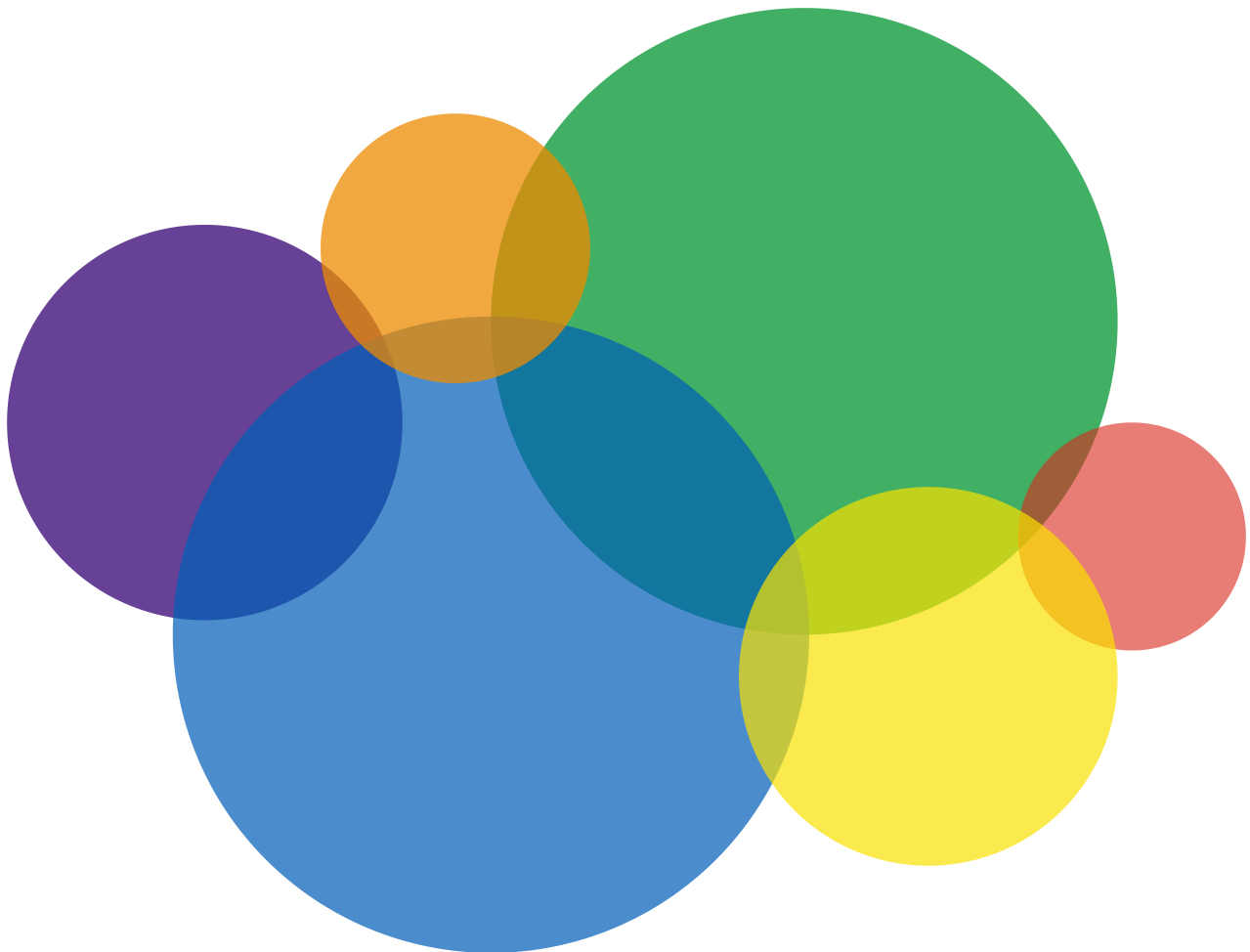


great  
people  
great  
place

**NHS**  
Isle of Wight  
NHS Trust



# **No wrong door**

# **Mental Health and Learning**

# **Disabilities Strategy**

## 2020 - 2025

Embargoed until release at 8.30am GMT, Thursday, 22 October, 2020.  
Final PDF will be available to download here: [www.iow.nhs.uk/mhldstrategy](http://www.iow.nhs.uk/mhldstrategy)

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## 2 | Mental Health and Learning Disabilities Strategy

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# About us

This Isle of Wight NHS Trust strategy is about how we will transform mental health and learning disabilities services on the Isle of Wight for the benefit of our whole community.

To do this we will work closely with many people and organisations on the island and with our partners on the mainland.

Our strategy has been developed with colleagues from Isle of Wight NHS Clinical Commissioning Group (CCG), Isle of Wight Council, Isle of Wight NHS Trust mental health and learning disabilities teams and people from many charitable and voluntary sector groups.

The teams that provide physical health services in hospital and in the community are involved in this work too.

It was really important that we also worked closely with people who have used or currently use our services, their families and carers.

You can find out more about our partners later in this document and we are grateful to them all for their support.

Isle of Wight NHS Trust's Mental Health and Learning Disabilities Service includes:

- 32 mental health beds at St Mary's Hospital and 10 mental health rehabilitation beds in Woodlands
- community mental health services for children and young people, working age adults and older people
- community learning disabilities services.

There are 340 people working in our mental health and learning disabilities services, they include nurses, psychologists, occupational therapists, doctors, social workers and peer support workers, to name just a few.

Our diverse workforce is made up of people from all backgrounds who work in a range of clinical and support roles that all contribute to the support provided to the people who use our services.

Isle of Wight NHS Trust is a major local employer and a vital part of island life, with over 3,200 people supporting a population of around 141,000, which increases significantly in the summer months.

The people who use our services are often our colleagues, our neighbours and our friends. Our close knit community makes being part of the Island's NHS a unique privilege.

## 3 | Mental Health and Learning Disabilities Strategy

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# What's behind our strategy?

People are living longer and often with a number of long term conditions, like diabetes or dementia.

The Isle of Wight's population is on average older and more deprived than the rest of the UK and many more people live alone in their later years.

The local health and care system is changing to meet the needs of our community. This is happening while our services are under pressure.

