



Notes of evidence

Name of meeting

POLICY COMMISSION FOR CARE HEALTH AND HOUSING

Date and time

WEDNESDAY, 16 JANUARY 2008 AT 6.00PM

Venue

COMMITTEE ROOM 1, COUNTY HALL, NEWPORT. IOW

Commission

Cllrs Erica Oulton (Chairman), William Burt, Lady Pigot, Margaret Webster and Colin West.

Co-opted Members: Mr Robert Jones, PPIF

Cabinet

Cabinet Secretary

Other

Mathew Martin (Isle of Wight Mental Health Association attending as a member of the public) and Nancy Ellacott, Chairman of the PPIF

Officers Present

Jonathan Baker (Committee Services), Louise Biggs (Democratic Services), Sarah Mitchell (Director of Community Services)

Stakeholders

Ed Macalister-Smith - (Chief Executive of Isle of Wight Primary Care Trust) and Stephen Ward – (Mental Health Manager, IWPCT)

Apologies

Cllrs Deborah Gardiner and Dawn Cousins

1.

Notes of Evidence

1.1 The Notes of evidence arising at the meeting held on [5 December 2007](#) were agreed (Paper A)

2.

Declarations of Interest

2.1 There were no declarations given.

3.

Directors Update

3.1 The Director of Community Services reported that a recent visit from the regional advisor on homelessness highlighted concerns about the homelessness figure on the Island and that more private landlords needed to be encouraged to take in more tenants. Some of the main causes of homelessness were thought to be home repossessions and family separation. The council currently had 40 houses below that which was expected to be available.

- 3.2 It was reported that a new manager for the homelessness team, Valerie Bell, would be established in February 2008 and it was the main priority to tackle the issue of homelessness on the Island.
- 3.3 The outcome to the Supporting People programme review had been returned, although there was an embargo on this at the time of the meeting. All information would be made available as soon as possible by means of a press release. It was indicated however that it was a very positive outcome and good news for the council
- 3.4 It was stated that the new initiative - Putting People First - was a major reform of social care that introduced individual budgets for the vast majority of service users. This item would be discussed in more depth at a future Commission Meeting.
- 3.5 The Commission learnt that the Chief Executive for Age Concern had recently visited the Island in relation to the free home care programme on the Isle of Wight. This initiative had proved to be very successful and enabled people to self-assess the level of care required. This type of assistance has been provided by the likes of Anchor with the handyman scheme. People have also been encouraged to find their own help as opposed to using agencies, avoiding agency fees and keeping costs down. Findings have shown that people have by and large been correct in their self assessment.
- 3.6 The Director of Community Services reported that the council had been asked to speak at the next Local Government Authority (LGA) Conference on its programmes of care.
- 3.7 The Commission was told that following the announcement on the Developer for the new Pan Affordable Housing Project, meetings would take place with them to establish how the local community can become involved with this as well as looking into local health care needs. This would be a long term project.
- 3.8 The Chief Executive of the IWPCT reported to the commission that following the recent norovirus outbreak at St Mary's Hospital, the facilities were now starting to return to normal. The virus was contained and coming to the end of its natural lifecycle, although the Hospital was still very much on guard and monitoring the situation. Significant disruption was placed on the running of the facility and the cooperation of all staff and visitors was appreciated. It was anticipated that a catch up programme would place the hospital back on track by the end of the year. A review would be required to see how the Hospital had coped and Social Care support would be required.
- 3.9 The Chief Executive of the IWPCT stated that this was the worst outbreak of its kind in recent memory and the efficient way in which the crises was handled would place the hospital in good stead when a influenza pandemic inevitably occurs.

- 3.10 It was reported that there had been two outbreaks of Methicillin-resistant Staphylococcus aureus (MRSA) during the year, which was the lowest in the whole of the UK. This was encouraging news, although measures were continued to be put in place to deal with other bacteria such as Clostridium difficile (C. diff).
- 3.11 It was confirmed that all hospital nursing staff had been told that uniforms were to be worn only within the hospital facilities. The national policy of "bare below the elbows" had been discussed and consultation was ongoing to enforce this at St Mary's. The hospital was continually promoting regular hand washing and hard hitting audits were in place to constantly monitor and enforce.
- 3.12 Uniforms themselves were also being looked at in St Mary's with a view to change to a unique colour that would not be confused with other private establishments, such as The Orchard Hospital and various nursing homes.
- 3.13 Deep cleaning was also carried out as a matter of course after the recent Norovirus outbreak before any wards reopened. However all areas would undergo further deep cleaning before the end of the year and if required would be cleaned by this method as much as required. It was noted that there would be a continuous possibility of external inspections of the hospital, for which St Mary's would be ready.
- 3.14 The recent restrictions on visiting hours would be lifted. However, nurse leaders would be encouraged to enforce the visiting hours that enabled periods such as protected mealtimes to be kept.
- 3.15 The commission was told that targets were in place to try and ensure that no patient would wait more than 18 weeks from GP referral to treatment. It was anticipated that the Island would achieve this target by March 2008, which would be nine months before the national deadline.
- 3.16 Disappointment was expressed in some private nursing / residential homes who were reluctant to take back residents after undergoing hospital treatment during the norovirus outbreak and placing unnecessary pressure on the hospital.
- 3.17 It was noted that such institutions of care was the permanent home of many people and that their right to return back home should be respected.

