



**ISLE OF WIGHT ADULT SOCIAL CARE
MARKET POSITION STATEMENT
2024 - 2026**

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, NHS Hampshire and Isle of Wight 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 continues to decline. The Isle of Wight has been an outlier in this respect, with a relative over provision in this sector historically. However recently there has been an improvement in this area and we remain committed to maintaining this.

1.3. We aim to continue 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 into the local market; particularly those who are able to respond to requests to provide care and support for local people 7 days a week, including supporting the transfer of care into their services on a Friday or over the weekend. We are encouraging development across the following service types:

- Flexible models of homecare, residential care and residential care with nursing care
- Solutions that include and promote the use of technology enhanced care (TEC)
- Short-term residential and nursing care and support with a focus on enablement and delivering identified goals and outcomes for local people. (Up to a maximum of 6 weeks - i.e. step-up to prevent a hospital admission, or step-

down to prevent a delays in leaving hospital, including beds that support 'discharge to assess')

- Residential and nursing care for people with complex needs (particularly dementia and acquired brain injuries and bariatric need)
- Bed-based respite care and support for people with learning disabilities, older people including those with dementia and people with mental health needs.
- Supported living for people with learning disabilities and/or autism and/or neurodivergence.
- A broad mix of options and tailored accommodation-based support for care leavers and those who are transitioning from being supported by Childrens Service to being supported by Adult Social Care

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

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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 Hampshire and Isle of Wight and the Isle of Wight Council by setting out the Council's commissioning intentions. Strong market intelligence – by which we mean knowing what is currently available and what services are under development – will improve choice for local residents. A clearer overview of the local market will lead to better evidence-based commissioning.
- 2.2. As an Island of just over 140,400 people, the Isle of Wight experiences many pressures not 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 approximately 29% of the population aged 65 years or more, compared to a national average of 18%. Moreover, it is projected that this will continue to increase and that by 2030 this figure will increase to 34.5% (source: JSNA). Dementia, sensory impairment, frailty and other complex health and social care needs are all expected to increase as the population ages further.
- 2.3. Island Residents' needs for health and social care services are rising against a backdrop of reduced funding, in real terms, available and the Council's Department of Adult Social Care and Housing Needs has needed to make year on year savings. 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. In addition, a more interactive version of the Market Position Statement (MPS) will be developed, with more real-time data.

- 2.6. Our vision is for every Island resident to have access to the care and support that they require to live a happy and healthy life. This means supporting people to live independently, with dignity, in their own homes and the communities that they have chosen for as long as possible and 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, but not limited to, family-based services such as Shared Lives and housing options such as Extra Care and supported living, as well as domiciliary, 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 solutions 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. We are acutely aware that living on the Isle of Wight means it is often necessary to have a level of self-sufficiency that people living in ‘mainland’ Britain might not need. Our physical separation from the rest of England demands transport links to the mainland that are robust and comprehensive and affordable.
- 2.10. We celebrate our uniqueness and embrace the challenges of working and living on an Island and, as Commissioners, we take pride in securing local service provision that avoids the need for 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 the care and support infrastructure for local 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 support they receive. Good health and wellbeing are 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 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 as well as people who draw on care and support and their carers. 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 care and support using direct payment 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 of social care support and services. We are keen to engage with existing providers and new 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 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 is to deliver person led, coordinated health and social care for all 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 are committed 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 must 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. Assistive technology: broadening the options and opportunities for people to use different types of equipment and approaches to their care and support packages within their own homes and accommodation-based services.

- 4.5.2. Housing with Care: supporting new opportunities to improve the accommodation standards and supporting new developments on the Island such as Extra Care, Shared Lives and Supported Living
- 4.5.3. Care Homes: engaging in constructive dialogue and delivery with developers and providers to support the raising of quality standards across existing provision. Together with expansion to provide affordable options for people who have more complex needs.
- 4.5.4. Short term services to maximise independence: ensuring that the Isle of Wight has both appropriate and flexible services to support people to avoid hospitalisation, through hospital discharge, rehabilitation and reablement and preventing further hospital admission.
- 4.5.5. Quality Assurance: continue to evolve processes across adult social care and health for monitoring quality of provision and safeguarding adults.

5. Strategic priorities

- 5.1. A range of published data and publicly 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 (JSNA) provides the evidence base for the way the Isle of Wight Health and Wellbeing Board (Isle of Wight Council, NHS Hampshire and Isle of Wight, 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
<https://www.legislation.gov.uk/ukpga/2014/23/contents>
 - The Health and Care Act 2022
<https://www.legislation.gov.uk/ukpga/2022/31/contents>
 - 'Living Happy, Healthy Lives' Isle of Wight Adult Social Care and Housing Strategy 2024 – 2026

- Isle of Wight Health and Care Plan
- <https://iwc.iow.gov.uk/documentlibrary/view/isle-of-wight-health-and-care-plan>
- Isle of Wight Dementia Strategy 2022-25
<https://www.iow.gov.uk/documentlibrary/view/isle-of-wight-dementia-strategy-2022-2025>
- Isle of Wight Carers Strategy
<https://iwc.iow.gov.uk/documentlibrary/download/carers-strategy-2023-to-2028>
- Isle of Wight Public Health Strategy 2020-25
<https://iwc.iow.gov.uk/documentlibrary/download/iw-public-health-strategy-20-251>
- Isle of Wight Health and Wellbeing Strategy 2022-27
<https://iwc.iow.gov.uk/documentlibrary/view/isle-of-wight-health-and-wellbeing-strategy-2022-27>

5.4. Commissioning vision and key messages

5.4.1. Through the Isle of Wight Health and Care Partnership the health and social care system has developed a system-wide vision, objectives and principles. These are overarching and it is essential that the Isle of Wights' 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:

5.4.2. System-wide vision

- Person centred, coordinated health and social care.

5.4.3. System-wide objectives

- Deliver improved health and social care outcomes.

- People have a positive experience of care - involving those who draw on care and support, understanding their needs and seeking their feedback.
- Person centred provision - Putting the identified outcomes of people who draw on care and support at the heart of service development and delivery.
- Service provision and commissioning - delivered in the most efficient and cost-effective ways across whole system achieving financial sustainability and demonstrating value for money.
- Staff will be proud of the work they do, the services they provide and the organisations they work for and organisations in the social care sector will be employers of choice.

5.4.4. System-wide principles and outcomes for improving services.

- Ensure that people are supported to take responsibility for their own care needs and are able to live independently at home for as long as possible, reducing the need for hospital admission and long-term residential care.
- Ensure all care and support 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 with partners in health, the independent and third sectors.
- Work towards better integration and coordination of care across health and social care.
- Improve efficiency, increase capacity and reduce bureaucracy to meet future demand for services.
- Make the best use of resources across the health and social care system, maximising impact for 'the Island pound'.

- Develop our workforce to enable staff to have the right knowledge, skills and expertise appropriate to their role and promoting career development opportunities for all.
- Encourage staff to work beyond existing boundaries where appropriate to support system-wide innovative delivery of care and support.
- Jointly commission services with outcome focussed contracts, incentivising positive changes in provision where there are joint and aligned outcomes.
- 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, unsafe or no longer providing value for money.

5.4.5. 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 the care and support that they access.
- Actively work to prevent, reduce or delay the need for care, support and admission to hospital or residential/nursing care where clinically appropriate.
- Enhancing the quality of life for people with care and support needs and their informal carers.
- Help and support people to recover from adverse events, illness and injury in a timely way, maximising independence.
- Enhance the quality of life for people with long term conditions and disabilities.

Strategic Priority	Outcome
Promoting Independence	<ul style="list-style-type: none"> • Adults will take responsibility for their own health and wellbeing and will use their initiative to find support. • Adults will plan earlier for ill health and for retirement. • Social isolation is reduced. • Adults will receive targeted information and as a result will be enabled to take part in initiatives and activities within their local community. • There will be improved information and advice that supports easier access to alternative opportunities. • Adults will be able to access universal preventative services. • There will be a reduction in the demand for adult social care
Developing the market	<ul style="list-style-type: none"> • Adults will be able to return to their everyday life quicker after a period in hospital. • There will be a reduction in unplanned hospital and care home admissions. • 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	<ul style="list-style-type: none"> • Limited social care funds are targeted effectively amongst the most vulnerable and their carers and to meet significant needs. • The most vulnerable adults and their carers within our communities are able to make informed choices. • Where possible Health and Care plans are delivered through transparent and integrated processes and meet assessed needs.

**Quality and
safeguarding**

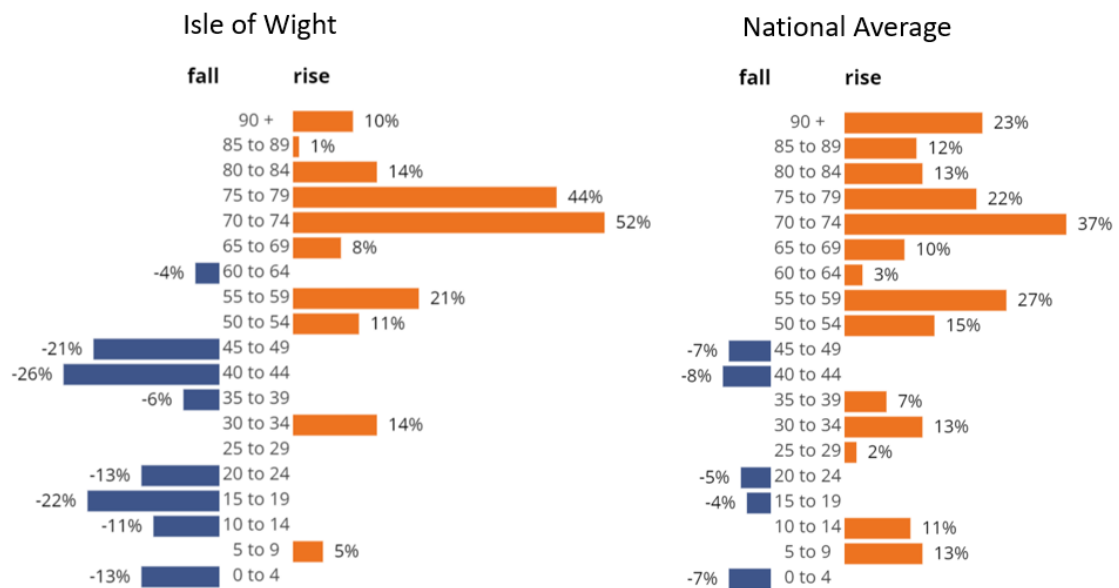
- Commissioning processes will deliver value for money.
- All adults with social care or support needs feel safe and supported, and risks of abuse and neglect are managed according to Making Safeguarding Personal principles and processes.
- Staff and partner organisations are fully aware of safeguarding policies and procedures and are confident to take appropriate actions wherever necessary.
- Our local communities and partners are aware of their own safeguarding responsibilities.

PART 1 – CURRENT AND FUTURE DEMAND

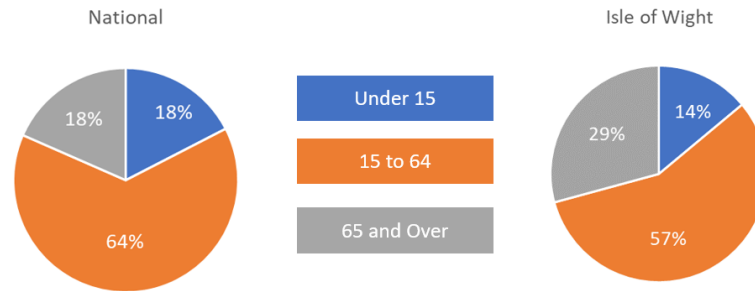
1. What the data tells us

1.1. Census results for 2021 showed there are 140,400 people living on the Isle of Wight. Nearly 1 in three people (29%) are older than 65 which is significantly higher than the England average (18%). Over 65's are not the only people needing ASC support; however, it is used here as a high-level metric indicating higher overall demand. There has been an increase of 24.7% in people aged 65 years and over compared to the national average of 20.1% between the 2011 and 2021 census.

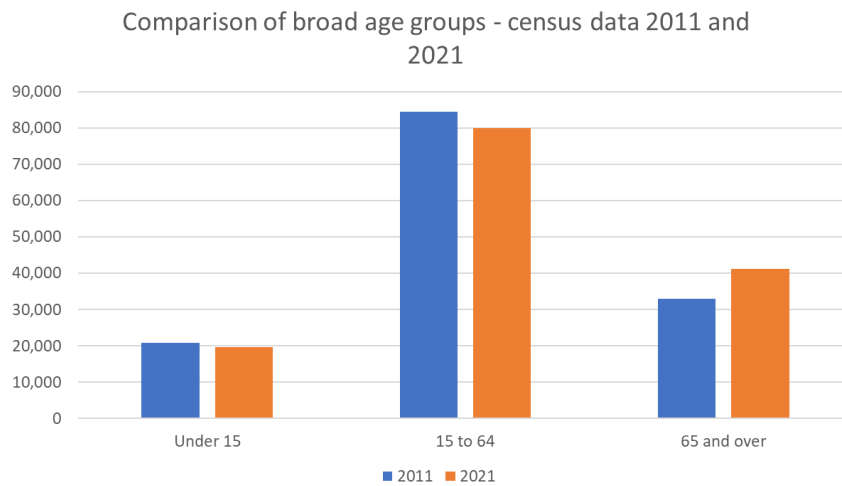
Population change (%) by age group in Isle of Wight and England, 2011 to 2021



1.2. The breakdown of population percentages by age (broad bandings) ONS – Census 2021 data shows that the Isle of Wight has a significantly higher proportion of individuals who are 65 and over.



