



# **ISLE OF WIGHT ADULT SOCIAL CARE MARKET POSITION STATEMENT 2018**

## 1. EXECUTIVE SUMMARY

1.1. This Market Position Statement is part of a broader ongoing engagement process, working and supporting the local care market so that it can support people on the Isle of Wight to live and age well. The Market Position Statement provides information, intelligence, and analysis benefit to current and prospective providers of health and social care services and will form a basis for discussions between Isle of Wight Council, Isle of Wight Clinical Commissioning Group and the local care market.

1.2. The key messages to note from this report are:

- We want to work collaboratively with the market to develop new solutions for meeting the home and accommodation based care needs of people on the Isle of Wight.
- Nationally, the use of adult residential care is on the decline. The Isle of Wight is currently an outlier in this respect, with a relative over provision in this sector.
- There is currently an under provision of homecare options on the Isle of Wight.

1.3. We aim to accelerate the downward trend in traditional models of residential care over the next three to five years by supporting the development of 'Extra Care' housing capacity and other tenanted and supported housing options and increasing the degree to which these models are used to meet the accommodation-based needs for all funded care groups.

1.4. We are actively encouraging providers to approach us with proposals for how, together, we can do things differently. We will prioritise engagement with providers offering to increase the local supply and a greater degree of choice and flexibility in to the local market; particularly those who are able to respond to referrals 7 days a week, including admission of people on a Friday or over the weekend. We are encouraging development across the following service types:

- Flexible models of homecare, residential and nursing care
- Solutions that include and promote the use of technology enhanced care (TEC)

- Short term nursing care (Up to a maximum of 6 weeks) that enables Recovery, Rehabilitation and Reablement (RRR) and including step up/ step down provision as part of 'home first' and 'discharge to assess' pathways of care
- Short-term residential placements (Up to a maximum of 6 weeks) (i.e. step-up to prevent a hospital admission, or step-down to prevent a delayed discharge, including beds that support 'discharge to assess')
- Nursing care for people with complex needs (particularly dementia and acquired brain injuries and bariatric need)
- Bed-based respite for people with learning disabilities
- Supported living for people with learning disabilities
- A broad mix of options and tailored accommodation-based support for care leavers and those in transition

For more information please read the Market Position Statement report in full

## **Contents**

1. EXECUTIVE SUMMARY .....	2
2. Introduction .....	7
3. What is a Market Position Statement? .....	9
4. General Expectations .....	10
4.5. The following areas are considered as fundamental to the care and support market on the Isle of Wight: .....	10
5. Strategic priorities.....	11
5.4. The Local Care Board (LCB) .....	12
5.5. My Life a Full Life (MLAFL) .....	13
5.6. Care Close to Home .....	13
5.7. Commissioning vision and key messages.....	14
5.7.2. System-wide vision .....	14
5.7.3. System-wide objectives .....	14
5.7.4. System-wide principles and outcomes for integrated working to improve services ...	15
PART 1 – CURRENT AND FUTURE DEMAND.....	18
1. What the data tells us.....	18
2. Isolation and deprivation .....	19
3. Ageing population .....	20
4. Frailty .....	21
5. Dementia.....	22
6. Useful links.....	23
PART 2 – CURRENT STATE OF SUPPLY.....	24
1. Frailty and Older Peoples Mental health including Dementia.....	24
1.1. Frailty .....	24
1.2. Older People and Dementia.....	24
2. Learning Disability.....	28
2.4. Our Values are:.....	28
2.5. Our Principles are:.....	29
2.6. How many people with a learning disability live on the Isle of Wight? .....	30
2.7. GP Register 31/3/2017 .....	31
2.8. People with Learning Disabilities and Autism Spectrum Disorder (ASD).....	31
2.9. What have people with a learning disability living on the Isle of Wight told us is their vision for care and support? .....	32
2.10. Current Service Provision.....	34

2.11.	Commissioning Intentions .....	35
2.12.	How will the Council work with Providers over the next five years .....	44
3.	Mental Health .....	47
3.1.	Introduction .....	47
3.2.	The National Policy Context for People with Mental Ill Health .....	48
3.3.	The Local Context.....	49
3.4.	Demographics and Population – Mental Health.....	50
3.5.	Service Specific Areas – Working Age Adults.....	50
3.6.	Service Specific Areas – Children and Young People .....	52
3.7.	Meeting the Challenges – Our Vision.....	55
3.8.	The STP and the plan for 2020 / 2021.....	57
3.9.	The Local Care Board (LCB) and the seven key priorities (the mental health ones have been amalgamated).....	58
3.10.	Mental Health Recovery (Rehabilitation and Reablement).....	58
3.11.	Delivery in the Community .....	60
4.	Recovery, Rehabilitation and Reablement .....	63
5.	Independent Sector Provision.....	66
5.1.	Residential Care .....	66
5.2.	Nursing Care.....	68
5.3.	Short Term Placements.....	68
5.4.	Domiciliary Care .....	69
5.5.	Funding for Providers.....	71
5.6.	Comparator information (state year) .....	71
6.	Personal Assistants .....	78
6.6.	Direct Payments.....	79
7.	Voluntary and Community Sector.....	82
7.1.	Community Assets .....	82
7.2.	Useful links.....	82
8.	Independent Island Living.....	83
8.1.	Extra Care Housing Strategy 2017 - 2032 .....	83
9.	Workforce .....	88
9.3.	Size and structure of the workforce in this area.....	89
9.4.	Recruitment and retention .....	89
9.5.	Staffing overview .....	90
9.6.	Demographics .....	90

9.7.	Pay.....	91
9.8.	Qualifications, training and skills .....	91
PART 3 – MODELS WE WILL ENCOURAGE .....		92
1.	Isle of Wight System Vision for New Care Model .....	92
1.4.	Current/Future Care Models.....	92
1.5.	Care Model – Care Setting .....	92
1.6.	Care Model – Levels of Care .....	93
1.7.	Care Model by Care Setting .....	93
2.	Delivery of Social Care .....	95
2.2.	Our future service model is one that:.....	95
2.3.	We expect that over the next few years:.....	96
PART 4 – FUTURE LEVEL OF RESOURCES .....		98
1.	Budget for Adult Social Care 2017/2018.....	98
1.8.	Key features of iBCF support for providers programme:.....	99
2.	Isle of Wight Clinical Commissioning Group Budget 2017/2018 .....	100
3.	Response to the financial position.....	101
PART 5 – WHAT YOU CAN EXPECT FROM US.....		102
1.	Quality Improvement Support .....	102
2.	Regular Provider Engagement Events and Forums.....	102
3.	Learning and development .....	102
4.	Support for new businesses and provider innovation .....	103
5.	Promote Self Directed Support and allocate Personal Budgets .....	103
6.	Planning.....	103
7.	How to do business with the Council.....	105

## 2. Introduction

- 2.1. The purpose of this Market Position Statement is to strengthen the communication between existing and potential providers of care and support services, the NHS Isle of Wight CCG and the Isle of Wight Local Authority by setting out our commissioning intentions. Strong market intelligence – by which we mean knowing what is currently available and what services are under development – will improve choice for residents. A clearer overview of the local market will lead to better evidence-based commissioning.
- 2.2. An island of just over 142,00 people, the Isle of Wight experiences many pressures faced by larger Councils including demographic ageing, pressures on housing stock and school places, transport infrastructure issues and disparities in the jobs market. The Island has an ageing population, with over 25% of the population aged 65 years or more; In fact, we have the seventh highest level of older people as a proportion of the total population of any local authority in England and Wales. Moreover, between 2004 and 2024, population projections predict that the numbers of women aged 80 or older will increase by 20% - and that the equivalent figure for men is a very significant 60%. Dementia, sensory impairment, frailty and other complex health and social care needs are all expected to increase as the population ages further.
- 2.3. Islanders' needs for health and social care services is rising against a backdrop of reduced funding available and the Council's Department of Adult Social Care is needing to make £3.485 million savings in the current year and a further £4.03 million in the next financial year (2018/19). We therefore must ensure we have the foundations of service excellence balanced with the best use of the resources we have to ensure we are addressing the increasing demands placed upon our Island's care economy.
- 2.4. Providers of adult social care, including the Council itself as a provider, will need to offer new, innovative ways of service design and delivery. The principles of prevention, independence and integration, quality and value for money must underpin all aspects of the Council's commissioning activity if we are to achieve good health, care and wellbeing outcomes for the population we serve.

- 2.5. Services providing information, advice and guidance are an integral component in preventing peoples' health and social care needs from worsening. Accessing good, up to date information and advice about the care and support options available locally is also vital in helping people to be able to choose between different services meaning providers will be encouraged to place information about their services and how to access support onto new developments such as the Dynamic Purchasing System.
- 2.6. Our vision is for every Island resident to have excellent health, care and support. This means supporting people to live independently with dignity in their own homes and communities for as long as possible, assisting them to live long and fulfilling lives with their families, friends and neighbours. It also means that when people can no longer live in their own homes because of the complexity of their care needs, there are a range of community based options available to them (including family based services such as Shared Lives and housing options such as Extra Care) as well as residential and nursing home care.
- 2.7. Equally, our vision is to actively seek to prevent the need for adult social care – by supporting programmes that help people to stay as healthy as possible for as long as possible – and vigorously promote the restoration of independence after someone's illness or operation.
- 2.8. Health and social care providers from all sectors are encouraged to develop innovative proposals that address the demands highlighted in this document. A diverse range of services are needed to help achieve our commissioning principles and overarching vision for the Island's health and social care system.
- 2.9. Many of us are acutely aware that living on the Isle of Wight means we have to have a level of self-sufficiency that people living on the "north island" might not need. Our physical separation from the rest of England demands transport links to the mainland that are robust and comprehensive.
- 2.10. We do celebrate our uniqueness and we do embrace the challenges of working and living on an island and, as Commissioners, we take pride in securing local service provision, and avoid asking people to travel 'off island' for the care and support they need unless it is absolutely necessary.

- 2.11. To continue to do this, we want to attract a range of diverse providers from all sectors of health and social care to work with us to continue to improve and develop our health care and support infrastructure for our residents.
- 2.12. We believe that everyone has the right to excellent health, care and support. We want people living on the Island to be healthy, happy, and resilient and have access to high quality adult social care services if they are needed. We are committed to ensuring the Isle of Wight continues to be a place that supports and enables positive health and wellbeing.
- 2.13. We want the people who use our services to have a positive experience of the care and treatment they receive. Good health and wellbeing is in everyone's interest. It is everyone's responsibility and requires everyone to play their part. This document sets out how we want to work with our service providers to ensure local people receive the care and support they need, when they need it and where they need it.
- 2.14. Our central aim is to work together with our providers, partners and local communities to develop and maintain a healthy and safe island by promoting independence and ensuring accessible and high quality care, support and services for those people with adult social care needs.

### **3. What is a Market Position Statement?**

- 3.1. A Market Position Statement is a tool which provides information for providers and users (and their carers) of health and social care services. It is intended to help providers:
- make decisions about whether and how to invest in services on the Island
  - develop further opportunities for those receiving health and / or care and support using personal budgets
  - understand the future needs of people living on the Island and the predicted impacts on the demand for services
- 3.2. This Market Position Statement is aimed at existing and potential providers for the provision of health and social care support, care and services. We are keen to engage with existing providers and new 'off Island' providers who wish

to invest and bring diversity of service provision to the Island, and who can offer a wider range of choices for those who live here.

- 3.3. This document sets out our vision for the future of health and social care provision. Current and future providers of services can learn about our intentions as a commissioner of services. Voluntary and community organisations can learn about future opportunities and build up their knowledge of local needs to develop new activities and services. Organisations interested in local business development and social enterprise can use this document to read about new opportunities and decide whether they can offer anything to the market.
- 3.4. We are keen to encourage wider ranging investment on the Island from third sector organisations and to support increasing the diversity of providers through challenging the status quo and bringing innovative ideas to the commissioning table.

#### **4. General Expectations**

- 4.1. The vision of the Isle of Wight Council and Isle of Wight Clinical Commissioning Group is to deliver person centred, coordinated health and social care for all its residents through an Integrated Health and Social Care system, ensuring people living on the Island achieve best outcomes and have a positive experience of care.
- 4.2. By ensuring all local partners commit to working together to improve health, care and wellbeing on the Island, we will make a major shift in the focus of services towards the prevention of problems, the provision of assured early help to prevent existing problems getting worse and providing care and support closer to home.
- 4.3. Care will be person centred, evidence based and delivered by the right person in the right place and at the right time.
- 4.4. People will be supported to take more responsibility for their health, wellbeing and care and to remain living at home for as long as possible, reducing the need for hospital admissions and long term residential or nursing care.
- 4.5. **The following areas are considered as fundamental to the care and support market on the Isle of Wight:**

- 4.5.1. Personalisation: The innovative use of personal budgets (and direct payments) within both community and accommodation based settings,

where applicable. This includes the development and roll out of integrated health and social care personal budgets.

- 4.5.2. Assistive technology: broadening the options and opportunities for people to use different types of equipment and approaches to their care and support packages within people's own homes and accommodation based settings.
- 4.5.3. Housing with Care: supporting new opportunities to improve the accommodation standards and supporting new developments on the Island such as Extra Care and Shared Lives.
- 4.5.4. Care Homes: engaging in constructive dialogue and delivery with developers and providers to support the raising of quality standards across existing provision.
- 4.5.5. Short term services to maximise independence: ensuring that the Isle of Wight has both appropriate and flexible services to support people through hospital discharge, their rehabilitation and reablement and preventing further hospital admission.
- 4.5.6. Quality Assurance: continue to evolve integrated processes across adult social care and health for monitoring quality and safeguarding adults within care and support settings.

## **5. Strategic priorities**

- 5.1. A range of published data and publically available information as well as ongoing engagement with local people and a range of stakeholders has been used to inform the strategic priorities and develop this Isle of Wight Market Position Statement (MPS).
- 5.2. The Joint Strategic Needs Assessment 2017-2020 (JSNA) provides the evidence base for the way the Isle of Wight Health and Wellbeing Board (Isle of Wight Council, Isle of Wight CCG, NHS Trust and other partners) identify and understand the current and future health, wellbeing and social care needs of the people who live on the island.
- 5.3. The MPS is aligned with the delivery of statutory legislation, national policy frameworks as well as relevant regional and local strategies, which include the following:
  - The Care Act 2014
  - 'Care Closer To Home' Isle of Wight Adult Social Care Strategy

- ‘The Five Year Forward View’ (NHS England 2015),
- ‘Five Year Forward View: Next Steps’ (NHS England 2017),
- The Hampshire and Isle of Wight Sustainability and Transformation Plan (HIOW STP),
- My Life a Full Life Programme
- The IoW Local Care Plan (2017)
- The IoW Housing Strategy (dates)
- The IoW Extra Care Strategy and accompanying Extra Care MPS (2017)
- IOW Regeneration Strategy (2017)

#### **5.4. The Local Care Board (LCB)**

5.4.1. In 2017/18, a Local Care Board (LCB) was established on the Isle of Wight. This Executive-led group is responsible for developing the vision and strategic priorities of the local health and care system and driving forward delivery of the new models of care to meet the needs of the island population.

5.4.2. The LCB reports to the Health and Wellbeing Board (HWB) and the STP Executive Delivery Group as well as its individual constituent organisations (IOW Council, IOW CCG and IOW NHS Trust).

5.4.3. The Local Care Board is formed of the Isle of Wight CCG (Chair, Accountable Officer and Director of Strategy and Partnerships), the Isle of Wight NHS Trust (Chair, Chief Executive and Medical Director) and the Isle of Wight Council (Executive Member for Adult Social Care and Public Health, Chief Executive and Director of Adult Social Care). A Stakeholder Reference Group also reports into the LCB – the purpose of which is to ensure that the views and experiences of local people, including those using health and adult social care, are actively sought and used.

5.4.4. Through the work of the Local Care Board, a Local Care Plan comprising seven key priorities has been developed for the Island:

- acute service redesign
- frailty
- integrated locality services
- rehabilitation, reablement and recovery

- co-ordinated access
- mental health
- and learning disabilities.

5.4.5. These priorities each have a dedicated Task and Finish Group responsible for the development and delivery of a detailed plan setting out: the aims and objectives of the individual initiatives; the scope and details of the work involved; and intended performance targets and outcomes, including timescales. Accompanying these seven priorities are five Standing Delivery and Assurance Groups that are vital in securing the Island's new models of care: workforce; quality; finance; estates; and IT/Information Governance.

## **5.5. My Life a Full Life (MLAFL)**

5.5.1. MLAFL is the name for the new model of care for the Isle of Wight and has developed in partnership with residents and health and wellbeing and care related statutory, voluntary and independent sector organisations. The new care model is aimed at:

- Improving health & wellbeing and care of our island population
- Improving care and quality outcomes
- Delivering appropriate care at home and in the community
- Making health and care clinically and financially sustainable

5.5.2. Central to the model is an increase in integrated working across all sectors of provision. The Better Care Fund (BCF) and Improved Better Care fund (iBCF) plans and the use of Section 75 Agreements provide the vehicles to enable the IoW Council and CCG to pool resources and to support effective integrated commissioning and service provision on the Island.

## **5.6. Care Close to Home**

5.6.1. The Isle of Wight Councils Adult Social Care Strategy: Care Close to Home is instrumental in shaping the social care market on the Island. The strategy is founded on 7 Pillars. These are the three core delivery programmes of: promoting wellbeing; improving wellbeing; and protecting wellbeing. These three delivery programmes are underpinned by four enabling areas of work: competent, confident, critical thinking staff; commissioning for value and impact; personalised care and support; and integration and partnerships. Care Close to Home is most readily depicted by the diagram below.

## Care Close to Home – the strategy for ASC



### 5.7. Commissioning vision and key messages

5.7.1. Through the Local Care Board (LCB), the health and social care system has developed a system-wide vision, objectives and principles. These are overarching and it is essential that all our health and social care partners understand these guiding principles and expected outcomes for the people on the Isle of Wight. It is expected that every provider who is commissioned to deliver health, care and / or support services on the Island demonstrates commitment to these principles and works to deliver the outcomes at every level of their service:

#### 5.7.2. System-wide vision

- Person centred, coordinated health and social care

#### 5.7.3. System-wide objectives

- Deliver improved health and social care outcomes
- People have a positive experience of care- involving those who use services, understanding their needs and seeking their feedback.

- Person centred provision- Putting the outcomes of service users at the heart of service development and delivery.
- Service provision and commissioning is delivered in the most efficient and cost effective ways across whole system achieving financial sustainability.
- Staff will be proud of the work they do, the services they provide and the organisations they work for and we will be employers of choice.

#### **5.7.4. System-wide principles and outcomes for integrated working to improve services**

- Ensure that people are supported to take more responsibility for their own care needs and to be independent at home for as long as possible, reducing the need for hospital admission and long term residential care.
- Ensure all care is person centred, evidenced based and delivered by the right person in the right place at the right time- every time.
- Ensure that resources are focussed on prevention, recovery and continuing care in the community.
- Recognise the importance of communities and act to ensure we listen to island people in the planning of services and respond to their issues and any concerns.
- Ensure partnership working across all sectors, including the independent and third sectors.
- Work towards better integration and coordination of care across all sectors of health and social care.
- Improve efficiency, increase capacity and reduce bureaucracy to meet future demand for services.
- Make the best use of resources and work towards one island budget for health and social care services.
- Work towards fully integrated IT systems across primary, secondary, and social care settings.
- Develop our workforce to enable staff to have the right knowledge, skills and expertise appropriate to their role.

- Encourage staff to work beyond existing boundaries in support of system-wide innovative delivery of care.
- Jointly commission services with outcomes focussed contracts, incentivising positive change in providers.
- Ensuring that contracting processes are transparent and fair
- Using our strategic commissioning expertise to appropriately retain services and bring in new ones, but also to decommission where the service is ineffective, unnecessary or unsafe

5.7.5. In addition to the commissioning objectives we have clear expectations of all commissioned providers and they must demonstrate a commitment to the following objectives:

- Ensure people have a positive experience of health and social care, treatment and support
- Actively work to prevent, and to reduce the need for care, support and admission to hospital where clinically appropriate
- Enhancing quality of life for people with care and support needs
- Help people to recover from adverse events, illness and injury in a timely way
- Enhance the quality of life for people with long term conditions and disabilities

Strategic Priority	Outcome
<b>Promoting Independence</b>	<ul style="list-style-type: none"> <li>• Adults will take responsibility for their own health and wellbeing and will use their initiative to find support</li> <li>• Adults will have planned earlier for ill health and for retirement</li> <li>• Adults are not socially isolated</li> <li>• Adults will receive targeted information and as a result will be enabled to take part in initiatives and activities within their local community</li> <li>• There will be improved information systems that support easier access to alternative opportunities</li> <li>• Adults will access universal preventative services</li> </ul>

- There will be a reduction in the demand for adult social care

**Developing the market**

- Adults will be able to return to their everyday life quicker due to recovery, rehabilitation and reablement.
- There will be a reduction in unplanned hospital admissions
- There will be shorter episodes of hospital care
- There will be specialist housing and care options available to people
- All partners will have joint ownership to promote and encourage independence
- There will be a reduction in demand for social care

**Protecting the most vulnerable**

- Ensure that the limited social care funds support and are targeted effectively amongst the most vulnerable and their carers
- The most vulnerable adults and their carers within our communities are able to make informed choices
- Health and Care plans are delivered through transparent and integrated processes and meet assessed needs
- Commissioning processes deliver value for money.

**Quality and safeguarding**

- All adults with health and care needs feel safe and supported and risks of abuse and neglect are managed according to Making Safeguarding Personal principles and processes discrimination and harm
- Staff and partner organisations are fully aware of safeguarding policies and procedures and are confident to take appropriate actions wherever necessary.
- The community is aware of, and exercises, its safeguarding responsibilities

## PART 1 – CURRENT AND FUTURE DEMAND

### 1. What the data tells us

1.1. ONS estimates for mid 2016 are that 139,798 people living on the Isle of Wight. Over one in four (26.6%) is older than 65 which is higher than both the South East (18.8%) and the England averages (17.9%). Furthermore, this demographic ageing is set to increase in the future as shown in figures 1 and 2.