The NHS Long Term Plan sets out how the health service will evolve and our strategy is designed to follow the same path in a way that responds to the unique needs of the Isle of Wight.

This strategy builds on foundations laid in the Isle of Wight Health and Care Plan and the Isle of Wight NHS Trust's overall strategy.

We will continue to move away from out-of-date hospital-based care to build community-based services around what people need.

Isle of Wight NHS Trust started a partnership with Solent NHS Trust to help us to deliver and sustain transformed mental health services.

We have worked with people who use our services and their families and carers to ensure that our proposals represent their views.

On the Island we already work very closely with the Isle of Wight Council, the three Primary Care Networks (PCNs), and the community, independent and voluntary sectors. This will go further as we develop the Isle of Wight Integrated Care Partnership (ICP).

We also have strong links with other parts of the NHS. By working together we will make the most of the recently announced £48 million of investment in the Island's NHS and ensure that we continue to improve services for local people.

Our strategy sets out what we will do to improve mental health and learning disabilities services over the next five years, and what you can expect to see.

## 4 | Mental Health and Learning Disabilities Strategy

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# How we have worked

To create our strategy we have used a way of working called a New Product Design Framework.

We worked in this way to make sure that we captured the widest range of ideas and heard from as many people who use services as possible.

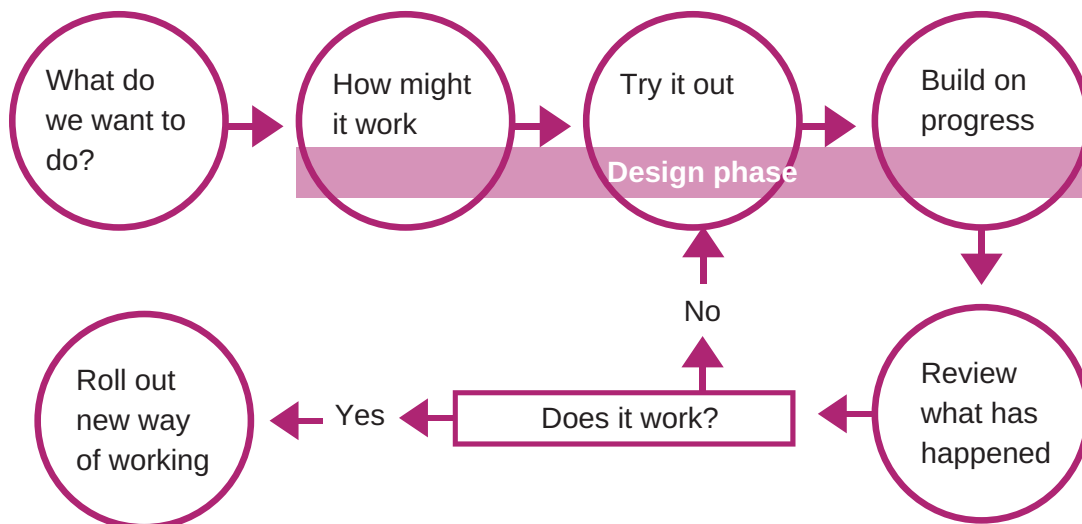
So far over 250 people from across the island have been involved.

Working with people like this is part of a process called co-production and it leads to better outcomes for service users.

This diagram explains how we worked:

## What you can expect to see

- High quality services that improve service user and staff experience
- People who use our services will not be passed between clinicians - we will reduce these 'hand-offs'
- Joined-up services that share information
- We will secure services for the long term
- Improved access to and co-produce services
- A focus on early intervention and prevention
- We will raise awareness and challenge stigma



# Where we have come from

In 2018, having worked closely with service users and our partners, the Mental Health Blueprint was agreed.

The Blueprint described a way of working that is based on the support service users need. You can see the way of working described in the diagram below.

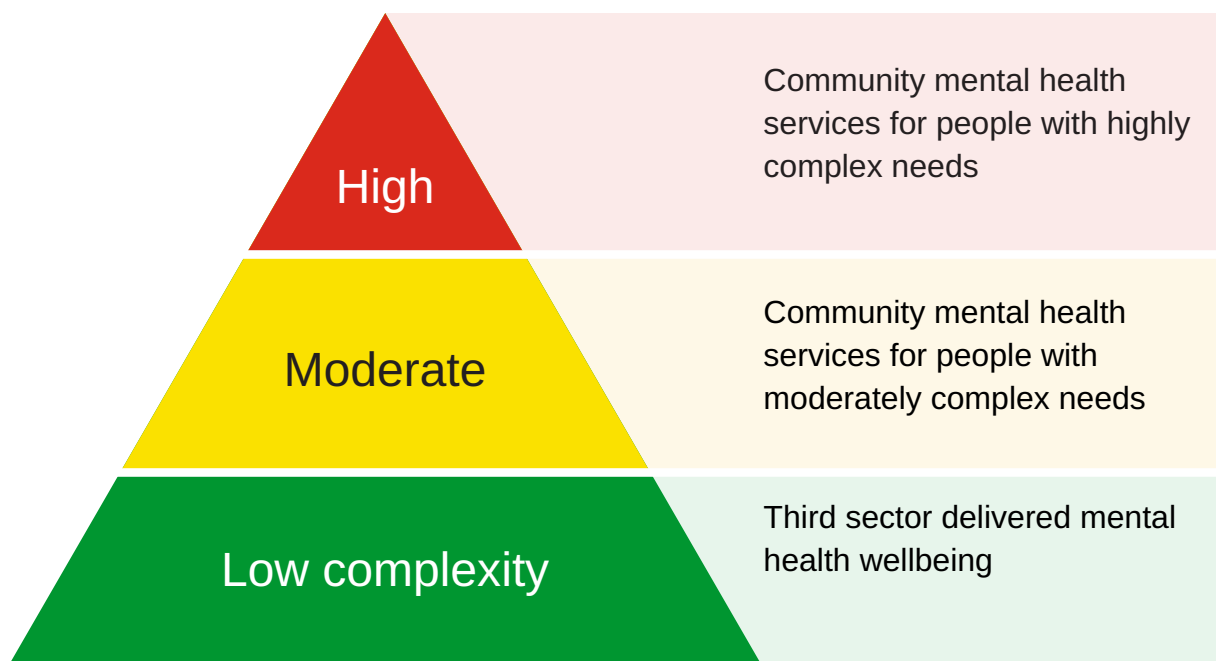
In 2019, the Isle of Wight Health and Care Plan was published and the Trust started working in partnership with Solent NHS Trust to continue to transform mental health and learning disabilities services.

