

Notes of evidence

Name of meeting	POLICY COMMISSION FOR CARE, HEALTH AND HOUSING
Date and time	WEDNESDAY, 22 APRIL 2009 COMMENCING AT 6.00 PM
Venue	COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Commission	Cllrs Erica Oulton (Chairman), William Burt, Deborah Gardiner, Margaret Webster, Colin West.
Officers Present	Mark Howell, April Ross, Simon Wiggins
Stakeholders	Dr Paul Bingham, Dr Daniel Harwood, Eleanor Roddick, Ann Ticehurst, Dr Jennifer Smith (all IWPCT)
Apologies	Cllrs Dawn Cousins, Colin Richards

1. Notes of Evidence

1.1 The Notes of evidence arising at the meeting held on [19 March 2009](#) were agreed.

2. Declarations of Interest

2.1 Cllr Margaret Webster declared a personal interest in items 5 & 8 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 Acting Director for Community Services told the Commission that the Head of Service for Sustainable Communities and Head of Community Care, Claire Foreman had now left the employment of the authority and that the authority was currently in the process of recruiting against the vacant post.

- 4.2 A suitable applicant had been identified the Commission was told and although the Director stated that they were not currently in a position to name the person due to ongoing employment discussions, he could confirm that they had previous experience of the transformation and personalisation of care agenda.
- 4.3 The issue of domestic abuse continued to move forward and the domestic abuse forum would be reintroduced shortly. Once the forum had been reconvened, it had been recognised that there would be a need to appoint a co-ordinator. It was further noted that the decision on the transfer of PCT funds for learning disability services was imminent.
- 4.4 The Acting Director informed the Commission that since he had been covering the post he had spent a considerable amount of time meeting the different teams working within Community Services and Adult Social Care. He went on the state that he would be attending a joint senior management team meeting with members of the Isle of Wight Primary Care Trust (IWPCT) on 28 April 2009.
- 4.5 The Acting Director gave the Commission an update in regard to housing issues on the Island and told the members that the number of people being accepted as homeless had reduced significantly in comparison with 2007/8, 79 against 138 the previous year. This had been achieved through offering a good preventative service and the introduction of new schemes using the private rental sector. The Housing Needs team were also below the 175 target in relation to those people who were in temporary accommodation a year ahead of schedule.
- 4.6 A rough sleepers count had recently been conducted on the Island, which had taken place between midnight and 4am on 3 April 2009 being observed by a representative of Communities and Local Government (CLG). The Commission was told that following an extensive Island search the figures had remained the same as the last time a count had been conducted, with only one rough sleeper being identified. It was confirmed that contact would be made with that person to offer any required assistance whilst not imposing on them.
- 4.7 It was noted that the housing team was reviewing the guidance notes that had been received from the CLG following receipt of £30K under the banner of recession impact funding; it would in probability be utilised to support the homeless preventative agenda.
- 4.8 The Acting Director told the Commission that he was aware that some funding was being made available towards affordable housing following the Chancellors budget statement made on 22 April 2009, although he was not currently aware of the details in the statement. It was noted that this would be pursued although it was a less affordable option and that only a small number of lenders were willing to provide a mortgage on this basis. It was noted that supplying more money into the grant that was given to housing associations was being researched, which would allow for a number of properties that had been identified for shared ownership to be brought into use as social rental properties.
- 4.9 The Commission was told that in the current economic downturn Housing Associations were struggling to secure lines of credit to provide housing as they

borrowed against the future rental income of the property. The Acting Director stated that the authority needed to remain mindful of new housing initiatives when they were announced and to ensure that the Island was at the forefront in applying/registering against any new housing opportunities.

- 4.10 It was noted that the Housing Enablement Team was about to announce new dates for the MyChoice Homebuy scheme for next year, the government scheme had proven successful in the current year and had enabled 26 people to purchase their own property. The Housing Section continued to have an embryonic view in regard to the authority constructing its own council homes and that it would require further detail from the CLG as to how that may take place following the chancellors statement.

5. Funding of Older People's Care Enquiry

- 5.1 The Commission was reminded that the former Director of Community Services, Sarah Mitchell had updated commission members on the outcomes of the enquiry at the previous meeting on 19 March 2009.
- 5.2 It was confirmed that all of the outcomes of the Island "Who Pays for Care?" Conference held on 11 December 2008 had been fed back to the Department of Health and that these had been summarised within Paper B. It was noted that a more comprehensive and in depth copy of the data that had been provided as feedback had been maintained, which gave a numerical breakdown of the responses that had been received at the conference.

6. Proposed Criteria for Access to Assisted Conception Services

A presentation on the proposed criteria for access assisted conception services was received from Dr Paul Bingham of the Isle of Wight PCT.

