

Summary Sheet

Council Meeting:

Cabinet and Commissioners Decision Making Meeting – 26 June 2017

Title: The Rotherham Integrated Health and Social Care Place Plan

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Anne Marie Lubanski Director of Adult Care and Housing

Report Author(s)

Nathan Atkinson – Assistant Director Strategic Commissioning, Adult Care and Housing

Ward(s) Affected

All

Summary

The purpose of this report is to update Cabinet on:

- 1) the content of the Rotherham Integrated Health and Social Care Place Plan
- 2) the proposed governance arrangements to oversee strategic objectives and ensure tactical delivery of the identified actions
- 3) the links of health and social care integration to key Council strategic drivers such as The Rotherham Plan - *A new perspective 2025*

Recommendations

Cabinet to note the content of the Rotherham Integrated Health and Social Care Place Plan and to support the priorities and delivery of outlined activity.

List of Appendices Included

Nil

Background Papers

The Rotherham Integrated Health and Social Care Plan

<http://www.rotherhamccg.nhs.uk/rotherhams-place-plan.htm>

South Yorkshire and Bassetlaw Sustainability and Transformation Plan

<http://www.smybndccgs.nhs.uk/what-we-do/stp>

The Rotherham Plan - *A new perspective 2025*

http://rotherhamtogetherpartnership.org.uk/downloads/file/7/the_rotherham_plan_a_new_perspective_2025

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overview and Scrutiny Management Board – 21 June 2017

Council Approval Required

No

Exempt from the Press and Public

No

Title: The Rotherham Integrated Health and Social Care Place Plan

1. Recommendations

- 1.1 Cabinet to note the content of the Rotherham Integrated Health and Social Care Place Plan and to support the priorities and delivery of outlined activity.

2. Background

- 2.1 The Rotherham Integrated Health and Social Care Place Plan summarises local ambitions for bringing together health and social care as one single system. The Plan has been jointly produced by the Rotherham Clinical Commissioning Group (RCCG), Rotherham Metropolitan Borough Council (RMBC), The Rotherham NHS Foundation Trust, (TRFT), Rotherham, Doncaster & South Humber NHS Foundation Trust, (RDASH) and Voluntary Action Rotherham (VAR). The Place Plan demonstrates the commitment across partners in Rotherham to the direction of travel for Rotherham and provides for the continuation of collaborative and transformational activity across the whole health and care system. The Plan constitutes the foundations for delivery of one of the game changers contained within the Rotherham Plan - *A new perspective 2025* – integrated health and social care.

- 2.2 Following submission of the most recent draft of the Rotherham Integrated Health and Social Care Place Plan to the Health and Wellbeing Board in January 2017, the focus in Rotherham has been on:

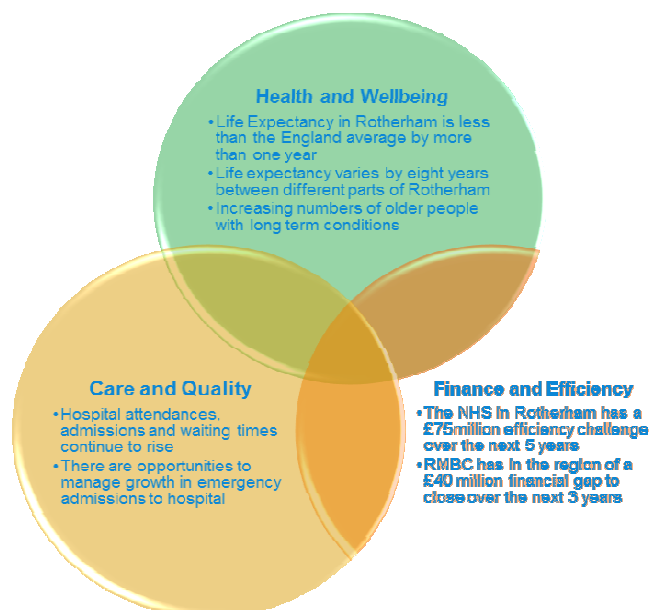
- Strengthening the Integrated Health and Social Care Place Plan content particularly around the case for change, primary care and implementation plan.
- building the governance arrangements to ensure that there is transparency and accountability for the delivery of the Plan, with clear political leadership under the Accountable Care System to support the STP deadline.
- delivery of the ambitions of the plan and being able to track tangible progress at local level.
- linking the plan to wider ambitions for the borough in terms of neighbourhood based approaches to improve the wellbeing and life chances of Rotherham people.

