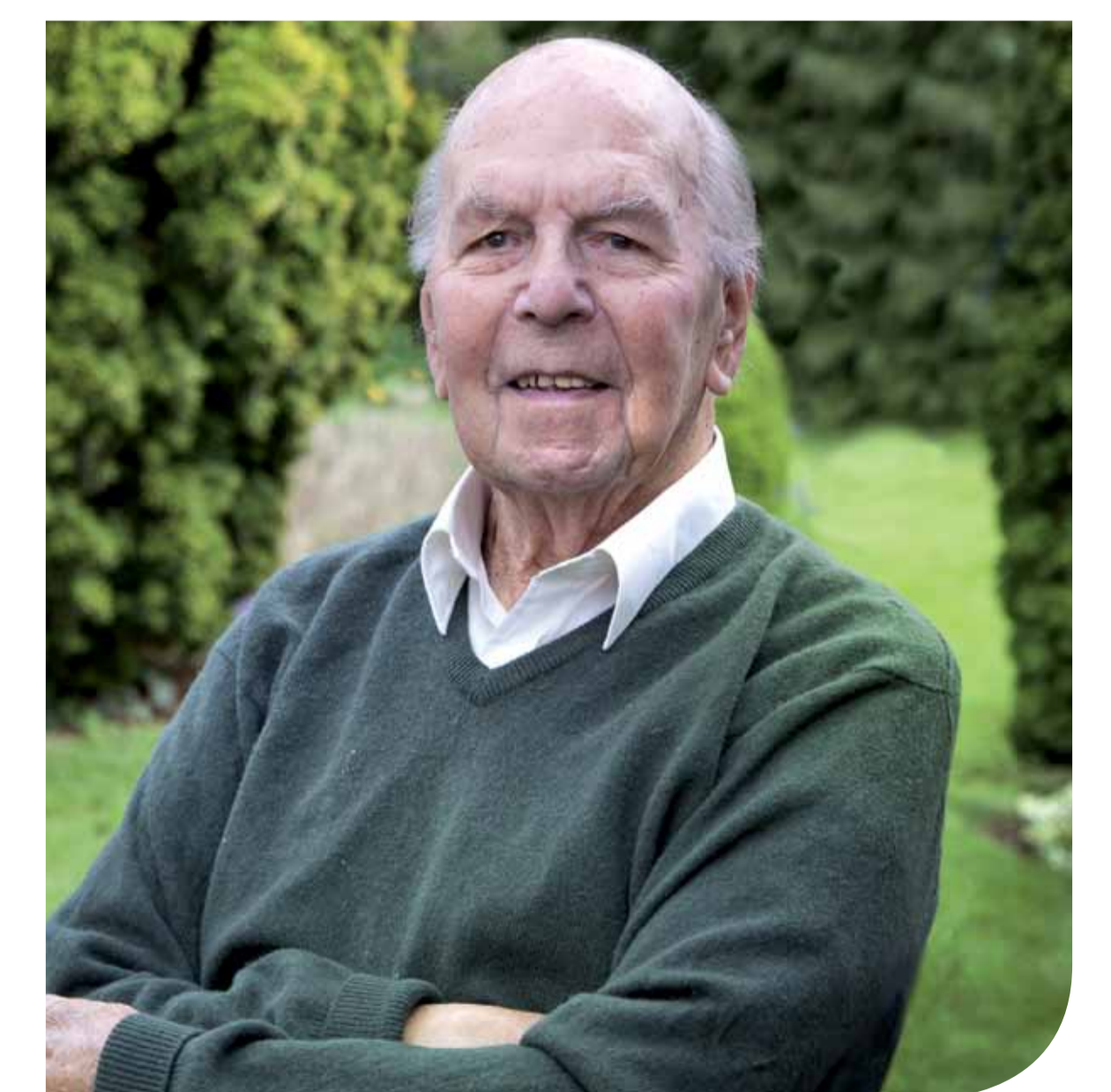


My Life a Full Life

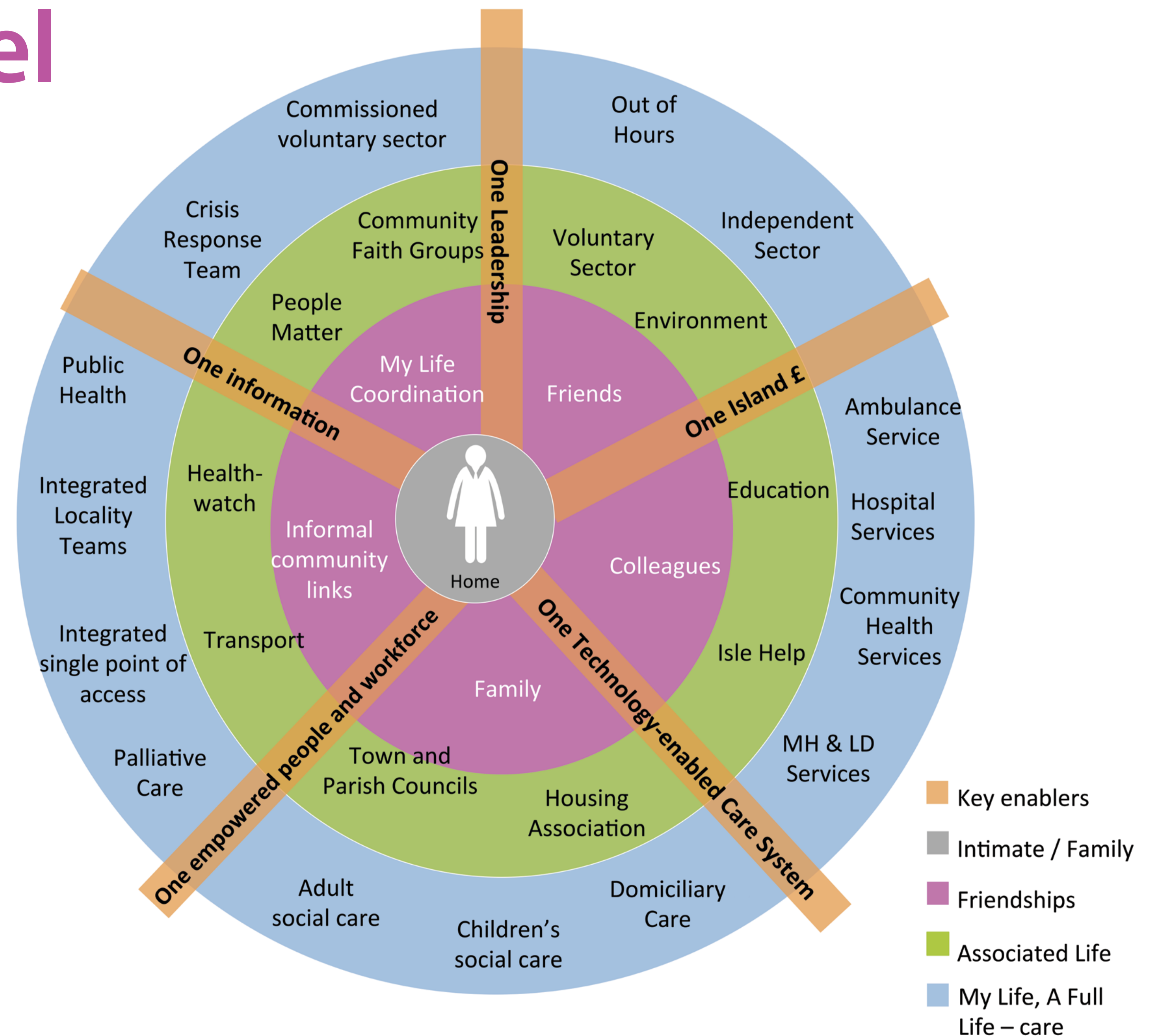
- My Life a Full Life aims to improve health and wellbeing on the Island and ensure services are safe and sustainable
- Organisations are working together in partnership with the voluntary sector, independent sector, the Isle of Wight Clinical Commissioning Group, the Isle of Wight Council, the Isle of Wight NHS Trust and One Wight Health (a GP membership organisation)
- We want to ensure people
 - stay healthy
 - can lead independent lives at home with appropriate support
 - have access to high quality services in the right place at the right time when they need them



