LOCAL CARE PLAN

TOWN COUNCIL MEETING — REPORT 6/18 — 15 JANUARY 2018

The purpose of this paper is to provide Members with the background to the Local Care Plan and the Local Care Board charged with its delivery as endorsed by the Isle of Wight Council's Cabinet Meeting of 11 January 2018.

NO.	DETAILS

1) BACKGROUND

a) The Local Care Plan and its delivery mechanism, the Local Care Board, are the link between the My Life a Full Life (MLAFL) new models of care for the future of the Island's Health and Social Care services as developed through its inclusion in the government's Vanguard programme and the coming implementation of the Hampshire & Isle of Wight Sustainability and Transformation Plan (STP).

b) The Local Care Board, originally launched last summer, is intended as the means of ensuring collaborative working between the three main agencies with responsibilities for the Island's health and social care services: the Isle of Wight Council, the Isle of Wight Clinical Commissioning Group (CCG) and the Isle of Wight NHS Trust.

c) Oversight of its work is provided by the Island's Health and Wellbeing Board and its operational level activity is in the hands of its Operational Delivery Group.

d) The Local Care Plan is the outcome of the discussions between the partners and will set the framework for the future of the Island's Health and Social Care services.

e) A copy of the Plan is attached to this Report for Members' information.

2) RISKS

a) Although the Cabinet Meeting paper states that the delivery partners have a shared vision for health and social care to be person-centred and well-co-ordinated with people increasingly taking responsibility for their own health care, supported by the system at times of crisis, each partner is responsible for its own governance arrangements for the delivery of service transformations.

b) The governance arrangements for the Local Care Board itself are not readily available: the search facilities on the web sites of all three partners offer no responses to Local Care Board: details of its structure, meeting cycle and minutes of its meetings are not yet available.

c) The paper also identifies the fact that the combined Island health and social care system faces a funding shortfall of £52 million by 2020 if changes are not made.

d) The Acute Services Redesign (ACR) that is listed as the first of the priorities of the Local Care Plan will probably be the greatest concern for residents fearful of a more substantial shift to off-Island provision.

e) Community Service Redesign (CSR) is the second of the listed priorities involving provision of integrated and co-located primary care, community health and social care services in the Island's three localities; although this has been central to discussions over the last three years of the MLAFL programme, progress towards it has been slow.

3) CONSULTATION

The Cabinet Report accompanying the Plan makes a clear commitment to consultation at paragraph 23:

Any proposed service changes arising from work to deliver the Local Care Plan transformation activities, will need to be subject to separate consultation exercises, the extent of which will be determined by the changes being considered. Any proposed service changes arising from work to deliver the Local Care Plan transformation activities, will need to be subject to separate consultation exercises, the extent of which will be determined by the changes being considered

