

## ADULT SERVICES AND HEALTH SCRUTINY PANEL

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

**Date:** Thursday, 2 October 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 and Communications.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Consultation on Proposals to improve Mental Health Services (herewith) (Pages 1 - 24)
7. Consultation on the Proposed NHS Constitution (herewith) (Pages 25 - 61)
8. Revenue Outturn 2007/08, 2008/09 Performance and Budget (herewith) (Pages 62 - 66)
9. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 4 September 2008 (herewith). (Pages 67 - 71)
10. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 8 September 2008 (herewith). (Pages 72 - 75)

**Date of Next Meeting:-  
Thursday, 6 November 2008**

#### **Membership:-**

Chairman – Councillor Jack

Vice-Chairman – Barron

Councillors:- Blair, Clarke, Doyle, Hodgkiss, Hughes, St. John, Turner, Wootton and F. Wright

### **Co-opted Members**

Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Taiba Yasseen, (REMA), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Lizzie Williams, Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Pat Wade (Aston cum Aughton Parish Council)

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**Adult Services and Health  
Scrutiny Panel**

**2 October 2008**

**Consultation on proposals to improve mental health services**

<b>Contact Details:</b>			
<b>Lead Director:</b>	<b>Chris Stainforth</b>	<b>Lead Officer:</b>	<b>Mel Turton</b>
<b>Job Title:</b>	<b>Director of Finance and Performance – NHS Rotherham</b>	<b>Job Title:</b>	<b>Mental Health Commissioning Manager- NHS Rotherham</b>

**Purpose:**

To consult with the Panel on the proposals set out in the joint consultation document on the modernisation of mental health services in Rotherham.

**Background:**

NHS Rotherham has been planning improvements to mental services in line with best practice guidance for sometime. The delay in making the required changes has been the inability to find suitable inpatient accommodation that is affordable and meets the needs of users. These issues have now been overcome and it is possible to progress to consultation around the premises proposals and the shift of emphasis from inpatient to community services. The consultation will be run jointly by NHS Rotherham, Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and Rotherham Metropolitan Borough Council. It is proposed that the PCT commissions new mental health service models for both adults of working age and older adults that will focus upon bringing more services into the community. This will incorporate a new build project that consolidates specialist inpatient services for older adults 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.

The options that have previously been considered include:

- Refurbishment of the existing RFT site accommodation rather than a new build
- New builds for both older people and adults on the RFT site
- Maintenance of the current level of community services

These have been discounted for a variety of reasons.

The consultation aims to ensure the modernisation of services meets the whole needs of users and carers including fast convenient access to community services and facilities that aid rehabilitation and respect dignity.

**Analysis of Key Issues:**

The enclosed consultation document sets out the proposals. The formal consultation started on 16 September 2008. It will last for 12 weeks.

The consultation process was endorsed by the Cabinet Member for Adult Social Care and Health on 8 September 2008. The PCT Professional Executive supported the consultation at their meetings on 3 September 2008 and the RPCT Board at their meeting on the 15 September 2008.

**Patient, Public and Stakeholder Involvement:**

The consultation will involve patients, the public and all key stakeholders.

**Health, Economic and Equality Impact:**

It is anticipated that the delivery of the proposals will improve recovery, rehabilitation and the quality of life of service users. The new and refurbished accommodation will meet the specific health and social care needs of users, family and carers. Integration of services across the care pathways will enable equal access for adult users.

**Financial Implications:**

The costs of the proposals are incorporated into the medium term financial strategy. They include the financing costs (costs of supporting the borrowing) of approximately £2m for the new build and refurbishments to be undertaken by RDaSH. The capital costs of approximately £20m will be raised by RDaSH. Savings from the closure of beds will be reinvested in community services along with an additional investment of £500,000. The £500,000 will be used to expand capacity in community settings well in advance of changes to inpatient services. This will ensure there is enough capacity in the community to safely reduce bed numbers.

**Human Resource Implications:**

RDaSH are consulting with their staff around the implications of the plans and they have set up an HR group to manage the workforce implications.

The effect on the small number of NHS Rotherham staff working on the inpatient wards will be considered and consulted on when more details are available.

**Procurement:**

RDaSH have appointed a private sector partner to design, build and refurbish the premises. They have used the Procure 21 process whereby a number of companies have been pre-assessed as capable of delivering NHS projects of this type. RDaSH are therefore able to shorten their local process as they do not have to go through the whole EU requirements.

NHS Rotherham are commissioning quality and capacity improvements to existing health services from the current service provider so there is no requirement or need for a market tender process.

**Recommendations:**

The Panel is asked to comment on the proposals set out in the consultation document.

**Key Words:**

Consultation, mental health.

**Further Sources of Information:**

Dominic Blaydon, Alice Kilner

# **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 308950 or send an  
email to [mentalhealthconsultation@rotherhampct.nhs.uk](mailto:mentalhealthconsultation@rotherhampct.nhs.uk)

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## Foreword

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.

Andy Buck  
Chief Executive  
NHS Rotherham

Gillian Fairfield  
Chief Executive  
Rotherham Doncaster and South Humber  
Mental Health NHS Foundation Trust

Mike Cuff  
Chief Executive  
Rotherham Metropolitan  
Borough Council





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 Adult Services and Health Scrutiny Panel
- 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 (LIN)
- Neighbouring Primary Care Trusts and NHS Foundation Trusts
- Trade Unions and Joint Staff Consultation and 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  
Oak House  
Moorhead Way  
Bramley  
Rotherham  
S66 1YY  
Tel: 01709 308950  
Fax: 01709 302795

## **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 Adult Services and Health Scrutiny Panel
- Key local organisations and groups
- Local Involvement Networks (LIN)

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 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 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**

- 1.8 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.
  - Provision of exercise facilities for inpatients.
  - 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. The evidence from around the country suggests proposed facility 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 en suite rooms.

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

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, NHS Rotherham and Rotherham Metropolitan Borough Council.

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 308950  
Fax: 01709 302795

Comments can also be emailed to: [mentalhealthconsultation@rotherhampct.nhs.uk](mailto:mentalhealthconsultation@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, Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and Rotherham Metropolitan Borough Council.

