



**CORNWALL
COUNCIL**
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NHS

Kernow

Clinical Commissioning Group

NHS

Cornwall Partnership

NHS Foundation Trust

Care Homes Market Development Strategy

Joint Strategic Commissioning Intentions

2020-2025

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Introduction

This initial draft of the *Care Homes Market Development Strategy* is intended to inform the care homes on-boarding process commencing in January 2020. It includes information about the local market composition and utilisation, as well as our shared challenges and opportunities for the future.

People who are 18 to 64

For people who are under 65 a new 'life course' work programme will commence in April 2020, which sets strategic commissioning intentions for people at the point of transition, moving into adulthood and beyond, and will include a full range of care, support and accommodation services, and other opportunities.

People who are over 65

For development of services for older people, four priority areas have been identified based on a range of local intelligence for each geographical area including:

- a) Population to bed ratio
- b) Vacancy data
- c) Market share of social care beds
- d) Spend
- e) Current location of beds
- f) Local intelligence from brokers, clinicians and providers

The four priority areas are:

- Area A - Camborne and Redruth
- Area B - Falmouth and Penryn
- Area C - West Penwith
- Area D - Truro and Roseland

Intelligence from Care Home Providers

Care home providers will be asked to share information about their future plans and opportunities for development with commissioners, which a view to considerably increasing the available service capacity over the next five to ten years.

Accommodation with Care Strategy

After the first phase of on-boarding is completed, this *Market Development Strategy* will be updated and incorporated as part of an *Accommodation with Care Strategy*, which will draw together the commissioning intentions and accommodation development for Care Homes, Extra Care and Supported Living.

Our journey so far

Our *Care Homes Market Development Strategy* sets out the joint strategic commissioning intentions for care homes in Cornwall. It sets out the current care homes' market position in Cornwall, the future challenges we face and how we can work together to ensure we have the right services in the right place, at the right time.

In 2016, the Council and NHS Kernow agreed to work in partnership to create the [Care Homes Joint Strategic Commissioning Intentions 2017](#) for Cornwall.

The key objectives were to:

- a) Create and implement a clear and consistent methodology for care home commissioning across the health and social care system, and
- b) Establish a robust approach to market development, which ensures the availability of appropriate and affordable care home services, which are able to meet the changing demand and complexity of need locally.

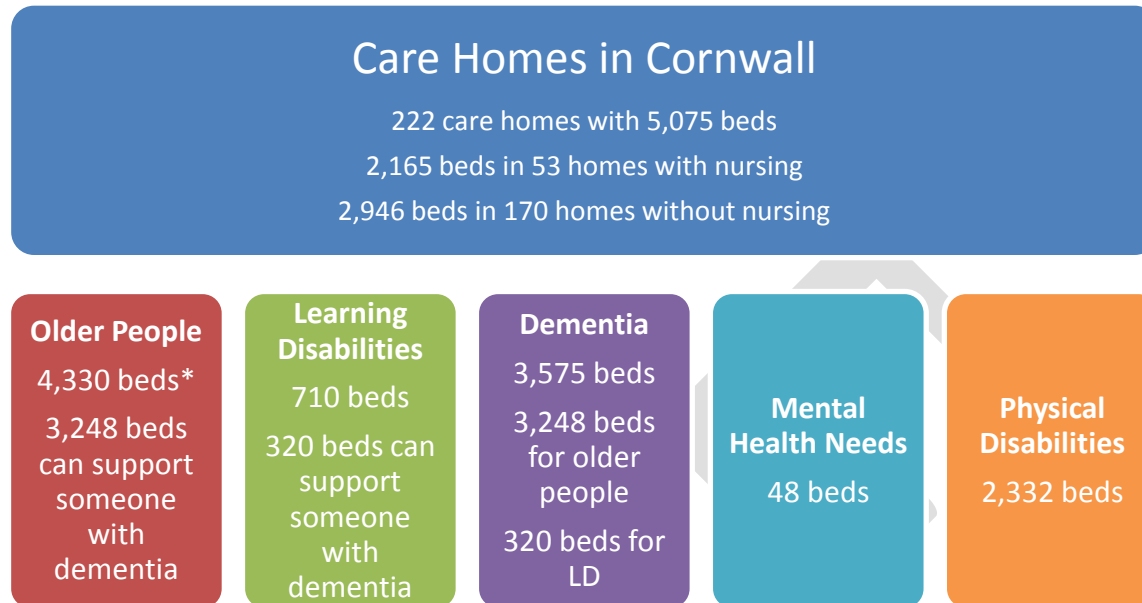
In 2018-19 the Council launched a revised fee methodology for care home placements, based on nationally recognised tools for calculating care home placement fees, provided by Laing Buisson and the Improvement and Efficiency Social Enterprise. For April 2020, the fee methodology has been expanded to include NHS commissioned placements.

The Council and NHS have worked extensively with the provider market to co-design the joint contract, service specification, fee methodology and other supporting documents for on-boarding. The most recent feedback from providers suggests that they feel listened to and that the commissioning methodology reflects the challenges and costs faced by the local market in Cornwall.

Our local profile

Current Market Composition

The October 2019 CQC data¹ shows that there are 5,075 beds registered in care homes in Cornwall. They are broken down into the following categories:



*Please note: the numbers within the subsections total more than 5,075 beds. Each subsection shows the total possible number of beds available to people with those support needs, however some beds are available to people with more than one support needs, hence the numbers are more than the 5,075 available.

Location

The number of homes, type of home and numbers and type of beds varies across the county, with Truro and the Roseland, and Camborne and Redruth having the most care homes and beds, and Camelford and China Clay having the least.

Community Network Area	No. of Care Homes	Beds ²			
		Residential	Residential Dementia	Nursing	Total
Bodmin	10	91	64	107	262
Bude	7	36	100	50	186
Callington (Caradon)	7	27	42	85	154
Camborne and Redruth	31	126	203	193	522
Camelford	1	13	0	0	13
China Clay	2	0	26	0	26
Falmouth and Penryn	10	101	34	90	225
Hayle and St Ives	13	101	101	116	318
Helston and the Lizard	9	46	47	130	223
Launceston	13	5	180	228	413
Liskeard and Looe	17	70	172	172	414
Newquay	18	111	158	69	338
Penzance, Marazion & St Just (West Penwith)	11	6	187	183	376

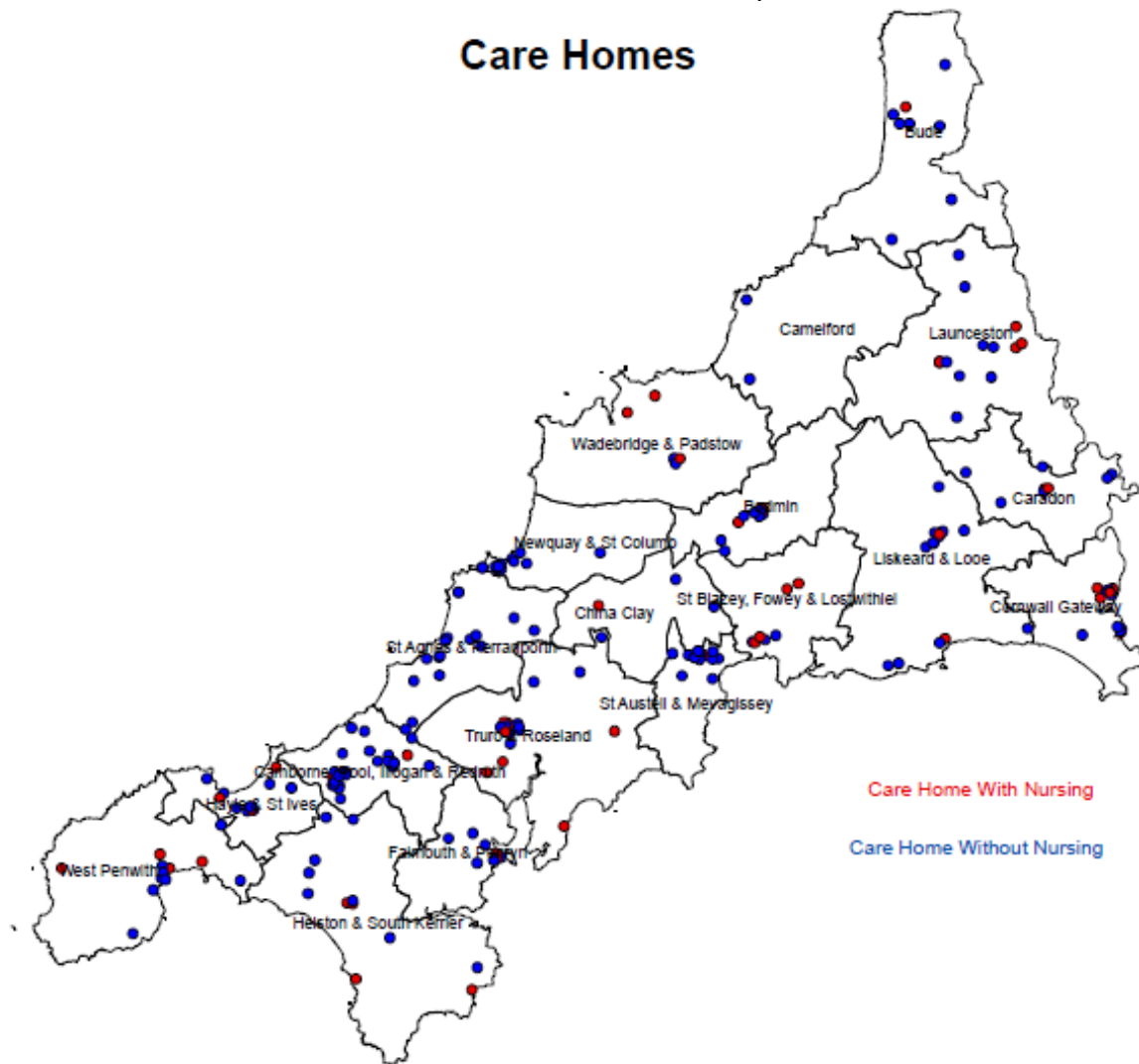
¹ <https://www.cqc.org.uk/files/cqc-care-directory-ratings-1-october-2019>, accessed 1st October 2019

