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Agenda

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	MONDAY 4 SEPTEMBER 2023
Time	5.00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Members of the committee	Cllrs M Lilley (Chairman), J Nicholson (Vice-Chairman), R Downer, W Drew, J Lever, J Medland and J Robertson
Co-opted	Chris Orchin (Healthwatch Isle of Wight)
	Democratic Services Officer: Megan Tuckwell democratic.services@iow.gov.uk

1. **Apologies and Changes in Membership (If Any)**

To note any changes in membership of the Committee made in accordance with Part 4B paragraph 5 of the Constitution.

2. **Minutes** (Pages 5 - 8)

To confirm as true record the Minutes of the meeting held on 5 June 2023.

3. **Declarations of Interest**

To invite Members to declare any interest they might have in the matters on the agenda.



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4. **Public Question Time - 15 Minutes Maximum**

Members of the public are invited to make representations to the Committee regarding its workplan. Questions may be asked without notice but to guarantee a full reply, a question must be put (including the name and address of the questioner) in writing or email to democratic.services@iow.gov.uk, no later than two clear working days before the meeting. The deadline for submitting written questions is Wednesday, 30 August 2023.

5. **Outcomes and recommendations arising from previous meetings** (Pages 9 - 10)

To consider an update on the progress against the outcomes arising from previous meetings, to receive an update on any outstanding actions, and to receive a verbal update from the chairman on the informal briefing that took place on 25 July 2023 to discuss the health and social care budget.

6. **Adult Social Care Complaints Report** (Pages 11 - 24)

The consider and note the annual adult social care statutory complaints report for 2022-23.

7. **Update on Patient Transport** (Pages 25 - 30)

To consider and note the report from the Integrated Care Board on patient transport, and to hear from the Patient Transport User Group.

8. **Update on Dentistry** (Pages 31 - 44)

To consider and note the report from Integrated Care Board on dentistry, and to hear patient feedback from Healthwatch Isle of Wight.

9. **Update on the Dementia Strategy** (Pages 45 - 66)

To consider and note the report outlining the progress made in delivering the Dementia Strategy 2022-25.

10. **Preparing for Winter** (Pages 67 - 70)

To receive and note the report on the lessons learnt from the previous winter and on the preparations being made for the forthcoming winter.

11. **Proposals to vary, develop or consult upon service changes** (Pages 71 - 76)

To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified. To receive updates on pharmacy services and primary care.

12. **Workplan** (Pages 77 - 80)

To consider any amendments to the current workplan, and to note the informal briefing taking place on 9 October 2023 to discuss the topic of Social Prescribing.

13. **Members' Question Time**

A question may be asked at the meeting without prior notice but in these circumstances there is no guarantee that a full reply will be given. To guarantee a reply, a question must be submitted in writing or by email to democratic.services@iow.gov.uk no later than 5pm on Thursday, 31 August 2023.

CHRISTOPHER POTTER
Monitoring Officer
Thursday, 24 August 2023

Interests

If there is a matter on this agenda which may relate to an interest you or your partner or spouse has or one you have disclosed in your register of interests, you must declare your interest before the matter is discussed or when your interest becomes apparent. If the matter relates to an interest in your register of pecuniary interests then you must take no part in its consideration and you must leave the room for that item. Should you wish to participate as a member of the public to express your views where public speaking is allowed under the Council's normal procedures, then you will need to seek a dispensation to do so. Dispensations are considered by the Monitoring Officer following the submission of a written request. Dispensations may take up to 2 weeks to be granted.

Members are reminded that it is a requirement of the Code of Conduct that they should also keep their written Register of Interests up to date. Any changes to the interests recorded on that form should be made as soon as reasonably practicable, and within 28 days of the change. A change would be necessary if, for example, your employment changes, you move house or acquire any new property or land.

If you require more guidance on the Code of Conduct or are unsure whether you need to record an interest on the written register you should take advice from the Monitoring Officer – Christopher Potter on (01983) 821000, email christopher.potter@iow.gov.uk, or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email justin.thorne@iow.gov.uk.

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Minutes

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date and Time	MONDAY 5 JUNE 2023 COMMENCING AT 5.00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, ISLE OF WIGHT
Present	Cllrs M Lilley (Chairman), J Nicholson (Vice-Chairman), C Critchison, J Lever, J Medland and J Robertson
Also Present	Cllr I Stephens Simon Bryant, Laura Gaudion, Megan Tuckwell and Melanie White Joanna Smith (Healthwatch Isle of Wight), Michele Legg and Natasha Taplin (HIOW Integrated Care Board), and Pam Fenna (Patients Council)
Also Present (Virtual)	Cllrs C Jarman and L Peacey-Wilcox Sue Cochrane (Public Health), James Seward, Nikki Turner, Lesley Stevens (IW NHS Trust)
Apologies	C Orchin (Healthwatch Isle of Wight) (Co-opted)

1. **Apologies and Changes in Membership (If Any)**

Apologies were received from Chris Orchin (Healthwatch Isle of Wight). Cllr Claire Critchison was in attendance as a substitute for Cllr Rodney Downer. Cllr Warren Drew was absent.

2. **Minutes**

RESOLVED:

THAT the minutes of the meeting held on 6 March 2023 be approved.

3. **Declarations of Interest**

Cllr Michael Lilley declared an interest as a trustee of the Isle of Wight Youth Trust.

4. **Public Question Time - 15 Minutes Maximum**

No public questions were received.

5. **Outcomes and recommendations arising from previous meetings**

The chairman presented the report which provided an overview of the progress against outcomes and recommendations from previous meetings. No comments were made at this stage. The chairman proposed that updates on dentistry and winter pressures be added to the workplan for the next meeting in September 2023, and a further update on mental health be provided at the meeting in December 2023.

RESOLVED:

THAT the report and update be noted.

6. **111 Service**

The Director of the Ambulance Service at the IW NHS Trust was in attendance to present the report which outlined the demands placed upon the 111 Service and the impact this had on the wider health and social care system. Questions were raised regarding the collaboration with other emergency services, and the use of the 111 service as an alternative to contacting GP Practices. Discussion took place regarding the data on abandoned calls which was shown to be above the national average, and the committee sought confirmation that this was being addressed. It was advised that this data directly correlated with a period of call-handler staffing capacity issues which had since been resolved. The committee requested further data around whether calls had been abandoned before or after they had been answered, and it was agreed this data would be sought for circulation to the committee.

RESOLVED:

THAT the report and the update be noted.

7. **Mental Health and Suicide Prevention Update**

Consideration was given to the Isle of Wight Mental Wellbeing Plan and the Isle of Wight Suicide Prevention Plan, prior to their sign off by the Health and Wellbeing Board in July 2023. The committee received an update on mental health services, which included an overview of the agreed strategic priorities, progress to date, areas for action, and the No Wrong Door service model. Questions were raised around grant funding and future budgeting, and the evaluation of performance against targets and timeframes. It was suggested that the topic of mental health be added to the workplan for December 2023, with an invite to be extended to the groups within the Mental Health Alliance.

RESOLVED:

THAT the report and update be noted.

8. **Adult Social Care, Public Health, ICB Health & NHS Budget**

Consideration was given to the documentation which outlined the financial position and funding for the health and social care system. The chairman suggested that the topic be the subject of an informal briefing with health partners and finance

colleagues, in conjunction with the Audit and Governance Committee, in order to receive a greater level of detail on the matter. Questions were raised in relation to the national news that Integrated Care Boards (ICBs) would be required to reduce their running costs and the potential impact that this could have locally. It was confirmed that a proposed staffing reorganisation would not adversely affect the operational performance of the Hampshire and Isle of Wight ICB, which would continue to meet its statutory and legal obligations.

RESOLVED:

THAT the report and update be noted.

9. Isle of Wight Strategic Partnerships Update

Discussion took place regarding personnel changes to the leadership of the IW NHS Trust. The committee received an update on the progress with the creation of a new Trust for all community and mental health services across Hampshire and the Isle of Wight (Project Fusion). The committee received a copy of the Project Fusion Communication and Engagement Plan. It was requested that future reporting include data on targets and performance management in order for the effectiveness of partnerships to be assessed and scrutinised.

RESOLVED:

THAT the update be noted.

10. Adult Social Care Reform and Assurance

The Director of Adult Social Care was in attendance to present the report which was considered by the Cabinet (at its meeting on 11 May 2023), on preparations for reform and assurance in respect of the CQC's future inspection framework for local authority adult social care services. It was noted that the topic would be subject of an informal briefing in July 2023. Questions were raised in relation to the individuals who fund their own care, and how the council prepares for the eventuality of taking over that funding should their funding reach a critical level. The committee were assured that comprehensive information on the transition of funding was available online and through frontline social workers, and it was confirmed that service users would continue to be supported regardless of the funding source.

RESOLVED:

THAT the report be noted.

11. Proposals to vary, develop or consult upon service changes

The committee received a progress update on the Patient Transport Taskforce which was re-established in April 2023. It was suggested that updates on patient transport, pharmacy recruitment and retention, and primary care surgery workloads, would be provided at the next meeting of the Committee in September 2023.

RESOLVED:

THAT the update be noted.

12. **Workplan**

Consideration was given to the future workplan, and the committee and health partners were invited to identify any key issues that should be included. The chairman proposed that an update on the dementia strategy be added to the workplan for a future meeting.

RESOLVED:

THAT the workplan be noted.

13. **Members' Question Time**

Cllr John Nicholson asked an oral question with regards to an issue raised by a resident regarding clinical waste collections. It was agreed that specific details would be shared outside of the meeting to be resolved.

Cllr Joe Lever asked an oral question with regards to vaping and its impact on people's health on the Island (with particular with regard to its use as a tool to stop smoking and the casual adoption of vaping by young people). It was agreed that a written response would be sought from the Director of Public Health, and the Cabinet Member for Adult Services and Housing, Public Health and Homelessness agreed to raise the matter informally through the Cabinet.

Joanna Smith (Healthwatch Isle of Wight) asked an oral question requesting an update on future of the IW NHS Trust's end of life care unit (Wellow Ward) following its temporary relocation for essential building works. It was advised that work was underway to establish the best location for the future of the ward.

CHAIRMAN

Policy and Scrutiny Committee for Health & Social Care - Progress on Actions & Outcomes

Meeting Date	Agreed Action	Responsibility	Update	Actioned
Outstanding Actions				
5 June 2023	111 Service Further breakdown of data regarding abandoned calls, on whether calls are abandoned before or after they have been answered, to be provided and circulated to the committee.	Director of Ambulance Service NHS Trust	No data has been received as yet.	
	Isle of Wight Strategic Partnerships Update An organisational structure be provided to the committee.	NHS & ICB Partners	Structures are still being worked on	
Actions Completed (Since Last Meeting)				
5 December 2022	Dentistry on the Isle of Wight The committee requested that a timetable on the upcoming future plans for dentistry be provided before the next committee meeting by the Integrated Care Partnership.	Interim Lead for Delegated Commissioning of Dentistry, Optometry & Pharmacies - HIOW ICB	The chairman requested the item be added to the agenda for September's meeting	Jun-23
6 March 2023	Winter Pressures The committee requested the item returns to scrutiny once a deep dive analysis has been completed on the impact on the community to determine what schemes can be continued and what can't continue	Director for Adult Social Care and Housing Needs	The chairman requested the item be added to the agenda for September's meeting	Jun-23
5 June 2023	Adult Social Care, Public Health, ICB Health & NHS Budget An informal briefing to be arranged, alongside Audit & Governance committee, to discuss in depth financial budgets. A clear scope will be developed.	Scrutiny Officer	An informal meeting has been arranged for 25 July 2023	Jun-23

<p>Members Questions Cllr Nicholson requested the uncertainty on who is responsible for disposal of 5l sharps bin to be investigated and resolved.</p>	<p>Clinical Director for IOW Place, Hampshire and Isle of Wight Integrated Care System</p>	<p>The IWC Chief Executive advised that Public Health have taken this forward, supported by Tash Dix, and linking in with a representative from the ICB.</p>	<p>Jul-23</p>
<p>Members Questions Cllr Lever requested data be provided on the impact of vaping on children on the Island in line with national reporting.</p>	<p>Director of Public Health</p>	<p>A response has been circulated to the committee</p>	<p>Jul-23</p>



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Topic	ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT

BACKGROUND

The Policy and Scrutiny Committee for Health and Social Care receive the Adult Social Care (ASC) Complaints Report on an annual basis to ensure that service improvement is being driven through lessons learnt.

FOCUS FOR SCRUTINY

- How does the Isle of Wight Council compare against the national averages for ASC complaint statistics?
- Is the way that the Council handles ASC complaints leading to improvements in service delivery? Are there any examples?
- What learning outcomes and actions have come out of the 2022-23 year?
- Is the integrated complaint handling process across partners continuing to work well?

APPROACH

A committee report to be provided.

DOCUMENTS ATTACHED

Appendix 1 - Adult Social Care Statutory Complaints Annual Report 2022-23

Contact Point: Melanie White, Statutory Scrutiny Officer
☎ 821000 ext 8876 e-mail melanie.white@iow.gov.uk

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Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Title	ADULT SOCIAL CARE STATUTORY COMPLAINTS ANNUAL REPORT 2022 / 2023
Report of	DEPUTY LEADER AND CABINET MEMBER FOR ADULT SERVICES AND HOUSING, PUBLIC HEALTH, AND HOMELESSNESS

EXECUTIVE SUMMARY

1. This statutory annual report for adult social care complaints is produced according to the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
2. The report provides information on the number and type of complaints received by adult social care for the period 1 April 2022 to 31 March 2023 and the actions and learning adopted to continuously improve the services we provide to residents.

