



# Notes of evidence

Name of meeting	<b>POLICY COMMISSION FOR CARE HEALTH AND HOUSING</b>
Date and time	<b>WEDNESDAY, 28 JANUARY 2009 COMMENCING AT 6.00 PM</b>
Venue	<b>COMMITTEE ROOM ONE, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Commission	Cllrs Erica Oulton (Chairman), William Burt, Deborah Gardiner, Colin West.
Cabinet	Cllr Dawn Cousins
Other Councillors	Cllr Colin Richards
Officers Present	Sarah Mitchell, April Ross, Simon Wiggins
Stakeholders	Helen Shields (IW NHS PCT)  Lucy Butler (Assistant Director – Integrated Learning Disabilities and Mental Health, Hampshire County Council)
Apologies	Cllr Margaret Webster

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## 1. Notes of Evidence

1.1 The Notes of evidence arising at the meeting held on [5 November 2008](#) were agreed.

## 2. Declarations of Interest

2.1 No declarations were declared at this stage.

## 3. Public Question Time

3.1 No public questions were received

## 4. Directors Update

4.1 The Director of Community Services provided the Commission with a budget update and members were advised that Community Services would be within budget at the end of the financial year. It was noted that this had been achieved despite tight targets through introduction of a vacancy management programme and identifying areas where further savings could be made.

- 4.2 The Commission was told that budget discussions had taken place in regard to the forthcoming financial year and there would be a requirement for a range of services to be reshaped. The learning disability budget had been identified as an area that would need to make further savings, as the authority spent more money in this area than any other authority. The Director and the Cabinet member had recently met with MENCAP to discuss the budget implications, how they might reshape the service and deliver care differently.
- 4.3 Members noted that a meeting was scheduled to be held on the 6<sup>th</sup> February 2009 at the Riverside Centre to which a wide range of suppliers and users of care had been invited to allow for a debate to take place on how care would be delivered based on the revised budget. Discussions had taken place with the local PCT on the impact of shared cost services which would present further challenges.
- 4.4 Charges for care packages that were provided were reviewed on a yearly basis and the Commission was told that charges would be looked at but they had not formed part of the authority's savings budget strategy. It was noted that savings would not be made from those who were receiving mainland specialist placement care and when the numbers were taken in context with those receiving home care, residential care and learning disabilities they were not great in number and over 50% of those receiving care were in Island residential homes.
- 4.5 It was noted that the Director had met with the staff group in social care to discuss the transformation and the impact of transforming care. The authority would have a separate safeguarding service with a risk enabling approach from 1 April 2009 and work was underway on the development of the dementia care service.
- 4.6 The Director of Community Services provided the Commission with an update on recent work and developments in regard to housing issues on the Island. Housing Services were making the best use of the HomeBuy Scheme and this had led to 24 people being able to purchase their own home.
- 4.7 The Strategic Housing Partnership had recently met to discuss the impact of the national financial situation and it was noted that both Citizens Advice and the Law Centre had experienced increased demand for their services. It had been agreed that this subject would remain on the Partnership's future meeting agendas to ensure a partnership approach. In addition extra resource had been made available at the debt court with the provision of an extra day being made available for people to discuss debt problems.
- 4.8 Community Services were managing an increased amount of safeguarding referrals and investigations which had been challenging and it was noted that more work was required with providers about managing the levels of safeguarding.

## **5. Cabinet Member Update**

- 5.1 The Cabinet Member for Health, Housing and Community Wellbeing told the Commission there had been very productive talks with MENCAP around the personalisation of care and putting people first. It was noted that the achievement of the transformation of social care was still some way off, however there had been some success towards the personalisation agenda with positive discussions with care providers.

- 5.2 A full written report had been given to the Council on 21 January 2009 and this had raised a number of questions from members. The Commission was told that a report would be presented to the Cabinet on 10 February 2009 updating them on the Island housing situation.
- 5.3 The Anti Poverty Group had been studying trends in regard to repossessions in the current housing climate and a useful paper had been discussed that detailed the number of people that were seeking financial help. The Commission noted that the funding of the housing services department had been increased to relieve the impact of increased enquiries that were being experienced by the department and partner providers.
- 5.4 The Cabinet member had recently attended a meeting at the Riverside centre which had discussed the contract arrangements for the voluntary sector under the personalisation agenda and support to be offered to third sector partners. Funding had been allocated that would allow for one of the beacon authorities to attend a workshop which would study the work that had been achieved to date on transforming care.