² <https://www.cqc.org.uk/files/cqc-care-directory-ratings-1-october-2019>, accessed 1st October 2019

Saltash & Torpoint (Cornwall Gateway)	9	9	89	144	242
St Agnes and Perranporth	12	67	56	21	144
St Austell and Mevagissey	13	117	127	81	325
St Blazey, Fowey and Lostwithiel	7	6	74	143	223
Truro and Roseland	26	126	83	333	542
Wadebridge and Padstow	6	19	38	72	129
Total	222	1077	1781	2217	5075

The map on the following page is a good visual indication of disparity of care home location across the county.

The map below shows the location of care homes across the county.³



Care Home Market Share

The care home market in Cornwall is quite mixed. In terms of ownership, 72% of care homes are a limited company and account for 79% of all beds, and 7% are sole traders, accounting for 6% of the total beds⁴. This indicates that sole traders have smaller care homes than the limited companies. More detail can be found in the tables below:

Ownership Type	Registration Type			Total Care Homes	Total Beds
	Residential	Nursing	Dual		
Limited Company	115	38	8	161	4,023
Partnership	32	3		35	539
Sole Trader	13	3	1	17	306
VCF	7	1		8	187
Limited Liability Partnership		1		1	20
Total	167	46	9	222	5,075

The care home market is also mixed in terms of market share of total beds by company/owner. The 222 care homes are owned by 141 different people/organisations⁵. Eighty percent of providers have care

³ Public Sector Assets Map, produced by Commissioning, October 2019

⁴ <https://www.cgc.org.uk/files/cgc-care-directory-ratings-1-october-2019>, accessed 1st October 2019

⁵ Ibid.

homes that total fewer than 40 beds, and these account for 42% of the total beds. Only 4% of providers have more than 100 care homes beds across the county, but these account for 32% of the total beds.

No. of Beds	Providers		Beds	
	Total	% of Total	Total	% of Total
Under 20	56	40%	632	12%
20 – 39	56	40%	1,523	30%
40 – 59	16	11%	738	15%
60 – 79	5	3.5%	347	7%
80 – 99	2	1%	186	4%
100+	6	4%	1,649	32%
Total	141		5,075	

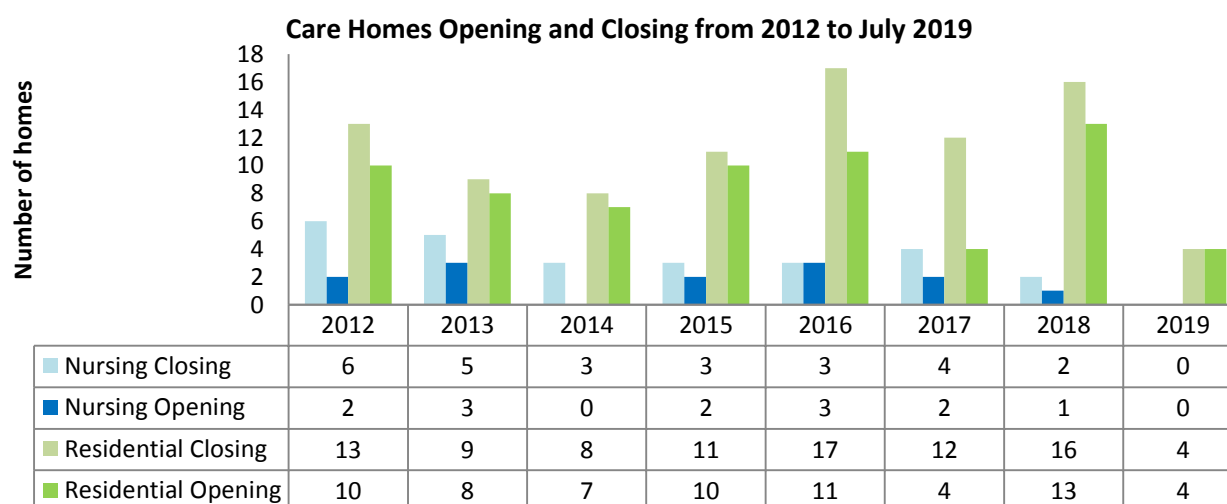
The number of care homes owned per organisation also varies from one (with 121 organisations owning one care home only) to three companies owning 15, 16 and 18 homes respectively. These three companies account for 804 beds (16% of the total).

No. of Care Homes Owned	No. of Providers	Total Care Homes	% of Total Care Homes
1	121	121	55%
2	8	16	7%
3	5	15	7%
4	2	8	4%
5+	5	62	28%
Total	141	222	

Overall, the market share is mixed with 85% of providers owning one care home, which equates to over half of the total number of care homes, whilst six providers own almost one third of the total beds. This indicates that any engagement with the market needs to be able to accommodate a range of different providers, with varying degrees of market share.

Market Trends

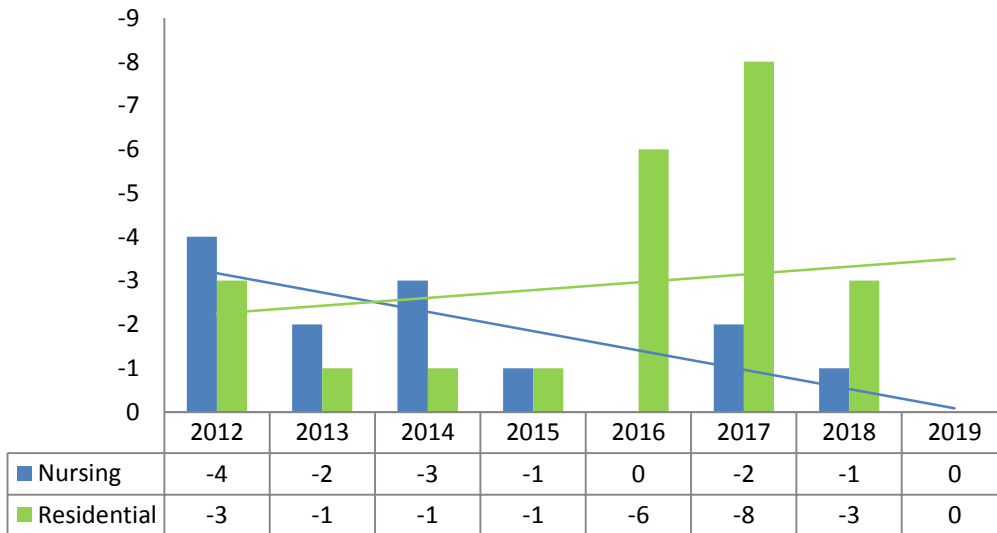
The data below shows the number of care homes which have opened or closed over past seven and a half years.⁶ Over this period, there has been a net loss of 36 care homes – 23 residential and 13 nursing.



⁶ CQC Local Area Profile – Cornwall, July 2019

There has been a net loss each year in both categories, except for nursing in 2016 when there was no net loss or gain, and 2019 so far. The net loss peaked in 2017 where 16 care homes closed and 6 opened (a net loss of 10 care homes).⁷ The trends suggest that residential net losses will continue at a steady rate, but that nursing net losses may taper off and reduce completely.

