



Minutes

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
Date and time	MONDAY, 23 OCTOBER 2017 COMMENCING AT 5:00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Present	Cllrs John Nicholson (Chairman), George Cameron, Rodney Downer, John Howe, Michael Lilley
Co-opted Member (Non-Voting)	Chris Orchin (Healthwatch Isle of Wight)
Healthwatch Isle of Wight	Joanna Smith
Cabinet Members Present	Cllr Clare Mosdell
IW NHS Trust	Maggie Oldham, Steve Parker, Barbara Shuttle, Shaun Stacey
IW Clinical Commissioning Group	Helen Shields, Jonathan Smith
Other members present	Cllrs Paul Fuller, Karl Love, Tig Outlaw
Officers Present	Jennifer Beresford, Jayne Killgallen, Jo Parry, Pete Smith, Paul Thistlewood, Carol Tozer
Apologies	Cllr Adrian Axford

8. [Minutes](#)

RESOLVED :

THAT the Minutes of the meeting held on [24 July 2017](#) be confirmed.

9. **Declarations of Interest**

No declarations of interest were received at this stage.

10. [Public Question Time](#)

An oral question was received from Ms Diana Conyers of Ryde in relation to the reduction in the number of vulnerable adults in residential care and the capacity of community care services. The Director of Adult Social Care responded, providing a comparison of the number of individuals in residential care on the Island, which was significantly higher than the national picture. Work has been undertaken to support the reduction in residential placements which included increased investment in re-enablement and greater fee uplifts to homecare providers to increase capacity. Service users and carers had indicated they would prefer care at home. A market position statement would be available by the end of November 2017.

11. [Update on key significant issues from health partners](#)

(a) [IWNHS Trust](#)

The IWNHS Trust's Interim Chief Executive updated the committee on the Trusts improvement journey.

Members were advised there had been changes to the leadership structure and appointments would soon be made to substantive senior management posts. It was anticipated that an announcement would shortly be made on the appointment of a Chief Executive.

Metrics for July to September 2017 had shown improved performance but this had not continued into October 2017, which reflected the expected volatility while changes were embedded. It was noted that many of the changes being implemented would require cultural change with a patient first focus but the Care Quality Commission had acknowledged good progress was being made.

Staff feedback indicated that they were noticing a difference and supported changes. Communication and engagement was a key work stream and would include briefings and staff surveys. Members were advised that there were two high profile inquests planned from 2014/15 due to be held and it was expected this could affect staff morale.

Feedback from patients was also positive. However, the Trust accepted that how it communicated with patients was an issue which needed to be fully addressed.

Funding of £714, 000 had been secured to improve the emergency department and front door service. The receipt of this was a good indication of improvements being made as it would not have been secured without them. The funding would be used to improve dignity and the flow of patients in the accident and emergency department. The redesign process had involved staff to ensure it reflected their work. Specialists would have improved access to patents and tools and there would be better access to pathology and radiology. The layout of

the department had been changed to improve minor injuries, assessment space and major incidents space.

Concern was raised regarding the impact of agency staff and locums on staff morale and cost. The interim chief executive of the Trust thanked locums for their work and suggested the NHS could not function without them. Members were advised that there 101 full time nursing vacancies as of September 2017 and that the use of locums and agency staff could not be avoided. However, there were financial implications which had impacted upon the deficit.

Attempts to recruit to a number of posts had been unsuccessful and it was expected this would continue while the Trust was in special measures. In addition, agency work was more lucrative and perceived to be more flexible. Clarification was provided that bank staff were employed by the NHS and were different to agency staff. Reassurance on the staffing levels on the wards at St Mary's was requested and it was agreed the Trust would share a report from the 30 October 2017 board meeting which would provide this information.

Members were invited to visit the hospital in the New Year to see the changes being made which they welcomed.

RESOLVED :

THAT a visit to St Mary's be arranged for members of the committee.

(b) Isle of Wight Clinical Commissioning Group (CCG)

Michael Lilley declared an interest due to his involvement with the Youth Trust.

The IWCCG Chief Officer provided an update on the significant issues the organisation was facing. Regarding service issues, members were reminded that while 62% of the services commissioned by the CCG were provided by the Trust, there were other providers.

Challenges of note related to the services provided in Southampton, which were improving, and the ambulance service. Monthly meetings with the Trust were being held to address the issues facing the ambulance service and assurance visits were being undertaken.

The closure of the Autism Diagnosis Research Centre (ADRC) presented a significant issue. The centre which undertook, autism assessments for young people on the Island, had advised they would cease to provide services at the end of October 2017 with little notice.

Healthwatch indicated they had received a large number of contacts from worried parents and carers regarding the closure. In response to questions regarding planned communications and where a future triage service was based, members were advised a statement to

stakeholders, parents/carers and other professionals should be released in the next few days. The CCG was working with the Trust to look at delivering the locally. It was acknowledged there was a back log of assessments and reassurance was provided this would be addressed.

