integrated Care Communities'  

- Carrick (Mid)  
- East Cornwall (East)  
- Kerrier (West to Mid)  
- Mid Cornwall (Mid to East)  
- North Cornwall (North)  
- Penwith (West)  

The Isles of Scilly has also been included in the Integrated Care Communities.  

Cornwall Council:-  

- Commissions approximately 2700 packages of care and approximately 34,000 hours of Home Care per week  
- Spends £31.9 million on commissioning Home Care support per annum from external providers.  
- Commissions services for 308 Supportive Living and Joint Complex Cases  
- Spends £9 million on commissioning Supported Living and Joint Complex care per annum from external providers  

NHS Kernow Clinical Commissioning Group (KCCG)  

- Commissions around 720 packages of care  
- Spends approximately £24.5 million per year  
- Spends £12 million per year on Supported Living and Joint Complex Cases  

There are currently 1531 people in Cornwall using Direct Payments, a significant proportion of these are purchasing Home Care Services from agencies and spend via this route is in the region of £27.7m.  

Some engagement events have been jointly undertaken for Supportive Lifestyles and Home Care, such as the Royal Cornwall Show. The opportunities were undertaken to talk to people that use services or may use services in the future. People were supported to completed surveys both on-line written or taken away and returned. Feedback was very positive about Adult Social Care and the opportunity to be heard was taken up by many visitors to the Show.
The Royal Cornwall Show

Commissioners from both the Supportive Lifestyles and Home Care Teams attended the Royal Cornwall Show to talk to people who currently use Home Care or Supported Living Services or who may need to use Home Care or Supported Living Services in the future.
Co-production and Engagement for Home Care

Throughout April, May, June and July 2017, Commissioners have been involved with organising engagement sessions, focus groups and co-production workshops with care providers, partners and stakeholders to help formulate new ideas and new ways of doing business to develop better outcomes for people who use Home Care and Supported Living Services.

These co-production sessions and workshops have received positive feedback and have given Commissioners an understanding of what people want from Home Care and Supportive Lifestyles Services and what the future model of care could look like.

People we asked included:

- **People receiving our services**
- **People who may require services in the future**
- **Care and Support Providers**
- **Health and Social Care partners**

What is Home Care?

Home care is the practical and supportive care that allows a person with support needs to stay in their own home, to improve their quality of life and make it possible for them to retain their independence.

People may need Home Care if they are getting older, have a medical condition, are recovering from a surgery or have a disability.
Home Care can take the form of short regular drop-in visits from care workers employed by a care agency or shifts that provide support for longer periods.

Home Care can include but is not limited to:

- Personal Care such as help with bathing, going to the toilet, washing your hair or getting dressed
- Health care for medical or clinical aid, in the home
- Outreach

This can be purchased by people needing this support directly, using a private payment, or where eligible, a direct payment or personal health budget or supported by the NHS or Local Authority to commission the service on their behalf.

If supported by the NHS or Local Authority an assessment of needs would be undertaken to see if the person is eligible for support. If so a care and support plan would be completed to set out what support could meet someone’s needs. For Adult Social Care a financial assessment is also undertaken as social care services are chargeable.

All Home Care providers must be registered with the Care Quality Commission to deliver Personal Care.

**What People who receive or may receive support have told us?**

General issues discussed:

- What is important about staying at home
- What is the main thing that helps you stay independent in your home
- Are you happy with the care provided in your home
- Do you think local communities and organisations could help support you
- Do you use equipment to help you remain independent at home
- If you need equipment would you know who to contact

Service Users feel isolated

It's important to stay independent and feel safe at home

Families and service users should be more involved with the assessment process

Shortage of facilities in the community

Need support in household tasks and small DIY tasks

Care Staff are very important

It is important to know when the carer is coming and knowing who it is

One service user enjoys going out shopping and attends a group at the local pub
What is important to me is......