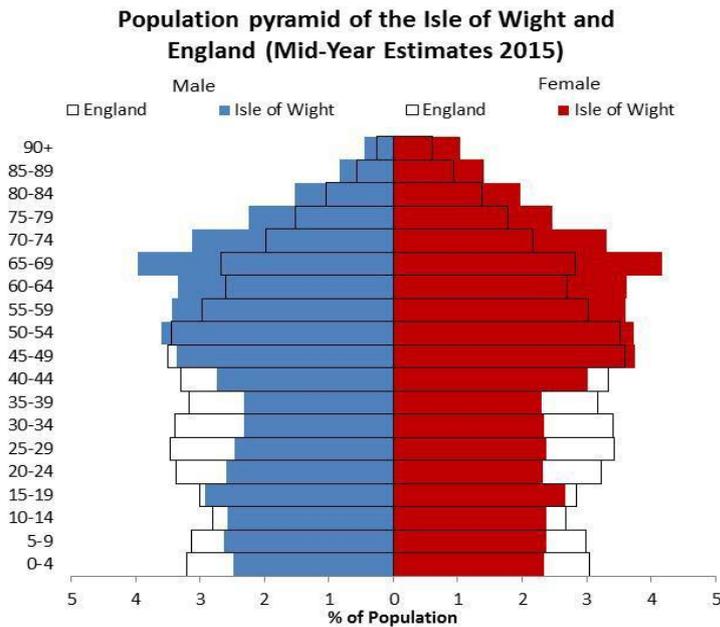


Figure 1: source Isle of Wight JSNA, Demographics and Population, June 2017



Figure 2: source; Isle of Wight JSNA, Demographics and Population, June 2017

- 1.2. Over the next 10 years the number of people aged 69-79 will increase by almost 17% and those over 85 will increase by 40%.
- 1.3. Life expectancy for males on the Island is 79.1 years for men and 83.6 years for women.
- 1.4. The highest major cause of deaths on the Island in 2011 was cancer (28%) followed by heart disease (13%) which are both slightly lower than the England average. Both circulatory disease (10%) and stroke (8%) account for a slightly higher proportion of deaths than the England average.

## **2. Isolation and deprivation**

- 2.1. There are 70,776 households on the Island and one in six is occupied by a single person over the age of 65.
- 2.2. [The English Indices of Deprivation 2015](#) were published by the Department for Communities and Local Government. The indices are based on 37 separate indicators organised across seven distinct domains, each of which represent a specific form of deprivation:
  - Income
  - Crime
  - Employment
  - Barriers to Housing
  - Education, Skills & Services & Training
  - Living Environment
  - Health & Disability
- 2.3. Figure 3 shows that the Island has 13 areas which are in the top 20% most deprived in England resulting in inequalities in terms of health and access to services. The Department of Health, and locally our Health and Wellbeing Board, has made tackling health inequalities a priority and aims to reduce differences between communities which will promote greater improvements in more disadvantaged communities.

IMD 2015 - Overall deprivation by national quintile

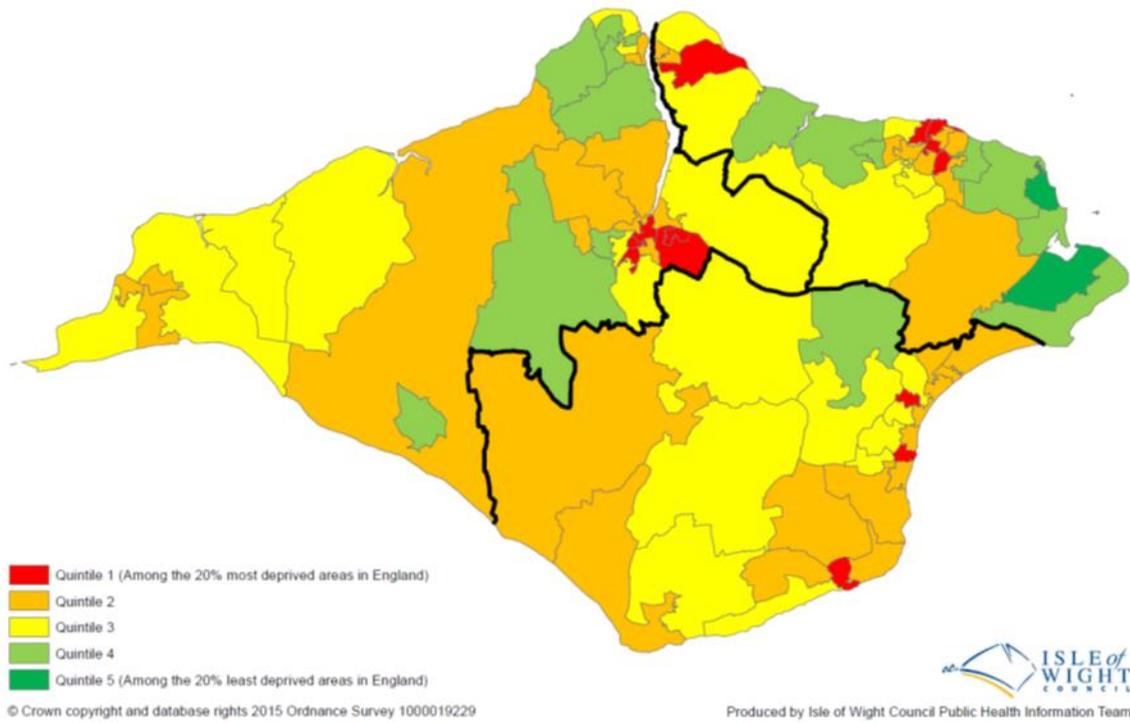


Figure 3: source; IMD 2015 DCLG

### 3. Ageing population

3.1. As people age their risk of ill health increases, as does the risk of multiple long term health issues (co-morbidities). Figure 4 shows that 67% of those aged 65 or over have two or more chronic conditions and 32% of those aged 75 or over have five or more chronic conditions.

Multi-Morbidity (number of chronic conditions) by Age Group

Effective Date - 30/09/2017 (COG = 10L)

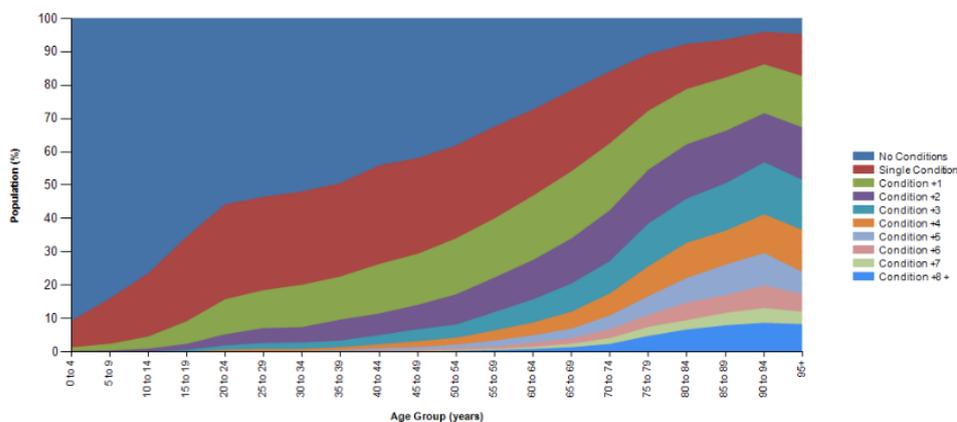


Figure 4: source; Solis ACG tool, September 2017

3.2. Many with at least one long term condition also have a diagnosis of depression;

- 41% of people with COPD
- 37% of people with Diabetes
- 41% of people with Rheumatoid Arthritis
- 44% of people with Dementia

#### 4. Frailty

4.1. Figure 5 shows the distribution of people according to their frailty category defined in the Sollis ACG Risk Stratification tool using the Electronic Frailty Index.



Figure 5 Source: Sollis ACG Risk

Figure 6 shows there is very little difference in the proportion of the frailty bands between the Island's 3 localities.

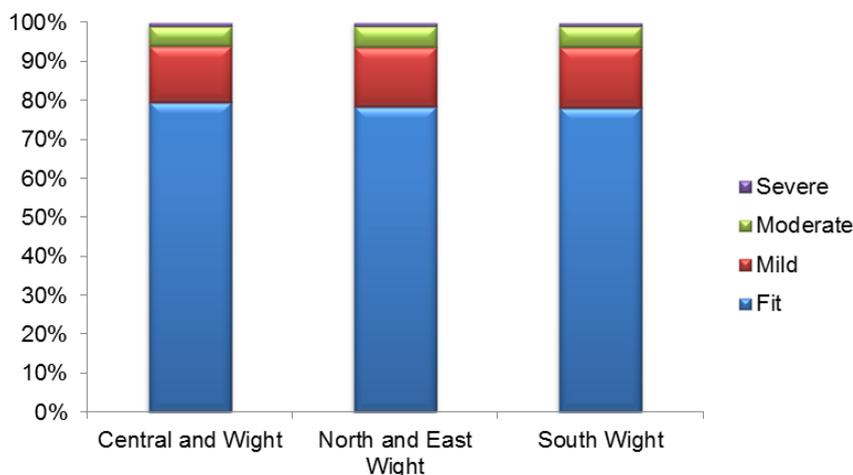


Figure 6: source; Sollis ACG Risk Stratification Tool

## 5. Dementia

5.1. Figure 7 compares the Isle of Wight with the England average and our closest eight CIPFA comparator authorities which are most similar to the local area.

5.2. Amongst these similar localities, the Isle of Wight has by far the highest proportion of all residents diagnosed with dementia (1.4% or 1,944 people), double the England average (0.7%). Although the comparison areas have similar demographics, it may be that the observed differences are due in part to the particularly high proportion of older residents on the Island.

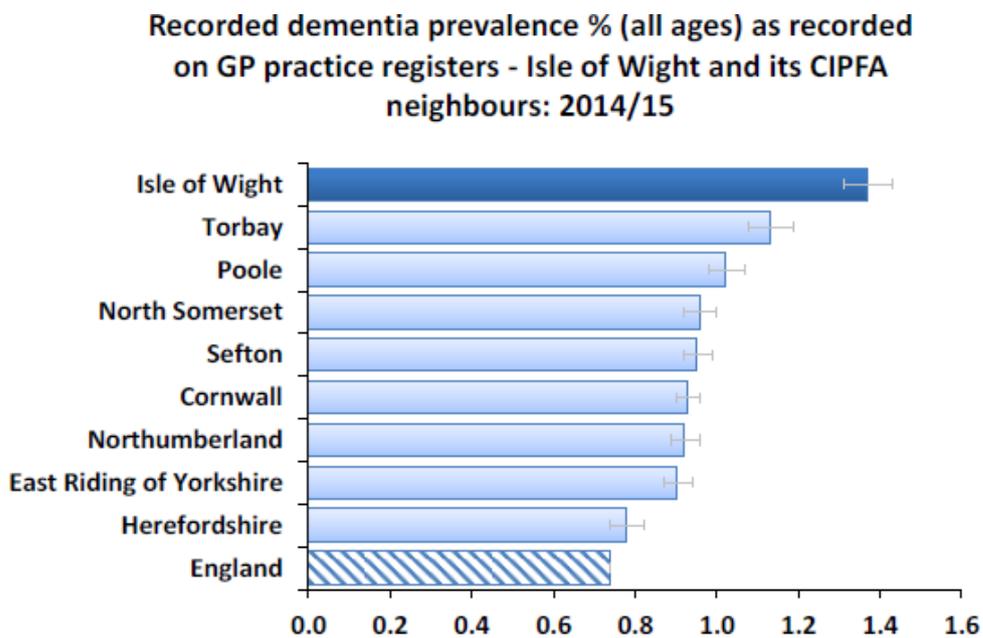


Figure 7: source; HSCIC (PHE Fingertips tool) [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)

5.3. Across the Isle of Wight, the South locality has the highest recorded rate of dementia (1.5%), but there is no statistically significant difference between the three localities or the Island average.

5.4. Figure 8 shows the estimated number of those predicted to have dementia aged over 65, by age group. From 2015 to 2030 the greatest increase in dementia is predicted to occur in those aged over 80.

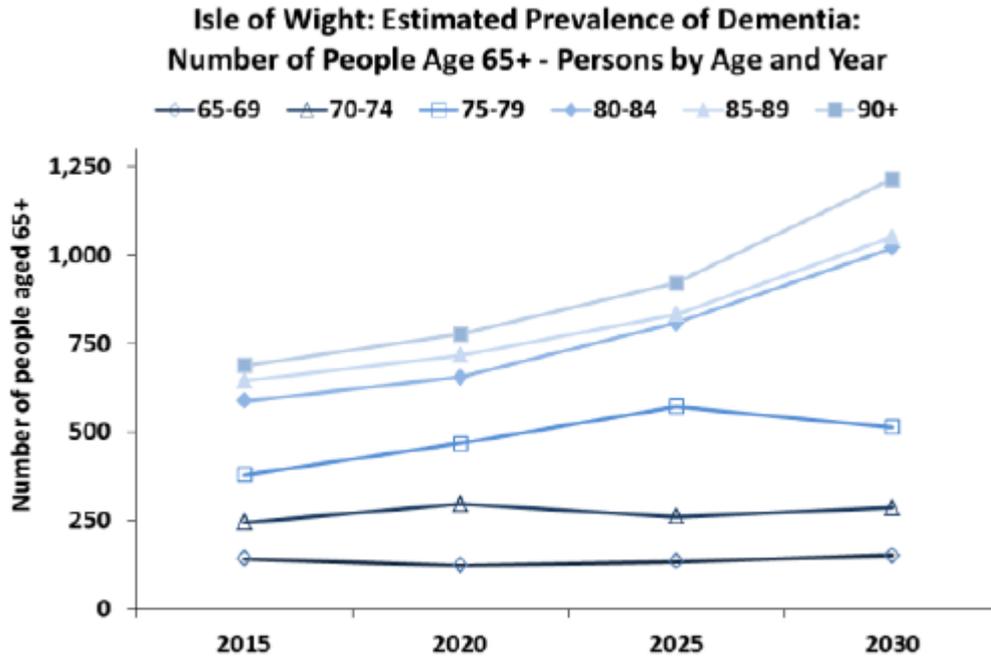


Figure 8: source; [Projecting Older People Population Information System \(POPPI\)](#)

## 6. Useful links

[Isle of Wight JSNA](#)

[Isle of Wight JSNA Demographics and Population Factsheet](#)

[Isle of Wight JSNA Dementia Factsheet](#)

## **PART 2 – CURRENT STATE OF SUPPLY**

### **1. Frailty and Older Peoples Mental health including Dementia**

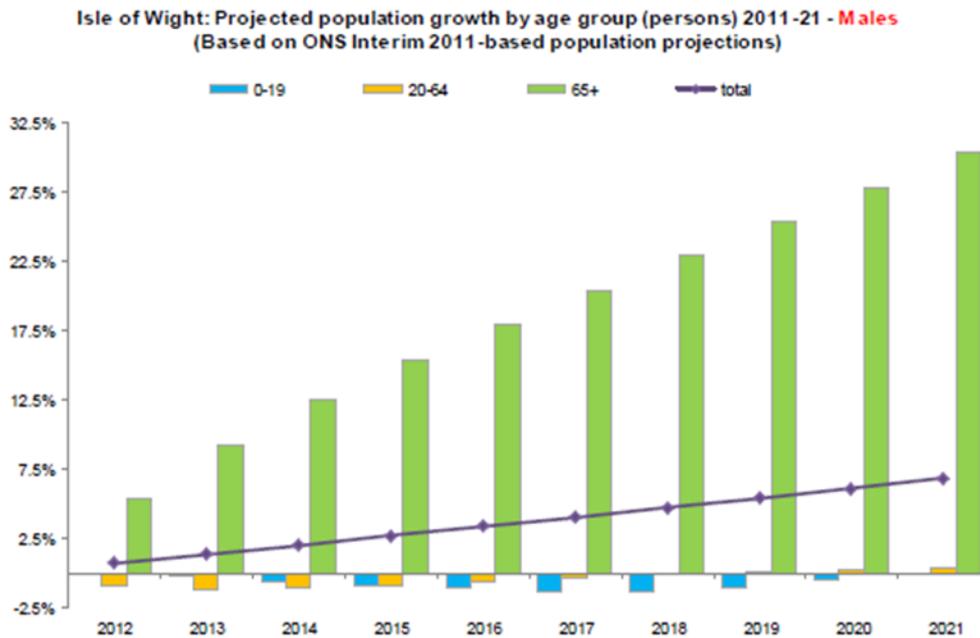
#### **1.1. Frailty**

- 1.1.1. Frailty is a distinctive health state related to the aging process in which multiple body systems gradually lose built-in reserves. Older people with frailty syndromes are at risk of unpredictable deterioration in their health resulting from minor stressor events (for instance, a relatively minor fall). This often creates emergency pressures on social care and health services which could be prevented or diverted if warning signs were identified earlier.
- 1.1.2. Over one in five (21%) of the 137,236 GP registered Island residents are deemed to have a level of 'frailty' - resulting in reduced function or independence often compounded by long term conditions and social care needs.
- 1.1.3. An audit by the IoW CCG in May 2017 estimated that more than 8000 people would benefit from a comprehensive geriatric assessment with a further 21000 people requiring some form of intervention or education to support their self-management and prevent further decline. It is estimated that 2501 individuals on the IOW are living with a diagnosis of dementia. It is believed that five of these individuals a week have an acute health need related to delirium requiring specialist input.
- 1.1.4. The data above helps explain why frailty is one of the top seven priorities of the Local Care Board pathway. A mapping and gap analysis has been completed to determine a system wide approach to better meet current needs and implement models of best practice to address needs.
- 1.1.5. New models of commissioning to support the delivery of care of pathways for frailty are being developed to ensure that this cohort of patients receive the appropriate evidence-based care in order to maximise their independence and improve their outcomes.

#### **1.2. Older People and Dementia**

- 1.2.1. We want our population of older residents suffering from dementia to remain living in their own homes for as long as possible, with the right support that allows them to do so.

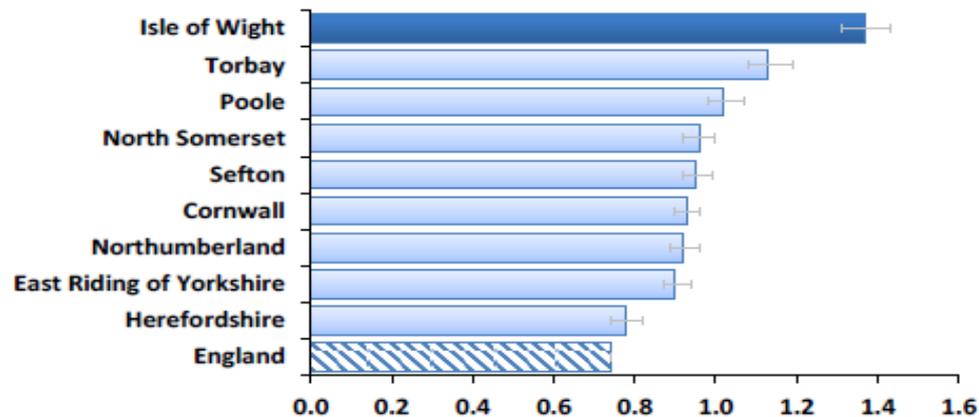
- 1.2.2. We want older people suffering from dementia to have choice and control in all decisions affecting their care and support services, whether that is making adaptations in the person's home, finding suitable home care to meet personal care needs, providing respite care so that elderly spousal carers can get a break from their caring responsibilities, preventing the risk of falls or the risk of admission to hospital and supporting the person to move into the right care home if necessary.
- 1.2.3. No one likes to think that they will be the victim of dementia later in their life and so we also need to work differently so that we support people to think ahead and plan for their needs, including their end of life care. It is vital that we work with the providers of Extra Care, Home Care and Residential and Nursing Care in explaining how services operate, and how they are paid for. 88% of older people living on the island own their own homes and for those people who are already widowed and with no dependent children living at home, current means testing rules and regulations mean that they will pay for their nursing or residential care unless they qualify for Continuing Health Care. All older people are means tested for any help they receive at home (although under current rules, the value of their property is excluded from that means testing of their income). Older people now – before any permanent need for care begins - need to know and understand that, in many cases, they will have to contribute towards the costs of their own care.
- 1.2.4. In March 2016, NHS England data estimated that there are 2,454 people on the Isle of Wight living with dementia, with 1,858 having a diagnosis and access to post diagnostic support. The proportion of all residents diagnosed with dementia on the Isle of Wight, 1.4%, is the highest in England, which has an average of 0.7%. The number of people diagnosed with dementia on the Isle of Wight has increased from 1,047 to 1,944 over the last five years. The prevalence of dementia is significantly higher in females than males.
- 1.2.5. Over the next 10 years, the increasing older population will place pressure on the limited resources currently available on the Island, particularly those with experience in supporting complex individuals with long term mental illness or dementia. There is predicted to be a 23 percent increase in the number of people living with dementia on the Isle of Wight by 2024.



Source: ONS, Interim 2011-based subnational population projections

- 1.2.6. Avoiding permanent placements into residential and nursing care homes is a good measure of delaying dependency and local health and social care services must work together to reduce avoidable admissions.
- 1.2.7. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care ([according to a 2012 survey from Populus and Saga of 11,000 people](#)). However, it is acknowledged that for some individuals with dementia, admission into residential or nursing care homes represents the best option for them and can help improve their quality of life.
- 1.2.8. The table below shows how the Isle of Wight compares to similar CCG's in the prevalence of dementia within the population.

**Recorded dementia prevalence % (all ages) as recorded on GP practice registers - Isle of Wight and its CIPFA neighbours: 2014/15**



Source: HSCIC (PHE Fingertips tool) [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)

- 1.2.9. The Isle of Wight is looking to work with providers of dementia services who have the vision and creativity to move beyond traditional services and implement the principles of person centred care.
- 1.2.10. We are looking to develop services that are able to deliver a period of initial support at the outset of a person's residence in a home or following a crisis intervention (such as an admission to hospital).
- 1.2.11. This will be followed, where necessary, by the provision of support delivered in a manner that enables the person to live with their dementia and delay the deterioration of their dementia.
- 1.2.12. We want providers to focus on enabling people to do things for themselves rather than doing things for people and develop opportunities for people to return to their own home after a short stay in a Care Home environment, to further maintain their independence and wellbeing in their place of choice.
- 1.2.13. Providers are encouraged to bring innovation and change and to put the individual with dementia at the heart of all service provision. We are committed to ensuring that services for people with dementia are outcome focussed, not time or task oriented.
- 1.2.14. Succinctly, therefore, we want to support people with dementia and their carers to remain in their own homes and live as independently as possible. This is achieved through the provision of a range of services, including telecare, carers' support and specialist home care services.

- 1.2.15. Staff involved in the support and care of people with dementia need to have the necessary skills to provide the best quality of care. This can be achieved through effective basic training and continuous professional development. We will continue to engage with providers to promote dignity in care and ensure personalised support for people with dementia across a range of settings, including care homes.
- 1.2.16. Data included in this document shows that the Island has an ageing population and that there will be an increase in the number of people diagnosed with dementia in the future. We will therefore need more services to cope with this demand. We will be commissioning specialist dementia services – be that specialist residential, nursing or domiciliary care. And we will be working to deliver 1300 extra care housing units over the next ten years as set out in our Extra Care Strategy. These units will be mixed tenure – available for private ownership as well as containing affordable rental units and private rental units. Extra Care developments will not only provide 24/7 onsite emergency help and care, they will be built to dementia friendly standards and have a range of amenities onsite designed to promote wellbeing.

## **2. Learning Disability**

2.1. The Isle of Wight's joint commissioning strategy vision is for 'All people with a learning disability living on the Isle of Wight will lead fulfilling lives'

2.2. We want people with a learning disability living on the Isle of Wight to be able to say:

- I am in control of planning my care and support
- I live well in my local community
- I have a fulfilling and purposeful everyday life
- I get good care from health services
- I can get extra help when I need it
- I am helped to stay safe

2.3. This will mean developing quality local services providing excellent support in a timely manner, for local people and their families, that promotes and enables independence, safety and wellbeing.

