



Notes of evidence

Name of meeting	POLICY COMMISSION FOR CARE HEALTH AND HOUSING
Date and time	WEDNESDAY, 1 OCTOBER 2008
Venue	COMMITTEE ROOM 1
Commission	Cllrs William Burt, Erica Oulton (Chairman), Margaret Webster, Colin West.
Cabinet	Cllr Dawn Cousins
Other Councillors	None
Officers Present	Jonathan Baker, Claire Foreman, April Ross
Stakeholders	Dr Jennifer Smith (IW NHS PCT), Margaret Pratt (IW NHS PCT), Steven Judge (NICE)
Apologies	Cllr Deborah Gardiner

1. Notes of Evidence

1.1 The Notes of evidence arising at the meeting held on [9 July 2008](#) were agreed.

2. Declarations of Interest

2.1 Cllr Margaret Webster declared a personal interest in Item 8 due to the fact that she was the Older Persons Champion.

3. Public Question Time

3.1 Mathew Martin formally of MIND, The National Association of Mental Health, asked a question in relation to the Darzi Review. A written response was provided by the Director of Public Health and the Chief Medical Advisor of the IOW NHS PCT. A supplementary question was also asked and an answer was provided following item 8.

4. Directors Update

4.1 The Head of Community Care for the Isle of Wight Council represented the Director of Community Services in providing the update.

4.2 The Transforming Social Care Report was in progress and would be presented to a Meeting of the Cabinet on 21 October 2008.

- 4.3 The Older Peoples Mental Health Strategy was also progressing well and would play a key role in tackling problems with dementia.
- 4.4 The responsibility for Learning Disabilities would be taken over by the Council from the Primary Care Trust (PCT). This would prove to be a challenge for the Council as many issues needed addressing.
- 4.5 The Continuing Care initiative was working well and a national review was underway, however the challenge to move people through as soon as possible remained. St Mary's Hospital was offering services geared towards more acute care.

5. Cabinet Member Update

- 5.1 The Cabinet Member for Health, Housing and Community Wellbeing reported that after Christmas 2008 the Government Green Paper on funding older peoples care would mean that a cross section of Local Authorities and PCT Organisations would need to look at the local implications of this care. Various key issues included demographics and the increasing problem of an ageing population as well as the long term funding.
- 5.2 Funding would need a collective approach with the National Health Service (NHS) and an action plan would be drawn up to help address the issue.
- 5.3 The Interim Chief Executive of the Isle of Wight NHS PCT agreed that whilst both organisations faced financial problems, partnership working was the only way ahead to help tackle the issues of older peoples care.
- 5.4 It was noted that forecasted figures suggest that the Isle of Wight would be subject to the largest percentage of over 65 year olds in the UK.

6. National Institute for Health and Clinical Excellence (NICE)

- 6.1 The Implementation Consultant for the South West's National Institute for Health and Clinical Excellence (NICE) gave a presentation.
- 6.2 The Commission was advised that NICE was an independent organisation that provided guidance on promoting good health with preventative treatment as well as the best care for those in need.
- 6.3 NICE was funded by the Department of Health with an annual budget of £30 million. It was run independently of the NHS to provide a creditable service. Whilst any advice given to the NHS did not necessarily need to be adhered to, any decision not to use the advice would need to be justified. Local budgets are used to implement any recommendations made, although these would not be ringfenced.
- 6.4 Members were advised that NICE was committed to promoting national standards and would want to minimise the "Post Code" lottery on prescribing drugs.
- 6.5 The organisation consisted of about 250 fulltime staff nationwide, although regions were broken down into seven areas. Approximately 1000 people were involved on a part time basis.