This partnership is creating a way of working with people with mental health and learning disabilities support, so that their needs are met and that the support available is sustainable.

This new way of working will make sure our services fit with the NHS Long Term Plan and the NHS Mental Health Implementation Plan, while also helping the island to deal with the impact caused by the coronavirus pandemic.

The term complexity is used to capture the different requirements for services that people with mental health problems have.

People may move between levels of complexity as their needs change.



## 6 | Mental Health and Learning Disabilities Strategy

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# Where we have come from

The way local mental health services are provided has changed to bring us in line with best practice across the country.

This means more people being supported in the community.

- The hospital admission rate has decreased and is close to the national average.
- Acute mental health beds have been reduced over the past 3 years but the number of beds on the Isle of Wight is still higher than in other areas.
- On the island, we spend 61% of mental health funding on hospital-based care - the national average is 47%, which shows that there is still a lot of work to do.
- Providing services to an island population is a challenge because of our isolation and small scale of our services.

Improvements are happening all the time.

The partnership with Solent NHS Trust, which was announced in October 2019, builds on recent improvements in community mental health services and aims to:

- improve the quality of services
- deliver clinically and financially sustainable mental health and wellbeing services
- work with our partners to make sure people get the support they need.

# Our challenges

## Quality and safety

Patient experience and access to some mental health services is lower than the national average.

- The 2018 Care Quality Commission (CQC) report rated our services as Inadequate
- There is a lack of psychological therapies
- Fewer people on the Isle of Wight have comprehensive care plans or crisis plans than elsewhere
- Waiting times are too long

## Finance

The small scale of our services and our relatively high use of beds means that we spend more on mental health services than the majority of other NHS trusts.

In 2019 the Trust received £17 million for mental health services but they cost £20 million to deliver.

We are working with commissioners to make sure the Mental Health Investment Standard is used most effectively and support the implementation of this strategy.

## Workforce

Having the right number of staff, with the right skills, will improve services.

- Small teams make it hard to plan services 7 days a week
- Vacancies in our teams make it harder to recruit and mean we have to use temporary workers from agencies
- The biggest workforce challenge is in acute and inpatient (hospital-based) services

## Leadership, culture & technology

In the past, mental health services have not been designed and produced with service users.

Being too paternalistic, or top down, restricts practice and can lead to more people coming into hospital than necessary.

People should be supported using evidence, building services around their needs.

Better use of technology and improving staff experience more generally will benefit our teams and our service users.

## 8 | Mental Health and Learning Disabilities Strategy

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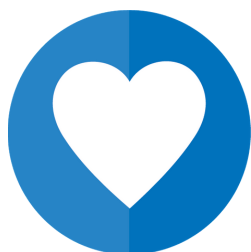
# Our vision and mission

Our vision and mission describe what we want to achieve and why. Sharing this vision we will be able to bring about significant change and improve the services that local people rely on.

**Our vision** is for high quality, compassionate care that makes a positive difference to our island community.

**Our mission** is to make sure that our community is at the heart of everything we do. We will work together and with our partners to improve and join up services for its benefit.

## Our values



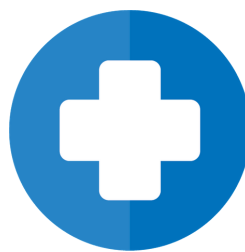
### Compassion

- Helping others in need
- Being caring and supportive
- Showing empathy
- Being non-judgmental



### Accountable

- Providing safe care
- Taking responsibility
- Doing the right thing
- Delivering quality improvement



### Respect

- Building trust
- Being open and honest
- Recognising achievement
- Celebrating success
- Encouraging others



### Everyone counts

- Putting people first
- Working together
- Valuing our differences
- Promoting inclusion
- Believing in myself and others

# Our objectives

To deliver our strategy and the improvement in services that we all want to see, it is important that we set clear objectives.

The 4Ps describe what we want to achieve and what success will look like for our community, staff and service users.



Our people make a positive difference every day. We will:

- Make our Trust a great place to work and to be cared for
- Work with our partners and our community to improve services



We share a total commitment to improving what we do. We will:

- Deliver high quality, compassionate care
- Make sure our services are clinically and financially sustainable



Our partnerships make us stronger. We will:

- Join up health and care services by working more closely with our partners
- Better share expertise, ways of working and resources



Investing to improve how people experience health and care. We will:

- Invest in buildings and IT that help our teams make a positive difference to our island community

# Our model - no wrong door

**'No wrong door'** is a model designed to continue the transformation of mental health and learning disabilities services. It has the simple aims of making our services easy to access and helping people to get the support they need.

We will deliver an island network of services for people that use mental health and learning disabilities that is:

**Local:** A network across the island that is available to all.

**Accessible:** Through a single phone number and any service door.

**Safe:** Services will be responsive, and ensure people get the right care in the right place to meet their needs

**Effective:** Where our aim is to treat as many people as possible closer to home.

**Joined-up:** Working closely with partners in the local authority, primary care, community physical health services, voluntary and charitable sectors, drug and alcohol services, the criminal justice system and others.