**2.4. Our Values are:**

2.4.1. People with a learning disability have a right to:-

- Privacy
- Dignity
- Independence
- Choice
- Rights
- Fulfilment
- Equality

**2.5. Our Principles are:**

2.5.1. ***Building Individual & Community resilience***

**2.5.1.1.** Improved quality of support for people with learning disabilities, through shared vision, clear service navigation, easy access to integrated coordinated services closer to home;

**2.5.1.2.** Early intervention and prevention to avoid people with learning disabilities being admitted to hospital, supporting good physical health as well as mental health and developing learning disability friendly GP practices

**2.5.1.3.** Build the facility for multidisciplinary support for people with complex learning disability needs, including social care, health and voluntary service.

2.5.2. ***Developing, Regaining and Sustaining Independence***

**2.5.2.1.** Reduction in the number of in people living in specialist learning disability units and a reduction in the length of stay when there is an admission

**2.5.2.2.** Reduction in the number of people with learning disabilities living in residential care and a clear progression plan to support people to move on to independence when appropriate

**2.5.2.3.** Promotion of a strengths based approach to care and support for people with learning disabilities through workforce development, skills training and outcomes focussed commissioning activity

2.5.3. ***Living as Independently as Possible***

- 2.5.3.1.** Assurance that commissioned services are sustainable, provide value-for-money and meet the aspirations of people with a learning disability living on the Isle of Wight.
- 2.5.3.2.** Development of a range of local options to promote choice and control for people with a learning disability regarding support and accommodation.
- 2.5.3.3.** Harness the power of the wider community, utilising support of local area co-ordinators, to support people with learning disabilities engage in ordinary community life
- 2.5.4. There is a national focus on personalisation, prevention & enablement along with outcome focused interventions, support should always start with the person at the centre, living in their local community. The Isle of Wight Council and Clinical Commissioning Group (CCG) want to work with providers who are able to meet this aspiration by providing effective, efficient and high quality care that offers a personalised service tailored to the needs of each individual.
- 2.5.5. In January 2017, the IOWC and CCG commissioned a peer review examining how well we support people with a learning disability. The Peer Review concluded that far too many people with learning disabilities on the island live in residential care and made 16 recommendations for improvement. Fundamentally, the Peer Review recommended root and branch reform of how we currently plan and deliver support to people with a learning disability and their families. (Reference the PR report as an appendix?)
- 2.5.6. The Local Care Board has accepted the findings of the Peer Review – and made the transformation of services for people with learning disabilities one of its top priorities. The Learning Disability Task and Finish Group (which reports to the Learning Disability Partnership Group as well as the Local Care Board) has identified the scale of the cultural, commissioning and professional practice shifts from a traditional model of service delivery to a more outcome focussed, person centred, model.
- 2.5.7. Our expectation is that providers on the Isle of Wight will rise to the challenge and bring innovation and change to the market and deliver support options that are rooted in the community and that empower people with learning disabilities to be aspirational and achieve their identified outcomes.

## **2.6. How many people with a learning disability live on the Isle of Wight?**

2.6.1. On the Isle of Wight, the GP registers record 902 people with a learning disability. The Council's Adult Social Care department currently supports 602 people with a learning disability while the CCG funds a further 30 people with needs assessed to meet the criteria for Continuing Health Care.

## 2.7. GP Register 31/3/2017

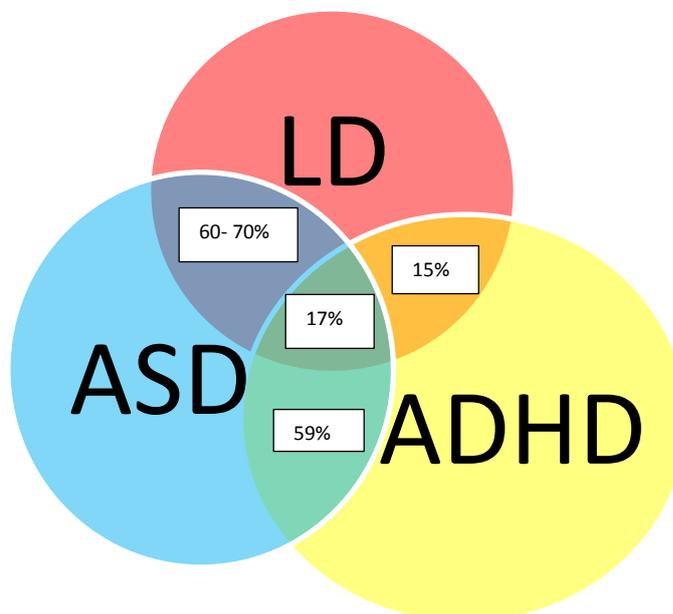
Surgery	Number of People with a learning disability registered	Percentage of total
ARGYLE STREET – RYDE	36	4%
BEECH GROVE SURGERY	23	2.5%
BROOKSIDE HEALTH CENTRE	21	2.3%
CARISBROOKE HEALTH CENTRE	61	6.8%
COWES MEDICAL CENTRE	64	7.1%
EAST COWES MEDICAL CENTRE	47	5.2%
GROVE HOUSE SURGERY	43	4.8%
MEDINA HEALTHCARE	70	7.8%
SANDOWN HEALTH CENTRE	86	9.5%
SHANKLIN MEDICAL CENTRE	96	10.6%
SOUTH WIGHT MEDICAL PRACTICE	21	2.3%
ST HELENS MEDICAL CENTRE	12	1.3%
THE DOWER HOUSE	96	10.6%
THE ESPLANADE SURGERY	61	6.8%
TOWER HOUSE SURGERY	151	16.8%
VENTNOR MEDICAL CENTRE	14	1.6%
TOTAL	902	

2.7.1. However, national prevalence data suggests that the true number of adults (18-64) with learning disabilities on the island is likely to be much higher: 1,862. As a consequence of people having smaller families, this figure is expected to reduce over the next 18 years from in 2017 to 1,778 by 2035, a reduction of 4.5%

2.7.2. The number of people aged 65 and over with a learning disability is expected to increase from 797 to 1,115, an increase of 40%. The largest increases are in the over 85 cohort, which is expected to more than double between 2017 and 2035.

## 2.8. People with Learning Disabilities and Autism Spectrum Disorder (ASD)

- 2.8.1. This market position statement also applies to people with a learning disability and autism. Autism is a spectrum condition that impacts on people in different ways. Whilst some people with ASD are able to live relatively independent lives, others may have areas where they may need support. This includes people who may have both a learning disability and autism.
- 2.8.2. The prevalence of autism is estimated to be 1% of the adult population meaning there are likely to be 1,400 people with autism living on the Isle of Wight. It is estimated that between 60% and 70% of adults with a learning disability known to Councils, will also have autism suggesting between 361 and 421 of adults supported by the council have both a learning disability and autism.
- 2.8.3. However it is likely that the number of adults in the population, who have both a learning disability and autism, including those who don't use social care services, is much higher. The diagram below details the interrelation between learning disability, autism and ADHD. Due to the high co-prevalence, providers supporting people with a learning disability would also be expected to demonstrate autism awareness.



[Research in Autism Spectrum Disorders - Volume 31](#), November 2016, Pages 11-18

## 2.9. What have people with a learning disability living on the Isle of Wight told us is their vision for care and support?

2.9.1. People on the Isle of Wight have told us that they want their support to be person centred, offer more choice and control and empower independence. They want support that is provided in the community, is less reliant on traditional residential care and enables them to live as independently as possible in their own home.

2.9.2. In January 2017 the Council and CCG undertook a consultation with people with a learning disability their families and the people who work alongside them, we had 229 replies, 60% of which were from people with a learning disability. The consultation was to examine what is good about the support we provide, what is not so good and identify gaps and how we could do things better. This is what survey respondents said were the most important things to them:

Be able to get the right help when I am not well	60.50%
Being safe when I am out in the community	60.50%
People listen to me and I can say how I want to live my life	47.90%
More choices of places to go and things to do	40.34%
Having a say in how the help I need happens	38.65%
Choosing where I want to live and who I live with	38.66%
Being able to have a PB so I can decide how to spend my time	36.97%
Meeting my friends and doing things with my friends	36.97%
Learning how to do things for myself	36.13%

2.9.3. ***Comments from the survey highlighted that:***

- 2.9.3.1. Being listened to and treated with dignity and respect was especially important in terms of people's experience of support and services.
- 2.9.3.2. There needs to be a greater supply of independent living which includes a range of different options to meet different levels of need.
- 2.9.3.3. Independence for each person will be different and their individual needs and outcomes must be clearly defined.

- 2.9.3.4.** When developing independent living consideration must be given to how we enable community access and social interaction for people to avoid isolation.
- 2.9.3.5.** Day and evening opportunities should be person centred and outcome focussed offering a range of flexible provision and activities including independence skills, work skills and travel training to suit all needs.
- 2.9.3.6.** Providers need to recognise that not everyone is the same or wants to do the same thing. Support needs to be flexible around the person rather than the person being expected to fit the service.
- 2.9.3.7.** There should be an emphasis on education, employment and training opportunities as this is critical to the good health and well-being of individuals and their carers.
- 2.9.3.8.** Carers need to be valued; respite provision and carers breaks must offer choice and be tailored to individual needs. They should be seen not just as a break for the carer but as a stimulating opportunity for the individual receiving the support.
- 2.9.3.9.** Competent, confident, critical thinking and passionate staff and maintaining good friendships are at the heart of a good service.
- 2.9.3.10.** People said that they want to be involved in making decisions about individual support, future planning, procurement, recruitment and quality assurance

## **2.10. Current Service Provision**

- 2.10.1. The Council currently directly contracts for all residential care with nine individual providers and has its own in-house residential care home service, respite service and supported employment service.
- 2.10.2. The CCG funds a supported employment service which mainly supports those experiencing mental ill health.
- 2.10.3. There is one contract with an agency for supported living which supports seven separate services across the island.
- 2.10.4. Specialist domiciliary support agencies contract with the Council through the Homecare Dynamic Purchasing System.

<b>Contracted / council providers</b>	
<b>Service</b>	<b>Number</b>
Residential care	10
Respite Care	1
Supported Living	1
Personal Assistant agency	1
Supported Employment	2
Specialist Domiciliary support providers	3

2.10.5. People access day / evening opportunities and other supported living services through their personal budget so these services are not under a direct contract with the council. However we are aware through market intelligence that there are at least 4 additional providers of supported living and 7 providers of place based day opportunities as well as at least 4 small enterprises delivering support as personal assistants. It is the council's intention to offer direct contracts to these providers through the dynamic purchasing system (see page 14)

<b>Non Contracted / personal budget providers</b>	
<b>Service</b>	<b>Number</b>
Supported Living Providers	4
Day Opportunities	7
Personal Assistant companies	3

## **2.11. Commissioning Intentions**

### **2.11.1. *Personal Budgets***

**2.11.1.1.** Through our duty under the Care Act we are committed to making personal budgets available to everyone who receives ongoing funded social care, enabling individuals to design their own support, tailored to meet their individual needs. This gives people more control over their lives and empowers them to choose the support they want to receive and from whom.

**2.11.1.2.** Currently there are 519 people with a learning disability in receipt of a personal budget which are mainly being used for personal support, personal assistants, day opportunities, supported living and respite services.

**2.11.1.3.** Personal budgets are either direct payments to the individual or managed accounts (where the person has the support of the Council to purchase their care). Managed accounts can include people living in residential care.

	Aged 18-64			Aged 65+			Grand Total
	DP Only	Managed	Mixed	DP Only	Managed	Mixed	
LD Support	277	167	34	15	23	3	519

**2.11.1.4.** There are also 83 people with learning disabilities who are not in receipt of a funded package of support; this is primarily those with very low level learning disabilities supported purely by a social worker offering advice and information.

#### 2.11.2. **Where People Live**

**2.11.2.1.** Our vision is for better and more sustainable care and support services that are community-based, coordinated around people's needs and make the most of community services. By commissioning for value and impact we will shape local provision, based upon assessed needs and aspirations, ensuring all commissioned support is focussed on the individual's strengths, personal outcomes and also provides value for money.

**2.11.2.2.** The Council and the CCG benchmarks very high for its over reliance on the traditional model of residential care for people with a learning disability: the national Adult Social Care Outcomes Framework results for 16/17 reveal that permanent admissions to residential care for adults aged 18-64 in the Island is four times the national average. Indeed, over 30% of people with learning disabilities supported by Adult Social Care live in residential care, accounting for 19.85% of net controllable ASC expenditure in 2016/17. Residential placements for people with learning disabilities are high cost £1,258.93 and service driven rather than outcome focused.

**2.11.2.3.** People are not empowered to develop and maintain their independence. On the Isle of Wight only 17% of people with learning disabilities live in a

supported living setting and very few people own their own home, despite Government schemes which support people to do so.

	May-17	Jun-17	Jul-17
People living in residential placements	177	175	175

Taken from 16/17 SALT Return	March 2017
Supported Living Tenants	105
People living with parents or family	184
People living in settled accommodation	338 (includes above figures)

- 2.11.2.4.** There is currently a shortage of supported living and other community based accommodation options for people with learning disabilities which have led to the over-reliance on residential care.
- 2.11.2.5.** There is strong feedback from individuals living at home with family, sometimes with elderly parents, that over the next few years many of them will be seeking to move into their own supported living accommodation, putting further demand pressure on the Island's housing supply.
- 2.11.2.6.** Our focus will be to enable individuals to make the shift from care in a residential home to support in their own home. This will mean commissioning a range of locally based, high quality socially inclusive housing and developing more sustainable person centred supported living schemes that offer people their own tenancies.
- 2.11.2.7.** We will encourage services that work with individuals and their families to enable them to move on from more intensive support settings to further independence and promote and facilitate the use of assistive technology, universal and community options.
- 2.11.2.8.** We are therefore currently reviewing and developing the accommodation and support market place working on initiatives aimed at improving our housing and support offer through outcome focussed commissioning to enable the individual to have choice and control over where they live and who they live with. This includes working with individuals, their families and carers, health and social care professionals, community partners, support providers and housing providers to ensure we co-produce our approach. We are developing a dynamic purchasing system (DPS) to

source care and support in supported living settings and a separate DPS to source accommodation.

**2.11.2.9.** We are also, through our Independent Island Living Strategy, developing options for extra care housing, housing designed with the needs of people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. This housing option will be available to individuals with a learning disability over the age of 55 years.

**2.11.2.10.** We will also have a Shared Lives scheme on the island expected to be operational by February 2018. The Shared Lives Manager is currently undergoing the registration process with the Care Quality Commission. Shared Lives, is a service provided by individuals and families who offer a home to a person with learning disabilities and is distinguished by the following features:

- Arrangements are part of organised Shared Lives Scheme that approves and trains the Shared Lives Carers, receive referrals, match the needs of service users with Shared Lives Carers, and monitor the arrangements.
- People using Shared Lives services have the opportunity to be part of the Shared Lives Carer's family and social networks.
- Shared Lives Carers accommodate a person/people with learning disability in their own home and treat them as a member of their household. They are paid a set allowance for doing so.
- People using Shared Lives are supported to access any welfare benefits to which they are entitled
- Arrangements provide committed and consistent relationships between the person using the service and the Carer.
- The relationship between the Shared Lives Carer and the person placed with them is of mutual benefit.
- Shared Lives Carers can support up to three people at any one time should it be appropriate to do so.

**2.11.2.11.** Our aim for supported living developments on the Isle of Wight is to achieve choice, control and community inclusion for the individuals who live there. Our approach is collaborative and, person-centred, placing the individuals at the centre of the process. Our focus will be less on the housing ‘mechanics’ and more on the rights of individuals, ensuring adherence to a common set of principles that are defined in the [Reach Standards in Supported Living](#):



**2.11.2.12.** To ensure we empower people with learning disabilities further, we will develop opportunities for people to buy their own home by working with partners in housing and establishing opportunities for home ownership / shared ownership – HOLD schemes. More detail can be found [here](#)

**2.11.2.13.** We have already held two HOLD engagement events on the island partnered by My Safe Home and there is a growing interest from individuals and families to progress this further.

### 2.11.3. **Day / Evening Opportunities and Community Support**

**2.11.3.1.** How people with learning disabilities spend their time is very important to them. It is not just about traditional day centres; it is about community access, presence and inclusion, not just Monday to Friday 9.00 -5.00 but 24 hours a day 7 days a week. People with a learning disability should have the same opportunities as everyone else to access to education, training, employment, sport, leisure and recreational facilities.

**2.11.3.2.** Current provision for day and evening opportunities is primarily provided through specialist resource centres and day services (although there are a

small number of community solutions) - all funded through personal budgets.

- 2.11.3.3. The Council and CCG recognise that there is still much work to do in enabling people with learning disabilities to access the sorts of day and evening opportunities that help deliver greater independence, choice and control.
- 2.11.3.4. Over the next five years, we intend to reduce the reliance on historic models of residential and specialist provision and expect to see an increase in community based activities that focus on providing services to support people with learning disabilities access universal and mainstream services and integrate into their local community Including local sport and leisure facilities, libraries, community activities as well as a much greater focus on education, life skills and employment opportunities.
- 2.11.3.5. Providers will need to consider not only how they might support individuals but also groups of individuals who may wish to pool their budgets to fund activities together. Providers will be expected to base their support on what a person can do, rather than what they can't and to use an empowering, enabling, strengths based approach.

#### 2.11.4. ***Employment for people with learning disabilities***

- 2.11.4.1. Employment and education are known to enhance quality of life, reduce the risk of social exclusion, improve health and wellbeing and provide financial benefits.
- 2.11.4.2. The Council operates a supported employment service, No Barriers, to assist people with learning disabilities to access (and then maintain) employment and vocational opportunities. Currently No Barriers supports 121 people with a learning disability who are either in existing employment or volunteering placements or who are seeking them. We need care providers to work with local businesses to help provide more paid employment, training, internships and voluntary opportunities for people with learning disabilities. Providers may be able to directly provide paid and voluntary employment opportunities or they may be able to work with

people to develop their skills and support them in accessing both education, volunteering and employment opportunities.

#### 2.11.5. **Support for carers**

- 2.11.5.1.** Both the Council and the CCG recognise the vital and valuable role that carers play in supporting people with learning disabilities and the enormous pressure they face.
- 2.11.5.2.** On the Isle of Wight, a large number of people with learning disabilities live at home with family and carers and increasing numbers of these carers are approaching or have already reached age 65. It is critical that we provide the right support for these older carers to remain in their caring role for as long as they want to – and to help identify options for when this is no longer possible. We also recognise that the Council and CCG must work with providers to encourage individuals to be as independent as possible and identify how they want to live their lives in the future when their elderly parents can no longer provide their support.
- 2.11.5.3.** Everyone will have a different definition of what they want from respite care and therefore we must provide flexibility and choice. The ambition is to provide the respite support and breaks that are needed to enable carers to live their lives as they wish whilst remaining in their caring role for as long as they wish. Respite care, of course, should also be beneficial to the individuals they support. The right support in the right place at the right time will increase independence and delay or prevent the need for reliance on long term care.
- 2.11.5.4.** In particular we are looking for innovative respite care solutions to support adults with more complex needs.

#### 2.11.6. **Autism**

- 2.11.6.1.** For those people with learning disabilities and autism a number of service providers are likely to be involved providing universal and specialist services. Staff will need to be appropriately trained and skilled to be able to offer flexible, bespoke support to people with autism and make

reasonable adjustments to their delivery and approach in order to best meet their needs.

- 2.11.6.2.** Some people with autism will not meet the eligibility criteria for adult social care and therefore there is a need to develop preventative services, such as early intervention, information and advice services.

**2.11.7.                      *Transition***

- 2.11.7.1.** Although this MPS focuses on adults age 18 and over, we are mindful that the [Special Educational Needs and Disability \(SEND\) reforms](#) extend the special educational needs (SEN) system from birth to 25, giving children, young people and their parents' greater control and choice in decisions and ensuring their needs are appropriately met.
- 2.11.7.2.** The Council's Disabled Children Team supports young people with learning disabilities up to the age of 18 years. Children's Services will forward the names of people likely to require an adult social care response when they reach 14 years old to enable transition planning to take place.
- 2.11.7.3.** Transition should be a well-planned and stress free process. Before the age of 17, at a time that has significant benefit to the child, social care practitioners working within the Adult Social Care Transitions team will work with the children's social worker in the moving on to adulthood process and support access to support for those over 18 years old. A clear pathway has been developed and agreed by the children and adults social care teams which will provide support and advice throughout this important time.
- 2.11.7.4.** Adult Social Care is currently aware of 52 young people with learning disability aged 14 to 18 years, who are likely to require a support when they reach adulthood and 64% of those young people have complex needs.
- 2.11.7.5.** We expect providers to be able to work with young people aged 16 and over and their families to enable a seamless transition from children to adult services. The focus will be on supporting the development of the

young person's independence skills and intervention to build self-esteem, raise aspiration and reduce the impact on future service provision.

#### 2.11.8. ***Out of area placements***

- 2.11.8.1.** In the vast majority of cases, it is better for people with learning disabilities to be supported in their local community so they can maintain established relationships with their friends, family and other networks. However, sometimes there is a need to commission support outside of the Isle of Wight because the person needs highly specialist support which cannot be met.
- 2.11.8.2.** The Isle of Wight currently has 15 adults with learning disabilities placed on the mainland. 60% of these placements have been made to enable people to live closer to family who live off island and have been made a number of years ago meaning that the person considers where they live now to be their local community having made friends and developed support networks there.
- 2.11.8.3.** However there are also people with learning disabilities living in residential placements on the mainland who wish to return to the Isle of Wight –these placements are invariably very costly and expensive to monitor due to the distances involved. When people are placed out of area, against their wishes, work needs to begin at the point of admission to plan for a return back to the Island.
- 2.11.8.4.** We think there is considerable scope for efficiencies to be made and opportunities for providers to develop support on the Isle of Wight to meet the outcomes of people with more complex learning disability needs.

#### 2.11.9. ***Assistive technology***

- 2.11.9.1.** We expect there to be a range assistive technology to support more people with learning disabilities to live in their own home for longer, to support an individual to access their own home for the first time and to reduce reliance on staff in supported living settings.
- 2.11.9.2.** The Council will be able to support and advise providers through its Wight Care service of what is available and how to access technology to help people to live more independently at home.

#### 2.11.10. **Personal Assistants**

**2.11.10.1.** Over the next two years we intend to increase the number of Personal Assistants with the skills to support people with learning disabilities, including those with more complex needs and those whose behaviour challenges services. This will increase choice and control for people who prefer to receive support in their family home, a Shared Lives home or their own home.

**2.11.10.2.** This support could also be delivered to support people whose placement is at risk of breaking down and families or staff require extra support to assist them in a crisis or prevent a hospital admission.

#### 2.11.11. **Advocacy**

**2.11.11.1.** Our expectation is that providers will work with third sector organisations to provide independent advocacy and ensure that people with learning disabilities have choice, control and a real say in how they live their lives.

