



**Isle of Man**  
**Government**

*Reiltys Ellan Vannin*



# **Adult Social Care Market Position Statement and Commissioning Intentions for Older People on the Isle of Man**

**2016 – 2021**

**Department of Health and Social Care**

## **Adult Services Values**

We will work together to achieve quality outcomes by providing person centred care and support (**Commitment**).

We will treat everyone with empathy, dignity and respect (**Caring**).

We will communicate openly, honestly and effectively with you and each other (**Integrity**).

We will behave with professionalism and ensure we have the skills and knowledge to support you (**Accountability**).

## Foreword by the Minister for Health and Social Care

The Department of Health and Social Care's Commissioning Intentions for Older Peoples Services document sets out how we intend to provide, structure and influence services to meet the needs of older people and meet their aspirations for the period 2016 to 2021. It also identifies gaps in the current provision and how we intend to address them.



Over the past five years Adult Social Care Services, through the Rebalancing Programme, have focussed on using our resources to create more community based options for care. There has been significant progress made, including reshaping residential care capacity over all, while increasing it in the South of the Island, the establishment of a Dementia Care Team in the community; and most significantly the creation of a Reablement Service to provide rehabilitation for people to remain, or return, to their home and maximise their independence. This is in addition to opening a new EMI residential facility (EMI Services are those services designed to meet the needs of older people with dementia or other mental health issues), Reayrt Skyal, replacing Gardiner House which closed in 2010.

Going forward our Commissioning Intentions demonstrate how we intend to build on this progress. This is underpinned by our commitment to work with partners across Government to secure a robust market for care services for the coming years. There are direct links with the wider Department's strategy 'Health and Social Care in the Isle of Man – the next five years'. We will achieve this by;

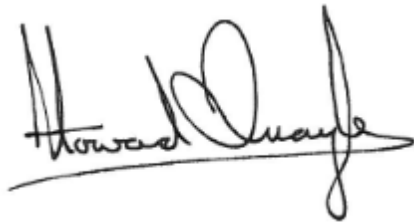
- further developing our community care provision we will be in a better position to achieve integrated care.
- we are committed to further developing our Reablement Service (which will also aid timely discharge from Hospital).
- we are committed to improving the quality of residential care and reviewing our relationship with nursing care providers. Combined, these measures will ensure we can fully participate in achieving the Department's wider aims.

This document will also provide transparency for key stakeholders, partners and providers so they can plan and respond to needs that we have identified. We recognise that in meeting our obligations older people will benefit from having a wide range of services provided from across all sectors including both government and non-governmental agencies. They will inform our partners of our strategic direction, gaps in service that we have identified, and our preferred method of meeting these.

A priority which has been identified is the establishment of an Age Well Partnership Board which will inform both strategic planning and implementation with regard to Older Peoples Services.

These plans will now be subject to a period of public consultation. This is an opportunity for the wider community to put forward its views on our proposals and influence the final outcome. There can be few more important issues than this in terms of who will be affected. Not only will nearly all of us have family or friends, who fall into the category of older people, but we can also all expect to become part of that group and will all have our own views, aspirations and expectations of the shape of Adult Social Care Services, and Older Peoples Services in particular.

We welcome your comments on the proposals. You can submit any views you may have to the Department of Health and Social Care until 18<sup>th</sup> July 2016.

A handwritten signature in black ink, appearing to read 'Howard Quayle', with a long horizontal flourish extending from the end of the name.

**Hon. Howard Quayle MHK**  
**Minister for Health and Social Care**

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## **Executive summary**

This document, and its associated appendices, demonstrate the path Adult Social Care Services are intending to take with regard to the provision of services to Older People. Some actions are completely within our control, others we can influence by demonstrating need with partner agencies.

This document is not intended to be definitive. As our knowledge and data improves it will be further developed. For example, in 2014 we the first Joint Strategic Needs Assessment (<https://www.gov.im/media/1345872/iom-government-joint-strategic-needs-assessment-2014.pdf>). Data from the first assessment informs this document but further assessments will influence our intentions as the data improves. In addition we need to better understand the impact of the introduction of carers assessments and take account of them going forward.

Since 2012 Adult Social Care Services have been undertaking a programme to fundamentally rebalance services from a predominately residential based model to a more community based focus. Adult Care Social Care services redirected resources from Glenside Resource Centre to increase residential capacity in the South, where there was a clear and identified need, and more significantly to launch a full Reablement Service to enable people to remain, or return, to their own homes and live as independently as possible. Over 300 people have already benefitted from this service.

