

Minutes

Name of meeting	ADULT SOCIAL CARE, HEALTH AND HOUSING SCRUTINY PANEL
Date and time	TUESDAY, 2 FEBRUARY 2010
Venue	COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Present	Cllrs Margaret Webster (Chair), John Hobart, Geoff Lumley, Roger Mazillius, Ian Stephens
Officers Present	Marian Jones, Amanda Thomas (Minutes)
Apologies	None

The Chairman welcomed Cllr Mazillius to his first scrutiny panel meeting and also welcomed a number of visitors from the IW NHS PCT and the Local Involvement Network (LINK), who were in attendance for items 5, 6 and 7 on the agenda.

17. Minutes

RESOLVED:

THAT the Minutes of the meeting held on [19 November 2009](#) be confirmed.

18. Declarations of Interest

There were no declarations received at this stage. However, Cllr Lumley declared a personal interest during the debate on agenda item 6 as he was a member of the LINK.

19. Public Questions Time

There were no public questions.

20. Members' Question Time

Cllr Lumley proposed that in future years the scrutiny panel take the opportunity to review the Council's budget proposals, prior to decisions, particularly in view of the numerous service reductions currently proposed, which fell within the panel's remit.

The Chairman advised that this could be added to the panel's workplan for next year. The Cabinet Member added that the Cabinet would make a decision on the budget the following week, but that it was important that the panel understand how the budget proposals interfaced with service provision and commissioning.

21. Primary Percutaneous Coronary Intervention

The panel received a joint presentation from Andy Hollebon, IW NHS Head of Communications, Karen Robinson a Sister in the Coronary Care Unit at St Mary's Hospital, Chris Smith, Head of the IW Ambulance Service and Linda Rann, the Commissioning Manager for Coronary Care. The panel had also met with Mark Connaughton, a cardiac consultant, to discuss the proposals on 23 December 2009.

During the presentation the panel was advised that the Island's geographical and demographical situation meant that it would be impossible to achieve the proposed national 'gold standard' for all heart attack patients on the Isle of Wight because of the two-hour time limit for Primary Percutaneous Coronary Intervention (PPCI) treatment. A mini PPCI centre at St Mary's was not feasible at present as there were insufficient patients to be able to meet national standards for such a centre. For clarification Members were informed that heart attacks occurred where a blood clot forms thus preventing normal circulation of blood through the heart. PPCI treatment involved the insertion of a balloon and stent to allow blood to flow more easily into the heart. Thrombolysis treatment dissolved the clot.

It was estimated that last year approximately 80 patients might have qualified for PPCI treatment. The panel noted that any time delay in providing the appropriate treatment inevitably resulted in further damage to the heart. Currently Island patients were fortunate in being afforded direct access to the Coronary Unit at St Mary's Hospital, whereas other hospitals operated a single access process through Accident and Emergency facilities, which again could result in delays for treatment. The panel was advised that close links had been developed between St Mary's hospital staff and staff at the Portsmouth hospital to ensure the best possible treatment for Island patients. It was envisaged that use of the air ambulance during daylight hours could be available by April 2010 to transfer patients to Portsmouth for PPCI treatment and numbers of patients receiving PPCI would increase over time. Patients who were unsuitable for PPCI, or for whom the two-hour deadline could not be met, would receive Thrombolysis treatment and then be transferred to the mainland for PCI treatment within two days.

Members raised concerns in particular about the treatment timescales achievable for Island patients, the availability of the air ambulance and the costs involved in treating Island patients compared to mainland patients. Questions were also asked about alternative modes of transport available if the air ambulance could not be used and the availability of accommodation for relatives of Island patients receiving treatment in Portsmouth.

The panel was advised that ferry services could be used for secondary transfers, or possibly the Coastguard helicopter if it was available. The panel was also informed that adverse weather conditions would affect both the ferry services and the air ambulance service.