Our 'my life' model

Our integrated 'My Life' model is:

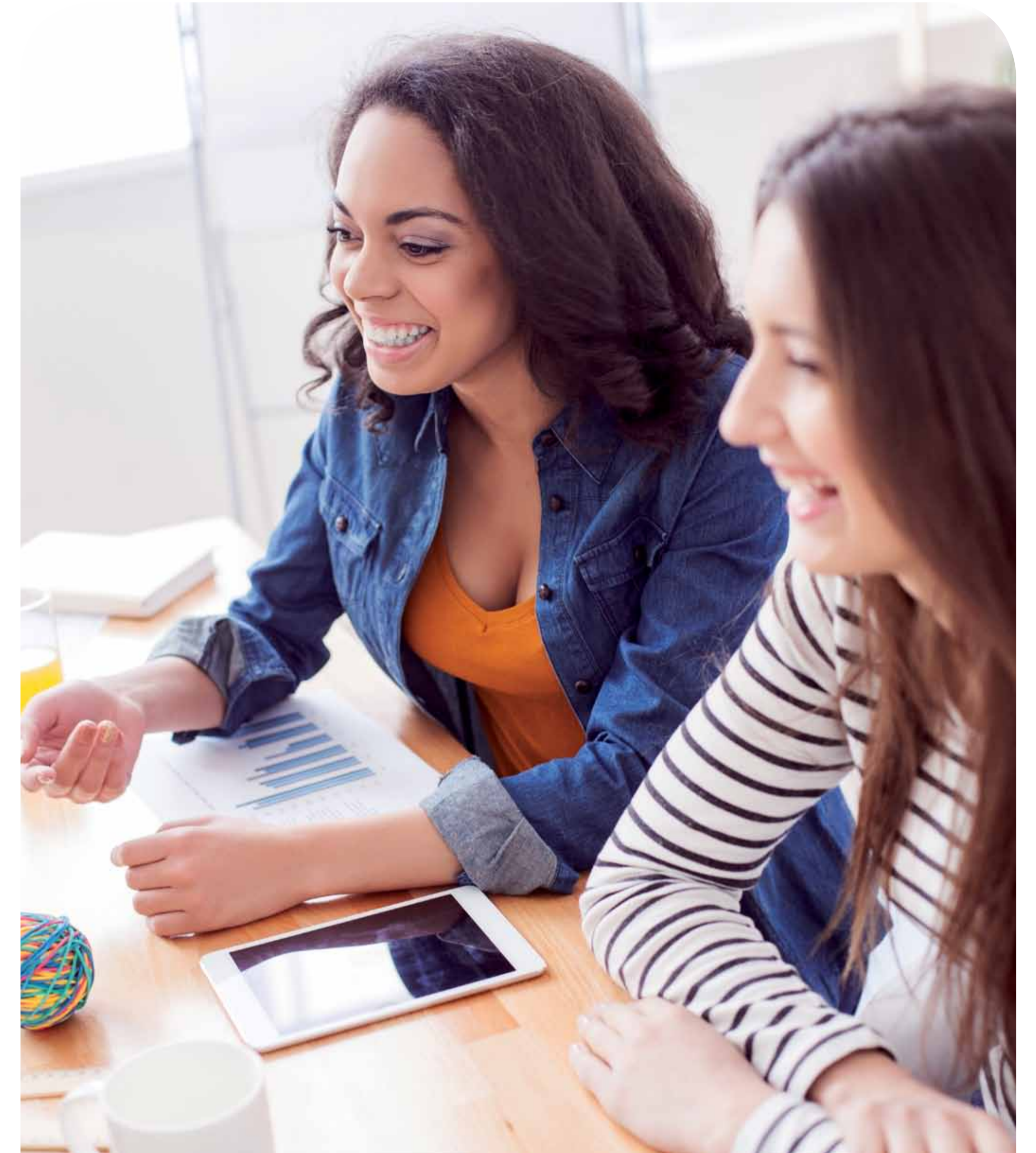
- Prevention-based
- About improving health and wellbeing
- Built on experience-based co-design
- Founded on self care and empowered communities