3. Key Content

- 3.1 The NHS Shared Planning Guidance asked every local health and care system in England to come together to create its own ambitious local plan for accelerating implementation of the Five Year Forward View (5YFV). These blueprints, called Sustainability and Transformation Plans (STPs), are place-based, multi-year plans built around the needs of local populations. Rotherham sits within the South Yorkshire and Bassetlaw footprint which is led by Sir Andrew Cash (Chief Executive of Sheffield Teaching Hospitals).

- 3.2 The Rotherham Integrated Health and Social Care Place Plan, along with the other footprint areas Plans, underpins the wider regional submission. The Rotherham Place Plan outlines the priorities and highlights the proposed system solutions for the borough, linking into the wider ambitions for the footprint. The final draft of the South Yorkshire and Bassetlaw STP was submitted in October 2016. The Council was consulted on the content of the STP submission and has been assigned Core Place Based partner status within the emerging governance framework.
- 3.3 The South Yorkshire and Bassetlaw STP submission was identified by NHS England as one of the nine exemplars across the country, being singled out as the only plan demonstrating a wider system commitment incorporating the local authority and voluntary sector offer.
- 3.4 In order to draw down potential future funding for the STP, each local area within the footprint must have formed Accountable Care Partnerships in each local place delivering integrated health and social care aligned to an Accountable Care System for South Yorkshire and Bassetlaw by September 2017.
- 3.5 The vision of the Rotherham Integrated Health and Social Care Place Plan is: *Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery.*
- 3.6 In order to deliver the vision the Place Plan partners have considered the case for change to the current system and ways of working. This centres on three key gaps:
- Health & Wellbeing
 - Care & Quality
 - Finance and Efficiency

The specific elements to these three headings are articulated in the diagram below:



3.7 The Rotherham Integrated Health and Social Care Place Plan contains five joint priorities (plus Primary Care which sits outside the plan but is integral to it) that are building on existing initiatives, but taking a whole system approach to make them more efficient, maximise benefits and reach.

3.8 (1) *Prevention, self-management, education and early intervention*

The aim is better meet the needs of local people by taking a targeted approach to early intervention. This will be through:

- expansion of the award winning Social Prescribing service to cover people at risk of hospitalisation and experiencing mental ill-health. GPs will therefore be able to refer a wider cohort to the services available within the community to best meet their needs outside of a statutory intervention.
- systematic use of healthy conversations and advice by ensuring that all partner organisations sign up to train their workforce in Making Every Contact Count (MECC). The expectation is that front line staff talk to people about sensitive issues such as diet, exercise, smoking and excessive alcohol use in addition to their primary issue. Staff will then be able to sign post people to evidence based lifestyle services to support positive change in a way that works best for the individual.
- improvements to the Voluntary Action Rotherham GISMO website to improve accessibility of content and ease of navigation when looking for options from the 700 voluntary sector groups operating across the borough.
- investment in health champions to support e supported by volunteer health ambassadors who spread the 'Right Care Right Time' message, use of Pharmacy First and Prescription Waste Management. This approach has effectively targeted communities where there has been a high incidence of attendance to A&E and the model will be further developed to expand it into other deprived communities in Rotherham.

3.9 (2) *Roll out our integrated locality model 'The Village' pilot*

- 'The Village' pilot commenced in July 2016 and is an integrated community health and social care service model based out of the Clifton/St. Anne's health centre on Doncaster Gate, close to the town centre.
- The pilot covers a patient population of 31,000 with the aim to ensure that people receive coordinated care from a single case management plan and there is a nominated lead professional.
- A multi-disciplinary team incorporating district nurses, social workers, occupational therapists and community link workers work collaboratively to support people remain in the community (including in care homes) and track when they are admitted into hospital with the aim to facilitate a faster and safer discharge back home. This approach is designed to improve people's independence and resilience as well as preventing acute hospital admissions.

