

## **CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**

**Venue: Town Hall, Moorgate  
Street, Rotherham.**

**Date: Monday, 8 September 2008**

**Time: 10.00 a.m.**

### **A G E N D A**

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the previous meeting held on 21 July 2008 (Pages 1 - 4)
5. Modernisation of Mental Health Service (Pages 5 - 55)  
- report by Mel Turton, Mental Health Commissioning Manager, NHS Rotherham
6. Self Assessment Survey (SAS) 2008 (Pages 56 - 59)  
- report by John Mansergh, Service Performance Manager
7. Adult Services Revenue Budget Monitoring 2008/09 (Pages 60 - 66)  
- report of Mark Scarrott, Service Accountant (Adults)
8. Date and time of next meeting:- 22 September 2008

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH**  
**Monday, 21st July, 2008**

Present:- Councillor Kirk (in the Chair); Councillors Gosling, P. A. Russell and Jack.

**8. MINUTES OF THE PREVIOUS MEETING HELD ON 7 JULY 2008**

Resolved:- That the minutes of the meeting held on 7 July 2008 were approved as a correct record.

**9. JOINT COMMISSIONING FRAMEWORK**

Kim Curry, Director of Commissioning and Partnerships presented the submitted report in respect of the Joint Commissioning Framework.

In accordance with priority 5 of the Joint Commissioning Strategy, the planning arrangements had been realigned so that they could deliver the objectives of the strategy. The key areas covered were

- Role of the Adults Board
- Governance Issues
- Role of Priority Groups
- Service User Engagement
- Performance Management Framework

The role of the Adults Board was reinforced as a decision making body with responsibility for joint commissioning activity. It had decision making powers with regard to:

- The development of the Joint Strategic Needs Assessment
- The endorsement of joint strategies subject to ratification by the Adult Services Cabinet Member and the RPCT Board
- Commissioning services which were subject to pooled budget arrangements
- Commissioning services which were funded through Health Act flexibilities
- Making decisions on areas of common interest where the Chief Executive of the PCT and the Strategic Director of Neighbourhoods and Adult Services had delegated powers.

In the interest of good governance it was felt that it would be inappropriate that the Cabinet Member made a decision under delegated powers in relation to a matter that they had been party to in a subordinate forum. As a result it was recommended that Cabinet Member no longer sat on the Adults Planning Board.

A question and answer session ensued and the following issues were raised:

- The minutes of the Adults Board need to be included on future Cabinet Member agendas
- The Citizens Juries were made up of a handful of people who were chosen by the PCT. The Local Authority were responsible for ensuring all work was undertaken, but it was the PCT who were taking the credit for it. Assurances were given that this had already been picked up and rectified.
- An update was given in relation to OT's

Resolved:- (1) That the Joint Commissioning Framework be noted

(2) That the Governance issues associated with the framework be noted

(3) That the Cabinet Member and his advisor relinquish their seats on the Adults Planning Board.

**10. ADULT SERVICES ANNUAL PERFORMANCE REPORT 1 APRIL 2007 - 31 MARCH 2008**

John Mansergh, Service Performance Manager presented the submitted report which outlined the 2007/08 key performance indicator results for the Adult Services elements of the Directorate.

At the end of the year, 15 (58%) key performance indicators achieved their year end targets compared to 47% last year. There were 11 indicators that were rated 'off' target, and these were:

- Intensive home care
- Intensive home care as a proportion of residential care
- Physical Disabilities and Older People users helped to live at home
- Percentage of equipment delivered in 7 days
- People with Learning Disabilities helped to live at home
- People with Mental Health needs helped to live at home
- Acceptable waiting times for care packages
- Service users issued with a statement of need
- People under 65 admitted to residential or nursing care
- Assessments leading to a provision of service
- The number of over 65s admitted to residential care or nursing care
- The percentage of annual reviews
- Services for carers
- Direct Payments
- Acceptable waiting times for assessments

A question and answer session ensued and the following issues were raised:

- Whether the PCT were responsible for part funding the admittance to residential or nursing care for over 65s

**3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 21/07/08**

- How the Directorate felt the recent Annual Review Meeting had gone. It was reported that the meeting had gone well and that the Directorate had given an excellent account of itself and its progress through the year.

Resolved:- That the results be noted.

**11. ADULT SERVICES COMPLAINTS ANNUAL REPORT 2007/08**

Dave Roddis, Service Quality Manager presented the submitted report which provided information about complaints made during the twelve months between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006.

Over the last 12 months the total number of complaints received had reduced from 425 to 228 (46%). A centralised system of recording complaints had been implemented to ensure that performance in handling complaints was consistent across all directorates. Details of each customer, each contact they make and each complaint point were recorded. 125 customers had submitted complaints compared with 159 in 2006/07.

94% of all complaints were responded to within the statutory timescales, compared to 88% in 2006/07 and 72% in 2005/06. This was an improvement on the previous years figure with a significant improvement in responding to Stage 2 complaints, none of which had been responded to out of timescales. The performance was the best in the Council for services who had more than 10 complaints.

The merger of the Adult Social Services and Neighbourhoods had completed in April 2008 and the complaints function was now fully integrated and worked to an established customer defined service standard. Significant progress had been made in terms of improving performance in the following areas:

- Improving the timeliness of responses to customers
- Improving the quality of responses
- Learning from Complaints to identify service improvements, recognised nationally by the Cabinet Office
- Strengthening our performance management of complaints with monthly reports being presented to DMT
- Improving satisfaction of the complaint management process
- Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas
- Training of complaint handling which had been delivered to all MS managers in Adult Services
- Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

A question and answer session ensued and the following issues were raised:

- There had been problems which had arisen in respect of meeting statutory deadlines for 3 Stage 3 complaints. This had been due to
  - A customer being unavailable during the 30 day period. It was agreed with the customer to identify a later date
  - The Adjudicating Officer was absent due to ill health when the original meeting was arranged. The Panel was therefore delayed by two months whilst awaiting his return
  - The Investigating Officer was out of the country and could not be contacted for 5 weeks when the customer requested the complaint to be considered at Stage 3

Members were concerned at this but were assured that measures were in place to ensure this did not happen again in the future.

- A request was made for the in-house Complaints training to be made available to all members.

Resolved:- That the report be received.

**12. DATE AND TIME OF NEXT MEETING:- 8 SEPTEMBER 2008**

Resolved:- That the next meeting be held on Monday 8 September 2008 commencing at 10.00 am.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2.</b>	<b>Date:</b>	<b>8<sup>th</sup> September 2008</b>
<b>3.</b>	<b>Title:</b>	<b>Modernisation of Mental Health Services</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Neighbourhoods and Adult Services</b>

## **5. Summary**

The Cabinet Member for Adult Social Care and Health is asked to endorse the commencement of a public consultation on the modernisation of mental health services in Rotherham. The consultation will be lead by NHS Rotherham involving the redesign of adult and older peoples' inpatient (hospital) mental health services and associated estates. It is proposed that the PCT commissions new mental health service models for both adults of a working age and older adults that will focus upon brining more services into the community. This will incorporate a new build project which consolidates specialist inpatient services for older people on the Rotherham Foundation Trust site. The needs of the adult inpatient service will be met by a refurbishment and a partial new build on the Swallownest Court site.

## **6. Recommendations**

**It is recommended that the Cabinet Member for Adult and Social Care and Health;**

- **Endorses the commencement of a full consultation in conjunction with NHS Rotherham and Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust**

## **7. Proposals and Details**

Rotherham Doncaster and Humber Mental Health NHS Foundation Trust provide Rotherham's inpatient service for both adults and older people. The services provide intensive care for the most severely mental ill patients who cannot be easily treated within the community.

RDASH provide the PCT's inpatient services from two separate sites within Rotherham. The building on the RFT site is owned by RFT and leased by the PCT who sub-contract it to RDASH. The Swallownest Court buildings are owned by a PFI company and leased by RDASH. It is recognised locally that the facilities are not able to support the deliver of a modern mental health service in line with the expectations of its service users and national policy. The buildings are inadequate in relation to protecting the dignity and privacy of its users and the design of the buildings present inherent problems such as the lack of outside space, lighting and drainage. Significant changes are required to meet future needs.

There have been several attempts in the past to solve the pressing problem, but due to issues of both finances and the lack of available land, no solutions were found up until now. With the creation of local Foundation Trusts potential solutions are now possible with the flexibility of accessing capital money and the availability of land on the Rotherham Foundation Trust site. RDASH has secured the funding for the capital build and refurbishment programme and NHS Rotherham have committed the required recurrent funding to deliver the new service model and facilities. These resource solutions will enable NHS Rotherham and its Partners to commission new service models at the same time as the development of the new facilities.

### **Improving services for adults of working age:**

It is proposed that current services provided for adults of working age be consolidated onto the Swallownest Court site which will be extended and refurbished in line with national policy and service user expectations. This will enable us to improve the quality of the inpatient services environment for patients with complex and severe conditions who require an admission. Over a number of years adult mental health services have been developed to enable patients to be supported at home. These include assertive outreach, crisis resolution and early intervention in psychosis services which offer real alternatives to inpatient hospital admission. These developments have created services that are more tailored to the needs and circumstances of individuals promoting social inclusion and recovery. Effective community services can help prevent deterioration in mental health as well as avoid the need for hospital admission. In order to invest further into community services we intended to reduce the number of inpatient beds by 15, this will enable these savings to be reinvested into more individualised alternatives to admission where service users can be treated and cared for within the home setting. These key service improvements will enable more service users to be treated within the home setting, reduce unnecessary admissions to inpatient

care, ensure equitable fast access to specialist services and facilitate early discharge and recovery back to the community.

### **Improving services for older adults:**

It is proposed that current services provided for older people be consolidated onto the Rotherham Foundation Trust site which will involve the development of a new purpose built state-of-the-art building. This building will enable us to deliver services which are fully compliant with privacy and dignity regulations for service users requiring intensive support within specialist inpatient services. A new service model for older adults will be developed with the aim of keeping people in their home and receiving services within their local community for as long as possible, within the context of personal choice and being safe to do so. In order to invest into this model of care we propose a reduction in the current inpatient bed number by 36, this will enable NHS Rotherham to reinvest the savings into specialist community services such as the Memory Service and Liaison Teams. Further investment has been committed by NHS Rotherham to support this development to ensure that the capacity in community services match the needs in our local population. These proposals are fully reflective of the Older Peoples Joint Commissioning Strategy.

### **8. Finance**

RDASH will secure the capital funding required for the building and refurbishment programme. The capital costs will be in the region of £17m - £20m.

NHS Rotherham will be required to fund the recurrent running costs of the capital programme in the region of £2m recurrently.

NHS Rotherham has committed an extra £500k in order to expand the capacity in the community services well in advance of any changes proposed in the inpatient services. Any savings made from the closure of the inpatient beds will be reinvested by NHS Rotherham into the expanding community services along with the £500k commitment. This will ensure that there is enough capacity in the community to reduce the level of inpatient beds.

### **9. Risks and Uncertainties**

- If this development is not progressed services will not be fit for purpose and the services will remain in situ
- New buildings / building adjustments are subject to planning permission
- Maintaining service provision and transferring patients to new services / buildings



- The PCT will need to formally consult with affected PCT staff (facilities)
- RDASH will be required to consult with their staff on the proposed service changes.

