Monitoring Officer
Christopher Potter

County Hall, Newport, Isle of Wight PO30 1UD
Telephone (01983) 821000

Agenda

Name of meeting	**POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE**
Date	**MONDAY 14 MARCH 2022**
Time	**5.00 PM**
Venue	**COUNCIL CHAMBER, COUNTY HALL, ISLE OF WIGHT**
Members of the committee	Cllrs J Nicholson (Chairman), M Lilley (Vice-Chairman), R Downer, A Garratt, K Lucioni, C Mosdell, and J Robertson
Co-opted	Chris Orchin (Healthwatch)
	Democratic Services Officer: Megan Tuckwell democratic.services@iow.gov.uk

1. **Minutes** (Pages 5 - 10)

   To confirm as true record the Minutes of the meeting held on 29 November 2021.

2. **Declarations of Interest**

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

3. **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 at the meeting, a question must be put including the name and address of the questioner by delivery in writing or by email to Democratic Services at democratic.services@iow.gov.uk, no later than two clear working days before the start of the meeting. Therefore the deadline for written questions will be Wednesday 9 March 2022.

Details of this and other committee meetings can be viewed on the Isle of Wight Council's Committee website. This information may be available in alternative formats on request. Please note the meeting will be audio recorded and the recording will be placed on the website (except any part of the meeting from which the press and public are excluded). Young people are welcome to attend Council meetings however parents/carers should be aware that the public gallery is not a supervised area.

4. **Progress Update** (Pages 11 - 14)

The chairman to give an update on the progress with the outcomes and recommendations arising from previous meetings.

5. **Dentistry on the Isle of Wight:**

(a) Review of commissioned general dental services and dental need in Hampshire and the Isle of Wight (Pages 15 - 30)

To consider the report of the Chairman.

(b) Update on NHS Dental Services

To receive a verbal update from Alison Cross, Senior Commissioning Manager (Dental), NHS England and NHS Improvement – South East Region, on resuming normal NHS dental activity following the pandemic.

6. **Operation Reset - Discharge of Patients from Hospital** (Pages 31 - 48)

To consider a report on the outcomes of an exercise conducted in January 2022 aimed at assisting the safe discharge of patients from hospital.

7. **Health and Care Plan** (Pages 49 - 64)

To consider the refresh of the Health and Care Plan.

8. **Update on the Integrated Care Partnership (ICP), and other key elements of the Health and Care Bill**

To consider the development of the Integrated Care Partnership. The Charman of the ICP Board will be in attendance.

9. **CQC Inspection Reports:**

(a) Progress Update - CQC Inspection for St Mary's Hospital (Pages 65 - 72)

To monitor the progress with actions required as the result of the CQC inspection.

(b) CQC Inspection Report - The Adelaide, Ryde (Pages 73 - 84)

(c) CQC Inspection Report - Westminster House (Pages 85 - 90)

(d) CQC Inspection Report - Saxonbury (Pages 91 - 96)

10. **Workplan** (Pages 97 - 98)

To consider any amendments to the current workplan.

11. **Members' Question Time**

To guarantee a reply to a question, a question must be submitted in writing or by email to democratic.services@iow.gov.uk no later than 5pm on Thursday 10 March 2022. 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 at the meeting.

CHRISTOPHER POTTER
Monitoring Officer
Friday, 4 March 2022

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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Please note that all meetings that are open to the public and press may be filmed or recorded and/or commented on online by the council or any member of the public or press. However, this activity must not disrupt the meeting, and if it does you will be asked to stop and possibly to leave the meeting. This meeting may also be filmed for live and subsequent broadcast (except any part of the meeting from which the press and public are excluded).

If you wish to record, film or photograph the council meeting or if you believe that being filmed or recorded would pose a risk to the safety of you or others then please speak with the democratic services officer prior to that start of the meeting. Their contact details are on the agenda papers.

If the press and public are excluded for part of a meeting because confidential or exempt information is likely to be disclosed, there is no right to record that part of the meeting. All recording and filming equipment must be removed from the meeting room when the public and press are excluded.

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http://www.iwight.com/documentlibrary/view/recording-of-proceedings-guidance-note

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Minutes

Name of meeting	**POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE**
Date and Time	**MONDAY 29 NOVEMBER 2021 COMMENCING AT 5.00 PM**
Venue	**COUNCIL CHAMBER, COUNTY HALL, ISLE OF WIGHT**
Present	Cllrs J Nicholson (Chairman), M Lilley (Vice-Chairman), C Critchison, A Garratt, C Mosdell and J Robertson C Orchin (Healthwatch)
Also Present	Cllr K Love Simon Bryant, Mark Howe, Paul Thistlewood, Megan Tuckwell and John Metcalfe Jane Ansell, Matt Nisbet, Helen Rouse, Alison Smith (HIOW CGG), Theresa Bell (Safeguarding Adults Board), Darren Cattell, Kirk Millis-Ward (IW NHS Trust), Pam Fenna (Patients Council), Cheri Gallin (The Advocacy People), Joanna Smith (Healthwatch)
Apologies	Cllr K Lucioni

23. **Minutes**

RESOLVED:

THAT the minutes of the meeting held 13 September 2021 be confirmed as a true record.

24. **Declarations of Interest**

Cllr Andrew Garratt declared an interest in any matters relating to local authority care placements as a relative was permanently placed in a care home; and in any matters relating to the IW NHS Trust as his husband was employed by a Trust delivering services at St Marys Hospital.

Cllr Michael Lilley declared an interest as the chairman of the Voluntary Sector Forum and as a trustee of the Isle of Wight Youth Trust.

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

No public questions were received.

26. **Update on Covid-19**

The Director of Public Health provided a brief update on Covid-19 recovery plans and vaccinations. The Committee were advised that the data demonstrated that vaccinations were effectively breaking the chain between infections and hospitalisations. It was advised that there were now a number of cases of the new Omicron variant in the UK.

The Clinical Lead for the Hampshire and Isle of Wight COVID-19 Vaccination Programme highlighted the key messaging to the community which included targeted vaccination promotion to pregnant and immunocompromised people, hands-face-space, and regular lateral flow testing.

The Managing Director of the HIOW CCG provided an update on the vaccination uptake rate and confirmed that all over-40's would be offered their booster vaccine before Christmas 2021. The committee were advised that activities were underway to increase capacity including additional walk-in appointments and a roving mobile service to various sites across the Island.

Concerns were raised regarding the ongoing frustrations experienced by Island residents, and the Committee emphasised the importance of clear, realistic, consistent, and relevant communications about the availability and access to booster jabs.

Questions were raised regarding the activities in place to reach out to individuals who do not wish to be vaccinated, and discussion took place regarding the possibility of a minimum baseline expectation for all GP practices to ensure communications across the island are consistent.

RESOLVED:

THAT as a result of the ongoing public comments and concerns regarding problems with accessing Covid-19 booster jabs, the Committee urgently calls upon the Chief Executive of the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group to ensure that it provides clear, realistic, consistent and relevant information for Island residents about the availability of booster jabs and how to book these, and suggests that Healthwatch Isle of Wight be consulted on the level of detail that requires to be included in such a communication.

27. **Suicide Prevention**

The Director of Public Health presented the report which outlined the key suicide prevention activities on the Island since January 2020, through the delivery of the suicide prevention strategy alongside partners from the health, social care, and voluntary sectors, overseen by the Mental Health and Suicide Prevention Partnership.

Discussion took place regarding the trajectory for progress for the delivery of the strategy, the lag on the data and the criteria to investigate suicides. The key developments and achievements in suicide prevention since January 2020 were noted, and it was suggested that a further progress report to be submitted to the Committee in 12 months' time.

Following comments from the Cabinet Member it was suggested that discussions be held between the Committee and the Policy and Scrutiny Committee for Children's Services, Education and Skills, and the Director of Public Health on a joint meeting to consider mental health services for young people.

RESOLVED:

THAT the Suicide Prevention Update report be noted.

28. **The Advocacy People**

The Supervising Advocate of the Independent Health Complaints Advocacy Service for Southampton City and the Isle of Wight delivered a presentation which provided an overview of the service.

Discussion took place regarding the themes of complaints, and it was advised that this was consistent with the mainland and included areas such as access to services, medicine management, staff attitude and communications. Questions were raised in relation to case studies, the treatment of vexatious callers, and the patient experience team, and the support for patients to assist them accessing the right information.

RESOLVED:

i) THAT the work of the independent NHS complaints advocacy service through The Advocacy People was noted.

ii) THAT details of the service provided to Island residents be circulated to all members of the Council together with town and parish councils.

29. **Safeguarding Adults Board Annual Report**

The independent chairman of the Isle of Wight Safeguarding Adults Board presented the annual report for 2020/21.

Questions were raised and clarification was provided regarding the statutory criteria for instances to be escalated to a safeguarding adults review. Discussion took place regarding the relationship between the Board and the coroner, and questions were raised regarding domestic abuse services and perpetrator programmes.

Discussion took place regarding the Thematic Review into cases which do not meet statutory criteria for Safeguarding Adult Reviews individually, but when aggregated may offer valuable thematic insights into safeguarding practices on the Island. It was agreed that the findings of this review would be shared with the committee when available.

RESOLVED:

THAT the Isle of Wight Safeguarding Adults Board annual report 2020/21 be supported.

30. **Care Quality Commission Inspection report for St Mary's Hospital**

The Director of Governance and Risk at the Isle of Wight NHS Trust presented the recent CQC inspection report which rated St Mary's Hospital 'good'. The Committee congratulated the Trust and all its staff on the positive outcome of the inspection.

Discussion took place regarding the restrictions at St Marys Hospital, particularly relating to visiting and the impact this has on the mental health of patients. It was confirmed that national guidance must be adhered to and it was reassured that some visiting was permitted for parents of children in hospital and for those receiving end of life care. Additional measures such as drop-off points and virtual facilities were highlighted.

The committee acknowledged the progress made by the Trust since it's last inspection and sought an update on the activities underway to address areas where improvements were required, and the steps being taken to prevent services from slipping back to 'inadequate'. It was agreed that a report would be submitted to the next meeting on the Must Do items so to monitor progress with the proposed actions to rectify these.

RESOLVED:

i) THAT the Committee congratulated the Trust and all its staff on the positive outcome of the CQC inspection.

ii) THAT report be submitted to the next meeting on the Must Do items so to monitor progress with the proposed actions to rectify these.

31. **Updates on Significant Service Issues**

The chairman advised that the committee had serious concerns that NHS England and Improvement had not effectively responded to Healthwatch and to the Committee regarding the lack of access to NHS dentistry since the last meeting. The Managing Director of the Hampshire and Isle of Wight CCG acknowledged the comments and advised that dentistry contracting arrangements were due to move from NHS England to the local Integrated Care System.

Health partners were invited to report on any significant service issues which require the attention of the Committee and to be added to the future workplan if necessary. No further comments were made at this stage.

RESOLVED:

THAT this Committee resolves to write to the Secretary of State for Health in collaboration with the Leader of Isle of Wight Council and Chairman of Health & Wellbeing Board, and the Isle of Wight's MP Bob Seeley, urgently on the serious lack of effective response.

32. **Progress Update**

The chairman presented the report which provided an overview of the progress against outcomes from previous meetings. No comments or questions were made at this stage.

RESOLVED:

THAT the progress report be noted.

33. **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. It was advised the workplan would be further populated in light of the revised Corporate Plan 2021-2025.

Suggested items for inclusion within the workplan included an item relating to unpaid carers and an item relating to services for adults with autism. Concerns were raised over the accessibility and delays in getting data from the coroner.

It was confirmed that the issue relating to patient transport remained a high priority for the committee to consider. It was agreed that a briefing would be arranged to discuss the future provision of GP services in Newport.

RESOLVED:

i) THAT item relating to unpaid carers, services for adults with autism, and delays from the coroner be considered for inclusion in the workplan.

ii) THAT a briefing be arranged to discuss the future provision of GP services in Newport.

34. **Members' Question Time**

No questions were raised at this stage.

