

2020/21 Q4 – ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING NEEDS

Key Activities Q4

Drive forward integration with health, putting in place the right governance, commissioning and delivery arrangements so that we secure care closer to home, supporting more people in their own homes than in hospital and other forms of institutional care and enabling them to be as healthy as possible.

In the last quarter, we have formalised the integration of our reablement services with the rehabilitation provided by the IoW NHS trust – with the manager being jointly responsible to the Assistant Director for Operations and the Deputy Director of Community Services in the Trust.

Equally, we have renewed our joint arrangements with the Trust to fund a senior manager overseeing hospital discharge and linking into the Integrated Discharge Team (IDT).

The IDT arrangements have worked well in minimising the length of stay in hospital – albeit it has increased the numbers of people in short term residential placements and the rate of permanent admissions to care homes. Positively, Government has confirmed that the NHS will continue to fund the immediate care and support needed by people being discharged from hospital (and to avoid hospital admission) for the first two quarters in 2021/22. The Clinical Commissioning Group has been paying increased rates to care providers (in recognition of their increased costs associated with the pandemic) and the extension of this funding means that we have some time to ensure that once this funding ceases, providers can remain financially viable.

The Department manages the delivery of the Continuing Health Care function for the IoW CCG and during the pandemic, the nurses working in the CHC team were redeployed to frontline posts in line with government guidance. This meant that coming into 2021, there was a significant backlog of CHC assessments. During the past quarter, this backlog has been reduced significantly by the CGC team.

Agree and secure ongoing funding for key schemes funded by the Improved Better Care Fund (iBCF) including the Living Well service (LWS); the Raising Standards initiative; and investment in reablement care

The provision of a further year of funding under iBCF has secured the continuation of the Living Well Service, the Raising Standards Initiative and the current level of investment in reablement for 2021/2022.

Work in this area was not been prioritised during the response to Covid-19 but will recommence in Q1 of 2021/2022. Q1 of 2021/2022 will see activity to progress the Integrated Care Partnership workstream to review the health and social care community early help offer (including the Living Well Service) and the finalisation of an external review to identify the impact of the Raising Standards Initiative on CQC ratings Island wide. Both pieces of work will enable the system benefits to be identified and will support further funding discussions for the long term sustainability of the programmes from 2022/2023 onwards.

Complete the delivery of our three-year "Care Close to Home" strategy, promoting, improving and protecting wellbeing and continuing to increase the numbers of people we support in their own homes

During 2019/20: embed strengths based professional practice throughout care management teams of adult social care

Despite an increase in the level and complexity of needs facing both adult social care and housing needs experienced in the final quarter of 2020/21, (which is directly associated with the impact of the pandemic), we have continued to implement our CCtH strategy in the last quarter of 2020/21.

For instance, in the last quarter we launched our "Pride in Practice" quality strategy in March 2021 – which sets out how we are driving best professional practice across the department and has been led by our Principal Social worker. This links to one of the "enabling" programmes in CCtH regarding us having "competent, confident, critical thinking colleagues". Pride in Practice focuses on how we support our staff to deliver person centred care and support – and we have completely revamped our processes around supervision, learning and development and quality management of practice. The Principal Social Worker worked closely with colleagues and managers across the department in developing Pride in Practice and we have already seen key benefits from our monthly programme of audits of cases – enabling best practice to be disseminated, colleagues to be thanked and praised for their good work and areas of learning to be captured in a much more systematic fashion and used to develop/inform training.

Equally, in January 2021, we introduced a new domiciliary care contract based upon our three localities – as one of the key desired outcomes of CCtH is to support people to remain in their own homes, which is what we know the vast majority of elderly people and disabled adults/people with mental health problems wish to do. This contract was co-produced with domiciliary care providers – and the Institute for Public Care was our expert and independent partner in helping us to develop the outcomes embedded in the new contracts. A robust procurement process was implemented and those local domiciliary care agencies who did not bid for the new contract will still be able to secure work by, effectively, being a sub-contractor of the main provider.

Finally here, we have good evidence that Care Close to Home has impacted positively on both the people who receive care and support as well as ensuring that our colleagues are equipped, engaged and empowered to deliver their jobs to high standards.

With regards to the experiences of the people we serve, and comparing ourselves with other councils, we received our 2019/20 results of the national user/carer survey from NHSD in March. This survey is very important: it is the national tool that gives voice to the people using adult social care and their carers and every council is required to administer locally with the responses going directly to NHSD for analysis and subsequent feedback to councils. In terms of what our users have said, our results reveal that, of 151 councils we are: the 3rd highest council nationally in terms of users' rating of their social care related quality of life; the 18th highest rated council in terms of users stating that they have control over their daily lives; the 14th highest rated council in terms of users agreeing that they have as much social contact as they would like; the 20th highest rated council in terms of users' overall satisfaction with their care and support; and the 22nd highest rated council in terms of users stating that their services have made them feel safe and secure. All of these results place the IoW in the top 15 per cent of councils.

Equally, in terms of the impact of CCtH on our staff, our most recent quarterly staff survey was conducted in March 2021. This revealed that: 90.4 per cent staff agree that they receive the training they need to do their jobs well; 70.6 per cent rate morale as good; 77.2 per cent feel that their work is recognised and valued; 75.1 per cent are able to maintain an acceptable work/life balance; and 80.2 per cent reported positive job satisfaction.

Continue to drive improvements in adult safeguarding practice, embedding ‘Making Safeguarding Personal’ (MSP) and ensuring a high quality and consistent approach in the council and its partners

The IoW has been one of the councils to engage in the voluntary MSP data collection and we have made steady progress in making sure that our practice places the voice and desired outcomes of the person at risk of abuse and neglect at the heart of our planning.

After the initial drop in the numbers of safeguarding referrals received by the department in the early months of the pandemic, we have seen a steady increase in safeguarding referrals as families are concerned about self-neglect and are able to see their loved one first hand. In February 2021, 90 safeguarding referrals were received for people living in care homes on the island – and it is notable that many of these were self-referrals from care homes themselves (e.g. as a result of a medications error). The department and local care providers have worked hard together to create the right culture around safeguarding: understanding the threshold for when someone has been exposed to an incident/issue which renders at risk of neglect and/or abuse and acting accordingly; participating fully in safeguarding investigations – using MSP tools; and applying the lessons of safeguarding issues. In February 2021, we received an independent analysis of the quality of the care market on the IoW (as defined by CQC ratings). It is pleasing to note that over 90 per cent of all CQC registered adult social care on the IoW is now rated by CQC as good or outstanding. This is a turnaround from the position prior to the introduction of CCtH, when only 65 per cent of registered care was rated as such, rendering the IoW a national poor performer. The quality of the island’s care, as defined by CQC, now exceeds the national average and our rate of improvement also exceeds the national average.

Since the 8 March, one family member/friend (since raised to two family members/friends) have been able to meet with their loved one inside the care home (having first been tested as negative for coronavirus and then adhering to government guidelines when with their loved ones). At the time of writing this report, the Department has not received the March 2021 safeguarding referral data, but the safeguarding team reports that there has been an increase in referrals from families who, after not having seen their loved one in person for a year, are concerned at the level of deterioration (physically and cognitively) their loved one exhibits.

Care homes and their staff have worked incredibly hard during the pandemic to keep their residents safe and well – and they deserve thanks and plaudit. In order to do so, care homes have had to restrict residents’ movements within the care home and interaction with other residents – as well as ensuring that care home staff adhere to all infection prevention and control guidelines published during the course of the pandemic. This has meant that many residents have had to live their lives behind their bedroom door to a far greater extent than previously. And the lack of mobilisation, as well as interaction with others, has had deleterious effects on them.

So it is vital that, in responding to safeguarding referrals from family/friends that the response keeps the person at the centre of the safeguarding investigation and that subsequent planning brings care homes and families together (with, very obviously the same robust response being given to any cases of neglect and/or abuse).

On behalf of the Health and Wellbeing Board update the Joint Strategic Needs Assessment (JSNA) ensuring the data is relevant, current and informs decision making at all levels of the council and the health system.

Throughout the coronavirus pandemic a modelling cell has been running to provide robust intelligence for planning response to the emergency. Monitoring of Covid-19 infections, hospitalisations, deaths and vaccinations has been embedded in planning and is increasingly sophisticated. The Hampshire and Isle of Wight Covid-19 Health Impact Assessment is under development. This document will examine what Covid-19 has meant for our local population groups, their future health and social care needs and whether the pandemic has exacerbated or created new inequalities.

A new set of Ward Packs have been developed for 2021 to offer key data and information about all wards across a variety of subjects to support Councillors following the election.

The Population health management programme is developing although impacted in pace of development due to Covid-19. An introduction to PCN demonstrator sites was delivered in April with a 22-week development programme scheduled to start in the autumn.

Review and revise the council's approach to improve health and wellbeing

Isle of Wight Public Health strategy has been approved by Cabinet with focus on improving health and wellbeing. The Prevention and Inequalities Board of the ICS is strengthening giving leadership to the NHS. This is co-chaired by the Director of Public Health

The Director of Public Health Annual Report was signed off by Cabinet in February outlining key recommendations on the theme of the environment's influence on the weight of the population.

Finalise and implement permanent arrangements for the role of Director of Public Health (by October 2019) and review Public Health spend as part of the 2020 budget setting process.

Development of the Senior Management Structure is progressing with two Consultants in Public Health being appointed and strong, integrated work developing between Isle of Wight and Hampshire. One-year annual review for the partnership to take place.

This action is completed

To ensure clinically safe effective services are delivered across the Public Health responsibilities, within budget and to those that are in greatest need, undertaking procurement of services as required.

The Substance Misuse service tender is complete and has been reviewed in light of Covid-19. The 0-19 Public Health nursing service procurement is complete with the new contract started in November 2020.

The Sexual Health service has developed further improving clinical safety and quality since transfer of the service.

The Wellbeing Service procurement has now begun with a new service to be in place for April 2021. All services have amended their provision to adapt to the Covid-19 restrictions whilst continuing to meet patient's needs.

Recommission the Supporting People (SP) programme so that we can offer tailored and personalised support to those people at risk of homelessness or living in temporary accommodation

Homeless family accommodation scheme

The procurement for this programme was completed in 2019 and the scheme went live on 1 April 2020; the mobilisation of this project has been delayed due to Covid-19. This is still a few units short of being at full capacity due primarily to delays caused by Covid-19 restrictions.

