QUESTIONS TO THE CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING NEEDS, THE DIRECTOR OF PUBLIC HEALTH, AND THE DIRECTOR OF ADULT SOCIAL CARE:

*Responses from the Director of Adult Social Care, Dr Carol Tozer, and the Adult Social Care and Housing Needs Team:

1. How have Care Homes faired through the Covid crisis? How have infection rates compared with the national statistics? Have we suffered infection from hospital discharge into Homes?

31 of our 74 local care have reported residents who have tested positive or displayed symptoms of the Corona Virus since the middle of March 2020. This equates to 41% of our care home provision locally. It should be noted that the degree of impact ranges from a single symptomatic resident who when tested returned a negative result to multiple residents who return positive tests. National data is not available however within the Local Resilience Forum area (the whole of Hampshire, Southampton, Portsmouth and the Isle of Wight) the Isle of Wight has the lowest number of care homes which have reported cases (as at 08/09/2020).

Our colleagues in Care Homes have been outstanding in their response to covid. This should not go unrecognised. In the majority of care homes Registered Managers and their staff have been able to manage the response to covid however in 3 of the Care homes it was necessary for additional workforce provision to be made by the council and health colleagues. Workforce challenges continue to be our primary concern in the event of a second wave.

The Isle of Wight NHS Trust, CCG and Council have at all times throughout the pandemic response applied national guidance in relation to hospital discharge, this has included requirements and guidance relating to when testing is required and in relation people who have tested positive for corona virus whilst in hospital. We are aware that in the early stages of the response, in accordance with the national requirements, there was limited or no testing at the time of discharged and then that a small number of people who had tested positive for the virus were discharged to our local care homes. The specific impact of these discharges is not fully known however we believe that this would have impacted on care homes at that time.

2. Has the use of IT helped in any way in monitoring and servicing the needs of residential care homes?

The following IT support has been put in place:

- All local care home were supported to access 'Attend Anywhere' which has enabled video consultation with GP's, Pharmacists, and other health and care professionals. this has had mixed success for a number of reasons. some home have found it difficult to engage with and other have deployed it as part of their routine
- we have been working with our health partners to roll out the use wider use to telehealth in care homes enabling more frequent monitoring of health conditions and easier access to GP's for residents
- Virtual meetings have been deployed to provide peer support
- on-line training has been provided in relation to infection prevention and control
- care homes have facilitated communication between residents and families using video conferencing/facetime/what's app/skype/zoom etc
- some local care homes have deployed virtual reality technology to support residents i.e. one home deployed virtual reality headsets to 'go to the beach' with their residents during lockdown

IT has supported prompt medical interventions where required, facilitated continued assessments/review of health, care and support needs and enabled residents of care homes to maintain critical links with their loved ones.

3. In the event of a second wave, will the Island receive more locally prescribed measures that will avert closure or restrictions being imposed where they are not strictly locally necessary, in consideration of the severe adverse effects such drastic measures can have on services, other treatments, wellbeing, economy and business?

The Measures put in place for the Isle of Wight are overseen by the Island Health Protection Board Chaired by the Director of Public Health and the Local Outbreak Engagement Board Chaired by the Leader of the Council. This means we can localise measures needed to protect the Isle of Wight. There may be circumstances where national measures are taken when infection rates rise for the country as a whole. We have seen this recently with the Rule of 6 coming in centrally.

4. How many residents were sent to care homes?

We are trying to verify the data in line with this FOI request. The IOW NHS Trust PID team are working to verify the data with multiple clinical teams to ensure accurate information is conveyed. This is a complex review.

5. Does the Council recognise that identifying and addressing issues concerning personal adverse experience in early years is a measure that can prevent much bigger and more costly and widespread problems arising in later life? If so, what are we doing about being more proactive in this area?

The Director of Public Health's Leadership alongside the Assistant Chief Constable is leading work on Adverse Childhood Experience and Trauma informed approaches. As it is recognised that early childhood trauma (including bereavement, domestic abuse) impact on a child's health, wellbeing and lifelong outcomes. We are committed to transforming the system so that service can support people who have experienced trauma for the best outcomes. This is a long-term programme which is planned to empower workers, engage communities and improve lives. The programme is overseen by a Board and has engagement from all partners. A new training package is being rolled out and further work to support good practice already taking place e.g. in substance misuse service, Children's Services and the Police.

6. In relation to and as a particular part of the above question, what is the Council doing to address the issues of obesity in childhood and in later life?

In July the Council signed of the public health strategy of which healthy weight was a key component. Work is progressing to ensure all parts of the system e.g. planning, place and the NHS play their part in improving the weight of the island residents. The National Childhood Measurement Programme is embedded in the school nurse service – this programme weighs and measures all children in year R and 6. This will recommence in January after a pause due to COVID. We are looking at new options for our Tier 2 weight management service (behaviour Change) to make this more effective for people to lose weight.

7. Is the Council aware of the emerging significance that research in the importance that a healthy balance of microbes in the human biome, particularly gut biome could play in wellbeing, with indications that an imbalance may have instrumental effect on such conditions as autism, Parkinson's and other ailments, conditions and even psychological states?

The Council ensures all work is based on evidence-based practice. Wellbeing is affected by so many factors including the place we live, education, housing, employment and lifestyle choices. The gut biome will only be a small factor and probably insignificant factor in wellbeing when taking into account the wider issues in people's lives. With regards to impact on diseases this would be for the treating clinicians to take account of evidence.