



Notes of evidence

Name of meeting

POLICY COMMISSION FOR CARE HEALTH AND HOUSING

Date and time

WEDNESDAY, 05 DECEMBER 2007 AT 6.00PM

Venue

COMMITTEE ROOM 1, COUNTY HALL, NEWPORT. IOW

Commission

Erica Oulton (Chairman), Cllrs William Burt, Deborah Gardiner, Lady Pigot and Margaret Webster.

Co-opted Members: Mr Robert Jones and Mr David White

Cabinet

Cllr Dawn Cousins

Cabinet Secretary

Other Councillors

Officers Present

Jonathan Baker, Louise Biggs, Sarah Mitchell

Stakeholders

Jo Blackley – Isle of Wight NHS Primary Care Trust (IWNHSPCT),
Tim Higginbotham - IWNHSPCT, Mark Price - IWNHSPCT,
Ed Macalister-Smith - IWNHSPCT

Apologies

Cllr Colin West

1. **Notes of Evidence**

1.1 The Notes of evidence arising at the meeting held on [31 October 2007](#) were agreed (Paper A)

2. **Declarations of Interest**

2.1 There were no declarations given.

3. **Directors Update**

3.1 The Director of Community Services stated that the Isle of Wight County Press had reported the Isle of Wight Council had retained its two star status.

3.2 The Director of Community Services thanked all responsible for the current rating but stressed that there was still challenges to be met with spending on residential care. However a 30% increase in Home Care and a 17% reduction in Residential care did demonstrate a move in the right direction.

- 3.3 It was reported that the Safeguarding Adults initiative was launched on the 30 November 2007 and that those at risk were identified and given help and assistance. These would include housing association tenants who suffered from learning difficulties. Extra care would also be looked at for elderly people on the Island.
- 3.4 It was reported that the Health and Wellbeing Board had now had two meetings that looked at issues such as extreme poverty, highlighting life expectancy where the difference was as much as eight years between Ryde and Carisbrooke.
- 3.5 Another area to tackle was child obesity where all parents with young children were given the right advice in order to carry the children into adulthood.
- 3.6 Domestic violence was also identified as an issue and a domestic violence co-ordinator post would be established.
- 3.7 The Director of Community Services also announced that the Prisons Strategic Partnership Board identified and picked up on social care elements in the Prisons on the Island. Some Health care concerns may include social care and issues with drug and alcohol treatment including areas of support in detox when released from Prison.
- 3.8 It was considered important to recognise the health needs of prisoners and that they must be included as part of the overall population of the Island.
- 3.9 It was also reported that the appointment of a governor of all three Isle of Wight prisons was ongoing and that when selected their duties would include health needs of Prisoners and that all those needs would be addressed on the Island where possible.

4. **Isle of Wight NHS Primary Care Trust - Mental Health and Learning Disabilities**

- 4.1 Representatives from the Mental Health and Learning Disabilities, reported on developments over the last seven years for community based mental health services that was in line with national policy as well as local needs, encouraging a patient focused service.
- 4.2 There had been a large investment into psychological therapies and a new central referral system had been developed. The assertive outreach team had received increased funds and the at-home treatment service developed, to support the evidence that people preferred to be treated in their home.

- 4.3 There were three community mental health teams based at: Swanmore in Ryde, Chantry House in Newport, with a satellite service at Moa Place in Freshwater.
- 4.4 The proposals related to the above community mental health teams. The plans were for the current teams to be brought together with psychological therapies to form two new island-wide teams. One team would focus on clients requiring long term input and the second team on clients requiring short term input.
- 4.5 There would be a central office based at St Mary's hospital and clinics would continue to be provided in Ryde, Newport and Freshwater. However since the office will be on the St Mary's site, Swanmore would no longer be required. It was stated that Swanmore House in Ryde will not be disposed of until a suitable alternative was established.
- 4.6 The current community based clinics within Newport (Chantry House and The Gables) would be provided at Chantry House and in a newly refurbished clinic area on the St Mary's site.
- 4.7 A meeting would take place in January 2008 that will discuss the strategy and gain service user involvement, raising the issue of clinics in Ryde. Plans had already been considerably modified through staff input.
- 4.8 It was reported that the Associate Director of Mental Health & Learning Disabilities would organise a meeting with GP's to raise awareness and give them the opportunity to contribute to the development.
- 4.9 Care co-ordinators were currently allocated within a client's area of residence. The PCT felt that the proposed two new island teams would provide an equal and effective service based on client needs rather than location. Patients may have new care coordinators which they may need to get used to.
- 4.10 The Commission clarified that there would be no centralisation and that a local service would continue to be provided. It was also stated that it was a challenging task to find premises in Ryde that would be of a similar standard to Chantry House in Newport.
- 4.11 It was confirmed that training in Dialectical Behaviour Therapy (DBT) would continue and more training needs would be identified in the long term. A set amount of people were trained each year. It was also stated that part of the DBT work was to get people off anti-depressants and back to work.
- 4.12 The new Mental Health Act 2007, including Community Treatment Orders required much joint work with the local authority
- 4.13 Increasing access to talking therapies would assist people on disability benefit to get back to work.