## 10. Policy and Performance Agenda Implications

### National and Local Policy / Strategies

The proposals set out within this consultation support the following policies and strategies:

- Healthy Ambitions
- Darzi – Next Stage Review
- Rotherham’s Older Peoples’ Joint Commissioning Strategy
- National Service Frameworks Mental Health- 5 years on, and Older People National Service Framework
- National Health Service Plan
- Mental Health Policy Implementation Guide – Adult Acute Inpatient Care Provision
- Everybody’s Business. Integrated Mental Health Services for Old Adults: a service development guide
- Better Health in Old Age: resource document
- Securing Better Mental Health for Older Adults
- National Dementia Strategy
- Delivering race equality
- Our Health, our care, our say
- Mental Health and social inclusion report

In particular they impact on the following agendas:

*Health* – The purpose designed / modified accommodation will meet the specific health and social care needs of its users, family and carers.

*Economic* – Potential impact on the whole health and social care sector through supporting people to remain at home where ever possible, avoidance of unnecessary hospital admissions

*Equality* – Integration of services across the care pathways will enable equal access for adult users. The Community Development Workers will be involved in the commissioning and design of the new service model.

## 11. Background Papers and Consultation

RDASH's Strategic Outline Case

Consultation Strategy

Joint Commissioning Strategy – Older People

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# **Mental Health Services in** **Rotherham**

Adults of Working Age and Older  
Adults

**Consultation on Proposed Improvements  
to Services Delivered by the  
Rotherham Doncaster and South Humber  
Mental Health NHS Foundation Trust**

The deadline for feedback on this consultation document is  
9 December 2008

This publication can be made available in other  
languages, large print and other alternatives formats.  
Please contact Mel Turton on 01709 308801 or send an  
email to [melanie.turton@rotherhampct.nhs.uk](mailto:melanie.turton@rotherhampct.nhs.uk)

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We are pleased to jointly introduce this consultation paper about the future of mental health services in Rotherham.

Our mental health is as important as our physical health. As many as one in four of us will have a mental health problem at some point in our lives. The number of older people with mental health problems, especially dementia, continues to grow.

In Rotherham we have many good mental health services, provided by skilled and dedicated staff. We want to build on this to ensure that all our services are truly excellent and capable of meeting the mental health needs of everyone in our communities.

The proposals in this paper are about two main things.

First, we are proposing to expand our community health services for adults of working age and older adults. This will mean that more people can receive the treatment and care they need at, or closer to, home.

Second, we are proposing to replace and improve the buildings we use for in-patient services. This will mean that we have very high quality accommodation for everyone who needs to receive mental health services in hospital.

You will find more information about our proposals in this paper.

We will be consulting about our proposals between now and 9 December 2008. We hope that you will contribute to this consultation – section five of this paper explains how you can do so.

We look forward to receiving all your comments and ideas.

<a href="#">Andy Buck</a>	<a href="#">Gillian Fairfield</a>	<a href="#">Mike Cuff</a>
<a href="#">Chief Executive</a>	<a href="#">Chief Executive</a>	<a href="#">Chief Executive</a>
<a href="#">NHS Rotherham</a>	<a href="#">Rotherham, Doncaster and South Humber</a>	<a href="#">Rotherham</a>
	<a href="#">NHS Foundation Trust</a>	<a href="#">Metropolitan</a>
		<a href="#">Borough Council</a>



Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust as the provider of secondary care mental health services to the people of Rotherham is involved in a major program of modernisation to ensure that our services continue to provide, timely, high quality mental health care in the right setting for those who need them. We will continue to work in close partnership with NHS Rotherham, Rotherham Metropolitan Borough Council, primary healthcare services, and voluntary organisations to achieve these aims.

The modernisation of inpatient services for older adults and adults of working age is a significant part of this programme and this consultation document presents an excellent basis on which to take this process forward. Inpatient mental health services have been identified nationally as an area that is badly in need of upgrading to ensure that modern and up-to-date interventions can be delivered in a setting that also provides high standards of privacy and dignity to the users of the service. It is worth remembering that inpatient mental health services cater for those with the most severe and acute mental health problems. The changes proposed within this consultation document represent a major investment in mental health services in Rotherham and will help to deliver the highest standards of care to this group of users and to their carers and families.

Riadh Abed  
Consultant Psychiatrist and Medical Director  
RDaSH



As a practising GP in Rotherham and as the Primary Care Lead for Mental Health for NHS Rotherham I listen to my patients, their carers and my colleagues. They tell me that if people had a choice they would rather be treated at home if they have a mental health problem. If they need care in hospital then the environment in which they receive care is as important as the treatment they receive. However, it has been recognised for some time that the services in the community and many of our current buildings do not facilitate the provision of the high quality of care that people deserve.

I am therefore fully committed to and fully support the proposals outlined in this consultation as I am convinced that they will deliver what people and their carers in Rotherham want and need when affected by mental health problems.

Stephen Burns  
General Practitioner, Professional Executive  
Member  
NHS Rotherham



## Distribution

This consultation document is being distributed to a range of people and organisations in Rotherham as the proposed service changes primarily affect the Rotherham population.

Copies of this document will be distributed to the following:

- User, carer and advocacy groups, who support individuals who have emotional or mental health difficulties
- Rotherham Metropolitan Borough Council including the Health Overview and Scrutiny Committee
- Yorkshire and Humber Strategic Health Authority
- Key non-statutory and voluntary organisations
- Libraries
- Media
- GPs and Local Medical Committee
- MPs and local councillors
- Local Involvement Networks (LINKs)
- Neighbouring Primary Care Trusts and NHS Foundation Trusts
- Trade Unions and Joint Staff Consultative Negotiation Committee
- Yorkshire Ambulance Service
- Staff
- Voluntary Action Rotherham
- Parish Councils
- Schools and colleges

The document can also be downloaded from:

[www.rotherhampct.nhs.uk](http://www.rotherhampct.nhs.uk)

Further copies of this document are available (in different formats if required) from:

Mel Turton  
Mental Health Commissioning  
NHS Rotherham  
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S66 1YY  
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**SECTION ONE:  
ABOUT THIS CONSULTATION**

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1.1 The purpose of this consultation is to gather the views from as many local people, staff and organisations as possible on the proposed changes to mental health services provided by Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust, for the people of Rotherham.

**Consultation Process**

1.2 The process involves communicating with stakeholders including:

- Service users and carers
- Members of the public
- Staff
- Rotherham Metropolitan Borough Council Health Overview and Scrutiny Committee
- Key local organisations and groups
- Local Involvement Networks (LINKs)

1.3 This consultation is being managed by NHS Rotherham in partnership with Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and Rotherham Metropolitan Borough Council.

The proposed changes outlined in this document cover mental health services for both adults of working age and older adults. The consultation process runs from 16 September to 9 December 2008. It is an opportunity for local people, staff and organisations to comment on the proposals. We aim to consult as widely as possible to explore the proposals in detail.

1.4 We have asked a number of questions about the changes proposed and would welcome your comments and views on these areas in particular. This will help us to better understand the way in which you want to see mental health services in Rotherham develop in the future. A feedback form for these questions is included in Section 5.

**Why do mental health services need modernising?**

1.5 We are committed to giving the people of Rotherham high quality mental health services which meet the needs of individuals, and support them to enjoy life and get the best possible results for themselves, their carers, friends and family. Aiming for services that provide for the needs and wishes of individuals is the guiding principle behind the need for this consultation.

1.6 We believe that the mental health services in Rotherham need to change. We want services that support people to achieve their aims and are of the highest quality. Users and carers locally have been telling us that if they had a choice they would prefer to be treated and cared for in the home rather than hospital.

We aim to develop a wider range of community focused services that treat and support people and their families and carers within the home, or as close to their home as possible, giving real alternatives to inpatient services. This will involve health and social care staff delivering patient centred care. When inpatient stays are necessary, we aim to ensure the same principles of quality and effectiveness apply including ensuring that the inpatient environment is of the highest standard.

- 1.7 We know that the hospital environment which people receive inpatient care is as important as the treatment received. However, many of our buildings locally are out of date for the provision of high quality specialist mental health care and were not originally designed to deliver mental health services. They do not always allow people to be treated with the level of respect and dignity they deserve. They do not allow for fully satisfactory single sex accommodation. There is a lack of easy access to high quality outdoor space. Many of the wards and bedrooms are overlooked from other buildings. The proximity of roads and car parks makes the buildings noisy.

We want to provide inpatient services in a high quality environment that promotes mental wellbeing, supporting people and staff to focus on the recovery of individuals.

We are fully committed to the proposals outlined in this consultation paper which involve an ambitious programme of developments which requires significant new investment of about £2.5 million to pay for additional community services and improved inpatient accommodation. The changes are not about saving money.

## **National Policy**

- 1.9 Our commitment to develop high quality mental health services in the community is supported by the NHS Yorkshire and the Humber “Healthy Ambitions” (May 2008) document which recommends ‘investment in community mental health services to ensure capacity meets demand’. As set out in NHS Next Stage Review Final Report “High Quality Care For All, we aim to give people greater control of their health and wellbeing, offering more choice of care available in the community and ensuring health and social care givers work together effectively.

## **Principles of the consultation**

This consultation is about:

- Promoting positive mental health and wellbeing in all communities
- Supporting people to recover from the effects of their mental health problems
- Increasing the availability of community based services
- Delivering better care to people at risk
- Improving the quality of inpatient services and making sure the right services are in place for those who need them
- Creating buildings and facilities that comply with modern standards, national policy, and the expectations of service users, carers, family and friends
- Delivering of better value for money

**What are your views?**

We want your views on the following proposals as detailed in Section 3:

- Provide more services to local communities to support people at home or as near to home as possible,
- Build a new state-of-the-art mental health facility for all older adults requiring inpatient services based on the Rotherham NHS Foundation Trust site
- Provide a single facility for all adults of working age requiring inpatient care. Utilising the existing Swallownest Court site. This will include a refurbishment programme and extension to the existing building including a Psychiatric Intensive Care Unit.

## **SECTION TWO: BACKGROUND TO OUR PROPOSALS**

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- 2.1 For many years service users have clearly stated they would prefer to receive appropriate care and treatment at home rather than being admitted to hospital. Therefore a key priority for the local NHS and social care services is developing more support for people at home.
- 2.2 Over a number of years services have been developed to enable patients to be supported at home. These include assertive outreach, crisis resolution and early intervention in psychosis services which offer real alternatives to inpatient hospital admission.
- 2.3 These developments have created services that are more tailored to the needs and circumstances of individuals. Effective community services can help prevent deterioration in mental health as well as avoid the need for hospital admission.

### **Improving services for adults of working age**

- 2.4 Adding to the recent changes the need for further key improvements for adults of working age have been identified.
- Increasing the number of people assessed within primary care settings such as GP surgeries and making it easier for people to access mental health specialists.
  - Increasing the proportion of people who receive treatment at home.
  - Reducing admissions to hospital and ensuring people are discharged as soon as they are well enough to go home.
  - Improving the quality of the inpatient services environment for patients with complex and severe conditions who require an admission.
  - Better integrated day, community and inpatient services that are more flexible, easier to access and more responsive to individual circumstances.
  - Enabling community mental health teams to provide care to more people.