- Being able to change my support plan to fit my needs
- Being clear on what help and support I need
- Being listened to and do things of value
- Planning my own support and goals
- Being encouraged and supported to do things for myself
- Maintaining a relationship with my care worker
- Feeling safe
- Being able to get out and about in the community

It's important to reduce the change in carers as the relationship they build goes beyond basic caring and helps bring trust and confidence.
What Staff Members have told us

The Commissioners went out to visit Staff Members within the following areas; the Community Independence Team (Mid), Care and Support for Older Adults, Community Assessment Team, Access Team, Community Independence Team (East), Support Brokers, Acute hospital team – Truro, Care and Support Adult years (Mid) and Hospital Discharge Team (East), who told us:

- Carers need more authority
- The workforce needs improved training
- Communication is poor and the process slow
- Concerns around the frequency of the no capacity list
- We need to listen to Carers more as they know the people they care for
- There needs to be flexible working
- There is a lack of specialised Carers
- Purchase Orders are not applied in time and payment methods need to be more compatible with providers

What Care Workers have told us they would like?

The Commissioners went out to visit service users in the community and spoke with Support Workers from home care providers

- To feel respected and trusted
- More Training
- Flexibility in pay system
- Job Satisfaction
- Appreciation of extra care support when needed
- Good Management Support
- Transport and parking to not be such a problem in Cornwall
What Service Providers have told us?

At the beginning of the year, Home Care providers who are on the existing Council’s Framework Agreement for Care and Support were invited to meet and discuss the future for Care and Support Services in Cornwall.

Two meetings were arranged at St Erme Community Centre on 3rd and 19th April.

A third event was also arranged for the wider Home Care Market in Cornwall to discuss their views on a Service Delivery Model that could work for Cornwall’s Home Care Services.

All Home Care and Supported Living Providers were invited to contribute to further sessions which focused on key areas that were identified during the earlier discussions.

Approximately 40 Service Providers were involved with the engagement sessions.

- Positive staff recruitment
- Some carers have issues with ECM
- Shortage in Carers
- Geographical Challenges
- Negative media perception
- Competition from local sectors
- It takes too long to process a change in the care plan
- Pressures during summer and winter
- Cornwall is very different to normal towns and cities for care delivery and coverage
- ECM System
What Providers told us would improve things?

- How to attract more care workers and increase the feeling of job satisfaction
- Improved Staff Training
- Trained Carers not being used for domestic tasks
- Creating an inclusive approach to all providers – not restricting numbers of businesses
- Accessibility County wide
- Improving Media Perception
- Changing the purchasing system to a more flexible model would allow providers to help fluctuate demand
- Support plans should be completed by all parties
- Discharges on a Friday - No decent discharge process – No back up at weekends. Hospitals should work with providers

Co-production Sessions

Commissioners have attended co-production sessions and engagement meetings with service providers, to discuss what challenges Home Care in Cornwall faces and how these could be addressed through working together.

The coproduction groups looked at the following challenges:

- Responding to demand
- Geographical delivery
- Outcomes setting
- Support Planning

Here is a general summary of discussions

**Excess demand is the biggest challenge that Commissioners face.**

In Cornwall, this includes both summer and winter pressures.

Cornwall is very different to normal towns and cities for care delivery and coverage, but many providers won’t deliver to rural areas. Why?

1. Cost effectiveness
2. Poor public transport links
3. Risk to staff, dark lanes at night
4. Staff don’t like using precious time for travel

Cornwall experiences a double dip in capacity – mid Summer and mid-Winter. These peak times are predictable – how can we ensure good planning and enough capacity during these times.

1. Providers will cherry pick cases that suit their rounds, staff and are more financially viable.
2. Recruitment is more difficult during the Summer and Christmas periods coupled with additional time to train new members of staff, this causes a dip in available capacity.
3. Seasonal periods are a concern due to annual leave and school holiday periods where workers want to go on holiday or spend time with their children.
4. There are other peak periods which are outside of the seasonal period that cause pressure on the system and the hospitals go into black.
5. Hospitals empty wards at Christmas as they don’t have staff to cover, but assume that community provision will take up the slack when it has the same problem.

Summer time influx of tourists makes travel and parking really difficult for care workers.

1. A major difficulty with Home Care in Cornwall is the transport issues
2. Due to the rural roads, Carers travelling alone in the dark are at increased risk
3. Due to the large amount of travel, providers are only willing to hire carers who are able to drive and have their own transport
4. High level of traffic which causes disruption in rounds of delivery
5. Not able to park in restricted areas is a major problem
6. Care workers on low pay can’t afford reliable cars and often break down.
Recruitment is costly; the key is retaining staff once they are trained and working in the sector. What are the challenges and how can this be improved?

