Minutes

Name of meeting	**POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE**
Date and time	**MONDAY 14 SEPTEMBER 2020, COMMENCING AT 5.00PM**
Venue	**MICROSOFT TEAMS LIVE EVENT**
Present	Cllrs John Nicholson (Chair), George Cameron, Andrew Garratt, John Howe, Michael Lilley
Co opted	Chris Orchin (Healthwatch)
Cabinet Member	Cllr Clare Mosdell
Also Present	Simon Bryant, Mark Howe, John Metcalfe, Paul Thistlewood, Megan Tuckwell (IW Council), Michele Legg, James Seward, Alison Smith (IW CCG), Chris Ainsworth, Darren Cattell, Claire Gowland, Kirk Millis-Ward, Maggie Oldham, Nikki Turner, Alice Webster (IW NHS Trust), Mike Bulpitt (Community Action IW), Cllr Gill Kennett (IW Volunteer Centre), Joanna Smith (Healthwatch)

6. Minutes

RESOLVED:

THAT the minutes of the meeting held on 13 July 2020 be confirmed.

7. Declarations of Interest

Cllr Michael Lilley declared an interest in Minute item 8, as the chairman of the Isle of Wight Voluntary Sector Forum.

Cllr Andrew Garratt declared an interest in Minute item 9(b) as a family member was in Local Authority care.

8. Impact of the Covid-19 Pandemic on the Voluntary Sector

Members received the report which outlined the role played by the voluntary and community sector in helping to meet the needs of the Islands community during the pandemic. The Chief Executive of Community Action IW outlined the challenges faced by the voluntary sector throughout the pandemic, including uncertainty around future funding, volunteer resource and capacity, and loss of income (as a result of reduced fundraising opportunities, trade, and charged-for services). Cllr Gill Kennett of the Volunteer Centre highlighted the work of the Community Hubs that provided

support across the Island, and had been responsible for delivering prescriptions, shopping, food parcels and meals, and had offered telephone support. Discussion took place regarding monitoring quality and safety of the support being delivered, and the new wave of volunteers that had emerged. Members considered what could be done to broaden the community's understanding and widen the scope of what it meant to volunteer such as offering specific skills and expertise.

RESOLVED:

THAT the report from the voluntary sector be accepted, and the Committee formally thank all involved in the voluntary sector for their commitment, enthusiasm, courage and skill, in supporting the community and working in collaboration with other health and social care partners.

9. Update on Key Issues in Health and Social Care

a) Public Health

The Director of Public Health provided members with a briefing note on key public health issues (Appendix 1). Members were advised on the progress with the Public Health Strategy which set out how the Council would deliver its public health responsibilities and shift towards a preventative model. With regards to service delivery, members were advised that the sexual health, substance misuse, and the 0-19 healthy child programme continued to recover their delivery models with a focus on face-to-face support for vulnerable service users. The models for the stop smoking and weight management services were being developed.

Discussion took place regarding the ongoing response to Covid-19 and it was reported that the Isle of Wight was in a good position in terms of the number and rate of cases. Concerns were raised with regards to access to testing. The chair of the IW CCG reported that the testing site had not had internet access to book tests, there had not been availability to get postal deliveries, and people were being advised to not drop in. Members agreed that this issue needed to be escalated.

The Director of Public Health advised that this was a national issue as lab capacity could not meet the demand. Work with colleagues in the Department for Health and Social Care was underway to increase testing capacity. The Chief Executive added that he (along with the 22 Chief Executives of upper-tier local authorities across the South) had written to the Secretary of State requesting more access to testing in order to make the local programmes work. It was suggested that the Chairman of the Committee be authorised to make representations to the relevant Government agencies on concerns around testing capacity.

RESOLVED:

THAT the Chairman of the Committee be authorised to make representations to the relevant Government agencies on concerns about the difficulties being experienced with the lack of sufficient and timely testing capacity.

b) Adult Social Care

The chairman advised that the Committee raised a number of questions prior to the meeting and written responses had been received (Appendix 2). The Assistant Director of Adult Social Care delivered a presentation (Appendix 3) which outlined the context of adult social care prior to the pandemic, the Governments response and its impact on the sector, and the focus on care providers and available support.

Data was provided with regards to CQC-registered social care provisions, the allocation of the infection control fund, and the council's emergency PPE Service. Members were advised on vacancies in care homes, the support staff who has been unable to work, and those people supported in care homes and in the community who had been diagnosed with Covid-19. Questions were raised with regards to the availability of PPE stock, and it was reassured that care homes were able to access what they require.

RESOLVED:

i) THAT the Committee formally thank the staff in Adult Social Care, and all those working in the home care, residential care, and nursing home sectors, for their outstanding work throughout the Covid-19 crisis.

ii) THAT representatives of home care, residential care and nursing home providers, be invited to the next meeting of the Committee (due to be held on 7 December 2020) as part of the Committee's consideration of the response to dealing with Covid-19 on the Island.

c) IW NHS Trust

Representatives of the IW NHS Trust were in attendance to deliver a presentation (Appendix 4). An update was provided with regards to performance which included all areas of operational performance, emergency activity, diagnostics, and the ambulance service. It was advised that the introduction of social-distancing, infection prevention and control measures, as well as changes in demand, had impacted performance.

The Director of Nursing provided an update with regards to quality, including the improvements made during August 2020, and the next steps, for the community, ambulance, acute, and mental health and learning disability services. The Director of Acute Transformation presented an overview of partnership work for these services. Discussion took place regarding an emerging integrated model of care across all mental health and learning disability services, based upon a hub and locality model to ensure that people with moderate-low complexity needs are able to access services in their local communities. Members suggested that town, parish and community councils be involved in the development of this. It was agreed that an informal briefing should be arranged on the development of service provision for mental health and learning disabilities.

The Director of Finance provided an update on the £48m programme of capital investment which was intended to ensure the continued development of safe and

sustainable health services for the population. Members were advised on the plans for the funding, and the next steps for 2020-21 to work towards this.

Members received an overview of Covid-19 recovery plans for outpatients, inpatients, and diagnostics; and the associated impact on capacity and its mitigations. It was advised that plans were in place to improve access to all services and to reduce waiting times. Some plans had been approved and were being implemented, but a number of plans required financial approval and were being considered.

Questions were raised regarding contingency plans should financial support not be secured. It was agreed that the Chairman would liaise with the Trust's Director of Finance to help secure support from its regulators to ensure that projects aimed at improving service delivery could be progressed.

The Chief Executive of the IW NHS Trust advised that NHS E&I had confirmed the appointment of Melloney Poole OBE as the Trust's new chair following the departure of chair Vaughan Thomas who had stepped down at the end of his three-year tenure with the Trust. The Committee wished to formally thank Vaughan Thomas, and all staff at the IW NHS Trust for their dedication and hard work during the Covid-19 crisis. Hovertravel were commended for developing close working arrangements with the Trust with regards to patient transport.

RESOLVED:

i) THAT an informal briefing be arranged with the IW NHS Trust and IW CCG on the development of service provision for mental health and learning disabilities.

ii) THAT the Chairman liaise with the IW NHS Trust's Director of Finance and Deputy Chief Executive with regards to securing support from its regulators to ensure that projects aimed at improving service delivery are progressed.

iii) THAT the Committee formally thank all staff at the IW NHS Trust for their dedication and hard work during the Covid-19 crisis, and the Committee's appreciation of the work undertaken by Vaughan Thomas as chairman of the IW NHS Trust be formally noted.

d) IW CCG

The Managing Director and Locality Director of the IW CCG provided an update on the progress with the Mental Health Recovery Pathway business case and referred to a presentation (Appendix 5).

Members were advised that the draft business case was almost complete, and the intention was to present this to the Committee for sign-off at an informal briefing on 30 September 2020. The next formal meeting of the Committee was due to be held on 7 December 2020, and a delay would have a significant impact on delivery timeframes. This was because the Committee's approval was essential to commence the process of de-registration in order to meet NHSE Assurance requirements. It was explained that, once agreed, the de-registration

implementation process would take approximately 6 months, and the intention was to implement the new service model from April 2021. Subsequent phased changes (reconfiguring the acute services and moving to an integrated locality community service by 1 September 2021) were contingent on this.

Members noted the Hampshire and Isle of Wight CCG Reform and supported the proposals. With regards to the IW CCG Recovery Plan, it was advised that many aspects of the had been covered during the presentation by the IW NHS Trust.

