

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Town Hall, Moorgate
Street, Rotherham.

Date: Thursday, 5 March 2009

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. Results of the Consultation on the Modernisation of Mental Health Services (herewith) (Pages 1 - 9)
7. Mental Health First Aid - Update (herewith) (Pages 10 - 12)
8. Suicide Prevention Initiatives (herewith) (Pages 13 - 16)
9. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 12th February 2009 (herewith). (Pages 17 - 21)
10. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 9th & 23rd February 2009 (herewith). (Pages 22 - 29)

**Date of Next Meeting:-
Thursday, 2 April 2009**

Membership:-

Chairman – Councillor Jack
Vice-Chairman – Barron

Councillors:- Blair, Clarke, Doyle, Hodgkiss, Hughes, McMahon, 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), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Pat Wade (Aston cum Aughton Parish Council)

Adult Services and Health Scrutiny Panel

5 March 2009

Results of the consultation on the modernisation of mental health services

Contact Details:			
Lead Director:	Chris Stainforth	Lead Officer:	Mel Turton
Job Title:	Director of Finance and Performance	Job Title:	Mental Health Commissioning Manager

Purpose:
This report presents the findings of the consultation on the proposed improvements to the mental health services provided by Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust.

Background:
The consultation ran for 3 months and finished on 9 December 2008. The proposals centred around the consolidation of older people services on the Rotherham General Hospital site and adults of working age services at Swallownest. Facilities would be radically improved for inpatients although the number of beds would be reduced. Community provision would be expanded to be able to deliver a modern service model and enable many more patients to be cared for effectively in a home environment.

Analysis of Key Issues:
<p>A comprehensive document has been produced with the responses from all the consultation methods – questionnaires, open sessions for the public, stakeholder meetings, e-mail responses etc. This document is available to Board members.</p> <p>The enclosed document has brought together the key themes and significant findings from the consultation and set out how they will be dealt with over the coming months.</p> <p>The general view from the consultation was one of support for the changes, particularly improvements to inpatient accommodation and an expansion of community services for older adults. However, concerns were expressed at the reduction in bed number and the ability of community services to cope with the expected increasing number of elderly patients. There were also many useful comments that will be taken into account as part of the design of the new facilities and the development of community services.</p>

Patient, Public and Stakeholder Involvement:

The consultation has attempted to reach the widest number of patients, carers, staff, the public and stakeholders as possible. More details of those consulted are available in the comprehensive document.

Health, Economic and Equality Impact:

The implementation of the proposals will result in major building projects and increased employment opportunities for community based staff.

A Health Equality Impact Assessment is currently being undertaken but the results are not yet known.

Financial Implications:

The increased costs associated with the implementation of the proposals are expected to be approximately £2.5 m per annum.

The costs of the consultation were managed within existing resources.

Approved by:

Chris Stainforth

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.

Approved by:

Peter Smith

Procurement:

RDASH are going through an appropriate procurement route for the building changes (Procure 21). NHS Rotherham is commissioning the changes to inpatient service locations and an expansion of community services from the existing provider. As the changes are essentially a redesign of currently well provided healthcare services the Board previously agreed that an open tender exercise was not required or beneficial.

Analysis of Risks:

For any consultation there is a risk of challenge from an interested party. However, the consultation process has been well run and potential risks have been mitigated throughout the process.

Recommendations:

The Trust Board are asked to note the findings of the consultation and approve the continuation of the project to modernise mental health services.

Key Words:

Consultation Mental Health Reprovision
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Further Sources of Information:
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Mel Turton, Mental Health Commissioning Manager

CONSULTATION ON PROPOSED MENTAL HEALTH SERVICES IN ROTHERHAM FEEDBACK AND RESPONSES

Introduction

This report details the process and subsequent feedback received during the consultation regarding the proposed improvements to mental health services for adults of working age and older adults in Rotherham that are delivered by Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH). The consultation was undertaken between 16 September 2008 and 9 December 2008.

This report seeks to highlight the most significant issues and recurring themes, to assist NHS Rotherham and other key partners in gaining an understanding of the views expressed during the consultation. The detailed source data upon which this is based is available on request.

Consultation Process

A consultation programme was prepared and implemented. The objective of the consultation programme was to ensure that the proposed improvements to mental health services in Rotherham were shared with as many service users, carers and stakeholders as possible.

The consultation process was followed appropriately and involved a presentation to the Overview and Scrutiny Committee and 4 public open meetings.

Although attendances and responses were small there was a general sense of support and understanding for the proposals.

Analysis of Findings

This section highlights the most common themes identified during the consultation.

1. Further details were requested regarding the enhanced level of older adults community provision

The proposal suggested enhancements in a number of areas including the development of a Mental Health Liaison Team and additional dedicated support for early onset dementia patients. As the overall direction of the proposals have been broadly accepted the details in terms of actual posts has now been calculated. A recruitment programme to establish an additional 13 members of staff will commence shortly.

2. Many respondents emphasised the need for the expansion of community services for older adults well in advance of the opening of the new premises and the consequent reduction in bed numbers. This was a particular concern of the NCAT reviewer who felt that some communities had tried to make savings from bed reductions prior to investing in community provision

A programme of investment has been agreed with the provider which will ensure that the appropriate levels of capacity within the new services will be in place prior to the reduction in the beds to the proposed levels. The expansion in the community services has been funded from 2008/09, well in advance of the planned bed reduction. Staff recruitment into the new community services will commence over the next few months so the effects of the modernised service upon inpatient provision will be known well in advance of the bed number reductions.