- The effectiveness of the service is currently being evaluated by an independent organisation with a report due in July 2017. The aim is to learn from the pilot and apply the positive aspects when rolling services out to the other six GP clusters, recognising that each area will have its own challenges and nuanced solutions. The GP clusters will form part of the proposed three localities for Rotherham covering North, Central and South areas of the borough defined by the Rotherham Together Partnership.

3.10 (3) *Urgent and Emergency Care Centre*

- The new Urgent and Emergency Care Centre at the Rotherham hospital will open in July 2017 and will be the single point of access and triage for urgent cases. It will use an innovative multi-disciplinary approach to reduce waiting times, support patient flow through the hospital and improved patient experience
- The centre will accommodate social workers, mental health teams, care coordination teams and voluntary sector provision so that people can be instantly referred, following triage to the right pathway, if they do not require A&E services.
- The performance targets are for adult patients to be assessed/triaged within 20 minutes and children within 15 minutes.
- The new delivery model is expected to reduce admissions saving £30m over the next ten years.
- Running alongside the Urgent and Emergency Care Centre will be the expansion of the Adult Mental Health Liaison Service. This provides 24 hour mental health care to patients who attend the hospital and the initial model has been very successful. The aim is to reduce waiting times, admissions, re-admissions and length of stay for patients with dementia or experiencing crisis by enhancing the knowledge and skills of hospital staff.

3.11 (4) *24/7 Care Co-ordination Centre*

- The 24/7 Care Coordination Centre aims to act as a central point of access for health professionals and patients into hospital and community based urgent care services. It currently takes 4,000 calls per month.
- The purpose is to effectively manage system capacity, carry out initial assessment and deploy appropriate teams to provide support, avoid potential hospital admissions and ensure people are in the most appropriate care setting.
- The aim is to expand the scope to include mental health, voluntary and social care sectors, improving access to patients through a comprehensive directory of services, driving efficiency and cutting down waste.

3.12 (5) *Specialist Reablement Centre*

- The aspiration is to develop a more integrated approach to the provision of intermediate care services for those patients who cannot be treated at home, but do not need to be treated in a hospital setting.

- It is hoped to locate all rehabilitation services on a single site away from the hospital to create an environment that supports integrated working. This approach should be more cost efficient through better deployment of professionals supporting an integrated multi-disciplinary way of working. It will also enable people to remain in the community longer.

3.13 Primary Care

- The partners will work with GP practices to transform services over the next five years to improve consistency and equality in access to services, provide a seamless pathway for patients with GPs as the linchpin for care and support patients to self-manage their conditions utilising available technology. A separate plan addressing the requirements of the GP Forward View has been produced by the Rotherham CCG with the following priorities:
 - Implementing a quality contract for general practice
 - Every practice undertaking productive general practice by March 2017
 - Developing the primary care workforce
 - Developing the Federation arrangements in Rotherham to strengthen general practice
 - Roll-out of telehealth and other IT to support general practice capacity

3.14 Implementation of the Integrated Health and Social Care Place Plan is driven by key enablers:

- making best use of public buildings and resources
- make best use of technology and systems integration
- working together and sharing information will become the norm
- encourage self-management and wellbeing through the use of personal technology e.g. Apps, Fitbits etc.