RECOMMENDATION

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| 3. The committee are requested to note this report. |
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BACKGROUND

4. From 1 April 2022 to 31 March 2023 adult social care received 5657 new requests for support; this is the number of Initial Contact Assessments not unique people. During this reporting period, we supported 329 people to go into permanent residential or nursing care; this is the number of brand-new placements, not moves. As of 31 March 2023, the council were providing 340 direct payment personal budgets and 1903 managed accounts to provide care and support for individuals at home.
5. The Department of Health Guidance 'Learning from Complaints' (2006) defined a complaint as: *"An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social services provision which requires a response."*

6. We always aim to provide a high-quality service that meet the needs and circumstances of individuals and their carers; however, given the personal and complex nature of our services, sometimes things do not turn out as intended. The complaints process is a means to identify problems and resolve issues if things do go wrong or fall below expectation. We try to sort things out quickly and fairly. We want to learn from our mistakes or the concerns that arise because of complaints.
7. Adult social care has a dedicated nominated complaints officer who is responsible for the operation of adult social care statutory complaints policy and associated operating procedures.
8. This post also ensures that links with the relevant people and processes across the NHS Trust and ICB are maintained and embedded to enable further joint working for complaints that cross organisations when this is appropriate, and it also works with provider organisations to address complaints that are directed at services not directly provided or commissioned by the council.
9. Adult social care complaints are dealt with effectively and are thoroughly investigated. Complainants are treated with respect and courtesy, receive a timely and appropriate response and are told the outcome of the investigation into their complaint.

STRATEGIC CONTEXT

10. By ensuring that all complaints received are dealt with effectively, adult social care is meeting the following vision set out in the Corporate Plan 2021 – 2025, to *“Place the health and wellbeing of residents at the centre of all we do”*.

COMPLAINT ACTIVITY 1 APRIL 2022 TO 31 MARCH 2023

11. The number of adult social care complaints has remained stable during this reporting period 2022 / 2023, receiving 2 less complaints than the previous year.
12. Focussing on complaint numbers alone without context risks limiting the understanding of the value of this work; the focus should always be on reporting complaint outcomes and the benefits that can be gained from an investigation, notably achieving remedy for the complainant and the opportunity for learning and practice improvement for the benefit of the wider community in the longer term.
13. Several other local authorities across the southern region report a similar stable complaints landscape over this reporting period.
14. In its most recent annual review report (of the year 2021 -2022) the Local Government and Social Care Ombudsman report a falling trend in complaint numbers, a 16% reduction for the first time since 2010, albeit with a higher than ever uphold rate of 70%.
15. We remain mindful that following the pandemic, the landscape may still be a changing one and it is therefore important that we continue to monitor any trend

in conjunction with the experiences of other local authorities and the Ombudsman. Long-term effects of the pandemic period on complaint numbers may not be entirely evident for some time to come.

16. The nature of the complaints is one which has changed over the past couple of years, and our experience in this authority is reflected across all other southern region authorities.
17. There is a significant increase in the complexity of matters brought to the authority which proves time-consuming in terms of complaint handling, investigation and responding to complainants. Elevated levels of persistence and dissatisfaction are also both time-consuming and very challenging in terms of complaint-handling practice.

COMPLAINTS	2022/ 2023	2021/ 2022	2020/ 2021
Complaints carried forward from previous reporting period	2	9	8
New complaints received in the period	56	58	41
Complaints actioned and closed in period	51	65	40
Complaints carried forward into following reporting period	7	2	9
Complaints did not proceed to formal complaint (addressed by service)	19	31	18
Complaints referred to other agencies	2	4	2
Complaints not upheld	14	11	7
Complaints partly upheld (complex cases where one or more elements of the complaint was upheld but not the overall complaint)	8	10	5
Complaints upheld	8	9	8
Complaints considered by the LGSCO	9	4	8

18. Complaints can cross over between reporting periods. Activity on the case is reported in the period in which the case is closed, and the outcome is therefore known.
19. In 2022/2023, 56 new complaints were received by the complaints team, which equates to just over 0.1% of the number of new requests for support during this period. This is 56 separately recorded issues, not necessarily 56 different people making complaints because the same person can raise different issues on separate occasions.
20. Including the 2 cases carried over from the previous reporting period, and 7 not completed in the period and therefore carried forward to the next reporting period, 51 cases were dealt with directly by the complaints officer. Having referred on the cases where concerns needed to be dealt with by other agencies or other departments within the council (2 cases), 19 were resolved informally or did not proceed into formal process and 30 were addressed as formal complaints.
21. 37% of the complaints dealt with and closed by the complaints team during this reporting period were dealt with by early resolution before the formal process was required. This was achieved by the complaints officer working

collaboratively with the service and the complainant to resolve concerns at an early stage, and so negate the need to use the formal complaint process.

22. This is an approach endorsed by the Local Government and Social Care Ombudsman, encouraging local authorities to “fix matters upstream” wherever possible, and giving credit for this effort if they do have to then become involved later. An early resolution approach provides the complainant with a better experience because they are achieving a more immediate satisfactory outcome, which is often what the person wants when a complaint is lodged. Adopting this approach can also save a considerable amount of senior manager time across the department which can be taken up by a formal investigation and written response.
23. 59% of complaints dealt with and closed by the complaints team during this reporting period were investigated and responded to in formal process.
24. Each complaint matter is entirely individual and therefore it is not feasible to compare circumstances. It is also always problematic to compare purely the number of complaints received against other local authorities for the same reason. It is however possible to benchmark complaint handling and timeliness.
25. During this reporting period, the average length of time taken to formally investigate a complaint and provide a written response to the complainant was 15.45 working days. This is compared to an average of 22.1 working days across other local authorities in the southern region.
26. This is significantly within the timeframe in the council’s own policy, which allows 25 working days for the investigation and provision of a written formal response to the complainant, and demonstrates robust, effective statutory complaint handling practice. Statutory guidance recommends a timescale of up to six months from the time a complaint is received until a written response is provided.
27. 100% of cases dealt with in formal process received a formal written response within the policy timescale.
28. Timescales can vary considerably according to the steps that need to be taken to fully address the concerns raised, the complexity of those concerns, the engagement and responsiveness of the complainant, all of which can impact on the speed with which resolution can be achieved.

COMPLAINT OUTCOMES

29. Significant work goes into understanding and responding to complaints effectively. Most complainants want to get their concerns resolved quickly and having someone to talk to that will hear their story and try to put things right helps achieve this.
30. Of the 51 complaints dealt with and closed during this reporting period, 30 cases (59%) were completed in formal process.

NOT UPHELD: 14 cases out of 30 (47%)

31. Of those matters that were not upheld, the issues raised allegations which ranged from a failure to provide information and communicate updates to a family member, to a failure to adhere to the hospital discharge policy.
32. Full and reasoned explanations were provided to the complainants showing that the correct processes had been followed, and that the people concerned had been advised and supported appropriately by adult social care staff.

UPHELD or PARTLY UPHELD: 16 cases out of 30 (53%)

33. Themes of the complaints which were either upheld or partly upheld in this reporting period included communication, provision of advice and information, and delay. Work in these areas continues to ensure that learning is embedded, and practice improvements are delivered.
34. Examples of the type of complaints upheld or partly upheld in 2022 / 2023 are given below:
 - Communication: failure to effectively communicate changes in status of a residential care placement with a family member and an internal department.
 - Provision of advice and information: failure to provide accurate and timely information about charges for adult social care services.
 - Delay: delay in arranging domiciliary care at home to support an individual to return home following a short stay in a care home.
35. In all cases where the entire complaint (or any element of it) has been upheld, an apology has been offered and, where appropriate and necessary, other steps have been taken to remedy the concerns raised. Additionally, the department has undertaken reflection and identified learning from the situation, and undertaken improvements to practice, process, and systems where required.

APPEALS ACTIVITY 1 APRIL 2022 TO 31 MARCH 2023

36. The formal adult social care appeals process is a one-stage process and offers a transparent way in which an individual can ask for a reconsideration of any decision made about them in adult social care, for example an assessment of their needs, their independence plan, or their financial assessment.
37. The appeal is considered by a different manager at the same (or more senior) level than the original decision-maker.
38. The person is provided with a written outcome of the appeal and the rationale for this is explained.
39. The appeals process differentiates between matters which are complaints about things which have 'gone wrong', and situations where an individual is asking for a reconsideration and further explanation of a decision made by adult social care according to process.

40. The reporting of complaints and appeals is separated to distinguish between the two areas.
41. In the recent *Equality and Human Rights Commission inquiry report “Challenging adult social care decisions in England and Wales”* it was notable that this authority is one of 34% of local authorities across England and Wales (153 authorities out of an eligible 174) who already operate a formal appeals process. This is an approach endorsed in the past by the LGSCO, and now by the EHRC recommendations in their report.

APPEALS	2022/ 2023	2021/ 2022	2020/ 2021
Appeals carried forward from previous reporting period	0	1	0
New appeals received in the period	2	6	5
Appeals actioned and closed in period	2	7	4
Appeals carried forward into following reporting period	0	0	1
Appeals did not proceed to formal process (premature)	1	1	0
Appeals not upheld	1	2	2
Appeals upheld	0	4	2
Appeals considered by the LGSCO	0	1	3

42. In this reporting period, a total of 2 appeals were received and there were no cases carried over from the previous reporting period. The 2 appeals received were dealt with in the formal appeals process and closed.
43. 1 appeal was not upheld (50%) and 1 appeal did not proceed into formal process. There were no cases carried forward into the next reporting period. There were no appeal cases considered by the LGSCO during this reporting period.

LOCAL GOVERNMENT SOCIAL CARE OMBUDSMAN (LGSCO) INVESTIGATIONS

44. In the 2022 - 2023 reporting period, 9 complaint matters were considered by the LGSCO. This represents only 15% of the number of complaints dealt with by the complaints team during this reporting period which indicates the quality of the investigations and formal statutory complaint responses provided by the council. It is important to recognise that it is inevitable that some cases will be escalated to the ombudsman regardless of the strength of the council's responses.
45. 8 complaint matters were completed by the ombudsman during this reporting period. There were 2 cases where fault was found following their investigation, there was 1 case where no fault was found, and a further 5 cases where the ombudsman decided not to investigate the matters brought to them. In 1 case, the ombudsman investigation remains ongoing at the end of this reporting period.
46. In the 1 case where fault was found, the ombudsman recorded the outcome as *“fault found causing injustice”*. The council completed the ombudsman's recommended actions and did so within the recommended timescales and to the ombudsman's satisfaction:

- Provided a written apology.
 - Made the recommended remedy payment to the complainant.
 - Adjusted the charges owed to the council.
 - Provided a written outcome of the safeguarding investigation.
 - Completed a review of the safeguarding section 42 enquiry procedure and supporting documentation.
 - All persons in receipt of reablement services now offered the opportunity to have a financial assessment *during* their reablement period, regardless of whether or not they continue and go on to receive chargeable services beyond the 'free of charge' reablement period.
47. In the other 1 case where fault was found, the ombudsman recorded the outcome as "*fault found no injustice*" and made no recommendations for action. Nevertheless, during its reflection on the case, the council identified its own learning and delivered a practice reminder with the relevant team.
48. In the 2022 -2023 reporting period, there were no appeal cases accepted for investigation by the ombudsman.
49. The ombudsman's annual review of complaints for this reporting period 2022 – 2023 is yet to be issued. In its most recent 2021 - 2022 report, **all** types of local authority complaints (of which adult social care forms only one part) were reported.
50. Of the complaints investigated by the ombudsman, this council had an uphold rate of 67%, compared to an average of 63% in similar authorities during that period. The ombudsman is 100% satisfied that this council has successfully implemented their recommendations to remedy complaints, which compares to an average of 99% in similar authorities.

LEARNING FROM COMPLAINTS

51. The nominated complaints officer submits a quarterly report for the adult social care service board which reflects on the lessons learned from complaints, how these have been delivered in practice and the impact this has for individuals and their experience.
52. At the end of an investigation, it is expected that the investigating officer completes a 'Reflection and Learning' form which details notable practice, key learning messages, any improvements required to practice process and systems, and evidence of quality assurance. It is important that even when a complaint is not upheld, there is reflection to understand how the complaint came to be made in the first place as this may also identify some learning from the situation.
53. The following sample demonstrates some of the learning identified and improvement delivered across the adult social care department resulting from complaints during 2022 / 2023.
- An improved communication process between the financial assessment and charging team and council tax colleagues.

- An improved SPOC process to prevent excess charges submitted by providers being authorised and processed.
- A new standard operating procedure (SOP), together with a review of existing SOPs, at The Gouldings.
- A process to maintain oversight and monitoring of prime provider issues.
- Reflective learning sessions to (i) strengthen professional curiosity and (ii) the need to identify and report risk, alongside the relaunch of the updated Hoarding Guidance and the ASC Self-Neglect and Hoarding Toolkit.
- A news article published in the ASC Toolkit with links to the Third-Party Top Up policy and associated documentation to support staff to refresh their knowledge and practice in this area.

ADVOCACY

54. Some complainants may encounter difficulty in dealing with the complaints process. It is important to adopt a person-centred approach and recognise when there may be a different way needed to address a person's concerns. Whilst family members are often effective advocates, at times it is helpful to formally provide independent trained advocates to assist with complaint issues.
55. The nominated complaints officer works closely with social workers to identify and support an individual to access formal advocacy support should this be required for the complaints process. It is occasionally necessary to prevent a conflict of interest of informal advocates, or when the informal advocate may be involved in the matters complained of or the outcome sought.
56. 35 of the 56 new complaints (63%) dealt with in this reporting period were represented by an informal advocate on behalf of an individual. 1 of the 2 appeals (50%) dealt with in this reporting period were represented by an informal advocate.
57. The informal advocates were mainly family members, some of whom were legally appointed to act as Lasting Power of Attorney, others acting on a purely informal basis to raise concerns on behalf of their relative or friend.
58. There were 3 complaints (5%) received in this reporting period where the complainants were represented by a formal independent advocate.
59. The nominated complaints officer also works closely with those people who may wish to provide feedback about their experiences, however they may not wish to make a formal complaint and may feel an aversion to the term 'complaint'. It is important to ensure that these people are still supported to 'have their voice heard', reassured that their experience and feedback is valued, and that action is taken in response if appropriate. Additionally, comment and feedback forms are provided with all completed social care assessments and review assessments to enable a person to provide feedback on their experience should they wish to do so.