### **Improving services for older adults**

- 2.5 The following key developments for services for older adults have been identified.
- New, purpose built inpatient accommodation for patients who are unable to be cared for in a home environment
  - Enhanced community mental health teams to include specialist advisors and tailored services for younger patients with early onset of dementia.
  - The development of an Intensive Support Team to provide home treatment.
  - Increased support for care homes.
  - An expansion of the memory service for assessment, counselling and education for people with dementia and their carers

**SECTION THREE:  
THE PROPOSALS FOR CHANGE**

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- 3.1 This section outlines proposals that aim to develop services that provide the highest quality of care.
- 3.2 We propose that all inpatient services for older adults are delivered from a single purpose built facility located on the Rotherham NHS Foundation Trust site. The number of beds will be reduced to 45 from the current capacity of 81. This will be possible following the significant increase in community capacity explained in section 3.4. The reduced number of beds per head of population is consistent with that in neighbouring health communities that have already modernised their older people services.
- 3.3 We propose that all inpatient services for adults of working age, including a Psychiatric Intensive Care Unit, are located on a single site at Swallownest Court following a refurbishment and extension programme. The number of beds will be reduced to 62 from the current capacity of 77. This will be supported by the development of additional community based services.
- 3.4 We propose to enhance the level of community provision to meet the needs and expectations of service users and carers. This will include:
- Increased community mental health team capacity for all user groups
  - Additional specialist advisors to cover continence advice, health promotion, drugs and alcohol
  - Further capacity to support younger adults with early onset dementia
  - Development of a new Intensive Support Service for older adults to:
    - Deliver home treatment
    - Provide in reach services to the hospital
  - Development of a new Mental Health Liaison Team for older adults to:
    - Provide support and education to care homes
    - Ensure active early interventions to avoid crises developing which often lead to inappropriate inpatient admissions
    - Ensure inpatient discharges are properly supported
  - The establishment of a comprehensive memory service for older adults.
  - The model of care will ensure that all service users have equitable access to the appropriate mental health services on the basis of individual need. The extended community services will provide personalised care within the home environment which will fully respect people's dignity and choices.
- 3.5 The resource implications of these proposals are substantial. The move to purpose built state of the art facilities and the refurbishment of existing

accommodation will cost approximately £20 million. However, the evidence from around the country suggests the facilities improvements will aid recovery and rehabilitation as well as providing clean and comfortable accommodation that respects user's rights to dignity and privacy. All patients will have single sex en suite accommodation.

Staffing and other resources released by the reduction in the number of beds will be redeployed in the provision of community based service.

The increase in the level of the community services that will be delivered through this service model will be resourced fully to respond to the needs of both service users and carers across Rotherham.

A further investment of over £400,000 will be made to ensure the increased level of community services are up and running and fully tested prior to the reduction in bed numbers.

## SECTION FOUR: HOW TO GIVE YOUR VIEWS

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We welcome comments from all those with an interest in improving the lives of people who experience mental illness, including users of the services, their relatives and the staff who provide the services. Your views are important. They will help ensure that any decisions we make as a result of this consultation are informed by the widest possible range of views.

We will take account of views already expressed in public meetings, presentations, discussions with individual organisations and meetings with staff held by the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust and the NHS.

We have arranged the following methods of feedback:

### **1. Written Comments**

Send your views in writing, using the feedback form in Section 5:

Mel Turton  
Mental Health Commissioning  
NHS Rotherham  
Oak House  
Moorhead Way  
Bramley  
Rotherham  
S66 1YY  
Tel: 01709 302000  
Fax: 01709 302002

Comments can also be emailed to: [melanie.turton@rotherhampct.nhs.uk](mailto:melanie.turton@rotherhampct.nhs.uk)

The deadline for feedback is 9 December 2008

### **2. 'Ask us / Have Your Say' Sessions**

'Ask us / Have Your Say' sessions are being arranged. These will give you an opportunity to discuss the proposals for change with representatives of NHS Rotherham and Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

The sessions will be organised on an appointment basis to give individuals, or small groups of up to five people, an opportunity to talk through any issues.

The 'Ask us / Have Your Say' sessions are being held from 3pm to 7pm on:

- [23 October 2008, Medical Education Room and Meeting Room, D Level, Mental Health Unit, Rotherham NHS Foundation Trust](#)

- [24 November 2008, Medical Education Room and Meeting Room, D Level, Mental Health Unit, Rotherham NHS Foundation Trust](#)

At NHS Rotherham, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY, and

- [15 October 2008, Elm and Birch Rooms](#)

At Swallownest Court, Aughton Road, Sheffield, S26 4TH

- [4 November 2008, Conference Room](#)

The venues have access for people with disabilities. Light refreshments will be available.

How to book an appointment –

Contact Mel Turton on 01709 308801 or send an email to [melanie.turton@rotherhampct.nhs.uk](mailto:melanie.turton@rotherhampct.nhs.uk).

The sessions include a drop-in hour between 5.30pm and 6.30pm for people without an appointment. Every effort will be made to ensure that anyone who comes along during this time has an opportunity to discuss their view with someone from Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust or NHS Rotherham. However, it is advisable to make an appointment.

We can give you information about travel and parking. Please ask for details when booking your appointment.

### **3. Organisational Meetings**

If you would like someone to attend an existing meeting of your organisation to discuss the proposals, please let us know and we will try and meet your request.

### **4. Staff Meetings**

Meetings for Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and NHS staff will be arranged separately.

In addition to the 'Ask us / Have Your Say' sessions for the public to give their views about the proposals, LINKs and Rotherham Metropolitan Borough Council Overview and Scrutiny Committee will be considering this document and its implications for local mental health services and for the public.

The outcome of the consultation process will be discussed at the NHS Rotherham Board meeting on 19 January 2009 and Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust Board of Directors Meeting on [18 December 2008](#).



#### 4.6 Key dates

##### Stage

##### Timescales (need adding)

'Ask us / Have Your Say' sessions -  
Meetings for all those who have an interest  
local mental health services.

15 October 2008  
23 October 2008  
4 November 2008  
24 November 2008

Rotherham Metropolitan Borough Council  
Overview and Scrutiny Committee:  
Variation Panel

\*\*/\*\*/\*\* -  
\*\*/\*\*/\*\*

LINKs

\*\*/\*\*/\*\*

Deadline for comments on consultation  
document

9 December 2008

Rotherham, Doncaster and South Humber  
Mental Health NHS Foundation Trust Board of  
Directors Meeting considers feedback

18 December 2008

NHS Rotherham public  
Board meeting considers feedback and  
makes formal decision regarding outcomes

19 January 2009

**SECTION FIVE:  
FEEDBACK FORM**

---

All comments on the consultation document are welcome.

Your views on the proposed changes and how they could be put into action will be considered by the relevant Boards before final decisions are made.

Please complete and detach this form and send it to:

Mel Turton  
Mental Health Commissioning  
NHS Rotherham  
Oak House  
Moorhead Way  
Bramley  
Rotherham  
S66 1YY



Consultation on proposed changes to services delivered by the Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust.

### Mental Health Services in Rotherham – Adults and Older People

#### Key Questions

In this consultation we would like you to help us to identify the best way to improve mental health services for the people of Rotherham. Your answers to the questions that follow, and comments on any other issues raised by this document would be welcomed.

- 1. Do you agree that our plans for changes to mental health services will help people to stay at home, or in community settings, for as long as possible?**

Yes

No

Further comments:

2. Do you agree with plans to develop new state-of-the-art mental health facilities for adults and older people?

Yes

No

Further comments:

3. Do you have any other ideas for improving and modernising mental health services in Rotherham that we should consider?

Outline ideas:

4. **Do you think that these proposals will fit with the aims of other services and organisations who are working to improve mental health services and support for people in Rotherham?**

Yes

No

Provide details:

5. **We plan to invest significant extra resource into mental health services for adults of working age and for older people. Are we investing in the right things?**

Yes

No

Further comments:

**6. Please tick one box only**

An organisation (please go to question 7)

An individual (please go to question 8)

**7. Which organisation do you belong to?**

---

**8. How would you describe yourself? (please tick one box only)**

A mental health service user

A member of the public

An unpaid carer

A member of NHS staff

Other (please give details below)

**9. Are you**

Male

Female

**10. What age group are you in?**

18 or under  61 to 80

19 to 40  81 or over

41 to 60

**11. What is your ethnic group?**

- |                                      |                          |                                    |                          |
|--------------------------------------|--------------------------|------------------------------------|--------------------------|
| White – British                      | <input type="checkbox"/> | White – Irish                      | <input type="checkbox"/> |
| White – Other                        | <input type="checkbox"/> | Mixed – White & Black Caribbean    | <input type="checkbox"/> |
| Mixed – White & Asian                | <input type="checkbox"/> | Mixed – White & Black African      | <input type="checkbox"/> |
| Mixed – Other                        | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| Black or Black British – African     | <input type="checkbox"/> | Black or Black British – Other     | <input type="checkbox"/> |
| Asian or Asian British – Indian      | <input type="checkbox"/> | Asian or Asian British – Pakistan  | <input type="checkbox"/> |
| Asian or Asian British – Bangladeshi | <input type="checkbox"/> | Asian or Asian British – Other     | <input type="checkbox"/> |
| Chinese                              | <input type="checkbox"/> | Other (please specify)             | <input type="checkbox"/> |
- 

If you do not want your comments and view to be made public, please put an X in the box provided.

Thank you

FREEPOST

The deadline for comments is 9 December 2008

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SITE PLANS	B
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**1. INTRODUCTION AND EXECUTIVE SUMMARY**

This Strategic Outline Case (SOC) supports the modernisation of Rotherham's Adult Inpatient and Community and Older People's Inpatient and Community services.

The approach taken in relation to the development of reconfiguration plans and the SOC, is fully compliant with guidance and best practice with regard to involvement and participation.

As part of our continuing commitment to modernise and enhance its services the Trust has received an 'Excellent' rating by the Healthcare Commission for its adult inpatient mental health services, attaining joint first position ahead of 67 other acute mental health providers across the UK.

**1.1 STRATEGIC CONTEXT/SCOPE**

The Future Initiatives Section of both the Trust's Integrated Business Plan and the Service Development Strategy, detail a number of initiatives to be progressed over the next five years. Key modernisation initiatives relevant to this SOC are:

**ADULTS**

- Inpatient mental health services
- Community Mental Health Team (CMHT)
- Psychiatric Intensive Care Unit (PICU) Section 136

**OLDER PEOPLES' SERVICES**

- Inpatient mental health services
- Day Hospital
- Community Mental Health Team (CMHT)
- Memory Clinic

The proposed model supports the overall health community's strategic direction fitting in with the Trust's vision which is supported by the following strategies:

- Strategic objectives
- Service Development Strategy 2006 – 2011
- Marketing Strategy (under review)
- Estates Strategy (under review)
- Workforce and Leadership Strategy
- Membership Strategy
- Constitution

Developments outlined within this SOC also reflect the Proposed Programme of Investment within the Estates Strategy 2007 – 2012 which correlates with plans for future developments and planned investment priorities, aiming to achieve safe, sound and supportive mental health services for the future through new investment by:

- re-providing buildings that in design and location promote service partnerships, social inclusion and mental health promotion reflecting the aspirations of the Rotherham health community
- improve upon the perceived shortfalls of the present system by improving inpatient and community services

## 1.2 CONSULTATION

The objectives and preferred options (see 1.5) included in this document were, and continue to be, developed by service users/carers, partnership and service staff with experience of working in crisis and inpatient mental health services. A joint consultation process working in partnership with the PCT, will begin on 16<sup>th</sup> September and conclude on 31<sup>st</sup> December 2008. Information gained will then inform the Outline Business/Full Business Case (OBC/FBC).

Elements within the SOC are consistent with national NHS requirements, and the Mental Health Policy Implementation Guide on Acute Inpatient Care and Intensive Care Units (DoH 2002).

## 1.3 PROJECT MANAGEMENT

The Trust has appointed a Procure21 partner Laing ORourke, to help deliver the modernisation of services from OBC to FBC/Financial close, through to construction of all phases of the programme. A separate Outline Case detailing the need for enabling monies will be submitted to the Commissioners.

An appropriate and agreed project management process has been adhered to throughout, with partnership working at its centre., ensuring each priority area is addressed in a systematic way based upon the PRINCE2 methodologies and each priority has a clearly agreed structure contained in the Project Initiation Document (**Appendix A**).