Our priority remains the development of community based services, and a reduction in reliance on institutional forms of care. In addition we are looking forward to the provision of integrated community based care delivered with health division colleagues and collaborative working with the Housing Division of the Department of Infrastructure to improve the range of accommodation options available for older people. There are several drivers moving us in this direction of travel.

Government policy is a significant driver. Traditionally a significant proportion of Older Peoples Services have been directly provided by the Government. We are now in the process of changing from being primarily a provider organisation to being a commissioner of services. This is in response to the Scope of Government report accepted by the Council of Ministers where reducing the size of government was identified as a priority. As a result we are working with partners to identify a range of different models for the delivery of care services.

Perhaps the most significant driver for change is the demographic profile and population projections for the Isle of Man. The population is ageing. The aged 65+ population in the Isle of Man will increase by 11.2% and 20.3% by 2019 and 2024 respectively. This is higher than projections for the United Kingdom. In order to meet the needs of our population we have to change our focus of care delivery to allow us to support more people within current resources. This is one of the drivers to move from residential to community based services. An additional driver is the fact that older people tell us they wish to remain in their community as long as they can, rather than entering residential care.

We have been working towards this and have achieved a shift in focus by setting

up the Reablement Service and expanding the community based Dementia Care Team.

Being an Island community also has an impact on service delivery. Although we have one significant centre of population the island remains largely a rural community. We also have to be self-reliant and so we have to manage the market effectively to limit the risk of provider failure and keep within an economically viable care market.

Finally, Adult Social Care Services are committed to stimulating a social enterprise care economy to ensure the widest distribution of services, minimise market risk and embrace social responsibility in our commissioning intentions.

# **Older Peoples Services Market Position Statement and Commissioning Intentions 2016 - 2021**

## **Market Position Statement**

### **Introduction and Purpose**

We have produced this document looking at the needs of older people and our approach to developing the social care market to;

- Provide information about population change, demand and the current state of the market – we need to know whether our view of demand and supply is correct and whether there is additional information that providers might find useful.
- Show the kind of services the Department want to see available in the market place and why – we need to know how this fits your future plans.
- Show how the Department can support the development of social care services to meet local needs – will this support be helpful and what else could we do to encourage the kind of market wish to see?
- Encourage dialogue with providers – we want providers to be aware of our direction of travel.
- To state how the Department will embrace the national social care policy principles for adult social care, meet need and deliver excellent quality social care and support for an ageing population in the Isle of Man.
- To describe how we will help achieve the Department's vision for integrated community care by, for example, further developing our Reablement service, utilising technology and making best use of our facilities in the community.

### **Background and context**

The provision of services for older people is the most resource intensive activity within the Adult Social Care Services of the Department of Health and Social Care. These services account for £12,640,300 (41%) of the total Adult Social Care Services budget (2013/14) of £30,660,900. Older people's services income budget for 2013/14 is £4,680,400 (92%) compared to a total income budget for Adult Care Services of £5,106,400. With income taken into account the budget for older peoples services is £7,959,900 (31%) out of a total budget of £25,554,500. This does not include capital expenditure. Adult Social Care Services provide services to more than 800 people (based on 2013/14 figures).

In addition to the Adult Social Care Services budget there is significant expenditure by other divisions and Departments. A significant portion of the Health Services community services budget is dedicated to older people plus the provision of a ward in Ramsey District Cottage Hospital. Older Peoples Mental Health Services have a budget of £950,000 (excluding acute care costs). The Housing Division (via Commissioners) provides sheltered housing. Social Security spent £7,200,000 in 2013/14 funding residential and nursing care.



Adult Social Care Services aim to modernise by moving away from its reliance on traditional residential care models to a have greater emphasis on community based service delivery. This is enshrined within the Adult Social Care Services Rebalancing Programme which commenced in 2012 following an external review of services conducted in 2011 by Tribal.

### **What is this document about?**

Older people, carers and partners are at the heart of all that we do. We aspire to involve older people at all stages and make sure that people's views and experiences are heard, taken into account and strongly influence how we provide the best possible services. To this end Adult Care Services have established an Adult Services Engagement Strategy (2013). We are also committed to establishing an Age well Partnership Board in order to inform, consult and develop strategy.

## **1 Our commissioning intentions**

The commissioning intentions will focus on establishing social care and support service priorities across the Isle of Man for older people, identifying current provision and addressing gaps and inequalities in service delivery and access. It will be mindful of investment opportunities to enable people to remain at home.

