

Notes of evidence

Name of meeting	POLICY COMMISSION FOR CARE, HEALTH AND HOUSING
Date and time	THURSDAY, 19 MARCH 2009 COMMENCING AT 6.00 PM
Venue	COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Commission	Cllrs Erica Oulton (Chairman), William Burt, Cllr Colin Richards, Margaret Webster, Colin West.
Officers Present	Mark Howell, Sarah Mitchell, April Ross, Simon Wiggins
Stakeholders	Brian Johnston (IW NHS PCT) Mark Price (IW NHS PCT)
Apologies	Cllrs Dawn Cousins, Deborah Gardiner

1. Notes of Evidence

1.1 The Notes of evidence arising at the meeting held on [28 January 2009](#) were agreed.

2. Declarations of Interest

2.1 Cllr Margaret Webster declared a personal interest in item 5 on the agenda as she was the Older Persons Champion.

3. Public Question Time

3.1 No public questions were received

4. Directors Update

4.1 The Director of Community Services told the Commission that over the last month work had been underway regarding the authorities' new response to safeguarding. It was noted that during the introduction of the Safeguarding Service, it had been made clear that within the service there was representatives from the Primary Care Trust (PCT), the Police and the Local Authority.

4.2 The Commission was told that recruitment to the service had not been achieved through the creation of new posts but through seconding senior practitioners from the various teams across the Island and that this had been achieved within the current financial budget.

- 4.3 The introduction of the service had highlighted the need to get things right at all of the different levels of concern and that only the two most serious levels would be dealt with by the service, with the lower levels being dealt with by the various Island teams.
- 4.4 The Director updated the Commission on the transforming social care agenda which was required to provide access to personal care budgets by 2011 and told the Commission that talks had been taking place with providers including those in the voluntary sector. It was noted that in regard to the transition period all of the existing contracts with supporting providers and care providers had been “rolled over” for a further year, to allow further discussions to take place about how the new agenda would affect them.
- 4.5 The Commission was told that further work had been taking place in regard to achieving the savings that had been identified within the Learning Disabilities budget and a meeting had recently taken place that had been attended by over 150 users and carers. This had allowed for a very open debate about the issues including how much was spent on learning disability services and how it could be spent differently and on the correct services.
- 4.6 The Director stated that 54 questions had been raised by those that had attended and the discussion had been helpful in regard as to how the savings might be made. It had been acknowledged that too much money was being spent by the authority on learning disability care, particularly in the provision of residential care.
- 4.7 Members were told that a number of safeguards had been put in place to ensure that the personalised budget was directly linked to a care service plan and that care packages would be reviewed and monitored regularly. If the budget was found to be being used inappropriately it would be possible to withdraw funding or to remove access to services.
- 4.8 The Commission noted that assistance with the completion of forms would be available to those who might be unable to complete them individually and that other groups including Age Concern and Citizens Advice Bureau also offered a form filling service.
- 4.9 The Head of Housing provided the Commission with an update in regard to housing issues on the Island and told the members that the housing department had been maximising their efforts in regard to homelessness in the current economic climate through positive partnerships with the private rented sector.
- 4.10 A number of the enquiries had been quite challenging for the housing staff to deal with, however the numbers of homeless had continued on a downward trend with 200 people currently in temporary accommodation and 77 persons identified as being homeless this year against a target of 140. It was noted that the Council was due to conduct a rough sleepers count with the last one having been completed five years ago, although it was expected that the Island numbers would be low with estimates putting the number below 10.
- 4.11 The My Choice Homebuy scheme had allowed 26 families to purchase their own homes through low cost government grants and the housing department had been

working with the housing associations to use grant funding to bring 46 units back into use.

4.12 The Commission was told that over 1,900 vulnerable adults had received housing related support and had been able to live independently in their own homes for as long as possible through the supporting people programme. It was noted that there was a need to link the recommissioning of the services provided within the transformation of care agenda.

4.13 £120k of Community and Local Government (CLG) funding had been secured which provided housing renewal money enabling people to remain in their own homes. Work undertaken included the installation of hand rails, improved security and minor adaptations around the home. The extra funding meant that there was a 50% increase in the available budget for this type of work.