CHAIRMAN

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POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE – ACTIONS AND OUTCOMES 2021/22

OUTSTANDING ACTIONS				
Date	Action	Responsibility	Update	Completed
19 July 2021	Budget & Performance The Committee will seek a report at a future meeting on progress with reducing the number of outstanding Deprivation of Liberty Standards assessments	Director of Adult Social Care	To be added to the workplan.	
13 Sept 2021	GP Patient Survey 2021 The Communications and Engagement Strategy, together with the action plan, be circulated to the Committee when finalised. An informal meeting between the Committee and Patient Participation Groups be arranged to discuss working arrangements to help support the delivery of effective care and enhance communications and engagement between the local community and GP Practices.	IW CCG Scrutiny Officer/ Committee	To be circulated. This has been superseded by the Healthwatch GP Patient Survey. IW CCG awaiting the output from the Healthwatch survey and work with our GP colleagues in addressing the findings. To be arranged. Details of each PPG is being obtained.	
13 Sept 2021	Updates on Significant Service Issues The workforce pressures across the health and care sector was a key issue and this topic would be included within the committee's workplan.	Scrutiny Officer/ Committee	To be added to the workplan.	
29 Nov 2021	Suicide Prevention Update Discussions be held between the Committee and the Policy and Scrutiny Committee for Children's Services, Education and Skills and the Director of Public Health on a joint meeting to consider mental health services for young people.	Scrutiny Officer/ Committee	To be arranged.	
29 Nov 2021	The Advocacy People Details of the service provided to Island residents be circulated to all members of the Council together with town and parish councils.	The Advocacy People	To be circulated. The Health Complaints Advocacy service will be transferred to SWAN from 1 April 2022.	

29 Nov 2021	Workplan An item relating to carers be included within the workplan and appropriate representatives be invited. An item relating to services for adults with autism be included within the workplan. A briefing to be arranged to discuss the future provision of GP services in Newport.	Scrutiny Officer/ Committee Scrutiny Officer/ Committee Scrutiny Officer/ Committee	To be added to the workplan. To be added to the workplan. To be added to the workplan.	
COMPLETED ACTIONS				
Date	Action	Responsibility	Update	Completed
13 September 2021	Patient Transport: The Committee to seek clarification from the Maritime and Coastguard Agency on the requirements placed upon ferry operators for all car occupants to leave their vehicles whilst the crossing takes place.	Scrutiny Officer/ Committee	Response received and circulated to the Committee on 21 October 2021.	21 Oct 2021
19 July 2021	CQC inspection report on Shared Lives IW: With regard to the CQC inspection of the IWNHS Trust it was likely that the report would be published in September 2021 and this would be presented to the committee for discussion.	IW NHS Trust	Item was considered by the Committee at its meeting on 29 November 2021.	29 Nov 2021
19 July 2021	Healthwatch - Suicide Prevention and Related Mental Health Provision on the Isle of Wight: The response of the Health and Wellbeing Board on the proposed review of the Isle of Wight Suicide Prevention Strategy be awaited before the committee decides what further action is required.	Director of Public Health	Item was considered by the Committee at its meeting on 29 November 2021.	29 Nov 2021
13 September 2021	Dentistry on the Isle of Wight: A progress report on the commissioning of the needs assessment be submitted by NHS England to the 29 November 2021 meeting.	NHS England	Item was considered by the Committee at its meeting on 29 November 2021.	29 Nov 2021

13 September 2021	Integration and Innovation: Working Together to Improve Health and Social Care for All: The Island's MP be requested to assist the Council in pressing the Government for additional funding for adult social care as a matter of urgency.	Scrutiny Officer/ Committee	Letter sent to the MP.	Nov 2021
13 September 2021	Patient Transport: Representations be made to the Accessibility Minister that the Island's situation should be fully recognised by the inclusion of data for ferry travel in the National Travel Survey undertaken by the DfT to ensure that residents (particularly those with disabilities) have better access to public transport and a bigger say in how they travel as part of the Government's National Disability Strategy. Such data should also specifically show travel for medical/health purposes to assist both the Department of Health and Social Care and NHS England in assessing the planning and delivery of health provision.	Scrutiny Officer/ Committee	Representations sent to the Accessibility Minister on 16 November 2021.	Nov 2021
29 Nov 2021	Workplan This Committee has serious concerns that since the September 2021 meeting where NHS England Improvement SE dental commissioner presented, they have not effectively responded to Healthwatch Isle of Wight and the Isle of Wight Policy and Scrutiny Committee for Health and Social Care to the crisis on the Isle of Wight in lack of access to NHS Dentistry. This Committee resolves to write to the Secretary of State for Health in collaboration with the Leader of Isle of Wight Council and Chairman of Health & Wellbeing Board, and the Isle of Wight's MP Bob Seely, urgently on the serious lack of an effective response.	Scrutiny Officer/ Committee	Representations sent to NHS England's South East Regional Director on 6 January 2022. Dentistry issues added to the workplan for March 2022.	Jan 2022
29 Nov 2021	Suicide Prevention Update A progress report to be submitted to the Committee in 12 months' time.	Scrutiny Officer/ Committee	Added to the workplan for December 2022.	Feb 2022

29 Nov 2021	<u>CQC inspection report for St Mary's Hospital</u> A report be submitted to the next meeting on the Must Do items so to monitor progress with the proposed actions to rectify these.	Scrutiny Officer/ Committee	Added to the workplan for March 2022.	Feb 2022

Committee report

Committee	**POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE**
Date	**14 MARCH 2022**
Title	**REVIEW OF COMMISSIONED GENERAL DENTAL SERVICES AND DENTAL NEED IN HAMPSHIRE AND THE ISLE OF WIGHT**
Report of	**CHAIRMAN OF THE POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE**

SUMMARY

1. This report sets out the latest position regarding NHS dental services for Island residents.

BACKGROUND

2. The Committee will recall that it has considered the problems experienced by Island residents with trying to access NHS dental treatment.

3. At the 19 July 2021 meeting we considered the report produced by Healthwatch Isle of Wight into NHS dental services on the Island. The report and its recommendations were fully supported.

4. At the 13 September 2021 meeting, which was attended by Alison Cross the Senior Commissioning Manager (Dental) for NHS E&I – South East Region, the impact on dentistry provision due to the pandemic was noted. The Committee considered however that many of the issues experienced on the Island pre-dated the pandemic.

5. The Committee was informed that NHS E&I would be working with Public Health England to commission an oral health needs assessment for Hampshire and the Isle of Wight to determine where the units of dental activity (UDAs) should be tendered. It was anticipated that the consultation process would take 6 months before going out to tender.

6. The meeting of the Committee on 29 November 2021 was advised of progress by NHS England with its proposed review and the anticipated date that a consultation document would be available for comment.

7. An initial draft review document was circulated by NHS England dated 4 February 2022 to key stakeholders. See appendix 1 attached. Due to technical errors this was not received until 15 February 2022 and the deadline for comments was therefore extended to 7 March 2022. The documents were circulated to the committee for comment.

8. I have now provided a response to Richard Wooltertern, Head of Primary Care (Kent, Surrey & Sussex), South East Regional Lead for Dentistry together with a number of issues requiring clarification. A copy of this is attached.

APPENDICES ATTACHED

9. Appendix 1 – Letter from NHS England on the commissioning of mandatory dental services for Hampshire and the Isle of Wight

10. Appendix 2 – Response by the Chairman together with comments and queries.

BACKGROUND PAPERS

11. Meetings of the Policy and Scrutiny Committee for Health and Social Care held on :- 19 July 2021; 13 September 2021 and 29 November 2021. https://iow.moderngov.co.uk/ieListMeetings.aspx?CId=174&Year=0

Contact Point :- Paul Thistlewood, Scrutiny Officer – Tel: 01983 821000 ext 6321
email paul.thistlewood@iow.gov.uk

COUNCILLOR JOHN NICHOLSON
Chairman of the Policy and Scrutiny Committee for Health and Social Care

Appendix 1

NHS England & NHS Improvement
South East Region
York House
18 – 20 Massetts Road
Horley
Surrey
RH6 7DE

SENT BY EMAIL
To: cllr.john.nicholson@btconnect.com

Friday 4th February 2022

Dear Councillor Nicolson

Re: Commissioning of Mandatory Dental Services for Hampshire and the Isle of Wight

NHS England and NHS Improvement - South East is responsible for commissioning mandatory dental services (often referred to as general dental services or Primary Care dental services) for the region.

NHS dental contracts are based on practices delivering a certain number of Units of Dental Activity (UDAs). The number of UDAs which a practice can claim when treating patients is based on the level of complexity of treatment (see Appendix 1).

Several contracts in Hampshire and the Isle of Wight have been receiving non-recurrent funding to deliver temporary UDAs. The offer was not based on need and instead made to any practice that had the ability to deliver more UDAs while the areas of greatest need were assessed. The assessment paused due to the pandemic but has now been completed and has taken into account recent contracts that have been voluntarily handed back. In addition to replacement of temporary UDAs and UDAs from handed back contracts, additional funding has been secured to increase the number of UDAs commissioned in Hampshire and the Isle of Wight.

In recent procurements we have attempted to commission large and small contracts. The smaller contract sizes could have been as an addition to an existing NHS contract or a practice that is or would be largely private but wished to also deliver some NHS care. Based on our recent experience of commissioning new contracts and the lack of bids received for proposed contracts of less than 7,000 UDAs (7,000 UDAs being approximately 1 full time surgery), we are only planning to commission contracts that would equate to approximately 2 full time surgeries ie, more than 14,000 UDAs as a minimum.

Working with the Healthcare Public Health Team (formerly Public Health England), they have reviewed commissioned services across Hampshire and Isle of Wight. This identifies where there is the greatest need for mandatory dental services based

on the availability of existing services per head of population and the level of deprivation.

Based on this we are planning to commission the following contracts:

- Portsmouth – four contracts of 26,000 UDAs each (total 104,000 UDAs)
- Southampton – 3 contracts of 21,000 UDAs (total 63,000 UDAs)
- Isle of Wight – 1 contract of 25,000 UDAs
- Gosport – 1 contract of 14,000 UDAs
- Havant – 1 contract of 16,000 UDAs

The contracts commissioned will be in addition to recurrent contract with no changes planned to existing recurrent dental provision.

The review of commissioned services has shown that the commissioned activity has not historically been delivered by some existing practices due to challenges with recruitment and retention. A new post with a strong focus on working with system partners to develop support and deliver sustainable Primary Care dental services across areas with the greatest challenges on recruitment and retention is being developed. This post will focus on Portsmouth, the Isle of Wight and South East Hampshire initially. The role will aim to lead the transformation of dental services enabling the local NHS to sustain and embed new ways of working, in addition to improve and support the recovery of services from the impact of Covid-19 pandemic.

We plan to commence the commissioning of the new contracts in March 2022 with the aim of having new contracts in place between January 2023 and 1 April 2023. The dates on which practices can start delivering new services to patients is subject to a number of variables so we will update you when individual contracts will be commencing. Please be assured that we will work to have new contracts in place as soon as possible, but the commissioning process can take some time to work through, including carrying out due diligence to ensure providers are able to deliver the services they bid for and of the required quality. The mobilisation process will also take time in securing and developing practices and the recruitment of new staff. The temporary contracts that are currently in place will continue until 31 March 2023, even where new contracts mobilise before this date.

If you wish to give feedback or you have questions relating to the suite of documents attached to this letter, please contact england.southeastdental@nhs.net by **25 February 2022** in order that procurement intentions and lot data sheets can be finalised in order to proceed to procurement in March 2022.