#### **2.12. How will the Council work with Providers over the next five years**

2.12.1. The Isle of Wight Council has introduced a web-based system, SProc.Net, to manage the Council's Dynamic Purchasing System (DPS). The Council will use this system for the procurement of residential care, care and support for people living in supported accommodation and access to day / evening opportunities as and when required. People with learning disabilities will still be able to access a personal budget to design their own care and support in supported accommodation and to access day / evening opportunities if they so wish.

2.12.2. Our DPS is a fully electronic system used to award contracts for works or services as set out in Regulation 34 of The Public Contract Regulations 2015. The use of a DPS to award such contracts ensures the end-to-end procurement process of care packages is competitive, fair and transparent. Providers need to meet the Council's quality criteria to join the DPS (available below), but there are no other restrictions regarding who can or cannot join.

2.12.3.

<b>Learning Disability Care Homes</b>	Percentage
Care Quality Commission (CQC) rating	40%
Quality Monitoring Visit / Self-assessment Form	30%
Provider QA Survey	15%
Feedback from individuals receiving care and support <i>(This will be a combination of providers own quality monitoring and visits/calls conducted by quality assurance staff to individuals within their own homes).</i>	15%

<b>Day and Evening Opportunities (community involvement and activities)</b>	Percentage
Quality Monitoring Visit / Self-assessment Form	50%
Providers QA Survey	25%
Feedback from individuals receiving care and support <i>(This will be a combination of providers own quality monitoring and visits/calls conducted by quality assurance staff to individuals within their own homes).</i>	25%

<b>Home Support</b>	Percentage
Care Quality Commission (CQC) rating	30%
Self-assessment Form	20%
Quality Monitoring Visit	20%
Feedback from individuals receiving care and support <i>(This will be a combination of providers own quality monitoring and visits/calls conducted by quality assurance staff to individuals within their own homes).</i>	30%

<b>Supported Living</b>	Percentage
Quality Monitoring Visit / Self-assessment Form	50%
Providers QA Survey	25%
Feedback from individuals receiving care and support <i>(This will be a combination of providers own quality monitoring and visits/calls conducted by quality assurance staff to individuals within their own homes).</i>	25%

- 2.12.4. The DPS is a fair and transparent process for all providers who will benefit from access to all opportunities to provide services in their specialism by the use of SProc.Net. The system will enable providers to
- Compete on a level playing field with other organisations for new opportunities to provide services
  - Have reduced administration costs and an easy to use, streamlined process

- Have access to a full history and complete audit trail of all buying decisions and along with this all communications are captured in one easy to access location.

2.12.5. Unlike traditional frameworks, that remain closed to other suppliers for the duration of the contract, a DPS is an ‘open market’ designed so that providers have the opportunity to join throughout the lifetime of the DPS contract, enabling the Council to meet its duty to stimulate and provide an innovative and diverse market place and enable providers to grow and develop their businesses.

2.12.6. All new provision for adults with learning disabilities who are eligible for support from the Council (apart from care and support purchased via a personal budget) will be purchased through this framework. Providers who wish to offer services as set out in this MPS are encouraged to contact the Council to discuss joining the DPS.

2.12.7. We welcome the opportunity of expanding our existing provision to encourage a whole spectrum of providers offering a range of skills and options to be part of the DPS and therefore would encourage interest from large organisations who can provide a range of services as well as smaller third sector organisations and small and medium business enterprises who can offer specialist and tailored services.

#### 2.12.8. **Single Point of Commissioning (SPOC) Contact Details**

Email - [spocprovider@iow.gov.uk](mailto:spocprovider@iow.gov.uk)

Phone - 01983 821000

#### 2.12.9. **Finance and Funding**

**2.12.9.1.** In 2016/17 the total gross expenditure on adult social care on the Isle of Wight was just under £75 million, of which £19 million was spent on people with learning disabilities – this is 25% of the spend.

**2.12.9.2.** Over the next five years, the Council expects demand for services for people with learning disabilities to increase. However, the Council has to secure £19M savings throughout its current Medium Term Financial Strategy meaning that Adult Social Care, as the largest single spending Department of the Council, must make its contribution to supporting the

Council to deliver a balanced budget. Accordingly, and despite a rise in demand, the resources available to Adult Social Care are expected to shrink. Providers, therefore, will need to be creative, innovative and flexible in how they offer support ensuring it continues to be person centred and outcome focussed – and can demonstrate they deliver best value. The shift from traditional care and support to enablement and re-ablement, along with the people having control of their own personal budget, must deliver greater independence for people who use services, and ultimately an improved quality of life.

#### 2.12.10. **Quality Assurance**

**2.12.10.1.** To ensure services provided are of the standard and quality required, all providers either currently contracted with the Council, or who will contract through the DPS, will have quality assurance and quality control systems/procedures in place. Service Providers will supply evidence to the Council and CCG's integrated quality team via both a self-assessment process and annual visit. The integrated quality team will support providers to meet standards set by the Care Quality Commission. The Quality Team will also take its own measures to satisfy itself as to the quality of the service it is purchasing, including speaking to people, and their carers, in receipt of support.

#### 2.12.11. **Safeguarding**

**2.12.11.1.** The Isle of Wight has a strong commitment to support and safeguard adults at risk. . Providers delivering services to the Isle of Wight Council and CCG must comply with and apply the [Island's Multi-Agency Policy and Procedures to Safeguard Adults from Abuse](#).

### **3. Mental Health**

#### **3.1. Introduction**

3.1.1. The Local Care Board takes very seriously the need to respond with alacrity to the “inadequate” judgement awarded by the Care Quality Commission to the IoW NHS Trust's mental health services. Moreover, the LCB is fully aware that that people with mental health issues or a learning disability have

poorer health outcomes than the general population. For these reasons the transformation of mental health services on the Island is one of the LCB's top seven priorities

- 3.1.2. Drastic reform and improvement is required across the health and care system and the IOW Council has appointed the Cabinet member for Adult Social Care and Public Health as its Mental Health Champion because it wants improved mental health to be a core focus over the next four years.
- 3.1.3. More generally, mental ill health is the largest single source of burden of disease in the UK and no other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact. Mental ill-health is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour. Mental ill-health has not only a human and social costs but also economic costs estimated at over £105bn per annum for England.
- 3.1.4. In addition to our focus on supporting older people with dementia, we need to commission and deliver care and support that improves the mental health of our 'working age' adult population. We know that poor mental health has wide ranging implications for physical health and well-being, as well as placing pressures on other aspects of life such as employment and relationships.
- 3.1.5. We need to ensure that those that need support get that support quickly and as soon as possible in their journey, to avoid both deterioration and the need for escalation to more complex services where this can be safely avoided. We need to ensure that those people experiencing a crisis in their mental health can access help and support for any day of the week and at any hour
- 3.1.6. The central aim is to work together with our partners and our local communities to develop and maintain a mentally healthy island, and reduce the impact of mental ill health in our communities by ensuring accessible, high quality mental health services for those who need them.

## **3.2. The National Policy Context for People with Mental Ill Health**

- 3.2.1. The Government's Care Act 2014 changed the way Local Authorities and their partners deliver care and support services to the population, ensuring it is fairer, clearer and available to more people.

- 3.2.2. The [Five Year Forward View for Mental Health](#) and [Five Year Forward View for Mental Health: One Year On](#) clearly requires all health care commissioners and providers to respond to the demand for improved mental health services.

### 3.3. The Local Context

- 3.3.1. The CCG and Local Authority recognise that the escalating demands of mental ill health also threaten the long-term sustainability of the NHS and the ability to create a sustainable social care economy. There is a need to help people to live healthier lives by tackling preventable mental ill-health and investing in self-care / self-help resources.
- 3.3.2. In line with the Five Year Forward View for Mental Health, “...our aim is to shift care and wellbeing to prevention and early intervention agendas. Improving our ability to prevent illness, diagnose, and intervene early before conditions become serious has the potential to improve outcomes and reduce the long-term costs for health and social care services. Social support and strong social capital are particularly important in increasing resilience and promoting recovery from illness.”
- 3.3.3. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem.
- 3.3.4. We will achieve this by working at scale to review and transform acute and community mental health care pathways, rehabilitation and recovery, out of area placements and mental health crisis care pathways.
- 3.3.5. Mental Health and Learning Disability services will also need to be redesigned to be integrated and work alongside people to support them to help change those elements of their lifestyles that exacerbate the risk of mental ill-health. Services must be less biased solely towards treatment and more aimed at recovery, working with people in more holistic ways by looking at how a person’s wider circumstances and problems (e.g., their housing) impacts on their mental health and devising supports that also address these wider circumstances.
- 3.3.6. The key priorities identified in our Mental Health Commissioning Strategy, ‘Talking Mental Health – *A draft blueprint for the Island*’ are:

1. Supporting people to maintain good mental health and renewing our focus on delivering prevention
2. Reducing stigma and raising mental health awareness
3. Revitalising our approach to health and care services
4. Adopting and promoting recovery principles
5. Developing our workforce
6. Making the money work
7. Improving quality, outcomes and holding to account

### **3.4. Demographics and Population – Mental Health**

3.4.1. The following figures, information and tables highlight some of the key demographic trends and drivers for change that will impact on mental health services on the Isle of Wight.

3.4.2. All of the data below is taken from [Joint Strategic Needs Assessment \(JSNA\)](#), updated in June 2017 unless otherwise stated.

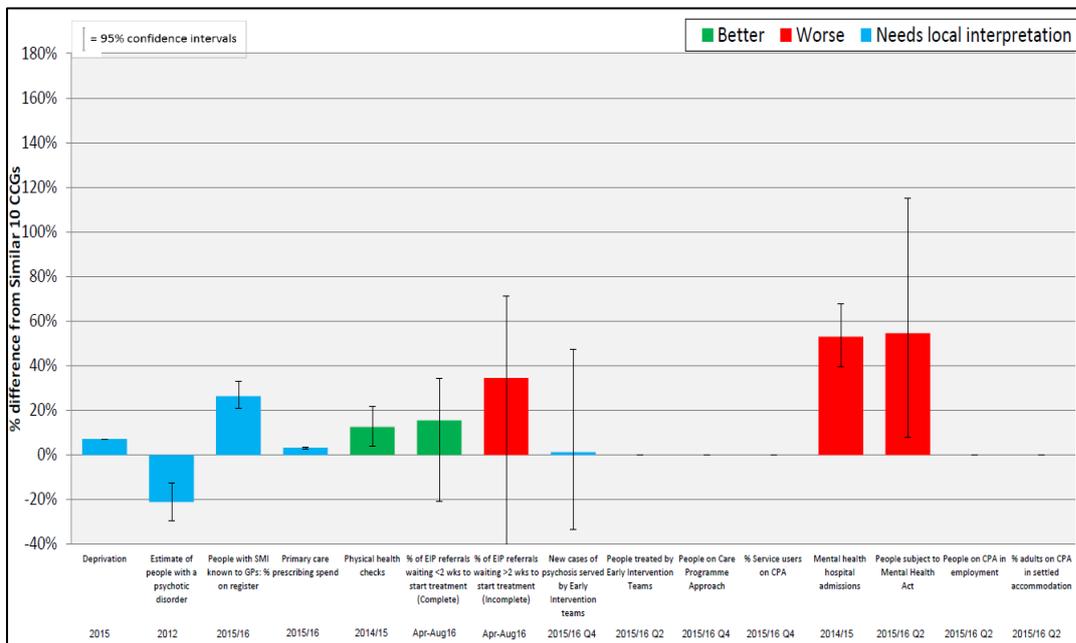
- 1 in 4 people in the UK will experience a mental health problem each year ([Joint Commissioning Panel for Mental Health Guidance](#))
- Mental health disorder is responsible for the largest burden of disease in England, at 23% of the total burden
- Mental health disorders were the 9th highest cause of death in 2007 and is responsible for most of the lost years of healthy life
- Over 1 in 4 is older than 65 years old and 1 in 6 of all households are occupied by a single person aged over 65 years old
- Over the next 10 years, the number of 69 – 79 year olds will increase by nearly 17% and over 85 year olds will increase by 40%
- 14.8% of the population are under the age of 15

### **3.5. Service Specific Areas – Working Age Adults**

3.5.1. The vision for mental health is for commissioning organisations, (health and social care) to work together with local people, the voluntary and community sector, with businesses and with health and social care service providers. The outcome sought through commissioning is the best configuration of services to meet people's needs within the resources available.

- 3.5.2. The services that we need to commission will focus on key outcomes for each individual that addresses the risks to their independence, safety, rights, choice and autonomy and that are sustainable in each person's future life.
- 3.5.3. A wide choice of support options are required, including housing options, community care and support and support for carers, all to a high standard that will produce positive outcomes. This will enable the individual to fulfil their social, health and educational needs to their maximum potential in a safe and supported environment.
- 3.5.4. This must include being able to learn new skills, spending time with friends and most important of all the chance to engage in meaningful activities in the mainstream community.
- 3.5.5. There also needs to be a priority placed upon individuals receiving the support needed to maintain and improve physical health and well-being, through access to advice and guidance as well as support to access mainstream healthcare. Best practice indicates that people with a mental health support need should have the opportunity to take part in a wide range of social and leisure activities that do not necessarily need to be undertaken within a supported housing environment or a day service setting.
- 3.5.6. An integrated, person-centred approach in delivering treatment and rehabilitation will ensure a joined up service that emphasises prevention and early intervention. On the Island, we focus on the whole person's wellbeing, not just the mental health problem they are experiencing. This is supported by the parity of esteem initiative that will deliver better physical and mental health outcomes for individuals.
- 3.5.7. On the Island, we know that the crude prevalence of mental illness is significantly higher (worse) than the England average but the crude depression prevalence is significantly lower (better) than the England average.
- 3.5.8. Whilst hospital admissions for self-harm has reduced, the numbers of NHS contacts with mental health or learning disability services is significantly higher.
- 3.5.9. This may be attributed to the introduction of Serenity – a collaborative mental health street triage service between the police and NHS staff.

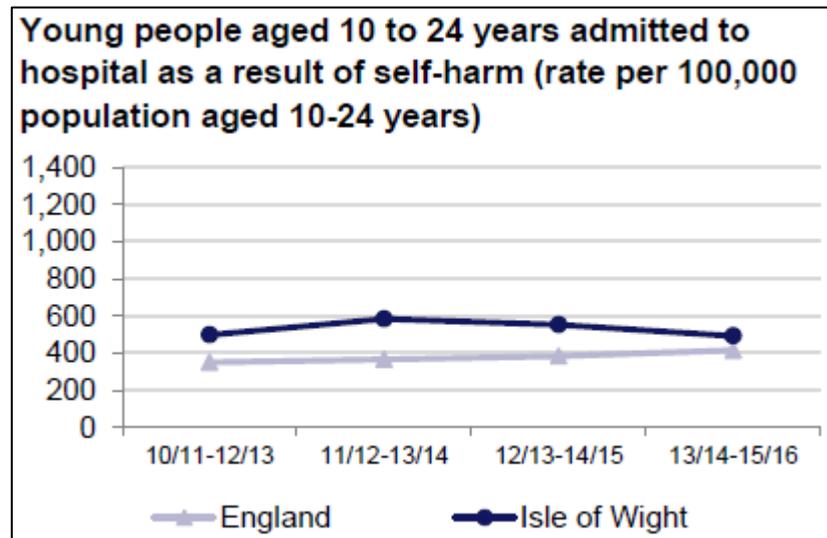
- 3.5.10. The percentage of patients diagnosed with serious mental health illness on GP practice mental health registers for the Isle of Wight in 2015/16 is 1.1% (1,602 patients). This is based on the register of patients with schizophrenia, bipolar affective disorder and other psychoses, plus other patients on lithium therapy.
- 3.5.11. This prevalence is statistically higher (worse) than the England average of 0.9% and also worse than seven out of our ten comparator CCG's. This is also an increasing trend, which therefore requires more effective responses to be provided to maintain and improve the accessibility of services as part of a prevention and early intervention strategy.
- 3.5.12. The suicide rate for persons on the Isle of Wight is high. The three-year average over 2013 to 2015 is 13.37 per 100,000 compared to the England average (10.15).
- 3.5.13. For the Island, the prevalence of severe mental health conditions is set out in the chart below. It identifies that the Island has areas of good practice however, admissions to bed based MH services and the use of the detaining sections MH Act are above the average when compared to similar CCG's.



### 3.6. Service Specific Areas – Children and Young People

- 3.6.1. Children and young people under the age of 20 years make up 20.4% of the population of Isle of Wight and 6.8% of school children are from a minority ethnic group.

3.6.2. Nationally, the rate of young people under the age of 18 being admitted to hospital as a result of self-harm is increasing however there is no significant trend on the Isle of Wight. The admission rate in the latest period is still, however, higher than the England average.



3.6.3. Compared to the England average the Isle of Wight has ([Child and Maternal health Data, Public Health England](#)):-

- Worse rates for teenage pregnancy
- Higher levels of self-harm
- Higher hospital admissions for those with a mental health condition

3.6.4. Higher rates of young people under 18 admitted to hospital because they have a condition wholly related to alcohol

3.6.5. The October 2016 refresh of the [Children and Young Peoples Transformation Plan](#) identified a number of major themes including:

- There are difficulties in access to child and adolescent mental health services (increases in referrals and waiting times, increased complexity and severity) reported by partners
- There is complexity of current commissioning arrangements
- There is variable access to crisis, out of hours and liaison psychiatry
- Schools and carers report difficulty accessing assessment and preventive mental health support
- There are clusters of self-harm in several schools and communities
- The rate of referrals is affected by a shortage of local clinical skills in prevention and early intervention services

- There are a number of costly off-island placements for some high risk cases that divert funding from preventative activity
  - Community understanding of the causes and symptoms of childhood mental illness is not high in some areas
  - Young people with learning needs appear to be more at risk of self-harm and referral than others
  - Bullying behaviours are being increasingly reported
- 3.6.6. Children and young people with good mental health do better. They are happier in their families, they learn better and do better at school and they are able to enjoy friendships and new experiences.
- 3.6.7. They are more likely to grow up to enjoy healthy and fulfilling lives and to make a positive contribution to society and to have good mental health as an adult. Intervening early and positively makes a real difference at every stage of life's course. We know that giving the right type of support in the earliest years can help to avoid many of the costly and damaging social problems in society.
- 3.6.8. We will work to develop the capacity of our children to be resilient and to maintain their wellbeing. We know that children grow best in families and supporting families is an important part of the Transformation Plan and the September 2017 refresh will identify our achievements as well as the work that needs to continue to deliver quality services for our younger population.
- 3.6.9. We have five priority areas for action identified in the Children and Young People's Emotional Wellbeing Strategy Document:-

3.6.10. ***Promoting Emotional Health Resilience***

- 3.6.10.1.** The need to build the emotional health resilience of children and young people and their families by developing further early support across all services

3.6.11. ***Improving Access***

- 3.6.11.1.** The need to ensure children and young people have increased access to appropriate services supporting their educational and mental health needs, from all agencies both statutory, independent and voluntary

3.6.12. ***Developing Clear Care Pathways***

**3.6.12.1.** The need to continue to develop the interface between community child and adolescent mental health services and the wider children's workforce. Specifically to develop the ADHD/ASD pathways, recognising the emotional and mental health needs of this particular group of children and young people.

3.6.13. ***Ensuring the most vulnerable are supported***

**3.6.13.1.** The need to ensure the most vulnerable children e.g. looked after children, have timely access to a range of services to support their emotional well-being and mental health.

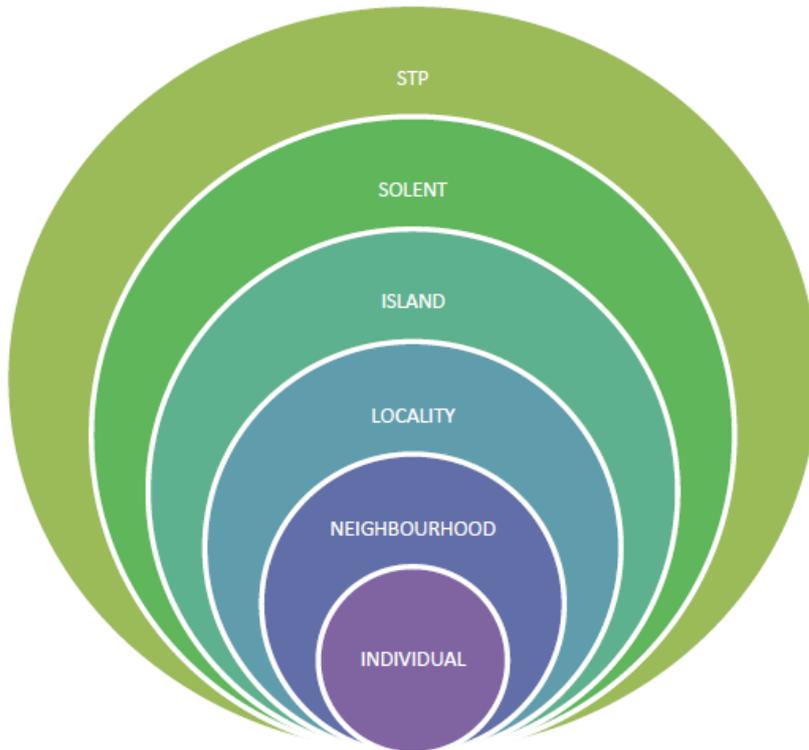
3.6.14. ***Developing the Workforce***

**3.6.14.1.** The need to extend across the children's workforce, training and understanding of the emotional well-being and mental health needs of Isle of Wight children and young people, to include [Solihull training](#).

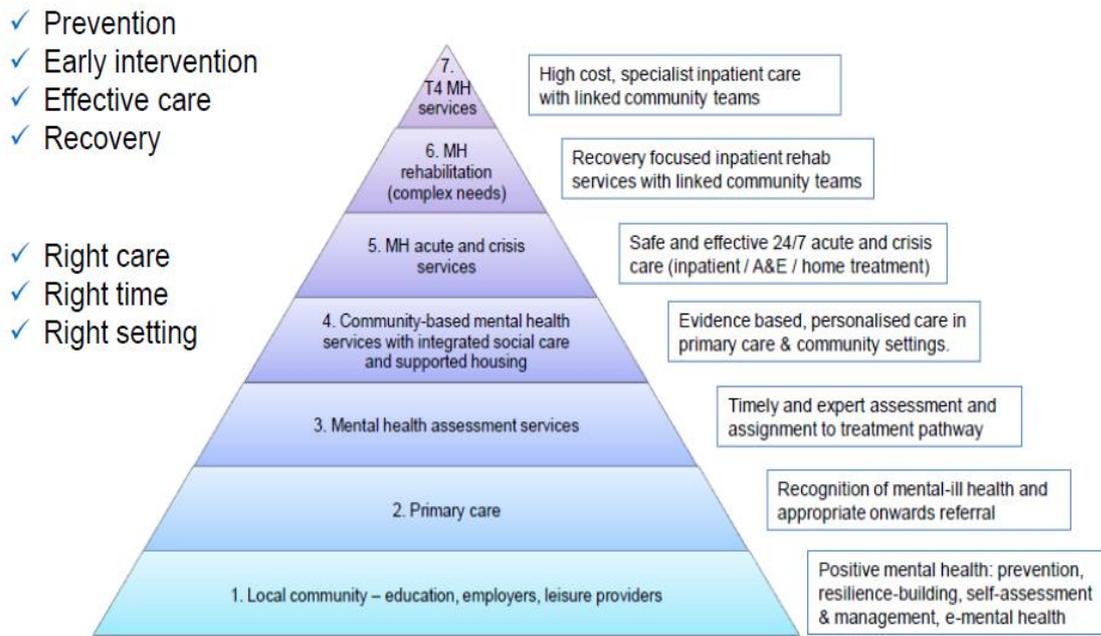
**3.6.14.2.** It is not possible to directly influence all the factors which increase the risk of children and young people experiencing emotional or mental health difficulties. However, targeting children and young people who are at increased risk of experiencing emotional or mental health difficulties, so difficulties can be identified early and investing in services which can increase a child or young person's resilience, will likely have a positive effect on reducing the long term impact emotional and mental health difficulties can cause.

