Isle of Wight health and care sustainability plan

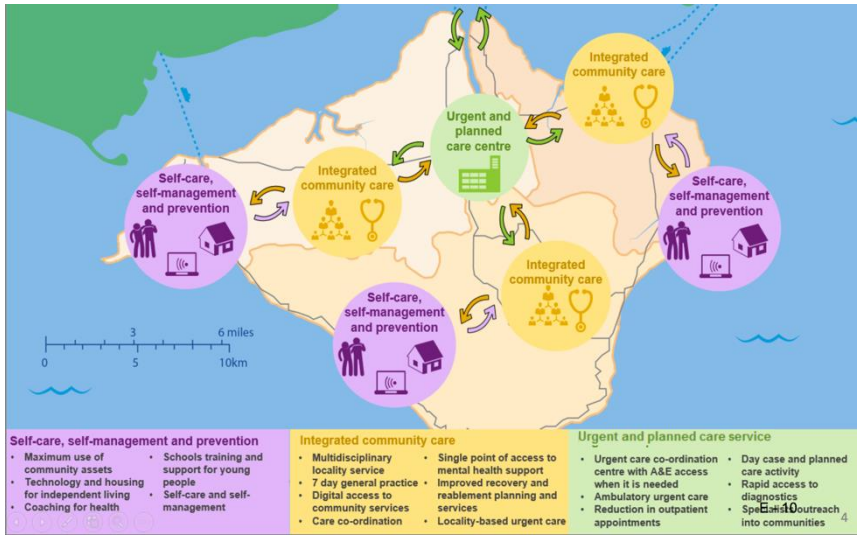
June 2019

Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

ISLE of WIGHT COUNCIL

Isle of Wight NHS Trust

Where did we start from?



The Isle of Wight care system serves a population of **140,000 residents.**

There are over 2 million visitors to the island every year, increasing demand for the emergency department and on primary care

The care system consists of the **IW Trust** which provides **acute care, community, mental health and ambulance services**. **IW Council** provides **social care and public health** services.

The island has **three localities** that are working to improve community care provision.

There are **16 GP practices** on the island, many of which have been offering extended access appointments since March 2018.

A vibrant **voluntary sector forum** exists on the island, representing hundreds of third sector organisations from Age UK Isle of Wight through to single handed individuals.

Historic challenges

The **IW Trust** has faced significant **change in its leadership** (a new Chief Executive, Chair and Finance Director have all been appointed within the last 18 months) **following a Trust Board capability review** requested by NHSE/I. It was placed under special measures in 2017.

Commissioning leadership has also changed, with the IW CCG being placed under legal directions prior to moving into a **CCG Partnership** with a **shared Accountable Officer**. In the process IW CCG has lost its own Accountable Officer and Chief Finance Officer.

Historic **care redesign**, including Vanguard work in 2016, has been slow to implement, partly due to the **wide scope** and **lack of a comprehensive case for change**.

An **acute services review** (ASR) began in 2016 with **options in 2018** for specialties to network or transfer off-island, although **off-island providers are not in a position to readily agree** to these options.

CQC ratings have fallen, particularly for IW Trust between 2014 and 2018 and this has resulted in the **CQC requiring IW Trust to increase clinical headcount.** This has added to **IW Trust cost pressures.**

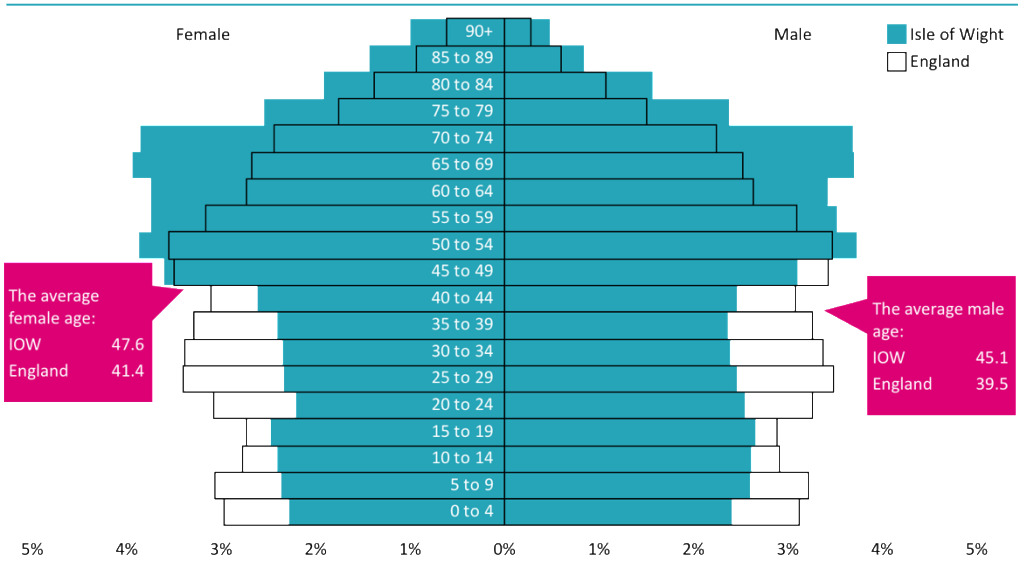
Relationships between partners become challenged as the system pressures mounted

