PAPER A

Notes of evidence

Name of meeting	**POLICY COMMISSION FOR CARE HEALTH AND HOUSING**
Date and time	**WEDNESDAY, 31 OCTOBER 2007 AT 6.00PM**
Venue	**COMMITTEE ROOM 1, COUNTY HALL, NEWPORT. IOW**
Commission	Cllrs Erica Oulton (Chairman), Deborah Gardiner, Lady Pigot, Margaret Webster and Colin West Co-opted Members: Mr Robert Jones and Mr David White
Cabinet	Cllr David Pugh
Cabinet Secretary	Cllr Dawn Cousins
Other Councillors	
Officers Present	Jonathan Baker, Louise Biggs and Claire Foreman
Stakeholders	Nancy Ellacott, Conal Grier, Sheila Paul and Helen Shields
Apologies	Cllr David Whittaker

1. **Notes of Evidence**

1.1 The Notes of evidence arising at the meeting held on 26 September 2007 were agreed (Paper A)

2. **Declarations of Interest**

2.1 Cllr Webster declared a personal interest as she was the council's older person's champion and a Member of the Medina Housing Board

3. **Directors Update**

3.1 In the absence of a Director, the Cabinet Member provided an update. It was reported that the Director, the Cabinet Member and the Director of Community Services all attended a social services conference at which the Minister for Education spoke.

3.2 The Cabinet Member reported that the Wightcare 'Developing a Re-Ablement Service for Older People' was now underway, all details of which could be found on iwight.com.

3.3 It was reported that the conference had been an excellent source of networking between various authorities.

4. **Continuing Care**

4.1 The Head of Community Care reported that as from 1 October 2007 a new national framework for continuing care had been in place. She was happy to report that the Isle of Wight had made significant improvements since its implementation.

4.2 It was reported that all local authorities and NHS Trusts in England would now use the same continuing care framework.

4.3 Changes to the framework meant that some older people with dementia would now qualify for NHS funded continuing care.

4.4 The Island's Primary Care Trust (PCT) catered for a high proportion of older people and therefore the cost of the new framework will be greater than in other areas of England.

4.5 The Isle of Wight Council (IWC) met regularly to check on progress and a joint training programme with the PCT had been set up to secure a better understanding of the framework.

4.6 Training was also seen as a hidden cost that needed to be considered with 45 nurses requiring full time training and 140 nurses needing a three hour training programme.

4.7 Both the PCT and the IWC had encouraged full time staff to get to grips with new procedures. This had proved to be a challenge, but all was being done to improve this.

4.8 The implication for the PCT was that there was a cost attached to the new framework as more people would be eligible for NHS continuing healthcare. This cost was initially thought to be about £1 million

4.9 An extensive programme of client reviews would be carried out, which would involve a multi agreement assessment. However, it was now thought that the cost would be considerably more.

4.10 An exact figure for the number of people who needed continuing care could not be given. However, when the number of nursing and residential homes as well as older people with mental health needs and dementia were taken into account, the number was very large.

4.11 It was stated that the framework assessed people's personal financial status when taking into account who qualifies for funding.

4.12 It was suggested by the policy commission that the PCT should consider lobbying nationally for funding and that this should be ring-fenced. The commission was informed that even if funding was ring-fenced, it would still be inadequate to cover the costs of the new arrangements for continuing care.

4.13 The commission was assured that funding would always remain for every patient until there needs were addressed and any power of attorney issues were resolved. The patient would always come first. However, if the applicant was not satisfied there was a robust disputes process that could be escalated to the Strategic Health Authority and then the health ombudsman if required.

4.14 The new framework acknowledged the need for patient advocacy. Each person that received continuing care was allocated a care manager, who could advocate for them. In addition, doctors, nurses, family or age concern could act as advocates. Advocates could for example speak to car home owners to discuss the cost of care, particularly for self-funders.

4.15 The PCT made it clear that self-funded patients who were now eligible for free NHS funded care would not be moved from their existing care home. Instead, the PCT would try to negotiate with the care home owner to reduce the cost of the placement.

4.16 Some patients may have chosen to remain in their own home instead of going into an institution. If this posed a clinical risk, the patient and family would try to mediate an agreement and a final decision was in the best interests of the patient.

4.17 The Commission was told that there was a positive approach to care at home, backed up by a reduction in figures for institutional care.

4.18 It was stated that the quality of care and carers whether at home or in institutions must continue to be of an acceptable standard. There had been some instances in the past regarding quality of care but these had since been monitored and action taken.

4.19 It was reported that the achievements on the Isle of Wight with continuing care is far in excess of other areas of the England.