**3.6.14.3.** The improvement of emotional well-being and mental health for children and young people remains a key priority and is expressed in terms of securing children and young people's emotional, mental and physical health. This priority focuses on supporting the delivery of our community Child and Adolescent Mental Health Strategy by helping to equip the workforce to better recognise and respond to issues of emotional and mental ill-health.

### **3.7. Meeting the Challenges – Our Vision**



- 3.7.1. Within mental health we need to place the individual at the centre of all that we do, regardless of age or need. Services need to be streamlined and commissioned to meet the person's needs (and those of the carers) at the right time and in the right place. Doing so will avoid late interventions and early escalations.
- 3.7.2. Each individual is supported within a wraparound framework of strategic support, as above. We need Providers who can operationalise that framework and make early interventions, supporting self-care wherever this is safe and possible. This is shown, for mental health, in the diagram below.



### 3.8. The STP and the plan for 2020 / 2021

- 3.8.1. By 2020 / 2021 we are committed to undertaking a whole system review and transforming the way that mental health services are configured across Hampshire and the Isle of Wight, (HloW), to improve outcomes for patients.
- 3.8.2. In line with the [Five Year Forward View for Mental Health](#) implementation plan and the [Dementia Implementation Plan](#), we will make substantial progress the following areas.
- 3.8.3. All people in HloW will have early diagnoses to enable access to evidence based care, improved outcomes and reduced premature mortality:
- access to psychological therapies to meet 25% of need and integration into physical health pathways
  - rapid access for people experiencing their first episode of psychosis in line with NICE-approved care to meet the 60% target
  - significantly more children and young people accessing high quality mental health care to meet the 35% target
  - specialist perinatal mental health services are available locally for all women who need them
- 3.8.4. Enhanced collaborative community care with an integrated commissioned care pathway approach, from prevention through treatment to recovery:

- agreed plans to improve services for crisis care or acute deterioration for all ages, including investing in alternatives to hospital admissions where appropriate
- all acute hospital will have all-age 24/7 mental health liaison services
- in primary and community care there will be mental health crisis support and home treatment teams
- there will be eating disorder services for children and young people
- there will be access to rehabilitation and services for those with complex needs

3.8.5. Parity of Esteem - All people will be treated holistically, recognising their mental and physical health needs:

- all people living with severe mental illness will have access to the right physical health services, such as regular health checks and associated interventions
- across HloW, providers will make every contact count and support both the physical and mental health needs in every interaction. This will include wider needs, such as better employment support and integration with justice commissioners to develop all-age liaison and diversion schemes

### **3.9. The Local Care Board (LCB) and the seven key priorities (the mental health ones have been amalgamated)**

3.9.1. Whilst there are 10 key priorities that have been identified for the Island, the pathways for focus in this mental health and learning disabilities MPS are as follows, together with the list of the outcomes we are seeking to deliver in each pathway:

#### **3.10. Mental Health Recovery (Rehabilitation and Reablement)**

- Increase discharge from Section 117 to peer benchmark
- Wellness and Recovery Plans (WRAP) offered to all
- Increase numbers of people who have access to Personal Budgets
- Service User Experience summary outcomes to national best practice
- Increase numbers of people in gainful occupation, those with qualifications and employment

- Reduce Acute Mental Health admissions to peer benchmark
- Reduce Acute Mental Health length of stay to peer benchmark
- Reduce Delayed Transfer of Care (DTOC) as per national trajectory target
- Delivery of system wide financial savings
- Decrease in Bed Days
- Reduce Acute Mental Health admissions to peer benchmark
- Reduce Acute Mental Health length of stay to peer benchmark
- Reduce Delayed Transfer of Care (DTOC) as per national trajectory target



### 3.10.1. **Mental Health Community Pathway Re-design**

- Reduction in the use of prescription medication
- Reduction in the number of people on the Care Programme Approach caseloads
- Increase number of people who live independently, return to place of residence

- Bed occupancy rates at lead acute provider
- Reduction in admissions into residential care homes or nursing care homes
- Reduction in admissions into hospital
- Increase numbers of people in gainful occupation, those with qualifications and employment
- Improved access to psychological therapies
- Increased support available to support self-help and use of digital resources
- Increase numbers of primary care health checks
- Decrease % people permanently admitted to nursing and residential homes
- Decrease in A&E attendances
- Improved Financial Performance

### *Intervention pyramid*



*Mental health and psychosocial support in emergencies intervention pyramid*  
Source: Interagency Steering Committee Reference Group on Mental Health and Psychosocial Support, 2010

### 3.11. Delivery in the Community

### 3.11.1. ***Meaningful community based opportunities***

- 3.11.1.1. The CCG and Council will support all service users to access mainstream universal services. Where possible and with the right level of support, people with a disability or a mental health support need will have the same opportunities as everyone else.
- 3.11.1.2. Over the next five years, in the move towards independence, choice and control, we need to reduce the reliance on historic models of institutionalised provision and focus on providing services that support people to access universal and mainstream services in their local area and to integrate into their local community.
- 3.11.1.3. This will include local sport and leisure facilities, libraries, community activities as well as a much greater focus on education and employment opportunities. Employment and education is known to enhance quality of life, reduce the risk of social exclusion, improve health and wellbeing and provide financial benefits.

### 3.11.2. ***Reduce the need and demand for 'off Island' placements***

- 3.11.2.1. The Island's health and social care economy currently spends a significant amount on people who are placed off Island and there is scope for notable efficiencies to be made. Any resource we can save can then be re-invested in the Island's health and social care as well as for providers to develop services that will meet our off Island service users' needs locally.
- 3.11.2.2. Spot purchased placements tend to be high cost and we acknowledge that in the most part, such placements are in registered residential services, made as a result of lack of opportunities on the Island. The next two to five years will see the CCG and Council aiming to significantly reduce off Island and spot purchased placements in lieu of local provision.
- 3.11.2.3. Repatriation of these placements and making off Island purchases of services the exception, will enable us to better use our limited resources in the local community for people with mental health support needs.

### 3.11.3. ***Employment, education, voluntary work and training***

- 3.11.3.1.** This includes supporting and providing opportunities for people to engage in employment, education, volunteering and training. Providers may be able to directly provide paid and voluntary employment opportunities or may be able to work with people to develop their skills and support them in accessing both education and employment activities. This is an aspect of resources where we strongly believe that a significant difference can be made.
- 3.11.3.2.** We know that meaningful engagement within the community reduces the impact of mental ill health and as such, we want to move away from traditional 'day service', building based provision and adopt a spoke and hub approach delivering a recovery and rehabilitation based model of community engagement.

**3.11.4. Conclusion**

- 3.11.4.1.** The Isle of Wight is changing demographically. As an Island, we experience notable pressures such as population change and migration, pressures on housing stock and school places, transport infrastructure and disparities in the jobs market.
- 3.11.4.2.** Demand for health care services continues to rise against a backdrop of reduced funding to deliver the same level of services. It is essential that the market offers new, innovative ways of service design and delivery, ensuring that the core principles of prevention, independence and integration are included to achieve good health, care and wellbeing outcomes for the population.
- 3.11.4.3.** Services that offer quality, value for money, information, advice and guidance are an integral part of preventing people's health and social care needs from worsening. Accessing this information and advice is both beneficial to the individual and financially favourable for the CCG, the Council and its partners. We want providers to be aware of this and integrate the information and advice offer into their services.

## 4. Recovery, Rehabilitation and Reablement

- 4.1. A modern health and social care system must do more than just stop people dying. It needs to equip them to live their lives, fulfil their maximum potential and optimise their contribution to family life, their community and society as a whole.
- 4.2. Rehabilitation and Reablement achieve this by focusing on the impact that the health condition, developmental difficulty or disability has on the person's life, rather than focusing just on their diagnosis. It involves working in partnership with the person and those important to them so that they can maximise their potential and independence, and have choice and control over their own lives. It is a philosophy of care that helps to ensure people are included in their communities, employment and education rather than being isolated from the mainstream and pushed through a system with ever-dwindling hopes of leading a fulfilling life.
- 4.3. It is increasingly acknowledged that effective Rehabilitation and Reablement deliver better outcomes and improved quality of life and have the potential to reduce health inequalities and make significant cost savings across the health and care system.
- 4.4. The breadth of Rehabilitation and Reablement means that a range of organisations may contribute to meeting a person's individual needs, including the NHS, local authorities, user-led and community groups, and independent and charitable organisations. Isle of Wight organisations will unite to achieve the following ambitions:
  - prevention and reduction in demand for health services
  - support for people to stay in or get back to employment
  - support for people to gain greater control of and self-manage their care
  - integration of out-of-hospital care, so that length of stay and unplanned admissions can be reduced
- 4.5. [Commissioning Guidance](#) acknowledges that effective Rehabilitation delivers better outcomes, has the potential to reduce health inequalities and make significant cost savings across the health and care system. It also notes that Rehabilitation, focused on outcomes, is one way of enabling the transformational change required in the healthcare system.

- 4.6. A new model for the delivery of adult physical Rehabilitation on the Isle of Wight was agreed by the NHS Isle of Wight Clinical Commissioning Group and the Joint Adult Commissioning Board in August 2015 following a review of the commissioned adult Physical Rehabilitation Services. Community bedded-care in Nursing Homes would be part of the model.
- 4.7. Since that time the Isle of Wight has developed a five-year shared vision of a new, sustainable health and care system for the Island in which services work together in a more coordinated, effective and efficient way, delivering more care at home and in the local community to enable people to remain healthy and well and live their lives to the full.
- 4.8. A comprehensive piece of work focusing on the design and delivery of an Island-wide New Care Model is now underway to ensure that everyone on the Island receives services that meet their needs for the next decade and beyond.
- 4.9. The goal is to make sure people are able to access the right support and information so they can look after themselves better and live their lives to the full. It also aims to make sure people only go to hospital when they really need to, by making more support available for people closer to their home. This will mean more people can get help from a wider range of services in their local area and only have to travel further for more specialist help or emergency treatment.
- 4.10. Implementation of Recovery, Reablement and Rehabilitation pathways, supported by amalgamated NHS Rehabilitation and Social Care Reablement Teams within the Integrated Locality Services, is fundamental to the delivery of the New Care Model.
- 4.11. Considering the Rehabilitation review in light of the Isle of Wight demographics and population projections, it was recognised the majority of people requiring Rehabilitation have the illnesses and injuries that are usually associated with being frail or having age-related health conditions.
- 4.12. Taking into account the need to change service delivery, it was agreed to commission two distinct pathways, each to provide seven-day-a-week service delivery:
  - one for frail/elderly people

- the other for younger people with neurological or working age Rehabilitation needs
- 4.13. The overall intention is to enable people to become as independent as possible and to return to live in their communities supported by their Integrated Locality Service, where necessary.
  - 4.14. Recovery, Reablement and Rehabilitation will take place in the community and away from hospital-bedded provision although Rehabilitation will continue to be undertaken for those people in acute hospital in-patient beds.
  - 4.15. It is intended to provide as much Recovery, Reablement and Rehabilitation as possible in people's homes or in community facilities, as out-patients. Here wraparound care can be provided by family members, community and/or the voluntary sector with Social Care and Integrated Locality Service support, as appropriate.
  - 4.16. However there will still be a relatively small number of people who require 24 hour nursing care in the Community Nursing Home beds whilst they receive Rehabilitation. These are mostly frail people with ongoing concurrent medical conditions, or who are recovering from trauma but are passed their acute phase of illness.
  - 4.17. It is anticipated that use of the Community Nursing Home beds will be required very occasionally for people who are supported by the "neurological/working age" Rehabilitation Team. The provider will then need to negotiate the additional specific input required with this Team.
  - 4.18. Some people who need some "step-up" or "step down" support may also be admitted to the Community Nursing Home beds for a short period of time. Others may be admitted to Community Reablement Beds in residential care level settings.
  - 4.19. The review also highlighted that a Recovery period may be required so that people can then fully benefit from Rehabilitation, Reablement or assessment for their future care needs. A Recovery element has been added to the community bedded-care parts of the pathways for this reason.
  - 4.20. Some people will need a short Recovery period before their Rehabilitation commences. Others will need a longer period of Recovery due to multiple trauma or vascular problems before they can be considered for Rehabilitation or assessed for other care.

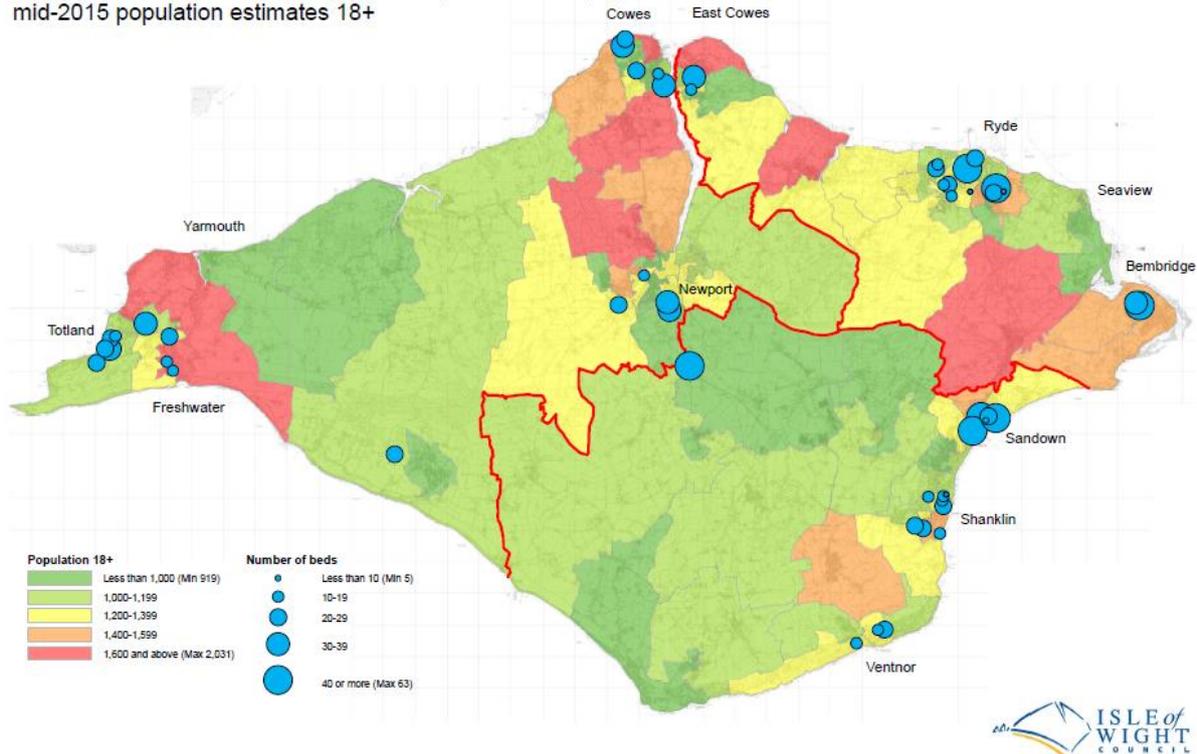
- 4.21. People will receive Recovery and Rehabilitation in one of three Nursing Homes located in, or very near, each of the Isle of Wight Localities to enable in-reach by the Integrated Locality Services.
- 4.22. The NHS Isle of Wight Clinical Commissioning Group (CCG) will contract with local Nursing Home providers to supply Community Nursing Home beds and to work with the Recovery, Reablement and Rehabilitation Services in supporting adult service users with Recovery and Rehabilitation needs.
- 4.23. It is intended that the Nursing Home staff members are active partners who supplement the work of the Recovery, Reablement and Rehabilitation Services by undertaking elements of the support required. The final decision to admit to the beds lies with the manager of the Nursing Home.
- 4.24. This level of Community Nursing Home bedded care should allow for the development of the community teams and the phased closure of the Isle of Wight NHS Trust's General Rehabilitation Unit.

## **5. Independent Sector Provision**

### **5.1. Residential Care**

- 5.1.1. The Isle of Wight currently has 51 residential care homes for older people which are registered with the CQC. The homes are in mixed ownership and are located across the Island. In total the 49 homes provide a bed capacity of 1169. In addition there are 2 specialist reablement homes with a total number of 59 beds
- 5.1.2. The location and size of residential provision is shown on the below map:

Residential beds (excluding LD) (as at September 2017) against mid-2015 population estimates 18+



© Crown copyright and database rights 2017 Ordnance Survey 100019229

Produced by Isle of Wight Council Public Health Information Team

5.1.3. As of September 2017 the majority of people in residential care who are funded by the Isle of Wight Council are aged 65+. The number of permanent admissions to residential and nursing care homes, per 100,000 population for older people (65+) is 951.9 against the national 2015/2016 average of 628.2. (use the 16/17 ASCOF data from Debs)

5.1.4. In recent months, the Council has focused on the implementation of its Care Close to Home Strategy and this has seen a decline in the number of people who are funded by the Isle of Wight Council who move to residential care

Ref	Measure Description	Activity	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
ASC4	Number of older people (65+) in permanent residential care placements at month end	Care	511	509	509	524	515	511	502	507	496

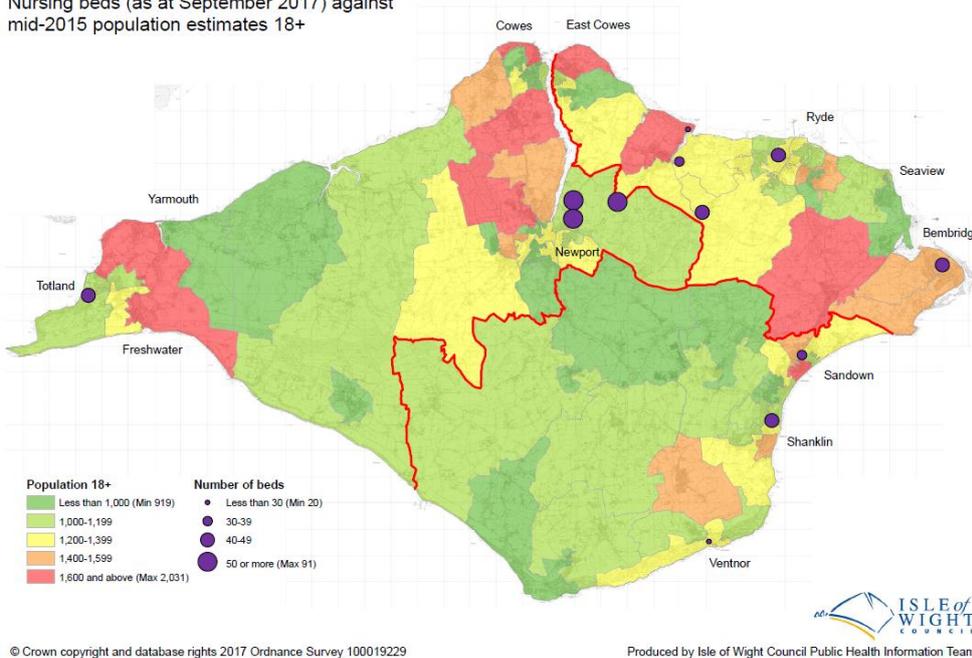
5.1.5. Over the same period the number of people who are moving to residential/nursing placements as a percentage of initial contact referrals has also decreased (omit the Dec column):

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
No. of Residential/Nursing placement as a % of Initial Contact Referrals	10%	7.6%	5.9%	6.8%	4.3%	3.4%	6.5%	2.8%	2.3%	

## 5.2. Nursing Care

5.2.1. The Isle of Wight currently has 12 residential care homes providing nursing care for older people which are registered with the CQC. The homes are in mixed ownership and are located across the Island. In total the 12 homes provide a bed capacity of 545. The location and size of residential provision is shown on the below map:

Nursing beds (as at September 2017) against mid-2015 population estimates 18+



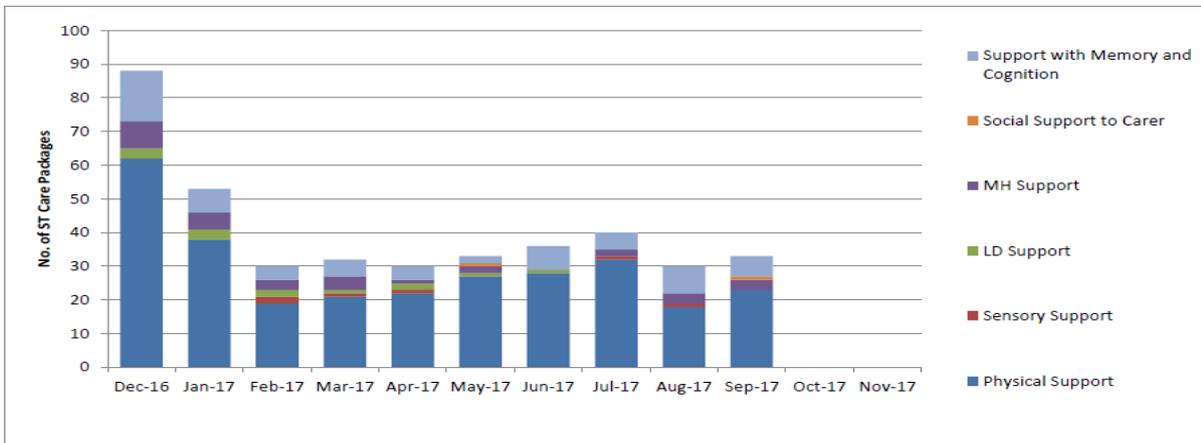
5.2.2. The number of people funded by the Isle of Wight Council who are in permanent nursing care placements has also decreased since the beginning of 2017.