- 3. The proposed number of beds for older adults was a concern for many respondents. Health professionals responding to the consultation expressed conflicting views regarding whether more or less beds would be needed in the future. Patients and the public also voiced diverse views on the number of beds required to deliver an effective and efficient service. The differing opinions were based mainly upon individual views relating to the effectiveness of community provision, the use of care homes rather than hospital beds, and the extent of the predicted rise in the dementia population in the future**

The National Clinical Advisory Team (NCAT) Review challenged the initial proposal of bed numbers. It was very clear in its recommendation that further bed reductions were possible and indeed desirable in Rotherham. Following on from this recommendation a further independent review was commissioned by the NHSR and RDaSH to assess the bed numbers required given the expected effects of additional community services and the rise in the elderly population. The findings of the report have led to a further proposed reduction of 3 beds. The bed model has been benchmarked against other similar models within other health communities that have already taken the opportunity to modernise their service model. It is recognised that the number of beds proposed for our population is higher than some areas but does fit well with the locally designed bed model and the experience of Doncaster, a health community served by the same mental health provider. In response to the potential need to expand inpatient facilities in the future, both the commissioner and provider are ensuring that the planned building can be expanded and used in a flexible manner. The effects of the new services once established will be routinely monitored to assess the accuracy of the bed model assumptions through the contracting process and will form part of the overall benefits realisation plan.

- 4. It was considered by some respondents that the proposed location for adults of working age services at the Swallownest site was too far from places such as Wath and Swinton**

An extensive piece of work has been undertaken over the past 10 years to identify suitable land within the centre of Rotherham. The results of this work have highlighted a shortage of suitable building land with which to locate these services. The availability of the Swallownest site for redevelopment and expansion is an ideal opportunity to develop the facilities required in a therapeutic and dignified environment which conforms to national guidance. A comprehensive review of the transport links to the site from across the town will be undertaken in conjunction with the Transport Executive. Information on the availability of transport will be made available to visitors to the site.

- 5. Many respondents viewed the need to further develop carer support services for older adults enabling people to stay in the home environment or community setting as long as possible**

Carer support services in Rotherham are commissioned by NHSR and Rotherham Metropolitan Borough Council (RMBC) and are provided by the statutory and voluntary sector. Services include Community Mental Health Teams (CMHT), Community Support Services and Day Hospitals. The consultation has highlighted that the level and choice of carer services are not sufficient for the carers' population in Rotherham. The proposed service model will provide carers with support from enhanced CMHTs, an expanded Memory Service, a Mental Health Liaison Service, a Carers Support Service and a Dementia Benefit Service. The effects of the new carers' services on inpatient requirements will be regularly reviewed to assess the capacity of the services. This will form part of an overall benefits realisation plan.

6. Integrated health and social care teams for older adults were considered to be integral to the delivery of what respondents viewed as effective services for patients and carers

The older adults' mental health services have witnessed some integration which has improved co-operation and communication between health and social care professionals in Rotherham. The merging of service structures and budgets, creating one streamlined service with one line of accountability will be required in order to achieve optimum integration. NHS Rotherham will explore the options to enable this to happen.

7. A review of Day Services provided in Rotherham was suggested by a user and carer. Through experience, they felt that they were not clear about what the services provided and who was eligible to receive the service

A review of the Day Service has been conducted by RDaSH and RMBC which highlighted a number of issues which are being taken forward by all three organisations.

8. The need for dementia services in Rotherham for younger adults was expressed

NHSR will conduct a needs assessment via the Public Health Department in order to identify the demand for a separate service. Currently, patients are able to access the memory services within older adults' services and specific community staff have expertise in early onset issues.

9. The Swallownest community raised issues regarding community safety with the relocation of all adults onto the Swallownest site

There are no plans for RDaSH to provide services to a new client group at the Swallownest site. Reassurance was given at the time of questioning that the units to be based on the site were not categorised as "secure" and the Psychiatric Intensive Care Unit (PICU) would be a locked unit principally for the safety of the resident clients. All clients would continue to be risk assessed using national guidance to ensure the safety of clients and the local communities.

10. Concerns over ensuring client safety on the new units was voiced by a number of service users, this was extended to providing a safe environment for visitors and children

The physical aspects of the units will be considered as part of the overall design of the new and refurbished buildings taking into account the above points. NHSR will seek assurance that national guidance on the safety of clients and visitors is implemented by the provider and monitored through the contracting process.

11. A number of comments and recommendations were received relating to the involvement of users, the voluntary and community sectors in the delivery of services. The varying suggestions focus upon the desire to make services more responsive to the needs of individuals and promote social inclusion amongst the wider community

A review of the provider's involvement and engagement of these groups will be undertaken.

12. Improving access for clients with learning disabilities to mainstream mental health services was highlighted within the responses

NHSR, RDaSH and RMBC have established a “Green Light Action Plan Group” which aims to progress work locally around improving the outcomes for individuals with learning disabilities and mental health needs and their carers. The Group was set up in response to a national drive to improve access and joint working between learning disability and mental health services.

13. GP access to the Home Treatment Service was raised as an issue by a primary care professional

NHSR and RDaSH will carry out a separate piece of work to ascertain any issues that referrers into the service are experiencing and its compliance against the Policy Implementation Guidance for specialised mental health services.

14. Respondents were positive in relation to the local Crisis Service but it was suggested that the same level of service response should be available around the clock

NHSR and RDaSH will carry out a review of the service against national guidance incorporating an analysis of the benefits and costs of providing an enhanced level of service.

15. Some respondents emphasised the need for adults of working age services to support clients with physical disabilities within the new facilities

The refurbished and new facilities will be compliant with the Disability Discrimination Act. Provision for clients and visitors with physical disabilities are detailed within the plans which include disabled bedrooms. All patient and visitor areas are on the ground floor level.

16. There was overwhelming support for the creation of single en-suite rooms. Some respondents had a preference for single sex corridors.

The creation of single en-suite facilities will be incorporated into the design of the two buildings. The potential to develop single sex corridors or zones will be explored further. The plans have already identified gender specific sitting rooms.