## 1.4 FINANCE

The Older Peoples Mental Health Service has received a commitment from Rotherham PCT to provide funding of £500k over two years (2008/09 – 2009/10) to enhance the community services, which are an integral aspect of this case. In addition, £25k non-recurrent support has been provided to the Trust from Rotherham PCT to part fund the Project Development post which is leading on the development of the Older Peoples service model.

At this stage it is anticipated that there may be revenue consequences, however further work will be undertaken to qualify this and the financial implications of the proposed service changes will be included in the Outline Business Case.

Initial high level estimates are that the overall scheme will have an approximate capital cost of £17m - £20m over a three to five year period. Detailed plans and costs including the recurrent and non-recurrent consequences of the capital investment will be developed in partnership with the Primary Care Trust and Procure 21 partner during the OBC and FBC stages.

## 1.5 RISK

The Risk Register for the project will be a “live” document and jointly managed and agreed between the Trust and the Preferred Supply Chain Partner (PSCP). The Finance/Risk and Legal Working Group will monitor and review the risk register throughout the life of the project, reporting into the Steering Group. See Section 5/**Appendix C**.

1.6 OPTIONS CONSIDERED

Several possible alternative options were developed. The following were examined in detail.

OPTION	DESCRIPTION	SITE PLANS
1		
a) ADULT	New build on existing RGH site	
b) OLDER PEOPLE	New build RGH site	
2 – preferred option		
a) ADULT	Refurbishment of Swallownest Court/Orchard View including PICU/Section 136	Appendix B
b) OLDER PEOPLE	New build RGH site	Appendix B
3		
a) ADULT	Refurbishment of Swallownest/Orchard View, including PICU/Section 136	
b) OLDER PEOPLE	Refurbishment of existing site RGH	
COMMUNITY		
Adult – preferred option		
a)	Swallownest Health Centre	
b)	Sourcing of alternative accommodation within the residual estate/community	
COMMUNITY		
Older People – preferred option		
a)	Park Lea (LA building)	
b)	Sourcing of alternative accommodation within the residual estate/community	

## 1.7 TIMEFRAME

Below details a high level indication of the programme from Business plan preparation to service delivery. However it must be noted that work undertaken with the ProCure21 partner may affect either some or all of the phasing/timeline.

ID	Task Name	2009		2010				2011				2012				2013																							
		1st Half		2nd Half		1st Half		2nd Half		1st Half		2nd Half		1st Half		2nd Half																							
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
1	SOC/OBC/FBC/GMP			30/06																																			
2	Consultation period working in partnership with PCT	31/12																																					
3	Agree Adult community solution/transfer of SNHC /alternative	30/01																																					
4	Agree OPS community solution/alternative accom	30/01																																					
5	Transfer of reduced OPS to RGH Psychiatric Unit (vacation of Orchard View)					14/12																																	
6	Negotiation of RGH site/clearance			03/08																																			
7	Construction of New OPS on RDGH			03/08		01/08																																	
8	If required construction of New PICU / Section 136			04/01		30/06																																	
9	Refurb of Orchard Vw/ R&R SNC			04/01		30/06																																	

2            **CASE FOR CHANGE**

Mental health services should be planned and designed to allow the promotion of humane and therapeutic care in the overall context of continuing service improvement. We aim to achieve this by providing service users and their visitors with high-quality facilities where the physical, psychological and therapeutic environments of care can be provided, whilst enabling staff to easily manage and operate the service.

**The key service objectives of this proposal are to:**

- improve access to the mental health service through modernisation
- increase the choice of care provision available to service users
- increase the range of options for health and social care professionals to treat service users in the most appropriate setting, based on individual need
- work closely with commissioners in accordance with agreed strategies
- identify partnership and integration opportunities
- provide a suitable therapeutic environment for service users in line with national guidance
- ensure that service redesign supports the delivery of local and national policy

**The design solution and model of care will address existing problems around:**

- size of wards too large/not in-line with national guidance
- poor standards of design
- lack of generic areas for group sessions, therapies etc
- access to basic amenities
- privacy and dignity
- adequate light and ventilation
- poor control/observation areas

**The Benefits Criteria of this proposal are:**

- improved quality of accommodation/work environment which will in turn improve service user (and staff) experience and outcomes
- improved clinical effectiveness resulting in improved observation, co-location of services and appropriate distribution of space
- increased flexibility by providing a safe and discrete environment which would have flexibility of design/efficient use of accommodation, with the ability to conform to Government strategies
- to meet the needs of both the service user and their carer with easier access and improved support/facilities
- increased reduction in carbon emissions/sustainable energy sources in order to meet government/DoH KPI's

### 3 ADULTS OF WORKING AGE INPATIENT MENTAL HEALTH SERVICES

Inpatient mental health facilities for Adults of Working Age are currently located on 2 sites:

#### **Rotherham General Hospital**

At present 57 acute inpatient beds are provided from Rotherham General Hospital (The Rotherham NHS Foundation Trust site):

- Ward C1 – 26 Acute beds
- Ward C2 – 26 Acute beds, inclusive of 4 detoxification beds from alcohol and substance misuse
- Ward C3 – 5 Acute Psychiatric Intensive Care Unit (PICU) beds

Services are provided from 3 wards on the second floor of the hospital. The Unit dates from 1978, and was originally designed for use as a maternity unit. Consequently, this presents significant environmental problems for the care of those who have mental health problems.

#### **Swallownest Court**

At present there are 20 beds available for rehabilitation and recovery for service users recovering from ongoing severe and enduring mental health problems. They are situated within one ground floor ward. Whilst this was a purpose-built mental health facility in 1992, it has, over time, become dated and now does not meet the required privacy and dignity specifications for the delivery of contemporary rehabilitative mental health care.

#### **3.1 National Context**

Acute and inpatient adult mental health services are a core and integral component of the NSF model of care, and need to provide:

*“timely access to an appropriate hospital or alternative bed or place, which is in the least restrictive environment consistent with the need to protect them and the public – as close to home as possible.  
“NSF Standard 5 (DH, 1999)”*

While the numbers of national acute in-patient beds have declined as new community teams and alternative options to admission have been introduced, it must be recognised that they are still an essential component of the care pathway. To realise additional benefits it is crucial that in-patient wards have integrated working arrangements with the community elements of the acute care service.

In “NSF for mental health: Five years on’ (DH, 2004) the National Director for Mental Health noted that there was still substantial work to do improving in-patient environments:

*“... there are in-patient wards in use that are not suited to the care of distressed people. A comprehensive, sustained programme of repair and replacement is now required.. to eradicate all unsuitable wards through increased capital investment.”*

Further emphasis was also given to the importance of safety for staff and service users in in-patient settings, particularly the urgent need to take steps to ensure that no female service users suffer intimidation or inappropriate behaviour.

The national Dignity in Care Campaign (Social Care Institute for Excellence, 2007), having been extended to mental health services, draws particular attention to the need for more emphasis on issues of personal safety and autonomy, privacy, an enabling therapeutic environment and advocacy.

When thinking about redesigning acute and inpatient care, it is vital that flexibility is built in to the new services to accommodate change. The way care is provided and funded has changed much in the last ten years. A major driving force in the recent development of mental health services has been the importance of providing care that promotes the social inclusion and recovery of service users.

Services are also expected to tailor a care package around the “whole person” needs of the service user based on their strengths and preferences, in a move away from the purely medical model of care (although medical interventions are still central). Service users are encouraged to collaborate in planning this care package. Emerging Foundation Trusts are striving to become centres of excellence in providing such responsive and forward thinking care.

### **Supporting National Policy and guidance includes:**

Laying the Foundations for better acute mental healthcare (DH, 2008)

Service User and carer Involvement:

- Effective care co-ordination in mental health services (DH, 1999)
- Onwards and upwards (CISP, 2007)
- No voice, no choice: A joint review of adult community mental health services in England (HC, 2007).
- Healthcare Commission acute inpatient assessment framework (HC, 2007).
- Refocusing the Care Programme Approach: policy and positive practice guidance (DH, 2008)
- Mental Health Policy Implementation Guide: Adult acute inpatient care (DH, 2002).

Effective Care Pathway:

- Guidance statement on fidelity and best practice of Crisis Resolution Teams (DH, 2006).
- A positive outlook: A good practice toolkit to improve discharge from inpatient mental healthcare' (CSIP, 2007)
- The role of Crisis Resolution and Home Treatment services (NAO, 2007)

Equity of Provision:

- Delivering race equality (DH, 2005)
- Count Me in 2007 (HC, 2007)
- Mainstream gender and women's mental health: implementation guidance (DH, 2003)

Individualised Whole-person care:

- Our Health, our care, our say (DH, 2006)
- Our choices in mental health (CSIP, 2005)
- Dual diagnosis in mental health (DH, 2002)
- Healthy body, healthy mind (NIMHE, 2004)
- Inspiring hope (NIMHE, 2003)

Recovery and social Inclusion:

- Mental Health and social exclusion report (ODPM/SEU, 2004)
- Commissioning framework for health and well being (DH, 2007)

## Ensuring safety:

- NSF for Mental Health: 5 years on (DH, 2004)
- Safety, privacy and dignity in mental health units (DH, 2000)
- Mental Health Policy Implementation Guide: national minimum standards for PICU's (DH, 2002)
- 2006 / 07 National audit of violence (HC / RCPsych, 2007)
- Breaking down barriers (DH, 2007)
- National suicide prevention strategy (DH, 2002)
- Safe and therapeutic management of aggression and violence (DH, 2004)
- Dual diagnosis in mental health inpatient and day hospital settings (DH, 2006)

## Developing the workforce:

- From values to action: Chief Nursing Officer's review of mental health nursing (DH 2006)
- New ways of working for psychiatrists (DH, 2005)
- Mental health: new ways of working for everyone (DH, 2007)
- Mental health: new ways of working for everyone – a best practice implementation guide (DH, 2007)
- More than just staffing numbers (CSIP-NIHME, forthcoming 2008)
- Acute inpatient mental health care: education, training and continuing professional development for all (NIMHE/SCMH, 2004)
- Creating capable teams approach (DH, 2007)

**3.2 Quality of Current Services - Rotherham General Hospital****3.2.1 Building/Physical Design**

- C1 and C2 each hold 26 acute beds. They are non-compliant with the legislation from the Department of Health
- Majority of the beds are in 4 bedded bays. Each bed is separated by partitions/curtains which do not block out the light or noise and can lead to difficulties in sleeping
- There are inherent problems with the drainage which cannot cope with the capacity. This presents ongoing problems with flooding within the shower rooms, resulting in the inability to adapt the unit to provide single bedrooms with en-suite facilities
- Dormitories are en suite, but patients residing in single rooms access toilets and showers on the corridor areas
- There is no natural ventilation within shower rooms
- There is poor ventilation within the wards
- There is a lack of natural daylight on the corridor areas
- Heating is an ongoing problem and arises from the original building specifications. The method of heating means that the building gets hotter level by level, and the lack of air-conditioning can result in very high temperatures
- There is no direct access to outdoor space from the wards. The only outdoor space available is within a centre 'quadrangle' which is accessible from the lower ground floor older people's wards
- A consequence of the wards being situated on the second floor, there are significant difficulties with the safe and secure care of service users who are experiencing high levels of emotional distress
- The design layout and upper floors result in the environment being problematic for service users who have disabilities
- There is a shortage of office space, 1:1 consultation rooms and quiet rooms
- Observation is poor due to the ward layout
- Corridors are narrow and do not support the use of a 3 person team when caring for disturbed service users
- Security doors open inwards as opposed outwards