Ref	Measure Description	Activity	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
ASC4	Number of older people (65+) in permanent nursing care placements at month end	Care	152	144	145	137	135	130	127	128	129

## 5.3. Short Term Placements

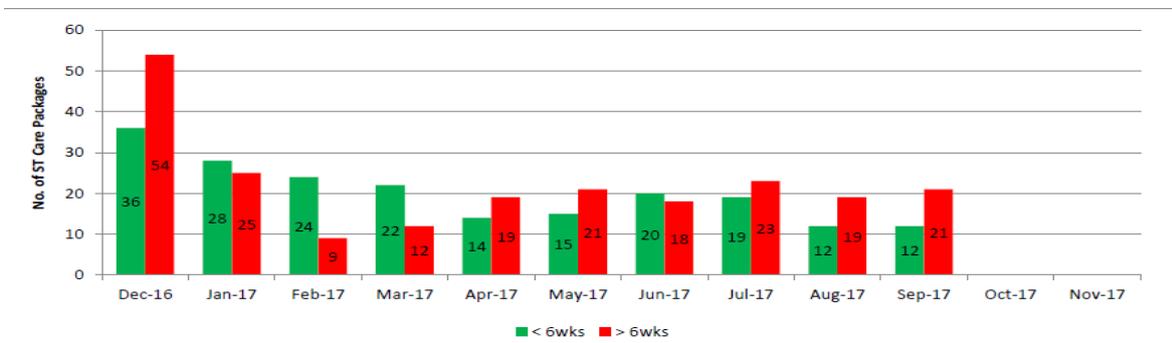
5.3.1. In addition to permanent admissions to residential care there has been a reduction in the number of short term Residential/Nursing Care Packages. Short Term care packages are defined as services lasting no more than 3 months.

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Physical Support	62	38	19	21	22	27	28	32	18	23		
Sensory Support	0	0	2	1	1	0	0	1	1	0		
LD Support	3	3	2	1	2	1	1	0	0	0		
MH Support	8	5	3	4	1	2	0	2	3	3		
Social Support	2	0	3	2	3	3	2	2	1	0		
Social Support to Carer	0	0	0	0	0	1	0	0	0	1		
Support with Memory and Cognition	15	7	4	5	4	2	7	5	8	6		
<b>Grand Total</b>	<b>90</b>	<b>53</b>	<b>33</b>	<b>34</b>	<b>33</b>	<b>36</b>	<b>38</b>	<b>42</b>	<b>31</b>	<b>33</b>		



5.3.2. When viewed by duration there is fluctuation:

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
< 6wks	36	28	24	22	14	15	20	19	12	12		
> 6wks	54	25	9	12	19	21	18	23	19	21		
<b>Grand Total</b>	<b>90</b>	<b>53</b>	<b>33</b>	<b>34</b>	<b>33</b>	<b>36</b>	<b>38</b>	<b>42</b>	<b>31</b>	<b>33</b>		



5.3.3. There is a continued decrease in short term residential placements due to great scrutiny in terms of where this is appropriate and also due to ensuring that where it is possible and the choice of the person care is provided in the community rather than bed based in residential or nursing care homes.

## 5.4. Domiciliary Care

5.4.1. The Isle of Wight currently has 23 domiciliary care agencies which are registered with the CQC – including two that are operated by Adult Social Care. The agencies are located across the Island and cover different geographical areas. The Council’s commissioned care is procured through the use of a Dynamic Purchase System (DPS) which providers are able to

join at any time. Participation in the DPS requires accreditation and enrolment. Details in relation to the DPS can be found at <http://demand.sproc.net/>

- 5.4.2. The volume of commissioned domiciliary care and home support is increasing, this is very deliberate and in accordance with the implementation of Care Close to Home. As of October 2017, approximately 150 additional hours per week are commissioned by the Isle of Wight Council when compared to March 2017. As of September 2017, 496 people were in receipt of domiciliary care packages commissioned for them or on their behalf by the Council.
- 5.4.3. There have been particular problems in commissioning more domiciliary care over the years: it has proven to be difficult to source home care for people living in more rural locations across the Island as well as more generally across the whole of the West Wight. We are aware of a particular lack of home care providers able to deliver support to people living in:
- Ventnor
  - Freshwater/West Wight
  - Rural localities on the west of the Isle of Wight
- 5.4.4. In addition to problems of local supply in particular areas, many people needing two carer calls can be difficult to source Island wide due to limited staff availability and providers not able, or reluctant, to work in partnership with other providers.
- 5.4.5. Due to these challenges in the availability of local providers, a number of commissioning actions have been identified:
1. the Council has grown its own internal domiciliary service to provide care to those people especially needing more specialist, two carer calls and to support people leaving hospital
  2. the Council provided a higher fee uplift to home care providers than to residential and nursing home providers in order to incentivise the market and to encourage local providers to look at expanding their existing business
  3. the Council will work to encourage off island domiciliary care providers to consider expanding their business onto the Isle of Wight

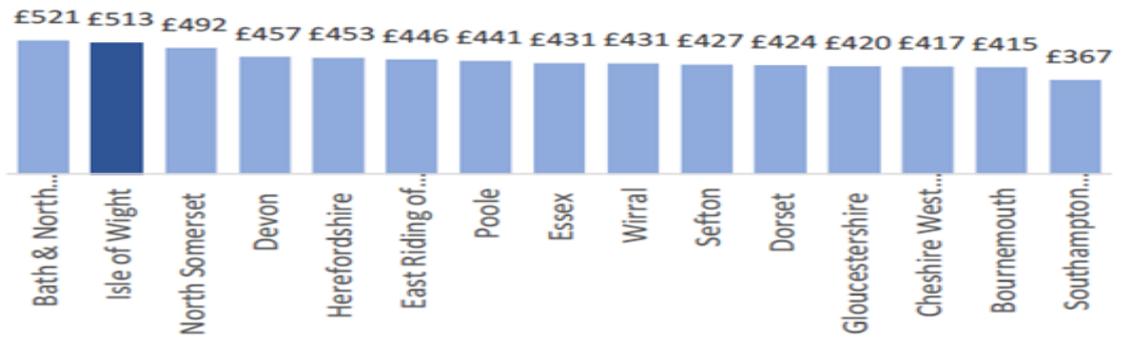
4. the Council will continue to encourage the development of the Personal Assistant market and will establish a PA Hub bringing together personal assistants and people looking for support

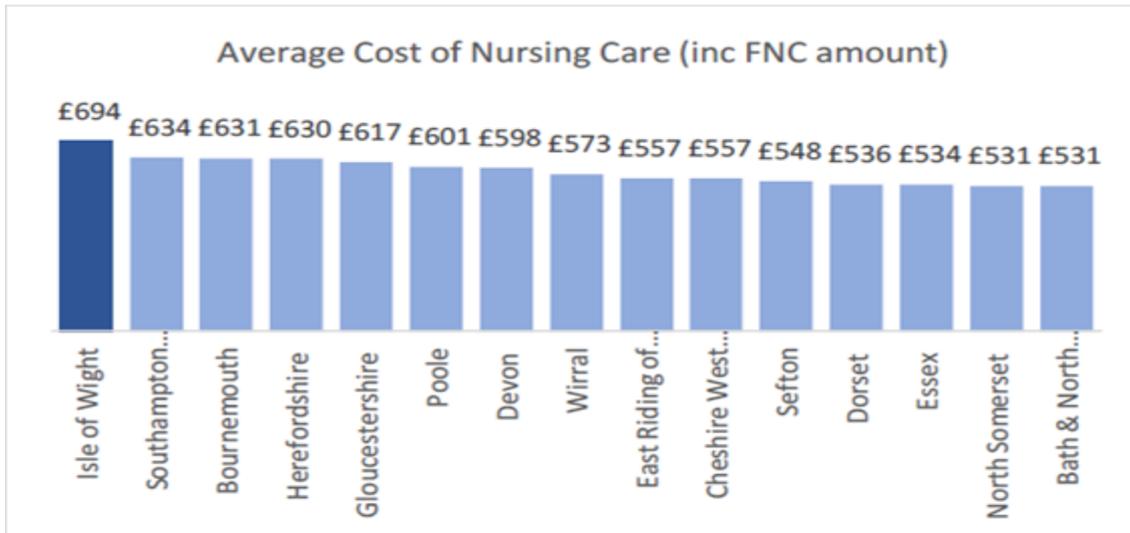
## **5.5. Funding for Providers**

- 5.5.1. The Isle of Wight Council and the Isle of Wight Clinical Commission Group undertook a joint review of the fee levels for residential and nursing care in July 2017. As a result of the fee review the level of fees payable to providers was increased.
- 5.5.2. The Fee review was in line with the CIPFA 'From cost to price' guidance released in May 2017 which states that:
- 5.5.3. 'Undertaking local cost analysis has the benefit of providing information on actual as opposed to theoretical costs, which means commissioners are better able to take account of local circumstances. Adjustments can be made to ensure that unacceptably low costs, for example wages that would breach National Minimum Wage regulations are avoided or that adequate provision is made for training.'
- 5.5.4. The guidance further states:
- 5.5.5. 'Authorities using this approach have found it a good way to demonstrate how provider costs have been taken into account when setting fees, as required by the Care Act 2014, and to explain the rationale for fee uplifts.'
- 5.5.6. The fee review was:
  - Evidence based – we asked for evidence of costs and pressures from providers in all three areas
  - Included a comparative analysis – near neighbours and Local Authority comparator group
  - Designed to equalise payments across the Isle of Wight Council and the Isle of Wight Clinical Commissioning Group.

## **5.6. Comparator information (state year)**

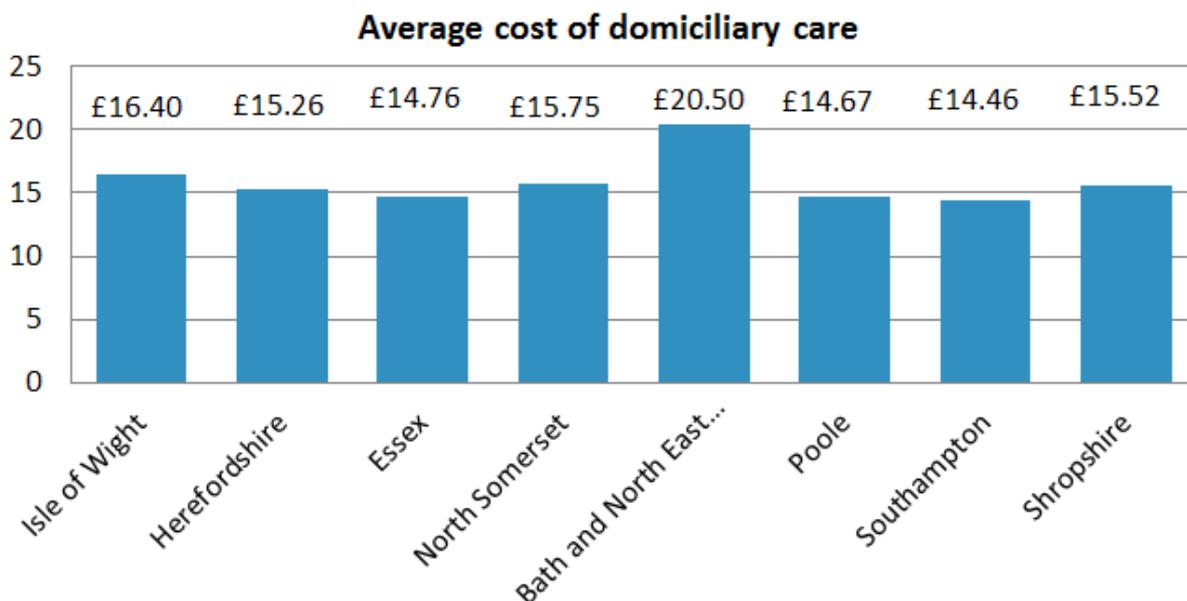
### Average Cost of Residential Care





5.6.1. Comparator information shows the Isle of Wight average cost to be the second highest amongst the group for residential care and the highest amongst the group for nursing care.

5.6.2. For domiciliary care obtaining direct comparator information is more challenging as very few authorities have a fixed priced for care of this type with the majority operating a flexible pricing model based on completion. Comparator information available does show that the Isle of Wight council’s rate for domiciliary care compares favourably with other comparator authorities. The table below pertains to the hourly rate paid in 2016/17 – before the fee lift for 2017/18. :



5.6.3. As a result of the fee review the amounts payable by both the Council and the CCG for commissioned care were increased for 2017/18 to:

5.6.4. **General Residential Care**

Band	2016/2017	2017/2018	% uplift
2	454.93	465.50	2.32
2D	476.49	487.55	2.32
3	560.14	573.16	2.32
3D	560.14	573.16	2.32

5.6.5. **Nursing Care**

Band	2016/2017		2017/2018		% uplift
	Rate	With FNC	Rate	With FNC	
Basic Nursing	629.37	785.68	643.02	798.07	2.17
Dementia Nursing	726.32	882.63	742.07	897.12	2.17

5.6.6. **Domiciliary Care**

2016/2017	2017/2018	% uplift
16.40	16.88	2.93%

5.6.7. **Commissioning Intentions**

5.6.7.1. The Council is committed to meeting and maintaining a three year stretch target in relation to reducing the council's current over reliance on residential care. The council's Corporate Plan 2017-2020 advises clearly that this activity supports the Care Close to Home Strategy and will ensure that the Isle of Wight performance improves to meet the 2016/17 national average. The number of new permanent admissions to residential and nursing care homes will reduce from 360 to 244 by the end of March 2020, this represents a 32% decrease in new permanent placements for people over the age of 65 over the next 3 years. In population terms by 31/03/2020 the Isle of Wight will meet the national average of 628.2 new placements per 100,000 population.

- 5.6.7.2.** The level of new permanent admissions will be maintained at this lower level from 2020 to 2027. This target will be refreshed annually from 2021 to continue to reflect the then revised national annual averages and maintain performance. Raising standards across all providers of adult social care
- 5.6.7.3.** As we move forward, we want to ensure that we work with providers who are able to deliver good quality care and support to those we serve. Through use of the iBCF funding the Isle of Wight Council is investing in supporting providers to raise standards.
- 5.6.7.4.** In the summer of 2017, the Council commissioned a meta-analysis of the most recent inspection undertaken by CQC of all adult social care providers, setting out all areas of good practice and all areas for improvement. The results of this meta-analysis were used to co-design, with some of our providers, a training programme designed to help raise standards. This is being co-ordinated by the Earl Mount Batten hospice, itself graded as “outstanding” by the CQC.
- 5.6.7.5.** The aim of this initiative is to:
- Improve quality across all market sectors and providers
  - Increase the learning and development offer available to providers
  - Increase commissioning capacity and capability
  - Positively engage local providers in moving forward together and to engage with new models of care
  - Improve engagement between the Council and local providers
  - Build strong and sustainable relationships between commissioners and providers
  - Assist local providers’ cost pressures by providing free training and leadership development opportunities
- 5.6.7.6.** The investment is in the form of:
- A secondment from a leading, high quality, independent sector provider into the Integrated Commissioning Team in order to provide insight, support and challenge in relation to the way in which we do business with the independent sector

- Appointing a specific commissioner to work with voluntary sector partners so that we make better use of existing community resources and build a comprehensive early help offer
- Sector led safeguarding development work to provide clarity around criteria and provider obligations and processes
- Sector led specialist dementia training
- Funding for an Independent Chair (and administrative/co-ordinator support) for the local nursing, residential and domiciliary care associations
- Health and Social Care Market Days – bringing the public in direct contact with providers
- Sector Led training offer to focus on providing support to local providers on building leadership and ensuring safety in their service
- Independent training needs assessment (based on CQC KLOE's)
- Positive behaviour support training

**5.6.7.7.** The meta-analysis which was undertaken in July 2017 provided clarity around the CQC findings across residential, nursing and domiciliary sector provision. The local landscape at that time showed varying levels of quality provision:

**5.6.8. CQC Inspection judgements by sector and rating:**

	Inadequate		Requires Improvement		Good		Outstanding		Not Inspected	Total
	No.	%	No.	%	No.	%	No.	%	No.	No.
Home care	1	5%	3	14%	16	76%	1	5%	2	23
Residential Homes	0	0%	20	27%	54	72%	1	1%	3	78
Nursing Homes	0	0%	3	25%	9	75%	0	0%	0	12
All Services	1	1%	26	24%	79	73%	2	2%	5	113

**5.6.9. CQC Inspection judgements compared to national average:**

	Inadequate		Requires Improvement		Good		Outstanding	
	IOW	National	IOW	National	IOW	National	IOW	National
Home care	5%	1%	14%	18%	76%	80%	5%	2%
Residential Homes	0%	1%	27%	18%	75%	80%	1%	1%
Nursing Homes	0%	3%	25%	29%	75%	67%	0%	1%

### 5.6.10. CQC Judgements by Domain:

#### 5.6.10.1. Residential Care:

	Safe		Effective		Caring		Responsive		Well-led	
	IOW	England	IOW	England	IOW	England	IOW	England	IOW	England
Outstanding	0%	0.5%	0%	1%	4%	2%	3%	2%	3%	1%
Good	64%	77%	68%	82%	93%	93%	87%	85%	73%	76%
Requires Improvement	35%	22%	32%	17%	3%	4%	11%	12%	24%	20%
Inadequate	1%	2%	0%	1%	0%	0.5%	0%	0.5%	0%	2%

#### 5.6.10.2. Nursing Care:

	Safe		Effective		Caring		Responsive		Well-led	
	IOW	England	IOW	England	IOW	England	IOW	England	IOW	England
Outstanding	0%	0.5%	0%	1%	0%	3%	0%	2%	0%	2%
Good	50%	63%	92%	71%	92%	86%	83%	73%	75%	65%
Requires Improvement	50%	33%	8%	27%	8%	11%	17%	24%	25%	29%
Inadequate	0%	4%	0%	1%	0%	1%	0%	1%	0%	4%

#### 5.6.10.3. Domiciliary Care:

	Safe		Effective		Caring		Responsive		Well-led	
	IOW	England	IOW	England	IOW	England	IOW	England	IOW	England
Outstanding	0%	0.5%	0%	1%	5%	3%	5%	2%	5%	2%
Good	76%	78%	76%	85%	90%	94%	86%	86%	67%	74%
Requires Improvement	19%	20%	19%	14%	5%	3%	10%	11%	24%	22%
Inadequate	5%	2%	5%	0.5%	0%	0.5%	0%	1%	5%	2%

**5.6.10.4.** Through the bespoke sector led training programme that has been developed, the Council and the CCG are working with providers across all sectors to look at driving forward quality improvements.

**5.6.10.5.** Quality of provision across the Isle of Wight will continue to be monitored and the Council and CCG will work together, with providers to develop a Integrated Quality Framework over the next six18 months.

## **6. Personal Assistants**

6.1. People on the Island want access to a diverse and flexible Personal Assistant market providing opportunities for people to control their daily living experiences.

6.2. The council's intention is to support the growing use of direct payments and increase the number of Personal Assistant's (PAs) to ensure that people have greater choice and control over how their needs are met. Currently there are approximately 40% of people using their Direct Payment to buy their care from a personal assistant.

6.3. The Isle of Wight Council wants to develop the Personal Assistant market across the island to ensure the people we serve are at the heart of decision making, We will support them to make person centred choices in achieving outcomes.

6.4. The council is developing the Personal Assistant market Island-wide by implementing a system that will gather the names of a diverse group of Personal Assistant's and create a robust process to allow the person to be

matched with the most suitable Personal Assistant . Adult Social Care will be looking to implement the Personal Assistant Noticeboard in spring 2018 to provide an efficient tool to match personal assistant's with people wishing to employ a Personal assistants.

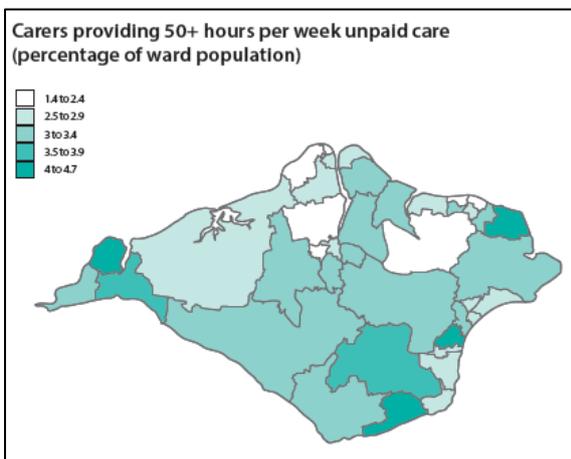
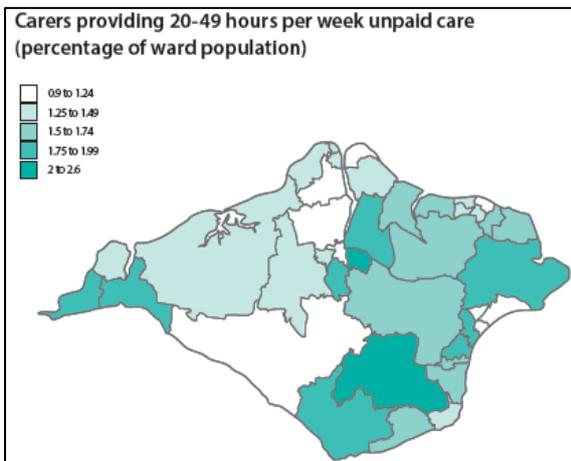
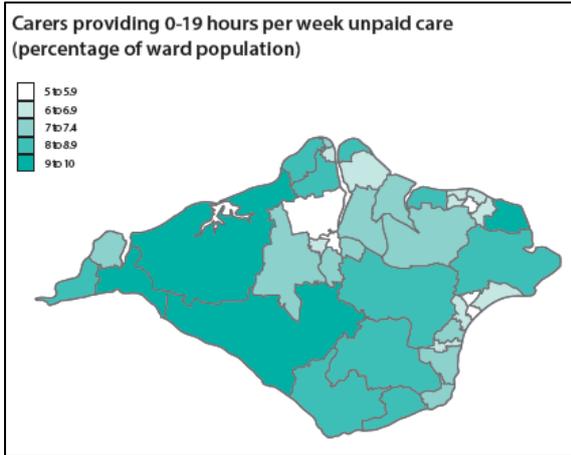
- 6.5. To support the growth and development of the market we have created two roles to support this transformation, a Personal Assistant Market Development Lead and a Personal Assistant Market Development Officer who will be working at a community level to support existing PAs and ensure there is a recruitment process to increase their number.

## **6.6. Direct Payments**

- 6.6.1. The Isle of Wight Council continues to support the use of personal budgets to meet an individuals identified social care outcomes.
- 6.6.2. One way to deliver a personal budget is via a Direct Payment. A Direct payment is designed for people on the Isle of Wight to exercise greater flexibility and choice over how their care and support needs are met, to enable them to go about their daily lives as independently as possible.
- 6.6.3. There are approximately 620 people on the Isle of Wight currently using a direct payment.
- 6.6.4. In January 2017 the Council chose prepaid cards as the preferred method of delivering direct payment funding. The aim is for all individuals on a direct payment to be using a prepaid card to purchase their services by the end of 2018. Prepaid cards do not require individuals to open a separate bank account to manage their budget and simplifies the management of a budget.
- 6.6.5. It is the Isle of Wight councils intention is to grow the number of individuals in receipt of a direct payment, the current work being undertaken to develop the PA market will continue to support this in conjunction with pre-paid cards.
- 6.6.6. This further empowers people on the island to have control over the way they spend their direct payment allocation.

