01. INTRODUCTION

INTRODUCTION AND WELCOME

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

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

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

Our MPS is intended to be a live document leading to two-way exchanges of views and information, offering a basis on which to explore creative solutions and opportunities to genuinely offer people more choice and control over their lives.

MANY THANKS FOR TAKING THE TIME TO READ THIS DOCUMENT.
We look forward to hearing your feedback.
WHERE DO WE WANT TO GO?
The health and care system in Cornwall is striving to achieve the following ‘quadruple aims’.

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

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

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

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

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

This Market Position Statement concentrates on specific types of provision within the community. Awareness of the needs of these key groups of people will be woven through the narrative.
HOW WILL WE GET THERE? A NEW ‘MODEL OF CARE’

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

**THE FOLLOWING OBJECTIVES WILL UNDERPIN THAT REFORM**

1. **‘WHOLE POPULATION’ APPROACH** to improving health, regardless of health status, eligibility or service-user category.

2. **GREATER EMPHASIS ON PREVENTION** at every level of need, including a focus on improving community and personal resilience.

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<thead>
<tr>
<th><strong>Wellbeing support</strong></th>
<th><strong>24 hour support available</strong></th>
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<tr>
<td><strong>85,000</strong> people living well</td>
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<tr>
<td><strong>280,000</strong> at risk</td>
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<tr>
<td><strong>135-145,000</strong> managing long term conditions well</td>
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<th><strong>Self-managed</strong></th>
<th><strong>Coordinated care</strong></th>
<th><strong>Managed care</strong></th>
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3. IMPROVED SYSTEM OF COMMUNITY CARE AND SUPPORT SERVICES, to enable people to live safely and happily in their own homes.

THIS WILL INVOLVE THE FOLLOWING:
◆ SHIFTING FROM REACTING to ill health to improving population health.
◆ MOVING FROM CENTRALISED CONTROL to more locality-based approaches.
◆ IMPROVING OUR COMMUNITY-BASED SYSTEM OF CARE and pulling people away from the urgent care system.
◆ SHIFTING FROM ACUTE CARE to community-based urgent care (including exploring the opportunities offered by urgent treatment centres).

CREATING A ‘COMMUNITY HEALTH, CARE AND WELLBEING SYSTEM’

Key aspects of the community ‘model of care’ (as described below) are described in this Market Position Statement in the following chapters.
◆ PREVENTATIVE APPROACHES, including work done in the community and voluntary sector, advocacy services, services to support carers, self-care and health improvement activity, etc.
◆ INTEGRATED LOCALITY TEAMS, ‘wrapped around’ primary care, identifying people within the population that are in need or at risk, and ensuring that they and their carers get the care and support they need from the people best placed to give it.
◆ INTEGRATED SOLUTIONS FOR INDEPENDENCE. A menu of coordinated services that enable people to live independently in their own homes, including (for example)
  ◆ Personal Assistants
  ◆ Telecare, Telehealth, Assistive Technology (TECS)
  ◆ Equipment / adaptations (DFGs)
  ◆ Extra Care / Supported Living
  ◆ Day services / day opportunities
  ◆ Carers support services
◆ REABLEMENT (INTERMEDIATE CARE) SERVICES. Health and care services that support people to avoid unnecessary hospital admission and react quickly to hasten hospital discharge.
◆ CARE SERVICES AT HOME. Domiciliary care services (Home Care for older people and Supportive Lifestyles for younger adults), and Shared Lives.
◆ COMMUNITY BED-BASED SERVICES. The available short and long stay NHS, nursing care and residential care beds will be organised, equipped and staffed in the best way to meet fluctuating locality-level demand.
WORKFORCE

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

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

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

- **CORNWALL HAS A ‘SUPER AGEING’ POPULATION.** This describes a faster than average expansion of the older age range population, and a comparative shortage of younger people able and willing to take on care roles.

- **GEOGRAPHICALLY ISOLATED AREAS OF THE COUNTY EXPERIENCE A NET REDUCTION IN THE NUMBER OF YOUNGER PEOPLE.** Older people come to retire and younger people leave to seek work.

- **THERE ARE SIGNIFICANT SEASONAL FLUCTUATIONS IN THE WORKFORCE, ESPECIALLY IN SUMMER PERIODS.**

- **CORNWALL HAS RELATIVELY LOW UNEMPLOYMENT.** Due to this, work in the care sectors is for many an unattractive option. Cornwall Council’s Fair Cost of Care / Living Wage Foundation policy seeks to remedy this.

