



Minutes

ADULT SOCIAL CARE, HEALTH AND HOUSING SCRUTINY PANEL

Date and time	THURSDAY, 13 MAY 2010 COMMENCING AT 6.00 PM
Venue	COMMITTEE ROOM 1, COUNTY HALL, NEWPORT
Present	Cllrs Margaret Webster (Chairman), John Hobart, Geoff Lumley, Roger Mazillius, Ian Stephens.
Co-opted (non Voting)	Paddy Noctor (Local Involvement Network)
Officers Present	Paul Bakewell, Peter Hopkins, Mark Howell, Marian Jones, Simon Wiggins

34. Minutes

RESOLVED :

THAT the Minutes of the meeting held on [11 March 2010](#) be confirmed.

35. Declarations of Interest

Cllr Mazillius declared a personal interest as a relative was in a residential home and was in receipt of a care plan.

36. Forward Plan

The Members noted that there were two Cabinet reports on the Forward Plan for June to September 2010, which came under the remit of the panel. It was stated that the opportunities to develop affordable housing in rural areas would be covered later in the meeting under the item concerning housing issues item. The progress report regarding the Personalisation Agenda would be scrutinised during the special meeting that would be convened on 20 May 2010.

37. Performance Management

Members reviewed the actions that related to the terms of reference of the panel, which had arisen from the performance management report submitted to Cabinet on 30 March 2010. Items included the Transformation of Care Agenda and Local Housing issues.

RESOLVED:

THAT Members review the Transforming Social Care progress at the panel meeting on 20 May 2010. Items relating to local housing would form part of the debate under the Housing Issues section, which was item eight on the agenda.

38. **Isle of Wight NHS Commissioning Strategy – 2010-2014 and Community Services Commissioning Strategy 2009-2012**

(a) Isle of Wight NHS Commissioning Strategy – 2010-2014

The panel received a presentation on the Commissioning Strategy 2010 - 2014 from Helen Shields, Director of Commissioning of the Isle of Wight NHS, which had updated the original 2007 strategy in the light of further financial constraints and to increase focus on areas of priority. She advised that during the redrafting of the strategy the outcomes of the joint service needs assessment had been considered, to ensure that they were focusing on the correct priorities and that the process had been enhanced, providing workshops, to look at the areas of main concern.

The strategy was designed to compliment the overall Primary Care Trust (PCT) strategy, which would provide a health system that was sustainable clinically, financially and from an organisational perspective. Members were further appraised of the current cost saving targets and the years beyond, noting that the majority of the £7.4m savings in 2010/11 would be achieved through working more efficiently and differently and that the savings target by 2014 would be in the region £25m.

The Director stated that the strategy had been considered within the context of the Island, including the ageing demographic profile of the residents and the significant health inequalities across the Island. They further highlighted that between 2009 – 2018, it was estimated that the number of people over the age of 60 would increase by 25%. This was compared against the life expectancy of those within different Island wards, which displayed a difference of 9.7 years between the longest and shortest spans and it was noted that the gap had increased in the last year.

In addition to ensure that commissioning decisions about services were being made that both preserved the sustainability of the organisation, and provision of care on the Island, major causes of death had been considered. This showed that 75% of all deaths were related to circulatory and respiratory diseases as well as cancer. Insights had also been sought from patients including a survey of 12,000 people, public clinicians and local partners.

Following consultations with stakeholders the following focussed priority areas were identified:

- Staying healthy
- Children's health and well being
- Stroke
- Dementia
- End of Life Care
- Non acute management of long term conditions

Members were informed that there was an increased focus on prevention. Whilst more resources were being diverted in this direction it was a difficult balance all PCTs had to make between prevention and provision for those needing care. It was further noted that whilst smoking on the Island on average resulted in 100 deaths a year it remained a contributory factor in other causes of death.

Members questioned the strategy of collaborative working with nine other PCTs and acknowledged that whilst this would make working together to find ways of doing things differently more effective, the strategy needed to further consider partners on the Island. The Director stated that it was essential that the provision of a complete pathway across all care groups was researched to ensure that the best use of resources was made and that areas including dementia had already begun to move towards the joint commissioning of services and integrated working.

Members were concerned about funding pressures being put on the joint commissioning priorities and enquired whether there had been reductions. They also enquired what the position was with areas that were formally included. It was noted that whilst the joint commissioning scheme was in its infancy, the Head of Joint Commissioning for Children and Young People post had been advertised, with the view to having someone in post by the autumn 2010. Further recruitment would be made to the other outstanding posts thereafter. The impact on any funding arrangements had not been ascertained but this would become more prevalent once there was a single person who was responsible for both the Local Authority and NHS budgets. This would enable extra resources to be directed to areas with the highest need and allow for a review of pathways to create increased value for money, although it was noted other areas would need to decrease expenditure.