INTEGRATED COMPLAINT HANDLING PRACTICE

60. Given the local and national direction of travel towards integrated partnerships and that care pathways can sometimes involve several partners, it is important that individuals are still able to raise concerns and complaints and provide feedback about their health and social care experience when their pathway may involve different partners.
61. Currently each partner maintains its own complaints procedures and timescales (these can vary considerably). There is very good practice evidence that an integrated approach is always adopted when required by complaint matters which involve different partners.
62. The nominated complaints officer works closely with colleagues in both the NHS Trust and ICB to collaborate. Depending on the issues concerned, an agreement is reached where one partner is named as the 'lead' partner, and the other partners then contribute to a coordinated investigation and response. The lead partner acts as a single point of contact for the complainant to ensure that they do not have to take their complaint through various routes.
63. This integrated approach currently works very well on a case-by-case basis. Communication between partners is excellent, supporting the shared objective to provide the complainant with a smooth pathway through the formal statutory complaints process.
64. To support this integrated complaint-handling practice, there is a formal 'Protocol for Handling Inter-Organisational Complaints' signed by the NHS Trusts, Clinical Commissioning Groups and Local Authorities across the Wessex region (Hampshire, Dorset and Isle of Wight). Those party to this protocol, working in partnership with those outside of the protocol (for example prison healthcare), ensure that any complaints arising from joint working are dealt with in accordance to the protocol.
65. The nominated complaints officer is member and regular attendee of the Wessex Complaints Manager Group which has its own joint-working protocol document.

TRAINING AND AWARENESS

66. The nominated complaints officer continues to deliver regular complaints and appeals updates to all teams across adult social care, refreshing awareness of the formal complaints and appeals processes, outlining how individuals can access the formal process, and promoting best practice approaches to resolve concerns at the earliest opportunity.
67. The sessions are also used as an opportunity to highlight current trends in complaint and appeal reporting and to discuss examples of best practice to avoid receiving undue complaints and appeals.
68. There is an online e-learning training module for all adult social care staff to support their response to complaints and appeals, including investigation

techniques and the writing of formal written responses. This module forms part of the induction for all new staff in the department.

COMPLIMENTS

69. It is important to recognise when things go well in adult social care and when a compliment is received for individual members of staff for their good work.
70. All compliments are recorded in the monthly report to service board and published on the Adult Social Care Toolkit. Staff report improved personal and team morale, feeling valued and a recognised a pride in their profession.
71. We recorded 242 compliments during the reporting period 1 April 2022 to 31 March 2023. Some examples of the compliments received during this reporting period include:
- *"From the first conversation to arrange an appointment to see mum I was made to feel comfortable and reassured. She has been so incredibly supportive, helpful, and informative to my family throughout the whole of this upsetting stage of mum's life. From emails to texts, she kept us constantly informed at every stage of the process. Thank you."*
 - *"This is an excellent and worthwhile service. I was given six weeks of care as a package to assist me to literally get back on my feet. Thanks to the dedication and superb care that I received, I completed my self- appointed goal of walking without crutches ahead of schedule and have been discharged from the service."*
 - *"You have listened with empathy and understanding and have responded promptly and appropriately. It has made dealing with a difficult situation much easier."*
 - *"She was not only very professional, but she also showed true professional curiosity which ensured that she had a good understanding of both the parent and carer. Her manner was friendly, empathetic, encouraging, and confident in her role which gave everyone else involved, confidence not only in in her decision making but also her ability to look at all aspects of the situation. She is a superb advocate for adult social care at its best."*
 - *"J had a lovely answer phone message left for him by a service user that has been in hospital for over two years and recently discharged to a residential home. The service user wanted to express how much she appreciated all the support he has provided for her, and it was clear from the message that she had built up a trusting and honest relationship with him in being able to express her insight into things that may not have gone well with other services involved. What the message really highlighted was the empathic and relationship-based work that he is completing within his role and how much impact this has had for this person."*
 - *"I felt the interview for the care plan was conducted sensitively, thoroughly, and professionally. All aspects of my husband's needs, personality and medical history were explored, and the care plan is a true representation of*

these. All concerned were kind and understanding at this distressing time in our lives. Thank you."

- "I would like to formally say thank you to you and your service for managing the needs of my son and me so sensitively and professionally, particularly to his social worker. She has become involved at a very challenging part of our journey, with a dollop of crisis on top and she has been amazing. She has been attentive, calming, empathic and caring, not only to his needs, but also his mum - me - who at times has been hysterical, sad, confused, distressed, bereft and tired. She has always been there and has contacted us weekly just to check in which has really helped a difficult situation become manageable. She also has a skill to enable me to put things in perspective. So, thank you for being there and remaining professional at all times."*
- I have a heartfelt thank you for everything you have done. The activities you have arranged for him have made such a difference to his confidence and his self-esteem. He's so proud. Thank you for making this difference not just for him but for me as his mum - seeing the change in him it's priceless."*
- "Thanks to the responders who got help for him and said what a great reassurance it was that he was able to get help as all his family are on the mainland."*

72. For context, in 2022 / 2023, 56 new complaints were received by the complaints team, which equates to 0.1% of the number of new requests for support during this period. For this same period, 242 compliments were received for the service, which equates to 4.3% of the number of new requests for support.

73. To support individuals to have the opportunity to feedback and comment on our services we sent out 1025 National Social Services ASC Survey England, 357 of which have been received back, a return of 34.8%. The results of these are embargoed at present and will be provided for scrutiny through the normal reporting routes later in the year. We also issue a bi-annual carers survey supporting further opportunities for a person to tell us about their experience of our services.

FINANCIAL / BUDGET IMPLICATIONS

74. There are no financial / budget implications in connection with this report.

LEGAL IMPLICATIONS

75. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires the responsible body to prepare an annual report which must specify the number of complaints received. A complaint may be made by a person who receives or has received services from a responsible body or a person who is affected, or likely to be affected, by the action, omission or decision of the responsible body.

76. Every effort has been made to respect the confidentiality of the complainants, and this means that descriptions of the kind of concerns raised through the complaints process can only be described in general terms.

EQUALITY AND DIVERSITY

77. There are no equality and diversity implication in connection with this report.

CONCLUSION

78. A good complaints service is fundamental to the operation of any robust service delivery. It is a source of free intelligence which can lead to responsive, engaged, and improved services.
79. Adult social care has a robust and accessible complaint process, together with efficient complaint-handling and complaint reporting helping the department deliver a good service to those people we support. The department recognises it is crucial to have an effective, accessible, fair, and equitable process for a person's voice to be heard and concerns to be resolved wherever possible. The statutory complaints process provides this opportunity, and it is integral to the statutory functions of the department.
80. The annual national survey, the bi-annual carers survey and the opportunity to provide feedback and comments – whether positive, neutral, or negative - also support a person to have their voice heard and tell us about the services they receive and their experiences.
81. We acknowledge that things can still on occasion go wrong and with limited resources available to meet the needs of the most vulnerable, complaints will always be made. There is no easy resolution, particularly given the significant and sustained financial challenges which continue to be faced by all local authorities. Nevertheless, we do know that it is now more important than ever to support and promote the principles of being fair, open, transparent, and timely in our response to complaints, placing the people who use our services at the heart of what we do, and making sure that we listen to their voice.

Contact Point: Helen Babington Quality Complaints Co-Production Manager
(Nominated Complaints Officer)

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LAURA GAUDION
*Director of Adult Social Care
and Housing Needs*

CLLR IAN STEPHENS
*Deputy Leader and Cabinet Member for
Adult Services and Housing, Public Health
and Homelessness*



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Topic	PATIENT TRANSPORT

BACKGROUND

With the planned implementation of the elective surgery hub, creation of Isle of Wight NHS Trust and Portsmouth University Hospitals Trust Group and development of a new trust that will provide mental health, learning disability and community services across Hampshire and the Isle of Wight concerns have been raised at previous committee meetings regarding patient transport and the Island residents that have to travel to the mainland for specialist services.

FOCUS FOR SCRUTINY

- How are we ensuring that adequate and appropriate travel arrangements are being put in place for island residents?
- How are current options for patient transport communicated out to island residents to make it clear and simple?

APPROACH

The committee will receive an update on patient transport from the ICB and hear feedback from Isle of Wight Healthwatch. To receive a progress update report, and to hear about the experiences of travelling for appointments.

DOCUMENTS ATTACHED

Appendix 1 – Heathwatch Isle of Wight Intelligence Report - Travel and Transport

Appendix 2 – Update on Patient Transport

Contact Point: Melanie White, Statutory Scrutiny Officer
☎ 821000 ext 8876 e-mail melanie.white@iow.gov.uk

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Intelligence Report

May 15th - Aug 15th 2023 - Travel and Transport

Key themes and issues....

- There is a lack of information about how people can get to mainland hospitals, including travel and funding options.
- People report difficulties in booking a ferry when they need to collect someone from a mainland hospital, particularly during the summer months.
- Some people are making life changing decisions about treatment, based on their ability to afford travel costs.
- Some people have had difficulty in getting home from A&E, as there are limited taxis running during the night.
- Some people have moved to the mainland to make it easier to travel for treatment to mainland hospitals

What are we hearing?

Individual has cancer and has been advised that he needs daily treatment at Portsmouth hospital. He has a limited income and cannot afford the daily travel so has told his consultant that he is unable to have the treatment.

Individuals relative recently had surgery at Portsmouth hospital. He was due to be discharged so his relative rang the hospital to ask what time he would be discharged so she could book a ferry. The hospital were only able to say that he would be discharged in the afternoon, so individual booked a ferry but arrived some time after their relative had been discharged. They felt lucky to be able to book a ferry given that it was during the busy summer period.

Individual had a heart attack at 11am and by 2.45pm he had been transferred to the QA hospital in Portsmouth, with his heart blockage cleared and back on the ward. Very impressive, efficient care.

“When having to travel 3 times a week it does get extremely expensive. I dread the time when we have to start that again!”

Individual’s relative had cardiac surgery at Southampton hospital and felt the travel to and from the hospital was seamless.

Individual spent over an hour travelling to his dental appointment, only to be told when he arrived, that his appointment had been cancelled.

Individual needed information about how to get a relative with mobility problems to an appointment at St Mary’s hospital.

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Scrutiny Committee Report

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Title	UPDATE ON PATIENT TRANSPORT
Report of	ISLE OF WIGHT PLACE DIRECTOR, HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD

RECOMMENDATION

- | |
|--|
| 1. This paper is for the Committee to note and discuss as necessary. |
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Background

2. Isle of Wight residents have expressed many concerns over a considerable period of time regarding the suitability, complexity, cost, time and comfort of travelling to the mainland (and back) as a Patient and/or carer for Health and Care services.

Situation

3. In April 2023, the Isle of Wight Health and Care Partnership set up a multi-agency taskforce to understand the current situation, the challenges and to propose a number of options for solutions to the current challenges faced by Isle of Wight residents.
4. The Taskforce is made up of representatives from the Isle of Wight NHS Trust, Hampshire and Isle of Wight Integrated Care Board (HIOW ICB), Isle of Wight Council and Isle of Wight Transport Improvement Board and is chaired by Darren Cattell, Place Director HIOW ICB.

Actions

5. To date the Taskforce has met three times and has already achieved some notable successes:
 - We now know how many people travel for treatment and where they travel to, a very useful position with which to base any options on and to understand the scale of the challenges.

- We have undertaken a thorough literature search to establish offers, discounts and arrangements already in place from Ferry Operators.
- We have re-publicised current offers and are developing a communications plan to enable greater awareness of current and any future offers.
- We have worked with Portsmouth Hospitals University Trust to amend the Outpatient appointment times to later in the day to enable Island Residents to travel at a more convenient time to reach their appointment in Portsmouth.
- We have held some Community engagement events and at least one Operator has made changes to current operating procedures as a result of feedback.
- We have reached an agreement with all three Ferry Operators to set up a joint working group to explore the challenges faced by Island Residents and we will report back on this group's activities in due course.

Next steps

6. The Taskforce continues to meet to take forward the next set of actions including further Community engagement events.
7. If members have any thoughts or ideas on how the Taskforce could add further actions to improve the experience of Isle of Wight Residents the Taskforce would be pleased to listen and incorporate these.
8. The Taskforce will report further progress at future meetings.

Funding

9. Funding for Patients to travel to the mainland has historically been provided by the Isle of Wight Council in the way of a grant to the Isle of Wight NHS Trust. Patients are then able to reclaim certain costs from the Isle of Wight NHS Trust for their travel. Isle of Wight Council has reduced the value of the grant in 2023/24 and it appears that the revised value may not completely cover the reclaimed costs of patients. The Isle of Wight Health and Care Partnership agreed to add the task of finding a solution to this funding issue to the terms of reference of the Taskforce Group referred to in this paper.

Darren Cattell, Isle of Wight Place Director
Hampshire and Isle of Wight Integrated Care Board



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Topic	DENTISTRY ON THE ISLE OF WIGHT

BACKGROUND

Island residents continue to struggle to access dental services, and the existing health inequalities which already exist on the Island. The proportion of our population accessing dentistry services across the Isle of Wight is slightly lower than other parts of Hampshire.

Dentistry concerns have been reported upon regularly by Healthwatch Isle of Wight, who recently attended a roundtable event in Westminster on 7 June 2023, and who were able to feed directly into the inquiry and highlight the particular issues faced as an island community.

FOCUS FOR SCRUTINY

- How is the Isle of Wight ICB fully addressing the islands dentistry needs?
- How has the Isle of Wight ICB responded to the recommendations made in the report published by the Health and Social Care Select Committee in July 2023?

APPROACH

The committee to receive an update on the current situation with dentistry from the ICB and to hear patient feedback via Healthwatch Isle of Wight.