1. Other businesses are drawing potential employees away from the care sector
2. There is a lack of career progression or opportunities within the care role
3. The amount of driving due to the rurality of Cornwall turns potential employees away
4. Providers are finding they are not being able to find enough care workers and are barely getting by. Some are using office staff to cover shifts.
5. Enable improved rates of pay for care workers currently not attractive enough to bring in new employees or to keep current ones
6. The benefits of zero hour contracts was a hotly debated topic, and favoured by some due to flexibility but others noted this could be unattractive to younger potential employees – the agreed consensus was that guaranteed hours contracts work if offered after an initial period of probation.
7. How about a recruitment company to drive recruitment into the sector?
8. What is the potential for having sufficient funding to retain someone on standby in case of taking on a package immediately
9. Positive news stories should be shown more often by the media to show the benefits of working for the care sector

Providers are not currently involved sufficiently in support planning. How can this be improved?

1. Providers want to be involved in the creation of the care package with the Nursing Assessor/Social Worker and the Service User.
2. Streamline the assessment process, so the agency has an understanding and agreement on what care needs to be delivered. Set some clear outcomes.
3. Separate certain care tasks. Separate domestic and personal tasks to give more emphasis on developing personal care.
4. Split care into 2 sections, Chronic and Acute care. Each requires a different type of care and support
5. Need to manage expectations of customers and their families. Support planning should be realistic and enabled to be flexible.

**Service User Survey**

The home care commissioning team created an online survey which ran on the Home Care Website from 1st June until 31st July.

The survey was circulated amongst individuals who are receiving services, or may receive services in the future, their carer workers and families.

The survey was also given out at the Royal Cornwall show which was held on 8th, 9th and 10th June.

19 questionnaires were manually completed at the Royal Cornwall Show and 40 were completed online.
Summary of Survey

46% of the people know how to find organisations that provide help and support at home

What is most important to you when receiving home care?

- Family and friends being involved in the care plan
- Helping to stay independent
- The skills and knowledge of the care worker
- Planning my own goals

What is the most important to you, about the way you may receive home care?

- Being listened to and doing things I value
- Feeling Safe
- Being encouraged and supported doing things for myself
- Being able to change my support times to fit my needs

- 70% of people are aware of equipment or technology available to help us stay independent and feel safe at home
- 52% of people currently use equipment to remain independent at home
- 47% currently use on-line shopping to get their weekly groceries

Flexible Service Delivery

Early in 2017, saw the introduction of the ‘Flexible Service Delivery’ model. This was developed and rolled out following a pilot with some providers who enabled the smoothing out of issues and highlighted improvements to systems and processes. This has led to the enablement of Service Providers to operate a flexible service that delivers support determined by the Service User more quickly and effectively. This pilot has informed the model proposed in the future service specification going forward.

The reason for this approach is that often care packages are often set up when the need of the Service User is at its greatest and processes are then often too slow to respond to people’s changing needs.

The Flexible Service Delivery enables Service Provider’s in agreement with the Service User to manage changes with the times spent on service visits without the need of a referral to a Social Worker for revised support plans. ASC are still required to authorise the adjustments but as these are evidenced and in line with a person’s wishes, these are not requiring a full reassessment visit and are being dealt with much quicker. The process was taking an average of 53 days but now takes up to 5 days.
This delivery model has been piloted successfully and has included new and existing clients discharged from acute/community hospitals and existing service users in receipt of ongoing community care packages.

The Flexible Service Delivery has successfully introduced flexibility which will meet needs and improves wellbeing leading to a reduction in demand for traditional Home Care Services and enables consideration of alternative support methods. This means outcomes can be improved and capacity in the Home Care market to be increased.

Service users that experienced the flexible pilot approach were interviewed and provided the following endorsements of the approach;

Mrs K commented on how good her care was, she trusted her regular carers and was happy to talk to them about her needs

Mrs M said that her reduced package still meets her needs. Her shopping is now done as and when she needs it with the support of her friends

Mrs Q spoke with her husband about how she was coping with the reduced package and that the carers are really good. She liked the fact that they are able to alter the package if Mr Q’s health gets worse. They feel safe knowing they could get extra support if they needed it
A Summary of the Events

Timetable of events
The commissioning team have held a series of co-production and engagement events to focus on exploring opportunities to get the best value for home care services

Provider engagement & co-production events

<table>
<thead>
<tr>
<th>Home Care</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Event</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Framework Providers</td>
<td>3rd April</td>
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<td>St Erme Community Centre</td>
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<tr>
<td>Provider Forum (Mid)</td>
<td>19th April</td>
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<td>St Erme Community Centre</td>
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<tr>
<td>Provider Engagement Focus Event</td>
<td>12th June</td>
<td>10.00 – 12.30</td>
<td>Crossroads House Care Home, Redruth, TR16 5BP</td>
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<td>Event (West)</td>
<td>12th June</td>
<td>14.00 – 16.00</td>
<td>Crossroads House Care Home, Redruth, TR16 5BP</td>
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<td>Provider Focus Event</td>
<td>14th June</td>
<td>10.00 – 12.30</td>
<td>Council Offices, Dolcoath Avenue, Camborne, TR14 8SX</td>
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<tr>
<td>Provider Focus Event</td>
<td>14th June</td>
<td>14.00 – 16.00</td>
<td>Café Chaos, Truro</td>
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<tr>
<td>Provider Focus Event</td>
<td>14th June</td>
<td>14.00 – 16.00</td>
<td>Council Offices, Dolcoath Avenue, Camborne, TR14 8SX</td>
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<td>Provider Focus Event</td>
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<td>Provider Focus Event</td>
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<td>Provider Focus Event</td>
<td>28th June</td>
<td>10.00 – 12.30</td>
<td>Chy Trevail, Beacon Technology Park, Bodmin, PL31 2FR</td>
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<tr>
<td>Provider Focus</td>
<td>28th June</td>
<td>13:30-16:00</td>
<td>Chy Trevail, Beacon Technology Park, Bodmin, PL31 2FR</td>
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<td>Type of Event</td>
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<tr>
<td>Staff Engagement</td>
<td>12(^{th})</td>
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<td>Penwinnick House Community Independence Team (mid) Truro</td>
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<td>July 2017</td>
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<td>17.15</td>
<td>Penwinnick House Access Team</td>
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<td>11.00</td>
<td>Independence Team Mid Penwinnick House</td>
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<td>Acute Hospital Team - Truro</td>
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<td>08/08/2017</td>
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<td>Westbourne House, Liskeard – Hospital discharge team EAST</td>
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<td>Sessions</td>
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Individuals who use our service Engagement Events

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Flexible Service Delivery Pilot</td>
<td>11/01/2017</td>
<td>3 Visits</td>
<td>St Agnes</td>
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<tr>
<td>Thymecare Ltd visits</td>
<td>09/09/2016</td>
<td>10 Visits</td>
<td>St Ives Area</td>
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<td>The Celtic Care visits</td>
<td>13/10/2017</td>
<td>Spoke to Support Worker</td>
<td>Falmouth Area</td>
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<td>Engagement Meetings</td>
<td>30/06/2017</td>
<td>2 Visits</td>
<td>Cornwall Care Camborne</td>
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<td>Engagement Meetings</td>
<td>30/06/2017</td>
<td>2 telephone calls</td>
<td>St Columb / Goonhaven</td>
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<tr>
<td>Engagement Meetings</td>
<td>05/07/2017</td>
<td>3 visits</td>
<td>Cornwall Care Truro</td>
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<tr>
<td>Engagement Meetings</td>
<td>05/07/2017</td>
<td>3 visits</td>
<td>Cornwall Care Truro</td>
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<tr>
<td>Telephone conversations</td>
<td>10/07/2017</td>
<td>2 telephone calls with service users</td>
<td>Truro / Hayle</td>
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<td>1 telephone call with a service user</td>
<td>Blackwater</td>
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<tr>
<td>Telephone conversations</td>
<td>19/07/2017</td>
<td>2 telephone calls</td>
<td>Callington</td>
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<tr>
<td>Service User engagement session</td>
<td>28/07/2017</td>
<td>11.00</td>
<td>Newquay Day Centre</td>
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What is Supportive Lifestyles?