## Acute Centre

The most complex services and inpatient care will be delivered through a central acute service

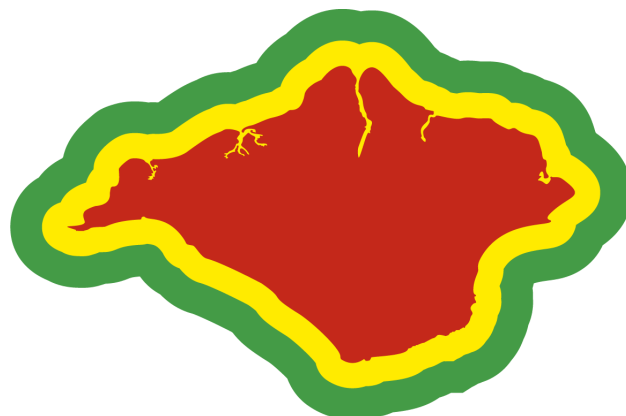
## Island HUB

Community services that will be coordinated centrally but delivered locally or as an island-wide service, including community moderate and high complexity services and those services that are too small to be delivered in local areas

## Local NETWORK

Low complexity services will be based and delivered locally alongside all of our partner organisations

**Our goal:** to support the majority of people closer to home



# Local NETWORK based in local areas

## Service user experience

**Local:** Access services no matter where you live on the island

**Accessible:** There is no wrong door. You can access services via the website, via your GP or by a single telephone number to call, with services available to all

**Safe:** Your care is our responsibility. We will help you reach the service you need

**Effective:** Most of the time you will get the support you need in your local area



## Staff experience

**Local:** If you work in local areas (localities) you will be part of an integrated team working together to deliver responsive local services

**Accessible:** We will be working flexibly to meet the needs of people using our services

**Safe:** Joined up working between local, central, and acute services

**Effective:** A focus on professional development so that we all maintain and grow our skills and experience, underpinned by effective supervision and support

Working in this way will mean:

- Safe and assured access to services based in people's local area
- Service users can get the support they need through any contact with these local services

**Local NETWORK** will be made up of:

- Single Point of Access Team (SPA)
- Community Mental Health Team (CMHT)
- Memory Service and Older People's Mental Health (OPMH) Teams

# Island HUB

providing island-wide community services



## Service user experience

**Seamless:** Sometimes people require more specialised services in the community. These will be centralised on the island and if needed, your case will be escalated seamlessly into these services

**Safe:** There is no wrong door, we will refer you to the service you need, when you need them

**Effective:** Our aim is to get you the support you need as quickly as possible. People with more complex needs will have access to the skilled practitioners they need

## Staff experience

**Seamless:** Working in a much more joined up way, with colleagues in other teams, services and in other organisations

**Safe:** Escalation and referrals will be managed to make the process to support you

**Effective:** By being joined up we can work more closely to support the development of specialist skills, increased access to supervision and training

### Island HUB will be made up of:

- Liaison services in the Emergency Department (ED) at St Mary's Hospital
- Integrated Mental Health Hub
- Mental Health Support Teams for children and young people
- Children's and Adolescent Mental Health Service (CAMHS)
- Wellbeing services and our Recovery College
- Dementia outreach services
- Improving Access to Psychological Therapies Team (IAPT)
- Learning disabilities services
- Psychological services
- Early Intervention Psychosis Team (EIP)
- The Recovery Service

### Working in this way will mean:

- We support more people in the community and reduce the need for people to be admitted to hospital
- People can move between services easily based on need
- If people need more support than **Local NETWORK** can provide, their care will be managed through integrated pathways to centralised or Island wide services

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# ACUTE Centre provided centrally from St Mary's Hospital

## Service user experience

**Seamless:** In some cases, it may be that your treatment requires acute services or a stay in hospital. These services will be delivered by an **ACUTE Centre**

**Safe:** You will get the right support, including a bed when you need it and you won't spend longer than is necessary in hospital

**Effective:** If your case requires inpatient care then we will get you to these services as quickly as possible



## Staff experience

**Seamless:** We will work with teams in the community and at a locality level in a way that joins up people's care and frees up your time to focus on delivering high quality services

**Safe:** You will be supported and encouraged to develop the right skills to deliver high quality acute care, working to national best practice

**Effective:** This new way of working will allow us to focus on professional development, supported by good supervision and training

The **ACUTE Centre** will be made up of:

- Acute inpatient services
- Electroconvulsive Therapy (ECT)
- Home Treatment Teams

Working in this way will mean:

- Acute service needs will be provided centrally on the island based on the needs of the individual and following escalation through the new integrated care pathways

# Strategy on a page

See how our Trust's objectives work together to deliver improvements in mental health and learning disabilities services. From strong foundations to better outcomes for people who use our services.

## Strategic objectives

## Mental Health and Learning Disabilities Service actions



### Performance



Deliver high quality, compassionate care

Make sure our services are clinically and financially sustainable

### People



Make our Trust a great place to work

### Partnerships



Work with our partners and our community to improve services

Join up health and care services by working more closely with others

### Place



Invest in buildings and IT that help our teams make a difference for people

Improve access to services with a 'no wrong door' approach

Introduce 'trusted assessment' so people only tell their story once

Work together and be innovative as we recruit new colleagues and strengthen services.

Develop a culture of living our values and helping people to be at their best.

We will move our services alongside primary care (GPs).

We will support service users with services closer to home.

We will secure the investment needed to improve MHL D estate for staff and service users.

We will invest in technology that makes accessing and providing services easier.

# Performance

**As part of our commitment to improving what we do, we have set some standards for improving mental health and learning disabilities services. These have been taken from people who use our services through the many conversations we have had about their care.**

## Across all of our services

We will ensure that there is no wrong door - if someone contacts one of our services we will do our absolute best to ensure that the individual's needs are met and we will make it easy for people to get back in touch if they have left a service.

We will ensure that wherever we have people waiting, they have an allocated peer to provide support.

We will ensure that people are kept informed regularly, indicating where they are in their journey.

Helping people to understand the mental health journey they are on is key to improving their experience. We will use different communications platforms, offer a choice of languages and give virtual tours to break down the barriers that exist around our services.

People with lived experience will be involved in supporting service users.

We will ensure that all staff work to a set protocol, an expectation that they welcome and answer people's questions.

We will offer people a choice of services, with a coordinated approach and the ability to move between services.

We will introduce 'Trusted Assessment' across agencies, so people only have to tell their story once.

Read about the changes we will make to our services in detail in Appendix 1 - Improving our services.