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 308950 or send an email to [mentalhealthconsultation@rotherhampct.nhs.uk](mailto:mentalhealthconsultation@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, NHS Rotherham and representatives from the Local Authority. 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, Local Authority 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, LIN and Rotherham Metropolitan Borough Council Adult Services and Health Scrutiny Panel 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
'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 Adult Services and Health Scrutiny Panel	2 October 2008
LIN	24 October 2008
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**

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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

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

**PLEASE DETACH THIS FORM**



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?**

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**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

**The deadline for comments is 9 December 2008**

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1. Meeting:</b>	<b>ADULT SERVICES AND HEALTH SCRUTINY PANEL</b>
<b>2. Date:</b>	<b>2 October 2008</b>
<b>3. Title:</b>	<b>Consultation on NHS Consultation</b>
<b>4. Programme Area:</b>	<b>Chief Executive's</b>

**5. Summary**

This report explains the background to the current consultation on the new NHS Constitution.

**6. Recommendations**

**That the Panel's comments be submitted to the Department of Health by the consultation deadline of 17 October 2008.**

## 7. Proposals and Details

7.1 Coinciding with Lord Darzi's review of the NHS and the 60<sup>th</sup> anniversary of the setting up of the NHS, the Department of Health has published a draft NHS Constitution. It outlines the NHS's core principles and values for the next generation, whilst setting a clear direction for the future. It reaffirms rights to NHS services, free of charge and with equal access for all, and it enshrines patient rights to choice and to NICE-approved drugs recommended by clinicians.

7.2 The draft Constitution has been developed from the bottom up, with the active engagement of staff, patients and the public. The next step in the process is a public consultation on the draft Constitution's contents and how to put it into practice. It runs until 17 October 2008.

7.3 The Constitution itself is a concise document which aims to provide clear statements of how the NHS works and what patients and staff can expect from it for the next 10 years. In addition there is a draft Handbook that describes what underpins each of these statements. In the case of rights, this will usually be a legal basis; in the case of pledges, this is in the form of a set of actions or commitments which the NHS will strive to achieve. It is suggested that the handbook be revised every three years.

A summary document is attached as an appendix to this report, together with a leaflet that gives the main points.

7.4 Although consultees can comment on any aspect of the proposals, responses are specifically invited on the following questions:

7.4.1 *Should all NHS bodies and NHS-funded organisations be obliged by law to take account of the NHS Constitution?*

7.4.2 *Do you think that the Government should have to renew the Constitution every 10 years?*

7.4.3 *Are there any important principles missing?*

7.4.4 *Should values be included in the Constitution?*

7.4.5 *Is it useful to bring together all the key patient rights and pledges?*

7.4.6 *Are responsibilities and expectations of patients and the public appropriate?*

7.4.7 *Is the list of staff pledges right?*

7.4.8 *Is the description of staff responsibilities right?*

7.4.9 *How should all this be communicated to patients, the public and staff once it becomes law?*

7.4.10 *How can we all make sure it leads to better NHS services?*

**8. Finance**

None.

**9. Risks and Uncertainties**

None.

**10. Policy and Performance Agenda Implications**

Healthcare provided by the NHS falls within the Alive Community Strategy priority area.

**11. Background Papers and Consultation**

- A consultation on the NHS Constitution, Department of Health, 30 June 2008

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e-mail: [steve.turnbull@rotherham.gov.uk](mailto:steve.turnbull@rotherham.gov.uk)*

# Your Guide

## to the proposed NHS Constitution

"I like to feel that I am making a difference"



"We want to start looking after our own health"

"Everybody should be treated as an individual"



**It's your NHS.** Know your rights.  
Take responsibility. Get involved.

# Securing the NHS for the future



This guide is designed for patients and the general public, and provides both a general overview of the NHS Constitution, and a specific focus on areas of interest for them.

There is a similar guide aimed at staff, which covers some of the same material, but goes into more detail on staff issues. Please go to the back page for information on how to get a copy of the guide for staff, and other relevant documents.

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**The NHS is our nation's proudest achievement.** Its future is too important to be left to chance. That is why the Government is proposing to secure the NHS for the next generation through a constitution.

**The NHS was created 60 years ago** in a remarkable act of political courage and vision, to remove the fear that haunted many families, of not being able to pay for necessary healthcare.

**Since then, the NHS has changed radically** and for the better. If it is to provide a world-class health service in the 21st century, it will need to keep changing to adapt to advances in medical science, new technology and the ageing population.

**But for the NHS some things remain constant:** what it is for, and the principles and values that underpin its activities. Patients, the public and staff should know what they are entitled to expect from the NHS, and what they can do if they don't get what they should. We all need to use it well, look after its resources, and take responsibility for our health and wellbeing. We should know who is responsible for what, and how decisions are made.

**This draft Constitution** has been developed through a wide process of consultation and is based on research into what matters to the public, patients and staff. The next step in the process is a public consultation, where everyone can have their say about what is in the Constitution and how it will work. This guide is intended to help you to do that – to explain our plans, and tell you how you can get involved.

**Rt Hon Alan Johnson MP**  
Secretary of State for Health



# What is it?



The NHS is the world's largest publicly funded health service. The proposed Constitution now records in one place what the NHS in England does, what it stands for and should live up to, and how decisions affecting it should be made.

**It sets out principles** to guide how all parts of the NHS should act and make decisions.

**It again confirms the commitment** to a service that is for everyone, funded by taxation, based on clinical need rather than an individual's ability to pay, without discrimination of any kind.

**It sets out the NHS values** formed out of discussion with patients, the public and staff.

**It collects together, for the first time, important rights** for patients, the public and staff – and it goes beyond rights, with pledges where the NHS strives to go further than the legal minimum. Each is backed up by an explanation of how it is enforced, and what to do if you don't get what you should.

**It also describes our responsibilities** – what we can all do to make the best use of the NHS.

It is proposed that the Government will, by law, have to renew the Constitution every 10 years and that NHS organisations will have to take account of it. Therefore no Government can change the Constitution without the full involvement of us all – patients, the public and staff.

# Why do we need it?



## It secures the future of the NHS

- It reaffirms enduring principles including our right to NHS services, free of charge except where sanctioned by Parliament.

## It gives you, patients and the public, power

- It brings your rights together in one place, so that you know what you are entitled to, and what to do and what you can expect if you don't get what you should.
- It explains your right to make choices about your healthcare, and makes a pledge to offer you information, so that you can be more involved and equipped to make those choices.

## It helps you to play your part in your NHS

- By making you aware of what the NHS can reasonably expect of you – such as attending appointments, and treating staff with respect – and how you can contribute, for instance by telling us what you think.