**3.2.2 Clinical issues**

- Due to the traditional design of the wards, there are inherent difficulties in caring for the current mental health population whose needs include:
  - substance misuse
  - dual diagnosis
  - psychosis and depression
- There is only one examination room available for 60 clients
- The current constraints of the existing building, inhibit the development of progressive care

**Swallownest Court****3.2.3 Building/Physical Design**

- The current ward does not provide single-sex wards/accommodation
- There are 4 en suite bedrooms. The remaining 16 do not have en suite facilities
- The current facilities do not fully meet the requirements for the safety, privacy and dignity of service users. There are a number of small sitting rooms/day rooms. Whilst there are a number of these rooms, they are not flexible spaces and consequently are not focused on rehabilitative care
- Service users eat their meals in the main dining room. This facility is not homely or welcoming and there is little opportunity for individual nutritional plans and activities
- Whilst outdoor spaces are available, they are not designed and planned for appropriate use and connection with the ward areas
- There are poor facilities for developing social and engagement skills for service users, in particular activities of daily living. There are no facilities to support social inclusion within individual programmes

**3.2.4 Clinical issues**

- Due to the outdated design of the wards, there are difficulties in providing ongoing individualised programmes for service users
- The ongoing and developing nutritional and physical health needs, including the provision of exercise and outdoor activities cannot be met
- As described with the Rotherham General Hospital site, the current constraints of the building inhibit the development of progressive care

**3.2.5 Provision of Gender Sensitive Services**

In 1997 NHS Trusts were issued with performance targets to deliver the following 3 objectives:

- To ensure that appropriate organisational arrangements are in place to secure good standards of privacy and dignity for hospital patients
- To achieve fully, the standard for segregated washing and toilet facilities across the NHS
- To provide safe facilities for patients in hospitals who are mentally ill which safeguard their privacy and dignity

Additionally, within Safety, Dignity and Privacy in Mental Health Units, (DH 2001) it was identified that NHS Trust's need to ensure that all service users are protected from physical, psychological or sexual harm and that the needs of male and female service users may be different.

Whilst the current provision on wards C1, C2 and C3 and Swallownest Court are just compliant with standards identified within current legislation, care is not provided within single en-suite bedrooms, resulting in the further development of gender specific care being inhibited, however, the creation of single en suite facilities within the existing wards would significantly reduce the bed numbers.

### 3.2.6 Psychiatric Intensive Care Unit (PICU) and Section 136

Some service users may be assessed as requiring care in a more intensive environment. Psychiatric intensive care is for patients who are compulsorily detained, and in an acutely disturbed phase of a serious mental disorder. This does not enable them to be cared for safely within a general open acute ward.

### 3.2.7 Detailed Objectives

An intensive care unit must be able to:

- Provide an environment that promotes recovery from mental ill health and supports the implementation of best practice
- Support work to challenge stigma and discrimination against people with mental health problems and promote social inclusion
- Promote diversity by being able to meet the needs of people from all cultures, of all lifestyles, of all ages and all abilities
- Comply with all standards, targets and guidelines such as the NSF, Department of health Guidelines, Privacy & Dignity standards and relevant acts and legislation
- Provide a high quality, safe, secure environment for service users, carers and staff
- Provide specialist psychiatric intensive care facilities for service users who require short-term stays away from the main unit environment that meet standards set out in relevant guidance
- Provide a working environment that will promote the recruitment and retention of staff by providing a safe, pleasant working environment that can support their professional development and personal well-being

### 3.2.8 Problems with Existing Service Provision

The five intensive care beds currently provided on C3 are on the second floor within a very small footprint. This results in the following difficulties:

- Lack of gender specific areas such as bedrooms, corridors and bathrooms
- There are only shower facilities with no space for a bath
- Due to limited amount of space, there is no ability to provide a female lounge or separate female 'quiet' room
- Problems with existing drains makes it impossible to provide en-suite facilities to single bedrooms
- The PICU is currently provided on the second floor (DoH standards identify that PICU should be on the ground floor)
- There is no direct access to a secure outdoor space which patients can access at will. At present service users have to be escorted to the quadrangle area on E level by two staff. This restricts how often and for how long they can be outside and increases the risk of a patient going missing
- No space to engage in therapeutic activities for groups or on a one to one basis
- No natural light on the corridor area and one of the lounge
- Very limited storage space

### 3.3 New Model of Care

Lord Darzi's vision for the NHS 'High Quality Care For All' (June 2008), states that all service users will have a right to be treated with 'dignity and respect' and are to be given a professional standard of care by appropriately qualified and experienced staff in a clean and safe environment within the next decade. The Trust is in the process of developing a new model of care/service delivery, however, early indications of the national context for the delivery of adult inpatient mental health services against the current levels of need and local facilities available, would indicate that the new model of care and service delivery should

encompass the whole service user journey and pathway. There should be a variable level of intensity and engagement that results in an individualised and person centred approach to inpatient services.

All admissions to adult mental health inpatient facilities will continue to be gatekept by the Crisis Resolution and Home Treatment Team (with the exception of those detained under section 136 MHA 1983, this is discussed later).

All service users will be admitted to one of two adult acute mental health wards. From here, there will be a number of options available for them throughout the duration of their inpatient stay.

Service users may either remain on one of the acute admission wards for the duration of their stay and look to their discharge being facilitated by the Crisis Resolution/Home Treatment Team as early as possible.

Alternatively, should their needs become more intensive in that they are acutely distressed, unwell and cannot be safely managed within an open acute admission ward, they will for a short time, be cared for within the proposed PICU. Additionally, should an individual service user's needs be more prolonged their care will be transferred to one of the step-down recovery beds within the proposed recovery ward.

Within the recovery facility, there will be 4 identified beds that will enable a direct transfer from the acute admission wards. The remaining 16 beds will be ongoing recovery beds, they will also eventually result in service users being successfully discharged back to their own communities.

A further method of admission to this pathway will be via Section 136 place of safety. As defined under the Mental Health Act 1983, police officers may take somebody to a place of safety under. This will be provided by the creation of a Section 136 suite. Here, individual service users will receive an individual assessment of their needs. It is anticipated that the majority of service users who require admission at this point would be admitted to the open admission wards and their needs assessed from thereon.

In order to meet the model briefly outlined above the following beds are anticipated to be required:

- 2 x 18-bed open acute admission wards
- 1 x 5-bed psychiatric intensive care unit
- 1 x 1-bed Section 136 suite
- 1 x 20-bed recovery step-down ward (inclusive of the 4 identified step-down recovery beds).

The bed complement described above would result in an overall reduction of 15 adult inpatient mental health beds. This decrease in the number of beds is a direct consequence of the whole system's approach which re-provides elements of acute care services within the Crisis Resolution and Home Treatment Team, Assertive Outreach, Early Intervention and in primary care mental health services as appropriate to individual patient needs.

It is not anticipated that there will be a reduction in staff numbers as a result of this proposed change, indeed a small increase of approximately 4 whole-time equivalent posts may be required in order to deliver the configuration of service proposed, in particular the separate Section 136 Suite.

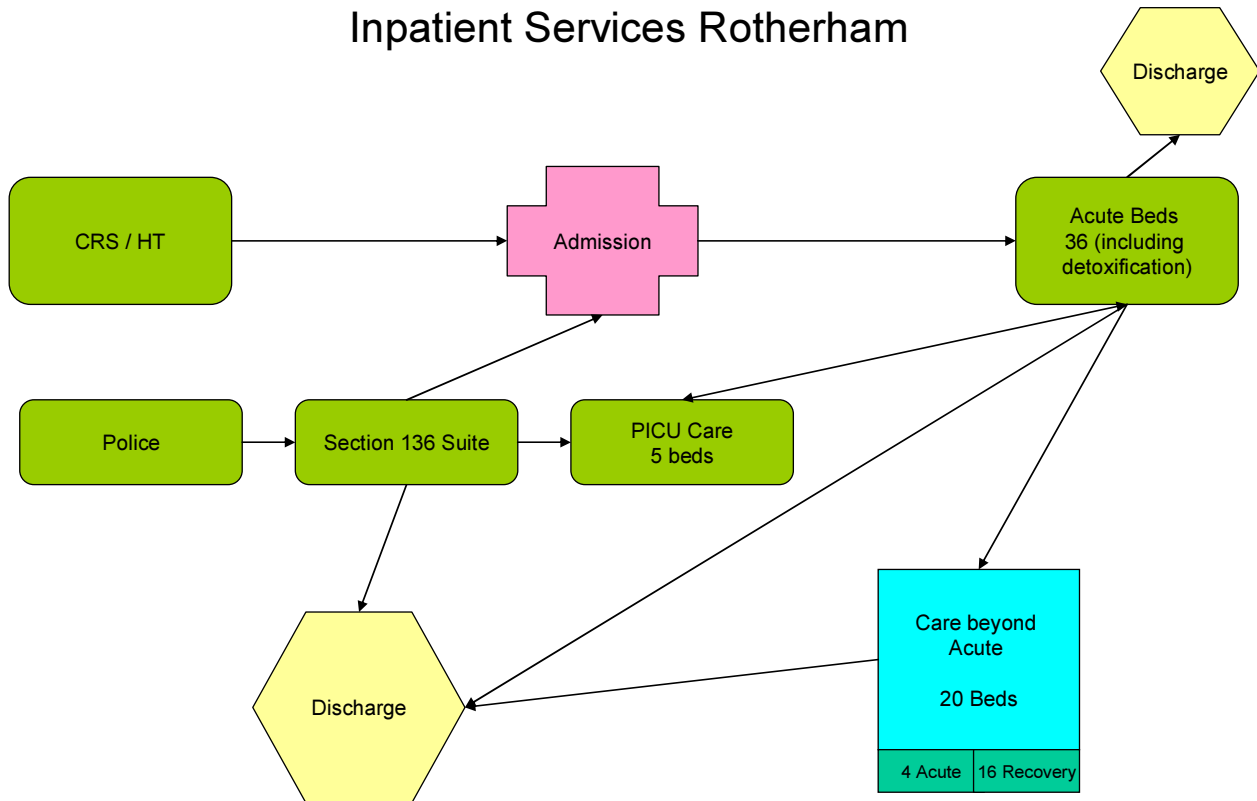
### **Benefits**

The benefits of the proposed service change for Adult Inpatient Mental Health Services are as follows:

- Greater time and opportunity for therapeutic engagement
- Higher level of intensive input to those experiencing acute distress
- More responsive service for those held under section 136

- Greater therapeutic engagement and intensive input for service users will support the recovery and consequent transfer back to the open wards much quicker. This will mean that intensive care will be more responsive to a greater number of service users and that they will get better quicker.

### Draft Care Pathway for Adult Mental Health Inpatient Services Rotherham



Rotherham Doncaster and South Humber Mental Health   
NHS Foundation Trust

### 3.4 Conclusion

Examination of current service provision is that the existing accommodation does not provide a safe and therapeutic environment for service users during the acute phase of their illness. It has therefore been considered unsuitable for its purpose and must be completely renewed or replaced. Action is needed to provide care in an environment that is suitable for person-centred patient care.

#### 4 OLDER PEOPLE'S SERVICES

The *Rotherham Joint Commissioning Strategy for Adult Services*, suggests Rotherham currently has approximately 43,000 people over the age of 65, predicted to increase by 40% by 2015.

Based on current figures it is estimated that over 3000 people will show signs of dementia with 5260\*\* showing signs of with depression. As the older peoples population increases so will the demand for mental health services.