The committee was brought up to date regarding the additional hours for the delivery (referred to as seven day service) of some aspects of primary care. The additional provision had been rolled out in some areas on the Island. Patient's reaction to these additional services had not yet been assessed but Healthwatch had been engaged to undertake work on what services patients would like additional access to. A survey linked to the work could be found on Healthwatch's website and it was agreed that it could be included on the council's website.

Regarding the CQC improvement, members were advised the CCG were part of the Quality Improvement Oversight committee with NHS England and the CQC looking at how the Trust was improving in terms of the plan and also the Mental Health Improvement Group. A clinical director and member of the nursing staff also now attended monthly quality review meetings between the CCG and the Trust.

More detail was sought regarding performance monitoring and evaluation and how similar issues arising in the future could be prevented. The mechanisms for holding providers to account included contract notices and fines but these damaged transparency and good relations. It was suggested that metrics had not been available for data, such as vacancies. New measures were in place to ensure services could be monitored and benchmarked.

Members were informed that the CCG was also designated as requiring improvement by NHS England. The issues faced by the Trust and the small size of the CGG had contributed to the rating. The CCG's financial position indicated they would be £1m overspent at the end of month five which it was hoped could be reduced. There would be further joint commissioning with the council and other partners.

Progress with arrangements for the better care fund had allowed this to be signed off this year had been signed and the joint working involved commended at a national level.

The CCG's Chief Officer agreed to provide the committee with figures relating to the antibiotic use and prescriptions.

RESOLVED :

- (i) THAT the committee be provided with figures relating to the antibiotic use and prescriptions.

- (ii) THAT arrangements be made to include the Healthwatch survey regarding additional hours of primary care availability link be included on the councils website.

12. Redesign of Acute (hospital based) Services

The Interim Medical Director at the IWNHS Trust reported on the redesign of acute services on the Isle of Wight. He sought support for the approach planned to engage stakeholders both on the Island and in Portsmouth and Southampton as the redesign was system wide. It was intended that the final version would be available on 1 February 2018.

The redesign of services was being undertaken to ensure patients on the Island received the same high quality service and achieved the same good outcomes as patients elsewhere. There were pockets of activity where services on the Island struggled to deliver these and in some cases services were at risk of becoming clinically unsafe. The case for change, the key principals for the new service model and the six phases of the process were outlined.

The majority of the changes would be based around St Mary's. Some services would be moved off Island and others, such as neurological and cancer would remain off Island. Where services were delivered off Island, efforts would be made to ensure they were configured to limit travel wherever possible and that pre and post treatment assessments undertaken on the Island.

Services would be reviewed to identify areas of good service and those which were not and needed to be delivered with partners elsewhere. Budgetary constraints would also have to be considered.

Members sought clarification on the redesign's links with My Life a Full Life (MLAFL). The redesign was a joint Trust and Clinical Commissioning Group (CCG) project which would be signed off by the CCG governing body. Collaboration was an important aspect to the project and MLAFL had looked at services on the Island. While the Trust would continue as a provider, some services would be moved to the localities and delivered in the community with support from the MLALF.

The committee expressed concerns around transport arrangements for treatment, especially for services which were off Island. Inclement weather was an added complication as transport links to the mainland could be significantly impacted. It was suggested that mainland treatment may be better perceived if there was a single waiting list rather than an Isle of Wight and Mainland list.

Members were advised the logistics of treatment off island were being explored. The Head of Place and the Health and Wellbeing board were working with transport companies to try and improve arrangements. It was expected that while there would be an increase in travel for some treatments, others should see a reduction.

It was acknowledged that the NHS could not fund transport for treatment and members were advised that efforts were being made to raise the profile of the issue. The model of care for other remote islands and communities and been considered. It was believed that the MP for the Island should be involved in the project as he chaired the parliamentary islands group.

The committee felt there needed to be better communication and engagement regarding the changes, particularly with town and parish councils and general practitioners. The interim medical director indicated that it was too early for this.

RESOLVED :

THAT the committee note the timeline and next steps for the redesign of acute (hospital based) services.

13. **Care Quality Commission (CQC) Inspection Report – Overbrook, High Street, Wootton, Isle of Wight**

The Director of Adult Social Care presented a report which summarised the CQC's Inspection findings from August 2017 in relation to Overbrook, a council run care home providing accommodation for up to four people in a domestic setting. The council's action plan to address the findings was provided and the committee were advised a public apology had been offered following the publication of the report.

Members were advised that as soon as the failings in service delivery had been highlighted significant work had been undertaken to improve standards including updated support plans and risk assessments, training and improved staffing levels. There was a more positive atmosphere within the home and the CQC were satisfied with the actions proposed in response to its inspection findings.

Discussion took place regarding compassionate care, the lack of which was criticised by the CQC, and the need for cultural change. It was hoped would be brought about through better training and management oversight.

Assurance was provided that quality checks had been undertaken across all council run homes and remedial action taken where similar issues were found.