RESOLVED:

i) THAT the proposed Hampshire and Isle of Wight CCG reform be supported.

ii) THAT the Mental Health Recovery Pathway business case be considered at an informal briefing on 30 September 2020.

10. Workplan

The chairman invited all partners to forward items for possible inclusion in the workplan.

RESOLVED:

THAT the workplan be noted.

CHAIRMAN

APPENDIX 1

Committee report

Committee	**POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE**
Date	**14 September 2020**
Title	**Public Health Update**
Report of	**Simon Bryant, Director of Public Health**

SUMMARY

This report is an update on key Public Health issues.

BACKGROUND

The first part of this year has been dominated by COVID-19 with Public Health at the centre of the response. This report presents some key public developments and outlines the Health Protection Board.

Public Health Strategy

1. The Public Health strategy was approved by Cabinet in June 2020. The strategy comes at a time of a Public Health emergency highlighting the need to focus on protecting and promoting the health of the population.

2. Our current health and care systems focus on treating illness rather than keeping people healthy. People have told us that being healthy, having a good quality of life along with being in control and making decisions about their own health is very important to them.

3. We know that the population is changing. Demand for services is rising and it is widely accepted that these services are not sustainable in their current form. We need to move to a 'wellness' model, with a shift to prevention and early intervention. This will change our reliance on services by supporting people to build resilience, to use their own strengths and assets and so reduce the need and demand for services.

4. The Public Health Strategy will span 2020-2025. It will set out proposals for how the Council can deliver its public health responsibilities and start to make the shift towards prevention. There are five priority areas within the strategy. These are:
   (a) Good start in life
   (b) Physical wellbeing
   (c) Mental wellbeing
   (d) Healthy places
   (e) Protect from harm

The priority areas are all based on health needs and a drive to reduce inequalities.

5. The Public Health team is working with internal and external partners to develop action plans to support the delivery of the strategy.

SERVICE DELIVERY

6. The Public Health services of Sexual Health, Substance Misuse and 0-19 Healthy Child Programme continue to recover their delivery models with a focus on face-to-face support for vulnerable service users and opening of satellite clinics.

7. We are developing our models for Stop Smoking Services and Weight Management.

COVID-19

8. The Isle of Wight is in a good position with regard to COVID-19 and the number and rate of cases. The Public Health team continues to play the leadership role in response to the pandemic. As at 4 September 2020 there have been 433 cases on the Island with 2 in the last 7 days. The first peak was well managed through social distancing and effective planning. The modelling of the virus suggests further waves of disease may develop during the Autumn and Winter. We are working to manage further waves of disease.

9. The first phase was to CONTAIN the disease, tracking those who had the disease and contact tracing those they had been in close contact with. Working with Public Health England, the County Council's Public Health team supported this through connecting with and supported key settings affected. Following this phase and once the disease was understood to be spreading in the community, the country as a whole moved to the DELAY phase. This phase has increasingly involved measures to slow the spread through social distancing for the whole population and shielding for the most vulnerable. These measures have been largely successful, and we appear to have now seen a predicted peak much reduced and delayed, albeit with many people experiencing severe disease and significant numbers of COVID-19 related deaths.

10. As the pandemic has developed and the impact of the interventions is becoming better understood we will have seen an easing of some of the measures but importantly maintaining social distancing wherever possible. However, in the absence of an effective vaccine, as long as there are cases of infection in the community, the likelihood of a resurgence of spread remains. As restrictions eased, the spread of disease will need to be managed in a similar way to the current measures, with increased local leadership through the Outbreak Control Plan.

11. The programme of testing for COVID-19 is key for understanding the spread of disease and prevent further cases. The testing programme has been developed over the life of the epidemic. Testing programmes have developed through a variety of delivery models. Under the Director of Public Health these models

are being reviewed to ensure they meet local needs. The progress and coordination of testing, and a stronger local authority role in that coordination is key to the effective management of outbreak control plans. Whilst we have a strong leadership role locally many of the assets in regard to testing are nationally led and managed.

12. We have now moved to a phase, as the start of outbreak management, of testing and tracing community cases. This involves increased testing in the community, tracing those who have been in contact with a case and supporting people to self-isolate with symptoms and NHS care where needed. It is intended to be a more targeted and "surgical" approach to management of the spread of the disease which can apply controls which do not have such widespread and economically as well as socially disruptive effects.

13. The contact tracing is run by the NHS Test and Trace programme with Public Health England with input from local Directors of Public Health. We are developing our local programme to compliment the national Test and Trace service.

14. A vaccine is still being researched which would enable society to gain population immunity, preventing the spread of disease and protecting the vulnerable from illness. This is most likely to be available during 2021, if a vaccine can be developed.

15. The Health Protection Board chaired by the Director of Public Health with partners and specialists, meets weekly to oversee the actions required to manage the spread of infection. This includes:
    - reviewing data, outbreaks and situations
    - oversight of significant events
    - logging any care homes the Director of Public Health has closed to visitors.

16. The Board also agrees actions to mitigate any outbreaks including:
    - communications
    - review of powers needed
    - agreeing risks and mitigations.

PUBLIC HEALTH ENGLAND

17. On 18 August 2020 the Secretary of State for Health and Social Care announced the creation of the National Institute for Health Protection, a new organisation to address the next phase of the pandemic and a new chapter for the nation's public health system.

18. Through the Association of Directors of Public Health we are ensuring the views of the Island and other Local authorities are considered in the development of the new arrangements.

APPENDIX 2

QUESTIONS TO THE CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING NEEDS, THE DIRECTOR OF PUBLIC HEALTH, AND THE DIRECTOR OF ADULT SOCIAL CARE:

**Responses from the Director of Adult Social Care, Dr Carol Tozer, and the Adult Social Care and Housing Needs Team:*

1. **How have Care Homes faired through the Covid crisis? How have infection rates compared with the national statistics? Have we suffered infection from hospital discharge into Homes?**

   31 of our 74 local care have reported residents who have tested positive or displayed symptoms of the Corona Virus since the middle of March 2020. This equates to 41% of our care home provision locally. It should be noted that the degree of impact ranges from a single symptomatic resident who when tested returned a negative result to multiple residents who return positive tests. National data is not available however within the Local Resilience Forum area (the whole of Hampshire, Southampton, Portsmouth and the Isle of Wight) the Isle of Wight has the lowest number of care homes which have reported cases (as at 08/09/2020).

   Our colleagues in Care Homes have been outstanding in their response to covid. This should not go unrecognised. In the majority of care homes Registered Managers and their staff have been able to manage the response to covid however in 3 of the Care homes it was necessary for additional workforce provision to be made by the council and health colleagues. Workforce challenges continue to be our primary concern in the event of a second wave.

   The Isle of Wight NHS Trust, CCG and Council have at all times throughout the pandemic response applied national guidance in relation to hospital discharge, this has included requirements and guidance relating to when testing is required and in relation people who have tested positive for corona virus whilst in hospital. We are aware that in the early stages of the response, in accordance with the national requirements, there was limited or no testing at the time of discharged and then that a small number of people who had tested positive for the virus were discharged to our local care homes. The specific impact of these discharges is not fully known however we believe that this would have impacted on care homes at that time.

2. **Has the use of IT helped in any way in monitoring and servicing the needs of residential care homes?**

   The following IT support has been put in place:

   - *All local care home were supported to access 'Attend Anywhere' which has enabled video consultation with GP's, Pharmacists, and other health and care professionals. this has had mixed success for a number of reasons. some home have found it difficult to engage with and other have deployed it as part of their routine*
   - *we have been working with our health partners to roll out the use wider use to telehealth in care homes enabling more frequent monitoring of health conditions and easier access to GP's for residents*
   - *Virtual meetings have been deployed to provide peer support*
   - *on-line training has been provided in relation to infection prevention and control*
   - *care homes have facilitated communication between residents and families using video conferencing/facetime/what's app/skype/zoom etc*
   - *some local care homes have deployed virtual reality technology to support residents – i.e. one home deployed virtual reality headsets to 'go to the beach' with their residents during lockdown*

   IT has supported prompt medical interventions where required, facilitated continued assessments/review of health, care and support needs and enabled residents of care homes to maintain critical links with their loved ones.