##### 4.1 National Policy

- Forget Me Not (Audit Commission 2000)
- National Service Framework for Older peoples (DH2001)
- Everybody's Business (DH 2005)
- Dementia UK (Alzheimer's Society 2007)
- Dementia Strategy (Consultation doc) (2008)
- Improving Services and Support for People with Dementia (National Audit Office 2008)
- Dementia Clinical Guidelines (NICE 2007)
- Anxiety Clinical Guidelines (NICE 2004)
- Depression Clinical Guidelines (NICE 2004)
- Moving On: Key Learning from Rowan Ward (Care Services Improvement Partnership 2005)
- Care Services Inquiry (King's Fund 2005)
- Privacy and Dignity Agendas

##### 4.2 Local Policy

- Rotherham Joint Commissioning Strategy Adult services 2007
- Service Modernisation: Rotherham 2007
- Citizens jury 2007
- Consultation outcomes: Various

Services will need to deliver on the recommendations and standards set out in key national and local policy, providing services that:

- Are accessible, fast, safe and effective, simple to understand, offer choice, are easy to use and responsive to change
- Provide faster diagnosis and interventions and give support to people at home or as close to home as possible
- Focus on helping everyone achieve the highest level of independence and personal potential
- Provide caring environments that are safe and therapeutic, offer proper protection to vulnerable adults and respect people's dignity and choices

**Future service provision will focus on promoting the independence and quality of life for older people with mental health needs. These services will be primarily community focused with an emphasis on specialised inpatient care.**

##### 4.3 Inpatient Services

Inpatient Mental Health Services for Older People are currently provided from two sites:

- Rotherham General Hospital
- Orchard View (based at Swallownest Court)

**Rotherham General Hospital Site (Sycamore, Rowan)**

Inpatient services are provided from two assessment wards:

- 1 x 21 functional(eg depression, psychosis) beds – Sycamore Ward
- 1 x 24 organic (eg dementia) beds – Rowan Ward

**Swallownest Court site (Orchard View)**

- Inpatient unit provided over one ward area  
36 interim care beds

The number of clinical staff currently employed in inpatient services equates to approximately 85 whole time equivalents.

**4.4 Quality of Current Services - Rotherham General Hospital****4.4.1 Building/Physical Design**

Older Peoples' services are provided over 2 floors of the hospital. The building has inherent problems with drainage and lack of natural light and ventilation. The two wards, situated on the lower level of the building have recurrent and serious problems with constant dampness which it has not been possible to re-mediate. There have also been distressing problems with insects due to the damp, warm atmosphere and problems / risks caused by uneven floor surfaces.

Alongside this are inflexibilities due to non-availability of single en-suite rooms. This can result in refusal of referrals/admission due to inflexibilities around availability in strictly male/female wards.

Services at present are not fully compliant with Privacy and Dignity legislation:

- No single sexed bathing facilities.
- Space within the wards bed bays is very restricted, and the space needed for the use of hoists prevents using partitions between the beds.
- Lack of space creates a restricted environment, with no freedom for service users to walk ('wander') within a dedicated safe area (particularly necessary for people with dementia).
- The only available outdoor space cannot be accessed directly from the wards.
- Heating is an ongoing problem, local regulation or control of temperature is not possible.
- Lack of appropriate space/poor layout contributes to increased clinical risks i.e. each ward holds more than double recognised acceptable level of beds and therefore does not conform to recommended Government legislation
- Observation areas and sight-lines are poor
- Current facilities offer only one large multi-purpose activity room/one large lounge area, significantly restricts the range and choice of therapeutic activities provided.
- Lack of smaller rooms for counselling, other psychological therapies, small group work or individual sessions/ interventions.
- Key members of staff have no designated space for written/ administrative duties. Likewise access to the use of IT facilities for required record keeping / data collection is limited.
- Office accommodation is limited and restrictive with poor storage

Other problems include: no natural ventilation within shower rooms resulting in strong/unpleasant odours, poor ventilation on wards, lack of natural daylight.

#### **4.4.2 Orchard View**

Orchard view is a relatively new unit (approx 9 years) consisting of 36 beds. Under the new model of care this number of beds for one ward area is too large and therefore does not provide the best environment for care.

#### **4.5 Proposed Model of Care – Inpatient Services**

Older Peoples services are currently reviewing the model of care in line with National Guidance and a recent health needs analysis of older people across Rotherham. The model is to have enhanced community services with the aim of treating patients at home for as long as possible. This will require increasing the capacity of the CMHT extending the Memory Service and possibly creating two new teams one for Liaison and one for Rapid Home Treatment. Additionally day services will continue to be reviewed. It is hoped to have these services based in a community setting which is easily accessible to the population of Rotherham

Services should aim to keep people in their home and receiving services within their local community for as long as possible, within the context of personal choice and being safe to do so. Specialist community services should be at the core of service provision for older people with severe mental health problems and their carers. This is where the bulk of specialist mental health service provision will need to be focused to support any change to inpatient provision.

Alongside the extension of community services a reduction in inpatient bed capacity is required. It is therefore proposed to reduce the current provision of 81 beds to 45 beds across three 15 bedded ward areas designated functional organic and interim care.

Based on a recent scoping exercise, comparing similar inpatient services within the Yorkshire and Humber region, it is anticipated that the number of staff required for the proposed 45 beds across three wards would be approximately 78 whole time equivalents which reflects a decrease in existing numbers of 7 whole time equivalents.

It is proposed that the resource released from the reduction in bed numbers will be re-invested into community services for Older People with Mental Health problems.

Rotherham PCT have also committed additional resources to support the delivery of the proposed enhanced community services.

Therefore, at this stage it is anticipated that there will an increase in staff delivering community services for Older People with Mental Health problems of approximately 20 whole time equivalents.

Work will be ongoing over the next few months to ensure that these staffing assumptions will meet the needs of the Rotherham's Older Peoples' population.

#### **4.6 Quality of Current Services - Day Hospital**

##### **4.6.1 Building/Physical Design**

Hawthorn Day Services provide intensive multi-disciplinary assessment and treatment for older people with complex mental health needs, providing time limited specialist recovery services for people with moderate to severe mental health problems or those who have enduring mental health needs. Ensuring this group are helped to maintain their health and well-being enables them to remain living in their own homes. Enabling this particular group (who can easily become socially excluded) access and participate in mainstream social opportunities/social care provision, is a key role for the Hawthorn day services team

- Office accommodation is limited and restrictive with poor storage
- Problems with poor observation of patients
- Sharing of current location with Community Mental Health Team for Older People (CMHTOP) reduces the amount of free space for service users to access/‘wander’
- No access to any outside space

At Hawthorn therapeutic activities are varied i.e staff work both individually and with groups of service users as needed and activities range from discussion/talking type therapies, psychological therapies to work involving creative therapies, which use art media and various techniques and equipment. Provision of space for all these and for physical activities is currently inadequate, this is limiting and affects the standard and efficacy of service provision. Additional space for assessment and interventions related to activities of daily living, domestic and life skills is also required.

#### **4.7 New Model of Care**

Hawthorn day services have recently undergone a service review, aiming to consolidate delivery of a modernised needs-led service. In the future Hawthorn will be even more important as a component of the enhanced specialist community services, i.e. as an alternative to admission to inpatient care or to aid recovery following an admission, so facilitating earlier discharge.

To carry out these functions Hawthorn will need appropriate facilities, therapeutically orientated and linked to the wider community infrastructure. It is proposed that Hawthorn be sited alongside other community based mental health services such as CMHTOP and Memory Services.

#### **4.8 Quality of Current Services – Memory Services**

##### **4.8.1 Building/Physical Design**

This service is new to Rotherham accepting the first referrals in May 2008, it provides a thorough assessment of people with cognitive impairment, pre and post diagnosis counselling and support and education to people with dementia and their carers. Funding recently secured from the PCT will provide additional multi-professional staffing. These staff will be in post by October 2008. The service is subject to evaluation and additional resources may be needed to meet a predicted increase in demand.

Memory Services are accommodated within the RGH site. Staff also use rooms in the out-patient department for clinical sessions.

- Space is cramped and access to the clinical rooms is ‘ad-hoc’ and unreliable
- Plans to increase the team are posing serious problems in terms of day to day logistics and space (concerns this may affect ability of staff to deliver on activity targets/performance standards)

#### **4.9 Quality of Current Services – Community Services**

##### **4.9.1 Building/Physical Design**

Integration of the CMHTOP has been extremely successful and demonstrates a genuine commitment to partnership working, developed with no additional funding. The team currently comprises a mix of multi-disciplinary health and social care staff including:

- medical staff/nursing staff
- occupational therapists
- physiotherapists
- social workers
- admin staff and various support staff.



CMHTOP had previously been sited at the Doncaster Gate Hospital but has, since March 2005 been based temporarily on Hawthorn Ward at RGH. Staff are in cramped open plan 'offices' (these were once bed-bays) and there are limited facilities for holding clinical meetings or staff meetings. Problems include:

- No separate rooms for meeting with service users and/or carers.
- Limited storage space for clinical records and any specialist equipment
- Parking problems cause significant disruption to the working day as CMHTOP staff frequently 'come and go' to the unit and so need designated space for parking (currently staff waste valuable time driving around the site if the limited designated spaces are full)

It has been agreed that alternative premises must be found. Monitoring groups involving Social Services and health partners have undertaken discussions to address this issue.

#### **4.10 New Model of Care – CMHTOP**

Services should aim to keep people in their home and receiving services within their local community for as long as possible, within the context of personal choice and being safe to do so. Specialist community services should be at the core of service provision for older people with severe mental health problems and their carers. This is where the bulk of specialist mental health service provision will need to be focused to support any change to inpatient provision. The cornerstone of provision will be the integrated CMHTOP.

Work carried out in RDaSH by the Older Peoples Project Development Team has proposed a number of new additional community service developments to deliver a modernised service. These will be consulted on during the Rotherham PCT led consultation on mental health provision.

They include:

#### **Enhanced Community Mental Health Team (ECMHT)**

- Skill mix of the current team will be reviewed and enhanced
- Consider inclusion of specialist advisors to cover continence advice, health promotion, drug and alcohol
- Commitment/working towards a fully integrated service
- Further development of Young Onset Dementia Service.

#### **Intensive Support Service (ISS)**

- Team will provide home treatment and enabling
- Provide inreach to mental health wards and support discharges
- Consider support with palliative care
- Provide inreach to general hospital

#### **Mental Health Liaison Team**

- Extended mental health team providing support and education to care homes and non-mental health settings, encouraging early interventions and reducing admission to mental health wards
- Evidence gathered to date shows support and education offered general hospital care to be highly successful at reducing inappropriate admissions to mental health wards and facilitating appropriate and timely discharges from general care.

Part of this Business Case would be to relocate CMHTOP services, Day Hospital / Services and Memory Clinic into appropriate accommodation within a community setting this would include any new service developments.

#### 4.2 Conclusion

As outlined, existing accommodation does not provide a safe and therapeutic environment. It has therefore been considered unsuitable for its purpose and must be completely renewed or replaced.

After in-depth consultation and Option Appraisal, the preferred option has been identified as '**new build inpatient facility on the RDGH site**' and '**sourcing of alternative accommodation within the residual estate/community**'. Work is being undertaken with the ProCure21 partner to identify/address issues such as GMP, sustainable energy sources, green transport strategy and timeframe, which will be identified in more detail within the OBC/FBC.