The commissioning intentions will analyse needs and outline the investment decisions made in response to these needs, and explain the positive impacts these decisions will have on service delivery.

Commissioning refers to a range of contractual and partnership arrangements and can include competitive tendering, strategic partnerships or the creation of an arms length trading arm of the Department. Where the option to outsource is suggested it can be through any of these arrangements and each option will be determined on an individual service need and appropriateness. Where a service is not considered for outsourcing at this time service specifications will still be prepared to govern monitoring and service required.

Adult Social Care Services provide a range of care and support services to older people by direct in house provision, contracting with the independent and voluntary sectors and grant assistance to voluntary sector agencies. Social Work teams enter into spot contract arrangements, under Flexible Funding, with a variety of independent sector agencies.

A breakdown of current supplier type can be found in appendix iii.

## **2 Signposting services**

We provide information and advice via our Adult Services Access Team and through our website.

In addition, AgeIOM provide an information service, citizen advocacy and a

handy man service (the latter to enable people to remain in their own homes) without recourse to the public purse.

We provide support, by the provision of facilities, to AgeIOM to run Information Technology drop in centres and courses for older people.

We commission DisabledGo to provide information regarding disability access to services on the Isle of Man via a website.

We have participated in a Digital Inclusion pilot to encourage use of Information Technology to both inform people and tackle social isolation.

## **2.1 Gaps**

The Isle of Man Government is considering setting up integrated community care hubs where people can access both health and social care services locally.

## **2.2 What we will do**

- We will continue to improve the information provided through our government website.

## **3 Prevention services**

Adult Social Care Services allocate approximately £340,000 funding in grants or contracts to provide services, other than centre based day care, with a focus on prevention, promoting independence and addressing social isolation. These services include meals on wheels, befriending services and cleaning services. In addition, support via provision of premises is given to Men in Sheds. Adult Social Care Services also provide a Good Neighbour service in their Resource Centres. It is not the intention to disinvest in these areas but it is important to ensure funding is targeted on those in greatest need and ensuring that specific need is addressed.

The meals on wheels service delivers meals to 283 people (as at 31<sup>st</sup> March 2015). Cook chill meals are provided, plus a range of sandwiches and jacket potatoes (see appendix iii for meals delivered and cost). The service plays a vital role in providing social contact and health and social care surveillance, and has a positive influence on older people's mental and physical health. The support provided enables older people to remain living independently at home.

There are five befriending services established on the Isle of Man, four of which receive grant support from Adult Social Care Services. These have supported approximately 620 registered users in the past year. Befriending services can have a positive effect in addressing issues of isolation and are a cost effective strategy in addressing these issues (approximately £39,000 per annum) but there are issues around specifying the service to meet community need because of the way in which they are funded.

Older People can experience difficulty with the upkeep of their homes and

this can result in a referral to Social Work. This is particularly, though not solely, an issue for Sheltered Housing tenants. The cleaning contract offers a cost effective, in that it does not require Home Care Assistants, method of addressing this need. There are currently 107 registered users of this service. The average approximate cost per service user is £1,045 per annum.

Isolation in older men has been identified as an issue. Men are far less likely to engage in services, attend day centres, and participate in formal social activities. There are particular issues around loss of vocation and self esteem. One demonstrably successful strategy has been the Men in Sheds movement which has attracted men to participate and use their practical skills. This has increased social support from peers. Adult Social Care Services supported setting up a Men in Sheds scheme in Port St Mary by providing a venue. This has been successful and is now looking to expand by opening another in Ramsey, again supported by the provision of a venue by the Department.

The three Department Resource Centres, Southlands, Reayrt ny Baie and Cummal Moar, offer a Good Neighbour Service. This enables people to essentially pop in and socialise with their peers. A meal can also be provided for a small charge, and if there is staff capacity assistance can be given for personal care tasks. It has been used by a small number of people (it is in addition to the main task of providing residential care) but is has been useful to, for example, extend the day to enable carers going to work to drop off their relative before the day centre opens.

### **3.1 Gaps**

We are aware that there will be gaps in the provision of prevention services and we will use the proposed Age well partnership board to help identify these.

### **3.2 What we will do**

- We will continue commissioning the Meals on Wheels service, retendering for the service in due course. We will review the service specification to ensure sustainability.
- We will assess the impact, and value provided, by the contract cleaning service and enhance the service specification for cleaning services if this contract is retendered.
- We will continue to support befriending services but will review how we support this and consider if a contractual basis of support may better suit the needs of the community and allow us to specify outcomes.

