

Whole Integrated System Redesign (WISR) Report

1. This report provides a progress update on the WISR programme covering:
 - a. The initial proposals developed by the WISR Working Groups
 - b. Progress in developing the draft WISR Pre Consultation Business Case
 - c. Key outputs from the Stage 1 Strategic Sense Check meeting
 - d. Next steps

Recommendation

2. That the Health & Well Being Board:
 - **NOTE** the content of the update report

Initial WISR working group proposals

3. During the period late April to end of June 2016, 160 people including staff and members of the public were actively engaged in reviewing the current way services were configured, looking at the national evidence base and developing priorities for change which could best future-proof services to best meet the current and predicted health and social care needs of local residents.
4. The work was developed through six working groups, each looking at the priority areas of health and social care: Urgent Care; Planned Care; Mental Health; Frailty; Children, Families and Young People; and Long Term Conditions.
5. The proposals from each working group were considered against the WISR Individual Needs Framework and prioritised down to 17 specific proposals which were then worked up into individual strategic business cases to begin to develop the proposed New Models of Care. These schemes are listed in appendix 1.

Developing the WISR Pre Consultation Business Case (PCBC)

6. Building on the initial working group proposals a number of further strategic proposals were developed in order to provide a more overarching set of proposals. These include:
 - a. **Cross-cutting schemes:** some initial thinking about how primary care services can be developed to be more sustainable to increase the capacity of GPs and the use of digital tools to improve access and manage demand for services are being considered.
 - b. **Acute Sustainability Review:** a red, amber, green (RAG) rating exercise was undertaken to look at the sustainability of quality care across a number of specialties at St. Mary's hospital. The recommendations from this review need to be developed with Hampshire & Isle of Wight (HIOW) STP partners to form detailed proposals for change.
 - c. **Scalability and stretching ambition:** some of the initial working group proposals have been reviewed to consider whether they ambition and scale of the initial proposals could go further. For example, the transforming outpatient services

could take a more radical approach to reconfiguring outpatient follow-up attendances by reducing them to 50% of their current volume where there is no clinical or patient value in the current approach.

- d. **STP enabled initiatives:** the impact of the HIOW STP proposals creates a number of opportunities to develop the models of care in respect of Primary Care, Mental Health, Social Care, Back office and corporate functions, Commissioning, Alliance model for acute services and enhanced provider efficiency and productivity.

7. The overall New Models of Care are summarised in the graphic at appendix 2: A Vision for Service Redesign.
8. The draft PCBC contains overall headline costs and savings expected from the implementation of the new model of care totalling £48m, which together with annual efficiency and other cost improvement schemes will meet all but £10m of the £131m forecast deficit (based on the current health & social care configuration of services) to 2024/25. The review of the PCBC will necessitate these assumptions to be reviewed and to ensure that robust plans are in place to address the full projected deficit.

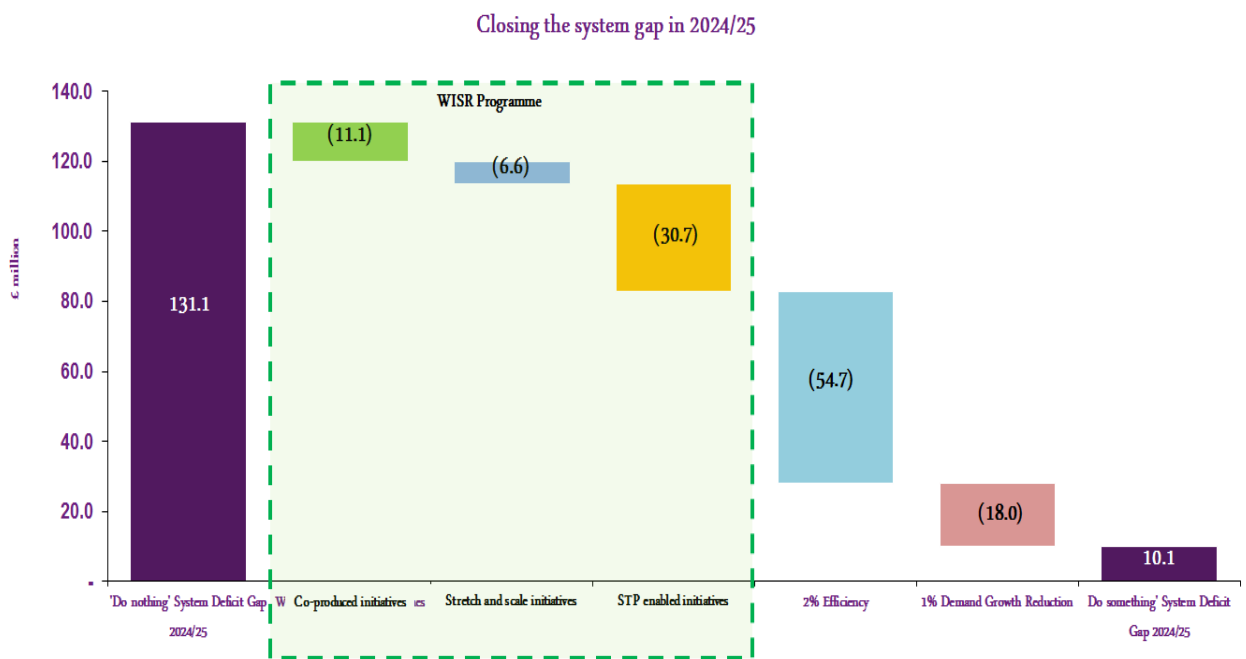


Figure 1: Closing the system financial gap 2024/25

9. On 22nd July, a draft WISR PCBC was submitted to NHS England for their consideration pending an initial Stage 1 Strategic Sense Check meeting, which represent the first formal stage of the external Programme Assurance process through which the redesign proposals must successfully pass in order to proceed to Public Consultation and thereby to full implementation.

Key outputs from Stage 1 Strategic Sense Check meeting

10. On 10th August, a panel of system leaders representing the Isle of Wight health and social care partner organisations met with NHS England to review the draft WISR PCBC proposals. The meeting was extremely useful in helping to provide a clear focus on the work that is still required in order to develop these proposals and move to the next stage with the external Programme Assurance process which precedes Public Consultation.
11. The key message was that the redesign proposals need to be further developed to provide an overarching strategic Transformational Plan bringing together the range of change initiatives on the Island into a coherent, inter-locking vision that addresses the Case for Change, clearly articulates the proposals and how they address the case for change and is specific about the benefits to the public.
12. At the same time as developing the proposals. NHS England were keen to stress that the Island should ensure that many of the WISR Working Group proposals that do not require Public Consultation (because they are more to do with the way we organise the way we provide services or because they deliver an obvious and immediate additional benefit to our local community) should move to implementation in 2016/17.
13. As a result of the further work that is required in developing the proposals, NHS England's view is that it is unlikely that our current ambition to successfully conclude a Public Consultation process before 31st March 2017 will be possible.

Next steps

14. A rapid piece of work is being set in train to establish a rolling programme of bi-weekly workshops for the key health and social care system leaders through September to define the:
 - Strategic vision for care and the redesign in key care settings, including:
 - Acute setting
 - Primary Care, community models / Out of Hospital
 - Mental Health
 - Self-care/Self-management
 - Revised structure of the PCBC
 - Project plan for delivery, including delivery of a comprehensive Workforce Plan to enable implementation of the New Care Model proposals and consideration of the timelines for Public Consultation
15. The operational leads across the system partners are also seeking legal advice about which of the initial redesign proposals require Public Consultation and which of the remaining proposals can be prioritised for implementation in 2016/17 through business as usual transformation programmes.

16. Finally, we are also moving to continue and to develop the work to date on staff and public engagement and co-production of the redesign proposals. Correspondence summarising the current situation and key next steps has been sent out to the 160 people (staff and members of the public) who actively participated in the WISR working groups and the MLAFL website redesign website pages have been updated accordingly.
17. An updated Communications Plan is being developed through which we envisage that there will be a concerted and targeted period of public involvement in the changes to be prioritised for 2016/17 and to continue to communicate with the public more widely on the emerging proposals in preparation for the formal Public Consultation phase of the programme.

Appendix 1: Summary of New Models of Care WISR Working Group proposals

Mental Health

1. Improved Single Point of Access (SPA)
2. Serenity Safe Haven (Crisis Café)
3. Increased access to psychological therapies for people with severe mental illness (IAPT for SMI)
4. Complex needs service for people with Personality Disorders

Long Term Conditions

5. Health coaching and service user activation (including social and psychological support)
6. Local wellbeing planning

Children, Young People and Families

7. Paediatric Assessment Unit (PAU)
8. Increasing wellbeing and emotional resilience among children
9. Integrated service for people experiencing autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)

Frailty

10. Island Partners in Health Ageing
11. Acute Frailty Service
12. Dementia Care: managing intensive support and mainstream services

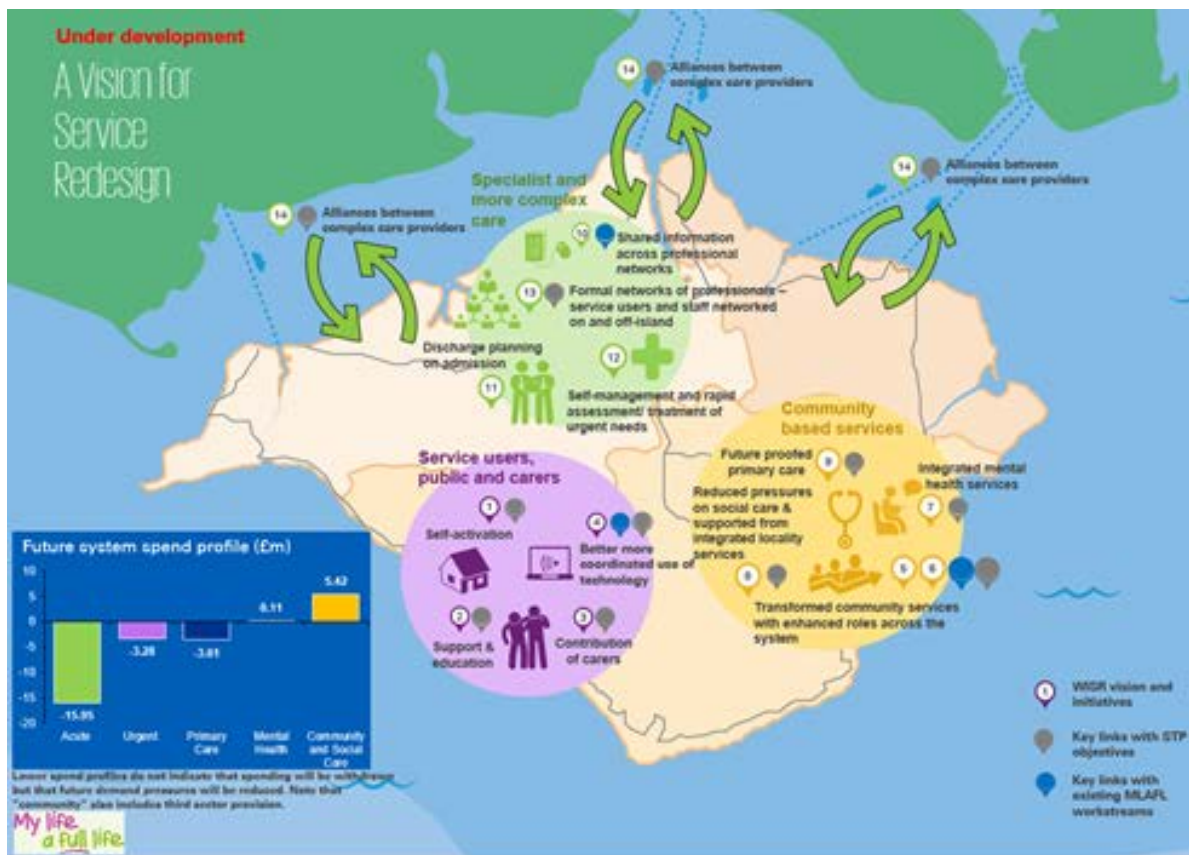
Planned Care

13. Enhanced role for practitioners, including physiotherapists
14. Transforming outpatient pathways
15. Enhanced recovery and day case surgery in elective care

Urgent and Emergency Care

16. Co-ordinated urgent care service
17. Default ambulatory care service in the emergency department

Appendix 2: A Vision for Service Redesign



Service users, public and carers – opportunities and responsibilities	Community based services – prevention and proactivity	Specialist and more complex care – high quality, sustainable and affordable
<p>1 Well being planning and health coaching aim to self-activate the Isle of Wight public enabling them to proactively care for themselves, and each other</p> <p>2 The system provides community based support, signposting and education. For instance, through the integration of emotional wellbeing and resilience approach to universal public services</p> <p>3 The contribution of carers is recognised and their support prioritised within the remit of integrated locality services and the production of care plans</p> <p>4 Better and coordinated use of technology supported through alignment with the MIAFL integrated access workstream</p>	<p>1 Transformed community services to provide multi-disciplinary care closer to the home and preventing admissions to statutory care settings – specialist staff work along-side community based professionals</p> <p>2 Across the system roles of clinical and non-clinical staff will be enhanced to improve access times and appropriateness of care setting and provider</p> <p>3 Through a single point of access and closer community working mental health services will be better integrated with physical health and social care services</p> <p>4 Integrated locality services work to reduce pressures placed on social care with specialist outreach services supporting those in residential/nursing homes</p> <p>5 Primary care remains at the heart of each community redesigned to include a number of capacity and workload improvements to future proof it</p>	<p>10 Care for complex and multiple conditions, such as those with complex mental health needs, are able to access care through professional networks with shared information</p> <p>11 Multidisciplinary teams consisting of hospital and non-hospital based staff commence discharge planning at point of admission</p> <p>12 The public will be encouraged to self-manage urgent care needs alongside rapid assessment and treatment at the Trust to prevent unnecessary attendances and admissions at the hospital</p> <p>13 Formalised networks of professionals will provide more complex care – including care delivered on the island by external professionals and service users and staff</p> <p>14 In line with the STP, some care will repatriated to the island whilst other specialities will be delivered on the mainland</p>
<p>Key links with MIAFL workstreams</p> <ul style="list-style-type: none"> Integrated access to support "a shift to the left" Transforming community services: integrated locality services and case management of those most at risk Early intervention and prevention is a key theme through WISR 	<p>Key Links with STP</p> <ul style="list-style-type: none"> Promotion of wellbeing in addition to treating illness, and supporting people to take responsibility for their own health STP priority to address sustainability issues in acute services through alliance models Delivering prevention, early intervention and self-management 	

Together the Isle of Wight aims to achieve:

