



The purpose of this paper is to provide Members with the latest developments in the My Life a Full Life's Whole Integrated System Review.

No. DETAIL

1) BACKGROUND

- a) The latest stage of the My Life a Full Life programme's involvement with, and access to funding from, the government's Vanguard pilots has been the Whole Integrated System Review (WISR) responsible for developing the new models of care within the delivery agencies for health and wellbeing services.
 - b) That process has now reached the point of having produced a Pre-consultation Business Case that is being approved during this month by the Island's NHS Trust, its Clinical Commissioning Group and its Council.
 - c) Following those approvals, the Business Case will then be submitted to NHS England to go through its Assurance Process after which, with any required amendments, the Business Case will be the subject of a major public consultation process between 1 November and 31 January.
 - d) Final decisions are planned to be made by the partner agencies in March.
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2) GOVERNANCE

- a) The Pre-Consultation Business Case runs to 80 pages and has been previously circulated to Members.
 - b) Attached to this Report are the sections of it which are likely to be of particular concern to Town and Parish Councils: the Foreword (section 1), Governance (section 9) and Consultation (section 10).
 - c) The proposed Governance structure has no place for Town and Parish Councils as this document continues the practice of the My Life a Full Life Programme of regarding them as part of the voluntary sector and therefore represented by Community Action IW.
 - d) Ventnor Town Council has consistently challenged this categorisation and consequent exclusion from effective contribution to the programme and planning is underway for a further meeting for Town and Parish Council representatives with the Director of the My Life a Full Life programme and senior staff of WISR later this month.
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3) RECOMMENDATION

In view of the planned meeting referred to in 2(d) above and the formal consultation process later this year, the Town Council is recommended to note the contents of the Pre-Consultation Business Case as the current stage of the process.

1. Foreword

The importance of this document should not be underestimated. It is the outcome of six months of intensive work that has the potential to change the Island's health and social care services for years to come. It has been produced through the My Life A Full Life programme by an alliance of NHS and Local Authority service providers and commissioners along with voluntary sector and private sector partners. It is an important step in addressing the significant challenges the Isle of Wight currently faces in order to secure high quality, sustainable services long into the future.

The Isle of Wight has a problem: the ways in which we deliver our health and social care services were designed for a different era. Our outdated approach is struggling to meet current demand and cannot be sustained for much longer. This is not unique to the Island – it is a national issue – but there are aspects of Island life that amplify these pressures and make our challenges greater than many places in the UK.

In order to address these pressures on health and social care, key organisations on the Island have secured government funding to undertake a Whole Integrated System Redesign (WISR) as a part of the My Life A Full Life programme. This document is the central outcome of the WISR process. It is the first draft of a 'blueprint' for how we will care for people in the future.

This 'blueprint' has been developed through the hard work and ongoing engagement of more than 160 health and social care professionals and comments and involvement from over 700 members of the public. The details around these stakeholders' ideas will evolve over time as the My Life A Full Life team undertake an external assurance process and further engagement with key stakeholders while working towards a formal public consultation in the New Year. However, the core principles are now clear and need to be shared to ensure that this work has correctly captured and refined the ideas and issues of all those that have been involved in the work so far.

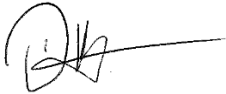
At the heart of this work is the belief that when Islanders and our visitors need help they should get the right care, in the right place, at the right time. At those times, the people being cared for, and those who care about them, should feel supported in each step of their care journey and respected as people and individuals at all times. But more than that, we want everyone – even the most vulnerable people in our communities – to enjoy fulfilling lives with good health and a positive sense of wellbeing. That is the aim of My Life A Full Life.

Achieving this will not be easy as we face many challenges. While much good work goes on here and many areas are working well, the system is struggling to cope under new pressures. These pressures and the ways in which the Island can tackle them are explained in this document.

The suggested solutions found in this document reflect a central vision formed through work with people across the Island. It is a vision of a person-centred approach looking at the whole person with an emphasis on prevention. It requires that when additional care is needed it will be seamlessly co-ordinated and flexibly delivered to enable self-help and support people to spend as much time as possible in their homes and communities with their loved ones.

This vision holds the answers to many of the issues we face and will improve the quality of care for many people across the Island. It also unlocks existing potential so that we can make the most of current resources to deal with the growing needs of our population. This is both a challenging and exciting time for health and social care on the Isle of Wight and I would like to thank all those who have contributed to developing this vision for the future. I look forward to continuing to work with you to see these ideas and our services evolve to meet its high aspirations months and years to follow.

Signed



Dave Newton

Chair, the WISR Programme

DRAFT



9. Governance and assessment against the four tests

9.1 Governance arrangements

As outlined in Section 2.2, the WISR programme is a core workstream within the Isle of Wight *My Life A Full Life* (MLAFL) programme. MLALF is an NHS England Integrated Primary and Acute Care System Vanguard site.

The current governance arrangements are as follows:

MLAFL Programme Board: The MLAFL Programme Board was established in 2013. It is governed by Programme Board convened jointly by the statutory and non-statutory programme partners, including the Isle of Wight Council, the Isle of Wight NHS Trust and the Isle of Wight Clinical Commissioning Group (CCG). Within this partnership, the CCG are responsible and accountable for development of the WISR programme and for the subsequent consultation and implementation process. The MLAFL Programme Board is establishing clear terms of accountability to the Isle of Wight Health and Wellbeing Board and establishing its authority to act to deliver the programme across the programme partners as part of a system-wide Governance Review supported by the Local Government Association (LGA).

The WISR Programme Board: The MLAFL Board established the WISR Programme Board in early 2015. The Programme Board is accountable to the MLAFL Board, and is chaired by a Lay Member. Membership of the Programme Board includes the Accountable Officer of the CCG, the Chief Executive of the Trust, the Director of Adult Services at the Council, Director of Public Health, CEO of Community Action, and the Head of One Wight Health. The membership of the WISR Programme Board also has clinical leadership from a GP lead, consultant, and Medical Director.

The WISR programme Operational Management Group (OMG): The OMG was established by the MLAFL Board in February 2016. The OMG meets on a weekly basis and is chaired by the Lay Chair of the WISR programme Board. Membership of the OMG includes the representation from the CCG, Trust, Council, Voluntary Sector, primary care, and clinicians.

The WISR Programme is led by a full time Programme Director. The WISR Programme Board and Programme Director are responsible for the process outlined in this pre-consultation business case, the consultation later in the year, and any implementation of the business case once approved.

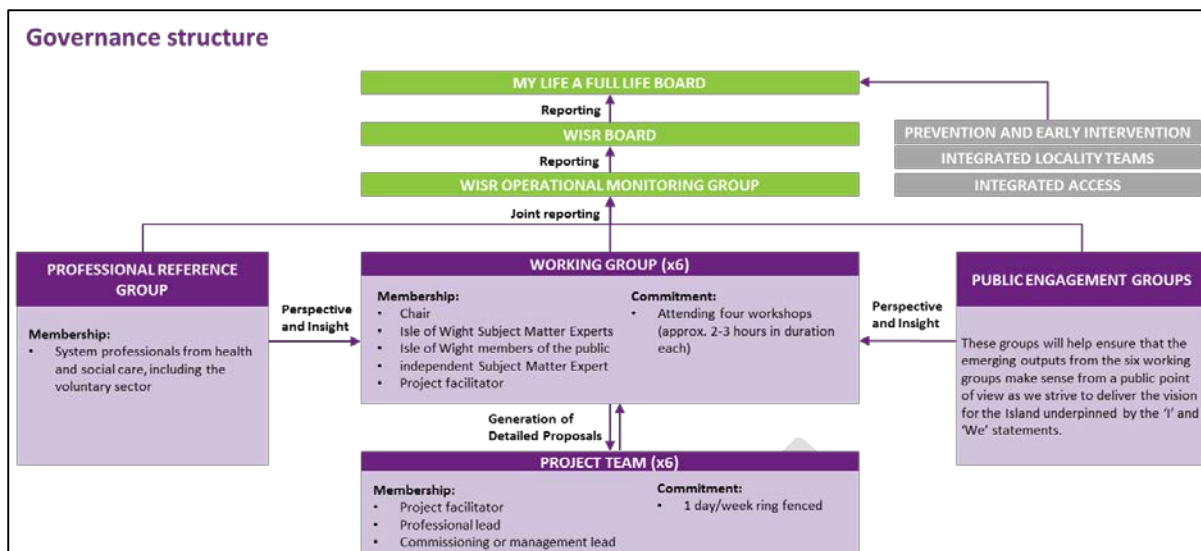


Figure 21: ML AFL Governance structure

9.2 The 'four test' review

In 2010, the Secretary of State introduced the 'four key tests' that need to be applied to assure NHS significant service change proposals before they are put forward for local Public Consultation. These requirements have been further developed in *Planning, assuring and delivering service change for patients* (NHS England, November 2015). The WISR programme has satisfied itself against these tests to date as summarised below. Further consideration against these four tests will be given when developing the proposed service model and options for implementation prior to the consultation phase of the project.