Care Homes Net Losses



In 2018, these care homes closures amounted to the loss of 132 residential dementia beds and 22 residential beds, representing a 6% and 3% loss respectively. So far in 2019, no beds have been lost.

Feedback from care home providers about the reasons for provider failure includes long term under funding of placements, unfilled vacancies and lack of available skilled and experienced workforce. Additionally, commissioners have identified leadership capability, poor financial management and business planning, inadequate business modelling and the impact of long term quality issues and vacancies on financial sustainability.

Utilisation

The information below is all based on a snapshot of care home placements on 30th September 2019.

Primary Support Reason⁸

The vast majority of people who are in a care home setting are 65+ and need physical support. The table below shows the support reason percentages as a total of all placements.

Primary Support Reason	18-64	65+	Total
Physical Support	4%	58%	62%
Learning Disability Support	11%	3%	14%
Memory & Cognition Support	<1%	11%	11%
Social Support	<1%	6%	7%
Mental Health Support	<1%	4%	4%
Sensory Support	<1%	2%	2%
Total	17%	83%	

Please Note: It appears that instances of dementia and memory loss are extremely under-represented in this data. Of those who didn't have Memory and Cognition as their Primary Support Reason, not one person had it as their

⁷ CQC Local Area Profile – Cornwall, July 2019

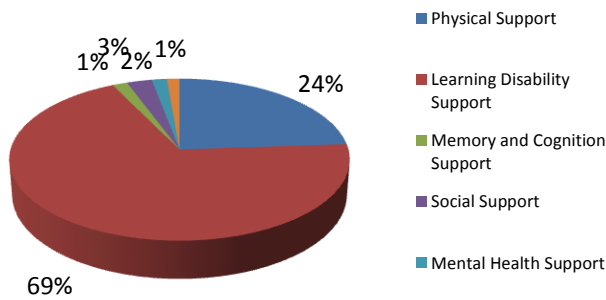
⁸ This information is for Cornwall Council placements only

Secondary Support Reason. Dementia does not seem to be recorded as a Secondary Support Reason very frequently, and is probably masked by an over-reliance on Physical Support as a Primary Support Reason (i.e. frailty/age related conditions).

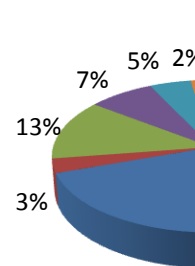
Care Home residents often have high levels of complex health care needs, reflecting multiple long-term conditions, significant disability and frailty. Furthermore residents have high rates of both primary care consultation and hospital admission. Learning from the work of the Gateshead Care Home vanguard, we know that 80% of site area care home residents seen were living with a mental health issue of some kind.

The charts below split the placements by age group. Seventy percent of people over 65 required physical support, and a similar percentage of 18-64s required learning disability support.

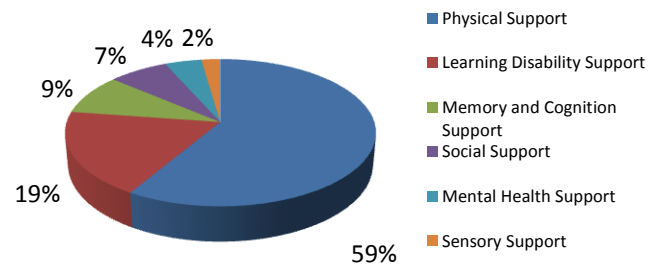
18-64 Support Reason



65+ Support Reason



Residential Support Reason



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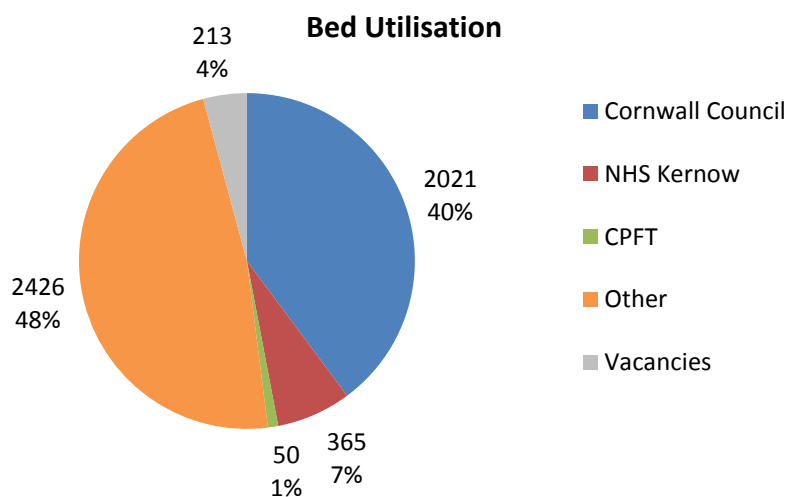
below split the placements by nursing and residential placements. Proportionally more people are in nursing placements for memory and cognition support, and conversely more people are in residential placements for learning disability support.

Snapshot

The table below is a snapshot of placements commissioned by the Council, NHS Kernow and CPFT, as at 30th September 2019. It also includes the vacancies on that day. The 'Other' column is calculated by adding up the commissioned beds and vacancies and subtracting this from the total beds. It is assumed that beds in the 'Other' category are made up of private fee payers and placements commissioned by out of county authorities.

Community Network Area	Cornwall Council	NHS Kernow	CPFT	Other	Vacancies	Total Beds
Bodmin	109	21	10	112	10	262
Bude	39	8	5	127	7	186
Callington (Caradon)	41	4		103	6	154
Camborne and Redruth	213	50	2	231	26	522
Camelford	7	1		3	2	13
China Clay	12	1		11	2	26
Falmouth and Penryn	100	11		104	10	225
Hayle and St Ives	285	16		5	12	318
Helston and the Lizard	108	20	1	85	9	223
Launceston	159	49	2	193	10	413
Liskeard and Looe	137	27	7	226	17	414
Newquay	154	11	21	135	17	338
Penzance, Marazion & St Just (West Penwith)	139	42		183	12	376
Saltash & Torpoint (Cornwall Gateway)	72	19		143	8	242
St Agnes and Perranporth	56	5		74	9	144
St Austell and Mevagissey	139	24		147	15	325
St Blazey, Fowey and Lostwithiel	23	12		181	7	223
Truro and Roseland	184	37		293	28	542
Wadebridge and Padstow	44	7	2	70	6	129
Total	2021	365	50	2426	213	5075
% of Total	40%	7%	1%	48%	4%	

As you can see from the graph below, only 4% of the total beds in the county are vacant, and over 40% the beds are commissioned by someone other than the Council, NHS Kernow or CPFT.



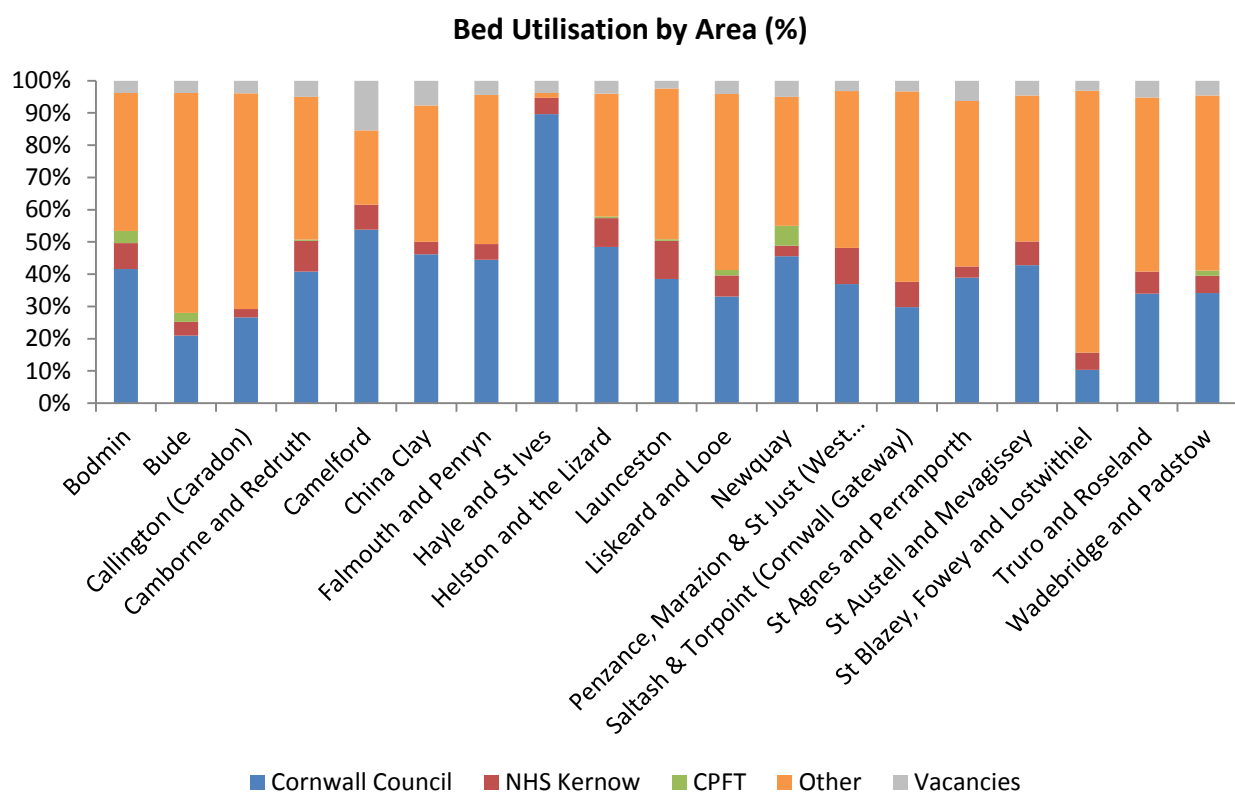
In terms of the proportion of commissioned beds by Community Network Area:

- The Council commissioned the highest proportion in Hayle and St Ives and the lowest proportion in St Blazey, Fowey and Lostwithiel
- NHS Kernow commissioned the highest in Launceston and the lowest in Callington
- CPFT commissioned the highest in Newquay
- Other funders were the highest proportion in St Blazey, Fowey and Lostwithiel, and the lowest in Hayle and St Ives.

Factors that affect this will include the availability of services in particular geographical areas. For example where there is a large nursing care home that can support people with complex care needs, there is likely to be a higher proportion of NHS funded placements. Newquay has a high number of residential care homes that can support people with mental health support needs and consequentially there are a high number of placements by CFT in this area. This demonstrates that although there is commitment to keeping people in their local area, when the person has a more specialist need they are likely to move to the location of the services.

Additionally, the socioeconomic conditions affect the position, for example where there are a high number of private self-funders in the Truro and Roseland community network area. You would also expect to see a higher prevalence of social care funded placements in areas of higher deprivation. Increasingly, purchasing arrangements will influence location and utilisation, whereby the commissioning authorities enter into block contracting arrangements with particular providers.

Looking at vacancies, Truro and the Roseland has the most (28), but Camelford had the highest percentage of vacancies at 15.4% (2 of the 13 beds were vacant), however the area only has a very small number of total beds anyway.



Placement Finding

Between August-October 2019, Council Brokers made 274 searches for care home placements:

- 144 searches for permanent placements
- 128 searches for temporary or respite placements
- 2 searches which weren't recorded as permanent or temporary

These searches were for 237 different individuals – 33 people had two searches and two people had three searches to find a suitable placement. This shows that over 85% of people were found a care home placement on the first search by Brokers, whilst the remaining 15% required a second or third search to find an appropriate bed.

The table below shows the different type of placement and how many searches were made. Over one fifth of all search were for residential dementia placements, but another 5% including residential dementia with another type. Over 30% of all searches included a nursing element.

Search Types	Total	% of Total
Residential Dementia	62	22.6%
Residential	54	19.7%
Nursing Dementia	45	16.4%
Residential over 65	39	14.2%
Nursing	35	12.8%
Residential LD	16	5.8%
Residential/Residential Dementia	7	2.6%
Residential Dementia/Nursing Dementia	6	2.2%
Residential PD	5	1.8%
Unknown	3	1.1%
Nursing Brain Injury	1	0.4%
Residential MH	1	0.4%
Total	274	

The searches also vary in specificity of location/area. Some are only recorded as East, Mid or West, while others have a named town (or two). Almost 8% of the searches were for a placement anywhere in the county (countywide), and 5% were for placements outside of Cornwall (OOC). Of the more specific locations, Truro was most popular being the only named place in 8% of searches, but combined with Camborne/Redruth in a further 3% of searches.

Area	Searches	Area	Searches
West	47	Newquay	7
Mid	27	Camborne/Redruth	7
East	24	Penzance	6
Truro	21	Bude	4
Countywide	21	Helston	4
Bodmin	21	East/Mid	4
Unknown	13	Launceston	3
OOC	13	Falmouth	3

Liskeard	13	St Ives	2
St Austell	12	Hayle	1
Mid/West	11	Looe	1
Truro/Camborne/Redruth	9		

In the cases of the 33 people who required a second search, 16 had a change in location in the second search. In almost all cases, the search criterion was widened from a specific town to one of the larger localities (East/Mid/West).

In the two cases where three searches were undertaken, one changed from a town to larger locality in the second search, staying the same for the third search; and the second case used the same larger locality in all three searches.

Issues Arising

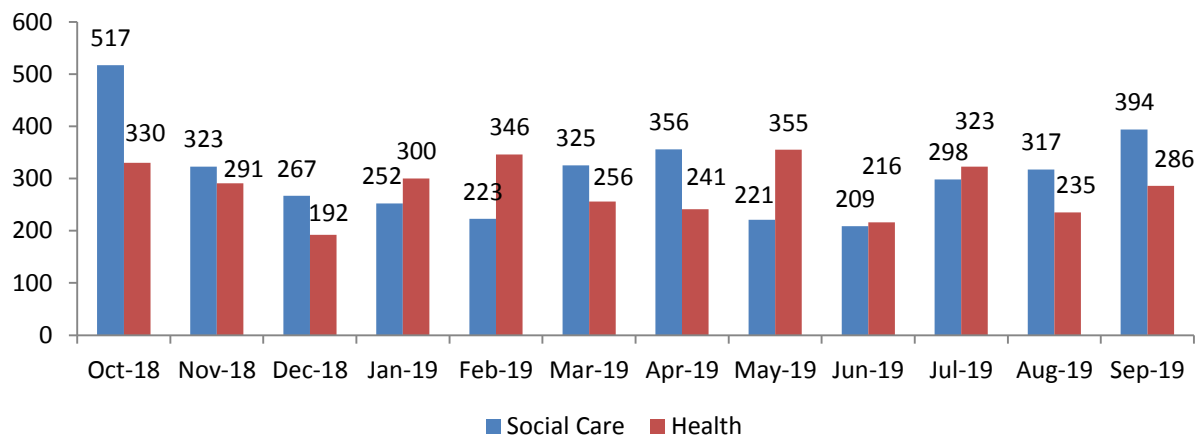
Delays in Hospital Discharge

Over the past year, there have been a total of 7,073 days where people have been in hospital awaiting a care home placement – this accounts for just over 30% of all the delayed days.

Year & Month	Total Delays	Total Care Home Delays	% Care Home Delays
Oct-18	2574	847	32.9%
Nov-18	2096	614	29.3%
Dec-18	1800	459	25.5%
Jan-19	1745	552	31.6%
Feb-19	1707	569	33.3%
Mar-19	1674	581	34.7%
Apr-19	1962	597	30.4%
May-19	1962	576	29.4%
Jun-19	1652	425	25.7%
Jul-19	2105	621	29.5%
Aug-19	1857	552	29.7%
Sep-19	1897	680	35.8%
Total	23031	7073	30.7%

The graph below shows the total number of delayed days by month, split by health and social care, for those awaiting a care home placement. Although this information shows a reasonably static position across a twelve month period, it clearly demonstrates that there is insufficient capacity in the market and that the appropriate services are not available in a timely way. An additional factor is the delays between the person being medically fit and discharge to the care home. It is necessary for us to work with the care home provider market to improve delays for people waiting for a care home assessment and discharge to a care home placement.

Health & Social Care Delays (Days) Awaiting a Care Home Placement



In Care Homes

Commissioned by the Council

The vast majority of respite takes place in a care home. Of the 2,555 people having respite in the three and a quarter years from April 2016 to July 2019⁹, 2,198 (86%) used a residential or nursing home for their break, commissioned by the Council.

Those having respite in a care home setting are mainly in the older age bands. Under 65s account for only 16% of the total. Those aged between 75-84 account for over a quarter, and those aged 85-94 account for more than one third of the total.

Feedback from Brokers indicates that access to 'rolling' respite, where respite is booked in advance, is increasingly challenging to source. Although providers will accept a person for respite where request is immediate, they are aware that vacancies are in short supply and as such prefer to keep their beds available for a permanent placement.

