

**Carers Partnership Board
2 pm, Thursday, 20 July 2023**

Hybrid Meeting

Probus Village Hall, Amelia Close, Probus, Truro TR2 4NB

or via Microsoft Teams: [Click here to join the meeting](#)

Agenda

	Item	Time	Lead
1	Teams Guidance, Meeting Etiquette (Page 2), Introductions and Apologies	2:00-2:10	Chair
2	Minutes of the Meeting Held on 4th May 2023 (Pages 3-25), Actions and Matters Arising	2:10-2:15	Chair
3	Updates from the Co-Chairs, including: <ul style="list-style-type: none"> • Parent Carers Cornwall Update (Pages 26-27) 	2:15-2:30	Co-Chairs
4	Updates from Members, including: <ul style="list-style-type: none"> • Carers Voices Update • Safeguarding Adults Conference 	2:30-2:50	All
5	Update on the Informal Carers Support Service (Pages 28-33) including update on Carers Forums	2:50-3:15	Jayne Price, CRCC Kate Alcock, Cornwall Council
6	Supported Housing Strategy (Pages 34-54)	3:15-3:30	Sarah Keast, Cornwall Council
7	Review of Home Care Provision in Cornwall	3:30-3:40	Kate Alcock / Moriah Priestley, Cornwall Council
8	Personalisation and Direct Payments Engagement and co-production	3:40-3:50	Antony Bell-Thorn, Cornwall Council
9	Any Other Business	3:50-4:00	All

Item 1

Teams Guidance

Please prepare by reading the papers sent out for the meeting.

When joining the meeting, you will be placed in “the waiting room”. Healthwatch Cornwall will then accept you to join the meeting. Your camera and audio will already be on.

Mute yourself when you are not speaking so that there is no noise in the background.

Use the chat box for any comments or questions you have. Everybody will see them unless you choose to share privately.

Please use the ‘raise hand’ function when you wish to speak.

You will be asked to unmute when it is your turn to comment.

If you need to temporarily leave the meeting, please turn off your audio and camera.

Presentations will be shared on the screen.

Meeting Etiquette

All members are expected to participate constructively in line with agenda items whilst being respectful of the views of all members.

All members of the Carers Partnership Board have the right to meet in a safe atmosphere where all voices are respected and can be heard equally.

The current Board’s Terms of Reference includes the following.

In order to allow the Carers Partnership Board meetings to be conducted efficiently and with decorum, Members of the Board will:

- *Work in partnership with each other, listening to and respecting each other’s views*
- *Undertake to represent all the Carers in their Forum Areas*
- *Indicate they wish to make representation through the Chair*
- *Not single out individual Members for scrutiny or challenge*
- *Not interrupt and be guided by the Chair*
- *Respect confidentiality and privacy*
- *Keep to the agenda*
- *Represent the strategic needs of carers and not bring to the meeting concerns from individual carers*

Healthwatch Cornwall operates a Zero Tolerance policy on Bullying and Harassment. This applies to both face to face and online meetings.

MEETING NOTES:	Carers Partnership Board
DATE:	4 May 2023
LOCATION:	Trelawny Room, County Hall, Truro and on Microsoft Teams

ATTENDANCE

Name	Position	Organisation
John Bastin (JB) (Chair)	Cornwall Councillor and Chair of Health and Adult Social Care Overview and Scrutiny Committee	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Officer	Healthwatch Cornwall
Alison Short (AS)	Advocacy Coordinator, Cornwall and the Isles of Scilly	The Advocacy People
Amanda Wilton (AW)	Derriford Patient Council & Carer for an adult with profound and multiple Learning Disabilities	University Hospitals Plymouth NHS Trust
Ben Seamarks (BS)	Strategic Commissioning Manager	Cornwall Council
Claire Jukes (CJ)	Patient Services Manager and Carers Lead	Plymouth NHS Trust
Claire Martin (CM)	Deputy Chief Nurse	Integrated Care Board
Gill Lovell (GL)	Parent Carer	Falmouth Carers Forum
Holly Kiernan (HK)	Patient Experience Manager	Royal Cornwall Hospitals NHS Trust
Joanna Dobson (JD)	Patient Engagement Manager	Royal Cornwall Hospitals NHS Trust
Jenna Pulley (JP)		Cornwall Partners in Policymaking
Kaddy Thomas (KT)	Parent Carer	
Kate Alcock (KA)	Head of Strategic Commissioning – Older People, Physical Disability and Carers	Cornwall Council
Kirsty Dexter (KD)	Network Co-ordinator	Cornwall Memory Café Network
Lynda Berry (LB)	Carer of adult with LD & Director	Cornwall Partners in Policymaking
Neil Lindsay		Bodmin & Wadebridge Carers Groups
Nigel Cox (NC)	Children's Services Manager	Barnardo's
Pauline Hardinges (PH)	Ex-Carer, current part-time carer & Treasurer	Liskeard Memory Café
Sally Mollard (SM)	Ex Carer & Secretary	Liskeard Memory Café
Tamsyn Mitchell (TM)	Assistant Practitioner, Admiral Team	Royal Cornwall Hospitals NHS Trust
Teresa Greenaway (TG)	Dementia Advisor, Central Cornwall	Alzheimer's Society
Wendy Gauntlett (WG)	Carer	Penzance Carers Group, Penzance Carers Forum and Adult Safeguarding Board
Zoe Locke (ZL)	Head of Patient Experience and Carers Lead	CFT

APOLOGIES

Name	Position	Organisation
Sandra Ward (Co-Chair)	Parent Carer of lady with complex self-needs and autism & Director	Parent Carers Cornwall
Alison Bulman	Strategic Director – Care & Wellbeing	Cornwall Council
Bernie DeLord	Director	Promas Caring for People CIC
Caroline Ellis	Admiral Nurse	Royal Cornwall Hospitals NHS Trust
Charlotte Harris	Regional Carers Leadership Support Manager	NHSE&I
Jayne Price	Contract Lead for The Carers Service	CRCC
Jenny Tarvit	Promas Caring for People CIC	Director
Julia Wildfire-Roberts	Director and Project Manager	Healthwatch Cornwall and Pentreath
Karen Hooper	Head of Commissioning for Learning Disability, Autism, Mental Health and Participation	Cornwall Council
Kelvin Yates		Age UK Cornwall and Isles of Scilly
Kevin Beveridge	Area Director, West Cornwall and Lead for LD and Autism	Cornwall Council
Kirsty Luxton	Carers Triage Co-ordinator	Cornwall Carers Service
Liz Pagett	Ex-Carer	
Natalie Swann	Research and Evidence Manager	Healthwatch Cornwall
Margaret Lovell	Membership Secretary & Chair	Wadebridge Memory Café & Wadebridge Carers Group
Theresa Court	Chief Executive	Disability Cornwall
Tim Jones	Chairman	Wadebridge Memory Cafe
Tracey Camps	Director	Healthwatch Cornwall

ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
04/05/23	Identify upward reporting structure.	KA / PB Team	Ongoing.
04/05/23	How the Adult and Young Carers Strategies interlink.	BS / VB	Ongoing. Scheduled for 20/07/23 meeting.
04/05/23	Investigate opportunities for Carers Forums.	KA	Ongoing.
26/01/23	Discuss with Commissioners concerns regarding lack of reporting structures – how the Board receives ground level information and where it should report to.	MH	Ongoing.
04/05/23 26/01/23	Continuing Healthcare group updates.	PH / JP / CM	Updates as appropriate.
26/01/23	Suggestions for Carers Assessment form (see p12, para 3)	CM	Ongoing.
04/05/23 11/08/22	Update on Day Centres – how people have settled to new facilities and transport issues – and Day Opportunities Update	BS / EB	Ongoing. A new carers lead has yet to be appointed. BS to follow up. Elaine Bradley did not show at 26/01/23 meeting. Update to 20/07/23 meeting.
11/08/22	Content of future CFT Carers Lead reports.	ZL / MH	Ongoing. The Carers Voices Partnership launched in December 2022. Links with the CPB would be established once operational.
11/08/22	Update on sharing of patient information across IT systems.	TBC	Ongoing.

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
11/11/21	Circulate new carers and assessment figures, Trust Carers Group update.	MH	Ongoing.

	Item	Action
1	<p>Teams Guidance and Meeting Etiquette</p>	
	<p>JB welcomed everyone to the meeting and asked that members online use the 'raise hand' function if they wished to speak. Use of the chat function was encouraged in order to allow the meeting to flow</p> <p>Expectations with regard to meeting etiquette were detailed on page 3 of the agenda and members were expected to adhere to them.</p> <p>Gordon Lancaster, a carer and representative of Liskeard Memory Café, had recently resigned from the Board. The Chair thanked Gordon for all of the knowledge and enthusiasm that he had brought to the Board over many years.</p>	
2	<p>Minutes of the Meeting held on 6 January 2023, Actions and Matters Arising Actions from Previous Meetings</p>	
	<p>The Chair proposed that the minutes of the previous meeting be confirmed as a true record. The Board agreed that the minutes were a true record.</p> <p>MH shared updates on actions from previous meetings:</p> <ul style="list-style-type: none"> • The PB Team had met with KA regarding the lack of reporting structures – how the Board receives ground level information now that Carers Forums are no longer functional and where the Board should report upwards to. Further updates would be reported to future meetings. • No progress had been made with regard to PH & JP drafting Continuing Healthcare questions or JP writing a brief on the process. <p>CM suggested that PH and/or JP could join a group formed of the CHC team and Adult Social Care which was already looking at such matters.</p> <ul style="list-style-type: none"> • A representative from Healthwatch Isles of Scilly would join Board meetings as and when required. Capacity prevented 	<p>Ongoing</p> <p>Updates to future meetings as appropriate</p>