4. Governance – Rotherham Accountable Care System

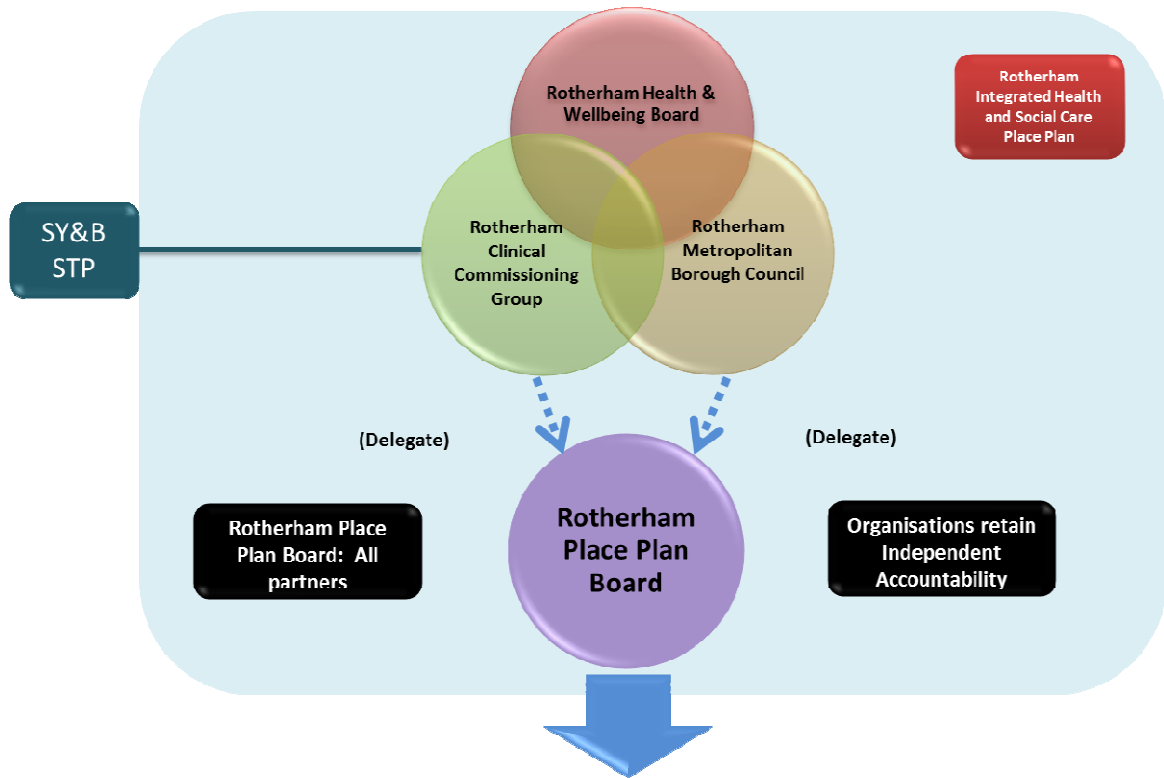
4.1 In order to oversee the delivery of the Rotherham Integrated Health and Social Care Place Plan and to comply with the deadline for creating an Accountable Care Partnership by September 2017 outlined in the South Yorkshire and Bassetlaw STP, new governance arrangements have been created. These have been co-produced in consultation with key stakeholders from across the partnership, elected members and the Health & Wellbeing Board.

4.3 Partners in Rotherham have formed an Accountable Care System for the borough, which will meet the requirements of the South Yorkshire and Bassetlaw STP. This new governance is underpinned by specific terms of reference. Overall ownership and strategic direction will rest with the existing Rotherham Health and Wellbeing Board and the new Rotherham Place Plan Board will report progress here.

- 4.4 The Rotherham Place Plan Board will focus on delivery of the Integrated Health and Social Care Place Plan. The Board will be co-chaired by Sharon Kemp (Chief Executive, RMBC) and Chris Edwards (Chief Officer, RCCG). Councillor David Roche (Cabinet Member for Adult Care & Public Health) and Dr Richard Cullen (Chair and Chair of the Strategic Clinical Executive), will be in attendance at all meetings in a participatory and oversight capacity for both the Council and the CCG respectively. Operational activity will be driven by the Rotherham Place Plan Delivery Team who will report into the Rotherham Place Plan Board. This is illustrated by the two diagrams below.