3. **In the event of a second wave, will the Island receive more locally prescribed measures that will avert closure or restrictions being imposed where they are not strictly locally necessary, in consideration of the severe adverse effects such drastic measures can have on services, other treatments, wellbeing, economy and business?**

The Measures put in place for the Isle of Wight are overseen by the Island Health Protection Board Chaired by the Director of Public Health and the Local Outbreak Engagement Board Chaired by the Leader of the Council. This means we can localise measures needed to protect the Isle of Wight. There may be circumstances where national measures are taken when infection rates rise for the country as a whole. We have seen this recently with the Rule of 6 coming in centrally.

4. **How many residents were sent to care homes?**

We are trying to verify the data in line with this FOI request. The IOW NHS Trust PID team are working to verify the data with multiple clinical teams to ensure accurate information is conveyed. This is a complex review.

5. **Does the Council recognise that identifying and addressing issues concerning personal adverse experience in early years is a measure that can prevent much bigger and more costly and widespread problems arising in later life? If so, what are we doing about being more proactive in this area?**

The Director of Public Health's Leadership alongside the Assistant Chief Constable is leading work on Adverse Childhood Experience and Trauma informed approaches. As it is recognised that early childhood trauma (including bereavement, domestic abuse) impact on a child's health, wellbeing and lifelong outcomes. We are committed to transforming the system so that service can support people who have experienced trauma for the best outcomes. This is a long-term programme which is planned to empower workers, engage communities and improve lives. The programme is overseen by a Board and has engagement from all partners. A new training package is being rolled out and further work to support good practice already taking place e.g. in substance misuse service, Children's Services and the Police.

6. **In relation to and as a particular part of the above question, what is the Council doing to address the issues of obesity in childhood and in later life?**

In July the Council signed of the public health strategy of which healthy weight was a key component. Work is progressing to ensure all parts of the system e.g. planning, place and the NHS play their part in improving the weight of the island residents. The National Childhood Measurement Programme is embedded in the school nurse service – this programme weighs and measures all children in year R and 6. This will recommence in January after a pause due to COVID. We are looking at new options for our Tier 2 weight management service (behaviour Change) to make this more effective for people to lose weight.

7. **Is the Council aware of the emerging significance that research in the importance that a healthy balance of microbes in the human biome, particularly gut biome could play in wellbeing, with indications that an imbalance may have instrumental effect on such conditions as autism, Parkinson's and other ailments, conditions and even psychological states?**

The Council ensures all work is based on evidence-based practice. Wellbeing is affected by so many factors including the place we live, education, housing, employment and lifestyle choices. The gut biome will only be a small factor and probably insignificant factor in wellbeing when taking into account the wider issues in people's lives. With regards to impact on diseases this would be for the treating clinicians to take account of evidence.

ASC and Housing Needs – our Covid-19 response

Mark Howe

Assistant Director Integrated Service Delivery Team: Care Management

Policy and Scrutiny Committee for Health and Social Care – 14th September 2020

1

The context – ASC

Prior to onset of Covid-19, the following calculations were made about the level of funding required to put ASC on a more sustainable footing:

House of Lords – advocated £8bn pa to restore care quality and access levels to 2009/10 levels, address increased pressures on unpaid carers ands unmet needs

Health Foundation – estimates that to meet the expected growth in demand from an ageing population and increase pay would cost £6bn by 2023/24

Going into the pandemic, therefore, ASC was already under-resourced to deal with the covid-19 pandemic by failure of successive governments of all political colours to recognise and understand how important it is to the people and carers who need it (and the 1.4 millions people who work in it); by the failure to put social care on a sustainable and enduing footing.

Post covid-19 – in the context of a (highly probable) long and deep recession, ASC is a major part of the IoW economy and needs to be factored into regeneration plans.

2

Government response to Covid and ASC – a whistlestop tour

- Government published the DTA requirements on 19 March which included the requirement to discharge all people from hospital within 3 hours of being declared medically fit for discharge. As part of these requirements, Government allocated £1.3Bn to CCGs who became financially responsible for funding (up to 12 weeks) people needing care and support NOT ALREADY FUNDED BY ASC to leave hospital and avoid hospital admission. Government has recently updated this guidance and CCGs will continue to be responsible for funding care for up to 6 weeks for the same group of people.
- On 15 April, Govt published the ASC Action Plan – which included the need for all people being discharged from hospital to care homes to be to be tested for covid.
- Councils has to develop and submit a Care Homes Support Plan by 29 May. This was developed in partnership with colleagues from health and care providers.
- The Adult Social Care Taskforce was established 9 June – and its final report will be published in September (no firm date as yet).
- We have been notified that ASC will need to develop a winter plan – to be submitted to DHSC by mid October. We expect to receive the guidance imminently. We understand that Government is also considering an additional round of the Infection Control Fund – but this is to be formalised.
- Finally, we have been notified that we will have to complete a self assessment about risks facing local care providers – and the mitigating actions that we will take against those risks.

ISLE of WIGHT COUNCIL

3

The focus on care providers

- The response of ASC (care providers, social workers, commissioners) has been magnificent – as has been the NHS and the people who work in it.
- The response of the NHS has also been magnificent – as has been the roles played by family carers and the VCS in keeping shielding and keeping people safe.
- A key lesson is that a pandemic response that focussed on emptying hospital beds WITHOUT considering the impact on social care had huge consequences: e.g., not starting testing of people entering care homes from hospital until 15 April. Social care was, initially, an afterthought.

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4

CQC Registered Social Care Provision IOW – The Numbers 8.9.20

- **HOME CARE PROVIDERS**
  - Enable 1,220 people to live well in the community
  - Employ 1,082 Care Staff
- **RESIDENTIAL CARE PROVIDERS**
  - Enable 1,190 people to live well in residential care
  - Employ 1,496 care Staff
  - Employ 403 ancillary staff
- **NURSING HOMES**
  - Enable 451 people to live well in nursing care
  - Employ 411 Care Staff
  - Employ 71 Nurses
  - Employ 174 ancillary staff
  - NB: In addition, there are 288 Personal Assistants accredited on our PA Hub – supporting people in receipt of Personal Budget/Direct payments.

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5

Covid and ASC: Support to care providers

- **PPE:** care providers have experienced very significant pressures , especially in securing masks and face covering (gloves and aprons are the usual PPE uniform in ASC). Providers have also faced hyperinflation costs for PPE. As of ….. (date), the Council has made available approximately 200,000 items of PPE available to ….. care providers whose own stocks have become dangerously low. This has been free to care providers.
- **Financial support:** the Council has the £9m received from Govt to help meet costs of covid-19 in ASC. This enabled us to temporarily uplift to uplift care fees paid to providers by 10% from 16 March for 12 weeks. (at a total cost of…) This cost £898,485.
- In addition, we have received £2.58M in the form of the Infection Control Fund in order to further support care providers. Government provided strict criteria as to how councils should allocate this money and we have had to submit verification of our allocation to MHCLG and DHSC

ISLE of WIGHT COUNCIL

6

Infection Control Fund

Allocation paid in two instalments totalling £2,584,973

Allocation of fund	Breakdown of funding	Description
75% of the fund must be allocated straight to care homes on a per bed basis	£1,919,830 paid to providers in two instalments: 1st June 2020 and 5th August 2020	74 providers with a total bed capacity of 1,930
25% of the fund used to support other COVID-19 infection control measures	£200,000 paid to Homecare providers on 27th July 2020 £200,000 held for 2nd instalment to Homecare providers £119,000 held for Supported Living services £8,000 held for support to community service provision £58,000 held to support day service providers (work underway to determine how to allocate) £80,143 held as a contingency where further care home support is required	31 homecare providers broken down into three payment brackets: Small £3,500, Medium £6,000, Large £10,000 49 Supported Living providers broken down into four payment brackets: 1-5 residents £1,000 6-15 residents £3,000 6-20 residents £5,000 21+ residents £7,000 8 Community services providers receiving £1,000 each

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7

Isle of Wight Council Emergency PPE Service since 9/09/20

Number of individual providers supported

Home Care and PA's - 63
Residential and Nursing Homes 56

Domiciliary Care Providers

Totals number of items since: 112,980

FFP3 Masks	102
IIR Surgical Masks (FRSM) -	16,600
Nitrile Gloves	69,510
Aprons	23,350
Hand Sanitiser 50ml	34.84 ltrs
Safety glasses	531 pairs
Safety Visors	543