4.14 PCT staff would be released to work with older people over 65 with mental health issues, including dementia.

5. **The Isle of Wight NHS Primary Care Trust's Annual Health Check**

5.1 The Chief Executive of the PCT gave a presentation on the Isle of Wight NHS Primary Care Trust Annual Health Check Results for 2006/2007.

5.2 Of the four standards from "Weak" to "Excellent", the Island attained a "Good" rating in Quality of Service, which was one away from the top rating. The use of resources was rated as "Fair".

5.3 It was reported that the PCT appealed against the "Fair" rating. Whilst the appeal was unlikely to be successful, the assessment process would change for 2007/08 and along with better internal controls, an improved result was expected next time.

5.4 Areas of improvement that still needed to be addressed were:

- Thrombolysis,
- Cancelled Operations,
- Supporting Patient Choice
- Practice Based Registers – recall of patients.

5.5 The target for thrombolysis was to treat patients within 60 minutes from the onset of a heart attack; performance was currently 57%. Public awareness of recognising the symptoms of heart attack would assist in improving this figure.

5.6 Bed shortages had led to cancellation of some elective work, although these patients had been offered new appointments shortly afterwards,

5.7 Patient Choice would be addressed by trying to give the patient a quality Island based service whenever possible.

5.8 The PCT achieved 26 out of the 34 New National Targets set. One of the areas of improvement was appointing Community Matrons, which had increased from two to six providing intensive support within the community to give prompt diagnosis and prevent hospital admission. The appointment of additional Matrons within the Hospital would also be explored.

5.9 The PCT reported that due to good work from staff, the target for MRSA was one of the lowest in the country and that the Island was below this. However any deaths are always treated very seriously and the Coroner always requested that a post mortem be carried out.

- 5.10 The target for *Clostridium Difficile* (*C difficile*) was 53 cases, although ideally this should always be zero. Unfortunately with three months still remaining, the figure was 64.
- 5.11 As a result of the Maidstone Report of November 2007, a significant investment in cleaning had been established to focus on reducing the *C difficile* figure. A new dress code was also being developed within St Mary's Hospital that would mean all medical staff would be bare below the elbows and not be permitted the wearing of rings, bracelets, watches etc. This has been met with some resistance.
- 5.12 The Commission was told that there was pressure from a national level to reduce the amount of follow up appointments in order to save resources. It was anticipated that the practice of block booking be stopped and appropriate treatment be administered as and when necessary.
- 5.13 It was reported that the current framework for evaluation is to self-assess. This is managed by a governance team where evidence is presented at a full board meeting who analyse the assessment and question any judgment where necessary. Any Trusts that are rated as weak are fully assessed and 10% are randomly inspected.
- 5.14 Suicide rates on the Island continue to be an area of concern, although the prisons were not generally an area in which this was a problem as most incidents happen in remand centres.

6. **Annual Health Check Results and Hospital Acquired Infections**

- 6.1 The cabinet member for health and community wellbeing reported that she visited a recent meeting, representing the LGA for the IWC on the Lord Darzi Report. This was attended by Lord Darzi as well as representatives from around the world to discuss Health Care issues including healthy lifestyle and the eradication of inequalities. It was reported that the next stage of focus would be Health and Wellbeing and Lord Darzi stated that the key message was collaboration not competition.
- 6.2 The transition project director gave a brief PowerPoint presentation on the Lord Darzi review ("Our NHS Our Future") and what this meant for the Island.
- 6.3 Some key issues that were highlighted were:
- Health inequalities.
 - Comparative performances with other countries
 - Post Code Lottery
 - Population – Older people
 - Benefits of new technology

6.4 Three themes were also expanded on. These included:

- Health and Wellbeing – The future role of the NHS and what the boundaries will be with other services.
- Quality – Following on from the Maidstone report with issues such as the effectiveness of treatment and the public image of the NHS.
- Access to services, for example improving the out of hours Service

6.5 The Commission was told that there were eight clinical pathways that looked at various stages from birth to end of life and each pathway had a Strategic Health Authority (SHA) group that met three times in the autumn. The third meeting had been carried out and a draft report would be presented. The Island had membership on six of the eight groups.

6.6 The transition project director reported that the output from the group meetings would be fed into the development of an overall SHA vision which will be developed by mid-January 2008 and published for consultation between February and April 2008. A final SHA vision will be published in May 2008 to input into the final national review document to be published in June 2008 in time for the 60th Anniversary of the NHS in July 2008.

6.7 The Commission was told that the website www.southcentral.nhs.uk allowed people to fill in a questionnaire to express their views on the NHS as well as the national website: www.ournhs.nhs.uk.

6.8 A large national deliberative event would also take place in January 2008 that would include 40 members of the public, patients and staff. Local events would also be encouraged and could include the policy commission.

6.9 It was suggested that a hard copy of the questionnaire could be distributed to local GP surgeries and possibly at county hall reception.

6.10 The commission was encouraged to look at the interim report of the national review that was published in October 2007 and looked at various items such as access to the health service.

6.11 The commission asked if it was possible to look into the possibility of a dedicated Isle of Wight Health observatory. The PCT stated that as part of the 60 Anniversary of the NHS, it may be possible to look at a project that could highlight how various illnesses and diseases have affected the Island and how they have been addressed.

Meeting Closed at 7.45pm