- 6.6 The Core Principles of all NICE Guidance would include a comprehensive evidence base with expert input as well patient carer involvement, independent advisory committees, genuine consultation as well as contestability and a regular review. There would also be an open and transparent process.
- 6.7 The Commission was advised that NICE clinical guidelines applied to England, Wales and Northern Ireland. Guidance on intervention also applied to Scotland as well as the other three home nations, whereas Public Health Guidance applied to England alone.
- 6.8 A technology appraisal, which was a review of the clinical and cost effectiveness of new or existing medicines or treatments leading to recommendations of the best use of technology, was used.
- 6.9 Cost effectiveness was assessed by using a Quality-Adjusted Life Years (QALY) rating. This would mean that the higher the cost the more the drug being administered had to be justified in being effective.
- 6.10 The Commission was told that whilst only 5 pharmaceutical drugs were not recommended, other countries may have different assessment criteria thus recommending certain treatments that would not be the case in the UK.
- 6.11 The uptake of Anti Obesity drugs was only measured by means of prescribed medicines and since 2005 a steady increase had been noted.
- 6.12 Clinical Guidelines on the appropriate treatment and care of people with specific diseases and conditions included Obesity, Dementia and Depression (in young and old alike) and was based on evidence of clinical and cost effectiveness.
- 6.13 Public Health Guidance on the promotion of good health as well as the prevention of ill health for those working in the public, private and voluntary sector covered many areas including Smoking Cessation programmes, school based intervention on alcohol misuse as well as maternal and child nutrition and workplace physical activity.
- 6.14 Other areas of Public Health Guidance that were still in development included preventing smoking at a young age, workplace mental health as well as needle and syringe programmes and the management of long term sickness and incapacity to work.
- 6.15 Members were advised that NICE guidance would help Local Authorities and PCT's alike as it offered evidence based recommendations that maximise health benefits as well as help manage public finances more effectively.
- 6.16 Since January 2002, NHS organisations have been required to provide funding for medicines and treatments recommended by NICE in its technology appraisals guidance. The NHS would normally have 3 months from the date of publication of each technology appraisal guidance to provide funding and resources. Local NHS organisations are expected to meet the costs of medicines and treatments recommended by NICE out of their general annual budgets.
- 6.17 The Commission was advised that when NICE publishes clinical guidelines, local health organisations must review their management of clinical conditions against the NICE guidelines. This review should consider the resources required to implement the guidelines, the people and processes involved, and how long it will take to complete this.

- 6.18 If a drug or device is currently being appraised by NICE, NHS organisations should make decisions on its use locally, using their usual arrangements.
- 6.19 Local government and NHS organisations are expected to take account of NICE public health guidance in taking action to achieve the targets set out in the 'Choosing Health' White Paper and in the development of local area agreements.
- 6.20 The NICE Implementation Strategy would develop a supportive environment for guidance as well as practice support and monitor the effects of any guidance.
- 6.21 NICE would support implementation by use of such tools as a "How To" guide, a Forward Plan, a shared learning database and commissioning guides. All of these are available to view on www.nice.org.uk/implementation.
- 6.22 The Commission was advised that alternative therapies were an area that were still being looked at although this was not a priority issue.

7. The Darzi Review

- 7.1 The Director of Public Health and the Chief Medical Advisor of the Isle of Wight NHS PCT gave a presentation to the Commission and advised Members that the Darzi Review was about high quality care for all in all regions.
- 7.2 Changes in health care and society meant that significant challenges lay ahead and that doing nothing was not an option.
- 7.3 In the previous ten years spending had increased by some £57 billion with 35,000 more doctors and 79,000 more nurses. Hospital admissions had increased from 8 million to 11 million and operations had increased by 1 million.
- 7.4 One example of how operations had increased was with heart surgery. This had more than doubled from 35,000 to 74,000.
- 7.5 Real progress had been recorded in the reduction of waiting times and the treatment of killer diseases had also improved with a 35% decrease in deaths from circulatory diseases such as heart disease.
- 7.6 Members were advised that there were many reasons for change and these included:
- Major inequalities in people's health and wellbeing
 - The NHS still falls behind other countries on treatment outcomes
 - Variation in the quality of treatment that patients receive nationwide
 - More convenient and easier to access care required - meeting the expectations of citizens
 - Changing disease patterns with an ageing population
 - New technology and treatments - changing the landscape
- 7.7 Issue from birth to end of life would also need to be concentrated on. These would take in areas such as childcare, staying healthy, acute episodes in life, planned care and mental healthcare.
- 7.8 Overall messages included a need for a more central direction with local implementation via the Strategic Health Authorities (SHA) strategy. A renewed emphasis on improving health as well as treating illnesses was also required.

- 7.9 Preventative services would include areas in tackling obesity, reducing alcohol harm, reducing smoking rates as well as treating drug addiction and improving sexual and mental health.
- 7.10 Long term conditions would include personalised care plans and budgets as well as support carers and greater access to information through the NHS Choice website.
- 7.11 NHS South Central's Vision was developed, using 12 ambitions that would provide one initiative for healthcare providing longer, healthier lives with the best available care for all responding to the needs of local people.

8. Funding of Older People's Care Enquiry

- 8.1 The Commission discussed the Scoping Document that would review how care would be provided and paid for as well as contribute to the Government consultation on the funding of older peoples care.
- 8.2 Various amendments were made to the document and these included:
- Changing the start date of the enquiry.
 - Increasing the number of Stake Holders to include the Cabinet Member for Health, Housing and Community Wellbeing, Help and Care, Help the Aged, the Isle of Wight Hospice and Older Voices.
 - Adding Lead Members to the document.
 - The Lead Officer would be nominated by the Director of Community Services
- 8.3 Members voted on agreeing the Enquiry Scope.

RESOLVED

THAT the Policy Commission Enquiry Scope be agreed subject to the amendments discussed.

9. Members Question Time

- 9.1 There were no Member questions received.