<p>them from joining every meeting.</p> <ul style="list-style-type: none"> • CM had suggested that it would be useful to ask at the start of the Carers Assessment process, 'do you need help to complete the forms?' and 'have you enquired about how you will get a PA?'. JP was not present to confirm whether or not those suggestions had been adopted. • Elaine Bradley had provided the following update on Day Opportunities: <i>'We are still in recovery stage, outline business case is almost completed and we are hopeful that we can start co-production work in early June, we have started to develop our communication plan to inform this piece of work and I would be happy to hear from you how we can best engage with the people you support, this includes families as well as those receiving support'</i>. <p>KA acknowledged that two agenda items had not been considered at the previous meeting due to one Cornwall Council officer failing to attend and another pulling the item following publication of the agenda. KA provided assurances that action was taken to ensure that would not happen again.</p> <ul style="list-style-type: none"> • ZL gave an update on the Carers Voices Partnership. It was being funded by NHS England as a Health Inequalities Improvement Programme. ZL had recently met with Amanda Stratford, a Non-Executive Director and discussed how bodies, such as the Partnership Boards, could report into Carers Voices. <p>The Board would have clinicians on the group and two people with lived experience, either as carers or patients. Rather than being an open forum, it would function as multiple focus groups, which would hopefully start within the next fortnight. One such focus could be discharge planning.</p> <p>AW said that people had previously been told that a meeting would be held to discuss the Partnership's development but it had been cancelled. ZL said that the team had faced reduces capacity but one more meeting would be held, details to follow.</p> <ul style="list-style-type: none"> • Update on sharing of patient information across IT systems. That issue had not yet been revisited. GL had previously advised to visit the Devon and Cornwall Care Records System 	<p>Updates to future meetings as appropriate</p>
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	<p>website.</p> <p>There were no matters arising.</p>	
3	Updates from the Co-Chairs	
	<p>Co-Chair Sandra Ward</p> <p>SW had provided an update report on the work of Parent Carers Cornwall, starting at page 20 of the agenda.</p> <p>It was agreed that the report be noted.</p> <p>Co-Chair Cllr John Bastin</p> <p>The Chair reported that the Integrated Care Board (ICB) continued to evolve, with much increased integration in recent months.</p> <p>The ICB would soon become responsible for dentistry and pharmacy services, with much work needed to increase access to the former.</p>	
4	Updates from Members	
	<p>The Chair invited updates from the individuals and organisations represented.</p> <p>Ben Seamarks, Strategic Commissioning Manager, Cornwall Council</p> <p>BS reported that MH had recently spoken with Verity Bradshaw, Commissioning Manager, People Commissioning (Together for Families), about an action previously attributed to Serena Collins to detail how children’s services integrate with adult carer services, with particular focus on the transitional period.</p> <p>The Board agreed to receive a joint update from BS and Verity at its next meeting.</p> <p>Carers Cards</p> <p>At the last meeting there had been discussion around the differences between the Carers Cards used in Devon and in</p>	<p>Item on July agenda.</p>

Cornwall. JD reported that herself, ZL, CJ and Jayne Price had met to establish similarities between the cards. She was hopeful that both cards would be recognised across the two counties.

Images and further information about the Cornwall Carers Emergency Card and the Carer Passport Card (Devon) are attached as Appendix 1.

The Advocacy People

AS reported that she had been in post since October 2022. Her role was to look at advocacy awareness across the county, across all groups, and to develop self-advocacy where appropriate. That could be through self-help, group advocacy or other current initiatives. Finding out what groups existed would enable the strengthening of the offer. Training offers were also included.

The Advocacy People were a national organisation that held the local contract to provide statutory advocacy and to develop the community offer. With regard to the CPB, AS was interested in Independent Care Act Advocacy (ICAA). Under ICAA, carers with significant need that had no one to support them should be referred for an advocate by Social Care. She wanted to raise awareness of that across the county.

There were around 15 advocates covering the whole county, including specialisms including independent mental capacity, the Care Act, independent health complaints and independent mental health. AS offered an hour of advocacy awareness update to all organisations represented on the Board.

AS stated that whilst she would promote the work of the Board, her role was not to widen the Board’s membership. MH clarified that the offer to discuss widening the Board’s membership had been received from AS’s manager, Penny Newman, it had not been requested by the Board. However, The Advocacy People did have a remit to help people to have their voices heard and influence decisions at the Partnership Boards through Community Advocacy groups. Clarity would be sought from Penny outside of the meeting.

PH said that people with dementia were very vulnerable and required an advocate but didn’t know how to get one. AS said that Penny would be speaking with commissioners about

identifying care homes that had residents who should have been referred but hadn't. Outside of care homes, the key was ensuring that carers knew the appropriate language to use to prompt the system. Referrals had to be based around a lack of capacity and had to come from professionals. PH cited the triangle of care and 'Nothing about me without me'.

People could contact AS at alison.Short@theadvocacypeople.org.uk. She could send information out either electronically or by post.

Healthwatch Cornwall

RO had taken up the position of Partnership Boards Lived Experience Project Officer in late March.

A key part of his role was to connect with carers and organisations across the county in order to map what support was available and to develop appropriate means through which the voices of carers could be heard by the Boards.

RO encouraged members to invite him to any upcoming meetings and events. He could be contacted at robert.oleary@healthwatchcornwall.co.uk.

MH said that a large portion of the team's time had been taken up with learning disability matters over recent months, including a review of the LD Partnership Board with LD England and the Making Good Change Happen project. Other Adult Social Care work that the team had been involved in included Home Care, Direct payments and Individual Service Funds, Practice Quality Standards and also the Safeguarding Adults Board Annual Conference.

Following discussion at the last meeting regarding the need for the Board to report upward to a decision-making body, MH had met with Kate Lattimore (KL), who managed the Plymouth Carers Partnership Board (PCPB). KL had said that the PCPB didn't report to any other body directly but they had an informal understanding whereby senior leads from across the system naturally assumed responsibility for actioning what had been discussed by the Board. Carer representation was assured through the attendance of the chairs of local groups.

Healthwatch Cornwall had received an unusually low number of enquiries relating directly to carers over the previous quarter.

Only six had been received and no thematic issues had been identified, with matters raised relating to packages of care, communication between a cared for individual and their carer, information on the Healthwatch England website, mental health issues affecting a young carer and praise for the Ill service and a local GP.

The 10 could be promoting the Boards at the Safeguarding Adults Board Annual Conference on 6th June, the Royal Cornwall Show from 8th-10th June and Blue Light Day on 5th July. At the latter two, the team would be supported by the Partnership Boards Community Promoters, Board members with lived experience, further enhancing the reach of the Boards.

NHS England

Charlotte Harris had shared the following information via email, which MH shared through the meeting chat function:

Free access to tailored digital resources to support unpaid carers

Working with leading national charity Carers UK NHS England are giving all unpaid carers in England free access to Carers UK [Digital Resource for Carers](#), an online platform that hosts a wealth of information and advice for carers to help them build resilience in their caring role. The resource is available to carers via practitioners in primary and secondary care, including GP practices. This means that NHS staff have practical support to offer carers once they have been identified.

The resources can help to deliver on the [NHS Long Term Plan Commitments to unpaid carers](#). The Carers UK platform includes e-learning, guides and comprehensive signposting, access to [MyBackUp](#), a simple contingency planning tool for what might happen in an emergency, and [Jointly](#), Carers UK's care co-ordination app which also includes contingency planning features.

To use the Digital Resource for Carers, unpaid carers need to be given the access code allocated to their [Integrated Care Board \(ICB\)](#). Carers UK has published [guidance and resources for professionals](#) which explain how the offer works and include a full list of access codes, as well as ideas and tips on how to make this support available. If branding needs updating on any of the

	<p><i>resources, please send your ICB branding to Carers UK: client.services@carersuk.org.</i></p> <p>Kate Alcock, Head of Strategic Commissioning – Older People, Physical Disability and Carers, Cornwall Council</p> <p>KA reported that Cornwall Council wanted to raise the priority of carers inside Adult Social Care and make sure that they were a clear feature in everything they were doing.</p> <p>She would be attending CPB meetings to ensure that the Board was able to have meaningful involvement in work being undertaken at a strategic level. There would be a number of significant pieces of work and they wanted the Board to work with them on developing the strategic directions, right down to the detail of writing service specifications. It was important that the Board was able to form a clear programme of work to focus upon.</p>	
<p>5</p>	<p>Review of Home Care Provision in Cornwall</p>	
	<p>This item had been deferred from the last meeting following the publication of the agenda as proposals within the business case had not yet been signed off internally.</p> <p>KA reported that Adult Social Care, in partnership with the NHS, held a contract for home care services in Cornwall that was due to come to an end in 2024. There was a need to review the current arrangements for care and support at home, which included a number of different services, including home care, living care, extra care, basically non-regulated support. A new service delivery model would need to bring together those strands in order to be able to offer a much more wholistic range of options to meet the needs of individuals.</p> <p>KA gave a presentation, attached as Appendix 2. In addition to the detail within the presentation KA stated the following:</p> <ul style="list-style-type: none"> • The Market Sustainability Plan was mandated by the Department for Health and Social Care. Funding had been provided to help to stabilise the market. The Plan set out intentions to achieve market sustainability and how funds would be utilised to ensure that services were financially stable and also for contingency planning. The funding also meant that they could increase on current payment levels to care 	

services.

- The market was being opened up to allow organisations that don't currently provide home care to offer new solutions.
- Demand for people waiting for care was currently 283 but it had been as high as over 600 recently.
- 31,000 hours of home care hours were being delivered within communities every week.

KA encouraged members to become involved in the work. There were a number of different ways, as detailed in the Appendix, which were essential to the design of future services. Key was finding out peoples' needs and what really mattered to them.