- **CORNWALL’S SHORTAGE OF REGISTERED NURSES AND OCCUPATIONAL THERAPISTS IS SIGNIFICANT,** and this has implications both for the NHS and for the provision of community-based nursing care within residential care homes.

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

- **DEVELOP AND COORDINATE THE ENTIRE WORKFORCE** contributing to health, care and wellbeing services and support in the county.

- **BUILD UPON THE COUNCIL’S COMMITMENT TO IMPROVE PAY LEVELS** and career progression opportunities within the care and support sectors.

- **FURTHER EMBED THE CONTRIBUTORY WORK OF THE VOLUNTARY AND COMMUNITY SECTOR** into the system of care and support for health, care and wellbeing.

- **CONSIDER THE BENEFITS OF TECHNOLOGY-ENABLED SOLUTIONS** to aid the workforce in the delivery of care and support.
03. PREVENTION
Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems arising in the first place and, when they do, supporting people to manage them as effectively as possible\(^1\).

PREVENTION

SUMMARY DESCRIPTION

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

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

CURRENT POSITION

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

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

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

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

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

**APPROACH TO MARKET AND ASPIRATIONS**

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

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

**INDEPENDENT ADVOCACY**

**SUMMARY DESCRIPTION**

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

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

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

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

Local authorities must involve people in decisions made about them
CURRENT POSITION
The existing Independent Advocacy Framework Agreement runs for a term of three years until June 2019, with an option to extend for one additional year. Cornwall Council, NHS Kernow Clinical Commissioning Group (NHSK) and the Council of the Isles of Scilly jointly commissioned the framework. There is currently one provider on the framework that is paid by activity to deliver all elements of statutory advocacy.

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

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

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

CARERS
SUMMARY DESCRIPTION
Support for Carers is delivered under a Section 75 Agreement between NHS Kernow and Cornwall Council. Services are identified and developed with Carers through the development of Carers strategies and action plans, linking in to the National Carers Strategy and including feedback from the biannual National Carers Survey.

The key outcomes for Carers are as follows.

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

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

- Young Carers (0-16yrs),
- Young Adult Carers (16-25 yrs.)
- Adult Carers

Contracts are fully managed by Cornwall Council.

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

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

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

◆ **INCREASING DEMAND FOR CARER ASSESSMENTS** (Carers Service and Adult Social Care).

◆ **CARERS HAVE REPORTED DISSATISFACTION WITH SERVICES** (2016 Carers Survey).

◆ **CARERS HAVE REPLIED POSITIVELY THAT THEY FEEL INCLUDED** as part of the whole care assessment following the implementation of the new contract.

◆ Whilst more Carers are claiming Carers Allowance, **THE GROWTH RATE IN CORNWALL IS SIGNIFICANTLY BEHIND THE NATIONAL TREND** (66% vs. 107%). Uptake of support to help access this has reduced in Cornwall. Form filling support is now being trialled.

FUTURE INTENTIONS / OPPORTUNITIES

◆ Form filling for Carers is required to prevent Carers falling into financial hardship and to sustain the caring role.

◆ Moving and Handling and Key Skills Training for Carers will be procured. This will enable the family/informal Carer to support paid care workers in instances such as ‘double handed’ visits.

◆ There is a move to ‘proportionate assessment’ with additional support (e.g. with form filling) to expedite Carers Assessments.

◆ Opportunities to identify technologies that will support carers in their day-to-day lives are being explored.

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

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

COMMUNITY EQUIPMENT/CELS

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

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

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

ACTIVITY
Cornwall’s equipment service provides the following in 2017/18:
- EQUIPMENT – 34,600 home deliveries (£5.33m) and 75,000 store deliveries (£1.36m) (18/19 Dec YTD: 27,952 home deliveries (£4.1m) and 66,180 Peripheral Store deliveries (£1.0m))
- EQUIPMENT RECYCLING – 43,780 items (£4.80m) (18/19 Dec YTD: 36,700 items (£3.6m))
- EMERGENCY REQUESTS – 18/19 Dec YTD: 84% delivered on time
- NON-EMERGENCY REQUESTS – 18/19 Dec YTD: 86% delivered on time
- DTOC RELATED TO COMMUNITY EQUIPMENT averages 0 to 2% annually

