



## Committee report

Committee	<b>HEALTH AND WELLBEING BOARD</b>
Date	<b>26 JULY 2019</b>
Title	<b>ISLE OF WIGHT HEALTH AND CARE SUSTAINABILITY PLAN</b>
Report of	<b>CHIEF EXECUTIVE</b>

### EXECUTIVE SUMMARY

1. This paper introduces the key elements of the health and care sustainability plan that has been developed by the main organisations responsible for the delivery of health and care services: Isle of Wight NHS Trust, Isle of Wight Clinical Commissioning Group (IW CCG) and the council. The plan satisfies the 'directions' of the health regulators and provides a road map for the development of sustainable patient services for the Island in the short to medium term.
2. The Health and Wellbeing Board is asked to note the development of the health and care sustainability plan and the proposals contained within it.

### BACKGROUND

3. The central proposition in the Hampshire and Isle of Wight (HIOW) Sustainability Transformation Partnership is its evolution into an integrated care system (ICS) for the whole of the geography, underpinned by five sub-regional integrated care partnerships (ICP), one being for the Isle of Wight. In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. An ICP is simply a subset of an ICS which brings together both commissioners and providers of services to act collectively together in order to improve the overall health and wellbeing of a defined population.
4. In order to underpin the development of an ICP for the Isle of Wight, health and care partners have closely examined the current and future demands of the system by the community in order to draft a plan that helps it to continue to meet these needs in the most effective and sustainable way. The production of this 'health and care sustainability plan' has been aided by the support of both NHS England and NHS Improvement.
5. Attached as an appendix is a slide deck which summarises the plan and the actions now being taken in support of its delivery. The plan is based on objective research and benchmarking, which has countered some of the anecdotal

assumptions about the cause of the pressures in meeting demand in the health and care system, most notably the following:

- (i) Accident and emergency activity is only 1.7 per cent higher than the peer top quartile and is better than the national top quartile.
  - (ii) Non elective spells are lower than both the national and peer top quartile.
  - (iii) In other areas of the health and care system:
  - (iv) GP list sizes have grown by 3.7 per cent since 2013 although extended hours appointments offered today are higher than the national average.
  - (v) Against peers, IW CCG is comparable with the median for GPs per 10,000 population and has increased overall headcount to match demand despite a slight fall in WTEs.
  - (vi) On 999, incidents per month have fallen 3.4 per cent in the last year compared with a national rise of 0.9 per cent. Responses resulting in 'see and treat' have risen by five per cent.
  - (vii) On 111, calls per head have grown by 0.6 per cent on the Island compared with 0.3 per cent nationally although triaged calls recommending "no service required" have outstripped the national trend (1.5 per cent increase compared with 0.1 per cent decrease, respectively).
  - (viii) Older adults admitted to social care is slightly above national average with a 25 per cent opportunity to top quartile.
  - (ix) Five per cent of the Island's population (7,000 individuals) use 36 per cent of the total health and social care spend (£106 million).
  - (x) Isle of Wight spends a lower amount on community care, both as an absolute value and as a proportion of total spend.
  - (xi) Adult acute admissions for mental health were the highest of any mental health trust in England in 2016/17 but the adult length of stay is the lowest of any in the country.
6. The plan identifies four core areas of activity the system needs to work through in order for health and care to be sustainable and responsive to the needs of the Island's community in the short and medium term. The key areas are shown below and further detail is shown in the appendix to this paper.
- (a) Care models:
    - (i) Community supported care.
    - (ii) Supporting return to home.
    - (iii) Mental health.
    - (iv) Independent living support.
  - (b) Productivity:
    - (i) Trust productivity;
    - (ii) CCG efficiency;
    - (iii) Social care efficiency;
    - (iv) System efficiency;

- (c) Networks:
  - (i) Acute services review and other acute services;
  - (ii) Mental health (enabler of care model);
  - (iii) Ambulance;
- (d) Structural challenge:
  - (i) Staff and pay for 24/7 services.
  - (ii) Ambulance.
  - (iii) Price (cost of isolation).

7. NHS England has made the preparation of a health and care sustainability plan a key requirement of the Isle of Wight Clinical Commissioning Group and the Isle of Wight NHS Trust in response to the improvement directions issued to both organisations.

### STRATEGIC CONTEXT

8. The development of the health and care sustainability strategy is consistent with the latter part of the Island's health and wellbeing vision as it supports the provision of, "timely and easy access to high-quality and integrated public services when they [people] need them".

### CONSULTATION

9. Individual service changes proposed as part of the health and care plan will be subject to the statutory consultation process of the organisation with the legal responsibility for the delivery of the services. In the majority of cases this is likely to be the health partners.

### FINANCIAL / BUDGET IMPLICATIONS

10. The health and care plan will identify funds which could be released for investment into service delivery and in addressing some of the local funding challenges across the sector. However, it is likely that some form of additional transformation resources will be necessary to 'unlock' these funds and discussions are ongoing with national bodies about this issue.

### LEGAL IMPLICATIONS

11. It is not possible to create a separate free-standing corporate body to be responsible for the delivery of the plan as neither the trust or CCG have clear powers to participate. Each organisation having a 'stake' in the delivery of the plan must retain accountability for its own areas of responsibility as set out in law.
12. Under s75 National Health Service Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. The powers permit:

- (i) The formation of a fund (pooled budget) made up of contributions by both parties "out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the authority or authorities.
- (ii) The exercise by an NHS body of a local authority's prescribed health-related functions in conjunction with the exercise of the NHS body of its prescribed functions
- (iii) The exercise by a local authority of an NHS body's prescribed functions in conjunction with the exercise by the local authority of its prescribed health-related functions
- (iv) The provision of staff, goods or services, or the making of payments between the two partners, in connection with the above arrangements

## EQUALITY AND DIVERSITY

- 13. Public bodies are required to meet statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it.
- 14. Under the Equality Act 2010 it is necessary to have due regard to the public sector equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies. It will be necessary to complete individual equality impact assessments for any service changes to be undertaken through the health and care sustainability plan.

## OPTIONS

- 15. The purpose of this paper is to update the Health and Wellbeing Board on the progress being made with the development of the health and care sustainability plan, as a foundation for the development of an integrated care partnership. The board is invited to note the contents of the plan and make any observations it wishes to be taken account of by the key organisations responsible for the development and delivery of the plan.

## RISK MANAGEMENT

- 16. The existence of health and care sustainability plan is an important element in reducing the level of national oversight to the Isle of Wight NHS Trust and the Isle of Wight Clinical Commissioning Group. This is different to any requirements under the auspices of the Care Quality Commission (CQC). Shifting a focus from preparing, to delivering a plan, is a key first step on the journey to improving the health outcomes for Island residents.
- 17. The development of an integrated care partnership will be a central element of the developing 'One Public Service' (OSP) approach being pursued by all of the public sector bodies on the Isle of Wight. The integration of health and care will

form an embryonic arrangement of sufficient mass to stand alone, but which can be easily added to as the OSP agenda is rolled out.

18. The health and care sustainability plan is only one element of the work required to improve health outcomes on the Island. The plan will largely ensure that those people who are in the system can be well looked after in the best possible way, however, there is a further piece of work to be done to help people secure good levels of wellbeing and therefore prevent their entry into the system earlier than might otherwise be the case. The work of the Health and Wellbeing Board and its key partners will be central to ensuring that both elements of an individual's wellbeing are accounted for.

## EVALUATION

19. The development of a health and care sustainability plan will not in itself deliver good quality patient outcomes and improvements in the standards of population health and wellbeing on the Island. However, without a plan the health and care system cannot be assured that it will be able to effectively meet the needs of the Island's community in the short and the medium term, within the resources it expects to be available.
20. It is not possible to create a single autonomous organisation to be responsible for the delivery of the health and care sustainability plan, therefore its delivery will depend on the active involvement and close working relationships between its three principal delivery partners: the council, the clinical commissioning group and the trust, supported by NHS England. Each organisation will continue to be accountable for its actions through its own governance and legal frameworks, but all will need to be conscious of the impact that any decision taken independently could have on each of the other partners.
21. This degree of dependence of one partner's actions on another, makes a plan to align these actions for a common purpose, an important framework for shaping the future deliverability and sustainability of health and care services on the Isle of Wight.

## RECOMMENDATION

22. The board notes the purpose and contents of the health and care sustainability plan, as set out in the appendix to the report.

## APPENDICES ATTACHED

23. [Appendix 1: Isle of Wight Health and Care Sustainability Plan](#)

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