1.3. In real terms the overall population of the Isle of Wight grew 1.5% since the 2011 census. However there has been a drop in those under 65 and an increase of 8,146 in 65s and over.



1.4. Furthermore, this demographic ageing is set to increase in the future as shown in figures 1 and 2.

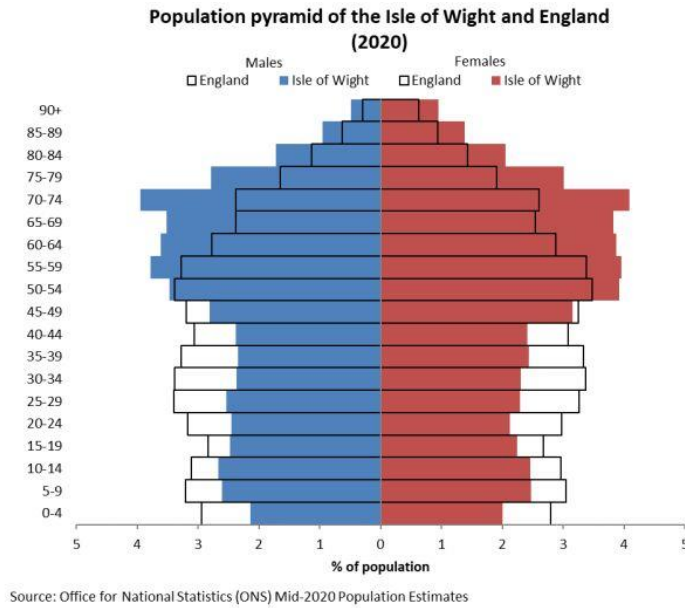


Figure 1: source Isle of Wight JSNA, Demographics and Population, Mid 2030

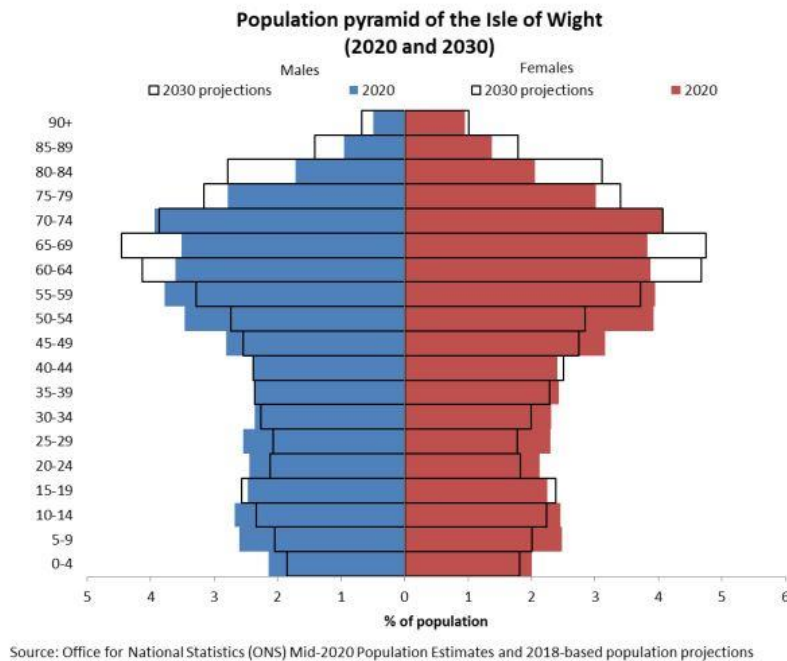


Figure 2: source; Isle of Wight JSNA, Demographics and Population, Mid 2030

1.5. Looking forward the ageing of the Island’s population is set to continue with projections suggesting that by 2030 almost 34.5% of the population will be aged 65 or older, 17.3% aged 75 or older and 4.9% aged 85 or older. The proportion of the 85 years and over population is expected to increase from 5,378 to 7,358 people by 2030 – an increase of 36.8%.

- 1.6. Life expectancy on the Island is 79.6 years for men and 83.1 years for women. Life expectancy varies with deprivation and is a key high level inequalities outcome measure. Males born and living in the most deprived areas of the Island could expect to live 6.1 years less than those in the least deprived areas. Whilst females born and living in the most deprived areas of the Island could expect to live 2.3 years less than those in the least deprived areas
- 1.7. The highest major inequalities in healthy life expectancy are evident, with those living in the most deprived areas living a smaller proportion of their lives in good health. Males and females living in the most deprived areas of the Island live in poor health for 10.3 years and 7.5 years longer respectively, compared to those living in the least deprived areas.

2. Isolation and deprivation

- 2.1. There are 64,800 households on the Island and 18% are occupied by a single person over the age of 65.
- 2.2. The English Indices of Multiple Deprivation 2019 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. The Island is the 80th most deprived authority in England (out of 317) according to the Index of Multiple Deprivation (IMD) 2019. However, there are pockets within the Island that fall within the most deprived areas in the country,

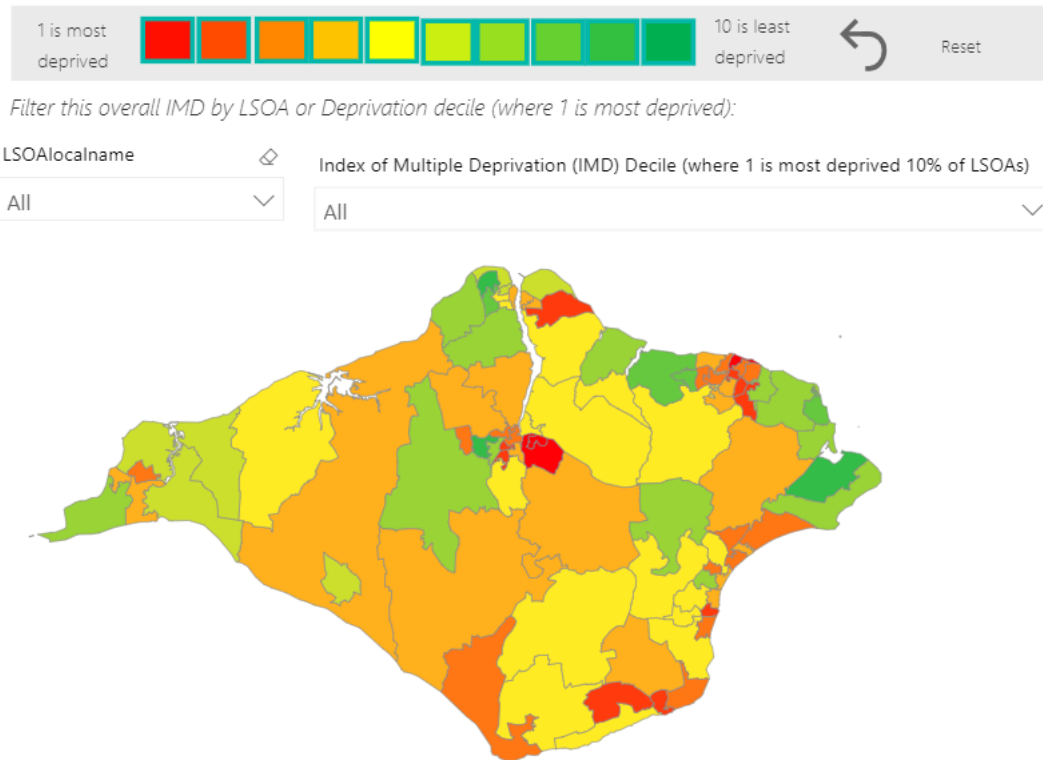


Figure 3: source; IMD 2019 DCLG

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 58.2% of those aged 65 or over have two or more chronic conditions and that the prevalence of multiple long-term conditions increases with age.

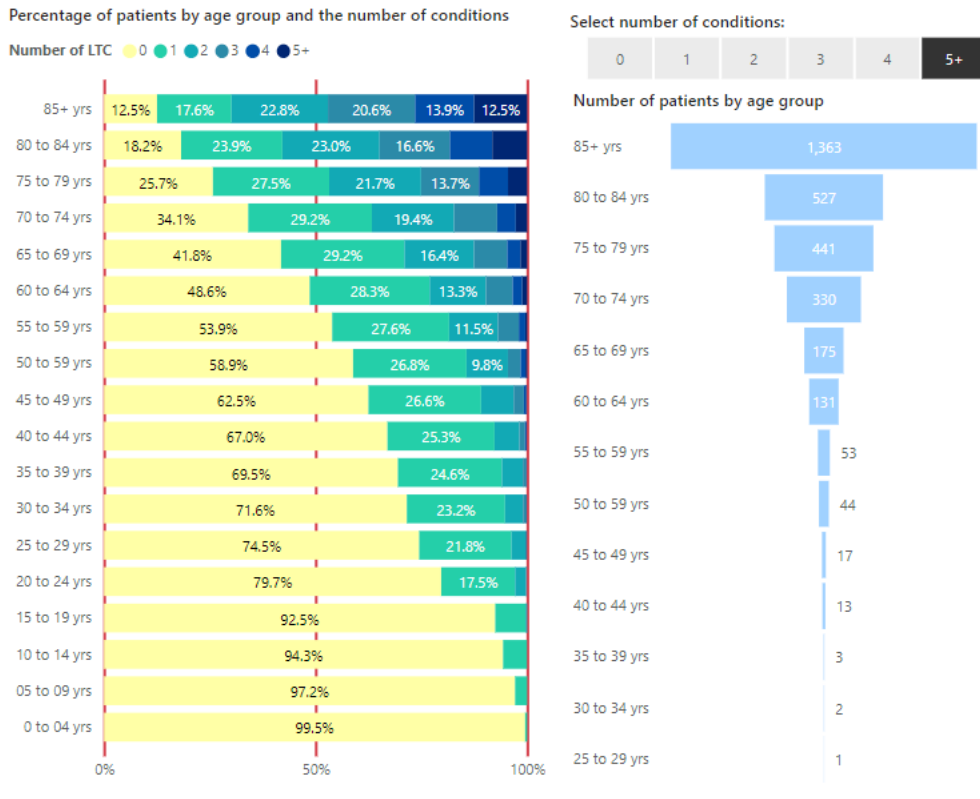


Figure 4: [JSNA Healthy People data report.](#)

4. Frailty

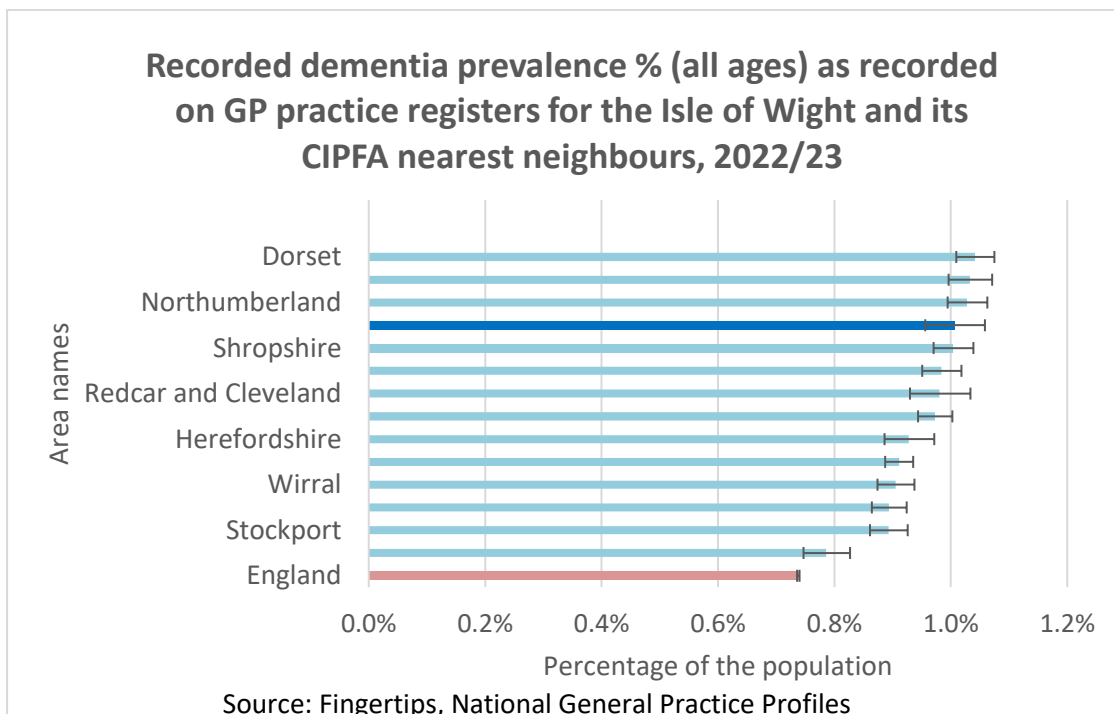
4.1. Frailty describes someone's overall resilience and ability to recover quickly from health problems. It mainly occurs in older patients and is linked to the ageing process, frailty can also occur in younger adults who experience multiple health conditions and there is emerging evidence that frailty risk increases in people who are obese, particularly where there are other unhealthy behaviours such as inactivity, poor diet and smoking. Research suggests that there are around 4,594 people on the Isle of Wight with moderate or severe frailty.