Yours sincerely

Richard Woolterton
Head of Primary Care (Kent, Surrey & Sussex)
South East Regional Lead for Dentistry

cc A Review of Commissioned Services across Hampshire and Isle of Wight
Procurement Intentions
Pricing Strategy
Service Specification
Lot data sheets

Appendix 1

Classification of Dental Treatment under each of the NHS Bands
1 Unit of Dental Activity - Band 1 Charge – Diagnosis, treatment planning and maintenance

a) clinical examination, case assessment and report
b) orthodontic case assessment and report
c) advice, dental charting, diagnosis and treatment planning
d) radiographic examination, including panoral and lateral headplates, and radiological report
e) study casts including in association with occlusal analysis
f) colour photographs
g) instruction in the prevention of dental and oral disease including dietary advice and dental hygiene instruction
h) surface application as primary preventive measures of sealants and topical fluoride preparations
i) scaling, polishing and marginal correction of fillings
j) taking material for pathological examination
k) adjustments to and easing of dentures or orthodontic appliances
l) treatment of sensitive cementum

3 units of Dental Activity - Band 2 Charge – Treatment

a) non-surgical periodontal treatment including root-planing, deep scaling, irrigation of periodontal pockets and subgingival curettage and all necessary scaling and polishing
b) surgical periodontal treatment, including gingivectomy, gingivoplasty or removal of an operculum
c) surgical periodontal treatment, including raising and replacement of a mucoperiostal flap, curettage, root planing and bone resection
d) free gingival grafts
e) permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate, including acid etch retention
f) sealant restorations
g) endodontic treatment of permanent or retained deciduous teeth
h) pulpotomy
i) apicectomy
j) extraction of teeth
k) transplantation of teeth
l) oral surgery including surgical removal of cyst, buried root, unerupted tooth, impacted tooth or exostosed tooth and alveolectomy
m) soft tissue surgery in relation to the buccal cavity and lips
n) frenectomy, frenoplasty and frenotomy
o) relining and rebasing dentures including soft linings
p) addition of tooth, clasp, labial or buccal flange to dentures
q) splints (other than laboratory fabricated splints) in relation to periodontally compromised teeth and in connection with external trauma
r) bite raising appliances (other than laboratory fabricated appliances)

12 Units of Dental Activity - Band 3 Charge – Provision of Appliances

a) porcelain, composite or acrylic mastique veneers, including acid etch retention
b) inlays, pinlays, onlays and palatal veneers, in alloys containing 60% or more fine gold, porcelain, composite resin and ceramics

Crowns including any pin or post aids to retention

c) full or three quarter crown cast in alloys containing not less than 33⅓% fine gold or platinum or palladium
d) full or jacket crown cast in alloys containing stainless steel or cobalt chromium or nickel chromium
e) crown in porcelain, synthetic resin and other non-metallic crowns
f) full or jacket crowns in alloys containing not less than 33⅓% fine gold or platinum or palladium, or alloys containing stainless steel or cobalt chromium or nickel chromium, with thermally bonded porcelain
g) jacket crown thermally bonded to wrought platinum coping
h) prefabricated full or jacket crown, including any pin or post retention
i) crowns in other materials

Bridges including any pin or post aids to retention

j) bridges in alloys containing 60% or more fine gold with or without thermally bonded facings
k) bridges cast in alloys containing stainless steel, cobalt chromium or nickel chromium, with or without thermally bonded facings
l) acid etch retained bridges
m) bridges in other materials
n) provision of full (complete) or partial dentures, overdentures and obturators in synthetic resin or metal or both synthetic resin and metal, including any cast or wrought metal components or aids to retention
o) orthodontic treatment and appliances
p) other custom made appliances excluding sports guards

1.2 Units of Dental Activity - Urgent Treatment under Band 1 Charge

a) examination, assessment and advice
b) radiographic examination and radiological report
c) dressing of teeth and palliative treatment
d) pulpectomy or vital pulpotomy
e) re-implantation of a luxated or subluxated permanent tooth following trauma including any necessary endodontic treatment
f) repair and refixing of inlays and crowns
g) refixing a bridge
h) temporary bridges
i) extraction of not more than 2 teeth
j) provision of post-operative care including treatment of infected sockets
k) adjustment and alteration of dentures or orthodontic appliances
l) urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment
m) treatment of sensitive cementum or dentine
n) incising an abscess
o) other treatment immediately necessary as a result of trauma
p) not more than 1 permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate including acid etch retention

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Councillor John Nicholson
Chairman of the Policy and Scrutiny Committee for Health and Social Care
Isle of Wight Councillor for Cowes South and Northwood

County Hall
High Street
Newport
Isle of Wight PO30 1UD

Email cllr.john.nicholson@*btconnect.com*
Tel (01983) 821000
Mobile *07918757843*

3 March 2022

Dear Richard

COMMISSIONING OF MANDATORY DENTAL SERVICES FOR HAMPSHIRE AND THE ISLE OF WIGHT

I refer to your letter of 4 February 2022 regarding the above.

I am responding on behalf of the Wight Council's Policy and Scrutiny Committee for Health and Social Care on the Review of commissioned general dental services and dental need in Hampshire and the Isle of Wight.

Firstly the Committee raises serious concerns as to the fragmented way that the documents have been circulated. It appears that there was a major malfunction in distributing these to all key stakeholders. Whilst this problem has been recognised by you in extending the deadline for responses by one week there is still uncertainty as to whether you can provide an assurance that all stakeholders have received the documents.

It is understood that NHS England is unable to delay the timetable due to the length of time procurement and mobilisation new contracts will take and is keen for this new service provision to begin as quickly as possible. The original date for feedback was 25 February 2022 but due to the distribution problems with the consultation pack this was extended to Monday 7 March 2022.

There is no demonstration by you that those providing NHS dental services on the Island have been fully engaged in the issues relating to service provision both nationally and locally. There is to be a market briefing being held on 8 March 2022 and draft documents have already been advertised on the procurement portal. This seems to suggest that although you have invited key stakeholders to comment on the draft review the details of NHS England's intentions have already been made known well in advance of its consideration of any comments made by such key stakeholders.

The Committee would be very interested in being supplied with a report on the views expressed by potential bidders to ascertain their observations on the review as those most directly involved in the delivery of services. In addition a copy of all comments received from key stakeholders would be appreciated.

Cont …

The Committee is aware that the Integrated Care Partnership is due to take on the commissioning responsibility for dentistry later this year. There does not appear any evidence that there has been meaningful dialogue with the ICP but a rush to hand over a flawed and broken NHS dental service.

In dealing with the content of the review document a number of issues have been highlighted as requiring attention and further clarification. These are set out in the attached appendix.

The Committee continues to be extremely concerned as to the distressing state that NHS dentistry on the Island has found itself. Whilst the pandemic had an impact on the delivery of services there were many warning signs in the years prior to this which should have been acted upon. The diminishing availability of NHS dentistry is having an impact upon other health partners on the Island and has made this the biggest health inequality faced by patients.

I look forward to receiving a response to the issues raised and hope that by working together all partners can find sustainable solutions to overcome the known difficulties.

Yours sincerely

Signed John Nicholson

Councillor John Nicholson
Chairman of the Policy and Scrutiny Committee for Health and Social Care

To

Mr Richard Woolterton
Head of Primary Care (Kent, Surrey & Sussex)
South East Regional Lead for Dentistry
NHS England & NHS Improvement
South East Region
York House
18 – 20 Massetts Road
Horley
Surrey
RH6 7DE

Content of review document	Comments, observations, and questions
Page 2 5. The Isle of Wight has the highest commissioned activity across the HIoW but evidence suggests dental access issues here are the most pronounced – this issue requires system working, involving all parties, and goes beyond simply commissioning additional activity.	• *What is the evidence referred to in this paragraph?* • *What parties will be involved and how will this be achieved?* • *What options beyond commissioning additional activity would be looked at?*
Page 2 9. Review other activity across Hampshire and the Isle of Wight	*What other activity will be reviewed and what will the timescale be?*
Page 2 10. Other models of delivery may need to be considered outside of traditional General Dental Service (GDS) Contracts	*What other models of delivery will be looked at, how will this be done, who will be involved and what would the timeframe be?*
Page 3 There have been very recent national reports in the media, highlighted by the British Dental Association, of large numbers of dentists leaving NHS dentistry. Portsmouth was highlighted specifically as an area of particular concern, although it should be noted that these are media reports using methods which have not been verified	*What attempt has been made by NHS England to verify the large numbers of leaving NHS Dentistry?*
Page 5 The aim of this review is to enable commissioners to have a clear focus in terms of what, *ideally,* should be commissioned to ensure supply is planned to meet need. It is acknowledged that there will be areas where need is high (there are lots of people with dental disease). System-wide approaches involving local authorities (with responsibility for oral health promotion) and other healthcare services should be explored wherever possible to address this issue.	*What system wide approaches are going to be explored. What other healthcare services will be involved?*
Page 6	

The lack of a dental school in the South East (dental students often continue to live/work near their dental school following graduation due to networks and relationships both professional and social) and Page 22 4. Increase contracted activity in Portsmouth Collaboration with local partners (such as colleagues in primary medical care, the Portsmouth Dental Academy or community dental services) may be useful in making contracts/posts more attractive to bidders and dental professionals	*What role does the Portsmouth Dental Academy play if it is not recognised as a dental school on page 6 but mentioned as a way forward later in the document when dealing with activity in Portsmouth?*
Page 6 Overseas Registration Examinations for dentists from outside the EU have been postponed due to COVID so there are fewer dentists coming from outside the EU and - this backlog will soon be compounded as EU dentists will also be required to take the exam before practicing	*What steps are being taken to overcome the backlog?*
Page 7 This is heightened by geographical disparities in funding for NHS dentistry – tariffs were initially set based on historical rates so areas where dental need is higher do not necessarily correlate with higher rates	*Does this mean that the rates for the Island are lower than elsewhere therefore compounding the problem with recruitment and retention?*
Page 7 Claims by dental professionals that the current dental contract does not encourage dentists to work in the NHS, or in areas of higher need, is a national issue and there are continued calls by the profession to reform the dental contract.	*Has NHS England responded to the claims and if so what actions are being taken to address the issues highlighted?*
Page 7 Local dental/healthcare support networks are also important to dental professionals – particularly newly qualified dentists - so recruiting to areas where there are already fewer dental professionals becomes more challenging.	*What work is being done by NHS England to help support networks?*

Page 7 However, having to take a ferry to the island for work can cause additional issues for dental professionals and this contributes to recruitment and retention issues.	*Has a special allowance for travel to the Island been considered if not why not?*
Page 7 Issues of recruitment and retention on the Isle of Wight are system-wide issues which should be reviewed and addressed in partnership with all relevant stakeholders, including providers holding dental contracts on the island.	• *Why has NHS England not reviewed the issues before now?* • *Who will the relevant stakeholders be and will those who previously provided dental contracts, or not hold any but may be interested in doing so, be involved in the review?*
Page 9 Table 2 highlights an issue which particularly affects the Isle of Wight. The Isle of Wight has the highest *commissioned* activity anywhere in HIoW, yet as outlined below, both local engagement and published data suggest particular issues around dental access in the Isle of Wight. Viewing this issue solely as one related to the commissioning/procurement of UDA contracts will exacerbate this problem and all parties should work together to find sustainable solutions. This should include dental and healthcare commissioners and providers, local authorities and other components of the Integrated Care System.	• *What are the particular issues that are suggested from the data?* • *What attempt has been made to work together to find sustainable solutions?* • *What role can patients play in helping with solutions?*
Page 20 It is naturally preferable for people to be able to access services as close as possible to where they live/work and patient engagement can be important in establishing where people might be willing to travel to for services. This is particularly important for residents of the Isle of Wight. Page 21 The long-standing issue of a shortage of NHS dentists willing to work on the island means that it is important to engage with residents around possible 'next best' solutions. As a peninsula, Gosport is relatively	• *This gives recognition to the unique position faced by island residents in accessing services. What actions are proposed with regard to the patient engagement mentioned to establish where Island residents are willing to travel?* • *What is deemed to be 'next best' solutions?*

isolated in terms of transport, with a ferry required to travel to nearby Portsmouth and the 3rd highest percentage of households with no access to a car/van	
Page 22 3. Consideration should be given to where additional recurrent activity is most likely to be achieved – information would come from b) Areas where large numbers of contracts have been handed back - it would be useful to understand why, and address these reasons in any procurement where possible	*Does NHS England not already have a system in place to seek feedback from practices handing back contracts?*
Page 22 4. Increase contracted activity in Portsmouth f) continue to engage with stakeholders in Portsmouth on this issue including patient groups.	*What are the patient groups in Portsmouth and why are there no similar groups on the Island?*
Page 23 5. The Isle of Wight has the highest commissioned activity across the HIoW but evidence suggests dental access issues here are the most pronounced – this issue requires system working, involving all parties, and goes beyond simply commissioning additional activity: a) Investigate and address issues of dental access/underperformance in the Isle of Wight and consider alternative models of delivery b) Issues of dental access are consistently reported in the Isle of Wight and these are linked to issues with recruitment and retention c) Addressing this will require a truly systematic approach including identifying root causes of issues and working with all stakeholders to find solutions. d) It would be helpful to compare the experience of dental professionals with other healthcare professionals such as primary (medical) care teams on the island	• *Are there any figures that show how many individual patients are seen by a NHS dentist on the Island?* • *Is there a limit to how many units of dental activity an individual can have?* • *Why has there not already been collaboration with local partners on the island including colleagues in primary care. The GP practice at Cowes has dental facilities but is not utilised.* • *NHS England South West has undertaken a major exercise into the provision of NHS dentistry within its area. Is NHS England South East aware of this and if so why did it not follow the approach taken there?* • *What steps are being taken by NHS England to ensure a smooth handover of dental commissioning to the Integrated Care Partnership?*