With regard to the Partnership Board, discussions had been had between KA and the PB Team about ensuring that mechanisms were in place that enabled upwards reporting. That may take the form of more formal reporting to the Health and Adult Social Care Overview and Scrutiny Committee.

The Chair invited questions from members.

KT said that her concern was ensuring that providers were held to account if they didn't provide adequate support. She also asked how the Personalisation agenda would be met. KA said that a separate piece of work would look at personalisation, with its own steering group that would look at Direct Payments, Individual Service Funds and microprovider development. There was a recognition that the market needed to be better supported to allow for people to buy directly. The Somerset model provided a good example of how that could be achieved. AW added that the Care Quality Commission (CQC) could be contacted if poor service was being received from a care provider.

Also worth referencing was the separation of home care and supportive lifestyles, which were currently within the same contract. The CPB, LDPB and Autism PB would all be engaged.

PH emphasised the need for personalisation, a one size fits all approach would not work. KA said that maximising the workforce was essential to becoming more outcomes-focussed. GL stressed that addressing current recruitment issues was key. KA said that there were plans to develop a workforce strategy, including pathways, but low wages was the main issue.

CM asked if healthcare students could be utilised and stressed

	<p>the need for wellbeing support and mentoring opportunities for staff. She offered to work with KA to ensure such opportunities.</p> <p>Both GL and AW stressed the importance of continuity of care staff for individuals.</p> <p>AW said that whilst new means of providing support should be made available, traditional methods, such as day services, still suited some.</p> <p>The Chair thanked KA for her presentation.</p>	
<p>6</p>	<p>Update on the Informal Carers Support Service</p>	
	<p>Jayne Price (JP) had submitted apologies so NC talked through the report that had been circulated with the agenda. Any detailed questions could be sent to JP at Jayne.Price@cornwallrcc.org.uk.</p> <p>NC gave a supporting presentation, attached as Appendix 3.</p> <p>The Chair thanked NC for the presentation.</p> <p>Promas had provided the following update via email, which MH added to the meeting chat:</p> <p><i>Promas CIC are receiving a good number of applications from carers for the face to face courses, online and the monthly activities, which is great. Delivered a bespoke course to carers at Lanivet and arranging a similar bespoke course with the Cove for their carers.</i></p> <p><i>We have delayed the start of the male carers rambling group to June due to low numbers.</i></p> <p><i>Going to do a pilot with Memory matters in November. We will be running a dementia course and they will be providing support and cognitive stimulation for people with dementia at the same time so carers can attend. Course details to follow.</i></p> <p>The Chair invited questions and comments from members.</p> <p>KA acknowledged the backlog of Carers Assessments, which was a nationwide issue. She had recently met with JP and agreed to</p>	

	<p>commit additional funding into the Carers Services to address the matter. The risks related to the needs of those waiting were recognised.</p> <p>WG asked how the Emergency Card Scheme could be accessed. NC said they could be requested either on their website or via the single point of access advice line.</p>	
<p>7</p>	<p>Any Other Business</p>	
	<p>PH raised an issue regarding Lasting Power of Attorney for people with dementia. NL advised that the Office of the Public Guardian was the appropriate body to contact regarding infringements of the Power of Attorney.</p> <p>TM reported that the Admiral Nurse Service in Cornwall had gone live on 1st March. The team was there to support the carers and families looking after people with dementia. The In Touch signposting booklet had been updated and would be available soon. Copies could be requested through TM at tamsyn.mitchell@nhs.net.</p> <p>The Chair encouraged Board members to email partnershipboards@healthwatchcornwall.co.uk with information for circulation as timely and not to wait for the next Board meeting. Similarly, requests for matters to be considered at meetings could also be made via email.</p> <p>NL asked about the future of Carers Forums. KA acknowledged the need for the Board to hear from a wide range of carers and had recently discussed the best way to achieve that with the PB Team. She undertook to investigate if Better Care Fund reserves could be utilised to address the issue. GL said that publicity and the framing of meetings were very important to achieving good attendance. PH agreed that the capacity to promote Forums was a major issue.</p> <p>LB said that the Constantine Carers Group was operating very successfully. Alison Strickland, Carers Support Worker, regularly attended and supported the Group. WG said that the Penzance Carers Group had not been able to get Carer Support Workers to attend.</p> <p>Via the chat function, SM said that Forums failed because the</p>	<p>Update to next meeting</p>

	<p>problems brought up were never solved.</p> <p>The Chair asked that any further comments regarding Carers Forums be submitted to partnershipboards@healthwatchcornwall.co.uk.</p> <p>KA reported that a new Cornwall Council Carers Lead would be appointed soon. She reiterated the need for more strategic representation than the Board had previously received.</p>	
<p>8</p>	<p>Next Meeting</p>	
	<p>The Chair commented on the lower than usual attendance in the room and asked members' preference as to attending in person or online.</p> <p>It was agreed that the next meeting would be hybrid (at a central venue to be confirmed) but should attendance in the room be low, consideration would be given to holding meetings solely online.</p> <p>The next meeting would be held at 2pm, Thursday, 20 July.</p>	

NHS
Royal Cornwall Hospitals
NHS Trust

NHS
Cornwall Partnership
NHS Foundation Trust

NHS
University Hospitals
Plymouth
NHS Trust

CORNWALL CARERS SERVICE

Carers Cards

Across the peninsular

1

Cornwall Carers Emergency Card

Identifies person as a carer

- If carer admitted to hospital as an emergency, staff will contact number on back of card to ensure alternative caring arrangements are put in place
- Free Parking at RCHT hospital sites if given Carers Passport for inpatient stays
- Free Meals and Drinks at RCHT and CFT hospital sites with Carers Passport
- If cared for person is inpatient, RCHT staff are encouraged to make referral to dedicated RCHT Cornwall Carers Service representative for support and signposting.

Carer Passport Card (Devon)

Identifies person as a carer

- Emergency alert card – alerts emergency services in the event of an emergency
- If cared for person inpatient at UHP card may entitle carer to Hospital Carers card and therefore drinks and meal vouchers, help with parking arrangements and 10% discount in restaurants and access to Cares Hospital Liaison Worker
- Discounts at participating businesses to support Plymouth carers

2



Both cards incorporate the peninsular recognised Carer Passport logo to ensure recognition of carers across the county borders

 **Delivering Better Care**

Care and Wellbeing Directorate Care and Support at Home Transformational Commissioning

Carers Partnership Board Briefing

May 2023



 **CORNWALL COUNCIL**
one and all • oen hag oll

 www.cornwall.gov.uk

1

The Strategic Context Delivering Better Care

The **Delivering Better Care Commissioning Strategies for Maximising Independence** and **Better Lives** have been codesigned with our stakeholders and set out the key commissioning intentions for Adult Social Care. This includes transformational commissioning for care and support at home and accommodation with care services.

The strategies include plans for achieving the **right care, in the right place, at the right time** through the creation of **vibrant, safe and supportive communities**.

Our **Market Sustainability Plan** sets out an assessment of the current market position, the impact of the challenges we face together over the next two years and our local plan for market sustainability.







[Maximising Independence \(cornwall.gov.uk\)](http://www.cornwall.gov.uk)
[Better Lives Strategy \(cornwall.gov.uk\)](http://www.cornwall.gov.uk)
[Market Sustainability Plan 2023-25 \(cornwall.gov.uk\)](http://www.cornwall.gov.uk)

2

Care and Support at Home

Care and Support at Home is a workstream of the Community Based Support transformation commissioning programme.

It will involve the creation of a business case that will set out the future commissioning arrangements for:

- Home Care
- Extra Care
- Non regulated support for older people
- Live in Care
- Provider of last resort



Existing contracts will be extended to 2024. A procurement will be completed during 2023 with new contracts live from 1 April 2024.

3

Adult Social Care Home Care in Cornwall

Demand

- 2,376 people with a home care package 314.18 weekly cost
- 314 people waiting for care.

Contracting

- Current contract for Home Care and Supportive Lifestyles extended until March 2024
- Home Care from Supportive Lifestyles will be commissioned separately.

Purchasing

- There is a 50:50 split of DPS and non-DPS providers, The Council's weekly spend 81% DPS, 19% spot purchasing
- DPS approach is not creating the required competition or capacity - 1.14 bids per package.

Market Sustainability

- Block contracts were awarded during 2018 and 2022 as a strategy for generating more capacity
- New geographical based 'bundles' have significantly reduced priority unmet demand.
- Hourly rate increase to £23.98 for 2023-24 was applied early in October 2022. NHS Cornwall and Isles of Scilly frequently purchase care at higher hourly rate, leading to cost increases for whole system.

Information Classification: CONTROLLED



31,693 hours commissioned by ASC and provided per week in Cornwall

1.7m hours of home care provided per year

4

Our opportunities

Ensure there is sufficient capacity to meet the demand. This can be achieved through:

1. Increasing efficiency

- Optimising runs
- Creating flexibility in the duration of care visits (where safe and appropriate)
- Creating flexibility in the time of care visit (e.g. window of flexibility of delivery)
- Reduce operational overheads to increase the pay for care staff

2. Strategic partnership working with key providers

- Locality based approach
- New contracting models

3. Explore alternatives to traditional home care, including

1. More use of Technology Enabled Care (TEC) and equipment
2. Make better use of community based support for non-regulated care and support and the vibrant voluntary and community sector
3. Explore opportunities for use of direct payments and a micro-provider market

4. Improve recruitment and retention

1. Reduce travel time for carers
2. Review shift arrangements
3. Optimise the time that care staff are paid through the day



5

Why Carers Engagement - Benefits

- As Carers, you have a close relationship with the people that use our services and a good understanding of how well they support you as carers
- You have extensive experience of how the person you care for engages with a wide range of services
- You know what needs to be improved within the services available
- Your perspective is of great value to commissioners in the design and delivery of services

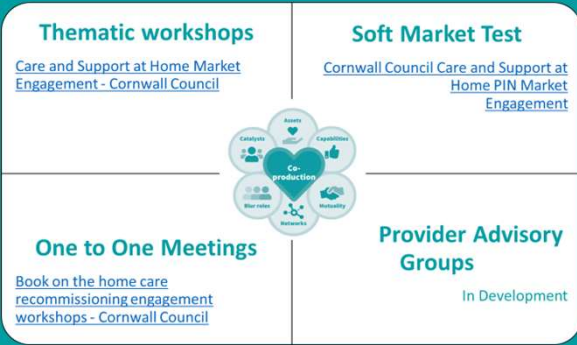
We would like your help with developing the service delivery model, service specifications and standards for care and support at home.