DOCUMENTS ATTACHED

Appendix 1 – Update on Dentistry

Appendix 2 – Healthwatch Isle of Wight Intelligence Report – Dental Services

Contact Point: Melanie White, Statutory Scrutiny Officer
☎ 821000 ext 8876, e-mail melanie.white@iow.gov.uk

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Policy and Scrutiny Committee for Health and Social Care – 4 September 2023

Update on Dentistry

Access

1. We believe there is a crisis of access in NHS dentistry. Many people are unable to access an NHS dentist or are travelling significant distances to get to one. Access varies across the country and is being experienced unequally by different groups. We believe everyone should be able to access an NHS dentist when they need one, wherever they live. (Paragraph 13)
 - Hampshire and Isle of Wight ICB (HloW ICB) absolutely agree with that statement and are working towards stabilising and increasing access to Dentistry where possible. We have drafted a dental strategy which details our plans to achieve this.
2. We welcome the Government's ambition for everyone who needs an NHS dentist to be able to access one. This ambition must ensure access within a reasonable timeframe and a reasonable distance. The Government must set out how they intend to realise this ambition and what the timeline will be for delivery. It is vital that this ambition is the central tenet of the Government's forthcoming dental recovery plan. Once the plan has been published, we will revisit the recommendations in this report to assess it against this criteria. (Paragraph 14)
 - HloW ICB would welcome sight of the proposed dental recovery plan as soon as possible and would want to work proactively with our stakeholders to support the plan. The HloW ICB strategy is in draft and will be revised once the dental recovery plan is available.
3. A lack of public awareness about NHS dental services and how practices operate is contributing to access issues. The Government and NHS England should roll-out a patient information campaign with the aim of improving awareness of how NHS dentistry will work and ensure the public are better informed about what they are entitled to. This should clarify common misconceptions, for example, about patient registration, recall periods, and NHS dental charges and exemptions. (Paragraph 18)
 - HloW ICB agrees that Dentistry can be confusing for patients as it not setup in the same format as other Primary Care services, as such clear patient communication is important to help people get the oral care they need. The HloW ICB dental strategy seeks to provide information about these differences to use as a basis to create communication strategy for dental patients in the region. Below is a summary of the key differences in NHS Dentistry:



- Patients are not registered with a dental practice the same way they are with a GP. Dentists are only obligated to complete a course of treatment once initiated. When the treatment is finished there is no obligation for the dentist or practice to see the patient in the future. Most dental practices hold business lists and may recall a patient after a specific period for a checkup, but this is at their discretion. The amount of time between checkups ranges from 3 months to 24 months depending on the oral health of the patient.
 - Dental records are the dental practices property and are not shared with other dental practices or the wider healthcare system. If the patient moves to a new practice a new record is started.
 - Dental treatments are banded, and the amount paid by patients is depends on the banding of the treatment received. There are three NHS charge bands; Band 1: £25.80, Band 2: £70.70 and Band 3: £306.80. In addition to the patient payment, dental practices are paid by commissioners for any dental activity they complete known as Unit of Dental Activity. Payment is a proportion of their UDA value depending on the banding of the dental treatment provided. For example, a practice with a UDA value of £25, completes a band 1 treatment which is worth 1.2 UDAs, they would receive a payment of £30.
4. Practices should abide by NICE recall guidelines of up to two years for most adult patients, recognising the need for more regular recall for some, but people should not automatically be removed from dentists' registers of NHS patients without good reason. This should be monitored by NHS England to ensure it is being carried out. (Paragraph 19)
- It should be noted that dentists do not have patient registration, but they do have lists of regular patients as stated above. The ICB would welcome NHS England monitoring regarding this.

The Dental Contract

5. We welcome the fact that to try and address the underspend, NHS England is applying a ringfence for 2023/24, to ensure that no ICB can divert funding away from NHS dentistry. We recommend that this ringfence applies permanently, and NHS England puts in place transparent scrutiny to ensure compliance. (Paragraph 38)
- The ICB would welcome any funds that could be put into dentistry at this time. The ICB are looking to strategically reinvest dental funding to achieve the following priorities:
 - Oral Health Promotion
 - Dental Provision Stabilisation
 - Access
 - Enabled by: Workforce – recruitment and retention, Data



6. We also welcome measures by NHS England to intervene on providers who are under-delivering on contracted NHS activity. We look forward to an update on how this work is progressing. We welcome this funding being used flexibly, however there cannot be further delays in doing so. (Paragraph 39)
 - We are monitoring under-performing Isle of Wight practices but to enable increased activity we need to address the underlying issues of workforce and the challenge of the IoW geography. We are working with providers to support the stabilisation of their contract. HloW ICB have asked South East Dental hub to consider the IoW as a unique situation which may need additional resource to support additional UDAs.

7. Fundamental reform of the dental contract is essential and must be urgently implemented, not only to address the crisis of access in the short-term, but to ensure a more sustainable, equitable and prevention-focussed system for the future. We are concerned that any further delay will lead to more dentists leaving the NHS and exacerbate the issues patients are experiencing with accessing services. (Paragraph 50)

8. We welcome the Government's recognition of the need for dental contract reform. The Department and NHS England must urgently implement a fundamentally reformed dental contract, characterised by a move away from the current UDA system, in favour of a system with a weighted capitation element, which emphasises prevention and person-centred care. This should be based on the learnings from the Dental Contract Reform Programme and in full consultation with the dental profession. (Paragraph 51)
 - The ICB would welcome the reform of the dental contract as it is widely acknowledged the current contracting system doesn't allow flexibility and innovation solutions. The ICB is exploring our delegated responsibilities to ensure the best access possible at the current time.

9. We believe patient registration under a reformed capitation-based contract will better enable those patients who currently can't access a dentist to be able to do so. (Paragraph 54)

10. We uphold the recommendation from our predecessors' 2008 report into Dental Services, that the Department should reinstate the requirement for patients to be registered with an NHS dentist. (Paragraph 55)
 - Whilst we understand the potential with a capitation-based contract, this will not address the current workforce issues, especially on the IoW. Registered patients would however support stability of local practices.

Workforce

11. The Government states that the number of NHS dentists has increased over the past year. However, while the headcount has gone up over the past year, it has



gone down over the past three years, and moreover headcount alone does not reflect how much NHS work these dentists are undertaking. We heard repeatedly that a lack of dentists and dental care professionals undertaking NHS work is the main driver behind both lack of access to appointments for patients, and the underspend in primary care dentistry. (Paragraph 67)

- The ICB agree that adequate levels of Dental Care Professionals within the region are key to resolving access issues for patients. The HloW ICB's dental strategy has identified the dental workforce as a critical enabler to achieve improved access, stabilisation of provision and increased oral health promotion. The ICB would very much welcome the opportunity for a Centre for Dental development in the HloW geography which will bring education, training and service provision together to in order to 'grow our own' dental care professionals, including specialists, which would provide a fantastic learning environment for students and provide access for the local population.

12. The Government and NHS England should commission a dental workforce survey to understand how many full-time and part-time-equivalent dentists, dental nurses, therapists and hygienists are working in the NHS, and how much NHS and private activity they are undertaking, alongside demographic data such as age and location. (Paragraph 68)

13. The Government and NHS England must improve the routine data that is collected on the number of NHS dentists and the wider dental team, and the levels of NHS activity they undertake, as well as data on demand, to assist with workforce planning and identifying gaps in provision. This must be addressed in the forthcoming dental recovery plan. Until such a time, the Government should focus on statistics which show the levels of NHS dental activity. (Paragraph 69)

- Better access to dental data would give a greater understanding of the issues within HloW, the ICB would welcome this data collection to support ICB plans going forwards.

14. Any contract reform now will almost certainly be too late for those dentists who have already left the NHS or are considering doing so in the near future. The Government must urgently introduce incentives to attract and retain dentists to undertake NHS work. These should include, but not be limited to, the reintroduction of NHS commitment payments, incentive payments for audit and peer review, and the introduction of late career retention payments. The development of a careers framework should be considered, including on-going education, supervision and support. This should form part of a wider package, accompanied by a communications drive, to entice professionals to return to NHS dentistry. (Paragraph 72)

- The ICB would welcome national incentives to increase NHS recruitment and retention across the dental workforce, however the ICB wouldn't commit to



workforce incentives without national direction as it could lead to destabilisation of the current local workforce.

15. The Government, NHS England and ICBs must ensure that the reformed contract ensures that full use is made of the skills of the whole dental team. (Paragraph 73)
 - The ICB agrees with the need for the reformed contract and the use of the whole dental team and is investigating the potential opportunities for a Centre for Dental Development in HloW geography.

16. We support the implementation of the work of the Advancing Dental Care Review. Centres for Dental Development could have the potential to change how we approach training dentists in the UK to meet the needs of the populations who most require care. However, these are in their early stages and their outputs will need to be assessed. We also recognise that incentives are required in the short-term to address the immediate challenges with supply and demand. (Paragraph 79)
 - The ICB agree that Centres for Dental Development could be an opportunity to enhance training for dental care professionals whilst addressing the access issues for the local population and any implemented model would be monitored to ensure benefits realisation. The ICB would welcome national incentives to increase NHS recruitment and retention across the dental workforce, however the ICB wouldn't commit to workforce incentives without national direction as it could lead to destabilisation of the current local workforce.

17. The backlog of applications for the Overseas Registration Exam is unacceptable and resolving this represents an opportunity in the short term to increase the number of dentists working in the NHS, and therefore create more appointments to enable patients to access much-needed services. (Paragraph 85)

18. The Government must work with the General Dental Council to ensure the backlog of applications for the Overseas Registration Exam is cleared in a timely manner, and to speed up changes to the process of international registration for new applicants seeking to work in the NHS. (Paragraph 86)
 - International dentists can register with the General Dental Council (GDC) if they have a recognised qualification; if they do not, they must pass both parts of the Overseas Registration Exam (ORE) before they can register. The GDC administer the exam and they have recently increased places for the first part of the ORE. ORE backlog reduction is not in the ICBs gift to change but we would welcome a decrease in the backlog of applications for ORE.

19. We are concerned that the absence of explicit mention of the dental contract in the Long Term Workforce Plan reflects the lack of priority given by the Government and NHS England to contract reform. We believe it indicates a lack of recognition of the urgent need for reform before any other workforce initiatives can be implemented. (Paragraph 90)



20. Given the varying views expressed regarding a tie-in for new graduates into NHS dentistry, we urge NHS England and the Government to ensure full consultation with professionals and representative bodies, as they seek to explore the potential merit of such a policy, although its success depends on fundamental contract reform, and should be accompanied with a careers framework. (Paragraph 92)

- Despite the perceived lack of priority by the government and NHS England, HloW ICB does consider Dental Reform a priority, demonstrated by the co-hosted 'Dentistry: The big conversation' to understand the challenges experienced by dental stakeholders in the region and the production of a dental strategy, which is currently in draft.

Integrated Care Systems

21. The dental profession should be represented on Integrated Care Boards to ensure they have the necessary expertise to inform decision-making around contracting and flexible commissioning. This should include wider engagement with the profession locally, for example through Local Dental Committees and Local Dental Networks. (Paragraph 106)

- There is local and national dental expertise who are able to inform decision makers. The ICB has regular meetings with the local dental committee leads (also with other local committee leads) and the commissioning process is supported by dental clinical leads and consultants in dental public health. We also work with the local populations to inform commissioning and have established a good working relationship with local dental providers.

22. We contest the Department's rejection of the recommendation in our 'Integrated Care Systems: autonomy and accountability' report, and reiterate that they should centrally gather information relating to the membership of ICBs, including the specific role of members and their area of expertise. We also recommended the Department should review that information with a view to understanding whether the policy of keeping mandated representation to a minimum is the right one and whether any specialties are especially under-represented. We believe this is particularly relevant in the case of NHS dental services. (Paragraph 107)

- The ICB agrees and is looking for better data to understand, identify geographical priorities and needs of the local population which is reflected in the draft dental strategy.

23. We welcome the initiatives outlined by the Chief Dental Officer to help ICBs commission dental services in a way that best meets the needs of their local populations. NHS England should provide evidence of the effectiveness of these initiatives, so that ICBs can see for themselves which options they could most usefully pursue and best practice is spread. (Paragraph 115)

- The ICB has recently recruited to a Primary Care Transformation Lead to look at initiatives and opportunities to flex commissioning and increase access across HloW. A key aspect of this role will be to ensure that any initiative implemented have the associated benefits monitored and any learning is shared.

24. In light of the current national contracting arrangements, NHS England must provide clarity to ICBs about what flexibilities they have with regard to commissioning NHS dental services and targeting resources according to the needs of their populations. (Paragraph 116)

25. ICBs have been delegated responsibility for commissioning dental services by NHS England. They offer an opportunity to improve access locally, better integrate services around patients and address inequalities. (Paragraph 121)

- As an early adopter of delegated dental commission HloW ICB is looking at opportunities to improve local access, address inequalities and integrate services as part of the draft dental strategy. The ICB would welcome any additional guidance for flexible commissioning from NHS England.

26. By the end of July 2024, every ICB should have undertaken an oral health needs assessment, in consultation with service users, patient organisations and the profession. NHS England should provide support to ICBs to undertake this, including sharing examples of best practice and learnings from other ICBs. NHS England must also ensure each assessment is sufficient to meet its intended purpose. (Paragraph 122)

- Local authorities currently complete Oral Health needs assessments for the population which the ICB use for the planning of dental services. The ICB would welcome the sharing of best practice and continues to work with other ICBs in the South East region.