4.14 Grants had begun to be paid for home improvements through the Warm One Island project, being used to improve the thermal efficiency including cavity wall insulation and roof or pipe insulation. It was noted that the £100k annual budget had been exhausted for this year and a similar level of funding would be available for the following year.

5. Funding of Older Peoples' Care Enquiry

Feedback was received on the "Who Pays for Care?" Conference held on 11 December 2008 from the Director of Community Services.

5.1 The Director of Community Services told the Commission that the conference had been very well received and that those who had been in attendance were pleased that they had been able to contribute towards the shaping of a national policy. The conference had received commendation from the Local Government Association (LGA) and the information that had been gathered had been submitted to the Department of Health.

5.2 Members noted that the background of the social care agenda and the delivery of services was changing. The social care agenda had been based on a concordat of Putting People First, which was about the transformation of Adult Social Care. The social care agenda had a number of key strands including:

Universal Services

Free Home Care
Help and Care

Strategic Needs Assessment

Dr Foster – Marketing and Research
Joint Observatory

Prevention/Early Intervention

Enablement Service
Mobile Wardens
Mobile Night Service

Personalisation

Risk Strategy
User/Carer Empowerment
Older People Champions
Self Assessment for free home care

- 5.3 It was noted that during the current economic climate, people were rethinking about how the delivery of Universal Services was going to be funded to provide care, support and independence for an increasing elderly population and if funding through taxation or insurance was financially viable.
- 5.4 Traditionally the level of social care that was provided had been calculated using the Fair Access to Care (FAC's) eligibility criteria, this had enabled those with a substantial or complex need access to a service but had not recognised those with a low need or general members of the population. The main drive of the social care agenda recognised that there was a part to be played across the board including access to information, living a different lifestyle and empowering people to have a say in their care.
- 5.5 1,087 Island users were taking advantage of the free home care scheme and 263 people were receiving direct payments in 2008. This was being achieved through a strategic shift by moving money away from the provision of institutional and acute care and channelling the money more towards the general population. It was noted that in 2006 £2.4m was being spent on older people's institutional care and in 2008 this figure had been reduced to £10.6m, which was a saving from the budget of £2m. This had allowed more money to be spent on low level advice and assisting people to stay in their own homes for longer, minimising the need for expensive residential care.
- 5.6 The residential market had been reshaped for those that would need care in the future, particularly those with dementia which if they were identified at the early stages could stay in their own homes for a substantial amount of time. This would be achieved through the introduction of the joint dementia service with the Primary Care Trust (PCT).
- 5.7 The Commission was told that the budget would also be aligned to allow for cheaper services to be offered to more people and that this would allow for the increasing elderly demographic of the Island population. It was noted that the Health and Well Being Agenda targeted the 40 – 50 age range and had an important role to play in tackling the future figures of those requiring care, through the promotion of a healthier lifestyle including increased exercise and healthier diet.
- 5.8 The Director of Community Services told the members that a number of questions had been directed at the attendees of the conference and the results to those had been analysed to gauge the Islands response to the issues raised within the social care

agenda. The first question had naturally asked the age of the attendees, the result being:

- 4% 0 -18
- 7% 18 – 30
- 7% 30 – 40
- 63% 40 -65
- 19% 65+

It was noted that the younger population did not want to have to pay towards the provision of social care and that this category was shrinking meaning less people to pay for care in the future, whilst the population aged. Members were told that the majority of the attendees were the next generation of people that might need access to care.

5.9 At the start of the conference people had been asked how passionate they felt about the subject of social care and this had been reassessed at the end of the conference, it was noted that following the conference the 'passionate' rating about the subject had risen by 23%.

5.10 The Director of Community Services told the Commission that attendees had been given the Government's vision of what people would be supported to do and had been asked to decide the importance of the six government objectives.

1. Live independently – 17%
2. Stay healthy and recover quickly from illness – 17%
3. Have as much control over their own lives as possible – 22%
4. Live with or look after their family – 9%
5. Participate as active and equal citizens – 13%
6. Have the best possible quality of life – 22%

Members noted that there was an even share across all of the government's six objectives, with the exception of the fourth, and that this would present a huge challenge to change the nation's culture. 75% of the attendees had stated that they agreed with the Government's vision.