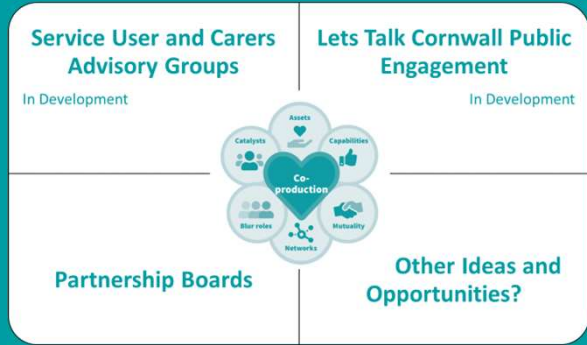
6

Stakeholder Engagement Plan

Service Providers and Partner Organisations



Service Users and Carers



7

Timeline

Provisional, subject to change

Spring/Summer 23

Autumn 23

Winter 23/24

Spring/Summer 24

Engagement, Approve Business Case

Procurement
 Publish tender
 Respond to tender
 Evaluate responses
 Award contracts

Prepare for new contracts

New contracts go live in stages



8

LAUNCH OF OUR 3 KEY VALUES



This quarter during year two of Cornwall Carers Service has been another rewarding period as the service continues to meet its goal and aim of positively impacting upon the lives of unpaid carers in Cornwall.

Our partnership of likeminded organisations continues to meet the individual and strategic aims of the service. During the quarter we have distilled our 10 core principals as a partnership to 3 Key values which forms the driving force of our service. We Launched them on our website during the quarter they are;

- We recognise the value of the contribution made by every carer, every day!
- We are committed to delivering high quality information, advice and guidance to all people who have an informal, unpaid caring role.
- We are respectful of individual strengths, abilities, cultures and beliefs and how these might influence what a successful outcome looks like.

We have seen 92% positive feedback from Carers about their experience of the service and have seen some stand out geographical trends across digital and web access to the service the highest numbers of footfall are in St Austell Truro and Redruth. This helps us understand where need in communities sits, during the next quarter we will run campaigns on social media around resources and sources of support for carers in those areas linking to locality and place-based support.

1

CARERS SERVICE ACTIVITY



INFOGRAPHIC

HOW MUCH HAVE WE DONE - QUARTER 2



All interventions claimed against Key Performance Indicators are those made with, or on behalf of, the carer, where the carer has moved forward in their caring role. As a carer led service, all mediums of communication are agreed with the carer to best suit their preference; our priority being the need of the carer and getting them the resolution by the means that best suits their individual circumstances.



2

WE WORKED WITH CARERS TO IDENTIFY OUR THREE MAIN VALUES FOR THE SERVICE

We have canvassed Carers and our partners to Identify and promote our three Core Values as a partnership. They are fundamental to how we work and a clear voice from Carers around what is important to them.

We recognise the value of the contribution made by every carer, every day.

We are committed to delivering high quality information advice and guidance to all people who have a informal, unpaid caring role

We are respectful of individual strengths, abilities, cultures and beliefs and how these might influence what a successful outcome looks like.

ITEM 3



PARENT CARERS CORNWALL

This report summaries the work Parent Carers Cornwall have been involved in since the last Carers Partnership Board meeting.

91 meetings took place over this period with Education, Health, and Social Care. The meetings were held both locally and nationally to gain parental feedback.

We are involved in the work for the Neurodevelopment Pathway, meeting regularly with leads to ensure the pathway is fit for purpose for families. Three consultation events were held by the ICB with parent/carers to ensure their views were heard. Two additional online meetings are now set up to give updates.

Parent Carers Cornwall who are leading on the Autism in School programme which is funded by NHS England are currently delivering phase 1 of the programme working with eleven secondary schools across the county. We will be commencing phase 2 after September and will be working with a mix of primary and secondary schools to deliver training.

We have delivered several wellness sessions for parent/carers of children with SEND to ensure parents look after their own wellbeing and emotional health. These will continue through 2023.

We held workshops on a range of subjects with Joanna Grace and heard about the Neurodiverse brain from Tigger Pritchard. Evaluation from parents' feedback was good. We will be holding further sessions with both facilitators in the coming months.

The Parent Carers newsletter has continued to be welcomed by both families and those professionals working on the frontline with families. E-bulletins are also sent out monthly.

We will be continuing to work in partnership with the Time to Move programme who deliver activities to those children on free school meals. Parent Carers Cornwall ensures that all relevant information is collected for children through contact with families and passed to service providers. This allows services to make sure everything is put in place for the child to attend fully inclusive activities.

Up and coming work:

We will be holding a young person's your future event at the Eden Project in September for Young People and their parents. These will be aimed at those young people Post 14 onwards.

In October an activity event for young people will be held to support those looking for Internships, Apprenticeships and FE etc. This will be held at Heartlands.

Additional workshop sessions with Joanna Grace will be held in November over two days.

We will continue to deliver training workshops to parent/carers on a range of areas as requested by families.

We are currently pulling together with the Local Authority the Aiming Higher Conference which is being held on October 3rd.

ITEM 5

No	Contractual Obligation	In support of which Key Outcome? (state 1-12)	Responsible partner(s)	Action taken to meet obligation	Current status (complete, not started or ongoing)	Timescale
Level 1 - Help to self-manage your caring role > To help you stay as independent as possible > To help achieve outcomes 1-9						
1	Develop guidelines and training for health, social care and wellbeing practitioners	3	All partners, but dC at first point of contact, support from CC and NHSK	<p>through out this last quarter we have supported Dementia tier 2 and 3 training sessions and attended 3 events supporting carer awareness, We supported the WRVS with training and Carer awareness sessions, we also supported a number of informal groups with carer awareness sessions. We attended and participated in SAB conference with focus on Carer awareness and identification. During quarter 3, our links with our main hospitals have been strengthened. Our Hospital Focused CWPs have been developing links and promoting carer wellbeing. At RCHT we have met with the Patient Engagement Manager and with the Admiral Nurse Team with an offer of co-working to roll-out information on the support that is available to teams throughout the hospital. We have contacted GPs surgeries across the County and sent CCS information for them to display on their waiting room screens. We will follow up on this work in Year 3. During the quarter we have shared updates regarding our service and updated our slide deck for all practitioners. we look forward to meeting with partners within the sector during 2023. We plan during year 2 to develop a stronger relationship with PCN and GP surgeries around Carer identification and referral to the service for support as well as improvement to Carers registers. we also look forward to delivering Carer aware sessions to the national trust. During the Quarter we have provided Sessions to our partners in health, With a focus on Improving and supporting Carer identification and referral for support. We continue to provide sessions across a wide and varied audience to improve and increase Carer awareness and Identification. As Described per last quarter up date this element of our service is on going through out. During this quarter we have set a schedule for delivering information and support with a focus on health and hospital teams. we are meeting with a range of key professionals delivering information around support available from the service. Tool Kits and training sessions for Schools are developed and in place with a schedule planned in for delivery of these sessions. and We have set a schedule We continue with this activity. We This element is on going we have packages of support which I have been delivering across health and social care teams that support teams with early identification of carers routeways and pathways for referral. Resources for carers both locally and national. Identification of working carers. the design model and features of the carers service. Barnardo's team have created and shared tool kits and packages of support for schools, both primary and secondary schools. On going plans include the development of tool kits for employers including offer of support to develop and implement Carer aware policy for their business. These will be launched January 2022. Training opportunities and shared learning opportunities for wellbeing practitioners. We will run some co design sessions with Carers to influence the design of these tools and resources.</p>	ongoing	Sep-21

