NHS
Isle of Wight
Clinical Commissioning Group

ISLE of WIGHT COUNCIL

Isle of Wight NHS
NHS Trust

Isle Of Wight Local Care Plan
2017 - 2021

DRAFT

APPENDIX

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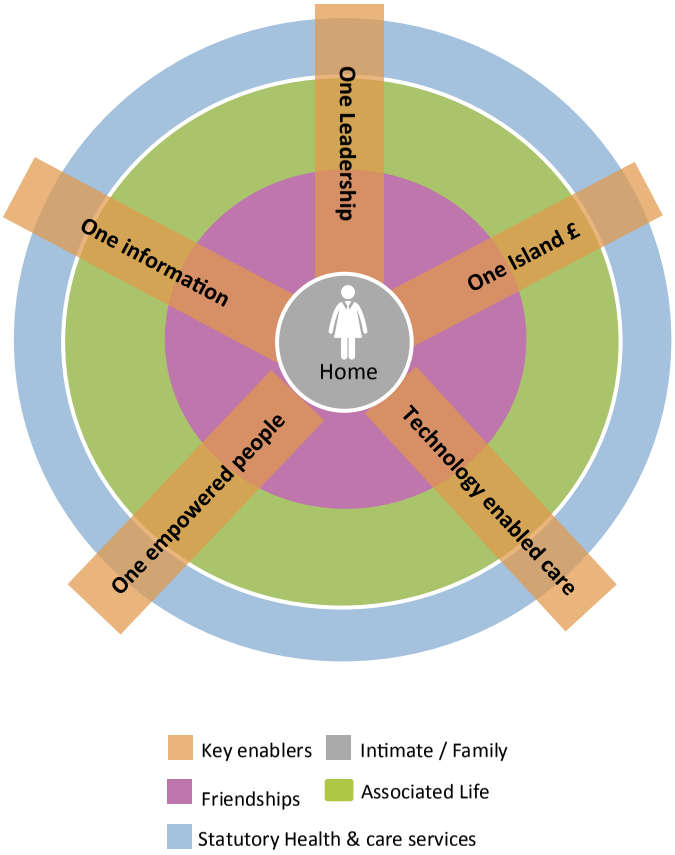
‘My Life’ Care Model

System-wide Vision

Person centred, coordinated health and social care.

System-wide Objectives

- Improved health and social care outcomes.
- People have a positive experience of care.
- Person centred provision.
- Service provision and commissioning is delivered in the most efficient and cost effective way across the whole system, leading to system sustainability.
- Our staff will be proud of the work they do, the services they provide and the organisations they work for and we will be employers of choice.