Community Support services assist vulnerable adults with eligible social care needs to live ordinary lives. A key outcome of Community Support services is to enable working age adults to have some form of paid supportive employment, learning or other purposeful activity and to live in a home of their own.

A more flexible approach to commissioning and contracting these services will assist providers to deliver more dynamic services that allow fluidity to deliver appropriate and proportionate support in response to fluctuating needs. Community Support enables individuals to have choice about the support they receive and how they receive it. This could be through a local authority commissioned support package, using a Direct Payment or through an Individual Service Fund or Individual Personalised Commissioning approach.
This care and support may be for periods of time in the day or night but also may include support for 24 hours a day, 7 days a week on an individual basis or in shared accommodation. This provision is available to all eligible adult social care groups but the majority of people accessing Supported Living Services are people with Learning Disabilities and/or Autism. Providers are commissioned to offer flexible and solution focussed support to meet individual’s needs.

Providers offer support that promotes independence by encouraging people to take greater responsibility for their own needs and to develop their daily living skills as far as possible.

Co-production and Engagement for Supportive Lifestyles

Adult Social Care have also been working co-productively with a range of stakeholders in relation to Supported Living services to understand what individuals want from their accommodation (housing) and their support. This extensive engagement and consultation took place over a 4 month period between June and September 2017.

This included visiting existing Supported Living schemes to evaluate and gain insight into current provision as well as a sense of the future aspirations of the people who use the service. We attended special events like Blue Light Day and Royal Cornwall as well as meetings and discussions with operational teams and providers. We produced a range of interactive and easy read materials to ensure this engagement was accessible and that we could meaningfully capture everybody’s views.

This extensive contact with associated stakeholders has helped to shape and design what good quality outcome focused support services should look like. This information and work carried out has been collated and has influenced the service specification which will be used when we re-commission support services. The voices of the people who use the services, their carers/family members, advocates and other key stakeholders have been integral into shaping the future service.
The following consultation events have taken place to discuss the tender:

<table>
<thead>
<tr>
<th>Engagement Session</th>
<th>No. Sessions</th>
<th>No. Attendees</th>
<th>Comments / Quotes</th>
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<tbody>
<tr>
<td>No. Sessions with Ops Staff</td>
<td>3</td>
<td>19</td>
<td>“Connection to local community is key”</td>
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<td></td>
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<td>“Dialogue and transparency between Ops / Commissioners / Providers”</td>
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<td></td>
<td>“We need flex and movement with providers”</td>
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<td></td>
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<td>“We should do with and not &quot;to&quot;”</td>
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<td></td>
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<td></td>
<td>“Joint regular forums - Commissioning /Social Workers/Providers”</td>
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| No. Sessions with Providers | 3            | 21            | “Service model should be dictated by the needs of the people that live in the service ” |

<table>
<thead>
<tr>
<th>Key Themes</th>
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<tbody>
<tr>
<td>Quality support provision; Outcome Focussed; Providers who can meet need and are innovative in service delivery; solution focussed; &amp; Streamline processes</td>
</tr>
<tr>
<td>Services should be co-produced with individuals; Person centred support; Commission services based on outcomes; &amp; Give providers some flexibility in how these are delivered</td>
</tr>
</tbody>
</table>
“Need to work together to create a shared understanding of what quality means and gain more shared understanding of the outcome process whatever it is”.

“Keep it simple/ should be led by people we support and support staff on ground”

“Support plans that are outcome focused and are clearly focused. That helped providers to lead personal planning”.

“Service model should be dictated by the needs of the people that live in the service”

<table>
<thead>
<tr>
<th>No. Sessions with Service Users (Home Visits)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>88</td>
<td>Rights to own front door; Would like own flat with communal area to socialise; Want the opportunity to have friends over to stay.</td>
</tr>
</tbody>
</table>

“My own home but near my family”

“I don’t want to be isolated”

“Would like more options to move out of home”

“I want confidence to make friends”

“I want a job”

- 64 Completed Supported Living Surveys
- Approx. 300 Interactions at 2017 Royal Cornwall Show

<table>
<thead>
<tr>
<th>Wider Engagement Activity</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Total: 20 128</td>
</tr>
</tbody>
</table>
A Key objective throughout the commissioning process for Supportive Lifestyles is that the voices of the people who co-produced the specification with us will be clearly heard.