e) Explore options for increasing the UDA rate dependent on guidance/regulations under new commissioning arrangements/any changes to the dental contract etc. f) The Isle of Wight has the highest UDAs commissioned per head of population in HIoW of 1.66 compared to 1.45 in Portsmouth (most deprived) and 0.97 in East Hampshire (lowest UDA per head) g) Unfortunately, adding more commissioned activity here before current activity is achieved is unlikely to resolve the issue as this could result in decreased access across HIoW (including where there are ferry links to the IoW) which will further compound issues on the IoW itself h) Dental access/workforce issues in the Isle of Wight and Portsmouth are closely linked and these issues should be viewed together (some patients and dental professionals are likely to travel between Portsmouth and the Isle of Wight so increasing access in one place could decrease access in another) i) As outlined in Recommendation 4, collaboration with local partners (such as colleagues in primary medical care, the Portsmouth Dental Academy and community dental services) may be useful in making contracts/posts more attractive to bidders and dental professionals j) Alternative models of provision (for example delivery models not based on GDS contracts) may need to be explored here	• *What alternative forms of provision could be explored, how will this be done, and with what timescale.* • *The major issue with the provision of dental care appears to be as the result of changes in 2006 when patients where not allocated to a dental practice but treatment was related to units of dental activity. Is thought being given to the option of reverting ack to the previous system?* • *Many patients now are unsure if they are still on the list for a dental practice due to the impact that the pandemic has had on accessing treatment. What steps will NHS England take to ensure that patients are able to be made fully aware of their ability to seek treatment from the practice that they were last seen as and have not been removed through no fault of the patient from the list.* • *The current system can mean that a patient once completing treatment and not given a follow up date for a check up has to go back to the list to seek another dental practice able to take them on. This may then involve the patient in paying for unnecessary x-rays at a new practice as patient records are retained at the previous practice. Is this not an ineffective use of resources?* • *Does this review also have implications for the delivery of Solent NHS Trust's delivery of special care dental services?* • *What communications are proposed to ensure that the public are kept fully aware of how access to NHS Dental Services can be achieved?* • *Is there any data available to show the number of calls made to the 111 service in respect of patients with dental problems requiring treatment?*

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NHS
Isle of Wight
NHS Trust

NHS
Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

ISLE of WIGHT COUNCIL

Operation Reset

Summary Review and Outcomes & Action

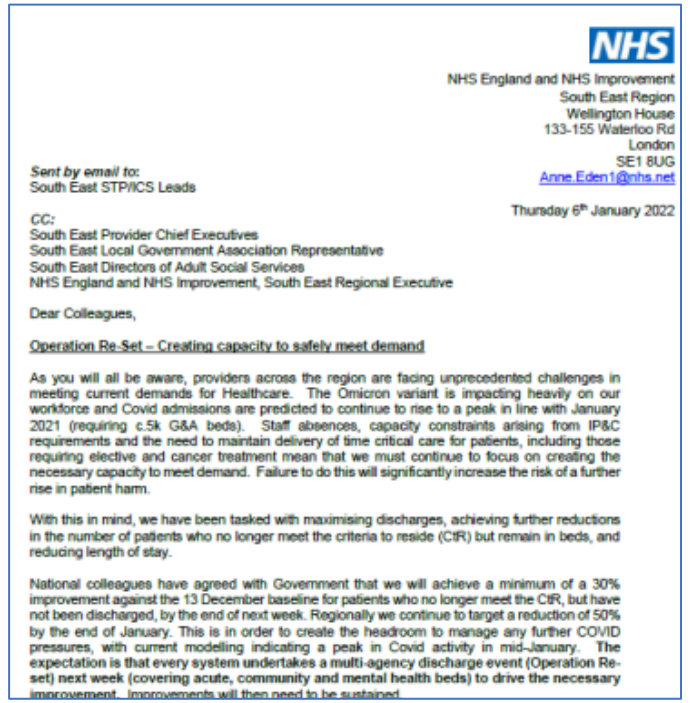
Isle of Wight Health and Care System

January 2022

1 Introduction

Operation Re-Set – Creating capacity to safely meet demand

- 6th January 2022 a Regional NHS England / Improvement Letter was received from Ann Eden highlighting the ongoing operational pressures and impact on patient care.
- System impact includes routine winter pressure, the emerging impacts of the Omicron Variant of COVID on top of the existing fatigue and resource constraints of the workforce. Whilst also continuing to deliver the Elective Recover Programme
- The need to maximising discharges was highlight, achieving further reductions in the number of patients who no longer meet the criteria to reside (CtR) but remain in beds, and reducing length of stay
- Critical to the success of our Re-set approach will be a truly multi agency, multi-professional approach.
- The aim was to deliver the following NHSE/I objectives;
  - Reduce the IW baseline (38)* Medically optimised by 30% by the 14th January (26)
  - Reduce the IW baseline (38)* Medically optimised by 50% by the 14th January (19)



NHS England and NHS Improvement
South East Region
Wellington House
133-155 Waterloo Rd
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SE1 8UG
Anne.Eden1@nhs.net

Sent by email to:
South East STP/ICS Leads

Thursday 6th January 2022

CC:
South East Provider Chief Executives
South East Local Government Association Representative
South East Directors of Adult Social Services
NHS England and NHS Improvement, South East Regional Executive

Dear Colleagues,

Operation Re-Set – Creating capacity to safely meet demand

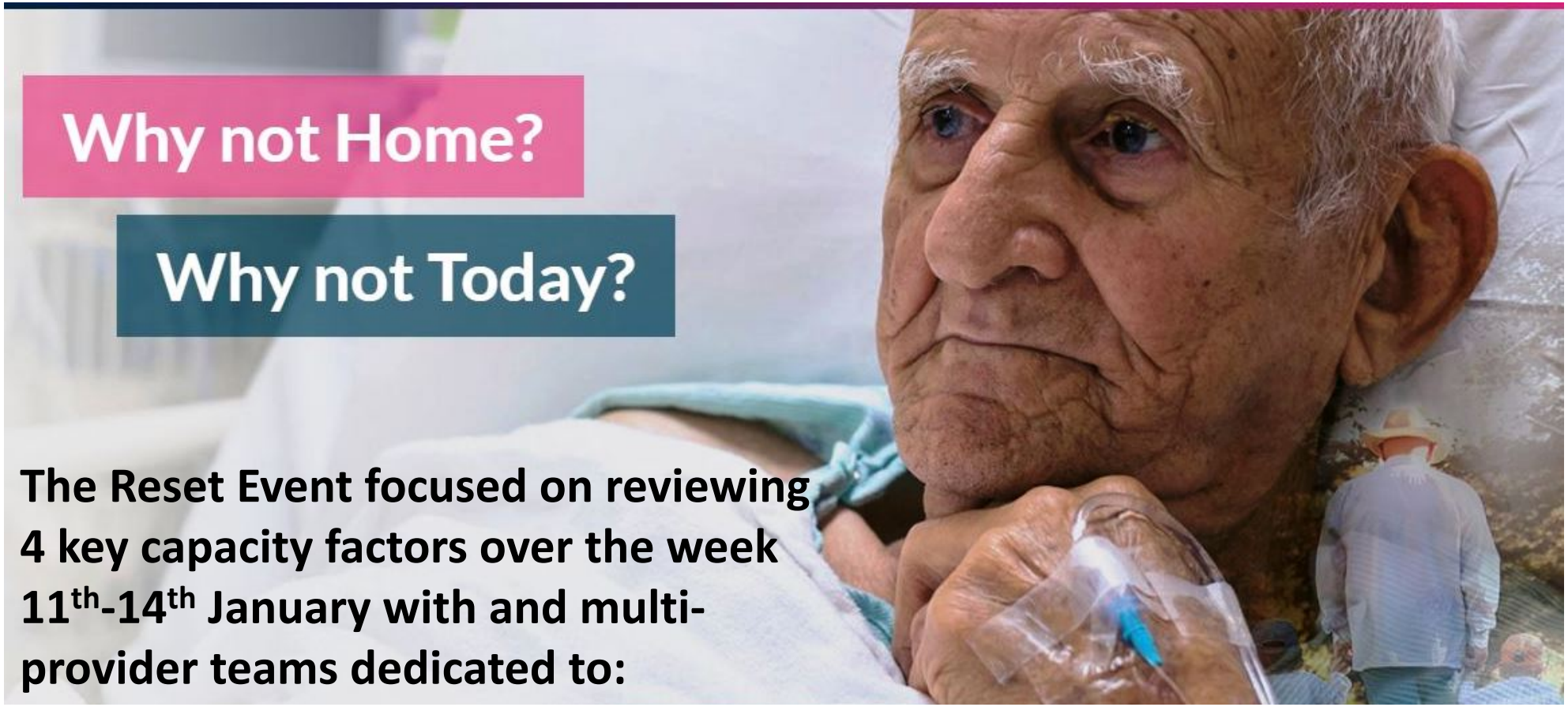
As you will all be aware, providers across the region are facing unprecedented challenges in meeting current demands for Healthcare. The Omicron variant is impacting heavily on our workforce and Covid admissions are predicted to continue to rise to a peak in line with January 2021 (requiring c.5k G&A beds). Staff absences, capacity constraints arising from IP&C requirements and the need to maintain delivery of time critical care for patients, including those requiring elective and cancer treatment mean that we must continue to focus on creating the necessary capacity to meet demand. Failure to do this will significantly increase the risk of a further rise in patient harm.

With this in mind, we have been tasked with maximising discharges, achieving further reductions in the number of patients who no longer meet the criteria to reside (CtR) but remain in beds, and reducing length of stay.

National colleagues have agreed with Government that we will achieve a minimum of a 30% improvement against the 13 December baseline for patients who no longer meet the CtR, but have not been discharged, by the end of next week. Regionally we continue to target a reduction of 50% by the end of January. This is in order to create the headroom to manage any further COVID pressures, with current modelling indicating a peak in Covid activity in mid-January. **The expectation is that every system undertakes a multi-agency discharge event (Operation Re-set) next week (covering acute, community and mental health beds) to drive the necessary improvement. Improvements will then need to be sustained**

* – baseline contested as lower than usual quarterly average of 52 cases under usual system constraints

2 Planning and approach for a successful event



The Reset Event focused on reviewing 4 key capacity factors over the week 11th-14th January with and multi-provider teams dedicated to:

1. **Regaining Independence and Community bed capacity**
2. **Mental Health Capacity**
3. **Same Day Emergency Care** and **Acute Admissions Unit** – 0-2 day pathways
4. **Medically Optimised patient in acute beds**

2 Planning and approach for a successful event

- Local System leaders rapidly adapted local system review plans to meet the specifications of the NHS England / Improvement requirements outlined in the letter.
- A four day event was coordinated to take place between Tuesday 11th – Friday 14th January 2022.
- The event was centred around the Trust Conference room but with the facility for virtual participation of all element.
- The event was clinically led and cover a number of service areas, processes and pathways including the **National Objectives**:
  - reducing inpatients who no longer meet the criteria to reside and those patients with a length of stay 0-2 days
  - Impact to reduce MO by 30%,
  - Optimise rapid discharge and support increased capacity

The Key Focus of reviews included:

- Those patients listed as Medically Optimised and not meeting the criteria to reside, patients within the Community setting including Community Unit, rehabilitation and regaining independence services – Adelaide, Goulding's, Hartford Care and Outreach Service, and;
- Those patients with a length of stay 0-2 days and within a AAU pathway
- Those patients on a MH inpatient pathway reduction of LOS and community team case load review

2 Planning and approach for a successful event

The P's of the week

Through out the week the system adopted a series of 'P' focus points and this was embraced and added to throughout the week;

- **People**

+

- **Process**

+

- **Place**

+

- **Partnerships**

+

- **Policy**

= **Performance**

2 Planning and approach for a successful event

Key Local Objectives for the Operation Reset week:

Daily 'drum beat' to seven day working to increase pace of daily discharges over the entire week to **free up capacity and prevent bottlenecks**.