Jo Tomkinson, Primary Care Transformation Lead – Dental

Hampshire and Isle of Wight Integrated Care Board

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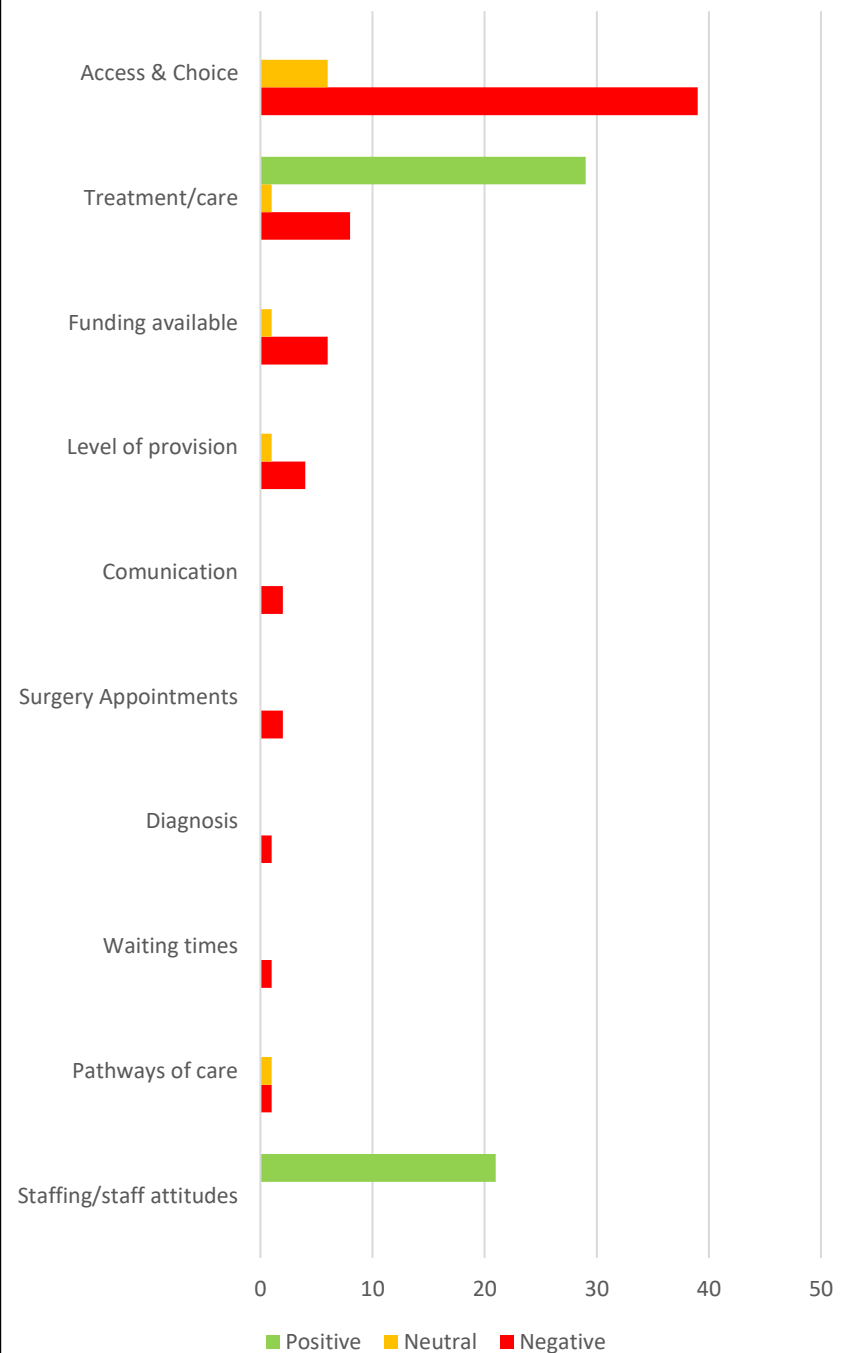
Intelligence Report

May 15th - Aug 15th 2023 - Dental Services

Key themes and issues....

- People are still finding it almost impossible to find an IOW NHS dental practice that is taking on new patients.
- People are having to seek help from their GP and A&E for urgent and painful dental issues.
- Some people report being only able to eat a soft food diet due to ongoing dental problems.
- Some people have had 3 or even 4 appointments cancelled by their dentist.
- People are suffering debilitating and excruciatingly painful symptoms and cannot access timely support.
- People are having to travel long distances on the mainland to see an NHS dentist.
- People are having to wait longer for urgent and emergency dental care.

Dentistry Themes



6

19% of the feedback we received between May 15 – Aug 15 is directly related to dental services (123 interactions)

51% of this feedback was negative
41% was positive
8% was neutral

Advice and information

We provide a statutory information, advice and signposting service on health and social care, to help people get the information they need from a trusted source.

We have a telephone advice line, walk in centre provided by our partner Citizens Advice IW and a website giving people access to national and local information and services.

Where is our insight coming from?

We have a busy community engagement programme and have been attending local events and community hubs. People are also able to share their experiences with us via social media, through partner and voluntary sector organisations, by post, telephone, via our website, text or email.

We are asking local community and voluntary organisations, to be our eyes and ears so we can understand the experiences of those they support.

We will be launching regular surveys to gather feedback about things that are important to local people. This will include surveys about the cost of living crisis and looking at people's experience of health and social care services.

What are we hearing?

"My son ended up pulling his own teeth out."

"My dentures are completely worn out and I can't get them repaired which is causing problems with my eating."

"I have to travel to the mainland and stay overnight in order to access a dentist. I find it difficult to drive at night, so we usually have to stay 2 nights, which makes it so expensive."

" went to A&E with my dental problem, last week, as it was unbearable. I got painkillers and antibiotics."

"Vlad at The Mail Dental Surgery Carisbrooke Road Newport. I am a very nervous patient and he is brilliant"

"Monks Brook Dental Practise in Newport are excellent!

"I have teeth that need to be pulled and a chipped tooth and most days my gums are swollen. I cannot get an NHS dentist on the IOW so I suffer in silence."

Individual's husband has been unable to find an NHS dentist. He had an abscess under a crown and had to pay £3,000 for private treatment. He feels he is unable to retire and will have to keep working just to pay for private dental care.

"just had my dentist appointment cancelled for the 4th time."

"I am sending this email because it's the last option I have. I have a few remaining teeth at top. One front one has come out leaving a chip in gum and other front one is very wobbly. The others are infected. I really need dentures. No dentist taking NHS. I have no funds. I really don't like the way I look. Is there any options available please?"

What have we been doing?

Dentistry:

June 6th – We attended a government roundtable on NHS dentistry, highlighting the particular issues of Island residents. This evidence contributed to the government Health and Social Care Select Committee report: <https://committees.parliament.uk/publications/40901/documents/199172/default/>

The government is expected to respond to the recommendations in this report by 14th Sept.

June 7th – We held a joint dentistry event in Southampton, with other local Healthwatch in Portsmouth, Southampton and Hampshire, in partnership with the Hampshire & IOW Integrated Care Board.

Local dental providers, commissioners and others, contributed to a discussion on solutions and positive action that can be taken to improve oral health within local communities and to improve access to NHS dentistry for Island residents.

A series of task and finish groups are being set up to tackle:

- Dental health inequalities
- Access
- Workforce

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Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Topic	DEMENTIA STRATEGY 2022-25 PROGRESS UPDATE

BACKGROUND

The Dementia Strategy was launched in May 2022 in collaboration with the Isle of Wight Council, ICB and NHS Trust and aimed to make a real difference to the lives of Island people living with dementia and their families. The strategy was shaped by direct input from people living with dementia and their carers. There is an estimated 2,655 people over the age of 65 living with dementia on the Island and The Alzheimer's Society estimates that this figure will increase to 3,920 by 2030. As well as an update from the ICB on the strategy the committee will hear from Representatives of Carers IW and the Alzheimer's Café to represent the voice of service users.

FOCUS FOR SCRUTINY

- What areas of progress have been made in the first year of the strategy?
- What is the current situation with dementia diagnosis waiting times?
- What is the current situation with hospital in-patient dementia beds?
- What difference has the dementia strategy made to service users?
- What is planned for the second year of the strategy?

APPROACH

To hear representations from Carers Isle of Wight and the Alzheimer's Café.

To receive a report on the progress made in delivering the Dementia Strategy.

DOCUMENTS ATTACHED

Appendix 1 – Memory Service Case Studies

Appendix 2 – Isle of Wight Dementia Strategy 2022-25 One Year Progress Update

Contact Point: Melanie White, Statutory Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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CARERS STORY RE: MEMORY SERVICE AUG 23

My name is Ros and I care for my husband who has dementia.

My husband is on Rivastigmine patches, and I was not sure they were having any good effects. (Rivastigmine transdermal patches are used to treat dementia in people with Alzheimer's disease)

I asked the Admiral nurse for help, and they contacted M at the Memory service, who said my husband had been discharged from the Memory Service and that I should contact our GP.

The GP's response was 'We don't deal with medication for Dementia sufferers, go back to the memory service'.

At present I am working through this process!! and have yet to see what will transpire.

I would say that we are very grateful for all the help we receive but mystified as to why my husband is "off" the memory service books.

The change I have seen is:

Carers IW contacted Memory Service on our behalf, and they have arranged an appointment to review the medication, I feel supported, thank you.

It would be great if GP surgeries could offer the support we need when we need it or keep us to the Memory Service.

CARERS STORY RE: MEMORY SERVICE AUG 23

My name is Gretl and I care for my husband who has dementia.

In September 2022 FP, the Memory Service made a visit to our home for Post Diagnostic Support. FP sent a report of the session, via letter on 22nd September. I responded to the letter correcting some errors, knowing that a copy had gone to my husband's doctor, and unless corrected was giving a false impression - but never had a reply from FP.
(I can show you the correspondence if you wish to see it)

When I next saw FP at the memory club on the 10th January 2023 and asked her if she had received my letter in response to her report that wasn't factually correct. She told me she had. I asked her why I didn't have a reply and she told me 'She wasn't allowed to write back to me'. The CST was a group of elderly men and two women. We felt for the three sessions we went on, that the quizzes were geared at the wrong age group. The organisers hummed various tunes for the group to guess what the tune was, but the combination of hum and tune was not successful. Both my husband and I agreed that the sessions were patronizing, and he felt niggled to be part of it.

We thought it was a very expensive way for the NHS to be providing two hours of babysitting for people who were not babies. As well as the heating on full blast with sometimes the door wide open. On the third visit on 24th January, I told the Organiser that we felt it wasn't for him, and she insisted 'that John was getting a lot out of it' but my observation was that he was irritated by the frustration of a missed opportunity.

The change I would like to see is:

I would like correct information to be sent to us and the GP. We would like good quality sessions for the CST.

CARERS STORY RE: MEMORY SERVICE AUG 23

My name is Ann and I care for my husband who has early onset dementia

I've not had too much involvement over the last 12 months, but the support I've had has been positive.

Dementia Outreach Team signed us off at the end of August 2022 but it provided a point of contact sitting in the background in case of a crisis situation. We have received visits from the team on a few occasions and support was absolutely vital when I needed a quick response.

I've attended a few meetings of The Circle Group for people who had come to the attention of the DOT but once again it's finding somebody to look after my husband whilst I attend that is a problem.

We received support from JS and TS which was helpful and useful and provided a link back to the services for a meds review which was needed by Memory Services level.

Times of out of hours telephone support from Carers IW thank you for that is really useful.

CARERS STORY RE: MEMORY SERVICE AUG 23

My name is Issy and I care for my husband who has dementia

Personally, I have been disappointed with the limited service I have received regarding my husband.

The first consultation last September by an agency nurse was somewhat upsetting and not handled with the professionalism I expected.

Initially my husband was offered an 11-week cognitive course and I understood he was put on the waiting list. After a few months I enquired when the next course would start, I was informed the course was full and he would have to wait for the next course.

Eventually I was informed he would not be suitable for the course. We were informed he was Cluster 19!!!! We have no idea what that is!!!!

The only support and advice I have received thus far is from Carer's Isle of Wight who have been absolutely amazing.

The change I would like to see is:

As a carer I can only live in hope that the Isle of Wight memory service can be vastly improved to meet the needs of our Island aging population.

Please send letters that show empathy and state what things mean not just medical speak. Send the gobbled gook to the GP not me!

Please do not promise then to withdraw your offer.

CARERS STORY RE: MEMORY SERVICE AUG 23

My name is Ann and I care for my husband who has dementia

We paid privately for a Memory assessment as there was a year waiting list, I could not wait over 12 months to start this journey with the medical professionals as our journey started some years ago.

We had 3 nice visits from M which helped my husband to be accepted onto the Cognitive Stimulation Therapy Tuesday afternoon sessions from January through to April. He also arranged for a handrail to be installed in our shower.

My husband has not deteriorated a great deal as yet, but he needs a little more help from me for day-to-day care.

We also have a carer who visits him too, that we arranged ourselves after talking to Carers IW.

Carers IW training has been a lifesaver.

The change I would like to see is:

More contact or visits from the Memory Service would be good, if possible.

I hope that they do not close us after the CST sessions.

CARERS STORY RE: MEMORY SERVICE AUG 23

My name is Ann and I care for my husband who has cognitive issues and has suffered from mental health issues and OCD for many years.

We were referred to the Memory Service as my husband's memory appeared to be worse. The workers we saw were disrespectful to his anxieties and OCD and would zoom up to him on their wheeled chairs. He received a scribbled change of medication with instructions to stop his lithium and to start a new drug. I asked for them to write down a menu of dates of starting and reducing his three different drugs as I am in my 70s and struggle to remember it. We did not understand the scribbled notes on a piece of scrap paper and asked that we could have it typed up and sent to us as I was very aware of the dangers of getting his medication wrong. Everyone stated we don't do that why don't you ask..... (Memory Service/GP/Pharmacy) we went round in circles.

Carers IW arranged for a meeting with Memory Service, and I was able to explain my concerns about the behaviours of staff and the lack of written instructions of reducing and increasing the different medications. I felt a great weight of responsibility and worry about how my husband's health could suffer if I had misunderstood. Initially I felt listened to, it lifted me, and I was expecting to receive written communication through the post – I didn't understand it!

The change I would like to see is:

Everyone in a professional capacity to stop passing the buck!

Understand and show us respect, we are the experts in our cared for. When there is a change in medication then have it typed up in a clear and easy way to understand and send a copy to the carer and the GP.

Do what you say you are going to do and if you get it wrong –
– admit – apologise - review - implement change – stop sending carers round the block please!

