



# Minutes

<b>Name of meeting</b>	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
<b>Date and time</b>	<b>MONDAY 13 JULY 2020, COMMENCING AT 5.00PM</b>
<b>Venue</b>	<b><u><a href="#">MICROSOFT TEAMS LIVE EVENT</a></u></b>
<b>Present</b>	Cllrs John Nicholson (Chair), George Cameron, Richard Hollis, John Howe, Michael Lilley, Brian Tyndall
<b>Cabinet Member</b>	Cllr Clare Mosdell
<b>Also Present</b>	Cllrs Rodney Downer, Karl Love Helen Babington, Simon Bryant, Carol Tozer, Paul Thistlewood, Megan Tuckwell (IW Council), Michele Legg, Alison Smith (IW CCG), Kirk Millis-Ward, Maggie Oldham, Joe Smyth, Steve Parker (IW NHS Trust), Joanna Smith (Healthwatch)

---

## 1. Minutes

### RESOLVED:

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

## 2. Declarations of Interest

Cllr Brian Tyndall declared an interest as chairman of the Audit Committee.

## 3. Adult Social Care Annual Statutory Complaints Report 2019-20

The Director of Adult Social Care and the Nominated Complaints Officer were in attendance to present the report, which provided information on the number and type of complaints received by Adult Social Care for the period 1 April 2019 to 31 March 2020; the actions taken, and lessons adopted to continuously improve services. Questions were raised regarding comparative data with other local authorities and the instance where the Local Government Ombudsman upheld a complaint. Discussion took place regarding the importance of independent advocates, accessibility, timeliness, and re-framing complaints to encourage feedback.

### RESOLVED:

- i) THAT consideration be given to a section being included within next year's report on lessons learnt from all cases dealt with by the Complaints Team.
- ii) THAT the Adult Social Care Statutory Complaints Report 2019-20 be noted.

#### **4. COVID-19 Response and Recovery**

The committee invited health partners to provide an overview of the actions taken in response to the pandemic.

##### **a) Public Health**

The Director of Public Health confirmed that to date there had been 422 cases of Covid-19 on the Isle of Wight, and only one new case in the last 7 days. Infection rates were lower than the national average but in line with the pandemic curve.

Throughout the pandemic, significant work had been undertaken around managing the response, understanding the spread of infection, and supporting the community. The Director of Public Health had been actively involved in a number of local and national groups and had produced the Outbreak Control Plan which set out how the pandemic would be managed locally. It was confirmed that the Public Health team were working with Public Health England to assist with the delivery of the Test and Trace programme locally.

With regards to Public Health services, it was advised that they had adapted well during lockdown by utilising digital interventions and were beginning to return to business-as-usual with the appropriate social-distancing measures.

Discussion took place regarding mental health, and how Public Health were supporting the restoration of local services to business-as-usual, particularly in light of frequently changing Government guidance. Questions were raised regarding the rationale by ferry companies in their decision to not allow passengers to remain in their vehicles, and whether the Director of Public Health had any influence in this decision. It was reminded that, as with all forms of public transport, handwashing, compulsory face coverings and social distancing measures were in place.

##### **b) IW NHS Trust**

The Associate Director of Communications and Engagement provided an update with regard to the support offered to frontline staff during the pandemic. It was advised that various gestures of goodwill, such as free parking and free hot meals, had been offered and had been well received. Additionally, there had been a focus on ensuring managers were equipped with the tools and resources to support the wellbeing of their teams, and various staff recognition programmes had been introduced across the organisation.

The Chief Operating Officer provided an update on the restoration of services, noting that capacity was significantly reduced due to the current restrictions in place (social-distancing, PPE) and backlogs had formed. To address this, options were being explored through the STP and the private sector for elective surgeries. There was the potential to bring in additional MRI and CT scanners which would help to reduce backlogs for diagnostic testing, and a number of outpatient services had been relocated to accommodate bigger waiting areas.

The Deputy Medical Director advised on the challenges faced during the recovery phase, balancing the desire to return to planned activity whilst still responding to the pandemic and preparing for a possible second wave.

Questions were raised regarding planned communication with those on waiting lists for treatment, and the use of the outpatient departments as storage for preparations for a second wave. Discussion took place regarding mental health needs and due to time constraints it was agreed that this could be provided in detail to the committee outside the meeting at an informal briefing.

At the conclusion of the discussion members adjourned for a 10-minute break.

**c) IW Clinical Commissioning Group**

The Managing Director of the IW CCG advised that, in response to the pandemic, business-as-usual capacity had been significantly reduced to enable the rapid implementation of virtual consultations, electronic prescriptions, emergency support available for pharmacies, dentists and opticians, and a 'hot site' for Covid-19 patients.

It was important to not cause a delay in making finances available whilst maintaining a record of key decision making. Collaboration with the Affected Residents Cell was ongoing to identify vulnerable people and to ensure their care plans could continue. The importance of harnessing the lessons learned was stressed, particularly around digitalisation, outcome-focused working, and collaboration with community services and the voluntary sector.

Discussion took place regarding the possibility of utilising local health centres for blood tests to relieve pressure on St Marys hospital, and concerns were raised over the provision on B-12 injections and the conflicting advice being reported.

**d) Adult Social Care**

The Director of Adult Social Care highlighted that it was not until 15 April 2020 when testing became available for patients being discharged from hospital into care homes. All care homes have now had testing for all residents and staff, and the last reported outbreak in a care home was more than 21 days ago. It was stressed that testing needed to be repeatedly available, and it was anticipated that the Government would soon publish guidance for visitors.

It was advised that daily contact was taking place with every care home, and a comprehensive Care Home Support Plan had been submitted on 29 May 2020 and had received positive feedback. With regard to financial support, there was an anticipated surge in demand of referrals into Adult Social Care, and the Council had received £9m from the Government to help meet Covid-19 costs.

With regards to Housing Needs, it was advised that emergency legislation was put in place which eased the Homelessness Reduction Act 2017 and resulted in the service supporting an additional 81 people who presented as homeless. Within 48 hours, the service successfully vacated all shared accommodations (such as the emergency winter shelter) and found each person an individual self-contained room.

Discussion took place regarding housing responsibilities and move-on plans for every person who was being sheltered. Questions were raised regarding the hyperinflation of PPE costs, and visitors to care homes including routine inspections and quality monitoring.

**e) Healthwatch IW**

The Healthwatch Manager was in attendance to provide an update from the perspective of patients, carers and families. It was advised that, throughout the pandemic, fortnightly intelligence reports had been produced and circulated to the statutory sectors in order for them to receive up to date feedback from service users. It was reported that there had been an increase in anxiety, particularly around waiting times for treatments and as people realised that the pandemic may be with us for some time. Additionally, concerns had been raised by the voluntary sector around the sustainability and longevity of the essential support they have been providing to the community. Members expressed appreciation for the comprehensive report provided.

The work of all those involved in the delivery of health and social care during the pandemic was praised by the Committee.

**RESOLVED:**

THAT the updates from Public Health, Adult Social Care, the IW NHS Trust, the IW CCG, and Healthwatch IW be noted and the Committee's appreciation of the work undertaken by all staff within each sector be formally recorded.

**5. Workplan**

Members considered the workplan and it was agreed that it would be reviewed in light of the pandemic. The chairman invited all partners to forward items for possible inclusion in the workplan so that it could be updated.

**RESOLVED:**

THAT the workplan be noted.

CHAIRMAN