5. Dementia

5.1. Dementia is a collection of symptoms which include memory loss, mood changes, and problems with reasoning, perception and communication. On the Isle of Wight in 2022/23 1,466 people had a diagnosis of a dementia recorded on their GP record. However, due to the fact that a dementia is often underdiagnosed

by doctors and underreported by people and families, the number of people living with a dementia on the Isle of Wight is estimated to be much higher at around 2,814 (source: JSNA). Further information is available in the Isle of Wight Dementia Strategy: <https://iwc.iow.gov.uk/documentlibrary/download/dementia-strategy>

5.2. The chart below compares the Isle of Wight with the England average and our closest CIPFA comparator authorities which are most similar to the local area. The Isle of Wight has one of the highest proportions of all residents diagnosed with a dementia (1.01%), 37% higher than the England average (0.74%).



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. National figures for people recorded as living with moderate and severe frailty are not published by the NHS, however a number of studies have estimated the proportion of people living with frailty in England. These studies use different sources of data, and the prevalence estimates vary between them.
- 1.1.3. Applying the proportions of people experiencing frailty observed by Fogg et al., to the population of the Island suggests that there are around 4,594 people on the Isle of Wight with moderate or severe frailty. There are small areas across the Island where residents with frailty are concentrated, with particularly high numbers around Freshwater Yar to the west and Bembridge to the east.
- 1.1.4. New models of commissioning to support the delivery of care of pathways for frailty are being developed to ensure that this cohort of people 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 with a dementia to remain living in their own homes for as long as possible, with the right support that allows them to do so, and we want their families and informal carers to be supported.
- 1.2.2. We want older people who have a 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 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 diagnosed with a dementia and so we need to work differently so that we support people to think ahead and plan for their needs, including their end-of-life care.
- 1.2.4. 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.
- 1.2.5. Dementia is fast becoming the UK's largest health and social care challenge. The Isle of Wight's aging population makes it even more important for local system partners to work together to address this challenge. Recent population projections published by the ONS predicted that by 2026 one third of the Isle of Wight population will be over 65 years old. The 2021 Census also tells us that there are an estimated 4,500 unpaid carers on the IW providing care and support for someone living with a dementia.
- 1.2.6. 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 a dementia.
- 1.2.7. Reducing the number of people whose care and support needs are met in residential and nursing care homes when they want to remain at home and their care needs can be met in their home environment is a good measure of delaying dependency and local health and social care services must work together to reduce avoidable and unnecessary admissions not only to hospital but also to residential care settings.

- 1.2.8. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some individuals with a dementia, receiving care and support in a residential or nursing care homes represents the best option for them and can help improve their quality of life.
- 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 their life with a 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 at the heart of all service provision. We are committed to ensuring that services for people with a dementia are outcome focussed and not time and task oriented.
- 1.2.14. Succinctly, therefore, we want to support people with a 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 a 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.
- 1.2.16. We will continue to engage with providers to promote dignity in care and ensure personalised support for people with a dementia across a range of settings, including care homes.
- 1.2.17. 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 a

dementia in the future. We will therefore need more services to cope with this demand.

1.2.18. We will be commissioning specialist dementia services – be that specialist residential, nursing or domiciliary care. And we will be working to continue to deliver more 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, but they will also be built to dementia friendly standards and have a range of amenities onsite designed to promote wellbeing.

1.2.19. Dementia prevalence continues to increase in our population. It is important that the services we commission can support these individual's needs. There will always be a need for specialist services to meet the support requirements for those with the most complex needs. However, we expect all our commissioned services and their staff to have awareness and training of how to support people with dementia.

1.2.20. There is a suite of courses available to support with this:

1.2.21. Basic dementia awareness - 3 hour course

1.2.22. This course is aimed at administrators and staff working in non-frontline roles including outside of health and social care settings, in where an understanding of the difficulties that arise for people with dementia and their families and carers is required. We will explore what a diagnosis of dementia means, the key difficulties people experience with their activities of daily living, arising from deterioration in memory, attention and logical thinking ability. We will also focus on why communicating with a person with dementia is perceived to be complex and suggest some strategies that may help.

1.2.23. Advanced dementia awareness – YOU NEED TO BOOK DAY 1 ONLY OF THE 2 DAY COURSE

1.2.24. This 1 day course is aimed at ancillary staff in daily contact with people with dementia including administrative, catering, domestic, laundry, maintenance and drivers in health and social care settings. People in daily contact with people with dementia need to understand the key difficulties people experience

with their activities of daily living, arising from deterioration in memory, attention and logical thinking ability. We will explore issues surrounding the behavioural stages of dementia and how the progressive deterioration of the disease affects daily living. We will consider the impact that environments have on people living with dementia and how we can improve them. We will also focus on why communicating with a person with dementia is perceived to be complex and suggest some strategies that may help.

1.2.25. Advanced dementia care-giving in residential settings - YOU NEED TO BOOK THE 2 DAY COURSE

1.2.26. This 2 day course is aimed at frontline staff in residential/nursing homes and those working in supported living settings and people's own homes. The course will cover what dementia is and is not, an understanding of the key difficulties people experience with their activities of daily living, arising from deterioration in memory, attention and logical thinking ability. We will explore issues surrounding the behavioural stages of dementia and how the progressive deterioration of the disease affects daily living and communication. We will consider the impact that environments have on people living with dementia and how we can improve them. We will also focus on why communicating with a person with dementia is perceived to be complex and suggest strategies that may help when behaviour is affected by feelings of fear and anger. We will look at some examples of how we can use planned interventions to support people when they have difficulty with decision making, when we need to make best interest decisions on their behalf that will enhance their wellbeing and support them with empathy and understanding.

1.2.27. Communication and Caregiving in Dementia: A Positive Vision by Dr Gemma Jones

1.2.28. ** Please note, this is a 4-Day Course that you will need to book in 2 parts. When booking, please select the start date for days 1 & 2 which will be taught on 9th and 10th October, and then in a separate booking, book the start date for days 3 & 4 which will also be taught on 23rd and 24th October **

1.2.29. Aims of the course are

- To cover key aspects of the developing knowledge-base for professional dementia care
- To provide a conceptual framework for understanding dementing illnesses, behavioural changes, and the range of options for care, communication, and environmental interventions

1.2.30. **Vision:** Bespoke, stage-specific, dementia-specific, dementia care

1.2.31. **Goal:** Encourage abilities that are spared; support and intervene for those that are weakened

1.2.32. Attendance on these courses can be booked here:
<https://www.alzheimercafeiow.org.uk/dementia-training.html>

2. Learning Disability, Autism and Neurodiversity

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

2.2. We want people with a learning disability, autism and neurodiversity 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. Learning Disability

2.4.1. A learning disability is defined by the Department of Health in its 2001 report 'Valuing People' as:

A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence):

- with a reduced ability to cope independently (impaired social functioning),
- which started before adulthood, with a lasting effect on development

2.4.2. Types of learning disability vary greatly and the challenges experienced vary from person to person. Some people may be able to live independently with minimal support, whilst others may need round-the-clock care and support. The definition of 'learning disability' does not include all those who have a 'learning difficulty' which is more broadly defined in education legislation, and the presence of a low intelligence quotient is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support.

2.4.3. Learning disability is one of the clinical priority areas in the NHS Long Term Plan, with a commitment to tackling the causes of morbidity and premature death for people with these conditions.

2.5. Autism

2.5.1. Autism is a neurodevelopmental condition which is often included in discussions of 'neurodiversity' along with other conditions such as ADHD, dyspraxia, Tourette's syndrome and others. Autism is a distinct 'neurotype' and autistic people will experience issues unique to them.

2.5.2. Autistic people experience patterns of thought, cognitive processing, social issues and behaviour which can include but are not limited to the following factors:

- Difficulties with social skills/understanding social norms and cues
- Fixed patterns of behaviour and routines
- Sensory needs/sensitivities
- Repetitive behaviours known as 'stimming' which can serve a variety of purposes
- Fixed patterns of 'straight-line' or 'bland white' thinking, characterised by having concrete schemas into which the world around them must fit
- Issues around creativity/problem solving/executive function

2.5.3. These features can produce both disabilities and advantages in the context of a world which is designed with people who are not autistic in mind.

2.5.4. As the UK National Autistic Society identifies, the definition of autism is an evolving one:

2.5.5. “The definition of autism has changed over the decades and could change in future years as we understand more. Some people feel the spectrum is too broad, arguing an autistic person with 24/7 support needs cannot be compared with a person who finds supermarket lights too bright. We often find that autistic people and their families with different support needs share many of the same challenges, whether that’s getting enough support from mental health, education and social care services or being misunderstood by people close to them.”

2.5.6. The estimated prevalence of autistic adults in the UK is 1.1%, or about one in 95 people. Some studies estimate that rates among children could be as high as 1.76% (one in 57), and possibly higher taking into consideration the potential under-estimation of those meeting diagnostic criteria

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

2.6.1. 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.

2.6.2. 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.

2.6.3. 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. Due to the high co-prevalence, providers supporting

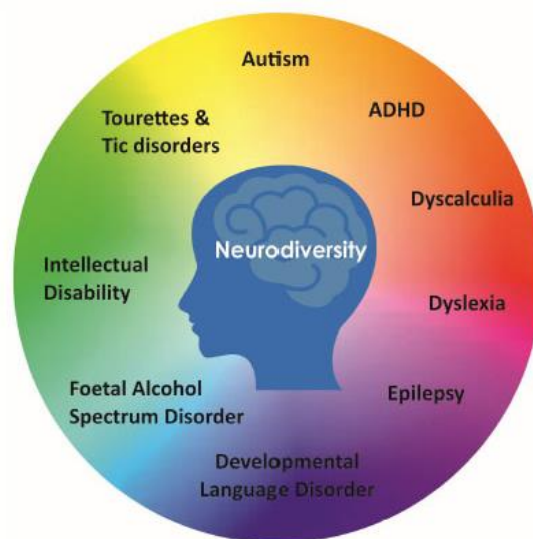
people with a learning disability would also be expected to demonstrate autism awareness.

2.7. Neurodiversity

2.7.1. Neurodiversity refers to the different ways the brain can work and interpret information. It highlights that people naturally think about things differently. We have different interests and motivations and are naturally better at some things and poorer at others.

2.7.2. Neurodivergent people tend to find some things very easy and other things incredibly hard. This usually leads to an inconsistent performance at school or work.

2.7.3. Neurodiversity can be an advantage to some when the individuals are in the right environment, making use of their strengths, instead of constantly trying to overcome challenges. However, for some they can be a barrier and quite disabling leaving the individual to require additional support for their everyday lives.



2.7.4. Most people are neurotypical, meaning that the brain functions and processes information in the way society expects the diagram above offers common examples but is a simplification. Individual experiences, overlaps and abilities vary significantly.

2.7.5. However, it is estimated that around one in seven people (more than 15 per cent of people in the UK) are neurodivergent, meaning that the brain functions, learns and processes information differently.

2.7.6. Neurological conditions encompassed by the terms 'neurodivergence' and 'neurodiversity' fall into three categories: applied, clinical and acquired. Over a period of an individual's life, someone may experience an overlap of multiple types, which is why adult diagnoses are becoming more prevalent in society.

2.7.7. **Applied neurodivergence or neurodiversity** - This includes conditions with which an individual is born, and which are not considered to be a health condition. It refers to difficulties in the application of cognitive skills such as gross motor control, number concepts and reading. Conditions that can be classified as applied neurodivergence or neurodiversity include:

- developmental coordination disorder or dyspraxia
- dyscalculia
- dysgraphia
- dyslexia

2.7.8. **Clinical neurodivergence or neurodiversity** - This includes neurological differences with which an individual is born, and which are considered to be a health condition. Clinical neurodiversity relates to difficulties in communication, social skills, behaviour and impulse control. Conditions that can be classified as clinical neurodiversity include:

- attention deficit hyperactivity disorder
- autism spectrum condition
- intellectual disability
- Tourette syndrome

2.7.9. **Acquired neurodivergence or neurodiversity** - This includes neurological differences that change cognition and behaviour in the individual, and which can develop as part of a health condition or injury. Acquired neurodivergence or neurodiversity relates to conditions that can be resolved as an illness or injury heals, as well as conditions that can worsen as an individual's health deteriorates. Conditions that can be classified as acquired neurodivergence or neurodiversity include:

- acquired or traumatic brain injury
- illnesses that cause changes in cognition and behaviour as a direct result of the illness or through treatment of the illness
- mental ill health conditions such as Post Traumatic Stress Disorder (PTSD), anxiety and depression

- Non-verbal communication
- Non-verbal communication is communication through means other than words (for example, facial expression, posture, gesture and body movement).

