



Isle of Man
Government

Reiltys Ellan Vannin



Adult Social Care – Older Peoples Services A Plan for the Future of Services Public Consultation Summary of Responses

Department of Health and Social Care
Rheynn Slaynt as Kiarail y Theay

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1. Introduction by Clare Bettison MHK, Member for Adult Social Care

The Department of Health and Social Care's Adult Social Care Division (DHSC) undertook this public consultation prior to my becoming the Division's Member. It is clear from the consultation responses that people on the island were interested in the strategic direction of services for older people. This response consists of detailed and thorough feedback to the people and organisations who took time to comment. Their input is much appreciated. What is clear, both from the consultation and responses, is that plans for the future of services for older people are in line with, and support, the delivery of the DHSC's strategy for the next five years.

Clare Bettison
MHK

2. Foreword by the Director of Adult Social Care

The Department of Health and Social Care's Commissioning Intentions for Older People's Social Care Services document sets out how we intend to provide, structure and influence services to meet the needs of older people 2016-2021. It also identifies gaps in the current provision and how we intend to address them. The consultation included the consultation paper, the Adult Social Care Market Position Statement and Commissioning Intentions for Older People on the Isle of Man 2016-2021, and appendices (national context, future demand, data on current position and a draft action plan).

The response to the consultation, based on previous experience of such processes, was high with 25 responses sent in and 57 people, representing 19 organisations, presenting feedback in 3 workshops.

The responses are detailed in the body of this report and, in general, there was support for the direction of travel identified for Services for Older People, which are in line with and go some way to delivering DHSC's strategy.

Cath Hayhow
Director of Adult of Social Care

3. Background

Over the past five years, Adult Social Care Services, through the Rebalancing Programme, have focussed on using our resources to create more responsive options for care which help people to stay in the community. There has been significant progress made in this regard and Adult Social Care Services are keen to further develop our services to meet the needs of people living in the Isle of Man.

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

Whilst there is more than one driver stimulating the need to change, perhaps the most significant of these is the demographic profile and population projections for the Isle of Man. We know that the population is ageing. The age 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.

4. The Consultation Exercise

The consultation started on 6 June 2016 and originally ended on 18 July 2016. This period was extended to 18 August 2016 to garner further feedback.

Documents were available on the Government website with guidance provided on how to obtain a hard copy included; a press release was issued. Identified stakeholders were also sent copies. In addition three stakeholder workshops were held in June 2016.

5. The Responses

As a result of the consultation, 25 comments were received - 10 from members of the public, 1 from a staff member, 2 from the Third Sector, 4 from other Departments or Statutory Authorities, 5 from Local Authorities, 1 from a national politician, 1 from a health professional and 1 from a staff side organisation.

In addition to this, 57 individuals representing 19 organisations, including 6 DHSC Divisions, 3 Departments, 9 Third Sector organisations and the Tynwald Advisory Council for Disabilities attended the stakeholder workshops.

In the workshops, as well as asking for individual comments on specific proposals, we also asked the following questions:

- Have we missed anything?
- Is there anything else we should make a priority?
- Do you believe the proposals have addressed the issues we face over the next five years?
- Is there anything that your organisation can contribute?

A summary of the responses is set out below for each question asked at the Workshops together with each specific proposal we have made.

General Comments

Several comments were made regarding the language used, suggesting in essence that there was too much use of jargon. There were also some comments regarding the process and that some organisations were not made aware of the consultation, whilst others felt that the document was based on dated information, particularly with regard to housing matters.

Several organisations and individuals welcomed the opportunity to comment and were generally in favour of the focus on community care, whilst recognising that there will also be an ongoing need for residential care. Some organisations noted there was a lack of detail.

Some Local Authorities felt we had inaccurately described the relationship between Local Authorities (as Housing Providers) and the Department of Infrastructure.

There was also some concern expressed around funding issues and how services are structured, particularly with regard to who should provide them and the role of carers. Also identified was the need to respect older people and not see them as a liability, but as an asset.

We acknowledge what people have suggested regarding the use of language and data in any further consultations and communication with the public. In addition, we will change the description of the relationship between Local Authorities and the Department of Infrastructure in the final document.

Have we missed anything?

In the Workshops, and from some individual returns, there were several specific service type issues which participants felt were missing, including:

- increased community therapist support
- intermediate care
- use of Shared Lives scheme, developed in Learning Disability Services, for older people
- 24 hour Reablement
- services for people with Acquired Brain Injury
- crisis team based at Accident and Emergency
- a financial assessment visiting officer
- integrated hubs
- rapid response teams
- out of hours support

Some of these issues are outside the remit of Older People's Services, or issues that we can look at in the future with colleagues from other Divisions. For some items more research with regard to demand would need to be undertaken, for example provision of 24 hour Reablement.