- 6.1 The Commission was told by Dr Bingham that they were one of a number of different bodies that had been consulted on the criteria document, to ensure that the criterion was fair across the board. It was noted that whilst the consultation period had expired the Commission had been given a dispensation to provide any feedback on the proposed criteria.
- 6.2 Members were told that the South Central Specialised Commissioning Group (SCSCG) commissioned in-vitro fertilisation (IVF) services on behalf of Hampshire PCT, Isle of Wight PCT, Southampton PCT, Portsmouth City Teaching PCT, Berkshire East and Berkshire West PCT, Milton Keynes PCT, Buckinghamshire PCT and Oxfordshire PCT.
- 6.3 It was noted that at present the policies for Hampshire, the Isle of Wight and Thames Valley were all slightly different and that the proposed criteria would bring the authorities together, which would ensure that people had the same access to IVF on the NHS. The review of the current policies had focussed specifically upon the issues that had caused confusion or contention, the aims of the review were to:

- Take into account the views of local people.
- Maximise the effectiveness of the treatment.
- Take account of national policy and guidance.
- Maintain affordability for the local NHS.
- Develop a consistent policy across NHS South Central.

- 6.4 The proposed criteria would alter the present eligibility age range from 36-39 year olds on the Island as it had been proven that the effectiveness and cost effectiveness of IVF fell rapidly from the age of 35 as female fertility declined. Previous feedback had stated that it was unreasonable for a woman to wait until they reached an age when IVF might be less successful. The comments of couples had also been taken into account and the new recommended eligibility age range was 30-34 years.
- 6.5 It was noted that this would be introduced through a phased process to ensure those that were waiting until they were 35/36 to receive funding under the current policy were not disadvantaged. The Commission was told that the proposed policy was backed by guidance from the National Institute for Health and Clinical Excellence (NICE), which stated that as funding became available moves should be made towards provision of three cycles of IVF compared to the one at present.
- 6.6 Members were told that there were ten areas that could be commented on although it was noted that any comments would need to be supplied shortly after the meeting for them to be included in the consultation. Dr Bingham stated that comments had already been collected on the Island from a number of sources including the Islands MP, Gynaecology Consultants and staff, the patients council and the maternity services liaison committee.
- 6.7 Dr Bingham stated that the additional cost of using donated eggs remained high owing to the careful controls that had to be in place including counselling and drug treatment and that people were not donating eggs to make profit. It was noted that whilst a male who developed Cancer at 25 would be able to store his sperm, this could not be offered to women owing to the poor outcome rate and the cost effectiveness.
- 6.8 The Commission noted that the age range criteria was only applicable to women and raised concern in regard to being found infertile at 25 but having to wait until they were 30 before IVF would be offered, especially as the chance of success increased the younger the woman was. Members stated that these concerns along with any further comments would be provided within the feedback provided by the Commission to the Hampshire PCT.

7. Mental Health Services

The Commission was given an update from Dr Daniel Harwood of the Isle of Wight PCT on the Islands Mental Health services.

- 7.1 Commission members had noted that the Islands Mental Health Services had recently been highlighted in the local press and had asked a representative of the service to give the commission an update in regard to Island Mental Health Services.

- 7.2 Dr Harwood told the Commission that he would concentrate on three areas and update members on the position within those areas since the recent press article; the three areas were the physical environment within Seven Acres, bed occupancy and the action plan that had been put in place for acute mental health services on the Island. Dr Harwood stated that the general message was that the inpatient service was only a small part of the overall service and there was also a need to concentrate on those people out in the community without access to treatment under the current arrangements.
- 7.3 Physical Environment – It was noted that Seven Acres was the acute inpatient adult mental health unit based at St Mary’s Hospital and that it had undergone significant refurbishment over the last year. This had allowed the Halberry facility that had previously been based at Fairlee in Newport to be incorporated into the Seven Acres site and had been renamed as Afton ward. The refurbishment had been completed and had made the unit a lighter, cleaner and safer place for both staff and patients, the changes were a vast improvement and compared equally with other mental health units on the mainland.
- 7.4 Bed Occupancy – The Commission was told that in the last year there had been times when the bed occupancy figures had exceeded 100% although it was noted that there was a requirement to show the bed as occupied even if not physically, if a patient had been sectioned under the Mental Health Act. This had led to a number of inpatients having to be accommodated using temporary mattresses. However, recently bed occupancy had dropped and was currently running at 90% but this could fluctuate. Dr Harwood stated that the current economic downturn could increase the numbers of people who had mental health issues and increase demand on the service.
- 7.5 Action Plan – The action plan contained the recommendations of the review that had been performed by Healthcare Commission in 2006/7 and an external review of acute mental health services which took place in December 2008. The external review had been conducted by a small team from Maudsley Hospital in London who had a track record in the delivery of community based treatment preventing the requirement for people to come into hospital.
- 7.6 The reviews produced 150 recommendations many of which overlapped or covered similar themes, these had been collated and placed within different work groups including the home treatment service, the route in which referrals were received and how they were dealt with once received, staffing levels and bed management. Those who did not have a severe mental health problem were also being studied as they still required help even if that was not acute care through admission to hospital. Prescription and alcohol services were being looked at as these could have an impact on the numbers of those requiring assistance. The aim of studying these different areas was to minimise the need to admit people into hospital and to treat them in the community with support.
- 7.7 The Commission was given examples of the different areas that were being looked at in more detail including:
- A study of the pathway into the service and dealing with the concern that if a person was in crisis or was referred in a crisis situation their care was

immediately escalated and they were admitted to hospital. Where it might be better to offer prompt treatment and care in the community without admitting them into the acute mental care unit. It was noted that the Maudsley Hospital review had highlighted the need to join up the pathway into the service with Community Services.

