



Minutes

Name of meeting	ADULT SOCIAL CARE, HEALTH & HOUSING SCRUTINY PANEL
Date and time	WEDNESDAY, 15 JULY 2010 AT 6.00PM
Venue	COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT
Present	Cllrs Margaret Webster (Chairman), Ivan Bulwer, John Hobart
Officers Present	Jonathan Baker, Steve Beynon, Mark Howell, Marian Jones
Cabinet Members	Cllrs Roger Mazillius
Apologies	Cllr Ian Stephens

1. **Minutes**

RESOLVED:

THAT the minutes of the meetings held on [13](#) and [20 May 2010](#) be agreed.

2. **Declarations of Interest**

Cllr Bulwer declared a personal interest as he was Chairman for the Executive Committee for two Abbeyfield Residential Homes in Ryde.

3. **Performance Management**

The Panel highlighted two key priorities within its remit. The first was the Transformation of Social Care, which had been the subject of a special Scrutiny Panel Meeting on 20 May 2010, and it was noted that a progress report on this would be submitted to a meeting of the Cabinet on 27 July 2010. The second priority related to Local Housing and a report had been submitted to the Cabinet meeting on 13 July 2010. The Cabinet Member for Adult Social Care and Housing provided the Panel with an update and advised that a full review of affordable rural housing would be carried out by the end of 2010. The Panel was advised that any report on affordable housing would take account of the new Planning Policy Statement (PPS) 3 as this affected land allocation in rural areas, and that the council would identify specific rural and local housing needs by working with Island town and parish councils.

The Acting Strategic Director of Community Services advised that developers of affordable housing were, like many other areas, susceptible to the economic difficulties being felt and that they were finding it increasingly difficult to establish sufficient funds to carry out development as private finance and grants needed to be raised. One of

the existing providers, an arm of Vectis Housing, was temporarily putting plans on hold prior to further analysis and the council would be working closely with the provider to monitor the situation.

With regard to the missed target of people being able to live independently, the Acting Strategic Director advised that, whilst over the years vulnerable residents had made good use of residential facilities, the council's Transformation agenda tried to encourage people to lead more independent lives. The council recognised that it was not always an easy task to transfer people from a residential setting to one of supportive living. It was envisaged that the ongoing Transformation agenda would see a steady decline in people residing in residential accommodation.

The Acting Strategic Director advised that an analysis of the new Localism Bill was needed to ascertain its impact on the Isle of Wight Council, but it was hoped that it would be beneficial.

RESOLVED:

THAT the Performance Management Report be noted.

4. Forward Plan

Three items on the plan fell within the Panel's remit. These were the Statement of Intent between the Isle of Wight Council and the Isle of Wight NHS PCT which was planned as a delegated decision in July 2010 and would also be discussed in minute 6, the Personalisation Agenda which went to Cabinet on 27 July 2010 and the Affordable Rural Housing report which would be the subject of a Cabinet decision later in the year.

RESOLVED:

THAT the Forward Plan be noted.

5. Options Paper for the Re-provision of Shackleton

The Panel was given a presentation on the future options for the Assessment and Treatment In-Patient Unit by Dawn Berryman, Senior Commissioning Manager and Martin Robertson, Associate Director of Mental Health & Learning Difficulties, Isle of Wight NHS PCT.

Members were advised that the re-provision of Shackleton was the next step in the ongoing review of services within the adult mental health care sector. The report sought the Panel's support for the proposed communication and engagement process.

The report provided nine options for the re-provision of Shackleton and concluded that the preferred option (Option 3) was to commission a single new provider to provide a service for those individuals with complex needs. This option fitted in with the national dementia strategy as well as the local Transformation agenda. Within this option there were two further options – 3a and 3b, both of which would be workable but in the case of 3b needed outreach staff from the PCT supporting Nursing Home staff by daily visits and shadowing on shifts if required. It was noted that several existing nursing homes on the Island had expressed an interest in discussing Option 3 further.

The Panel was informed that Shackleton was no longer fit for purpose and it was imperative that an option was adopted which addressed the demographics and the increasing number of people with dementia. It was noted that the 3% increase in people needing care with dementia was based on national figures, although this could be a conservative estimate owing to the Island's ageing population.

