



Isle of Man
Government

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Health and social care in the Isle of Man - the next five years

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

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Foreword



The people of the Isle of Man know well that they occupy a very special place within the geography of the British Isles. On a clear day, from the summit of Snaefell, we have a unique panoramic view of the four nations of the United Kingdom. Our vantage point close to the UK, but separate from it, permits other important insights. Those of us working in the health and social care service have a unique perspective on the attempts being made in England, Scotland, Wales and Northern Ireland to improve the quality of care. Many of the people who work in our services have trained with them, worked with them and know them well. We can see them trying in their various ways to deliver a better and more efficient service by integrating health and social care. Their intentions are good, but their progress is patchy. They are all still a long way from achieving a seamless service where people are treated in the right place, at the right time, as close to home as possible.

We know that in the Isle of Man we can do better. Integration is good for patients and service users because it allows services to adapt to the needs of individuals. Integration stops people falling through the cracks between organisations. Integration is also good for the taxpayer because it reduces the apparently inexorable rise in the costs of care. The Isle of Man's health and social care service does not have to choose between providing better care and more efficient care. Integration is the key that unlocks both.

We have benefited from studying the improvements made by other care systems in the UK and the rest of the world. But we have no need to copy them. The Isle of Man has a golden opportunity to take the lead and become an international role model of integration. We have a well-funded service with a great advantage: there is little distance between people receiving services from care professionals and the politicians and managers making the key decisions about those services. If an Island with 85,000 people cannot integrate its services well, then surely nowhere can.

We have an historic opportunity to get this right. We must seize it.

A handwritten signature in black ink, appearing to read 'Howard'.

Hon Howard Quayle MHK
Minister for Health and Social Care

Executive summary

This publication sets out our plans for taking action over the next five years to provide better health and social care services for the people of the Isle of Man. Many of the proposals were foreshadowed in January 2011, when the then Department of Health published 'A Strategy for the Future of Health Services in the Isle of Man'.¹ It included a vision of how services would look in 10 years. Key points were:

- The health service will become a true 'health' service and not just an illness service, by shifting emphasis from cure to prevention, screening and earlier intervention;
- Health services will be planned and designed around the health needs of the population;
- Vulnerable groups of all ages will receive appropriate care;
- The balance of care will move from hospital to community-based services.

Now, as we approach the half-way point in that 10-year strategy, it is time to take stock: to look at what progress has been made towards these goals and what remains to be done. We want the people of the Isle of Man to know what to expect from us over the next few years.

There is a further important reason for this review. The current Department of Health and Social Care was formed in April 2014, bringing together about 2,800 people who provide a broad range of services for our community. We need to update the 2011 strategy to take account of the new department's wider remit and take advantage of the opportunities it brings to provide more joined-up health and social care services.

An underlying theme of this document is that we do not have to choose between improving the quality of services and making them more efficient. Providing care closer to people's homes and doing things right first time will improve the quality of our service at the same time as increasing efficiency and reducing cost. This will become ever more important as the Isle of Man faces the same pressures on the health and social care budget that are causing concern throughout the developed world.

People are living longer and we should celebrate that achievement. However, as we age, we may develop more complicated health and social care needs. Many conditions become more common with age: including heart disease, stroke, cancer, respiratory disease, social isolation and dementia. That is an international trend, but the circumstances of the Isle of Man make us especially affected by demographic change.

Projections² since the last census in 2011 suggest that the population of the Island will grow by approximately 16% over the next 20 years. The greatest increase will be in the over-65 age group, which is expected to grow by 75% over this period. The cost of health care for people over the age of 80 will almost double.³ Over the same period the number of working age people is projected to increase by only 2% and the number of children by 7%, representing a major shift in the population profile.

Our aim is to improve the health and wellbeing of the people of the Isle of Man and to deal with these economic and demographic pressures by becoming more efficient. To achieve this we are setting five strategic goals.

Our first strategic goal is for people to take greater responsibility for their own health.

Helping people to make good lifestyle choices does them a favour as individuals and it does society a favour because preventing illness is a lot cheaper than treating it. The main areas where lifestyle changes could bring major reductions in premature mortality and ill-health are: obesity and poor diet;

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lack of exercise; smoking; and drinking too much alcohol. Lifestyle issues are also of crucial importance for the wellbeing of children and teenagers: we need to address problems of child poverty, childhood obesity, teenage pregnancy and poor sexual health. Good health also depends on good housing, employment and environmental conditions that the government can influence, including support for partnerships to develop active ageing and volunteering opportunities. Our policies to promote better health are set out in Section 1.