## It recognises that NHS staff are its most important asset

- By making new pledges to address the issues that matter most to staff.

## It recognises that the future of the NHS is too important to be left to chance

- By proposing a law to make sure that the Constitution is renewed every 10 years, with the full involvement of the public, patients and staff.

# What does it consist of?



There are two documents:

## **The NHS Constitution itself**

This is a concise and enduring document that must be renewed every 10 years. NHS organisations must take account of it by law.

## **The Handbook to the NHS Constitution**

– updated at least every three years

- Details of the rights summarised in the Constitution.
- Details of the pledges in the Constitution and how the NHS will deliver them.
- What you can do and can expect if things go wrong.

# What's in it for you?



The proposed Constitution includes a clear explanation of your legal rights. Above and beyond these rights, it sets out pledges which the NHS strives to deliver. These are some of the benefits for patients and the public:

- A right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.
- A right both to NHS services without discrimination and to be treated with dignity and respect.
- Decisions on which drugs and treatments your local NHS funds will be clear and rational, not a 'lottery' of access, affirmed by two specific rights:
  - You have the right to drugs and treatments that have been recommended by NICE\* for use in the NHS, if your doctor says that they are clinically appropriate for you.
  - For other drugs and treatments, you have the right to expect a rational decision based on evidence, and a clear explanation if the local NHS decides not to fund a treatment.
- A right to have your say in the development of local services.
- A right to make choices about your NHS care.
- A pledge to offer you information to better enable you to make choices, and allow you to be more involved in your treatment and care.

\* NICE (the National Institute for Health and Clinical Excellence) is an independent NHS organisation that produces guidance on drugs and treatments.

# How has it been developed?



This draft Constitution is the result of many months' work with the three groups who are affected by it:

- Patients
- Public
- Staff

We started by asking all of the groups whether a constitution would be useful, and what it should contain.

The NHS values, in particular, came out of a series of discussions with patients, the public and staff.

We have also worked with many stakeholders.

Representatives of many parts of the NHS have helped – Royal Colleges, hospitals, unions, and many others.

We have also worked closely with other groups and individuals who are involved in, and care about, the NHS, such as patient organisations, local authorities, charities and other experts.

But this Constitution is still a draft – we now want to consult even more widely to make sure that it is the best that it can be.



The NHS Constitution

# How will it be put into practice?



This is how the Constitution will be finalised and put into practice, so that it makes a difference to those who fund, use and work in the NHS:

The Constitution is only a draft. Everyone can now take part and comment.

The final Constitution will be part of a new law to be proposed in 2009.

The law will require all those providing NHS services to take account of the Constitution.

Government will, by law, have to renew the Constitution every 10 years.

This gives the Constitution real teeth.



This section of the guide summarises and explains each part of the Constitution. We focus on parts that most affect patients and the public.

If you want to obtain a copy of the whole Constitution and the Handbook that goes with it, turn to the back cover.

# What is the NHS for?

## **The NHS belongs to the people.**

It is there to improve our health, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can.

It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health.

It touches our lives at times of basic human need, when care and compassion are what matter most.

## **There are five key things to note:**

1. The NHS isn't a single organisation. The Constitution can be a powerful glue to bind all of its parts.
2. The NHS exists to improve our health as a nation.
3. Mental health is as important as physical health.
4. It's a 'health' service – not just a sickness service – so it should help us to keep healthy.
5. The NHS can't promise to make us better, but if necessary it should care for us if we can't recover, help control our pain and, when it comes to it, help us to achieve a 'good death'.



# Principles that guide the NHS

## Seven key principles that guide the NHS in all it does:

1. The NHS provides a **comprehensive service** available to all, irrespective of gender, race, disability, age religion or sexual orientation.
2. Access is **based on clinical need**, not on an individual's ability to pay. Access to services is free, except in limited circumstances sanctioned by Parliament.
3. The NHS aspires to **high standards** of excellence and professionalism in everything it does.
4. NHS services must reflect the **needs and preferences** of patients, their families and their carers – that is, involving and consulting them.
5. The NHS **works together** across organisations, in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing **best value** for taxpayers' money and the most effective and fair use of finite resources.
7. The NHS is **rightly accountable** to the public, communities and patients that it serves – it takes most of its decisions locally and gives us the chance to influence and scrutinise its performance and priorities.



These principles are the fundamentals that should guide the decisions and actions of all NHS organisations.

**There are a few important points to understand:**

- The principle that NHS care is based on clinical need, not on ability to pay is a foundation of the NHS. This is strengthened here by making clear that NHS services are free, except in limited circumstances where Parliament sanctions charges.
- Aspiring to the highest standards includes the development and support of staff, as well as the care and treatment of patients.
- Patients should not be seen as passive recipients of treatment, but as partners whose individual needs and preferences should be taken into account.
- The NHS cannot meet every need. As we live longer and scientific knowledge and technology advance, we have to use the NHS's resources responsibly and fairly.

# The NHS values

The NHS  
Constitution  
Section 1

The principles are underpinned by a set of proposed **NHS-wide values**.

Patients, the public and staff have said that these are the values that inspire passion in the NHS and honour its heritage. Quotes from those who helped develop them demonstrate what they mean.

These will guide how those working in and using the NHS treat each other. For example, both staff and patients deserve to be respected.

“The NHS staff took my expertise as a carer seriously.”

Voluntary carer



## Respect and dignity:

Treating people, whether patients or staff, as individuals – not as symptoms or resources

## Commitment to quality of care:

Earning others' trust by insisting on quality and getting the basics right



“The things people remember are the everyday things like cleanliness of the ward, the quality of the food, privacy... and the friendliness and competence of the staff.”

Cardiologist

"A little 10 minute chat is so important – getting to know them as a person, picking up what they are anxious about."

Staff nurse



**Compassion:**

Finding the time to listen and understand

**Improving lives:**

Striving to improve health and well-being in England through excellence and professionalism



"I want to know the NHS is there when my family needs it."

Mother with 12 week old baby

"I went to sit in the normal chair and my consultant said 'No, there's your chair today', sat me in his chair and said: 'Right, now, what do you want me to do for you?'"

Member of the public with a long term condition



**Working together for patients:**

Putting patients first in everything we do

**Everyone counts:**

Using our resources for the benefit of the whole community



"It's about not writing people off."

