



# Minutes

<b>Name of meeting</b>	<b>POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH</b>
<b>Date and time</b>	<b>MONDAY, 16 JULY 2018 COMMENCING AT 5PM</b>
<b>Venue</b>	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
<b>Present</b>	Cllrs John Nicholson (Chairman), George Cameron, Rodney Downer, Steve Hastings, John Howe, Michael Lilley, Karl Love,
<b>Cabinet members present</b>	Cllr Clare Mosdell
<b>Other Members Present</b>	Cllr Ian Stephens
<b>Co-opted Member (Non-Voting)</b>	Chris Orchin – Healthwatch, Isle of Wight
<b>Healthwatch Isle of Wight</b>	Joanna Smith
<b>IW NHS Trust</b>	Maggie Oldham – Chief Executive Alistair Flowerdew - Medical Director Lesley Stevens - Director of Mental Health and Learning Disabilities
<b>Isle of Wight Clinical Commissioning Group (IW CCG)</b>	Loretta Outhwaite - Deputy Chief Officer James Seward –Programme Director – Acute Care Redesign Tracey Savage – Deputy Director of Quality and Medicines Optimisation Melanie Rogers – Director of Nursing and Quality Nicola Longson – Programme Director – IW Local Care System
<b>Officers Present</b>	Helen Babbington, Debbie Downer, Bryan Hurley, Megan Tuckwell, Paul Thistlewood, Johnathan Smith

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**1. [Minutes](#)**

**RESOLVED:**

THAT the Minutes of the meeting held on 19 March 2018 be confirmed.

**2. [Declarations of Interest](#)**

No declarations were received at this time.

### 3. Public Question Time

Mr Ray Clarke of Ryde provided a written submission regarding the responsibility for improving standards for residents with disabilities and visual-impairments. The chairman provided a comprehensive response which would be published online ([HERE](#)). The chairman raised a concern that Mr Clarke had been unable to get a sufficient response from the IWCCG on a similar issue.

#### RESOLVED:

The IW Clinical Commissioning Group be requested to review its responses to Mr Clarke on a number of issues that he had raised with them to ensure they were fully answered in a clear and transparent manner.

### 4. Sandown Medical Centre

The Chairman raised concerns that despite a number of requests for clarification about the process followed by the IWCCG on the handling of the temporary closure of the patients list at Sandown Medical Centre these had not been effectively responded to.

It had been highlighted that the CCG had not complied with statutory requirements. In addition members the unacceptable delay in autism assessments for children, lack of monitoring of commissioned services, and poor public and patient engagement.

The committee were deeply concerned that the IWCCG did not appear to be fulfilling its statutory duties or complying with best practice guidance and was thereby failing to secure and deliver safe services that meet the needs of the Island's community.

The committee did not feel they could risk the improvements being achieved by the IW NHS Trust and Adult Social Care being impacted upon by the IW CCG in their failure to take responsibility and operate with openness transparency. The Committee therefore believed that it unfortunately had no other alternative but to call upon NHS England to take urgent action to address these concerns.

#### RESOLVED:

The committee is deeply concerned that, based upon the circumstances highlighted by its handling of the Sandown Medical Centre, the unacceptable delay in autism assessments for children, lack of monitoring of commissioned services and poor public and patient engagement, the Isle of Wight Clinical Commissioning Group does not appear to be fulfilling its statutory duties, or complying with best practice guidance, thereby failing to secure and deliver safe services that meets the needs of the Island's population and calls upon NHS England to take urgent action to address this

## 5. Update on Key Significant Issues from Health Partners - IW NHS Trust

The involvement of the Trust in delivering the Children and Young People Autism Assessment and Diagnostic Service on behalf of the IW CCG was noted. The committee hoped that this would result in immediate action and service delivery and that this should be backed up by clear communications and involvement of the families involved.

It was advised that Professor Jeremy Turk would be leading the service, and was recruiting a team; however there was difficulty with recruiting specialists nationally.

The Cabinet Member for Adult Social Care and Public Health advised that she had completed Autism Ambassador Training and recommended that this could be rolled out as a long term solution for members of the committee.