- **Reduce the level of medically optimised by 30%** by the 14th January
- **Reduce the level of medically optimised by 50%** by the 31st January
- **Agree to a single Medically Optimised figure for the day**, which will be used consistently by all partners
- Increase number of discharges to **12 before 12 midday**
- **Optimise virtual ward** capacity >85% capacity
- **Commence AAU ward round at 08.30**
- **SDEC to see an average 12** patients per day
- **Reduce DTA's** in Department to <5
- **Reduction in Length of Stay** of 10% required

3 Theme Of Challenge – Summary level

Review and Actions

- Over the course of the week 471 patients were reviewed by the 4 teams. Of these 67 acute medically optimised patient were reviewed for onward care/discharge.
- 396 individual actions were identified ranging from minor quick wins to larger pathway and process changes. A large quantity of the actions were identified and actioned during the week.
- Each team developed a short, medium and system action plan to address the key themes that emerged across the four teams:
    - **Behavioural/Cultural paternalistic approach to care.**
    - **Earlier Discharge planning (on admission).**
    - **Inconsistency at weekends.**
        - Access to Enabling support teams – Staff highlighted the high impact on those areas delivering patient/personal care when there is less consistent levels of enabling support is available
    - **Lack of Packages of Care and Short Term placements.**
    - **Internally developed 'work arounds' build in delays.**
    - **Escalation** – ward staff feel disempowered to escalate.

3 Theme Of Challenge – Summary level

Short term priorities

- **Definitions and common understanding**
  - MOFD/CtR/medically ready
- **Widely recognised, owned and understood escalation processes**
- **Clear set of KPIs** & level of expectations around discharge processes
- **Earlier – Earlier - Earlier**
  - Assessments earlier in the day
  - Work with patient earlier
  - Empower staff, so they feel able to ask for help 'earlier'
  - Care plans completed earlier
  - Discharges before 12

Long term priorities

- **Infrastructure:** Commonly recognised and accessible 'live' information
- **Workforce and Culture**
  - Seven Day Provision
  - Align therapy workforce to optimise flow
  - Greater and equitable access to voluntary sector
  - Shift in management of clinical risk
    - Over care planning/prescribe
    - Good enough and safe enough is the key
    - Supporting patient/family to take ownership
    - Manage family expectations

4 Individual Team actions – Summary level: Team 1

Community bedded capacity Review - Next Steps / Lessons Learnt:

- System wide cultural issue – risk averse nature and paternalistic approach.
- Need to facilitate shift to 7 day services
- Need a review of Acute Therapy in ED and AAU
- Patients are deconditioned and of higher acuity when admitted into community settings – increasing support needs are required.
- Need to assess and mitigate a lack of capacity in community therapy in order to provide intensive rehab in peoples own homes. Work needed to drive bedded care review to enable home first approach.
- Ensure consistent therapy input into reablement bed settings
- Opportunity through UCR programme to ensure high intensity users are supported to improve patient outcomes
- Assess how deteriorating patients from community bedded settings could benefit from direct access to diagnostics.
- Maximise the value of the Discharge Co-Ordinator role and looking at implementation of roles across all community settings.

4 Individual Team actions – Summary level: Team 2 & 4

Acute SDEC, AAU and Ward reviews - Next Steps / Lessons Learnt

- **Increased Partnership working** with other agencies to maximise opportunities for system flow – ASC, Age UK, Inter facility transfers
- Assess and improve a number of **highlighted process improvements** - including End of Life Care & **setting of ACPs**, **Multi-agency support at the emergency floor, Nutrition input, Site processes**
- Performance actions and opportunities and ambitions include;
  - 12 discharges before 12
  - Increase in ECS %
  - 95% non admitted performance
  - Reduction in time waiting for response to ICRs
  - Increase in usage of virtual ward
  - Ability to run SDEC
  - Stroke 4hr performance – ensuring timely discharge for available capacity
  - Protecting elective pathways

4 Individual Team actions – Summary level: Team 3

Mental Health - Lessons Learnt:

- Need to **improve visibility** and offer of Peer Support Team
- **Assess DTOC's relating to patient refusal** on accommodation and how these can be safely managed
- There is a **lack of appropriate on-island dementia provision delaying return of off island placements**
- There is a **gap in provision around community respite** for service users which would prevent crisis admissions
- **Increase 3rd Sector support** for both person in emerging crisis & providers to negate the need for admission
- **48/72hr community plan for person in emerging crisis** – what can be offered to providers to prevent admission.
- **Shared care plans (internal)** – essential that there is input from all areas to be effective.
- **Internal process review** required regarding action follow up.

High level positive – 36 Potential discharges profiled for January – This would provide a huge decrease in bed occupancy

5 Local Delivery System Action Plans and next steps

- **MINI MADE in Care Home settings** – ASC lead to be supported by system – dates TBC
- **MINI MADE at weekend** to clarify opportunities and potential gaps at weekends (05/06 February)
- **Schedule lessons learnt event in February** where future event dates and LDS oversight and governance will be agreed.
- **Embed processes** – support from Hampshire and Isle of Wight CCG System to regularly hold similar events.
- **Increase already established links** with partnership organisation – build on successful relationship building of the Operation Reset event.
- Further **development of the Island need/capacity around specialist care** and where we need clear escalation of pathway to mainland
- **Escalation channels** to be assessed, agreed and communicated

6 Outcomes / Achievements demonstrated – from 14/01/22 to present

Key Local Objectives for the Operation Reset week:

- **Reduce the level of medically optimised by 30%** by the 14th January
  - The national trajectory target of 27 was always going to be challenging and the system reported 64 medically optimised patients by the 14th - Onwards care capacity constraints remain a challenge
- **Reduce the level of medically optimised by 50%** by the 31st January
  - The national trajectory target of 19 was not achieved and the system reported 69 medically optimised patients by the 31st.
  - Onwards care capacity constraints remain a challenge
- **Agree to a single Medically Optimised figure for the day**, which will be used consistently by all partners
  - Agreed that the figure reported within the national daily sitrep is the consistent figure. Operational updates are necessary through the day but for reporting
- **Increase number of discharges to 12 before 12 midday**
  - Early discharge was evident during the week with numbers approaching double figures for discharge – reporting is developing to include this measure within system dashboards
- **Optimise virtual ward** capacity >85% capacity
  - Virtual Ward and Oximetry at home capacity (100) remains **under utilised at approx. 50%,** although appropriate cases are being signposted

6 Outcomes / Achievements demonstrated – from 14/01/22 to present

Key Local Objectives for the Operation Reset week:

- **SDEC to see an average 12** patients per day
  - **SDEC has remained open since Operation Reset which is a success**. A performance review of SDEC is in progress to establish the successful benefits of being able to maintain this service. **Numbers treated not currently reported**
- **Reduce DTA's in Department to <5**
  - Between the 1st - 11th of January as at approximately 08.30 each morning there were an average 12.6 patients with a 'Decisions to Admit' in the Emergency Department.
  - **Between 12th – 31st January 2022 as at approximately 08.30 each morning there were an average of 4.1 patients with a 'Decisions to Admit' in the Emergency Department.**
- **Reduction in Length of Stay** of 10% required
  - **The was an immediate reduction in average Length of Stay of those in hospital following the event** but it is recognised that there is an increasing level of delays for the cohort of medically optimised awaiting onwards care

6 Outcomes / Achievements demonstrated
– from 14/01/22 to present

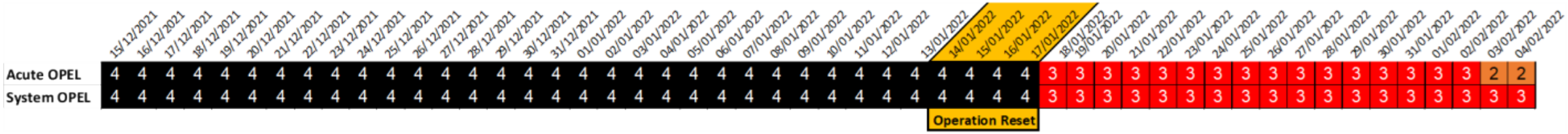
Other Key Outcomes from the Operation Reset week:

- **A&E 4 hour access performance has increased through out the remaining period of January following the Reset event**

- **Alverstone Ward was de-escalated as a contingency emergency ward and prepared for recommencement of the Elective Orthopaedics programme from Monday 17th January**

- **The Acute and System OPEL levels have de-escalated from OPEL 4 to OPEL 3.**

- **Acute further deescalated to OPEL 2 at the beginning of February**



Implementation Projects

- **Improved data tracking: Dashboard**
  - Bed occupancy %
  - DTOC
  - Leave beds
  - Total acute caseload/bed utilisation including HTT as 'virtual ward'

- **Admission prevention – CRHT pathway improvement**
  - Shared care plans (with ASC) using IDT principles
  - Deployable ADM avoidance capacity:
    - 48/72hr crisis packages community plan for person in emerging crisis – what can be offered to providers to prevent admission.
    - Crisis House to address gap in provision around community respite for service users which would prevent crisis admissions
    - Increase 3rd Sector support for both person in emerging crisis & providers to negate the need for admission; expansion of Safe Haven (Ryde)
    - A2I, HTT

- **Improved grip and control: operational management**
  - MADE cycles
  - Solent shared learning
  - Operational Daily Huddles
- **Flow**
  - Enhanced MDT
  - DTOC's relating to patient refusal on accommodation and how these can be safely managed
  - Housing
  - Specialist placements

- **Mainland Dementia placement avoidance**

Next Steps

- **Schedule lessons learnt event in next 2 weeks** where future event dates will be agreed – w/c 14th February
- **Embed process** – support from Trust and System to regularly hold similar events.
- **Increase already established links** with Adult Social Care & Housing.
- Further **development of the Island need/capacity around specialist housing/facilities and placements**.

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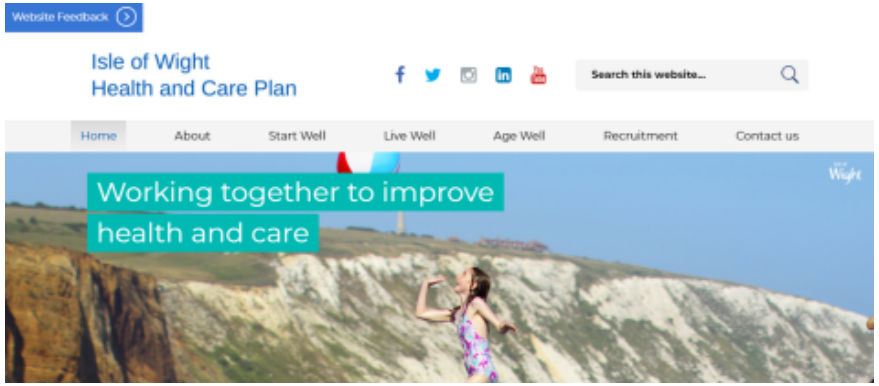
Refreshing the Isle of Wight Health and Care Plan

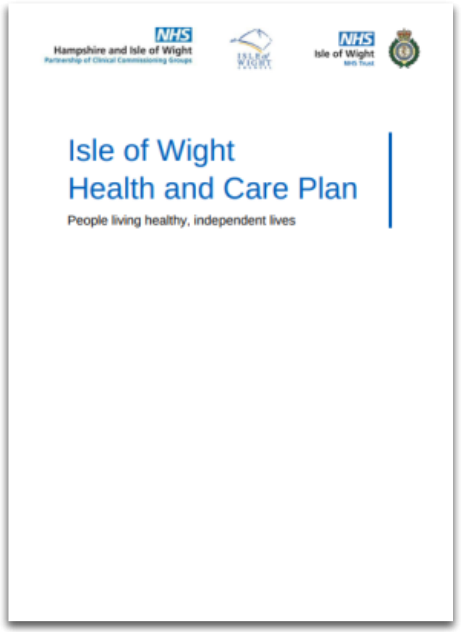
Monday 14 March 2022

Dr Nikki Turner, Director of Strategy, Partnerships and Digital
Dr Michele Legg, Clinical Director for Isle of Wight, HCP Programme Lead
Kirk Millis-Ward, Director of Communications and Engagement

What is the Isle of Wight Health and Care Plan?