17. The role of mental health workers with the ability to prescribe in the community was viewed by users as a valuable asset that should be expanded across the service area

NHSR intends to investigate the commissioning of this function further with the providers of the service and this will be reflected in the revised service model.

18. Increased training and support offered to staff was recommended by respondents in a number of key areas, such as ensuring positive engagement of users in care planning, cultural competencies, confidentiality and privacy and dignity

Areas identified throughout this process will be fed into the provider organisation. To meet the needs of its users RDaSH shall continue to develop and implement training and educational programmes for their workforce.

19. The implementation of a key worker policy was raised

The practicalities of having named key workers allocated to individual users will be explored with the provider of the service.

20. Female service users, in particular women from the BME communities, felt strongly about having the choice of being treated by female staff

The provider of the service will review its current staff mix (gender) to identify staff available to reflect the needs of the inpatient population. Where the staff composition is insufficient future recruitment strategies should reflect the need for choice, in particular the needs of female patients.

21. The role and availability of interpreters in the units was raised at the BME consultation event

RDASH to undertake a review in this area with support from NHSRs Community Development Workers.

22. Many respondents were supportive of the availability on the units of alternative non-medical therapies, such as talking therapies and art therapy

Careful consideration has been given to the need to offer therapeutic activities/treatments for clients alongside the need to balance the allocation of space within the new buildings and the associated costs. In the planning of the buildings the therapeutic needs of the client group have been taken into consideration with the provision for designated therapy areas and multi-purpose activity rooms. It is intended that the provider in addition will liaise closely with community service providers to enable individuals to access what is available within the local community.

23. Inactivity on the inpatient units was a concern for many respondents, in particular users of existing services. Exercise facilities, a garden and relaxation space were raised as suggestions

RDASH have reviewed the physical needs of its inpatient client group as part of the design of the new and modernised facilities. A gym, secure gardens and tranquillity rooms form part of the plans.

24. The desire to make the physical environment therapeutic to clients was considered as important to their recovery, such as the use of art work

These comments will be fed into the relevant planning group responsible for the design of the facilities. Local groups have offered to be involved in their development. RDASH to explore the resources available from the voluntary sector and establish links with these providers.

25. Service users identified the desire to have smoking facilities on the new sites

The provision of smoking facilities will be fed into the planning team responsible for the design of the buildings and sites. Department of Health Guidance will be implemented in this area. Within the plans for the PICU a designated smoking area is being considered.

26. Many users identified the need to have simple and user friendly signage in the new facilities

The providers of the service will involve service users in the design of the physical environment of the facilities including signage. It will be particularly important to involve clients with learning disabilities.

27. The BME communities raised the need for spiritual care and the provision of prayer rooms, gender specific resources were seen as necessary for female clients

The comments relating to the spiritual needs of the BME communities will be fed into the planning process to ensure provision is allocated within the refurbished and new facilities.

28. A high number of comments were received regarding the availability of information on the services and in general on mental health illnesses. This links in particular to issues identified by carers whom appeared not to be clear about what services are available and how to access them

A review of information available to users and carers needs to be carried out in conjunction with users and carers. This will form part of a wider communication strategy developed and implemented by RDaSH as part of the reconfiguration programme. A separate planning group has the responsibility for communications which involves both the provider and commissioner. A library and resource area has been incorporated into the plans. RDaSH will explore the possibility of utilising this area for information sharing with service users, carers and visitors to the unit.

4. Conclusion

Each of the themes detailed above will be monitored within an action plan as part of the overall project.

The Mental Health Commissioning Manager will undertake a Benefits Realisation Plan which will be monitored by NHR and will highlight who is responsible for the delivery of each point. Evidence detailing actual benefits will be managed as part of this process.

Mental Health Panel – Mental Health First Aid Update

Lead Director:	John Radford	Lead Officer:	Ruth Fletcher-Brown
Title:	Director Of Public Health	Title:	Public Health Specialist

Purpose:

To update Scrutiny on the current progress and future plans for Mental Health First Aid Training in Rotherham

Recommendations:

Scrutiny is asked to consider its role and influence in supporting the Mental Health First Aid Training over 2009/10 and consider the future sustainability of this evidence based training programme.

Background:

Mental Health First Aid (MHFA) is an approach to mental health. Betty Kitchener and Professor Jorm originally developed the programme in Australia. It is now an International Programme and is running in England under a licence agreement between the National Institute of Mental Health in England and the Australian Programme.

What is Mental Health First Aid (MHFA)?

Mental Health First Aid is the help given to someone with a mental health problem prior to professional help being obtained. The aims are: -

- to preserve life where a person may be a danger to themselves or others
- to provide help to prevent mental health problems developing into more serious states
- to promote the good recovery of good mental health
- to provide comfort to a person experiencing a mental health problem
- to raise awareness of mental health issues in the community
- to reduce stigma and discrimination

MHFA does not teach people how to become therapists. However it teaches people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help. It is a 12-hour training programme taught by accredited MHFA Instructors.

It is hoped that MHFA training will contribute towards the delivery of local targets relating to adult health and well-being, social exclusion and promoting equality and the local economy. It is also within NHS Rotherham's 5 Year Strategic Plan as part of the Transformational Initiative on "Improving Mental Health Promotion".

MHFA courses being delivered as part of the Altogether Better Programme

Altogether Better is a 5-year Big Lottery Funded programme which aims to deliver innovative evidenced based models of engaging and empowering communities to improve their health and well-being. The Programme is running across the Yorkshire and Humber Region and is a partnership between the region's primary care trusts, voluntary organisations and some regional organisations. NHS Rotherham is a partner in the programme. There are 16 projects across the region. Mental Health First Aid is one of these and is a regional wide project.