Older People's Services will review the Shared Lives scheme for adults with a learning disability once it is up and running on the Island.

In addition, some of the issues will be addressed by some of the proposals. For example, development of Reablement would increase the availability of community therapist support whilst a focus on community services will help us to meet aspirations for integrated community hubs.

A recurring theme was funding, including the current funding system and how care will be funded in the future; should we apply charges on property, or equity release schemes? The document's focus is on the funding system as it exists, but we will bring these issues to the attention of the relevant Departments.

Several comments were around making the vocation of social care more attractive in order to ensure a sustainable workforce. This is essential and we are working with other areas of Government, the independent and Third sector to look at this.

It was also highlighted that there is no section on end of life care. The Division is committed to supporting the delivery of the recently launched End of Life Care Strategy.

Social isolation was raised as an issue. Whilst there is no individual section on this, it is the focus of the preventative elements of the document with regard to befriending services and supporting services such as Men in Sheds.

One respondent made a very cogent and reasoned analysis in support of voluntary euthanasia. However, this is not a position that Adult Care Services can advocate, but sits more clearly within the remit of Tynwald decision making.

One respondent noted the absence of reference to social work and the services they provide. The social work teams were consulted as key stakeholders in the drafting of the document.

One respondent felt there was little offered between providing care in the community and the step up to residential care. The development of a range of community based services is a priority for the DHSC, and the Division will support the delivery of the Department's five year strategy. In addition, the proposals contained in the section on housing and sheltered housing are geared towards addressing this.

Household maintenance was raised as a priority to enable people to remain in their own homes as long as possible. Reference was made that there used to be a household improvement grant scheme to help people meeting the associated criteria to maintain their homes.

Finally, it was pointed out that there is no definition of the term 'older people'. The definition is people aged 65 or over.

Is there anything else we should make a priority?

Most of the responses to this question were of the nature of 'more of' the types of services we are advocating. However, some are mentioned frequently so do not bear repeating.

The need for more available nursing care beds at benefit rates was raised, including the effect this would have on Nobles Hospital. The Department has recognised this as an issue, resulting in the recent purchase of a care home and the intention to commission nursing home beds on this basis.

Staffing issues, recruitment and training were identified as a priority and again the Division recognises this and is participating in the workforce development work (identified below) to address it.

Health promotion was also raised as a priority and identified as a major preventative service area. Adult Social Care Services are willing to engage with the Public Health Division in this regard.

Several respondents questioned the efficacy of outsourcing services.

The issues of self neglect and hoarding were raised as priorities.

Finally, one organisation raised two issues as priorities. One, that the Division should be more proactive with regard to carer assessments and support and, secondly, they felt people were being discharged from hospital too early, leading to re-admissions. With regard to the former, carer assessments have now been fully implemented by social work teams, whilst with regard to the second, we will share this response with the relevant Division.

Do you believe the proposals have addressed the issues we face over the next five years?

In general, the response was positive. Two clear issues were raised:-

1. meeting the cost of care
2. making sure that we have enough skilled staff, particularly in light of our ageing population.

These are big issues. With regard to the issue of cost, our current model of care is costly. However, we accept that providing care in the community is not always the least expensive way of providing care and that tensions can exist due to this.

With regard to making sure that we have enough staff with the right skills, the Division is actively involved in a programme of workforce development, with the intention of helping our recruitment and retention of staff. We recognise that our current workforce is ageing and we are examining ways of recruiting younger people into the service by offering career development opportunities. The age of the volunteer workforce was also raised as an issue, which suggests this should be included in the workforce development being undertaken.

Is there anything which your organisation can contribute?

This was a key question in our consultation workshops. Organisations who attended came forward with lots of very positive information and suggestions, including:

- The Manx Stroke Foundation provides social facilities and non-means tested financial assistance for stroke survivors.
- Manx Blind Welfare provide audiobooks (a service that could be expanded to other groups), free visual training, have spare capacity for transport and offer awareness courses.
- Ballamona Association for Mental Health provide financial support to people with mental health issues.
- The British Red Cross operates a commissioned all-Island Patient Transfer Service. They also provide a free short term wheelchair loan service, event first aid, and support emergency services when called upon. They are also keen to participate in the proposed Age Well Partnership Board.
- The Department of Environment, Food and Agriculture is happy to work with the Department to see what preventative or well-being activities can be delivered on their estate.
- Manx National Heritage offers a range of services, including offering access guides to their sites, reminiscence training sessions for care staff and volunteers, delivering community based sessions, a free of charge venue to Age Concern for computer support sessions and deliver a monthly reminiscence session with the Alzheimer's Society. They employ a community outreach officer to work with the Department and other organisations. Whilst constrained by resources, they are supportive of increasing therapeutic and enjoyable activities for older people.
- The Manx Utilities Authority run a priority care scheme to enable them to consider individual needs when it comes to service delivery and support for vulnerable customers.