- In 2019 health and care partners on the Isle of Wight came together to set priorities for improving services and outcomes for local residents
- Together we wanted to achieve clinical and financial sustainability or the whole health and care system
- We looked at:
  - New models of care – investing in community services
  - Productivity – making the best use of public money
  - Partnerships – improving services with our partners
- We are now updating the plan and setting new priorities so that health and care services continue to meet the changing needs of our community



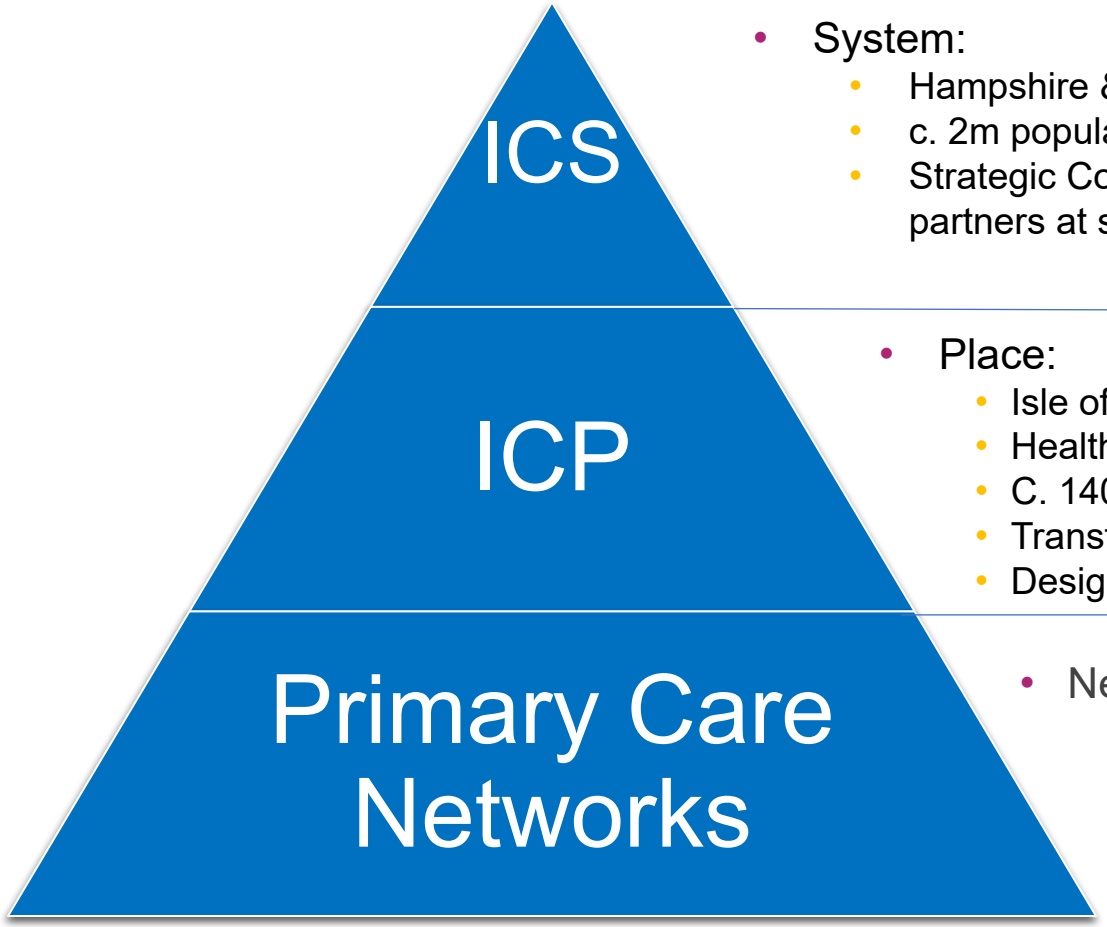


You can find out more about the first Isle of Wight Health and Care Plan online at www.iowhealthandcare.co.uk

Why do we need a new plan?

- With the passage of the Health and Care Bill through Parliament, the NHS is changing around us
- The needs of our community are changing and health and care services need to be able to respond
- We want to continue to improve the services that local people rely on
- This document will help deliver some of the objectives in the Island's Health and Wellbeing Strategy
- Work has started on a new Health and Care Plan and we've already learned a lot

How our systems fit together



- System:
  - Hampshire & Isle of Wight
  - c. 2m population
  - Strategic Collaboration of partners at scale

- Place:
  - Isle of Wight Integrated Care Partnership
  - Health and Wellbeing Board
  - C. 140,000 population
  - Transformation and integration of local services
  - Design of local delivery options

- Neighbourhood:
  - 3 neighbourhoods in line with Primary Care Networks
  - Up to 50,000 population
  - Wraparound integrated care

What did we achieve?

- Despite COVID-19 many health services improved, highlighted by the Care Quality Commission report rating Isle of Wight NHS Trust as ‘Good’
- Reduced reliance on expensive agency staff and recruited more full-time team members
- More people were able to access social care support
- Stroke and cancer services improved
- Mental Health and Learning Disabilities services on the Island improved significantly in partnership with Solent NHS Trust
- Ambulance Services introduced important technology to speed up response times in partnership with South Central Ambulance Service NHS Foundation Trust
- Hospital services became more resilient thanks to our partnership with Portsmouth Hospitals University NHS Trust

What the data tells us…

Covid-19 impact

- Those experiencing Long Covid will present ongoing challenges for health and care systems with increased need for care
- Contracting Covid-19 may result in additional people experiencing long-term medical conditions
- Other lifestyle changes; diet, alcohol and smoking may have impacts for people's ongoing health and care needs
- There may be greater demand on mental health services as a result of the pandemic
- We are likely to face continuing challenges linked to virus mutation with possible consequences for vaccination programmes

An ageing population

- The Isle of Wight has a much older population profile compared to the national average
- Currently, more than **one in four people** in the Isle of Wight are aged over 65 years. By 2028, almost **one in three people** will be over 65 years (IOW Public Health Strategy 2020-2025)
- Overall population is expected to increase by **3.6%** by 2027
- In just 6 years the number of people living on the Island aged between **80-84 years** will have increased by **51.9%**
- The percentage of people aged 65+ living on the Island is expected to increase by **45%** by 2041 compared to 2021
- Birth data show a steady decrease in the number of births and general fertility rate

More people needing support

- People who live on the Isle of Wight live more years in poor health compared to England averages
- Approximately 16,900 residents (12%) across Isle of Wight have moderate or severe frailty and are at higher risk of falls, disability, admission to hospital, or the need for long-term care.
- Approximately 65% of IOW residents aged 65 years+ have 2 or more long term conditions, 32% of those aged 75 or over have 5 or more chronic conditions
- The highest cohort of severe/moderately frail residents are located around care homes on the island
- 7% of the population represents the highest level of complexity and number of longer term conditions and 38% of our spend
- Cancer and circulatory disease account for **over half of the deaths (65%) across Isle of Wight in 2019**

The challenge of long term conditions

- In the most deprived areas there are significantly higher levels of premature deaths, particularly deaths from heart disease and cancer
- 5 locations on the Island are considered to be in the highest risk category for loneliness
- Many factors result in increased need for social care services, such as older age, limited existing support, social isolation, long term medical conditions, and reduced mobility.
- As the Isle of Wight has an ageing population an increase in client numbers is expected due to the higher number of people in these older age groups
- **Of the Top 20 registered Long Term Conditions (e.g. asthma, diabetes, rheumatoid arthritis etc) the Isle of Wight CCG has 17 conditions where the prevalence is higher than England averages.**

Possible areas of focus

- Prevention (of avoidable illnesses) and health inequalities and better access to primary care
- Working with partners to transform services and attract and develop workforce
- Support for frail older people with clear care pathways
- Community support for people with chronic conditions
- Support to help people make healthier lifestyle choices
- Digital support for people to access health and care remotely
- Work with partners to develop opportunities to scale up services
- Tackle social care challenges and provide more care closer to home
- Invest resources to understand impact of Covid-19 on mental health and the elderly
- Partnership work to improve service efficiency (eg in Theatres and Outpatients)

What our community has told us…

What does our community think?

- Before embarking on conversations with the people who use health and care services we wanted to see what we could learn from the engagement work done by our partners
- Undertook a research project supported by a range of public, community and voluntary sector partners. It covers:

- Healthwatch Isle of Wight:
  - NHS Dental Services
  - Suicide Prevention
  - Intelligence Reports
    Covid-19 One Year On Survey
  - Annual Islander Priorities Survey
- Living Well and Early Help survey
- Youth Trust Mental health surveys
- IW Community Mental health surveys
- IWCCG Complaints
- Friends and Family Test
- IWC Adult Social Care and Children's Social Care Complaints
- Patient Experience data
- GP survey (NHS England)
- Digital Survey (ICS)
- Age UKIW Covid-19 impact survey
- Age UK IW Digital Survey

Key themes – ACCESS

- Access to GP services and face-face & GP appointments
- Access to, cost and disparity of NHS Dental services
- Better access, coordination and support within suicide prevention and support services and tackling media intrusion
- Mainland travel for patients (inc. cancer patients)
- Better access to social care and informal support, improved capacity
- More support for children & young people's mental health
- Communication, values & behaviours from staff to patients, services users and relatives
- Increased support from Children's services and better communication
- Adult mental health support including more 1:1 support
- Access to secondary health services, treatment and drugs

Involving the staff and the public

- Health and Care Conversations held with health staff and hundreds of responses to staff-facing survey
- Plan to launch stakeholder, patient and public engagement
- Feedback will help shape the Health and Care Plan
- Commitment to ongoing engagement with the public

Timeline and next steps

- Triangulate what our data is telling us with the feedback received from our staff, service users and public.
- Develop our priority areas and understand what we can achieve by working together in the next 3 years
- Ensure we align our Island strategies e.g. Health and Wellbeing Strategy
- Launch our Health and Care Plan refresh in May 2022
- Continue to engage with the public to understand what we are doing well and where we need to improve

CQC update

Lois Howell
Director of Governance & Risk

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A reminder of current ratings

Service		Safe	Effective	Caring	Responsive	Well led	Overall
Acute Health Services	**Aug 2021**	**Good**	**Good**	**Good**	**Good**	**RI**	**Good**
Urgent and Emergency Services	Sept 2019	RI	RI	Good	RI	RI	RI
Medical Care (inc Older People's Care)	Aug 2021	Good	Good	Good	Good	Good	Good
Surgery	Aug 2021	Good	Good	Outstanding	Good	Good	Good
Gynaecology	Aug 2021	Good	Good	Good	Good	RI	Good
End of Life Care	Sept 2019	Good	Good	Good	Good	Good	Good
Maternity	June 2018	RI	Good	Good	Good	RI	RI
Critical Care	June 2018	Good	Good	Good	RI	Good	Good
Services for Children & Young People	Aug 2021	Good	Good	Good	Good	Good	Good
Outpatients	June 2018	Good	Not rated	Good	Good	RI	Good
Diagnostics	Aug 2021	Good	Not rated	Good	Good	Good	Good
Community Health Services	**Sept 2021**	**Good**	**Good**	**Outstanding**	**Good**	**Good**	**Good**
Comm health services for adults	Sept 2021	Good	Good	Outstanding	Good	Good	Good
Comm health services for C & YP	Sept 2019	Good	Good	Good	Good	Good	Good
In-patient comm health services	Sept 2021	Good	Good	Outstanding	Good	Good	Good
Ambulance Services	**Sept 2019**	**Good**	**RI**	**Good**	**Good**	**RI**	**RI**
Emergency Operations Centre	Sept 2019	Good	RI	Good	Good	RI	RI
Emergency & Urgent Care	Sept 2019	Good	Good	Good	Good	RI	Good
Patient Transport Services	Sept 2019	RI	Good	Outstanding	Good	RI	RI
Mental Health Services	**Sept 2021**	**RI**	**Good**	**Good**	**RI**	**Good**	**RI**
Mental health crisis and places of safety	Sept 2021	RI	Good	Good	Good	Good	Good
Acute ward for adults + PICU	Sept 2021	RI	Good	Good	Good	Good	Good
Wards for older people w MH problems	Sept 2021	Good	Good	Good	Good	Good	Good
Community MH for adults	Sept 2021	Good	Good	Good	RI	Good	Good
Community MH services for C&YP	June 2018	Good	Good	Good	RI	Good	Good
Comm MH services for people with LD/autism	June 2018	Good	Good	Good	Good	RI	Good
OVERALL	Sept 2021	Good	Good	Good	Good	Good	Good