Mental health promotion co ordinator

# Patients and the public: your rights and NHS pledges to you

Everyone who is entitled to use the NHS should understand what legal rights they have. For this reason, important rights are summarised in this Constitution and explained in more detail in the *Handbook to the NHS Constitution*.

This is the first time that these rights have been brought together and set out for patients and the public.

The Constitution also contains pledges – those things the NHS strives to do that are above and beyond its legal requirements.

For both rights and pledges there is a system to put things right if they go wrong. This is described in the *Handbook to the NHS Constitution*. You can complain and have your complaint dealt with. If you're not satisfied, you can take your complaint to an independent body, The Health Service Ombudsman. For legal rights, ultimately you can go to the courts.

This guide is a shorter summary of the full Constitution, which you may want to read in full.

## **Rights and pledges are set out in seven areas:**

- Access to health services
- Quality of care and environment
- Nationally approved drugs and treatment programmes
- Respect, consent and confidentiality
- Informed choice
- Involvement in your healthcare and in the NHS
- Complaint and redress.



**Access to health services:**

**You have the right** to receive NHS services free of charge, except when sanctioned by Parliament, and without discrimination.

**You have the right** to access local NHS services, and not to be refused on unreasonable grounds.

**You have the right** to expect your local NHS to put in place the services that are necessary to meet the needs of the local community.

**You have the right** to seek treatment elsewhere in Europe if you are entitled to NHS treatment but face undue delay in receiving NHS treatment.

**The NHS will strive** to provide convenient and easy access to services within the waiting times set out in the *Handbook to the NHS Constitution*. (pledge)

**The NHS will strive** to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered. (pledge)

**The NHS will strive** to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions. (pledge)

# Patients and the public: your rights and NHS pledges to you



## **Quality of care and environment:**

**You have the right** to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation.

**You have the right** to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they provide, taking account of the applicable standards.

**The NHS will strive** to ensure that services are provided in a clean and safe environment that is fit for purpose, and for continuous improvement in the quality of services, based on national best practice. (pledge)

## **Nationally approved drugs and treatment programmes:**

**You have the right** to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says that they are clinically appropriate for you.

**The NHS will strive** always to provide approved vaccination and screening programmes (pledge).



**Respect, consent and confidentiality:**

**You have the right** to be treated with dignity and respect.

**You have the right** to accept or refuse treatment that is offered to you, and not be given any physical examination or treatment unless you have given valid consent, from you or from your legal representative. If consent cannot be obtained, the treatment must be in your best interest.

**You have the right** to be given information about your proposed treatment in advance, including any significant risks and alternative treatments.

**You have the right** to privacy and confidentiality.

**You have the right** to access your own health records.

**The NHS will strive** to share with you any letters sent between clinicians about your care. (pledge)



# Patients and the public: your rights and NHS pledges to you



## **Informed choice:**

**You have the right** to choose your GP practice, and not to be refused on unreasonable grounds.

**You have the right** to express a preference for using a particular doctor, and for the practice to try to comply.

**The NHS will strive** to inform you about what healthcare services are available to you, locally and nationally.

**You have the right** to make choices about your NHS care. The options available to you will develop over time and depend on your individual needs. Details are set out in the *Handbook to the NHS Constitution*.

**The NHS will strive** to offer you easily accessible information to enable you to participate fully in your own healthcare decisions and to support you in making choices. (pledge)



### **Involvement in your healthcare and in the NHS:**

**You have the right** to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.

**You have the right** to be involved in the planning, development, and proposals for changes in healthcare services and their operation.

**The NHS will strive** to work in partnership with you, your family and carers. (pledge)

**The NHS will strive** to provide you with the information that you need to effectively influence the planning and delivery of NHS services. (pledge)

### **Complaint and redress:**

**You have the right** to make a complaint about your NHS services; to have your complaint dealt with efficiently and investigated appropriately; to know the outcome; and to compensation when harmed by negligent treatment.

**You have the right** to take your complaint to the Health Service Ombudsman\*, or to make a claim for Judicial Review, if you have exhausted other rights of appeal.

**The NHS will strive** to ensure that if you make a complaint, you are treated with respect and courtesy, you receive a timely and appropriate response, any harm that you suffered is corrected and any necessary changes are put in place. (pledge)

\* See the Health Ombudsman's publications *A Guide to Remedy* and *A Guide to Good Administration* for more information.

# Patients and the public: your responsibilities

## The NHS belongs to all of us.

As well as abiding by the law – where, for instance, physical or verbal abuse or causing an unlawful disturbance, could result in prosecution – there are things that we can all do to help the NHS work effectively and to ensure that resources are used responsibly.



“It’s reasonable to expect patients to take the same precautions that staff have to.”  
Domestic supervisor



“We want to start looking after our own health, and to have choices about how to do this without putting the service under more pressure.”  
Mixed group of staff, patients and public



**You should** recognise that you can make a significant contribution to your own and your family's good health, and take some personal responsibility for it.

**You should** register with a GP practice – the main point of access to NHS care.

**You should** treat NHS staff and other patients with respect – if you abuse people you may be prosecuted.

**You should** provide relevant and accurate information about your health, condition and status.

**You should** keep appointments, or cancel within reasonable time. If you don't, you may lose your place in the queue.

**You should** follow the course of treatment that you have agreed with your clinician.

**You should** take part in important public health programmes, like vaccinations.

**You should** make sure that those closest to you are aware of your wishes about organ donation.

**You should** tell us what you think about the treatment and care you have received, including good and bad experiences.



It is the loyalty, professionalism and dedication of staff that really make the difference to patients' quality of care and experience.

The NHS Constitution lets staff know what to expect – and what's expected of them – so that they can get on and improve patient service.

# Staff: their rights and NHS pledges to them



Staff already have extensive legal rights, set out in detail in employment law and in their contracts. These are summarised in the Constitution. Now they also have a number of pledges that the NHS will strive to deliver for them.

**The NHS will strive** to provide all staff with well-designed and rewarding jobs that make a difference to patients, their families and carers, and to communities. (pledge)

**The NHS will strive** to provide all staff with personal development, access to appropriate training for their job and management support, in order to succeed. (pledge)

**The NHS will strive** to provide support for staff to keep themselves healthy and safe. (pledge)

**The NHS will strive** to engage staff in decisions that impact upon them and the services that they provide individually and through their representatives. All staff can suggest ways to deliver better and safer services for patients and their families. (pledge)

# Staff: their responsibilities



All staff have responsibilities to the public, to their patients and to colleagues. Important legal duties are summarised in the Constitution. The Constitution also includes expectations that reflect how staff should play their part in ensuring the success of the NHS.