Responses to Specific Proposals within the Commissioning Intentions

Some proposals resulted in more comments than others and are set out below in the order contained in the Commissioning Intentions.

Signposting Services

Proposal:

We will continue to improve the information provided through our Government website

Several responders expressed the view that the existing website is in need of improvement and that alternatives, such as Facebook or a shared access site, could be explored. It was also recognised that there is still a need for non-internet based information provided in local settings. We will work with partner organisations in localities to make information more available and look at other non-internet based ways of communication. We will also consider more dynamic internet channels with relevant colleagues. This links directly to the Digital Strategy and the development of telecare projects.

Several responders suggested the production of a directory of services, both for the public and for informing team members on advising the public. We will review the practicality of producing such a resource and, most importantly, of keeping the information up to date.

Prevention Services

Proposals:

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

The responses to our proposals with regard to preventative services were generally positive, especially with regard to befriending and Live at Home schemes. However, there were several other suggestions and issues raised.

Several responders suggested that there needs to be improved assessment and review of individuals living in the community to ensure they are still coping.

Respondents also highlighted the need for investment in community and primary health services.

Several responders also stressed the need to appropriately fund Third Sector organisations for the work they undertake.

One responder suggested taking up the idea of a secondary response service to help people transition from hospital to home. We support this idea and are aware that this is currently being explored with colleagues and partners.

One responder pointed out that a fully funded equipment and adaptations programme should be established. This will be fed back to colleagues within the DHSC and other Departments.

There was support for the continued provision of Meals on Wheels, but it was also felt that their remit needed expanding to provide a degree of health and social need surveillance. With this in mind, we will review the service specification.

One organisation responded that, whilst in agreement with proposals, they feel there is inequity, in that some organisations provide therapeutic leisure opportunities whilst others do not. We are always content to listen to suggestions that would benefit older people. This organisation also suggested that the Isle of Man Government could consider providing community venues to facilitate learning and social activities for older people, rather than relying, as many do, on church hall type facilities, with no internet connection. In the section 'what organisations can provide', several Departments and statutory organisations offered these community venues and we will ensure this request is made to all Departments.

Assistive Technology

Proposals:

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' experiences

Whether as a result of joint commissioning or not we will ensure our Reablement Team has access to appropriate assistive technology to assist 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

There was full support for the proposals regarding assistive technology and the suggestion that resources could be pooled to achieve maximum efficiency, for example using the Emergency Control Room service.

Respite Care Services

Proposals:

We will continue to commission respite resources 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

There was support for the proposals regarding respite care, though one Local Authority was concerned that there might be a reduction in funding in their local area. One Housing Authority welcomed the opportunity to take a joined-up approach to meet needs in their area.

Reablement Service

Proposals:

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

There was support with regard to the proposals to further develop the Reablement Service, although one organisation did express concern in relation to Friday discharges from Nobles and the service's ability to address this.

One responder also suggested an intermediate care type service is required. We will discuss this with Health Service colleagues.

Home Care

Proposal:

We will review the structure and organisation of Home Care and seek to introduce new arrangements to ensure achievement of strategic aims (reduction in use of residential care) and continuing quality of provision

One organisational response queried the Home Care Service's ability to respond to needs, but it is unclear whether this is the Department's service or a private home care organisation. One responder suggested looking at the hours of provision and whether this should be a 24 hour service, whilst a Housing Authority questioned whether Home Care meets the needs of everyone, even if their desire is to stay in their own home. These are issues which will be considered in the review of Home Care.

One responder suggested that some older people are asset rich, but cash poor. As a result, there was a suggestion that some people move into residential care as they don't meet the criteria for income support (and therefore free Home Care) but receive benefit support for residential care. This issue will be brought to the attention of the relevant Department and be considered as part of the strategic planning for Older People's services.

Day Care

Proposals:

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

There were a range of responses with regard to day care. Some respondents noted that there has been a decline in the use of day care services and also noted that the current provision is unable to meet the needs of those people with the most complex needs. In view of this, it is agreed that we will review service provision to ensure that best use is made of resources to support people appropriately.

Following a tender exercise which ran concurrently with the consultation, the Division was unable to identify a provider to provide day care services. Therefore, the decision was taken to provide these services internally as part of Adult Social Care and to progress the review of day care services.