Each LSP area has been given an allocation of MHFA courses as part of the Altogether Better Lottery Funded programme. Rotherham has been give an allocation of 20 courses (240 people)

The courses have been subsidised by the Altogether Better Programme but there is still a charge of £80 per course participant. Costs include the Instructor's time, course materials, lunch and refreshments. The course is delivered by accredited MHFA Instructors.

NHS Rotherham has further subsidised these courses and they are now free to attend.

The groups we are targeting and the rationale for this are as follows;

Frontline workers who are not mental health trained and have substantial contact with members of the general public. - This is about workers having the skills, confidence and knowledge to provide initial help and signpost people to professional support. Anecdotally we have received requests from frontline workers who would like to have a better understanding and know what services they can direct people to. Some of the clients they work with may not be in contact with any services.

GP Reception Staff and other non clinical and specialist staff- Health Providers leading by example by having a good awareness and knowledge of mental health issues, knowing where to signpost people to.

Carers- Carers have a key role in assisting/aiding the recovery of the person they care for. They are often the first person to notice a change in someone's mental health. However carers report that they would appreciate more information on mental health problems and how they can help.

Frontline Workers with Black and Minority Ethnic Groups- This is a key group we need to reach in relation to raising awareness of mental health and mental ill health. We know that BME communities traditionally have not been accessing mental health services and it is hoped that this training for key workers will assist in getting accurate information out to key people.

"Mind Your Own Business"- Workplace Mental Health Promotion Project

In addition NHS Rotherham is running a mental health promotion in the workplace project and part of this course includes MHFA training for Managers, Team Leaders and Occupational Health Professionals. This project is running until December 2012. Since April 2008 a total of 8 courses have been run.

Analysis of Risks:

Mental Health Problems account for 5 of the 10 leading causes of disability worldwide (World Health Organisation). In Rotherham mental health problems are the leading cause of Disability Adjusted Life Years, which is the number of healthy years of life lost (DALYS) One in six people in Rotherham of adult working age will have a common mental health problem (anxiety or depression) at any one time.

Mental health promotion, which includes training like MHFA can reduce risk of some people developing a mental health problem, help people developing a mental health problem to access appropriate services quicker thereby improving the outcome and finally reducing the stigma of mental health problems.

The risk of inaction is that progress towards improving the mental health and well-being of adults may be hindered. If we do nothing then we are not tackling the stigma and discrimination which people with mental health problem often report is worse than the mental illness. Stigma can prevent people from accessing help earlier. Often family members, friends and colleagues are the first to notice that someone may not be well, their response to that person matters. If such training is not available then people may not get to services as early as they should which could potentially hinder their recovery.

Return on Investment:

NHS Rotherham recognises that good mental health is also a protective factor for physical health. It improves the health outcomes and recovery rates for things like coronary heart disease, diabetes and stroke. Poor mental health is associated with slow recovery rates for physical health problems, poor self-management conditions and health damaging behaviours.

MHFA is just one the recommended actions within the Rotherham Mental Health Promotion Strategy. Through the implementation of the strategy and programmes like MHFA we aim to see;

Improvements in mental health literacy (people having a better knowledge about mental health/ill health and where to go for help)

Early detection of mental health problems, with support and signposting, targeting employers, carers and frontline staff

People with mental health problems having improved access to support from family, friends and colleagues

People having a better understanding of how to look after their own mental health

Reduced stigma and discrimination towards people with mental health problems.

NHS Rotherham has subsidised all 20 courses, 9 will delivered by the end of March 2009 with a further 10 in 2009/10.

Progress:

Since August 2008, 73 people have attended these MHFA courses. One of the courses targeted workers working with BME communities. Frontline workers have come from both statutory and voluntary/independent organisations.

Initial evaluations of this training have shown that workers have felt that it is something which will assist them in their working practice.

Recent case studies from Managers in one organisation who have attended the training have shown that it is being used both within the organisation and outside. People are reporting more confidence to be able to offer help and signpost people to appropriate services. The case studies have also reflected on the training having created a more open attitude to discuss mental health and well-being with colleagues.

Measures of Improvement and Success

The MHFA has been thoroughly evaluated on a national and international level. Progress on the training in Rotherham is reported to the Mental Health Planning Team. Evaluations from the training are being collated and these will form part of the report.

MHFA Training to employers through the workplace project is being evaluated and follow-up questionnaires are sent out to attendees to measure changes in knowledge, beliefs and understanding and to identify how it has been applied within the workplace. Detailed one to one interviews have taken place with some managers to produce case studies.

Equality Impact:

Mental Health problems can affect anyone regardless of their age, ethnicity, and gender. However we do know that poorer mental health is higher in areas of deprivation. We also know that amongst some BME communities referral to mental health services is lower than the rest of the population.

Key Words: Mental Health First Aid (MHFA)

Further Information: Ruth Fletcher-Brown, Public Health Specialist;

Ruth.Fletcher-Brown@rotherhampct.nhs.uk

Mental Health Panel – Suicide Prevention Paper

Lead Director:	John Radford	Lead Officer:	Ruth Fletcher-Brown
Title:	Director Of Public Health	Title:	Public Health Specialist

Purpose:

To update Scrutiny on the current progress and future plans for suicide prevention in Rotherham

Recommendations:

To update Scrutiny on the current progress and future plans for suicide prevention in Rotherham and to seek their support for these plans.

Background:

There are around 20-25 suicides per year in Rotherham. For over a decade Rotherham's suicide rates have tracked the national average. Compared to other similarly deprived boroughs, Rotherham's suicide rates are less than what would be expected.

A population level suicide audit was recommended in the Mental Health National Service Framework – the suicide audit of 2007/08 was the first population level suicide audit to be undertaken by NHS Rotherham, although RDASH (Rotherham, Doncaster and South Humber Foundation Trust) does carry out reviews on suicides on patients under their care (approximately one third of the 25 suicides per year in Rotherham).