Whilst the number of people with dementia was increasing, the amount of care being administered within specialist facilities was decreasing owing to the increasing number of patients who were being treated within their own homes. The term "own home" would not necessarily be the house in which people had lived but could also include nursing homes which many patients considered to be their place of residence.

It was also noted that when a person with dementia reached a critical point in their care, homes or nursing homes may not be the most ideal environment and the recommended option would seek to address this issue by enabling a specialist team who could improve the care of patients at their home. Supporting people in nursing homes would also help remove the risk of patients losing a place in a nursing home as they may not need to leave for an extended period of time and thus lose their room and bed to another patient.

The Panel was informed that such a specialist team had been working in the Portsmouth area, providing good evidence that the preferred option was the best way forward.

The Panel was advised that if option 3a was adopted, there would be no risk to in house expertise being lost. Members were also assured that staff would visit nursing homes on a regular basis, often ad hoc, to ensure that a consistent standard of care was being provided.

A period of consultation would now take place seeking stakeholders' opinions before the preferred option could be put forward as a final recommendation. The PCT was looking at October 2011 for implementation.

Depending on the option adopted, Shackleton staff could be the subject of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) to any new service provider. Although no final decision over staff could be given at this stage it was hoped that all staff would be utilised in one way or another.

The Cabinet Member stated that in light of the cruel nature of dementia and the unfortunate situation in which Shackleton had become unfit for purpose, he would like to place on record his endorsement of the recommended option and the subsequent consultation engagement around it.

RESOLVED:

- (i) THAT the Options Paper for the Re-provision of Shackleton be noted.
- (ii) THAT the proposals for Consultation Engagement be supported.

6. **Health and Social Care – Partnership Working**

Steve Beynon, Chief Executive of the Isle of Wight Council and Kevin Flynn, Chief Executive of the Isle of Wight NHS PCT, gave a joint presentation.

The Panel was advised that, following national changes proposed by the recent Health White Paper, the planned arrangements by which the council and the local NHS PCT worked in partnership were being revised.

One of the Coalition Government's priorities was to revise the way the in which the NHS served its users and its ambition was to make the service one that was to be based more on health outcomes as well as quality health services. The Government wanted the future service to be recognised as amongst the best in the world, where patients would be at the core of everything and have real choices about how and where they were treated as well as be able to rate hospitals and clinicians following any treatment received.

The White Paper proposed that any decision making about healthcare would be the responsibility of clinicians, in partnership with patients. This could be achieved by groups of GPs commissioning services for their local communities through one GP consortia for the Island. A new independent NHS Commissioning Board would allocate and account for NHS resources, lead on quality improvement, and promote patient involvement and choice. NHS trusts would become foundation trusts and / or Social Enterprises, which would need legislation and would be part of the Government's "Big Society" agenda.

Members were advised that, as far as the Island was concerned, plans for the future would be about a new organisational form. The three main areas to come out of the initiative would be GP commissioning, being a financial stable environment as an independent organisation and the localism initiative.

It was noted that the Island NHS PCT was in the unique position of being both a commissioner and provider of a diverse range of services including A&E, maternity, ambulance, community and prison health, mental health and learning disability services. However, PCTs would no longer exist from 2013.

The Panel was informed that, should the Island be unable to be a stand alone organisation and meet all of the required criteria, various aspects of the organisation could be disaggregated and become part of other mainland organisations. It was hoped that the Department of Health and the Government could be persuaded to create a temporary holding position for the Island. A transition into a consolidated on-Island provider could enable a social enterprise, which would fit in with Government thinking. The local MP would be contacted in order to assist with the holding position, via lobbying at Westminster.

Meetings and workshops had been carried out with a representative body of local GPs to help progress the situation and this group were generally supportive of the proposals. Consultation had also been carried out with elected members, officers and the local MP.

A timetable of events was discussed which included the commencement of GP commissioning in 2011, separation of the provider service in 2012 and establishment of a foundation trust or social enterprise in 2013.

Mr Beynon then advised members of the new functions that the White Paper proposed for the local authority, which fitted in with local policy to engage locally elected members of upper tier authorities such as the Isle of the Wight Council in health commissioning arrangements.

