

ROTHERHAM

PLACE PARTNERSHIP | HEALTH AND CARE



SUMMARY VERSION HEALTH AND CARE PLACE PLAN 2023-25

Rotherham Partners' Commitment

Rotherham's Health and Social Care Community has been working in a collaborative way for many years to transform the way it cares for and achieves a positive change for its population.

We are passionate about providing the best possible services and outcomes and are committed to a whole system approach. By working together to make decisions on a best for Rotherham basis, we can provide sustainable services over the long term that aim to help all Rotherham people **live well for longer**.

To realise our ambition and the necessary scale of transformation, we need to act as one voice with a single vision and a single Plan to deliver the best for Rotherham.

We want everyone who works or lives in Rotherham – patients, people, families – to work together to establish an individual and collective widespread aspiration for improved health and social care.

Rotherham Place Partnership was established since 2018, and the 2023-25 Place Plan is the 4th edition since then. The 2023-25 Place Plan continues to deliver on the health and social care elements of the Rotherham Health and Wellbeing Strategy but also aligns to the South Yorkshire Integrated Care Strategy and the NHS South Yorkshire Joint Forward Plan.

Our shared vision is: *'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'*

The Rotherham Culture

Rotherham Place has a strong, experienced and cohesive executive leadership team who have set clear expectations and the spirit of collaboration and inclusiveness across the Rotherham Place with the key aim of driving forward the transformation set out within the Place Plan.

A high standard of integrity is set amongst all leaders and a culture of empowering and engaging with all staff. This means that staff are confident to challenge and change things that are not right to improve services for people. A key strength in Rotherham is the trust and openness between partners and their shared vision and shared principles by which we work to achieve our vision for Rotherham.

We can create a first-class strategy, but the hard part is implementation and achieving the goals it sets, this can only be done by winning the hearts and minds of our staff, through adapting to diverse approaches and styles and building mutual benefit.

In July 2022 there was significant change to the landscape which included the formation of the South Yorkshire Integrated Care System. Rotherham partners recognise the significant opportunities to be gained by working together across South Yorkshire, and as such are committed to supporting and playing their role in the delivery of the South Yorkshire Integrated Care Strategy and the NHS South Yorkshire Joint Forward

The Rotherham Place Plan closely aligns to the Rotherham Health and Wellbeing Strategy

The **Place Plan does not** replace partners' individual plans but builds upon them identifying areas where we can do more together. It uses insights from the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment, and takes into account other relevant key documents:

- ◆ The Rotherham Plan
- ◆ The Rotherham Prevention and Health Inequalities Strategy
- ◆ The South Yorkshire Integrated Care Strategy
- ◆ The NHS South Yorkshire Joint Forward Plan

What we know about our population

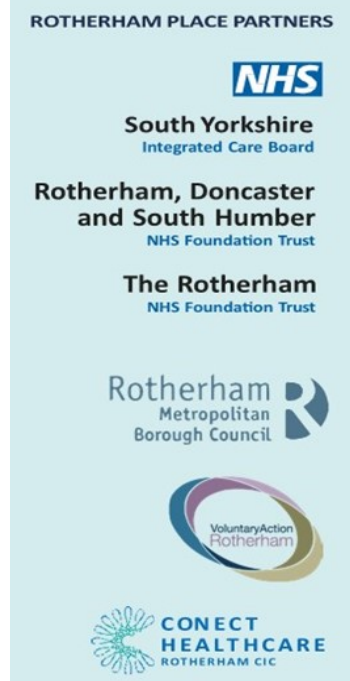
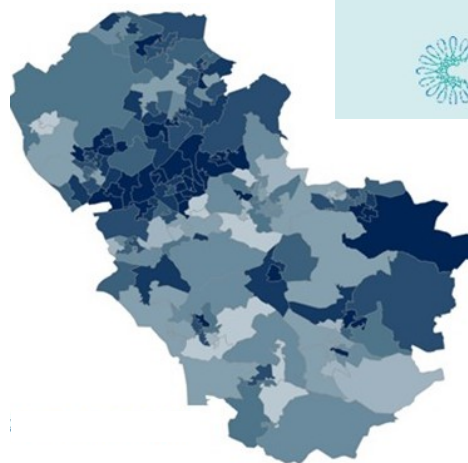
The health of people in Rotherham is generally poorer than the England average, and people are living shorter lives than they should and in poorer health for longer than they should.

A high proportion of Rotherham residents live in the 20% most deprived communities of England. Inequalities in access to the wide range of determinants (and protective factors) of health have led to inequalities in health outcomes.