Our second strategic goal is to help people stay well in their own homes and communities, avoiding hospital or residential care whenever possible. To achieve this we want to achieve a much closer integration of services working in the community. We need primary healthcare, mental health and social care services to work together to treat people as complete individuals instead of dealing with different aspects of their care in separate organisational silos. We will also continue to develop our partnerships with the third sector and faith communities. Our policies to support people in the community are set out in Section 2.

Our third strategic goal is to improve services for people who really do need care in hospital. We will modernise procedures in Noble's Hospital and improve its performance. By switching more routine work into the community, closer to people's homes, we will free up the capacity of staff in the hospital to do the work that only they can do. We will use telemedicine and other advances in technology to deliver a high standard of care. We will ensure pathways are in place to enable patients to access specialised care from UK centres when it is not available on-Island. Our policies for improved hospital care are set out in Section 3.

Our fourth strategic goal is to provide safeguards for people who cannot protect themselves. There will be reliable services to ensure that children and adults are safeguarded and supported in reaching their full potential. We aim to increase foster care to the level that residential care is used only when it can provide the optimum benefit for the individual child. The overwhelming majority of adults will not need safeguarding. However, there is a small minority who may need us to take action to keep them safe and in their residence of choice. Our policies to strengthen safeguarding are set out in Section 4. Proposals to ensure that good residential care is available for those who need it, including older people and people with learning disabilities, are set out in Section 5.

Our fifth strategic goal is to ensure that people receive good value health and social care. The projected total Government expenditure on these services in 2014/15 was £234 million. We will generate significant efficiency and productivity savings on a sustainable basis through better use of staffing, innovation and technology. We must become better at managing how we spend the budget which Tynwald gives us, and explain to our community what we do with that money. Our plans to use performance information effectively to help shape and deliver our services are set out in Section 6. This section also explains our proposals for managing change by involving staff, patients, service users and carers. We recognise that almost half the people receiving social care support make a financial contribution towards it and we will continue to ensure that this represents the best value for money possible. We will continue to develop our relationships with Social Security colleagues within Treasury.

An explanation of the role and values of the Department of Health and Social Care and the need to develop its workforce is given in Section 7.

This strategy is comprehensive, but it does not spell out all the detail. That is for us to work on together, and get right. We know that we need to work with a broad alliance of clinicians, health and

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social care professionals, patients, service users, clients and carers to create properly joined-up care for each individual. Everyone in the Isle of Man will have the opportunity to get involved and give their view.

The next stage will be for each division in the Department of Health and Social Care to produce its own more detailed document, setting out how it will contribute to these overarching strategic goals. For example, the adult services division will set detailed objectives for the next five years that mesh with the detailed objectives of other divisions that are responsible for primary care, health and wellbeing and mental health. We anticipate that these divisional five-year strategies will identify the key deliverable objectives. Service managers will have these objectives written into their performance targets. They will become personally accountable for delivering our promises to the people of the Isle of Man.

Prevention

We want to provide a genuine 'health service' in the Isle of Man, not a service that simply treats illness when it becomes apparent. That is why the first of our strategic goals is for people to take greater responsibility for their own health.

The Isle of Man, in common with the UK, has seen significant improvements in life expectancy over recent decades. However, although we are living longer, we risk spending some of these additional years in poor health.

In England, life expectancy at birth is currently 79.2 years for men and 83.0 years for women. However, healthy life expectancy is only 63.4 years for men and 64.1 years for women. Men can expect to spend the last 16 years of their lives, and women the last 19 years, in less than good health. This has an effect not only on the wellbeing and quality of life of individuals, their families and carers, but also on health and social care costs. We cannot solve these problems by increasing spending on health and social care. We need a new approach to securing good and lasting physical and mental health for everyone – across all stages of life and in all our communities.

Part of this involves doing more to enable individuals to look after themselves better. Part requires us to make healthier decisions as a community. Our health is shaped by a wide range of factors. At a community level, the challenge is finding a way to influence these wider environmental and social issues, which are at least partially overseen by other government departments. In the Isle of Man, our relatively small size means that we can bring the public health dimension into the daily work of every other department.

Action by individuals

We need to work together to reduce the frequency of lifestyle risk factors in our community. The main areas where life-style changes could bring major improvements in health are:

- Obesity and poor diet
- Lack of exercise
- Smoking
- Drinking too much alcohol.