**Staff should strive** to maintain the highest standards of care and service, in what they do and in their contribution to the aims of the team and the NHS.

**Staff should strive** to take up training and development opportunities.

**Staff should strive** to play their part in improving services for patients, the public and communities.

**Staff should strive** to contribute to a climate where the truth can be heard and reporting of, and learning from, errors is encouraged.

**Staff should strive** to involve patients, their families and carers in the services that they provide.

# How decisions are made



The Constitution and its Handbook also set out who is accountable for the NHS and how money is spent. Importantly, it guides how decisions are made.

Because the NHS is a **national** service funded through **national** taxation, the Government is accountable to Parliament for its operation.

In practice, most decisions should be taken by the local NHS or by patients with their doctor or clinician.

This especially applies to decisions about treatment of individual patients, or the detailed organisation of services locally.





The NHS Constitution is still only in draft form.  
The consultation will run until 17 October 2008.

**It's your NHS.** Know your rights.  
Take responsibility. Get involved.

# Some questions to think about



- Should all NHS bodies and NHS-funded organisations be obliged by law to take account of the NHS Constitution?
- Do you think that the Government should have to renew the Constitution every 10 years?
- Are there any important principles missing?
- Should values be included in the Constitution?
- Is it useful to bring together all the key patient rights and pledges?
- Are responsibilities and expectations of patients and the public appropriate?
- Is the list of staff pledges right?
- Is the description of staff responsibilities right?
- How should all this be communicated to patients, the public and staff once it becomes law?
- How can we all make sure it leads to better NHS services?

# How you can have your say



There will be consultation events running all over England – details available from your local NHS.

You can make your comments in two ways:



By email to:  
[nhsconstitution@dh.gsi.gov.uk](mailto:nhsconstitution@dh.gsi.gov.uk)



By post to:  
**NHS Constitution**  
**Room 611a**  
**Richmond House**  
**79 Whitehall**  
**London**  
**SW1A 2NS**

**The consultation finishes on 17 October 2008.**

# Securing the NHS for the future



“People remember the friendliness off the staff – it’s about caring.”

Matron

“I’m the manager, and the health professionals are my team, which I call on from time to time.”

Member of the public with rheumatoid arthritis



“People are not cases. I tell my team: it’s not a sample, it’s part of a person.”

Biomedical scientist

You can find the draft NHS Constitution and further information at:

**Department of Health website – [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)**

Further copies can be obtained from:

[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)

[dh@prolog.uk.com](mailto:dh@prolog.uk.com)

By phone: 0300 123 1002

Or you can write, enclosing your name and address to:

PO Box 777

London

SE1 6XH

**It's your NHS.** Know your rights.  
Take responsibility. Get involved.

## How do you find out more?

You may want to see more detailed guides to the Constitution or the full text of the Constitution itself.

You can find them on:  
[www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)

Or you can obtain copies:

online  
[www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)

by email  
[dh@prolog.uk.com](mailto:dh@prolog.uk.com)

by phone  
**0300 123 1002**

or by post  
**PO Box 777  
London SE1 6XH**

The consultation on the Constitution will run until 17 October 2008.

**After we have listened, the NHS Constitution will be finalised.**

*"People are putting their health and trust in us"*

Find out more at [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)

## How can you have your say?

This consultation invites comments from everyone who pays for, uses or works in the NHS.

**We want to know:**

- **is it clear?**
- **do you agree with the approach it takes?**
- **how can we use it to improve NHS services?**

Let us know what you think:

by email  
[nhsconstitution@dh.gsi.gov.uk](mailto:nhsconstitution@dh.gsi.gov.uk)

or by post  
**NHS Constitution  
Room 611a  
Richmond House  
79 Whitehall  
London  
SW1A 2NS**

There will be consultation events running all over England – details of which you can find out about from your local primary care trust.

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or visit [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)

*"Everyone should be treated as an individual"*

Find out more at [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)

# It's your NHS

**Know your rights.  
Take responsibility.  
Get involved.**

Quick Guide to the  
proposed NHS Constitution



Find out more at [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)

## The proposed NHS Constitution: **What is it?**

The NHS belongs to the people. It is there to improve our health, supporting us to keep mentally and physically well, get better when we are ill and, when we cannot recover, stay as well as we can.

**We are proposing a set of principles and values that should guide everything we do, including a commitment to providing a comprehensive service, available to all without discrimination, and based on clinical need – not ability to pay.**

The proposed Constitution:

- **safeguards the future of the NHS**

It reaffirms the NHS principles and values.

- **gives power to all patients and the public**

For the first time, important rights are brought together, so that everyone knows what they are entitled to, and what to do if they don't get what they should.

- **sets out how we can all play our part**

It explains the responsibilities of public, patients and staff.

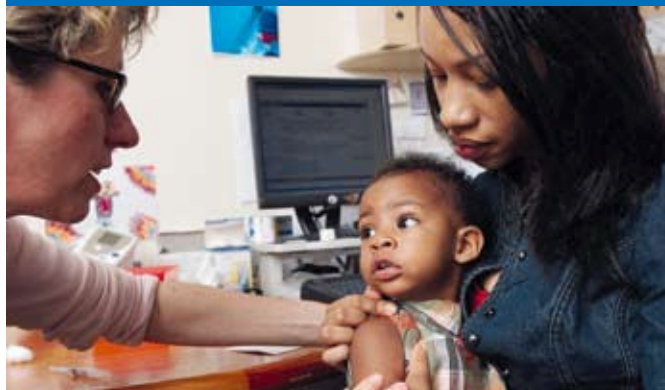
- **recognises that staff are our most important asset and the key to quality.**

## Patients and the public: **What's in it for you?**

**The proposed Constitution includes a clear explanation of your rights.**

Some of the key rights:

- Your right to drugs approved for NHS use if recommended by your doctor, and to an explanation of all decisions made about funding your treatment – which means that decisions will be clear and rational, not a 'lottery' of access.
- Your right to make choices about your NHS care and to be given the information you need in order to do so – which means that you can be informed about, and involved in, your own healthcare.
- Your right to have your say in the planning and development of local services – which means that your local NHS should reflect what you think is important.