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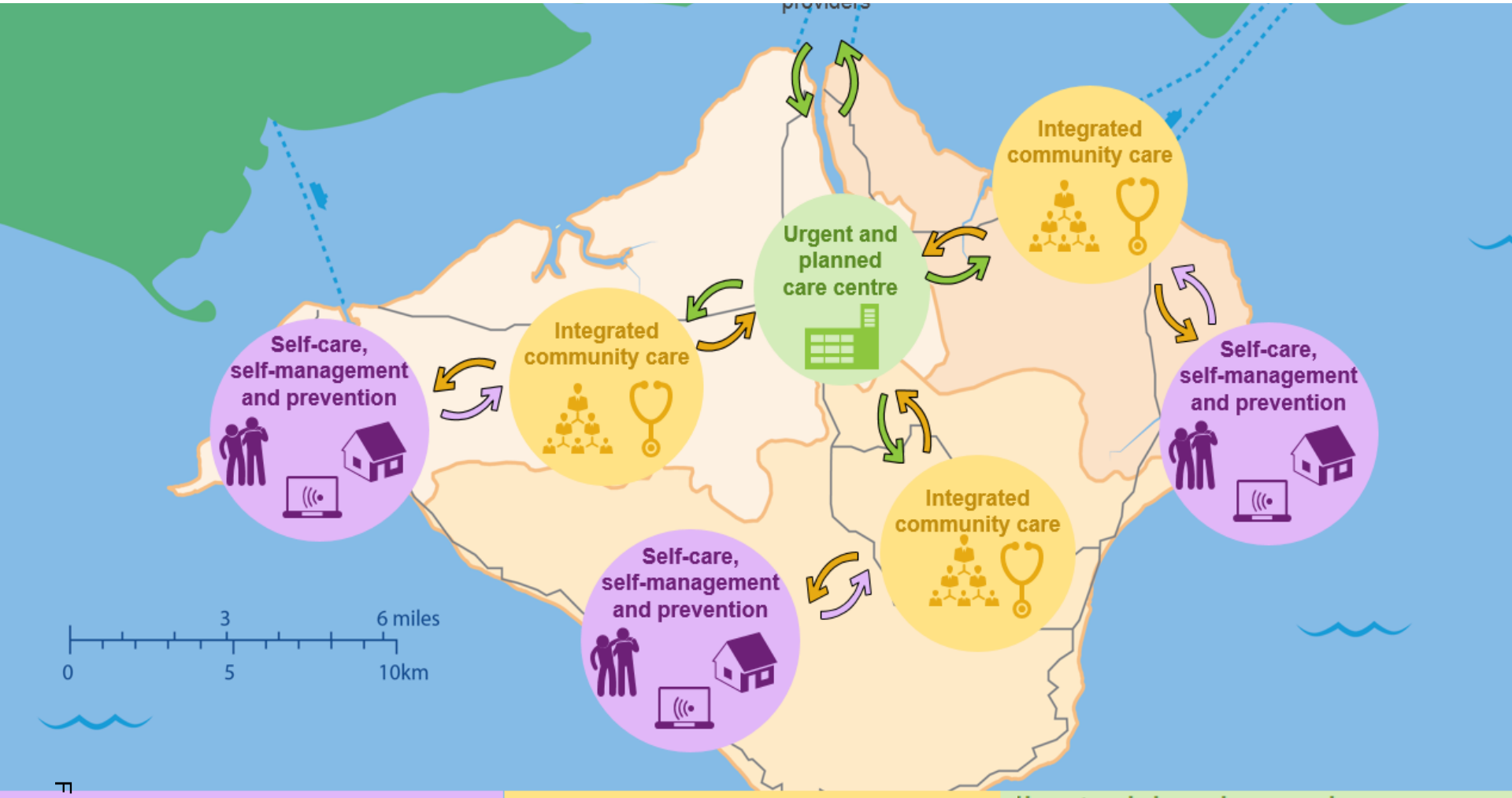
Implementing our New Care Model



Self-care, self-management and prevention

- Maximum use of community assets
- Technology and housing for independent living
- Coaching for health
- Schools training and support for young people
- Self-care and self-management

Integrated community care

- Multidisciplinary locality service
- 7 day general practice
- Digital access to community services
- Care co-ordination
- Single point of access to mental health support
- Improved recovery and reablement planning and services
- Locality-based urgent care

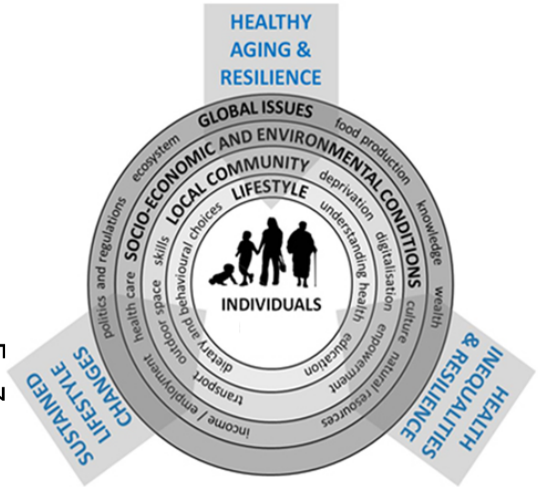
Urgent and planned care service

- Urgent care co-ordination centre with A&E access when it is needed
- Ambulatory urgent care
- Reduction in outpatient appointments
- Day case and planned care activity
- Rapid access to diagnostics
- Specialists outreach into communities

Care Model by Care Setting

Self-Care Prevention

- Shift care significantly towards prevention and early intervention, self-help, with the aim of reducing health inequalities and the health and wellbeing gap.
- Integrate services to improve quality and increase system efficiencies using technology as the key enabler.
- Create self-management and preventative services that are based in the community / at home.
- Support mental health wellbeing to avoid intervention.
- Provide technology for independent and supported living.
- Service user coaching for management of long term conditions.



Integrated Community Care

- Transform community services, including Primary Care to deliver co-ordinated multi-disciplinary working for those in need.
- Provide person-centred health & wellbeing that promotes prevention and self-care.
- Proactive case management of vulnerable and at risk people to enable them to stay safe and well within their communities.
- Ongoing treatment and care will move to community based care where appropriate.
- Urgent care needs are met closer to home without default to a hospital setting.
- Prevention of mental health crisis through local safe haven services.
- Management of Long Term conditions in the community, supported by service user coaching.
- Proactively 'pull' ongoing care back to the community from acute settings.

