



Rotherham Mental Health Transformation Update May 2016 Stakeholders said

Stakeholder Engagement	<p>The key themes to address that emerged from stakeholder conversations are:</p> <ul style="list-style-type: none"> • access to services (closer to home, speed of access and named contacts) • number of assessments • patients being bounced around the system • removal of artificial age barriers <p>A third round of engagement events has been held. We have now held over 20 stakeholder events involving 500+ patients, carers, stakeholders and staff to develop and test plans. 90% of respondents in May found the event useful and 96% felt they had had the opportunity to contribute. There was broad support for the direction of travel and outputs have been used to develop and adapt thinking.</p>
Our proposed response	
Placed based Care Groups	<p>The Trust Board of Directors has approved four new Care Groups. These will replace the existing Business Divisions, providing a greater focus for and understanding of local issues. The Rotherham Care Group will comprise adult (working age and older peoples) Mental Health Services, Learning Disabilities (community) and Drug and Alcohol Services. There will be a Trust wide Children's Care Group. It's anticipated that the Care Groups will be led by a Care Group Director, supported by clinical leads. The aim is to implement these changes by 1 October 2016.</p>
Access to services	<p>Its proposed to deliver a more efficient and effective gateway into services by reducing the number of entry points. This will provide a robust initial point of contact and triage service underpinned by improved technology. RDash are working with RMBC and the CCG regarding a Rotherham wide health and social care hub. In the short term we are working with the Care Co-ordination Centre to discuss the potential for a shared initial point of contact and triage.</p>
Treatment closer to home	<p>The impact of phase one projects is beginning to come through. IAPT have met their waiting time trajectories with the help of non-recurrent NHSE funding. The patient opt in model contributed to this and the move to Clifton Lane, enabling group work to be offered in a more central location. A new dementia pathway will enable diagnosis in primary care. The draft model for secondary services proposes two localities: north and south. Due to the relatively small numbers of staff in MH services it is not possible to mirror GP localities. Discussions are taking place with RMBC to try and mirror boundaries, co-locating where possible to improve access and reduce cost. Some services will remain borough wide due to size or specialist nature.</p>
All age (18+) Assessment and Treatment	<p>A new mental health framework of care is emerging to facilitate needs led patient care. The framework aims to remove artificial age barriers whilst not losing specialist expertise. The aim is to have an MDT approach which is less generic than the old CMHT model and less specialist than the current cluster based model in adult services which is too niche and results in patients being moved around the system. The draft framework aims to improve the flow into and through services, underpinned by a recovery and wellbeing ethos. Brief interventions at the front end will provide a more rapid response, with complex care and longer term interventions being managed through MDT locality teams. A mental health and social care task and finish group has been set up to review the respective roles and develop more efficient and effective ways of working together, including opportunities for a shared estate. The MH social prescribing pilot demonstrates how innovative work with the voluntary sector can contribute to improving recovery rates whilst providing good value for money.</p>
Integrated Locality	<p>RDash are proactively involved in the MDT pilot with primary health and social care. Mental health will initially focussing on older peoples MH.</p>
Timeline	<p>Recommendations for a proposed service model will go t to the Trust Transformation Board in July. Stakeholders will have the opportunity to comment on this, prior to a formal consultation process with the affected staff group planned for September. Implementation will begin before the end of the year. Changes to the estate are likely to be realised in 2017-18. Efficiencies from processes and systems change are interdependent with the Unity programme responsible for the procurement and implementation of a new patient record system.</p>