

PAPER A

NOTES OF EVIDENCE

Meeting	Policy Commission for Care, Health and Housing	
Ref		
Date	23 May 2007	
Time	1800 hours	
Place	Committee Room 1, County Hall, Newport	
Purpose of meeting	Formal Public Meeting	
Attendance	Commission	Cllrs Erica Oulton (Chairman), Lady Pigot, Margaret Webster, Colin West and David Whittaker Co-opted Members: Mr Robert Jones and Mr David White
	Cabinet	Cllr David Pugh, Dawn Cousins
	Cabinet Secretariat	
	Other Councillors	
	Officers	Ms Louise Biggs - Overview and Scrutiny (O&S) Team Ms Sarah Mitchell – Director of Adult and Community Services Mrs Amanda Thomas – Committee Services
	Stake holders	Mr Ed McAllister-Smith – Chief Executive of IWPCT Mrs Maggie Bennett – Island Healthcare Ltd Mrs Michelle Howard – British Nursing Association Mr Maurice Flux – SCIO Homes
	Apologies	
Agenda Items		
1 To agree the evidence arising at the meeting held on date (Paper A)	1.1	The notes of the previous meeting were agreed.
2 Declarations of interest	2.1	Declarations of Personal Interest were received from Cllrs Whittaker and Lady Pigot who were both Members of the Planning Committee.
	2.2	Cllr Webster declared a personal interest as she was a Director of Medina Housing Association.
3 Update from Mr Ed McAllister-Smith	3.1	The Financial Report was due for review at the PCT Board meeting in two weeks time. The PCT were expecting a small financial surplus. Two further elements had been added since

	<p>the last Policy Commission: the introduction of new drugs and improvements to procurement.</p>
	<p>3.2 Joint working would be pursued further, including efforts to reduce the length of care pathways. If this could be achieved it would hospital staff with 'headroom'.</p> <p>3.3 GP - prescribing was continuing to improve.</p> <p>3.4 The possibility of benchmarking was being investigated, although this was expensive. Comparisons were being made with costs of some services – those significantly higher would be asked to reduce their cost.</p> <p>3.5 The PCT was on target to meet the 18 week target from GP to treatment.</p> <p>3.6 Sickness absence was still high and better management of this and staff morale was needed.</p> <p>3.7 Disposal of surplus properties would be investigated, and would consulting with local communities.</p> <p>3.8 Members asked which drugs would be available under the new budget regime and were advised that these would primarily be for specialist treatments such as cancer and Macular Degeneration. An additional £4million had been made available. New drugs had to get approval from NICE, although some were available 'off-licence'.</p> <p>3.9 Members asked about Community Hospital provision and were advised that possibilities to move care for long-term conditions into the community were being investigated. The East Cowes area would be a first priority, followed by Newport.</p> <p>3.10 The Commission enquired about the effectiveness of the 'Choose and Book's system, and were advised that problems had been experienced with the IT system. Also noted that some larger GP practices were currently not using the system.</p>
4 Update from Sarah Mitchell	<p>4.1 The budget for Social Care remained within the cash envelope and there would be no over-spend on Adult Care.</p> <p>4.2 Housing also within budget, providing a good position for next financial year.</p> <p>4.3 Work progressing on learning disability and mental health, service pathways being reviewed. Staff to be aligned with District Nurses and GP's to provide better opportunity to provide services within communities. In order to achieve this, the location of GP surgeries would be considered as part of the overall disposal and re-investment of properties.</p> <p>4.4 Currently reviewing Intermediate Care Services.</p> <p>4.5 Health and Care in hospital delivered by voluntary services begins in June 2007. This service will provide advice to all older people in hospital.</p> <p>4.6 Work also now beginning on Carer Strategy. The recent Government White Paper suggested that we are not doing as well as we could. More work would be undertaken over the next year.</p> <p>4.7 Performance for Adult Social Care had improved in all key indicators.</p> <p>4.8 Good performance had also been maintained in Delayed Discharges, Direct Payments and other areas of Learning Disabilities and Mental Health.</p> <p>4.9 Recruitment had begun for 4 Service Managers for Adult Social Care, 13 interviews would take place soon.</p>

	<p>4.10 Looking to reduce and manage absence across the service.</p> <p>4.11 The Housing Strategy would be considered at the next Council meeting, linking the strategy with particular sites on the Island. Work was continuing with Housing Associations and Developers.</p> <p>4.12 Affordable Housing targets still not being met. A similar approach to that taken at Pan was required across the Island, which would reduce homelessness and assist with the Empty Properties strategy.</p> <p>4.13 Members asked about the criteria for empty properties and were advised that a presentation could be provided. A total of 600 empty properties had been identified to date and 15 units had so far been used to house people on the Housing Register.</p>
<p>5 Continuing Care Investigation: Michelle Howard (British Nursing Association)</p>	<p>5.1 Community care was provided for palliative clients.</p> <p>5.2 The Team consisted of 14 workers, everyone audited to the framework standards, 9 staff were currently doing NVQ2. Further training throughout the year.</p> <p>5.3 Clients referred from the Hospice were well catered for, which included OT assessments and a Care Manager in place.</p> <p>5.4 Examples were provided of two patients, highlighting the differences between referral from the Hospice and referral from the hospital.</p> <p>5.5 Members were advised that access to the service would be via the Hospice or Care Managers at the hospital.</p> <p>5.6 The Commission asked about funding sources and were advised that the majority were funded by the PCT, but some may have to pay for themselves and some were funded by the Social Service.</p>
<p>6 Continuing Care Investigation: Maggie Bennett (Northbrooke House, Havenstreet)</p>	<p>6.1 Partnership working had been developed with the PCT to provide 8 Intermediate Care Beds. This complied with the IW Strategy to be 'locally valued'.</p> <p>6.2 Clinical staff currently providing a service for 2 individuals, who were much younger than the traditional patient. Both had sustained serious brain injuries. Members were advised of details of the care packages provided.</p> <p>6.3 End of Life Care – it was envisaged that a multi-disciplinary document could be produced for Community Services, which would include GP's, families and patients. This would supersede any care plan already in place.</p> <p>6.4 Members asked how care within the community would be achieved for the brain injured patients and were advised that this would probably be a small studio flat with a complete care package. Work was being undertaken with housing associations to provide specially adapted homes for life when required.</p> <p>6.5 The Commission noted that trained nurses would be required to accommodate 'Peg' feeding (a tube inserted directly into the stomach).</p> <p>6.6 Government guidelines on Continuing Care had been delayed until June 2007. Unresolved issues surrounding funding 'gaps' remained.</p>
<p>7 Continuing Care Investigation: Maurice Flux , SCIO</p>	<p>7.1 The SCIO nursing homes provided continuing care, but advised that the proper mechanism was not in place because of the mis-match between funding criteria.</p>

	<p>7.2 Given the changing demographics of the Island, with people living longer, it was envisaged that there would be less people contributing, resulting in residents having to pay more towards their care in the future.</p> <p>7.3 Three full-time staff were employed to provide in-house training for the 200 staff employed in the 3 SCIO nursing homes.</p> <p>7.4 The homes provided continuing care for patients well enough to be discharged from hospital, but not well enough to go home. Most patients were hip or knee replacement patients.</p> <p>7.5 The SCIO homes would like to be included in any review regarding continuing care.</p>
8 Next Meeting	8.1 Next agenda to include the Government Guidance for Continuing Care if it is available.

The meeting closed at 7.35 pm.

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