Some of the current statutory functions of Health Overview & Scrutiny Committees would be replaced and a new health and wellbeing board established. The board's role would include the promotion of health and partnership working as well as leading on the strategic joint needs assessment. The board would also look at Children's Services, leaving question marks over the obligations of Childrens Trusts. The Secretary for Education had made it clear that school improvement would be the work of schools and that the area of children's services would be the remit of local authorities, but more details and clarity were needed. Local health improvement would fall under the auspices of the council, who would be jointly responsible with the Public Health Service for the appointment of directors of public health. Whilst the public health budget would be ringfenced, it was noted that the majority of spend had related to immunisation and it was not clear if the local authority would be responsible for this.

Healthwatch England would be a new independent consumer champion created within the Care Quality Commission, and the Local Involvement Network (LiNK) would take on the role of the Island's Local Healthwatch, funded by and accountable to the local authority. Healthwatch would be able to report any concerns about the quality of providers.

Members were advised that a white paper on Adult Social Care reform was expected in 2011, followed by Government consultation on options to ensure seamless health and social care work. The role of the National Institute for Health and Clinical Excellence (NICE) would be expanded to develop quality standards for social care, although clarity was once more required as to whether it would include the social care of both adults and children.

Mr Beynon and Mr Flynn stressed that an Isle of Wight solution was needed to ensure that the Government initiative was carried out effectively. Members were assured that in the run up to and following the changes, the Isle of Wight Council and the Isle of Wight NHS PCT would continue to work closely. Senior officers from both organisations had met every Thursday morning for the past two years and this co-operative way of working together would continue.

RESOLVED:

- (i) THAT the presentation be noted.
- (ii) THAT the Panel support the negotiation of a delayed desegregation of the Isle of Wight NHS PCT and the need to treat the Island as a special case, enabling a transition period within which to create a social enterprise for provider services.

7. Local Involvement Network (LINK) Host Contract - Performance Monitoring Arrangements

The Panel received a report on the procurement of the contract with Help & Care to host the Isle of Wight LINK and on the LINK's performance to date. The Council had a statutory duty to make contractual arrangements for activities to be carried out including "promoting, and supporting the involvement of people in the commissioning, provision and scrutiny of local care services.

The LINK replaced the former Patients and Public Involvement Forum and was available for anyone to join. It had a core group of 15 members known as the Stewardship Group (SG), which met monthly to report on activity and set the priorities and workplan for the LINK.

A joint protocol between the LINK and the Scrutiny Panel had been agreed which helped to avoid possible duplication of work. It was noted that the council and health authority were represented at the SG meetings and had been able to address issues at an early stage.

The Panel noted that, under the Health White Paper proposals, the LINK would become the local Healthwatch. The transition would need to be looked at closely, although members were assured that the current contract in place with Help and Care was flexible, having break clauses to help counteract the risk of poor performance or lack of finances. It was also extendable for up to a further two years, subject to certain criteria being met. Enhancement of performance monitoring was also being looked at.

Key achievements since the set up of the LINK were highlighted, including a review of the election process for the appointment of 15 members to the SG and a 1% reduction in annual host costs. It was noted that all the Key Performance Indicators (KPI) had been met to a satisfactory level. It was also noted that the membership of LINK was encouraging, having risen to approximately 360, and that the figure was continuing to increase.

The Acting Director of Community Services believed that the Council's relationship with Help & Care was healthy and that the authority was in a good position to respond to the changes outlined in the Health White Paper.

With regard to stimulating further interest in the LINK and aiding awareness of its duties, the Panel suggested that Town and Parish councils could be utilised.

RESOLVED:

THAT the report be noted.

7. Isle of Wight LINK Annual Report 2009/10

Owing to the absence of the Vice Chair of the LINK, this item was not debated. However, Members agreed to pass on any questions via the Scrutiny Officer.

RESOLVED:

(i) THAT the Isle of Wight LINK Annual Report be noted.

(ii) THAT any questions regarding the report be sent to the Vice Chair of the LINK via the Scrutiny Officer

8. Isle of Wight NHS PCT Plans To Meet the 18 Week Referral to Treatment Target.

The Panel received a report on the PCT's temporary changes to certain treatments which were aimed at enabling the PCT to meet the target for patients to receive treatment. Members were advised that any permanent changes would be presented to a future Scrutiny Panel meeting.

The next meeting of the Panel in October 2010 would be provided with an update on the 18 week referral target.

RESOLVED:

THAT the report be noted.

CHAIRMAN