APPENDIX 1

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

FINAL – OCTOBER 2017

Contents

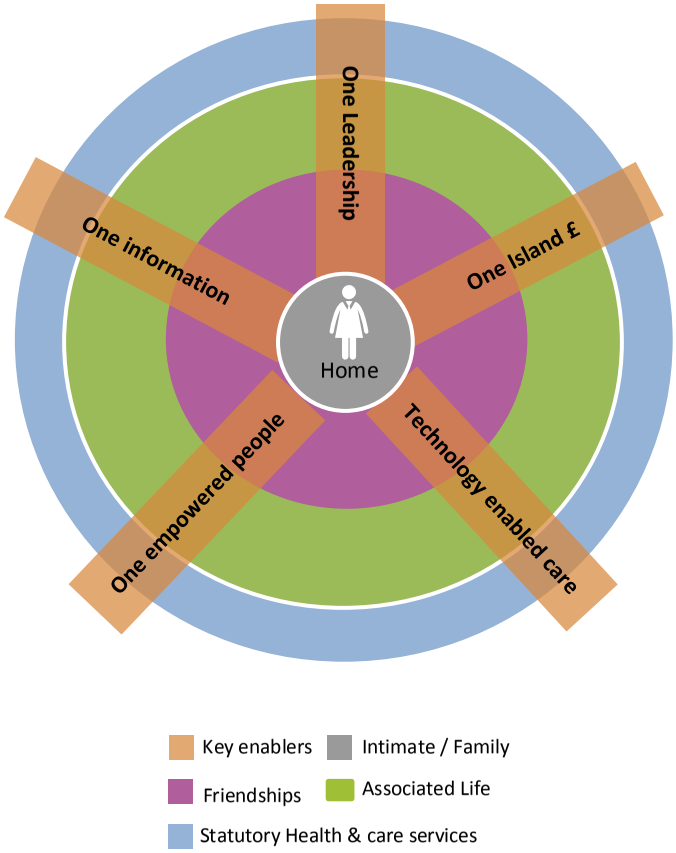
‘My Life’ Care Model

System-wide Vision

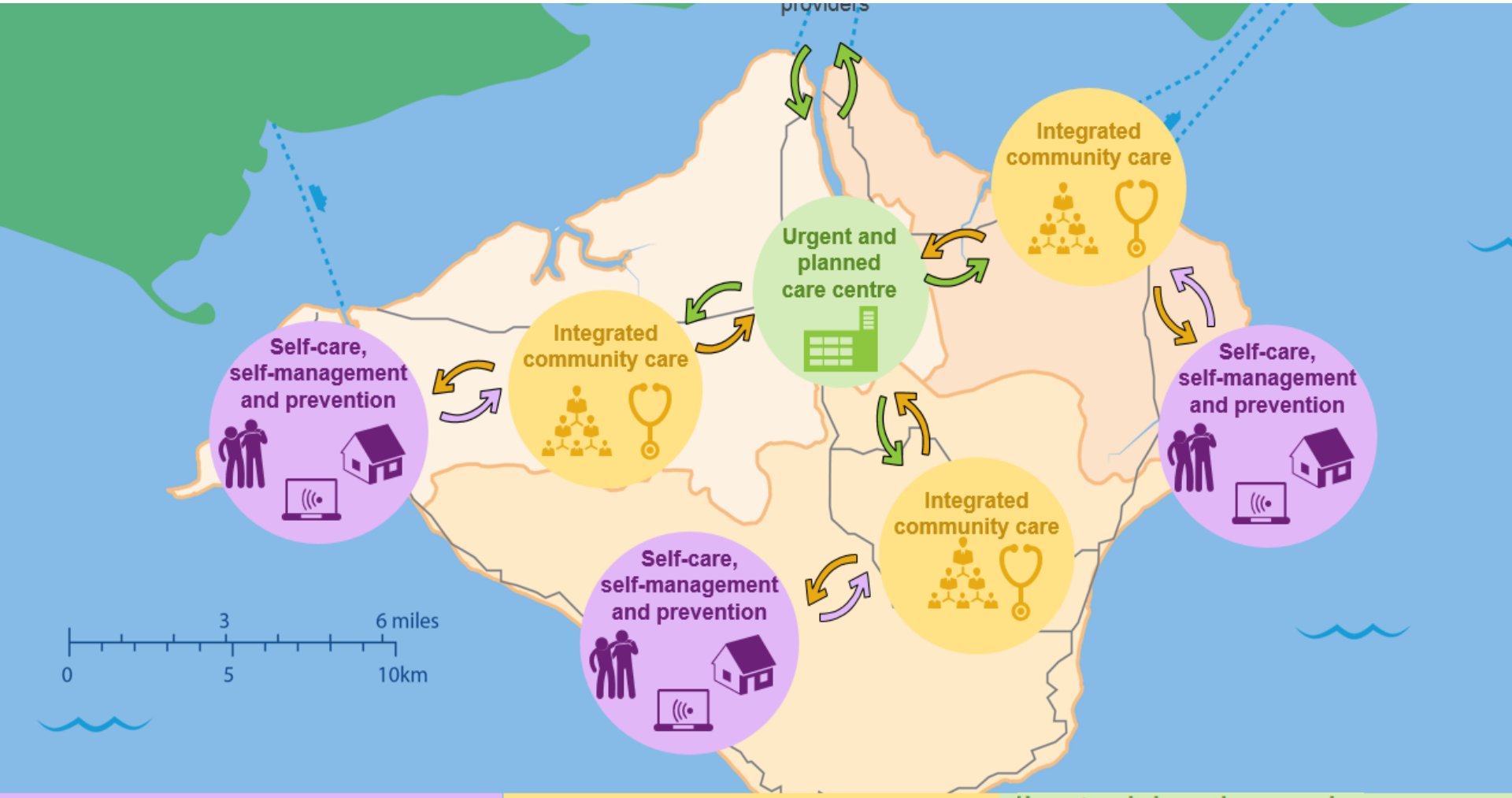
Person centred, coordinated health and social care.

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.