Residential and Nursing Home

Total Number of items: 241,555

FFP3 Masks	714
IIR Surgical Masks (FRSM)	37,170
Nitrile Gloves	151,100
Aprons	49,300
Hand Sanitiser 50ml	52.48 ltrs
Safety glasses	1498 pairs
Safety Visors	1630

Total number of items provided to both settings 354,535
Total number of individual request from both settings 302

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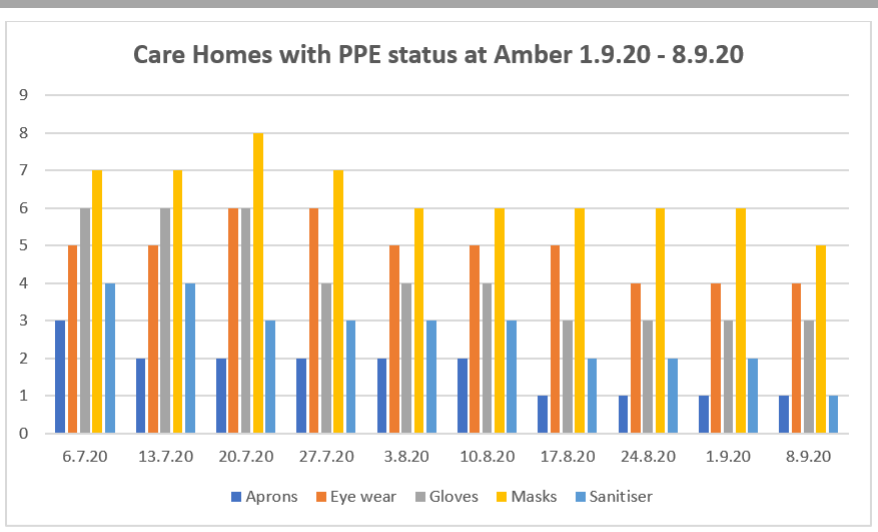
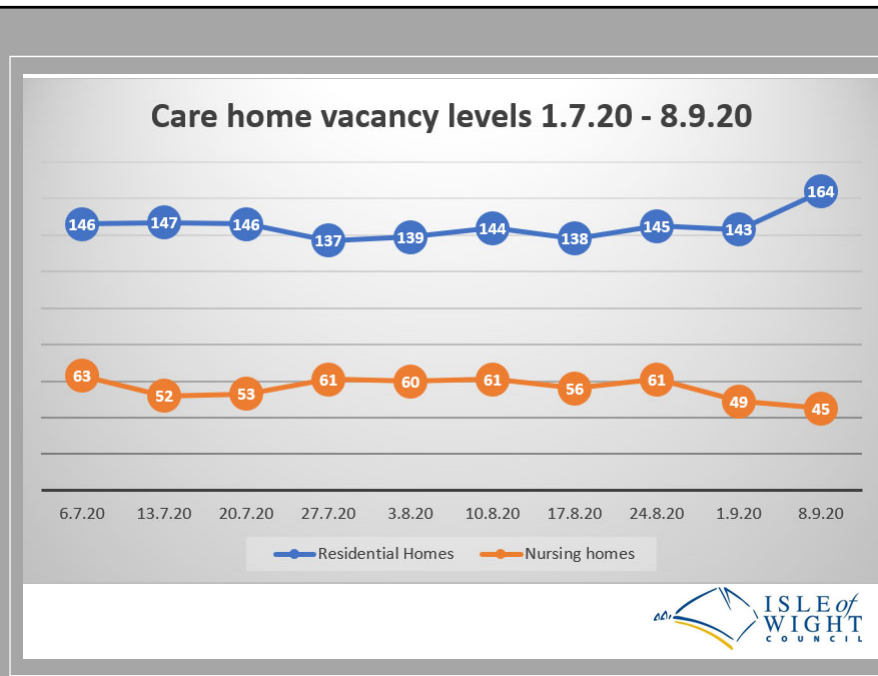
8



During this period on 10% or care home s reported as being at **amber** status for PPE as opposed to 21% when previously reported. During this period no care home has reported as being at **red** status and 25% of care homes report they have a substantial supply of PPE in stock

9



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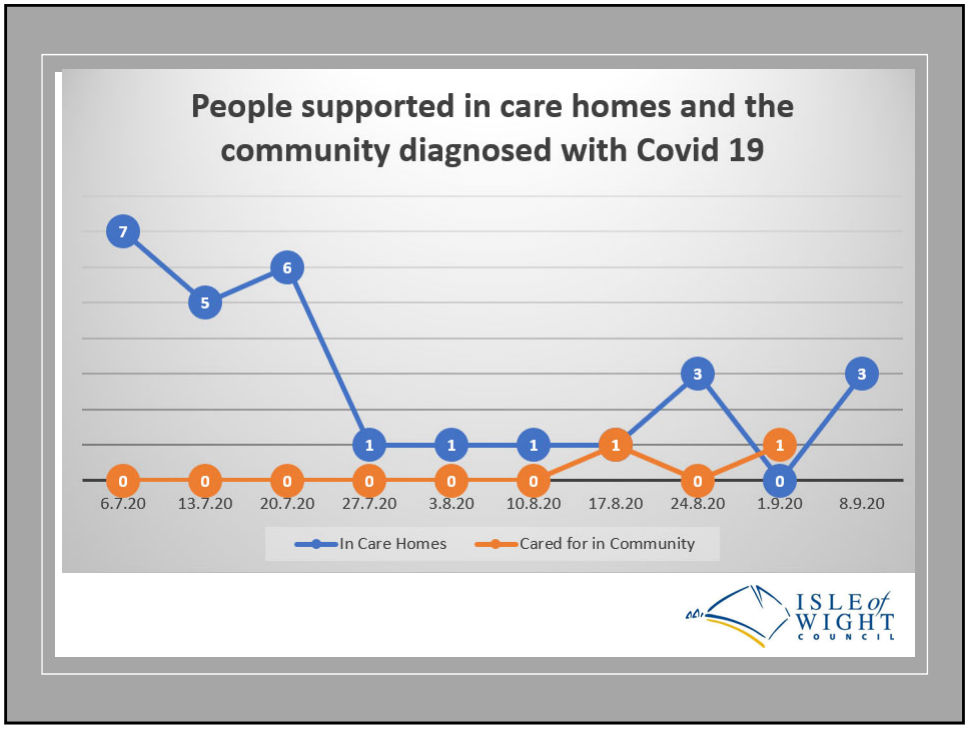
People supported in care homes and the community diagnosed with Covid 19
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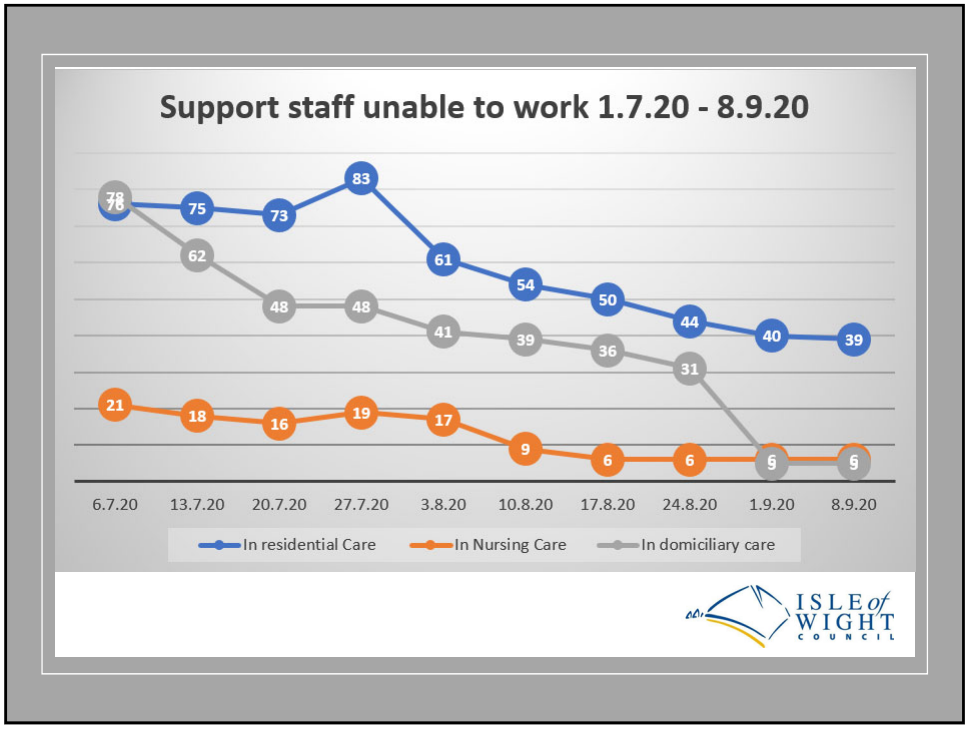
27.7.20
3.8.20
10.8.20
17.8.20
24.8.20
1.9.20
8.9.20
In Care Homes
Cared for in Community
ISLE of WIGHT COUNCIL