Community Transport

Proposals:

When commissioning community services that require people getting to a set destination, we will include transport in the service specification. We will 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

Several responders highlighted difficulties with regard to transport arrangements for older people. Jurby Health Centre and accessing heritage sites were two areas mentioned specifically. Overall, people supported our proposals regarding transport.

The most detailed response came from the Department of Infrastructure, both in relation to the improvements they currently provide (for example, accessible buses with audio and visual 'next stop' announcements) and their belief that the Department should source transport through Bus Vannin. We are working with the Department of Infrastructure to provide this.

Sheltered and Extra Care Sheltered Housing

Proposals:

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 a residential care unit with a commissioned service provider

There was a significant response to these proposals from Local Authorities and the Department of Infrastructure and whilst there were concerns, the majority agreed that there is a need for a service between sheltered housing and residential care.

Focussing on concerns, there is a recurring theme relating to extra care sheltered housing in that the Department should work with Local Authorities and not just the Department of Infrastructure. The Department of Infrastructure highlighted the need for a regulatory framework. At least one Local Authority was of the opinion that Local Authorities do not have the means to commission and manage such services and feel the Department is in a better position to provide this set of skills. We accept that these are issues to be addressed and will consult fully with the relevant parties in drawing up any proposals for extra care sheltered housing.

At least one responder pointed out that current provision is not meeting the needs of older people, due to issues of inaccessibility and inability to provide adaptations. We certainly support the aspiration to provide larger, more flexible units, though it is not necessarily within our remit to provide them.

One responder suggested that we should include primary care in any future developments of sheltered housing and use a mixed market approach to extra care sheltered housing. We will explore these suggestions in building a business case.

Residential and Nursing Care

Proposals:

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 (including 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

The constant theme in responses to our proposals in this area was that there will be a continuing need for these services. We are fully aware of this and intend to continue to provide them, as can be evidenced by our plans for the re-provision of Reayrt ny Baie and the Department's recent purchase of a care home facility in Douglas.

We have received contradictory responses on how individuals are moved between services based on the complexity of their care needs e.g. between residential, nursing and dementia care; some respondents expressed the view that we should do whatever is necessary to avoid such moves. What is clear is that we cannot meet the needs of everyone in a single setting whilst also meeting the standards required by the Regulation of Care Act. It is the Division's policy that people are cared for in a setting appropriate to their needs.

We are, however, actively looking at co-locating some types of service, such as sheltered or extra care sheltered housing, with residential care settings. This will, at least, reduce the need to change localities if care needs change. This appears to resonate with at least one Housing Committee.

One responder also suggested an intermediate care type service is required. We will discuss this with Health Service colleagues.

Elderly Mentally Infirm services (Services for People Living with Dementia)

Proposals:

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. We will do this by setting up valued activities sessions and coaching existing staff on how to continue them, by dementia care mapping and by providing 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

One responder stressed the importance of training in this area, whilst another queried the absence of references to psychological services. The Department is aware of the importance of training and provides it at various levels. With regard to psychological services, this sits within the remit of Mental Health Services and we would not wish to duplicate services. However, we recognise that a partnership approach across services, with positive working relationships, is critical, particularly in this area of shared responsibility.

One organisation was keen to work in partnership with ourselves and the Third Sector to enhance reminiscence facilities. We will certainly be happy to discuss this.

One Local Authority was concerned that we might be devolving responsibilities on housing providers which they are ill-equipped to provide. This is not our intention, which, as our proposals are developed, will become apparent.

One Housing Committee welcomed the proposal to expand the Dementia Care Team to their area.

It is of note that, following a tender exercise, the Department was unable to appoint an appropriate provider. The decision has therefore been taken to maintain these Day Services as a service provided by Adult Social Care; again, this will be subject to review.

6. Conclusion and What Happens Next

Overall, it is reassuring that individuals and organisations were, by and large, in agreement with our proposals for the next five years. Comments, which we have said we will address, will be included in the final draft of the Commissioning Intentions.

There are more comments relating to concerns outside the remit of our Division and we will bring these to the attention of the relevant Division, Department or Authority.

Where organisations have offered to work with us, we will make contact in due course.

The final draft of the Commissioning Intentions will be published as soon as is practical but, in the meantime, the establishment of a multi-agency Age Well Partnership Board will provide oversight on the final draft, followed by the implementation of the Commissioning Intentions and bring forward other relevant issues for consideration. It is intended that this will be established early in the new year.

We would like to thank all those who took the time to consider our proposals and provide us with lots of valuable feedback.

This document can be provided in large print on request

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