The need to research ways of working more effectively would protect Island services. If progress remained static demand would shortly outstrip supply. Examples of new ways of working included a focus on prescribing, which through changing suppliers had resulted in savings.

Members questioned how the strategy to consolidate services at St Mary's Hospital that did not require a community setting would work alongside the public desire to be able to access healthcare in their community. It was highlighted that there was a distinct difference to services in the community and where a particular service was only offered in one location on the Island. The plan would involve bringing stand alone services into a single staff base at St Mary's. There were also plans to develop the land which was available at St Mary's to accommodate the services. These plans would not affect community or GP services, and these would remain within Island communities.

(b) Community Services Commissioning Strategy 2009-2012

The panel was given a presentation in regard to the transformation of community services from Helen Shields, Director of Commissioning from the Isle of Wight NHS. This was a national initiative and had followed the publication of Lord Darzi's report and was designed to look at where community services would sit in the future with only six PCTs remaining as a supplier, of which the Island was not only unique but the biggest.

It was explained that the strategy would work towards a vision of achieving integrated service delivery, improving patients' experiences, supporting people in remaining healthy through education and prevention and supporting self management enabling people to stay within their own homes. It was stated that this would be achieved in various ways including joint commissioning, redesigning of the clinically driven care pathway and collaborative commissioning with other PCTs. A review of all community services had been carried out, looking at where services would be required, where there had been improvement and the ease of implementation.

An outline was given on how the strategy would improve services within a number of priority areas including dementia services, end of life care, child and adult mental health services and dental services. In addition a number of cross cutting themes had been identified including the development of Information Technology, improved case management, integration of Health and Social Care and community rehabilitation.

The panel questioned if the high percentage of hospital deaths were related to the aging demographic of the Island and were told that this was not the case when balanced against the Island population. However, the high percentage could possibly be attributed to there not being enough community services and nursing homes which dealt with clients in their latter days, as opposed to the hospital. It was further stated that there was a more recognised pathway for carers through completion of National Vocational Qualifications (NVQS), although it was recognised that there was a need to focus on Island education and provide opportunities for young people to progress into care work.

Concerns were raised by the panel with regard to the large amounts of money which had already been spent nationally on Information Technology. Members were told that the joint common assessment process would assist in steps to share systems including SWIFT and the co-location of Council and NHS services. It was further noted that ways of viewing the activities of community nurses was being looked at locally which would provide information via a GPS system and allow an assessment to ensure things were being done in the most efficient manner.

RESOLVED:

THAT the presentations be noted.

39. Isle of Wight NHS Quality Account

Carol Alstrom, Chief Nurse and Director of Infection Prevention and Control gave a presentation on the draft Quality Account. This was a requirement of all providers of NHS healthcare services and included a number of statutory prescriptive statements that must be included. Members were asked to note that this was currently a draft document and had already undergone some further amendments.

Members were advised on the priorities for improvement including:

Identifying and managing the deteriorating patient – Following four cases of patient deterioration, investigations had taken place to ascertain the reasons why - with a view to lowering to zero cases.

Patient reported Outcome Measures – A scheme started in April 2009 to record patients' views on the impact of their illness before treatment was given, four patient pathways had been looked at including Hip and Knee and Hernia surgery and patients were asked about their health before and three to six months after surgery.

Reducing length of stay and Enhanced Recovery – It was recognised that there was an opportunity to reduce the length of stay in hospital and that this would produce savings, to invest in other areas. This would need to be balanced against ways to enhance patients' recovery safely.

Getting it right patient survey – This would involve asking patients 7 key questions about their experiences in hospital and although this was currently only performed at "in patient" services at present, there was a plan to roll this out across the hospital for all patients with a view to achieving a 95% satisfaction rating.

The views of other organisations would be studied through participation in clinical audits, review of statements given by the Care Quality Commission, and unannounced visits and inspections, of which the hospital had received three in the last year. The account gave a summary on the review of quality performance for the previous year and it was noted that levels of MRSA and C.Difficile had halved. There was also no record of any patients suffering significant harm within the past 5 months following a fall. Delivery of the human Papillomavirus (HPV) vaccine, which treated certain types of cervical cancer, resulted in the IW NHS being judged as the best performing organisation in the NHS South Central area.

Members noted that 240 complaints had been lodged during 2009/10 and that the majority of these complaints had been directed at clinical care, staff attitude, nursing care, admission/discharge arrangements and delays in appointments. The Director stated that each complaint was investigated and acted upon and that lessons had been learnt, including that from the most recent death which had been judged as neglect. The panel was advised that it was important to communicate those messages/lessons across the hospital. It was stated that for every complaint lodged 10 compliments had been received.

The panel highlighted that the hospital ranked in the lower realms on the league table in regard to the average length of stay in hospital, which was acknowledged by the Director. Members were informed that it had been recognised that there was work to do in this area and that two quality improvement schemes were in place to support the reduction in the length of stay.