If we could reverse these risk factors across our population, we could prevent around 30% of cancer cases and nearly all premature deaths from heart disease and stroke.

We have access to a growing body of evidence about how to create changes in health and wellbeing through policy, including campaigns to encourage healthier behaviour and interventions targeted at high risk groups. We need to tailor this evidence about what works to the specific context and needs of the people of the Isle of Man. We also need a better understanding of the patterns of ill-health and lifestyle risk factors across our population, and sub-groups within it. We do not yet have this level of detailed information available for the Isle of Man. An information strategy, to routinely extract such data must be a priority to support our health improvement strategy.

Action by the community

We can have some impact on the health of our people by helping individuals to make healthy choices. However, those choices are strongly influenced by the circumstances in which people live. Lasting health improvements requires wider policy and community action as well as actions targeted at individuals.

Prevention

The areas we need to focus on, beyond health and social care, include:

- Employment and the work environment
- Education and educational attainment
- Safe, supported and connected communities
- Poor housing and homelessness
- People on low incomes
- Social isolation, exclusion and loneliness
- Stigma and discrimination.

This wider approach is important because we know that lifestyle risk factors are not evenly distributed. The result is inequalities in health across the population. People with mental illness also bear a disproportionate burden of physical ill-health related to lifestyle factors. Indeed people with mental illness die on average 15-20 years before those without.

The health and wellbeing of communities should not be an afterthought. It can begin with the design of urban spaces. Designers can improve the 'viability' of neighbourhoods, for example by using spatial planning to increase the number of people who cycle, and by factoring in well planned green spaces.

Community care that works

This section explains our strategy for improving health and social care services in the community to ensure that more people receive the right care in the right place at the right time.

Many patients are admitted for treatment or care which could be delivered at home if we could reorganise our services to do this. That is bad for them because hospitalisation carries risk, particularly when stays become extended. And it is bad for the taxpayers because hospital treatment is expensive and should be used efficiently for the people who really need it.

Another problem is that our mental health services are concentrated at the hospital, and so those with lower levels of need are not always treated in the best way.

Integrated Care Hubs

We already have an example on the Island of an effective community approach. Ramsey and District Cottage Hospital (RDCH) provides a lot of the support needed to care for people, enabling them to be treated as close to home as possible.

Services at RDCH are provided in conjunction with local GPs, who admit patients there when they need care that cannot be provided in their own homes, but may not be complex enough to require admission to Noble's Hospital. For example an older patient may be disoriented by an infection that can be treated at the RDCH. Once treated, the patient can quickly return home under the continuing supervision of the GP and community team. As soon as the patient is admitted, the ward makes an early referral to the social work service to complete an assessment and begin discharge planning so that there will be no unnecessary delay when the patient is medically fit to go home.

RDCH has 31 beds with a 60% average occupancy rate. It is working on plans to turn some of the available beds into a 'step-up/step-down unit' for people who would otherwise spend a longer time at Noble's Hospital. It would give care to people who require some extra support, but don't necessarily need to be in hospital.

Other facilities include: a nurse-practitioner-led minor injuries unit; a service that helps local people avoid having to go to Noble's Hospital for blood tests; podiatry; and a renal centre that provides dialysis for two sessions a day, six days a week. There is a reablement scheme run from social care, which has excellent results.

The local GPs who refer their patients to RDCH attend them while they are on the wards. The GPs have a rota to provide 24/7 cover.

Our integration plan

Building on the Ramsey experience, in order to achieve our objective of genuine integration of care in the community, we envisage setting up locality teams across the Island, each based at what we are calling an "integrated care hub." We need to work out how many hubs there should be, given our population and geography, and we anticipate consulting the people and the care professionals about the number and location of the hubs. RDCH would be the obvious location for the hub in the north of the Island and it is likely that many of the services that it currently offers would be replicated in the other hubs.

To further reduce unnecessary pressure on Noble's Hospital, we will consider setting up an urgent care centre to act as an alternative to the Emergency Department at Noble's. It could be practitioner led and

Community care that works

could offer community services including ambulance services. Personal care and social care services could be diversified to offer improved 24 hour support. Increased step-up/step-down services could be established with adult social care integrating fully with health.

A Community Crisis Response Team and a Hospital at Home Scheme will be established to manage complex care at home. Social work and other resources that are currently based within the hospital will strengthen their links with the community teams. They will help to prevent avoidable admissions to hospital and facilitate timely discharge from hospital.