Public engagement

Some headline figures of engagement to date:

- 18 locality events, one for each working group in each locality – 189 attendees
- 2 public engagement events – 97 attendees
- 317 people reached through direct community conversations including:
 - 65 people at a Carers' event
 - 52 people at the Beacon Centre
 - 32 people at Active Living
 - 20 people at IW college
 - 20 people at Older Voices
- Contacted 230 community groups, including 'hard to reach' groups
- Case for Change leaflet mailed out island-wide – 723 formal responses
- 315 staff members attending staff events (or events where we have presented)

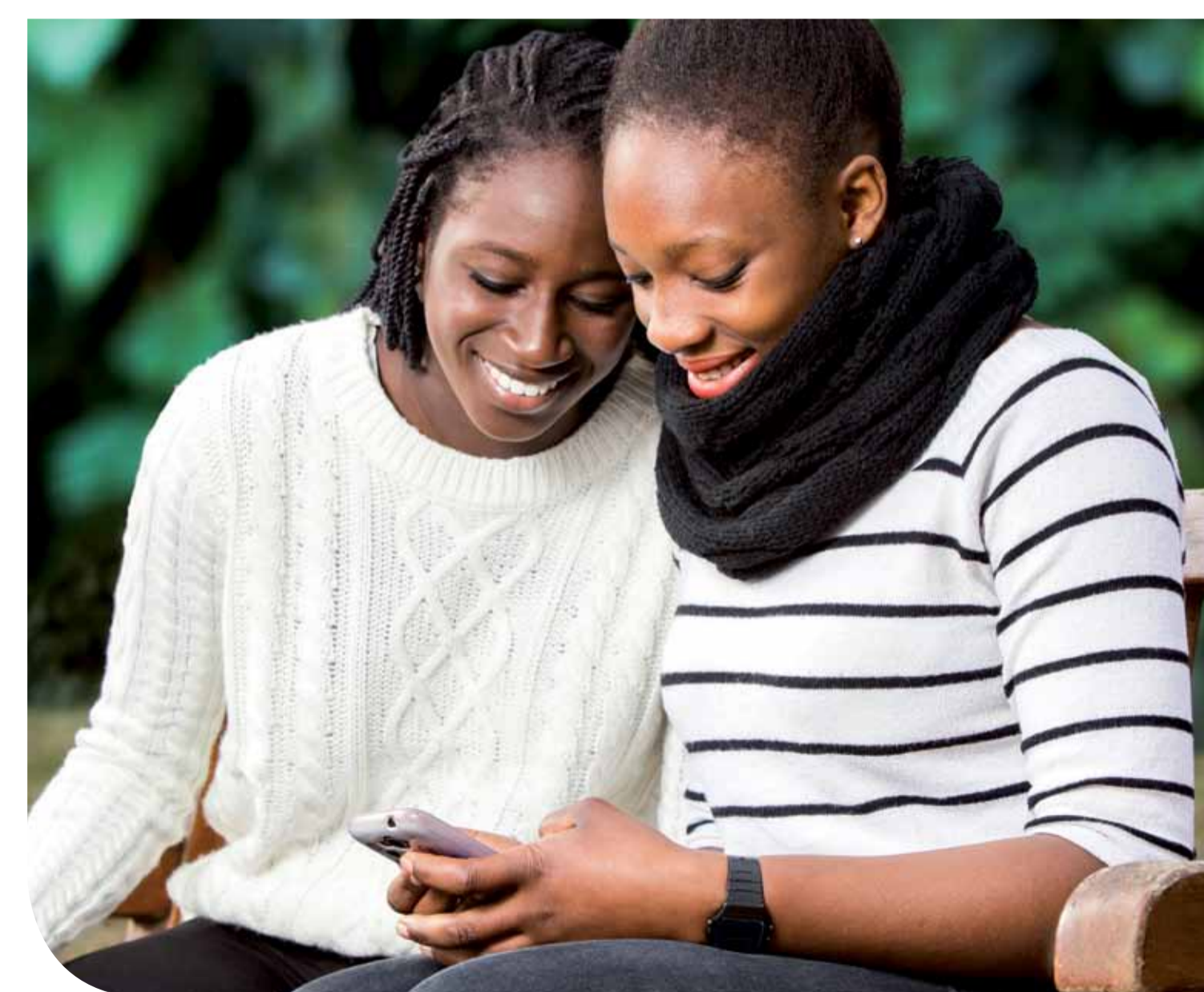


Key feedback

- Prevention is better than cure. Some people have told us they are willing to accept more responsibility to look after their own health and care, provided we can give them access to appropriate information and advice

