



# Minutes

Name of meeting	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
Date and Time	<b>MONDAY 1 MARCH 2021 COMMENCING AT 5.00 PM</b>
Venue	<b>VIRTUAL (MS TEAMS)</b>
Present	Cllrs J Nicholson (Chairman), G Cameron, A Garratt, R Hollis, J Howe, M Lilley, C Quirk and C Orchin  Chris Orchin (Healthwatch)  Cllr C Mosdell  Simon Bryant, Laura Gaudion, John Metcalfe, Paul Thistlewood, Megan Tuckwell  Michele Legg, Alison Smith (IW CCG), Darren Cattell, Claire Gowland, Lesley Stevens (IW NHS Trust), Joanna Smith (Healthwatch)

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18. **Minutes**

RESOLVED:

THAT the minutes of the meeting held 7 December 2020 be confirmed.

19. **Declarations of Interest**

Cllr Andrew Garratt declared an interest in any matters relating to the IW NHS Trust as his husband was on the nursing bank and was soon to be employed by Portsmouth NHS Trust delivering a service at St Mary's Hospital.

Cllr Andrew Garratt declared an interest in any matters relating to local authority care placements as relative was permanently placed in a care home.

Cllr Michael Lilley declared an interest in any matters relating to the voluntary sector, as chairman of the Isle of Wight Voluntary Sector Forum.

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

No public questions were received.

## 21. Covid-19 Response - Update

The Director of Public Health delivered a presentation which provided an update on the latest local data on infections and deaths, the launch of community lateral-flow testing, and the Government's road map for easing lockdown restrictions.

Questions were raised regarding the spike in cases seen during December 2020 - January 2021, and whether data analysts were able to identify any specific group or activity that led to the disproportionate rise in infections on the Island. The Director of Public Health advised that it had been indicated that the increase had been connected to the variant first found in Kent which was believed to be 70% more transmittable, in addition to weaker social distancing, Christmas bubbles and less community immunity.

Questions were raised regarding the support available to the hospitality sector to prevent a rise in cases during Summer 2021. The Chief Executive advised on the steps being taken by the Covid Support Officers who were contacting businesses and offering practical advice. It was confirmed that the Council were working closely with Visit Isle of Wight to promote the Island in a covid-secure way.

Discussion took place regarding the delivery of the vaccination programme and questions were raised regarding vaccine uptake, the delivery of the second dose, and whether people were showing a preference for community venues over GP surgeries. The Managing Director of the IW CCG advised that the community were wholeheartedly stepping up to receive the vaccine and it was confirmed that there was an intention to make contact and offer another opportunity for those very few people who had initially declined to receive the vaccine.

The Managing Director of the IW CCG provided a presentation which provided information in relation to staff sickness and absences, hospital discharges and patient flow, future proofing and mutual aid, and further information regarding long-covid and the delivery of the vaccination programme. An item on the pilot scheme in the South Wight Hub on locality working and its possible roll out to all other areas on the Island could be included in the future workplan

Questions were raised regarding GP referrals and whether they had been below average, particularly for respiratory specialists. It was advised that GP referrals were being managed in the normal way and GP services had returned to pre-covid levels.

The Deputy Chief Executive and the Deputy Chief Operating Officer of the IW NHS Trust delivered a presentation which provided the Committee with an update on key areas, including; hospital discharges and patient flow, GP referrals, staff sickness and absences, mutual aid to support the covid-19 response, the actions being taken to support the future of Trust services, and an update on mental health and learning disability services. It was suggested that an item on Investing in the Future be included in the workplan so that the utilisation of £48m grant available could be outlined.

Discussion took place regarding hospital discharges and questions were raised around the continuation of the Integrated Discharge Team. It was advised that the team were currently funded through temporary Government funding which was due to end on 31 March 2021. It was the intention of the local authority, the IW CCG and the IW NHS Trust to work together to maintain this provision through local funding.

Members acknowledged the planned initiatives to address recruitment challenges and sought reassurance that there was confidence that this would yield the necessary success. The Deputy Chief Executive of the IW NHS Trust confirmed that there had been a great local community response and the partnerships enable attraction from an even greater number and calibre of professionals.

RESOLVED:

THAT the updates be noted.

## 22. **Update on Key Issues in Health and Social Care**

### 22.1 **Appointment of three new locality home care providers**

The Interim Director of Adult Social Care presented the report which provided an overview of the recent developments in relation to the provision of home care for Island residents. Concerns were raised regarding the impact on the Islands independent sector as the contracts had been awarded to mainland-based providers. Clarification was provided around the procurement process and it was advised that additional support had been given to Island-based providers to ensure that they were not disadvantaged. It was confirmed that value for money and local sustainability were considered as part of the procurement process, and members were reassured that the services would be delivered locally.

RESOLVED:

THAT the report be noted.