- It had been noted that the reviews had highlighted that a reduction in bed numbers within the unit should not be considered for the foreseeable future and that the number of beds currently provided was in line with the Island population.
- A need to change the way both Doctors and Psychiatrists worked and try to minimise the number of routine follow up calls that were made. It had been recognised that there was a need to manage people's expertise and time more effectively through new ways of working.
- It was noted that the changes would need to be monitored to gauge their effectiveness and ensuring that service users had a say through the introduction of an acute care forum, which would include health care professionals and service users. The results of the monitoring would be used to collate useful information and to tailor the service to the users' needs.

7.8 Commission members were told that this was a large piece of work that would require major staff changes and a re-education of the public and service users. The action plan was in place although work was still underway with the detail of the plan and meetings were being held with the different teams. The plan would involve significant challenges although the Maudsley team had recognised the wealth of experience in the service and the need to free those staff up to improve the service.

8. End of Life Care Strategy

A presentation on the End of Life Care Strategy was received from Eleanor Roddick and Ann Ticehurst – Isle of Wight Primary Care Trust

8.1 The Commission was told that the End of Life Care Strategy was in the draft stage following the recommendations within Lord Darzi's review of the National Health Service (NHS). 'Our NHS, Our Future' had challenged the NHS to work towards a vision of improving care and a clear vision for each of the eight stages in a person's life, with End of Life Care representing the final stage of life.

8.2 It was noted that the National End of Life Strategy had been published in July 2008 and this had provided guidance for Primary Care Trusts (PCT) to form individual strategies, which would be in the form of an enabling document. In July 2008 the Island's baseline review of end of life care and a consultation with stakeholders took place and this was used to discuss the shortfalls of the current strategy and to formulate the draft strategy.

8.3 Commission members were told that the shortfalls in the current Island strategy had been the same as those that had been highlighted in the national strategy and that

these had included a lack of:

- A rapid response service available 24/7.
- Enhanced specialist palliative care services for people with conditions other than Cancer – The draft strategy would extend into other areas.
- Workforce development – The draft strategy would help people deal more openly and comfortably with death and the care co-ordination centre would provide advocacy advice.
- Improved measurement and monitoring of end of life care.

8.4 Workforce development would be key to the implementation of the strategy and this would include the appointment of two palliative senior nurses who would have a “roaming” role within the hospital in order to explain the End of Life strategy. This would support staff and give them the necessary confidence to be able to speak about a sensitive subject openly with the patient, making those who had a hospital death a better experience. The strategy had begun to be rolled out across the Island and the Hospice had already started training within a number of nursing homes.

8.5 The Commission was told that the draft strategy dealt with the end of Life needs on the Island, the current service provision, the local response to the national strategy and a detailed action plan. The strategy further dealt with resource allocation, the expected outcomes and good governance through agreed terms of reference. The Commission noted that the strategy contained two funding streams, one of which was means tested and that if the person was entitled to healthcare, the funding would be dealt with through the NHS.

8.6 It was noted that a number of areas had been highlighted within the draft strategy that would be targeted over the next three years these included adoption of a person centred approach, an improvement on the knowledge of what people wanted, a coordination of services for end of life care and improved education and awareness of all those involved in the care of those at the end of life. The strategy would further improve the out of hours support offered, reduce the number of inappropriate admissions and engage with the third sector.

8.7 Health had led on the preparation of the strategy. However, through partnership working the Isle of Wight Social Care team had been consulted on the content and two members of Social Care sat on the end of life local implementation team. The Commission was told that within five years it was anticipated that a number of milestones would be achieved including:

- An increase in the number of people at the end of life being able to die in the place of their choice which would be measured against a year on year improvement target.
- A reduction in inappropriate hospital admissions.
- A care plan being in place for those approaching the end of life that met their preferences.
- A high level of awareness and skills for people that dealt with end of life care.
- A measurable reduction in the number of complaints relating to patient and carer treatment at the end of life process.

8.8 The Commission was told that the draft strategy had been approved by the PCT Commissioning Board and that there would be a public consultation period with the launch and implementation of the final strategy in July 2009 followed by a delivery plan.

9. Members' Question Time

9.1 No questions from Members had been received.

CHAIRMAN