## **4 Assistive technology**

Assistive technology can be of great benefit in helping people to maintain their independence. It can provide security for families and individuals, and a degree of peace of mind for all concerned. In 2009/10 a pilot scheme was undertaken, as part of a waiting list initiative, to assess the usefulness of assistive technology and generally the feedback was positive.

The Hospital Social Work Team has a small stock of assistive technology equipment that it can issue on a short term loan basis to help people return home. This equipment includes motion detectors, gas detectors, key safes, timed medication dispensers, fall sensors, etc.

There are two 24 hour call centres based on the Isle of Man through which assistive technology could be monitored and for use with care phones. Some sheltered care providers also use an off island call centre.

Clients of the call centres are expected to pay to use the service and to purchase any devices they may require long term

The Departments Resource Centres make use of sensor mats and continence sensors. Their use can greatly aid privacy and dignity, and particularly avoid residents being unnecessarily disturbed during the night.

Assistive technology can be of great benefit to people living in the community and a significant aid in providing residential care.

#### **4.1 Gaps**

There is no co-ordinated approach to the provision of assistive technology or clear programme for its provision.

Call centres are office based with minimum potential to attend if required. For those clients who have been able to provide emergency contact details this is satisfactory but for those with no close family on the Isle of Man the only recourse is often an emergency services call out. There is a lack of a secondary response service for those people. A secondary response service may also have other benefits, for example following an ambulance call out where admission to Accident and Emergency is not required but due to a lack of alternatives is the result.

#### **4.2 What we will do**

- Assistive technology provides benefit not just to social care, but also to primary care providers. As such we will review the position with primary care colleagues with a view to preparing a consistent programme of provision through joint commissioning of equipment purchases and service provider. This has been identified as a high priority within the wider Department.
- We will continue to provide assistive technology in our Resource Centres and review products that may improve residents experience.
- Whether as a result of joint commissioning or not we will ensure our Reablement Team has access to appropriate assistive technology to assist through the reablement process.
- We will consider approaches to enable the provision of a secondary response service, either by joint commissioning or via third sector voluntary scheme (or a combination of both). The initial stage will be to collect current data on service gap need.

## **5 Respite care services**

There are a number of ways that carers can take a break from a caring role. To enable this to meet a need the carer needs assurance that they have a quality service provided to the older person with needs. Day Services (see below) and EMI Day Services (see elderly mentally infirm services) have a clear function of providing respite. In addition, preventative services such as befriending and the Good Neighbour Scheme also include this function, as well as Home Care (see below) and Dementia Care Team (see elderly mentally infirm services) fulfil this role.

Residential care respite is one of the ways that can support carers. The Department provides three types of respite; ordinary respite which is planned and pre-booked; urgent respite where a placement is required that is unplanned, often, but not exclusively, as a result of a main carer experiencing difficulties, and emergency respite which is an urgent respite need that arises out of normal office hours. Emergency respite is free for 48 hours to enable a Social Worker to arrange the most appropriate placement during office hours. Residential care beds are an essential component in the suite of support services to carers and the people who use our services. See appendix iii for respite provision and occupancy.

Respite is usually limited to two weeks stay at a time which can be extended to four weeks if the home can accommodate it. There have, however been some respite stays extended significantly beyond that time frame, usually at the request of Social Workers.

In the past respite was often used to support people following discharge from hospital. This has reduced significantly as the Community Care Team and Hospital to Home Scheme have increased in capacity. The recent establishment of a Reablement Team is likely to see this reduce further.

While independent sector homes (both residential and nursing care) do not have clearly defined respite beds they will offer respite if they have capacity available. This is charged at their normal care fee rates.

### **5.1 Gaps**

We are aware that there will be gaps in the provision of respite services and we will use the proposed Age well partnership board to help identify these.

### **5.2 What we will do**

- We will continue to commission respite resource in the West though we will review capacity.
- We will continue to provide respite in our resource centres but this will be based on arrangements discussed in residential and nursing care.
- While operational flexibility will be maintained we will review residential respite capacity in the North.

## **6 Reablement service**

Reablement is at the cornerstone of our prevention agenda. The investment in staff, training and resource supports the strategic aim to delay and reduce the need for more intensive forms of care.

The Department has developed a reablement service that will help people to settle back into being at home, or maintain current levels of independence. Staff have been trained to work with individuals to realise what is important for them to achieve, and where they might need help. Working with the person for a six week period, they will help with a range of activities from meal preparation to getting a person dressed, gradually doing less and less as the person's abilities and confidence return.