2.8. Our Values are:

2.8.1. People with a learning disability, autism or neurodiversity have a right to:

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

2.9. Our Principles are:

2.9.1. *Building Individual & Community resilience*

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

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

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

2.9.2. *Developing, Regaining and Sustaining Independence*

2.9.2.1. 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.

2.9.2.2. 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.

2.9.2.3. 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.

2.9.3. *Living as Independently as Possible*

2.9.3.1. Assurance that commissioned services are sustainable, provide value-for-money and meet the aspirations of people with a learning disability, autism and neurodiversity living on the Isle of Wight.

2.9.3.2. Development of a range of local options to promote choice and control for people with a disability regarding support and accommodation.

2.9.3.3. Harness the power of the wider community, utilising support of local area coordinators, to support people with disabilities engage in ordinary community life.

2.9.4. There is a national focus on personalisation, prevention and 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 wants 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.

2.9.5. 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.

2.10. People with a learning disability living on the Isle of Wight

2.10.1. National prevalence data suggests that the true number of adults (18-64) with learning disabilities on the Island is likely to be around 1,862. As a consequence of people having smaller families, this figure is expected to reduce over the next 11 years to 1,778 by 2035, a reduction of 4.5%.

2.10.2. 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 2024 and 2035.

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

2.11.1. 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.

2.11.2. The Council and then 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%

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

2.11.3.1. Being listened to and treated with dignity and respect was especially important in terms of people's experience of support and services.

2.11.3.2. There needs to be a greater supply of independent living which includes a range of different options to meet different levels of need.

2.11.3.3. Independence for each person will be different and their individual needs and outcomes must be clearly defined.

- 2.11.3.4. When developing independent living consideration must be given to how we enable community access and social interaction for people to avoid isolation.
- 2.11.3.5. 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.
- 2.11.3.6. 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.
- 2.11.3.7. 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.
- 2.11.3.8. 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.
- 2.11.3.9. Competent, confident, critical thinking and passionate staff and maintaining good friendships are at the heart of a good service.
- 2.11.3.10. People said that they want to be involved in making decisions about individual support, future planning, procurement, recruitment and quality assurance.

2.12. Current Service Provision

- 2.12.1. The Council currently directly contracts for all residential care with individual providers and has its own in-house residential care home service, respite service and supported employment service.
- 2.12.2. There are currently a contracts with a few agencies for supported living which supports several separate services across the Island.
- 2.12.3. Specialist domiciliary support agencies contract with the Council through the Homecare Dynamic Purchasing System.
- 2.12.4. 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.

2.13. Commissioning Intentions

2.13.1. *Autism and Neurodiversity*

- 2.13.2. We have identified that there is additional work to be undertaken in relation to Autism and Neurodiversity.
- 2.13.3. The Isle of Wight Autism Strategy is now out of date. The work that was being undertaken to refresh the strategy was stalled due to the Covid pandemic. This needs to be progressed and fully coproduced with those with autism.
- 2.13.4. Much of the work, learning and support in relation to neurodiversity is focused around children and transition, especially around elements such as ADHD, OCD and dyslexia etc. There is much less information, data and understanding of neurodiversity in adults.
- 2.13.5. As with the Autism Strategy, neurodiversity in adults is an area that needs further focus for the next refresh of the market Position Statement.

2.13.6. *Personal Budgets*

- 2.13.6.1. In accordance with our duty under the Care Act 2014, 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.
- 2.13.6.2. Currently there are over 500 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.

2.13.7. *Where People Live*

- 2.13.7.1. 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.

- 2.13.7.2. The Council continues to benchmark 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 2022/23 reveal that permanent admissions to residential care for adults aged 18-64 in the Island is around twice the national average.
- 2.13.7.3. 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.
- 2.13.7.4. 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.
- 2.13.7.5. 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.
- 2.13.7.6. 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.
- 2.13.7.7. We are therefore currently reviewing and developing the accommodation and support marketplace 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.
- 2.13.7.8. There is a Shared Lives scheme on the Island. Shared Lives, is a service provided by individuals and families who offer a home to a person, including those 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.

2.13.7.9. 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.

2.13.8. ***Day / Evening Opportunities and Community Support***

2.13.8.1. 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.

2.13.8.2. 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.

- 2.13.8.3. The Council recognise that there is still 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.
- 2.13.8.4. 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.
- 2.13.8.5. 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.

2.13.9. ***Employment for people with learning disabilities***

- 2.13.9.1. Employment and education are known to enhance quality of life, reduce the risk of social exclusion, improve health and wellbeing and provide financial benefits.
- 2.13.9.2. The Council operates a supported employment service, No Barriers, to assist people with learning disabilities to access (and then maintain) employment and vocational opportunities. No Barriers supports 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.

2.13.10. **Support for carers**

2.13.10.1. The Council recognise the vital and valuable role that carers play in supporting people with learning disabilities and the enormous pressure they face.

2.13.10.2. 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 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.

2.13.10.3. 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.

2.13.10.4. In particular we are looking for innovative respite care solutions to support adults with more complex needs.

2.13.11. **Autism**

2.13.11.1. 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.

2.13.11.2. 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.

2.13.12. **Transition**

2.13.12.1. 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.

2.13.12.2. The Council's Children With Disabilities 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.

2.13.12.3. 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.

2.13.12.4. 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.

2.13.13. **Out of area placements**

2.13.13.1. 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.

2.13.13.2. 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.

2.13.13.3. 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.

2.13.13.4. We believe 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.

2.13.14. ***Assistive technology***

2.13.14.1. 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.

2.13.14.2. 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.

2.13.15. ***Personal Assistants***

2.13.15.1. We continue to support the use 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 increases choice and control for people who prefer to receive support in their family home, a Shared Lives home or their own home.

2.13.15.2. This support can 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.

2.13.16. **Advocacy**

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

2.13.17. **Quality Assurance**

2.13.17.1. 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, must have quality assurance and quality control systems/procedures in place. Service Providers will supply evidence to the Council's commissioning 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 Commissioning 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.

2.13.18. **Safeguarding**

2.13.18.1. The Isle of Wight has a strong commitment to support and safeguard adults at risk. Providers delivering services to the Isle of Wight Council 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. 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.

- 3.1.2. In addition to our focus on supporting older people with a 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.
- 3.1.3. 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.
- 3.1.4. 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 Isle of Wight Council 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. 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.

- 3.3.3. 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.
- 3.3.4. Mental Health and Learning Disability services have been 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 need to continue to focus on being 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.

3.4. Demographics and Population – Mental Health

3.4.1. The Island is particularly vulnerable to poorer health outcomes due to its coastal nature. These vary across a range of physical and mental health conditions due to its coastal nature. The general pattern of mental wellbeing vulnerability across the Isle of Wight shows that those living in the urban areas of the Island, such as Cowes, Newport, Ryde and the Bay, are more likely to be vulnerable to these poorer outcomes. There is also a pocket of vulnerability in West Wight, a less densely populated urban area. The 2021-2022 Annual Report of the Director of Public Health focussed on the local impact of COVID-19 on the Isle of Wight's population in relation to mental health and wellbeing. The report is available from the [Isle of Wight Council's Public Health Service](#).

3.4.2. *Common Mental Health Disorders*

3.4.3. Common mental disorders (CMDs) comprise different types of depression and anxiety. In 2021, 17.4% of children aged 6 to 16 years had a probable mental disorder; this is a marked increase from 11.6% in 2017. For boys, the prevalence was 18.6% in 2021, up from 12.4% For girls, the prevalence was 16.2% up from 10.9%. Probable mental health disorder prevalence in young women aged 17 to 19 years has increased significantly from 13.4% in 2017 to 24.8% in 2021. There was a smaller increase observed in young males (7.0% to 10.3%). For those aged 20 to 22, 19.1% had a probable mental disorder.

3.4.4. In England, in any given week, around one in six reported experiencing a CMD.

This included any type of anxiety or depression. Women were more likely than men to have reported CMD symptoms. The most reported mental health problem for both males and females was anxiety and depression. There are a little over 14,200 patients on the Isle of Wight aged 18 and over who have depression recorded on their practice disease register. The prevalence of depression on the Isle of Wight in 2019/20 was 11.7%. This is lower than the England prevalence of 12.3%, but this has been increasing over the last nine years.

3.4.5. ***Severe Mental Illness***

3.4.6. Severe mental illness (SMI) refers to people with psychological problems. The illnesses are often so debilitating that they severely impair the person's ability to engage in functional and occupational activities. Schizophrenia, bipolar affective disorder and other psychoses are included under SMI. The NHS Quality and Outcomes Framework (QOF) records the number of patients with SMI registered with a GP practice. Nationally the prevalence of SMI is 0.95% for all ages. Across the Isle of Wight prevalence is higher at 1.19%. This equates to a little under 1,730 people across the Island. There is some small area variation with areas around Ventnor, Newport, Sandown and Ryde having higher numbers of residents with SMI.

3.5. 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.

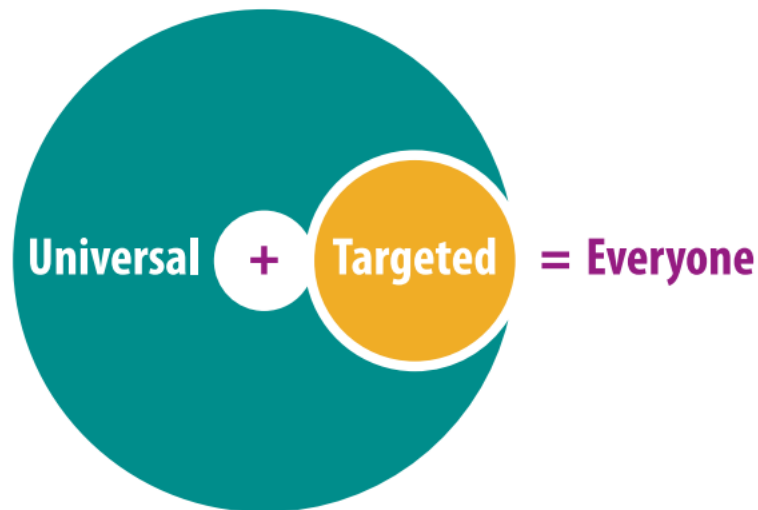
- 3.5.4. This must include being able to learn new skills, spending time with friends and most important of all the chance to engage in meaningful activities in the mainstream community.
- 3.5.5. There also needs to be a priority placed upon individuals receiving the support needed to maintain and improve 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.
- 3.5.8. Emergency hospital admissions for intentional self-harm - The Island's rate for intentional self-harm is 279.3 per 100,000 (2021/22) statistically significantly higher than national average 163.9 per 100,000. However, Isle of Wight Suicide Prevention Plan 2023-2028 indicates that this requires further understanding with regards to admissions policy and out of hours cover.
- 3.5.9. The percentage of patients diagnosed with serious mental health illness on GP practice mental health registers for the Isle of Wight in 2022/23 is 1.3% (this has seen a steady increase from 1.1% since 2016/17 and is significantly higher than the national average of 1%)
- 3.5.10. 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.

- 3.5.11. The suicide rate for the Island (2019-2021 is 13.8 per 100,000, which is slightly statistically higher than the national average 10.4 per 100,000 and has remained quite consistent for the last few periods.
- 3.5.12. However, when looking at the male and female split, we can see that the rate for males is now statistically significantly higher than the national average 23.3 per 100,000 (39 men) national average 15.9 per 100,000 (2019 –2021)
- 3.5.13. Further information relating to this can be found in the Isle of Wight Suicide Prevention Plan 2023/2028
- 3.5.14. <https://iwc.iow.gov.uk/documentlibrary/download/suicide-prevention-plan-2023-2028>

3.6. Isle of Wight Mental Wellbeing Plan 2023 to 2028

- 3.6.1. The Isle of Wight Mental Wellbeing Plan (the plan) identifies priorities where the Mental Health and Suicide Prevention Partnership (MHSP) believe that the Island can drive forward significant improvements in Islander's mental wellbeing and prevent death by suicide, by working together. It sets out the achievable steps we will take as a partnership to get there.
- 3.6.2. The plan has been developed by members of the Isle of Wight Mental Health and Suicide Prevention Partnership and the Isle of Wight Mental Health Alliance and focuses on the mental wellbeing of adults on the Island, whilst recognising the importance of working across the life course, and of ensuring that mental and physical wellbeing are given equal importance. It sets out the partnership's commitment to working collaboratively to prevent mental ill health, promote positive mental wellbeing and reduce death by suicide, irrespective of anyone's circumstances.
- 3.6.3. The membership of both the MHSP and the Mental Health Alliance are made up of statutory and community and voluntary organisations. A full list of the partners for both can be found on Page 37 to 39 of the plan.
- 3.6.4. The Isle of Wight Mental wellbeing plan 2023-2-28 can be found here: <https://iwc.iow.gov.uk/documentlibrary/download/mental-wellbeing-plan-2023>
- 3.6.5. The plan identifies 2 key approaches in its strategy for delivery. Universal approach and Targeted approach.