Primary care disengaged from the system

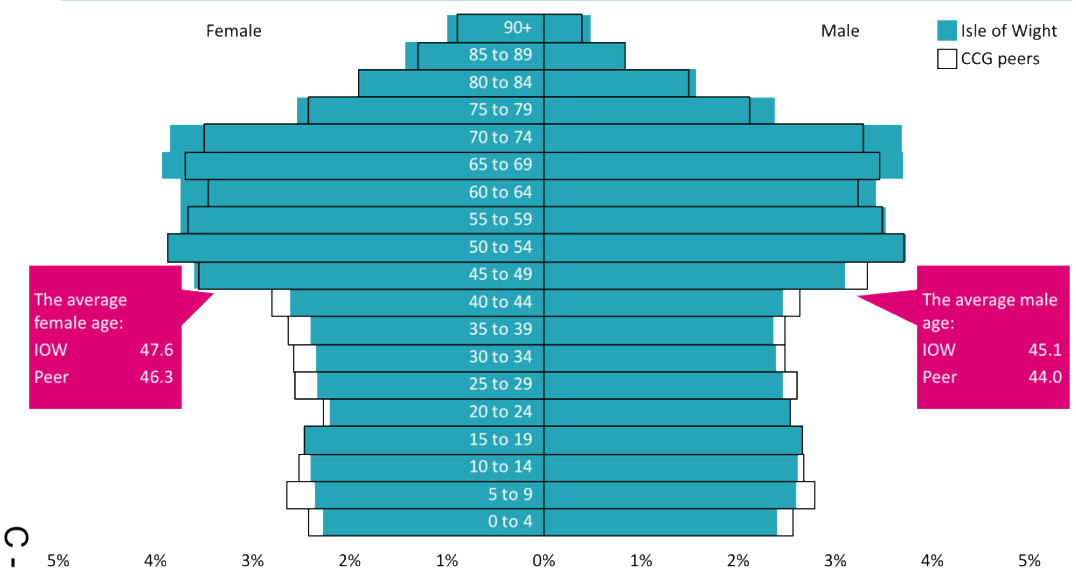
Our analysis enabled us to challenge myths and clarify our start point

The Isle of Wight population is older and has more elderly people living alone than the national average

Population of the Isle of Wight and England



Population of the Isle of Wight and peer CCGs



SOURCE: ONS mid-year estimates 2017; Right Care peers and Kernow CCG; IMD 2015; IW JSNA 2015

The Isle of Wight population is **older than the England average by six years.**

However, it is no different than similar places where people tend to retire to.

While there is variation in deprivation across the island, overall **deprivation ranks in the lower quartile compared with peer group** areas and ranks **83 out of 326 local authorities** nationally.

Living environment deprivation also ranks in the lower quartile compared with peer group areas.

Education is ranked lowest in the index of multiple deprivation against peer group areas and **ranks 44 out of 326 local authorities** nationally.

Health deprivation overall is **almost 50% lower than the national mean.**

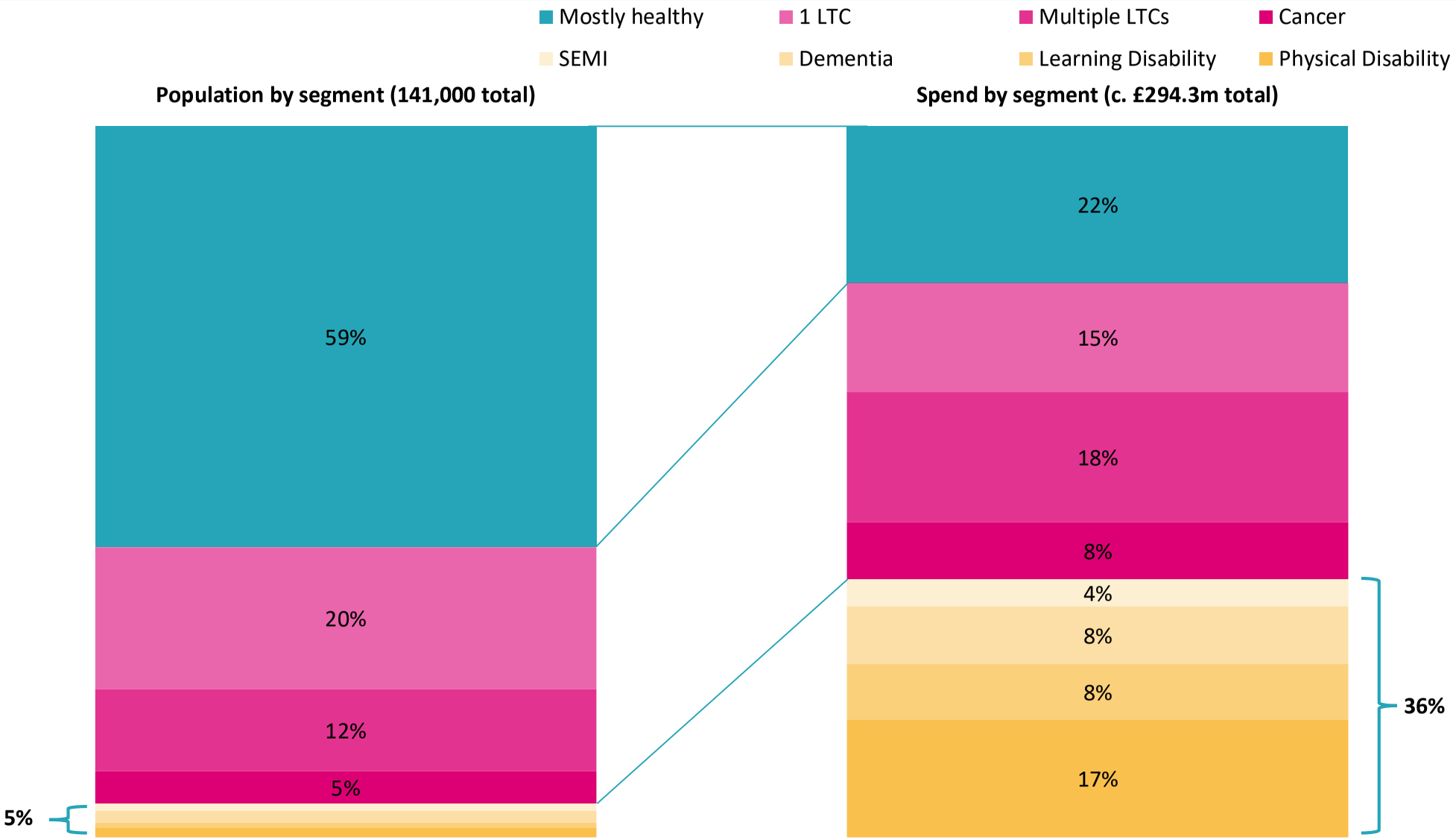
More people **live alone on the Isle of Wight (15%)** than **nationally (12%).**