The Reablement Service has a target of providing a service to at least 300 people per year and to accept referrals of greater complexity to the services it replaces.

Adult Social Care Services have put in place arrangements for over night only respite for those people using the Reablement Service who may require night time support.

### **6.1 Gaps**

The Reablement Service is new and therefore requires a review and assessment following a period of use to fully evaluate, and understand, the impact of the service with regard to both health provision and social work case load.

### **6.2 What we will do**

- We will continue to develop the Reablement Service with a view to incrementally increasing capacity.
- It is important to achieve a rapid and efficient throughput from our reablement service and monitoring of activity and outcomes needs to be robust to ensure continuous improvement is made.
- We will further reduce the use of respite beds where respite is used in lieu of available rehabilitative services.

## **7 Home Care**

Adult Social Care Services directly provides a home care service across the Island (see appendix iii for details). In addition, there are 20 domiciliary care agencies either Registered or in the process of registering, on the Isle of Man. All clients of these services will be self funding except where used as part of a care package under Flexible Funding.

### **7.1 Gaps**

There are some capacity issues which result in some people with high dependency receiving care from more than one agency.

## **7.2 What we will do**

- We will review the structure and organisation of Home Care, with a view to achieving this by December 2015, and seek to introduce new arrangements to ensure achievement of strategic aims (reduction in use of residential care) and continuing quality of provision.

## **8 Day care**

Adult Social Care Services commission 5 day centres, each with a capacity for 15 clients per day. There is one each in Ramsey (North), Peel (East), Port St Mary (South), and Douglas and Onchan (both East). The premises are Government owned, three being within Resource Centres (see appendix iii for attendance figures).

In addition, Adult Social Care Services provide grant support to a day service in Douglas which is predominantly, but not exclusively, for older people. They have around 70 people attending over the week.

### **8.1 Gaps**

There is no specific data to support this but, especially with regard to the respite function of day care, there may be a demand for extended hours, or out of normal office hours service, particularly week end provision.

### **8.2 What we will do**

- We will continue to commission day care for older people and will retender the service.
- We will consider whether community benefit will be enhanced by converting grant support to contract arrangements with clearly identified service aims.
- We will research demand around service availability and hours of operation.

## **9 Community transport**

Bus Vannin has recently replenished its fleet with vehicles that are more disabled friendly than the previous vehicles. However, this does not preclude difficulties with access remaining. The Isle of Man still provides bus passes to those aged 65 and above and disabled persons bus passes. The bus service, for a mainly rural community, is relatively intensive.

The commissioned day service provider provides transport to and from its centres although there are gaps in provision due to geographical location for some service users.

There is a voluntary sector service providing community transport to hospital, the patient transfer service, operated by the Red Cross.

To achieve best value and positive outcomes in the provision of services in the community it is essential to ensure they are fully accessible and provided

with transport as required.

## **9.1 Gaps**

There is currently no independent community transport service. Such a service did exist but it was under utilised.

## **9.2 What we will do**

- When commissioning community services that require people getting to a set destination we will include transport in the service specification and work with partners, under our commissioning arrangements, to minimise gaps in transport provision.
- We will assess whether a specific community transport service would be of value to the community.
- We will support voluntary initiatives to provide driver/car services.
- We will establish whether these services should be universal for everybody regardless of means.

## **10 Sheltered and extra care housing**

There are 676 local authority (Commissioners/Corporation) sheltered housing units on the Isle of Man (see appendix iii for details).

As of July 2015 there was an identified waiting list for sheltered housing of 374 applicants (although this may not be a true indicator of need as many people put their name down as an 'insurance' rather than based on immediate need).

The existing sheltered Housing Model running on the Isle of Man is based on the ability to live independently, in suitable accommodation with low levels of support (provided by a warden or scheme manager). This takes the form of a good neighbour approach and does not directly provide any personal care (although care packages can be delivered to individual tenants within their home environment this is carried out by Adult Social Care Services, a private care agency or community based agencies).

While the original sheltered housing schemes were based on the good neighbour system with easy to manage properties they developed to support older people living independently in their own home and offer an 'insurance' of someone on site or on call for support or to get further assistance as required. Not everyone living in sheltered housing needs or wants the additional support on offer but can at any time utilise it, offering flexibility to the individual.

Sheltered housing in its current form is aimed at those who are predominantly fit, active and independent. As health and mobility deteriorate, tenants ability to manage their home and their tenancy can decline. In certain circumstances, they may require a move to more specialist accommodation which is often some form of care home.