11


Support staff unable to work 1.7.20 - 8.9.20
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24.8.20
1.9.20
8.9.20
In residential Care
In Nursing Care
In domiciliary care
ISLE of WIGHT COUNCIL

12

Feedback from Providers

- On behalf of Ward House residents and staff, I would like to pass on our sincere thanks for the continued support that the Isle of Wight local authority have given us in the past few weeks. The current situation has been unprecedented, and we feel that you and your team have risen to the challenge, thought outside the box and achieved the support that we need.
- Thank you very much. Stay safe and well and we really appreciate the work you are doing!!!! - Highfield Nursing Home
- Thank you so much , this is a massive help and will relieve some of the pressure we are all feeling !! - The Briars
- Extremely grateful that St. Helena will be supplied IIR Disposable Masks Thank you for your help and support to keep our staff safe.-St Helena
- The CEO has asked me to thank you for providing a very valuable and efficient service. You are all doing a very important work in supporting us in the front line - thank you 👏👏👏- Ryde House Group
- Thank you for your thoughtful help and support.- Downside House

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NHS Isle of Wight NHS Trust

Policy and Scrutiny Committee for Adult Social Care and Health
Isle of Wight Council
14 September 2020

1

Introduction

- Performance and quality of our services
- An update on our partnership work
- Investing in our future – progress on the £48 million
- The impact of COVID-19 and our recovery
- Our Chair

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2

Performance

Responding to COVID-19 has taken a tremendous effort from NHS staff, our teams have worked hard to maintain and improve services.

The introduction of social distancing and infection prevention and control measures, as well as changes in demand have impacted performance.

- Operational performance overview
- Emergency activity
- Diagnostics
- Ambulance service

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3

Operational Performance Overview

Metrics	Latest Period	Target	Month	Last Month	Trajectory
Accident & Emergency:					
4 Hour Performance - All Types (%)	Jul-20	*95%*	95.5%	95.1%	▲
4 Hour Performance - Type 1 (%)	Jul-20	*95%*	92.8%	91.8%	▲
12 Hour Breaches (number)	Jul-20	*0*	0	0	▬
Referral to Treatment:					
18 Weeks Incomplete (%)*	Jul-20	92%	38.0%	39.6%	▼
52 Week Waits (number)*	Jul-20	0	247	123	▼
Total Incomplete List Size (number)*	Jul-20	10,884	9,207	9,394	▼
Cancer:					
2 week GP referral to 1st outpatient , cancer (%)*	Jul-20	93%	95.4%	95.2%	▲
2 week referral to 1st outpatient - breast symptoms (%)*	Jul-20	93%	98.0%	97.7%	▲
31 day wait from diagnosis to first treatment (%)*	Jul-20	96%	96.4%	94.3%	▲
62 Day urgent GP referral to treatment for all cancers (%)*	Jul-20	85%	79.7%	68.8%	▲
28 Day total performance (%)* **	Jun-20	75%	71.8%	68.2%	▲
Discharge Summaries					
Discharge summaries completed within 3 days of discharge (%)	Jul-20	100%	88.0%	85.8%	▲
Diagnostics:					
%. Patients waiting < 6 weeks for diagnostics	Jul-20	97%	77.8%	71.4%	▲

** These provisional figures and are therefore subject to further validation and may change.*
**28 Day Performance - The target has not been confirmed due to the std. is not yet being measured because of COVID but we have been shadown reporting

Improved ▲
Same ▬
Worse ▼

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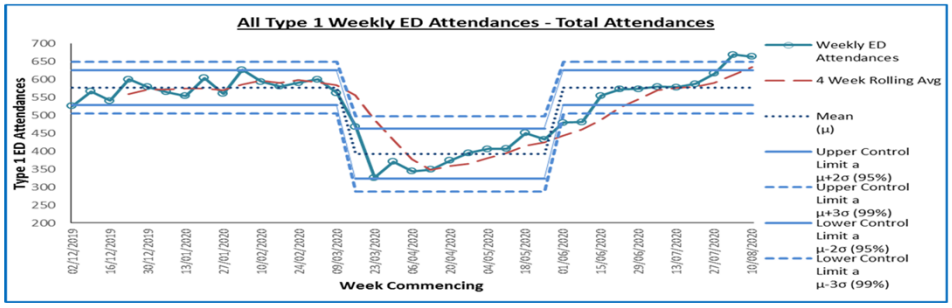
Type 1 Average Weekly ED Attendances All Conditions

Attendance Type	Pre-COVID (Dec19 - Feb20)	Total COVID Period (16/03 - 31/05)		Last Week (10/08 - 16/08)		
	Avg Per Week	Avg Per Week	% Change (Pre-COVID)	Attendances	% Change (Pre-COVID)	% Change (Week Prior)
Total Attendances	**576**	**393**	**-31.8%**	**664**	**15.3%**	**-0.7%**
Mental Health Related	18	10	-44.4%	16	-11.1%	-30.4%
Cardiac Related	37	26	-29.7%	38	2.7%	-15.6%
Stroke Related	15	11	-26.7%	10	-33.3%	-23.1%
Drug & Alcohol Related	18	11	-38.9%	27	50.0%	42.1%
Respiratory Related	68	47	-30.9%	55	-19.1%	71.9%
Trauma Related	93	66	-29.0%	127	36.6%	-15.9%
Paediatric (Under 17)	71	29	-59.2%	82	15.5%	-7.9%

% Increase / - Decrease



- ED attendances have peaked over the previous three weeks from the 27th July onwards, in correlation with the start of the main tourist season.
- Average of 140 Trauma related attendances over the previous three weeks is a 50% increase on the Pre-COVID average.
- Drug and Alcohol related attendances have also increased over the previous three weeks, on average 30% increase against Pre-COVID levels.

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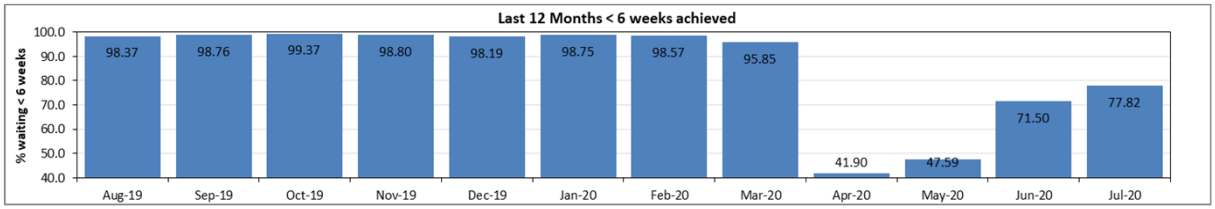
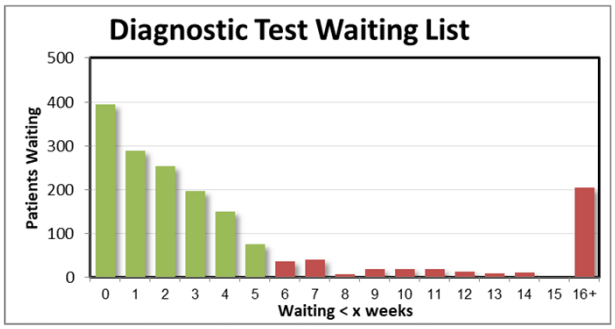
Diagnostics Data – July 2020





List Size	19-Jul	26-Jul	02-Aug	09-Aug
Magnetic Resonance Imaging	316	322	289	206
Computed Tomography	422	414	415	297
Non-obstetric ultrasound	693	716	745	606
Barium Enema	0	0	0	0
DEXA Scan	0	0	0	0
Cardiology - echocardiography	50	33	39	53
Neurophysiology - Nerve conduction studies	3	6	17	35
Respiratory physiology - sleep studies	28	16	15	8
Urodynamics - pressures & flows - Urology	6	5	7	7
Urodynamics - pressures & flows - Gynae	35	27	29	30
Colonoscopy	133	157	147	126
Flexi-Sigmoidoscopy	83	80	73	65
Cystoscopy	21	27	26	23
Gastroscopy	286	290	309	293