# People

**The Isle of Wight NHS Trust Strategy sets some clear ambitions for improving staff experience. To deliver this for our mental health and learning disabilities services we have agreed seven important actions.**

We will work together and be innovative as we recruit new colleagues and strengthen mental health and learning disabilities (MHL) services.

We will develop a culture where people live our values, and people are enabled to be at their best.

People who choose to work in MHL will have good careers, support and development opportunities, especially people with lived experience of mental health services.

We will work closely with Isle of Wight Council to make sure we work together in an integrated way and make sure there are enough Approved Mental Health Professionals

We will help peer workers to flourish in our services, ensuring they have access to career development and progression.

We will work with our community services to join up teams and leadership in local areas.

We will create a way of working that delivers high quality services, whilst also offering attractive and flexible roles for people working in MHL.

# Partnerships

## Working with GPs

Service users will have a better experience if we move our services to be located alongside primary care (GPs).

We will include primary care workforce in multi-disciplinary team (MDT) meetings.

Relationships are important and so are the tools we use. We will make sure we use technology that increases collaboration between organisations.

We will support service users with wellbeing measures closer to home.

We will work in an integrated way with primary care utilising our support workers in local areas.

We will maximise the use of the third sector (Isorropia Foundation, Safe Haven, Two Saints and other partners) to support social prescribing and wellbeing groups.

### Solent NHS Trust

- We will use the Partnership as a vehicle to keep on making progress. We will explore opportunities to improve how we work.

## Local council and community services

We will work with partners across the Hampshire & IOW Integrated Care System (ICS) to explore areas for working at a regional level if local provision is not sustainable.

We will work with Isle of Wight Council to join up services in the Integrated Mental Health Hub, Acute Care Pathway, Rehabilitation and Assertive Outreach and as we move our services closer to people's homes.

We will develop integrated leadership roles that sit across health and social care.

## Community and voluntary sectors

Working with third sector partners is a key part of delivering the improved and sustainable services that people want to see.

We have made good progress working closely with colleagues in the community and voluntary sector.

More people will benefit from this joined up approach to services as this strategy is delivered.

# Place

## Our buildings

The buildings used for our services on the Isle of Wight need significant investment. Many buildings are not fit for purpose and do not support the delivery of high quality care.

Developing and delivering a plan to improve the buildings we use for mental health and learning disabilities services will be key to the improvement of our services, both in local areas and at the central adult inpatient units.

Our buildings have been a barrier to service transformation and improving them is key part of the process. We will work to secure the investment needed as quickly as possible.

## Using technology to improve care

To deliver the Isle of Wight NHS Trust Strategy, there are a number of pieces of work going on. This Mental Health and Learning Disabilities Strategy is a good example.

Other areas, like Information Management and Technology (IM&T), are going through the same process.

The Trust has established a Digital Steering Group with non-executive, executive and service leads as members to drive the development of this IM&T or Digital Strategy.

Our services will be involved in the development of this work and make sure that service users are at its heart.

# Services that last for the long term

The long term sustainability of our services is an important part of this strategy.

We will need to determine what elements of our model can and should be delivered by Isle of Wight NHS Trust's Mental Health and Learning Disabilities Service.

We will also need to know which services should be delivered with our island partners, like GPs or the voluntary sector.

It is important to find out which services would be better delivered through our Partnership with Solent NHS Trust.

Some services may also need to be delivered at a regional or Integrated Care System (ICS) level.

The way we provide services now and in the future must be good value for money.

COVID-19 has resulted in significant changes in the way we deliver services. Some of those changes have enhanced what we do and we wouldn't want to lose them.

We anticipate that there will be an increase in demand for mental health services as a result of the pandemic and we will need to manage this surge in demand.

Small scale services like those on the Isle of Wight can become unsustainable if just one or two people leave or retire.

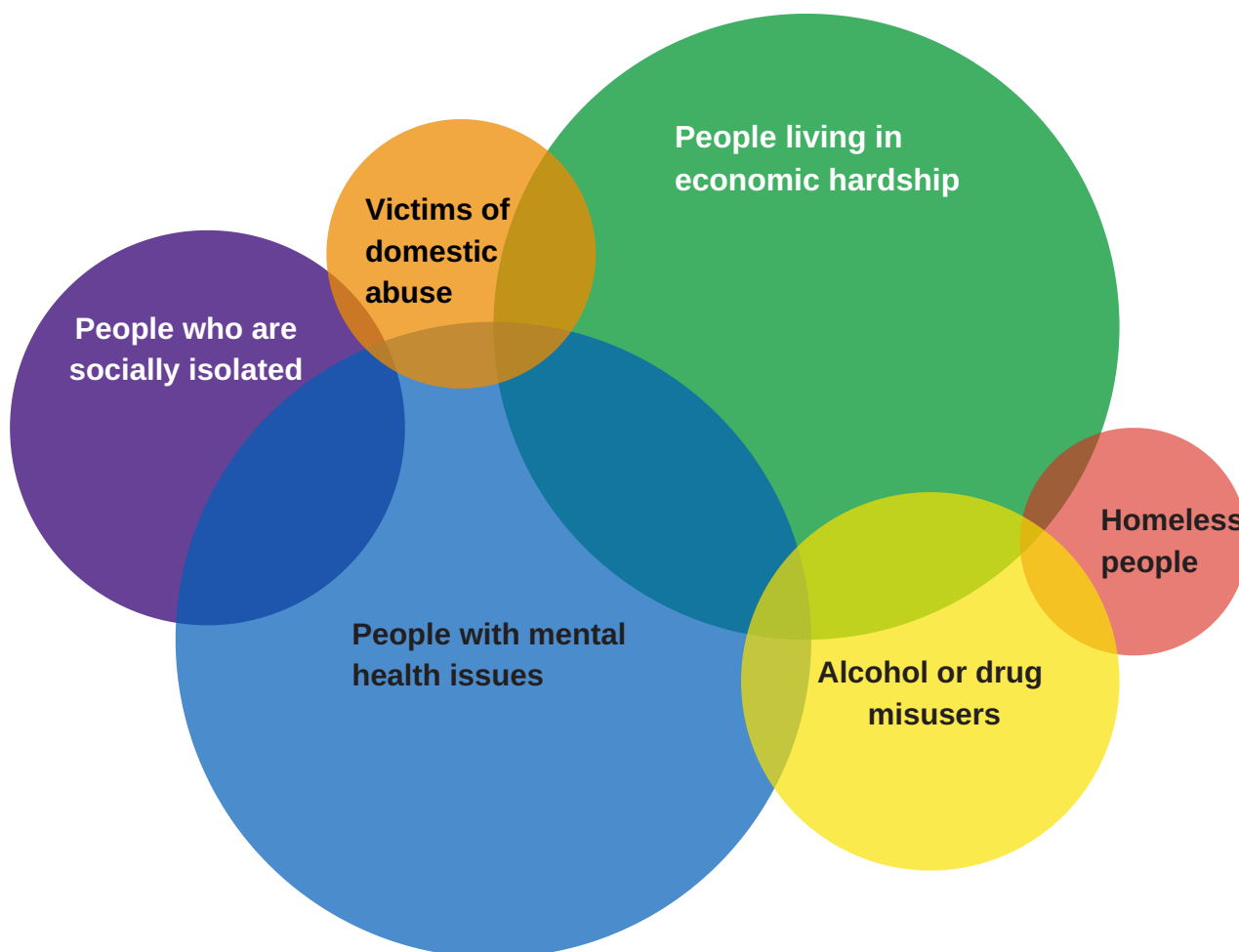
In order for us to be able to sustain the delivery of mental health and learning disabilities services on the island we need to be able to change the way we work, and continue to get support from our partners, both on and off the island.