- **Universal approach** to encourage good mental wellbeing, emotional resilience and self-care across the whole Island population.
- **Targeted approach** to tackle mental wellbeing inequalities to reach, engage and improve the mental wellbeing of those at an increased risk of trauma and those at risk of poor mental health and wellbeing outcomes.



3.6.6. The vision is underpinned by an agreed set of key principles:

- recognise the wide range of social and economic factors that affect an individual's mental wellbeing and resilience such as connectedness, housing, income, education and employment;
- recognise inequalities in mental health and wellbeing, experienced by different groups and that different groups require different approaches;
- value mental wellbeing equally to physical health and recognise they are interlinked;
- engage with the whole person by listening and responding in a way that respects their experiences and state of wellbeing;
- focus on partnership and cross-organisational working to ensure the right support at the right time, recognising the value and expertise of the voluntary and community sector alongside statutory services as integral partners;

- prevent and reduce the impact of trauma and break the cycle of adversity on people's mental health and wellbeing, building on existing trauma informed and restorative practice;
- proactively address issues of inclusion and diversity;
- use the latest evidence, data, professional good practice, living experience and Islanders views to drive decisions and shape local approaches; Isle of Wight mental wellbeing plan 11
- build protective factors for mental wellbeing, alongside reducing risk factors;
- challenge stigma and prejudice at all levels by creating an Island where positive and open conversations about mental health and wellbeing are normalised;
- ensure this strategy does not stand alone, but is firmly embedded across the Hampshire and Isle of Wight (HIOW) Integrated Care System and links to the Hampshire, Portsmouth and Southampton's mental wellbeing workstreams.

3.6.7. The plan identifies 5 key priority deliverables:

1 Islanders will live, work and thrive on a unique Island where partners are committed to working together and differently to ensure positive improvements to mental wellbeing are made (**focus on partnership working**).

2 Islanders will benefit from the positive aspects of being part of their community and know where to access information and support to build both individual and community resilience (**focus on and building resilience**).

3 Islanders will be comfortable talking about their mental health and wellbeing and be able to challenge prejudice around poor mental health (**focus on reducing stigma and discrimination**).

4 Islanders will feel assured that all partners are working together on suicide prevention and supporting those lives that are impacted by suicide (**focus on suicide prevention**).

5 Islanders will experience positive mental wellbeing, irrespective of their background, where they live or their life circumstances and value their mental wellbeing alongside their physical health (**focus on reducing inequalities and wider determinants**).

3.7. Commissioning and preferred models of support

3.7.1. Reduce the need and demand for 'off Island' placements

- 3.7.1.1. 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.
- 3.7.1.2. 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 NHS Hampshire and Isle of Wight and Council aiming to significantly reduce off Island and spot purchased placements in lieu of local provision.
- 3.7.1.3. 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.
- 3.7.1.4. 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.
- 3.7.1.5. 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.
- 3.7.1.6. 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.

3.7.1.7. 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 Council and its partners. We want providers to be aware of this and integrate the information and advice offer into their services.

3.7.2. ***Meaningful community-based opportunities***

3.7.2.1. The Council will support 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.

3.7.2.2. 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.

3.7.2.3. We encourage and will support and work with providers and services aiming to be inclusive of those with mental health issues.

3.7.2.4. This will include local sport and leisure facilities, libraries, community activities and providers 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.

3.7.3. ***Employment, education, voluntary work and training***

3.7.3.1. 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.

3.7.3.2. 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.

3.7.4. ***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 (DTC) 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



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. The Isle of Wight developed a 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.
- 4.7. The goal is to ensure 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.
- 4.8. Implementation of Recovery, Reablement and Rehabilitation pathways, supported by aligned NHS Rehabilitation and Social Care Reablement Teams within the Integrated Locality Services, has been fundamental to the delivery of our care model.
- 4.9. 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.

- 4.10. 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.
- 4.11. Wherever possible it is our intention that Recovery, Reablement and Rehabilitation takes 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.
- 4.12. 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.
- 4.13. It is to be expected that there will still be a relatively small number of people who require 24 hour nursing care in local nursing homes or residential care home whilst they recover. These are mostly frail people with ongoing concurrent medical conditions, or who are recovering from trauma but are passed their acute phase of illness.
- 4.14. It is anticipated that use of the nursing home provision 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.
- 4.15. Some people who need some "step-up" or "step down" support may also access care and support in residential or nursing homes for a short period of time.
- 4.16. 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.
- 4.17. The NHS Hampshire and Isle of Wight have commissioned rehabilitation services in one nursing home in the community and also through the Community Unit which sits within the Trust estate.
- 4.18. The Isle of Wight Council provides residential based reablement services through its internal provision at the Adelaide and the Goulding's.

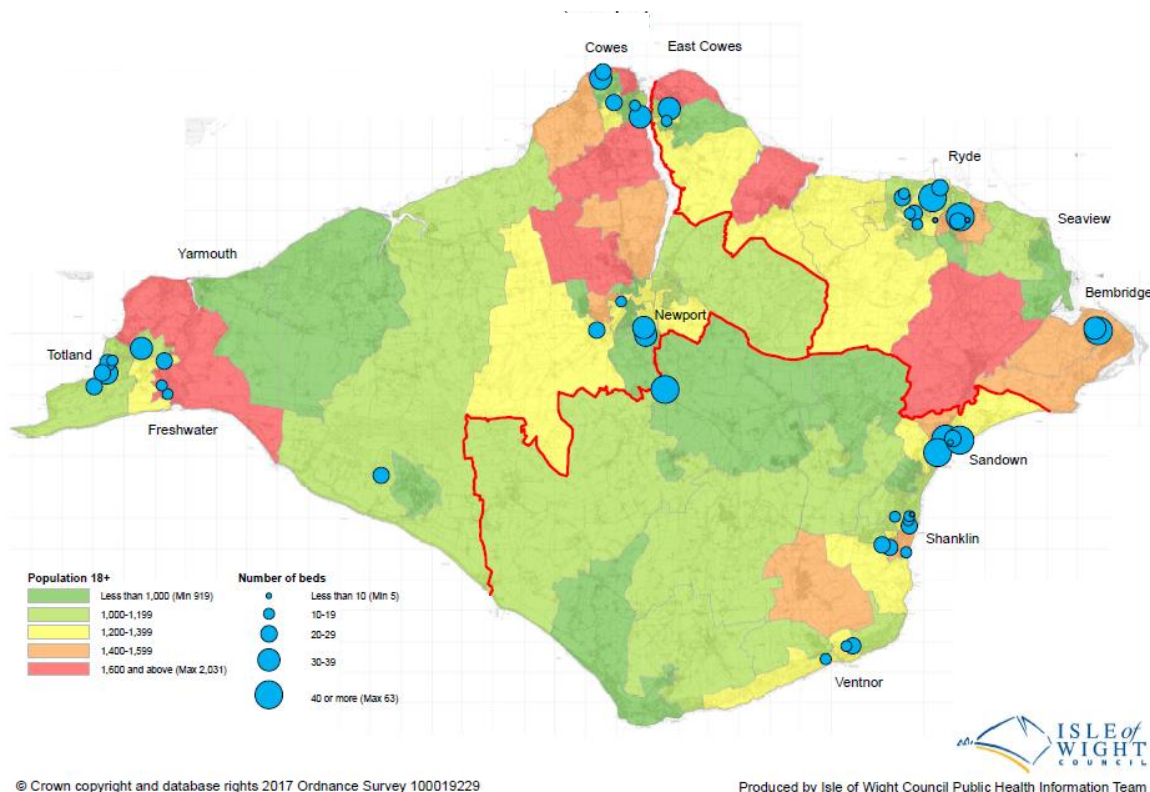
5. Independent Sector Provision

5.1. Residential Care

5.1.1. The Isle of Wight currently has 36 residential care homes for older people which are registered with the Care Quality Commission (CQC). The homes are in mixed ownership and currently there are 909 beds. Two of these homes are owned and operated by the Isle of Wight Council and in addition to providing reablement services, as outlined in paragraph 4.18 also offer 12 respite care beds.

5.1.2. In addition, there are 18 homes providing residential care or supported living for people with learning disabilities, physical disabilities and mental ill health. This is a total of 237 beds.

5.1.3. The location and size of residential provision is shown on the below map:



5.1.4. As of July 2024, 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 589.1 which is slightly higher than the national 2022/23 average of 560.802.

5.1.5. The number of people who are funded by the Isle of Wight Council who move to residential care has remained fairly constant. In the last year, an average of 20 people a month are placed in residential care.

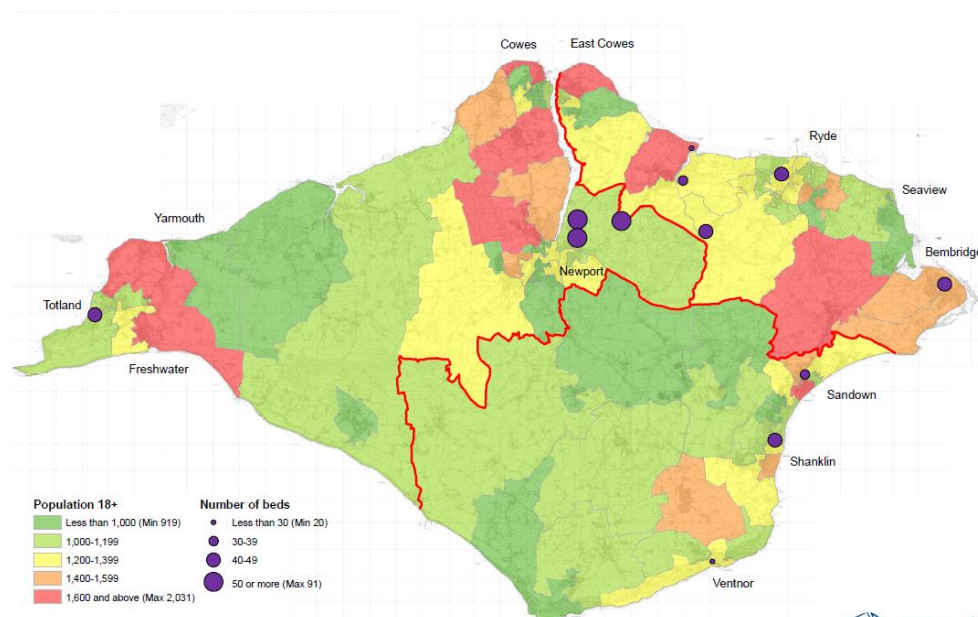
Ref	Measure Description	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 23	Apr 24	May 24	Jun 24
ASC20	Number of older people (65+) in permanent residential care placements at month end	463	459	454	461	472	472	472	464	477

5.1.6. 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.

	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 23	Apr 24	May 24	Jun 24
No. of Residential/Nursing placement as a % of Initial Contact Referrals	6.0%	4.3%	3.6%	6.1%	6.0%	5.1%	4.9%	4.1%	5.3%

5.2. Nursing Care

5.2.1. The Isle of Wight currently has 10 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 10 homes provide a bed capacity of 457. The location and size of residential provision is shown on the below map:



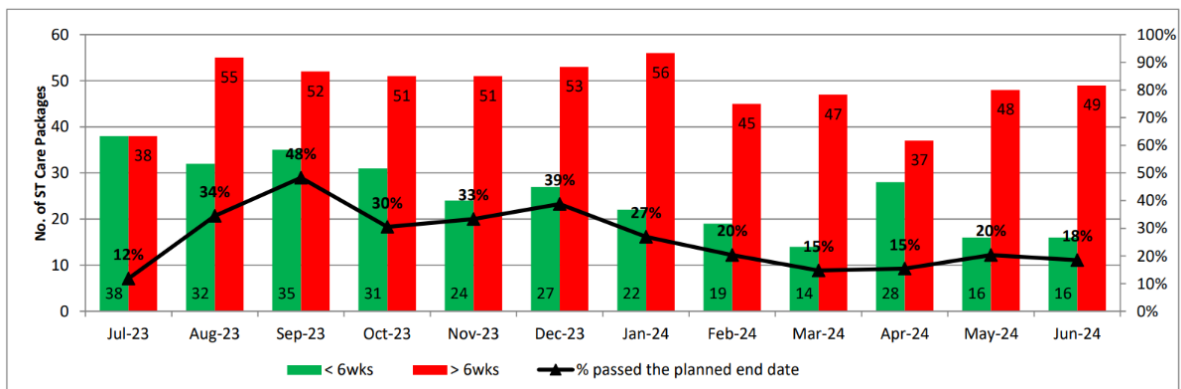
5.2.2. The number of people funded by the Isle of Wight Council who are in permanent nursing care placements has also remained fairly constant throughout the last 9 months.