The island has **greater incidence of dementia, stroke and LD than nationally**.

5% of the IW population (7,000 individuals) use 36% of the total CCG and social care spend (£106m)

Population and spend by cohort segments

%



SOURCE: IW CCG data return, QOF data 2015/16, ONS population data, KID data, CF analysis,

Demand for A&E is lower than the national average and demand for wider services such as 999/111 is being met better than the national average

A&E activity is only 1.7% higher than the peer top quartile and is **better than the national top quartile**

Non elective spells are **lower than** both the **national and peer** top quartile

In other areas of the health and care system:

GP list sizes have **grown by 3.7%** since 2013 although **extended hours appointments** offered today are higher than the national average

Against peers, IW CCG is **comparable** with the median for **GPs per 10k population** and has increased overall headcount to match demand despite a slight fall in WTEs

On **999**, **incidents** per month have **fallen 3.4%** in the last year compared with a **national rise of 0.9%.** Responses resulting in see and treat have risen 5%.

On **111, calls** per head have **grown 0.6%** on the island compared with **0.3% nationally** although triaged calls recommending **"no service required"** have outstripped the national trend (**1.5% increase** compared with 0.1% decrease, respectively)

Older adults admitted to **social care** is slightly above national average with a **25% opportunity to top quartile**

*Right Care peers and Kernow CCG, Length of stay does not include zero length spells
SOURCE: HES, NHSE CCG weighted population ,CF Analysis

IW Trust CQC ratings have deteriorated over the last four years, with seven services rated inadequate

IW Trust

CQC Domain	CQC rating 2014	CQC rating 2016	CQC rating 2018
Overall rating	Requires Improvement	Inadequate	Inadequate
Safety	Requires Improvement	Inadequate	Inadequate
Effective	Requires Improvement	Requires Improvement	Requires Improvement
Caring	Good	Good	Good
Responsive	Requires Improvement	Inadequate	Requires Improvement
Well-led	Requires Improvement	Inadequate	Inadequate

2018 CQC outcomes

Inadequate

- **Urgent and emergency services**
- **Medical care**
- **End of life care**
- **Community services (children)**
- **Older people's MH**
- **Working age adults MH**
- **MH crisis service and places of safety**

Requires improvement

- Surgery
- Maternity
- Gynaecology
- Acute children and young people
- Diagnostic imaging
- Community health services
- MH long stay and rehab wards
- Ambulance emergency care
- Ambulance patient transport
- Ambulance emergency operations centre
- 111
- GP out of hours

IW Trust CQC ratings have moved from overall **"requires improvement" in 2014** to overall **"inadequate" in 2018**. This includes inadequate ratings for safety and well-led

In 2018 **safety systems** were found to be **not fit for purpose**, or were not implemented sufficiently

The CQC noted that **care and treatment** does **not always reflect or meet best practice**

Although there had been some **improvement in the well-led domain** it was **too early for the overall rating** to change

Community services have **deteriorated** significantly from "requires improvement" in 2014 to "inadequate" in 2018

Ambulance ratings have **improved** from overall "inadequate" in 2014 to "requires improvement" in 2018

General practice CQC ratings are good overall with the exception of the integrated care service that requires improvement

General practice

Practice	Overall CQC rating 2016	Overall CQC Rating 2018
Argyll House Surgery	Good	Good
Beacon Health Centre - delivered at Integrated Trust	Good	CLOSED
Urgent Care Service - delivered at Integrated Trust	NOT OPERATING	Requires Improvement
Dr Akundi & Partners (Beech Grove Surgery)	Not inspected	Good
Brookside Health Centre	Good	Good
Carisbrooke Health Centre	Good	Good
Dr B Parsons & Partners (Cowes Medical Centre)	Not inspected	Good
East Cowes Medical Centre	Good	Good
Garfield Road Surgery	Not inspected	CLOSED
Grove House Surgery	Not inspected	Good
Medina Healthcare	Good	Good
The Dower House (Pyle Street Surgery)	Good	Good
Sandown Health Centre	Good	Good
Shanklin Medical Centre	Good	Good
St Helens Medical Centre	Not inspected	Good
Dr Cooney & Partners (The Esplanade Surgery)	Good	Good
Tower House Surgery	Good	Good
Ventnor Medical Centre	Not inspected	Good
South Wight Medical Practice		Good

Primary care provision delivered from the Trust requires improvement and the well-led domain was rated as inadequate, previously this was delivered by the Beacon Health Centre

There are 16 GP practices across the island, an urgent care service operated from the Trust out of hours and a single private primary care provider (Lighthouse Clinic).