2	Develop Carers emergency card/Carers passport	9	disability Cornwall, CRCC, support from C and NHSK	<p>In quarter 3, we met with the Patient Engagement Manager to discuss the early identification of carers and the promotion of the Carers Passport. Our RCHT based CWP will be having ongoing regular meetings with them to ensure that the Carers Passport is known of within both the hospital and the carer community. Through out this Quarter we continue to supply Carers emergency Card we are developing and are finalising the young carers ID Card with Graphics now finalised this should be launched next quarter. During this quarter we have seen the launch of the carer passport at RCHT, as per RCHT up dates to the CPB. We have linked in with National trust to trial a project to make visits to NT properties accessible to carers on specific days free of charge without thier cared for person thus being an oppertunity for a carer break and respite from the caring role. The Carer emergency card and passport would serve as Confirmation of the caring role. these discussions have lead to further plans to link volunteers to the NT rangers for some Volunteer activity. The Carers emergency Card scheme and Card remains on going and available to all Carers this is the basic and standard offer to all carers coming through the advice line. The During the quarter we continue to promote and support Carers to access the Carers emergency Card we have supported 210 Carers to access an emergency Card.The Carers Emergency Card and Carers passport is in place. All Carers have been migrated from the previous service and new up to date carers emergency cards are being rolled out. We have completed work with the team at Trellisk to develop the Carers passport offer in hospitals, we are aligned to the universal peninsular Carers emergency card combined carers passport. This work is ongoing as the carers passport has many elements and must be developed with a wide range of organisations including education community and employment and mental health trusts. To be inline with the government recommendations around Carers Passport. In Cornwall there is clear need to further develop recognition and use of carers passport in Education community employers and mental health Trusts. While the Carers passport is in place there is there is on going development planned through out 2022 to better engage schools and education employers and mental health trusts with recognition use and imbedding Carers passport as a fundamental tool to support Carers.</p>	complete with elements of ongoing work	Sep-21
3	Establish a single point of access to information and guidance	2	disability Cornwall	<p>The advice team continues to be very successful and remains the SPOA to the service .Our Adviceline continues to be the SPOA for all carers coming into CCS. the single point of access continues to be successful and provides all carers with information advice guidance and support, the Website continues to be updated on an ongoing basis with plans for a change of provider happening during June. this will improve our website significantly in terms of accessibility for users. There will be no interruption to the provision and the transition should be seamless and happen over night where the website see's the least amount of traffic. we continue to look at innovative ways we can add resource to the advisor team to be that first point of contact with the service. Updates on progress to be shared next time. The Single point of entry continues to be a main stay and rich resource for unpaid informal carers, we continue to update the website supporting Carers to access information and resources to support them in thier caring role. As per previous this element is in place and running effectively , the website is continuing to be developed to better meet the needs of carers and improve up on accessibility.The Single point of access into the Service is via the advice Line this is live and in place. Key to this is the Website for information and self management options. The website is in development with Text to chat and live Chat being implemented by November 30th 2021</p>		Jul-21
4	Support and establish peer support groups	5	Age UK, CRCC, Carers	<p>We are currently supporting 10 peer support groups with a finacial resource and also one to one visits from a wellbeing practitioner.In Quarter 3, we have paid a total of £3641.51 in grants across 5 Carer Peer Support Groups to enable them to access activities to support their wellbeing. We continue to ensure that each group has a CWP as a point of contact. During this quarter we have seen a couple of peer support groups to either re establish or new groups emerge. we contiue to provide finacial support and advice and guidance on developing both formal and informal peer support groups. During the quarter we have seen successful applications for Peer Support Group Grants. Peer Support Groups continue across the county we are seeing new peer support groups emerge and establish, along side xisting groups. We have attended and provided information and guidance through out the quarter. The offer to peer support groups remains in place and accessible to groups. During the quarter we have seen a number of groups applying to the grant for support to maintain thier group.Peer support groups is in place with various peer support methods in place to develop and maintain peer support Groups. This includes advice on setting up and running peer support groups and governance, Grants to support respite and short breaks from the caring role. within the young adult provision there is activity to support young adults to establish peer support groups with input from a worker to include 12 targeted themes to support young adults.</p>	complete with elements of ongoing work	in place

5	Develop carers awareness training	10	Promas	<p>These courses are embeded and continue to be delivered accross Cornwall, Promas team are planning thier schedule for next year. Of great value to carers has been the social events which have had strong attendance and posative feedback. In Quarter 3, Promas have supported a total of 118 carers through structured courses and recreational activities. Carer impact measurement saw huge improvement as a result of course attendance. This quarter, they have coordinated visits to Mabe Donkey Sanctuary, Trelissick Gardens and Newquay Zoo.</p> <p>Promas have an exciting schedule planned for 2023 these include wellbeing activities social event and learning based resources for Carers. we continue to promote this widely to encourage all carers to access this support and resource. Promas continue to stride forward each quarter and deliver a full schedule of oppertunities for Carers, there is a social event during the quarter including social activities which have been well received. During the Quarter Promas continue to deliver thier schedule of training and courses, including face to face zoom telephone options. Feed back remains posative and informative helping guide and shape future resources. During quarter 1. 22 telephone training events 8 coaching and mentoring events 18 online training events and 10 face to face events have been delivered. With a planned schedule for activity in place and one social event planned.</p>	complete	Jul-22
6	Develop shared confidentiality protocols		CC, NHSK, CRCC	In place we have a joint privacy agreement and protocol in place.	complete	Jul-22
7	Develop training for professionals so they are "carer aware"	6	CRCC	<p>During the quarter we worked with RCS to better identify Carers and to improve thier Carer awareness and resources for Carers . In quarter 3, we developed a toolkit and presentation for employers and working carers to raise awareness and inform all around the rights of working carers. We are due to deliviver awareness sessions to 2 National Trust prperties - Trelissick and Cotehele. This links to Item 1 we have placed information for employees and employers around carer awareness as a tool kit on the website. this activity links to Item 1 and is ongoing, for both social care and health professionals as well as the wider community to support and increase Carer awareness. further 6 sessions planned in for this quarter. This links to item 1. and is part of the tool kit to date 6 sessions have been delivered.</p>	ongoing	Jul-22
8	Develop carers support in hospitals	7	disAbility Cornwall (hosted role) CRCC	<p>Derriford continues to develop and cross working with 3 carers service is working well we are developing improved reporting process and introducing impact reporting. RCHT has relaunched the Carers Corner which has seen sucess and increased foot traffic of carers attending and dropping in for support. During quarter 3, our links with our main hospitals have been strengthened. Our Hospital Focused CWP's have been developing networks and promoting carer wellbeing. At RCHT we have met with the Patient Engagement Manager and with the Admiral Nurse Team with an offer of co-working to roll-out information on the support that is available to teams throughout the hospital. At UHP, we are working with Devon Carers and Improving Lives Plymouth to develop more specific outcomes that will inform and shape future provision.</p> <p>Our two recruits training and induction is now fully underway we are in process of securing honary contracts within both major hospital settings. UHP the referral route way is now open to our worker to create a direct pathway for referrals. our worker is developing a frame work of outcomes to ensure that the referrals are appropriate and identifies outcomes with individuals which identify improved wellbeing. Also looking at how well carers are included as expert partners in thier cared for persons Care and support. RCHT new worker is creating links and networks the two models are slightly differant and work in a slightly differant way with RCHT and Community hospital work we aim to work with the carer and thier family prior to admission where at all possible, we are looking to support embedded awareness across all teams for referal path way. The worker has in place the honorary contract in place and is developing networks to promoting carer awareness and identification leading to referral for support. The Carers Passport and guidance for professionals has been launched, the logo on Carers emergency Cards has been incorporated in Carer identification . We have now successfully recruited 2 workers who will have a hospital focus covering UHP and RCHT. Carers passport is in place a new lead at treliske i will have a conversation around a launch. recruitment is in process to the hospital support roles, support in the system is in place via the 3 levels of the service. Carers emergency and carers passport links to this, with resource and support available to carers via the passport scheme. The Dedicated role is in a recruitment phase. (I can share additional information around the requirement for recruitment if required)</p>	ongoing	in place

9	Provide clear information on the differences in provision between children's and adults services	2	DisAbility Cornwall, Barnardo's and CRCC	As per previous As per previous. as per previous. As per previous The Website being integral to the single point of entry clearly defines the elements of the service provision with clearly defined and specific areas for young and young adult Carers adult carers and the other elements of the service available to Carers. Ongoing development around Carer engagement activities to co design and influence promotional materials and Service identity including engagement with young people around Kernow Young Carers Website as a sister Website which is dedicated to young carers.	ongoing	Sep-21
10	Develop guidance for employers so they are "carer aware"	8	CRCC	These resources and tool kits are now widely available and sessions have been selivered, We have a wide offer open to all employers around support to develop best practice and become carer aware. In Quarter 3, we have now developed a presentation to deliver to employers and have 2 planned sessions at National Trust properties - Trelissick and Cothele. We have also been working with Royal Cornwall Show to improve carer identification. please see Slide deck developed by K. Luxton.linked to 1. we have planned a scheduled up date to create animations and videos with loos we have commissioned our lead in this area to develop this resource Links to number 1. to be launched January 2022	ongoing	Jul-22
Level 2 - Enhanced support when you need it > To help you to be as resilient as possible > To help you achieve outcomes 8-12						
11	Establish 121 support for carers	8	Age UK, CRCC, Carers	During the Quarter we have supported 1351 Carers 196 Carers to access an emergency Card and 29 Carers to avoid a crisis. In quarter 3, 488 carers were supported at Level 1, 258 at Level 2 and 41 at Level 3. 1164 carers have been supported through the service in Quarter 2. 1268 Carers have been supported through the Service during the quarter with information advice guidance and practical support. In place and going well with over 1200 individuals been supported to date through this level of support.in place with level 1 and 2 includes one to one support delivered to 554 Adult carers 377 Carers supported at level 3. a total of 2,575 unique interventions recorded at level 1 and 2.	complete	in place
12	Offer proportionate carer's assessments when appropriate, using strength based approach	11	disAbility Cornwall, CRCC	52 Assessments have been completed . We completed 42 statutory assessments in quarter 3. 54 Statutory Assessments have been completed. 55 statutory assessments completed 158 statutory carers assessments completed this would be an early indicator that the three levels of support is a sucessful model. 377 Statutory Carers needs assessments completed during quarter one with 99 Carers receiving level 3 support not requiring statutory assessment.	complete	in place
13	Offer training opportunities for carers	10	Promas	Please see Promas information above. as above see also Promas report as per previous As above During quarter 1. 22 telephone training events 8 coaching and mentoring events 18 online training events and 10 face to face events have been delivered. With a planned schedule for activity in place and one social event planned.	complete	in place
14	Offer self-help and emergency funds	9	CRCC, disAbility Cornwall	A total of £55812.93 in grants was awarded to carers in quarter 4 with a total of 331 carers supported. HSF4 started again in May 2023. A total of £159,176.45 in grants was awarded to carers in quarter 3. HSF3 came to an end, we look forward to supporting more carers with HSF4 in quarter 4. We have utilised some unspent resource by opening the Carers Assistance Grant. All Grants remain open and are well utilised by Carers we have recently agreed with Commissioners how we can utilise some unspent resource working toward support for Carers who have need of help to access appointments and visit familiy members placed out of county this is called the carers assistance grant. £91,476 has been awarded to carers through grants in quarter 2. All Grants remain open, including those which are outside for contract funding. 37,600.00 awarded in grants during this quarter. All grants open plus additional added value grants grants Grants open	complete	in place