RDASH has implemented its own series of actions to reduce suicides amongst patients. For example to reduce the number of suicides which take place whilst a patient is in "in patient" care in the Mental Health Unit RDASH has, in line with Department of Health Guidance, removed all ligature points, all curtain rails and the like are now collapsible.

The aim of the audit is to ascertain any issues that primary care teams think might have been relevant about individual suicides and see if there are overall trends and learning points from individual cases.

Suicide prevention is much wider than the suicide audit. Equally suicide prevention is not the sole responsibility of one organisation. Partners include the Police, departments within the Local Authority, the Highways Agency, the voluntary sector and emergency services. The National Suicide Prevention Strategy for England (2002) reflects this partnership approach and set out a programme of activity to reduce suicide which includes;

- reducing the risk in high risk groups
- promoting mental well-being in the wider population
- reducing the availability and lethality of suicide methods
- improving the reporting of suicidal behaviour in the media
- promoting research on suicide and suicide prevention

Some of the above are being delivered at a national level. However on the whole population programme, NHS Rotherham has as part of its 5 year Strategic plan a target on "Improving Mental Health Promotion". NHS Rotherham is implementing a mental health promotion strategy which will;

- Promote the mental well-being of Rotherham through a settings approach (schools, workplaces and primary care), paying particular attention to vulnerable and at risk groups
- Raise public understanding of mental health and how they can look after their own mental health and that of others
- Involve organisations and communities to take positive steps to promote and protect mental health
- Combat discrimination against individuals with mental health problems and promote their social inclusion.

Analysis of Risks:

Suicide prevention work needs to be a whole population approach. Whilst the numbers of suicides in Rotherham are line with the national average and are small in numbers they have a devastating effect on family, friends, colleagues, practice staff and many more.

We know from national research that certain groups are at increased risk of suicide and we need to ensure that work focuses on these groups in particular. NHS Rotherham's audit showed that relationship difficulties and work-related issues were commonly associated with suicides.

There is also a link between substance misuse and suicide. National research tells us that a significant proportion of people who die by suicide have been drinking in the hours before.

The audits and sharing of information between partners is helpful to inform local suicide prevention initiatives.

If we do nothing on mental health promotion then we will not be addressing some of the issues which impact on people's mental health and we will not be equipping people with the skills to be able to improve and protect their mental well-being. Training like Mental Health First Aid actually covers a section on how to help someone who is suicidal. We need people to feel equipped to see any signs and feel confident to be able to ask people and signpost them to appropriate professional help.

Return on Investment:

NHS Rotherham recognises that reducing suicide rates is important. It also recognises that it is only a small proportion of the disease burden caused by mental health problems. That is why NHS Rotherham has within its 5 year strategic plan a transformational initiative to improve mental health promotion. Even small improvements in mental health can lead to an improved quality of life.

Progress:

RDASH routinely completes Serious Untoward Incident (SUI) reviews for people who die by suicide and are known to their service.

The 2007/08 audit compiled by NHS Rotherham concluded that the general feeling from GP practices was that unfortunately these suicides were unforeseen and therefore from that point of view unpreventable. The practices felt that all appropriate management had been offered and provided in all cases.

NHS Rotherham, RDASH, RMBC, the Highways Agency and Samaritans have been working together to look at a particular area in Rotherham where we can work together to prevent suicides at that spot.

The Rotherham Mental Health Promotion Strategy has seen mental health promotion actions in all of the following settings;

- schools
- workplaces
- primary care
- the whole population

Below are some of the actions;

Schools have to take action to improve emotional health and well-being as part of Healthy Schools Programme. Training is being provided for people who work with children and young people on a variety of mental health issues.

For workplaces, NHS Rotherham is leading on a mental health promotion project, the model explaining the project is below;

Mind Your Own Business advocates tackling mental health in the workplace on three levels:



1. Universal promotion of wellbeing

- Promoting healthy lifestyles
- Mental Health First Aid Training
- Information for staff about looking after their mental wellbeing

2. Identification and protection of staff who might be at risk

- Identification of stress “hotspots”
- Stress awareness training

3. Rehabilitation and support of staff who are suffering from mental ill health

- Information about specialist mental health services
- Guidance, information and procedures for line managers

In primary care we have been have a “Books on Prescription” Scheme which NHS Rotherham runs with the RMBC library service. NHS Rotherham’s Primary Care Mental Health Service has been running stress and anxiety management workshops for the general public.

For the whole population, MHFA training is being promoted to frontline workers who have little knowledge of mental health issues, GP Practice staff including non-clinical staff, workers with BME communities and carers.

Measures of Improvement and Success

The completion of Suicide audits will inform local suicide prevention action which will include any action to be taken at suicide “Hotspots”

The Rotherham Mental Health Promotion Strategy has been written in line with best practice guidance from the Department of Health, “Making it Possible”. There will be outcomes measures for mental health promotion in the different settings, for example there are targets for the workplace mental health promotion project to reach 100 Small Medium Enterprises, 6 large employers and 1650 direct beneficiaries.

The MHFA training is being evaluated and where possible individual participants will be followed to see how the training has benefited their practice and improved their knowledge and understanding of mental health and mental ill health.

Equality Impact:

We know that some groups are more at risk of suicide than others. In Rotherham as is the national trend we have more men than women who die by suicide.

Mental Health problems can affect anyone regardless of their age, ethnicity, and gender. However we do know that poorer mental health is higher in areas of deprivation. We also know that amongst some BME communities referral to mental health services is lower than the rest of the population.

Key Words: Suicide prevention, audit, mental health promotion

Further Information: Ruth Fletcher-Brown, Public Health Specialist;
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ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 12th February, 2009

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

Also in attendance were Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Mr. G. Hewitt (Rotherham Carers' Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Apologies for absence were received from Councillors Barron, McMahon, Wootton, Victoria Farnsworth (Speak Up) and J. Mullins.