# The impact of COVID-19

The mental health effects of the coronavirus pandemic might be significant and it is likely that we will see an increase in demand on mental health services in primary care, via the local authority, in the voluntary sector and in secondary mental health services.

This strategy aims to ensure that we are in a strong position to work as a whole system to meet these additional demands.

Research shows that people will need more mental health support as a result of the coronavirus pandemic. This image shows how these groups can overlap:

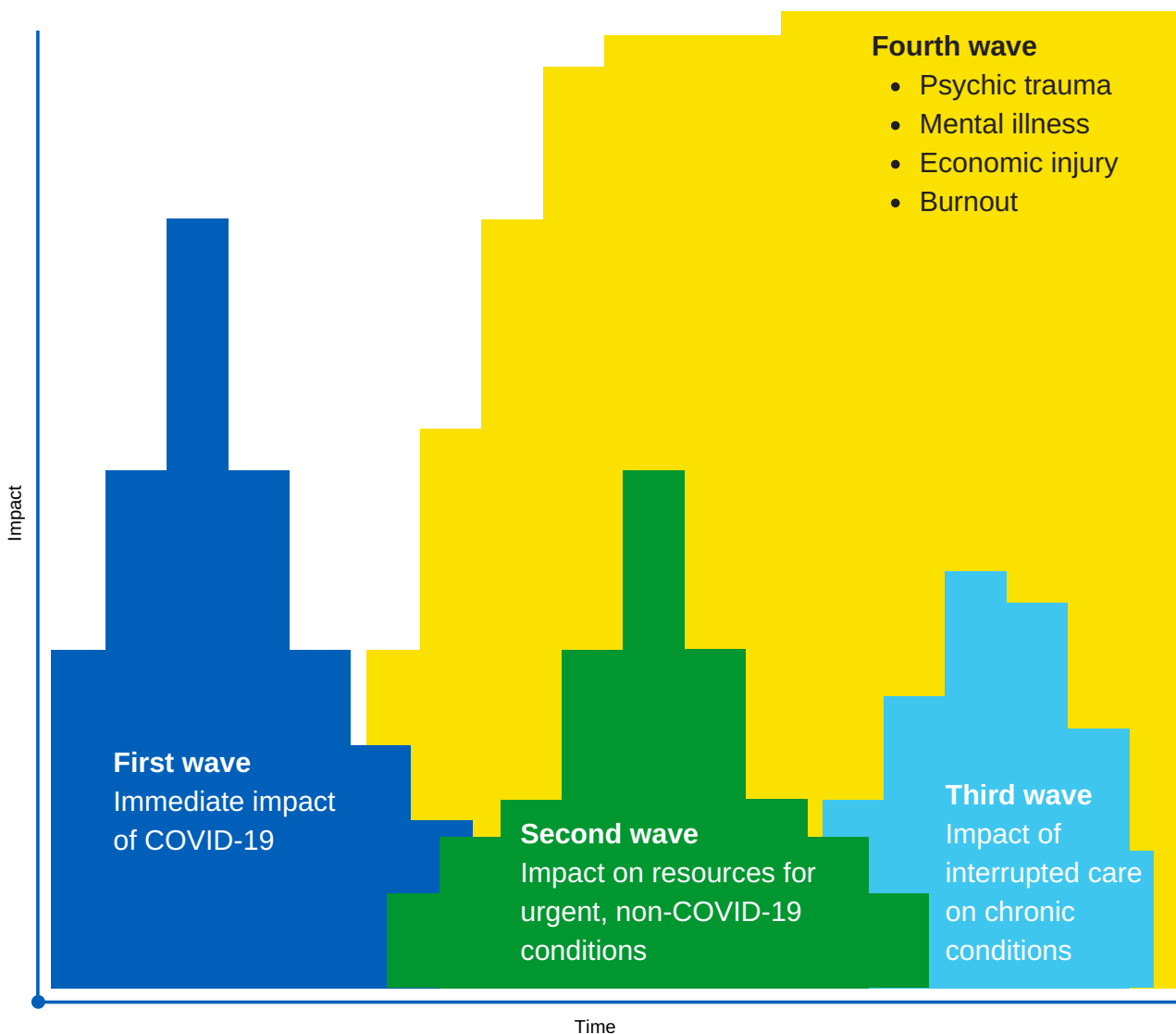


# The fourth wave

The full impact of coronavirus may not be known for some time.

Data suggests that the health and care sector will be dealing with the knock on effects for many months and that people's access to NHS services will be reduced as hospitals try to deal with increased infection control requirements and the need to prepare for winter.

A way to think about the potential impact of COVID-19 on services and people's mental health is set out below.



