

1. INTRODUCTION

The current economic climate and push for greater personalisation of services means local authorities rethinking and reshaping their roles in relation to the provision of health and well-being services. The Department of Health (2012) 'Caring for our future: reforming care and support' states that, in the future, to ensure there is enough flexibility, resilience and strength within the local market authorities will be expected to:

- Promote diversity and quality in the provision of services
- Monitor local providers and ensure they offer a range of responsive care and support services
- Commission services on the basis of quality, outcomes and value, and
- Develop a leadership role in terms of identifying the needs of local people, supporting communities, empowering people to take control and providing information and advice

As a first step towards this, local authorities are expected to produce a Market Position Statement (MPS) containing market intelligence on the current demand and supply of services across the full range of service users and providers, the levels of resourcing and the steps the authority will take to facilitate this.

This document represents the Council of the Isles of Scilly's vision for the development of local care and health services while recognising some of the challenges we face given the size of the population and our geographical location. There is still work to do, particularly in drilling down into the costs and predicted demand for different services but this document

provides a road map for what we would like to achieve in order to implement the new legislation.

The White Paper sets out the vision for a reformed care and support system:

"The new system will focus on people's wellbeing and support them to stay independent for as long as possible."

"The government supports the diverse range of care providers that currently offer care and support, including user and carer led organisations, small and micro enterprises and social enterprises.

"To strengthen this diversity, the Government will introduce a duty upon local authorities to promote diversity and quality in the provision of services.

'Caring for our Future' White Paper

2. WHERE ARE WE NOW – AN ANALYSIS OF SUPPLY AND DEMAND

A key challenge in developing this document is the difficulty in collecting data; this is due in part to small cohorts which can make data statistically unreliable, and also in part due to an historic issues around the collection and reporting of data. A key output for the next two years is to improve our ability to set and

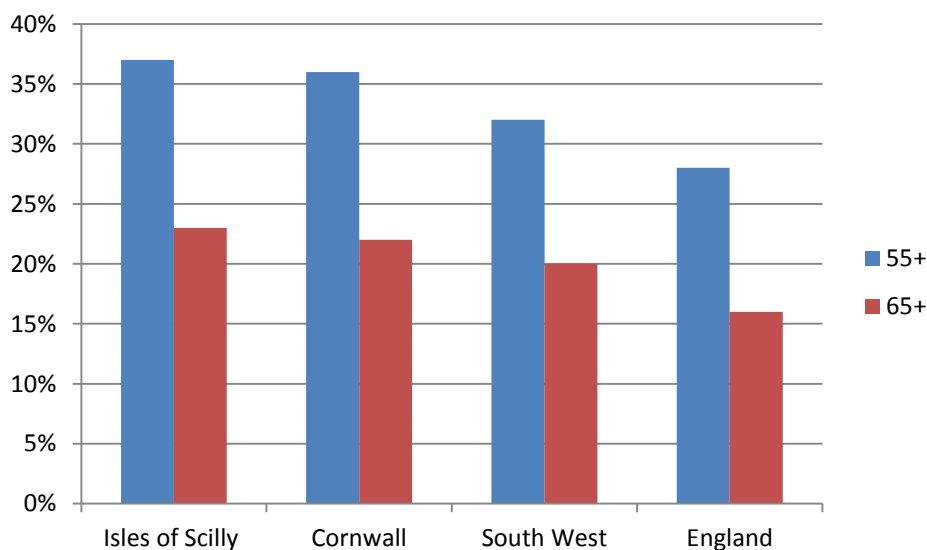
record outcomes for our clients that are both nationally and locally relevant.

2.2 LOCAL CONTEXT AND DEMOGRAPHY

The Isles of Scilly is located 45km south west from mainland Britain.

The population of the Islands was recorded as 2203 at the last census in 2011 and is spread over five inhabited Islands. The vast majority of the population, 1,600, lives on St Mary's. More than 35% of the population are aged over 55 making the islands one of the most rapidly ageing communities in the country. Life expectancy is higher than in any other Cornwall practice (Males 85.9 Females 85.8) increasing the likelihood of service users living with one or more long term conditions. Entry into all care services are likely to be later in life, but from people with more complex support needs.