As a result of the inspection, significant changes had been made to the management of all council run homes including increased supervision and regular quality assurance auditing by an independent expert. Learning and Development Care was an area of ongoing concern for the service and further work would be undertaken to revise the model of care.

Members suggested that using Healthwatch's enter and view powers to visit council run homes would provide the committee with additional independent assurance that improvements were being made. This would be discussed further with the Director of Adult Social Care to ensure it did not impact on residents.

Clarification was sought regarding staffing levels at Overbrook at the time of the inspection and the use of bank staff. Members were advised that all shifts had been fully staffed. However, due to unrecognised changes in the needs of the residents the model of staffing had not been correct. Bank staff were council trained staff taking on additional hours and their use would not impact on the level of care delivered.

RESOLVED :

THAT Healthwatch's manager discuss with the Director of Adult Social Care undertaking inspections of council run homes to provide the committee with an assurance that standards were being complied with.

14. Winter Plan

A presentation outlining the health and social care winter resilience plan was provided. Members considered key points highlighted by the Assistant Director for Integrated Commissioning.

The lessons learned from 2016 were considered and the responses in place were outlined. These included improved management of delayed transfers of care which had resulted in targets since winter 2016/17 being met and capacity for stepdown had been created in two of the council's nursing homes.

Improvements had been made to the emergency department to improve patient flow and provide real time information to the service. Funds had been secured from the Better Care Fund and Improved Better Care fund to ensure these improvements were in place before winter 2017.

The Flu Virus, following information from the Southern Hemisphere, and bed capacity particularly between Christmas and New Year were considered ongoing risks.

The plan was due to be approved by NHS England on 31 October and would be in place from 1 November 2017.

RESOLVED :

THAT the proposed winter plan be noted.

15. Adult Social Care Monthly Performance Report and Finance Service Board Report

The committee considered the reports which provided performance data and financial data for Adult Social Care for August 2017. The Director of Adult Social Care drew attention to three areas in the reports:

- Outstanding reviews and flow

In December 2016 there were 745 overdue reviews. This has been reduced to 92.

- Residential Care Admissions

There had been a reduction in the number of placements to nursing home beds.

- Depreciation of capital

There were a number of self-funding residents who had been in care from some time and whose capital had depreciated and reduced. It was costing the local authority £1.2m to fund these individuals and it was a cost which was expected to increase. Healthwatch advised they had received a large number of contacts regarding the issue. Service users did not understand the implications of running out of funds and needed to be educated to ensure they understood that they may not be able to stay in their placements if funded by the local authority.

The cabinet member for adult social care advised that the service was aware of the issue and work was underway to ensure service users and carers were signposted accordingly from the early stages of their care to ensure the depletion of their budgets could be managed.

- Safeguarding Data and Thresholds

Members were advised that safeguarding data indicated there were issues around multi-agency use of thresholds. The service was receiving a significant number of referrals in comparison to its statistical neighbours. However, the number of the referrals which progressed to a Section 42 Safeguarding enquiry, reflected national averages (around 40 a month).

- Financial Update

The projected overspend for the department was £7,000 compared to £2.9m last year. In addition, the department was required to achieve savings of £3,485m and it was expected this would be achieved with a shortfall of only £76, 000. The savings had been generated by the services major improvement plan and was evidence the care closer to home initiative was beginning to have an impact.

The committee expressed concern regarding the significant difference between the reported number of Deprivation of Liberty assessments (DoLS) at the end of August 2017 which was 754 and the corporate plan which aspired to 50 being outstanding.

The Director of Adult Social Care advised members that the target of 50 was monthly and reflected the average number of new assessments each month. 11 front line social workers had been trained to undertake the assessments and a further 11 were scheduled to be trained. Existing resource had been found to outsource completion of the outstanding DoLS, however, the council was waiting for legal advice on best interest assessments before these could be completed.

Members commented that Public Health performance indicators were not included in the report and it was agreed that a performance report would be requested from the service area.

RESOLVED :

THAT a Public Health Performance Report be included on future agendas.

16. **Cabinet Member's Update**

The cabinet member briefed the committee on the major issues affecting the service:

- The "Care Closer to Home" initiative was underway and was making an impact sooner than expected.
- Adult Social Care's BIG Conversation had focused on the impact of changes on staff and any issues which had been raised had been addressed.
- Government had warned a number of council's that Better Care Funding would be removed if targets relating to Delayed Transfer of Care (DToc) were not met by the end of November.

RESOLVED :

THAT the report be noted.

17. **Council's forward plan and the committee's work plan**

The chairman advised members that a task and finish group would be established to review suicide prevention plans and subsequent implementation. The group would be formed of the Chairman with Councillors Cameron and, Lilley and Jo Smith from HealthWatch. A meeting would be arranged with officers to agree the terms of reference.

The Chairman indicated that following concerns being raised with him about a disparity of dental services across the Island this would be included in the workplan.

RESOLVED :

THAT dentistry be included on the committees work plan.

CHAIRMAN