*"I want to know that the NHS is there when my family needs it."*

Find out more at [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)

## You work in the NHS: **What's in it for you?**

**It is the loyalty, professionalism and dedication of staff that make the difference to quality of care in the NHS. The proposed Constitution recognises this in the following ways:**

- By setting out a vision where all staff have rewarding and worthwhile jobs, are trusted and listened to, and are supported to deliver care and act in the interests of patients.
- By pledging to deliver personal development, training and support to enable staff to do a good job.
- By clearly stating what the NHS promises to patients and the public and what it expects of them, so that there is clarity for staff in their jobs.
- By proposing a set of NHS-wide values to reinforce what matters to staff and patients.



*"I really feel I am making a difference."*

Find out more at [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations)

**ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS**

<b>1.</b>	<b>Meeting:</b>	<b>Adult Services and Health Scrutiny Panel</b>
<b>2.</b>	<b>Date:</b>	<b>Thursday 2 October 2008</b>
<b>3.</b>	<b>Title:</b>	<b>Revenue Outturn 2007/8 , 2008/09 Performance and Budget</b>
<b>4.</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Services</b>

**5. Summary**

To provide information to members in respect of the 2007/08 outturn position plus latest performance and monitoring against the 2008/09 revenue budget as part of the first stage of the budget setting process for 2009/10.

**6. Recommendations**

**THAT THE SCRUTINY PANEL RECEIVES AND NOTES THIS REPORT.**



## 7. Proposals and Details

7.1 As part of the Council's budget setting process Members have requested information on the financial performance of Adult Services within the Neighbourhoods and Adult Services Directorate for both the previous and current financial years including impact on performance.

## 8. Finance

### 2007/08 Revenue Outturn Position

8.1 The Revenue Outturn position for Adult Social services for 2007/08 was an overall under spend of £210k (after an increased budget allocation of £974k at the Revised Estimates stage) summarised as follows:

Head of Account	Budget	Outturn	Surplus (-) Deficit (+)	% Variation to Budget
	£000	£000	£000	%
Older People	37,168	37,344	176	+0.47
Learning Disabilities	12,434	11,800	-634	-5.10
Physical & Sensory Disabilities	5,156	5,266	110	2.14
Mental Health	3,415	3,654	239	7.00
Head of Service/Policy & Performance	278	291	13	+4.49
Supporting People	94	94	0	0
Commissioning, Quality & Performance	4,711	4,597	-114	-2.42
<b>Total</b>	<b>63,256</b>	<b>63,046</b>	<b>-210</b>	<b>-0.33</b>

8.2 The main results on the key performance indicators for 2007/08 were as follows:-

- Increase in the number of reviews from 3,679 (45.66%) to 5,749 (75.04%).
- An increase in services for Carers – an increase of 277 carers on service.
- Improved performance in the number of admissions of supported residents to residential and nursing care.
- Increase in the number of Adults receiving Direct Payments from 270 to 309.
- A reduction in performance of intensive home care from 13.99 to 13.94.

### Revenue Budget Monitoring 2008/9

8.3 The table below shows the summary forecast net revenue budget outturn position for Adult Services (as at 31 August 2008) before the identification of management actions:

<b>SERVICE</b>	<b>Annual Budget (Net)</b>	<b>Projected Outturn to 31<sup>st</sup> March 2009</b>	<b>Forecast Variance from Budget Deficit/(Surplus)</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Commissioning & Partnerships	4,501	4,514	13
<b><u>Assessment &amp; Care Management</u></b>			
Physical & Sensory Disabilities	4,629	4,842	213
Older People Services (Indep)	23,685	23,590	-94
<b><u>Independent Living</u></b>	1,723	1,744	21
<b><u>Health &amp; Well Being</u></b>			
Older Peoples Services (In-House)	15,159	15,772	614
Learning Disabilities	14,882	14,461	-422
Mental Health	3,953	3,891	-63
<b>Total Adult Services</b>	<b>68,532</b>	<b>68,814</b>	<b>282</b>

- 8.4 The latest forecast overspend of £282k shows there are underlying budget pressures on Direct Payments (£196k), within Physical and Sensory Disabilities and Mental Health services. Other projected overspends include additional unforeseen placements in to residential care for clients with Physical and Sensory Disabilities of £175k (a net increase of 9 placements since April) and overspends within employee budgets (£211k) within residential and domiciliary care and administration teams over and above budget due to an anticipated shortfall against the vacancy factor. Budget pressures have also been identified in respect of increased energy costs (£100k) within residential and day centres. The increase in energy costs is a generic pressure and is being monitored across all directorates of the Council.
- 8.5 These pressures are being partially offset by additional income from continuing health care placements and from delays in the start up of supported living schemes within Learning Disability services (£400k).
- 8.6 The latest forecast assumes the achievement of the full savings associated with shifting the balance of home care from in-house to the independent sector, as agreed as part of the 2008/09 budget setting process. Any delays in implementation together with delays in transferring existing in-house residential care to the two new homes may impact on budget performance. This will continue to be monitored closely.
- 8.7 In order to mitigate these budget pressures Management Action Plans are being developed through scheduled monthly finance clinics with Service Directors and budget holders.
- 8.8 A total of £3.1m of investments were approved as part of the budget process for 2008/09 (including £1.7m to cover the increased cost of pay and price inflation within Adult Services). However, there were also a total of £4m of savings identified and included as part of the agreed base budget for 2008/09.

### **Potential Issues Impacting on 2009/10 Budget Setting**

- 8.9 There are a number of underlying demographic and existing budget pressures within the service including the increased expenditure on direct payments, increasing demands on the existing residential care budgets, particularly in Physical and Sensory Disabilities together with increasing energy costs in the provision of in-house services. These continue to be monitored and reviewed on a monthly basis including the development of management actions in order to reduce the projected overspend with the aim of containing expenditure within approved budget.
- 8.10 Adult Services is currently going through a number of Member led Base Budget Reviews covering Area based Grant funding, Residential and Domiciliary Care services and Supporting People, outcomes from which may help to inform the 2009/10 budget setting process.
- 8.11 The Council has an overall funding gap of £9.3m for 2009/10 in its Medium Term Financial Strategy and therefore Directorates are being requested to identify potential savings and options for income generation to contribute to closing the funding gap.

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

- 9.1 The projected overspend has been based on information available at the end of August 2008 and consequently may be subject to change as the year progresses. The latest figures assume the achievement of the full savings associated with shifting the balance of home care from in-house provision to the independent sector provision.
- 9.2 There are a number of budget pressures within the service areas that are being monitored closely and a range of management actions continue to be developed with the aim of containing expenditure within the approved cash limited budget by the end of the financial year.
- 9.3 Where necessary bids for additional budgets to cover areas of pressure will be submitted but this will be kept to a minimum and will only be after consideration of where any savings can be identified to offset these pressures from within the Directorate.

### **10. Policy and Performance Agenda Implications**

- 10.1 The CPA Resources Action plan sets out the requirements to improve the financial monitoring and reporting to members and to maintain and improve budget monitoring and control.
- 10.2 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.
- Adult Services Revenue Outturn report 2007/08.
- Adult Services Revenue Budget Monitoring Report 2008/09

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 Social Services), *Financial Services x 2007*, email [Mark.Scarrott@rotherham.gov.uk](mailto:Mark.Scarrott@rotherham.gov.uk).

**ADULT SERVICES AND HEALTH SCRUTINY PANEL**  
**Thursday, 4th September, 2008**

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Doyle, Hodgkiss, Hughes, Turner and F. Wright.

Also in attendance were Mrs. I. Samuels, Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.), Lizzie Williams, Kingsley Jack (Speakability) and Russell Wells (National Autistic Society).

Apologies for absence were received from Councillors Clarke, St. John, Victoria Farnsworth (Speak Up) and Councillor Jim Richardson (Aston-Cum-Aughton Parish Council).

**177.       DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

There were no members of the public and press present.

**179.       STAYING HEALTHY**

Steve Turnbull, Head of Public Health gave a presentation in relation to Staying Healthy. The presentation gave an update on the four main priorities which were:

- All Age All Cause Mortality
- Breastfeeding
- Teenage Conceptions
- Obesity

He explained that Local Area Agreement targets (and other indicators) were presenting significant challenges and that many may not be met by the deadline of 2010.

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

- How the figures for breastfeeding were expected to increase when mothers were being encouraged to return to work
- The suggestion that a large number of young females may be deliberately getting pregnant in order to be housed by the Council
- Whether there was any work being undertaken with the young men who impregnated the young women. It was confirmed that there were various projects aimed at young dads.
- Whether there was any work undertaken with schools. It was

confirmed that there was a "Healthy Schools Programme" in place which covered a wide range of issues.

- It was felt that there was a need for work to be undertaken with the families of these young teenagers. A family intervention programme had been introduced in order to assist families.

Members thanked Steve for his presentation.

#### **180. CARDIO-VASCULAR CLINICS FOR PEOPLE OVER 40**

Robin Carlisle, Deputy Director of Public Health gave a verbal presentation and circulated a report in relation to Cardio-Vascular Clinics for people over 40. The presentation drew specific attention to:

- Where we were now
- Where we would be in 5 years
- The impact on health and other services
- How we would make sure that the initiative would impact on the people who most need it
- The need for a budget to be established for cardiovascular spending
- How we would get there
- How improvements would be measured

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

- Whether it would be more beneficial for screening to be done prior to age 40.
- Whether there would be sufficient staff/facilities to put the initiative into practice by April 2009
- Whether a cardio risk assessment could be undertaken
- Whether there was any additional funding for introducing new clinics
- Whether the smoke free initiative had had a positive impact in Rotherham

Resolved:- That the report be noted and that Jo Abbott, Senior CHD Nurse Manager, be invited to attend a future meeting to provide more detail about the proposed clinics.

#### **181. PROSTRATE CANCER SCREENING**

Steve Turnbull, Head of Public Health and John Radford gave a presentation in relation to Prostrate Cancer Screening. The presentation drew specific attention to:

- What screening was
- Principles of Screening

- Concepts of Screening
- Advantages and Disadvantages of Screening

He confirmed that ten principles had been developed to govern screening which were:

- The condition is an important health problem
- Its natural history is well understood
- It is recognisable at an early stage
- Treatment is better at an early stage
- A suitable test exists
- An acceptable test exists
- Adequate facilities exist to cope with abnormalities detected
- Screening is done at repeated intervals when the onset is insidious
- The chance of harm is less than the chance of benefit
- The cost is balanced against benefit

Delia Watts reported that prostate cancer was the second most common cause of cancer death in men, but that more men died with the disease rather than from it. The UK National Screening Committee was responsible for approving all new screening programmes and used the above criteria to ensure that any such programmes did more good than harm at a reasonable cost. At present, prostate cancer screening fulfils only the first condition and would therefore not be introduced in the UK.

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

- Whether it was important to have an early diagnosis of the condition.
- Current research into prostate cancer diagnosis and treatment. It was confirmed that in addition to a current 15 year European study, a research project was also being undertaken at Sheffield University.
- Whether it was possible to obtain a comparison of the figures for both prostate cancer and breast cancer.
- Why screening ceased once a person reached the age of 70.

Members of the panel thanked Steve for his presentation.

## **182. ALCOHOL STRATEGY ACTION PLANS**

Mel Howard, Drug and Alcohol Co-ordinator presented the submitted report in relation to progress made on the Rotherham Alcohol Harm Reduction Strategy.

The Rotherham Alcohol Harm Reduction Strategy was launched in December 2007. An action plan was produced for partners to work towards, which included 4 key pillars of the strategy. These were

Education Communication and Information, Identification and Treatment, Alcohol related crime and disorder, Working with the industry and a specific one for Children and Young people.

In delivering a response to the recommendations of the local strategy and action plans it was hoped that awareness could be raised and positive changes made to the drinking behaviour of the people of Rotherham.

Attached to the report was a copy of the action plans which reflected the actions to be completed by 04/08.

The majority of actions were green with successful outcomes and the amber and red actions had had new deadlines agreed which were being monitored to ensure outcomes by the newly agreed dates. There were two actions within the 4<sup>th</sup> pillar 'working with the industry' which referred to the Cab Watch Proposal which with agreement had been abandoned.

There had been many success stories as a result of the strategy and successful partnership working and these included:

- Alcohol awareness/training sessions to many partners
- Campaign Material
- Pilot Alcohol Arrest Referral Scheme
- Polycarbonate glasses
- Home Fire Safety Assessments
- Licence Watch

The action plans would continue to be monitored from 16<sup>th</sup> September until the end of October 2008 and a consultation exercise would be undertaken which would provide a platform to publicise what had already been achieved and to highlight gaps.