# Thank you

Lots of people contributed their time and energy to this work and on behalf of Isle of Wight NHS Trust, we would like to say thank you.

Carole Adcock	Donna Claydon	Paul Green	Sallie Kneebone	Dan Nugent
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	Emily Gosden			

# Glossary of terms

Sometimes the language that the NHS uses can be difficult to understand. We have tried to keep things clear in this document but here is a summary of some of the terms we have used.

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ASD</b>	Autism Spectrum Disorder
<b>Biopsychosocial</b>	A way of supporting someone that looks at biological (or physical) issues as well as social and psychological ones
<b>CAMHS</b>	Children's and Adolescent Mental Health Service
<b>CCG</b>	Clinical Commissioning Group, they fund NHS services
<b>Complexity</b>	The term "complexity" is used to capture the different requirements for services that people with mental health problems have, ranging from "less complex" to "complex" and to "more complex". People may move between levels of complexity as their needs change.
<b>CMHT</b>	Community Mental Health Team
<b>CYP</b>	Children and Young People
<b>ED</b>	Emergency Department, or you might call it the A&E Department
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICS</b>	Integrated Care System, a regional level of the NHS
<b>ICP</b>	Integrated Care Partnership, a more local level of the NHS
<b>ICP</b>	A way of working together, or joining things up
<b>Integrated LD</b>	Learning Disabilities -In a local area, like a town
<b>Locality</b>	Multi-disciplinary Team, people with different skills working together
<b>MDT</b>	
<b>MHLD</b>	Mental health and learning disabilities
<b>OPMH</b>	Older People's Mental Health
<b>PCNs</b>	Primary Care Networks, GP surgeries in local areas
<b>Recovery College</b>	Recovery Colleges support people's recovery from mental health difficulties through learning and education that is co-produced by people with lived experience
<b>Third sector</b>	Organisations that are not private or run by government
<b>System partners</b>	Individuals or organisations working locally in health or care



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This document is available in alternative formats upon request, including large print, easy read or in other languages.

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**great people great place**

**Embargoed until release at 8.30am GMT, Thursday, 22 October, 2020.  
Final PDF will be available to download here: [www.iow.nhs.uk/mhldstrategy](http://www.iow.nhs.uk/mhldstrategy)**



# Improving our services

## Appendix 1

# Improving our services

**We will change how our Mental Health and Learning Disabilities services are organised, grouping them into integrated care pathways. The pathways join up services in a way that matches the needs of people using the services. The pathways connect to each other so that people experience seamless services.**

Each care pathway will have a single leadership team, which will make them more effective and efficient - improving the services that people rely on.

The pathways are:

1. Acute services
2. Integrated Mental Health Hub
3. Community services for people with complex needs
4. Children and Young People's Hub
5. Local Network of Mental Health and Learning Disabilities Services

Read on to find out how our services will be grouped together and learn about the changes we will make.

## Helping people to access services

There will be a single point of access for telephone referrals that will be integrated with the NHS 111 mental health line, in addition to crisis and liaison provision for those needing urgent assessment.

People will be able to access multi-agency community mental health teams where they live, with access to specialist support as required.

We will create an online virtual resource and signposting hub that people can access 24-hours-a-day for information about where and how to access services, including self-help material.

People will be welcomed, however they choose to access support, to have their needs met as a result of that first contact.

There will be a clear understanding of where they are in their journey and support and signposting available if they are waiting for services.

We will introduce a single, trusted assessment across agencies, so people only have to tell their story once.

# Improving our services

## 1 Acute services provided centrally from St Mary's Hospital

This will include inpatient mental health beds, Psychiatric Intensive Care Unit (PICU) and Home Treatment Team (HTT)

We will continue to reduce inpatient beds in steps as the demand for beds reduces and as enhanced community support is in place.

Our Home Treatment Team will ensure that hospital is a last resort and people are supported at home wherever possible.

We will expand the 72-Hour Assessment Team to include bed management and a duty service and provide multidisciplinary services in line with national best practice.

The 72-Hour Assessment Team will support people being cared for in hospital by ensuring they are assessed within 72 hours of arrival.

We will work more closely with GPs. This will ensure that we are meeting both the physical and mental health needs of service users.

Clear plans for staffing levels that include recruitment of volunteers with lived experience and peer support workers, will help improve services.

We will work with partners to review the Sevenacres estate and undertake any required changes, this will allow for the consideration of gender specific services.

We will also provide inpatient dementia assessment beds at Sevenacres in an appropriate dementia friendly environment.

# Improving our services

## 2 Integrated Mental Health Hub providing island-wide community services

This new, joined up approach will include: Liaison and Crisis Services, Dementia Outreach, Improving Access to Psychological Therapies (IAPT) Team, our Recovery College and wellbeing services.

We will continue to expand IAPT services in line with national direction within the NHS Five Year Plan.

We will bring IAPT closer to the interface between primary and secondary care in order to close the gap between those that meet the criteria for IAPT and don't quite meet the criteria for secondary care.

We will create a much closer working interface between our community wellbeing services, primary care, IAPT and the Integrated Mental Health Hub. There will be no gap between any elements of access in our services.

Recovery Colleges support people's recovery from mental health difficulties through learning and education that is co-produced by people with lived experience.

We will increase the number of trainers in the Recovery College by working more closely with community services and primary care.

We will also increase access to the Recovery College offer to provide support for both mental health and physical health.

We will focus on prevention with more support delivered by our wellbeing service, IAPT and the Recovery College. We will look at how these services can work even more closely together.

Our dementia outreach service will work alongside the Integrated Mental Health Hub to give support in a crisis, 24 hours a day.

# Improving our services

## 3 Community services for people with complex needs managed centrally and available island-wide

This includes the Recovery Service (a combined Assertive Outreach Team and intensive community rehabilitation service), secondary care psychological therapies, learning disabilities support. It also includes help for adults with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

We will look to increase the number of specialist psychological therapists over the next two years. Our approach to that will be based on workforce planning and conversion of other roles, where appropriate, to create the additional capacity. Prevention will be key to managing demand.