Test One: The changes have support from GP Commissioners

GP clinical commissioners and the whole GP community on the Isle of Wight have been actively engaged and involved and have led key aspects of the WISR programme. The CCG Clinical Executive has played an active part in leading the development of the redesign priority focus areas and the individual GP Clinical Executive members (and other CCG Clinical Leads) have taken an active role in chairing and leading the various redesign groups. The CCG Clinical Executive has enabled access to existing and the creation of additional GP half-day Learning Events, which on three occasions (13th January, 17th March and 18th May) during the redesign phase have been held as joint sessions with the medical Consultant body and senior social care colleagues. The proposals in this paper will be formally presented to the CCG Clinical Executive on 21st June 2016.

The GP Federation, One Wight Health has also been actively involved in the programme. The One Wight Health Chair is a member of the ML AFL and the WISR Programme Boards and has provided clinical leadership in the development of the Frailty redesign proposals. GP Federation members have contributed to each of the redesign groups and have taken a lead role in the development of the Long Term Conditions strategy where they are informing and being informed by the emerging redesign proposals which in turn are shaping wider thinking around the development of a primary care services on the Island.

In addition to having involvement in the Working Groups, the Professional Reference Group, and the MLAFL Board, the WISR Programme has held three commissioning workshops for both CCG and Council commissioners. The purpose of these workshops was to discuss the impact of the initiatives and what this may mean for transitioning towards a One Island Pound and value based commissioning. The output of these sessions is a Joint Commissioning Strategy, which will be produced towards the end of 2016.

The consultation process has been design so that throughout this period the WISR programme will continue to engage CCG members.

Test Two: The public, patients and local authorities have been genuinely engaged in the process

The WISR Programme has undertaken an extensive communications, co-production and engagement process over the past six months (see section 5). A comprehensive communications and engagement strategy was implemented with the support of health, local authority, voluntary and independent sector partners. This involved the production and island-wide mail out of the Case for Change leaflet; over 160 people mobilised in six Working Groups, including the Local Authority and members of the public; 20 public events (one for each Working Group in each locality and two initial public engagement events); more than 230 community groups contacted; and over 300 people reached through direct community conversations working closely with voluntary sector partners and service user groups. Particular care has also been taken to alert and seek to involve groups within the Island community that are seldom heard and those with protected characteristics under the Equality Act 2010. An easy read version of the leaflet was co-produced with community groups to assist in this process. An Island-wide survey contained within the leaflet, and made available online, also attracted over 600 responses.

In addition, staff and volunteers were actively involved across the NHS Trust, CCG, Local Authority and voluntary sector in briefing and engagement sessions, with a mix of formal and informal drop-in sessions. This has included separate sessions with each of the Clinical Business Units, the Voluntary Sector Forum and wider sessions for professional and non-professional staff across the health and care system. These have developed during the process from briefing sessions; to raise awareness of the programme, to interactive engagement sessions where staff and volunteers were able to contribute their views and ideas to the process. This included joint meetings for adult social care and NHS Trust staff working in an integrated way to review the emerging redesign initiatives. This work is continuing over the summer period.

The process has also sought to engage the local MP, town and parish councils and Isle of Wight (County) Councillors with a series of briefing and engagement sessions both within, and in addition to, the formal democratic processes of the local authority. The portfolio holder for Adult Social Care and Integration has also been a significant part of the programme throughout the process and a lead sponsor for key workstreams within the programme.

Throughout summer and prior to public consultation, the WISR programme will continue engaging with the public and key stakeholders to gauge their views.

The WISR programme proposes to have a 13-week consultation and to maintain engagement activities in the lead-up to this and thereafter.

Test Three: Proposal and recommendations are underpinned by a clear evidence base

The development of initiatives for the proposed care model have been based upon the input of local and external clinical and social care expertise.

