

ADULT SERVICES AND HEALTH SCRUTINY PANEL
3rd March, 2011

Present:- Councillor Jack (in the Chair); Councillors Barron, Goulty, Middleton, Steele, Turner and Wootton.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up) and Mr. P. Scholey (UNISON).

Apologies for absence were received from Councillors Blair, Hodgkiss, Victoria Farnsworth (Speak Up) and Ms J Dyson.

82. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

83. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the press and public present at the meeting.

84. ASSISTIVE TECHNOLOGY REVIEW UPDATE

In accordance with Minute No. 77 of the meeting held on 10th February, 2011, the Director of Health and Wellbeing submitted an update on progress to date and an evaluation of the current position. This report had previously been considered by the Cabinet Member for Adult Independence Health and Wellbeing on 28th February, 2011.

A number of significant changes had been made to the delivery of Assistive Technology (AT) that addressed the issues raised within the Scrutiny report which included:-

- Appointment of a dedicated Assistive Technology Officer
- Series of visioning events to facilitate the identification of difficulties that staff associated with the provision of AT
- Establishment of a system to monitor and demonstrate the savings that AT could achieve
- Change in emphasis during the assessment process
- Identification of simple and direct access to equipment
- Highlighting good news stories with an emphasis on outcome
- Better use of available information
- Prevention of avoidable admissions to hospital and the prevention/delay of admission to long term residential care
- Provision of information and signposting
- Direct involvement of staff in developing AT
- Better use of resources
- Better liaison with Rothercare
- Development of benchmarking opportunities

Also, action had taken place on the recommendations raised in the report:-

- Development of an AT Strategy within NAS with an action plan. There were significant savings to be made by both the Council and NHS Rotherham and had been identified as the next major area for development
- A database had been built up to demonstrate the financial savings that could be made from the provision of AT. The next stage was to demonstrate that the provision of AT could lead to significantly improved outcomes for customers
- A campaign to raise the profile of AT amongst customers, carers, staff and Members. Case studies had been promoted to demonstrate the outcomes that were possible with AT
- Discussions had commenced with major equipment suppliers to bring about a change in provision of lifeline units. New lifeline units were now put in when the customer had extra equipment added rather than as part of a rolling programme. This meant the units were fit for purpose
- Allocation of AT was now the default option in every social care assessment that took place in Rotherham. Social Workers now had to explain why they had not considered allocating AT and show the savings that they had made by allocating the equipment
- Awareness raising campaign would focus around an AT week in March modelled around the success of previous weeks that had focussed on safeguarding adults and personalisation

The Director also gave a powerpoint presentation highlighting the above.

Discussion took place with the following issues raised/highlighted:-

- o There was the danger of a client having all the assistive technology but becoming socially isolated. It was emphasised that assistive technology would not be provided in isolation; if people had care needs they would still receive help to maintain their independence
- o Most of the equipment was linked to Rothercare which was operational 24/7 and so could support in emergencies
- o There had been a significant demand for items of equipment, and should this demand continue, the budget would be under pressure. However, given that AT on the whole helped to make savings on the cost of care, should there be pressure on the AT budget, there was still a strong business case for investing in AT
- o AT was part of the preventative agenda as well as independent living
- o Discussion about use of protective clothing – such as hip defenders which could be preventative in nature

- It was not felt that a separate AT Strategy was required. Work was taking place with the NHS around some of the changes in funding and co-ordination of Health and the Authority's technology. There was a need for a Prevention Strategy of which AT would be a strand

Resolved:- (1) That the NAS response to the Scrutiny review be welcomed.

(2) That the progress made in delivering assistive technology within Rotherham be noted.

(3) That a further report be submitted in 6 months on the impact of the review.

85. PUBLIC HEALTH WHITE PAPER CONSULTATION

Further to Minute No. 78 of 10th February, 2011, the Policy and Scrutiny Officer updated the Panel on the draft response to date to the above consultation the deadline for which was 31st March, 2011.

Consultation had taken place with Directorates and other Elected Members via the Performance and Scrutiny Overview Committee (PSOC). All comments had been incorporated and were to be considered by the Cabinet on 9th March, 2011, prior to submission.

There had been issues in the past with regard to missed opportunities to contribute towards consultations. PSOC had carried out a review of how consultations were managed and had drawn up a procedure, for consideration by the Cabinet. However, this had been an example of how it should work.

Resolved:- That the draft response be noted.