All practices inspected in 2018 received both "good" overall ratings and "good" ratings for each CQC domain. Sandown Medical Centre also received "outstanding" for the responsive domain.

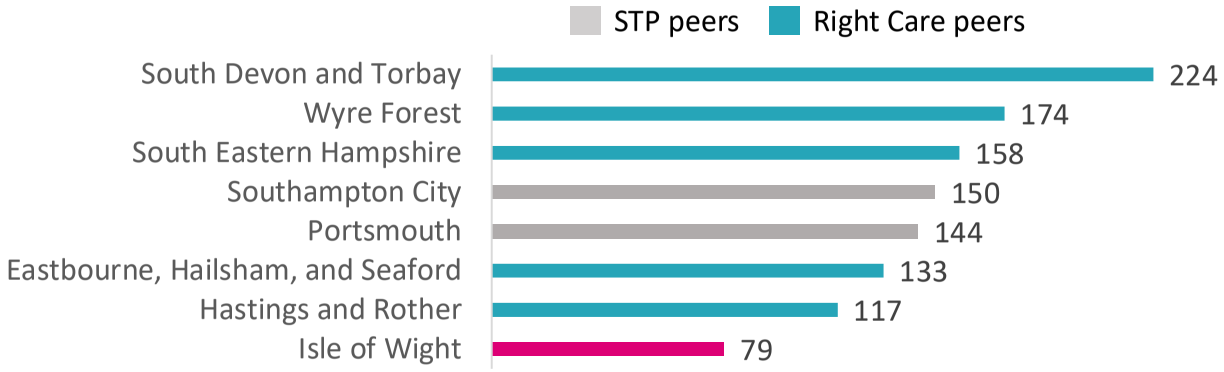
Against peers, IW CCG is **comparable** with the median for **GPs per 10k population** and has increased overall headcount to match demand despite a slight fall in WTEs

SOURCE: CQC reports 2016/2018

Compared to peers, Isle of Wight spends a lower amount on community care, both as an absolute value and as a proportion of total spend

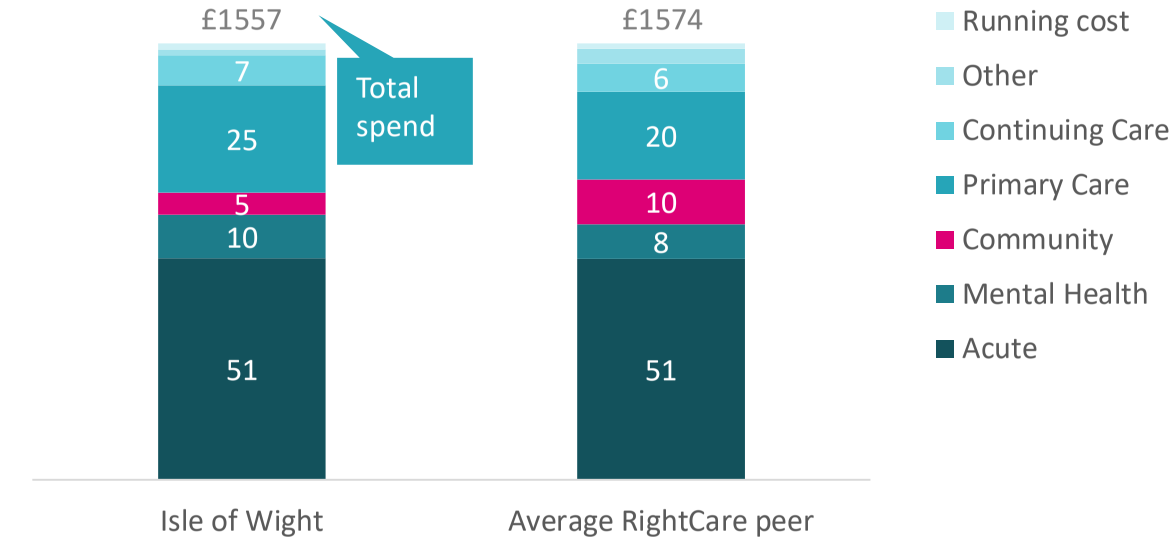
CCG Community spend per capita

£



CCG Community spend per capita

%



The Isle of Wight spends **half the amount per capita on community** services than both STP and Right Care peers, £79 compared to £157, respectively

Right Care peers spend double the amount on community care, 10% instead of 5%

Isle of Wight CCG community spend has also been decreasing in recent years (2014/15 to 2018/19, £30.1m to £28.9m despite an increase in allocation)

Community CQC ratings have deteriorated and are now **rated inadequate in three of the six measures** (overall, safety and well-led)