The Chief Executive of the IW NHS Trust acknowledged the recent CQC Report. The rating was predictable due to the time-frames associated with addressing the issues that were raised, and it was noted that since the inspection, an additional 25 nurses and 14 surgeons had been recruited, and sickness absence had decreased.

It was advised that a 12-month development structure had been put in place for middle management to improve and apply skills that were not utilised under previous leadership. It was noted that arrangements were being finalised for the Trust to meet with the Committee to discuss the CQC inspection report and the resulting actions being taken.

### RESOLVED:

- i. The involvement of the Trust in delivering the Children and Young People Autism Assessment and Diagnostic Service on behalf of the IWCCG was noted, and the committee hoped that this would result in immediate action and service delivery backed up by clear communications and involvement of the families involved.
- ii. Arrangements were being finalised with the Trust for a special meeting of the Committee to discuss the CQC inspection report and the resulting actions being taken.

## 6. Suicide Prevention

Cllr Lilley presented the Suicide Prevention Task and Finish Group Final Report.

Discussion took place regarding the 'Men in Sheds' and the allocated budget for suicide prevention in Public Health. It was agreed that the recommendations set out in the report be fully supported, although it was noted that several had budget implications.

### RESOLVED:

- i. That the following recommendations of the task and finish group be agreed:-

- i. That IW Council Public Health works with local agencies to further understand the full picture of suicide including Police, Coroner, Ambulance, Fire Service and Coast Guard to gain a more detailed understanding of suicide and suicide attempts on the Island across all generations.
- ii. That Training and Briefing of staff within Public Health, Adult Social Care, IW Trust, IWCCG in the role of Scrutiny be provided as a way of improving efficiency in provision of answers to legitimate scrutiny questions and avoid misunderstandings.
- iii. That Isle of Wight Council becomes a member of the National Suicide Prevention Alliance as a way of tapping into expertise and good practice.
- iv. That it is resolved that IW Council does have a suicide plan in place with designated officers and now strong leadership but the vagueness of answers to some of the questions as advised by the HM Health Committee does indicate an IW Suicide Prevention Plan (2018-2022) needs considerable more work to get strategies and interventions implemented which reduce suicides and suicide attempts on the Island. It is recommended that Public Health use the Task and Finish Report as guidance in improving the efficiency and performance of the plan and its implementation.
- v. That the Health & Well-Being Board be advised that in the opinion of the Task and Finish Group that the draft Suicide & Prevention Plan 2018-2022 still needs further work and it is better that Public Health as the leading body, have further time to get a robust and achievable plan in place before the Board signs it off. It is emphasised that the plan in the next year should have Men in the age group 45-60 as an urgent priority for an intervention programme/project as this group by far is the most vulnerable to suicide.
- vi. That as there are indications that suicide and suicide attempts by young people are becoming more prevalence that the Suicide Prevention Working Group needs to do further research in this area. It is noted that there are children who are particular vulnerable such as children of parents who commit suicide, those with eating disorders, and children in care/leaving care.
- vii. That IW Council Public Health allocate within their budget specific funding for suicide prevention so interventions are resourced.
- viii. That Public Health does provide answers to questions as requested by Scrutiny at this time that have not been answered totally satisfactorily. This has been clarified by the new leadership of Public Health and the Task and Finish Group are satisfied that in the future more detailed answers will be provided now the leadership void within Public Health has been filled.
- ix. That Public Health reports back in 12 months to the Committee with progress.
- x. That the Task and Finish Group remains in place but widens to take in mental health services across the Island.

## 7. Adult Social Care - Annual Complaints Report 2017-18

The Business Support Manager presented the Annual Complaints Report on behalf of the Director of Adult Social Care. It was advised that individuals were adequately informed of their right to an independent advocate. With regards to complaints referred to other agencies, complaints that involve any element of adult social care would be followed up with other complaints being forwarded to the relevant area.

It was noted that the reported period for a formal investigation and response (in accordance with the council's policy) was 25 working days, and was currently operating within an average of 21.86 days..

### RESOLVED:

- i. THAT the annual complaints report 2017-18 be received.
- ii. THAT details of the actual time period for each complaint be supplied to the committee.