223. COMMUNICATIONS.

The following issues were reported:-

Meeting Start Time and Papers

Apologies were made for the confusion around the start time of the meeting. This was due to the cancellation of the CfPS event which was to take place at 11.00 am that morning. Also agenda papers had been sent out late as a result of the late arrival of reports which was due in part to the adverse weather conditions the previous week.

Personalisation Training

Members of the Panel were reminded that the Personalisation Training would be taking place on Thursday 19th February 2009 from 2.00 pm to 4.00 pm at Talbot Lane Church.

Members' Seminar Adults with Autism in England

Members were invited to attend a Seminar in relation to Adults with Autism which was to take place on Tuesday 10th March, 2009 in the Council Chamber at the Town Hall, commencing at 10.00 am.

Mentoring Sessions for Co-optees

Members were reminded that mentoring sessions had been arranged for co-optees on Monday 23rd February 2009 at Talbot Lane Church commencing at 2.00 pm.

224. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

225. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public or the press present.

226. SECOND HEALTH SCRUTINY REVIEW

Steve Turnbull, Head of Public Health gave a presentation in respect of health inequalities in order to assist members of the Panel to choose a topic for the next health scrutiny review.

The presentation drew specific attention to:

- The Background
- Health Inequalities
- Comparisons
- Measures
- Personal Wellbeing

He presented members with three options based on the above for their consideration, and these were:-

- Diabetes
- Stroke
- Excess Winter Deaths

Delia Watts, Scrutiny Adviser then took members of the panel through the new methodology to be used, which had been developed by the Improvement and Development Agency for local government (IDeA) and Doncaster MBC.

The model was designed around four components which were:

- A timeframe of ten stages covering the whole process
- A diagram of the structure of the Panel Review Session which set out the structure to the review session itself, dividing the topic area into six elements
 - Assessment of Need
 - Prevention/Lifestyle
 - Early Diagnosis
 - Treatment
 - Self Management
 - Outcomes

And the format of the review session into four stages

- Defining the issue
- Actions/Interventions
- Gap Analysis
- Conclusions

- Pre-review Questions for Panel Members
- Generic Review Questions to be used at the Panel Review Session

The model had been developed by Doncaster Council to look at the condition of cancer and they were now planning to further test the approach by using it to look at diabetes, in March. It was therefore suggested that any development of the model, be incorporated into the Panel's use of it in its own scrutiny review.

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

- Reference was made to the fact that in Scandinavia that excess winter deaths are not an issue. This was queried as to why and it was confirmed that housing standards and conditions were so much more improved than in this country. Houses were better insulated, therefore keeping people warmer.
- Whether the gap would be reduced from 15 years if diabetes was recognised earlier. Confirmation was given that this would be reduced, however there would still be a gap to some degree.
- Whether life expectancy was greater for those people with Type 2 diabetes to those with Type 1. It was confirmed that although their life expectancy would be greater, it would still be reduced.
- It was agreed that as social gradient was common to all three topics that this needed to be investigated.
- It was felt that computerised systems were required in doctor's surgeries to assist GPs more when making their diagnosis. It was suggested that this might be something which would be picked up when undertaking the review.

Resolved:- (1) That Diabetes be the health condition which the Panel would review.

(2) That the scrutiny review be started in March 2009.

(3) The following members of the Panel be nominated to sit on the review panel:

- Councillor Hilda Jack (Chair of the Scrutiny Panel)
- Councillor Will Blair
- Councillor John Doyle
- Jonathan Evans (Co-optee)
- Councillor Frank Hodgkiss
- Councillor Darren Hughes
- Councillor John Turner

227. LOCAL INVOLVEMENT NETWORK (LINK) - WORK PROGRAMME AND UPDATE

Christine Dickinson, Co-ordinator for the Local Involvement Network (LINK) gave a presentation in relation to set up and work of LINK.

The presentation drew specific attention to:-

- What is a LINK
- The Rotherham LINK
- Membership of the LINK
- What the Rotherham LINK would do
- Working with other local networks
- How LINK and the OSC could work together
- The capacity of the Rotherham LINK
- Workplans
- Engagement

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

- There were a number of members who had not heard on the LINK and the question was raised as to how the current membership had been established. It was confirmed that so far the membership had been drawn from a number of organisations already involved with Voluntary Action for Rotherham (VAR). However it was now hoped that there would be more engagement with people and organisations in the community.
- It was suggested that the Area Assemblies would be an excellent way to pass on information about the LINK
- What decision making had been undertaken so far by the LINK? The main decision had been in relation to Governance and Policies.
- Whether the LINK membership included groups who represented children and young people. Confirmation was given that links had been made with the children's consortium via VAR.
- How the LINK would contribute to setting Local Area Agreements and to the Rotherham Joint Strategic Needs Assessment. This would be accomplished by working together and it was confirmed that a meeting was to take place in April to discuss work plans.
- Whether discussions had taken place with neighbouring LINKs around joint working. It was confirmed that Rotherham, Doncaster and South Humberside had met and protocols had been established. Also contact had been made with Sheffield and protocols had been agreed in relation to use of services.

The Panel thanked Christine for her presentation and looked forward to further updates at a future meeting.

228. NAS FORWARD PLAN

Consideration was given to the Forward Plan of Key Decisions to be

made by the Cabinet Member, Strategic Director and Directors for Neighbourhoods and Adult Services.

Resolved:- That the Forward Plan of Key Decisions be noted.

229. BURN CARE SERVICES - PROPOSED CHANGES

This item was deferred to a future meeting.

230. MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 8 JANUARY 2009

Consideration was given to the minutes of the meeting of the Adult Services and Health Scrutiny Panel held on 8th January, 2009.

