

Background

The Isle of Wight NHS Trust (the Trust) is the only integrated acute, community, mental health, and ambulance health care provider in England. Established in April 2012, it provides a full range of health services to an isolated offshore population of c141,600.

In 2014, the Isle of Wight Clinical Commissioning Group (IoW CCG) developed a five-year plan that set out strategic priorities for health service development that focussed on the integration of multiple services across community, mental health, and primary care in order to:

- deliver a more sustainable health and care system
- improve patient access to services
- improve health outcomes.

In June 2014, the Isle of Wight local authority introduced a locality-based model of service delivery across the health economy. This population and geography-based method of classification saw the creation of three distinct areas:

- West and Central Wight
- North East Wight
- South Wight

with integration of health and social care community services, each serving a population between 45,000 – 50,0000 people.

Working closely with the Isle of Wight Council, the three Primary Care Networks (PCNs), and the community, independent and voluntary sectors are seeking to develop the Isle of Wight Integrated Care Partnership (ICP).

Building on the foundations laid in the Isle of Wight Health and Care Plan and the Isle of Wight NHS Trust's overall strategy to move away from out of- date hospital-based care to build community-based services around what people need.

In 2019, the Isle of Wight Health and Care Plan was published and the Trust started working in partnership with Solent NHS Trust to continue to transform mental health and learning disabilities services. Following extensive co-produced engagement using a new product design framework and working closely with the community Division and Integrated Locality Services (ILS) a *hub and spoke model* was developed that responds to the locality-based approach to care to ensure delivery of care in the right place, at the right time, by the right teams.

Hub and spoke model

The plans work across the wider determinants of health to reduce inequalities but cannot be delivered in isolation. All of the strategies need to work together across the council, other parts of the public sector and the voluntary sector to

- *deliver* better health for islanders
- *develop* and deliver a cohesive service model that ensures good physical and mental health through:
 - ~ health prevention

- ~ health creation
- ~ self-care
- ~ good access to healthcare when needed

Ensuring high quality services which are safe, effective, caring and responsive and well led which will improve service user and staff experience by allowing staff to use their time more effectively and maximising capability and capacity.

They will

- Eliminate clinical handoffs.
- Work in Partnership with the wider system delivering integrated services, with shared information and shared risk
- Create open access to services that are all age across the island and ensures that everyone is seen by the right person, right place , first time

The hub and spoke model is a key enabler for the delivery of these core tenets of keeping people physically and mentally healthy as, within this model, care can be delivered where it is most needed. The model enables the services to be delivered with complexity needs and to be either:

- centrally managed and centrally delivered
- centrally managed but locally delivered
- locally managed and locally delivered

Delivering complex person centred care with services wrapped around them within their community.

Each hub will provide flexible bookable space for delivery of clinical services as well as social use and education and, in addition, will provide:

- space for team meetings
- permanent desks for admin and core team members
- duty desks that ensure the appropriate presence of key services
- hot desks for flexible working

Services

The hubs will each provide core community and secondary care service delivered locally. They will each facilitate delivery of the public health strategy to deliver better care locally and ensure a cohesive service that ensures both health prevention and health creation.

Importantly, each will provide flexible and adaptable estate that:

- Integrates the teams from primary care, secondary care , third sector and social services
- enables delivery of a wide range of services
- is future proofed to accommodate:
 - ~ changes in service deliver
 - ~ changing treatment regimes
 - ~ enhanced technology
- encourages wellbeing
- offers
 - ~ social space
 - ~ educational areas
 - ~ bookable flexible space

- can morph and change to adapt the changing needs of the population

The core services that will be provided include:

- adult mental health interventions
- psychological therapies
- children and young people's mental health needs
- dietetics
- occupational therapy (paeds)
- physiotherapy
- podiatry services
- speech and language services
- long term conditions
- specialist nursing
 - ~ multiple sclerosis
 - ~ osteoporosis
 - ~ Parkinson's
- rehabilitation

Sandown

The hub at Sandown will provide local services, for local people. There will be three core type of clinical rooms:

- consultation and examination rooms
- mental health and therapy/counselling rooms
- specialist rooms including:
 - ~ physiotherapy cubicles
 - ~ speech and language rooms

In addition, bookable group rooms will be available, which will offer flexibility for a wide range of both clinical services and social events. The close locality of the Barracks and Civic Centre location to primary care practice, pharmacy and leisure centre will offer the opportunity to deliver a wellbeing model.

In addition to the hub and spoke arrangement described, there will be the development of the IMHH within the centre of Newport.