As part of this consultation, the Panel was asked to make suggestions for issues that could be fed in to the new action plans.

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

- What work was being undertaken with the trade and breweries to offer more choice in relation to non alcoholic drinks.
- Why some soft drinks were more expensive than alcoholic ones. It was felt that if prices were lower it would encourage more people to drink non-alcoholic drinks.
- Consideration should be given to raising the age for young people to legally drink in public houses from 18 to 21.
- It was felt that promotions on alcohol in supermarkets caused many people to drink to excess
- The suggestion of fining underage drinkers who drank alcohol in public places



- The need for facilities and outreach workers to be provided in areas where young people regularly congregate to drink
- Whether Cab Watch had been successful elsewhere and what were the taxi drivers' objections to introducing the scheme in Rotherham.

Resolved:- That the progress made on the strategy be noted.

**183. CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH HELD ON 7 AND 21 JULY 2008**

Resolved:- That the minutes of the meetings of the Cabinet Members and Advisors for Adult Social Care and Health held on 7 and 21 July 2008 be received and their content noted.

**184. ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 24 JULY 2008**

Resolved:- That the minutes of the meeting of the Panel held on 24 July 2008 be approved as a correct record for signature by the Chair.

**ADULT, SOCIAL CARE AND HEALTH**  
**8th September, 2008**

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

**33. MINUTES OF THE PREVIOUS MEETING HELD ON 21 JULY 2008**

Resolved:- That the minutes of the meeting held on 21 July 2008 were approved as a correct record.

**34. MODERNISATION OF MENTAL HEALTH SERVICE**

Kath Atkinson presented the submitted report in relation to the modernisation of Mental Health Services.

She reported that a public consultation was to commence in relation to the modernisation of mental health services in Rotherham. This would be led by NHS Rotherham and would involve the redesign of adult and older people's inpatient (hospital) mental health services and associated estates. It was proposed that the PCT would commission new mental health service models for both adults of a working age and older adults that would focus up bringing more services into the community. This would incorporate a new build project which would consolidate specialist inpatient services for older people on the Rotherham Foundation Trust site. The needs of the adult inpatient service would be met by a refurbishment and a partial new build on the Swallownest Count.

A suggestion was made to refer the report to the next Adult Services Scrutiny Panel and also to hold an all member seminar. It was also suggested that the consultation be taken to the Area Assemblies.

Resolved:- (1) That the Cabinet Member for Adult Social Care and Health endorse the commencement of a full consultation in conjunction with NHS Rotherham and Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust.

(2) That the report be submitted to the next Adult Services and Health Scrutiny Panel.

(3) That an all Member Seminar be arranged to discuss this further

(4) That consultation be undertaken via the Area Assemblies.

**35. SELF ASSESSMENT SURVEY (SAS) 2008**

John Mansergh, Service Performance Manager gave a presentation in relation to the Self Assessment Survey (SAS) 2008.

The Self Assessment Survey (SAS) is a key source of evidence for the annual assessment of Adult Social Care. It 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.

SAS was completed in April and May of this year and was divided into sections which contained evidence against the Social Care Outcome Framework. The achievements and areas for development across the 9 outcomes are detailed below:

- 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
- Commissioning and Use of Resources

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

- Praise had been given to the quality of care in the residential nursing care homes. Members were confused by this as it had this had previously been criticised. It was confirmed that the criticism had been of the number of people going into residential care, whereas the praise was for the quality of care
- Reference was made to the direct payments system which had been introduced and a query was raised as to whether other Authorities had been smarter in their approach to this

Resolved:- (1) That the Cabinet Member note the Self Assessment Survey (SAS) submitted to the Commission for Social Care Inspectorate on 30 May 2008.

(2) That the Cabinet Member note the user friendly version of the SAS.

### **36. ADULT SERVICES REVENUE BUDGET MONITORING 2008/09**

Mark Scarrott, Service Accountant (Adult Services) presented the submitted report which provided 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 approved net revenue budget for Adult Services for 2008/09 was £68.5, which included funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process. There were however, a number of

underlying pressures based on current forecasts.

The report showed some emerging pressures with a projected net overspend of £148,000 to the year end. This was excluding any potential management actions still to be identified to mitigate this forecast overspend.

The latest year end projections showed there were underlying budget pressures on Direct Payments, within Physical and Sensory Disabilities and Mental Health services. Other projected overspends included additional unforeseen placements into residential care for clients with Physical and Sensory Disabilities and within Domiciliary Care management and administration teams over and above budget which were due to forecast non achievement of vacancy factor. Budget pressures had also been identified in respect of increased energy costs within residential and day centres, included in the forecast outturn. This was being monitored across all directorates within the Council.

These pressures were 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.

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

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of July 2008 for Adult Services be noted.

**37. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 2 of Schedule 12A to the Local Government Act 1972, as amended.

**38. MODERNISATION STRATEGY: UPDATE ON NEW BUILD RESIDENTIAL HOMES**

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which outlined the progress to date in building the new homes and the plans to decommission the existing homes and ensure a smooth transition to the new homes for our residents. It was anticipated that the new homes would open to residents in December 2008, and

would provide 60 residential care beds and 60 beds for people who were elderly and mentally ill (EMI).

A commitment had been given that every resident would be given a place in one of the new homes, unless on reassessment it was established that they had nursing needs and their needs could therefore not be met in the new homes.

The new homes were in the process of construction, subject to some significant delay, with the final date for completion being anticipated at 13 October 2008.

In preparation for the opening of the new homes, vacancies had been held and staff were in the process of being redeployed. Staff members had received a 1:1 meeting with HR and Trades Union involvement, and to date many staff had made successful and smooth transitions into new posts. The recruitment process for posts in the new homes was due to start soon and it was anticipated that all staff would have a post through redeployment or recruitment into the new homes by August 2008. It was not expected that there would be any redundancies.

The existing homes would need to be decommissioned and managers were currently in discussion with CSCI and EDS about this process.

Resolved:- (1) That the content of the report be noted

(2) That it be noted that every resident had been able to gain a place in the home of their choice

(3) That the residential care homes be declared as surplus to requirement,

**39. DATE AND TIME OF NEXT MEETING:- 22 SEPTEMBER 2008**

Resolved:- That the next meeting be held on Monday 22 September 2008 commencing at 10.00 am.