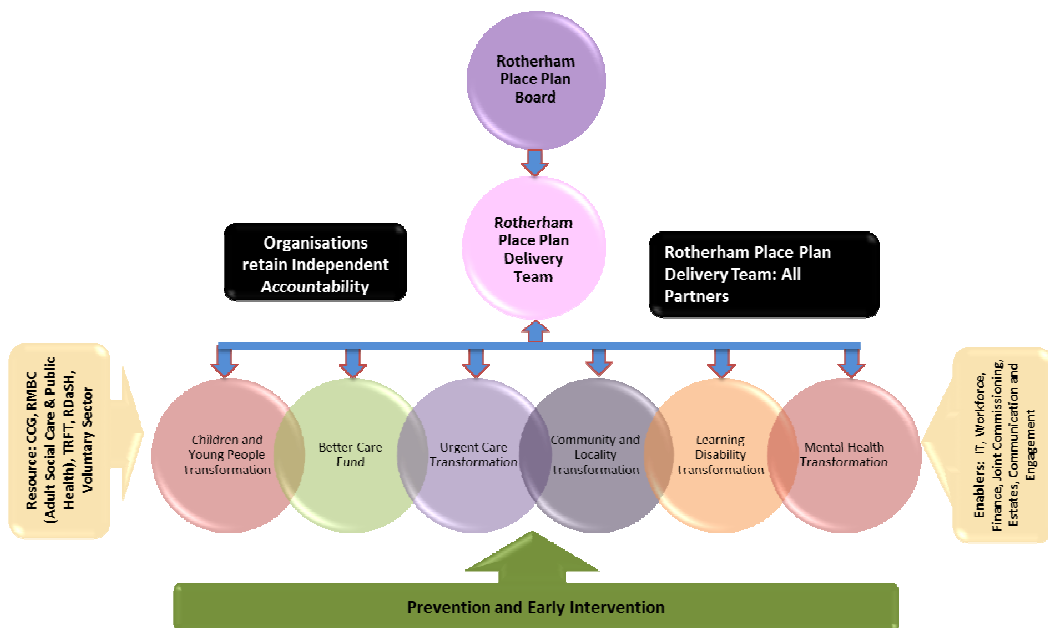
Rotherham Integrated Health and Social Care Place Plan

Rotherham Place Plan Board



Rotherham Integrated Health and Social Care Place Plan

Rotherham Place Plan Delivery Team



4.4 Decision making on the Rotherham Accountable Care System has been shaped by principles that it will:

- focus on people and places rather than organisations, pulling pathways together and integrating them around people's homes and localities.
- actively encourage prevention, self-management and early intervention to promote independence and support recovery, and be fair to ensure that all the people of Rotherham can have timely access to the support they require to retain independence.
- design pathways together and collaborate, agreeing pathways once collectively, to make current and future services work better.
- be innovative, using international evidence and proven best practice to shape pathways to achieve the best outcomes for people in the most cost effective way.
- strive for the best quality services based on the required outcomes within the resource available.
- be financially sustainable and this must be secured through plans and pathway reform.
- join budgets together so health, care and support services are bought once for a place in a joined up way.

4.5 Key stakeholders will work together to maximise the utilisation of Rotherham resources.

- Place Based Commissioning, pathway re-designs and delivery of services will be overseen by all partners sharing our resources.
- Pathways will be designed around the needs of people to meet needs as set out in the Health and Wellbeing Strategy.
- All partners, whilst retaining independent organisational accountability, will be represented on the Rotherham Place Plan Board and will be expected to collaborate to oversee delivery.
- The Rotherham Place Plan Board is the Accountable Care System Board, but for simplicity it will be called the Rotherham Place Plan Board.
- Key delivery of the plans (e.g. winter planning/BCF oversight) will be overseen by the whole system.
- Elements of certain pathways will need collaboration outside of Rotherham.

5. Timetable for Delivery

5.1 The Rotherham Integrated Health and Social Care Place Plan contains a high level implementation plan from April 2016 – March 2020 for each of the five priority areas. The implementation plan was drafted for submission in October 2016 and was predicated on the basis of what could be achieved within existing budget allocation and within a sliding scale of anticipated transformational funding from the Sustainability and Transformation Programme.

