

POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH – 14 JANUARY 2019

RESPONSE TO THE INITIAL SAVINGS PROPOSALS 2019/20 FROM THE IW HEALTH TRUST AND IW CLINICAL COMMISSIONING GROUP

“We have met with John and Carol and understand the challenges that the council face in delivering against its financial objectives and we have shared the same challenges confronting health services on the island.

We went through the proposed savings and in particular looked at those elements where they may be a consequence on healthcare delivery and budgets. I will highlight the main areas of debate

Item 1 – Savings Related to Community Equipment

We have sought assurances that the proposed reduction in funding will not result in some people needing to access healthcare services due to delays in accessing equipment. We do not anticipate that this will arise and will review the reasons for attendance or admission at the hospital to ensure that this does not arise.

Item 4 – Home support

It is difficult to quantify the impact of this proposal as the council has increased the number of personal assistants available to support such patients as part of their investment in winter services. We will therefore need to keep a watching brief on any unintended consequences of this proposal

Item 6 – Mental Health Day Centers

Both the Local Authority and the mental health service provider deliver services and a review of the number of people accessing each of the day centres does suggest that they do not deliver value for money. However, there remains a lack of community based mental health services on the island with the IOW having the highest number of mental health admissions to inpatient beds per head of population in the UK. We are currently in discussion with all parties to explore options for how resources can be redeployed from the inpatient services to community services and what is the best model for future service delivery. Whilst there may well be a debate as to whether changes should be made prior to any such changes being made both Maggie and I are mindful of the need to balance service delivery and financial sustainability

Item 8 – Care Package Review

At first glance the level of savings associated with this proposal might cause some consternation, however it is routine for all such patients to be reviewed in order to

confirm that they are on the correct package of care to meet their needs. The proposal to bring together the budgets and the staff from social services and the Continuing Healthcare teams will result in all patients benefitting from a single assessment and the timeliness of their care being provided will not be delayed due to organizational issues. As such this proposal does not provide any real cause for concern as any risks that may materialize will be dealt with by the proposed risk share between health and social care and the fact that there will be a single management team responsible and accountable for delivery.

Item 10 – Supported Living

This is a welcome initiative, I have been a chair of a charitable organization that provided such services and have witnessed first-hand the benefits for people with learning disabilities being integrated into the community. The transition will need to be carefully managed but I am hopeful that this proposal will not only reduce costs but will also improve the lives of people in this setting.

Item 23 – Early Intervention Teams

This is the one item that I cannot really comment upon. I am not aware of how this service currently operates and how it supports children and families and therefore am not able to comment upon what the possible consequences of the removal of funding will be. This is an area that I will need to explore further with colleagues to seek the necessary assurance.

On a final point – the CCG now has an ‘open book’ policy of its finances with the trust and has committed to not making any financial decisions without full disclosure. I have suggested to John that this approach should be extended for all health and social care services and that the Local Care Board be the place where all investment and disinvestment decisions are taken and that the three organisations are then held to account for being transparent in their consideration and decision making.

Such an approach will need to be agreed by each respective board but I remain hopeful that such an approach will improve collective decision making and ensure that health and social care services are fully aligned.

Martin Wakely – Managing Director, IW, Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

Maggie Oldham – Chief Executive – IW NHS Trust