

**ADULT SERVICES AND HEALTH SCRUTINY PANEL**  
**Thursday, 11th November, 2010**

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Burton, Hodgkiss, Kirk, Middleton and Steele.

Councillor Doyle was in attendance at the invitation of the Chair.

Also in attendance were Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up) and Mr P Scholey.

Apologies for absence were received from Councillors Goulty and Wootton; Ms J Dyson, J Evans and J Richardson

**43.       DECLARATIONS OF INTEREST.**

No declarations of interest were made at the meeting.

**44.       QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.**

There were no members of the public and press present.

**45.       STROKE SERVICES IN ROTHERHAM**

Dominic Blaydon, NHS Rotherham gave a powerpoint presentation in respect of the CQC Stroke Review.

The presentation drew specific attention to:-

- The Review Summary
- Areas of Good Performance
- Areas needing further work
- The National Stroke Strategy
- Stroke Strategy Impact Assessment
- Current Service Model
- Stroke Action Plan
- Accelerated Stroke Indicators

A question and answer session ensued and the following issues were discussed:-

- Reference was made to the TIA scans which were undertaken within 24 hours of a patient presenting themselves to their GP. A query was raised as to who was responsible for reading the results, and also how the patient was kept informed and what the timescales were. It was confirmed that if the scan was undertaken within normal hours then the consultant would

be responsible for reading the results and should inform the patient of the outcome as soon as practicable. However if the scan was done out of normal hours then this would become more complicated.

- A query was raised about the number of staff involved in the running of the Stroke Unit in order to establish how large it was.
- Reference was made to the calculation for the estimated savings for social care and health as a result of the impact of the stroke unit and a query was raised as to how the figures had been arrived at.
- An explanation was sought into what was involved in the “early supported discharge” Confirmation was given that following the initial medical intervention which was generally only for a short time, the next stage would be intensive therapy ie Speech, Physiotherapy and Occupational Therapy. Most of these sessions would be done away from the stroke unit but would still require a vast amount of support.
- A query was raised about the incidence of strokes in Rotherham and whether there had been any change in the last 20 to 30 years. It was confirmed that there would be an increase in the incidence as a result of old people living longer and also with the increase in obesity and poor diet.
- Reference was made to the action plan and what the estimated costs were in relation to it. In addition it was queried whether there were adequate facilities for acute care.
- Reference was made to the care of patients once they had finished therapy sessions. It was noted that responsibility for their care was then transferred to district nurses and support workers, and a query was raised about the level of training available to them.
- It was noted that there had been a Stroke Strategy Group in Rotherham in the past which had ceased to exist and it was queried whether this would be resurrected. It was confirmed that the Stroke Pathway Group now filled this gap and this currently only involved officers. However it was felt that representation on this Group should be revisited.
- Reference was made to carotid artery scanning, at which Rotherham performs well.

Members thanked Dominic for his informative presentation.

#### **46. ANNUAL REPORT OF THE JOINT LEARNING DISABILITY SERVICE**

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in respect of the Annual Report of the Joint Learning Disability Service (JLDS).

The Annual Report of the JLDS outlined the continued strong performance of the service which linked its services and priorities to those identified within the Neighbourhoods and Adults Service's Plan. The strong performance had been reflected in its contribution towards:

- Care Quality Commission (CQC) annual performance rating of Rotherham Adult Social Care performing "excellently" since 2009
- LDS Partnership Board Self Assessment which was submitted in March 2010 and achieved over 30 mentions in the Regional Good Practice and Innovations Guide
- Annual Health Self Assessment further improved, achieving 3 greens and an amber on the 4 health targets, resulting in Rotherham achieving the second highest performance across the Yorkshire and Humber region.

A range of satisfaction surveys and customer feedback experiences had been conducted in the year and actions had been identified to evaluate performance and deliver increased customer satisfaction.

LDS performance had been reported by the Customer Service Excellence performance framework as being top rated at platinum 2009/ 10. This had continued in the latest reporting period (July-September 2010) with satisfaction results across the board in Learning Disability achieving 100%.

Despite the overall strong performance by the JLDS in 2009-10, targets had been set which were challenging for 2010-11 aimed at achieving either benchmarked step change improvements in relation to our comparator group of local authorities or continuous improvement as a minimum, which ever was the greater.

It was noted that the annual report would be publicised via the Rotherham MBC website and formally reported through to both the Partnership Board and NHS Rotherham Board.

A question and answer session ensued and the following issues were discussed:-

- Reference was made to the "Move on" employment which was currently running 3 days per week and a suggestion was made to look at the possibilities of this being increased to 5 days.
- It was noted that the Comprehensive Spending Review had indicated that there was a need to make 30% reduction in council budgets and a query was raised as to whether this

would have an impact on the future provision. It was confirmed that, despite these reductions, priority would be given to keeping the level of customer service high.