- 5.2 To date, the South Yorkshire and Bassetlaw STP has not received transformational funding to be allocated to each of the Place Plans. Consequently, the Rotherham Plan and anticipated delivery timescales are predicated on the 'as is' basis, though this section of the plan is currently being reviewed and more detailed and accurate delivery plans formulated.
- 5.3 In order to draw down the Sustainability and Transformation Programme funding from the STP, it will not just be sufficient for the Rotherham Integrated Health and Social Care Place Plan partners to create the Accountable Care System, it will be fundamental for the collective to drive forward the ambitions outlined in the Rotherham Plan - *A new perspective 2025*. This will obviously focus on the game changer for integrated health and social care, but there will be a stronger role to play with regard to the wider contribution to other priorities in terms of building stronger communities, skills and employment, a place to be proud of and the town centre.

6. Recommended proposal

- 6.1 Cabinet to note the content of the Rotherham Integrated Health and Social Care Place Plan and to support the priorities and delivery of outlined activity

7. Consultation

- 7.1 The content of the Integrated Health and Social Care Place Plan has been informed following extensive co-production between the partner organisations and various draft iterations have been shared with the Health & Wellbeing Board during 2016/17 (1 June, 16 November and 11 January 2017).
- 7.2 The construction and agreement of the governance arrangements to form the Accountable Care System has involved all of the Chief Officers from all of the partner organisations along with their governing bodies and wider stakeholders.

8. Timetable and Accountability for Implementing this Decision

- 8.1 The first meeting of the Rotherham Place Plan Board in shadow form will be held in July 2017. The aim is to formally meet from 1 April 2018 as a fully constituted body.

9. Financial and Procurement Implications

- 9.1 There are no immediate financial and procurement implications in terms of the composition of the Integrated Health and Social Care Place Plan and the creation of the Accountable Care System. However, as the implementation of the key priorities contained within the Plan progresses, then there will be future financial implications for the Council, and partner organisations, which will need to be considered within the context of the Council's overall financial strategy.

10. Legal Implications

- 10.1 There are no immediate legal implications in terms of the composition of the Integrated Health and Social Care Place Plan Board and the creation of the Accountable Care System. As the implementation of the key priorities contained within the Plan progresses, however, it is likely there may be future legal implications for the Council and partner organisations.

11. Human Resources Implications

- 11.1 There are no immediate human resources implications. However, as the implementation of the key priorities contained within the Integrated Health and Social Care Place Plan progress, specifically the detailed design to inform the roll out of integrated locality working, then human resources implications are likely to emerge.

12. Implications for Children and Young People and Vulnerable Adults

- 12.1 The Integrated Health and Social Care Place Plan is an all age approach. The requirements for activity to support and positively improve the health, wellbeing and life chances of children and young people as well as vulnerable adults are paramount to delivering the vision and the key priority objectives of the Plan.

13. Equalities and Human Rights Implications

- 13.1 There are no known adverse equalities or human rights implications from implementing the Integrated Health and Social Care Place Plan.

14. Implications for Partners and Other Directorates

- 14.1 The Integrated Health and Social Care Place Plan is a co-produced document with partners across the Rotherham health and social care system. The benefits of the approach and expectations from the partners to support attainment of the vision and delivery of key priorities are clearly articulated within the Plan.

15. Risks and Mitigation

- 15.1 The primary risks regarding the Integrated Health and Social Care Place Plan relate to the ability of the five priorities to be delivered within the original specified time frame outlined within the Plan as this was predicated on a range of scenarios including identification of additional funding through the Sustainability and Transformation Programme which has not yet materialised.

15.2 The creation of robust governance arrangements, clear commitment from partners to see through on delivering the priorities and the drive towards providing sufficient resources to support activity should mitigate these risks. The creation of the Accountable Care System may also unlock future Sustainability and Transformation Programme funding to increase the pace and scale of delivery. In addition, emerging risks will be captured via an effective risk log and fed up the governance chain to ensure resolution and traction.

16. Accountable Officer(s)

Assistant Director of Strategic Commissioning: Nathan Atkinson

Approvals Obtained from:-

Finance Manager: Mark Scarrott

Principal Officer/Contracts Solicitor (Legal): Neil Concannon/Moira Cooper

Senior Category Manager (Procurement): Ian Murphy

Human Resources Business Partner: Odette Stringwell

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