Ref	Measure Description	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 23	Apr 24	May 24	Jun 24
ASC21	Number of older people (65+) in permanent nursing care placements at month end	132	140	128	123	124	126	120	118	120

5.3. Short Term Placements

5.3.1. Short Term care and support is defined as services lasting no more than 3 months. In the last nine months there has been a slight decrease in the number of short term Residential/Nursing Care Packages. However, there continues to be a significant proportion of ‘short term’ care packages that have exceeded 6 months.

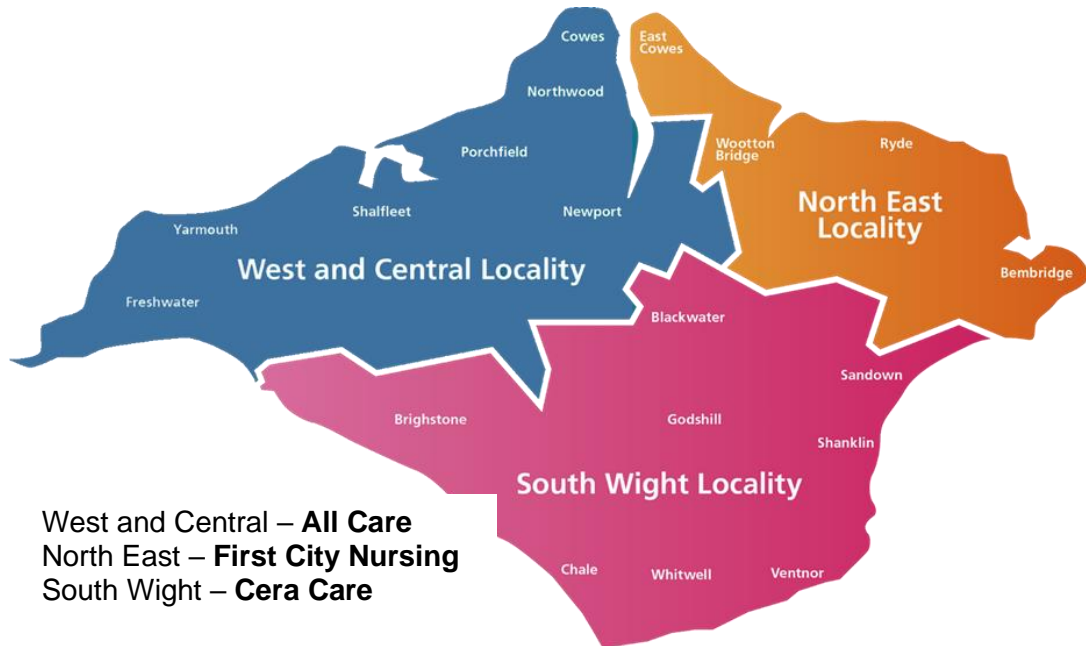
Short breaks by duration of care	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 23	Apr 24	May 24	Jun 24
Less than 6 weeks	31	31	24	27	22	14	28	16	16
More than 6 weeks	51	51	51	53	46	47	37	48	49



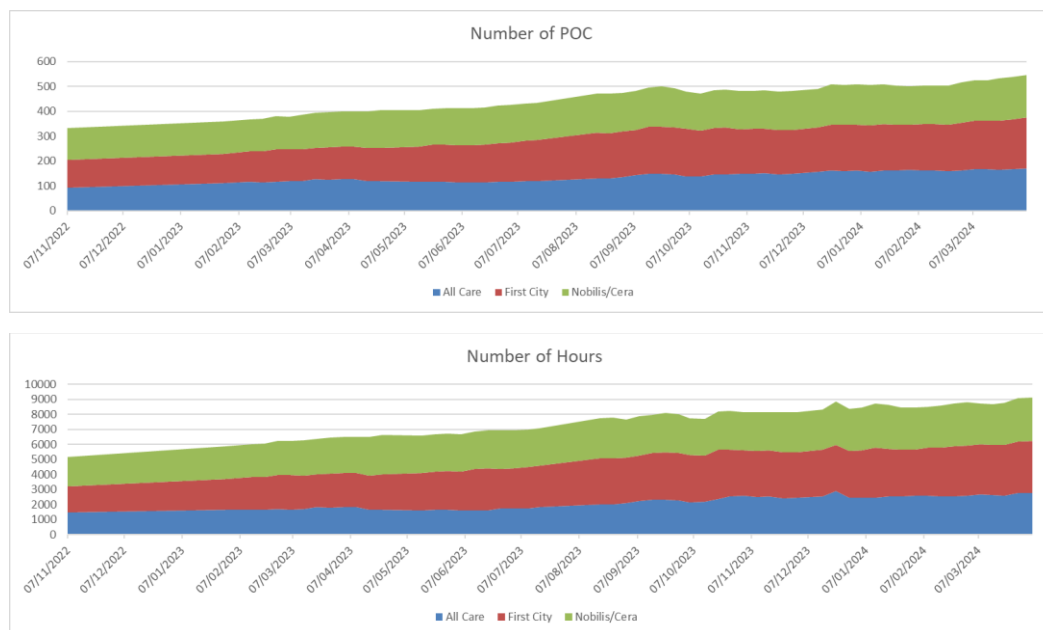
5.4. Domiciliary Care

5.4.1. The Isle of Wight currently has 31 domiciliary care agencies which are registered with the CQC – including one that is operated by the Isle of Wight Council. The agencies are located across the Island and cover different geographical areas.

5.4.2. The Council’s commissioned care is procured via Prime Provider Model. There are 3 Prime Providers, and each one works to a locality.



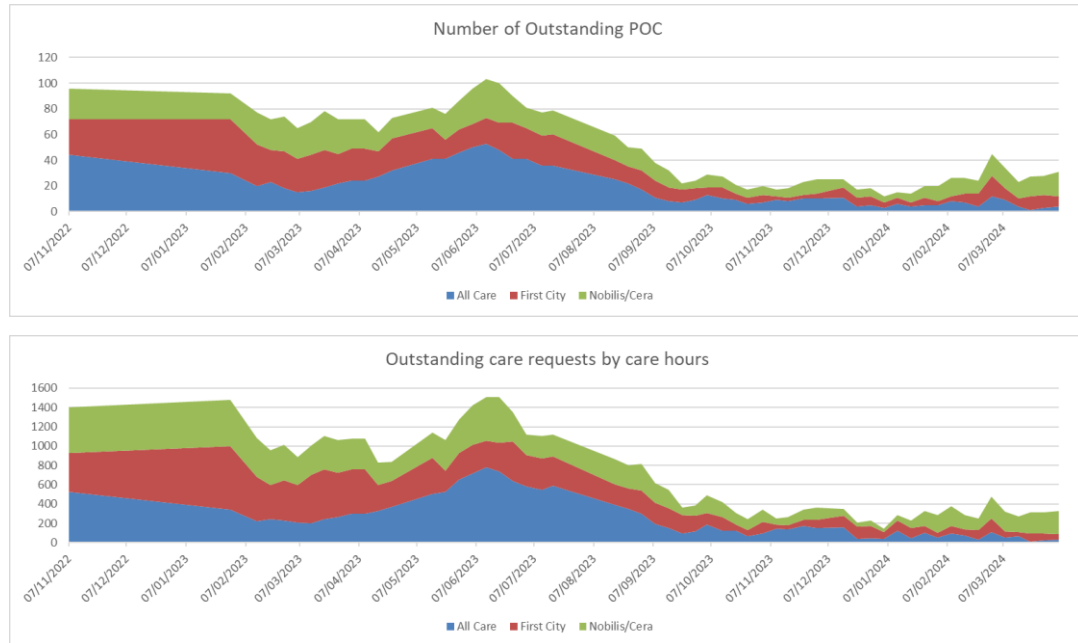
5.4.3. The volume of commissioned domiciliary care and home support is increasing, this is very deliberate and in accordance with our new 2024 strategy ‘Living Happy, Healthy Lives’. Since November 2022 we have seen an increase from 332 packages and a total of 5,151 hours of care to 554 packages and 9,405 hours of care delivered by the Prime Providers in July 2024



5.4.4. Historically, there have been problems in commissioning more domiciliary care. It proved difficult to source home care for people and in November 2022

there were 96 packages of care (POC) totalling 1,405 hrs of care that could not be met.

5.4.5. This backlog of care has now been met and saw a significant and sustained reduction between July 2023 and October 2023. Although we do still record outstanding care hours now these are generally new referrals.



5.4.6. The Isle of Wight Council commissions domiciliary care through the 3 main Prime Providers. This is a 10-year contract to provide stability and the development of outcomes focussed commissioned care in those localities. To ensure choice and control for individuals there is a requirement for Prime providers to sub-contract out a minimum of 30% of the care requirements within their locality.

5.4.7. The Isle of Wight Council has an in-house domiciliary service which operates across the whole of the Isle of Wight to provide Reablement, Mobile Night Services, hospital discharge support, and crisis support. The service focuses on short term care and support. Any identified longer-term care and support needs are referred through to the Prime Providers.

5.4.8. The current contract with the Prime Providers is in place until February 2031 so retendering activity would begin no later than early 2030.

5.4.9. Below are the contact details for the Prime providers:

Name	Phone number	Email
All Care	01983 530981	info@all-care.co.uk
First City Nursing	01983 530458	enquiries@firstcitygroup.co.uk

6. Personal Assistants

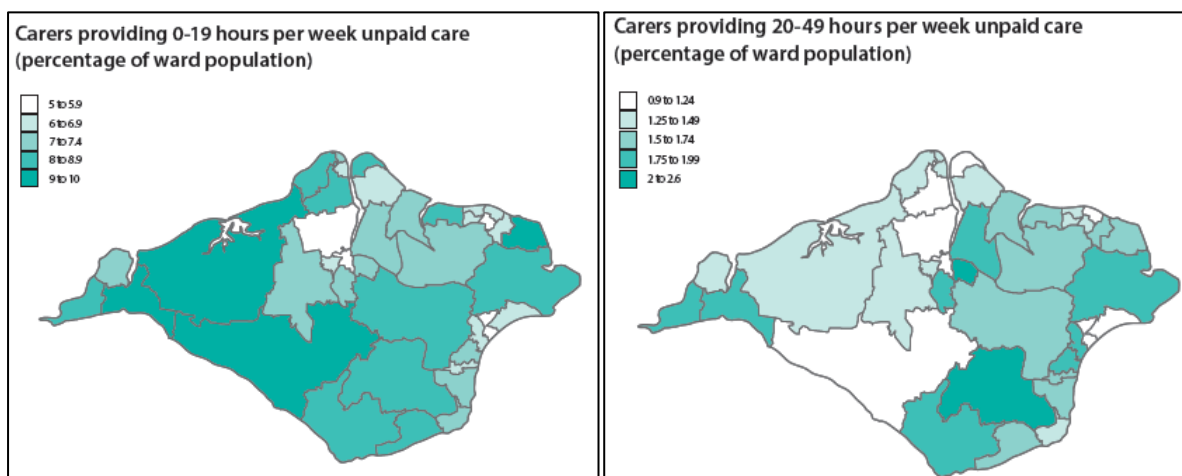
- 6.1. People on the Island want access to a diverse and flexible Personal Assistant market providing opportunities for people to control their daily living experiences.
- 6.2. The council supports the growing use of direct payments and increase the number of Personal Assistant's (PAs) to ensure that 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 has developed the Personal Assistant market across the Island to ensure that Island residents at the heart of decision making. We will continue to support local people to have choice and control over their own lives and how their care and support needs will be met.
- 6.4. The council developed the Personal Assistant market Island-wide by implementing a system called the PA Noticeboard in 2018 to provide an efficient tool to match personal assistants with people wishing to employ a Personal Assistants.
- 6.5. To support the growth and development of the market we have two roles, a Personal Assistant Market Development Lead and a Personal Assistant Market Development Officer who work in our communities to support existing PAs and ensure there is a recruitment process to increase their number.
- 6.6. For further information visit the [Personal Assistant Noticeboard](#)
- 6.7. Careers as a Personal Assistant in Care (PA)**
- 6.7.1. Working as a PA can be varied and rewarding, offering flexible hours to help you find a suitable work/life balance. We can support you with accreditation, training, and access to job opportunities.
- 6.7.2. Visit the [Personal Assistant Noticeboard](#) if you are interested in a career as a Personal Assistant.