Direct Payments

The remaining 423¹⁰ people received a Direct Payment in this period. A manual trawl of the records to look for details on how this money was spent was able to break the information down into the following categories:

Respite	No.
Not Stated/Unknown	210
Care Home	95 ¹¹
At Home/PA/Family	94
Shared Lives	9
Other	8

⁹ Information taken from the Council B13 payments report for 1st April 2016 to 30th June 2019

¹⁰ Added to the 2,198 people receiving respite in a care home, this is more than the 2,555 people in the B13 report. 66 people received a DP and respite in a care home commissioned by the Council and are counted in both.

¹¹ A further 95 people received a DP and spent it on respite in a care home, rather than the Council commissioning it themselves from the care home.

In-House	4
Chy Keres	3
Total	423

Almost half of the care plans looked at had no details about what respite was planned, and a further 23% were planned in a care home, with the person or their family using the DP to directly book with the care home, rather than the Council arranging it (as above, in the Care Homes section).

What people told us

Engagement with Care Homes

In October 2019 engagement visits were undertaken with a cross section of Cornwall care homes. Residents, family and friends told us that the important things were having good food, friendly staff and having visitors and company.

Family and friends told us there is a need for more care homes (in particular specialist dementia), better staff to resident ratios and higher wages. There was also reference to greater interaction with local schools with homes becoming community hubs.

Care Home Staff told us that they find it rewarding to seeing residents flourish to give and receive support from colleagues and the thankyou's and smiles from residents and families. To encourage more people into care, they said that the image needs to change and there is a need for a career pathway. Carers need to be able to promote their roles at employment events, giving their first-hand experiences.

Care Home Managers told us that more support is needed from community based clinical services and that this would improve access to services over the weekend.

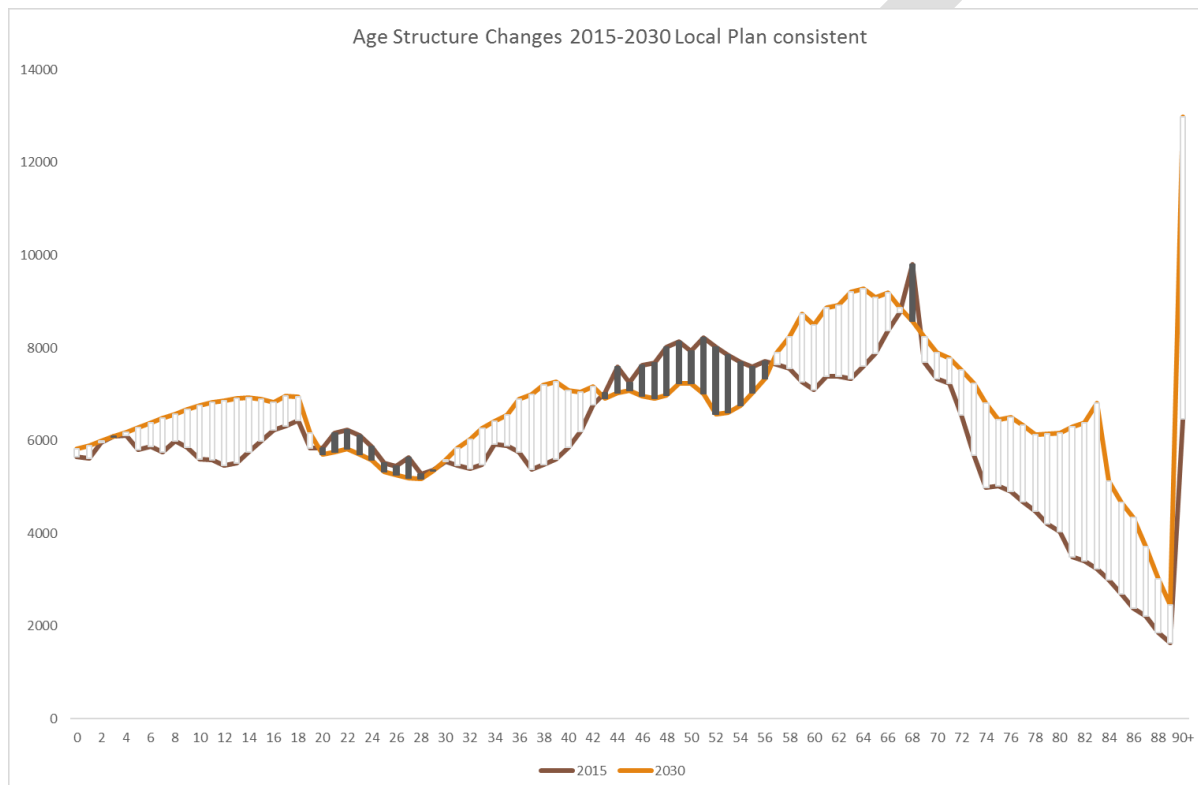
Operational Staff were also asked for their view on the placement process and how this could be improved. Suggestions were: real time vacancy information available online; more availability of home care and Extra Care to free up care home beds; a more streamlined placement process and an Easy Read booklet for potential care home residents and their families explaining the whole process.

Our challenges

The main challenges we face are the super ageing population in Cornwall and the additional demand this places on our care home market. The graphs and tables below give you further information about our challenges.

General Population Growth

This chart¹² shows the shifts in age structure across the period 2015-2030. The population overall is older, although there are projected to be more people under 20, and in their 30s. There will be fewer people in their 40s and early 50s, which could have a potential impact for the care workforce.



Based on a comparison between 2015 population projections and those for 2030, areas of particular interest include:

- Saltash – the 25-64 year old population is 45%, which is 6% less than in 2015, whilst the over 65's population will be 31%, which is up 8% on 2015
- Liskeard – the 25-64 population is 45%, this is 5% less than 2015, whilst the over 65 projection is shown as 28%, which is an increase of 5% from 2015
- Callington – the 25-64 population is 44%, this represents 6% less than in 2015, whilst the over 65's population is projected to be 35%, this is an 8% increase from 2015
- St Just – the 25-64 population is projected to be 43%, this will be a decrease of 8% on 2015, whilst the over 65's population is projected to be 38% of the total, this represents an increase of 10% on 2015

These areas project a decrease in the working age population, which is compounded by an equal or higher increase in the over 65's population. With people living longer, although there will be an increase in people

¹² <https://www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/joint-strategic-needs-assessment-jsna/data-maps-and-infographics/tab-placeholder-hidden/data/population-projections/>, accessed October 2019

not living along (i.e. with their partner), there will be more people living with health conditions which limit their day-to-day activities.¹³

This could have a particularly negative impact on the ability to staff care homes in areas where the population is aging, but the numbers of working age people are declining.

Total Care Home Beds

The @SHOP model produced by the Housing LIN estimates for future demand on services projects a 50% growth in demand for beds from 2014 to 2025. Using the care home bed data for 2019 and demographic projections for the various 'small areas' across Cornwall by 2025, the potential demand for care home beds by 2025 is shown in the following table:

Community Network Area	Current Beds ¹⁴				Potential Demand in 2025 (50% increase) ¹⁵			
	Residential	Residential Dementia	Nursing	Total	Residential	Residential Dementia	Nursing	Total
Bodmin	91	64	107	262	137	96	161	393
Bude	36	100	50	186	54	150	75	279
Callington (Caradon)	27	42	85	154	41	63	128	231
Camborne & Redruth	126	203	193	522	189	305	290	783
Camelford	13	0	0	13	20	0	0	20
China Clay	0	26	0	26	0	39	0	39
Falmouth & Penryn	101	34	90	225	152	51	135	338
Hayle and St Ives	101	101	116	318	152	152	174	477
Helston & the Lizard	46	47	130	223	69	71	195	335
Launceston	5	180	228	413	8	270	342	620
Liskeard & Looe	70	172	172	414	105	258	258	621
Newquay	111	158	69	338	167	237	104	507
West Penwith	6	187	183	376	9	281	275	564
Cornwall Gateway	9	89	144	242	14	134	216	363
St Agnes & Perranporth	67	56	21	144	101	84	32	216
St Austell & Mevagissey	117	127	81	325	176	191	122	488
St Blazey, Fowey & Lostwithiel	6	74	143	223	9	111	215	335
Truro & Roseland	126	83	333	542	189	125	500	813
Wadebridge & Padstow	19	38	72	129	29	57	108	194
Total	1077	1781	2217	5075	1616	2672	3326	7613

A potential issue with the above prediction is with those areas which currently have no beds, as the 50% increase on zero is still zero, meaning the predicted increase for China Clay and Camelford is little different to the current number of beds.