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Ambulance Service

Performance Metric		Period	Target	Current Month	Previous Month	Trajectory
Ambulance Service						
Call Answer Time	- Mean	Jul-20		8 (S)	6 (S)	▼
	- 90th Percentile			5 (S)	4 (S)	▬
Response Time Category 1	- Mean	Jul-20	00:07:00	00:09:50	00:09:44	▬
	- 90th Percentile		00:15:00	00:19:14	00:17:42	▼
Response Time Category 2	- Mean	Jul-20	00:18:00	00:20:09	00:17:30	▼
	- 90th Percentile		00:40:00	00:41:08	00:30:45	▼
Response Time Category 3	- Mean	Jul-20		00:49:53	00:47:57	▼
	- 90th Percentile		02:00:00	01:54:34	01:55:55	▬
Response Time Category 4	- Mean	Jul-20		01:14:55	01:00:41	▼
	- 90th Percentile		03:00:00	02:48:45	02:39:50	▼
999 Call Volumes	Trend	Aug19 - Jul20				
Ambulance Responses	Trend					
111 / Integrated Urgent Care						
% Calls Answered < 60 Seconds		Jul-20	> 95%	93.31%	91.58%	▲
% Calls Abandoned > 30 Seconds		Jul-20	< 5%	2.99%	3.48%	▲
% Calls With Clinician Input		Jul-20	> 20%	28.72%	29.20%	▬
% Calls Triaged By IUC Clinician (CAS)		Jul-20	> 50%	41.84%	43.09%	▬
111 Call Volumes	Trend	Aug19 - Jul20				
Patient Transport Services						
Travel Time, < 10 Miles (< 60 Mins)		May-20	95%	97.79%	98.70%	▬
Travel Time, 10 Miles - 35 Miles (< 90 Mins)		May-20	90%	98.82%	100.00%	▼
Travel Time, 35 Miles - 50 Miles (< 120 Mins)		May-20	85%	100.00%	N/A	▬
IOW OP Appt Arrival (60 Mins Prior & 15 Mins Post)		May-20	95%	54.00%	43.30%	▲
Patient Collection - Prior To Appt (< 60 Mins)		May-20	85%	71.22%	75.00%	▼
Patient Collection - Post Appt (< 60 Mins)		May-20	85%	92.25%	94.30%	▬
Patient Collection - Same Day Bookings (< 240 Mins)		May-20	85%	93.03%	92.70%	▬
PTS Journeys Booked	Trend	Jun19 - May20				

Trajectory Key

Improved ▲
Same ▬
Worse ▼

7

Mental Health Performance Data

Operational Performance Overview

Metrics	Latest Period	Target	Month	Last Month	Trajectory
Single Point of Access Referrals	Jul-20	-	323	329	▬
CMHT Caseload	Jul-20	*720*	917	901	▼
% CMHT Caseload on CPA with in date Risk Assessment*	Jul-20	95%	93.4%	96.3%	▼
% of people experiencing a First Episode Psychosis taken onto the EIP Pathway within 2 weeks	Jul-20	60%	100%	-	▬
CAMHS % RTT Incomplete	Jul-20	92%	100%	100%	▬
OPMH % RTT Incomplete	Jul-20	92%	47%	39%	▲
IAPT - 18 Weeks from Referral to Entering Treatment %	Jul-20	95%	99%	99%	▬
IAPT - 50% Recovery Rate	Jul-20	50%	51%	53%	▼
IAPT - 25% Access Rate	Jul-20	25%	18%	23%	▼
7 Day Follow Up	Jul-20	95%	93%	91%	▲
% Gatekeeping of Admissions	Jul-20	95%	89%	81%	▲
Bed Occupancy - Adult Acute Beds - Excluding Home Leave	Jul-20	85%	90%	90%	▬
Bed Occupancy - Adult Acute Beds - LOS in days Excluding Leave	Jul-20	**32	19	23	▼

** Includes Risk Assessments also includes Risk Assessments where the Service User is Open to Inpatients/Home Treatment*

** Mean taken from the National Benchmarking output report 18/19 data

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Improved ▲
Same ▬
Worse ▼

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Community Performance Data

Operational Performance Overview

Metrics	Latest Period	Target	Month	Last Month	Trajectory
Community Services Activity					
Attended Contacts	Jul-20	-	14,347	13,421	-
Referrals	Jul-20	-	1,845	1,828	-
Community Bedded Care					
Community Unit - Bed Occupancy	Jul-20	-	51.5%	35.8%	-
Community Unit - Average LOS (Days)	Jul-20	-	9.6	4.9	▽
Community Rehab Beds - Bed Occupancy	Jul-20	-	72.2%	70.0%	-
Community Rehab Beds - Average LOS (Days)	Jul-20	-	45.2	44.7	▽

** These provisional figures and are therefore subject to further validation and may change.*

Community Unit
- 97% Patients out of bed
- 94% Patients happy about their activity level
- 84% Patients feel an improvement in their condition

Virtual Community Unit
- 58% Patients have been out the house in the last 48 hours
- 84% Patients are happy about their activity levels
- 97% Patients prepared a hot drink

Integrated Discharge Team
The Integrated Discharge Team (IDT) continue to work with the acute teams to support prompt and timely discharge for people requiring support - Pathways1-3. To date 916 notifications have been received by the IDT. 835 discharges have been facilitated to date (July 2020). We have seen an increase in average LOS of 1 day between June and July 2020 (6.5 LOS in June compared to 7.5 LOS in July). Occupancy has increased by 4% from an average of 64% June to 69% in July. We have seen Increased delay setting EDD post admission and an increased number of patients without a discharge pathway set within 7 days of admission as a result of increased demand on acute wards. Bed occupancy within each LOS category has shown a swell in line with admissions as they move through the system. – See Graph on slide 2.

Outcomes for care dependency:
Patient outcomes as they move through the D2A process appear positive. There has not been an increase in the number of placements comparative to last year. The LOS pre discharge has reduced which is having a positive impact on patient outcomes, especially for those patients who are generally deemed our most dependent.

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Quality

- Improvements
- Next steps
- Our Care Quality Commission (CQC) inspection

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Quality – improvements in August 2020

Acute	Mental Health and Learning Disabilities	Ambulance	Community
• New Infusion Suite opened • Medical ward improvement strategy launched • Increase in patient feedback • Associate Practitioners for Dementia in place • Endoscopy JAG accreditation • Blood tests happening in the community reducing waits and travel • A&E recruitment including paediatric • A&E waits, achieved 4-hour target for three months running • New scanner in ophthalmology	• Self harm training identified and funding agreed • Transformation programme progressing well • Integrated Mental Health Hub continues in new location • New referral process for CAMHS to improve access • Successful recruitment into CMHT and IAPT • Improved recording of management and clinical supervision	• Suicide prevention training offered to all front line staff. • 4 new front line ambulances in use and IPC compliant kit bags in circulation • Achieved Cat 2 Cat 3 and Cat 4 performance year to date • Emergency Operations Centre vacancies recruited to. • Move to phase 2 of 111 First project • Debrief and lessons learned from COVID-19 pandemic undertaken	• 25% reduction in overdue incidents continues • Mobile pods now in use by 0-19 Service for school leaver vaccinations. • No new complaints received for August , maintained reduction of over 50% year on year. • Waiting lists continue to be reviewed for key services and risks identified. • Audit suite completed for the community unit and clinical standards continue to be monitored for the unit. • Reduction in staff sickness.

