PAPER A

Minutes

Name of meeting	**ADULT SOCIAL CARE, HEALTH AND HOUSING SCRUTINY PANEL**
Date and time	**MONDAY, 21 SEPTEMBER 2009 COMMENCING AT 6.00 PM**
Venue	**COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT, ISLE OF WIGHT**
Present	Cllrs Margaret Webster (Chair), John Hobart, Geoff Lumley, Ian Stephens,
Officers Present	Mark Howell, Marian Jones, Paul Thistlewood
Cabinet Member	Cllr Dawn Cousins
Other members present (non-voting)	Cllrs George Cameron, Vanessa Churchman, David Pugh

1. **Minutes**

RESOLVED :

THAT the Minutes of the final meeting of the Policy Commission for Care, Health and Housing held on 22 April 2009 be confirmed.

2. **Declarations of Interest**

There were no declarations received at this stage.

3. **Terms of Reference**

The panel was reminded of its terms of reference which had been approved by full council at its meeting on 17 June 2009. In addition an outline was given of the relevant corporate priorities, key indicators within the local area agreement, strategic programme and Eco-Island actions that came within the remit of the panel.

RESOLVED :

THAT the terms of reference be noted.

4. **Public Health Annual Report 2009**

Members received a presentation by Dr Jenifer Smith, Director of Public Health and Chief medical Officer, in relation to the Public Health Annual Report 2009. The document dealt in depth on four key issues - environmental sustainability, mental health, health promotion in HMP Isle of Wight and progress against recommendations contained in the 2008 report.

As with other bodies climate change was seen as a challenge for those involved in public health. The NHS was the largest public sector contributors to CO2 emissions. It was tasked with reducing its emissions by 26% by 2020. Dr Smith indicated that it had been estimated that on the Island 21% of car journey's related to health matters whether patient, visitor or staff.

Mental health had been recognised as a priority for commissioning. The number of suicides was not a good indicator of mental health issues. The appointment of a Health Promotion Specialist for Mental Health had enabled development work to be commenced on key priority areas. One such area was in connection with males and a marketing campaign was being planned.

Health promotion in the three Island prisons was seen as a major area of work for the PCT. The prison population of 1,800 contained a number of vulnerable groups and many had undetected or unmet health needs. Additionally the age of the prison population was growing and this would add to the challenges being faced.

The Panel was advised of progress against the recommendations made in the 2008 annual report. It was noted that there had been a delay in bowel cancer screening due to the need to ensure that staff were fully trained. There was strong multi-agency approach to children's health and wellbeing preventative services.

In debating the content of the report the Panel raised some concerns that the intended development of the child and adolescent mental health services had not been fully delivered. Dr Smith indicated that there had been difficulties in recruiting staff within this area but it was now up to full compliment.

Dr Smith stressed that a medical model of delivery was not the sole solution to public health. The involvement of all partners was essential in well-being. With regard to suicide rates the figures for the Island were lower for the population as a whole that elsewhere in the south east.

The Panel sought clarification as to the financial impact of health care provision for the prisons. Dr Smith said that she would obtain the relevant details on funding arrangements and forward this on to members.

With regard to clinical waste members were informed that although this had to be shipped to the mainland for disposal, efforts were being made to minimise the amount generated. The PCT was keen to reduce its carbon footprint and would look at suitable initiatives to further this aim.

Discussion took place on the approach being taken to target men's health. This would involve publicity in areas likely to be used by their wives, girlfriends, partners or

mothers. Leisure centres were also seen as a suitable location for publicising health issues. The Panel believed that this initiative should involve the Council.

RESOLVED :

THAT Dr Smith be thanked for the presentation on the Public Health Annual Report 2009.