### 22.2 **CQC Inspection Report - Reablement and Outreach Support**

Members were pleased to note the CQC inspection report which gave the Isle of Wight Council's adult social care, community reablement and outreach services an overall Good rating.

RESOLVED:

THAT the CQC Inspection report be noted, and the staff involved in delivering the service be congratulated.

### 22.3 **Progress with the implementation of the Mental Health Pathway including changes to Woodlands and future service provision for patients with dementia following the closure of Shackleton Ward.**

Reference was made to the presentation provided by the Director of Mental Health and Learning Disabilities of the IW NHS Trust (at minute item 21) which provided an update on the plans to change the Woodlands bed-based mental health rehabilitation service to a community service from 1 April 2021. Members were advised that a review of dementia services was in progress and was being supported by senior clinicians in Solent NHS Trust.

RESOLVED:

THAT the update be noted.

23. **Committee's Workplan**

Members noted the survey being undertaken by Healthwatch Isle of Wight which would identify its key priorities for 2021/22 and should be considered within the committee's workplan to avoid duplication. The chairman invited health partners to forward items for possible inclusion in the workplan. The Chief Executive drew member's attention to the recently published Government white paper on integrated health and social care and suggested that this may be an area which may benefit from early involvement by the Committee in considering and understanding the implications for the Isle of Wight's local healthcare system.

RESOLVED:

THAT the workplan be noted.

24. **Members' Question Time**

No member's questions were received.

CHAIRMAN

# Isle of Wight CCG Policy and Scrutiny Committee for Adult Social Care and Health

1<sup>st</sup> March 2021



Commissioning high quality,  
sustainable and integrated services

# Agenda Items

This presentation provides information relating to CCG/Primary care in line with the stated areas of focus from Policy and Scrutiny Committee for Adult Social Care and Health on:

- Long Covid
- Vaccination programme
- Staff Sickness and Absence
- Discharge and flow
- GP referrals across practices
- Future proofing
- Mutual Aid

## **Covid Oximetry @ Home**

- Patients with Covid most at risk of poor outcomes are best identified by oxygen levels (pulse oximetry). The use of pulse oximetry to monitor and identify 'silent hypoxia' and therefore predict/prevent rapid patient deterioration at home is recommended for this group.
- Therefore a Covid Oximetry @ Home service became operational in December for those >65 years old with COVID diagnosis either symptomatic or suspected, and <65 years old who are clinically vulnerable.
- Once identified, patients are delivered the pulse oximeter and taught to use the equipment
- They are then monitored by the community respiratory team in close collaboration with the patients GP
- Referrals to the service peaked in January (circa 60) as the number of Covid cases increased, however, as predicted the numbers of referrals have fallen

## **Long-Covid**

- For some people, COVID-19 can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID".
- Patients who have suffered from Covid and identified by their GP or other healthcare professional or have been recognised as suffering from Long Covid, via the Covid Oximetry @ Home service are offered post-Covid rehabilitation.
- All patients that are referred through the Long COVID service are holistically assessed by a community Allied Health Professional (AHP), in conjunction with access to weekly multi-disciplinary team input. They have access to the 'Living with COVID' App which enables clinical rehabilitation to be combined with digital interventions helping clinicians monitor outcomes whilst offering patients education, support and encouragement.
- Currently the number of patients have remained static at <10

# Vaccination Programme

## Covid vaccination

- The island is extremely well serviced for vaccination provision with six sites (hospital hub in hibernation currently) geographically and strategically placed to allow the best access for island residents - within the parameters of the National Covid Vaccination Programme

## Primary Care Network (PCN)

- PCN vaccine sites were established and rolled out in a phased approach during December 2020
  - Wave 1: Newport, 15th December,
  - Wave 2: West-Wight 18th December,
  - Wave 3: South (Shanklin Site) and North & East: Westridge Site, Ryde 22nd December
- The PCNs have been responsible for vaccinating patients from the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 1-4 (all residents in a care home for older adults and their carers, all those 80 years of age and over and frontline health and social care workers, all those 75 years of age and over and all those 70 years of age and over and clinically extremely vulnerable individuals)
- The target to vaccinate people in these groups with their first dose by 15th February has been achieved
- PCN sites have moved to target cohort 6, (Cohort 6: All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality) alongside second doses.
- Patients are generally telephoned to arrange an appointment.

## Hospital hub

- Went live on 7th January. The focus for their delivery was frontline health and social care staff. The hospital hub has since been 'hibernated' but will be reopening at the end of March to undertake 2nd doses

## Covid Vaccination Centre, Riverside

- Riverside Vaccination Centre went live Monday February 1st.
- Accessing the Riverside Centre is via a national booking system – people receive letters of invitation.
- Initially vaccination centres were focussed, alongside the PCN sites on JCVI cohorts 1-4, whilst the aspiration to ensure vaccination of this vulnerable group was a key priority.
- The Vaccination centre is currently focussing on cohort 5 – all those 65 years and over



# Staff Sickness & absence within Primary Care

Activity has been maintained to pre covid levels following the initial lockdown.