Other initiatives will include:

- **Adoption of new technologies.** The use of tele-medicine or tele-conferencing is well suited to the Island. It could offer the opportunity for people to access specialist or second opinions without having to travel. Online booking or cancellation of appointments can provide patients with more choice and cut costs. Investment in remote monitoring techniques can be used to maintain independence and keep people at home.
- **Rehabilitation and reablement.** Following illness, or injury, we will enable people to be as independent as possible, within the shortest time, to reduce any resulting disability. While this process may well be led and directed by professionals such as physiotherapists and occupational therapists, we will ensure all our front-line staff have the necessary skills to assist in the process at all stages.
- **Discharge planning and community support.** We need to ensure there is sufficient community support to allow us to safely discharge people seven days a week, not just Monday to Friday. We also need improved social care crisis support and carer's support.
- **End of life care.** Most people coming towards the end of life express a wish to die at home, yet few get that opportunity. We will enable more people to die with dignity in the place of their choice and with the most up-to-date and effective pain management and symptom control.

Integrated social care

We want to help those who use our services to be as independent as possible by supporting them wherever practicable in their own homes. We recognise the importance of working with other government agencies and the third sector to ensure an integrated approach to supporting people who need our services; and we know that we cannot meet our aspirations without the support of our partners.

The Social Care services within the Department have a fundamental role in delivering the Government's aim of supporting the vulnerable and this is explored further in Section 4.

From a social care perspective, the strategy requires us to be able to provide flexible, responsive and skilled home-based support, attending to people's personal, domestic and medical needs. In addition to visits from social care staff or volunteers, we could provide aids for daily living, equipment and home alterations to help people maintain their independence and interdependence.

We are part way through an extended programme of rebalancing adult social care – with the intention of shifting resources from residential provision to a wide range of services which support independent

Community care that works

and community living. We do not think that residential care is unnecessary or will ever be so, but better community services will help older people to stay in their own homes as long as possible, which is what most want.

To deliver these aims, adult social care services are:

- Investing in the buildings where care is delivered to ensure that they are fit for purpose;
- Working with partners to develop services which meet the needs of local communities;
- Delivering the Government's commitments enshrined within the Social Services Act and the Regulation of Care Act;
- Reshaping investment to develop a broader range of services to meet individual needs as close to home as possible;
- Developing respite and alternatives to residential care, including the "shared lives" programme, recognising the importance of these services in supporting carers and the cared for.

Mental health

We will move away from an approach which focuses predominantly on diagnosis and treatment of mental illness and disorder, and develop a whole person approach to support people with mental health issues. This will follow a 'life-course' approach; with emphasis on: parents/infants; children and young people; adults of working age and older people. The model will involve:

- Assessing the levels of mental ill-health and wellbeing, risks and protective factors in the local population – including those in higher risk groups;
- Enabling delivery of the appropriate level of interventions to treat mental ill-health early, prevent mental health issues and promote mental wellbeing;
- Supporting people earlier⁴ in order to help prevent problems escalating to more serious levels;
- Ensuring that people at higher risk of mental health issues and poor mental wellbeing are appropriately prioritised in assessment and intervention delivery.

The priority is to modernise mental health provision for the Isle of Man by increasing the availability of community based services. Working collaboratively with community and secondary care, social care and the third sector, we will ensure an integrated approach to mental health and wellbeing provision for service users and their carers.

Acute care

Noble's Hospital was built to the highest standards and we were rightly proud of it when it opened in 2003. Its facilities remain excellent. Across the UK, communities of 85,000 people do not enjoy such extensive local services.

Reviews of the Island's health service conducted by the West Midlands Quality Review Service over the past two years have identified areas that need improvement and areas of risk, which are being addressed. We have been frank about these issues. But such criticisms must not obscure the fundamental truth, which is that caring and committed professionals are delivering valued services.

Noble's Hospital will remain a cornerstone of our healthcare provision. However, as more services transfer into the community, Noble's will concentrate on the more specialist work which can only be done in hospital. It will function as an "acute care hub" where patients are treated and stabilised and then rapidly transferred back to the community, or to a UK based care centre as required. More planned surgery will be done as day case procedures and support systems will be developed so that patients can get home earlier.

Those principles are clear, but we need high-level professional advice to make the right practical decisions. We will call for assistance, when necessary, from the medical Royal Colleges and Faculties in the UK to help us decide – given the size of our population – which are the right services to provide on the Island and which services should be provided elsewhere.

