



Minutes

Name of meeting **POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH**

Date and time **THURSDAY, 22 JANUARY 2018**

Venue **COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT**

Present Cllrs John Nicholson (Chairman), Adrian Axford, Rodney Downer, John Howe, Michael Lilley.

Healthwatch Isle of Wight
Joanna Smith

IW NHS Trust Kevin Bond, Darren Cattell, David Haycox, Andy Hollebon, Maggie Oldham, Shaun Stacey, Barbara Stuttle

IW Clinical Commissioning Group
Helen Shields, Gillian Baker.

Cabinet Members Present
Cllrs Dave Stewart, Clare Mosdell.

Other Members Present
Cllrs Barry Abraham, Chris Quirk.

Officers Present Jennifer Beresford, Anita Cameron Smith, Mike Corrigan, Laura Gaudion, Bryan Hurley, Roger Merry, Paul Thistlewood, Carol Tozer

Apologies Cllrs George Cameron, Karl Love.

18. [Minutes](#)

RESOLVED:

THAT the Minutes of the meeting held on 23 October 2017 be confirmed.

19. [Declarations of Interest](#)

Cllr Michael Lilley declared an interest in the mental health related items on the agenda as a trustee of the Youth Trust which a mental health charity.

20. [Isle of Wight Adult Safeguarding Board annual report](#)

The Chair of the Board, Mrs Margaret Geary, presented the report which outlined the work of the Isle of Wight Safeguarding Adults Board for the period ending April 2017. The committee had raised a number of questions prior to the meeting which the chair addressed.

The Safeguarding Adult Review Sub-Group was responsible for undertaking and managing Serious Case Reviews. Referrals were made to the group which then scoped the review and created a chronology before deciding if a full review should be undertaken.

Two reviews had been undertaken in the reporting period. The first was a joint review, undertaken with the Local Safeguarding Children Board (IOWSCB) as it concerned a child. As a result of the review, a joint review protocol was being drawn up with the IOWSCB. The second case was not eligible for a full review but there were lessons to be learnt from the case.

Following a review, the services involved were sent a list of recommendations, which were tracked through the sub-group. If there was a lack of progress then the recommendations were escalated to senior leaders within the service. Learning lessons workshops were also held as part of the overall training programme.

In relation to questions raised around attendance at meetings details of this were been provided. It was noted health partners had not been represented at meetings and other events in 2017/2018. The CCG's Head of Safeguarding, who had a joint role with the Trust, regularly attended meetings. Assurance was provided that following discussions between the SAB Chair and the Interim Chief of Nursing the trust would be represented at all meetings and events in the future. Historically there had been issues around the lead member for Adult Social Care's presence at the board. However, the incumbent Cabinet member had attended all meetings since being elected.

The SAB opinion on discharge from hospital was sought. Concerns had been raised by the prison service and more recently the voluntary sector and Healthwatch around discharges with no follow-up or advice on next steps. Accident and Emergency discharges were an area of particular concern. It was agreed the issue would be explored further when Healthwatch presented their report on the matter later in the meeting.

Members challenged the number of reported Section 42 (Adult Safeguarding Enquiry) alerts in comparison to the rest of the UK and the Island's statistical comparators. Similar concerns were raised regarding safeguarding issues around memory and cognition and neglect and omission. Members were advised that the number of alerts on the island was significantly above average. Following a review in 2013 there had been agreement that any medicine management error or fall would be reported as a safeguarding incident. As a result there were very high numbers of alerts which made it difficult for patterns to be picked up.

Work had been undertaken to address the anomalies and it was expected that there would be a reduction in the number of alerts. However, further efforts were needed around thresholds being owned and understood. Previously around 26% of alerts had translated into a true concern and this had now increased to 36%. Members requested data be brought to the next meeting to demonstrate that the number of alerts were reducing.

RESOLVED:

THAT the committee receive data relating to Section 42 alerts at its March 2018 meeting.

21. **Public Health**

(a) **Performance Reporting and Finance Report**

Members received a report which outlined Public Health's data sources and outputs, comparator groups and outcomes framework and one which summarised the service's financial position. Public Health metrics, in addition to being compared to national and regional figures, were measured against similar authorities or CCGs which matched the island across a range of factors specific to the focus area. The areas performance indicators focused on included:

- Life Expectancy and Healthy Life Expectancy
- Wider detriments to health
- Health improvements (healthy lifestyles and choices)
- Preventable ill health and premature death

It was noted that not all Public Health outcomes were within its gift to control but could be influenced by the work that it undertook. The profile was updated annually in July.

Questions were raised regarding alcohol and substance abuse on the Island. Members were advised that binge drinking tended to be linked to demographic profiles and reassured that the position on the Island was favourable compared to other areas.

RESOLVED:

THAT the report be noted.