## **Carers**

- 6.6.7. The Isle of Wight has a higher percentage of people (11.9%) who provide unpaid care than in the South East region (9.8%) and England and Wales (10.3%), (Census, 2011).



- 6.6.8. Carers appear to be mainly located in the more rural areas where access to services is more difficult.
- 6.6.9. The Isle of Wight Council and the Isle of Wight Clinical Commissioning Group have joined forces to re-affirm a shared commitment to continue to seek out and improve the lives of carers. Our overall direction, in line with

government policy, is to work in ways which give people real control and choice over how they are supported.

- 6.6.10. The work to refresh the Working Together with Carers Strategy for the Isle of Wight 2017 to 2019 has been co-produced with Carers IW and People Matter IW and builds on the previous joint strategy, Working Together with Carers 2013-2016.
- 6.6.11. The Strategy demonstrates our achievements against the ten priorities identified in the 2013 to 2016 strategy and how we have met the recommendations made by Healthwatch Isle of Wight and Carers IW. It also sets out how we will continue to achieve against these ten priorities for 2017 to 2019 and includes new and creative ways of carer support funded by the Improved Better Care Fund (IBCF).
- 6.6.12. To make sure we follow through on our commitments and listen to what carers need on the Island, People Matter IW the Island's user-led organisation jointly with Carers IW have set up carer's groups who will have direct contact with the staff leading on the strategy's continuous improvement and will monitor our progress against the action plans.
- 6.6.13. The Carers IW team provides information, support and advocacy to adults who look after another adult. Carers IW works with carers who either live on the Isle of Wight or care for someone living on the Isle of Wight. Services are free to use and are completely confidential.

The Carers Office, Riverside, The Quay, Newport, IW. PO30 2QR

Telephone: 01983 533173 Email: [info@carersiw.org.uk](mailto:info@carersiw.org.uk) or;

Visit the website for information about the range of support available to carers <http://carersiw.org.uk/>

## 7. Voluntary and Community Sector

### 7.1. Community Assets

- 7.1.1. The Isle of Wight has a vibrant third sector (not-for-profit organisations and registered charities). There are in excess of 1500 voluntary and community organisations working to improve the lives of Island residents. The Island also benefits from 33 Town and Parish Councils who are committed to improving their local area.
- 7.1.2. Statutory partners of the health and social care system realise and appreciate the value these community assets bring to our vision of integrated and coordinated care across all sectors. We strive to ensure all care and support will be person centred and delivered by the right person at the right time with the third sector being crucial to embedding this way of working.
- 7.1.3. There are a range of programmes and initiatives being delivered through various partnership arrangements which are aimed at increasing community capacity and resilience; for example care navigators, community navigators and integrated locality services.
- 7.1.4. Building individual and community resilience is a key focus for the Island's health and social care system. Work in, and with, communities is centred on prevention and early intervention so that people can make use of their own social networks, with support being delivered in their local area to enable them to better prevent ill health or manage their own health needs confidently.

### 7.2. Useful links

[Community Action Isle of Wight](#)

[My Life a Full Life](#)

[Town and Parish Councils](#)

## 8. Independent Island Living

### 8.1. Extra Care Housing Strategy 2017 - 2032

#### 8.1.1. *Executive Summary:*

8.1.1.1. As a Council one of our key objectives, set out in law, is to improve the wellbeing of all our citizens. Creating housing opportunities where everyone has access to 'suitable accommodation' is one way the Council can help to achieve wellbeing across the Island.

8.1.1.2. This strategy concentrates on improving the housing offer to older people. In doing so, we will open up housing opportunities for other groups of individuals, such as young people and families. We want to create communities where Island residents are safe, happy and valued.

8.1.1.3. Independent Island Living will be our name for extra care housing. The name reflects our Island status, how extra care housing helps older people to retain their independence for longer and the fact that we see this type of housing as offering older people the ability to maximise opportunities to help them to live their life the way they want to.

8.1.1.4. This strategy sits alongside other Council strategies such as Care Close to Home and is a strand of the Housing Framework, My Life My Home. The principles and approach to delivering Independent Island Living is rooted in good practice and law:

- [The Caring for our Future: Reforming Care and Support White Paper](#)
- [The Care Act 2014](#)
- [The Fixing Our Broken Housing Market White Paper](#)
- [The Welfare Reform and Work Act 2016](#)
- [Housing our Ageing Population Panel for Innovation \(HAPPI\)](#)

8.1.1.5. We welcome the arrival of new Independent Island Living communities and are excited by the opportunities they will bring to individuals, their families and carers. We look forward to seeing our Island 'family' blossom as it enjoys greater health and independence in the years to come.

#### 8.1.2. *Independent Island Living*

- 8.1.2.1.** In its simplest form Independent Island Living offers security of tenure, a well-designed property, equipped with assistive technology and telecare systems to promote independence, and the ability for individuals to access on-site care and support around the clock. There will be services to promote healthy lifestyles and combat social isolation. There will be the option to buy or rent your home. Homes can be one or two bedroom flats, houses or bungalows.
- 8.1.2.2.** Independent Island Living takes a holistic approach to ensure the best outcomes for individuals. There are four key areas that must work together to provide a home in an Independent Island Living Scheme:



- 8.1.2.3.** The percentage of Island homeowners is high amongst the older population, over 80%. If you are aged over 55, with or without a care and support need, and have the financial ability to buy your own home we are encouraging people to think about an Independent Island Living home. It will allow people to ‘future proof’ their housing ensuring that as their needs increase they do not need to sell their home or consider residential care. The on-site facilities such as restaurants, health clubs and lifestyle clinics combined with a low maintenance home with built in security for you, your partner and your home is something worth investing in.

**8.1.2.4.** For those unable to afford a home, whether rented or purchased, the Isle of Wight Council may be able to help. Financial help for rent and care and support packages will be considered for the following groups of people:

- [Aged 45+ with a learning disability and care and support need](#)
- [Aged 55+ with a disability and care and support need](#)
- [Aged 65+ with a care and support need](#)

### 8.1.3. ***Exploring the Need***

**8.1.3.1.** [The Joint Strategic Needs Assessment](#) (JSNA) told us that just over a quarter, 26.1% of Island residents, are aged 65 years old or over. Further [research](#) informs us that 1.4% of Island residents, aged 65 years or over, have been diagnosed with dementia. The national average is 0.7%. By 2030 4,232 individuals on the Isle of Wight will have dementia. This will equate to just under 9% of the population aged 65 years or over and 45.5% of the population aged 85 years old and over.

**8.1.3.2.** The Isle of Wight Council permanently admitted 21.2% more people aged 65 years or over into residential and nursing care compared to the comparator group; and 11.3% more than the national average ([ASCOF](#)). We believe that the lack of suitable alternative accommodation is one of the reasons behind these statistics.

**8.1.3.3.** Island HomeFinder, the choice based lettings system on the Isle of Wight, informs us that there are 932 families on the housing register requiring properties with two or more bedrooms. Independent Island Living will 'free up' family sized accommodation by creating desirable homes and personalised support packages for older people to help them move home.

**8.1.3.4.** The Public Health Shaping Older Person's Strategy Workshop 2015 reported that 80% of hospital bed days at St Mary's Hospital are used by patients over the age of 65; and 50% of bed days are used by patients over 80 years old. The provision of housing with around the clock care and support will enable people to return to the comfort of their home to convalesce.

**8.1.3.5.** Independent Island Living will help to meet the needs of many with the benefits being felt across the wider community. We want to see family sized accommodation become available for those that need it. We

believe that Independent Island Living will create employment opportunities and career progression for those that work in care. It will help to alleviate pressures on the NHS and bring about better outcomes for those who live and use the schemes.

#### 8.1.4. ***Future Vision and Opportunities***

- 8.1.4.1. We are embarking on an ambitious asset based Regeneration Programme that is identifying sites for development. Key Directorates are aligned in achieving this objective and we are working alongside public sector partners, private developers and national leaders in the provision of extra care housing to increase the pace, quality and quantity of Independent Island Living schemes.
- 8.1.4.2. Our vision is to ensure that Independent Island Living meets the different needs of our Island community. There will be mixed tenure schemes to include outright sale, shared ownership, market rent and social rent. There will be larger developments as well as smaller, specialist schemes that cater for people with specific health needs.
- 8.1.4.3. We have analysed the number of people, aged 55 years and over, registered with Island GP surgeries and know which communities are most in need of Independent Island Living developments.
- 8.1.4.4. We have identified an approach to commissioning the care and support provided in Independent Island Living schemes that will enable people to have choice and control over who provides their care.
- 8.1.4.5. There are eight key areas will help to define and shape how we deliver Independent Island Living. We have a detailed action plan to address each work stream.



**8.1.4.6.** We are working alongside the NHS IOW and the IOW Clinical Commissioning Group to ensure we help to achieve the aims of the Sustainable Transformation Plan which is inherent to the success of the Vanguard initiative 'My Life a Full Life'. This strategy also links into the aims of the Southampton, Hampshire, Isle of Wight, Portsmouth (SHIP) Transforming Care Partnership. Both initiatives aim at increasing wellbeing within our communities.

**8.1.4.7.** We will call upon the expertise and knowledge of specialists across the Council and other key organisations and agencies to ensure we maximise this opportunity to deliver housing with care and support to this generation of older people and future generations too.

#### 8.1.5. **Summary**

**8.1.5.1.** A range of extra care housing schemes have been successfully delivered across the UK. It is now time for the Island to discover and enjoy the benefits of this type of housing. Over the next 15 years we expect to see a changing landscape where our elderly community has a range of housing options open to them complemented by excellent information services and high quality care and support services. We intend to harness the enthusiasm and drive of developers and providers and enable housing and health and social care practitioners' to put this Strategy into action.

- 8.1.5.2.** We are going to respond to demand by building Independent Island Living communities across the whole of the Island. We are stipulating the need for high quality design to ensure the buildings are fit for purpose and ready for the future. We also understand the need to provide a mix of tenures and schemes to ensure all needs can be met. This will ensure that there is 'suitable accommodation' available for Island elders.
- 8.1.5.3.** Independent Island Living demonstrates a system-wide commitment to improve the lives of older people. We are working with people who are passionate about ensuring the best outcomes for individuals and dedicated to providing excellent housing, care and support services. We embrace the principles of integrated care and will work with individuals to co-produce services at Independent Island Living schemes. This approach ensures clarity of purpose and value for money as we build a multi-faceted service.
- 8.1.5.4.** We expect dynamic, co-ordinated services that are tailored to individual's needs. We will look to providers to work with individuals to deliver services that will enable people to maintain their independence and promote their health as well as develop new life skills. Independent Island Living schemes will be vibrant and welcoming. They will be community assets with a raft of initiatives aimed at providing people with opportunities to live their life in the best way for them.

## **9. Workforce**

- 9.1. This summary provides an overview of the adult social care sector and workforce within the Isle of Wight area. Skills for Care, as the leading source of adult social care workforce intelligence, created this summary because good quality information about the workforce is vital to improving the planning, insight and quality of social care services at a local level, which will improve outcomes for people who use these services - both now and in the future.
- 9.2. The information within this summary has been produced by Skills for Care using the National Minimum Data Set for Social Care (NMDS-SC). Skills for Care used the data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce and its characteristics to be produced.

### **9.3. Size and structure of the workforce in this area**

- 9.3.1. In 2016 the adult social care sector in England had an estimated **20,300** organisations, **40,400** care providing locations and **1.58 million** jobs. On the Isle of Wight there were an estimated 5,600 jobs in adult social care split between local authorities (11%), independent sector providers (75%) and jobs for direct payment recipients (14%). As at March 2017 Isle of Wight contained 116 CQC regulated services; of these, 92 were residential and 24 were non-residential services.
- 9.3.2. The adult social care workforce is growing. In England it has increased by 19% since 2009, and in the South East, by 3% 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 South East will increase by 37% (345,000 jobs) by 2030.
- 9.3.3. As at 2016/17 the adult social care sector was estimated to contribute £41.6 billion per annum to the English economy and £6.9 billion in the South East region. Almost half of this is estimated to be the wage bill of the sector.

### **9.4. Recruitment and retention**

- 9.4.1. Skills for Care estimates that the turnover rate on the Isle of Wight was 40%, this was higher than the region average of 29% and higher than England at 28%. Not all turnover results in workers leaving the sector, of new starters in this area around three quarters (74%) were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.
- 9.4.2. Adult social care has an experienced 'core' of workers. Workers on the Isle of Wight had on average 8.8 years of experience in the sector and 71% of the workforce had been working in the sector for at least three years.
- 9.4.3. Skills for Care estimates that on the Isle of Wight, 6.0% of roles in adult social care were vacant, this gives an average of approximately 350 vacancies at any one time. This vacancy rate was lower than the region average, at 6.9% and similar to England at 6.6%.
- 9.4.4. Using both workforce intelligence evidence and their links with employers and stakeholders across England, Skills for Care know that recruitment and retention is one of the largest issues faced by employers. They have many

resources and tools available to employers to help with recruitment and retention issues. For more information please visit: [www.skillsforcare.org.uk/recruitment-retention](http://www.skillsforcare.org.uk/recruitment-retention)

## 9.5. Staffing overview

9.5.1. The estimated number of adult social care jobs in the Isle of Wight area in 2016 was 5,600 including 400 managerial roles, 200 regulated professionals, 4,200 direct care (including 2,600 care workers), and 750 other-non-care providing roles.

9.5.2. The average number of sickness days taken in the last year on the Isle of Wight was 5.4 (4.7 in the South East and 5.2 across England). With an estimated workforce of 5,600 this would mean employers on the Isle of Wight lost approximately 30,200 days to sickness in 2016/17.

### 9.5.2.1. Proportion of workers on zero hours contracts by area

England	24%
South East	23%
Isle of Wight	17%

9.5.3. Less than a fifth (17%) of the workforce on the Isle of Wight were on zero-hours contracts.

9.5.4. Approximately half (49%) of the workforce worked on a full-time basis, 43% were part-time and the remaining 7% had no fixed hours.

## 9.6. Demographics

9.6.1. The majority (80%) of the workforce on the Isle of Wight were female and the average age was 43 years old. Those aged 24 and under made up 13% of the workforce and those aged over 55 represented 25%. Given this age profile approximately 1,350 people will be reaching retirement age in the next 10 years.

9.6.2. Nationality varied by region, in England 83% of the workforce were British, while in the South East this was 77%. An estimated 91% of the workforce on the Isle of Wight had a British nationality, 6% were from within the EU and 3% from outside the EU, therefore there was a greater reliance on EU workers than non-EU workers.

## 9.7. Pay

9.7.1. The below table shows the full-time equivalent annual or hourly pay rate of selected job roles on the Isle of Wight (area), the South East (region) and England. On 1 April 2016 the Government introduced a new mandatory National Living Wage (NLW). For the purpose of this report, the NLW of £7.20 has been quoted to match the timescale in which the data was collected. In April 2017, after the data in this report was analysed, the National Living wage increased to £7.50.

### 9.7.2. *Average pay rate of selected job roles by area*

<b>Full-time equivalent annual pay</b>	England	Region	Area
Social worker	£33,300	£32,600	£31,400
Registered nurse	£27,900	£28,700	£26,700
<b>Hourly pay</b>			
National Living Wage	£7.20	£7.20	£7.20
Senior care worker	£8.66	£9.02	£8.29
Care worker	£7.85	£8.08	£7.73
Support & outreach	£9.11	£8.53	£8.53

## 9.8. Qualifications, training and skills

9.8.1. Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively, this will help to develop the right skills and knowledge so they can provide high quality care and support.

9.8.2. Skills for Care estimates show that 55% of the workforce on the Isle of Wight hold a relevant adult social care qualification (46% in the South East and 50% in England).

9.8.3. Of those workers without a relevant adult social care qualification recorded, 28% had five or more years of experience in their current role.

## PART 3 – MODELS WE WILL ENCOURAGE

### 1. Isle of Wight System Vision for New Care Model

1.1. My Life A Full Life (MLAFL) is the new model of care for the Isle of Wight and was developed in partnership with the Island’s citizens and its health, wellbeing and care related statutory, voluntary and independent sector organisations. Our new care model is aimed at improving health and wellbeing and care of our Island population; improving care and quality outcomes, delivering appropriate care at home and in the community, and making health and wellbeing clinically and financially sustainable.

1.2. Central to our model is an increase in integrated working across all sectors of provision. The BCF, through pooling of resources, will enable us to direct resources and commission services to support integrated provision. All partners, including providers, are signed up to more integrated provision.

1.3. The model below shows how we are moving from a model where the focus is on statutory services to a model which supports individuals and communities to support themselves. This is in line with the Sustainability and Transformation Plans for prevention and out of hospital provision, and supports the delivery of the Care Act 2014.

#### 1.4. Current/Future Care Models

##### Current

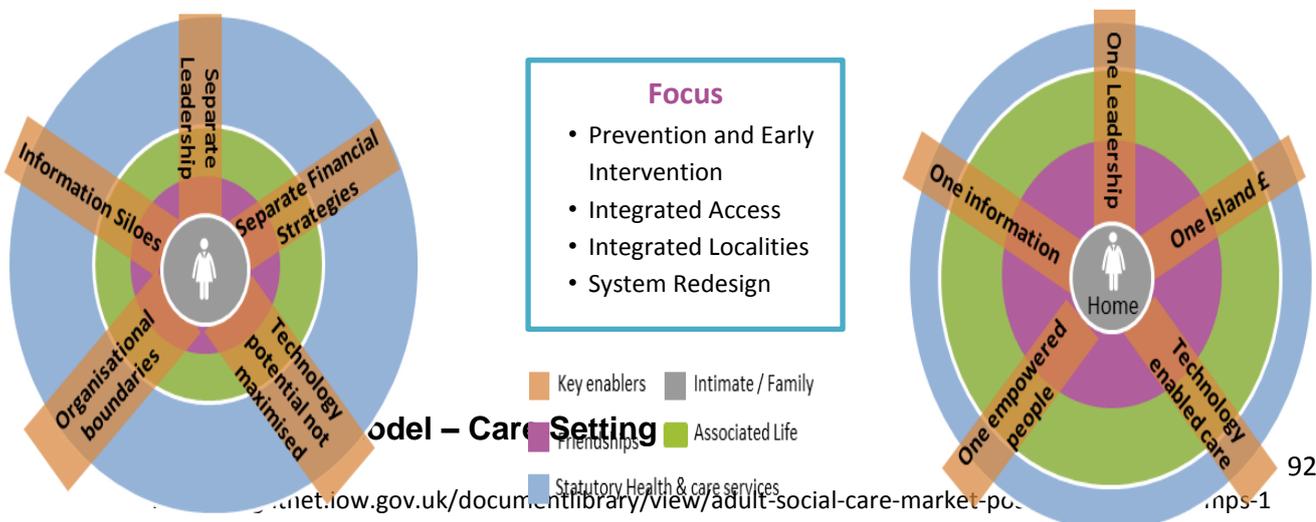
Currently, there is a large reliance on statutory services (outer rings). Our model has been:

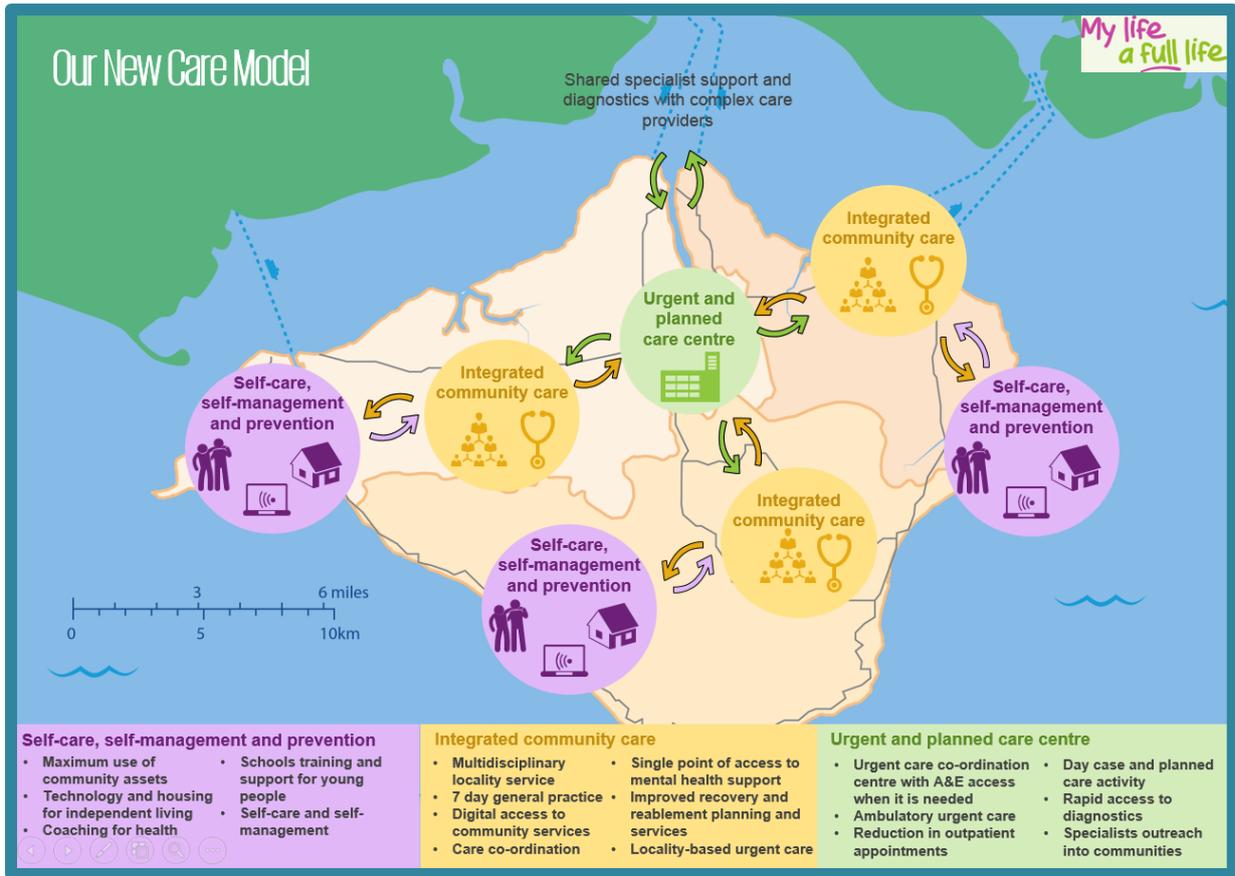
- Episode based
- Unintegrated and disjointed
- Expert led
- Does not give flexibility for where people are treated
- Financially & clinically unsustainable

##### Future Model

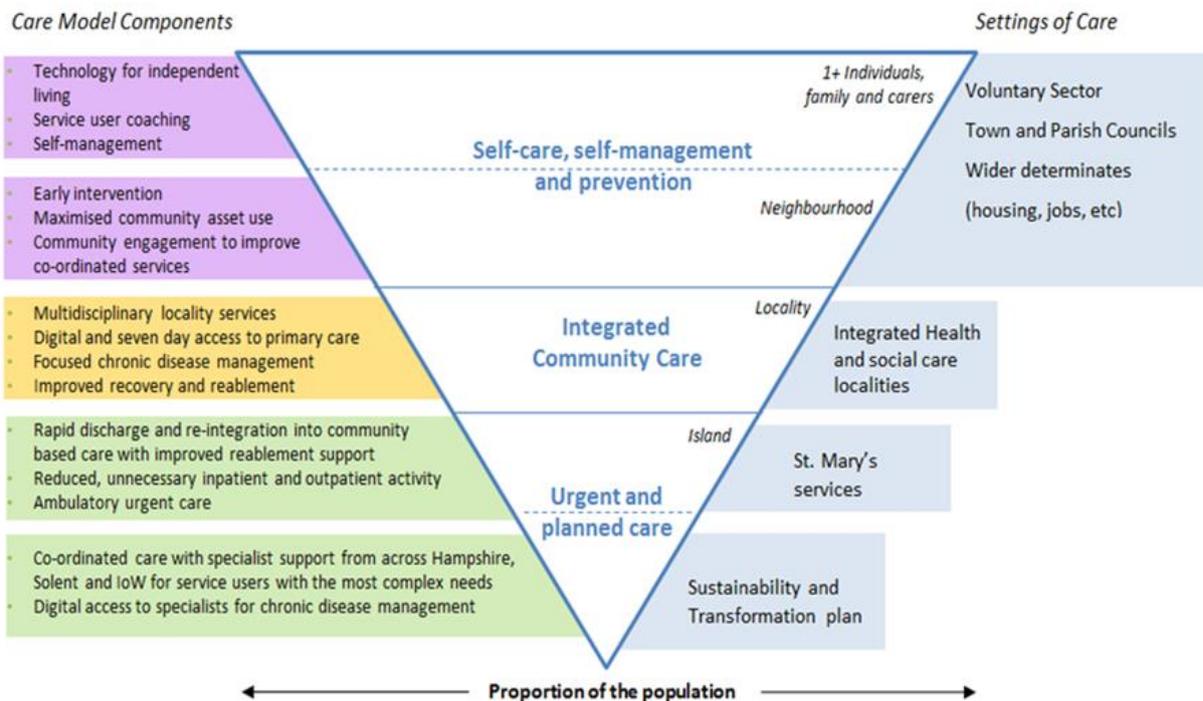
People will have greater involvement with their associate life and family/friends (inner rings). Our co-produced new care model:

- Builds on assets & mobilises social capital within communities
- Integrates services
- Is based in the community / at home
- Is a significant shift to prevention
- Reduces reliance on statutory services





## 1.6. Care Model – Levels of Care



## 1.7. Care Model by Care Setting

### 1.7.1. Integrated Community Care

- Transform community services, including Primary Care to deliver co-ordinated multi-disciplinary working for those in need.
- Provide person-centred health & wellbeing that promotes prevention and self-care.
- Proactive case management of vulnerable and at risk people to enable them to stay safe and well within their communities.
- Ongoing treatment and care will move to community based care where appropriate.
- Urgent care needs are met closer to home without default to a hospital setting.
- Prevention of mental health crisis through local safe haven services.
- Management of Long Term conditions in the community, supported by service user coaching.
- Proactively 'pull' ongoing care back to the community from acute settings.