Urgent and Planned Care Centre

Urgent Care

- Access to specialist clinical & diagnostics providing rapid assessment, stabilisation, diagnosis, including A&E.
- Co-ordinated triage at the front door to direct service users to the right care setting.
- Care planning and discharge for ongoing treatment (in community or for more complex needs off Island).
- Integrated services with mainland providers where required.

Planned Care

- Access to day case and inpatient surgery.
- Rehabilitation support and follow up provided in community settings.
- Access to networks of support across clinical pathways on and off Island.
- Active outreach to support local community based services.
- Access to acute non specialist MH services on-island.
- Integrated services with mainland providers where required.

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IOW Local Care System - Achievements

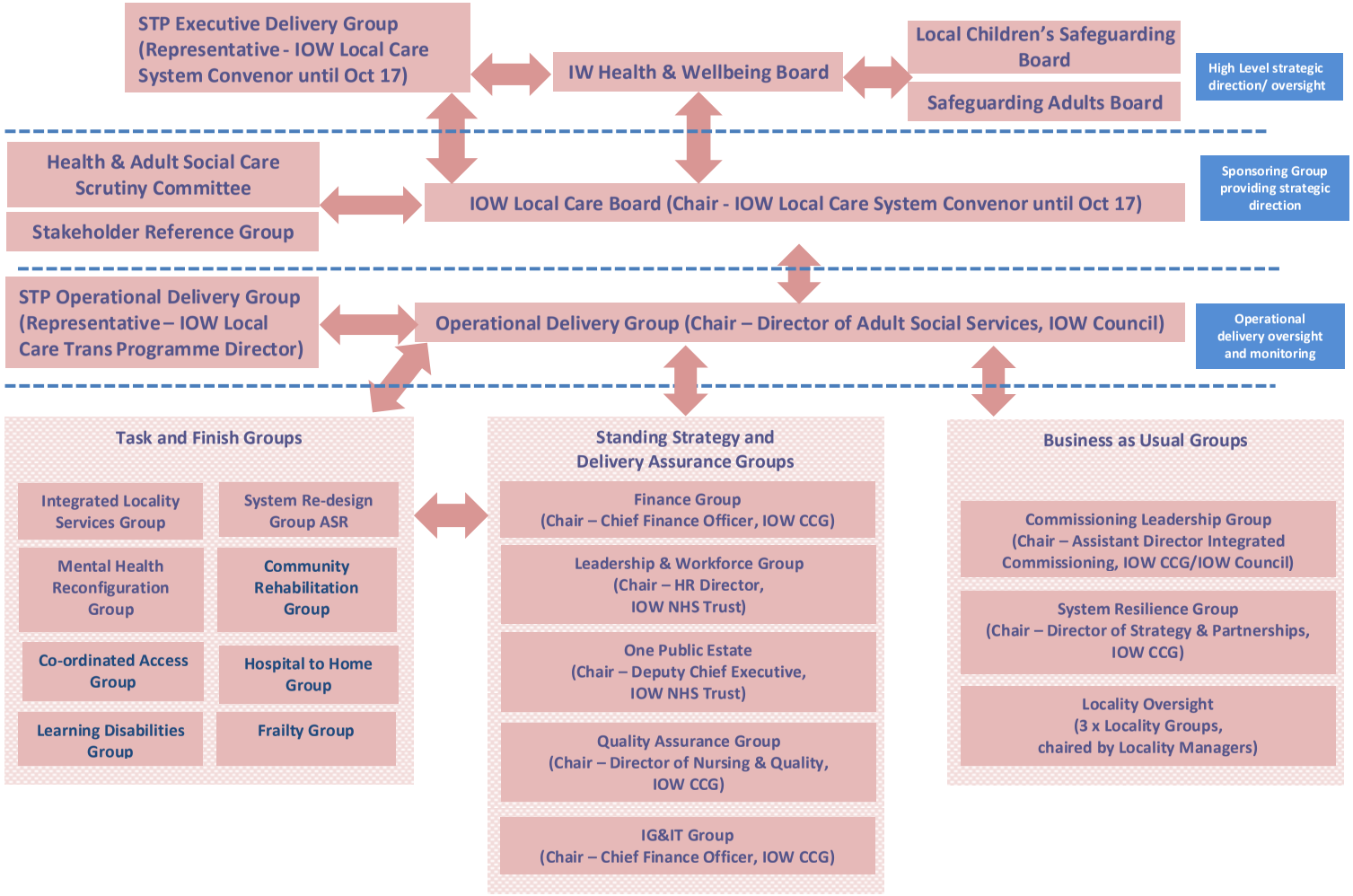
- Improved performance towards 95% Emergency Care Standard (94.88% for August 2017) as result of recent work including:
  - Improved information for decision making, including development of ED dashboard providing real time updates
  - Reinstated fracture neck of femur pathway including ring fencing trauma beds to ensure flow
  - Establishment of Red2Green methodologies and 7 day LOS reviews (improved experience of patients and reduced length of stay)
  - Improved ambulance hand over
- Reduction in Delayed Transfers of Care (2.2 per 100,000 Social Care and 4 per 100,000 Health) as a result of:
  - Improvements in data and whole system performance management
  - Senior leadership oversight and grip
  - Impact of improvement interventions in flow and discharge along the pathway against the 8 High Impact Changes model
  - Been approached to host a peer review due to improvement
- Reduction in rates of permanent admissions into residential and nursing homes, supported by an increase in use of home based provision. (% of ASC referrals resulting in permanent admissions reduced from 10% Jan 2017 to 1.9% July 2017.)
- A&E Attendance rates have been decreasing along with a reduction in less complex case mix. IOW emergency admissions growth is lower than National Average by 2.6%. Both affected by local changes including:
  - Integrated Hub in place
  - Crisis response in place
  - Upstream preventative interventions for example Care Navigators, Local Area Co-ordinators, Isle Help
- Improvements in how quickly Trust are treating elective patients (92.1% Aug 2017)
- Implementation of Mental Health reconfiguration underway - Safehaven services in place.