- Local expertise: The WISR Programme has led a process of co-production with as a wide a range of clinicians and social care professionals from every sector and discipline. Each Working Group had representation from across the system, including from the Voluntary Sector, Policing, Housing and members of the public. In addition, the Professional Reference Group, which provided recommendations on the initiatives, had representation from across the system.
- External expertise: The WISR Programme brought in approximately 20 external experts to assist with the development and assessment of initiatives. For example, Professor Matthew Cooke assisted with the Urgent and Emergency Care Working Group; Dr Geraldine Strathdee worked with the Mental Health Working Group; and Clare Evans worked with the Planned Care Working Group.

In addition to the local and external expertise, the development of the focus areas and their initiatives has been informed by the JSNA, CCG and Local Authority Atlas Opportunity Tools, Health and Wellbeing Strategy for the Isle of Wight 2013-16, and the Isle of Wight Clinical Strategy.

The majority of initiatives proposed for the assurance process are based on national and / or international best practice. To reflect this, each strategic outline business case answers the questions 'Why was this change chosen above others?' with a reference to where this initiative has been successfully implemented. For example, the initiative to introduce an Ambulatory Care model in St Mary's A&E is based on the Southern Manchester model, supported by recommendations from the NHS Institute for innovation and Improvement.

Test four: The changes give patients a choice of good quality providers

Providing patient choice has been a key consideration throughout the redesign process to date. In developing the framework to assess any redesign ideas against, called the 'Individual Needs Framework', patient choice part of several criterion.

At this stage of the WISR programme, we believe that the care model and initiatives proposed will not result in a reduction of choice of existing commissioned providers and will enhance choice for local residents to receive care in their communities. The proposed initiatives increase access in terms of service provider location and the ability to choose the timing of their care. The level of choice provided by any model will be reviewed at each stage of the WISR programme going forward.

9.3 Equality impact assessment

In addition to addressing the four tests as outlined above, the MLAFI evaluation workstream will undertake an Equality Impact Assessment as part of the project.

10. Next steps: public consultation

10.1 The consultation process

Given the WISR programme is considering changes to the whole health and care system, it is important to continue to involve the public in the redesign process and formally consult with people on the proposed clinical model and the potential options for its delivery.

The WISR programme is very mindful of relevant legislation including Section 242 of the NHS Act 2006 and the 2010 Equality Act. Due consideration will also be given to wider learning including the Independent Reconfiguration Panel's *Learning from Reviews*, which highlights reasons why programmes are referred to the Secretary of State for Health as well as relevant sections in the NHS England guidance, *Planning, assuring and delivering service change*, and *Reconfigure it out*, produced by the NHS Confederation.

It is proposed that the consultation run from the 1 November 2016 to 31 January 2017. This is a period of thirteen weeks rather than twelve because the Christmas holidays falls during the period.

Preparation over the summer 2016 period

Prior to consultation, the WISR Programme will continue to involve the public as the consultation options are developed during the NHSE Assurance process. This will include:

- Continuing to invite people to submit ideas, comments and suggestions
- Working with key community representatives to check the way the review team has scored options and to ensure their views are considered as the final shortlist of options is developed
- Liaising with key councillors particularly those on the Health Overview Scrutiny Committee
- Testing the impact of the potential options with equality/protected groups. This will help the programme team be aware of the likely impact of any changes on some of the most vulnerable people on the Island.

A full consultation plan and consultation document based on the options presented in this pre-consultation business case will be developed. Independent engagement experts with experience of running engagement and consultation programmes before have been enlisted to assist with this. The approach to consultation is to involve people and staff throughout such as:

- Using the lessons learnt from the case for change phase, for instance, focussing more on using existing channels (e.g. community groups' meetings) rather than too much reliance on asking people to come to set events.
- Asking the public what the best way to reach all groups on the Island is, including those who are hard to reach.
- Testing the approach to engaging staff in the consultation – and consider their feedback

Developing and testing materials

The core materials will include:

- A consultation document setting out the current situation, the options for change and how people can have their say. The document will include information to spell out the advantages and disadvantages for the various options. The document will be designed to help people on the Island make an informed decision
- A summary document will be posted to all households on the Island with a free post card to request a full consultation document
- People on the Island will be invited to complete a consultation response form which will be available from the MLAFL website and on paper
- Easy read materials will also be produced and cascaded via community organisations. Additional materials such as large print and alternative languages will be available on request

Additional materials will include:

- Advertising materials
- Updates to the MLAFL website, including video and details of how to get involved in the consultation
- Posters/flyers for distribution to community facilities, surgeries, the hospital, care homes and so on
- FAQs

In September and October 2016 the WISR programme will work with key community groups on the Island to ensure the type of materials we develop for consultation are appropriate, including for people with learning disabilities. The intention is to test the language and some of the descriptions of options in the consultation document with key community representatives before the document is published. The feedback will be considered carefully and amend materials to ensure they are fit for purpose.