CURRENT POSITION – QUALITY AND QUANTITY
Community equipment supports the following types of activity
- Acute hospital admission avoidance and discharge hastening
- Avoidance of long-term admission to care home settings
- Palliative/end of life care
- Pressure care
- Care home placements
- Reduction in packages of care
- Reablement packages of care
- Supporting carers
- Short break services
- Education and development

Community loan equipment is a key enabler providing a low cost solution that enables other services to function, improving efficiency and delivering savings.
FUTURE REQUIREMENTS
Exceeding national trends, Cornwall’s population is getting older as average life expectancy continues to rise. It is projected that nearly half of Cornwall’s population will be aged 50+ (46.2%) by 2021, and 1 in 4 will be aged 65+. The 85+ population is predicted to increase by almost 38% by 2021.

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

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

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

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

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

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

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

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

FUTURE INTENTIONS / OPPORTUNITIES

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

OPPORTUNITIES FOR INNOVATION

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

APPROACH TO MARKET

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

TECHNOLOGY ENABLED CARE (TEC)

SUMMARY DESCRIPTION

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

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

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

CURRENT POSITION

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

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

**TELEHEALTH.** Since 2016, Telehealth has operated separately from Telecare. A significant service review
was undertaken in 2017. Following this, the service was restructured and is now providing both remote monitoring within integrated community teams and opportunities to access web-based health apps to help people self-manage their own long-term condition.

OTHER TEC PROJECTS ACROSS THE SYSTEM

There are a number of test and learn/pilot projects looking at different types of equipment/TEC solutions and how they can support people’s lives.

FUTURE REQUIREMENTS

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

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

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

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

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

OPPORTUNITIES FOR INNOVATION

- Technology enabled care equipment and capability is becoming more predictive, learning from its environment and a variety of data sources. With the right combinations of technology, health crises can be prevented through careful monitoring and timely intervention.

- The local Cornwall digital and ‘e’ industry will shape and further grow the TEC arena for residents and for the economy, adopting best practice across the UK and aspiring beyond for the people of Cornwall.

- Innovation is sought on how TEC can be employed and tailored earlier in people’s lives to increase independence and wellbeing. This includes considerations about TEC within built environments, any adaptation choices that are made along the way and supporting their choices with creative and discrete uses of TEC at end of life.

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

APPROACH TO MARKET

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

- **DEMONSTRATES A WHOLE SYSTEM APPROACH** to the issue it is trying to solve.
- **IS CO-PRODUCED** with people who will use or are potential users of the product or service.
- **IS DESIGNED** using evidence-based methodology.
- **PROMOTES EQUALITY OF ACCESS** and reflects the diverse needs and requirements of people it may support.
- **HAS EFFECTIVE SAFEGUARDING PRACTICE** built in to its design approach.
- **CONSIDERS THE ‘HARDEST TO REACH’ IN ITS DESIGN** and shows how the product or TEC service could engage with those adults furthest away from services.
- **BUILDS CAPACITY** within the community.

There will be formalisation of joint working, integration and partnerships to deliver TEC efficiencies across the system.
DAY OPPORTUNITIES

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

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

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

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

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

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

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

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

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

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

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

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

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

The increasing number of people with dementia warrants some reconsideration of building-based support. Day services buildings could become the ‘hub’ for a number of other support services, offering outreach opportunities in the local area.

APPROACH TO MARKET
Cornwall Council has started the conversation on future day support.

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

The service specification for the Community Based Day Support Framework benefited from an extended period of co-production with service providers, people at the service and their families and carers.
There will be ongoing dialogue with all people involved in day support opportunities to help find solutions that work for the future. This is likely to be different in each locality and for different groups of people. This dialogue will tie in with broader conversations about the developing community ‘model of care’. The Council will be working closely with Healthwatch, with colleagues in the NHS and with local communities on this future engagement.

**ACCOMMODATION WITH CARE - EXTRA CARE HOUSING /SUPPORTED LIVING**

**SUMMARY DESCRIPTION**
Cornwall Council, NHS Kernow CCG and key NHS and independent sector partners are committed to developing a new community ‘model of care’ for health, care and wellbeing. This new pattern of community service delivery will address both the increased requirements for health and care services presented by the ‘super-ageing’ population of Cornwall and the desire of people who receive services to have bespoke solutions that meet their needs and preferences within their local communities.

