

# Minutes

Name of meeting	<b>ADULT SOCIAL CARE, HEALTH AND HOUSING SCRUTINY PANEL</b>
Date and time	<b>THURSDAY, 11 MARCH 2010 AT 6.00 PM</b>
Venue	<b>COMMITTEE ROOM 1, COUNTY HALL, NEWPORT</b>
Present	Cllrs Margaret Webster (Chairman), Geoff Lumley, Roger Mazillius, Ian Stephens.
Officers Present	Marian Jones, Amanda Thomas
Apologies	Cllr John Hobart

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26. **Minutes**

RESOLVED :

THAT the Minutes of the meeting held on [2 February 2010](#) be confirmed.

27. **Declarations of Interest**

There were no declarations received at this stage.

Cllr Cousins declared a personal interest in minute 30 as she had been an expert/adviser on one of the Comprehensive Area Assessment panels

28. **Public Questions Time**

No public questions received.

29. **Deferment of Agenda Item 6 – the Personalisation and Transformation Agenda Update**

The Chairman advised the Panel that Item 6 would be deferred until the next meeting, pending a scheduled Members' information seminar on the subject on Monday, 15 March 2010.

Cllr Lumley asked for his concerns about the deferment to be recorded in the light of the impact of recent budget cuts in Social Services and the implication that elected Members may not have been fully aware of the proposals prior to the Full Council meeting on 24 February 2010 when the budget was debated and the vote was taken.

The Cabinet Member informed the panel that information regarding the Personalisation and Transformation Agenda was circulated at the last Full Council meeting to ensure that all Members were kept updated.

During the discussion it was proposed that an additional meeting be arranged as soon as possible after 15 March 2010, to enable a full discussion on the Personalisation and Transformation Agenda.

**RESOLVED:**

THAT an extraordinary meeting of the Scrutiny Panel be arranged at the earliest date after 15 March 2010, to enable expedient debate on the Personalisation and Transformation Agenda.

**30. The role of the Care Quality Commission (CQC) and its relationship with Health Overview and Scrutiny Committees**

The panel received a presentation from Adrian Hughes, the Area Manager for CQC, which detailed how the Commission sought to improve the quality of care. The new regulatory body had been established with new legislation and new powers and all providers were required to be registered by 1 April 2010. A 'Standards' publication had been produced by the CQC, against which providers would be measured for compliance. Copies of the publication would be circulated to local authorities in due course. It was noted that during 2011 primary medical care (GPs) and dentists would also be included within the CQCs responsibilities.

The role of the CQC would include investigating the effectiveness of care pathways and public health issues, with a commitment to convert 'voices into action' on behalf of local people. It was envisaged that Scrutiny Panels and Focus Groups would assist with the process of development of services within their area.

Members asked where the CQC was based; the extent of their knowledge regarding local service providers and how they could be more effective than their predecessors (CSCI). The Panel was also interested in the extent of the geographical area covered and the quality and skill of staff.

The Panel was informed that CQC was a single body, employing largely home-based staff who were focussed on dealing with poor practice and compliance at an early stage. The area covered was the South East area, which extended as far as Milton Keynes. Existing staff were experienced in health work, but specific expertise could be purchased if deemed necessary.

Members also enquired what regulation applied to GP surgeries and dental practices prior to 2011 and were informed that the PCT currently held contracts for GPs and dentists, which were regularly monitored. The CQC would not replicate this work, but would provide an additional facet and would also contribute information towards the Comprehensive Area Assessment (CAA).

Cllr Cousins declared a personal interest as she had been an expert/adviser on one of the CAA panels.

During the debate it was proposed that recommendations put forward from the Scrutiny Panel should be monitored and included in a work programme together with the key CQC Review dates.

**RESOLVED:**

- (i) THAT the presentation be noted.
- (ii) THAT the Scrutiny Panel provide comment for the CQC following receipt of the Review dates.

**31. Community Stroke Rehabilitation Consultation**

The Chairman welcomed Donna Collins, Head of Clinical Service and Helen Shields, Director of Commissioning, who was attending in place of Dawn Berryman. The Panel received a briefing regarding proposed changes to the stroke patient service.

The Panel was advised that following the Government's National Stroke Strategy in 2007, health authorities had been charged with improving services to include community rehabilitation. The treatment of strokes was now one of the six IW NHS priorities.

Proposed changes included the establishment of a Community Stroke Rehabilitation Team, to cover a range of disciplines. The team would provide a seven-day service within the community for suitable patients. This type of facility had been piloted in Portsmouth and proved to be very effective in improving the rate of recovery as well as the morbidity rate and institutionalisation rates, whilst also reducing overall costs.

Currently there were no rehabilitation arrangements in place on the Island and the establishment of this new service would include an investment of £93,000. Approximately 350 patients per year presented with stroke symptoms and research had shown that early intervention rehabilitation resulted in the best chance of recovery.

Discussions had been held with patients and Focus Groups and following the 30 day consultation, a full service could be in place by September 2010.

Such an arrangement would also enable the current stroke facility of 30 beds to be reduced by 10 beds, although these would be available to use if extreme pressures occurred. Patients would be treated in the community for anything between 2 and 12 weeks.

Members raised concerns about the sustainability of the investment and on-going costs and comparisons with the average length of hospital stay. Questions were also asked about respite facilities and family support and associated funding, as well as the potential impact on the Council's Social Services resources.

The Panel was advised that the new proposals should result in a benefit to Social Care Services, based on current evidence. No Social Care Service would be necessary during the rehabilitation phase, but work with Social Care colleagues was being undertaken to identify those who may need on-going support.

Panel Members were pleased to see the level of investment and the potential benefits to stroke patients on the Island.

RESOLVED:

- (i) THAT the briefing be noted.
- (ii) THAT the Panel supports the proposed arrangements for a stroke rehabilitation service.

**32. Performance Management Review for Quarter 3 of the LAA2**

The panel reviewed the performance information for quarter 3, ending 31 December 2009, and made the following observations:

- NI 120a and NI 120b – All age mortality rate - not enough information about what was being done to counteract the all-age mortality rate and the words “lack of” should be added to the comments directly before ‘physical activity’.
- NI 123 – Stopping smoking - what is being done to publicise this work and raise awareness?
- NI 039 and NI 070a – Alcohol related hospital admissions – why had the A&E Alcohol Nurse post has been removed and what are the national averages?
- NI 047 and NI 048 – Number of people killed in traffic accidents and numbers of children killed or seriously injured in traffic accidents - why is there a delay with obtaining data from the police?
- NI 055 – Obesity in primary school age children - why is the multi-agency strategic group not yet in place? Has the obesity mapping been completed?
- NI 113a - % of 15 to 24 age group screened for Chlamydia - should a mapping exercise be undertaken?
- NI 175 – Access to facilities and services by public transport, walking and cycling – what about remote rural areas on the Island?
- NI 112 – Under 18 conception rate – why is there a delay in obtaining figures?

Members stated that it would have been helpful to have had appropriate officers from Public Health and IWC Performance Team in attendance to respond to questions and suggested they be invited next time performance management data was on the agenda.

Members also suggested that the timetable for submission of performance management information to the Panel should be received to enable it to debate pertinent issues in a more timely and useful way.

The Chair for the Health and Wellbeing Board advised that the points raised would be discussed with the Cabinet Member for Performance Management as well as the Cabinet at the next Cabinet meeting on 30 March 2010.

33. **Members Question Time**

No questions were raised.

CHAIRMAN