**Questions:**

Three separate questions were asked on two different surveys with an additional free text box. One was designed in an easy read format for people who use or will potentially use the service and the other at family members/carers or advocates of a person with a learning disability. The questions were aligned to the outcomes set out in our Community Based Support and Housing Commissioning Framework 2017-2025.

183 attempts were started on the online survey hosted by Netigate for Parent/Family members or Advocate of an Adult with Learning Disabilities Survey. Of these 183, 58 were fully completed. 25 people chose to comment in the free text. As well as being online we sent hard copies to providers to afford the opportunity for higher exposure to people who could not access a digital resource.

Three separate meetings were held with operational teams to gain their perspectives and views on current provision and what ideas they had for the future of Supported Living’s commissioning of services. These meetings were held in the West, Mid and East of Cornwall.

Cornwall Council provided 30 copies of the “My Views on Supported Living” survey for the Big Park Day with return envelopes to be distributed by Healthwatch. No responses were received.

In total we had 64 completed “My Views on Supported Living” surveys.

**My Views on Supported Living Survey Results**

**Question 1: What is important about my home and where I live?**

- Having my own home, on my own: 27%
- Living in my own home with a shared communal area where I can meet other people if I choose: 29%
- Having my own room in a house with a shared kitchen, lounge and bathroom with other people like me: 26%
- 15%

**Question 2: What is important**

- I feel safe, valued and respected: 33%
- Having my support from a person I trust: 17%
- Someone who supports me to achieve my goals: 14%
- Is there when I need them: 14%
- Staff who have the right skills to support me: 21%
Question 3: What does my future look like?

- Work/volunteering opportunities: 22%
- Learning opportunities: 15%
- Be part of my local community: 16%
- Being active: 11%
- Relationships/friendships: 9%
- My health: 23%
- Opportunities to do things for myself: 12%

Parent/Family member or advocate of an adult with Learning Disabilities Survey

Question 1. What future housing aspirations do you have for them?

- Having their own home, on their own: 47%
- Having their own with a shared communal area where they can meet other people if they choose: 33%
- Sharing a house with other people: 14%
### 2. What is important about their care and support?

<table>
<thead>
<tr>
<th></th>
<th>Order of Importance</th>
<th>% Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know they are secure and safe</td>
<td>1st</td>
<td>92%</td>
</tr>
<tr>
<td>I trust the person providing their support</td>
<td>1st</td>
<td>92%</td>
</tr>
<tr>
<td>The Opportunity to live an ordinary life</td>
<td>3rd</td>
<td>69%</td>
</tr>
<tr>
<td>They are an active part of their local community</td>
<td>4th</td>
<td>55%</td>
</tr>
</tbody>
</table>

### 3. What does their future look like?

<table>
<thead>
<tr>
<th></th>
<th>Order of Importance</th>
<th>% Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment/Volunteering Opportunities</td>
<td>1st</td>
<td>64%</td>
</tr>
<tr>
<td>Learning Opportunities</td>
<td>2nd</td>
<td>18%</td>
</tr>
<tr>
<td>Opportunity to build friendships/personal relationships</td>
<td>3rd</td>
<td>12%</td>
</tr>
<tr>
<td>They have choice and control over their life</td>
<td>4th</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Comments:**

**Users of the service;**

“I want to go to the market in my community”

“My own home but near my family”

“I want a job”

“I want to travel”

“I don’t want to be isolated”
“Would like more options to move out of home”

“I want my support provider to see my funny side”

**Operational Teams;**

“We should do with and not "to"

“Connection to local community is key”

“We need flex and movement with providers”

**Parents/Carers/Advocates;**

“My son is 16 1/2 yrs. old been in special school all his life but now in mainstream college on a course for young adults like himself, we are aiming for him to live independently with support and to have the same opportunities as everyone else should he choose them”.

“I want the best possible outcome for my grandson with learning difficulties. I want him to have opportunities to continue to learn and contribute to the community”.