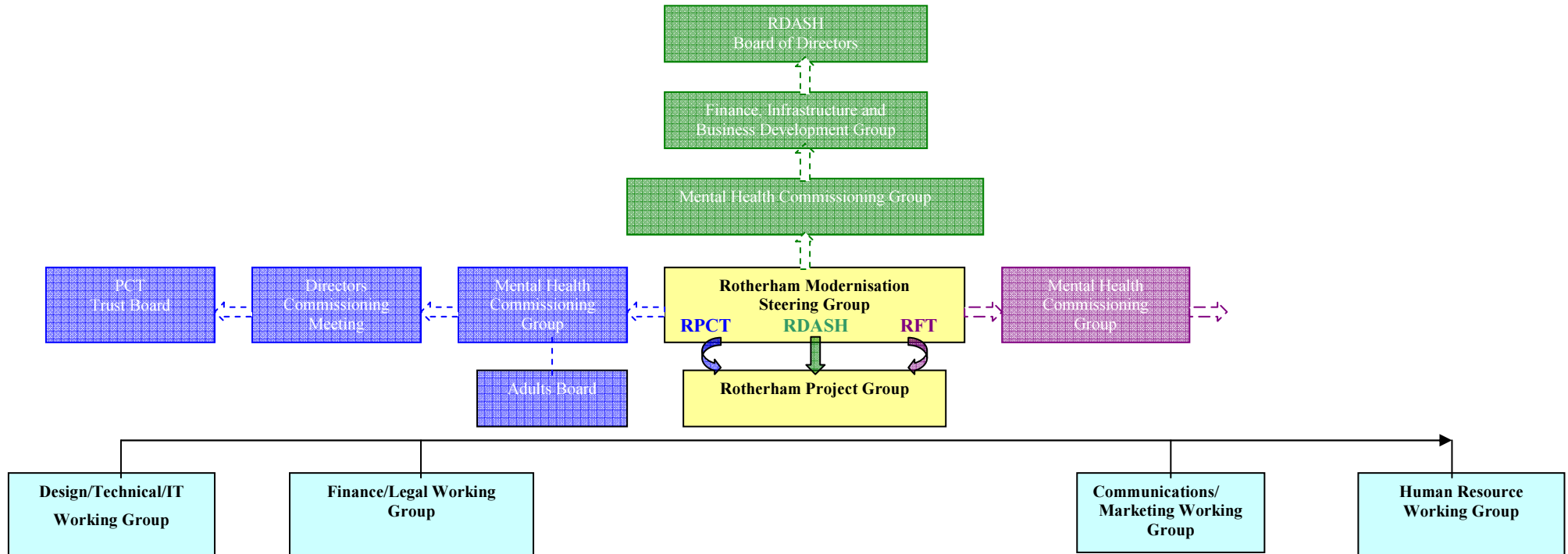
### 5 RISK MANAGEMENT

A detailed Risk Matrix identifying the key risks of the scheme is attached at **(Appendix C)**. The Risk Matrix also details the mitigation controls that are in place to manage this risk, and will be a 'live' document throughout the programme, continually reviewed and updated through the Finance/Risk/Legal working Group which will report into the Rotherham Modernisation Steering Group and through the Programme Structure' to the Board.

**PROJECT MANAGEMENT (MATHEW LOWRY TO FORWARD PROGRAMME STRUCTURE FOR RDGHFT)**

Rotherham Doncaster and South Humber Healthcare NHS Foundation Trust can demonstrate strong financial performance, excellence in the delivery of clinical service, and the successful management of major projects to potential partners. A strong internal project team has been established, which will be supported by professional advisors with the full range of requisite skills. The project structure will engage key stakeholders from both within and outside the NHS at all stages of the process. A Project Executive Team will manage the progress of the scheme at a strategic level and will be supported by a range of advisory teams. The day to day management of the scheme will be the responsibility of the Rotherham Modernisation Steering Group chaired by the Project Director. The Project Director will oversee the team (both consultant and in-house) undertaking the financial, legal, technical and other work necessary to deliver the project.

There will be an agreed core amount of time per month where all members of the Rotherham Modernisation Steering Group will work on the programme, and will report to their respective Boards. The Programme Structure is shown:-



**PLANS/SITE PLANS**

**Risk Management – Strategic Outline Case**

The Risk Register for the project will be a “live” document and jointly managed and agreed between the Trust and the Preferred Supply Chain Partner (PSCP). Indicated below are the initial risks that have been identified to date by the Trust. The Risk Register will be developed further immediately following the appointment of the PSCP. The Finance /Risk and Legal Working Group will monitor and review the risk register throughout the life of the project.

**Finance**

<b>Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Scoring</b>	<b>Mitigation</b>	<b>Owner</b>	<b>Date</b>
Corporate governance compromised leading to risk within financial parameters agreed by Board of Directors/Due Diligence Process	2	1	LOW	Adherence to corporate controls, eg: Standing Financial Instructions and Standing Orders, together with proactive internal and external audit. Use of nationally approved P21 process.	Finance/Risk and Legal Working Group	Aug 2008
Affordability – Inflation	2	1	LOW	The ownership of the risk associated with inflation is agreed at the GMP stage. The majority of risk exists up to agreement of Guaranteed Maximum Price (GMP).	Finance/Risk and Legal Working Group Design/Technical/IT Working Group	Aug 2008
Affordability of capital costs and raising of finance	3	5	EXTREME	The ProCure21 process contains a cost control process throughout the planning phases. Therefore, an early indication of affordability issues will be achieved, allowing timely mitigating action to be taken by the Project Group. A final GMP is agreed at Full Business Case (FBC) stage with a compensation events process to control costs beyond that.	Finance/Risk and Legal Working Group	Aug 2008

<b>Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Scoring</b>	<b>Mitigation</b>	<b>Owner</b>	<b>Date</b>
Affordability – Revenue consequences	3	5	<b>EXTREME</b>	The Trust will work closely in partnership with Rotherham PCT on an open book basis, to ensure that both parties are aware of cost estimates throughout the life of the project.	Finance/Risk/ Legal Working Group Rotherham Steering Group	Aug 2008
Affordability – Design Aspiration	4	3	<b>HIGH</b>	Close working between the working groups will ensure that a balance is achieved between design innovation and affordability.	Finance/Risk and Legal Working Group Design/Technical/ IT Working Group	Aug 2008
Affordability – Contractual Dispute	1	2	<b>LOW</b>	The Procure 21 process provides standard contractual documentation. Good project management.	Finance/Risk and Legal Working Group	Aug 2008

**Operational**

<b><u>Risk</u></b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Scoring</b>	<b>Mitigation</b>	<b>Owner</b>	<b>Date</b>
Failure to deliver against agreed timescales impacting upon ‘phased’ approach to delivery of new service model/accommodation	4	3	<b>HIGH</b>	Robust project management arrangements, adequately resourced and co-ordinated, clear agreement with all stakeholders and PSCP.	Rotherham Modernisation Steering Group in accordance with the Project Initiation Document (PID)	Aug 2008
Failure to gain user ownership	2	3	<b>MOD</b>	The project structure includes working groups which are able to influence the project scope.	Rotherham Modernisation Steering Group	Aug 2008

<b>Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Scoring</b>	<b>Mitigation</b>	<b>Owner</b>	<b>Date</b>
Delay to the Trust's decision making processes and/or the StHA's Service Change Assurance Process impacting upon programme timeframe	2	2	MOD	The programme has been formulated to take account of the Ministerial approval process and liaison with the SHA is continuous.	Rotherham Modernisation Steering Group	Aug 2008
Approval by PCT of service model changes for both adult and older people's services	2	3	MOD	Clear agreement/discussion will mitigate risk	Rotherham Modernisation Steering Group	Aug 2008
Disruption to mental health services - Older Peoples re-provision	2	2	MOD	Decanting of services will be kept to a minimum and where necessary will be well managed with the involvement of service users and carers.	Design/Technical/IT Working Group	Aug 2008
Achieving high quality buildings suitable to deliver 21 <sup>st</sup> century care	2	2	MOD	Robust selection process for PSCP appointment who will have a proven record of delivering high quality mental healthcare buildings. The Trust Design/Technical/IT Working Groups includes senior clinicians and combined will have proven competence and extensive experience in service and development and building	Design/Technical/IT Working Group	Aug 2008

				design. Extensive consultation on the brief with all key stakeholders. The ability to minimise the building-associated risks will be maximised by the role of the Project Manager experienced in the delivery of mental healthcare buildings for the NHS		
Major Incident resulting in delay of delivery of programme ie: fuel, flood, Pandemic Flu etc	2	1	LOW	The construction contractor will have robust procedures to minimise risk during the construction phase. Insurance for building, contents and third parties will minimise financial risk to the stakeholders.	Design/Technical/IT Working Group	Aug 2008



**Legal**

<b><u>Risk</u></b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Scoring</b>	<b>Mitigation</b>	<b>Owner</b>	<b>Date</b>
Securing the land on the Rotherham General Hospital Site	3	5	EXTREME	Good communications with the Rotherham NHS Foundation Trust. Seek early agreement to Heads of Terms Agreement.	Rotherham Modernisation Steering Group	Aug 2008
Obtaining permission from PFI contractor at Orchard View regarding client change/refurbishment of building	3	5	EXTREME	Early discussions with all stakeholders and good communication throughout the process will minimise risk	Rotherham Modernisation Steering Group	Aug 2008
Sourcing of suitable accommodation for community solution	3	4	HIGH	Partnership working with the PSCP may result in a part solution being accommodated within Trust's residual estate. Discussions with other stakeholders/external agencies to enable complete solution.	Rotherham Modernisation Steering Group	Aug 2008
Changes in legislation	1	2	LOW	Account has been taken for known impending changes in legislation. Horizon scanning for any future changes will be maintained throughout the project.	Finance/Risk and Legal Working Group	Aug 2008
Failure to obtain planning consent for land to rear of RFT for Older peoples' services	2	3	MOD	Adopting a design sympathetic to the site. Early and continuing discussions between the Design/Technical/IT Working Group, PSCP and Town Planners during the design period.	Design/Technical/IT Working Group	Aug 2008

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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1.	<b>Meeting:</b>	<b>Cabinet Member for Adult, Social Care and Health</b>
2.	<b>Date:</b>	<b>8<sup>th</sup> September, 2008</b>
3.	<b>Title:</b>	<b>Self Assessment Survey (SAS) 2008</b>
4.	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services All Wards Affected</b>

## 5. Summary

5.1 The quality of Adult Social Care services is measured and scored annually by the Commission for Social Care Inspectorate (CSCI). CSCI use a range of evidence to arrive at the annual star rating judgement including performance indicators, inspections of registered services such as residential homes, formal business meetings and an annual Self Assessment Survey (SAS). This report identifies the areas of strength and areas for development arising from the 2007/08 submission.

## 6. Recommendations

- 6.1 That Cabinet Member notes the Self Assessment Survey (SAS) submitted to the Commission for Social Care Inspectorate on 30 May 2008.
- 6.2 That Cabinet Member notes the user friendly version of the SAS.

## 7. **Proposals and Details**

7.1 The Self Assessment Survey (SAS) is a key source of evidence for the annual assessment of Adult Social Care. The survey is a mix of both data items, evidence that activity and resources translates into better outcomes for service users and a number of items that monitor the implementation of Department of Health policy.

7.2 SAS was completed in April and May of this year. SAS is divided into sections which contain evidence against the Social Care Outcomes Framework. A presentation accompanies this report which shows achievements and areas for development across the 9 outcomes:

- Improved health and emotional well being,
- Improved quality of life,
- Making a positive contribution,
- Exercise choice and control,
- Freedom from discrimination and harassment,
- Economic well being,
- Maintaining dignity and respect,
- Leadership, and
- Commissioning and Use of Resources.

7.3 Appendix A contains the detailed SAS submission which was presented to the Commission for Social Care Inspectorate (CSCI). Appendix B is the “user friendly” version developed with service users.