Isle of Wight Dementia Strategy

2022 to 2025



Year 1
Progress update

Isle of Wight Challenges

Dementia is fast becoming the UK's largest health and social care challenge. The Isle of Wight has a number of challenges, some of which are similar to other areas and some which are unique to the Island. These challenges include:

- **An ageing population** – 29.3% of the IW population is over 65 compared to a national average of 18.6%. This is higher than other areas in the ICB (Portsmouth 14.9%, Southampton 13.9%, and Hampshire 21.8%) *ONS population data 2021*
- **Dementia prevalence** - The Isle of Wight has a high prevalence and this is expected to increase with a predicted increase of 24% in the population of over 85 year olds in the next 10 years. This increase will have a significant impact health, social care and voluntary services
- **Geographical boundaries** – There is no fixed link to the mainland impacting significantly on patients and carers when services are provided off island. This is particularly difficult for this cohort due to age and frailty
- **Workforce** – As with other areas in the country the Isle of Wight finds it difficult to recruit to senior clinical roles for Older Peoples Mental Health services. Care providers are also struggling to recruit and are limited by our Island location.
- **High demand for memory assessments** – currently the demand for assessments from the Memory Service exceeds capacity within the service
- **Local provider market** – There is a limited care home provider market, with not enough care homes being able to meet the needs of people with complex dementia needs
- **Limited inpatient provision** – There is limited dementia inpatient provision – although currently provision on island is being piloted
- **Impact on other services** – A review of patients in the hospital showed a high prevalence of patients with dementia needs in physical health acute settings

Dementia Strategy Work

In 2019 it was agreed that a system wide approach was needed and partners from the IWC, IW NHS Trust and IW CCG agreed to develop a system wide Dementia Strategy.

It was agreed that a partnership approach was needed to tackle this challenge and local voluntary sector partners were asked to lead the development of a Dementia Strategy that all partners could sign up to. This decision recognised that our local voluntary sector organisations work closely with people with dementia and their families on a day to day basis and are therefore best placed to lead on meaningful public engagement to truly understand local needs.

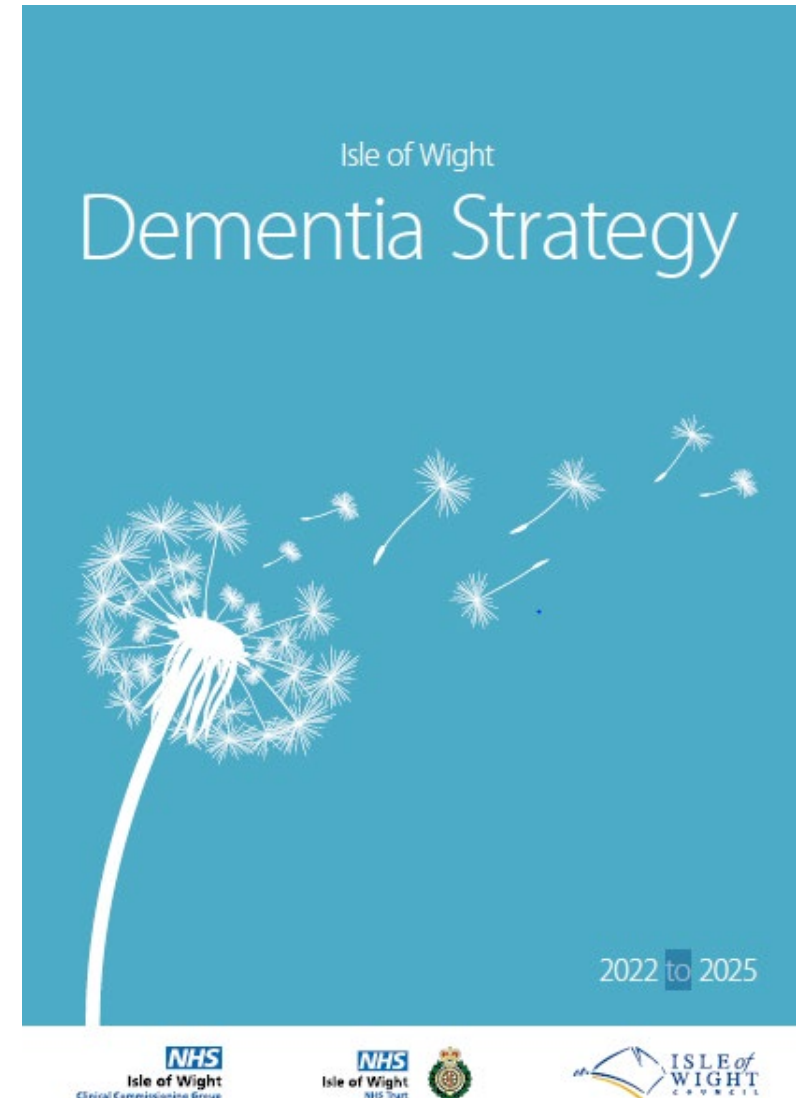
A three stage approach was used to develop the strategy which included:

- 1) Detailed stocktake of current provision on the Isle of Wight looking at data from health, social care, voluntary sector as well as prevalence data
- 2) Extensive programme of public consultation led by voluntary sector partners to find out local opinions and lived experiences of having dementia on the Isle of Wight
- 3) Development of the strategy taking into consideration findings from the stocktake and consultation with input from relevant professionals to create achievable commitments to meet local needs

The Isle of Wight Dementia Strategy was launched in May 2022 and the implementation and progress is being monitored by the Dementia Strategy Board chaired by the Director of Adult Social Care. Membership of the board includes partners from health, social care, voluntary sector and people with lived experience.

Progress during Year One

Significant improvement and progress has been made during the first year of the strategy, linked to a number of the key commitments. The following slides provide an overview of some of these achievements.



Getting Information and advice



Improved information pack being developed to be given to people and their families.

Page 56

4 new Dementia Navigators have supported...

770 ...people in the community.



A site for an IW Dementia Help Hub has been identified.

It was very clear when speaking to Island residents during our strategy development that people are struggling to find the information that they need and to find out about local organisations who can provide emotional and practical support. People told us that they often felt abandoned and terrified following a dementia diagnosis and did not know where to turn for help. Therefore, one of the identified priorities has been for the hospital Memory Service and partners from the voluntary sector to work together to develop an information pack containing consistent and comprehensive information about the dementia condition and local sources of support.

Four new Dementia Navigator roles have been funded through the voluntary sector, with one based in the hospital Memory Service and the other three based in each of the locality social work teams. Navigators support individuals and their families in the community, providing information, advice, guidance and signposting to people with or without a diagnosis

A common theme in the feedback from Island residents during the development of the Dementia Strategy was the difficulty in finding the help they need following a dementia diagnosis. People asked for a central dementia hub providing trusted advice and support, as well as opportunities for respite day services and a safe space for people to meet and socialise. The Alzheimer Café IW have agreed to take on the challenge of delivering this exciting community resource and the IW Council have granted them a 25 year lease on the Parklands building in Cowes. A programme of fundraising is needed to undertake essential building works, but it is hoped that stage one of the project will be delivered by the end of 2023.

Dementia Navigator Case Study

Mrs D G was referred to the service by Adult Social Care. A joint visit was arranged, as Mrs D G was in a safe house, due to concerns for her safety from Police, and her husband.

The Dementia Navigator built up a relationship with Mrs D G to understand her needs and what she enjoyed doing. After several months Mrs D G returned home, and has continued to live happily with one of her sons and her two dogs.

The Dementia Navigator completed an Attendance Allowance for Mrs D G and provided her son with support and information, as well as a referral to Carers IW for her son.

The Dementia Navigator continues to provide information on local groups for Mrs D G to attend, including Alzheimer's Café, and Musical Tea Afternoon at Ryde Library which she attends.

Mrs D G appears happier than when the service first met her and although living with dementia she is thriving and enjoying her independence.

The service is in contact with Mrs D G and her son and have continued to support and drop information off to their home address to notify them of an event or activity that could benefit them both.

Getting a diagnosis



IW NHS Trust Memory Service reviewed to increase the number of assessments completed.



Post diagnostic support increased to include physical health checks and cognitive stimulation therapy.

People told us that they had to wait a long time to receive a diagnosis. The IW NHS Trust has had significant delays in providing assessment appointments for patients referred to the Memory Service. A large waiting list has built up as all clinicians who were able to complete assessments have left the service. Due to this, work has taken place to review how the service is delivered. Previously only consultant psychiatrists were able to complete assessments and give a diagnosis. This was an outdated service delivery model that restricted capacity. A review of the service by the Isle of Wight Trust and commissioners has agreed that the service should move to a multi-disciplinary team approach to diagnosis, where additional clinicians are able to provide this service. In preparation for moving to this approach the following has been completed:

- A new service model created and agreed with consultant supervision and a mixed approach to assessments dependent on the complexity of each patient
- Trainee Nurse Consultant recruited
- Trainee Advanced Care Practitioner recruited
- University and inhouse training identified and developed to support nurses to deliver assessments

Although we have not seen the improvement we would like to see so far in reducing the waiting list we feel confident that this approach will start to see a reduction in waiting times for patients.

People told us that when they received a diagnosis they often felt like they didn't receive any follow on support from the Memory Service. In addition to reviewing the assessment service, the Memory Service has also reviewed the Post Diagnostic Support that it provides. Following a diagnosis patients now receive access to Cognitive Stimulation Therapy (CST) with increased capacity provided, and the service also now provides Physical Health Checks.

Physical Health Check Service Feedback

"PH offers a fantastic service and very efficient." (patient feedback)

"PHC service is very much needed and a fantastic service offered." (care home feedback)

Cognitive Stimulation Therapy Feedback

"The staff running the CST are amazing and so supportive. I was amazed at how quickly my husband settled in and was happy to attend each week" (Carer feedback)

"My wife enjoyed every moment of the meeting and they encouraged her to get out and meet people again" (Carer feedback)

Support in a crisis

4 dementia assessment beds have been introduced at St Mary's Hospital to reduce the need for mainland placements.



Dementia Outreach Team created to support people in crisis, leading to a reduced average length of stay for people detained under the Mental Health Act from 313 days in 2021 to

62
days in 2023.

20 care homes have worked with the dementia team to keep their residents safe.

The dementia ward Shackleton was closed in 2019 due to safety concerns linked to staffing this has resulted in patients who are detained under the Mental Health Act (MHA) with dementia being sent off island. As part of the Dementia Strategy it was agreed that mental health inpatient beds and the crisis pathways for patients with dementia should be reviewed. A full bed review was completed to understand how many beds were required for people who needed to be assessed under the MHA (section 2) or assessed and treated under the MHA (section 3).

Following on from this detailed bed review the IW Trust commenced a pilot to provide beds on island in April 2023. Currently Afton ward has been altered to enable it to support people with dementia and older people with mental health conditions who are detained under the MHA. The pilot is due to complete in October 2023 and a full review is currently being undertaken to understand the quality and impact of this pilot.

When Shackleton was closed in 2019 a specific dementia crisis team called the Dementia Outreach Team (DOT) was developed to support people with dementia in the community at risk of being detained under the Mental Health Act. This team of Mental Health Nurses (with access to consultants) offers three functions:

- 1) To support people in the community providing clinical support to prevent an admission. This could include advice, information, training and medication. The team work with people who live in their own homes as well as residential and nursing homes.
- 2) To act as gatekeepers to inpatient provision and provide and arrange mechanisms for detainment and support finding an appropriate bed for the patient be that on or off island
- 3) To work alongside the inpatient ward staff and with the patient to help facilitate a timely discharge from a hospital bed and support transition back to the community

The impact of DOT has supported the reduction in length of stay for people admitted under the MHA with dementia from an average of 313 days to 62 days.

The Dementia Outreach Team have proactively worked with 20 care homes across the island supporting the staff when they are experiencing difficulty in supporting residents, and we have received positive feedback from care homes who feel they have better support in a crisis.

Support in the hospital



2 Dementia Associate roles created in the hospital to offer day to day support for people with dementia and their families.

Page 59



350

hospital staff completed the new programme of dementia training.

People told us that they felt that the acute hospital at St Mary's did not recognise the needs of patients with dementia or provide the additional support that they need. In addition to this when we reviewed all acute hospital wards, all wards had patients with dementia and overall there was a high proportion of patients with physical illness who had dementia at St Mary's hospital in acute beds. We also know that many of these patients had a longer length of stay in hospital due to challenge of finding suitable care placements.

In response to this an extensive training programme over and above the NHS dementia tier 1 training has been implemented by the Head of Nursing & Patient Safety across the trust. This training adapted the recognised Dr Gemma Jones Alzheimer's Training to meet the needs of staff and patients within a hospital setting, including specific training videos and bite sized training that could be delivered to staff via ward team meetings. The training process was developed as a train the trainer model to ensure it is sustainable for the Trust to deliver this in the long term.

To support this training package the IW Trust have also created two new Dementia Associate roles within the hospital. These are staff who can attend wards to provide non-clinical support for patients with dementia and their families. They will also provide advice and training for ward staff to help them to deliver the best care for dementia patients.

As a result of introducing these additional resources to support people with dementia and upskill hospital staff to better understand the needs of the patients that they are working, the IW Trust have already seen a reduction in the amount of pharmacological restraint that is required.

Support in the community



Review of respite provision completed, speaking directly to carers to understand what is needed.

Adult social care overdue reviews reduced by...

75%

A dementia training programme offered to all

106

Island care providers, currently being delivered for staff in

10

organisations.

Family and other unpaid carers told us how difficult it is to find suitable and flexible respite provision to give them the break that they need from their caring role. Commissioners have spoken to carer's groups to understand what is needed and will be completing a procurement exercise later this year to support the redesign of respite provision. This will include procurement of block booked beds in a variety of settings including dementia specific provision, but will also provide the option of live-in respite care at home. A Respite Co-Ordinator role is being created to support social workers and families to find the respite care that they need.

Significant improvement has been made in the timely delivery of social care reviews for people living with dementia. In June 2022 there were 105 overdue reviews, 10 of which were overdue by more than year. In June 2023 this has been reduced to just 20 outstanding reviews.

The Dementia Awareness Partnership are delivering a programme of dementia training for staff cross all Island care providers and social care teams. This training aims to improve the quality of care provision on the Island by giving staff a better understanding of the dementia condition and the skills and strategies to provide the best support for people. The training is being provided through grant funding for a one year period and is available free of charge for all care staff.