(b) **Local Government Association Peer Review Action Plan**

The committee considered both the action plan together with the Peer Review report, which had been requested and provided prior to the meeting. Members were advised that the links between Public Health and the Trust and Adult Social Care needed to be strengthened.

Concerns were raised by members regarding references throughout the peer review about joined up working. The Public Health

representatives were asked if they felt part of the council. It was noted that the culture of public health compared to that of the council and NHS had been very different. There was the view that public health would be better located in County Hall with social care colleagues.

The Health and Wellbeing Board was aware of public health inequalities on the Island and a strategy was being prepared to address these. The strategy identified priorities, for example work undertaken in Ryde and Newport and Local Area Co-ordinators, who were building resilience within the community. Mental Health was considered an area of particular importance. The Board recognised the impact of pre-conception and early childhood events on adult health and in addition to related public health initiatives the service was involved with the children's integrated commissioning board.

It was agreed the Chair of the Health and Wellbeing Board should be invited to the next meeting of the committee to provide an overview of the work of the Board and the supporting Strategy.

RESOLVED:

THAT the Chair of the Health and Wellbeing Board be invited to attend a meeting of the committee to provide an overview of the Board's work.

22. Residential and Nursing Homes on the Isle of Wight

(a) Fairview House, Clatterford Road, Newport

The Director of Adult Social Care provided the committee with a briefing on Fairview House residential home following a series of incidents related to the appalling conditions found at the home and which had led to the closure of the home. Serious safeguarding concerns about the home were raised following a CQC inspection in November 2017 which resulted in all 22 residents (18 of which were council funded) being removed and relocated as a matter of urgency in early December 2017. Those residents had largely settled into their new placements. The families of those affected had been visited by the Assistant Director of Integrated Service Delivery.

Members challenged if there was any prior indication that conditions at the home had deteriorated so significantly. However, no alerts had been received and the home had been rated as good in June 2017 by the CQC, prior to a change in ownership. Quality checks had not revealed any issues. It was noted that the registered manager and several members of staff resigned with immediate effect when the CQC began its inspection.

Concerns' regarding the possibility of a similar situation in other homes were also raised. Assurance was provided that the company's three other homes on the Island have been subject to unannounced reviews by both the CQC and adult social care and a collective response would

be prepared. None of the themes which arose in the Adult social care was also working with the CQC on any future actions with regard to the provider.

A pro-forma was being developed which would be given to every professional accessing care homes. This would seek a visual assessment which could highlight concerns requiring more detailed investigation.

RESOLVED:

- (i) THAT a report be submitted to the next meeting on progress with any further actions arising from this matter.
- (ii) THAT the work undertaken by staff in adult social care and health partners in responding to the situation at Fairview House and safely relocating residents be formally recognised.

(b) Raising Standards in the Independent Care Sector.

Members received a report which outlined the actions being taken by the Council's Adult Social Care Directorate and the CCG to raise standards in the independent care sector and care provision on the Isle of Wight.

The key issues faced on the Island, and initiatives to improve standards, were considered. Leadership was considered to be a key aspect of safeguarding and members were advised all registered managers had been invited to partake in a programme to raise standards. Homes rated as inadequate or requiring improvement were being targeted first and an onsite review of processes was being undertaken. The Council had also assisted in the establishment of three providers associations. All the quality improvement initiatives were being funded using the Improved Better Care Fund.

A fee consultation with providers would be undertaken shortly. Discussion took place regarding the higher cost of fees on the Island in comparison with other areas. The market on the Island was limited due to a lack of investment. Future commissioning would be undertaken jointly with the CCG. Forums were being held to help increase engagement between care services and the voluntary sector.

Questions were raised regarding the involvement of the third sector in sharing expertise. Forums were taking place to allow for open conversations with both the voluntary sector and nurses.

RESOLVED:

- (i) THAT representatives of the newly established Care Partnership be invited to a future meeting.

23. **Hospital Discharge Review**

The committee considered the report from Healthwatch which reviewed hospital discharges for 71 patients requiring social care support between November 2016 and May 2017. The information had been collected through a survey of residential care homes, nursing homes and care at home providers. The work had been undertaken following concerns raised by domiciliary care providers and residential homes.

Discharge from mental health wards had received very positive feedback. However, a high percentage of respondents did not feel patient's dignity had been respected on discharge and there were significant issues around medications and information regarding ongoing care. A response to the findings and recommendations contained in the report had been provided to Healthwatch by the Trust.

Members suggested it was very concerning that a reduction in the Delayed Transfers of Care (DToc) seemed to be impacting negatively on patients as many did not have discharge sheets or updated medicine records. Discussion took place regarding the reticence by patients to complain on the Island as many feared they would lose services if they did so. The culture at the hospital had also been prohibitive in regard to staff complaints though it was noted that staff now had a "speak up guardian" they could raise issues through anonymously.