A range of factors impact on individual and population level health, such as the environment we live, the opportunities we have as well as the health care we receive.

To improve the health of Rotherham people we need to work collaboratively with all Rotherham partners and across South Yorkshire. And we need to pay particular attention to certain population groups such as those who live in the most deprived areas or those from ethnic minority populations as they are more likely to experience higher inequalities in health.

- ◆ Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151
- ◆ 35% of Rotherham's neighbourhoods live in the 20% most deprived in England, and 22% live in the 10% most deprived
- ◆ No neighbourhoods in Rotherham are in the least deprived 10%
- ◆ People in the most deprived areas spend around a third of their lives in poor health, twice the proportion spent by those in the least deprived areas.



Summary of transformation, enabling, cross-cutting workstreams and key priorities

Rotherham Place Partnership Shared Vision	'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'					
Transformation Workstreams	Ensuring Best Start in Life	Improving Mental Health & Wellbeing	Support People with Learning Disabilities & Autism	Urgent, Emergency & Community Care	Palliative & End of Life Care	Live Well for Longer
Key Priorities (key projects to deliver the transformations)	<ul style="list-style-type: none"> • Best Start in Life • Mental Health & Emotional Wellbeing • Special Educational Needs and/ or Disabilities 	<ul style="list-style-type: none"> • Adult Severe Mental Illnesses in Community • Mental Health Crisis & Liaison • Suicide Prevention 	<ul style="list-style-type: none"> • Uptake of enhanced health checks • Benefits & independence of employment 	<ul style="list-style-type: none"> • Prevention & Alternative Pathways to Admission • Sustainable Discharge • Whole System Command Centre Model 	<ul style="list-style-type: none"> • Review Palliative and End of Life Care Medicine • Personalised Palliative and End of Life Care 	<ul style="list-style-type: none"> • Anticipatory Care • Personalised Care • Medicines Optimisation
Enabling Workstreams	Communication & Engagement	Workforce & Organisational Development	Digital	Estate & Housing	Finance & Use of Resources	
Cross-cutting	Prevention and Health Inequalities (priorities below)					
	Strengthen our understanding of health inequalities	Develop the healthy lifestyles prevention pathway	Support prevention and early diagnosis of chronic conditions	Tackle clinical variation and promote equity of access & care	Harness partners' roles as anchor institutions	
	Primary Care		Planned Care		Finance	

What we have delivered in 2020-22

Progress in delivering on the 2020-22 Place Plan is documented within the refreshed Place Plan for 2023-25. Further information on our delivery against priorities and examples of key achievements can be seen in the following documents, all can be accessed as part of the Place Board papers at the link below:

- Place Partnership Updates
- Achievements,
- Close Down Report for Priorities in the 2020-22 Plan

<https://yourhealthrotherham.co.uk/public-meetings/>

Examples of what will be delivered over the course of the 2023-25 Plan

Children & Young People

Family hubs including the Start for Life offer, parent-infant mental health support and infant-feeding support services will ensure joined up, accessible and timely support to mitigate the impact of poverty and increase the number of children under 5 **achieving a good level of development.**

40% of Children and Young People in Rotherham wait longer than 18 weeks to access **mental health assessment and intervention**, we will improve this and ensure children receive timely access when the need has been identified.

Looked After Children and young people in care are more likely to experience poor outcomes, a key priority for Rotherham is to **recruit, retain and grow the best inhouse foster carers locally** so that the needs of children and young people can be met effectively in an environment that provides high quality care and support.

Mental Health and Wellbeing.

To ensure that people have access the right care and support at their earliest point of need and closer to home so they can live as healthy and fulfilling lives as possible in their community, we will **Transform adult mental health** services; including integrated primary care hubs, improved access to physical health checks, employment support and targeted work on adult eating disorders, personality disorders and community rehabilitation.

Strengthen the mental health crisis pathway to improve the journey and outcomes for people with mental ill-health. We will redesign pathways to embed principles and practices that prevent, reduce and delay people's need for care and support, including embedding a 24/7 'Making Safe' and reablement model, focussed on community-based recovery.

Loneliness can fluctuate over the life course and causes are difficult to pinpoint. We will continue to take action to tackle the known trigger factors at an individual, community and societal level.

Learning Disabilities & Autism

Everyone over the age of 14 who is on their doctor's learning disability register should have an **annual health check**. Often people with a learning disability have poorer physical and mental health than other people, this does not need to be the case

Provide specialist support to **access sustainable employment** for our residents with a learning disability and/or autism. Partners will work together to increase the number of young people accessing supported internships and other opportunities for employment, utilising such as the Supported Internships Grant; Employment is for Everyone projects and the RMBC Supported Employment team.