**Cllr Deborah Gardiner declared a personal interest at this point as she was a member of the board for the Law Centre.**

## **6. Funding of Older Peoples' Care Enquiry**

**Evidence was received from Lucy Butler, Assistant Director – Integrated Learning Disabilities and Mental Health, Hampshire County Council.**

- 6.1 Hampshire County Council had decided to launch a commission of enquiry into adult and social care, which was lead by the leader of the council, to help shape future services for people needing support and care. Key factors that had lead to the decision for a Commission approach included a need to understand the implications of a Putting People First Policy, the impact it would have on the County Council as a whole, and the need to develop a system for adult care that would make a difference to those receiving care.
- 6.2 Evidence gathered by the Commission would also be incorporated in the authority's response to the government green paper on the future funding of adult social care. The Commission started the enquiry in April 2008 and appointed 16 Commissioners, including local councillors as well as experts in the field such as Madeleine Star, Strategic Projects Manager, Carers UK and Professor Peter Beresford, Director, Centre for Citizen Participation at Brunel University.
- 6.3 It was noted that 10 research briefings were held to call for evidence and 9 sessions were held, 5 of which had been held in public. The Commission were told that over 100 members of the general public had attended a briefing that ran in a similar format to the question time programme, allowing people to comment on the changes in adult social care.
- 6.4 The enquiry concluded its work on 13 November 2008 to consider the evidence that had been collected which had included real engagement from the public who had shared powerful testimonies and life stories. Members were told that the enquiry had received over 200 submissions through the post, via email and attendance at the sessions. Some of the key issues that were raised in the submissions included:

- The system was seen as unfair and restricted to a small group of recipients.
- Higher demand and expectations and a feeling services were not keeping up.
- The Health and social care interface was confusing in regard to the roles of the health service and social care and who provided the funding.
- People who had savings were disadvantaged and could not access services.

6.5 The final report of the Commission urged for immediate action to tackle the perceived unfairness and complexity of the care and support system for older and disabled people. The report made a variety of recommendations, some of which were national proposals. The proposals included:

#### A Universal Offer

Introduction of a universal offer of help with information, advice and advocacy regardless of where people lived, how much money they had and whether they were assessed as being eligible for social care.

#### Free urgent social care

Provision of free social care for up to eight weeks, for those who had been discharged from hospital and were in need of urgent social care.

#### Raising the savings disregard to £50,000

An increase in the minimum savings and investment level which was used for means testing the eligibility for care.

#### Introduction of a national Resource Allocation System (RAS)

Implementation of a national scheme which would allow a tied approach to be used allowing people to be assessed and awarded points which would indicate the level of care they were eligible for. Introduction of a national scheme would also ensure different levels of care were not offered based on the location of a person.

#### Recognition of carers beyond 65

A review of the benefits system to enable payment to continue beyond the age of 65, for those providing care for family members and relatives.

#### Universal services to plan based on the needs of the disabled

Recognition that people with disabilities and the elderly were not able to use some local services as they were unable to access care services through better buildings access and provision of improved contact methods.

6.6 The Commission was told that Hampshire County Council had formed a new model for social care which incorporated the need for a new approach. The model

had been based on the Commissions findings, was holistic, grounded and practical and formed stronger partnerships with Health.

6.7 It was noted that staff had been informed in order to understand the implications for them and following Cabinet approval Hampshire County Council were engaged in the rolling out of an action plan which tackled main themes which included:

- Self Directed Support.
- Market Development – Supporting Providers.
- User Involvement – Using information from the expert user panel.
- Carers – Providing a clear offer for carers.
- 8 week care plan – Free care for 8 weeks following discharge from hospital for those most at need.

6.8 The Commission was told that it had been accepted that the implementation of the recommendations within the final report would carry a financial cost both nationally and at county level. The estimated cost implications were:

- Providing 8 week free care – Nationally £200-£400m – County £4 -8m.
- Universal offer to information, advice and advocacy – Nationally £250m – County £5m.
- Significant increase in preventative and community support –Nationally £300-450m – County £6-9m.

Members were informed that Hampshire County Council planned to revisit the subject of social care following a 12 month period within which it was hoped a government response to the issues that had been raised in the Commission's final report would have been received.