Since April 2023 20 local care organisations have signed up to receive training and the feedback from staff attending clearly evidences the impact the training is having:

"I feel I've learnt incredible amounts and taken so much away with me. I would highly recommend to everyone"

"I now understand the stages of dementia. I think this training should be mandatory for all staff working in a care home"

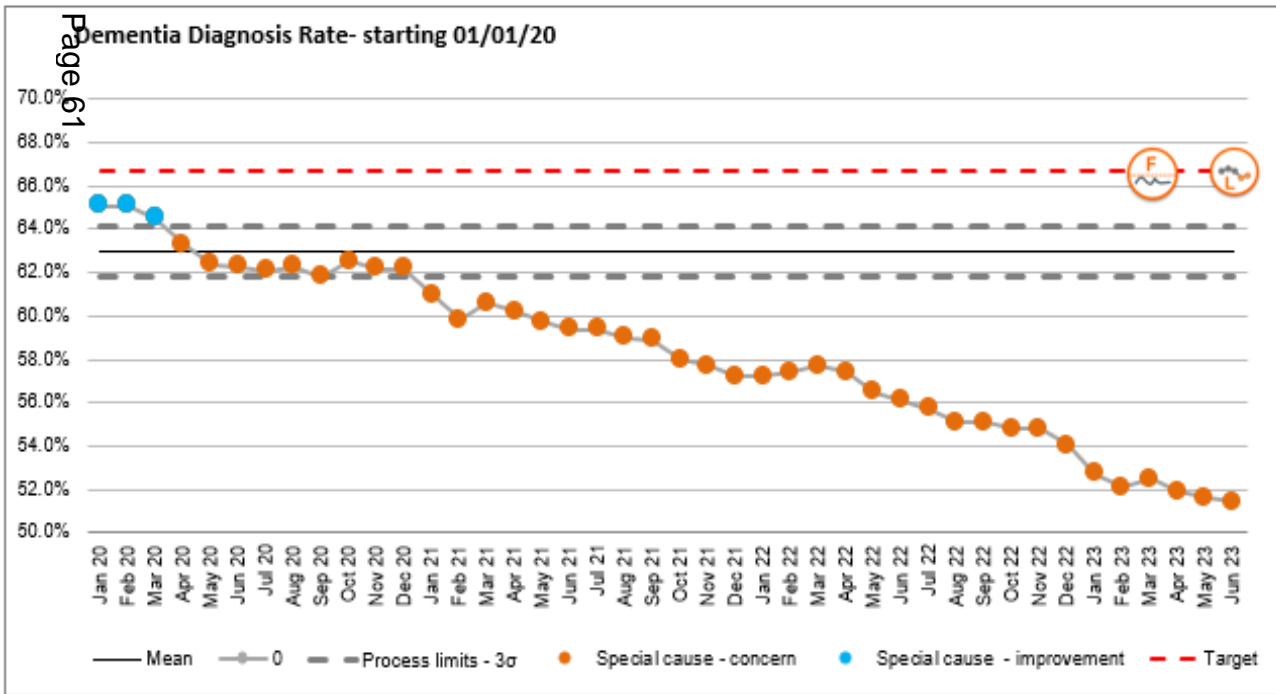
"Very informative, I thought I was up on knowledge about dementia but I learnt so much more and feel more confident"

"The Bookcase Model and Staging of Dementia were real stand out training points for me and I can see myself relating back to these on a daily basis"

DEEP DIVE Memory Service – Dementia Assessment (1/2)

The Dementia Diagnosis Rate for the Isle of Wight has seen a continual decline since February 2020, as seen in the chart below. The Memory Service waiting list has been analysed against GP practice data and shows that GP's continue to refer appropriately but the Memory Service is not meeting the demand.

Fig 1: Isle of Wight Dementia Diagnosis Rate



There are a number of reasons why the Memory Service hasn't been able to keep up with demand which include:

- Historically the service has worked in a medical model with assessments only carried out by Consultants.
- Nursing staff carried out post diagnostic support following diagnosis on the direction of the Consultants.
- The service has been working on reduced Consultant capacity for a number of years.
- Both Consultant Psychiatrists left the service in 2022, which resulted in interim locums being arranged however these posts were not filled consistently
- Recently there has been an increase in the number of referrals for assessments received by the Memory Service

Due to these issues the service has built up a significant caseload with limited capacity to deliver the assessments to clear the waiting list.

DEEP DIVE Memory Service – Dementia Assessment (2/2)

Due to issues in staffing and a significant waiting list, an improvement project has been started to look at increasing assessment capacity. This project has been implemented over the last year since the Dementia Strategy has been launched. This work is based around the agreed and signed off new service model for the Memory Service, moving away from a Consultant led and delivered service to Consultant led but Nurse delivered service. This new service model will increase the amount of assessment capacity. To date the key actions that have been implemented as part of the improvement plan include:

- Recruitment to a Trainee Nurse Consultant and Trainee Advanced Care Practitioner (ACP)
- A Middle grade Doctor allocated to Older Peoples Mental Health Services
- Temporary appointment of an agency Nurse Assessor to support with assessment capacity in the service while the new model is implemented
- Appointment of a substantive Older People's Mental Health Consultant Psychiatrist to oversee the service, and commitment to identify a further Consultant for the service
- Delivery of Nurse Assessor training via an in house training course developed and delivered by the Trainee Nurse Consultant and Consultant Psychiatrist, and access to academic course for those who would like to attend further training
- Implementation of a waiting list initiative with a private provider to support the IW Trust service with delivering more memory assessments to support reducing the waiting list
- Dementia Navigators have been implemented to provide support to those on the waiting list with access to emotional support, voluntary and community sector support, and other relevant statutory services
- A process has been set up to clinically manage the waiting list and ensure that those on the waiting list are reviewed regularly and escalated when needed

There is no waiting list in any other part of the Memory Service (Cognitive Stimulation Therapy, Medication Reviews and Physical Health Checks). Although we have not seen a reduction in the waiting list for memory assessments yet, we have seen the waiting list stabilised and seen a reduction in the over 12 month waits, as this improvement plan is only part way implemented we are expecting to see continued improved results over the next year.

DEEP DIVE Dementia Mental Health Inpatient Services (1/2)

BACKGROUND

In 2019 the Isle of Wight NHS Trust made the decision to temporarily shut the inpatient ward for dementia 'Shackleton'. This was due to ongoing concerns around safety due to staffing. Following this patients that needed to be admitted under the Mental Health Act due to their dementia were either admitted to a mainland provider (usually a private provider), or to the Older People's Mental Health ward Afton as a temporary admission, however this was only while arrangements were made for an off island dementia bed.

INITIAL STEPS

Following the temporary closure, initial steps were taken to support people with dementia going into a mental health crisis by developing the Dementia Outreach Team who have the following functions

- To support people at risk of a hospital admission in the community with clinical support to prevent admission
- To monitor people who are admitted and liaise with the inpatient ward to support people to be discharged and come back to the Isle of Wight as quickly possible

CURRENT STATUS

In late 2022 it was agreed that the trust would pilot bringing back dementia inpatient beds on the Isle of Wight, by formally turning Afton ward at Sevenacres (the current Older People's Mental Health ward) into a mixed ward that would accept older people with dementia as well as other mental health conditions. A project was agreed and set up to trial this way of working and implement this pilot.

DEEP DIVE Dementia Mental Health Inpatient Services (2/2)

DETAILS OF DEMENTIA INPATIENT PILOT

It was agreed that the 10 bedded Older Peoples Mental Health ward (Afton ward) would reduce capacity and become an 8 bedded ward with 2 beds for people detained under the Mental Health Act for dementia and 4 for older persons mental health. The other 2 beds would be flexible and could be used for either cohort depending on what was needed by the ward . To support this pilot the following has been arranged:

- Additional de-escalation space set up with the space made available by reducing the number of beds on the ward
- Additional staff training set up to support staff with the skills needed to support the mixed cohort
- Updated Standard Operating Procedure to include details of the pilot ward including criteria for admission
- Additional staffing support from Dementia Outreach Team to support ward staff though out the pilot
- Updates to the existing Mental Health delayed transfer of care (DTC) meeting to include planning for IW dementia patients currently admitted

NEXT STEPS

This pilot is due to be completed in October, a detailed review of impact to date is currently being completed that will look at demand, capacity, quality and finances for the pilot including the impact it might have had on working age mental health services. Following the pilot a final report with recommendations will be completed and appropriate substantive changes made to deliver the service.

What next?

- Monitor and support the progress with development of the Dementia Hub in Cowes.
- Work with Island Care Providers to encourage as many as possible to take up the free dementia training opportunity.
- Undertake a review of Adult Social Care processes to improve the experience of people with dementia and their families contacting us for support or advice.
- Undertake a review of the Disabled Facility Grant (DFG) process to ensure that it is fair and equitable for people living with dementia.
- Continue to explore options for extra care housing which is designed to meet the needs of people living with dementia.
- Monitor the progress of embedding and delivering the multi-disciplinary approach to dementia diagnosis, ensuring that staff are recruited and trained to deliver this service.
- Review the findings of the appraisal of the dementia in-patient bed pilot, seeking to ensure that adequate on-island provision is provided long-term.
- Complete the procurement exercise to commission a suite of respite options that meet the needs of unpaid carer's and people living with dementia.
- Healthwatch to complete a consultation in the autumn to speak to people about the impact of the dementia strategy in the first year

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Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Topic	PREPARING FOR WINTER 2023

BACKGROUND

At the committee meetings in December 2022 and March 2023, updates were provided on the pressures being faced by the health and care system. The committee are to hear from Adult Social Care, the ICB and NHS Trust on the lessons learnt from the previous winter period and the preparations being made for the forthcoming winter.

FOCUS FOR SCRUTINY

- How robust were the plans put in place for winter 2022-23?
- What has been the public feedback on how services were run over the 2022-23 winter period?
- What lessons have been learnt and implemented ahead of the forthcoming 2023-24 winter period?
- What are going to be the biggest challenges over the 2023-24 winter period?

APPROACH

To receive a report.

DOCUMENTS ATTACHED

Appendix 1 - System Winter Plan Report

Contact Point: Melanie White, Statutory Scrutiny Officer,
☎ 821000 ext 8876, e-mail melanie.white@iow.gov.uk

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Scrutiny Committee Report

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Title	SYSTEM WINTER PLAN
Report of	ISLE OF WIGHT PLACE DIRECTOR, HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOAD

RECOMMENDATION

This paper is for the Committee to note and discuss as necessary.

EXECUTIVE SUMMARY

Background

1. In recent years there has been an increasing focus towards an integrated approach to Winter planning. This is in recognition that Seasonal pressure is multi-faceted and requires a whole-System response and therefore planning and assurance cannot operate in isolation.
2. The pressures of the ongoing response to demand as well as challenging circumstances winter 23/24 could bring, requires a robust Winter Planning process with several specific aims:
 - To ensure that planning for the winter period is completed at all levels in good time, to ensure patient safety and quality of care is not compromised.
 - To ensure plans are integrated at a Local System level and that pressure and risk is spread across the System where possible, and not just focussed on one section of the care pathway.
 - To ensure that plans are robust and considered the “business-as-usual” seasonal pressures alongside emerging challenges and effectively balance these together.
 - The HIOW Winter Plan 23/24 will recognise pre-existing streams of planning / improvement activity, including the Elective and UEC Recovery Planning. Timelines for Winter planning will be developed in close conjunction with the ICB & National requirements, to ensure timelines dovetail together and demands on Systems are proportionate and avoid duplication.
 - While winter pressure is predominantly most challenging in acute settings, and it is right that Urgent Care should lead the work, the Hampshire and IOW Winter Plan will cover the whole Care pathway within each Acute System & Provider Collaborative.

3. A Winter Operating Plan is required by NHSE to be in place for all Acute System & Provider Collaborative.
4. The HIOW local System Partners are all committed to continue to deliver safe, high-quality services for patients and the whole population at all times, including, but not limited to, ensuring patients are seen in the right place and right time, maintaining privacy and dignity at all times, ensuring care closer to home where possible and effective management of infection control.

Situation

5. The Hampshire & Isle of Wight ICB is taking the following approach to winter planning:
 - Winter Plan Launch Session with Chief Operating Officers of HIOW System Partners to discuss and agree this years approach to winter
 - Winter Forum (Weekly) - Tactical level Engagement across Local Systems - from August 23
 - Using lessons learnt from Winter 2022/23 to help inform decisions on what would be required this winter
 - Capacity Planning so we can understand when we may need more capacity and when the likely peaks will be to help us determine when and where extra support may be required
 - Preparation to bid for additional internal winter capacity schemes should funding become available
 - Ensure everyone is involved in the Plans including; Acute Trusts, Local Authorities, Primary Care, Social Care, Reablement, Community partners, Mental Health, SCAS/IWAS, and the Voluntary sector
 - Review policies and procedures to ensure they are fit for purpose
 - Operational Pressures Escalation Levels (OPEL) Framework Review

Actions

6. The local Isle of Wight Place team is taking the following actions:
 - System partners to review NHSE numerical template – demand & capacity assumptions
 - System partners agreeing narrative NHS template due for submission by 25 August 2023
 - Weekly Winter Task & Finish Group established from 24 August 2023
 - Updated system bedded capacity model being developed
 - Each sovereign organisation developing own internal winter plan, to be brought together in single system overview

Next steps

7. The task and finish group will be meeting to ensure progress of winter planning across the system and will report progress via the Executive Delivery Group.

Contact Point: Natasha Taplin, Deputy Place Director,
Hampshire and Isle of Wight Integrated Care Board, Natasha.Taplin@nhs.net



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	4 SEPTEMBER 2023
Topic	PROPOSALS TO VARY, DEVELOP OR CONSULT UPON SERVICE CHANGES

BACKGROUND

The scrutiny committee is to be advised on any proposals relating to health and social care services affecting Island residents and updated on the progress of those previously notified. Updates will be provided on the following:

- a) Update on pharmacy services
- b) Update on primary care

FOCUS FOR SCRUTINY

The committee to focus on any specific key updates and/or decisions that may require being added to the committees workplan for further consideration.