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

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

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

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

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

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

The less structured approach has worked more effectively in relation to Supported Living accommodation for working age adults, as the lower number of people requiring housing with support can be more easily integrated into general needs housing development through the proactive engagement ASC commissioners have with housing providers. However, it is intended that future requirements will be established through a more strategic process linked to knowledge about gaps, identified areas of need, and geographical locations.

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

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

**FUTURE REQUIREMENTS**

**EXTRA CARE**

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

**FUTURE INTENTIONS/OPPORTUNITIES/ APPROACH TO MARKET**

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

- **REMODELLING EXISTING CAPACITY** - Working with care and housing providers to modernise existing services and, where relevant, to undertake conversions to enhanced Accommodation with Care schemes. Included within this is the modernisation of sheltered housing and the potential transformation of the Cornwall Care estate.

- **ESTABLISHING A STRATEGIC PARTNER(S)** – Cornwall Council is seeking to form strategic partnerships with local and national organisations that develop (finance, plan and build) and operate (provide high quality care and housing management services) Extra Care housing provision. A strategic procurement process using competitive dialogue is underway to select partner/s.

- **MARKET SHAPING** – The Council will use its Strategic Housing and Planning functions to ensure that new developments are ‘age friendly’, considering the needs of the ageing population.

- **DIRECT DELIVERY** - The Council (and commissioning partners) will explore the potential to develop existing building and land assets itself, particularly in areas where the Extra Care market is not able to respond to need/demand.

**SUPPORTED LIVING**

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

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

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

<table>
<thead>
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<td>Mid</td>
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<td>West</td>
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<td>Total</td>
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168 units of self-contained Accommodation with Care for people with eligible social care needs by 2025 (Supported Living). This will be two to three schemes of eight units per year in line with current trajectory.
05. CARE SERVICES

DOMICILIARY CARE (HOME CARE AND SUPPORTIVE LIFESTYLE)

SUMMARY DESCRIPTION

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

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

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

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

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

CURRENT POSITION

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

Seasonal fluctuation and an overall shortfall in care staff numbers in Cornwall remains an issue. To address this, domiciliary care staff pay has been increased to Living Wage Foundation minimum rate (£8.75 per hour). The intention is that this will increase the attractiveness of care work as a career.

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

FUTURE REQUIREMENTS

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

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

2 Rate on 1 April 2018.
The future delivery of Home Care needs to reflect the changing circumstances within which Cornwall Council and NHS Kernow will operate. Outcome-based commissioning will become more important, looking at the milestones/goals service users can achieve to improve their independence rather than having ‘time and task’ duties imposed on them. This is already partly in place but will need a change in thinking to take it forward and meet the needs of the residents of Cornwall.

**FUTURE INTENTIONS / OPPORTUNITIES / APPROACH TO MARKET**

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

Minimising traditional domiciliary care approaches and embracing and encouraging new technology and innovations developed as health and social care solutions will ensure that people that need support with personal and healthcare tasks have an available skilled workforce to respond effectively to demands on these services.

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

**SHARED LIVES**

**SUMMARY DESCRIPTION**

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

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

**CURRENT POSITION – QUALITY AND QUANTITY**

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

A snapshot of the current capacity is as follows:
- number of long term placements 142;
- number of active carers 122;
- number of people using short breaks 48.

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

The number of long term placements equates to 8.2% of adults with a learning disability who have an assessed eligible social care need.
Shared Lives South West was inspected by the Care Quality Commission in August 2016 and given an overall rating of Good.

**FUTURE REQUIREMENTS**

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

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

**FUTURE INTENTIONS / OPPORTUNITIES / APPROACH TO MARKET**

The market is engaged through Provider Forums and Partnership Boards.

Due to the limited number of providers in this area, good working relationships between commissioners and the existing provider, plus connections with national Shared Lives networks, ensure that provision is suitable. Expanding the existing service into new areas (such as more placements for older people and reablement potential) are part of discussions for the new contract in 19/20.