6.9 It was noted that the enquiry had made the Commission reconsider carers and that the current care management system was based on the individuals needs and did not take into account the needs of the carer. The Council had looked at what could be done both as a council and as an employer to support someone who was providing care, for example in maintaining their employment or providing cover for them to have a break from providing the care.

**Councillor Deborah Gardiner declared a personal interest at this point as she was an employee of UNISON**

## **7. Isle of Wight NHS Commissioning Strategy 2008 – 2013**

### **Evidence was received from Helen Shields, Isle of Wight NHS PCT**

7.1 The Commission noted that the strategy had been revised and that the base period for the data had to be within the actual year the strategy was to be refreshed. It further noted that a strategy was required to ensure that the services provided were the best whilst maintaining sustainability both clinically and financially. There was a need to engage with patients, public, stakeholders and service providers in order to shape the services of the future.

7.2 The Isle of Wight NHS (IWNHS) estimated that it would spend £230m on healthcare in 2008/9 which equated to over £1,600 per person on the Island. This figure had included an 8% inflation increase which had been included to

compensate for the changes of decisions made by the National Institute for Health and Clinical Excellence (NICE). Spending on commissioned services covered a wide range of healthcare services that included:

- 20/25% on Primary Care
- 49.78% on General and Acute Care
- 11.84% Mental Health
- 13.03% Community Health Services

- 7.3 It was noted that the Island had a comparatively good life expectancy level but also suffered from an unusual demographic with a high and rising elderly population which generated an increased level of long term conditions. The major causes of death on the Island had been identified as cancer, cardiovascular disease, respiratory disease and mental health. The IWNHS had consulted with a number of stakeholders who had recognised that levels of people suffering from these conditions could not increase indefinitely and that further emphasis would need to be placed on preventative and community services in the future.
- 7.4 The Commission was told that the Island's population projections up to 2027 showed an increase of 5% across all ages and an increase of those aged 65+ of the total Island population rising from below 25% up to 30% by 2026. It was further noted that both men and women had an increasing life expectancy although the number of women living beyond 80 was higher than the number of men. The length of life had been broken down into Island wards which showed a gap of 8.2 years between Sandown North and Carisbrooke West.
- 7.5 The IWHNS had researched in detail the health of the Island population and the 2001 Census reported 21% of the population had a limiting long term illness against a national trend of 17%. This would have a significant impact on healthcare services. Results had shown that the number of women smoking during pregnancy was 8.5% higher than the national figure.
- 7.6 During the consultation greater emphasis had been placed on the health and well being of Island children and the results included:
- The Ofsted "tell us" survey 2006-07 returned that 30% of young people aged 10 – 15 had smoked a cigarette against a national result of 21%
  - The oral health of children aged 5 that had at least one tooth that was either decayed, missing or filled (DMFT) was above the national trend and above the national target by more than 10%.
  - The Island had featured in the national press, having a higher than average level of childhood obesity both in school reception year and at year six.
  - The number of persons aged under 18 that had been admitted to hospital between 2003/04 – 2005/06 stood at over 150 whilst the national and south east level reported levels closer to 50. It was noted that this could be attributed to the different thresholds that were used to report the numbers with some healthcare departments counting only those admitted and not attending A & E.
- 7.7 The IWNHS had agreed three healthcare goals which concentrated on reducing the health inequalities in life expectancy and mental health, adding years to life dealing with improvements in the quality of life, health and well being and thirdly

the maintenance of a sustainable and viable health service on the Island. Priority areas had been identified these included circulatory disease, cancer, respiratory disease and children.

7.8 The Commission was told that investment had been planned across all of the priority areas over the next 3 – 5 years. In 2009/10 £700,000 would be invested in a number of initiatives including:

- Mental health – dementia services, alcohol misuse and prison health
- Cancer – early detection and diagnosis
- Circulatory disease – transient ischaemic attacks (TIA) clinics and prevention
- Children – obesity, workforce development and child and adolescent mental health services in schools

7.9 It was noted that the next steps that the health service planned was to receive responses from stakeholder organisations, consult with the public and patients through leaflets, meetings and the website. The strategy would then be implemented for 2009/10 and feedback would be provided.

## **8. Members' Question Time**

8.1 There were no Member questions received

CHAIRMAN