IOW Local Care System – Achievements (2)

- Acute Service Redesign (ASR) external partner secured to accelerate delivery.
- Integrated Locality Teams (Phase 1 - Out of Hospital Integrated Health and Care teams) implemented in 2 localities across Island. 3rd locality underway.
- Recent Wessex AHSN (IOW Vanguard Evaluation Partners) independent study of the Island's Urgent & Emergency Care Attendance and Admissions concluded that:

  - The direction of travel of emergency and urgent care activity on the Island is good in relation to trends and benchmarks, despite having one of the oldest populations in England
  - Evidence of low levels of hospitalisation and an effective out of hospital system
  - Good Evidence of use of telephone advice through 111 or the ambulance hear and treat/refer service that contributes to lower A and E attendances
  - Intrinsic strengths of the Island include strong communities and voluntary sector, people knowing each other and good informal relationships.
  - Series of important innovative service transformations that coincided with good reductions in emergency admissions for ambulatory care sensitive conditions including the Integrated Hub, Serenity mental health services, social prescribing initiatives and crisis response.

IW Local Care System governance structure



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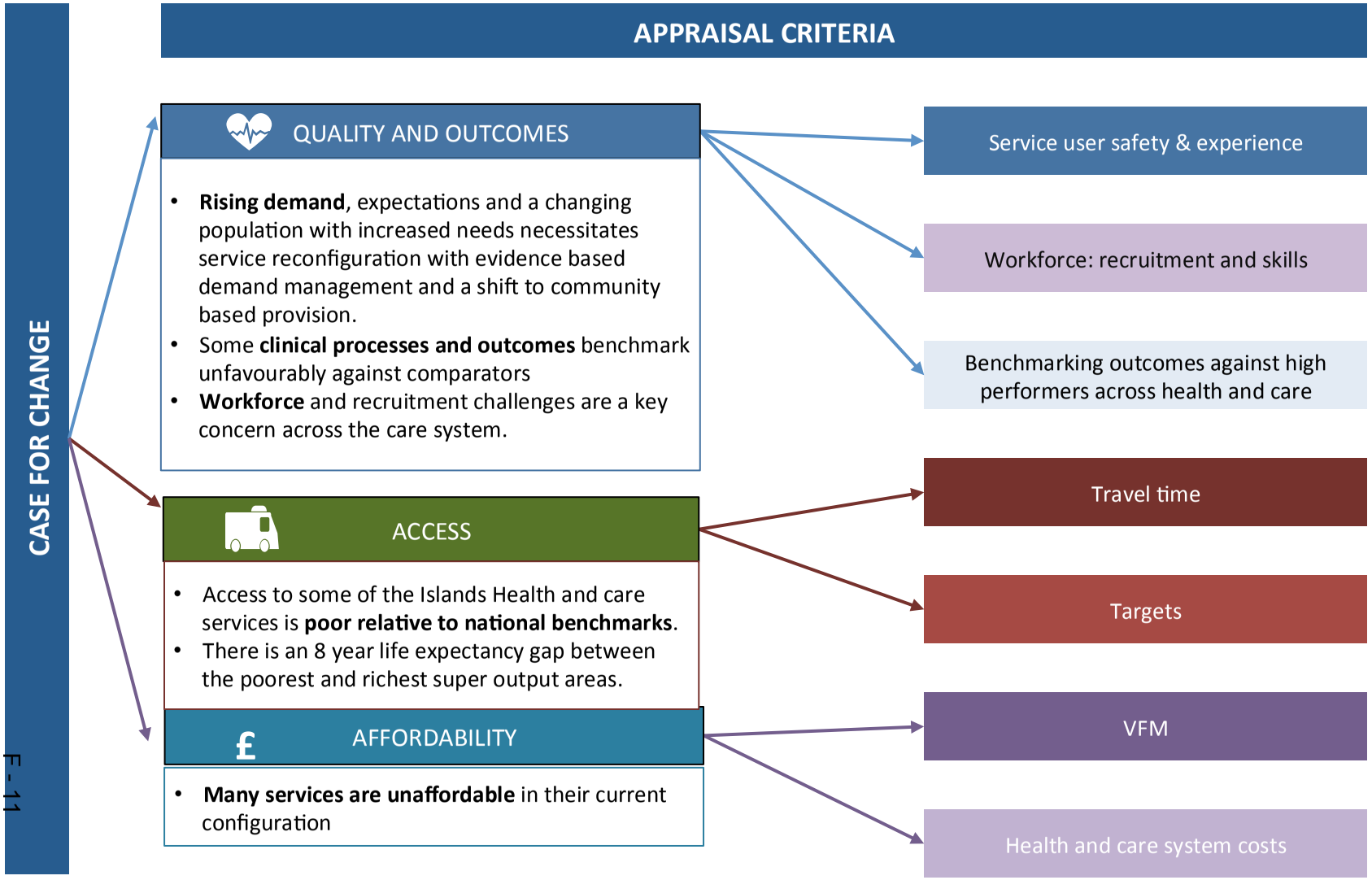
Governance – The Case for Change appraisal criteria



Isle of Wight Local Care Plan – Priorities

Initiative	Local Care Board Sponsor
Acute Service Redesign (ASR) Complete acute re-design including modelling options. Integrate output of acute redesign into whole integrated system redesign, including NHS Assurance processes and consultation	Gillian Baker
Co-ordinated Access Extended scope of existing integrated hub by adding in further functions and services, including review and implementation of required 111 changes and GP Out Of Hours.	Maggie Oldham
Integrated Locality Services - Phase 1 Implement integrated and co-located community health and care services in Island's 3 localities, incorporating Primary Care and case management and care planning of "most at risk" populations, ensuring redesign of current services within agreed financial envelope.	Mark Pugh
Redesign of Community Rehabilitation Bring together community rehabilitation, recovery and reablement services across Health and Care, ensuring redesign of current services within agreed financial envelope in phase 1. In phase 2 incorporate within Integrated Locality Services.	Gillian Baker
Frailty Define and implement end to end frailty pathway to improve care and outcomes for people who are frail, minimise time spent in bedded care settings and improving dementia and older people's mental health pathway.	Maggie Oldham
Hospital to Home Minimise the negative impact associated with a prolonged hospital stay by making sustainable improvements to services and process focusing on timely appropriate assessments and admissions, improving 'in hospital' patient flow and application of standardised discharge pathways , and ensuring the correct capacity to care for patients in more appropriate and cost effective settings.	Maggie Oldham
Mental Health Recovery Development of blueprint for IOW Local Care Plan Mental Health Services and implementation of follow 3 initiatives • **Rehabilitation and Reablement** Recovery and rehabilitation pathway redesigned including implementation of new models of inpatient provision. • **Acute Pathway Redesign** Ensuring appropriate 24/7 access to correct care setting including implementation of Safe Haven and the development of an inreach/outreach acute model of care which supports people in the most suitable environment. • **Community pathway re-design** Delivering appropriate integrated models of community provision which shifts the focus to early intervention and takes an holistic approach to Mental Health & Wellbeing.	Gillian Baker
Transforming Learning Disabilities Care Transforming services and outcomes for Islanders, reducing reliance on institutional care.	Carol Tozer