5.11 Those attending the conference had been asked to consider if they agreed with a number of statements within groups, over 96% had agreed that people should have independence, choice and control. 53% agreed with the statement that everyone can get the care they need, but government funding was targeted to those that need it most, 41% had not agreed with the statement and felt that funding did not need to be targeted and that everyone had a right to funding.

5.12 78% agreed that the system had to be affordable for government, individuals and families in the long term although it was noted that this was the expected answer. The Commission was told that people had been asked how much additional income tax they would be willing to pay per month towards the provision of social care and the results had been:

- None – 23%
- £10 – 17%

- £30 -28%
- £50 – 7%
- £60 – 13%
- £100 – 12%

5.13 Members noted that the LSE (London School of Economics) had conducted some work, based on the current levels of people needing care and calculated that the cost would break down to £30k per person. The cost had then been spread across the whole community and a national individual tax cost of £60 a month per person had been calculated. The Commission was told that people at the conference had indicated that they would be willing to pay more tax.

5.14 When the conference had been asked how the responsibility for meeting care and support needs in the future should be shared out in the future. 15% had felt it should be the people who needed the care and support, 58% felt that everyone in society had a role to play and 23% believed the Government had a responsibility.

5.15 The Commission was told that a strong vote result had been received when the conference had been asked to decide who should receive the care and support and 96% had shown that it should be available to everyone that needed it.

5.16 The Director of Community Services stated that following the conference the Council communications department had been tasked with the publication of an easy to read and understand booklet. It was noted that the leaflet would provide a local message and make it clear what was going to be achieved within the budget that was available.

6. Annual Health Check

A presentation on the Annual Health Check Assessment 2008/09 was received from Brian Johnston, Head of Governance and Assurance – Isle of Wight Primary Care Trust.

6.1 The members noted that the criteria for assessing the core standards in 2008/09 report was 107 pages in length and the Head of Governance and Assurance supplied the Commission with a summary sheet which highlighted the headline 24 Core Standards for better health.

6.2 It was noted that the end of year declaration process and guidance from the Healthcare Commission had remained unchanged to previous years in regard to the role of the Policy Commission. The role of the Primary Care Trust (PCT) had however changed as it was expected to declare in its role as a provider of services and also as a commissioner, this would mean that the PCT board would have to make two declarations for the annual health check.

6.3 The Healthcare Commission kept a check on local healthcare organisations and provided information that was of interest to patients about those services including safety and cleanliness, dignity and respect and standards of care. The Policy Commission was among a number of third parties that would be providing input into the declaration including the Strategic Health Authority (SHA) and the Local Safeguarding Children Board.

- 6.4 The Commission noted that they had chosen to comment on three of the standards in the 2008 annual check and the Head of Assurance and Governance told the commission that any comments that the Policy Commission made on any of the standards would be submitted verbatim within the declaration. The annual health check process timetable had begun in January 2009 when the Healthcare Commission had issued its guidance and continued through to May 2009, which was the deadline for the publication of the declaration to the Healthcare Commission.
- 6.5 The Policy Commission was told that it would be asked to provide any comment by mid April in regard to the performance of the PCT against the standards and it was not the role of the Policy Commission to provide comment on the declaration.
- 6.6 The members were told that the PCT had been subject to a recent spot check on the standard of infection control, which was core standard C4 (a). This check had been conducted without any prior notice, although it had been known that a check was due between 1 January 2009 and 31 March 2009. The PCT was awaiting the written report following the inspection.
- 6.7 It was noted that the PCT would not meet its target for Methicillin-Resistant Staphylococcus Aureus (MRSA) although the Commission was told that a large amount of resource had been spent to reduce the number of cases. Through the investigation of each case the PCT had been able to tackle a number of issues and a reduction in the levels could clearly be demonstrated.
- 6.8 The Head of Governance and Assurance stated that the target for MRSA was based on a baseline year figure, which had set a low level target of 8 cases per annum and based on this showing year on year improvement was a difficult task. Through investigation of each of the cases lessons had been identified and a number of the cases had common factors. The PCT was currently on target against the levels of C Diff (Clostridium difficile) with a marked improvement in the number of cases being reported and detected.

7. Members' Question Time

- 7.1 No questions from Members had been received.

CHAIRMAN