Reassurance was sought that adult social care were being notified of discharges for domiciliary care purposes. Members were advised that the CQC, in its next inspection, would find much improved contacts between the hospital and social care in regard to discharges and also stranded patients (patients who had been in hospital for a prolonged period).

It was also noted that Healthwatch had recently received a response to the recommendations made in the November 2017 Accident and Emergency report.

RESOLVED:

THAT the Trust's responses to the recommendations in the Healthwatch reports on the Accident and Emergency Department and Hospital Discharges at St Mary's Hospital be circulated to the Committee.

24. **Update on key significant issues from health partners**

(a) IWNHS Trust

The Trust's Chief Executive provided a written report which updated members on operational issues, quality concerns, workforce status and financial situation was provided. In an oral update members were

advised that the Trust's winter plan had stood up well to recent pressures. and data was demonstrating the plan was fit for purpose. There were three occasions on which capacity at the hospital was outside of the parameters of the plan but the gap had been resolved within three to six hours.

Following local media coverage of flu at the hospital, members were advised the situation was dynamic but the numbers were low. Vaccines were still available and people should be using pharmacies and GPs as their first point of call if showing symptoms.

The CQC would be undertaking an inspection visit of the hospital between the 23 and 25 January 2018. A further unannounced inspection would be undertaken on the community mental health, acute and ambulance services in February 2018. It was anticipated by the Trust that it would remain rated as "inadequate". Culture continued to be the biggest challenge.

RESOLVED:

THAT the updates be noted and a report be included in the work plan on lessons learnt from the Winter Plan

(b) IW Clinical Commissioning Group

Members received a report from the CCG's Chief Officer which listed the services issues faced including financial performance, CCG directions and the Care and Health Information Exchange. Detailed reports on the Mental Health Blue Print and progress on Shackleton and Woodlands were presented by the Trust's Interim Director of Mental Health.

Members questioned the lack of timelines and actions in the blue print, highlighting transition to adult mental health services and Big White Wall as areas of particular concern. They were advised that the planned approach ensured individuals were at the centre of care. Regarding Big White Wall, the service had worked in a number of mainland settings but its impact on the Island would be assessed before it would be recommissioned.

Shackleton Ward at St Mary's, a dementia assessment and care provision for older people and Afton Ward, an inpatient care ward for older residents with severe functional mental illness within Seven Acres, were not considered suitable by the CQC. The new model of care prioritised maintaining people's independence and would provide a mix of inpatient and community support. Inpatient support would be delivered in a bespoke unit rather than a ward and would be co-located with the community team to ensure individuals would supported by long term carers.

The inpatient unit at Woodlands had also been heavily criticised by the CQC. The new provision would provide three levels of support and

focus on individuals receiving support in a less restrictive model, moving away from formal beds and make provisions on island for those currently treated on the mainland. It was expected changes could take up to two years to implement.

The committee expressed disquiet regarding the length of time it was expected the changes would take to make and were advised these were conservative timelines. Due to the extent of the changes being made, and the links with housing and other services, would take time to implement.

The Chairman indicated that this would be the last meeting of the committee that Helen Shields, Chief Officer of the CCG, would be attending before her retirement.

RESOLVED:

- (i) THAT the updates be noted.
- (ii) THAT Helen Shields be thanked for the support provided to the committee.

25. Adult social care

(a) **Care Close to Home progress report and Briefing on Deprivation of Liberty Safeguards**

The committee considered the report on the progress of the Care Closer to Home initiative which provided data to illustrate the cultural and procedural changes which had been undertaken.

Quality of provision and Deprivation of Liberty Safeguards (DOLs) were noted as key areas for improvement. A full briefing on the backlog of DOLs and associated action plan was provided along with a copy of Counsel's advice to the Council on the matter. Members were reminded there was a national issue around assessments.

On the Isle of Wight there were 759 outstanding DOL's which needed to be completed. A two pronged approach was being taken. Capacity was being created to address incoming requests through a number of initiatives which included upskilling all eligible adult social care staff to be DOL assessors. £290,000 had been identified from within the existing budget for advocacy, to ensure patients had a strong voice during the assessments, and to engage the services of an external agency to address the backlog.

Members expressed concern regarding the risk to the council and impact on individual residents. Regular updates were requested to allow the committee to monitor the situation.

RESOLVED:

THAT the committee receive regular updates on progress with dealing with requests for Deprivation of Liberty Safeguards.

(b) Cabinet Member's Update

The cabinet member updated the committee on work being undertaken with the cabinet member for Housing and Planning around homelessness and rough sleepers.

RESOLVED:

THAT the update be noted.

26. **Committee's work plan**

The Chairman indicated that it was anticipated that the task group established to look at the suicide prevention plan would soon start its work. Mention was made of the importance of patient transport in any health service redesign and that it may be appropriate to set up a task group on this at the appropriate time with Councillor John Howe being the lead member.

RESOLVED:

THAT the committee's work plan be noted.

CHAIRMAN