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2021 inspected services only

Service	Date of last report	Rating					
		Safe	Effective	Caring	Responsive	Well led	Overall
Acute Health Services	Aug 2021	Good ↑	Good↑	Good↔	Good↑	RI↔	Good↑
Medical Care (inc Older People's Care)	Aug 2021	Good↑↑	Good↑↑	Good↑	Good↑	Good↑↑	Good↑↑
Surgery	Aug 2021	Good ↑	Good ↑	Outstanding↑	Good↑↑	Good ↑	Good ↑
Gynaecology	Aug 2021	Good↑↑	Good↑↑	Good	Good↑	RI↔	Good↑↑
Services for Children & Young People	Aug 2021	Good ↑	Good↔	Good↔	Good↑	Good↑	Good ↑
Diagnostics	Aug 2021	Good ↑	Not rated	Good↔	Good↔	Good ↑	Good ↑
Community Health Services	Aug 2021	Good↔	Good↔	Outstanding↑	Good↑	Good↔	Good↔
Comm health services for adults	Aug 2021	Good↔	Good↔	Outstanding↑	Good↑	Good↔	Good↔
In-patient comm health services	Aug 2021	Good↑	Good↑	Outstanding↑	Good↔	Good↑	Good↑
Mental Health Services	Aug 2021	RI↑	Good↑↑	Good↔	RI↔	Good↑↑	RI↑
Mental health crisis and places of safety	Aug 2021	RI↔	Good↑	Good↔	Good↑	Good↑↑	Good↑
Acute ward for adults + PICU	Aug 2021	RI↔	Good↔	Good↑	Good↔	Good↑	Good↑
Wards for older people w MH problems	Aug 2021	Good↑↑	Good↑↑	Good↔	Good↔	Good↑↑	Good↑↑
Community MH for adults	Aug 2021	Good↑↑	Good↑↑	Good↔	RI↑	Good↑↑	Good↑↑
OVERALL	Aug 2021	Good ↑	Good ↑	Good↔	Good ↑	Good ↑	Good ↑

2021 inspection report

- Three ‘Must-do’ requirements:
  - Address waiting times for psychology services
  - Improve the health based place of safety (s136 suite)
  - Ensure risk assessments kept up to date on Osborne ward
- 44 ‘Should-do’ requirements:
  - 8 Trust-wide
  - 16 re: mental health services
  - 20 re: acute services
- No deadline for compliance
  - Requirements to be assessed over coming weeks
  - Associated actions to be added to local QIPs or Trust wide QIP as appropriate
  - Quarterly report to Q&P to supplement existing quarterly QIP report
  - CQC will review at quarterly engagement meetings

Must-do items

The trust must ensure there are enough clinical psychologists/or other appropriate staff to meet the needs of patient requiring this service. The trust must ensure that patients are not waiting for extended periods and ensure they are supported appropriately whilst waiting.

- 9 out of 17 actions completed (53%)
  - Only one action overdue – demand and capacity review
    - Expected in next month
    - Will inform further recruitment planning
- Waits have not yet reduced significantly
  - The waiting list currently stands at 183 service users
  - The max wait is now 205 weeks
  - The average wait now stands at 78 weeks
- Demand has increased further since the inspection
- Safe waiting protocols in place
  - Increased risk assessment now conducted
  - Increased access to alternatives to formal therapy in place HHHHH
- Notable achievements
  - Three assistant psychologists and one Consultant Clinical psychologist appointed
  - SHaRON (Support Hope and Recovery / Resources Online Network) app development progressing, implementation due by end of April

Must-do items

The trust must ensure the environment at the health-based place of safety on Seagrove ward is fit for purpose and meet the requirements of the Mental Health Act Code of Practice. The trust must ensure that the environment provides dignity and respect to users of the service.

- New facility designed
  - Input from service users to plans facilitated by peer support workers
  - Solent NHS Foundation Trust has provided advice and guidance
- Estates contract awarded
  - Commencement of work delayed by weather
  - Project completion still currently on track for end of May
- No incidents of harm associated with use of current health-based place of safety reported

Must-do items

The trust must ensure that, on Osborne ward, staff update patients' risk assessments following an incident to reflect changing risks and care needs.

- Revised risk assessment tool designed and implemented
  - Barriers to completion reviewed and addressed
- New Standard Operating Procedures developed with staff input and circulated
- Audit tool developed
  - Base line assessment against audit tool to be conducted first week of March
  - Monthly audits to commence end of March
  - Non-compliance to be addressed via Divisional Quality Committee
- Principles applied beyond Osborne ward

Should-do items

- Action plans have been developed for all 44 should do requirements
  - Divisional requirements are monitored through divisional quality committees and divisional Boards
  - Corporate should do requirements are monitored through the most appropriate Board Committee, reporting into the Trust Board.
- Delivery is progressing in many areas, including
  - Process and materials for providing copy consent forms for patients agreed and ordered
  - Additional radiology appointment made in January
  - Pain scoring system now includes in pre-procedure assessments in Radiology
  - Additional quality manger appointed to help improve learning from complaints
- However, development has been hampered in some areas by latest wave of COVID and operational pressures over winter, including
  - Introduction of Board visits programme (starting 15 March)
  - Consistent locking of ward-based notes trolleys
  - Implementation of additional training / development to support patients from the LGBTQ+ community
  - Re-location of early pregnancy out-patient clinics

Isle of Wight Council

The Adelaide

Inspection report

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PO33 3DQ

Tel: 01983568621
Website: www.iwight.com

Date of inspection visit:
21 January 2022

Date of publication:
11 February 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Adelaide is a residential care home providing personal care for people over the age of 18 years with a physical disability or dementia. The service can support up to 24 people and predominately provides a re-ablement service following discharge from hospital. The Adelaide provides all single bedrooms, some with ensuite facilities, suitable communal areas and access to outdoor spaces. At the time of the inspection there were 17 people at the home.

People's experience of using this service and what we found
People all gave us positive feedback about The Adelaide and told us that staff were kind and caring. Privacy and dignity were promoted and independence was actively supported.

Individual risks were assessed and managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the actions they should take to keep people safe.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed. Infection prevention and control measures were in place and followed government guidance.

Appropriate recruitment procedures helped ensure only suitable staff were employed. There were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely.

The management team carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People and external professionals said the management team were approachable and supportive. Staff were also positive about the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 23 July 2019).

Why we inspected

We inspected this service as a review of the information we hold indicated improvements had been made. We were supporting the potential of increasing capacity in the local system.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Adelaide on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Adelaide

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Adelaide is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period of notice for the inspection because we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 21 January 2022 and ended on 28 January 2022. We visited the service on 21 January 2022.

What we did before the inspection
Before the inspection we reviewed the information, we had about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one relative and 12 people who were receiving, or who had recently received a service at The Adelaide about their experience of the care provided. We spoke with one housekeeper, six care staff and two assistant managers. We also spoke with the registered manager and group manager. We carried out observations of people's experiences throughout the inspection. We viewed the environment, looked at medicines management systems and records, recruitment records for three staff and assessed how the home was managing infection prevention and control. We looked at four people's care plans, individual risk assessments and daily records of care that had been provided for people.

After the inspection
We continued to seek clarification to validate evidence found. We reviewed additional information provided by the registered manager. This included a variety of records relating to the management of the service, including accident and incident records and policies and procedures, audits and information about staff training and support were reviewed.

We received information from three health and social care professionals. We spoke with the provider's nominated individual and clarified further information with the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Appropriate systems were in place and followed, which protected people from the risk of abuse.
● People said they felt safe using the service. A person told us, "Couldn't be safer or happier." Another person said, "Everything else is fantastic, respect, dignity and a chance to choose." An external social care professional said, "I feel the staff at The Adelaide go above and beyond with keeping individuals safe and well."
● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "I'd go to the deputy manager or [registered] manager. If they didn't take any action I'd go directly to safeguarding (local authority safeguarding team) or to you [CQC]."
● When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety.
● There were robust processes in place for investigating any safeguarding incidents. The registered manager understood the actions they should take should they have a safeguarding concern. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team. Records showed that safeguarding concerns had been reported correctly and investigated appropriately by the service.

Assessing risk, safety monitoring and management
● Systems were in place to identify and manage foreseeable risks within the service, meaning people were effectively protected from the risk of harm.
● Risks had been assessed and recorded, along with action staff needed to take to mitigate the risk. For example, risk assessments were in place for people at risk of falling, medicines management, skin integrity, nutrition, dehydration and mobility. Daily records of care showed staff were following risk mitigation measures. For example, a dietician had recommended a person was provided with extra snacks and records showed this was occurring. Risks were managed in a way to ensure people were able to be as independent as possible.
● The registered manager confirmed equipment was monitored and maintained according to a schedule. In addition, water, gas, electricity and electrical appliances were checked and serviced regularly.
● Fire safety risks and risks posed by asbestos and from water systems, had been assessed by a specialist and where necessary action taken to ensure the environment was safe.
● Fire detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a

fire occur.

Staffing and recruitment

● Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.

● During the inspection, we observed staff were available to people and responsive to their requests for support. There was a relaxed atmosphere in the home and staff said they had time to chat to people and support them in a calm and unhurried way. A person told us they felt there were enough staff and said, "It's usually the same staff – yes, I know them."

● Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager kept staffing levels under review and said the provider was happy for staffing numbers to be increased if required, such as if a person required individual support so as not to be alone. Staff told us they felt there was enough of them to meet people's needs and provide people with the support they required.

● People were supported by consistent staff. Short term staff absences were usually covered by an existing staff member undertaking additional hours. This meant people were cared for by staff who knew them and how they should be cared for.

● Overall, there were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references, health questionnaire and investigating any previous gaps in employment. We identified minor improvements which could be made to ensure references were always sought from the most appropriate people or organisations. The registered manager took immediate action to ensure this was in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Suitable arrangements were in place for obtaining, storing, administering, recording, disposing safely of unused medicines and auditing of medicines systems. Staff monitored fridge and room temperatures where medicines were kept, checking medicines were stored within safe temperature ranges. Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.

● People confirmed they received their medicines as prescribed and they could request 'as required' (PRN) medicines when needed. A person said, "They [care staff] tell me what the medicines I have are for." An external professional told us, "Medicines are very well managed and I am informed of any concerns regarding medications or changes that are needed."

● Guidance was in place to help staff understand when to administer as required medicines and in what dose. Staff recorded the effectiveness of as required medicines meaning medical staff would have relevant information should medicines need to be reviewed.

● Staff had been trained to administer medicines and had been assessed as competent to do so safely. The provider's procedure ensured this was reassessed at least yearly using a formal approach.

● Following medicine errors, a full investigation was undertaken and changes to procedures put in place where required. For example, additional checking of medicine records and stock levels had been introduced. Overall, this had reduced the number of errors and where these had occurred, they had been identified promptly meaning appropriate action could be taken. However, we noted that staff had not always following these procedures. This was a recording error and no harm had occurred however, the registered manager took immediate action and undertook to complete a full review of records and stock levels.

Preventing and controlling infection

● Appropriate arrangements were in place to control the risk of infection.

● Staff had been trained in infection control techniques and had access to personal protective equipment [PPE], including disposable masks, gloves and aprons, which we saw they used whenever needed. An external professional said, "Yes I have been asked about vaccinations and show lateral flow test results on each visit to the Adelaide at the main entrance. There are infection prevention and control measures in place at the front of the building and outside individual rooms."

● We were assured that the provider was accessing testing for people using the service and staff. People told us staff supported them to complete regular tests for COVID-19. Staff told us they were tested several times a week.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and housekeeping staff completed regular cleaning in accordance with set schedules.

● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The provider's policies and procedures reflected current best practice guidelines.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● Safe systems were in place to enable people to receive family visitors which followed government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

● There was a process in place to monitor incidents, accidents and near misses.