Although national and local policy promotes a shift towards alternatives to residential and nursing care so that the proportionate use of care home placements reduces, demographic projections demonstrate a requirement for significant additional care home beds in Cornwall by 2025 and 2035. As other accommodation based initiatives, such as Extra Care and Supported Living, are increasingly able to meet

¹³ <https://www.cornwall.gov.uk/health-and-social-care/public-health-cornwall/joint-strategic-needs-assessment-jsna/data-maps-and-infographics/tab-placeholder-hidden/data/population-projections/> p37

¹⁴ <https://www.cqc.org.uk/files/cqc-care-directory-ratings-1-october-2019>, accessed 1st October 2019

¹⁵ Public Health Team and Housing LIN, 2018. Updated using 2019 figures plus 50%.

people's needs in Cornwall, the increase in required care home capacity with largely focus on people with complex care needs, predominately dementia.

Dementia Beds

Despite the utilisation of care home placements being reasonably static in recent years, commissioners have identified a significant increase in the number of people with dementia who require a care home placement and this is continuing to increase in number and level of complexity, with a predicted c.40% increase in the number of people with dementia between 2020 and 2030¹⁶. As of October 2019, 3,575 beds in Cornwall were available to support people with dementia, of which 1,781 are residential dementia.

Age Band	2020			2025			2030		
	Dementia	Total	%	Dementia	Total	%	Dementia	Total	%
65-69	462	37,800	1.2%	495	40,900	1.2%	552	45,900	1.2%
70-74	1,104	40,900	2.7%	971	36,200	2.7%	1,048	39,400	2.7%
75-79	1,664	28,600	5.8%	2,117	36,600	5.8%	1,885	32,800	5.7%
80-84	2,284	19,000	12.0%	2,851	23,700	12.0%	3,666	30,600	12.0%
85-89	2,367	11,600	20.4%	2,795	13,400	20.9%	3,578	17,100	20.9%
90+	2,143	6,500	33.0%	2,581	7,300	35.4%	3,287	8,900	36.9%
Total	10,023	144,400	6.9%	11,810	158,100	7.5%	14,017	174,700	8.0%
Year on Year % Change				17.8%			18.7%		
2020-2035 % Change									39.8%

Taking the total current number of dementia beds (3,575) and dividing by the predicated number of people over 65 with dementia in 2020 (10,023) equates to 0.35 beds per person. If we were to assume that a similar ratio of beds would be suitable in the future, the county would require a total of 4,134 dementia beds in 2025 and 4,906 in 2030 – 15.6% and 37.2% percentage increase on dementia beds currently.

However, if it is assumed that the current ratio will not be sufficient in future (i.e. because it is already difficult to place people with complex and challenging behaviour and this is likely to increase in future), then the required dementia beds would rise even further. The table below gives some examples:

Dementia Beds Per Over 65 Population with Dementia	Potential Number of Dementia Beds Required			
	2025	% Increase from 2019	2030	% Increase from 2019
0.35	4,134	15.6%	4,906	37.2%
0.4	4,724	32.1%	5,607	56.8%
0.45	5,314	48.6%	6,308	76.4%
0.5	5,905	65.2%	7,009	96.1%

Nursing Beds

Recent analysis undertaken by NHS Kernow indicates that of 3,057 registered nursing beds only 2,015 beds were being used by a person eligible for an NHS funding component (including Funded Nursing Care, Continuing Healthcare, Fast Track or other NHS funding) This indicates that the remaining 1,042 beds (34%) were either vacant (c.80 vacancies) or being used by a person who does not have a nursing care need.

¹⁶ Dementia projections – Dementia UK and Public Health

Workforce

Skills for Care Analysis

In November 2019, Skills for Care provided new information about the adult social care workforce in Cornwall. The data included is from the Adult Social Care Workforce Data Set (ASC-WDS as taken from local authorities as at September 2018) and from independent sector employees as at March 2019.

Employment overview

Skills for Care data for the period shows there were 7,600 jobs in Cornwall and Isles of Scilly care homes, across all job roles. 4,300 jobs were in in care homes without nursing and 3,300 in care homes with Nursing. 5,000 of these were direct care roles, which include care workers, senior care workers, support workers, outreach and other.

	Care Homes with Nursing	Residential Care Homes
All job roles	3,300	4,300
Registered nurses	450	
Direct care roles	1,900	3,100
Permanent	93%	96%
Bank / Pool	7%	3%
Full time	46%	55%
Part time	47%	41%
Zero Hours Contract	8% (150 jobs)	6% (175 jobs)

Eight percent of care home with nursing workers and 5% of workers in care homes were employed on zero hours contracts (or 225 jobs) 10% of Registered Nurses were on zero contracts, 90% employed permanently 9% on bank/pool. In comparison CQC non-residential services across England had an average of 50% of all workers employed on zero- hours contracts (2,600 jobs).

Recruitment and Retention

	Care Homes with Nursing	Residential Care Homes
Average number of sickness days taken in 2018/19:		
- Direct worker	2.9	3.9 days
- Registered Nurse	2.0	NA
Turnover rate 2018/19	42.6% 700 leavers	45.9% 1,400 leavers
Vacancy rate	13.5%	7.3% (200 jobs)
Average years of experience in role	3.4 years	3.3 years
Average years of experience in the sector	6.7 years	7.5 years
Number of leavers that remained within the sector	64%	69%

For Registered nurses the average years of experience in the sector was 15 years, with average years of experience in the role as 3.5 years. The turnover rate for registered nursed in care homes was 38.15%.

In a recent engagement exercise undertaken in Cornwall Care, current staff identified the following as ways of attracting new staff.

- Promotion of the work in schools / colleges
- Positive role image development / promotion as a respectable career with opportunities for career development.
- Positive publicity of good news stories and successes rather than just negative.
- Increase in pay.

Demographics

	Care Homes with Nursing	Residential Care Homes
Gender	86% Female 14% Male	81% Female 19% Male
Nationality	89% British 8% EU 3% non-EU	95% British 4% EU 1% Non-EU
Ethnicity	97% white	98% white
Average age of worker	39 years	40 years

Registered nurses are 87 % female 13% male 79% British 15% EU 6% Non-Eu 90% are white with an average age of 49 years.

Pay

	Care Homes with Nursing	Residential Care Homes	National Living Wage
Average hourly rate for Direct care workers	£8.13 £0.30 higher than national living wage	£8.34 £0.51 higher than national living wage	£7.83
Average hourly rate for Registered Nurses	£16.07		

Qualifications

In residential care homes, 65% held a qualification relevant to social care – in comparison 61% of individuals across England held a qualification relevant to Social Care. 52% of individuals had engaged with the care certificate in comparison 28% of the total adult care workforce had achieved or were working towards the Care Certificate.

	Care Homes with Nursing	Residential Care Homes
Completed	20%	18%
In progress / partially completed	30%	35%
Not started	50%	48%

In care homes with nursing 48% held a qualification relevant to social care – in comparison 51% of individuals across England held a qualification relevant to Social care. 50% of individuals had engaged with the care certificate in comparison 37% of the total adult care workforce had achieved or were working towards the Care Certificate.

Forecast and Trends

The adult social care workforce is growing in the South West region, by 6% since 2012. If the workforce grows proportionally to the projected number of people aged 65 and over then **the number of adult social care jobs in the South West region will need to increase by 43% (from 174,000 to 249,000 jobs) by 2035.**

Local Feedback

In July 2019, Cornwall Council asked all care homes in the county to complete a questionnaire relating to a number of key areas, including workforce. Of the 222 care homes in the county, we received responses from 30 – a return rate of 13.5%. Providers told us the key issues are:

- Access to training can be challenging, particularly funding and access to special training
- DBS checks are not always returned quickly enough
- The majority of care homes said they were using little in any agency staff

Turnover of staff was variable care home to care home ranging from 8% or less to 30% .

In June 2019, the Council hosted an Adult Supplier Summit where one of the sessions was around workforce. The feedback was similar to those highlighted above, but also included comments on:

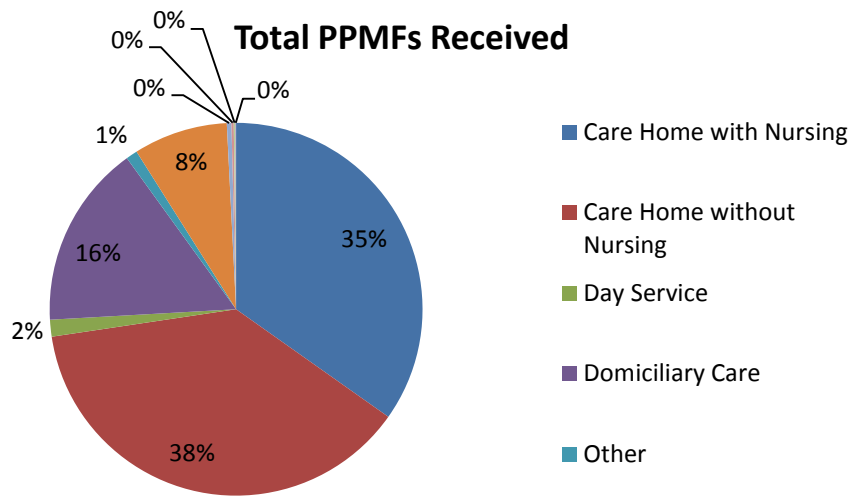
- Attracting people into the care workforce
- Improving people's basic literacy and numeracy skills
- Working more proactively with Job Centres
- Needing to share positive stories about the care industry.

