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Isle of Wight Health and Care Plan

2022-2025

People living healthy, independent lives

Foreword

Welcome to the new Isle of Wight Health and Care Plan 2022-2025.

Our Island community has shown great resilience and spirit in its response to the COVID-19 pandemic, with people coming together to support one another in a truly inspirational way.

The lessons that we have learned over the last two years show that the services and support we provide must evolve to keep pace with the changing needs of our population.

We know that people on the Isle of Wight will, on average, be older and often managing more long-term health conditions than elsewhere in the country.

Research into the health and care needs of our community shows that we need to think differently about how we plan and deliver services, especially for older people who may become increasingly frail.

Supporting the Island's physical health, mental health and wellbeing will require us to make sure our whole community is represented, so that we can tackle health inequalities and improve outcomes for local people.

Preventing ill-health is a vitally important part of this new approach to health and care on the Isle of Wight. Giving people the tools and support they need to manage their own health and wellbeing will underpin all the work we do together.

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Clinical Chair
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Chief Executive
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Our community has shared its collective voice in the creation of this plan and the priorities we now share. We will work with local people and with our health, community care, independent care and support providers, pharmacy and voluntary sector partners to help improve access and to make sure residents have the support they need to live healthy, independent lives.

Making sure that Islanders in our local communities, have the access to the support they need, when they need it will be crucial if we are to meet the changing needs of our population.

A key measure of success will be in further improving the quality of the services that local people rely on, and we commit to engaging with residents as we set about delivering this plan.

Planning and delivering health and care services for our Island population, with local leadership and collaboration, will help make sure that we can make the ambitions set out in this plan a reality.

We look forward to working together, and with our community over the coming years. The health and wellbeing of our Island is our top priority.

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Introduction

The Health and Care Plan 2022-25, set out in this document, builds on the progress we have made over the last three years across our health and care system.

In 2019 we published a three-year plan to support people on the Island to live healthy and independent lives.

This health and care plan outlined the steps we would need to take over the longer term to ensure our healthcare system is sustainable and can continue to meet the needs of our local population.

At the heart of the plans were steps to develop new models of care, stronger partnerships with local and mainland health care organisations and greater productivity within our healthcare system.

While we have made some good progress with these aims, the COVID-19 pandemic has impacted on the delivery of some aspects of our plan as we redirected our efforts to ensure we could respond to the immense challenges the pandemic created.

The effects of the pandemic have also left a longer-lasting impact on our local population with the prevalence of long COVID and the physical and mental effects of social isolation which we will need to take into account in planning our services for the next three years.

At the same time, it has brought us together like never before with public sector, private independent and voluntary sector organisations all responding quickly to the crisis and working together to join up care for people on the Island more effectively and efficiently. These are lessons that we are determined will not be lost as we look to the next three years.

One of the key steps that will help us to achieve that is the development of a strong and effective, local Integrated Care System (ICS) and local Integrated Health and Care Partnership (IHCP).

These are being put in place across England and will see health and care organisations working more closely across a wider geographical area, in our case across Hampshire and the Isle of Wight.

They will enable us to take a joint approach to improving services where they can benefit from utilising wider, specialist expertise. In fact, this is happening already, one example being the way in which we have worked closely with Portsmouth Hospitals University Trust (PHUT) to deliver improvements in stroke services for Island residents.

The IHCP will also pave the way for more collaboration with local partners on the Island, where people live and access services in their local communities.

The Island's health and care plan and priorities to 2025 have been developed through a robust examination of our population health and care data, across all our services, to understand how these might impact future service delivery. Crucially, they are also based on the feedback of our staff and from you, as residents, about the improvements you would like to see across our healthcare system.

The plan and the priorities outlined in this summary document together with the Island's Health and Wellbeing Strategy, to which it is closely aligned, will help us develop individual service plans with specific timeframes which set out how we will tackle health inequalities and improve health outcomes in our society.

As we embark on this three-year strategy, we are committed to keeping you at the heart of our plans, helping to shape the health and care of our Island community.