We need to integrate services on the island so that care is more joined up for patients and service users

- People told us that we can improve the quality of care and make it more convenient for people if some services are provided nearer to where people live, rather than in hospital
- People told us we can also improve the service if we make it easier for people to access the right service at the right time. For instance, some people are unnecessarily being referred to the emergency department and out of hours services when their needs could be met more locally or by other more appropriate healthcare professionals



People told us

"Help with educating people not to eat processed food and sugary drinks."

"Funding needed or help with funding to mainland appointments"

"Hard to get GP appointments"

"Many older folk could be looked after in their own homes"

"I noticed very poor to non-existent communication between the hospital, GP and care home."

"There needs to be expansion of community mental health facilities in key geographical areas"

"Generally the health care is very good on the Island, but I have noticed a downturn in what is available, for rehabilitation and aftercare services"

"Support and counselling via internet chat regularly would be good"

"Stretched and big gaps in service for child mental health and children in care"

"Better computer system Islandwide for doctors/hospital. At the moment I cannot make an appointment for more than two weeks ahead."

"Education on how to keep body protected from diseases"

Mental health

The key issues include

How do we provide appropriate community based support and avoid people reaching crisis point?

- There's insufficient focus on preventing ill health and when help is needed, it is not always provided soon enough. Staffing challenges mean that some adults and children are having to wait too long for services
- Some people with mental health needs who are admitted to hospital experience delays in being discharged
- Individuals in crisis have limited options: to be picked up as part of the police triage or to visit A&E
- Some people with more complex needs are not always getting the support they need

Emerging thinking

- Improve links and joined up working between mental health services and other public services. This will help service users get an assessment more quickly and lead to better outcomes for people
- Provide alternative places of support and safety during times of crisis for those with mental health needs in the form of a walk in café style safe haven
- Improve people's health, wellbeing and quality of life through Increased Access to Psychological Therapy for people with a Severe Mental Illness (IAPT for SMI)



Planned care

Issues include

- Recruiting and retaining staff is a challenge in some specialties

People on the Island should expect high quality care – yet not all services are considered to be high quality



- If only a small number of procedures are carried out, clinicians may not see enough patients to maintain and enhance their skills
- Some people travel to the mainland for care – the travel costs are expensive and appointment times are not always convenient given the time

Emerging thinking

- Develop enhanced roles for some practitioners, for instance physiotherapists could be asked to take on more responsibility such as providing musco-skeletal assessments and care
- Reduce the need for people to come back for some unnecessary follow up appointments after an operation or procedure.
- Develop one stop clinic by carrying out assessment and treatment on the same day
- We should continue to provide leading edge elective care - e.g. orthopaedics and treat people as a day case avoiding overnight stays where possible
- As happens now, if some specialist care is provided off the Island, people's ongoing care needs should be provided here
- Expand the use of video link and telehealth to improve access to specialist care

Children, young people and families

Issues include

- 5,402 children aged four and under were seen in the emergency department in 2014/15. This figure is higher than the England average

Young people's mental health needs are becoming increasingly complex and the number of young people needing support is increasing

- Children and young people are not experiencing joined up care: hospital and community services are fragmented



Emerging thinking

- Emotional Wellbeing and Resilience (Earlier access and intervention for young people's mental health needs): improve mental wellbeing and increased resilience by encouraging a culture shift towards prevention and self-care, informed choices and access to technology
- Integrated service for Autism and ADHD: provide an integrated assessment, treatment and support service in the community for children, young people and adults with autism (ASD) and attention deficit hyperactivity disorder (ADHD)
- Paediatric Assessment Unit: develop unit to alleviate the need for avoidable paediatric admissions, as a result of children presenting with urgent or emergency care needs at A&E