The panel believed that a fundamental consideration when looking at reducing the length of stay was to ensure that the appropriate support was available in the community to assist those who had been discharged. The Director accepted that there was a need for partnership working and stated that there was a discharge management group, of which community services were members, based at the hospital. It was also important that specific equipment needs for discharged patients were met at the time of need. In addition the enhanced recovery programme was geared to prepare patients before surgery by making them aware of what may be required afterwards. It was further noted that there was a need to look at providing patients with a clear pathway from the point of referral to the point of discharge and

ensuring that they were able to make informed decisions on the journey through their treatment.

Members noted that the quality account would be presented to the NHS Board for approval in early June 2010 and that the final version would be published on the NHS choices website on 30 June 2010. Members were assured that it would be presented in a user friendly format.

RESOLVED:

THAT the panel supply a statement which would be published in full within the quality account with regard to their views on the statements within the account and quality of the services which were offered.

40. Housing Issues

Members were updated on three specific areas that were within the remit of the council's housing department namely, homelessness, housing enabling and homes of multiple occupancy (HMOs).

(a) Homelessness

Members were reminded by the Acting Director of Community Services, Mark Howell, of the main functions of the homelessness team which included the maintenance of the choice based lettings scheme, running the housing register and provision of housing advice and options, which in turn prevented homelessness and provision of temporary accommodation. Members were also given a summary of the Island Homefinder scheme which assessed peoples housing needs and subsequently determined within which category they were placed on the housing register which was maintained in partnership with housing associations. The main focus of the scheme was to move towards a more choice based decision being made by residents through the ability to bid for properties.

It was noted that all local authorities had a legal duty to maintain an open housing register, although it was envisaged that using a choice based letting scheme would allow the majority of properties on the Island to be let to its residents. Choice based lettings replaced the housing points scheme and allowed for a more transparent process, which made those seeking housing more proactive. One restriction to the scheme was that in any one year only 300 of the 6000 properties would become available to rent, leaving a gap in supply and demand, although this was being tackled through explaining the benefits of the scheme to those in the private rental sector.

The authority had a duty to provide free housing advice and information which included those occupying all tenure types as well as accommodation providers. Considerable work was undertaken towards the prevention of people becoming homeless following the publication of the Homeless Strategy in 2008 including early casework being performed, securing alternative accommodation and the introduction of the Find a Home scheme to resource accommodation in the private sector.

The panel raised the issue of provision of temporary accommodation and the Acting Director stated that an emergency out of hour's service was available. Housing was provided through various forms including Bed and Breakfast, Hostels and Private

Sector leased. In regard to concerns raised about the use of hostels members were assured that these would only be used for short term accommodation before people were assisted into a more permanent setting, mainly as this approach would continue to allow a short term provision to exist.

(b) Housing Enabling

The Housing Strategy identified that there was a need to maximise the delivery of affordable housing, with a projected shortfall in the supply of 1,595. This was being tackled using a number of methods including looking to the private sector and increasing the capacity of organisations to provide affordable housing for local residents.

Work was underway with developers to understand the economics of development and submission of planning applications where there was scope to negotiate on affordable housing provision. It was noted that the delivery of affordable housing schemes was a slow process and as an example members were advised that the Pan development had taken three years to gain permission and appoint a developer. Members were also advised that it was difficult for a developer to make a profit on a large site when affordable housing was incorporated.

The Pan development was explained as a model which would provide 846 new homes over 15 years, 30% of which was affordable housing. In addition new community facilities would be provided alongside an eco-friendly biomass boiler, which would provide heating and hot water. All of the homes were to be built to a sustainable code level 4 and would be designed for life, with flexible interiors that could be changed to suit the needs of residents.

(c) Homes of Multiple Occupancy (HMOs)

The Housing Act 2004 had introduced mandatory licensing of certain types of HMOs from April 2006, although this was restricted to homes of three storeys and above which housed five or more people with shared amenities. Properties matching these criteria were required to hold a licence, which allowed the housing department to consider the suitability of the property as well as consider if the applicant was a fit and proper person to become a licence holder.

It was noted that 186 HMOs were known to exist on the Island, 38 of which met the licensable criteria, although there were six upon which work was still underway to authorise. Once properties had been licensed it allowed for checks to be carried out on the safety of the properties, ensuring that kitchens and bathrooms were in situ and that the properties had adequate heating provision. It was further stated that with all new licences that had been issued, a clause was included to ensure that residents did not engage in anti social behaviour.

RESOLVED:

THAT the presentation be noted.

41. **Joint Health Overview and Scrutiny Committee**

In line with procedure rule 22 of the Council's Constitution, the Chairman noted that the meeting had exceeded 3 hours.

RESOLVED:

THAT the Chairman's update on the recent activities of the Joint Health Overview and Scrutiny Committees be circulated electronically.

CHAIRMAN