Isle of Wight Local Care Plan – Key Metrics

Metric	Data – System/ Trust	Current Performance	Trajectory / Target
A&E 4 Hour Waits (95%)	Trust	94.88% (Aug)	89% Aug 17 95% Mar 18
Ambulance Red 1 Call out 8 Mins (75%)	Trust	54.8% (July)	69% July 17 75% Mar 18
Referral to Treatment 18 Weeks (92%) (CCG Level to capture island population including mainland treatments)	CCG	91.09% (July)	89% July 17 92% Mar 18
Cancer urgent Referral to treatment 62 Days (85%) (CCG Level to capture island population including mainland treatments)	CCG	77.78% (June)	82% June 17 86% Nov 17
Mental Health – Dementia Diagnosis	CCG	72.18% (July)	66.7% Mar 18
Bed occupancy at lead acute provider	Trust	91.5% (Aug)	85% Mar 19
Permanent admissions to residential and nursing care homes per 100,000 for over 65's population (ONS population)	Council	666 (Aug)	870 Mar 18
Delayed Transfers of Care per 100,000 population (Combined H&SC)	System	6.2 (3 Sep)	6.87 Sept 17
Financial Performance Trust Variance to plan CCG Variance to plan ASC Variance to plan	System	Month 4 (£8.1m) (£0.7m) (£0.1m) **Total (8.9m)**	
Workforce – Agency spend as a percentage of total pay budget Trust (YTD)	System	YTD (Mth4) 6% (£1.9m/£31.5m)	Plan £5m Mar 18

Financial – A Whole System Challenge

IOW CCG and Trust 2017 - 18

Underlying surplus/(deficit)	£000 CCG	£000 Trust	£000 Total
2017/18 underlying surplus/(deficit) submitted as plan	2,934	(27,448)	(24,514)
Forecast non-delivery of recurrent savings	(4,600)		(4,600)
Revised underlying deficit	**(1,666)**	***(27,448)**	**(29,114)**
Recurrent RRL	**210,455**	**162,800**	
Deficit as percentage of RRL	**-0.8%**	**-16.9%**	

IOW Council 2017 - 18

Month 3 YTD/Forecast surplus/(deficit)	£000 Adult Social Care/Public Health Y/E	£000 Children's Social Care Y/E
Net budget	48,514	18,316
Projected outturn	48,628	18,980
Forecast underspend/(overspend)	**(114)**	**(664)**
Deficit as percentage of RRL	**-0.2%**	**3.6%**

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* The Trust has a plan to reduce this £27.448m deficit by £8.6m CIP in year.

Current Saving Scheme Performance

	2017-18 Plan £'000	Year end Forecast £'000	Variance £'000
CCG QIPP (exc. Trust)	3,084	2,284	(800)
Trust CiP	8,614	4,542	(4,072)
Adult Social Care	3,615	3,539	(76)

- Adult Social Care is broadly on track
- Slippage on both CCG QIPP plan and Trust CIP is a significant concern and will require dedicated focus and support to ensure improvement before year end.

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Financial Recovery

- Trust to re-establish financial control and to develop an efficiency Programme.
- System focus on appropriately reducing demand in-line with our agreed care model.
- Delivering the remaining activity in the most cost effective way possible
- KMPG review completed on health system financial position – "Given the scale of the island deficit it is recommended that we consider a multi-year change programme, initially focused on optimising the performance of the Trust and CCG, before moving onto consideration of more complex integration and reconfiguration solutions."
- KMPG supporting System-wide Financial Recovery Plan workshop planned for 26 September.
- Local Care Board financial deep-dive planned for 28 September.
- Trust and CCG Board to Board meeting to review progress planned for 17 October.

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Target Savings for Local Care Plan Scheme

Scheme	Cost base areas	17/18 £'000	Full Year effect £'000
Acute Service Redesign	Urology, Ophthalmology, General Surgery, Paediatrics	100	2800
Co-ordinated Access Integrated Locality Services Community Rehab Frailty Hospital to home	Trust CIP inc. Reduction in non-elective admission Reduction in length of stay Reduction in hospital beds Reduction in residential care costs Cost effective CHC packages	500	4500
Mental Health	Out of area placements In-patient beds	200	1000
Learning disabilities	High cost placements	200	500
Total		1,000	8,800

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Please note - High level costs summarising financial impact of system changes – further work underway as part of agreed financial plan to develop detailed modelling.