The directive given to focus on the covid vaccination and reduce primary care business as usual has reduced overall primary care regulated activity by c15%, which has not affected access to primary care for their registered patients.

## **Oversight**

- Practices provide daily information on staff sickness via 'SitReps'
- Information is collated for the whole island to give the status against the Primary Care escalation matrix

## **The process of management is:**

- SitRep completed by Practice and sent to IW CCG PC inbox
- The information is collated and rated against Matrix
- The rating allows for cogent decisions to be made regarding service delivery
- Anything urgent is alerted to Locality Director (Primary Care)

## **Current status:**

- As an island we are at Level 4 - currently 4-7 Practices out of 12 are struggling with workforce. It should be noted, it is not always the same practices struggling with workforce, over this second surge many practices have rallied following periods of staff absences, only to be replaced by another practice.
- Additionally, demands on Primary Care to deliver the vaccination programme have further exacerbated staffing issues.

## **Resilience Support**

- The escalation plan shows how the CCG responds to support the practices to maintain their service – which is by offering extra appointments in the Primary Care Resilience / Hot Site Service.
- This enables acute on-the-day demand to be managed remotely. Therefore Practice staff that are able to attend the Practice can manage other crucial services.

# Discharge

With the support of national funding there has been significant focus on ensuring efficient and effective discharge and patient flow through the system over the last few months set as part of the first wave recover plans.

These include schemes to supplement capacity and improve process with the acute, community and across both bedded and non bedded care.

These schemes are under constant review to ensure delivery and good value for money along with patient and staff experience. Recent indications show that Length of Stay (LOS) improvements have been made including:

- Impact on acute bed occupancy compared to a longer standing rate of c98% is currently c80%;
- It appears a 2 day reduction in LOS in acute stays is being maintained;
- A reduction in in LOS over 7 and 21 days. (*2019: 7day of 123 people v 57 people now and 2019: 21 day of 49 people v 16 people now*)
- An average 12 day improvement in LOS acute bed prior to rehab
- An average 24 day improvement in LOS in step down placements
- An average 23 day improvement in Rehab and Re-ablement LOS
- EDD set has moved from a baseline of 55% ( to over 75% in July and consistently meeting 68% currently)
- ECS performance demonstrates significant improvement from 2019 v 2020. (c80% in 2019 to regularly now achieving over 90%)

# GP Referrals

- Levels of referrals from General Practice have fluctuated since March 2020 being at their lowest during peak covid waves (a low of 25% in wave 1 and 87% during the summer recovery period).
- On average GP referrals from March 20 to Jan 21 are c35% lower than the same period 2019/20.
- The benchmark corresponds in general with other mainland areas.
- When comparing levels of referral between Island Practices there is little difference.
- Referrals are lower across all specialities, however those impacted on larger actual numbers include podiatry, orthopaedics, rheumatology, ophthalmology, respiratory, gynaecology and urology.
- Cancer 2 week referrals are also lower than pre covid levels c30% but have been increasing over recent weeks.
- Rational for lower referrals could covers a broad spectrum of negative and positive factors which are being analysed with the support of the ICS to support recovery planning.
- However, there is concern over the impacts on those people that have not presented to be seen

# Future proofing

Significant lessons, knowledge and experience has been gained through the response, planning and recovery phases we have faced over the last 12months. We will also continue to learn through the next stages.

- After action reviews and positive changes in ways of working were adopted as the norm.
- Some pre covid transformational schemes have been expedited such as tech related initiatives.
- Many temporary covid driven changes, enhancements and improved access has / will be sustained.
- Key Learning includes:
  - System Joint working and mutual support aid
  - Best approaches to managing restrictions due to Infection Prevention Control including across all settings
  - Establishing and Managing Testing, Vaccinations
  - Significant learning in modelling and planning
  - Rapid response to national directives and changing circumstances e.g. new variant
  - Preventative measures and
  - support services for the vulnerable
- Next step recovery planning will consider the value of sustaining temporary measures in place and the demand and capacity planning will consider risks and mitigations of future pandemic.

# Mutual Aid

The relationships and mutual support offered across the system locally has strengthened significantly over the last year including:

- Secondments and joint responsibility across the system to support operational response and recovery stretching from:
  - Implementing emergency response such as field sites, testing centres and vaccination centres.
  - Implementation of improvement and support services such as the discharge schemes, onwards care and mental health services.
  - Management of resilience forums.
- There has been productive joint working and support from the Military and the Independent Sector to increase capacity.
- GP and Primary Care Networks working collaboratively to delivery services and response.
- The system has worked coherently to manage recovery planning, finance and provide assurance to our regulators.
- As we move forward we will be working closely with our mainland colleagues to support management of the increasing scale of recovery required and to ensure equity.

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