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

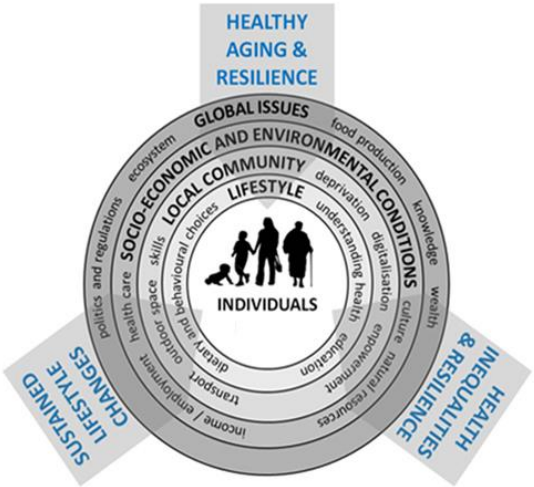
Urgent and planned care service

- 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
- Specialist 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

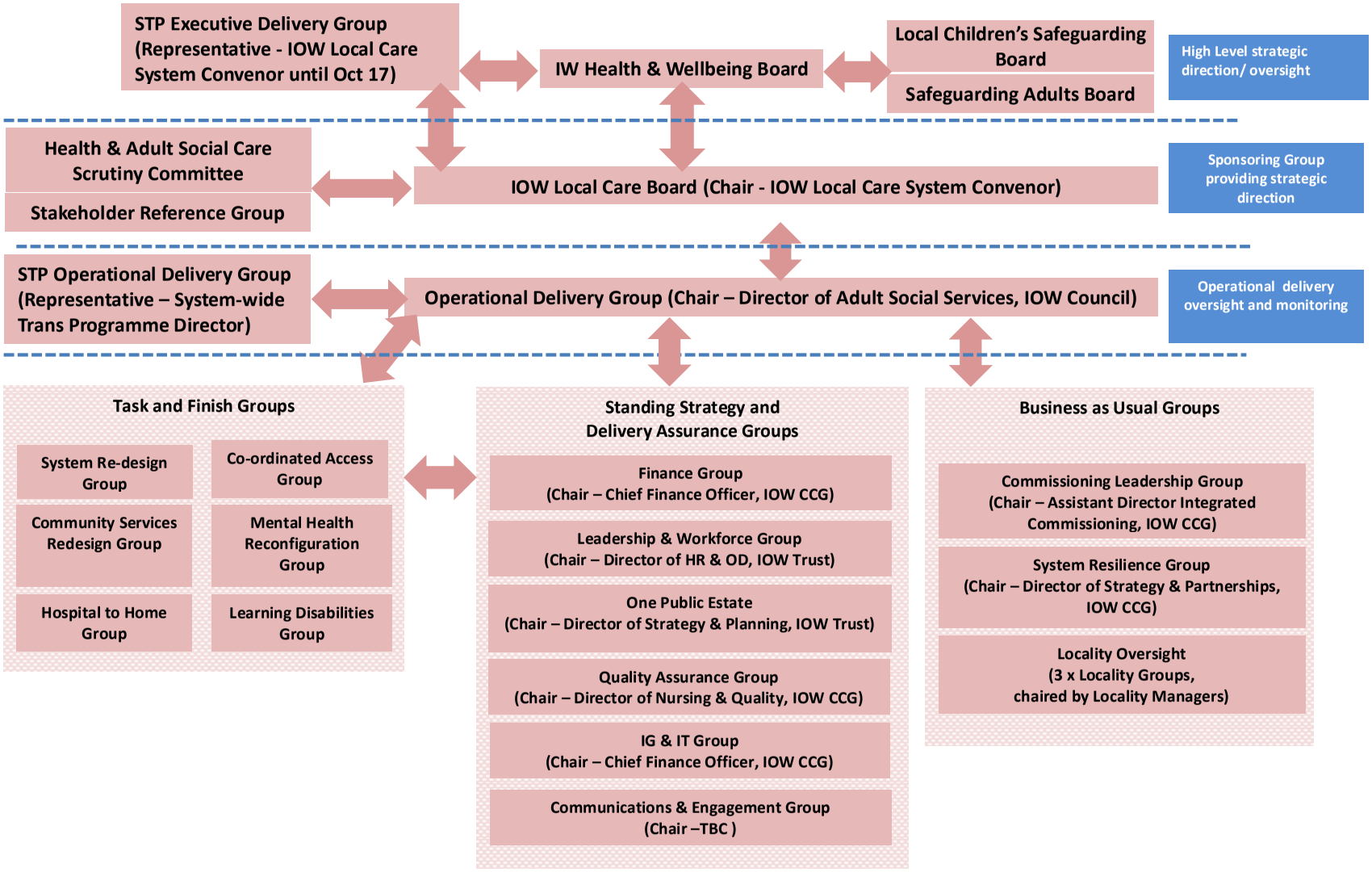
Urgent Care

- 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.

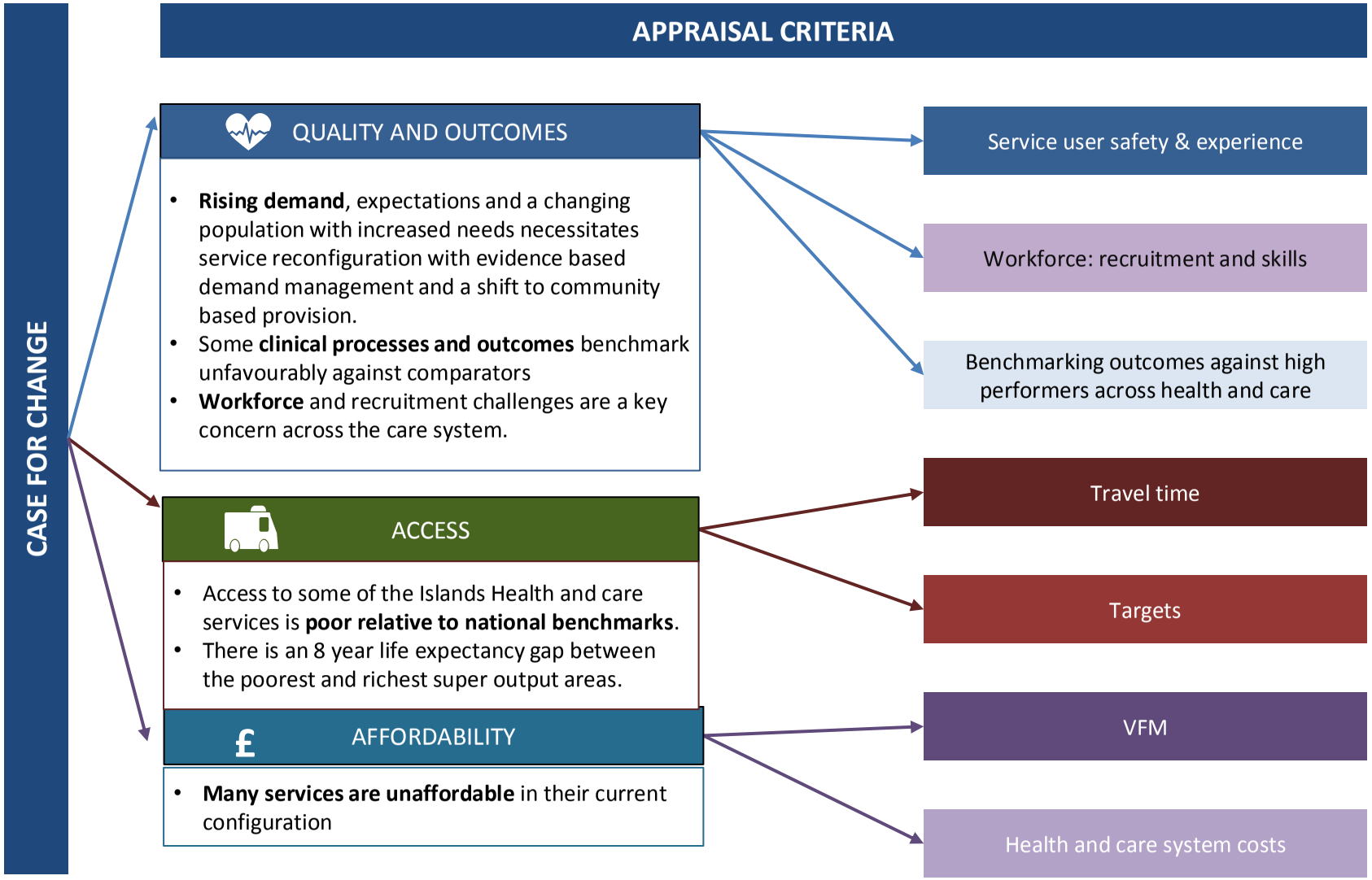
Planned Care

- 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.

IW Local Care System governance structure



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
Community Service Redesign Provision of integrated and co-located primary care, community health and social care services in the Island's three localities. Initial focus will be on community rehabilitation; recovery and reablement services; and implementation of an end to end frailty pathway.	Paul Sly
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 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	Trajectory / Target
A&E 4 Hour Waits (95%)	Trust	95%
Ambulance Red 1 Call out 8 Mins (75%)	Trust	75%
Referral to Treatment 18 Weeks (92%) (CCG Level to capture island population including mainland treatments)	CCG	92%
Cancer urgent Referral to treatment 62 Days (85%) (CCG Level to capture island population including mainland treatments)	CCG	85%
Mental Health – Dementia Diagnosis	CCG	66.7%
Bed occupancy at lead acute provider	Trust	85%
Permanent admissions to residential and nursing care homes per 100,000 for over 65's population (ONS population)	Council	870
Delayed Transfers of Care per 100,000 population (Combined H&SC)	System	2.5%
Financial Performance Trust Variance to plan CCG Variance to plan ASC Variance to plan	System	 (£18.7m) (£0) (£0)
Workforce – Agency spend as a percentage of total pay budget Trust (YTD)	System	<10%