

**1 DCABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
- 11/ 10/ 10**

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
Monday, 11th October, 2010**

Present:- Councillor Doyle (in the Chair); Councillors Jack and Walker.

Apologies for absence:- Apologies were received from Councillors P. A. Russell and Steele.

**H27. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH SEPTEMBER, 2010**

Consideration was given to the minutes of the previous meeting held on 13th September, 2010.

Reference was made to Minute No. D20 (Assistive Technology) with recognition given to the key achievements and the support to communities provided by the Area Assembly Teams.

The final report arising from the Scrutiny Review of Assistive Technology was also welcomed.

Resolved:- That the minutes of the previous meeting held on 13th September, 2010 be approved as a correct record.

**H28. HOSPITAL DISCHARGE**

Consideration was given to a report presented by Mark Joynes, Service Manager – Access, which set out the progress and the developments which have been made to improve discharge for patients following the review of hospital discharge arrangements.

Reference was made to the Discharge Monitoring Group which had been re-established at the request of Adult Services and split into two groups, one strategic and one operational. The purpose of the strategic group was to bring about substantial improvement in the discharge process, involving stakeholder partners, in order to ensure safe and timely hospital discharge for patients with the operational group reviewing process and protocols pertaining to discharge in response to operational practice, learning and also in response to both customer comments and complaints. This operational group was accountable to the strategic group.

More recent developments were the permanent appointment by Adult Services of a part time Health and Social Care Co-ordinator for BME patients, who provided information and advice on their admission into hospital if required. This customer group was

receiving a less equitable service, or no service at all due to lack of awareness by not being informed. This had also had the benefit of raising the issue and profile across all organisations.

There was a specific and proactive focus by Adult Services through their Health and Social Care Information Facilitators, to provide information to carers or family members who were likely to require community care services on discharge from hospital, advice of available health and social care services, prior to the allocation of a social worker, whilst also outlining the patients journey. This may be beneficial to them individually as a carer, or the cared person.

Planning exercises had also been undertaken to address the risks associated with major incidents, such as a pandemic to address insufficient staff availability and to ensure business continuity.

The continuous successful recruitment of vacant posts had increased the number of new social workers and enabled some increased degree of flexibility to patients and their carers for appointments, where carers who previously may have experienced difficulty in being available to participate in assessments, during core hours due to other commitments, were now able to do so outside of core hours. In addition, there were two part time stroke co-ordinators employed by Neighbourhoods and Adult Services who operated on the stroke ward and provided additional advice and support to patients who may decline or not be eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development was the creation of dedicated team from Neighbourhoods and Adult Services and Rotherham Foundation Trust which provided consistency in the application of NHS Continuing Health Care Framework whilst enhancing the patient's opportunity to be successfully assessed against the eligibility criteria.

Further information was provided on how and when the assessment team should be contacted, the reduction in delayed discharges, the problems associated with past recruitment, performance and charges caused by delays.

More recently the remit of the specialist discharge nurses had been extended to cover all wards and their workloads freed accordingly.

It was also noted that the hospital was also planning to build some of its own intensive care units, but it was not thought that these units would have any effect on the discharge rates.

Further information was also provided on the role of the pre-

**3DCABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING  
- 11/ 10/ 10**

admission unit, which provided support services on discharge for a patient who had elective surgery. All lines of communication should flow from a pre-admission co-ordinator with information provided to the patient's G.P.

Resolved:- That the report be received and the contents noted.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO PROCESS THE CONSULTATION RESPONSE REFERRED TO.)**

**H29. EQUITY AND EXCELLENCE: LIBERATING THE NHS - CONSULTATION RESPONSE**

Consideration was given to the report presented by Shona McFarlane, Director of Health and Wellbeing, which set out details of the Government's Health White Paper which preceded legislation to be placed before Parliament in the current parliamentary session. The White Paper proposed major reforms to the NHS and also changed roles for local government.

The report provided further information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper and stated that the proposals would provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and Elected Members. It suggested local authorities were uniquely placed to promote integration of local services across boundaries between the NHS, social care and public health. Local authorities would be given an enhanced role in public health promotion for their local areas.

A number of questions against the key proposals were asked and the responses were circulated for all at the meeting following consultation with the Adult Services and Health Scrutiny Panel.

The report set out more detailed information relating to:-

- Health and Well-being Boards.
- Overview and Scrutiny Function.
- Local Health Watch.
- Improving Integrated Working.

Discussion ensued on the consultation response, which specific reference to the function of Health and Wellbeing Boards, role of Elected Members and the dilution of democratic accountability of the statutory scrutiny function.

Resolved:- That the consultation response be approved for submission by the deadline of Monday, 11<sup>th</sup> October, 2010.