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Quality – next steps

Acute	Mental Health and Learning Disabilities	Ambulance	Community
• Embed Medicine Ward Improvement Strategy • Undertake CQC 40 day improvement plan work • CQC preparation focuses on three key areas: dementia, documentation and the deteriorating patient. • Planning to increase capacity in Diagnostics • High Dependency Unit project progess • Introduce rotations between the Urgent Treatment Centre and Emergency Department • 'Streaming' nurses at ED from September • Closer working with MH&LD to support patients presenting in ED requiring MH support	• Draft MHLD Strategy to be published • Actions from acute MH GIRFT (Getting It Right First Time) meeting • Registered Nurse Competencies - self assessment • Progress Green Light Tool kit work. • Carer strategy completion • Restrictive practice recording improvements • Smoke Free Policy written for Trust in partnership with other divisions. • Mail shot planned to all CMHT caseload regarding crisis and contingency plans . • Partnership working with wider trust re dementia and deteriorating patient improvements.	• More blue light driver training courses and trial of new pelvic binders for the management of serious trauma • Recommence SORT training • Start to explore ceasing the use of cervical collars for trauma patients • Approve Ambulance service 2020 Quality Strategy • Commence use of attend anywhere with Community Practitioners • Review of recognition of life extinct (ROLE) procedure • Recommence Ambulance Quality meeting • Training starting on PTS computer aided dispatch • Explore continuing Chaplaincy support to Ambulance Service post COVID-19	• Continue to focus on overdue incident reduction to achieve the 50% target set out which is on track. • To continue services to work with TEC team to explore new delivery model. • Continue to review estates within the division to locate suitable venues for clinics. • Clinical Standards Audit suite to be finalised for community nursing. • Community Conversions to continue to be delivered to all community staff via Microsoft Teams. This will develop into a monthly divisional session with a hot topic/theme each month.

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Quality – CQC preparation

- This work isn't about the inspection it is about long-term, continuous improvement for our community
- 40 day Improvement Plan launched
- A focus on dementia, documentation and the deteriorating patient
- CQC has a new approach to inspection responding to COVID-19
- No notification of when we might be inspected but our preparation is well under way
- Dedicated quality improvement and communications support in place

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Our partnerships

- Ambulance service
- Acute services
- Mental health and learning disabilities services
- Community services

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Ambulance Partnership

Service & partner

Ambulance
South Central Ambulance Service NHS FT (SCAS)

Progress & impact

- SCAS providing senior leadership support to IW ambulance service and Trust Board
- Good progress being made migrating all IW ambulance IT systems to SCAS systems
- Ambulance response times improving. More to do to achieve standard

- The partnership with SCAS is delivering significant benefits for Island residents
- Provision of **senior leadership support** and **advice** by SCAS to IW Ambulance Service and Trust Board
- Migration of all IoW Ambulance Service technical systems to SCAS systems. IoW becomes the 8th 'node' of the SCAS system:
  - **999 Computer Aided Despatch (CAD) rolled out**
  - **PTS CAD being rolled out now**
  - **Next step is to move to SCAS telephony system**, funded through the £48m capital allocation
  - Covid investment in **additional temporary ambulance capacity**
- Alignment of technical systems allows further service transformation with SCAS as a next step
- IoW have also increased workforce, to support SCAS during COVID – **partnership is two way**
- Summary: Performance and resilience are **improving**, with **more to do together through the partnership**

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May 2018: IW ambulance performance

999 Performance	Mean standard	Mean	90% standard	90%
Call Answer	N/A	05:33	N/A	21
Category 1	7 minutes	16:31	15 minutes	18:41
Category 2	18 minutes	14:04	40 minutes	33:53
Category 3	N/A	39:08	120 minutes	01:34:53
Category 4	N/A	01:34:43	180 minutes	03:45:20

999 Response Performance	Mean		90th Percentile	
	Target	Actual	Target	Actual
Call Answer		6(s) ↓		4(s) ↓
Category 1	00:07:00	00:09:44 ↑	00:15:00	00:17:42 ↑
Category 2	00:18:00	00:27:30 ↑	00:40:00	00:30:45 ↑
Category 3		00:47:57 ↑	02:00:00	01:55:55 ↑
Category 4		01:00:41 ↑	03:00:00	02:39:50 ↑

June 2020: IW ambulance performance

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Acute Partnership

Service & partner

Acute services
Portsmouth Hospitals University NHS Trust (PHU)

Progress & impact

- Significant IW service & financial risks to address. Strong partnership, incl through Covid
- Joint strategy agreed and published – delivering one acute service from two hospitals for the combined population of 800,000 people.
- Focus on implementing changes to increase resilience in core emergency service ahead of winter/2nd surge; strengthening cancer, improving elective access & phase 2 critical care
- Joint appointments

- Strategic direction for acute services agreed
- Direction of travel is towards the delivery of one acute service for the 800,000 combined IWT/PHU population from two main sites – QA Hospital (QAH) & St Mary's Hospital IoW.
- **Strategy** reflects the learning about delivering acute care in small hospitals: inter-disciplinary team based care at St Mary's, with support of clinical teams at QAH
- Translated into **practical action** to improve the quality and resilience of the Island's core emergency services – ED, acute medicine and surgery, critical care.
- Means that services are better prepared ahead of winter and any potential future surge in Covid demand
- **Programme of redesign over the summer and autumn** improving **cancer services** & improving access to **elective care**, investment in estate & digital technology
- **Joint IWT/PHU posts** to support delivery together: Governance, Medical Workforce, Chief Digital Information Officer, Emergency Planning (EPRR), Programme Director advert out
- Chief Executive led Partnership Board provides executive leadership to the Acute Partnership

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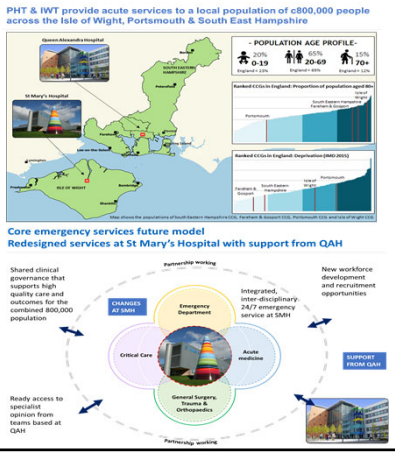

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Mental Health and Learning Disabilities (MH&LD) Partnership

Service & partner	Progress & impact
Mental Health Solent NHS Trust	▪ Service is being redesigned; good progress being made with Solent developing new model ▪ Strategy envisages most care delivered locally with central Island hub for complex care ▪ Service was rated inadequate by CQC in 2019; CQC recognition of impact of partnership ▪ Implementation of new model and improvements during 2020/21 and 2021/22

- Through the Partnership with Solent, the **service model is being redesigned** to deliver a sustainable, high quality solution for Island residents.
- The aim is that people can **access most care locally**, in the community, with teams aligned to Primary Care Networks, and a central hub for those with the most complex needs (see figure opposite)
- Good progress is being made. The **initial design phase** has been completed. Draft clinical strategy for consultation in Q2, with the intention that it can be refined and finalised in Q3
- Implementation of the **new model during 2020/21 and 2021/22**
- The response to Covid-19 has accelerated change, including the implementation of an **Integrated Wellbeing Hub**.
- The whole system response to support and improve mental health services has been significant.

Emerging Mental Health & Learning Disability Service Model

- An integrated model of care across all mental health and Learning Disability services based upon a hub and locality model, that ensures people with moderate and low complexity of needs are able to access services in their local communities, and those with high complexity of needs will have their care delivered through a centrally co-ordinated Mental Health & Learning Disability hub.
- Virtual online support will be delivered through an interactive Mental Health & Learning Disability website.
- The service will be easy to access, with 'no wrong door', and café-fronted locality bases, that encourage self referral.
- Locality teams will be aligned to primary care networks, and delivered in partnership with local authority, third sector and community physical health services, bringing holistic physical and mental health and social care together.
- The central hub will deliver an integrated multiagency crisis and liaison services, an Assertive Outreach/Intensive Community Rehabilitation service, and a community Dementia Outreach service.
- We will remodel the acute service, with a view to ensuring we minimise the need for admission.

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Community Partnership

Service & partner	Progress & impact
Community Partner to be determined	• Good progress developing community based services with **Primary Care Networks (PCN) – collaboration agreement**. • Strategic partner needed to support transformation, improve quality & provide financial sustainability. Process to secure a partner to commence **during quarter 2.**

- Trust community care services include district nursing, health visiting, community nursing teams, therapy services, podiatry and orthotics, as well as inpatient rehabilitation and community post-acute stroke wards.
- Good progress is being made developing community based services with PCNs, with **a number of joint initiatives**. Collaboration with primary care and PCNs is crucial to the model of care, and involves a whole system response.
- A **strategic partner for Community Services** is needed, in order for these important services to be clinically and financially sustainable.
- The purpose of the community partnership will be to support the service to **continue to transform**, improving quality and financial sustainability.
- A **community prospectus** been issued, and a process to secure a partner to commence during Qtr 2

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Investing in our future

Investing in our future is a £48m programme of capital investment, intended to ensure the continued development of safe and sustainable health services for our population.