Our health and care services

There are a wide range of health and care services for the 140,400* population of the Isle of Wight. These services include:

Primary care includes community based services such as General Practitioners (GPs), Community Nurses, Allied Health Professionals such as Physiotherapists and Occupational Therapists, Midwives, Pharmacists and Dentists.

Community and Mental Health Care services provided by Isle of Wight NHS Trust, Isle of Wight Council, Mountbatten Hospice and the Voluntary, Community and Social Enterprise sector organisations (VCSE).

NHS Community Services for Children, Community Dental Services and Sexual Health Services provided by Solent NHS Trust.

Hospital-based services provided by Isle of Wight NHS Trust.

Ambulance services provided by Isle of Wight NHS Trust.

Social Care and Housing Need Services provided by Isle of Wight Council.

Care at home and care homes – operated by multiple private providers, Mountbatten hospice, VCSE and the Isle of Wight Council (including Wightcare).

Informal care and support provided by The Living Well Service (delivered by Aspire), informal carers and multiple private providers.

*2021 Census data

What progress has been made already?

Although the COVID-19 pandemic did impact on our progress, since the plan was introduced in 2019, we have still made improvements in a number of areas:

New models of care

- Reducing the time people stay, on average, in hospital.
- Working to achieve the four-hour target for emergency care.
- Reducing unnecessary admissions through targeted work in the community to help prevent ill health.
- Working to discharge people from hospital to home without delay and with appropriate support.
- Providing new accommodation for local people in both supported living and extra care housing developments.
- Supporting residents in residential homes that have been deregistered to move into supported living.
- Putting in place new specialist homecare providers for end-of-life care, dementia, live-in support, and nurse-led care.
- Treating some of the more complex patients in the community with nursing and social care support, releasing hospital beds.
- Making improvements to our mental health service which has improved from inadequate to good through a partnership with Solent NHS Trust and is now the second most improved mental health service in England.
- Working together to identify opportunities and commission health and social care services like the Living Well and Early Help services.

Productivity

- Launching a new online catalogue/stock system for community equipment and making improvements to the referral processes involved.
- We have made significant savings by reducing our reliance on agency and locum staff and appointing full-time equivalent staff.

Partnerships

- Working in partnership with neighbouring Trusts to provide more expertise and resilience in areas including urology, breast, mental health, stroke care, the ambulance service, and all aspects of community care.
- Establishing three primary care networks on the island – groups of GP practices that work together with a range of local health and care providers to offer more personalised, coordinated health and social care to their local populations. This includes six in the North East Primary Care Network, three in the Central and West Primary Care Network and three in the South Wight Primary Care Network.
- Working closely with our primary care, social care, community, independent and voluntary sector partners on the Island.

However, as a health and care system we know that there is more that we need to do to address the challenges we face and to meet our local population's health and social care needs.

What are the continuing challenges?

As an Island Health and Care system our data tells us that we face the following key challenges:

Our population's health and wellbeing

Our health and wellbeing is influenced by a range of factors including: our genes, our health behaviours, our lifestyle, our social contacts, our homes, education, employment, and the communities and environment we live in. It is also influenced by the provision and quality of the health and care services which support us.

To prevent disease and ill-health we need to consider all these factors and help create the environment in which everyone can live healthy lives.

Our population is also growing, the age profile of our residents is increasingly older, and they are living with more long-term conditions such as heart and respiratory disease, diabetes, hypertension, and dementia. These and other long-term conditions are also becoming more widespread and showing at an earlier age.

People living with long-term conditions will need more support to help them manage their own health and this will place an increasing demand on healthcare services.

Health inequalities

Our Island community is also showing significant health inequalities, both in terms of the differences in care that people access or receive, but also the opportunities they have to lead healthy lives. People living in the most deprived areas on the Island are not only dying earlier, but also living a smaller proportion of their lives in good health.

People with poorer health are also two to three times more likely to have a mental health disorder.

To improve the health and wellbeing of everyone on the island we need to collectively shift our focus to the prevention of ill health and health inequalities and focus action on making faster improvements for those groups who currently have poorer health outcomes.

