Rotherham Transformation Update
Priorities for Change

Engagement

- 16 events
- Over 450 involved
- Patients, Carers
- RDaSH & RMBC staff
- GPs
- Commissioners & Stakeholders

What we learned

- Locality focus

Access to services:

- Geographic access
- Routes into and through services
- Named contacts

In service:

- Waiting times
- Bouncing between teams
- Generic v specialism
- Volume/flow

Learning Disabilities

- Extended remit
- Move from inpatients to community
Defining our Objectives

Vision
To provide all age care which is delivered in an integrated way ensuring patients receive care as close to the community in which they live and empowering our staff to work innovatively to deliver quality services

Key deliverables for:
• Patients
• Carers
• Staff

Principles
• Trust wide, locally focused
• Patient focused/ Needs led
• Maintains care pathways
• Maintains / improves quality
• Releases QIPP savings
• Supports commissioners
• Promotes integrated working
Taking the work forward

Internal
• Gateway Group
• Pathway Group
• Service Design & Management Configuration

Partnership
• Dementia Task & Finish
• IAPT Task & Finish
• Social Care Task & Finish
  – Integrated Working
  – Co-location
• Integrated Locality Pilot
• Hospital Liaison
Care Groups

Rotherham

Adult Mental Health Services
Older People’s Mental Health Services
Learning Disabilities (Community)
Drug and Alcohol Services

Doncaster

Adult MH
Older Peoples MH
Doncaster Adult Community
Integrated Services
Forensic
Learning Disabilities (community and inpatients)
Drug & Alcohol

North Lincs

Adult MH
Older Peoples MH
Learning Disabilities
(community)
NE Lincs Drug & Alcohol
Manchester EIP

Children’s

Doncaster community integrated services
Children & Young Peoples MH in Rotherham, Doncaster and N Lincs
School Nursing in North Lincs
Recovery and Wellbeing

Recovery and well being oriented practice:

• emphasises hope, social inclusion, community participation, personal goal setting and self-management
• promotes a coaching or partnership relationship between people accessing health services and health professionals

“People with lived experience are considered experts on their lives and experiences, while health professionals are considered experts on available treatment services”
What does this mean for transformation?

• Pathways that assist people to build a meaningful and satisfying life, working collaboratively to achieve personal ambitions and goals
• Systems that enable people to take responsibility for decisions about their life, their care and the services they use
• Practice that focuses on strengths, solutions, health and wellness
• Practitioners who inspire hope for the future and hold hope for people when they are unable to hold it for themselves
• Practice that connects and supports people to enable them to take on meaningful, satisfying and valued roles and relationships, and to participate in local communities
• Systems that value and nurture the expert by experience role in the organisation
• Valuing and supporting the role of families and supporters; understanding their significant and important role in recovery.
• Health care that seeks to support people with “what matters to them” not what “the matter is”
Service Delivery

Gateway to Services
First point of contact & Triage

Routes into Service

Borough Wide
- Crisis
- MH Hospital Liaison
- EL
- AOT
- Criminal Justice & Diversion
- Deaf Service
- Young Onset Dementia & Korsakoffs

Locality
- North Locality
  - Including assessment, brief interventions, complex and long term
  - Adult treatment teams, dementia, care home liaison
- South Locality
  - Including assessment, brief interventions, complex and long term
  - Adult treatment teams, dementia, care home liaison

Inpatients
- Swallownest
- Woodlands

IAPT Opt in
- Home Treatment
- IAPT Treatment

Rotherham Doncaster and South Humber
NHS Foundation Trust
Next Steps

• Testing the thinking
• Developing and costing models
• Recommendations through governance process
• HR change process
• Establishment of Care Group
• Phased implementation
• Process and system standardisation (interdependency with Unity programme)
Pathway Framework

Primary Care / IAPT

Assessment & Brief Intervention

Complex / Higher Intensity Interventions

Longer Term / Lower Intensity Interventions

Discharge Plan:
- Risk relapse
- Primary care treatment plan
Primary Care IAPT

Assessment & Brief Interventions
- An effective front end
- Short term interventions
- Sessional work
- Relapse management
- Initial prescribing
- Simple meds reviews
- Crisis follow up
- Groups e.g. mindfulness, steps. WRAP

Complex Interventions
- Higher Intensity, more MDT
- Formulation driven planning
- Complex risk management
- Co-morbidities
- Targeted therapies e.g. CBT for psychosis CPA

Longer Term Lower Intensity Interventions
- DEPOT meds
- Social care packages
- Lithium and clozapine management

Cluster Pathways
- Vocational / Occupational Needs
- Social Prescribing
- Recovery
- Well Being
## Working to our professional specialisms

### Function
- First point of contact
- Triage
- Social Care
- Assessment & Interventions

### Specialism
- Admin
- Clinical
- Social Workers & AMHPs
- MH practitioners
  - core skills
  - profession specific skills
  - advanced skills