Through partnerships, we will also make training available for staff beyond our psychological therapies team. This will include interventions such as Dialectical Behaviour Therapy (DBT) to increase the range of psychological skills in the service

Our use of virtual appointments has grown in response to COVID-19 and we will explore how we can build on this success to further improve services.

We will make sure people can access them, no matter where on the island they live.

We will support severely mentally ill people in the community with an emphasis on continuity of care. This will include:

- Supported living where care is based on a person-centred, biopsychosocial model which is consultant nurse led.
- Reablement, Intensive Rehabilitation and Assertive Outreach pathways within the Recovery Service, including out-of-area placements caseload.
- Developing a future model where people are supported in their own homes or in existing community housing, with recovery teams supporting them locally.
- Keeping people out of hospital and supporting recovery for people of all ages who have severe mental health problems and significant risk or safety issues.

We will move from a bed-based service to one that supports people in their own home wherever possible. This ensures that care and support is delivered in the least restrictive setting, as close to home as possible. This includes reducing the number of people who need to go to the mainland to access their care.

# Improving our services

## 3 Community services for people with complex needs managed centrally and available island-wide

Our use of virtual appointments has grown in response to COVID-19 and we will explore how we can build on this success to further improve services.

We will work with Isle of Wight Council to explore an integrated approach to assertive outreach based on complexity of needs for all ages.

We will ensure that care and support is delivered in the least restrictive setting, as close to home as possible – including a focus on limiting the use of out-of-area placements wherever possible.

We will embrace a model and culture which empowers people to manage their condition or move towards individualised recovery on their own terms.

We will provide early preventative services with early intervention from psychological therapies and increase our psychological therapies provision.

If service users need support closer to their home, we will provide it. Our teams will also go into GP surgeries to provide support there.

These services have been grouped together to ensure that they are centrally managed but available across the whole of the Isle of Wight.

This approach will make sure that people will be able to access a high quality service.

It will enable people with complex needs to be supported closer to home, reducing the need for hospital admission.

It will also mean that previously isolated services can benefit from being part of a bigger whole. These economies of scale will help make sure services are sustainable.

# Improving our services

## 4 Children and Young People Hub managed centrally and available island-wide

This will include support for Children and Young People with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and our Children's and Adolescent Mental Health Service (CAHMS), Mental Health Support Teams for children and young people, Early Intervention in Psychosis Service (EIP) and our support for people aged 14 to 25 years.

We will expand early intervention in partnership with voluntary sector organisations to offer preventative work in early years in partnership with CAMHS, Mental Health Support Teams for children and young people and local schools.

We will bring early intervention services, CAMHS, Mental Health Support Teams for children and young people and our Assertive Outreach Teams together to cover those that need intensive and frequent support, those with early onset psychosis and to help young people as they become adults.

We will work more closely with the Youth Trust, Barnardo's, schools and social care.

We will provide early preventative services in the form of early intervention with psychological therapies and increase our psychological therapies provision.

We will strengthen our out-of-hours offer by ensuring that CAMHS and the Mental Health Support Teams for children and young people are part of the Integrated Mental Health Hub.

We will continue to provide care to children and young people aged 0 to 24 years and we will be flexible and respond to individual service users' requirements as they become adults. This will include more integrated working with early intervention services.

As with CAMHS and Mental Health Support Teams for children and young people, we will provide early preventative services with early intervention from psychological therapies and increase our psychological therapies provision.

There will be Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) patient groups in partnership with other agencies. This will give people much greater support.

If service users need support closer to their home, we will provide it. Our teams will also go into GP surgeries to provide support there.



# Improving our services

## 5 Local Network of Mental Health and Learning Disabilities Services based in local areas

This will include some parts of our Community Mental Health Team (CMHT), the Single Point of Access Team (SPA), Older People's Mental Health Service (OPMH) and primary care mental health practitioners.

Our Community Mental Health Services will be delivered within the Primary Care Networks (PCNs), which are groups of GPs in a local area. Our teams will move to be closer to your local doctors.

There will be no wrong door - if someone contacts one of our services we will do our absolute best to ensure that the individual's needs are met as a result of that first contact and it easy for people to get back in touch if they have left a service for whatever reason.

We will ensure that wherever we have people waiting, they have an allocated peer to provide support.

We will ensure that people are kept informed regularly, indicating where they are in their journey.

Helping people to understand the mental health journey they are on, is key to improving their experience.

We will use different communications platforms, offer a choice of languages and give virtual tours to break down the barriers that exist around MHLDS services.

People with lived experience will be involved in supporting service users.

We will ensure that all staff work to set a protocol, an expectation that they welcome and support people's enquiries.

We will offer people a choice of services, with a coordinated approach and the ability to move between services.

We will introduce 'Trusted Assessment' across agencies, so people only have to tell their story once.

Putting our services in local areas, alongside GPs and other community NHS services, will make sure that people with dementia and their carer's have better access to services and support.

# Improving our services

## 5 Local Network of Mental Health and Learning Disabilities Services based in local areas

We will work with the independent sector to develop intensive support dementia care outside of hospital.

We will build on close working relationships with third sector and independent organisations and aim to integrate services with Isle of Wight Council. This joined-up working is in line with the Isle of Wight Dementia Strategy and feedback received from the public.

Services should be available where people need them, closer to their homes. We will achieve this by setting up local teams with NHS community services, social care, community and voluntary sector organisations and GPs.

These teams will deliver better mental health outcomes for the local population and will be based away from the hospital in the community hubs, offering ease of access in a welcoming environment.

Our new approach to community mental health and learning disabilities services will make sure that:

- People have a good-quality assessment.
- Interventions for mental health problems are readily available and accessible at the location most appropriate to people's needs.
- Care can be stepped up where or when more specialist care is required, and stepped down, without the need for lengthy referrals and repeated assessments.
- There are effective links with local communities to support and enable people to become more active within their community to support better mental health.

We will work with community and voluntary sector organisations who will provide a range of services, including wellbeing and recovery, face-to-face support, housing and employment related support, specialist courses, community connectors, social prescribing, and post diagnostic follow up.

If a service is based centrally, or not in a local area, we will make it easy for people to access that support.