The single homeless accommodation pathway 16+

Contracts were awarded on the 13 July and this went live as planned on 1 November 2020. Mobilisation milestones have been met as planned up until this point, but there are some key issues that present that could hinder the delivery: Two Saints have been awarded various components of our single homeless pathway which includes the delivery of our “Housing First” model on the island (which aims to provide housing and support to those homeless individuals who have previously exhibited a range of needs beyond housing – such as mental health problems and/or substance misuse issues) an assertive outreach service and 25 units of stage 2 accommodation for homeless single people. As has been reported in the media, Two Saints identified a property to purchase in Leeds Street, Sandown and applied for planning permission to turn this property into an HMO. There has been local resistance to this happening and the vendor withdrew their agreement to sell to Two Saints leading to a withdrawal of the planning application. It must be noted that there is a paucity of suitable and affordable properties for purchase available currently on the island – and should Two Saints continue to not be able to realise a purchase, then there is a risk that this part of the SP programme will be significantly comprised and we will experience an increase in street homelessness – and all that brings to both the individual affected as well as the area in which they sleep rough.

Community support framework

The budget is being reprofiled to meet the needs of the service which will include the following work programmes; Grant award maintaining independence aspect; re-commissioning of prevention of homelessness services and commissioning of a new assessment hub service offer. Tender to go live in January 2021 – contracts are due to awarded February - March 2021 in time for April start. Interim contracts being extended to cover February - March period.

Implement the recommendations of the 2019 independent review of the Housing Needs Service, including the development and implementation of a new Homelessness Strategy for the Island.

The [Homelessness and Rough Sleeping Strategy 2019-24](#) was signed off by Cabinet on 14 November 2019.

Improvements are being made across the service which continues to support improved outcomes for those we serve.

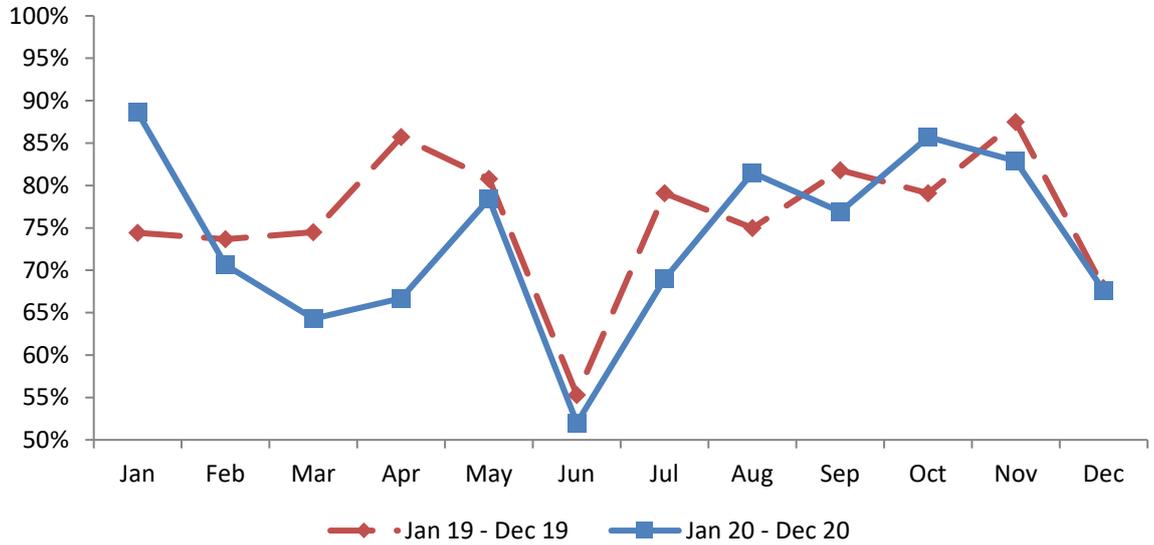
The households in B&B and temporary accommodation has seen a large increase due to the way Local Authorities have been asked to register and report households accommodated due to Covid-19 and there is therefore a significant increase in single homeless accommodated in B&B accommodation (202 in March 2021 compared to 167 in March 2020).

No families or children have been accommodated in Bed and Breakfast for over 48 hours since March 2020. Services are now being benchmarked against a self-assessment tool created by the National Peer Support Service.

Short Term Measures

Adult Social Care

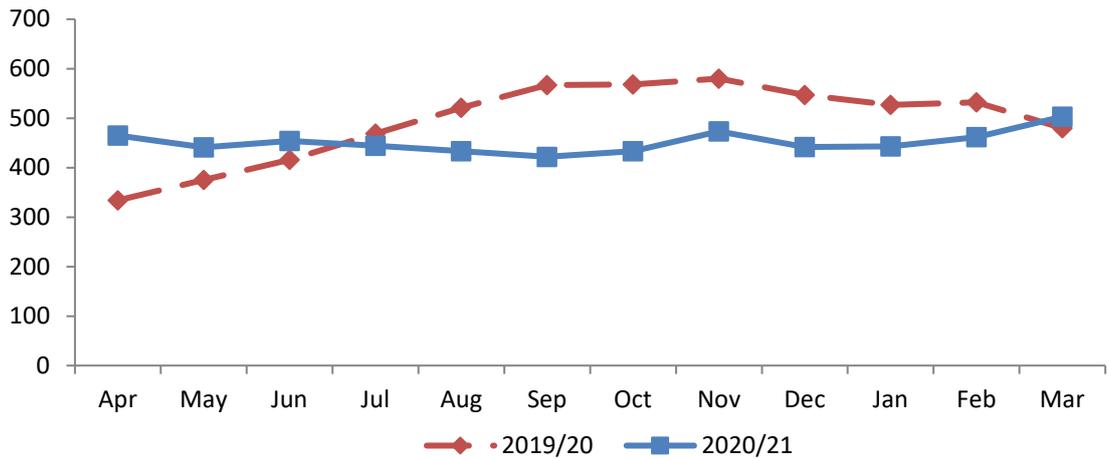
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services



Figures and narrative for this measure will always be three months in arrears (91 days).

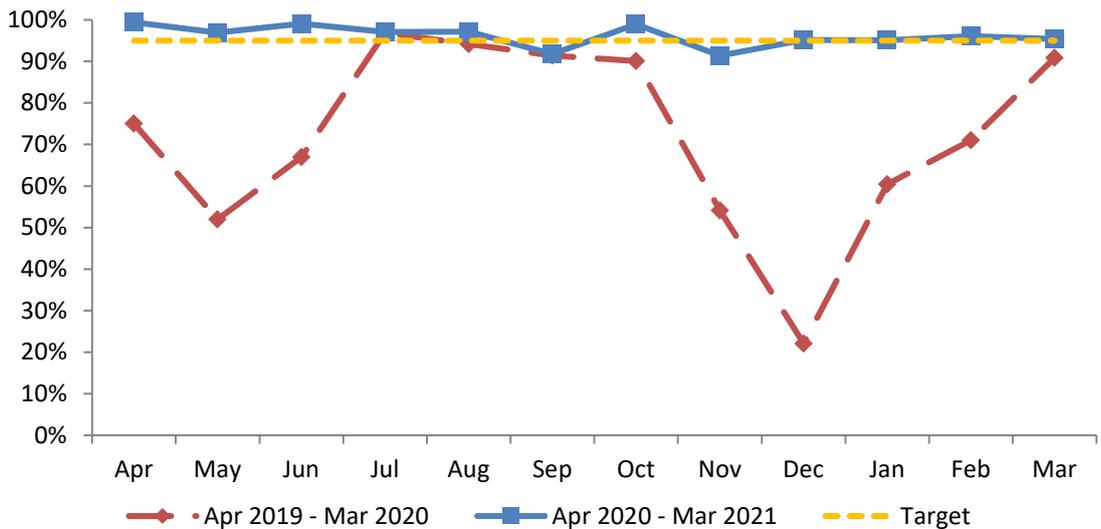
Of the 23 people in December that were not at home after 91 days, 13 people died, 5 were readmitted to hospital, and 5 people went into Residential care. Outreach has invested in additional staff into the service to increase capacity to support the hospital with Delayed Transfer of Care. Hospital referral rate for 2018-19 was at 67 per cent (2017-18 was 54 per cent) However it also means that more people who are being discharged from hospital have a Long Term Need (LTN). This has resulted in people exceeding the normal 42-day window of Reablement by a considerable amount. There are 25 people currently on the service with a LTN with 7 over 100 days on the service (one person has been on 641 days and 2 more on 200+ days) This is around a third of all people being supported in the community by the service. This puts the service in a position whereby capacity is now reduced because people are not moving on as quickly as they would if they were on reablement.

Number of outstanding Deprivation of Liberty Standards (DoLS) Assessments



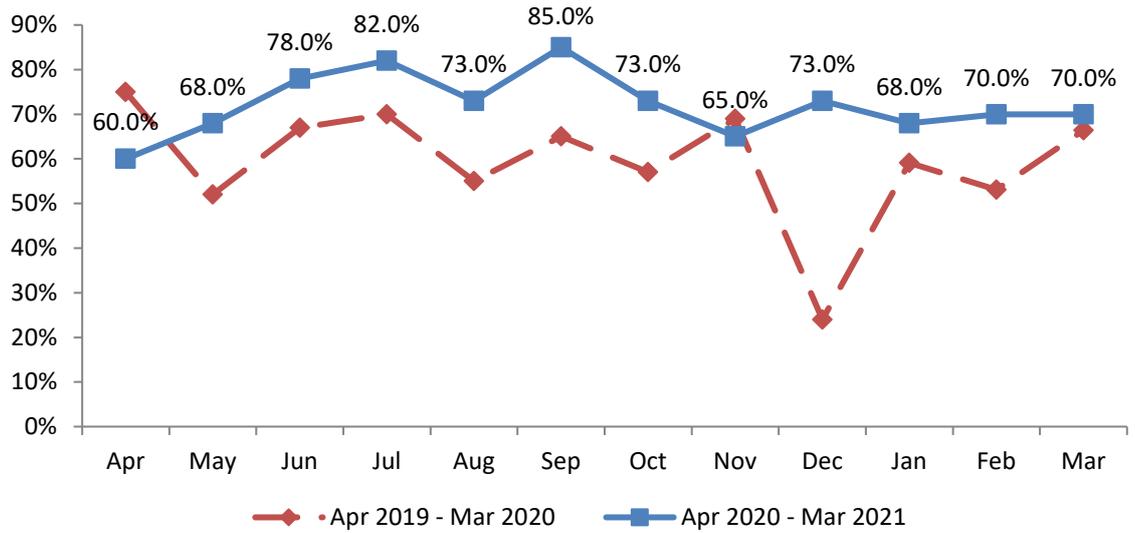
102 applications received in the month which compares to 90 last month and 56 in March 2020. 27 assessments were completed, with 26 authorised. There were 27 requests ended/not assessed/withdrawn due to a circumstance change. Of these 13 died, 6 moved and 8 COC. The numbers of applications awaiting increased to 503 from 462 in February this compares to 480 in March 2020.

Percentage of safeguarding meetings held within seven days of the referral being received.



The 7-day data remains consistent and has decreased only slightly to 95.4 per cent in March 2021 as the Team prioritise the triage duty function and we have dedicated resources to this to ensure timely triage of the referrals and actions needed. The Team continue to support other ASC teams, providers and the public with advice and signposting as appropriate during this difficult time.

Percentage of adult safeguarding case conferences held within 28 working days of the safeguarding planning meeting

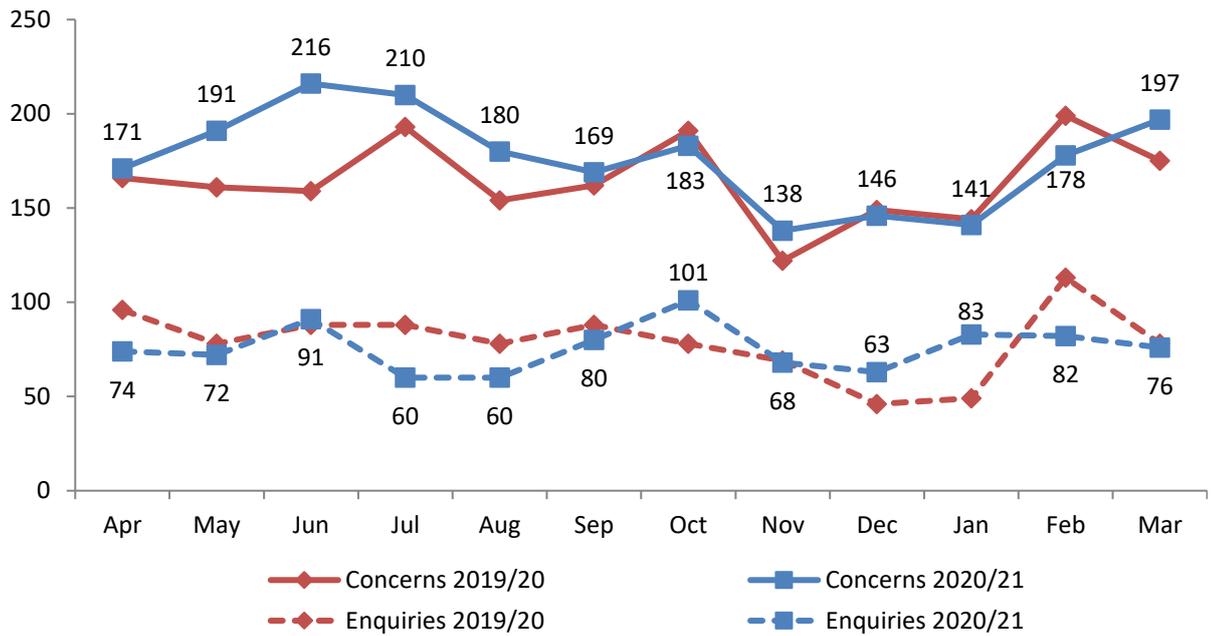


The 28-day performance remains at a consistent level and the team are working hard to review those cases breaching the 28 days and to also close where appropriate.

The team has a high number of complex enquiries which are taking significant amounts of time due to difficult family dynamics within the cases. The percentage of s42 enquiries will always be over the 28-day timeline due to waiting for reports and information from families and other agencies.

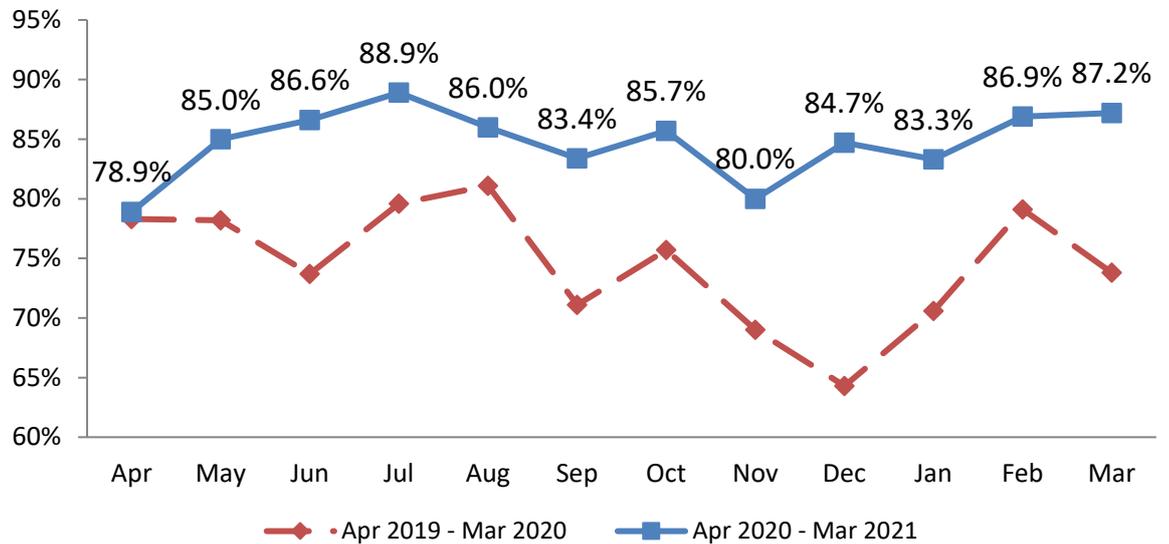
There are several enquiries waiting for Court of Protection, CPS and Coroner’s Inquest outcomes which will remain open to the team breaching the 28 days. The team has a very flexible approach to ensure that the persons voice is heard, and this can mean the enquiry will go over the 28-day deadline. The impact of the pandemic also has an effect and does cause some delay.

Number of adult safeguarding referrals (Rolling 12 months)



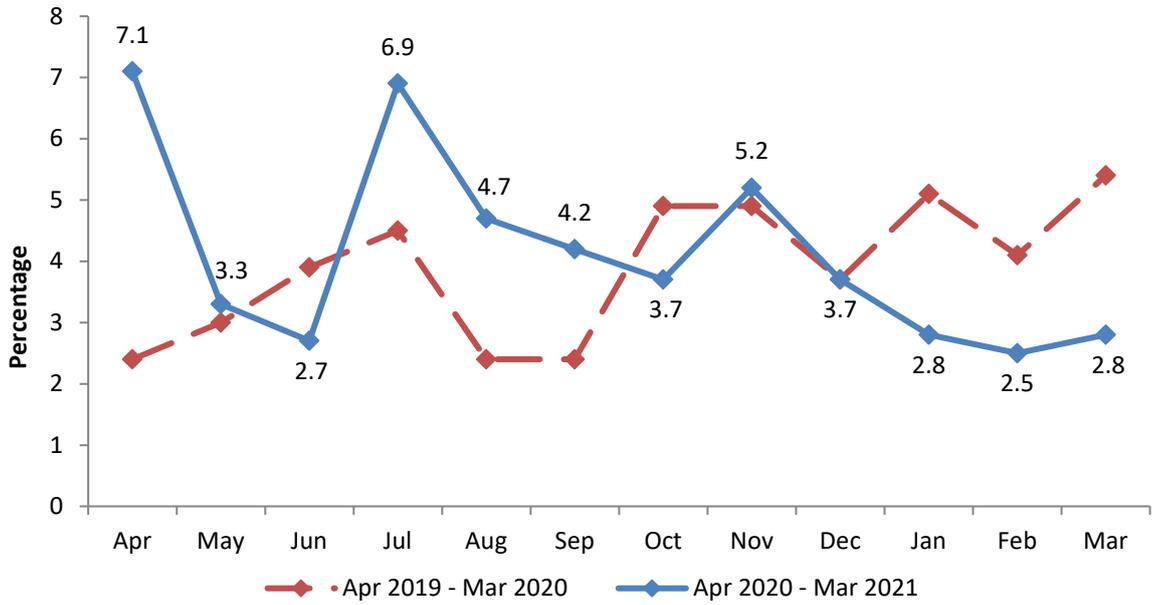
Conversion rates remain at good levels even though there are fewer referrals. The new measures put in place by the Consultant Practitioners to look at this started from 21 August which has made an improvement as expected.

Percentage of adult social care assessments completed within 28 days of the initial contact referral



The number of Care Act Assessments (CAA) completed in March increased to 329 from 284 in February. CAA awaiting authorisation decreased from 27 in February to 23 in March. There were 0 prisoners assessed in the month (1 YTD). With the increase in complex initial contacts this will impact on the CAA required.

Number of admissions to permanent residential or nursing care as a percentage of all initial contact (Rolling 12 months)



There were 22 placements made during March (18 Res and 4 Nursing) 320 YTD. For 2019/20 Total = 236 (22 Aged 18-64 & 214 aged 65+).

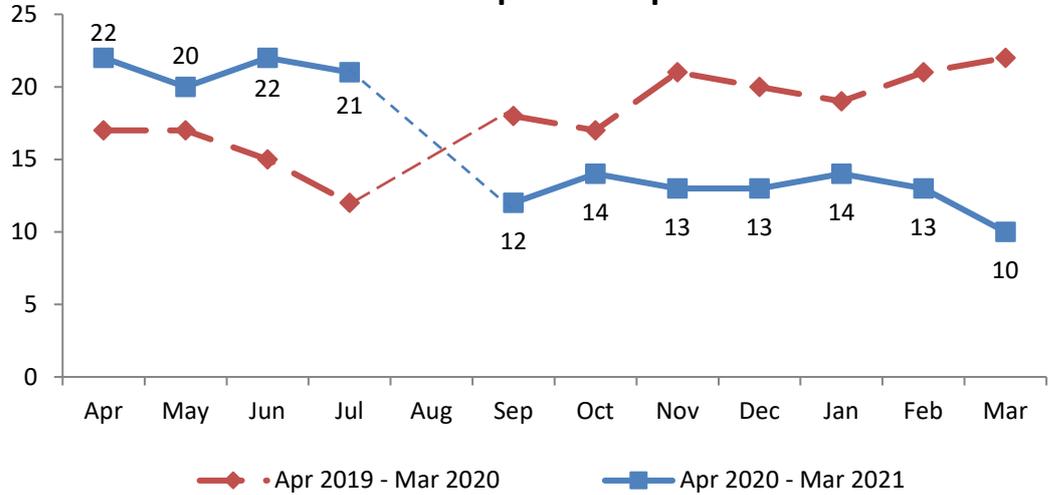
The high numbers for placements made in July are in relation to people coming off the Covid-19 NHS 12-week funding and into ASC.

Public Health

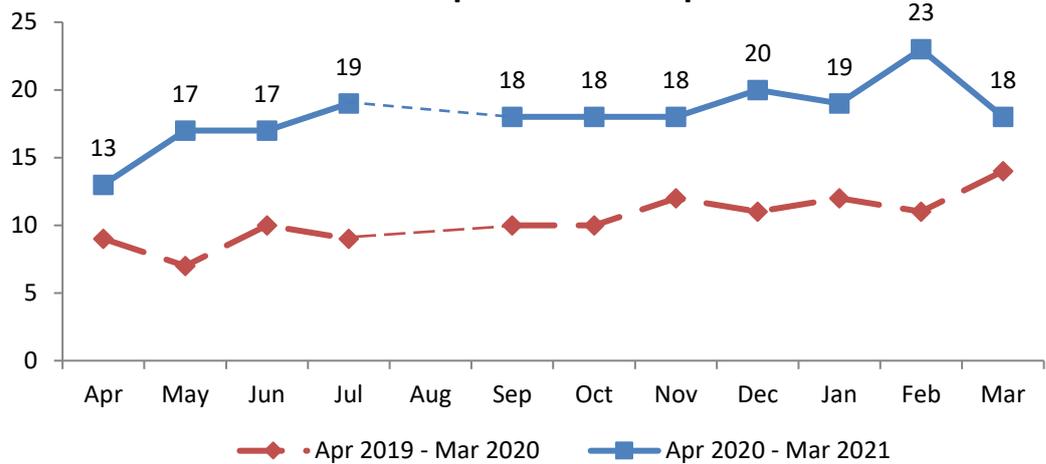
Number of drug treatments completed - opiate and non-opiate clients (Rolling 12 months)



Treatments completed - Opiate Clients



Treatments Completed - Non-Opiate Clients



Data is published one month in arrears by the National Drug Treatment Monitoring System although no data is published in July.

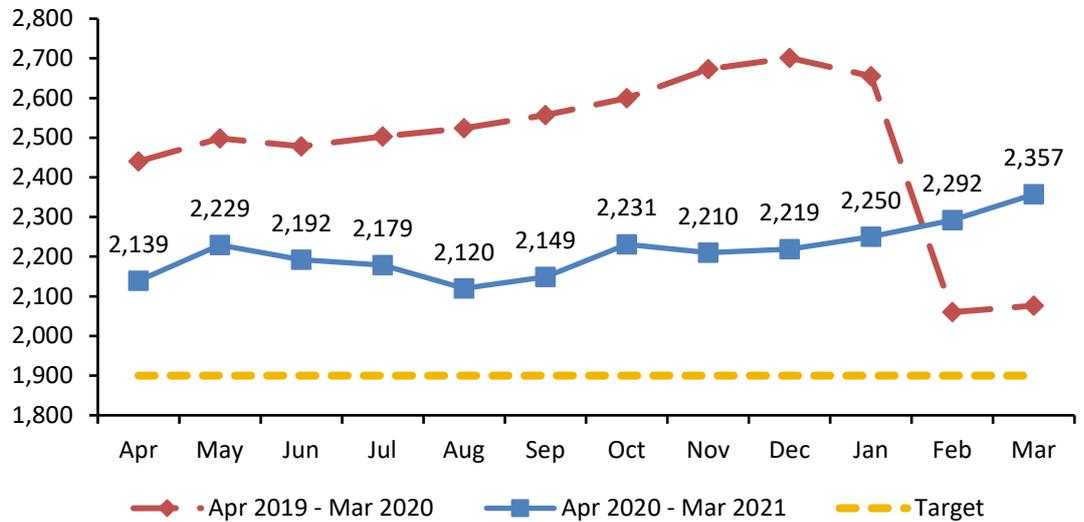
Opiate treatments – 10 completions out of 316 people in treatment. (February Data)

Non-opiate treatments – 18 completions out of 59 people in treatment. (February Data)

We have more of a harm reduction focus currently but engagement levels for 1-1 digital/telephone interventions and groups are rising, which should help this number going forward.

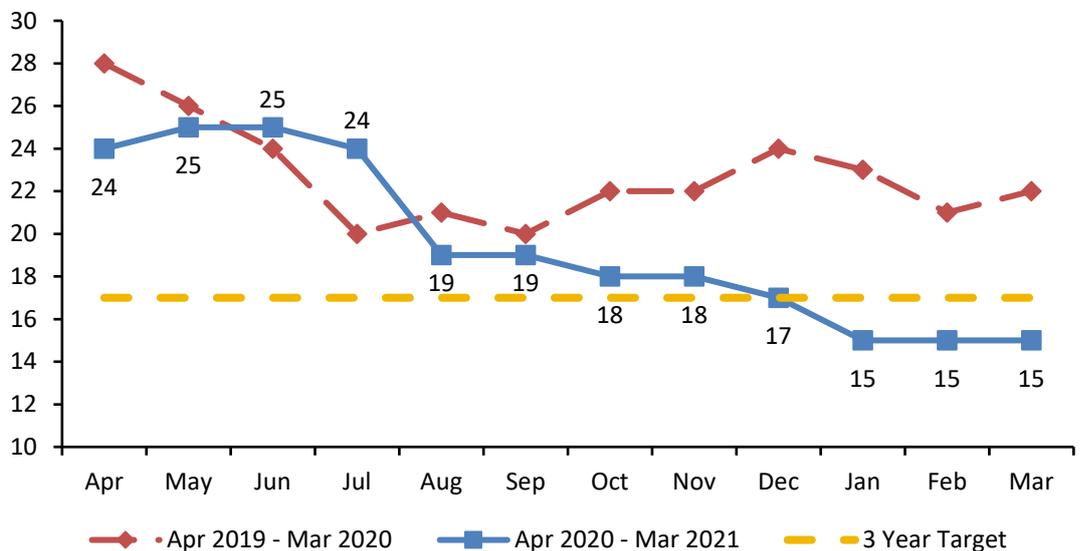
Housing Needs

Number of people on the housing register at month end (Rolling 12 months)



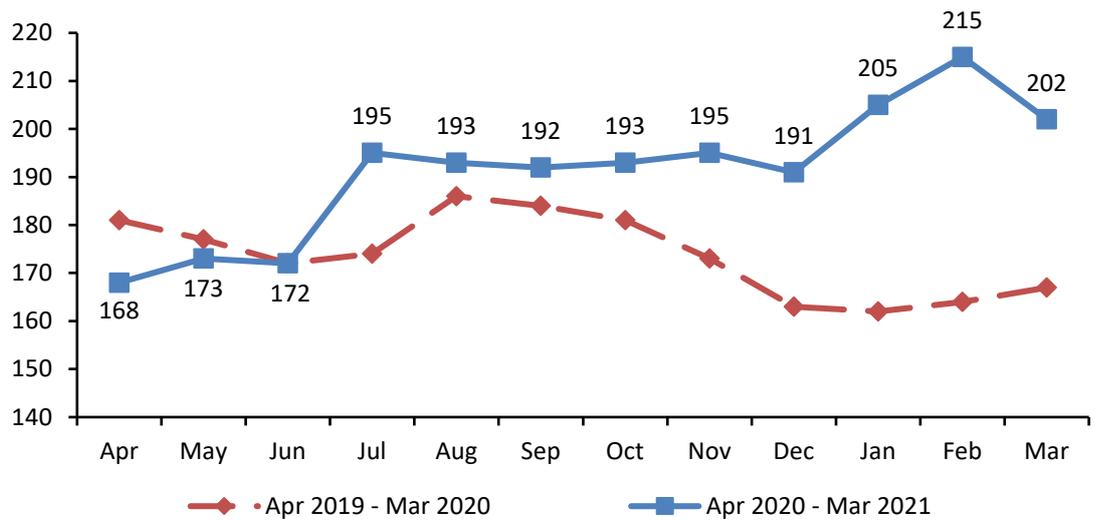
Number of active housing register applications indicate demand for affordable rented homes which is not currently being met. A review of all overdue renewals took place in February 2020 which had a positive impact on the overall figure. March has seen an increase of 65 due to an increase in applications. This may be indirectly related to the Covid-19 lockdown.

Number of people on band 1 of the housing register at month end (Rolling 12 months)



Band 1 priority awarded to applicants with urgent housing needs some of which require specially adapted homes. Current numbers are lower than this point last year and have met the 3-year target since December 2020.

Number of households in temporary accommodation at month end (Rolling 12 months)



The households in B&B and temporary accommodation has seen a large increase because of the way Local Authorities have been asked to register and report households accommodated due to Covid-19 and there is therefore a significant increase in single homeless accommodated in B&B accommodation.

Strategic Risks

Failure to recruit acceptable quality of professional practice across Adult Social Care (ASC)			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Feb 21	Sep 20	Jun 20
14 RED	6 GREEN	8 AMBER	8 AMBER	8 AMBER	10 RED
No change to risk score					

Failure to identify and effectively manage situations where vulnerable adults are subject to abuse			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Feb 21	Sep 20	Jun 20
16 RED	6 GREEN	10 AMBER	12 RED	12 RED	12 RED
Reduction in risk score					

Failure to secure the required outcomes from the integration of adult social care and health			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Feb 21	Sep 20	Jun 20
16 RED	6 GREEN	10 AMBER	12 RED	12 RED	12 RED
Reduction in risk score					

Independent Social Care Sector Sustainability (care Homes and Home Care)			Assigned to: Director of Adult Social Care		
Inherent score	Target score	Current score	Previous scores		
			Feb 21	Sep 20	Jun 20
16 RED	6 GREEN	12 RED	N/A	N/A	N/A
Change to Strategic Risk					

Additional demands placed upon the Isle of Wight Council and partners owing to pandemic flu or similar large-scale outbreaks			Assigned to: Director of Public Health		
Inherent score	Target score	Current score	Previous scores		
			Feb 21	Sep 20	Jun 20
16 RED	12 RED	16 RED	16 RED	16 RED	14 RED
No change to risk score					

Refreshing Care Close to Home 2021-2024: person centred, high quality and sustainable care and housing support for all

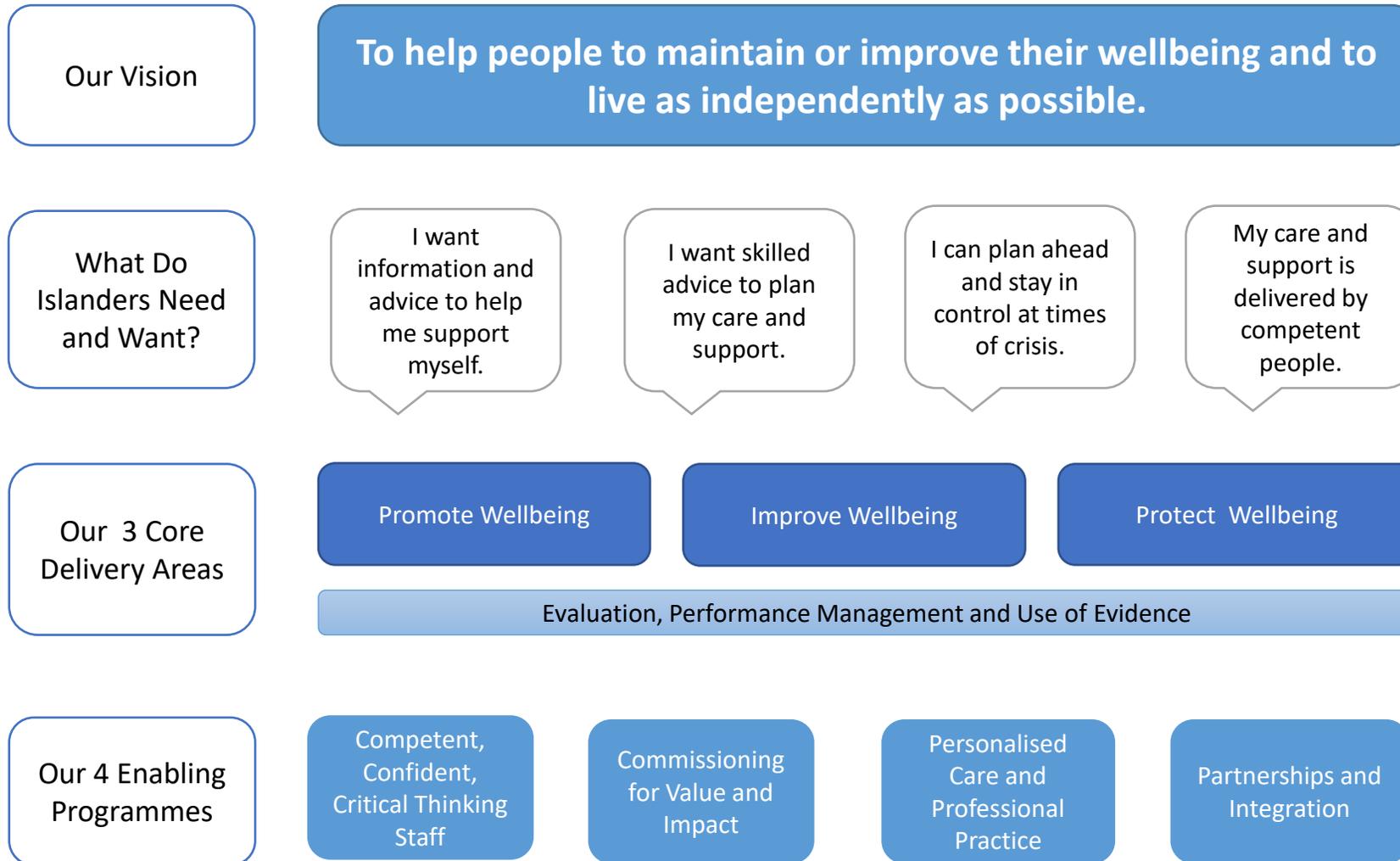
Dr Carol Tozer

Director of ASC and Housing Needs

Presentation to Health and ASC Overview and Scrutiny Committee

19 July 2021

Care Close to Home – the current departmental strategy



Why do we need to refresh Care Close to Home?



Direction of National Policy – Integrated Care Systems, Forthcoming Assurance of ASC and new data architecture

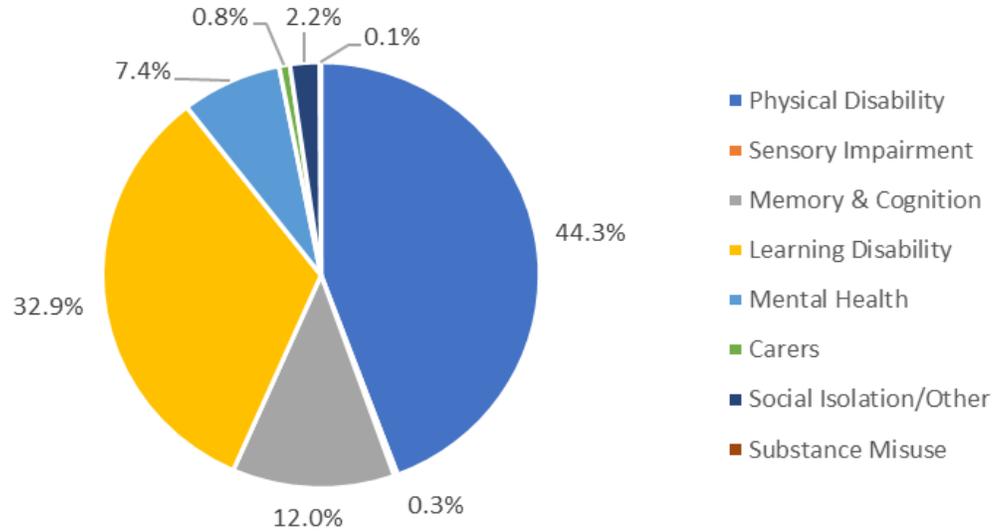
Local partnership arrangements – refresh of the Island's Health and Care Plan

Net Expenditure Budget 2021/22

Service Area	Current Net Budget £'000	%
External Community Care	38,019	69%
DASS (Central Charges etc)	236	0%
Strategic Commissioning	1,980	4%
Better Care Fund	(3,360)	(6%)
Business Support & Market Development	512	1%
Social Work Teams	6,673	12%
LD Services	2,236	4%
Regaining Independence Service	4,763	9%
Hospital Services	590	1%
Housing Needs	3,338	6%
TOTAL	54,987	

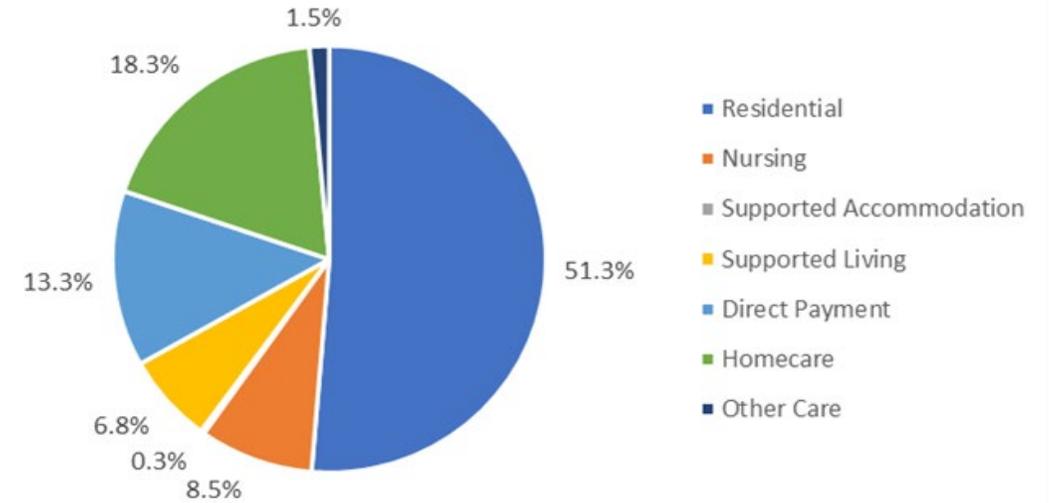
Community Care Spend 2020/21

% Gross Spend by PSR



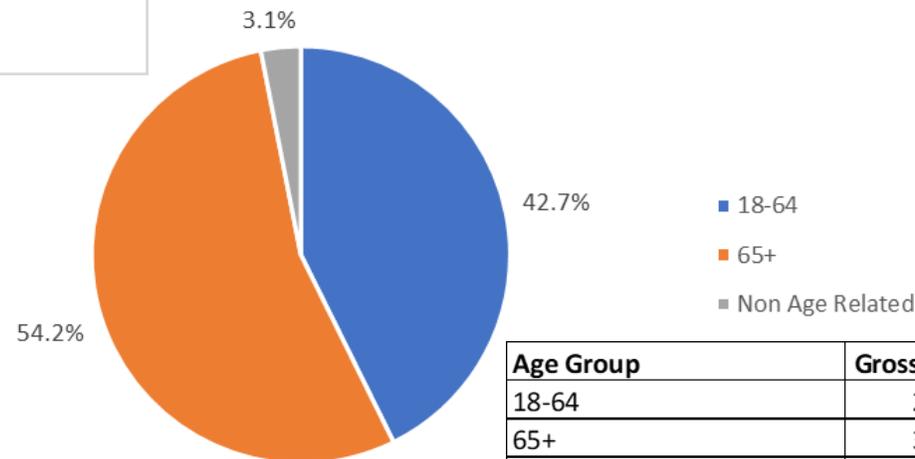
Primary Support Reason	Gross £'000
Physical Disability	27,770
Sensory Impairment	168
Memory & Cognition	7,528
Learning Disability	20,619
Mental Health	4,667
Carers	500
Social Isolation/Other	1,381
Substance Misuse	48
TOTAL	62,681

% Gross Spend by Care Setting



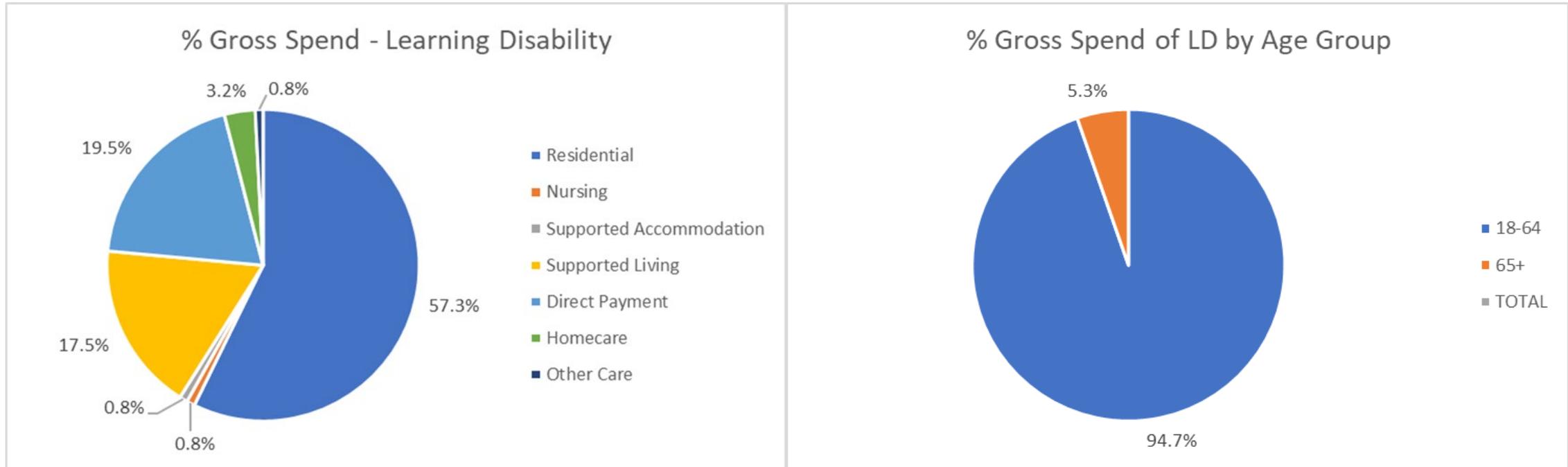
Care Setting	Gross £'000
Residential	32,161
Nursing	5,338
Supported Accommodation	172
Supported Living	4,234
Direct Payment	8,358
Homecare	11,501
Other Care	917
TOTAL	62,681

% Gross Spend by Age Group



Age Group	Gross £'000
18-64	26,758
65+	33,995
Non Age Related	1,929
TOTAL	62,681

Community Care Spend 2020/21 - Learning Disability

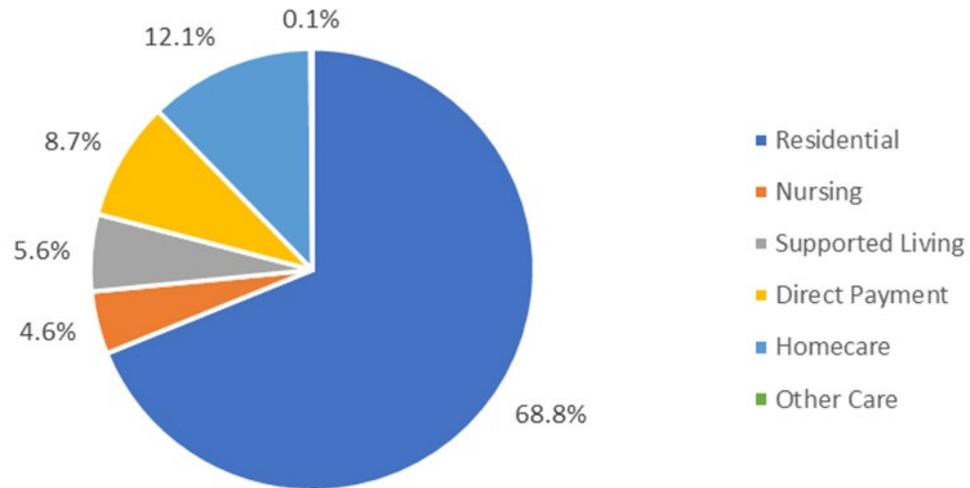


Learning Disability	Gross £'000
Residential	11,807
Nursing	174
Supported Accommodation	172
Supported Living	3,615
Direct Payment	4,026
Homecare	659
Other Care	167
TOTAL	20,619

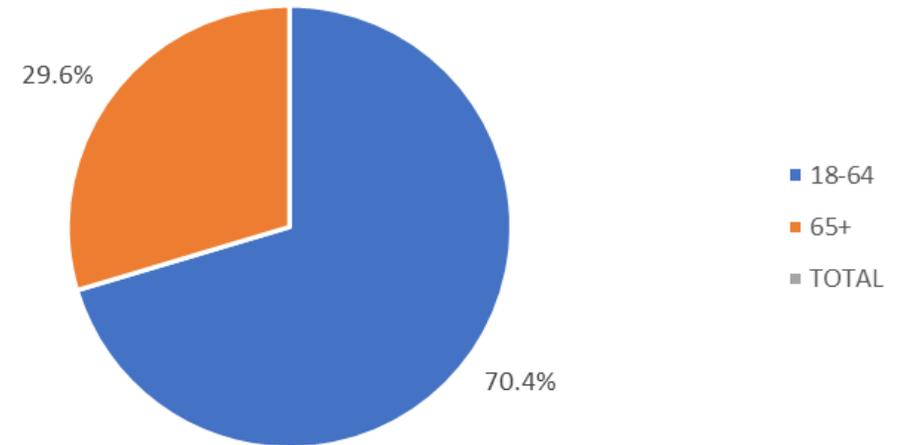
Age Group	Gross £'000
18-64	19,520
65+	1,099
TOTAL	20,619

Community Care Spend 2020/21 – Mental Health

% Gross Spend - Mental Health



% Gross Spend of MH by Age Group



Mental Health	Gross £'000
Residential	3,213
Nursing	214
Supported Living	263
Direct Payment	406
Homecare	565
Other Care	6
TOTAL	4,667

Age Group	Gross £'000
18-64	3,285
65+	1,382
TOTAL	4,667

Housing Needs Budget 2021/22

Description	Budget £'000
Housing Needs Team	816
Private Lease Scheme	199
B&B Properties	120
HA Lease Scheme	110
Find a Home Scheme	40
Reduction Priority	10
Homelessness Prevention Grant	(203)
Supporting People	2,246
TOTAL	3,338

Care Close to Home has transformed how we operate and includes:

- Invested heavily (£300k+) in supporting registered providers to improve – 90% of IoW CQC registered providers are now rated as good or outstanding (our speed of improvement since 2017 has exceeded the national rate and our CQC ratings now exceed the national average).
- Developed our commissioning capacity and capability resulting in more community based care and support services including: PA Hub (and Hospital Discharge PA service); our Shared Lives service; opening of first Extra Care village comprising 75 units with further developments being built; increase in Supported Living units; expanded our assistive technology offer – including enhanced assistive technology offer; introduced new domiciliary care contract; and greatly improved our quality assurance of care providers and contract monitoring processes (including use of Experts by Experience we fund via Healthwatch in QA visits).

Care Close to Home has transformed how we operate and includes:

- Restructured the department – including: amalgamation with Housing Needs; restructure of our ASC Care Management teams so that professional skills are better matched to people's needs; recruitment to a new, expanded, senior management team; creation of a Practice Development Unit headed by our PSW; increased investment in Reablement (especially home based); introduced the Onwards Care and Independence Team who provide care at home to people leaving hospital;
- Integration with health: delivery of the NHS Continuing Health Care service for adults now based in ASC; Regaining Independence Service; Integrated Discharge Team; Regaining Independence Service
- Invested heavily in the continuous professional development of our staff – including an expanded online training offer, membership of Research in Practice, membership of the Institute of Public Care, introduction of quarterly staff surveys, introduction of quarterly Big Conversations, weekly From Me to You letter from the DASS and monthly newsletter.

Care Close to Home has transformed how we operate and includes:

- Redesign of our performance management systems – so that we receive accurate, timely and comprehensive data about the quality of our professional practice, the outcomes we achieve for the people we serve and our use of resources (including our most vital resource, our staff) – and routinely benchmark our performance.
- Introduced 7 day working in the HSWT and SPOC to support hospital discharge. The Peer Review, conducted by the Care and Health Improvement Programme conducted in Jan 2020 provided many plaudits for our approach.
- Revamp of how we commission the island's voluntary and community sector organisations through the Living Well Service.

Care Close to Home has transformed how we operate and includes:

- A redesign of our website – so that the advice and information that people need is more accessible and useful to them.
- Recommission of the entire Supporting People programme - resulting in new services, including those adopting Housing First principles, which better ensure that people and families move through accommodation and secure a permanent home of their own.
- New approaches responding to the needs of homeless families and individuals – so that no child has to live in bed and breakfast accommodation and a reduction of rough sleepers to consistently under 5 people.

But....there is still much more to do

- Our rate of permanent admissions to care homes for working age adults remains too high - and this matters because it means these people do not have a “home of their own” and are denied access to the welfare benefits that bestow rights of citizenship.
- There is an opportunity to offer more care and support in people’s homes – too much of our budget is spent on “bedded” care and our progress in making major shifts in the budget from bedded care to care at home has been too slow (albeit we had to commission the delivery of alternatives and there will always be a delivery lag)
- Many of our care homes belong to SME providers and some may be increasingly unviable due to increasing costs, falling income, limitations of their estate. (The number of beds in residential care homes on the Island per head of the population is higher than average, while the number of beds in nursing care homes is lower than average).

But...there is still much more to do

- We face an urgent need for our in-house reablement services to improve from their current “Requires Improvement” CQC rating and to re-register as nursing homes (so that we can work with people with higher levels of acuity and maximise the potential benefits of being part of the integrated Regaining Independence Service (with the IoW NHS Trust’s Community Services))
- We need a better respite care offer for users and carers
- Whilst the Living Well Service is well used – it is not by us. And our SALT return suggests that we are NOT diverting people who approach us for help either into short term support or the VCS. Rather, our return suggests that assessment that result in no service is far higher than is the case nationally. This begs questions about both thresholds and effectiveness of diversion.
- We need to continue our integration with health – in the areas of Learning disabilities; mental health; and safeguarding

But....there is still much more to do

- Low numbers in Shared Lives – and whilst COVID has prevented expansion, we need proper plans as to how to, at least, double the numbers of people benefitting
- We struggle to recruit to our care management teams – frequently going out to advert three times prior to successful recruitment. We are successfully using the new apprentice SW degree programme to grow our own – but this will take time to deliver. Rather, we need to completely rethink how work in care management teams is organised, so that social workers/social care officers can reduce their time in administrative tasks. Unfortunately, our bid to the Transformation Fund was unsuccessful in expanding our administration capacity in order to allow us to INCREASE social worker's caseload but NOT their workload.
- The lack of affordable housing available for families, especially for families containing large numbers of children, is becoming increasingly difficult to source.
- And....covid is not yet over.

So what should our departmental strategy refresh look like?

Our Vision: People live independent, safe and healthy lives

Our Purpose: to support people needing care & housing support to live fulfilling lives regardless of age, disability, status and social background

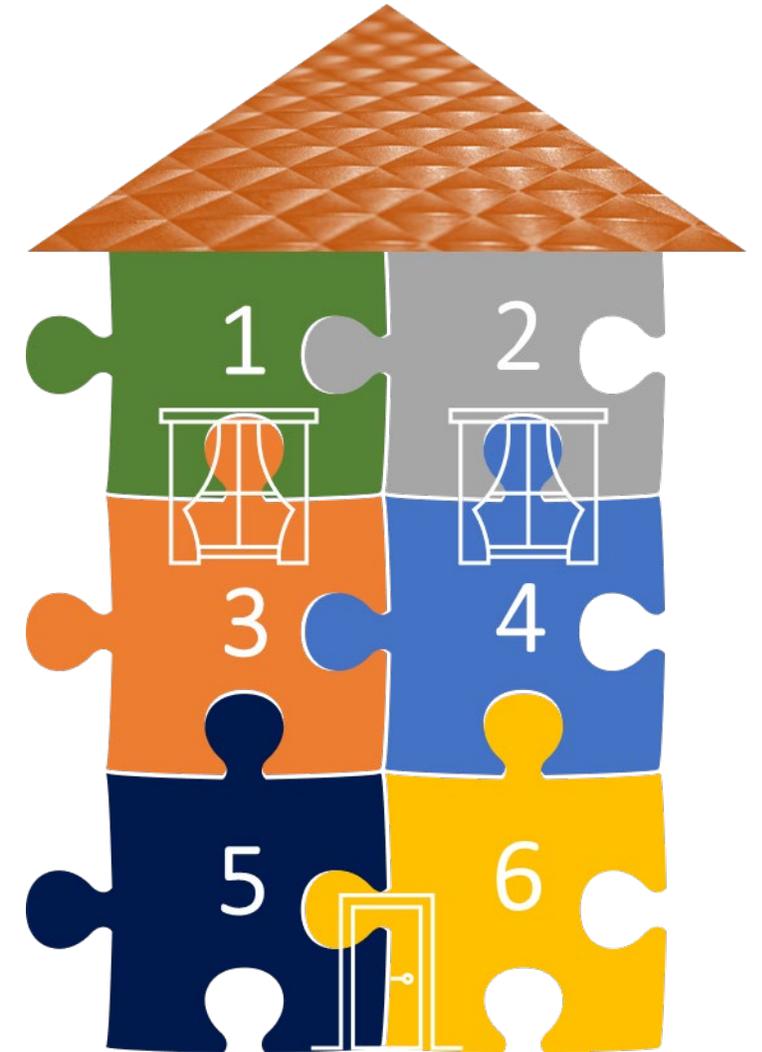
(NB: this might need to change in context of the forthcoming IoW Corporate Plan)

Our refreshed strategy needs to: invest in and measure the right things so that we deliver what matters most to people and we perform well

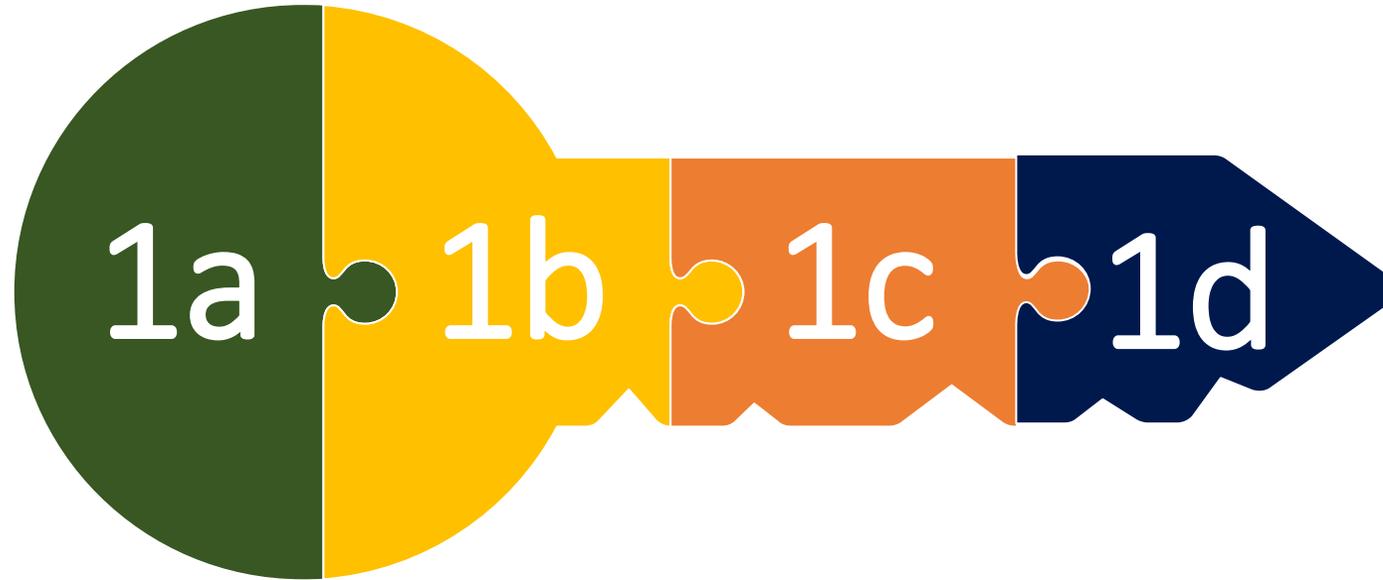
- **Promote Wellbeing** – we will prevent, reduce and delay needs for care and support. We do this through excellent advice, information and assured early help and prevention
- **Improve Wellbeing** – we will provide short term support to people during, and recovering from, a crisis – so that they get back to their maximum possible level of independence. This includes reablement, respite support, temporary care, temporary housing and short term direct payments. weeks.
- **Protect Wellbeing** – for those people needing long term social care and housing support, we will adopt “home first”, person-centred professional practice that safeguards people from abuse and neglect, promotes their civic rights and seeks to maintain maximum levels of independence

Bearing in mind our progress, what are our aims now and our “keys to success”?

1	We know that a great many people prefer to live in their own homes and communities and our focus is helping them do this
2	We will reduce any unnecessary use of hospital care, care homes and temporary accommodation
3	People are empowered by our practice, have choice and support to maximise their strengths and independence
4	People are pleased with the high quality of the support and services they receive from us – including the advice and information we publish
5	Our high performing workforce is equipped, empowered and engaged
6	We use our resources effectively and efficiently – underpinned by high quality and sustainable care and housing markets.

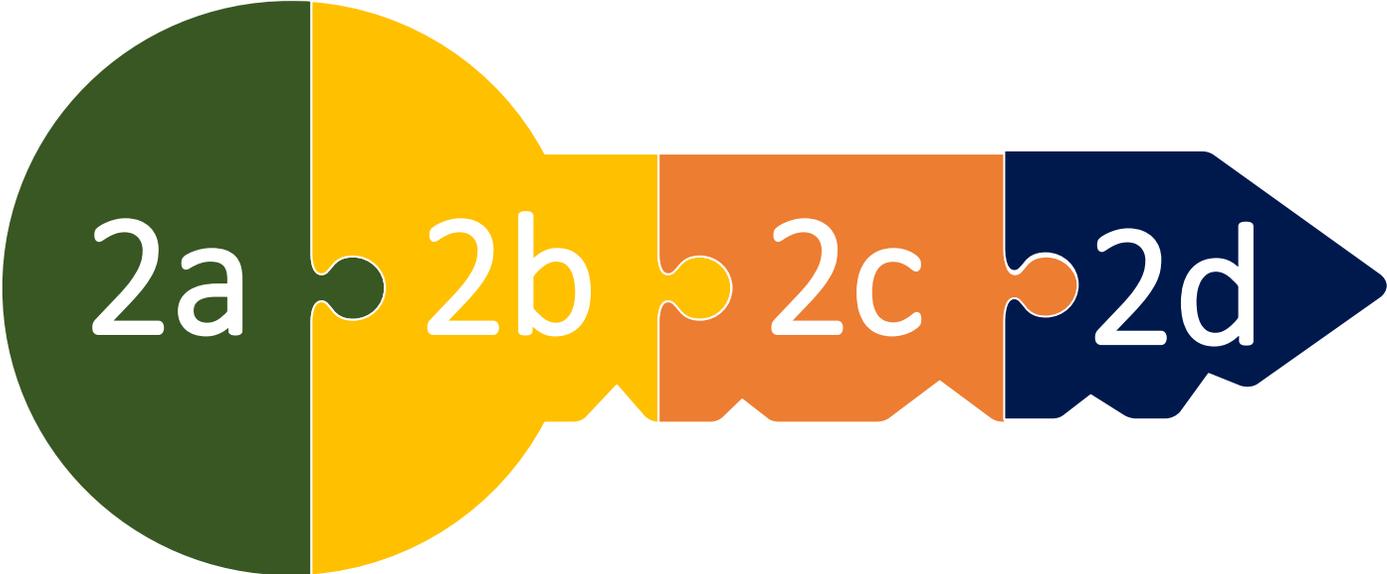


1. The key to supporting people in their own home



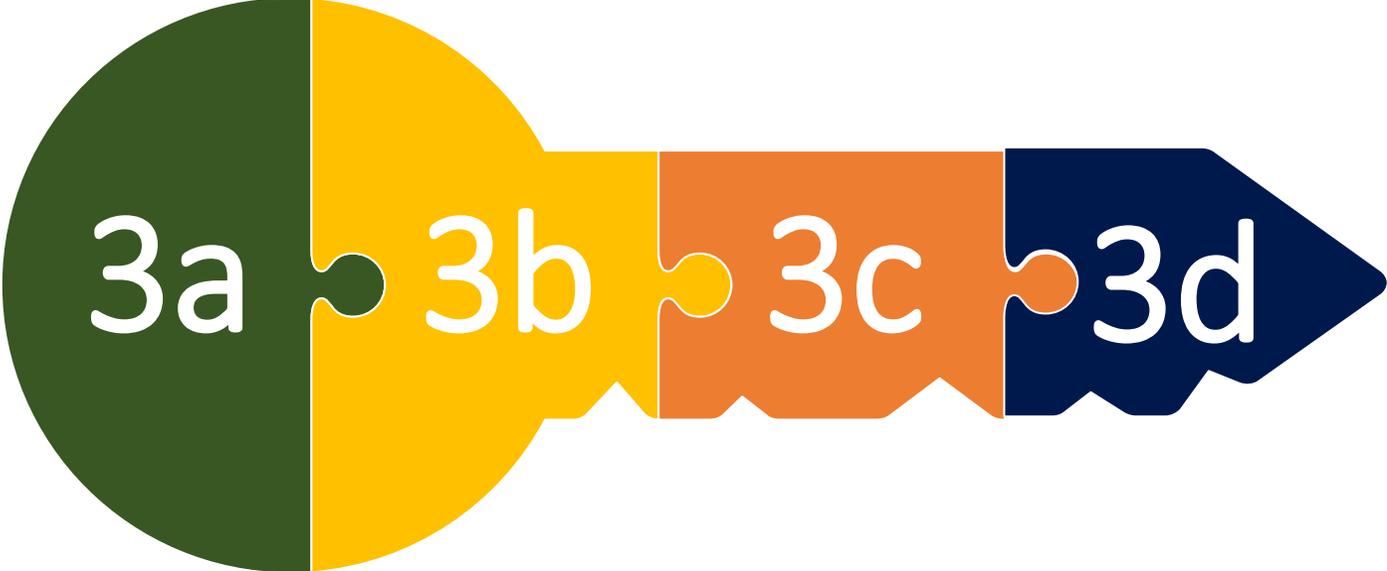
1a	1b	1c	1d
Advice, Aids, adaptations, Assistive technology	Getting the right models of extra care housing, Shared Lives and Supported Living	Anti-poverty strategies – fuel poverty, access to benefits, foodbanks	Working with RSLs and RIS to promote flow – incl. under occupation

2. The key to reducing the unnecessary use of hospital care, care homes and temporary accommodation



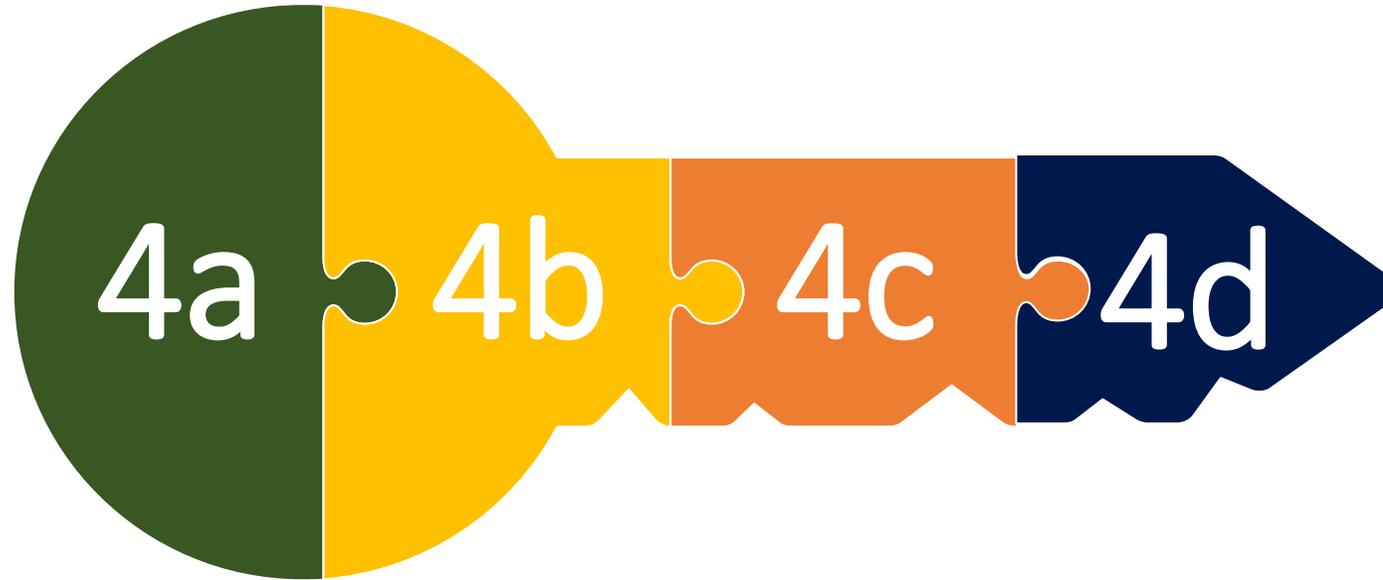
2a	2b	2c	2d
Refresh of the Market Position Statement – sustainable and right array	Maintain “Home First” for hosp discharge and CHC - expanding OCIT and RIS	Expand domiciliary care, PA Hub and respite care (part of 2a)	Use of trauma informed approaches with homeless people/SM/MH

3. The key to people being empowered by our practice, having choice and support to maximise their strengths and independence



3a	3b	3c	3d
Implementation of the Pride in Practice Quality Strategy	Review prevention/early help offer – to deliver “at scale” ambition	Regaining Independence Service – integrated step up/down	Opening of Howard House and flow through all temp accom

4. The key to people being pleased with the high quality of the support and services they receive from us – including the advice and information we publish



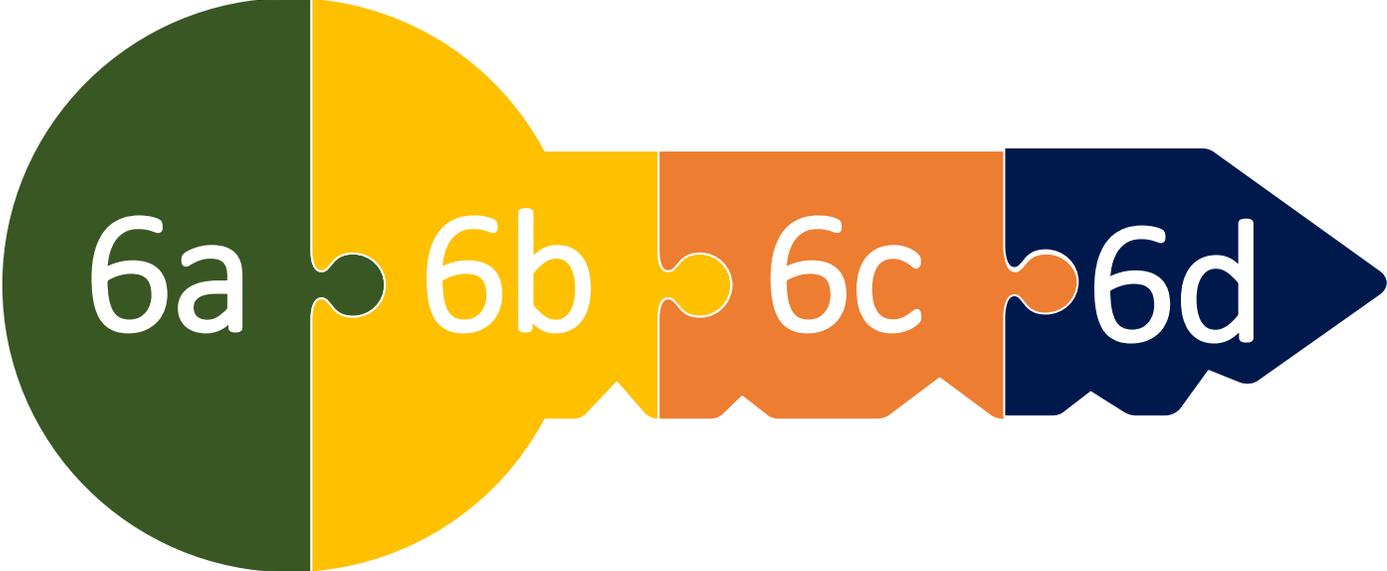
4a	4b	4c	4d
Implementation of the Pride in Practice Quality Strategy	Feedback mechanisms and surveys: at end of every intervention	Development of Co-Production Strategy – website/staff training/plans	Complaints and compliments

5. The key to high performing workforce that is equipped, empowered and engaged



5a	5b	5c	5d
Implementation of the Pride in Practice Quality Strategy	Ready for CQC's assurance of ASC and attaining SAHRA	Internal and external comms and engagement plan – valuing our colleagues	Training Needs Analysis/ Learning and Development offer

6. The key to using our resources effectively and efficiently – underpinned by high quality and sustainable care and housing markets.



6a	6b	6c	6d
Refresh of Market Position Statement for care providers	We review people's needs on a regular basis	We minimize the use of agency staff	We adopt a new approach to business support across the dept

Current actions

- Volunteers were sought following presentation of the strategy draft at ASCHN Big Conversation on 23rd April 2021
- Initial volunteer meeting held on 18th May 2021
- Working groups established for each 'Key' of the Strategy
- 4 of the 6 Working Group meetings have been completed (as of 7/7/21)
- Each of these 4 working groups devised a list of 3 priorities for each element of the key
- Final working groups meeting this and next week
- Proposals then to feed into the refresh of the IoW Island Health and Care Plan as well as become the business plan for the department
- Final draft available by end Sept