- We have the highest proportion of people in England (29.3%) aged 65 and over (2021 Census).
- By 2045 this number will have increased by 45%.
- We have one of the lowest proportions (16.6%) of people aged under 18 in England (GP registered population).
- 65% of our residents aged 65 years+ have two or more long-term conditions.
- People with long-term conditions account for 50% of all Island GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days.
- The Isle of Wight has 12 areas in the top 20% most deprived in England.
- Healthy life expectancy is significantly lower than the national average and has fallen in recent years, most markedly in women.
- A baby born today in the most deprived areas will live on average 6.3 years less compared to one born in a least deprived area.
- 1% of our population dies each year, with Cancer and Cardiovascular Disease being the main cause of death on the Island.
- Nationally about 22.5% of deaths are avoidable, of which two thirds are preventable through taking action to avert ill-health.

Impact of COVID-19

COVID-19 has exposed, exacerbated, and created health and social care needs and new inequalities and it is likely that some parts of our Island community have been disproportionately affected. We may not see the true extent of this impact for a number of years.

Months of isolation and reduced activity levels at home will have also had an immense physiological effect, particularly among older people, making them less mobile and less able than they were before the pandemic.

We are also seeing a rise in mental health concerns across all ages, particularly in the aftermath of the pandemic.

The impact of delayed screening, routine diagnostics, referrals, and surgical interventions during the pandemic is also still unknown and will require further analysis over time.

Health and care services are currently facing a significant backlog of unmet needs with people now facing long waiting times for treatment.

COVID has also impacted on the employment levels within services and the availability of care provision. Our collective workforce is stretched and emotionally and physically challenged, after the effects of the pandemic and we will need to take action to address this.

Long-COVID will also present ongoing challenges for health and care systems that we will need to consider.

- Long COVID is currently defined as people who suffer with poor health for 12 weeks or more beyond the initial acute phase of infection.
- An estimated 1,500 people on the Isle of Wight were experiencing Long Covid for 12 weeks or longer (week ending 6 March 2021).
- 40,698 Covid cases have been recorded on the Isle of Wight (as of 6 June 2022).
- As of 6 June 2022, 448 Covid-related deaths have occurred on the Island (260 in hospital).
- On 18 January 2021, the IOW NHS Trust was caring for 95 patients who had tested positive for COVID.
- Between 8 January and 8 February 2021 there were over 50 people per day in hospital who had tested positive for COVID (the average was 74 beds per day during this sustained time).
- During this same period, the average number of people in ITU with COVID was 9 with a maximum of 13 at any one time.

The way we work

We have many examples of excellent health and care practice on the Island; however, our health and care services are often not joined up with each other, and professionals are not always able to share data. This can lead to duplication but also gaps in care – a challenge being faced in most areas of the country.

On the Island, despite having the highest number of over 65s in England, we do not have a fully integrated pathway of health and care support for our ageing population, particularly those who are frail and we will need to address this as a priority.

We know that there is an opportunity to further improve the way we work together so that frail elderly people do not end up in our emergency department or being admitted to hospital for non-medical reasons.

We know that where people have access to the best quality GP, primary care, and community-based services they will have better health outcomes than those who do not.

We need to make important changes so that our primary care, community and mental health care, hospital services, social care, independent care and support providers, pharmacies and voluntary organisations are all able to work better together.

Improvements in care cannot be delivered in isolation. By working in a more integrated way, we can deliver care more efficiently and effectively.

- Approximately 16,900 residents (12% of the population) have moderate or severe frailty.
- 7% of our population account for 38% of our health and care spend.
- For a frail, older person every day spent in a hospital bed means they can lose 5% muscle wastage, which impacts on their level of independence and increases their need for health and care support.
- In November 2021, on average there were 50 patients medically fit to return home who were occupying a hospital bed.
- 56% of all NHS Funds available for the local population are spent on acute hospital services.
- In January 2022, calls to 111 were 115% of the level seen in January 2020. Of these calls, 18% were recommended to attend emergency care.
- Approximately half of patients attending our emergency department are discharged with no follow up treatment.
- Over half of patients (58%) attending the emergency department or urgent treatment centre say they tried to contact or get help from another health service first (42% did not)
- Anxiety disorders and depression are among the top 10 reasons for people seeking urgent care.

Sustainability

The population that we serve as a health and care system is relatively small and isolated. This means we cannot provide the critical mass needed to sustain high, quality, efficient services.

Our unique demographic also provides workforce challenges. We have a lower proportion of working age and young population groups living on the island. Access to the wider mainland workforce is difficult because of our isolated position. This makes it harder to recruit across our health and care system.

Despite making good progress with our finances, we also continue to face significant financial challenges across our health and care system, and we need to continue to use our available resources most effectively to meet the needs of local people.

We have sought to address these challenges by collaborating with partners both on and off the island. Strategic partnerships are now in place with mainland partners for our ambulance services, mental health and learning disability services, community services and our acute (hospital-based) services.

We will need to build on these foundations and continue to develop them over the next three years, as well as working with a wide range of individuals, groups and organisations across the council, other parts of the public, independent, community (including care home and care at home providers), pharmacies and the voluntary sector on the island.

We will also need to work more closely with our residents to help people understand how they can manage their own health and how to access and use services appropriately.

By working together, we can deliver more efficient and effective health and care for our residents.

- The Trust has an operating deficit of £13.8m (2019/20).
- The financial cost of providing services on a smaller scale as is the case on the island is £20.5m.
- On average, 6.8% of roles in adult social care were vacant in 2020/21.
- The number of GPs per weighted population on the island has shown a downward trend since 2015.
- However, the total number of primary care appointments per month recorded since September 2020 have consistently been above the 2019 average (excludes appointments for COVID vaccinations).
- Around 7% of primary care appointments are not attended every week.
- An average of 1,184 primary care appointments are not attended every week (figures from ten-week period to 13th June 2022).
- Since 2018 there has been a 257% increase in referrals made to the Community Equipment Service to provide equipment to enable people to perform essential daily activity and maintain their independence.

What have you told us?

In developing the Island's health and care plan 2022-25 we have sought to not only analyse what our data is telling us, but to also engage with our staff and our local community to listen to and understand your views about what is important for your future health and wellbeing.

We looked again at all the existing public feedback we had received across the health and care system in the last two years and through community organisations like Healthwatch. We then launched a further public survey in January this year and, with the help of our partners, undertook some community conversations about health and care with over 500 people responding.

Everyday care

You told us that:

- Health services do not meet your needs and are not improving.
- Services are not working better together, there is no continuity of care between different organisations and there are gaps in services.
- Services need to communicate better with each other.
- Services need to be more accessible.
- Information and advice needs to be easier to obtain.

Our response:
At the heart of our plans, is a commitment to improve the way we work together. To share information, communicate better with each other and with the community and deliver care in a more seamless way.

Dental services

You told us that:

There is a crisis in terms of access to NHS dental care and a disparity in cost and services provided, that needs addressing urgently.

Our response:
We are working with NHSE who commission dental services on the island, to seek improvements in services and better access for NHS patients.

Seeing a GP

You told us that:

- Seeing a GP was increasingly difficult and there needs to be better, quicker access to GP appointments.
- There needed to be more opportunities for face-to-face appointments.
- It is not easy to contact your GP.
- We are happy to see other skilled professionals in the practice if that means problems are solved more quickly.

Our response:

We are working with our local primary care networks to expand the team of highly skilled health professionals working in local GP practices like mental health and musculoskeletal practitioners. We are providing a variety of options for people to contact their surgery (by phone, online or in person) and working to extend access to appointments outside of normal working hours. Not all symptoms require a face-to-face appointment, but where those are needed, they will be provided.

Community care

You told us that:

- There is a shortage of staff, so care services delivery can be patchy.
- There is a lack of communication between services.
- There is confusion around how to access community services and what is available.

Our response:

Our plan will focus on joined up, high quality community services (including social care, primary care, care homes, care at home, voluntary sector services and pharmacy services), that make it easier for people to find out about and access support to help them care for themselves at home or closer to where they live.

Going into hospital

You told us that:

- You know where to get medical help and what to do in an emergency.
- You would like more control over where and when you have regular hospital appointments, with many of you preferring online/telephone follow ups where appropriate.
- Waiting times for appointments are too long.
- Some of you would choose to be seen at a mainland hospital if it meant seeing a specialist or a shorter waiting time for treatment.
- You would be happy to use in-home technology to monitor your health if that meant you could return from hospital sooner.
- Not everyone has someone at home to provide care when they leave hospital.

Our response:

Through more integrated working with primary care and community care services (including care homes, care at home and pharmacy services) we will ensure that people can access the care they need, including follow up appointments, in the most appropriate environment. For more people this will be in or closer to home rather than in hospital and making use of technology where appropriate. We will continue to build on our mainland partnerships to ensure people have the access to specialist treatment where needed, within the right timescales and in the most appropriate location. We will ensure people have the information available, like www.myplannedcare.nhs.uk, so they can choose to be seen at a mainland hospital if it means seeing a specialist or a shorter waiting time for treatment.

End of life care

You told us that:

- You want to be treated with dignity, compassion, have your choices respected and be kept free from pain as you near the end of your life.
- You want to be able to choose where you die and to be able to have your loved ones with you.

Our response:

Working with our partners at Mountbatten, we will ensure staff across the healthcare system have the best possible understanding of delivering end of life care to Island residents to meet these needs.

Mental health

You told us that:

- There is uncertainty about how to access mental health services to get the support you need
- Mental health support for people of all ages needed to improve further.
- Waiting times for non-acute mental health needs must improve.
- People need to know where and how to get support in a crisis.

Our response:

People living with long-term physical or mental health conditions or learning disabilities will be better supported, with more services working together to help them manage their health and deliver better outcomes for people. People will also know where and when to get support in a crisis.

Technology

You told us that:

- You want professionals to be able to share your health and care information
- People need to know how to access their medical record via the NHS app
- People are not sure what technology is available to them to help them monitor their health at home,
- People understood though, that using technology at home might help prevent unnecessary hospital admissions and attending the hospital for outpatient appointments.

Our response:

Islanders will have better digital access to health and social care services. People will benefit from technology-enabled care, improved access to on and off-island services, and to their personal health record.

COVID-19

You told us that:

- For some of you, COVID-19 has had an impact on your physical and mental health.
- More support was needed to deal with long-COVID.

Our response:
People living with the physical or mental health impacts of the COVID-19 pandemic will receive the support they need to recover.

What are our priorities?

Having analysed our data and listened to the feedback from our staff and the local community, alongside addressing the specific issues raised, we have identified the following four overarching priority areas to ensure we can fulfil our vision of people on the island living healthy, independent lives:

Preventing ill health

Encouraging people and enabling people to make healthy lifestyle choices and changes so that it has a positive impact on their health in the future. At the same time reducing health inequalities (outcome, experience, and access) for those affected.

Partnerships

Working together as on-Island and off-Island partners to strengthen the work we are doing, to provide access to specialists and to deliver seamless care that meets the needs of people in our community now and in the future.

Productivity

Making sure we work together in a more integrated way, communicate better with each other, and use our collective resources, including our own technology, more efficiently and effectively.

Pathways

Finding ways to increase access to care and provide a seamless journey for people who need our support right through our healthcare system and regardless of which organisation they make their initial approach to.

What do we want to achieve?

Over the next three years we have a clear plan to focus on these overarching priorities to deliver the most significant changes in our local population's health and care.

Preventing ill health

We want to encourage and enable people to make the changes they need to make now to have a positive impact on their health in the future and keep themselves as healthy and independent as possible.

Our approach to preventing ill health will focus on:

- Ensuring that ill health prevention and a healthy lifestyle approach is embedded in all health and care pathways in our system, including after a diagnosis.
- Ensuring that as we work as professionals across our health and care system, we use each interaction we have with residents to encourage and enable people to make healthy behavioural and lifestyle choices.
- Delivering screening and immunisation programmes that will help prevent ill health across our population.
- Responding to COVID-19 ever more effectively, delivering vaccination programmes and meeting the needs of patients with COVID-19 and long COVID.