Quality

The Council's Quality Assurance Team collates provider performance monitoring information (PPMF), which records concerns raised about care services. Information from November 2019 shows there have been 1,506 provider performance monitoring reports in the year to date.

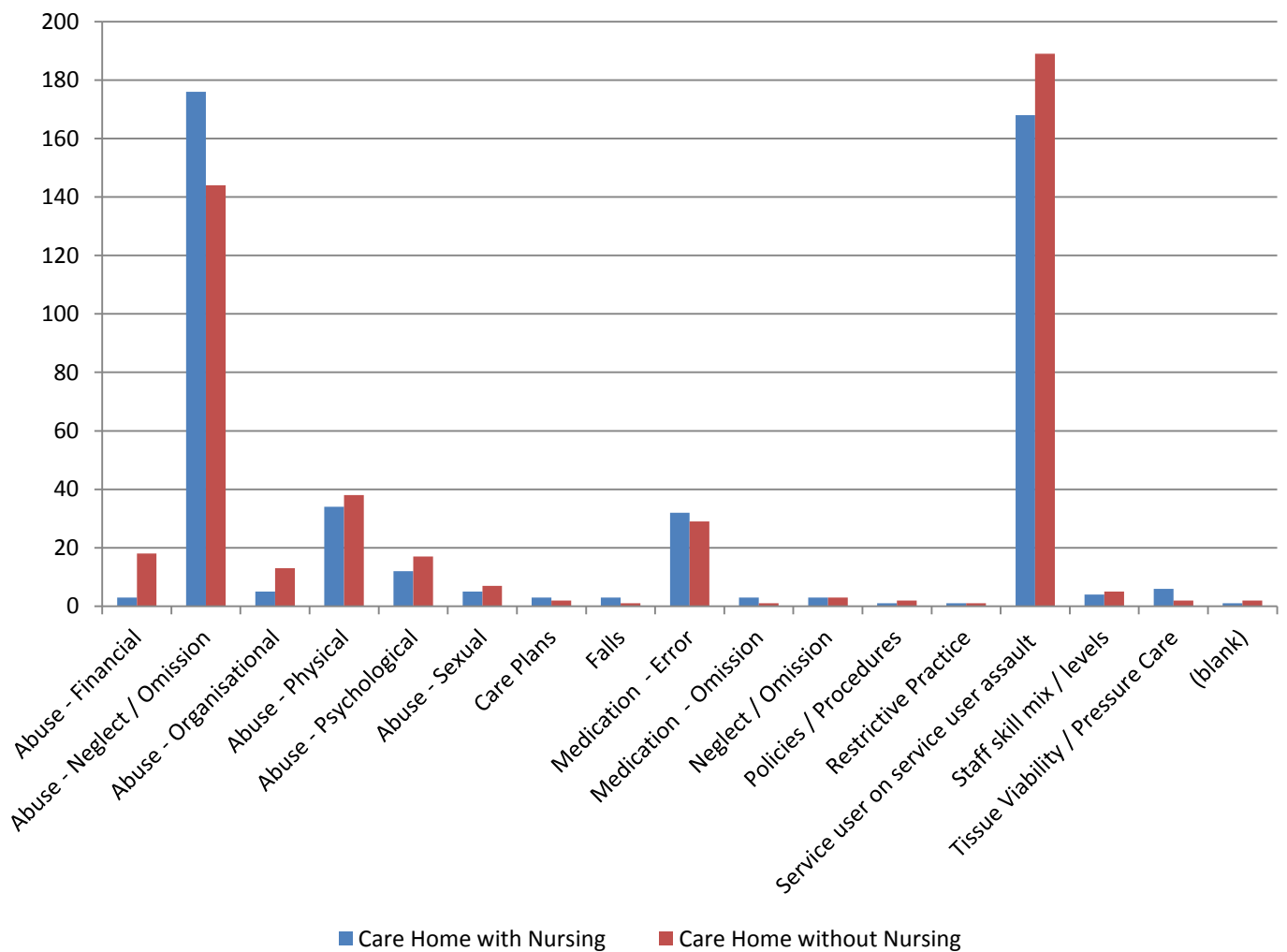
Abuse through neglect/omission continues to be most significant area of concern. Service user on service user assault is another area of concern and is prone to spikes related often to weather and time of year, as it means people cannot go outside as frequently.

The majority of PPMFs received in year relate to care home services. All of the service user on service user assault issues identified have occurred in care home settings. Of the 445 neglect/omission cases identified, 320 (72%) are from care home settings (176 Nursing Care Home, 144 Residential Care Home)



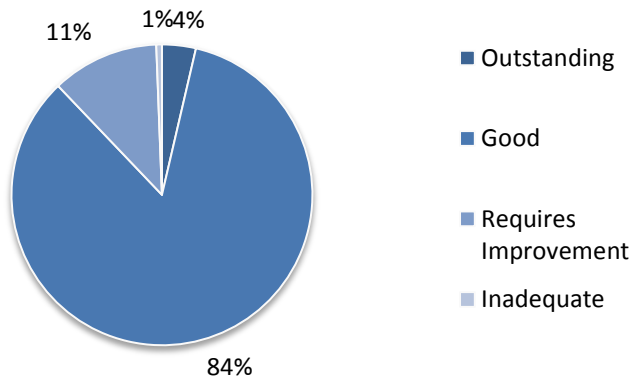
The analysis of concerns specific to care home homes is as follows:

A significant number of concerns are raised at relatively few providers. The highest number of concerns by residential care provider are as follows:



Care Home CQC Ratings (November 2019)

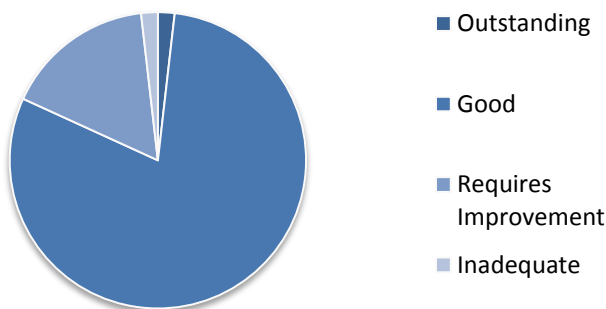
Residential Care CQC Rating



Residential Care (172 settings)

Outstanding	6	3.3%
Good	139	80.8%
Requires Improvement	19	11.0%
Inadequate	1	0.6%

Nursing Care CQC Rating



Nursing Care (55 settings)

Outstanding	1	1.8%
Good	44	80%
Requires Improvement	9	16.3%
Inadequate	1	1.8%

Gaps in Provision

Information about the current gaps in provision is limited and often anecdotal based on workers experience of finding placements in specific areas. Future system development will facilitate the availability of data about unmet demand to inform future strategic commissioning activity.

Dementia

Evidence collated from Brokers and NHS clinicians about the availability of services, vacancy data and information relating to delayed transfers of care demonstrates an under supply of appropriate and affordable placements for people with dementia. New and innovate solutions will be required to ensure the availability of capacity as the demand for services continues to increase. Significant workforce challenges, particularly the availability of nursing staff, will require investment in technological solutions, improved physical environment. Access to and funding for high quality training pathways for dementia care will need to be developed in conjunction with the local provider market in consideration of good practice nationally.

Mental Health

The large majority of care home services for people with mental health support needs who are under 65 years are centred in Mid and East Cornwall. Current provision is only available in Bodmin, Newquay, Bude, Wadebridge, Launceston and Liskeard areas. Commissioners report a particular under supply of accommodation with care services in West Cornwall. People requiring this type of care are being placed away from their support networks. Currently, of 54 clients placed in residential care, 19 people (35%) are placed against their preferred wishes outside of their area.