Fig1: % proportion of population 55+/65+



Source: ONS 2011 Census

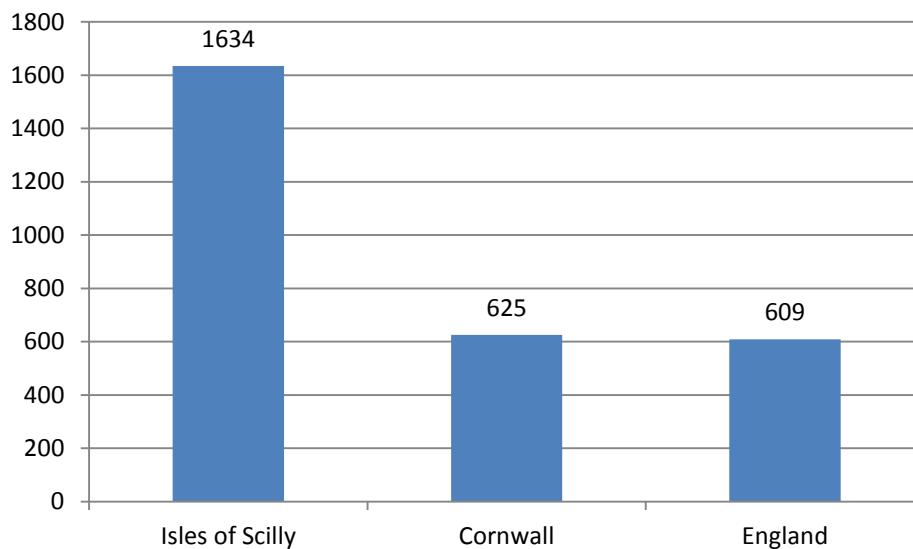
The cost of living is high with property and transport prices significantly exceeding the average across the rest of the UK. Incomes are lower than the national or regional average while house prices are amongst the highest. The average wage identified by the ONS Annual Survey of Hours and Earnings is £277 per week, well below the national average of £390 per week. This means that the Isles of Scilly are the 4th lowest paid area in the UK.

Geographical distance from the mainland and between the islands has a major impact on the provision of services on the islands making the community one of the most deprived in the country in terms of access to services including housing.

2.3 PROVISION AND COST OF CARE SERVICES

The Council of the Isles of Scilly currently provides 100% of state funded care services in house, that includes preventative services (Active Living Co-ordinator), reablement, domiciliary and residential care which is provided through Park House. This has an impact on resources and it has proven difficult in the past to release staff from residential care to support clients in the community. This is reflected in the fact that our investment in care is out of line with both our neighbour Cornwall and England as a whole and that the focus of most of our investment is high level needs in a residential setting rather than services which encourage independent living:

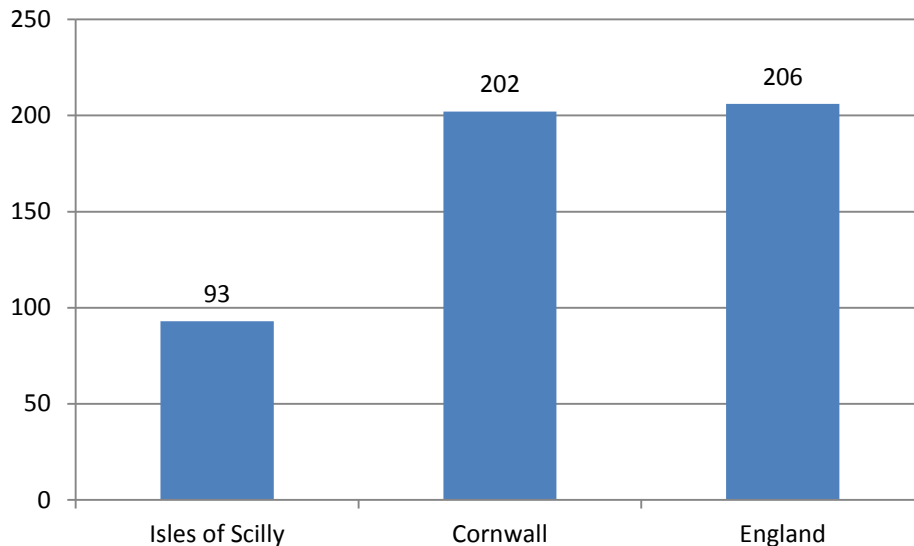
Fig 2: £ Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care (including full cost paying and preserved rights residents) and providing intensive home care



Source: Personal Social Services: Expenditure and Unit Costs - England, 2011-12, Final Release [NS]

Publication date: January 31, 2013

Fig 3: £ Average gross weekly expenditure on home care per adult and older person receiving home care at 31 March 2012



Source: *Personal Social Services: Expenditure and Unit Costs - England, 2011-12, Final Release [NS]*

Publication date: January 31, 2013

The voluntary sector on the islands is willing but fragmented and many of the support services available on the mainland are not available on the islands. However increased partnership working with Age UK (they provide the Buzza Bus service) should increase the skills base of our community to support each other and minimize the need for state services.

2.4 DEMAND FOR SERVICES

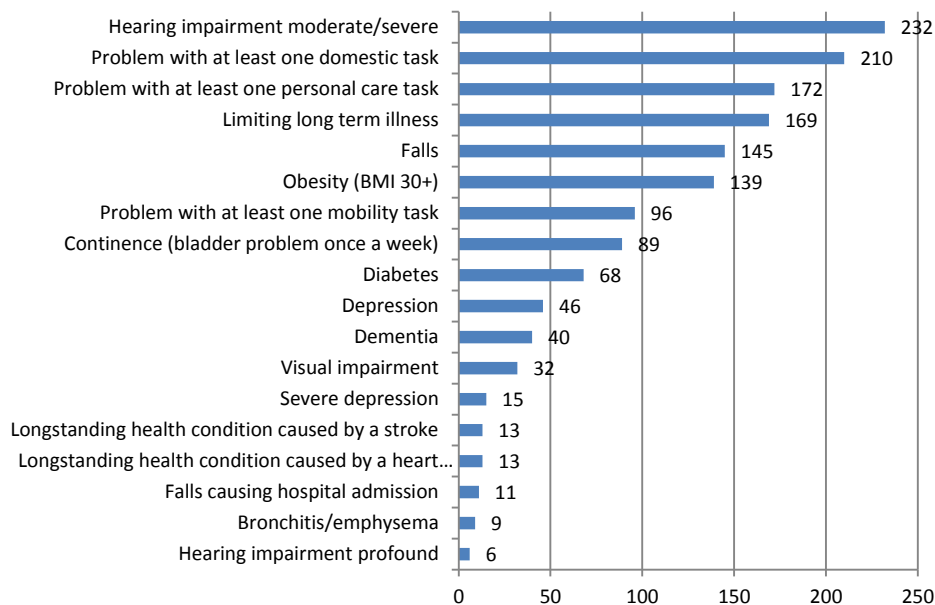
In the report *Projections of demand for residential care for older people in England* by the Personal Social Services Research Unit in May 2010 predicts that demand for home care will increase by 57% by 2032, that there will be a 175% increase in total public expenditure on long term care and an 86% increase in current care workforce levels.

Currently Adult Social Care provides up to 12 residential care beds and has 7 clients in the community. It also provides low level services to a small number of people. It is likely given the demographic changes that these numbers will increase; data also suggests that there is already unmet need in the community.

The following chart predicts the likely prevalence rates of various conditions given the age of our population. It is likely that the needs of most of our clients are met through informal care through carers and the wider community, this has been confirmed in our own surveys

which is no bad thing. It could however also reflect a perception of poor services and care pathways.

Fig 4: Likelihood of long term conditions of the Isles of Scilly



Source: *Projecting Older People Population Information System*

The danger with unmet need is the unpredictability in terms of managing support if and when informal care systems break down. Crisis management is very hard to resource given the size of the team, the geography of the islands and the skills available on an island setting. Another observation of our care provision is that input tends to be long term, and usually permanent, with no agreed exit strategy with clients and their carers to regain independence.

Part of the challenge of the changing demographic is the growth in the numbers of older people with a dementia. We do not currently serve this population well, we do not have sufficient community based alternatives and older people, with dementia, stay in hospital longer, have poorer outcomes and are more likely to enter residential care than other groups.

Demand for care and support services is likely to rise but will not be matched by levels of public spending over the next three to four years. The rise in the oldest old population is not just a challenge for social care but for our whole council and community.

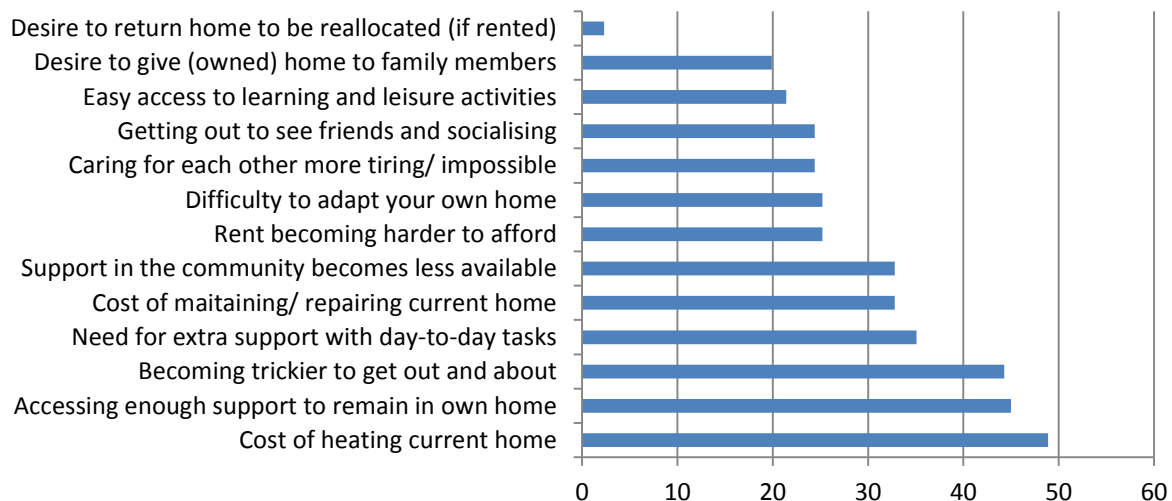
Our commissioning principles therefore need to focus on services which:

- Intend to lessen demand.
- Intend to reduce crises which put significant pressure on resources through early intervention services
- Are focussed on outcomes.
- Promote delivery models that can deliver savings.
- Support people to avoid using residential care or hospital settings
- Prevent the onset or deterioration of long term conditions
- Support the community and carers to support each other
- Aid early diagnosis and support for people with dementia

WHAT DO OUR SERVICE USERS SAY?

In 2010 we commissioned a survey amongst those aged 55+ which highlighted some concerns for the future.

Fig 5: What are your concerns for the future?



Source: Council of the Isles of Scilly, Extra Care Housing Survey, November 2010, Base 131 respondents aged 55+

Recent research conducted by Healthwatch Isles of Scilly also pointed to the fact that the older people needed better support to self management their own conditions and/or to support a family member, this included:

- Greater access to social opportunities
- Better signposting to information and advice

- A single named individual to manage care and support
- Access to more appropriate housing options
- More health services on the island to reduce the need to travel to the mainland

2.5 Provision of housing as care

Older people's housing is a key part of their well-being, yet on the Isles of Scilly there are limited options for appropriate accommodation.

52% of older people in the Authority have also told us that they do not wish to end their days in residential care. Currently the islands are underprovided for a range of accommodation options.

The following charts use the SHOP@ tool endorsed by the Department of Health. Housing demand is calculated preset with prevalence rates from More Choice, Greater Voice. Supply data is from the Elderly Accommodation Counsel.

Care needs to be taken with the figures and definitions. Sheltered housing includes the 8 units at Parade Flats and 7 units at Hanover. Park House is actually a 12 bedded unit.

Fig 6 . Current needs versus supply

	Demand	Supply	Variance
Sheltered Housing	25	15	-19
Rent	25	15	-19
Lease	0	0	0
Enhanced Sheltered	4	0	-4
Rent	2	0	-2
Lease	2	0	-2
Extra Care	5	0	-5
Rent	5	0	-5
Lease	0	0	0
Registered Care	22	14	-8
Residential Care	13	14	1
Nursing Care	9	0	-9

Source: Housing LIN/Strategic Housing for Older People Analysis Tool – SHOP@

Fig 7. Estimated Future Needs

	2013	2014	2015	2020	2025	2030
Sheltered Housing	25	38	38	25	38	38
Rent	25	38	38	25	38	38

Lease	0	0	0	0	0	0
Enhanced Sheltered	4	6	6	4	6	6
Rent	2	3	3	2	3	3
Lease	2	3	3	2	3	3
Extra Care	5	8	8	5	8	8
Rent	5	7	7	5	7	7
Lease	0	1	1	0	1	1
Registered Care	22	33	33	22	33	33
Residential Care	13	20	20	13	20	20
Nursing Care	9	14	14	9	14	14

Source: Housing LIN/Strategic Housing for Older People Analysis Tool – SHOP@

Our 'sheltered' housing and residential home has become increasingly dated and across the public and private sectors many older people remain in housing which they find hard to support and maintain.

Therefore, the Council of the Isles of Scilly will:

- Support people to avoid using residential care services.
- Seek to provide more appropriate housing options e.g. specialist housing at Carn Thomas.
- Invest in services that improve the quality of people's homes e.g. adaptations/assistive technology

WHERE DO WE WANT TO BE? CARE FOR THE FUTURE

The following items and topics, based on our understanding of the current care market, our review of demand / supply and the level of resources we expect the LA to be able to offer, represents the activities we will be engaged in over the next two years. These activities do not constitute an increase in Adult Social Care spend but re-modelling of services and use of S256 transfers from the NHS.

3.1 MODEL FUTURE DEMAND AND COST OF SERVICES

If the authority does nothing to reduce demand for care and support and future population it is likely that the demand for state funded care will increase. However, the authority needs to do some work on **Charges and eligibility**

The White Paper lays down new national eligibility criteria, we need to review the unit costs of different services, the numbers of self funders now and in the future and provision of services to those who do not meet eligibility thresholds. Where those who have been receiving low level services no longer qualify to do so, we need to think of how to support those people

3.2 DRIVE DOWN DEMAND FOR CRISIS AND LONG TERM INPUT

3.2.1 LIFESTYLE SERVICES

The Council has invested heavily in social infrastructure in recent years. The sports hall, swimming pool, Carn Gwaval Community Wellbeing Centre, library and Buzza Bus offer significant opportunities to overcome loneliness, increase social interaction and independent living. Activities should be evidence based – it is proven for example that exercise can decrease the risk of dementia by xxx%

The Council is also responsible for Public Health services and investment in health promotion services for an active and healthy old age e.g. nutrition, staying warm, being active will also support self management of health.

3.2.2 EARLY INTERVENTION

Using risk stratification tools provided by Kernow Clinical Commissioning Group we have been able to identify with the GP practice those clients most at risk of admission to acute or residential care. It is proposed that early intervention services are developed to get those clients back on their feet with a mix of reablement, social interaction opportunities, physio and occupational therapy. It is likely that there will be 30-40 clients in this category per annum. This will mean that we will have greater intelligence about those likely to need care and minimize crisis and long term care management.

3.2.3 RAPID RESPONSE

For those clients who are at immediate risk of hospital or residential care admission we need to develop home based services that manages the crisis with better outcomes than an institution can provide and at a lower cost. This will require health and care co-ordination needing intensive, short term input including physio assessment and care planning and an intensive package of home care. This is likely to involve about 5 clients per year. Again, this is not about providing care as a permanent solution but to enable clients to regain their independence with minimum intervention into the future.

3.3 TECHNOLOGY

Our geographical location and the arrival of superfast broadband on the islands in 2014 means that technology has huge potential in promoting independence and minimizing the need to travel to the mainland for services. A project with BT to create a whole system of telehealth, telecare and teleconsultation is underway. Resources can be pooled with health providers and by using our Disability Facilities Grant to maximize the contribution of assistive technology.

3.4 IMPROVE INFORMATION AND ADVICE

We will develop our website and information leaflets to capture user reviews and provide better signposting and ensure they are written around older people's needs expectations and outcomes and not configured around how the council delivers services. We will look to provide more support to self-funders and particularly ensure that people are aware of the range of provision that is available to help people remain within the community. We will work with Age UK and other local bodies to ensure this is true of all our information material. We also need to ensure that those who advise older people about their care are also well informed about the choices that are available. We will broker better relationships with mainland organizations for specialist conditions e.g. Alzheimer's Society, MIND.

3.5 FOCUS ON MARKET FACILITATION

The Council of the Isles of Scilly needs to move from being the sole provider of care services and become an enabler of a more diverse marketplace to offer better choice, drive economic vitality, provide better outcomes and manage corporate risk. There are a couple of areas of opportunity already.

The Isles of Scilly is currently preparing, with Cornwall, an economic vision for the islands under the auspices of the Local Enterprise Partnership. A key driver for economic growth will be stimulation of micro enterprises. It is critical that the community is supported to develop the solutions to the challenges of an ageing population and attention should be given to facilitating private sector led initiatives and driving innovation and choice in care services.

There are also other providers, particularly in the health sector, already working on the Isles of Scilly. The Health and Wellbeing Board, and work in the Pioneer scheme, is looking at how maximum use can be made of existing resources and the potential for a truly integrated,

hybrid workforce. The Council should consider commissioning health providers to augment existing services.

3.6 HOUSING

The Council of the Isles of Scilly will pursue housing growth that provides lifetime accommodation. The scheme at Carn Thomas continues to be a priority project in achieving a step change in the provision of suitable housing for people to live independently without care for as long as possible.

3.7 DEMENTIA

The Authority will improve pathways of care from early diagnosis through to long term management of dementia. It will also support the islands to become a Dementia Friendly community given the demographic profile of both our residents and visitors.

3.8 VOLUNTARY SECTOR

The Council will facilitate the development of the voluntary sector so that it has a clearer role in positive outcomes for older people. It is envisaged that a version of the Cornwall based Newquay Pathfinder in conjunction with Age UK will be rolled out on the islands in 2015. We want to empower volunteers to become professionals, to make a contribution to the interventions that will support independent living.