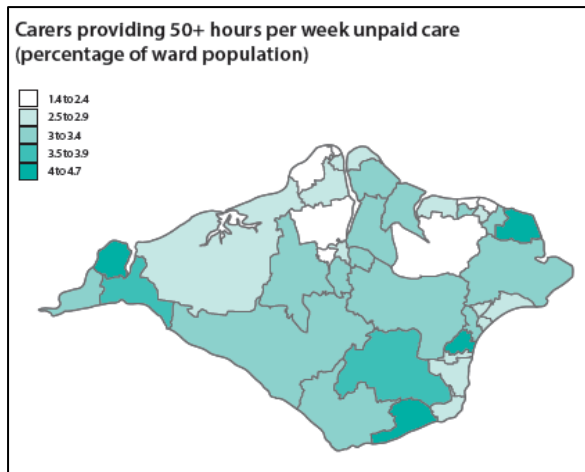
6.8. Direct Payments

- 6.8.1. The Isle of Wight Council continues to support the use of personal budgets to meet a persons' identified social care outcomes.
- 6.8.2. 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.
- 6.8.3. In January 2017 the Council chose prepaid cards as the preferred method of delivering direct payment funding and this remains the primary model we use. Prepaid cards do not require individuals to open a separate bank account to manage their budget and simplifies the management of a budget.
- 6.8.4. It is the Isle of Wight Council's 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.
- 6.8.5. This further empowers people on the Island to have control over the way they spend their direct payment allocation.

7. Carers

- 7.1. The 2021 Census identified that the Isle of Wight has over 19,000 unpaid carers (who provide unpaid care for more than 19 hours a week). This is a higher percentage of people (4.8%) than in the South East region (4.5%) and England and Wales (4.4%)





7.2. Carers appear to be mainly located in the more rural areas where access to services is more difficult.

7.3. It is widely recognised that support provided by unpaid carers plays a vital role in the delivery of services often at a cost to their own health and wellbeing. As such it is vital that they are supported to maintain their caring role.

7.4. In 2023 a new Carers Strategy was launched. The strategy was co-produced with local people with caring responsibility by the Isle of Wight Council, NHS, voluntary and community sectors. The strategy identified that the average age that carers receive a carers assessment on the Isle of Wight is 68 years old, however there are also around 300 young carers on the Island who are juggling their caring role alongside education and other interests.

7.5. The Strategy identified 3 key themes that are important to carers on the Isle of Wight:

- Being recognised as a carer, recognition of the important role they play within the community and being able to shape the services they need.
- Being able to communicate and have access to health and social care services or services provided by other organisations when needed.
- Regular support ensuring both the cared for and the carers health and wellbeing are improved.

7.8. The Isle of Wight Council commissions the services of Carers IW to support adult unpaid carers of adults across the Island. The organisation works closely with the council and provides training, support groups, one-to-one support, carers assessments, mental health drop in, self-care cafes and a telephone support line for 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.

7.6. Work is now underway with Carers IW to deliver on the priorities identified in the Strategy through an action plan. This includes:

- Further develop the Carers Passport which identifies a carer and gives them access to support, services, and other benefits particularly when visiting the hospital.
- The introduction of a new Carer Support Worker within the Wellbeing & Access Hub.
- New carers registration process at GP surgeries
- Work on easier to access respite care options
- Extra support for Carers Lounges to facilitate hospital discharge.

7.7. The Wellbeing and Access Hub (WAH) is essentially the Adult Social Care 'front door'. The WAH is where all new referrals to the Isle of Wight Adult Social Care referrals are received and triaged. The WAH is delivered by colleagues with backgrounds in social work, housing, occupational therapy, reablement, assistive technology, knowledge of aids and adaptations along with voluntary sector partners from Carers IW.

7.8. As part of the initial triage and assessment the team use strengths-based approaches to empower people to use their strengths whilst using a multidisciplinary approach to identifying the most appropriate outcome for the person.

7.9. Progress on the Carers Strategy Action Plan is monitored through regular meetings with carers to update them on the work to support the delivery of the priorities. 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 or;

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

8. Voluntary and Community Sector

8.1. Community Assets

- 8.1.1. The Isle of Wight has a vibrant third sector (not-for-profit organisations and registered charities). There are in excess of 1,500 voluntary and community organisations working to improve the lives of Island residents. The Island also benefits from 33 Town, Community and Parish Councils who are committed to improving their local area.
- 8.1.2. The Isle of Wight Council recognises 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.
- 8.1.3. 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.
- 8.1.4. 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.

8.2. Useful links

[Community Action Isle of Wight](#)

[Town and Parish Councils](#)

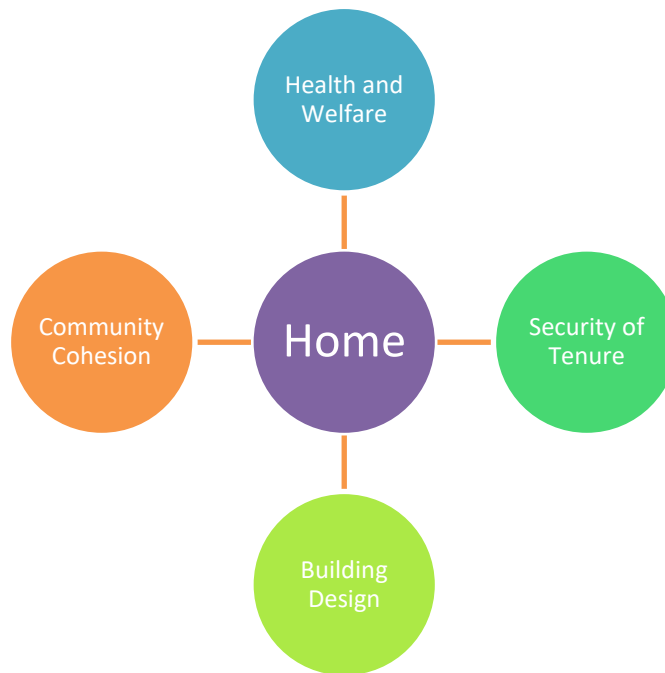
9. Independent Island Living

9.1. Extra Care Housing Strategy 2023 - 2037

- 9.1.1.1. 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.
- 9.1.1.2. 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.
- 9.1.1.3. 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.
- 9.1.1.4. Building on established extra care accommodation such as Ryde Village and Green Meadows, 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.

9.1.2. *Independent Island Living*

- 9.1.2.1. 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.
- 9.1.2.2. 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:



9.1.2.3. 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.

9.1.2.4. 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

9.1.3. *Exploring the Need*

9.1.3.1. [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.

- 9.1.3.2. 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.
- 9.1.3.3. 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.
- 9.1.3.4. 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.

9.1. Further information and details can be found in the Independent Island Living Strategy 2023 – 2037 [here](#)

10. Workforce

- 10.1. This summary provides an overview of the adult social care sector and workforce on the Isle of Wight. 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.

10.2. The information within this summary has been produced by Skills for Care using the ASC-WDS. The details used were published by Skills for Care on October 2023 and relate to the period of 2022/2023:

<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

10.3. Size and structure of the workforce in this area

10.3.1. The adult social care sector in England had an estimated **18,000** organisations, **39,000** care providing locations and **1.79 million** jobs. On the Isle of Wight there were an estimated 5,700 jobs in adult social care split between local authorities (12%), independent sector providers (72%), jobs for direct payment recipients (12%) and other sectors (4%).

10.3.2. 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 nationally will increase by 25% (440,000 additional jobs) by 2035, and by 28% from 208,000 to 360,000 in the South East region by 2035.

10.4. Recruitment and retention

10.4.1. Skills for Care estimates that the turnover rate on the Isle of Wight was 45.9%, this was higher than the region average of 31.9% and higher than England at 28.3%. Not all turnover results in workers leaving the sector, of new starters in this area around three quarters (60%) 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.

10.4.2. Adult social care has an experienced 'core' of workers. Workers on the Isle of Wight had on average 9.5 years of experience in the sector and 72% of the workforce had been working in the sector for at least three years.

10.4.3. Skills for Care estimates that on the Isle of Wight, 8.2% of roles in adult social care were vacant, this gives an average of approximately 450 vacancies at any one time. This vacancy rate was lower than the region average at 10.3% and lower than the England average at 9.9%.

10.4.4. 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

10.5. Staffing overview

10.5.1. The estimated number of adult social care jobs on the Isle of Wight in 2022/23 was 5,700 jobs including 350 managerial roles, 200 regulated professionals, 3,100 direct care (including 2,300 care workers), and 750 other-non-care providing roles.

10.5.2. The average number of sickness days taken in the last year on the Isle of Wight was 7.2 (5.5 in the South East and 5.9 across England). With an estimated workforce of 4,100 this would mean employers on the Isle of Wight lost approximately 29,000 days to sickness in 2022/23.

10.5.2.1. Proportion of workers on zero hours contracts by area

Chart 1. Proportion of workers on zero hours contracts by area



10.5.3. Less than 12% of the workforce on the Isle of Wight were on zero-hours contracts.

10.5.4. Approximately half (53%) of the workforce worked on a full-time basis, 47% were part-time.

10.6. Demographics

10.6.1. The majority (77%) of the workforce on the Isle of Wight were female and the average age was 44 years old. Those aged 24 and under made up 10% of the workforce and those aged over 55 represented 29%. Given this age profile approximately 1,300 people will be reaching retirement age in the next 10 years.

10.6.2. Nationality varied by region, in England 81% of the workforce were British, while in the South East this was 74%. An estimated 90% of the workforce on the Isle of Wight had a British nationality, 5% were from within the EU and 5% from outside the EU.

10.7. Pay

10.7.1. The below table shows the full-time equivalent annual or hourly pay rate of selected job roles on the Isle of Wight, the South East region and England. As at March 2023 except social workers which represent the local authority sector as at September 2022. At the time of analysis, the National Living wage increased to £9.50. It should be noted that from 1st April 2024 the national Living Wage will increase to £11.44 for workers 21 and over which will likely have a significant impact on these figures.

10.7.2. *Average pay rate of selected job roles by area*

Table 1. Average pay rate of selected job roles by area

	England	Region	Area
Full-time equivalent annual pay			
Social Worker*	£39,100	£40,300	£36,800
Registered nurse	£37,000	£38,400	£36,800
Hourly pay			
National Living Wage	£9.50	£9.50	£9.50
Senior care worker	£11.09	£11.33	£11.38
Care worker	£10.34	£10.50	£10.38
Support and outreach	£10.31	£10.36	£10.47

*Local authority social workers only.

10.8. Qualifications, training and skills

10.8.1. We 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.

10.8.2. Skills for Care estimates show that 53% of the workforce on the Isle of Wight hold a relevant adult social care qualification compared to 42% in the South East and 46% in England).

10.8.3. Raw data from the ASC-WDS showed, of those workers without a relevant adult social care qualification recorded, 42% had five or more years of experience in the adult social care sector, 64% had engaged with the Care Certificate and 43% had completed training.

PART 3 – MODELS WE WILL ENCOURAGE

1. Isle of Wight System Vision for Our Care Model

1.1. The Isle of Wight Health and Care Plan 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.

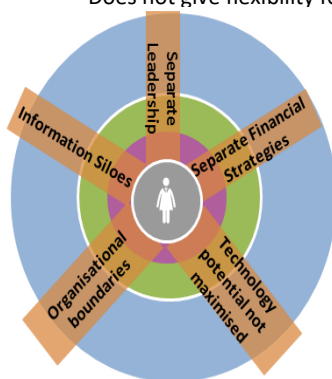
1.3. The model below shows how we are moving from a model where the focus is on statutory services to a model which supports individuals and communities to support themselves. This is in line with the Sustainability and Transformation Plans for prevention and out of hospital provision, and supports the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



Focus

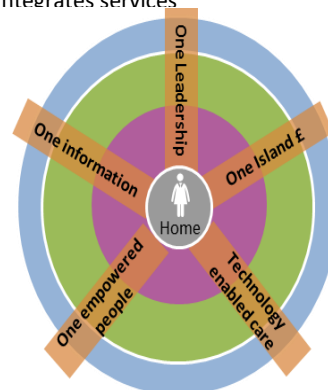
- Prevention and Early Intervention
- Integrated