- Improvements in St Mary's hospital and the facilities in the community to improve patient experience and make more efficient use of our resources
- The development of new capacity at Portsmouth Hospitals NHS Trust to enable the transfer of additional complex clinical activity, in line with our emerging shared acute services development plans
- Funding for digital development, with plans to invest in our IT infrastructure, clinical systems and devices to improve our resilience and allow us to maximise the benefits that technology can bring to both staff and patients

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How will we spend the money?

£18.5m

Improving patient flow at St Mary's
Developing an Emergency Care Floor [£9m] and an Integrated High Dependency Unit [£9.5m]

£10m

Enabling PHU to support IW patients
This investment will enable Portsmouth Hospitals University Trust to increase its capacity and resilience and allow it to continue to support the care of Isle of Wight patients with more complex needs

£7m

Community Health & Wellbeing Hub
Developing the first of three locality hubs across the Island for integrated community, mental health and primary care with the potential to include other services e.g. adult social care

£11.5m

Digital
This will support an urgent infrastructure investment in IT and allow the replacement of some key clinical systems, both of which are key to resilience and partnership working

£1m

Ambulance integration
This will enable an initial investment in the IW/SCAS Ambulance partnership and ensure the upgrade of key systems

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What are we doing in 2020/21?

Securing support from our regulators, for the overarching strategic case, in order to allow the individual projects to be progressed

Setting up the governance structure and working groups that we will need to make sure that we are able to stay on track with delivering our plans

Producing the programme plan, setting out who is doing what and when

Developing our estates and IT plans and designs in greater detail, working closely with the operational teams to make sure that the investments meet their needs

Securing a building contractor for the estates projects, using the Procure 22 procurement process

Completing Full Business Cases for each of the major projects to secure approval to draw down funding so that we can get started

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COVID-19: Recovery and way forward

- Outpatients
- Inpatients
- Diagnostics
- COVID-19 impact and mitigations

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Outpatients

- Increase in waiting times for outpatient appointments – progress is being made but it will take some time until we are able to list all patients on the backlog
- Letters have been sent and will continue to go to patients to update them on our progress and to reassure them that we will get to them as soon as possible.
- Continued increase in the use of virtual outpatient appointments – keeping people out of the hospital and reducing waiting times
- Main outpatient department has now re-opened with expanded waiting areas, new one way system and new drop off point and care park
- Significant reconfiguration and investment to get services restarted. We are now at 91% of normal activity levels in our Outpatient Department

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Inpatients

- Inpatients / Day Surgery – the pandemic has caused significant delays and there will be some people that will wait more than 12 months for their procedure.
- People are being prioritised by clinical need and then by date order.
- Reviews have been under taken on all patients with extended waiting times.
- Recovery is being hampered as we comply with enhanced Infection Prevention and Control (IPC) measures – significant loss of theatre time.
- Use of the independent sector will be an important part of our recovery. We will be expanding our patient contact team and more people will be given the opportunity to have their procedure with the independent sector

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Diagnostics

- During COVID routine scanning was suspended across the country. Similarly GP direct referrals reduced considerably. This has created significant backlogs for MRI, CT and Ultrasound.
- Post lockdown referrals for diagnostics have increased and are approaching near normal levels.
- Scanner capacity similar to theatres is impacted through compliance with enhanced Infection Control and Prevention (ICP) measures.
- Managing the backlog and near normal levels of demand in reduced capacity means there are currently long delays in accessing these services.

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COVID-19 impact – our capacity

	Current capacity	
Theatres	79%	• 12% capacity lost due to infection control measures between operations • 9% lost due to the need to separate 'hot' and 'cold' theatres
Endoscopy	75%	• Due to enhanced infection control and prevention (ICP) measure
CT	82%	• Capacity lost due to enhanced ICP measures, enhanced cleaning of scanner between patients
MRI	82%	• ICP measures, deep cleaning of scanner between patients

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Mitigation

- Plans in place to improve access to all services and reduce waiting times.
- Some already approved and being implemented, including access to the independent sector, use of Medefer and virtual clinics
- A number of the plans require financial approval and are being considered

Action being taken
Use of the private sector to reduce waiting lists, this has central funding.
Extending the theatre days will provide additional capacity and help reduce waiting times. This has a cost implication but is being considered.
There is potential to bring in clinical teams to operate in our theatres over the weekend which would create additional capacity. We are speaking to a number of organisations exploring how it could work.
Looking to bring in a third MRI scanner (potential availability January 21) if this scheme can be implemented the scanning back log will be cleared by March 2021.
Bringing in a third CT scanner (potential availability November 20), if this scheme can be implemented the scanning back log will be cleared by March 2021.
Staffing challenges mean the endoscopy unit cannot open at the weekend to provide additional capacity. However, the unit has in the past used insourcing (a company comes on site uses Trust facilities to undertake procedures) as a means of managing waiting times. We are exploring an opportunity to insource additional capacity that, if successful, could reduce endoscopy waiting times to near pre-COVID levels by March 2021.

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Our Chair

We announced recently that our Chair Vaughan Thomas is stepping down at the end of his three-year tenure with the Trust.

We have seen a period of stability and improvement under his leadership and I would like to place on record my thanks to Vaughan for his dedicated service to the Trust and to our community.

NHS England and Improvement confirmed the appointment of Melloney Poole OBE as the Trust's new chair.

Melloney has extensive NHS leadership experience, including in acute, mental health and community mental health services. Her appointment underlines the NHS' commitment to partnership working, both on the Island and with colleagues on the mainland.

Melloney joins the Trust from Portsmouth Hospitals University NHS Trust (PHU), where she is also Chair. She will be Chair of the two Boards, which will oversee the two separate organisations.

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Mental Health Recovery Pathway Update

Policy and Scrutiny Committee for Health and Social Care

14 September 2020

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Context

- Woodlands is a 10 bedded mental health recovery ward in Wootton provided by the Isle of Wight Trust.
- **At times, beds have been used inappropriately** for acute overspill although the purpose of the ward is to support people on a recovery pathway. This has happened as Woodlands is registered with CQC as an inpatient service.
- At the last CQC inspections (in 2019 and 2019) the **service was rated as Requires Improvement** and highlighted concerns about the acute overspill
- Delivering effective recovery is central to the NHS Long Term Plan for Mental Health and the wider island Health and Care Plan and **a new model is needed to support the national direction and shift away from over reliance on bedded care to community based services to improve the experience for service users.**
- Since we last met, we have worked with current and former Woodlands service users, carers and partners to develop a new model of care

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Proposed New Model

The proposed new model will:

Provide specialist assessment, treatment, interventions and support to help people recover and to regain the skills and confidence to live successfully in the community

Support people to manage their own condition, get a job, make friends and maintain safe and secure housing and achieve their own life goals.

Key elements of the new model :-

- Woodlands is de-registered and converted to 8 beds and 1 flat and the IoW NHS Trust pays for staffing and estate supported by the LA contribution for reablement
- Estate costs paid on a licence basis through eligible benefits / self-funding
- Reablement, Intensive Rehab and Assertive Outreach pathways will be embedded within the recovery service, including Out of Area Placements caseload

Key benefits of the new model :-

- CQC safety risks addressed with appropriate environment and staff training
- Responds to current consultation feedback and meets the aspirations of strategic drivers for change
- Staff skills and delivery of support optimised for improved outcomes
- Increased community approach with more robust in / out reach support
- Service users able to develop their accommodation history
- Increases efficiency and value for money

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Ask of the Committee

- The draft Business Case for the new mental health recovery pathway is close to being signed off, however not all internal governance processes have been completed and the approach is being finalised to mitigate any risks around the changes as part of the implementation plan.

- The project teams are working toward completing this process by 30 September, in order to present at the Briefing Session scheduled with Councillors.

Our ask to the Committee is that the proposals are signed off through Chair's action following the Briefing Session on 30 September. This request is based on :-

- **Assurance requirements** – Policy and Scrutiny Committee approval is essential to commence the process of de-registration, in order to meet NHSE Assurance requirements
- **Time sensitivity** – The next committee meeting is not until 7 December which will impact delivery timeframes significantly
- **MH Transformation critical path** – once agreed, the de-registration implementation process will take approximately 6 months. The aim is to implement the new service model as from April 2021 and subsequent phased changes in reconfiguring acute services and moving to integrated locality community service by 1 September are contingent on this

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