Consultation activity

Face-to-face discussions are an important part of the consultation process. The WISR programme will work with the voluntary sector to use existing channels wherever possible so that we can meet people in their communities.

In addition, three public exhibitions (one in each geographical locality) will be held during the consultation period. Public exhibitions are a very useful way for people to understand more about the consultation options and their potential impact. The exhibitions will be held at a range of times during the day and evenings. Key components include:

- An exhibition with display boards bringing to life the pros and cons of each option
- An opportunity to speak to a clinician or member of the WISR programme, ask questions and raise points of challenge and new ideas
- Materials about the consultation including the consultation document, summary and consultation response form
- iPads with internet connection enabling people to complete the consultation response form on site. Paper copies and assistance will also be available as required

To ensure adequate reach to the target populations, and will use multiple channels of communication. This will include:

- Direct mail to every household with the consultation summary or flyer
- Direct mail to community organisations
- Content about the consultation for inclusion in community organisations' newsletters and on websites
- Coverage across print, online and broadcast channels aimed at encouraging people to have their say
- Online, radio and newspaper advertising, subject to costs
- Regular updates on the MLAFL website and email updates

Particular attention will be paid to ensuring that those identified as protected characteristics groups (Equalities Act 2010) are reached. The WISR programme will develop a clear plan alongside the consultation strategy that sets out how to engage with both hard to reach and protected groups. Working collaboratively with voluntary sector organisations, the programme team will:

- Seek their advice and feedback on the best ways to reach and engage people
- Test materials to ensure they meet the needs of these communities
- Use a variety of existing channels (e.g. community organisations' forums, newsletters, face to face meetings and social media) to invite people to get involved in the consultation
- Work with Community Action Isle of Wight and provide a facilitator to attend community group meetings to discuss the consultation and enable people to complete the consultation response form. The number of these meetings is to be decided but anticipate a minimum of ten

10.2 Results analysis and feedback

The WISR programme team have appointed an external communications firm to evaluate the consultation process and analyse the results. This partner will develop a process and infrastructure that reassures stakeholders of the independent nature of the evaluation responses.

People will be able to respond to the consultation in a variety of ways including:

- Online using the consultation response form
- Completing paper copies of the response form
- Correspondence via letter and email
- In person at facilitated events
- By telephone as required

Following the process, the WISR programme team will analyse and assess the consultation responses in the form of a final report and a statistical analysis. All responses will be carefully considered. The report will be used to inform the decision-making of the WISR Programme Board.

10.3 Decision-making process

After the completion of the report, the MLAFL programme will consider the implications of the findings and make final recommendations to the MLAFL Programme Board.

The expected timelines are:

What	Who	When
Programme assurance	MLAFL programme team	22 July to 31 October
Public Consultation	MLAFL programme team	1 November to 31 January
Analysis of responses and preparation of DMBC	MLAFL programme team	February 2017
Consideration of all material by the WISR Programme Board	MLAFL Programme Board	March 2017
Board to Board session (all partners)	IOW Council, CCG, IOW NHS Trust, Community Action IOW	March 2017
Summary of feedback provided to consultees and wider public and stakeholders	MLAFL programme team	March 2017
MLAFL Programme Board meets in public to make final decisions. CCG governing body to make final decision in collaboration with other system partners corporate governance	IOW Council, CCG, IOW NHS Trust, Community Action IOW	March 2017

Table 4: Decision making time frames

It is anticipated that the MLAFL Programme Board will meet in public to make its final decisions. A detailed communications plan will be developed to ensure people with an interest in attending the meeting have an opportunity to do so.

Following the decision making meeting, further updates will be provided to all those who took part in the consultation as well as wider stakeholders with an interest. Ongoing involvement and engagement with communities, staff and other stakeholders will need planning to run alongside the implementation process.