The consequences of not maximising the use of suitably designed sheltered



accommodation is twofold:

- The impact on the individual who is not supported sufficiently to enable them to live independently for as long as possible
- The impact on the resources for Adult Social Care as individuals are moved into care facilities without the primary need being one of care.

There are further sheltered Housing developments in future years planned for both Ramsey and Douglas.

In addition there are several independent sector sheltered housing schemes (see appendix iii for details).

## **10.1 Gaps**

As identified above there is a gap in the provision of low level, preventative and signposting, support for people living in sheltered housing.

There is no extra care provision on the Isle of Man. Extra care housing as a concept was developed over 20 years ago and was often referred to as 'enhanced sheltered housing'. Its design brings together purpose built accommodation with varying amounts of care and support provided by an on-site team 24 hours a day. Extra Care has been widely recognised throughout the UK as being an effective alternative to premature admission to residential or nursing care for some individuals, where the appropriate support can be delivered on site and is now, in terms of volume, one of the most common forms of specialist housing being developed.

Adult Social Care Services acknowledges that the development of a range of accommodation based services for older people will be required to meet the changing demographics of the island. Extra Care housing could effectively address some of the more specialist housing requirements and in particular help to reduce referrals to residential care, achieving savings generally for Adult Social Care budgets.

As the model of Extra Care has evolved, a range of different types of provision have emerged:

- Extra Care as 'stand-alone' schemes where the landlord provides all accommodation and support services only and care is commissioned and managed by a Local Authority (This model was how most of the early schemes were delivered but is equally as popular now across many parts of the UK).
- Extra Care as a 'stand-alone' scheme where the specialist landlord also provides care services which are not in any way linked to or commissioned by the Local Authority (This is usually the model adopted by private companies or those operating to make a profit however has also recently been adopted by some Housing Associations wishing to disassociate themselves from Local Authority control).
- Extra Care as part of a wider retirement village community where sheltered housing and care services are also provided.

## **10.2 What we will do**

- We will work in partnership with colleagues in the Housing Division of the Department of Infrastructure to review and develop the options available for the delivery of sheltered housing services to cater for people with low level need.
- We will develop a business case for the provision of extra care sheltered housing that is tailored to the needs of the Isle of Man and identifies potential demand. This is likely to consist of a mixed tenure scheme of 30 self-contained apartments on a shared site with residential care unit with a commissioned service provider.

## **11 Residential and nursing care**

Excluding EMI beds and respite beds (covered elsewhere) the Isle of Man has a residential capacity of 413 beds (see appendix iii for details).

Adult Social Care Services directly provide residential care in Reayrt ny Baie, Cummal Mooar and Southlands Resource Centres. This equates to 31% of total capacity. The remainder are a mix of voluntary and private providers.

The Isle of Man does not currently utilise any form of block contracting for residential care. Payment of care fees is either by self funding or welfare benefits payments (mainly Income Support). Despite the lack of block contracting care fees in the independent sector are set within current maximum benefit levels, including those provided by Adult Social Care Services.

The average length of stay in an Adult Social Care Services facility is 2 years 6 months.

Cummal Mooar Resource Centre and Reayrt ny Baie Resource Centre are both in need of reprovion. Neither would meet the standard required under the Regulation of Care Act (2013) for registration with regard to room sizes or provision of bathrooms. Reayrt ny Baie has ensuite toilets and sinks but again these do not meet required size standards. Cummal Mooar has no ensuite facilities.

The aim of the Rebalancing Programme is to increase the number of clients using community services while reducing, as a proportion, the number of clients entering residential care.

Excluding EMI beds and respite beds (covered elsewhere) the Isle of Man has a nursing care capacity of 448 beds (see appendix iii for details).

Adult Social Care Services have no form of contracting arrangements with nursing care establishments.

All homes charge in excess of the maximum permissible welfare benefit allowance, including universal benefits, for nursing care.

### **11.1 Gaps**

A social work assessment, including fair access to services, is only required for the Adult Social Care Services directly provided residential provision or where a social work referral has been made. All other admissions to residential care are private arrangements and not subject to assessment of need.

A social work assessment, including fair access to services, unless there are funding issues, is not required to access nursing care and therefore is not subject to an assessment of need.

Two of the three Adult Social Care Services do not meet the minimum requirements of the Regulation of Care Act (2013) that is applied to independent sector providers.

There is currently no nursing care provision with care fees within the maximum permissible welfare benefit allowance leading to a funding gap for those eligible for such benefits.