86. WINTER PRESSURES

Dominic Blaydon, Head of Partnerships, Rotherham NHS, gave a powerpoint presentation of an analysis of winter pressures experienced between 5th December, 2010 and 16th January, 2011, focussing on activity at Accident and Emergency, Acute Care, GP admissions and the GP Out of Hours service:-

- Rotherham Foundation Trust Accident and Emergency
- Rotherham Foundation Trust GP Admission Data
- Rotherham Foundation Trust Acute Care
- Care UK Walk in Centre
- Care UK Out of Hours Service
- Social Care Response
- Mitigation Activity
- Future Work

Summary

- Severe weather event early December
- Unprecedented pressure on health community after New Year
- Caused by swine flu outbreak with norovirus
- Local health and social care service worked in close partnership
- Limited disruption to services

A&E

- Attendances
- Breaches
- Summary
 - Unprecedented spike in demand during first 2 weeks of January
 - Large proportion of admissions during this period – up to 26%
 - GP outliers – either large practices or in areas of deprivation
 - 57% of attendances with no follow up or referral to GP
 - 64% attendances were self-referrals

Acute Summary

- 54% increase in GP admissions during surge period
- RFT operating 50 extra beds above baseline
- Electives cancelled for 3 days
- Substantial pressure on critical care bed capacity
- Patients diverted on 2 occasions
- 13 cases of confirmed swine flu
- Outbreak of norovirus which took some beds out

- Walk in Centre Activity

- Out of Hours Activity

- Walk in Centre/Out of Hours Summary
 - 45% increase in demand from week 52 to week 2
 - Mitigation activity had an impact
 - Peak in out of hours activity was before the A&E surge
 - 43% increase in out of hours activity from week 53 to 3

Mitigation Activity

- Initiation of Surge Plan
 - Reduces threshold for admission to Intermediate Care and Breathing Space
 - Triggers interventions from community services to support discharge
 - Places Continuing Care Team on standby to fast track social care assessments
 - Triggers extra support from Rotherham MBC to support Social Work Team

- Emergency Bed Management Meetings
 - Daily reporting on bed status at Rotherham FT
 - Face-to-face support of Community Health Services to support discharge
 - Anticipate pressures on system such as staff sickness and infection control
 - Identify patients who were fit for discharge
- Daily Teleconferences
 - Inform stakeholders where pressures were in system
 - Enlist Community Services support on maintaining secondary care services
 - Daily reports from each health agency
- Local Sitrep Report
 - Bed availability for RFT, Breathing Space and Intermediate Care
 - Daily activity figures for A&E, YAS, WIC and OOH

Social Care Response

- Strong support on hospital discharge from intermediate care
- Additional social work support within the hospital
- Discharges to residential/nursing care expedited effectively
- Availability of home care packages on discharge
- No delays in social care assessments

Future Work

- Internet site which staff can access during severe weather
- Establish a list of organisations who can provide 4x4 vehicles
- Formal approval of the Surge Plan through RMBC
- WIC to introduce an appointment system to spread demand
- Communication Strategy to explain role of WIC
- Ensure plans are in place for the Easter Bank Holiday period
- Notify GP practices who undergo accelerated discharge

Discussion ensued on the presentation with the following issues raised:-

- Appointment system at the Walk in Centre – during the period there had been patients waiting for extended periods of time resulting in health and safety issues due to the number of people in the waiting area. There were 2 ways of dealing with this. Firstly, to get the GPs to process the patients quicker and secondly the introduction of an appointment system during periods of pressure. A trial would be conducted
- Analysis was still being carried out of the illnesses over the 5 week period but it was thought mainly to be flu like symptoms. There had not been many falls/fractures
- Luckily there had been relatively low levels of staff sickness. There had been an immunisation campaign in the hospital/community nurses which had had a positive impact

- There was no specific Government guidance on what weeks to cover. There was a requirement to submit, as a Strategic Health Authority, a Winter Plan by November until the end of March. The Plan should set out the inter-agency arrangements and each of the health organisations' effective continuity plans
- There were major issues with regard to the budget cuts and the resultant reduction in backroom staff. It was the effect of how to cover and maintain the support required between the different agencies. There would also be a reduction in front line staff both in Social Care and probably Health which would have an impact in the 2011/12 financial year. This could only be managed by addressing the issue of expectation by the public and understanding what the A&E and Walk in Clinic could achieve
- So many people used in the Walk in Clinic because of their inability to get an appointment at their GP surgery. Discussions were taking place with the GP Shadow Executive about how that situation was managed and address some of the conflicts with the Walk in Centre
- The Health Centre housed both the Walk in Clinic, the GP Out of Hours Service and a separate GP practice. In periods of high demand there would be some cross over and the GPs from the practice would be used. There were discussions taking place with UK Care with regard to the number of patients processed by the GPs
- An appointment system would not mean patients would not be seen but just spread the demand. It may not be necessary to continue with an appointment system if the other strategies for increasing the volume of patients being processed by GPs worked

Resolved:- (1) That the presentation be noted.

(2) That the NHS be informed that the Scrutiny Panel was not in favour of an appointment system at the Walk in Centre and be requested to reconsider the proposal.

87. DIABETES TESTING

Dr. Hoysal was in attendance to carry out diabetes testing for any Member present.

88. ADULT SERVICES AND HEALTH SCRUTINY PANEL

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 10th February, 2011, be approved as a correct record

89. ADULT SOCIAL CARE AND HEALTH

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 31st January and 14th February, 2011, be noted and received.

90. KWILT PROJECT SUMMARY

The Policy and Scrutiny Officer presented, for information, a research study that was being conducted by the Sheffield Hallam University in conjunction with NHS Rotherham, on Keeping Warm in Later Life “KWILLT”).

A focus group was to be held on 25th March, 2011, for which they were seeking 10 Elected Members.

Anyone interested in taking part should notify Kate Taylor.