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**BED-BASED CARE**

**(INCLUDING NURSING CARE, RESIDENTIAL CARE AND SHORT BREAKS)**

**SUMMARY DESCRIPTION**

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

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

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

**CORNWALL COUNCIL AND NHS KERNOW COMMISSIONING INTENTIONS 2017-2020**

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

- **A JOINT STRATEGIC DIRECTION** for care home commissioning.
- **AN ALIGNED CARE HOME COMMISSIONING METHODOLOGY** including:
  - The development of a contract and service specification that allows for effective contract management.
  - A fair and transparent methodology for calculating the cost of placement fees, including the cost of additional Funded Nursing care and Continuing Health Care.
  - A modernised ‘one-system’ approach to vacancy-finding, procurement and brokerage.
  - Improved outcomes for people who live in care homes, including opportunities to move to independent living wherever possible.

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Community loan equipment is a key enabler providing a **low cost solution** that enables other services to function, **improving efficiency and delivering savings.**
• Solutions to meeting people’s care, support and accommodation needs that offer an alternative to care homes.

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

It is anticipated that in upcoming years, the use of long term residential care will proportionally reduce. However, the presenting demographic trends suggest that with the significant increase in the number of people in Cornwall aged over 65, and the consequent increase in the physical and mental health conditions associated with the ageing population, there will be a continued requirement for Care Home capacity. This will complement reablement services and care in peoples’ own homes. Increasingly, Care Home capacity will need to focus on nursing care for those with the most complex needs, especially those with dementia and high levels of physical frailty.

CURRENT POSITION

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

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

CURRENT BED AVAILABILITY

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

- **5,156** registered beds
- **2,226** nursing care beds
- **2,930** residential care beds
- **4,554** beds for older people and people with a physical disability
- **602** beds for people with a learning disability, mental health, Autism and/or for people needing ‘complex’ care
For a range of reasons, the capacity within the care home market has reduced in recent years. In 2018, 154 residential care beds deregistered due to service closures (4.7%). Of these, 132 were dementia specialist beds (4.1%). In the same period 133 nursing care beds deregistered and now provide residential dementia care (5.7%). This reflects a longer-term trend over the most recent five years.

**BREAKDOWN OF DEMAND - PRIMARY SUPPORT NEED**

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

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

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

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

**MARKET SHARE**

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

Some ‘traditional’ residential care is delivered in older, smaller properties with limited development potential to meet modern standards and expectations. Due to capacity limitations and the pressures of the Urgent Care sector, demand continues for these homes despite these limitations.

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

**PROFILE OF THE MARKET**

August 2018 data ‘snapshot’. (Please note that on a day-to-day basis, operational monitoring by commissioners supports whole system knowledge about provider capacity. The below numbers are for illustration only).
• c.1,861 (36%) existing permanent placements (Council-commissioned)
• c.155 (3%) vacancies
• c.400 (8%) beds commissioned by NHS Kernow (CHC)
• c.2,740 (53%) beds sourced directly by self-funders

**HEALTH PRESSURES – DELAYED TRANSFERS OF CARE**

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

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

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

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

**TEMPORARY STAYS**

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

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

**CHALLENGES AND PRIORITIES**

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

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

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

**FUTURE REQUIREMENTS FOR ALL CARE HOMES**

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

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

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

**REQUIREMENTS FOR RESIDENTIAL AND NURSING CARE HOMES**

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

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

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

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

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

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

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

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

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

**RESIDENTIAL CARE HOMES**

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

Providers that wish to continue to deliver residential care should prioritise delivery of services that cater for people with dementia and more complex needs, as these will be areas of increasing demand in upcoming years.

**NURSING CARE HOMES**

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

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

**FUTURE INTENTIONS / OPPORTUNITIES**

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

**APPROACH TO MARKET**

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

SUMMARY DESCRIPTION OF THE SERVICE AREA

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

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

CURRENT POSITION

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

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

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

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

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

FUTURE REQUIREMENTS

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

There is enthusiasm for much closer work between the STEPS and EIS/HomeFirst teams. The ‘joining up’ of functions would improve responsiveness, allow more seamless transfer of cases between professionals, deliver better apportionment and use of resources meeting fluctuations in demand, and reduce unnecessary acute hospital use.
Contact us

You can call us on:
0300 xxxx xxx

Or email us at:
xxxxxxxxxx@cornwall.gov.uk

If you would like this information in another format or language please contact:
Cornwall Council, County Hall,
Treyew Road, Truro, TR1 3AY

e: equality@cornwall.gov.uk
t: 0300 1234 100