“More and more opportunities for adults, who may have a learning disability and/or autism, to live just as we all want to - as independently as possible but with access to flexible and good quality support - is needed”.

“It is extremely important that my daughter is allowed to continue living the life she has now. She has choice and opportunity to participate in activities she is happy to do and at the same time be offered activities that will stretch her”.

**Providers:**

“Service model should be dictated by the needs of the people that live in the service”

“Mixing and matching provider resource and the opportunity for alliance contracting”

“Not forgetting the ordinary conversations with people we support about what they want”

“Support matching - within commissioning intentions”

“Outcomes and good support planning”

“Support plans that are outcome focused and are clearly focused. That helped providers to lead personal planning”.
“Keep it simple/ should be led by people we support and support staff on ground”.

**Market Update Event – 13 July 2017**

Cornwall Council and NHS Kernow held a Market Update Supplier Event for Care at Home and Supported Life Styles on 13th July 2017.

The event was held to discuss information about the Service Design Model for Cornwall and a timetable for tendering. The Event raised exciting discussions about the challenges faced, how things can be done differently and the way forward in the Home Care and Supported Living in Cornwall.

The event included:

- Introduction with Jonathan Price – Adults Commissioning and Transforming
- Partnership Working with Bernie Edwards General Manager NHS Kernow
- Proud to Care with Val Smith and Liz Symons, Cornwall Council.
- Supported Living Services – Vicki Allan, Commissioning Manager, Cornwall Council
- Home Care – Karen Hooper, Commissioning Manager, Cornwall Council

More information about the event can be found on the links below

http://www.cornwall.gov.uk/media/27078700/developing-the-right-care-for-cornwall-2-may-session.pdf


At the Market Update Event, Home Care Providers and Supported Living Services were asked to provide anonymous response to the following questions.

**Question 1 - Existing Business? – Stay with the same provider unless customer is asking to change**

Yes 83%

No 13%

**Question 2 – If additional care is required should it be offered to existing provider before going out to tender, with expectation that provider will match best price?**
Yes 86%
No 4%

**Question 3 - Electronic Call Monitoring – would you use it or prefer not to?**

Yes 45%
No 48%

The general view of Providers appears to be that the ECM system is a good monitoring tool but should not be linked to payments, especially whilst current system appears not to be fit for purpose in dealing with client contribution collections or hold up to date purchase orders.

**Question 4 - Providers currently collect customer contributions. Would it be preferable for the Council to collect the contributions on their behalf?**

Yes 92%
No 4%
Feedback from Service Providers

Following the co-production sessions and market update event, include;

“There is a definite change of mood reflecting a positive understanding of the needs, issues and concerns of the providers....... The research you undertook was presented clearly and evidenced the feelings of our workers”

“I for one am delighted that your work this time round has taken this collegiate approach and have more confidence for its success.”

“Following the presentation at the market event in July, I left feeling that finally commissioners had listened and responded........ I am feeling positive about the future”
Conclusion

The co-production sessions, engagement meetings and focus groups carried out have provided us with a solid understanding on what people want from our home care and supportive lifestyles services.

The co-production sessions have given the commissioning team an opportunity to discuss and create interesting ideas about our way forward in order to develop successful ways to deliver homecare services in Cornwall.

Commissioners have reviewed options that include:

- A model of care open to all businesses
- Good value for money and quality of services
- Delivering the best outcomes that people want for themselves
- Services that are good quality and accessible county-wide
- A model which is compliant with legislation and monitoring body requirements
- Enabling individuals to have control over the type of support they access to improve their health and wellbeing
- Enabling individuals to feel safe in their own homes
- Providing good information, advice and guidance
- Working in partnership with all support services providing choice of types of support available to people
- Working in partnership to support the health and social care system eg. Acute and Community Hospitals, GP Services, Ambulance Services and NHS Services in Cornwall and Adult Social Care

And have proposed a way of contracting and delivering care and support going forward that will achieve these aims.

There has been valuable input from all key stakeholder groups. The knowledge gained has provided a clearer understanding of our future model for home care and Supported Living services.

The commissioning teams will continue to undertake a number of focus groups and in-depth work on key themes to further inform the specification being developed.

What Will Happen Now?

The Tender for Home Care & Supported Lifestyles Services is planned for the winter.