● All accident or incident records had to be 'signed off' by a member of the home's management team. This ensured all accidents or incidents were individually reviewed and prompt action could be taken should this be required. The registered manager also looked for patterns and trends in terms of accidents such as falls. This would mean appropriate action could be taken to reduce future risks for individual people or other people.

● Actions following accidents or incidents also resulted in referrals to health professionals where required. For example, we saw that following some falls staff had contacted the GP as they felt the person may have an infection.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were extremely happy with the service provided at The Adelaide and felt it was well managed.
- People, staff and external professionals all said they would recommend the home as a place to stay. For example, a person said, "I can't fault anything at all at Adelaide, it has good management."
- People, relatives and external professionals felt able to approach and speak with the management team or other staff and were confident any issues would be sorted out. External professionals confirmed people were treated with dignity and respect.
- People told us they had never had to raise any concerns but were aware of who the registered manager was and would feel comfortable raising a concern with them should the need arise.
- Staff were proud of the service. All said they would recommend The Adelaide as a place to work and would be happy if a family member received care there. The management team ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear management structure in place, consisting of the provider's nominated individual, senior service managers, the registered manager, deputy manager, assistant managers, heads of catering and housekeeping and senior care staff. Each had clear roles and responsibilities. The nominated individual was now a full-time role. The management team met regularly to enable them to review the service and ensure positive outcomes for people.
- Staff were positive about the registered manager and felt confident they could approach senior managers should the need arise. The registered manager felt supported by the provider's senior management team.
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, they spoke of working as a team to ensure people's needs were met.
- The provider had comprehensive quality monitoring and assurance systems comprising of a range of audits, which had been effective in bringing about improvement. Where we raised minor areas for improvement during this inspection the registered manager was open to our suggestions and took prompt action.
- The provider contracted with an organisation which provided policies and procedures for the service. These were updated as best practice guidance changed and helped ensure the service was following the

correct and latest procedures. Policies were always available for all staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● There was an open and transparent culture within the home. People and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on. A person said, " I think they [managers] are approachable, if you have a concern, you can voice it." An external professional told us, "The management are approachable. I have not raised any concerns but am confident that appropriate action would take place as needed."

● Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.

● The management team were aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred. Examples seen showed the duty of candour policy had been followed when required.

Working in partnership with others

● People felt they were kept fully up to date with plans for any ongoing care or support.

● The service had very close links with local health and social care services and worked in collaboration with all relevant agencies, including health and social care professionals to provide joined-up care. This was evidenced within people's care records and discussions with external health and social care professionals. One external health professional said, "Adelaide staff have good communication and partnership with us. Staff communicate urgent issues via email or telephone or in person and there are weekly case review meetings which take place to discuss client's progress and discharge plans." An external social care professional told us, "Good inter professional communications with management and carers."

● Some staff were based within the local hospital to ensure prompt pre-service assessments were completed. This facilitated smooth and effective hospital discharges and the service also involved community professionals to prevent hospital admissions, wherever possible.

● Should people need to move to a longer term residential or community-based service staff were clear about the need to share information to ensure a smooth transfer of care to new providers. An external professional said, "They are very good at recognising how to improve people's wellbeing and supporting them to access any other services they require. This all helped ensure people received the right care and support when they needed it.

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Isle of Wight Council

Westminster House

Inspection report

Westminster Lane
Newport
Isle of Wight
PO30 5DP

Tel: 01983526310
Website: www.iwight.com

Date of inspection visit:
07 February 2022

Date of publication:
16 February 2022

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	**Inspected but not rated**

Summary of findings

Overall summary

Westminster house is a residential care home registered to provide accommodation and personal care for up to 10 people with a learning disability or autism. At the time of the inspection there were 4 people living at the service.

Westminster House provides all single bedrooms, suitable communal areas and access to a rear patio and garden.

We found the following examples of good practice

There were procedures in place to support safe visiting by family members or professionals. Staff undertook screening of all visitors. Rapid response lateral flow tests (LFT) were undertaken for visitors before they entered the home. Visitors were provided with Personal Protective Equipment (PPE) and guided to its safe use.

People and staff were regularly tested for COVID-19. Staff had LFT testing three times a week as well as standard Polymerase Chain Reaction (PCR) tests weekly. The registered manager understood the actions they needed to take should any tests return a positive result.

The service had a good supply of PPE to meet current and future demand. Staff were using this correctly and in accordance with current guidance and disposal was safe at the time of this inspection.

The registered manager was aware of actions they should take should a person return from a hospital admission. The home had space for people to socially distance whilst in communal areas. All bedrooms in use were for single occupancy.

The home was kept clean. Staff kept records of their cleaning schedules, which included a rolling programme of continuously cleaning high touch surfaces, such as light switches, grab rails and door handles.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

Westminster House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to the COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. This was a targeted inspection looking at the infection prevention and control measures the provider had in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

This inspection took place on 7 February 2022 and was announced. We gave the service 4 hours' notice of the inspection.

Inspected but not rated

Is the service safe?

Our findings

Staffing

● The manager told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The service was not providing a respite service which meant they had the necessary staff available to meet the needs of four people who were living longer term at Westminster House.

How well are people protected by the prevention and control of infection?

● We were assured that the provider's infection prevention and control policy was up to date. The provider had a comprehensive range of up to date policies and procedures relevant to all aspects of the service relating to infection prevention and control and COVID – 19. The registered manager understood how to access relevant up to date government guidance.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that admissions and people returning from hospital would be supported appropriately to reduce risks to other people. The registered manager understood the actions they should take if a person returned from hospital.

● We were assured that the provider was using PPE effectively and safely. Staff confirmed they had received relevant training and had ample supplies of PPE.

● We were assured that the provider was accessing testing for people using the service and staff. Where necessary specific assessments under mental capacity legislation had been completed for people unable to provide informed consent for COVID – 19 testing.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and additional cleaning of high touch points was in place.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The registered manager understood who to contact for advice.

● We were assured that the provider was preventing visitors from catching and spreading infections.

Visiting in Care Homes

●The service was facilitating visits for people living in the home in accordance with the current guidance. There were procedures in place to support safe visiting by family members. Staff undertook screening of all visitors and rapid response lateral flow tests (LFT) were undertaken for visitors before they entered the home. Visitors were provided with Personal Protective Equipment (PPE) and guided to its safe use.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

● The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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Isle of Wight Council

Saxonbury

Inspection report

Heathfield Road
Freshwater
Isle of Wight
PO40 9SH

Tel: 01983755228

Date of inspection visit:
10 February 2022

Date of publication:
23 February 2022

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**

Summary of findings

Overall summary

Saxonbury is a residential care home registered to provide accommodation and personal care for up to 7 people with a learning disability or autism. At the time of the inspection there were 7 people living at the service.

Saxonbury provides all single bedrooms, suitable communal areas and access to a rear patio and garden.

We found the following examples of good practice
Information about COVID – 19 was available in a format suitable for the people living at Saxonbury and staff had helped them understand how to keep themselves safe.

There were procedures in place to support safe visiting by family members or professionals. Staff undertook screening of all visitors. Rapid response lateral flow tests (LFT) were undertaken for visitors before they entered the home. Visitors were provided with Personal Protective Equipment (PPE) and guided to its safe use.

People and staff were regularly tested for COVID-19. Staff had LFT testing three times a week as well as standard Polymerase Chain Reaction (PCR) tests weekly. The registered manager understood the actions they needed to take should any tests return a positive result.

The service had a good supply of PPE to meet current and future demand. Staff were using this correctly and in accordance with current guidance and disposal was safe at the time of this inspection.

The registered manager was aware of actions they should take should a person be admitted to the home or return following a hospital admission. All bedrooms were for single occupancy.

The home was kept clean. Staff kept records of their cleaning schedules, which included a rolling programme of continuously cleaning high touch surfaces, such as light switches, grab rails and door handles.

The provider had systems in place to support staff mental wellbeing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

Saxonbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to the COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. This was a targeted inspection looking at the infection prevention and control measures the provider had in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

This inspection took place on 10 February 2022 and was announced. We gave the service one days' notice of the inspection.

Inspected but not rated

Is the service safe?

Our findings

Staffing

● The registered manager told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures. They told us recruitment had been successful and the required number of staff were always available to support people.

How well are people protected by the prevention and control of infection?

● We were assured that the provider's infection prevention and control policy was up to date. The provider had a comprehensive range of up to date policies and procedures relevant to all aspects of the service relating to infection prevention and control and COVID – 19. The registered manager understood how to access relevant up to date government guidance.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that admissions and people returning from hospital would be supported appropriately to reduce risks to other people. The registered manager understood the actions they should take if a person were admitted to Saxonbury or returned following a hospital stay.

● We were assured that the provider was using PPE effectively and safely. Staff confirmed they had received relevant training and had ample supplies of PPE.

● We were assured that the provider was accessing testing for people using the service and staff. Where necessary specific assessments under mental capacity legislation had been completed for people unable to provide informed consent for COVID – 19 testing.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and additional cleaning of high touch points was in place.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The registered manager understood who to contact for advice.

● We were assured that the provider was preventing visitors from catching and spreading infections. The service was facilitating visits for people living in the home in accordance with the current guidance. There were procedures in place to support safe visiting by family members. Staff undertook screening of all visitors and rapid response lateral flow tests (LFT) were undertaken for visitors before they entered the home. Visitors were provided with Personal Protective Equipment (PPE) and guided to its safe use.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

● The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE - WORKPLAN 2022/23

DATE	AGENDA ITEMS	DESCRIPTION & BACKGROUND	RESPONSIBILITY
14 Mar 2022	Dentistry on the Isle of Wight	To discuss the latest position.	NHS England
	Operation Reset	To consider a report on the outcomes of an exercise conducted in January aimed at assisting the safe discharge of patients from hospital.	IW NHS Trust / Director of Adult Social Care
	CQC Inspection of St Mary's Hospital	To monitor the progress with actions required as the result of the CQC inspection.	IW NHS Trust
	Integrated Care Partnership	To consider the latest position regarding the establishment of an integrated care partnership	Dr Michele Legg, Chair of the ICP
6 June 2022	GP Access	To consider the review undertaken by Healthwatch Isle of Wight	Joanna Smith – Manager Healthwatch IW
	Public Health Partnership	To comment on the delivery on the Public Health Partnership arrangements with Hampshire County Council. Cabinet decision on the report delayed from December 2021 to allow for comment.	Cabinet Member for Adult Social Care and Public Health
	Integrated Care Partnership	To consider the latest position regarding the establishment of an integrated care partnership.	Dr Michele Legg, Chair of the ICP
	Patient Transport	To consider the role that health partners can play in aspects of patients travel to access services.	Scrutiny Officer
12 Sep 2022	Adult Social Care Annual Complaints Report	To consider the statutory annual complaints report in respect of adult social care	Helen Babington, Adult Social Care Nominated Complaints Officer
	Quality Account Priorities	To consider progress with the delivery of priorities within the IWNHS Trust's Quality Account	IWNHS Trust
5 Dec 2022	Suicide Prevention Update	To receive an update on progress as requested at the meeting in November 2021.	Director of Public Health

	Integrated Community Commissioning	To consider progress with arrangement for the delivery of integrated community commissioning arrangements with the CCG, building on the current Better Care Fund arrangements.	Health partners
	Annual Adult Safeguarding Report	To consider the annual report of the safeguarding adults board.	Chair of the Adult Safeguarding Board
6 Mar 2023	Health Inequalities	To consider a public health approach to addressing health inequalities arising from the pandemic and being a coastal authority.	Director of Public Health

The Committee have had the following informal briefings since the its meeting on 29 November 2021 :-

- 18 January 2022 with the IWNHS Trust. This covered the proposed priorities for the 2022-23 Quality Account, latest position regarding Covid; discharge of patients; partnership working; pilot project on complaints.

- 27 January 2022 with the IWCCG. This covered current position relating to Covid; GP practice mergers; dentistry, Health and Care Plan; patient transport.

- 10 February 2022 with the Interim Director of Adult Social Care. This covered the current pressures on adult social care including funding arrangements; work on recruitment and retention; Health and Care Plan; Dementia Strategy.

- 17 February 2022 with the Director of Public Health Issues covered included update on Covid, healthy lifestyles, public health budget, JSNA and dentistry.

- The Chairman and Scrutiny Officer also had an informal meeting with the chair of the Integrated Care Partnership, Dr Michele Legg on 10 February 2022.