Of course, we would like to be able to offer everything, but it is not realistic for our hospital to appoint consultants for every specialism. For example, there can be no question that Noble's must continue providing orthopaedic surgery. Orthopaedics is an essential part of emergency medicine. If we have consultants, specialist nurses, operating theatres and other staff available for emergencies, we should use this resource as fully as possible for planned surgery. However, that argument cannot be applied to every specialism.

It will take time to enlist the help we need to get the answers across every specialism. But we commit to a five-year programme to review each area of acute care service provision to establish which should be provided on-Island and which should be provided more safely and economically at a UK-based centre. In the meantime we would expect to maintain collaborations with regional networks in the UK to provide treatment off-Island.

Professional networks in the UK also provide us with important advice about the optimum treatment required for patients being cared for on the Island. For example ultrasound scans at Noble's Hospital can be relayed instantly to an expert in the UK who is able to give a second opinion. There are significant opportunities for developing more extensive use of telemedicine to allow specialists to offer diagnosis from a distance, based on test results sent electronically, seeing the patient on camera and discussing the case with the patient and members of the care team on Island. These tools could prove invaluable across the trauma and critical care network.

We also recognise that waiting lists must be reduced. We will improve the management of people and services in the hospital, reflecting the recommendations of the West Midlands Quality Review Service. We will maintain safe, clean, accessible facilities within a modern user-friendly hospital environment.

To achieve better results, Noble's Hospital must be very well managed. We will deliver the best affordable care while reducing inefficiencies and preventing waste. We will improve and invest in our

Acute care

performance management information so everyone can see the results their work achieves. We want to collect continuous feedback from patients about all our services. When the feedback is positive, it can improve staff morale. When something is going wrong, it can be used to quickly put it right. The aim is constant improvement in quality. Every patient will be able to rate their care.

Hospice Care

We work closely with Hospice Isle of Man which provides specialist palliative care for patients and families whether adults or and children. Established in 1983 as an independent charity, it offers a range of services.

These include:

- 16 inpatient beds (12 for adults, four for children)
- Day Care facilities that include Drop in Days that offer a range of opportunities for assessment and review of patients' needs and evaluate the provision of physical and social interventions within the context of social interaction, support and friendship.
- A Specialist Palliative Care team offering advice and care for patients and families in all care settings i.e. own home, care homes and hospitals.
- Inpatient facilities for patients needing symptom management, respite or terminal care.
- Intensive co-ordinated hospice at home support.
- Advice and support for all the professionals involved in patient care.
- Bereavement support.
- Education and training in palliative care.

A high volume of education events are provided by Hospice Isle of Man to all health and social care staff (hospital and community) and care homes. For example, the Advanced Communication Skills course accredited by Royal College of Physicians is in place, as are the SPIKE plus workshops which cover the breaking of bad news. With over 500 volunteers, Hospice is well placed to assist in many aspects of service development; the most recent ideas are to create "Hospice Neighbours" staffed by volunteers who will be supporting patients at home.

Significant progress has already been made in implementing the former Department of Health's End of Life Framework. Next steps include development of rapid access to out of hours services, including nursing and medical care, personal care, telephone support and community equipment. The commitment to develop integrated teams with single access points will greatly assist in developing end of life care.

Safeguarding people

Safeguarding people is a key priority for the government as a whole, and a statutory function of the Department of Health and Social Care. However, it is also a priority that is “everyone’s responsibility”, and is an area that requires collaboration and integration of services.

Children

On an average day the Island’s children and families service receives 66 calls expressing concern about children and young people. It carries out between five and six formal assessments per day on children and young people who may have been neglected or abused. The service is protecting between 50 and 60 children identified at risk of significant harm at home. It is also caring for 90 - 95 ‘looked after’ children, who cannot safely live with their families.

Taking legal action to remove and protect children and young people should always remain a last resort when all attempts to keep a family together safely have not worked. Making the right decision requires skill and judgement and can have serious and sometimes life changing consequences.

Children’s social care has been on an improvement journey over the past four years. Key initiatives developed internally and with partner agencies have resulted in developments in early help and support, and in statutory intervention to protect and care for vulnerable children. These initiatives include the concept of ‘Team around the School and Family’ (TSF). This is the name given to a process of assessing, making plans for, and reviewing outcomes of services provided to children with additional needs. In pilot projects, schools in one part of Douglas and Health Visitors in Ramsey can make referrals to the TSF Coordinator and, following assessment, services are provided in response to need.

This service will be rolled out Island-wide from September 2015 with a capacity to support up to 250 children and young people at any one time.

We are developing a simple but effective single assessment process, and a robust risk analysis method to support good professional judgements. Parents and children will be invited to be partners in statutory work using the empowered methodology of ‘Signs of Safety’ (SOS). The approach focuses on the question “How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?”

The number of children looked after by the Department has reduced and we are aiming to increase foster care to the level that residential care is used only when it provides the best solution to a child’s specific individual needs.

The Department of Health and Social Care works closely with other partners including the Departments of Education and Children and Home Affairs, which are the key deliverers of services for children in the Isle of Man. The Children’s Services Partnership (CSP) has developed a five year Strategy for Children and Young People, which incorporates a vision that: “Every Child will have the best possible opportunities in life”.

The Safeguarding Children Board (SCB) will scrutinise the strategy and in respect of vulnerable groups and individuals needing protection will seek to be assured that: “Safeguarding is everyone’s business” and awareness of abuse and harm is high across the Island.

Safeguarding people

Adults

The overwhelming majority of adults will not need safeguarding. However, there is a small minority, particularly those in need of care and support, who may need us to take action to keep them safe and in their residence of choice. It is important to remember that anyone may find themselves in a position where they are vulnerable through illness, or accident, or change of circumstance.

There is a particular risk of abuse, harm or neglect when someone is not able to make an informed decision. This may be either by way of physical or mental ill-health. As the proportion of older people within the Island's population increases, so will the number of people living with dementia. We need to make sure that older people are not abused in any way as a consequence of their inability to recognise this abuse, or indeed take action against it, including communicating to others. The development of legislation about the individual's capacity to take decisions remains a priority for the Department.

The formation of the Adult Safeguarding Partnership has been a key development in ensuring all agencies are aware of the warning signs and risks that exist for adults and older people and what to do in the event of there being any evidence of potential harm or neglect. The Department has invested in supporting this development including the development of the Adult Protection process, and adult safeguarding team. There has been a 130% increase in adult protection referrals over the last 12 months. This is largely as a result of greater awareness and a better understanding of adult safeguarding.

Priorities for the Safeguarding Adults Partnership include: domestic abuse; drug and alcohol misuse; residential and nursing home care. The development of mental capacity and deprivation of liberty legislation, the risk of financial abuse and the Island's growing elderly population are all considered to be emerging risk issues.

Residential care

Most people, regardless of their age or disability, want to carry on living in their own home for as long as possible and, in Section 2 above, we explained our strategy for improving community care to help them do so. However there will always be a need for residential care for some people at some stage of their lives, together with a number of ways of providing this support – from older people’s resource centres through to small community homes for adults with a learning disability. Our key objectives for improving residential care are as follows:

- We will make it a priority to enable people in residential care to remain part of their community;
- We will enable and support people to make choices with respect to their care, and ensure that whenever possible their care will take place in their chosen environment;
- We will ensure that the standards of both social and community care are high, and that maintaining quality of life for residents is a priority.

We have a mixed economy of residential provision on the Island. There are currently 12 private residential care homes and seven nursing home providers, although changes in regulation mean that the use of beds can and does vary. The Department runs three resource centres for older people and three residential facilities for older people with mental illness. Respite care is available in each of those three resource centres, and in Elderly Mentally Infirm (EMI) units across the Island. Government-run older people’s resource centres have a total of 145 beds, and there are 60 EMI beds.

Residential care is funded either through social security benefit (for those eligible for income support) or through state pension and self-funding. Approximately half of those in residential care are self-funding.

In addition, we work in partnership with Leonard Cheshire Disability to provide services for people with a disability. Residential provision is also made for people with a learning disability. There are almost 100 adults with learning disabilities who live in 22 small community homes – ordinary houses in ordinary streets – right across the Island. One fifth of the adult social care budget is spent in commissioning services from other specialist providers and off-Island placements. In addition, significant resources are spent on providing respite care services to support both carers and the cared for. This remains a particular area of further development for the service, as we recognise the contribution good respite care makes to enabling people to remain in the community.

In addition, we support more than 50 people with learning disabilities in employment and a rising number of people in maintaining their own tenancies within the community through our supported living services.

The Department has also invested in independent living resources for adults with a physical disability and we recognise that this is an area that requires further consideration in future.

Nursing homes

All nursing home care on the Island is provided by the private sector. At the time of writing this document, there are no nursing homes on the Island which provide care that is affordable at benefit level. All new residents will be required to ‘top up’ the cost of their care and so we have to consider how to look after people who cannot afford to do so.

We are currently working to update strategies for managing market risk, in order to allow the

Residential care

Department to ensure that all proposals for service development are:

- Appropriate and proportionate for our population size.
- Consistent with the strategic aspirations within this document.
- Reflecting what the people of the Isle of Man want. (Given the high proportion of self-funding clients, we will need to ensure that we are developing services that they want to buy.)
- Representing good value for money
- Meeting registration and inspection requirements and standards
- Fully impact assessed, with particular consideration to impact on the healthcare system.

One early reform that is being considered by the Department would speed up hospital discharge. If there are any disagreements about funding residential or nursing home care, we propose that the person does not remain in hospital whilst these disagreements are clarified and resolved. Patients will be required to move into their first or second choice home whilst these negotiations take place. Depending on the outcome, and if the patient is assessed as having to pay for their residential or nursing home care, then a charge may be backdated to the time the patient was considered medically fit and ready for discharge.

Adult Services are currently reviewing the way that adult social care is provided. The division commissions and provides care for 1,900 people every day and 1,200 people every night. Maintaining public confidence in that care is very important. Nonetheless, we need to review how those services are organised, in order to deliver the best quality services that we can afford.

Detailed options appraisals are planned for later in 2015, when key stakeholders and partners will be asked for their view on the future shape of the management of services. The timescale to deliver that change will be part of those discussions. Such arrangements may take three to five years to develop. This will allow for the development of enhanced public confidence in services traditionally provided by the state, and will allow partner organisations to develop their skills over time. It will also allow for other services to be transferred into the provider.

Managing change

Our objective is to demonstrate measurable improvements in our services over a period of five to 10 years. The Department needs to have a robust performance management system that allows us to benchmark our services against others so that we can see how well we are doing and whether our services are value for money.

The five high level outcomes that we want to measure are:

- To what extent have we improved the wider determinants of health and reduced risk factors in our population? Indicators might include improvements in school achievement and reductions in numbers of children living in poverty, social isolation, smoking, and obesity.
- To what extent have we improved health outcomes for our population? Indicators might include a reduction in premature death rates for heart disease and specific cancers.⁵
- Are more people able to stay well in their own homes and communities? Indicators might include a reduction in acute medical admission rates.
- Do people with complex illnesses have improved health outcomes? This might be demonstrated by a reduction in acute readmission rates and a reduction in all-cause mortality rates.
- Can people experience more independence and a better quality of life? One likely indicator would be an increase in the proportion of the population over 75 living in their own homes.

To monitor these outcomes we need to regularly collect and analyse an agreed set of outcome indicators. Developing a Manx version of Public Health England's Health Outcomes Framework would enable us to benchmark ourselves against comparable areas in England. It may also be appropriate to measure ourselves against the performance indicators that are being adopted by NHS England, which has developed what it calls a "domain based" performance management framework. This provides detailed performance information against the following five areas:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill-health or following injury

Domain 4: Ensuring that people have a positive experience of care; and

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

This approach will allow us to develop a sophisticated array of indicators and to compare our performance with our neighbours in England.

We also need to measure the effectiveness of our Adult Social Care and Children's and Families Services and Public Health Services. Again it might be possible to adopt the performance indicators used in England.

Effective scrutiny of our services

There are a number of systems and bodies which scrutinise our performance and delivery. Some are independent of us, for example the Health Services Consultative Committee (HSCC) which scrutinises all aspects of care, and the Independent Review Body (IRB) for patient complaints. Other organisations work with us, for example the Treasury's Assurance Advisory Division, which carries out an agreed programme of audit and compliance work with the Department each year looking at both clinical areas and corporate activity.

Managing change

In addition we have commissioned an external peer review body, the West Midlands Quality Review Service, to review our health services for quality and performance over a three year period and to identify areas that need immediate improvement and provide recommendations for longer term service enhancements.

We have developed a comprehensive quality improvement framework which is managed through the Quality Improvement Programme (QIP) which manages the delivery of recommendations from both national and local review activities. This QIP reports quarterly to the Department's Corporate Governance Board.

We also inspect and regulate others. We have an effective Inspection and Regulation Unit that registers the providers of child care, nursing and residential care and other services in line with the regulation of care act across the Island.

A new approach to innovation

We know that effective and enduring change cannot be imposed by the government. Successful reform depends on mobilising the enthusiasm of staff by tapping into their wisdom, knowledge and experience: and optimum care cannot be achieved without asking the consumers of care services – and their carers – what they want and need.

We are committed to establishing a different approach by mobilising the enthusiasm of a real alliance of people providing health and social care services and the people benefiting from them. They would be inspirational people from within the health and social care community, organisations with a service provision agreement, (charitable and private sector) and our service users.

The alliance, supported by a team from the department, would build clarity about how the organisation and services will work in the future. This includes overseeing the development and implementation of effective work planning, implementation of change and consideration of further service development. It will map effective care pathways. Mapping of care pathways will not only improve the experience of those using our services but will also identify where efficiencies can be made without compromising the quality and safety of our services.

The support team would oversee service agreements with other parts of the Government, external providers, community services and secondary care. It would also oversee the effectiveness of public health and occupational health.

About the Department

Our values

We commit to upholding the highest values. They include:

- Having integrity in everything that we do
- Caring and respecting others
- Letting people speak and making sure we listen
- Always seeking to overcome barriers in a spirit of goodwill
- Supporting best practice and innovation
- Being people and community focused
- Engaging with stakeholders.

We commit to

Supporting people

We will support people to take responsibility for their health and wellbeing, and to stay well in their own homes. We will be sensitive and inclusive, providing space and privacy and treating people in a family context wherever possible. Our aim is to reduce the difficulties in getting access to health and social care.

Increasing efficiency

We will be a cost-efficient organisation. We will use resources efficiently, effectively and consistently. We will reduce waste, including the waste of patients' time. Our focus will be the needs of health and social care customers.⁶

Improving safety

We will respect the trust people place in us by working constantly to prevent harm to our customers and staff.

Promoting health

We will promote the best health and social care outcomes through effective communications, learning from the experiences of patients, family and staff and good practice worldwide. We will actively support healthy choices and lifestyles for everyone.

Becoming more environmentally responsible

We support environmental sustainability. This includes, for example, minimising the energy requirements of buildings, choosing non-toxic building materials, maximising operational energy efficiency, reducing waste and supporting sustainable transport.

Being clinically effective

Our health and social care system seeks the best possible outcomes for customers. We will make it easy for people and staff to stay informed by making appropriate health and social care information freely available.

Our workforce

Over recent years healthcare has become more complex and technology has advanced significantly. This has resulted in increased specialisation of medical services. The healthcare workforce has to be more highly trained to deliver these specialised treatments.

About the Department

Health professionals qualifying across the UK and internationally are trained to be 'specialists', focusing on specific areas of care which result in better outcomes for patients. This presents difficulties in recruiting and retaining the right professionals to meet the needs of an Island population of our size.⁴ Another challenge is retirement planning. As an example, some 82% of our senior hospital doctors will be eligible to retire in the next decade. Many of our health and social care staff are also approaching retirement age.

There are difficulties in recruiting and retaining trained professionals to work in the department, and this partly reflects shortages across most of the world.⁷

We know that technology will be able to assist us. For example hospitals in other places use video-conferencing to provide advice to people 24 hours a day. Nurses can monitor patients remotely through webcams installed in patient's homes and this can significantly reduce the need for people to go to hospital. Telemedicine, tele-care, and tele-monitoring are solutions to some of the difficulties with our current services and we must consider how to introduce this new way of working.

Endnotes

1. A Strategy for the Future of Health Services in the Isle of Man (2011)
2. <http://www.gov.im/media/1347343/ageing-population-report.pdf>
3. See Public Health related guidance from the National Institute of Health and Care Excellence; Public Health England; and the Local Government Association
4. www.mentalhealth.org.uk/content/policy-archive/children-young-peoples-mental-health.pdf
5. World Health Organisation: Cancer Prevention. Available online at: www.who.int [accessed 27 January 2015]; WHO Cardiovascular Diseases, Fact Sheet No.317, March 2013. Available online at: www.who.int [accessed 27 January 2015]; Cancer Research UK: Can cancer be prevented? Available online at: www.cancerresearchuk.org [accessed 27 January 2015]
6. We use the word “customers” because we want to foster the principles of customer service. The people we care for are traditionally known as patients, service users and clients. By calling them our customers we hope to treat them better
7. Other factors that have had an impact on the workforce are Modernising Medical Careers and Modernising Nursing Careers (MMC and NMC) and the European Working Time Directive (EWTD). This has changed the way junior doctors, social workers, therapists and nurses are trained with more focus on education. Although the Isle of Man is not a member of the European Union (EU), it does need to demonstrate that it complies with modern working practices to ensure effective recruitment and retention of staff.



The information in this booklet can be provided in large print or audio format upon request.

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