Resolved:- That the minutes of the meeting of the Panel held on 8th January, 2009 be approved as a correct record for signature by the Chair.

231. MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 12 & 26 JANUARY 2009

Consideration was given to the minutes of meetings of the Cabinet Member for Adult Social Care and Health held on 12th and 26th January, 2009.

Resolved:- That the minutes of the meetings of the Cabinet Member for Adult Social Care and Health held on 12th and 26th January, 2009 be received and noted.

**CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 9th February, 2009**

Present:- Councillor Kirk (in the Chair); Councillors Gosling and Hodgkiss

Apologies were received from Councillor P. A. Russell.

95. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JANUARY 2009

Resolved:- That the minutes of the meeting held on 26th January, 2009, be approved as a correct record.

96. MINUTES OF A MEETING OF THE CONTRACTING FOR CARE FORUM HELD ON 14TH JANUARY, 2009

Resolved:- That the minutes of the meeting of Contracting for Care Forum held on 14th January, 2009 be received, and that Councillor Gosling's apologies be recorded.

97. PETITION - CARE AND SUPPORT AT HOME

Members considered a petition submitted in relation to the planned changes to the care and support at Oak Trees.

It was reported that there had been a misunderstanding by residents in relation to the proposed changes that were being made to the support and care received from staff. It was proposed to use some hours that were currently under-utilised, to the new Extra Care Scheme at Longfellow Drive. This Scheme would be known as Backersfield Court. Following the changes, residents would still receive the same level of care and support as currently received and it was not anticipated that this would change.

It was agreed that correspondence be sent out to confirm the above, and that any proposed changes in the future would be presented to the Cabinet Member prior to any decisions being made.

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

(2) That a response be sent residents confirming the discussions as detailed above.

98. ADULT SERVICES CAPITAL BUDGET MONITORING REPORT 2008/09

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services

Directorate, actual expenditure for the period 1st April, 2008 to 16th January, 2009 and the projected final outturn position for each scheme.

Actual expenditure to mid January was £7.8m against an approved programme of £9.8m. There had been slippage on a number of capital schemes within Mental Health and Learning Disabilities and the latest forecast expenditure to the end of March was now £9.1m.

A brief summary of the latest position on the main projects within each client group was provided as follows:

Older People

The construction of the two new residential care homes was now completed and the timetable for full decommissioning of existing homes into the new homes had been delayed until mid February 2009.

The Assistive Technology Grant, which included funding from NHS Rotherham was being managed jointly and was being used to purchase Telehealth and Telecare equipment, to enable people to live in their own homes. The procurement of equipment had now commenced and this included lifeline connect alarms, low temperature sensors and fall detectors within peoples homes. It was anticipated that expenditure would be incurred in 2009/10 and any balance of funding would be carried forward.

A small element of the Department of Health specific grant (£20k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2008/09. The balance of grant was being allocated across the independent residential care sector in accordance with the grant conditions and would be fully spent by the end of March 2009.

Learning Disabilities

The small balances of funding carried forward from 2007/08 were to be used for the equipment for Parkhill Lodge and within supported living schemes.

The refurbishment at the Addison Day Centre which was funded from the Council's Strategic Maintenance Fund was now complete.

There had been delays in the start of the refurbishment of the REACH Day centre due to insufficient funding, but the scheme was now due to commence in late February 2009, so the majority of the expenditure would now be incurred in 2009/10.

Mental Health

A small balance remained on the Cedar House capital budget and would

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 09/02/09

be used the purchase of additional equipment. A large proportion of the Supported Capital Expenditure (SCE) allocation had been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes. Suitable properties continued to be identified and spending plans were being developed jointly with RDASH. It was now expected that this service would be commissioned in 2009/10 and would support the In-Patient re-Provision Exercise which was at the formal planning stage. The possibility of funding equipment purchased for direct payments was also being considered to reduce the current pressures on the mental health revenue budgets. Further options were also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which would allow them to live in the community with access to 24 hour support.

Management Information

Part of the capital grant for improving management information had been carried forward into 2008/09 and this had been earmarked to further develop Electronic Social Care Records within Health and Social Care working with RBT and Children and Young People's Services. At the end of August 2008 the Department of Health announced a new capital grant for Adult Social Care IT infrastructure over the next three years (£276k). Spending plans continued to be developed to integrate social care information across both health and social care.

A discussion ensued as to the reason behind the delay in decommissioning the two existing homes. The Director of Health and Wellbeing confirmed that this had been due to the warden call system being unsafe and inappropriate for use and also CSCI had insisted on interviewing the managers of both homes before decommissioning could take place. She confirmed that residents would be moving in this weekend.

Resolved:- That the Adult Services forecast capital outturn for 2008/09 be noted and received.

99. 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 those paragraphs indicated below of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

100. SOCIAL SERVICES (COMPLAINTS) PANEL

With the agreement of the Cabinet Member, this item was withdrawn from

the agenda and deferred to the next meeting.

101. NON RESIDENTIAL SOCIAL CARE CHARGES

Kim Curry, Director of Commissioning and Partnerships presented the submitted report in relation to the review of non residential charges 2009/2010.

The report detailed the proposed charges relating to Rothercare and the Extra Care Housing support charge. These charges needed to be agreed early to enable tenants to receive the 28 days statutory notice of increases. A further report related to domiciliary care charges was to be submitted to the next meeting after proposals which were being considered as part of the budget setting process had been resolved.

It was proposed that Rothercare and Extra Care Housing support charges were increased by 2.5% from April 2009, which was in line with the recommendation of the Supporting People Commissioning Group. It had also been included by the Executive Director of Finance in determining the Directorates budget requirements.

Resolved:- (1) That the revised charges as set out in the report be agreed and implemented with effect from Monday 6th April, 2009

(2) That a further report be submitted to the meeting on the 23rd February, 2009 to consider increases in other domiciliary care charges.