#### 1.7.2. **Self-Care Prevention**

- Shift care significantly towards prevention and early intervention, self-help, with the aim of reducing health inequalities and the health and wellbeing gap.
- Integrate services to improve quality and increase system efficiencies using technology as the key enabler.
- Create self-management and preventative services that are based in the community / at home.
- Support mental health wellbeing to avoid intervention.
- Provide technology for independent and supported living.
- Service user coaching for management of long term conditions.

#### 1.7.3. **Urgent and Planned Care Centre**

##### 1.7.3.1. **Urgent Care**

- Access to specialist clinical & diagnostics providing rapid assessment, stabilisation, diagnosis, including A&E.
- Co-ordinated triage at the front door to direct service users to the right care setting.

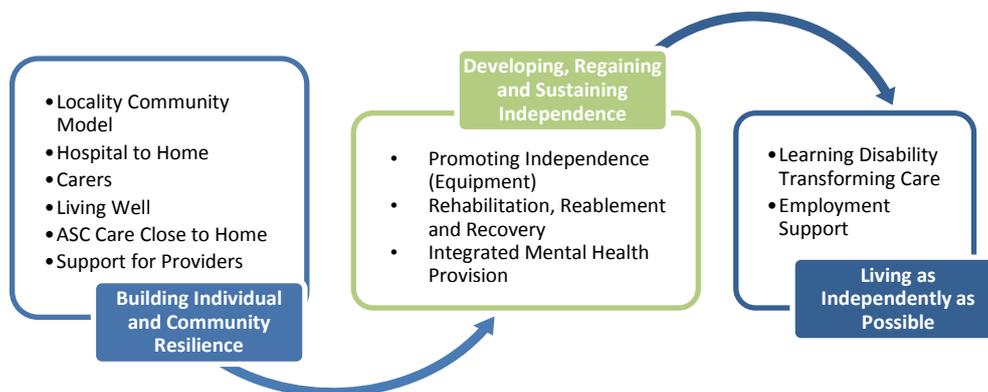
- Care planning and discharge for ongoing treatment (in community or for more complex needs off Island).
- Integrated services with mainland providers where required.

### 1.7.3.2. Planned Care

- Access to day case and inpatient surgery.
- Rehabilitation support and follow up provided in community settings.
- Access to networks of support across clinical pathways on and off Island.
- Active outreach to support local community based services.
- Access to acute non specialist MH services on-island.
- Integrated services with mainland providers where required.

## 2. Delivery of Social Care

2.1. The Local Authority role is changing in the delivery of social care. It is shifting from one of a care services provider to one where it helps others to provide services, helps people assess their own care needs and encourages self-help. The 2017-18 Better Care Fund Plan set the direction of travel to support the overall model of care.



### 2.2. Our future service model is one that:

- Encourages people to choose how they wish to live their lives. To help achieve this objective we are improving the level of information and advice available to people about the options they may have.
- Enables them to choose to stay safe, well and independent in their own homes thereby avoiding the need for admission to a care home. Our

workforce strategy will help to ensure more skilled, enabling and specialist services are available to achieve this. [? Insert the Pathway diagram from GPs version page 14 ]

- Encourages appropriate adults to find homes for life in purpose built Extra Care Homes and we are working hard to increase the supply of Extra Care Housing.

### 2.3. **We expect that over the next few years:**

- We will support adults with a learning disability in supported living arrangements where help is available day and night
- We will support adults with mental health problems in housing with floating support
- The majority of service that we purchase from care homes will be for older people who can no longer remain safely remain in their own homes, and primarily for those with nursing/dementia needs.

2.3.1. We also recognise that some older and younger adults including people with physical disability may need the services of a care home. Despite this our aim is not increase our overall purchasing of care home services.

### 2.3.2. ***Our future service model anticipates that care homes will:***

- Operate as an effective integrated and seamless part of the wider social and health care system and be able to cater for all client groups; and working closely with the voluntary sector to support the aims of our future model
- Provide opportunities for the local community, family and informal carers to in-reach into the care home
- Provide services that help vulnerable adults and older people to stay at home for longer, and support family carers to continue caring for a person at home through the provision of flexible respite, recovery, reablement and rehabilitation services
- Ease the transition from a life lived in a person's own home to one that will continue in a safe, stimulating and supportive environment

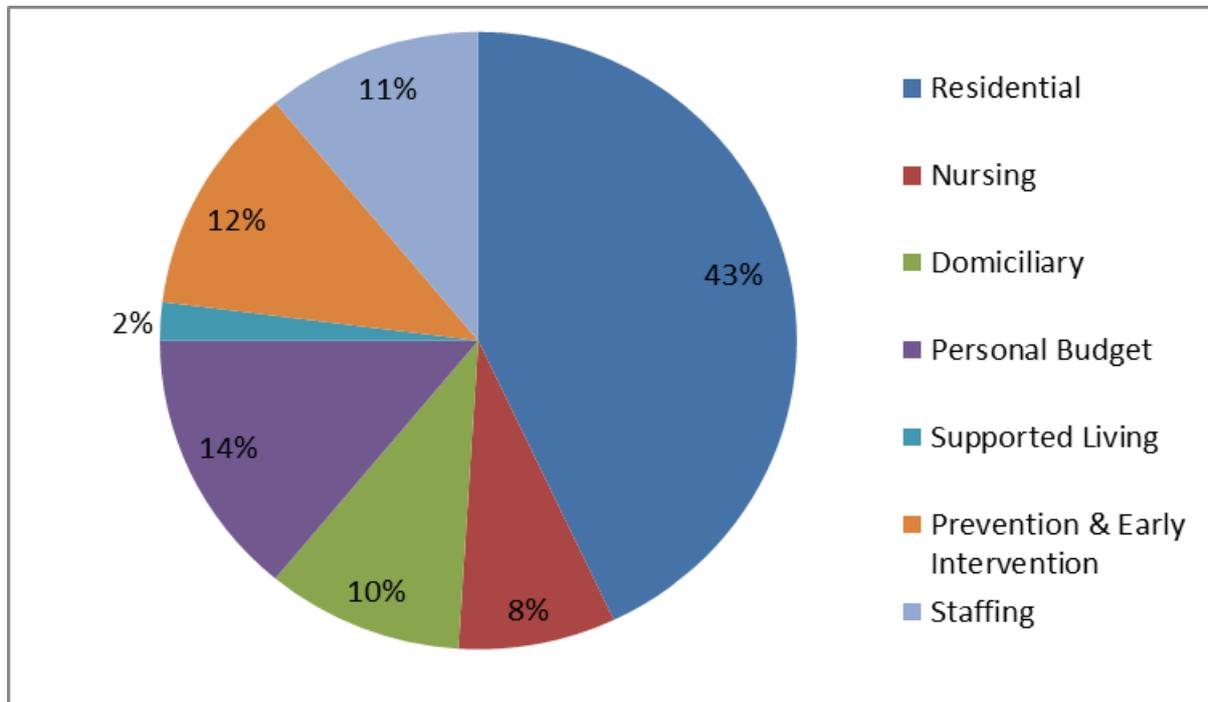
- Offer a wider range of short and longer term care home services for adults and older people with the most complex and challenging needs, including people with dementia
- Offer high quality nursing beds for recovery and rehabilitation
- Enable everyone to live the best life they possibly can
- Provide high quality care to people as their needs change through to the very end of their lives
- Reduce the need for admission to hospital where such an admission is avoidable
- Ensure that when a resident is admitted to hospital discharge back to the care home is facilitated at an early date and without delay, including best practice in discharge, e.g. trusted assessors
- Operate a culture of continuous improvement and learning with clear and robust processes in place to learn from incidents, experience and feedback.

## **PART 4 – FUTURE LEVEL OF RESOURCES**

### **1. Budget for Adult Social Care 2017/2018**

1.1. Adult Social Care net budget May 2017 £48.5m (Outturn 2016/17 £50.7m)

1.2. Budget breakdown as follows:



1.3. There is a challenging Adult Social Care savings target £3.5m

1.4. Whilst additional funding was secured through additional council tax increase (the additional 1% equated to £700K) and ASC grant (which was £720K) this has been used towards the reduction in support for adult social care from the CCG and demographic and cost pressures.

1.5. Additional funding has been secured through the Improved Better Care Fund (iBCF). The Chancellor announced an extra £2bn funding in the Improved Better Care Fund on the 8th March 2017. The Grant conditions were confirmed on the 27th April 2017 as:

- Adult social care and used for the purposes of meeting adult social care needs
- Reducing pressures on the NHS
- Supporting the social care provider market

1.6. It was confirmed when funding was made available that councils did not need to demonstrate spend in all three areas, but rather focus on local conditions.

The Isle of Wight allocation is as follows:

- £3.2M in 2017/18
- £2.1M in 2018/19
- £1M for 2019/20
- ZERO thereafter

1.7. The proposals in relation to spend for the iBCF were developed jointly between the Council and the Clinical Commissioning Group. It has been agreed locally, in meeting the grant conditions, we would use the funds to support the system to “shift to the left.”

iBCF Scheme	Allocation
Transfers of Care Supporting Hospital to Home BCF Scheme	£389K
Technology Enhanced Care Supporting Promoting Independence (equipment) BCF Scheme	£524K
Reablement Supporting Rehabilitation, Reablement & Recovery BCF Scheme	£521K
Early help	£880K
Care Close to Home	£647K
Support for providers	£441K

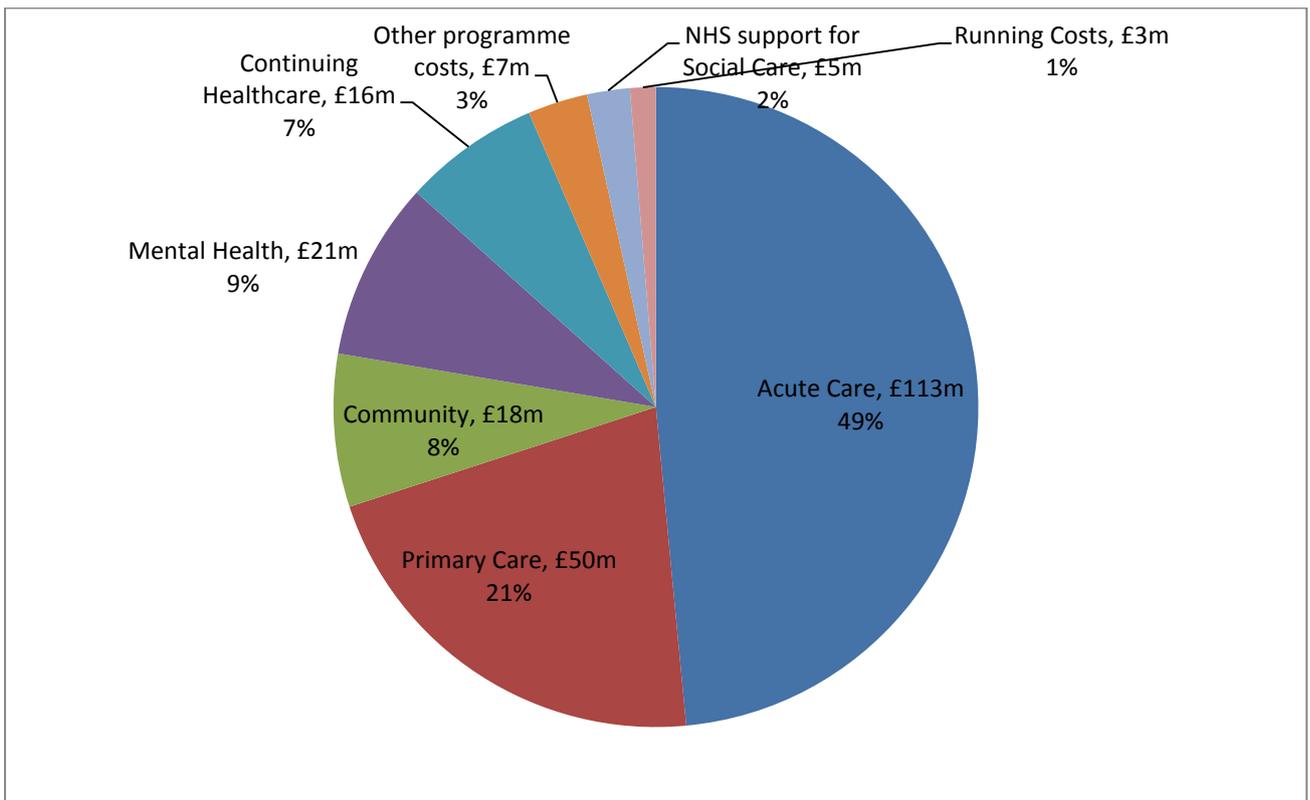
1.8. **Key features of iBCF support for providers programme:**

- Offer co-designed with providers
- Delivery will be sector led
- Based on independent training needs analysis
- Lead by ‘outstanding’ provider – Earl Mountbatten Hospice
- Helping providers move forward and develop or retain higher quality provision
- Will support wider workforce development



## 2. Isle of Wight Clinical Commissioning Group Budget 2017/2018

2.1. The total budget available for 2017/2018 is £233m. This consists of Programme (healthcare) costs of £230m and running costs £3m. The Programme Costs are spent as follows:



2.2. The financial position for the Isle of Wight Clinical Commissioning Group is reflected below

Year	Growth £m	Allocation £m	Required out-turn	Savings required to deliver out-turn £m
16/17	£2.8m (1.4%)	£234m	Break-even	£6m (2.5%)

17/18	£0.3m (0.2%)	£233m	Break-even	£12.9m (5.6%)
18/19	£0.1m (0.1%)	£233m	0.5% surplus (£1.2m)	£5.7m (2.5%)

2.3. The Isle of Wight Clinical Commissioning Group have a legal financial duty to meet required out-turn. On average national growth is 2% higher than CCG is receiving, as 10.06% over allocation target. By 2018/2019 CCG this will be 8.2% due to minimal growth. The average national efficiency (savings) is 2%, so CCG requirement significantly higher.

### 3. Response to the financial position

3.1. In response to the increasing financial pressures for both the Council and the Isle of Wight Clinical Commissioning Group key actions must be taken:

- Reducing demand through:
  - Prevention and early intervention schemes
  - Reducing procedures of limited clinical effectiveness, unless exceptional criteria met e.g. cosmetic surgery
  - Stopping or providing in other ways activity that does not add clinical value e.g. some follow up out-patient appointments
- No new investment, without either new national funding or identifying savings to off-set the cost.
- Redesigning the way in which services are delivered, to achieve good outcomes for less cost e.g. Mental Health and Learning Disability.
- Prioritising services and reviewing access thresholds.

## **PART 5 – WHAT YOU CAN EXPECT FROM US**

The aim of both the Isle of Wight Council and the Isle of Wight Clinical Commissioning Group is to support providers of health and social care in the delivery of the preferred models of care identified in this Market Position Statement by offering a range of support.

### **1. Quality Improvement Support**

1.1. The Isle of Wight Council and the Isle of Wight Clinical Commissioning Group are committed to continuous quality improvement in all health and social care services. To support providers with:

- Sector lead training offer – this is a bespoke programme focusing on the CQC key lines of enquiry in relation to SAFE and WELL LED
- Care Support Manager – the care support manager leads the Integrated Quality Team and provides targeted and intensive support to those providers who are struggling and at risk of failing
- Commissioning Officer – Independent Provider Sector Lead – this appointment is critical in supporting the Council to change the way in which it does business with providers and to support quality improvement, innovation in business models and transformation of the health and social care market place.

### **2. Regular Provider Engagement Events and Forums**

2.1. We have developed a programme of regular forums to engage providers and to focus on challenges, the sharing of best practice and discussing future developments within the health and social care landscape both at a local and national level.

2.2. The forums are provider led and intended to provide an opportunity to open a dialogue between the council, the CCG and providers that aims to help ensure the market is responsive to changing service user need, including local care provision. As well as being an opportunity for the council and CCG to share information and provide support to providers, forums are an opportunity for providers to network, raise questions and bring fresh ideas to discussions.

### **3. Learning and development**

- 3.1. The Isle of Wight Councils corporate Learning and Development Team provide a range of learning and development opportunities. Information in relation to these opportunities can be found at [here](#)
- 3.2. In addition the Isle of Wight Clinical Commissioning Group provides further training in relation to medicine management which can be booked.

#### **4. Support for new businesses and provider innovation**

- 4.1. In conjunction with other Council services, the Commissioning Team will provide information and signposting to providers to facilitate and stimulate possible business opportunities. The Council and the CCG will proactively encourage provider networking and sharing of good practice as a mechanism for stimulating market innovation. We will look to develop a dedicated provider networking webpage to support informal networking.

#### **5. Promote Self Directed Support and allocate Personal Budgets**

- 5.1. The objective of Self-Directed Support (SDS) is for people to be in control of the support they need to live the life that they choose. All individuals with assessed eligible needs will be offered an indicative personal budget which can be taken as a direct payment, Individual Service Fund (ISF), pooled budget or combination. The market will be shaped by the needs and consumer choices of people with personal budgets and self-funders who will purchase the services that best meet their needs and are reliable, of good quality and value for money.

#### **6. Planning**

- 6.1. The Strategic Housing Market Assessment (SHMA) update (August 2014) sets out a requirement for 525 housing units per year - 13,100 homes across the island between 2011 and 2036. Policy DM4 of the adopted Island Plan Core Strategy establishes that the council will seek to deliver affordable housing over the plan period with all C3 Use Class development proposals and conversions from an alternate Use Class to C3 that result in a net increase in dwellings being required to:

- Provide 35% of the development as on-site affordable housing, based on developments of 15+ units in Key Regeneration Areas and 10+ elsewhere
  - Deliver a target mix of 70% affordable housing to be affordable/social rented and 30% for intermediate tenures.
- 6.2. The SHMA identified housing challenges for the Island, including: Household projections showing that the Island is expected to see a substantial increase in the older person population with the total number of people aged 55 and over expected to increase by 40% over just 25 years. In particular, there is projected to be a large rise in the number of people with dementia (up 123%) along with an 88% increase in the number of people with mobility problems.
- 6.3. Policy DM5 Housing for Older People sets out that the council will support development proposals that contribute to the delivery of a target of 2,050 units of accommodation suitable for older persons over the plan period. Development proposals will be expected to:
- Support the development of specialist accommodation for older people in sustainable locations where a need is demonstrated
  - Enable delivery of a combination of new schemes and remodelling of older specialist housing which do not meet the Decent Homes Standard or Lifetime Homes Standard
  - Deliver between 20 and 25% of the site as accommodation suitable older people, when it is a major housing development. This could be provided through open market housing that has been designed to take into account the needs of older people or specialist housing for older people
  - Ensure that accommodation suitable for older people is of a high quality specification and designed to meet the Design Criteria of Lifetime Homes Standards
  - Protect existing specialist accommodation, unless it can be demonstrated that there is insufficient demand and/or need, or alterations to and the loss of would result in an overall improvement of provision that will meet the needs of the whole community.

6.4. The supporting text of Policy DM7 Social and Community Infrastructure sets out that “in line with national policy, the Council will promote the most effective and financially effective use of land and buildings which are currently, or have previously been, in social and community use, by promoting opportunities for shared access. When proposing new social and community infrastructure, developers should design the facility so that it is capable of being flexible in the way(s) that it is used and to accommodate a variety of community needs e.g. drop – in clinics, clubs, societies etc.” This approach supports the principle of shared facilities to assist with community integration and would assist with the future viability of these facilities.

## **7. How to do business with the Council**

7.1. Details in relation to how to do business with the council can be found on the council’s website

<https://www.iwight.com/Business/Contract-Opportunities/>

7.2. This includes information in relation to:

- Procurement
  - Procurement rules and strategy
  - E-Tendering
  - E-Procurement and invoicing payments
  - Contract opportunities
  - Standard contract terms and conditions
  - Data sharing and transparency
  - Community right to challenge
- Creditor Payments
  - Purchasing of goods and services
  - Payment of invoices
  - E-Procurement
- Frequently asked questions