

NOTES OF EVIDENCE

Meeting	Policy Commission for Care, Health and Housing	
Ref		
Date	27 June 2007	
Time	1800 hours	
Place	Committee Room 1, County Hall, Newport	
Purpose of meeting	Formal Public Meeting	
Attendance	Commission	Cllrs Erica Oulton (Chairman), Margaret Webster, Colin West and David Whittaker Co-opted Members: Mr Robert Jones and Mr David White
	Cabinet	
	Cabinet Secretariat	
	Other Councillors	
	Officers	Ms Louise Biggs - Overview and Scrutiny Team, IWC Ms Sarah Mitchell – Director of Community Services, IWC Mrs Claire Shand – Acting Head of Human Resources, IWC Mrs Amanda Thomas – Committee Services, IWC
	Stake holders	Dr Jenifer Smith – Director of Public Health/Chief Medical Officer, PCT Carol Alstrom – Director of Nursing, PCT
	Apologies	Cllrs Dawn Cousins, Deborah Gardiner, Lady Pigot, David Pugh, Alan Wells Ed Macalister-Smith – IW NHS PCT
Agenda Items		
1 To agree the evidence arising at the meeting held on 23 May 2007 (Paper A)	1.1 The notes of the previous meeting were agreed.	

<p>2 Declarations of interest</p>	<p>2.1 A declarations of interest was received from Cllr Erica Oulton as her mother was receiving free homecare under the new scheme for over 80's.</p> <p>2.2 Cllr David Whittaker declared a personal interest in item 4, Promoting a Smoke Free Island, as he had previously been tasked with reviewing and amending the Council's Non-Smoking Policy.</p>
<p>3 Update from Sarah Mitchell – Director of Community Services</p>	<p>3.1 Learning Disability Service – the Council had a commissioning and a provision role now. Andrew Lane had been appointed (using current budget allocation) on a short-term basis to help with options for the future and a new model for care.</p> <p>3.2 The model of care and joint commissioning for Mental Health services was also being reviewed in the light of the Memorandum of Understanding.</p> <p>3.3 A new Chief Executive had been appointed to the Rural Community Council (RCC). New arrangements were in place for funding and developing a partnership agreement with the RCC, similar to that of Age Concern and the Riverside Centre. A three year Service Level Agreement to create stability, was currently being developed. Pump-priming grants and a Future Builder grant from the Home Office were also being investigated to assist with capacity building in the voluntary sector.</p> <p>3.4 A successful conference on vulnerable people had taken place, where the emergency services discussed the planning process and joint working for crisis situations on the Island. This also linked to the proposed unified blue light service.</p> <p>3.5 Proposals on joint commissioning for older people (led by Claire Foreman) could be brought to Member/Director question-time and to a future Policy Commission meeting.</p> <p>3.6 An Island Strategic Partnership Conference had been held on 19 June to discuss how a Sustainable Community Strategy could be developed. This would include the Crime Partnership, Health and Wellbeing Partnership, Children and Young People's Trust and the economic development of the Island.</p> <p>3.7 Members requested that more information be provided about the current services for older people.</p> <p>3.8 On the issue of sustainable communities, members raised concerns about the impact of large housing developments on local town facilities. Dr Jenifer Smith advised that input on health services could be provided on a more pro-active basis in the future.</p> <p>3.9 Members also questioned the impact of the Island's three prisons on the health and social care services. Members were advised that the PCt receiving funding for prisons, but this was based on historical data.</p>

<p>4. Promoting a Smoke Free Island (Enquiry H3/06) – Dr Jenifer Smith – Director of Public Health</p>	<p>4.1 The Commission was advised that as from Sunday 1 July, it would no longer be permissible to smoke in enclosed public places, which was seen by many as a positive contribution to public health.</p> <p>4.2 Smoke was the single greatest cause of illness and was also responsible for inequalities of life expectancy.</p> <p>4.3 Work was being undertaken with local businesses in assisting them to prepare for the ban.</p> <p>4.4 It was noted that staff would also need support and up-to-date information.</p> <p>4.5 Joint policies for the Council and PCT were being looked at, since both organisations had staff members employed in-house and working within communities.</p> <p>4.6 The Local Area Agreement target for smokers who had successfully given up had been exceeded for last year, although problems with smoking during pregnancy and young people smoking remained. This would be a priority for next year in line with combating cancer and circulatory disease.</p> <p>4.7 Members were advised that an area between the green and blue car parks had now been designated as County Hall's 'smoking area' and a litter bin had been provided.</p> <p>4.8 It was estimated that approximately 25,000 to 30,000 people on the Island were smokers.</p> <p>4.9 Schools were doing well with the healthy schools approach, a considerable effort had been put in.</p> <p>4.10 Prisons now had smoking or non-smoking cells for inmates, although more work was required regarding staff health issues.</p> <p>4.11 Members noted that mental health residential units were exempt from the ban at the present time, but this would be phased out from October 2008.</p> <p>4.12 Questions were raised regarding the smoking ban at the hospital. Members were advised that a few small areas were currently used by smokers, but this was being monitored. There was a duty on all staff to ensure enforcement of the ban.</p> <p>4.13 The Council had issued guidance notes on the ban and managers were responsible for ensuring Council policy was upheld. Any breach of the ban would be a disciplinary offence.</p> <p>4.14 In the public domain, enforcement would be undertaken by the Environmental Health team. Fines would be levied at £50 per person with a further fine being issued to the proprietor of the building.</p>
<p>5. Next Meeting</p>	<p>5.1 Next agenda to include the Government Guidance for Continuing Care if it is available.</p>

The meeting closed at 6.55 pm.