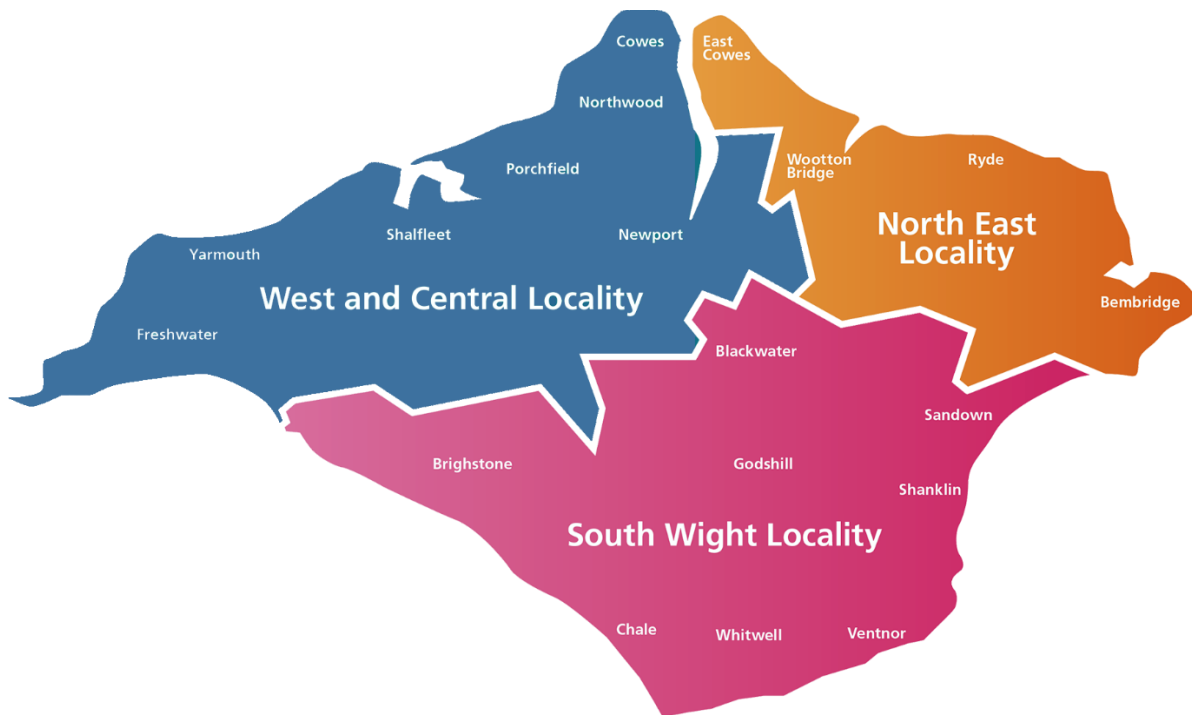
Future

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

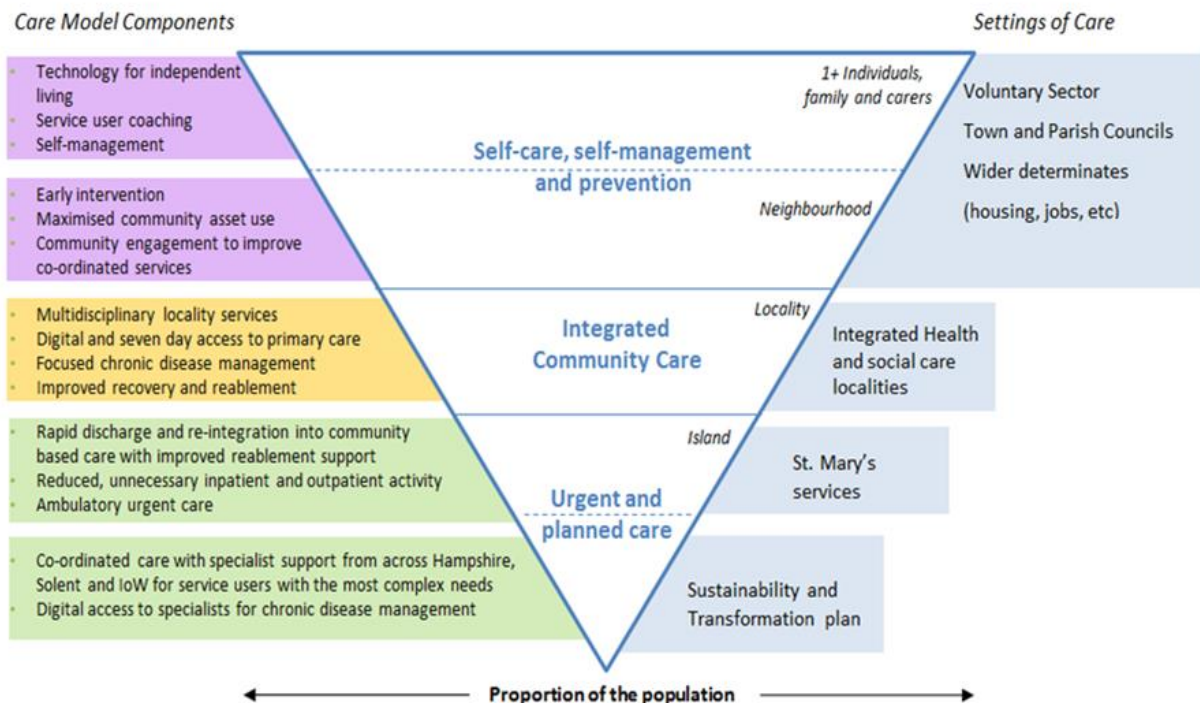
- Builds on assets & mobilises social capital within communities
- Integrates services



1.5. Localities



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).

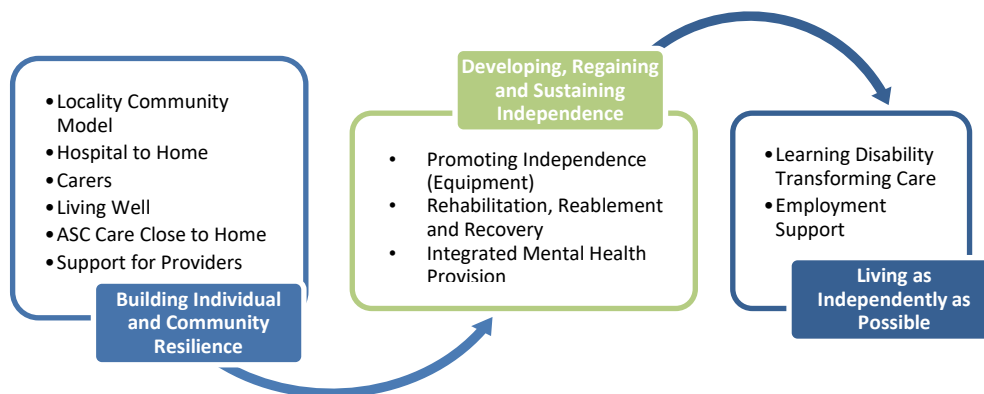
- Integrated services with mainland providers where required.

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 2023 - 2025 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.

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

2.3. We expect that over the next few years:

- 2.3.1. We will support adults with a learning disability, autism and neurodiversity in supported living arrangements where help is available day and night.
- 2.3.2. We will support adults with mental health problems in housing with floating support.
- 2.3.3. The majority of service that we purchase from care homes will be for older people who can no longer remain safely in their own homes, and primarily for those with nursing/dementia needs.
- 2.3.4. We 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.
- 2.3.5. We will support growth of the home care market only through our prime provider arrangements and sub-contracting.
- 2.3.6. We remain committed to the growth of the Personal Assistant market to continue to provide Island residents with choice and control over how their care and support needs will be met.

2.3.7. *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 provide care and support 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 a 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 this 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.
- Operate the same level of service 7 days a week.

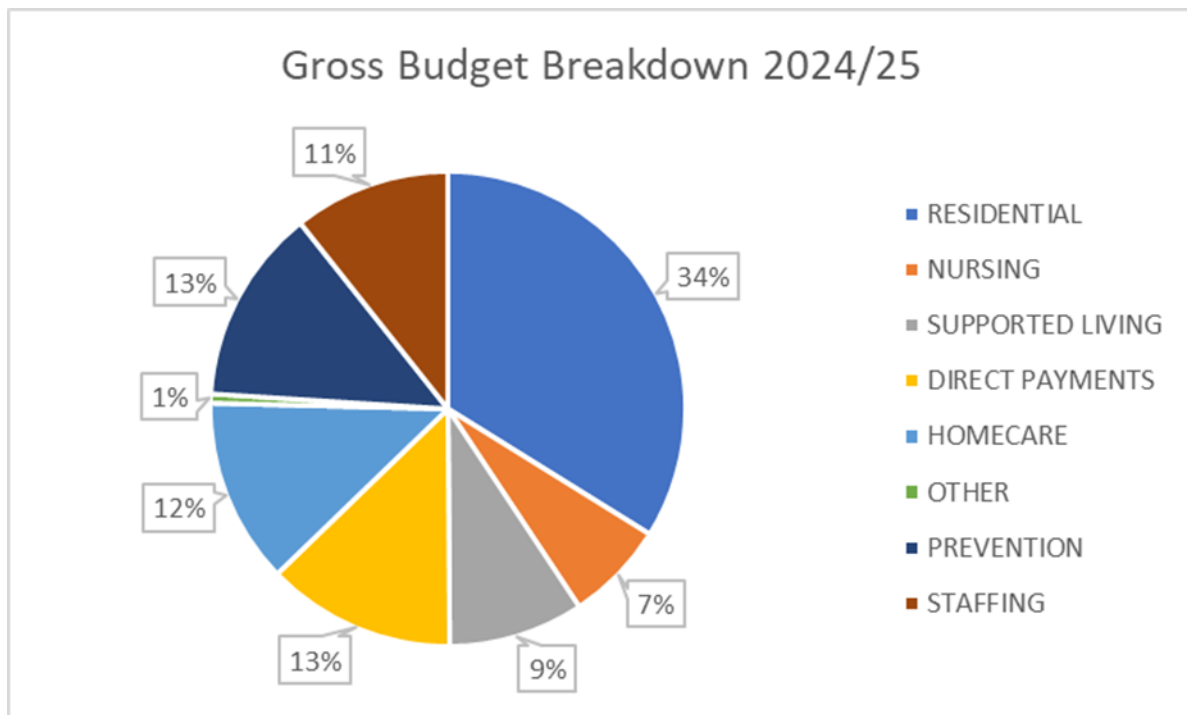
PART 4 – FUTURE LEVEL OF RESOURCES

1. Budget for Adult Social Care 2024/25

1.1. The Adult Social Care total gross budget in for 2024/25 was £96.4m (net budget £58.6m). This budget includes a temporary increase of £2.1m for high-cost legacy Covid placements with one final year to be paid in 2025/26.

1.2. Forecast year-end gross spend in June 2024 was £98.1m (net spend £60.6m).

1.3. The gross budget breakdown to services is as follows:



1.4. The total savings target allocated to Adult Social Care this year is £920k which is expected to be fully achieved by year-end.

1.5. Additional funding has been secured through the Adult Social Care precept which was increased by 2% providing £2m.

1.6. Grant funding has also increased as follows – Market Sustainability & Improvement Fund by £393k, Adult Social Care Discharge Fund by £578k and the Social Care Grant by £2m (shared between Adults & Childrens Social Care).

1.7. The total minimum contribution paid by Hampshire & Isle of Wight ICB into the local authority area's Better Care Fund is £14.8m

1.8. The amount of Better Care Fund minimum contribution that is used to fund Adult Social Care expenditure incurred by the local authority is £7.6m representing 51% of the total amount.

2. Response to the financial position

2.1. In response to the increasing financial pressures the Council must:

- Manage demand through innovative means, such as assistive technology.
- Promote prevention and early intervention schemes.
- Consider the value and ongoing future of those existing schemes and services that are not statutory requirements.
- Consider the value of any new investment without either new national funding or identifying savings to off-set the cost.
- Redesign the way in which services are delivered, to achieve good outcomes for less cost e.g. Mental Health and Learning Disability.
- Prioritise services and review access thresholds.

PART 5 – WHAT YOU CAN EXPECT FROM US

The aim of the Isle of Wight Council is to support providers of 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 is committed to continuous quality improvement in all health and social care services.

- Development of and implementation of a Quality Outcomes Framework
- Relocated the Quality Assurance Team with Safeguarding for a fuller oversight and more targeted and responsive approach.
- Linked Commissioning Officer – each service has a named Lead IWC Commissioning Officer

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 NHS Hampshire and Isle of Wight 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 NHS Hampshire and Isle of Wight 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. Support for new businesses and provider innovation

3.1. 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 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.

4. Promote Self Directed Support and allocate Personal Budgets

4.1. 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.

5. Planning

5.1. **Current:** The Island Plan Core Strategy was adopted in 2012 and sets out the planning policy framework for the Isle of Wight up to 2027. In simple terms, it is the rules by which developments on the Island must work to. There are also an Environmental Statement and Adoption Statement to go with the Core Strategy.

5.2. Guidance notes have been produced to provide clarity for developers, agents, architects, and other interested parties on details contained within the Core Strategy. Further information and documents regarding current planning can be found here: <https://www.iow.gov.uk/environment-and-planning/planning/local-plan/Island-plan-core-strategy/>

5.3. **Under Consultation:** Island Planning Strategy - We are preparing a new local plan called the Island Planning Strategy. This is to replace the Island Plan Core Strategy.

5.4. The Island Planning Strategy (IPS) is a plan for development on the Island over the next 15 years. The Council consults the local community to help develop the plan.

5.5. We published our 'submission version' of the Island Planning Strategy, for 6 weeks.

5.6. Further Information regarding the Island Planning Strategy links and guidance can be found here: <https://www.iow.gov.uk/environment-and-planning/planning/local-plan/Island-planning-strategy/>

6. How to do business with the Council

6.1. Details in relation to how to do business with the council can be found on the council's website:

[Current contracts, opportunities and pipeline \(iow.gov.uk\)](http://www.iow.gov.uk)

6.2. 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