APPROACH

To receive updates on pharmacy services and primary care.

DOCUMENTS ATTACHED

Appendix 1 – Community Pharmacy Briefing

Contact Point: Melanie White, Scrutiny Officer
☎ 821000 ext 8876 e-mail melanie.white@iow.gov.uk

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Policy and Scrutiny Committee for Health and Social Care – 4 September 2023

Community Pharmacy Briefing

Introduction

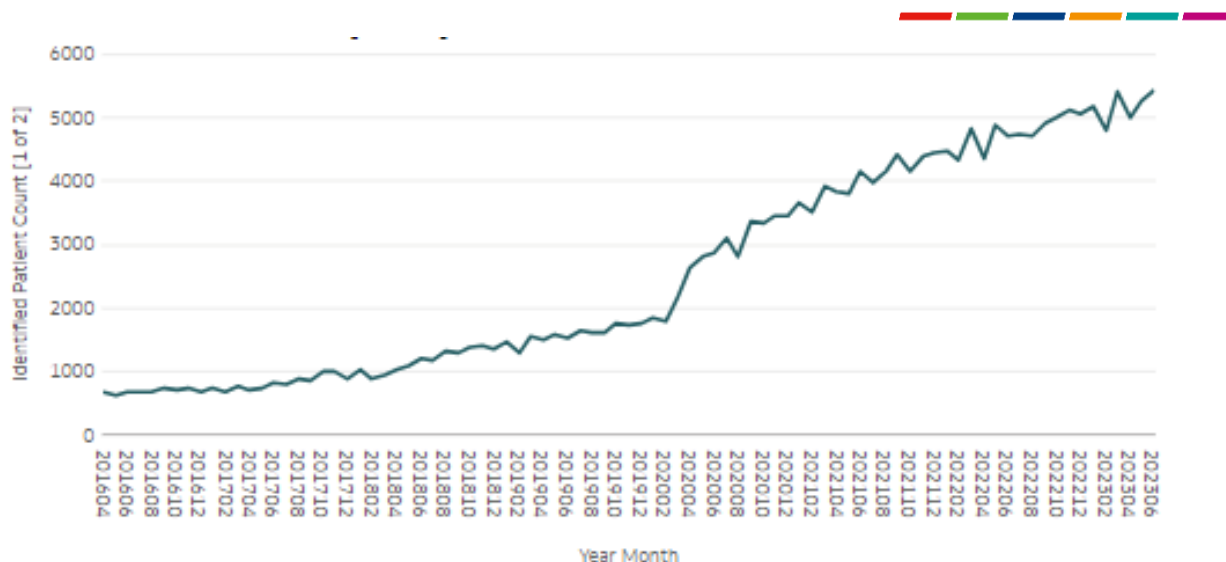
1. Community pharmacy nationally is currently undergoing an evolution in the services they provide and how the general population obtains the variety of medications that they require. Nationally the introduction of Community Pharmacy Consultation Service, Discharge Medicines Service and the recently announced pathfinder sites to pilot prescribing from community pharmacies are all changes in the Community Pharmacy service provision moving towards a more clinical focused approach. This is in addition to the now established distance selling (online pharmacies) that provide patients with greater access to clinical services and variety in access for prescription medicines.

Isle of Wight Community Pharmacy

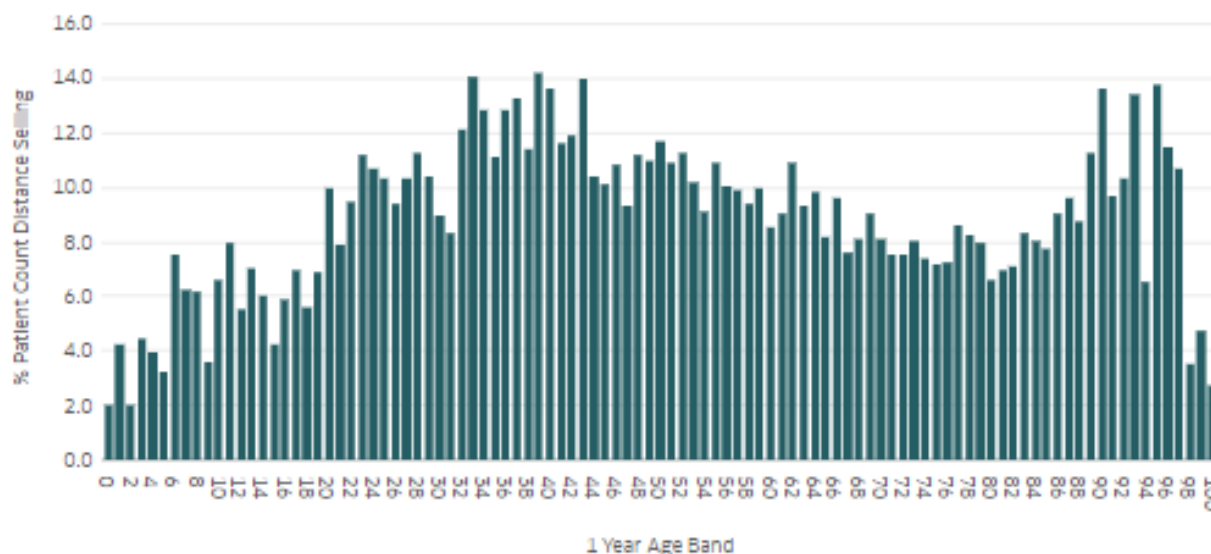
2. The Isle of Wight currently has 28 pharmacies providing “High Street” community pharmacy providing services for the population. While the high street pharmacy is a well-known and trusted part of many communities this is changing with patients increasingly choosing to obtain their prescription medications via a different route.

Distance Selling

3. Increasingly, since their advent, patients are moving to an online provision for prescriptions. It is expected that this is for repeat prescriptions where clinical intervention is relatively low and the patient is happy to have regular supply via the post.
4. Analysis of prescriptions dispensed for Isle of Wight patients showed an increase in use of online pharmacies. This replicates the national trend and is seen by many patients to be the most efficient way of accessing their regular medications. For the last 3 months dispensing data that is available, 9.1% of IOW patients used an online pharmacy for at least one prescription.
5. While a jump can be seen at the same time as the pandemic hit, below, there is clearly a trend for patients to obtain their prescriptions online which has increased since the pandemic. This will reduce high street pharmacy footfall and subsequent income.



- It is of note that the age groups of the Isle of Wight’s population using online are not perhaps as would be initially expected. It is proposed that the second peak on the chart below, in the age range 88 to 96, corresponds to an age range where other family members are perhaps looking after relative’s prescription medication and to the use of online pharmacies by Care Homes.



- With the two charts above it can be seen that prescription footfall is increasingly transferring to an online supply route. It is widely quoted that repeat prescriptions account for approximately 80% of all prescription items. As such these items are not often seen by patients as needing input from a pharmacist and hence only require the supply role.

Out of hours

- The recent announcement of the closure of the only 100 hour (late night) pharmacy on the IOW has resulted in late night prescriptions no longer being available. Recent analysis of the referrals from 111 show that 39 patients were directed to attend a pharmacy within a time period that required the 100 hour pharmacy to be open. This

period for this analysis was June 22 – May 23. Of those patients requiring a pharmacy to be open “out of hours” 32 were for repeat prescriptions. This is likely to be due to forgotten ordering or medication left behind when travelling. So the out of hours patient demand from 111 looks to be very small. The ICB is looking to access other data to further the analysis.

9. There are two options to replace this lost access assuming a provider is unwilling to take on a contract.
10. Firstly, the ICB could direct pharmacies across the island to take on a rota to cover the lost hours. This is estimated to cost in the region of £190k to £280k depending upon whether a 2 or 3 hour rota is required. Given the national workforce issues that are acute on the island it cannot be assumed that any extended hours rota can be staffed.
11. Secondly, with additional data from the out of hours services as requested we can build a picture of which medicines are frequently required, these could then be provided by Portsmouth Hospital manufacturing and ward distribution to the out of hours providers in prepacks. They can then supply directly to the patient without the need for a pharmacy.
12. As the closure of a pharmacy does not release any funds, only activity to other pharmacies, this would need additional funding. This new funding would need to be found from other healthcare budgets. It is of note that the closure of the 100 hour pharmacy was at the end of a long period of decline in prescription numbers. It is proposed that this is a result in reduced footfall from online service both grocery and pharmacy. As such the prescription activity may be
13. Increasingly the national direction of travel is for community pharmacies to provide more clinically focussed services as seen in the Community Pharmacy Consultation Service, Discharge Medicines Service and the new initiatives for prescribing to be carried out in community pharmacy.

Workforce

14. In 2016 there was only one pharmacist working and prescribing within a GP practice. There are now four pharmacists working and prescribing in GP practices. While not large numbers in themselves it does put a pressure on community pharmacy recruitment and retention. Three pharmacists would be able to run two pharmacies with supporting staff. As such this move to GP practices has potentially added to the 164 unplanned closures last year. While the number of unplanned closures has reduced with 16 in the last 4 months this does demonstrate the fragility in the pharmacy workforce as it applies to the Isle of Wight.

Conclusion

15. With the gradual evolution of patients to an online supply of their prescriptions the reduction in funds to local high street pharmacies will inevitably reduce. The result in



this is seen as one of the drivers to the reduction in high street pharmacies. Most notably with the recent Lloyds reduction in investment in community pharmacies and the recent announcement of Boots to close 300 of their pharmacies. We are yet to be given notice of which Boots pharmacies are to close.

16. In addition, the challenges to the pharmacy workforce from other sectors of healthcare will result in reduced workforce available to high street pharmacies. This is particularly notable on the Isle of Wight where healthcare professional recruitment and retention can be challenging.
17. Community pharmacies can only survive in the high street while it is financially viable for them to do so and as such if patient have their prescriptions dispensed elsewhere then that funding for community pharmacy will leave the island. As there are no establishment payments if a pharmacy closes the ICB receive not see a reduction in spend after the closure of a pharmacy and as such does not release fund to commission service from a pharmacy to support financial viability.
18. A detailed strategic review of all community pharmacy services provided to HLOW patients will need to be undertaken to identify how and where it is best to provide services for the population going forward. Given the changes in how patients access medicines and medicines advice it is likely that online pharmacy services will play a large part of this.

Jo Tomkinson, Primary Care Transformation Lead
Hampshire and Isle of Wight Integrated Care Board

Policy and Scrutiny Committee for Health & Social Care - Workplan 2022/25

The committee assists Cabinet in the development and implementation of key plans, policies and activities set out in the Corporate Plan relating to the delivery of relevant services, including:

Adult social care (including safeguarding)	All health services commissioned or delivered for the benefit of island residents	Health and Wellbeing Board, the delivery of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment
Health and social care Integration	Future local delivery model and strategic commissioning	
Public health		

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Date	Agenda Items	Description & Background	Lead Officer/Cabinet Member
4 September 2023	Adult Social Care Annual Complaints Report	To consider the statutory annual complaints report relating to adult social care	ASC Complaints and Investigation Officer
	Patient Transport	The committee to receive an update on patient transport from the ICB and to hear from the transport user group.	ICB
	Dentistry	The committee to receive an update on the current situation with dentistry from the ICB and to hear patient feedback via Healthwatch IW.	ICB
	Dementia Strategy 2022-25	The committee to receive an update on the progress made in delivering the Dementia Strategy.	NHS Trust
	Preparing for Winter	The committee to hear from Adult Social Care, the ICB and NHS Trust on the lessons learnt from the previous winter and the preparations being made for the forthcoming winter.	ASC, ICB & NHS Trust

Agenda Item 12

	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified. a) Verbal update on pharmacy services b) Verbal update on primary care	ICB
9 October 2023 INFORMAL	Social Prescribing	To understand the different variations of social prescribers across the Isle of Wight and how they synchronise information and expertise.	ICB
4 December 2023	Adult Safeguarding	To consider the annual report of the Adult Safeguarding Board	Chairman of the Board/ Board Manager
	Mental Health	The committee to receive a report on Mental Health and to hear the lived experience from people, whether a provider, patient, service user, voluntary sector organisation or member of staff.	TBC
	Health Inequalities	The committee to receive a report on Health Inequalities and to hear the lived experience from people, whether a provider, patient, service user, voluntary sector organisation or member of staff.	TBC
	Wightcare Business Model	To receive an update on the implementation of the two-year cost recovery model to achieve financial breakeven reducing dependency on public funds to stabilise the service that was agreed at Cabinet in Nov 2022	Director of Adult Social Care and Housing Needs
	Patient Participation Groups and Place Plans	To receive an update on the evolution of PPG's since the pandemic and how they can link into Place Plans. To receive an update on Place Plans and how they are being developed.	TBC
	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified.	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC

29 January 2024 - INFORMAL	TBC		
4 March 2024	Recruitment & Retention in Health and Social Care	To receive an update on the progress made in the last year regarding recruitment and retention following formation of the system workforce board	Director of Adult Social Care and Housing Needs
	GP Surgeries	The committee to receive a report on the islands GP Surgeries and to hear from people, whether a provider, patient, service user, voluntary sector organisation or member of staff, to understand their lived experiences.	TBC
	Project Fusion	To receive an update on the progress and success/challenges with the shadow format ahead of go live in April 2024	Isle of Wight NHS Trust
	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified.	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
June 2024			TBC
	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified.	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
September 2024	Adult social care annual complaints report	To consider the statutory annual complaints report relating to adult social care	ASC Complaints and Investigation Officer
	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified.	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC

December 2024	Adult Safeguarding	To consider the annual report of the Adult Safeguarding Board	Chairman of the Board/ Board Manager
	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified.	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
March 2025	Carers Strategy 2023-28	To monitor the progress and implementation of the strategy, in line with the delivery plan, two year's after approval	Director of Adult Social Care and Housing Needs
	Proposals to vary, develop or consult upon service changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified.	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC