

## **NHS England Board**

My Life a Full Life – Powered by Vanguard 28<sup>th</sup> May 2015





## Isle of Wight NHS Trust

## ABOUT MY LIFE, A FULL LIFE

#### Why we are unique

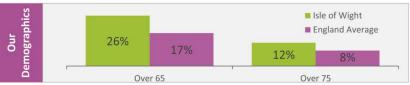
GP Registered population of 141,857

2.5m
visitors
per annum

2 Large summer music festivals

380 km² Only accessible by sea and air





#### Our three key projects (so far...)

1 Crisis intervention reducing hospital admission

The formation of 3 integrated locality teams

3

Self Care – Accessing information and support

#### Our starting point for going forward

We're already on the way – but we can go further and faster with your help!

We have an incredibly active voluntary sector on the Island, along with strong communities. Both are at the core of the My Life, A Full Life model.

Working together is nothing new for us. My Life, A Full Life is already working across organisational boundaries, sharing resources and expertise.

The age and wellbeing of the Island's current population is a reflection of how the rest of England's population will be in 20 year's time. If we can get care right here, we can lead the way for the rest of the country.

Care on the Island will be shaped around people's individual needs and managed by them. Our model focuses on keeping people happy and healthy through self-care and selfmanagement.





#### **OUR VISION AND AMBITION**

Vision

#### My Life is a Full Life

What do people

I'll no longer be a patient or a client – I'll be a person I have access to a range of support that helps me to live the life I want I feel valued for the contribution that I can make to my community

I have access to easy to understand information I am able to get skilled advice to plan my care and support

I can plan ahead and keep control at times of crisis I have considerate support delivered by competent people

What will we do?

Prevention and Early Intervention

Integrated Single Point of Access

Integrated Locality Teams

**Integrated Acute Services** 

Evaluation, continual improvement and sharing lessons learned

How will we do

One Technology-Enabled Care System

One Island £

One Leadership

One Information

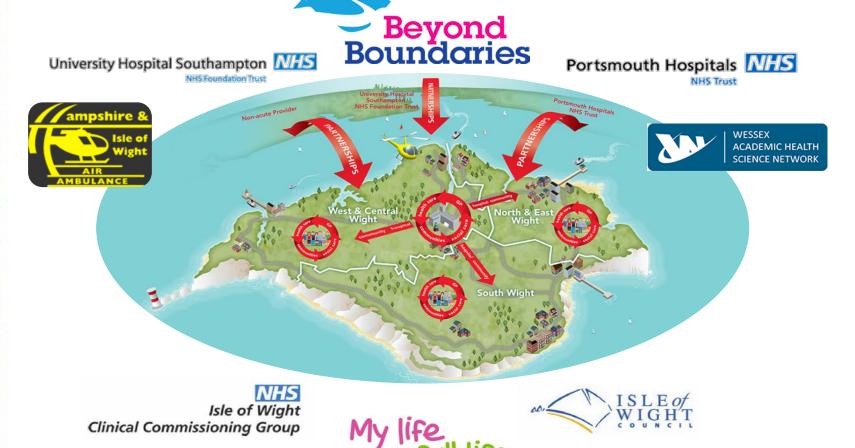
One Empowered People and Workforce







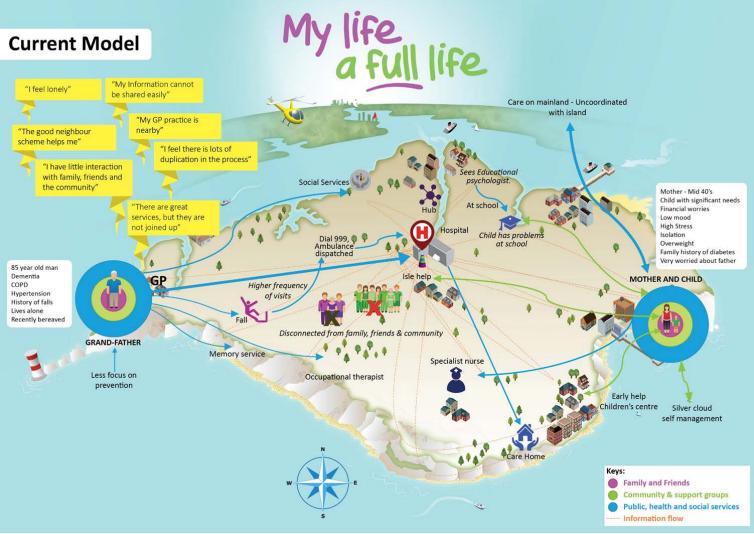




Person centred, coordinated health and social care

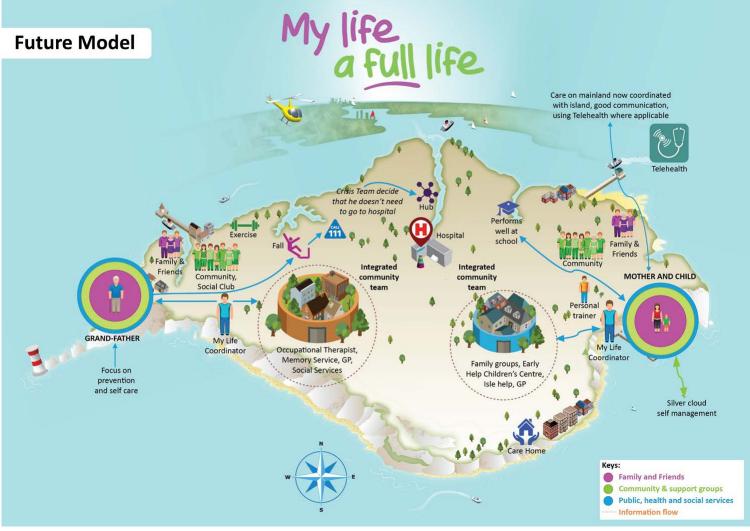














### OUR 'MY LIFE' MODEL

Our integrated 'My Life' model is:

- Prevention-based
- Health and wellbeing promoting
- Built on experience-based co-design
- Founded on self care and empowered communities.

At the centre of our model is a *My Life Coordinator*, who coordinates and navigates support across the community and system. This single point of access triages, reduces the perceived system complexity, increases awareness of services, and maximises efficiency.

The Integrated Locality Teams deliver person centred care and support in the community, with GP clinical leadership and multi-specialist teams.

http://www.nurturedevelopment.org/ Based on ABCD approach – Cormac Russell



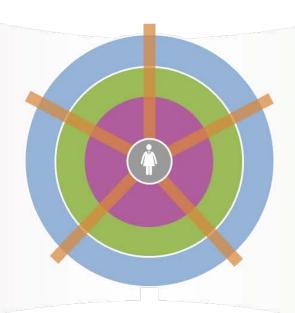




## OUTCOMES OF OUR 'MY LIFE' MODEL

#### **Outcomes for people**

- Improved health and wellbeing
- Treated as a person with individual strengths, needs and concerns
- A positive experience of care and support
- Access to a wide range of support that helps them to live their lives to the full
- Receive skilled advice to promote their wellbeing and plan their care and support
- Digitally enabled to access a wide range of information and technology
- Access to easy-to-understand information and only give and share their information once
- Feel valued for the contribution they make to their community



- Pride in the work they do, the services they provide and the organisation they work for
- Feeling valued and empowered
- Right knowledge, skills and expertise that is appropriate to their role.
- Retention and attraction of high-calibre staff who are attracted to delivering the My Life, A Full Life care model
- Not constrained by organisation and role and working across boundaries
- Primary Care and Multi-specialist consultants able to work across both the acute and community sector ensuring seamless care and support.
- My Life A Full Life is an employer of choice
- Defined career work path



