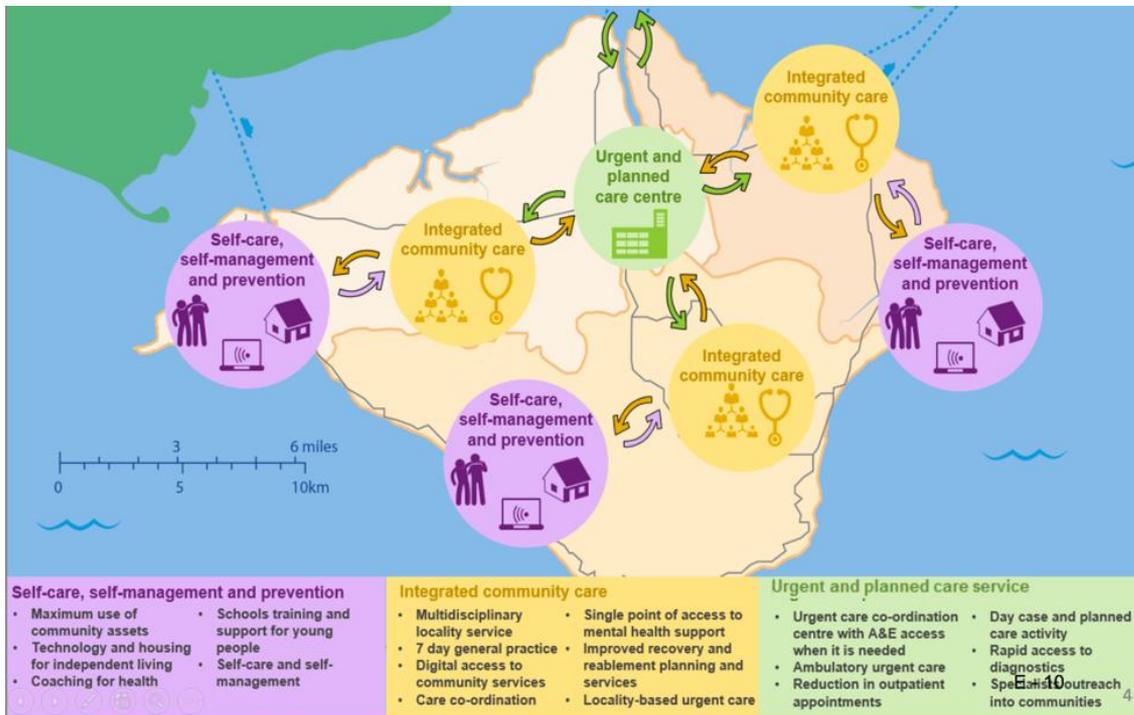


Isle of Wight Health and Care Plan

People living healthy, independent lives



Where we started



- Our community rightly expects the best quality health and care services
- Health and care needs to improve and changes need to happen quickly
- We have listened to staff and to the public
- Our plan sets out the priorities for improving services and making them sustainable

- Over-reliance on beds for general and mental health needs and under-investment in community services
- The IW Trust has faced significant change in its leadership
- Commissioning leadership has also changed, with the IW CCG being placed under legal directions prior to moving into a CCG Partnership with a shared Accountable Officer.
- An acute services review (ASR) began in 2016 with options in 2018, this has also been slow to progress
- Relationships between partners were challenged as the system pressures mounted

- **Age** - Our population is 6 years older than the national average, but it's the same in areas popular with retirees
- **Isolation** - More people are living alone compared to the national average
- **Education** -
- **Deprivation** - While there is variation in deprivation across the Island, we are in the top quarter nationally

We also learned that:

- Greater incidence on dementia, stroke and learning disability than UK average
- 5% of people with complex needs use 36% of total NHS resources
- A&E demand is lower, 999 and 111 performance is good

- **Hospital-based care model is outdated** – there has been historic underinvestment in community services
- **Admissions and length of stay** – too many people are being admitted to hospital unnecessarily and staying in hospital longer than need to
- **Mental health model of care** – the current system means people come into hospital who would be better supported at home or in the community
- **Significant financial challenge** – the NHS and social care both face significant financial challenge, we need to work differently to ensure our services are sustainable

We have worked together to create a 3-year plan to make our services clinically and financially sustainable.



- Improving services for our community
- Making health and care sustainable for future generations
- Closer working between the NHS, council, primary care and the voluntary sector
- Finding partners to support some of our services

1. Care models

- Community supported care
- Supporting return to home
- Mental health
- Independent living support

2. Productivity

- Trust productivity
- CCG efficiency
- Social care efficiency
- System efficiency

3. Networks

- Acute services
- Mental health
- Ambulance

Structural challenge

- Staff and pay for 24/7 services
- Ambulance
- Price (cost of isolation)



- Activities for each of the above have been identified with prioritised actions that are built into this years Operating Plan.
- Our top priority is working together to improve hospital flow and improve Trust performance on 4-hour A&E waits.

- **Investing in community services** – to reduce unnecessary admission into hospital and to support people to get home sooner
- **Transforming mental health services** – reducing admission and supporting people in the community
- **Making services sustainable** – by becoming more productive and efficient, across the NHS and social care
- **Working more closely on the Island** – creating an Integrated Care Partnership to take decisions about services and to oversee them
- **Improving services** – we are looking to work with neighbouring NHS providers on the mainland to improve our services

- Trust, Council and CCG developed the plan
- Local Care Board oversee it
- More aligned to the Sustainability and Transformation Partnership
- Moving towards an Integrated Care Partnership for the Island

- Improving the system CQC ratings (the Trust was inspected in May)
- Improving our performance against constitutional standards
- Improving our finances
- Partnerships for our services
- Working towards becoming an Integrated Care Partnership