5. **Primary Percutaneous Coronary Intervention (PPCI) Consultation**

Mr Andy Hollibon and Mr Russell Ball of the Isle of Wight NHS/PCT Trust gave a short presentation to the Panel on proposals by the South Central Strategic Health Authority to change the way coronary angioplasty was provided in the area. This would not only have an impact for the Island but also in Hampshire, Berkshire, Buckinghamshire and Oxfordshire. A formal consultation period would take place later in the year but initial views were being sought on the key issues.

The Panel was advised of the existing treatment options for patients following a heart attack. These either involved PCI treatment (also know as angioplasty), primary PCI (PPCI) or thrombolysis. In line with national policy and to make sure that the gold standard treatment, PPCI, was accessible to as many people as possible 24 hours a day, 7 days a week.

The key to successful outcomes in treating heart attacks was the time taken to deliver the most appropriate treatment.

To achieve the most effective service the Strategic Health Authority proposed to establish large centres of clinical excellence providing a 24/7 service. Because of the need for experienced medical teams with sophisticated equipment and laboratory support these would have to be located at key strategic locations in the area.

Members were informed of the three options that were being explored. Out of the 10 hospitals involved no PPCI was available to three of these and a range of availability at the others. Option one would involve the provision of two 24/7 centres at Oxford and Southampton. Option two would see such centres also provided at Royal Berkshire and Portsmouth with Monday to Friday centres available between 8.00am to 6.00pm at Bucks, Heatherwood and Wexham and Basingstoke and North Hants. Option three would provided for just the four 24/7 centres with no weekday centres.

In respect of the Island there was currently no provision for PPCI. Patients were treated with thrombolysis on island with transfer to the mainland if required. Figures showed that 250 people had heart attacks each year and about 100 of these would be deemed suitable to receive PPCI treatment.

It was recognised by the Health Authority that the Solent was a significant barrier to achieving the two hour timescale required for the PPCI treatment. Some cases could be airlifted to the nearest centre others would continue to receive thrombolysis treatment.

Following initial feedback on key issues on the proposals the Health Authority would undertake a formal consultation exercise before reaching a final decision.

The Panel expressed concern that the Island had not been considered for either a full time or part time centre. It was explained that the laboratory facilities required for a centre would cost around £500,000 and there would be a need for four cardiac consultants to be available at each 24/7 centre to ensure cover. Therefore given the cost of service provision against the demand for treatment on the Island it was not seen to be a cost effective option. The three options would not cost more than was currently being spent on providing PPCI.

Members noted that patients could be airlifted to the mainland but highlighted that this could only take place during daylight hours due to the operating restrictions on the Air Ambulance Service. Those experiencing heart attacks at night would therefore be unable to receive the gold star PPCI treatment.

A point was made by the Panel that if more patients were to be treated at mainland hospitals there would be an additional financial burden placed upon families wishing to visit. It was anticipated by the Health Authority that with the recovery period following PPCI treatment would be reduced enabling the patient to be returned to the Island more quickly.

The Panel expressed a preference for option two but with a variation involving the establishment of a part time centre on the Island.

There would be a number of public meetings on the Island at which the Health Authority would explain its proposals. The Panel would be advised of these and would need to consider a more formal response to the full consultation process.

RESOLVED :

THAT the Health Authority be advised of the Panel's initial views and a more formal response be made when the full consultation exercise is conducted.

6. **Performance Management**

The Panel received the relevant extracts from the report considered by the Cabinet on 1 September 2009 and the Island Strategic Partnership Board on 10 September 2009 on the performance management issues coming within its remit.

The Cabinet Member for Children's Services, Social Care, Health and Housing and the Acting Director of Adult Services updated the Panel on a range of issues. The Cabinet would shortly be considering papers on transforming social care, carers strategy and supporting people strategy.

A brief outline was also given of the partnership work under the Island Strategic Partnership through the Health and Wellbeing Board.

Mention was made of Pan development and the impact this would have on the target for the provision of affordable homes. The planning application had now been submitted and it was believed that the earliest a decision may be forthcoming was November 2009.

CHAIRMAN