7.4 CSCI have assessed our SAS submission and asked further questions at our Annual Review Meeting (ARM) which took place on the 16 July 2008. At the time of writing this report, we had not received CSCI's Performance Assessment Notebook (PAN) which will provide us with the evidence that they possess on the quality of adult social care in Rotherham.

## 8. **Finance**

8.1 There are no direct financial implications arising from this report. SAS does include judgements on the capacity of the service to manage finances, deliver efficiency savings, commissioning and the use of resources.

## 9. **Risks and Uncertainties**

9.1 The risk is that the service maintains its current rating of ‘two stars with promising prospects for improvement’. There were a number of management actions put in place during the year to improve performance and quality. This included an Excellence Plan to drive improvement in the areas identified by CSCI in the November 2007

assessment. These actions were underpinned by the use of performance clinics, visioning and leadership days.

## 10. Policy and Performance Agenda Implications

10.1 The service has been able to demonstrate noticeable improvement for all service user groups across the range of the outcomes framework. Our submission builds on last year's excellent rating for 'making a positive contribution'. We can also evidence significant improvement in the following areas:

- 'Improving health and emotional well being' by targeting information about healthier lifestyles to areas where there are health inequalities,
- 'Increased choice and control' through reablement, improving complaints and care management processes and increasing self directed support,
- 'Maintaining personal dignity and respect' by considerably raising the profile of safeguarding, strengthening processes and responding more actively through embedding a culture of heightened vigilance,
- 'Freedom from discrimination' by learning from mystery shopping and improving access to information about universal services, and
- 'Leadership, commissioning and use of resources' through strengthening performance and financial management, service plans, developing the capacity of the in house and independent sector workforce, delivering value for money actions and implementing commissioning strategies that are based on the findings of the first Joint Strategic Needs Analysis (JSNA) so that financial resources and strategies reflect national and local priorities.

10.2 We are gaining national recognition for innovation in a number of areas, which adds to our 'Valuing People' beacon status we achieved for learning disability services last year. This includes:

- Our methods of engagement are considered 'best practice' by the Cabinet Office, IdeA, Local Government Association) which is recognised by our Customer Service Excellence 'Standard Bearers' status,
- The Regional Improve Efficiency Partnership (RIEP) has asked us to share our success on implementing Individual Budgets with mental health users across the region and a DVD produced by the Care Services Efficiency Delivery Programme (CSED) is being shared across the country, and
- Our approach to developing the JSNA has been held up as a model of good practice by Care Services Improvement Partnership (CSIP).

10.3 The outcome of this year's assessment of adult social care will be known in November 2008 and will contribute to the last year of Comprehensive Performance Assessment (CPA).

**11. Background Papers and Consultation**

11.1 Service users, carers, staff and partner organisations were involved in providing evidence to include in this year's SAS. The Cabinet Member and Chief Executives of Rotherham MBC and Rotherham PCT were required to 'sign off' the executive summary. A presentation summarising achievements and areas for development accompanies this report.

**Appendix 1 – SAS 2007/08**

**Appendix 2 – User friendly SAS 2007/08**

**Contact Name:** John Mansergh, Service Performance Manager, Ext 3466  
email [john.mansergh@rotherham.gov.uk](mailto:john.mansergh@rotherham.gov.uk)

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care and Health</b>
<b>2</b>	<b>Date:</b>	<b>Monday 8 September 2008</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2008/09.</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Services</b>

## **5 Summary**

**This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2009 based on actual income and expenditure to the end of July 2008.**

The forecast for the financial year 2008/09 is an overall net projected overspend of £148,000, prior to the service identifying any management actions. Management Actions to mitigate this forecast overspend are being identified and quantified and will be included in the next revenue monitoring report.

## **6 Recommendations**

**Members are asked to note:**

**The latest financial projection against budget for the year based on actual income and expenditure to the end of July 2008 for Adult Services.**

## **7 Proposals and Details**

### **7.1 The Current Position**

- 7.1.1 The approved net revenue budget for Adult Services for 2008/09 is £68.5m. Included in the approved budget was funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process. However, based on current forecasts there are a number of underlying pressures.
- 7.1.2 This second 2008/09 budget monitoring report for Adult Services shows at this stage some emerging budget pressures, with a projected net overspend of £148,000 to the year end, however this is excluding any potential management actions still to be identified to mitigate this forecast overspend.
- 7.1.3 The latest year end projections show there are underlying budget pressures on Direct Payments, within Physical and Sensory Disabilities and Mental Health services. Other projected overspends include additional unforeseen placements into residential care for clients with Physical and Sensory Disabilities (a net increase of 9 placements since April) and forecast overspends within Domiciliary Care management and administration teams over and above budget due to forecast non achievement of vacancy factor. Budget pressures have also been identified in respect of increased energy costs within residential and day centres, included in the forecast outturn. The increase in energy costs is being monitored across all directorates within the Council.
- 7.1.4 The above pressures are being partially offset by additional PCT income from continuing health care for placements and delays in the start up of supported living schemes within Learning Disability services.

### **7.2 Current Action**

- 7.2.1 To mitigate the financial pressures within the service all vacancies continue to require the approval of the Service Directors. Budget meetings with Service Directors and managers have been arranged on a monthly basis to monitor financial performance against approved budget and consider potential options for managing expenditure within budget.

## **8. Finance**

Finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group.

## 9. Risks and Uncertainties

There are a number of underlying pressures within the service which continue to be reviewed and monitored. Uncertainties in respect of timing of the opening of the two new homes may impact on budget performance. Plans for the closure of existing homes and the opening of the two new homes is being finalised and any further impact on budget will be reported as soon as identified. Also, the report assumes the achievement of the full savings associated with shifting the balance of home care from in-house provision to independent sector provision, agreed as part of the budget setting process.

Management Action Plans are being developed to address the budget pressures including the consideration of the impact of any decisions on the Key Performance Indicators. Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets.

## 10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

## 11. Background Papers and Consultation

- Report to Cabinet on 20 February 2008 –Proposed Revenue Budget and Council Tax for 2008/09.
- The Council's Medium Term Financial Strategy (MTFS) 2008-2011.

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

**Contact Name:** Mark Scarrott – Service Accountant (Adult Services), *Financial Services x 2007*, email [Mark.Scarrott@rotherham.gov.uk](mailto:Mark.Scarrott@rotherham.gov.uk).



**ADULT SOCIAL SERVICES  
REVENUE BUDGET MONITORING SUMMARY**

Last Net Projected Variance £000	Directorate/Service Area	EXPENDITURE/INCOME TO DATE (As at 31 July 2008)						PROJECTED OUT-TURN						Revised Financial RAG Status			
		Expenditure			Income			Net			Net						
		Profiled Budget £000	Actual Spend to date £000	Variance (Over (+) / Under (-) Spend) £000	Profiled Budget £000	Actual Income to date £000	Variance (Over (+) / Under (-) Recovered) £000	Profiled Budget £000	Actual Net Expenditure to date £000	Variance (Over (+) / Under (-) Spend) £000	Annual Budget £000	Prom's out turn £000	Variance (Over (+) / Under (-) Spend) £000		Current Financial RAG Status	Financial Impact of Management Action £000	Revised Projected Year end Variance Over(+)/Under(-) spend £000
(2)	<b>Commissioning and Partnerships</b>	3,823	3,829	6	(3,819)	(3,685)	134	4	144	140	4,501	4,514	13	Red	0	13	Red
	<b>Assessment and Care Management :</b>																
254	- Physical & Sensory Disabilities	1,344	1,546	202	(250)	(330)	(80)	1,094	1,216	122	4,731	4,946	215	Red	0	215	Red
(40)	- Older Peoples Services (Index)	10,150	10,285	135	(3,762)	(4,100)	(338)	6,388	6,185	(203)	23,685	23,623	(62)	Green	0	(62)	Green
(54)	<b>Independent Living</b>	164	160	-4	(147)	(74)	73	17	86	69	1,620	1,640	20	Red	0	20	Red
	<b>Health and Well Being :</b>																
476	- Older Peoples Services (In House)	7,008	7,074	66	(1,414)	(1,427)	(13)	5,594	5,647	53	15,159	15,624	465	Red	0	465	Red
(404)	- Learning Disabilities	6,863	6,867	4	(2,570)	(2,658)	(88)	4,293	4,209	(84)	14,883	14,461	(422)	Green	0	(422)	Green
(76)	- Mental Health	1,483	1,492	9	(77)	(105)	(28)	1,406	1,387	(19)	3,953	3,872	(81)	Green	0	(81)	Green
154	<b>Total Adult Social Services</b>	30,835	31,253	418	(12,039)	(12,379)	(340)	18,796	18,874	78	68,532	68,680	148		0	148	

**Reason for Variance's), Actions Proposed and Intended Impact on Performance**

<b>NOTES</b>	<b>Reasons for Variance's) and Proposed Actions</b>
	<i>Indicate reasons for variance (e.g. increased costs or client numbers or under performance against income targets) and actions proposed to address the variance</i>
	<b>Main Reasons for Variance</b>
1	<b>Commissioning &amp; Partnerships</b> Slippage on vacancies and disestablishment of vacant posts is reducing the pressures on corporate costs.
	<b>Assessment and Care Management</b>
2	<b>Physical &amp; Sensory Disabilities</b> Increases in admissions to residential care - additional 9 placements since April 2008 (£173k). Projected overspend on Direct Payments (£148k) - further work being undertaken. Underspend on Assessment and Care Management employee costs (-£103k).
3	<b>Older Peoples Services (Independent)</b> Projected overspend on independent sector residential care due to additional placements (£43k). Current forecast underspend on Direct Payments (-£30k), EMI day care (-£23k) and car mileage (-£15k)
4	<b>Independent Living</b> Projected overspend on residential care staffing costs.
	<b>Health and Well Being</b>
5	<b>Older Peoples Services (In House)</b> Assumed shifting the balance savings will be achieved at this stage - further work being undertaken. Forecast net shortfall in income from residential care charges due to lower occupancy levels (£95k). Budget shortfall on Laundry Service (service subject to review) and decision to continue the bathing service beyond the end of July (£190k). Increase energy costs within Residential and Day Care establishments (£100k). Projected recurrent overspend on domiciliary care management and admin operational teams (£124k).
6	<b>Learning Disabilities</b> Recurrent overspend on day care transport (£138k) offset by additional income from continuing health care funding (-£450k). Slippage on start up of Supported Living schemes (-£58k) plus forecast underspend on Direct Payments (-£36k).
7	<b>Mental Health</b> Projected underspend on residential care (-£75k) . Section 28a funding now agreed with the PCT (-£54k). Underspend on Assessment & Care Management (£-28k) Projected overspend on Direct Payments (£78k) - further detailed work being undertaken.
	<b>Proposed Actions to Address Variance</b> Budget performance clinics now established for the full financial year to monitor financial performance against approved budget.

<b>Performance</b>
<i>(List key targets and RAG status- highlight impact of actions intended to address budget)</i>
<b>Residential/Nursing Care</b> Performance indicator C72 - national target to reduce admissions (Target 89 - currently forecast performance as at end July is 102.93).
<b>Home care</b> Any reduction in the numbers of intensive home care packages (i.e. more than 10 hours and 5 visits of care per week) would have a negative impact on performance indicator C28 (Target 16 - current forecast performance as at end of July is 15.71) .
<b>Direct Payments</b> The increasing numbers is improving performance on key performance indicator C51. Reducing expenditure in line with budget would have an adverse effect on performance and may impact on Star ratings. Target 165 - current score 187)

<b>* Note</b>
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