

Notes of evidence

Name of meeting	POLICY COMMISSION FOR CARE HEALTH AND HOUSING
Date and time	26 SEPTEMBER 2007
Venue	COMMITTEE ROOM 1, COUNTY HALL, NEWPORT
Commission	Cllrs Erica Oulton (Chairman), Lady Pigot, Colin West, David Whittaker
Cabinet	Co-opted Members: Mr Robert Jones and Mr David White Cllr Dawn Cousins
Officers Present	Jonathan Baker, Louise Biggs, Sarah Mitchell
Stakeholders	Helen Shields - PCT Dr Jenifer Smith - Director of Public Health / Chief Medical Officer Ed Macalister-Smith - Chief Executive, PCT Mrs Nancy Ellacott
Apologies	Cllr Deborah Gardiner and Cllr Margaret Webster

1. **Notes of Evidence**

1.1 The Notes of evidence arising at the meeting held on [8 August 2007](#) were agreed.

2. **Declarations of Interest**

2.1 There were none declared at this stage.

3. **Director's Update**

3.1 The Director and Cabinet Member stated that preparations were underway for the forthcoming Supporting People inspection.

3.2 It was made clear that this service was not about placing people into care but providing help with accessing the right accommodation.

3.3 It was suggested that there could be a series of cold-calling or mystery shop calls to assess this service. Councillors and Officers could be called to make sure that they are aware of the Supporting People agenda.

- 3.4 The Commission was reminded that the agenda for supporting people was on the website but was given a brief resume of it:
 - 3.4.1 The feedback so far had suggested great progress and good management.
 - 3.4.2 All services were to be reviewed and groups are to be prioritised with a view to keep people out of hospital.
 - 3.4.3 It was envisaged that the inspection would take place in mid October, findings would be returned by means of a written report in December and a full presentation would be given in mid Jan 2008.
- 3.5 Positive progress was being made with the Probation Board in relation to mental health issues, targeting those that need help the most and a multi agency approach had been adopted.
- 3.6 It was reported that the Commission for Social Care Inspection's preliminary findings favoured a value for money approach, which was seen as important to those who receive the service.
- 3.7 Social care was judged by star ratings on a scale of one to three and the current level was two. A direction of travel rating is also given which would be: 'uncertain', 'promising' or 'excellent' prospects. These results would be expected in due course.
- 3.8 It was reported that an outcomes based approach looking at dignity and respect had been used and questions have been asked to provide evidence by means of case studies. Surveys have been conducted where results were expected to be reported to Cabinet.
- 3.9 The Health Inequalities Inspection was very much in the early stages and a workshop would be set up by the end of October to look at progress. This was not to be seen as an audit.
- 3.10 The Community Care Team have been working on a pilot web based scheme which would allow people to gather information such as access to medical services and claim procedures.
- 3.11 The Council had commissioned the organisation Help and Care to look at how the structure of LINKs might look.
- 3.12 The Housing Strategy was imminent and much needed. This would provide a good balance of housing that would be tailored to peoples needs, including giving an opportunity for the young and first time buyer to gain shared ownership.
- 3.13 Funding for adult services would not be as high as previously hoped but the need for dementia services would be met. There would be a Comprehensive Spending Review at the end of October 08.

4.

Commissioning

- 4.1 The Policy Commission received a presentation on Primary Care Trust (PCT) Commissioning, including the new draft of the Isle of Wight NHS PCT's commissioning strategy.
- 4.2 The Chief Executive of the PCT stated that the trust was a single integrated organisation and that other trusts within England were looking at the same arrangements.
- 4.3 The current budget was £220 million, of which £125 million was allocated to St Mary's Hospital, £25 Million was allocated to specialist mainland treatment for island residents and the balance was used up by primary care.
- 4.4 It was stated that one of the problems faced on the Island was that the budget was based on the resident population. However, this did not take in to account the many tourists visiting the Island during the summers months.
- 4.5 The PCT highlighted 'Improving Island Health 2008 – 2013 Summary' (Paper B) and stated that the following areas needed to addressed:
 - Cancer
 - Circulatory Diseases
 - Respiratory Diseases
 - Mental Health
- 4.6 Presentations and consultations had taken place to understand these four areas.
- 4.7 A final document with contracts signed would be finalised by the end of October 07.
- 4.8 Hospital services will not suffer as a result of investment in priorities. More focus still needs to be put on providing non institutional care.
- 4.9 The Director of Public Health and Chief Medical Officer stated that this and last years medical report covered all areas of local health and that work was being brought into the main aims of the Primary Care Trust.
- 4.10 The key challenge was to address the rising population that was rising slightly faster on the Island than in the South East, which in turn was rising faster than the rest of the UK.
- 4.11 The Island had a high percentage of over 65's compared with the rest of the South coast.
- 4.12 It was noted that in certain areas of the Isle of Wight there was hidden inequality. For example, Carisbrooke resident's life expectancy was 8 years greater than Sandown. This must be addressed within the next 5 years.
- 4.13 The major causes of mortality on the Island were the same as the rest of the UK.

- 4.14 Mental health also provided a high level of morbidity.
- 4.15 Established links have been set up with colleges in London and feedback has been given.
- 4.16 The Chair was advised that St Mary's Hospital actually costs more than its allocated funds. There was a need to develop a community focus where patients can be supported at home if possible.
- 4.17 The Island did keep records of patients treated at St Mary's who were not from the Island. Where appropriate a bill would be sent to the relevant health authority for that patient, although the island would always foot the bill in cases of Accident and Emergency.
- 4.18 The 65-75 age bracket was identified in the commissioning strategy because the Isle of Wight is predominantly an area in which people come to retire. Sixty five is when the need for Health Care starts to increase and is drastically increased by the age of seventy five. Although people move to the Island in later life to change their lifestyle, they do not necessarily follow this through.
- 4.19 The Commission was told that GP's, Consultants and various other Health Workers were involved in setting priorities.
- 4.20 The PCT identified the two hardcore groups of people who needed to be targeted, in terms of improving health, as:
- Obese Children
 - Pregnant Smokers
- 4.21 It was reported that it was still early days as to what effect the recent nationwide smoking ban has had on local health but other areas of the UK where the ban was introduced twelve months earlier have shown encouraging signs.
- 4.22 Other areas of public health awareness that needed addressing were that of fast food / junk food consumption. Although this was largely down to educating people and allowing them to make their own decisions. However some progress has been made on a healthier lifestyle with the introduction of free swimming and healthy snacks at school.
- 4.23 Patients would not be required to travel any further than they currently do. Indeed there is a facility for GP's to treat minor injuries at their practices, reducing the need to attend A&E.
- 4.24 It was stated that the local prisons have high levels of mental health patients and that these have to be addressed in the same way as other patients.
- 4.25 Statins would only be prescribed if the need was sufficient, i.e. high blood pressure, smoking related illnesses.
- 4.26 Alcohol dependent people would be supported correctly to prevent slipping back into problems.