Level 3 - Formal Carer's Assessment and Support Plan > To meet any additional needs you may have > To help you achieve any outcomes that can't be met by the above offer						
15	Offer carers one off Carers Personal Budget to eligible carers	4	CRCC	<p>Average personal budget award £ 372.14 Total amount awarded £21,025.00 during the quarter a total of 56,200.00 awarded in the quarter a total of 4,300.00 awarded with an average personal budget of 390.00 Average Personal budget spend was £390 in quarter 3. The total personal budget spend was £16,350. Average Personal Budget award of £386.51, total amount awarded in this quarter was £20,900. a total of 56,200.00 awarded in the quarter with an average personal budget of £370.00 to individuals .a total of 44,000.00 have been awarded during the quarter one in one off personal budget outcomes. With an average award of £383.00</p>	complete	in place
16	Create a safeguarding offer for carers with SAB		SAB, commissioners	<p>please see separate link for up date and video on Conference activity SAB Conference is now due to take place on 6.6.23. The CCS Team will be present with an offer of pastoral support. the Safeguarding Adults conference planning is well under way with the date in March secured to be held at the atlantic in Newquay. The Theme for the SAB Conference is unpaid informal Carers we are part of the planning and development group and are excited to be having an active role on the Day. on going and continual. on going</p>	ongoing	



INFOGRAPHIC

HOW MUCH HAVE WE DONE - QUARTER 4 FIGURES

1

567

Carers Accessing Level One Support

2

246

Carers Accessing Level Two Support

3

44

Carers Accessing Level Three Support



1351

Carers Accessing Service



799

Carers Joining Carers Register



196

Carers Accessing Emergency Carers Card



£55812.93

Value of Carers Grants Paid



29

Carers Prevented from Crisis



12

YC Attending Residentials



8

YAC Accessing Service



41

Sibling Carers Supported

All interventions claimed against Key Performance Indicators are those made with, or on behalf of, the carer, where the carer has moved forward in their caring role. As a carer led service, all mediums of communication are agreed with the carer to best suit their preference; our priority being the need of the carer and getting them the resolution by the means that best suits their individual circumstances.





1

Information Classification: CONTROLLED

What is supported housing?

“Supported housing is accommodation that is provided alongside support, supervision or care to help people with specific needs to live as independently as possible in the community. This includes, for example, older people, people with a learning disability, people with a physical disability, people at risk of or who have experienced homelessness, or people recovering from drug or alcohol dependence.”

National Audit Office

2

Background

- In December 2022 Cornwall Council commissioned the Housing Learning and Improvement Network to develop a Supported & Specialist Housing Strategy & Implementation Plan.
- The strategy will inform the next iteration of the Cornwall Local Plan. The Cornwall Local Plan is the planning policy framework for Cornwall and is due for review in 2026.
- The implementation plan will set out the key actions that should be taken by Cornwall Council and its partners to enable the delivery of the supported and specialist housing required.

Scope of strategy

The Strategy and Implementation Plan covers the requirements for supported, specialist and accessible homes for:

- A. People at risk of homelessness, including people with multiple and complex needs, rough sleepers, people experiencing domestic abuse, people on probation, people with drug/alcohol related needs, refugees and young people (including care leavers, young parents)
- B. People with learning disabilities and/or autism
- C. People with serious mental health needs
- D. Older people (people aged 55+)
- E. People with physical disabilities/long term conditions

Developing the strategy

- Extensive engagement with colleagues from the Council
- Engagement with a sample of external stakeholders
- Visits to a sample of supported housing services
- Analysis of an extensive range of data
- National and local policies and strategies and forthcoming national supported housing policy
- Iteration of drafts with steering group and other internal colleagues
- Supported housing good practice guide to inform strategy

Approach

For each service user group The Housing LIN gathered the following:

- Baseline population and evidence of the current and future trend
- Evidence from stakeholders
- Evidence about the quality of existing supply
- Evidence of good practice

All of this evidence was used to produce estimates of additional need for supported housing for each service user group up to 2050.

Example

Estimated additional need for supported housing for people with learning disabilities and/or autistic people by 2033

Locality	Number of additional units
Mid Cornwall	98
North & East Cornwall	84
West Cornwall	98
Total	280

The 280 additional units will be met via small clusters of self-contained flats or bungalows (6-8 units) with 24/7 support on site.



7

Making it happen

- The Council will work in partnership with its local stakeholders to implement this strategy to ensure that the supported housing that is commissioned and provided is effective in meeting the needs of local people.
- The Council will work in partnership with Registered Providers and other housing developers/care providers to develop specialist and supported housing to meet the needs of local people identified in this strategy.
- The Council is committed to working alongside people who need supported housing.
- The Council has an implementation plan that sets out the actions we need to take to deliver the strategy.



8

Comments and Questions

- The strategy is still in draft and will be approved by Cabinet in November 2023.
- Please email sarah.keast@cornwall.gov.uk if you have any comments or questions on the strategy.
- A summarised version has been emailed out to you.



Cornwall Supported & Specialist Housing Strategy

Summary

Cornwall Council

August 2023

Introduction

Access to a safe, affordable, and stable place that people can call home, represents the foundation of what every resident should have; and is essential for a person's health, safety, and well-being. Housing will impact a person's economic, social, and cultural opportunities, as it influences their access to education, employment, healthcare, and social networks. Furthermore, due to some of our residents' personal circumstances, they require a more specialist form of accommodation that will support them to live their lives well.

This Supported and Specialist Housing Strategy sets out the requirements for Cornwall's residents who need this additional support, to enable them to "Start Well, Live Well and Age Well".

Supported and Specialist housing refers to homes where support/care is an integral part of the offer. This strategy covers the Council's approach to specialist, supported and accessible homes for:

1. Older people that need additional support.
2. People that are Homeless, or at risk of homelessness; including people with multiple and complex needs rough sleepers, people experiencing domestic abuse, young people (including care leavers, young parents), offenders, people with drug/alcohol related needs, and refugees.
3. People with learning disabilities and/or autistic people.
4. People with serious mental health needs.
5. People with physical disabilities/long term conditions.

This strategy looks at the needs of these groups; estimating the number and types of homes needed up to 2050; where they will be needed; when they will be needed; and the nature of the support that should be provided. Furthermore, it sets out some high level actions that will support their delivery.

A more detailed Strategy Technical Document is also available via the following link: [Support & Specialist Housing Strategy: Technical Document](#), which sets out the strategy in more detail, including how the estimated future demand for accommodation was calculated.

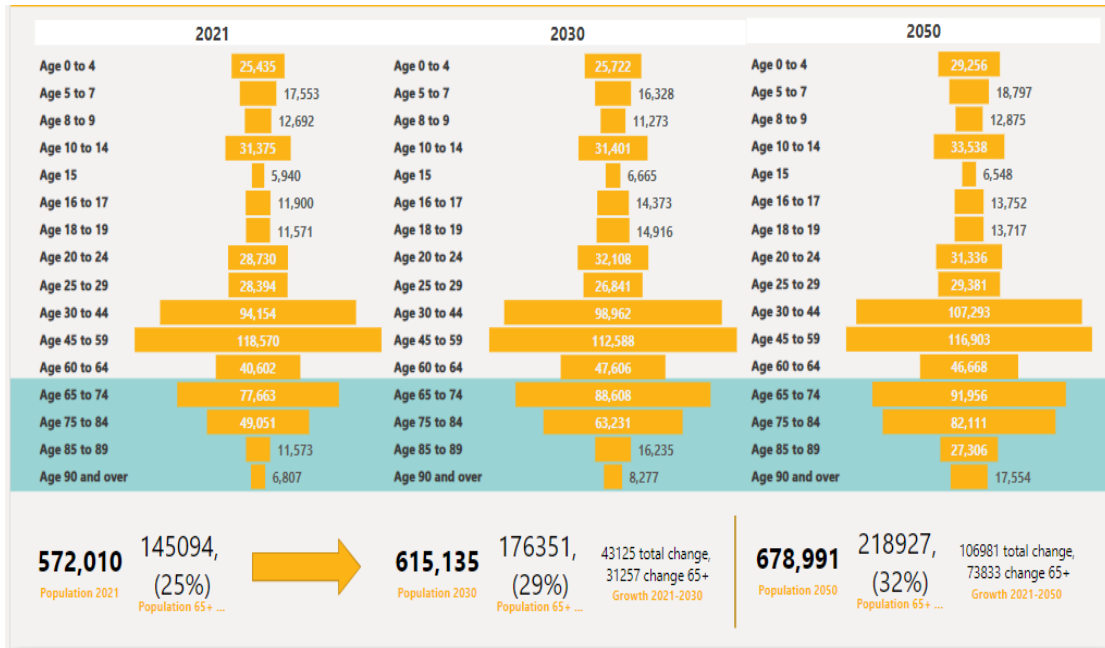
Cornwall Council will work with its local partners from the NHS, the Probation service, Registered Providers, developers, voluntary groups, and local community to implement this strategy; to ensure that we are delivering the high quality supported housing that meets the needs of our residents.

Our future Population

The need for supported accommodation is driven by many social and economic factors, but one of the most significant, which will be driving need in the future, is the changing nature of Cornwall's population.