Ongoing commitment to the **Transformation of Learning Disability Services** including a new service model focussed on day opportunities for people with high support needs. This includes a new day centre facility replacing the existing day service, providing a modern, state of the art facility in a calming and exciting purpose-built environment.

Urgent, Emergency and Community Care

Based on the principle '**prevention is better than cure**', we aim to help support people to live independently for longer. This will in turn support their own and their family/carer's health and wellbeing and reduce avoidable reliance on services. We will do this by:

- Proactive (Anticipatory) care to identify and engage people living with frailty, multiple long-term conditions and/or complex needs to help them stay independent and healthy at home, for longer
- Identify alternative pathways to emergency care and admission
- Implement virtual ward and urgent community response to support more people at home who would otherwise be in an acute bed or at risk of admission
- Improve frailty services, embed same day emergency care offer and review falls services

Create a coherent **multi-disciplinary discharge to assess model** with an integrated Transfer of Care hub. This will enable referral and triage assessment of the level of risk that can be safely supported at home and in community beds with assessments carried out at home and resource to be allocated flexibly

Link admission avoidance activity and discharge to inform decision making to improve whole system flow, including the development of a whole system command centre and performance dashboard.

Palliative and End of Life Care

Review palliative and end of life care across Rotherham, to get a comprehensive understanding, focussing on access to specialist palliative care services, bereavement services, pharmacy services, equipment, spiritual care and access to information.

Implement the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) across Rotherham. The ReSPECT process creates a summary of **personalised recommendations** for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

Proactive (Anticipatory) Care

Develop our proactive care model, and identify registered practice populations who have complex needs and are **at high risk of unwarranted health outcomes**; understand those who would benefit from proactive care, and deliver comprehensive support for those individuals

Personalised Care

Support people to have **choice and control** over the way their care is planned and delivered, based on '**what matters**' to them and their individual strengths, needs and preferences by continuing to embed the personalised care ethos across place and by a focus on workforce development.

Medicines Optimisation

Continue to deliver the comprehensive work plan including:

- Implementation of plans for **diabetes, hypertension**, and antibiotic prescribing
- **Antidepressant** review programme
- Care home hydration project
- Continued improvement of diabetes management
- Establish **chronic pain management** pilot

Rotherham Health and Care Place Plan: 'Plan on a Page'

Rotherham Place Partnership Shared Vision	<i>'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'</i>							
South Yorkshire Integrated Care System Key Purpose	Improving outcomes in population health and health care		Tackling inequalities in outcomes, experience and access		Helping the NHS to support broader social and economic development		Enhancing productivity and value for money	
Rotherham Place Key Challenges	The health of people in Rotherham is generally poorer than the England average	People living in our most deprived areas have both shorter lives and are living those years in poorer health	35% of Rotherham's neighbourhoods live in the 20% most deprived in England, and 22% live in the 10% most deprived.	Increasing numbers of people with long term conditions and people living longer in poorer health	One in four adults experience a diagnosable mental health problem in any given year	Significantly more children affected by income deprivation, particularly in the most deprived areas	Half of people aged 75 years and over live alone and most experience loneliness	Significant joint financial challenge
Transformation Workstreams	Best Start in Life Maternity, Children & Young People	Improve Mental Health & Wellbeing	Supporting People with Learning Disabilities & Autism	Urgent, Emergency & Community Care	Palliative & End of Life Care	Live Well for Longer Prevention, early identification & Long Terms Conditions		
Enabling Workstreams	Digital (including Information Technology)		Workforce Development (including Organisational Development)		Communications (Including Engagement)		Estates (including Housing)	
Cross Cutting Workstreams	Finance & Best Use of Resources				Prevention & Health Inequalities			
Rotherham Place Principles	Focus on people and places	Encourage prevention, self-management, and early intervention	Design pathways together	Strive for best quality services based on best outcomes	Be Innovative	Be financially sustainable	Jointly buy health, care, and support services once for a place	Work together to reduce health inequalities
Rotherham Place Partners	Voluntary Action Rotherham (VAR)	Rotherham Metropolitan Borough Council (RMBC)	Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)		Connect Healthcare Rotherham CIC	The Rotherham NHS Foundation Trust (TRFT)	South Yorkshire Integrated Care Board (Rotherham Place)	

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Rotherham Place Governance Structure