RESOLVED:

- (i) THAT proposals for PPCI be supported and the PCT be urged to:
 - a. Seek an early introduction of the night-flying air ambulance;
 - b. Investigate ways to alleviate the stress and cost on patients and their relatives in travelling to and staying on the mainland;

- c. Undertake a public awareness campaign, including town and parish councils.

22. **Local Involvement Network (LiNk)**

Ian Vale, the LiNk Development Officer, gave a presentation about the Isle of Wight LiNk and the respective roles of the LiNk and scrutiny panel. He explained that the LiNk was hosted by Help and Care, under a contract awarded by the Isle of Wight Council.

The panel noted that the LiNk would only make referrals to it after all other channels had been explored. A regular update report from the LiNk would be included on the panel's agendas. The LiNk currently had almost 350 members with 15 members elected to the Stewardship Group. It was envisaged that an effective working relationship between the LiNk and the scrutiny panel would result in improved health services on the Island.

The panel was informed that the Stewardship Group's workplan currently included transport; dignity in care; discharge from care; preventative health and social care and communication. It was anticipated that the scrutiny panel could assist with specific projects evolving from the LiNk workplan, building on information gathered and inviting appropriate service providers to provide further information.

It was proposed that the previously circulated joint working protocol would be reviewed annually and updated as considered necessary. The protocol included reciprocal arrangements for attendance at future meetings (non-voting) for both bodies. The panel was advised that Paddy Noctor, the Chair of the Stewardship Group, would attend the scrutiny panel meetings until someone was formally appointed to the seat by the Group.

Cllr Lumley declared an interest as he was a member of the LiNk.

Members raised concerns about the accessibility of the LiNk, and in particular the quality of the website. The Cabinet Member advised that the Help and Care contract was monitored by a Council officer and this could be reviewed, with results being submitted to the panel in due course.

RESOLVED:

- (i) THAT the proposed relationship protocol between the LiNk and the scrutiny panel be approved.
- (ii) THAT a report be submitted to the scrutiny panel regarding the monitoring and accessibility of the LiNk.
- (iii) THAT further discussions take place on an informal basis to investigate how the panel could assist the LiNk with the investigation into transport and other issues.

23. **Hospital Car Parking – Consultation by the Department of Health**

The Government's proposals on hospital car parking charges were reviewed and the current position where individual NHS Trusts decide on parking availability and charges, was noted. The panel was advised that the consultation concluded on 23 February 2010.

Options included parking charges for in-patients being phased out over 3 years and a consistent national approach to NHS car parking provision being established. Concessionary fees for regular, or long-term users had also been put forward for consideration. However, it was envisaged that the administration in dealing with different levels of concessionary charges would be very difficult to manage.

Members considered that the IW NHS PCT management team were best placed to formulate an appropriate response to the Department of Health's consultation.

RESOLVED:

THAT the Department of Health's consultation document be noted.

24. Performance Management

The panel reviewed the LAA2 performance information for the second quarter, to 30 September 2009 and the Cabinet Member provided updated information. The data was now rather out of date due to the postponement of the January scrutiny panel meeting. The panel was advised that an update report was currently being prepared concerning the specific areas of concern included in the report, which would be submitted to the Health and Wellbeing Partnership Board. It was suggested that this could also be submitted to a future meeting of the scrutiny panel for information.

RESOLVED:

- (i) THAT the LAA2 performance information for the second quarter, to 30 September 2009, be noted.
- (ii) THAT a copy of the proposed Health and Wellbeing Board performance update report be submitted to a future meeting of the scrutiny panel.

25. Care Quality Commission – Performance Judgements for Adult Social Services

The panel was advised of the recent Care Quality Commission's judgement on the Council's adult social service provision. A grade 3, 'performing well' judgement had been given for all outcomes except one, which had achieved grade 4, 'performing excellently', the highest grade possible.

The panel praised the efforts of staff for the improvements in service delivery in the face of the difficult economic climate.

RESOLVED:

THAT the Care Quality Commission's Performance Judgements be noted.

CHAIRMAN