Care for frail older people

Issues include

- Our growing numbers of older people need appropriate care and support to stay healthy and remain independent at home
- GP and emergency services are under significant strain and are not sustainable. Older people are sometimes admitted to hospital when they could be treated at home or in their community



Emerging thinking

- Help prevent frail older people from reaching crisis point through improved access to information and promotion of self-help, so that Isle of Wight residents are given the support they want close to their home
- Use multidisciplinary integrated teams of professional and non-professional community staff who are able to identify when people's health declines (functional deterioration) and perform timely, relevant assessment of need with the aim of developing personalised care plans

Moving resources from the hospital would enable the development of community health and care teams - supported by voluntary sector colleagues to promote independent and living at home

- Develop an acute frailty service with rapid investigation, diagnostics and care

Care for people with long term conditions (LTCs)

Issues include

- Poor quality and access to services for those with neurological conditions
- Help people with LTCs to be able to support their own care and wellbeing with the right information and advice
- A disconnect between the increasing complexity of need for those with LTCs and the ability of the workforce to cope with increased demand
- A lack of housing support for those living with one or more LTCs



Emerging thinking

- Use of telehealth, non medical activity (social prescribing), encourage self-management and provide co-ordinated care that allows people to remain in their communities
- Health coaching to support people with LTCs and their carers to choose their support needs and explore a balance between medical and non-medical support

Wellbeing planning to help people set their own goals whilst living with a LTC and take their own support decisions in a crisis

- Community teams to support the most vulnerable with help to get back home after a stay in hospital

Urgent and emergency care

Issues include

- GP and out of hours services need to be offered in a sustainable and localised way
- Workforce vacancies, across primary care and at the hospital are difficult to recruit to, giving rise to a need for different ways of working
- Information sharing across care disciplines is not currently in place, preventing co-ordinated and rapid decision making

Emerging thinking

- Support primary care services to be able to meet the urgent care needs of the population
- Ensure patients who do not need to attend A&E can be seen by the correct professional for their needs at an appropriate time
- Ensure more patients benefit from the convenience of a 'same day service' reducing the need to stay in hospital overnight

Provide proactive case management for the patients with the most complex needs. Support people to remain at home where possible and get home efficiently following emergency admission



Best practice and specialist input

Over 20 clinical and professional specialists providing insight and best practice

Planned Care:

- **Clare Evans**, Nurse specialist pioneer
- **Wendy Chadd**, former Acute CEO
- **Mr Gavin Marsh**, orthopaedic surgeon and medical advisor to the CQC

Frailty:

- **Dr Susan LaBrooy**, Medical Director, NW London Transformation programme, Geriatrician
- **Gerald Pilkington**, National Reablement Expert
- **Dr Jayne Chidgey-Clarke**, NICE implementation Consultant

Urgent Care:

- **Prof. Matthew Cooke**, Emergency Care expert, HSJ Top 100 Clinician

Children, Young People and Families

- **Dr Dagni Rajasingam**, Consultant obstetrician, elected member of Royal College Obs & Gynae
- **Dr Mary Ryan**, Clinical Director, Alder Hey Children's Hospital
- **Joanna Killian**, KPMG head of local government, formerly CEO of Essex County Council
- **Bridget Griffiths**, Safeguarding Consultant, former Head of Safeguarding in Barnet

Mental Health:

- **Dr. Geraldine Strathdee**, former NHS England clinical director for mental health
- **Dr Lise Hertel**, GP Mental Health lead for Newham, London Strategic Clinical Network for Mental Health
- **Maggie Cork**, IAPT+

Long Term Conditions

- **Patricia McFadden**, UK and New Zealand community models of care specialist
- **Shera Chok**, former Medical Director for NHS Lambeth, GP in the Bromley-by-Bow network in Tower Hamlets

General:

- **Dr Anna van Poucke**, KPMG global head of care system redesign
- **Andrew Webster**, KPMG Director lead for local government, formerly Local Government Association and DASS Tri-Borough
- **David Reeson**, KPMG Director, Local Government and social care specialist
- Next week... **Stefan Lundström**, KPMG Sweden healthcare lead, formerly EY's global healthcare expert panel