Complex Physical Disabilities

Commissioners have identified a lack of residential and nursing beds available for people with complex physical disabilities. Services that employ staff with the appropriate clinical skills and underpinning knowledge to enable them to provide care to people with complex physical disabilities are limited in Cornwall. This may include people who have spinal cord injury, acquired brain injury, prolonged disorders of consciousness, life limiting genetic conditions and progressive neurological diseases. People with complex physical disabilities often have health needs, risks or treatment plans which require staff to have extended skills above those required to meet the needs of the general care home population. The knowledge base and clinical skills required to provide care for these individuals includes, but is not limited to, the following:

- the safe use of mechanical and non-mechanical ventilation
- the care and management of tracheostomy tubes
- airway management (including suctioning)
- digital rectal examination, stimulation and digital removal of faeces
- prevention and management of Autonomic Dysreflexia
- the care and management of gastrostomy/jejunostomy tubes and managing behaviour that can challenge.

Accommodation with Care Development

Cornwall currently relies on the availability of care home services to meet the needs of the majority of people who require a combination of care, support and accommodation. To ensure people have a range of options available to them in the future commissioners have started work on an extensive programme of development including Extra Care and Supported Living. A full Accommodation with Care Market Development strategy will be developed over the next few months with further details about these intentions and will include the plans for care home services.

Our opportunities

Our ambition is to work together with the existing provider market in Cornwall to identify key priorities for the development areas set out in the Market Development Profiles. As part of the 'on-boarding' process, providers will be invited to share existing and potential opportunities with us for new build sites and reconfiguration of existing services to meet the future demand.

Over the last two year the Council and NHS Kernow has worked with the provider market to improve sustainability, which has significantly reduced instances of provider failure during 2019. The purpose of the new 'rate card' approach is intended to ensure services are financially sustainable long term, with opportunities for guarantees business and service development. Commissioners will work with the provider market to ensure they are supported in areas that may result in provider failure, including business planning, service modelling and workforce planning as required.

Care Home Development

The complex market position in Cornwall is complex and as such forecasting the future requirements as required consideration of a range of factors including:

- Housing LIN projections that that demand for care home beds will increase by 50% by 2025
- Local intelligence from brokers and clinicians about the unmet demand in certain geographical areas
- Analysis of data relating to the bed to person (65+) ratio, vacancies, spend and market share per community network area

Housing LIN Projections

All things being equal, based on the Housing LIN projections, taking into account the potential impacts on increased Extra Care and Supported Living provision, and the increase in people with dementia requiring support, the potential numbers of beds and care homes required by 2025 is as follows:

Community Network Area	Housing LIN Predicted No. of Additional Beds Required by 2025				Additional Care Homes of this Size Required by 2025			
	Residential	Residential Dementia	Nursing	Total	40	60	80	100
Bodmin	46	32	54	131	3.3	2.2	1.6	1.3
Bude	18	50	25	93	2.3	1.6	1.2	0.9
Callington (Caradon)	14	21	43	77	1.9	1.3	1.0	0.8
Camborne & Redruth	63	102	97	261	6.5	4.4	3.3	2.6
Camelford	7	0	0	7	0.2	0.1	0.1	0.1
China Clay	0	13	0	13	0.3	0.2	0.2	0.1
Falmouth & Penryn	51	17	45	113	2.8	1.9	1.4	1.1
Hayle and St Ives	51	51	58	159	4.0	2.7	2.0	1.6
Helston & the Lizard	23	24	65	112	2.8	1.9	1.4	1.1
Launceston	3	90	114	207	5.2	3.5	2.6	2.1
Liskeard & Looe	35	86	86	207	5.2	3.5	2.6	2.1
Newquay	56	79	35	169	4.2	2.8	2.1	1.7
West Penwith	3	94	92	188	4.7	3.1	2.4	1.9
Cornwall Gateway	5	45	72	121	3.0	2.0	1.5	1.2
St Agnes & Perranporth	34	28	11	72	1.8	1.2	0.9	0.7
St Austell & Mevagissey	59	64	41	163	4.1	2.7	2.0	1.6
St Blazey, Fowey & Lostwithiel	3	37	72	112	2.8	1.9	1.4	1.1

Truro & Roseland	63	42	167	271	6.8	4.5	3.4	2.7
Wadebridge & Padstow	10	19	36	65	1.6	1.1	0.8	0.7
Total	544	894	1113	2541	63.5	42.6	31.9	25.4
Care Homes with 40 beds	14	22	28	64				
Care Homes with 60 beds	9	15	19	42				
Care Homes with 80 beds	7	11	14	32				
Care Homes with 100 beds	5	9	11	25				

Population, Utilisation, Spend and Capacity

Analysis undertaken to consider the population to bed ratio, utilisation of the existing, spend analysis and vacant capacity identifies a number of areas for development of new beds including:

- China Clay
- Falmouth & Penryn
- West Penwith
- St Agnes & Perranporth
- St Austell & Mevagissey
- Truro & Roseland

Local Intelligence

Anecdotal information from workers who arrange placements on a daily basis consistently report West Cornwall as the area with the least available capacity. This is supported by the brokerage data about the number of requests for placements in that area, which were 47 requests compared to 27 in Mid and 24 in East Cornwall for the period monitored.

Identified Priority Areas

Based on a combination of this information expect the four priority development areas to include:

Community Network Area	Housing LIN Predicted No. of Additional Beds Required by 2025				Additional Care Homes of this Size Required by 2025			
	Residential	Residential Dementia	Nursing	Total	40	60	80	100
Camborne & Redruth	63	102	97	261	6.5	4.4	3.3	2.6
Falmouth & Penryn	51	17	45	113	2.8	1.9	1.4	1.1
West Penwith	3	94	92	188	4.7	3.1	2.4	1.9
Truro & Roseland	63	42	167	271	6.8	4.5	3.4	2.7

This unmet demand will be met by a combination of reconfiguration of existing services and new build.

The workforce challenges that we face in Cornwall will need to be considered as new services are developed. Opportunities for creative solutions for people with dementia, particularly in light of local nursing shortages, will need to be fully explored and implemented, with Cornwall leading the way in the future of dementia care.

Profiles for these five priority localities have been developed, setting out the current market composition, utilisation of services, spend and future commissioning intentions. These will continue to be developed over the next five years, with further priority areas coming on line.

People with Learning Disabilities and Autism

For people with support needs relating to learning disabilities and autism, Commissioners intend to develop a lifetime pathway that will include a range of services. Although residential and nursing care will have a role in the future delivery of services for people with a learning disability or autism, the Market Development Strategy will set out new models of care for this group of people that will focus on opportunities for independent living in the community. This will include new and innovative solutions including supported living development, intensive support for people at home, work and other day opportunities.

People with Physical Disabilities

Likewise for people with physical disabilities, Commissioners will be developing an approach that offers people a range of opportunities and solutions that are not restricted only to residential and nursing care. For those people who require very complex care appropriate services will be developed to meet individual needs.

People with Mental Health Support Needs

Currently the opportunities for people with mental health support needs are extremely limited. Residential care is the only accommodation with care solution available to meet people's needs and this often does not afford people the opportunity to reach their potential for independent living. Limited availability of services for people in West Cornwall means that people are often displaced from valuable support networks and their home community.

Respite

Commissioners will be developing a set of commissioning intentions for respite and short breaks, which will include a range of opportunities and solutions that can appropriately meet the person's needs in a way that is both safe and desirable and that gives carers the peace of mind they deserve.

Commissioners intend to expand this *Care Homes Market Development Strategy* to cover the full range of accommodation with care services for 2020-2035. This will set out our aspirations for future strategic commissioning including extra care, specialist residential and nursing care for people with dementia and other complex care needs and the life course for people under 65 years.

Achieving Solutions Together

The Council and the NHS are committed to working together with the local provider market to develop the services required to meet the future projections. The joint on-boarding process will identify providers who have immediate and longer term development opportunities and invite new providers from outside of Cornwall to express an interest in working with us. We will observe the principles of co-production wherever possible, proactively involving people who use services, their families, staff, providers, practitioners whenever possible to inform the design and development process. This means we will:

- See people who use services as equal partners in the design and delivery of services, not as passive recipients
- Start with people's capabilities and look for opportunities to help these flourish
- Foster mutual and reciprocal relationships with all stakeholders, including the person, families, providers, staff, practitioners and clinicians
- Break down barriers between people who use services, families, providers and commissioners
- Strengthen peer support networks and community assets
- Facilitate rather than impose change.

Our next steps

The care homes on-boarding process is due to commence in January 2020. Providers will be invited to submit an application to join the new joint contract from 1 April 2020. As part of this process they will be asked to share any opportunities for immediate and future developments that will meet the priorities set out in the four Care Home Locality Profiles.

Commissioners will consider the information submitted and agree a plan together with providers. This may include working together with existing providers, bringing new providers into Cornwall and establishing formal strategic partnership arrangements.

DRAFT

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