Addressing health inequalities

We will focus on those who are experiencing health inequalities so that we can provide appropriate, targeted support to help improve their health outcomes, experiences, and access to services both now and in the future.

Our approach will focus on:

- Working together on the wider determinants of health including education, climate change, employment, and housing to support social and economic development and tackle inequalities.
- Continuing to collect and review data from our services and safe, non-identifiable data from our population medical records to help us plan where and what services are needed, to consistently improve health outcomes for all in our community

Developing strong partnerships

As Island partners we are committed to improving our population's health, together with improving health and social care services.

We recognise that, because of size and physical isolation, we will need the support of both our island and mainland partners.

Through the health and care plan we will work with our partners to develop improved models of care with more integrated services and innovative workforce solutions to ensure our island health and care system remains sustainable for the future and meets the needs of our community.

Our approach will focus on:

- Exploring opportunities to deliver services on a larger scale with the benefits that brings for our community, through our partnerships both on the island and on the mainland.
- Working together to strengthen the way in which we support frail older people and those with long-term conditions, looking beyond our organisational boundaries as we develop these so that residents can access support more easily.
- Working together as partners to develop robust community services reducing the need for our residents to access acute hospital care.
- Exploring opportunities to develop innovative workforce solutions and utilising our strategic partnerships to attract people to join our workforce on the island and to develop and invest in those already within our workforce.
- Building health and care training and development programmes to provide career progression opportunities and focus on creating a culture that makes the Island a desirable place to work, attract and retain the best talent.
- Considering how digital solutions can bring our partnerships closer together, ensuring we can access the information we need to improve people's health and provide the confidence to the public that their data will be stored safely.
- Developing safe, rapid transfer routes for critically ill or injured patients working closely with our partners and providing training to enhance paramedic skills in critical care on the island.

Improving productivity

As health and care partners across our Integrated Care System we have a responsibility to close the gap between our costs and available funding. It is essential that we use our resources efficiently and, where possible, in new and innovative ways. We have a duty to ensure every pound is spent to the greatest benefit, recognising that when we work together our services are more cost effective.

Our approach will focus on:

- Reducing the need for expensive, temporary staffing costs by exploring alternative workforce models as we transform our services.
- Working together to meet care needs more appropriately and consistently so that people get the help they need in the right place and at the right time.
- Simplifying the way in which people can access care so that people can make the best personal choices and ensuring it is available when required.
- Integrating our urgent and emergency care programmes to ensure our ambulance service is only used to convey people when it is necessary to do so.
- Maximising opportunities to deliver services in alternative ways using digital services where it is appropriate and safe to do so.
- Improving our own technology by ensuring we have the best systems in place for those who need our care and robust, secure infrastructure that enables staff from all our organisations to access one system to record and share health and care information. This will be vital component in improving the way we work together and will also mean people will not have to repeat information to different health and care professionals.
- Being smarter in understanding our waste and costs; making sure our services are delivering best value for money and are used in line with best practice, including developing ways to reduce the number of people who do not attend appointments.

Developing improved care pathways

People have told us they want services to be organised in a way that makes their health and care journey (their care pathway) between our teams as seamless as possible.

Residents on the Isle of Wight who use mental health and learning disabilities are already benefitting from a new, joined-up approach that will mean there is no 'wrong door' when they need support.

We will learn lessons from this as we develop our care pathways.

Our approach will focus on:

- Challenging the effectiveness of existing care pathways and seeking improvements by working together in a more integrated way.
- Developing, as a priority, a joined-up care pathway for frail, older residents to provide physical and mental health care, where possible, at home or closer to home in the community.
- Providing a safe alternative to hospital for people living with frailty through community-based hospital at home solutions.
- Providing timely access to primary care, building community care capacity, and providing access to digital technology to support self-care, where appropriate, to enable people to live safely, and independently.
- Ensuring we have the optimum number of beds available in hospital for those for whom a hospital environment is their most appropriate place of treatment and care.
- Continuing to improve mental health, community services, and services for people with a learning disability and/or autistic people.
- Managing the growth in demand for health and social care among the island's ageing population.