- Reference was made to commissioning work being undertaken in respect of learning disabilities and improving the services available. It was noted that although there was no written document in respect of this yet there was an implementation plan in place.
- Clarification was sought about why the service was not achieving its target for 'People supported to live independently' NI 136. It was confirmed that Rotherham were high performers in respect of helping people to live at home, but that NI 136 was more involved and difficult to achieve. However assurances were given that every effort was being made in order to improve the performance in relation to this.

Resolved:- That the content of the Joint Learning Disability Service Annual Report and the service objectives for 2010/ 11 be noted.

#### **47. HOSPITAL DISCHARGE PROCESS - IMPROVING THE CUSTOMER'S EXPERIENCE**

Mark Joynes, Service Manager Access presented the submitted report which outlined the progress and developments which had been made to improve discharge for patients following the review of hospital discharge arrangements.

It was noted that the continued increase in the population of older people in Rotherham had contributed to an increase in hospital admissions. This was expected to continue with the potential for increases in hospital admissions and discharges, and subsequent pressure on finite resources to deliver quality health and social care support services to customers within specific time frames.

There were ongoing initiatives in place to avoid inappropriate admissions into acute care and developments to provide alternative levels of care pathways and support services. Different groups had been established and re-established to plan and deliver improved services.

Adult Services continued to be an active member of the Emergency Care Network Group, a multi agency membership whose purpose was to develop integrated and effective Urgent and Emergency Care Services and pathways across the Health and Social Care Community. Safe and timely discharge of patients was an element of this work.

The Discharge Monitoring Group had been re-established and now had two groups, a strategic and an operational group. The purpose of the strategic group was to bring about a substantial improvement in the discharge process, involving all stakeholder partners, in accordance with government guidance and legislation and was accountable to the Emergency Network Group. One purpose of the operational group was to review process and protocols pertaining to discharge in response to operational practice, learning and also in response to both customer comments and complaints.

The Adult Services Customer Quality Team produces quarterly Excellence Performance reports which are obtained and produced by a variety of methods including customers' involvement. The report evidenced a high level of customer satisfaction with an improvement of service delivery of social care ranging in the lower 90% satisfaction from the previous quarter to higher 90% range of satisfaction for the first quarter of 2010.

There was partnership working between Health and Social Care complaints departments both regionally and locally operating through their comments and complaints procedures, pertaining to hospital discharge.

Other developments had been the permanent appointment of a part time Health and Social Care Co-ordinator for BME patients, who would provide information and advice on their admission into hospital.

There was a 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, and advice in respect of available health and social care services prior to the allocation of a social worker.

The continued successful recruitment to vacant posts had increased the number of new social workers and enabled some increased degree of flexibility to patients and carers in respect of appointments.

There were two part time stroke co-ordinators employed by Adult Services who operated on the stroke ward and provided additional advice and support to patients who declined or were not eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development was the creation of a dedicated team

from Adult Services and Rotherham Foundation Trust. This team would provide consistency in the application of NHS Continuing Health Care Framework whilst also enhancing the patient's opportunity to be successfully assessed against the eligibility criteria.

A question and answer session ensued and the following issues were discussed:-

- Reference was made to the waiting times being experienced by patients for prescriptions before being discharged and a query was raised as to what action was being taken to alleviate this problem.
- A query was raised about what measures were in place to deal with the increased number of old people during the winter months.
- Reference was made to the Council's "Grow your Own" scheme which provided social care officers with training to become social workers.

Resolved:- That the contents of the report be noted.

**48. CARERS' CORNER REPORT**

This item was deferred to a future meeting.

**49. FALLS COLLABORATIVE - EVALUATION**

This item was deferred to a future meeting.

**50. FORWARD PLAN**

Consideration was given to the Forward Plan of Key Decisions for 1<sup>st</sup> November 2010 to 31<sup>st</sup> January 2011.

Resolved:- That the Forward Plan of Key Decisions for 1<sup>st</sup> November 2010 to 31<sup>st</sup> January 2011 be noted and received.

**51. HOSPITAL AFTERCARE SERVICE**

Consideration was given to the Age Concern Rotherham, Hospital Aftercare Service Evaluation 2010.

Resolved:- That the Age Concern Rotherham, Hospital Aftercare Service Evaluation 2010 be noted.

**52. YORKSHIRE AMBULANCE SERVICE UPDATE**

Consideration was given to the Yorkshire Ambulance Service Monthly Update for October 2010.

Resolved:- That the Yorkshire Ambulance Service Monthly Update for October 2010 be noted.

**53. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 7TH OCTOBER 2010**

Consideration was given to the minutes of the meeting of the Panel held on 7<sup>th</sup> October 2010.

It was noted that Councillor Middleton had been in attendance at the meeting but that his attendance had not been recorded.

Resolved:- That subject to the amendment referred to above, the minutes of the meeting of the Panel held on 7<sup>th</sup> October, 2010 be approved as a correct record for signature by the Chair.

**54. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING HELD ON 27TH SEPTEMBER 2010 AND 11TH OCTOBER 2010**

Resolved:- That the minutes of the meetings of the Cabinet Member for Adult Independence Health and Wellbeing held on 27<sup>th</sup> September, 2010 and 11<sup>th</sup> October, 2010 be noted and received.