102. DATE AND TIME OF NEXT MEETING:- 23 FEBRUARY 2009

Resolved:- That the next meeting be held on Monday 23rd February, 2009 commencing at 10.00 am.

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 23rd February, 2009

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

Apologies were received from Councillors P. A. Russell.

103. MINUTES OF THE PREVIOUS MEETING HELD ON 9 FEBRUARY 2009

Resolved:- That the minutes of the meeting held on 9th February, 2009 be approved as a correct record.

104. DRAFT PROPOSAL FOR INTERIM ASSESSMENT DIRECT SERVICE

Shona McFarlane, Director of Health and Wellbeing presented the submitted report which outlined proposed improvements for customer access at Customer Service Centres and District Offices. This would require a temporary change to Assessment Direct's current deployment of staff in order to provide an improved responsive service. It would be an interim change until Rothercare and Assessment Direct were merged.

The current service delivered at Customer Service Centres and District Offices was provided by Assessment Direct Assistants and Assessment Direct Officers. The role of an Assessment Direct Assistant was to process and provide Blue Badge applications, to give general advice and information pertaining to Neighbourhood and Adults Services, and the redirection/signposting of customers to other appropriate services. Assessment Direct Officers provide additional services, but these have been required less since the inception of Assessment Direct. The deployment of Assessment Direct Officers at Customer Service Centres had been variable recently dependent upon the number of staff available due to sickness, holidays and vacancies. The vacancies had not been appointed to and were being temporarily withheld, to be utilised as required in the newly merged 'Rothercare Direct Service'.

Most people wishing to access services now do this through Assessment Direct through the single telephone number, which has proven to be a more direct and easy access route for many people.

The proposal was to withdraw the Assessment Direct Officers from the Customer Service Centres and District Offices and maintain the physical Assessment Direct Assistant presence only. Customers wishing to make contact with the Assessment Direct Officers would be directed to make contact by telephone, or contact could be made on their behalf by an Assessment Direct Assistant.

Should a customer require a face to face meeting with an Assessment Direct Officer, then the Assessment Direct Assistant would contact the Mobile Duty Assessment Direct Officer to arrange a meeting.

This would enable the service to be more personalised and responsive to the customer's individual needs and requirements. It would also be more efficient, providing increased resources to target directly at the front line provision of services to the customer in a more targeted way and increase from a part-time response to a full-time response.

The report also detailed the progress which had been made in relation to implementation of the new Rothercare Direct service which would provide a single customer access point for a range of services across NAS as well as continuing to provide an emergency community alarm service.

To date, progress towards the new service was as follows:-

- New access criteria for aged person and sheltered housing that clarify the position in relation to Rothercare was published as part of the Housing Allocation Policy with effect from 1st December 2008.
- The Rothercare charging arrangements have been reviewed and now the service is taking control of the invoicing and collection methods. This includes notifying all current customers about a 2.5% charge increase for 2009/10.
- Assistance from Finance has been provided in relation to merging the budget for Rothercare and Assessment Direct from April 2009.
- Formal consultation with staff and Unions has taken place, involving correspondence and meetings to explain the new service and how this will impact on job roles, location of the teams and work patterns. Individual meetings with staff and HR are being scheduled for March.
- RBT are engaged to assist with ensuring the new service has the correct ICT & telephony functionality, as well as ensuring that both teams are moved into the new site at Bakersfield Court on Longfellow Drive.
- Staff are engaged with reviewing all team processes and procedures so that the new service will be as streamlined as it can be to enable it to expand in the future.
- Work has recently begun to establish a Rothercare Direct brand and provide accessible information, leaflets, web pages etc. This will include input from our Learning From Customers Forum and customer facing staff;
- Negotiations have commenced with Supporting People to ensure that new service users are able to receive a subsidy for the community alarm element of the new service, should they be on low incomes.
- Work has begun with other teams across NAS to establish how the new service can provide extended access to customers for other NAS services. This has included establishing where service level agreements need to be negotiated for non core business to

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 23/02/09

generate income such as with 2010 Rotherham Ltd.

Resolved:- (1) That the implementation of the proposed 'Interim Assessment Direct Service' be approved.

(2) That the progress towards the new merged 'Rothercare Direct' service be noted.

(3) That the report be presented to the next meeting of the Adult Services and Health Scrutiny Panel

(4) That a copy of the report be sent to all Ward Members for information.

105. 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 those paragraphs indicated below of Part 1 of Schedule 12A to the Local Government Act 1972, as amended.

106. IN HOUSE RESIDENTIAL ACCOMMODATION CHARGES 2009/10

Doug Parkes, Business Development Manager presented the submitted report which detailed the proposals for increasing the charge to service users for the provision of in-house residential care for the 2009/10 financial year to take account of inflation.

Resolved:- (1) That the charges set out in Appendix 1 be agreed.

(2) That the charges agreed be effective from 5th April, 2009.

107. REVIEW OF NON RESIDENTIAL CHARGES 2009/2010

Doug Parkes, Business Development Manager presented the submitted report in relation to the review of non residential charges 2009/2010. The report set out in detail the proposed charges for other non-residential charges to be effective from April 2009.

Resolved:- That the revised charges as set out in the report be agreed and implemented with effect from 6th April, 2009.

108. STROKE CARE SERVICES IN THE COMMUNITY

With the agreement of the Cabinet Member, this item was withdrawn from the agenda and deferred to a future meeting.

109. SOCIAL SERVICES (COMPLAINTS) PANEL

With the agreement of the Cabinet Member, this item was withdrawn from the agenda and deferred to a future meeting.

110. DATE AND TIME OF NEXT MEETING:- 9 MARCH 2009

Resolved:- That the next meeting be held on Monday 9th March, 2009 commencing at 10.00 am.