What will this mean for you?

Islanders will spend fewer years of their lives in ill health as health and care services focus on preventing ill health, addressing health inequalities and better management of long-term conditions.

We will work together to address the wider issues that impact people's health, from the earliest age, and educate and support residents to make healthier lifestyle choices and support those in the most vulnerable families at risk of the poorest health.

Older people, many of whom are frail, their families and carers will be better supported by improving and joining up the services they rely on.

People will be supported to live fulfilling lives, regardless of age, sex, disability, ethnicity, or social background. We will help them to access the care they need to live as independently as possible.

People living with long-term physical or mental health conditions or learning disabilities will be better supported, with more joined-up services helping them manage their health and delivering better outcomes.

People who use services, their families and carers will be involved in all aspects of the transformation of health and care services. Their voices will help shape seamless services which are higher quality, more efficient and deliver better outcomes.

Islanders will have better digital access to health and social care services. People will benefit from technology-enabled care, improved access to on and off-island services, and to their personal health record.

People experiencing physical and mental health crisis will have rapid access to a range of high-quality support.

People living with the physical or mental health impacts of the COVID-19 pandemic will receive the support they need to recover.

Anyone who needs to be admitted to hospital or residential care will always receive high quality, compassionate care.

Health, care, community services (including Social Services, independent care and support services, pharmacy services) and voluntary sector partners will work together to provide seamless support to people leaving hospital, making sure that services meet the needs of every individual.

Summary

We continue to face a number of challenges in the health and care of our local community and although, despite the impact of the pandemic, we have made some progress with our plans, we need to continue to address these challenges.

We have shared our three-year plan that will help us to improve the quality and access to services and ensure we can sustain these by using our resources better together.

At the heart of our plan is a commitment to improve the way we work together, to communicate and share information to make sure the care we provide is available at the right time, delivered seamlessly between organisations and in the most suitable location, particularly for our frail, older population.

We are also pledging to do more to prevent ill health by ensuring people understand and can make healthy lifestyle choices from an early age onwards, so they have the best start in life and can maintain a positive approach to health.

Through our plan we are also determined to address inequalities in health and health care provision so that those who are more vulnerable are not disadvantaged and to ensure those with mental health and learning disabilities have access to support in the most appropriate environment.

We will also focus on providing better access to everyday care in the community working with our primary care, community services (including Social Services, independent care and support services, pharmacy services) voluntary and independent sector partners so that people only have to access acute, hospital care when it is appropriate to do so.

As a Local Integrated Health and Care Partnership and Integrated Care System we will work hard to build on the partnerships that we have already created and develop new partnerships with on and off-island partners, to strengthen the work we are doing, to address our workforce challenges and improve services for local people.

Our plans will include looking at opportunities to work smarter using digital technology to help our staff access shared systems, to enable people to access health and care more easily and to provide options to enable people to manage their own care from home where it is appropriate and safe to do so.

We will work together to utilise our services more efficiently and effectively, reducing waste, investing in our workforce, and developing new ways of working. We will also ensure our services are being used in the right way and work together with our combined resources to meet the needs of our local community.

Our data will be kept under review, including what we continue to learn about the impact of COVID-19, to help inform the way we plan and deliver services to ensure we can produce the best health outcomes for local people and manage the growing demand for health and care services.

Our health and wellbeing as an Island community is the responsibility of us all and the success of our plan is not only dependent on the changes we intend to make to our health and care system but on each and every one of us making the changes needed to look after our own health and wellbeing.

We will continue to be open and transparent and involve local people as we develop our plans further, so that together we can shape a health and care system that can help people live healthy, independent lives.

We would like to thank all of our partners and the wider community that have played a key part in helping to develop this plan.

You can find out more information about the Isle of Wight Health and Care Plan including details of how to get involved at: www.iowhealthandcare.co.uk

If you have visual impairments, you can use Browse Aloud tools and other software to read this document out loud to you.

You can also get this information in large print, Braille, Easy Read or in another language by contacting:

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NHS Isle of Wight NHS Trust

ISLE of WIGHT COUNCIL

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