4. **Learning Disabilities**

- 4.1 The Director of Community Services gave a presentation on The New Vision for Learning Disabilities - National Policy and Local Response.
- 4.2 The personalisation aspect highlighted the choices available to people encouraging own decision making.

- 4.3 The national Better Health agenda would ensure that the NHS continues to provide a good quality service available equally to all that need it
- 4.4 A greater choice and quantity of supported housing was required for those with learning disabilities.
- 4.5 It was emphasised that parents and carers of children with learning disabilities were always listened to, ensuring that their needs were addressed.
- 4.6 Improving the lives of those with a complex or dual disability such as those with a physical and mental disability must also be addressed.
- 4.7 One of the main priorities focused on what people did with their lives during the day and how they can be encouraged - through working with adult social services, education and employment sectors - to improve their quality of life.
- 4.8 Better access to healthcare and housing for people with learning disabilities was seen as a major concern following the outcome of several recent reports.
- 4.9 The wider agenda focussed on including everyone whom would be paramount in the Valuing People initiative being a success, as well as establishing new ways of working for staff that support people with a learning disability. It also encouraged the learning of new skills.
- 4.10 It was reported that the Island has approximately 500 known people with a learning disability from a population of 138,000 and money in excess of £6 million had been spent on these. It was important to ascertain if the Authority was getting best value for money.
- 4.11 Current costs were looked at and it was stated that the IWC was currently paying more than other Local Government Authorities on people with a learning disability. It was suggested that perhaps the IWC was paying in excess of what was actually needed and that it could be seen to be providing an "over caring" service that encouraged people to be more dependant on services than they needed to be.
- 4.12 There were indications also that some people who were in residential care also had access to day centres and this duplication of service use was also an unnecessary cost burden.
- 4.13 The biggest challenge was to have everything in place at the correct time with an incremental and clear plan.

4.14 The workforce of the IWC also needed to be trained accordingly to be in line with other authorities that have already gone down this route.

4.15 The Chief Executive of the IWPCT added that various appointments had strengthened the IWPCT Team and improved access to NHS care for people with a learning disability.

5. **Mental Health**

5.1 A strategy for mental health was currently in development. It was reported that there had been a process of stakeholder engagement where a company called Response Consulting was used to obtain the views from 15 stakeholders of the Senior Team, six service users and carers as well a number of staff groups. A draft report that will form a part of the Commissioning strategy was compiled. This enabled consultation to be carried out first enabling stake holders views to be paramount.

5.2 The following five big issues were identified:

- i. Shared Visions: the framework for Joint Commission between the IWC and the IWPCT
- ii. Common Values: service users to be central
- iii. Engaging the third sector
- iv. Staff Stability: decrease turnover
- v. Appoint a permanent commissioning manager

5.3 Following further meetings between the IWPCT, the council and other groups, a final draft of the joint Commissioning Strategy document would be ready by the end of January 2008 with approval at the end of March for implementation in April 2008.

5.4 It was reported that there was an aim to have permanent psychiatric consultants in place although it was noted that recruitment of such personnel on a national basis was sometimes difficult. However interviews would take place in March 2008 to recruit further Staff to compliment what was already in place.

5.5 Training was being undertaken to enable more people to use Cognitive Behavioural Therapy (CBT) techniques.

5.6 It was noted that an agreement had been made that enabled the council to lead on learning disabilities and the IWPCT to lead on mental health. Future meetings would establish a proper framework that would help facilitate this.

5.7 Mr Ward expressed his desire to lead as the Commissioning Manager and would focus on paying attention to Social Inclusion that would enable people with mental health problems to get back into work.

- 5.8 It was stated that another big challenge would be to release funds and invest in the third sector to help with various projects within this area.
- 5.9 Another big issue would be to further strengthen primary care and put the emphasis on preventative treatment, giving the correct help when it's first needed and thus trying to avoid more in depth treatment at a later date. CBT would play a significant part in this.
- 5.10 On the issue of custodial care it was noted that the Island has a small PCT that covers three prisons (a third of the South Central prison population).
- 5.11 It was reported that 70-80% of prisoners within the UK have some sort of mental health problem, the majority of which would not be serious but could benefit by means of some treatment such as CBT. However some 10-20% would be of a serious nature and measures of support were in place to address these.
- 5.12 It was noted that Kennedy Scott who had recently set up offices in Ryde on the Island, have expressed interest in being involved with getting people with mental health problems back into work.
- 5.13 The Director of Community Services commented on the need to look at the nature of work on the Island and how people with mental health problems could be prevented from going onto incapacity benefit as well as how to take them off. It was noted that the seasonal nature of work on the Island does not help the situation as it restricts employment stability.
- 5.14 It was reported that of the 551 new Barratt houses being built in East Cowes, 30% would be affordable housing for Island residents. The council was always actively working with various Housing Associations on provision for people with learning disabilities.
- 5.15 On the issue of children with learning disabilities, the Director of Community Services stated that the desire of the council was to have one service that covers a person with a learning disability from birth through to adulthood and include the critical ages of 15-19. This would offer more continuity, help manage to keep costs at a minimum and treat people on a more individual basis.
- 5.16 The commission's attention was drawn to the fact the Mental Health Act was being reformed to be implemented in October 2008.
- 5.17 The changes within the act were in response to the 2004 European Court of Human Rights judgment involving an autistic man who was kept at Bournemouth Hospital in Surrey by doctors against the wishes of his carers

Meeting Closed at 19.35