## 8. Care Closer to Home

Discussion took place regarding the continued progress in relation to placements in residential homes. The committee noted the performance regarding the delayed transfer of care but required assurance that the quality of transfer was not compromised. Data on the number of readmissions would be useful to identify if there was an issue. The 'Living Well' service was outlined and, with regards to Adult Social Care homes, the committee suggested a performance measure (similar to that for schools) where the council should aim to have all its homes CQC rated 'good', especially for the areas of safety and leadership. It was agreed that a performance measure should be established to illustrate the staffing levels at each home to ensure that they are at a safe and effective level.

### RESOLVED:

- i. The Cabinet Member for Adult Social Care and Public Health be requested to clarify the issue raised by Healthwatch IW regarding the Council's position on seeking an arrangement fee from self-funders for assistance in finding residential home care.
- ii. The good performance in the rate of delayed transfers of care be welcomed and relevant data be sought on the number of readmissions.
- iii. The Cabinet Member for Adult Social Care and Public Health be requested to establish a performance measure, similar to that for Ofsted inspection of schools, where the Council should be aiming to have all its own homes at a Care Quality Commission rating of good, especially for the areas of safety and well led, within the next two years.
- iv. The Cabinet Member for Adult Social Care and Public Health be requested to establish a performance measure which shows the staffing levels at each council operated home to ensure that these are maintained at a safe and effective level

9. **Safeguarding Adults Board – Annual Report 2017-18**

The Chair of the Board, Margaret Gearing, provided an overview of the work undertaken by the IW Local Safeguarding Adults Board during 2017-18. Discussion took place regarding the establishment of a multi-agency hub/triage to ensure that vulnerable residents had appropriate preventative and protective support (rather than requiring crisis management). This was fully supported by the committee. It was noted that this multi-agency a hub/triage was now available three days a week with an additional two days virtually.

**RESOLVED:**

- i. THAT the establishment of a multi-agency triage be noted and welcomed.
- ii. The twelve recommendations made by Independent Expert's review of the Safeguarding Team be circulated to the committee.
- iii. The annual report for 2017-18 be noted

10. **Health Service Reconfigurations -**

**Acute Care Redesign/ Community Care Services/ Urgent and Emergency Care**

The committee discussed the consultations being undertaken in connection with the proposed Acute Care Redesign, and questions were raised regarding the work planned to develop community care across health and care and the proposals relating to the delivery of urgent and emergency care.

It was noted that as, the reports are linked, consistency was needed in terms of style and content. In future all service reconfiguration reports should be merged into one to improve clarity. Concerns were raised regarding the language used in the public consultation and the committee emphasised the need to present reports in plain English.

It was noted that there were issues relating to the funding of these projects which should be resolved urgently if any progress was to be made within a realistic timescale.

Members noted that there could be additional demand for the air ambulance associated with the transfer of patients to mainland hospitals.

**RESOLVED:**

- i. THAT the views expressed by the Independent Reconfiguration Panel arising from submissions made by health scrutiny committees in response to major service change be forwarded to the programme directors so that these can be taken into account.
- ii. THAT a meeting be arranged between the Committee and representatives of the Hampshire and Isle of Wight Air Ambulance.

**11. Update on Key Significant Issues from Health Partners - IWCCG**

The Deputy Chief Officer advised that NHS England had published its latest assessments of CCG's on 13 July 2018, and the IWCCG was rated as 'Requires Improvement'. The committee expressed concerns and requested that the new accountable officer and chairman of the IW CCG should be requested to meet with it to discuss future improvement plans.

RESOLVED:

That arrangements be made for the committee to meet with Maggie Maclsaac, Interim Accountable Officer for the IWCCG, and Dr Michele Legg, Chairman of the IWCCG

**12. Committee's Work plan**

Consideration was given to items for inclusion within the workplan.

RESOLVED:

- i. THAT an item be included in the workplan looking at the market position
- ii. THAT an item be included on the agenda for the 15 October 2018 meeting on how patients and people are put first in service delivery.

**13. Members' Question Time**

Cllr Cameron and Cllr Love raised questions regarding the available funding for the Daisy Bus which was due to cease at the end of 2018. The Deputy Chief Officer of the IWCCG advised that work was being done regarding this and agreed to provide details to members.

RESOLVED:

THAT the Deputy Chief Officer of the IWCCG to provide members of the committee with details regarding funding for the Daisy Bus.

CHAIRMAN