# ACHIEVING OUR VISION – ORGANISATIONAL CHANGES

	Today	Tomorrow	3 months	6 months	12 months	12+ months
Integrated Commissioni ng	<ul> <li>Established a joint commissioning board</li> <li>Some lead and joint commissioning</li> <li>Commitment to be integrated</li> <li>BCF Pooled Budget</li> </ul>	Agreement of "entity" for commissioning     Agree enhanced delegated decision making within JACB     Determination of total IW place based commissioning budget     Mapping of contracts     Co-Commissioning	<ul> <li>MOU established to form a single commissioning entity</li> <li>Co-location of staff</li> <li>Re-formed H&amp;WB Board</li> <li>Planning begins for spend of new place based budget</li> <li>Create first iteration of options appraisal for organisational form</li> </ul>	Interim Integrated     Commissioning Structure     commences     Agreed organisational form     (post options appraisal)     Outcome based framework     for commissioning and     contracting in place     Locality Alliance agreement	Move to new organisational form     One Island £     New contractual model implemented (macro and micro	Stabilise and consolidate     Evaluate and improve
Integrated Provision (statutory and non- statutory)	Integrated acute provider  Established Integrated Locality Teams  Development of a Single Point of Access (The Hub)  Implementation of self-care and self-help programmes	Strategic Partnership     Establish Provider Board     Developing targeted strategies for improving outcomes of different population segments     Align options for provision with commissioning approach(es) and relevant organisational forms	<ul> <li>Organisational options</li> <li>Leads appointed</li> <li>Examples of new patient pathways that Provider Board oversees</li> <li>Agreed integrated performance framework</li> </ul>	in place  • Agreed organisational form • 'Centre of Excellence' around workforce and leadership formed • Elements of IT interoperability being delivered	Move to new organisational form	Stabilise and consolidate     Evaluate and improve
Integrated Corporate Functions	Council beginning to establish a shared service centre	<ul> <li>Formal partnership / Strategic Partnership</li> <li>Co-locating</li> <li>Consider organisational options</li> <li>Council beginning to establish a shared service centre</li> </ul>	<ul> <li>Agreed organisational form / other options</li> <li>Leads appointed</li> </ul>	Move to new organisational form / other options	Review of new structural model for Integrated Corporate Functions	Stabilise and consolidate     Evaluate and improve

## OUR TOP 5 CHALLENGES & SUPPORT REQUIREMENTS



We're already on the way – but we can go further and faster with your help

KEY AREA	ONE INFORMATION  - INFRASTRUCTURE  & SHARED RECORD	PATHWAY APPROACH - PROVISION AND COMMISSIONING	WORKFORCE	SYSTEM LEADERSHIP DEVELOPMENT	ORGANISATIONAL FORM			
WHAT WE HAVE ACHIEVED	<ul><li>ISIS</li><li>PARIS</li><li>Patient passport</li></ul>	Care navigators Contact Centre commenced Integrated locality teams GP locality leads Moving to integrated commissioning Established Joint Adult Commissioning Board	<ul> <li>Successful Workforce Summit</li> <li>Conducted workshops with GPs and consultants</li> <li>Primary Care skill-mix changes</li> </ul>	Regular Steering Group with representatives across system     Aligned vision     Leadership Development Programmes     Listening into Action	Discussions around best organisational form options			
CHALLENGES	Single Information governance Public consent IT support and systems Existing systems do not currently support interoperability	Yet to establish a Provider Board Provider buy-in to new contracting models Outcome-based contracting	<ul> <li>Cultural change across workforce to galvanise system</li> <li>Different stakeholder needs</li> <li>Recruitment and retention</li> <li>Senior capacity to deliver change</li> </ul>	Leadership team capacity     Leadership Programme across the system     Maintaining clinical engagement     Public engagement     Resource support to ensure VCS leaders can be part of system leadership development	Understanding legal requirements and implications     Gaining buy-in by current organisations     Steff engagement     Managing risk     Building more trust around partnership			
VANGUARD SUPPORT REQUIRED	Upgrade of devices Broadband and mobile roll out App development expertise IG expertise Development of interoperability	Expertise in design of new pathways / services     Governance expertise (e.g., Provider Board development)     Expertise in outcome-based contracting and contract flexibility     Nationally-led review of funding allocations     Financial and economic modelling	<ul> <li>Experienced-Based Co-Design</li> <li>Assistance with large-scale workshops/events</li> <li>Change management expertise</li> <li>Developing a whole-system workforce strategy</li> <li>Promote My Life, A Full Life as a 'Good place to work'</li> <li>Designing new job roles</li> <li>Workforce development</li> </ul>	Programme Management Support Coherent Leadership Framework Support for the development of the workforce 'Centre for Excellence' Redevelopment of a leadership programme Communications and public engagement	Legal expertise     Restructuring expertise     Business Case support     Facilitating further leadership workshops			
	While we have some capacity and expertise on the island, we do not have the ability to deploy these as quickly as we would like.							
	Transitional costs to allow for 'step change'  Expertise to challenge, sense check and guide our journey							