Headlines:

- Cornwall's population is estimated to rise by 106,000 (19%) over the next 20 years, from 572,000 in 2021, to 678,000 in 2050
- There will be a significant increase in the number of older residents
- The number of Cornwall's residents over the age of 65 is estimated to increase from 145,000 in 2021 to 218,000 by 2050; representing a 73,000 increase – this means currently 25% of Cornwall's population is over 65, but this will increase to 33% of the population by 2050
- The number of residents over 90 will nearly treble between 2021 and 2050, rising from 6,800 to 17,500



1. Older People

The aim is to ensure all of our residents have homes that support their needs as they grow older, enabling them to live independently while they can, but also providing the appropriate accommodation and support when it is needed.

The number of Cornwall's residents that are of retirement age is expected to increase significantly over the next 20 years, which means even greater focus is needed on ensuring we are providing the right homes to support their needs. This can range from:

- accessible mainstream housing
- Retirement/sheltered housing
- Extra Care homes
- Residential care; and
- Nursing Care

For most older residents they will not require any supported or specialist accommodation for most, if not all, of their life; however for many their health needs will mean they will need a form of accommodation and/or support that can cater for their needs.

Providing more mainstream housing, including flats and bungalows, that are developed to accessible and adaptable standards (M4(2) and M4(3)) will enable more of our residents to live independently for longer. It will also help to ensure that other forms of supported housing is focused on those residents that have more acute needs.

Cornwall currently has a very low level of Extra Care accommodation. The aim is to significantly increase delivery of this type of accommodation, which will also help more people to live independently for longer in a safe and supported environment. Furthermore, it will provide an appropriate alternative to residential care homes for many residents.

Based upon these ambitions, the following table sets out the estimated need for the different forms of supported accommodation for older people.

Housing / accommodation type	Estimated cumulative net additional need		
	By 2033	By 2040	By 2050
Retirement/sheltered housing (units):¹	2,644	4,133	5,612
<i>For social / affordable rent</i>	925	1,446	1,964
<i>For open market sale / shared ownership</i>	1,719	2,686	3,648
Extra care housing (units):	1,842	2,785	3,882
<i>For social / affordable rent</i>	921	1,393	1,941
<i>For open market sale / shared ownership</i>	921	1,393	1,941
Residential care (beds)	202	515	825
Nursing care (beds)	857	1,703	2,901

¹ Based on qualitative evidence of older people's preferences, up to 50% of this need could be met through mainstream housing designed with older people in mind, e.g. 'care ready' homes; or housing to accessible & adaptable standards



MAP showing need by CAP area at 2033

With the aim of enabling people to live independently for longer, key actions include:

- Work with the development industry to provide more adaptable and accessible homes within their developments
- Ensure the housing needs of our older population are reflected within the next Cornwall Local Plan
- The Council will continue to provide support for housing adaptations that enable people to live safely in their own homes
- Widen the use of care enabled technology to support older people in their existing homes &/or in age designated housing
- Continue to utilise the public sector's own surplus land and property to support the delivery of supported and specialist accommodation; through its own interventions or by working with partner organisations
- The Council will lead on the delivery of a programme of Extra Care housing across Cornwall
- The Council will work with providers of existing care homes to ensure they are suitable and sustainable to meet the increasing complexity of care and health needs amongst the local older population
- The Council will continue to work with care home operators to develop new, modern nursing care provision that can support people with complex health and care needs.

2. Homelessness

Some of our residents are homeless, or are in danger of homelessness, for a range of reasons, who need support. The aim is to provide the right accommodation and support for those residents already experiencing homelessness; whilst looking at preventative measures to support people at risk of homelessness

2a. Homeless People

Many of the people experiencing homelessness are likely to have multiple and complex needs, such as issues linked to mental health needs; drug/alcohol related needs; offending behaviour; etc. Therefore, it is important that these people have access to the right accommodation, together with the support needed.

At March 2023 there were 466 individuals/couples that were experiencing homelessness in Cornwall – 77 rough sleepers and 389 individuals/couples in temporary accommodation. The majority of the rough sleepers have substance misuse needs; plus there is increasing instances of female rough sleepers.

Evidence indicates that people experiencing homelessness require a range of supported housing options from supported housing with various levels of support, to mainstream housing with floating support.

There are currently 341 units of supported housing that accommodate people who are experiencing homelessness; plus at there are 26 'Housing First' units within Cornwall. The estimated level of demand for additional homes for people experiencing homelessness is set out in the following table.

		Estimated cumulative net housing need		
		By 2033	By 2040	By 2050
People experiencing homelessness	Supported housing	105	110	117
	Housing First	71	74	78

Alongside an increasing number of people experiencing homelessness, the support needs of homeless people are also becoming more complex, as a result of the increasing instances people drug and/or alcohol related needs, mental health related needs, etc discussed previously. This increasing complexity means the level of support required is increasing.

2b. People at risk of Homelessness

As well as those people that are already homeless, there are various groups whose personal circumstances mean that they are more vulnerable to becoming homeless, so need supported accommodation and support.

Domestic Abuse

In 2021/22 there were 411 domestic abuse referrals for 'Safe accommodation', but almost one-third were not able to be accommodated due to a lack of capacity, or the accommodation was not suitable. As a result, a number of people were placed in 'unspecialised' temporary accommodation; although they did receive specialist support.

Everyone in need should have the option to access good quality Safe accommodation, with support; or be supported to stay in their own home if that is their preference. It is estimated that a further 20 homes of 'Safe Accommodation' is needed to support existing demand; of which 5 homes would be for people with complex needs.

People on Probation

In 2023 there were 931 people within Cornwall on probation; of which circa 75 people were in need of supported accommodation. The aim is to providing good quality self-contained accommodation with communal facilities; alongside support services. In doing so:

- Maximising the range of housing options and housing 'pathways' available; avoiding inappropriate use of temporary accommodation
- Provision of a range of supported housing services, including 24/7 support for those individuals with more complex needs
- Access to mainstream housing with or without support as appropriate; which can help avoid a person needing supported housing in the first place and/or provide a home for a person to move to from supported housing.

People with an alcohol &/or drug-related need

Of the 3,260 people in structured drug and/or alcohol treatment, 652 (20%) are identified as having a housing problem.

There is no supported housing provision that is specifically and exclusively designated for people with alcohol and/or drug related needs. At present, the majority of people successfully detoxing or completing residential treatment programmes are offered supported housing alongside people who are using drugs/alcohol, which can undermine recovery. Therefore, there is a need for supported housing for people who have had a structured drug/alcohol treatment programme where their support needs can be accommodated and met effectively. Furthermore, it is recognised that there is a specific need for people that have Alcohol Related Brain Damage (ARBD); as well as women with multiple / complex needs. Providing specialist accommodation, with the right support, will help accelerate rehabilitation and in turn reduce the length of stay needed in supported accommodation.

The aim of the Council's Alcohol Strategy is to:

- Work with housing partners to commission supported accommodation that understands complex needs and is psychologically and trauma informed.
- Develop the existing pathway between treatment and housing to ensure appropriate accommodation is available as part of recovery.

Vulnerable young people

Within this context vulnerable young people includes: Care leavers; Unaccompanied young asylum seekers; 16–17-year-olds who are homeless; and Young people aged 18-24 years who are, or are at risk of, homelessness

Within Cornwall there is a total of 170 units across 20 supported housing settings that is designated for vulnerable young people aged 16-24. The council does not commission supported housing that is exclusively for care leavers, however care leavers are given priority access to supported housing that accommodates a range of young people

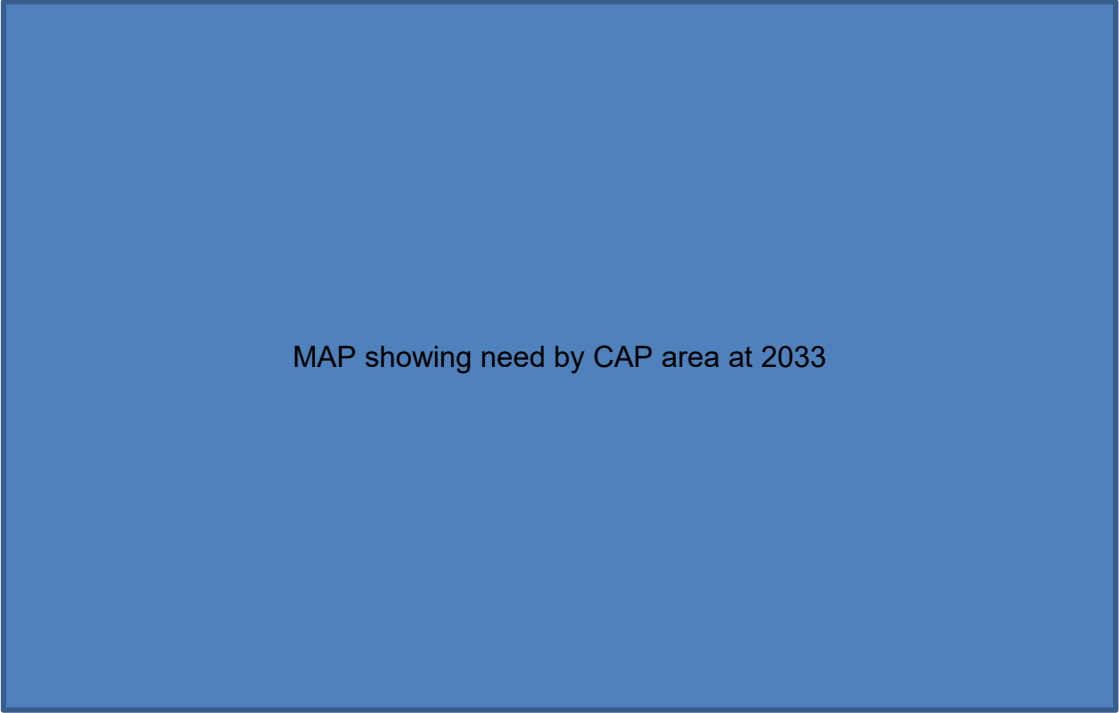
Young Parents aged 16-24

There are a significant and increasing number of young parents in Cornwall that are at risk of homelessness and may be in need of supported housing as well as access to mainstream housing. This is partly as a result of an increasing instances of families and relatives not being able to accommodate young parents, due to financial and space constraints.