## **11.2 What we will do**

- We have developed a business case for the re-provision of Reayrt ny Baie and are in progress with the same for Cummal Mooar Resource Centre. Following the re-provision of these buildings, it is our intention to review how care is delivered from these centres and Southlands Resource Centre, with a view to moving towards an alternative means of service provision, such as through a Public Service Provider Function.
- We will review our relationship with nursing care providers with the intention of exploring a contractual relationship with providers for an, as yet unspecified, number of beds.
- All beds, residential and nursing, under contract will be subject to Fair Access to Services assessment.

## **12 Elderly Mentally Infirm Services (EMI Services are those services designed to meet the needs of older people with dementia or other mental health issues)**

The Older Peoples Mental Health Service provides an assessment service and community nursing service. They also support, along with Adult Social Care Services, an organisation to support relatives of people with dementia called Decafe.

Adult Social Care Services provide a range of Elderly Mentally Infirm Services, both residential and Community based including dementia care home care, EMI day services, EMI residential services, and specialist EMI residential services for people who have needs that challenge the service. In addition, the independent sector provides EMI residential and EMI nursing care.

The home care service, the Dementia Care Team, provides domiciliary care by staff who have received dementia awareness training, and are suitably experienced. Visits are scheduled to last considerably longer than normal home care visits and provide both a family support and respite facility.

Currently the team has sufficient resource to provide a service in the East of the Isle of Man covering Santon to the South up to Laxey. The team consists of 4 full time staff members and currently has 19 registered service users. There is a charge for this service but charging is capped at a maximum of 7 hours. The service is means tested. The aim of the service is to delay, or avoid, admission to more institutional models of care.

Adult Social Care Services run 3 EMI day centres; Reayrt Skyal (Ramsey); Thie Meanagh (Douglas); and Gansey Unit (Port St Mary). Each centre can accommodate 15 people per day and is open from 09.00 to 17.00 Monday to Friday (except Public Holidays). One centre, Thie Meanagh, provides transport. This is operated by two of the care staff, therefore limiting the hours available in the centre. The Other two centres do not provide transport.

The centres provide therapeutic and enjoyable activities geared to maintaining a level of independence and a good quality of life while also providing a respite function for family carers. The aim of the service is to delay, or avoid, admission to more institutional models of care.

Attendance figures (see appendix iii) are adversely affected by factors including availability of transport and staff availability. With regard to the latter each centre has three staff and an agreed staff to client ratio of 1 staff member to 5 clients. Therefore if one staff member is unavailable due to annual leave, sickness absence, training or other such event capacity is reduced accordingly. While bank staff arrangements do exist there is no scope with regards to headcount restrictions to address this.

A needs analysis of their case load by the Older Peoples Mental Health Services, conducted in 2013, identified 13 community clients who would benefit from attending the service but were unable to due to a lack of transport or inadequacy of transport provision. There were 8 people in the South who were affected, 1 in the East and 4 in the North.

EMI residential care is provided by both Adult Social Care Services and the independent sector (see appendix iii). EMI residential units provide a safe environment, adapted and decorated in line with best practice as promulgated by the Alzheimer's Society including elements of reminiscence décor. They are staffed to a slightly higher ratio than other residential units. In those units provided by Adult Social Care Services therapeutic activities are provided such as doll therapy, rummage boxes, and reminiscence themed activities. Staff have mostly attended both dementia awareness courses offered on the Isle of Man. The independent sector providers offer similar services.

While there have been variations in occupancy levels for these services it is generally very high (see appendix iii).

Specialist EMI residential services for people who have needs that challenge the service are provided by Adult Social Care Services in three units (see appendix iii).

The service was introduced as part of the closure of Ballamona Hospital and Cowin House. Originally considered in patient beds operated by Mental Health Services they transferred to Adult Social Care Services (or predecessor) in 2003 when Gansey and Surby Units were opened. Thie Meanagh replaced Surby Unit as the Douglas provision.

EMI Services offer a Residential Care Home specialising in caring for older people who live with Mental illness and/or Dementia. People with a mental illness can experience problems in the way they think, feel or behave. This can significantly affect their relationships, their activities, and their quality of life. The term severe and enduring mental illness refers to people who have had a long standing condition resulting in difficulties in one or more areas of their life, for example, conditions such as Schizophrenia and Bi-Polar affective disorder.

The term dementia is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions, including Alzheimer's disease and damage caused by a series of small strokes. Symptoms of dementia may include memory loss and difficulties with thinking, problem-solving and language. Dementia is progressive, which means the symptoms will gradually get worse. How fast dementia progresses will depend on the individual person and what type of dementia they have. Each person is unique and will experience dementia in an individual way. It is often the case that the person's family and friends are more concerned about the symptoms than the person may be themselves. People can present with behaviours such as aggression, wandering, agitation and noisiness, to name but a few. When these behaviours become consistent and extreme and the individual cannot be cared for in another area, placement in EMI services may be appropriate. When a service user is referred or admitted for long-term care, it is important that their primary care needs are related to their Mental Health. It is also important to note that the care needs of a service user may change as their illness progresses. It is possible that their physical health needs will outweigh their mental health needs. If this is the case, the individual will be reassessed and possibly moved to a more appropriate environment.

EMI Services primary focus is care of people who have needs that challenge the service (see appendix iii for definition).

Gansey Unit forms part of the Southlands Resource Centre complex. Reayrt Skyal is a purpose built facility. Thie Meanagh currently occupies the ground floor of a two storey building. The first floor was included to avoid the necessity of building a separate unit if demand increased (based on the estimate of prevalence of dementia and the Isle of Man's ageing population). It was not expected to be required in the short term. In the five years since the building of Thie Meanagh the spare capacity has proved extremely useful to Adult Social Care Services, first in allowing the closure of Gardner House ahead of schedule (Gardner House was an EMI service in Ramsey using a ward based model) prior to the opening of Reayrt Skyal, enabling the temporary closure of Gansey Unit in an emergency situation, and the transfer of Sweetbriar Unit from Glenside Resource Centre to enable closure of Glenside.

It may be significant that as admissions to EMI Services has fallen other types of EMI provision has increased (see appendix iii for occupancy rates). Over the last five years both EMI residential and EMI nursing care provision has been developed by both the independent sector and Adult Social Care Services.

There are three providers of EMI nursing care on the Isle of Man (see appendix iii for details).

Adult Social Care Services have no contracting arrangements with providers of EMI nursing care.

### **12.1 Gaps**

The Dementia Care Team has limited geographical coverage and is not available in the South, West and North.

Transport to and from the EMI Day Centres does represent a service deficit. The provision of transport would improve attendance levels and help to achieve the overall aim of reducing admission to residential care.

Service reliability is an issue for the EMI day centres. The restrictive staffing practices imposed by Government headcount limit the degree of flexibility available to meet need.

There is no EMI residential care provision in the North or West of the Isle of Man.

In the general residential care population Adult Social Care Services are aware that many individuals are living with dementia. While there is dementia awareness training available, and a dementia care mapping service, there are still people within residential care whose particular care needs are not being fully met as a result.

There is no specialist EMI service to meet the needs of people who challenge the service in the West. There is no data collated that identifies if this is a need that requires addressing.

There are issues with recruiting suitably qualified staff for EMI Services on the Isle of Man. RMN/RNLD's have proved to be in short supply. Restructuring EMI Services under the umbrella of the Rebalancing Programme has had some success in addressing this but it is still an unresolved issue.

There is no EMI nursing care provision in the North of the Island.

There are currently limited choices of type of service delivery available.

### **12.2 What we will do**

- We will conduct a review of EMI services structure and staffing model.
- In collaboration with key stakeholders we will conduct a fundamental

review into future provision and appropriate service delivery models to achieve best possible outcomes.

- We will extend coverage of the Dementia Care Team across all of the Isle of Man.
- We will outsource EMI day services to address identified issues through the commissioning process by 2016.
- We will develop a business case for a peripatetic dementia service that can support residential care providers to meet the needs of people with dementia living in non-specialist care environments by setting up valued activities sessions and coaching existing staff how to continue them, dementia care mapping, and provide support and advice around dementia friendly care environments.
- We will review the admission system for EMI Services to bring it fully in line with Fair Access to Services protocols and further develop the service eligibility criteria. In line with other Social Care Services, people in EMI Services will continue to financially contribute to their care.

### **13 Commissioning safe services**

Adult Social Care Services will design all specifications with clear structures for performance management and setting out clear expectations for providers to meet, including around the acceptance of Adult Social Care Services values.

Commissioned services will be monitored by our Contracts and Partnership Team, Quality Assurance and Performance Improvement Manager, and commissioners.

All providers, both internal and external, will be under an obligation to fully comply with the regulatory framework in place under the Regulation of Care Act (2013).

Adult Social Care Services have adopted the principle of commissioning with an emphasis on social responsibility and developing social enterprises.