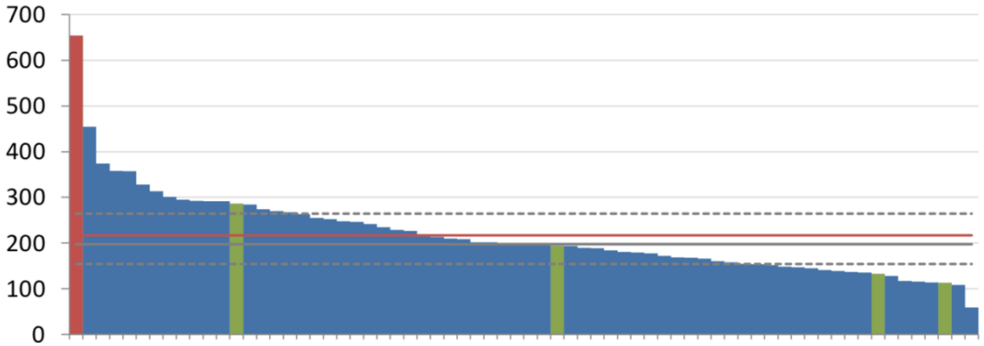
From a provider perspective, the trust has seen a **decrease in community income** due to a shift of inpatient community care out of the trust

SOURCE: CCG accounts, CCG governing papers, CF analysis
NB: BCF not included

IW Trust has the highest mental health adult rate of admissions and the lowest mental health adult length of stay in the country

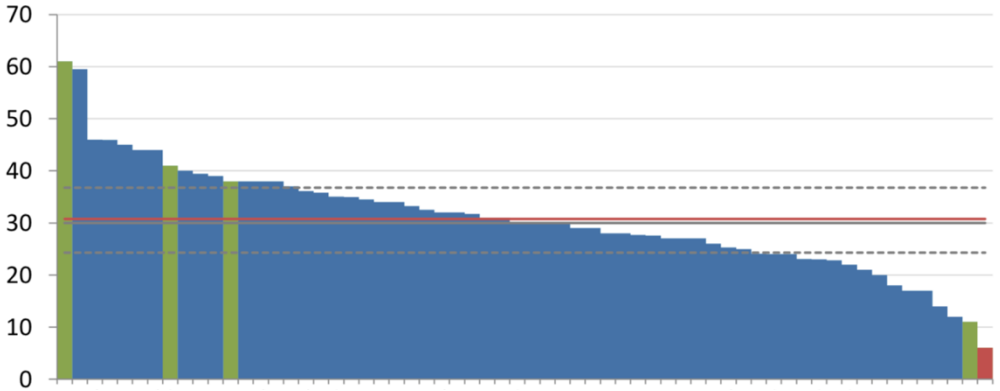
Adult acute admissions

Admissions per 100,000 weighted population



Adult acute length of stay

Days



Adult acute **admissions for mental health** were the **highest** of any mental health Trust **in England** in 2016/17 despite two peers in the national upper quartile

Conversely, the adult **length of stay is the lowest of any in the country**. This suggests that there is a "revolving door" care model for mental health whereby service users are admitted due to lack of effective community provision.

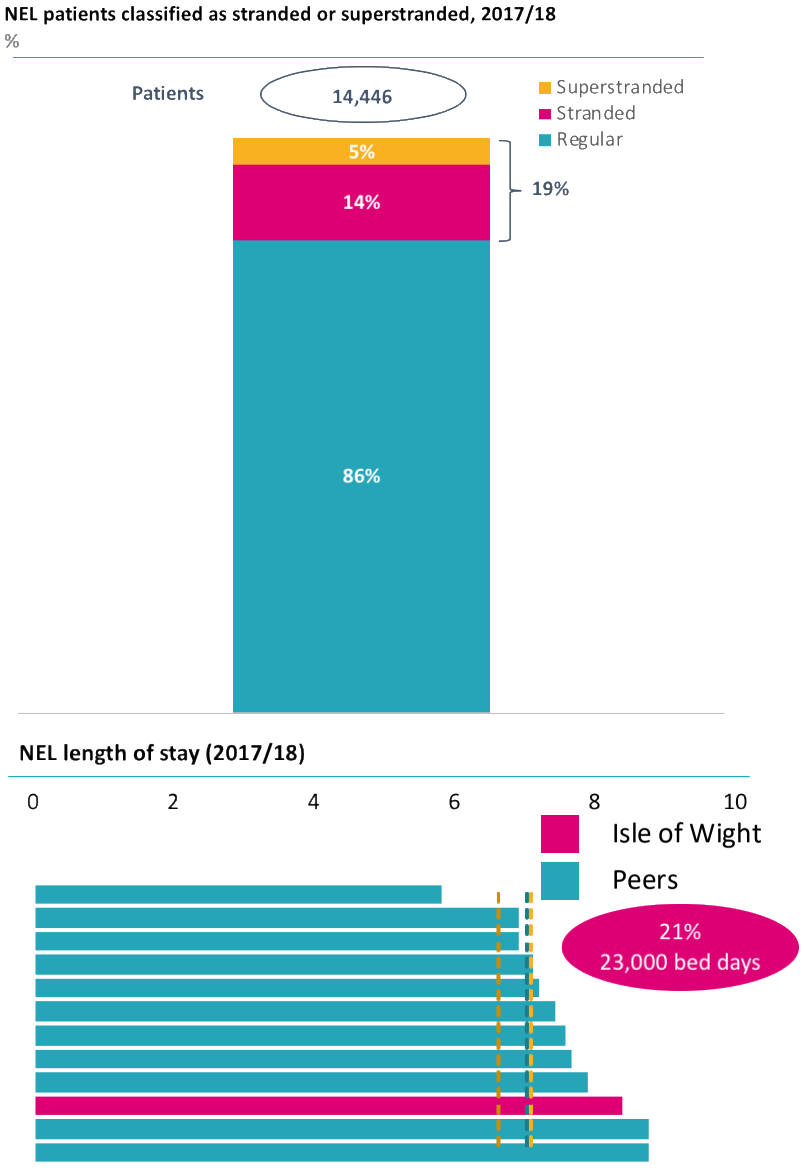
This was **corroborated by an independent clinical review** that confirmed repeat attendance for mental health inpatients known to the IW Trust.

Older adult mental health **admissions are also in the lower quartile** compared with nationally, again partly due to the lack of a community model of mental health care.

Adult **costs per occupied bed day are almost £600**, compared with the **national mean of just over £400**. This suggests that the inpatient model of care itself is not as productive/efficient as it could be.

SOURCE: NHS mental health benchmarking 2016/17, CF analysis

On length of stay for non elective patients, 19% of the total cohort is stranded or super stranded, equivalent to a 23,000 bed day opportunity against peers



19% of non elective patients are **most likely** to be **stranded or super stranded** in IW Trust beds

Non elective admissions are highest for **sepsis pneumonia and stroke**, although further complications appear to arise during the patient journey in many cases

The **age distribution** for both **stranded and super stranded patients** is heavily **weighted towards older people**, especially the over 65 and over 85 age groups

Compared against peers, **improvements in non elective length of stay** at IW Trust to peer top quartile would result in **23,000 bed days**. The **quality and safety reasons alone** to reduce unnecessary time in beds are the **primary driver** to meet this challenge.

SOURCE: HES, Right care peers, Trust SLAM 2017/18, CF analysis

We have worked as a system to create a 3-year plan to create a clinically and financially sustainable system

We will focus our effort on care models, productivity and networking opportunities to move towards a more clinically and financially sustainable position by 2021/22

To **address the clinical and financial challenges** faced today we have created a **"do something" scenario** that sets out the scale of opportunities and related activities across three domains:

1. Care models	2. Productivity	3. Networks	Structural challenge
• Community supported care	• Trust productivity	• Acute services review and other acute services	• Staff and pay for 24/7 services
• Supporting return to home	• CCG efficiency	• Mental health (enabler of care model – no saving)	• Ambulance
• Mental health	• Social care efficiency	• Ambulance	• Price (cost of isolation)
• Independent living support	• System efficiency		

Activities for each opportunity area are described with **prioritised actions that we are taking now**. Further work to complete each opportunity area in full will commence from April 2019. This will include an assessment of capacity and capability of island resources to support proposed changes.

For each of these opportunity areas we set out the **potential impact to 2021/22** based on **benchmarking** and **best practice approaches**.

For quality and safety reasons highlighted in our bed audit and independent clinical review, we have **prioritised a coordinated system approach to discharge**. This will also **improve hospital flow** and improve **Trust performance** on 4-hour A&E waits.

For financial sustainability reasons we will also prioritise an **accelerated IW Trust productivity programme** and **IW CCG QIPP programme**.

Our plans will be delivered over the next 3 years to ensure that quality and access to services are not impacted by any changes that we need to make whilst we transfer resources from a hospital based setting to community provision.

We have agreed a partnership model with PHT to support our acute services transformation and to continue to work with UHS and other stakeholders

Phase 1
Identify partner

- Establish service baseline
- Define requirements for partnership
- Identify interested parties
- Develop and agree programme of work for phase 2

Phase 2
Develop the new acute services model, assess all options and develop the partnership model

Identify optimal configuration of services:

- Develop a Case for Change
- Develop the service delivery models
- Identify and evaluate options
- *Develop a Pre-Consultation-Business Case (PCBC)*
- *Public consultation*
- *Develop a Decision-Making-Consultation-Business Case (PCBC)* *if necessary*
- Decision by CCGs

Develop partnership model:

- Define the **scope of services** for delivery by the partnership
- Agree the:
  - Partnership delivery model
  - Contractual model between the providers
  - Contractual model between the provider partnership and commissioners
  - Partnership performance and financial framework

Timeline for Phase 2 will vary depending on whether consultation is required

There are two streams of work in Phase 2

Workstream A: the care model

- This workstream will identify the **optimal configuration for acute services** across the Isle of Wight and other Hospitals via a robust process that passes all assurance tests.
- It will determine **which services on the Isle of Wight will be supported by another NHS Trust** and the service model that will be required to ensure care is sustainable
- With dedicated resources and clinical engagement, a model can be developed in 7 months. However, if consultation is needed decision-making and implementation will take longer.

Workstream B: the partnership model

- This workstream will **design and implement a formal partnership** between Isle of Wight NHS Trust and other Hospital NHS Trusts for the delivery of acute services within the scope that is agreed by Trusts, CCGs and regulators.
- The workstream will set out the finance and performance framework for the partnership and any financial support that will be required as part of implementation.
- The partnership model can **initiate service changes as soon as it has been set up** – this applies to service changes that do not require formal consultation.

We are in the process of seeking a local mental health partner to work with to transform local services

Challenges

- The island currently spends approximately 70% of its mental health resources in **acute beds** and **only 30% into community** mental health services.
- It also has proportionally the **highest level of acute admissions** for mental health illness in the country and the **lowest length of stay**.
- The **cost for mental health admissions** is one of the highest in the country.

Opportunities to pursue within IoW

- There is collective **recognition and commitment** that resources need to be **redirected to community services** rather than inpatient based care for mental health. Investments are already being made in support of this direction.
- Within the IoW Trust, the productivity workstream is currently at **efficiency opportunities** for mental health

Opportunities that require broader support

- IoW lacks the scale needed to deliver some mental health services, and therefore require **skills and capabilities from an external partner**.
- On that basis, the system is currently engaged with both Southern and Solent Health with a view to exploring a similar process to the acute work, for respective boards to consider and make a formal decision on becoming the preferred partner.
- The plan is to conduct the process over the next several months.

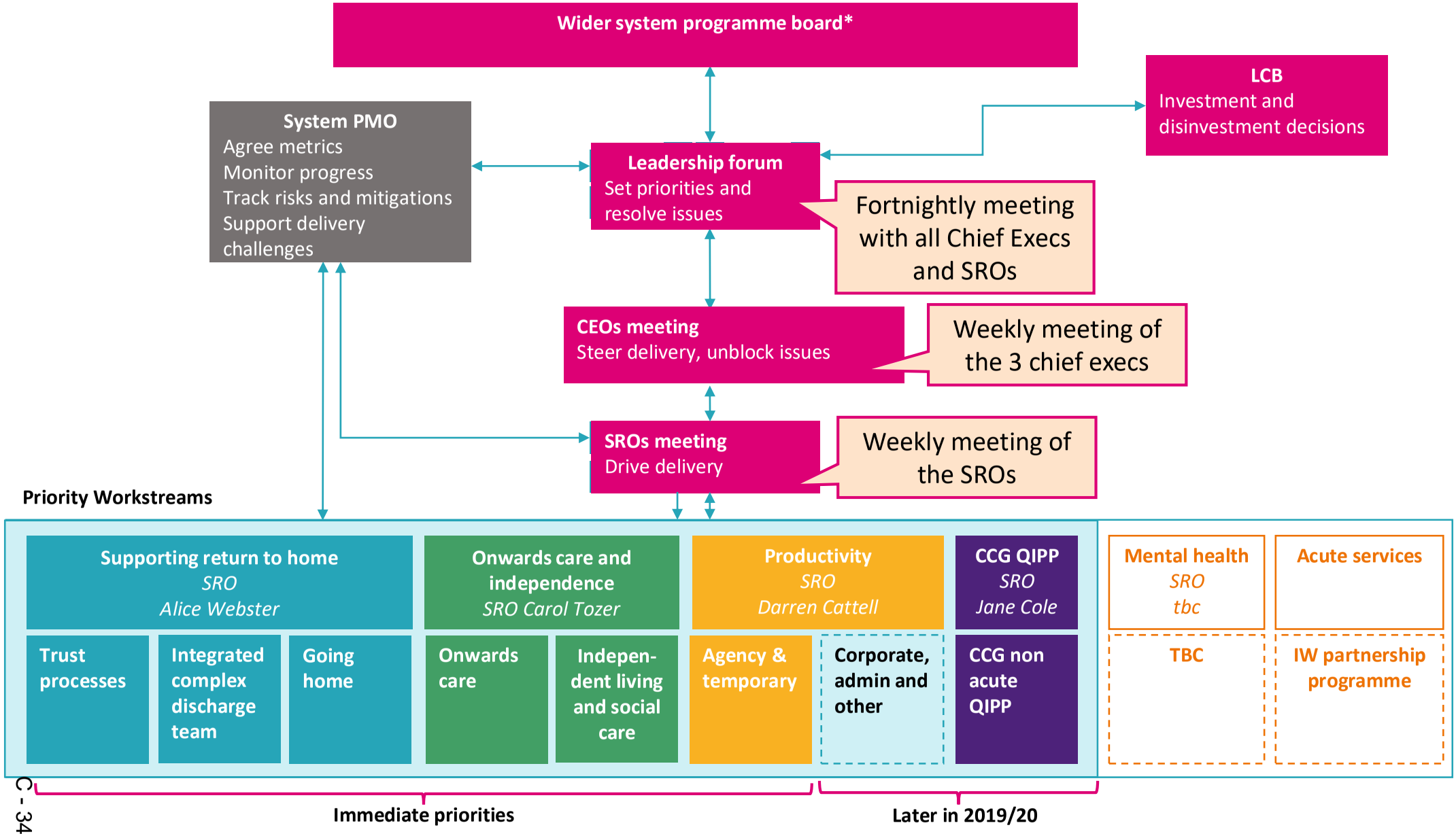
C - 31

There are some costs that reflect the unique position of the Island

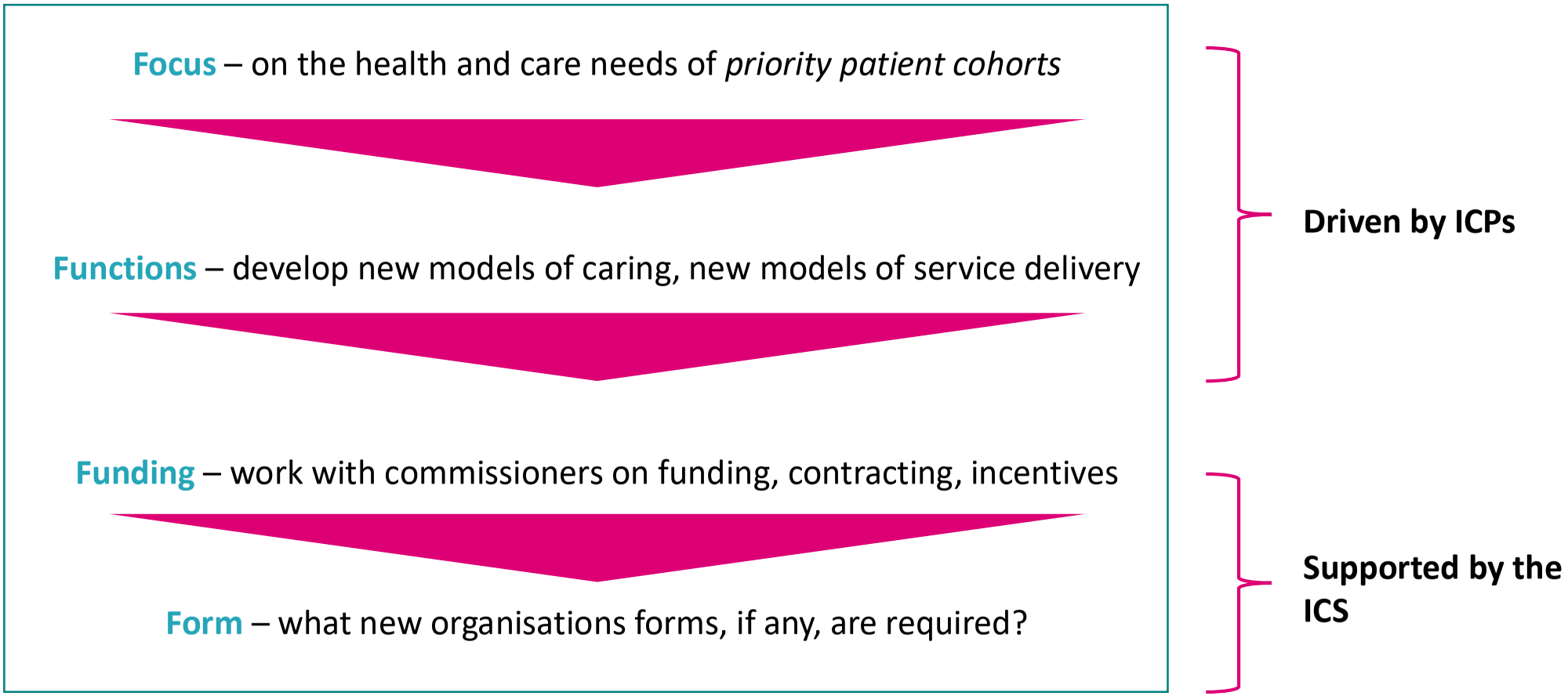
		Description of challenge and method of quantification	Total challenge
24/7 Services		• There are several services run by the trust that must maintain a full 24/7 staff rota despite lacking the activity • The seven services we looked at were: ED, emergency general medicine, emergency surgery, critical care, obstetrics and gynaecology, paediatrics (with SCBU) and trauma and orthopaedics • The cost of providing the services were built from the trial balance and the expected number of consultants and mid-grade doctors required to sustain the rota and compared to income from tariff	**£8.9m**
Ambulance	Coast guard helicopter	• The air ambulance on the Isle of Wight is charity funded during regular hours but the CCG must pay for the use of a coastguard helicopter for out of hours transfers, the entire cost of this service is assumed to be a structural challenge	**£0.3m**
	Ambulance reference costs	• The island must maintain a higher number of crews at any time due to ferry waiting times and lack of emergency provision from the mainland • National reference costs and activity were compared to the Isle of Wight to quantify the cost	**£1.2m**
Cost of isolation	Staff pay levels	• The Isle of Wight may need to pay a premium to attract staff to the island, either through hiring to higher pay bands or increased pay within bands • Our analysis using Model Hospital disproved the first theory and confirmed that pay within bands is higher	**£4.9m**
	Council lack of spill over	• The University of Portsmouth calculated that 3% additional cost was incurred to the council due to the lack of spill over from neighbouring councils and the possible over provision of services	**£2.2m**
Total			**£17.5m**

We have changed how we work together

Delivery is overseen by a single governance structure



We are currently undertaking work to develop the functions and form of ICP



We aim to move into shadow form for core health and care services from April 2020; Establish formal changes to organisational form from April 2021; and incorporate wider public services into the ICP from April 2022.

Our plan is ambitious but focused

We are committed to

- Improving the system CQC ratings (the Trust was inspected in May)
- Delivering against our financial projections and meeting our control totals
- Improving our performance against constitutional standards
- Progressing in defining partnerships with other hospitals
- Identifying a mental heath partner
- Agreeing upon the governance arrangements in support of an IOW ICP
- Creating an ICP in shadow form

We now that we need to strengthen our capacity and capability to deliver and we are working with partners from across Hampshire and the IOW system to bring expertise onto the island by offering development opportunities and adopting learning from other systems