There is a need to increase the provision of dedicated supported accommodation for young parents; as well as increase the availability of move-on accommodation.

good practice tends to be based upon provision of small-scale self-contained accommodation with access to a range of support services which enables young/teenage parents to develop the skills to live independently, alongside parenting support services. The complexity of the support needs is increasing; with an increasing prevalence of mental health needs, drug/alcohol related needs and self-harming behaviours.

		Estimated cumulative net housing need		
		By 2033	By 2040	By 2050
People experiencing domestic abuse		24	28	32
Vulnerable young people (incl. 16/17-year-old care leavers & unaccompanied asylum seekers)		138	154	177
Young parents aged 16-24		32	35	39
People on probation		43	46	48
People with drug/alcohol related needs	For people having undertaken alcohol and/or drug treatment	34	36	38
	People with ARBD	22	24	25
	Women with multiple and complex needs	25	26	28



MAP showing need by CAP area at 2033

Key actions to support homelessness and the risk of homelessness include:

- Increase the provision of supported housing to minimise the use of temporary and particularly emergency accommodation, to respond appropriately to people's support needs and avoid/minimise the risk of tenancy breakdown.
- Review opportunities for increasing the scale of the Housing First provision for those who have additional barriers to accessing supported housing
- Increasing the provision of mainstream affordable housing to rent, to enable more timely move on from supported housing and as an alternative to supported housing (with floating support) as appropriate.
- Floating support services – Review existing provision to maximise its effectiveness and reach, to enable people to remain living in and/or move to mainstream housing (rather than supported housing).
- Review opportunities to develop a consistent pathway into all supported housing services through a single (assessment and referral) 'gateway' to ensure that those most in need are targeted at the most appropriate supported housing services.

3. People with learning disabilities and/or autistic people

The aim is to support people with learning disabilities and/or autistic people to live, and be supported, in the community as far as possible. Supported housing is a key component of enabling this.

Cornwall Council's Better Lives Commissioning Strategy 2022-2026 is focused on enabling people with a learning disability and/or autistic people to live in independent housing with care and support; with the priority to:

“Develop alternatives to residential care homes that offer independent living opportunities. For people aged 18-64 with ongoing social care needs this is known as ‘supported living.’ We will also make sure that there is a range of short-term supported accommodation available to prevent admission to hospital and other restrictive settings”.

There are 1,495 people aged 18-64 years with learning disabilities and/or autistic people living in Cornwall, who are eligible for adult social care support from the Council as of 2022/23. 27% currently live in supported housing; 18% live in care homes; 10% are in Shared Lives settings; 10% are in mainstream housing; with the remainder living with family or friends.

It is recognised that shared supported housing works for some people, e.g. young people wishing to share with other young people; or to provide short term intensive support following hospital discharge. However, shared housing can be challenging to manage tenants' needs in relation to behaviour and find a suitable 'fit' for a household when a tenant moves on. A collaborative approach is sought with providers that seeks to 'match' housemates with similar interests and location preferences may be a way to mitigate these types of issues

The aim is to continue to improve upon the stock of supported housing for people with learning disabilities and/or autism; providing more self-contained supported accommodation that also has communal space/s that provide an opportunity for residents to socialise with each other/with friends and family members, to avoiding isolation.

The aim is to develop a *housing pathway* that includes a mix of housing and supported accommodation, which offer people different housing choices, from housing options with 24/7 support through to access to mainstream housing with packages of care/support tailored to individuals' needs. There needs to be a mix of types of supported housing that enables people to have housing choices. This will include self-contained accommodation but shared supported housing will be preferred by some people.

There is a need for a small number of specialist supported housing schemes for people with the most complex care and support needs; as well as a need for small 'clusters' of self-contained supported housing including communal space, both for people who need 24/7 support and for people with lower support needs.

The aim is to reduce the use of residential care as this is not an option wanted by the majority of people with learning disabilities and autistic people. For some people a move to shared supported housing from residential care may be a preferred option.

Shared Lives options will be increased as a complementary accommodation offer alongside supported housing or individuals accessing mainstream housing.

Offering access to adaptations and equipment will also enabling more people to stay at home for as long as its appropriate to do so.



MAP showing need by East / Mid / West areas at 2023 / 2033 / 2040 / 2050

Key actions:

- Continue to commission further supported housing that can address the current shortfall in accommodation; as well as reduce the reliance on residential care, where it is not necessary
- Continue to support adaptations and equipment to enable people to live in their home for longer
- Widening the use of care enabled technology to support people in their existing homes and/or in supported housing
- The Council will look to utilise its own surplus land and property to support the delivery of supported and specialist accommodation, through its own intervention or by working with partner organisations
- Increase the number of Shared Lives carers who can support people with learning disabilities and/or autistic people

4. People with serious mental health needs

Housing represents a key pillar to improving mental health.

The Council's priority is to enable people with mental health needs to live in independent housing with care/support or supported housing; in doing so: *"Develop alternatives to residential care homes that offer independent living opportunities.....Making sure that there is a range of short-term supported accommodation available to prevent admission to hospital and other restrictive settings"*².

Evidence highlights that the majority of people with mental health needs who live in, or may need to live in, supported housing, are seeking self-contained accommodation, as this is likely to be more effective in supporting people's recovery, alongside other forms of support

The collective vision of Cornwall Council and Cornwall NHS Foundation Trust is for a housing pathway for people with mental health needs, which supports people's recovery and is aligned with community rehabilitation. This includes having the following mix of housing and types of supported accommodation that meets people's differing needs:

- Supported housing for people with complex mental health needs; typically small 'cluster' of flats (c.5-6 units), with 24/7 support
- Supported housing that is short to medium term accommodation (e.g. up to 2 years) consisting of a small number of self-contained flats (c.6-8 units), with 24/7 support
- Small 'clusters' of self-contained supported housing (c.8-10 units) that provides medium term supported housing (e.g. up to 3 years), both for people who no longer need 24/7 supported housing and for people who need a supportive environment before moving to independent housing
- General needs housing, supported with floating support, to enable people to live within the community
- Shared Lives accommodation – which may be an option for some people with mental health needs

It is estimated that, at the time of writing, there is a deficiency of approximately 40 homes, to support people with serious mental health needs; rising to approximately 355 homes by 2050

² Cornwall Council's Better Lives Commissioning Strategy 2022-2026



MAP showing need by East / Mid / West areas at 2023 / 2033 / 2040 / 2050

Key Actions include:

- Look at mechanisms to increase the provision of supported accommodation for people with mental health needs, including commissioning and utilising the Council's own surplus land and property, where appropriate
- Review the needs of people currently living in residential/nursing care homes to identify people whose needs can be better met in a supported housing alternative.
- Review the extent to which tenants' needs may be better met in self-contained supported housing or in mainstream housing with support
- Develop a housing specification for specialist supported housing for people with complex mental health needs, which can also provide 'step down' accommodation for people being discharged from inpatient settings.
- Identify and agree a process for people to move on from supported housing to mainstream housing, with support where necessary.
- Work with partners to ensure high quality mental health support services are in place for people living in supported housing
- Review opportunities to expand community support networks, to enable people to live in mainstream housing, with tailored support where necessary

5. People with physical disabilities/long term conditions

Supporting residents with physical disabilities and long-term conditions to live independently, in their own home, for as long as is appropriate, represents the focus for this strategy. To enable this, residents need homes that will support their needs, together with having access to the right support – with the ethos of ‘the right care, in the right place at the right time’³.

As a result of an increasing, as well as aging, population, it is estimated that by 2050 Cornwall will need a further 31,000 accessible / adaptable homes; plus a further 2,100 homes should be fully wheelchair adapted homes.

Estimated cumulative unmet need at:	Type of accommodation	Number of Homes
2023	Accessible / adapted homes	1,777
	Fully wheelchair adapted homes	118
2033	Accessible / adapted homes	17,774
	Fully wheelchair adapted homes	1,185
2040	Accessible / adapted homes	30,215
	Fully wheelchair adapted homes	2,015
2050	Accessible / adapted homes	31,727
	Fully wheelchair adapted homes	2,115

This represents approximately 1,175 accessible & adaptable homes⁴ need to be delivered each year up to 2050; plus a further 78 fully wheelchair accessible homes each year. This should be read in conjunction with the housing requirements set out within the Older Persons section, as it is estimated that 60% of this need will be for this older age group.

³ Cornwall Council’s Maximising Independence Strategy

⁴ Similar to Part m(4) Category 2 homes

MAP showing need by CAP areas at 2033

Whilst Cornwall Council will continue its programme of enabling housing adaptations to support residents' needs, the scale of future demand has to be addressed at source, with more new build properties being constructed to accessible and adaptable standards.

Key actions to enable delivery will include

- In the short term, ensure existing Cornwall Local Plan policy 13 regarding development standards is delivered – i.e. *'Housing developments of 10 dwellings or greater should provide 25% of dwellings as accessible homes (Building Regulations Approved Document M4 (2))'*
- Review other mechanisms to maximise delivery of housing adapted to M4(2) and M4(3) standards in line with identified need; including reviewing policy requirements as part of the new Cornwall Local Plan
- Review the current DFG process and eligibility as well as improving access to advice and information. Consider how DFG's could be used to support the delivery of new build with capital funding to cover additional costs.
- Develop and strengthen the database on existing adapted/accessible properties in the social housing sector to improve council knowledge of existing supply, to enable matching of appropriate properties to residents
- Expand the availability of adapted and accessible temporary accommodation.
- The use of extra care housing and/or supported in place of residential care.