



Rotherham's Joint Health and Wellbeing Strategy

Dependence to Independence Workstream

Shona McFarlane, Director of Health and Wellbeing
May 2013

Six locally determined priorities



- Fuel Poverty
- NEETS
- Obesity
- Smoking
- Alcohol
- Dementia



Six Strategic Outcomes

- Prevention and early intervention
- Expectations and aspirations
- **Dependence to independence**
- Healthy lifestyles
- Long-term conditions
- Poverty

4 Life Stages

- Starting Well
- Developing Well
- Living and Working Well
- Ageing and Dying Well

Dependence - Independence



Rotherham people and families will increasingly identify their own needs and choose solutions which are best suited to their personal circumstances

Dependence - Independence



What needs to change to achieve this?

- A significant shift toward self care and self management and use of Assistive Technology/Telehealth
- Commissioners to review and evaluate plans and approaches to ensure that independence is promoted.
- A defined and agreed approach to risk taking, risk sharing. We need to move away from defensive decisions which historically have focused on avoiding risk and towards defensible decisions. A critical shift in thinking.
- Co-production, customers at the centre

Dependence - Independence



Priority One

We will change the culture of staff from simply 'doing' things for people to encouraging and prolonging independence and self care

Actions

- Personal Health budgets workstream is on target
- Assistive Technology Strategy has been drafted
- Self Care work group initiated

Progress

- We will embed a culture through the development of workforce development strategies shared by all relevant agencies that emphasises the promotion of independence and social inclusion - started
- Benchmark workforce development plans
- Identify tools available to support staff to achieve independence and supported risk-taking
- We will empower people to remain in control of their lives by embedding approaches such as self care, self directed support and personal health budgets

Dependence to Independence



Priority Two

We will seek out the community champions and support them with appropriate resources, to take action and organise activities

Progress

- Engage with key community groups to identify current activity
- Ageing Better bid to lottery fund

Dependence to Independence



Priority Three

We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs

Progress

- We will check and challenge commissioning strategies to ensure they reflect this aspiration – programme in place
- Engagement with voluntary sector taking place

Dependence to Independence



Priority Four

We will properly enable people to become independent and celebrate independence. A longer term goal but some areas have begun to work this objective in already

Action

- Young Peoples Achievements, conference, apprenticeship celebration event
- Reshape News
- Making recovery (alcohol) more visible through events such as Recoverfest

Dependence to Independence



Introduction

The Rotherham Health and Wellbeing Strategy sets out the key priorities that the local Health and Wellbeing Board will adopt over the next three years to improve the health and wellbeing of the Rotherham people.

Overarching Outcome

Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances.

In order to achieve this the priority measures below will all have a contribution to make around the Dependence and Independence work

Workstream Issues

Priority 1: We will change the culture of staff from simply 'doing' this for people to encouraging the prolonging independence and self care.

Priority 2: We will seek out the community champions and support them with appropriate resources, to take action and organise activities.

Priority 3: We will support and enable people to step up step down through a range of statutory, voluntary and community services, appropriate to their needs.

Priority 4: We will properly enable people to become independent and celebrate independence.

Fuel Poverty

1. Health and Social Care Staff to use locally developed resources (www.winterwarmthengland.co.uk and www.kwillt.org) to identify and support vulnerable patients/clients to live in warmer homes
2. Promote and make best use of local schemes and interventions such as Hot Spots and Green Deal initiative
3. 100% of public sector staff undertake every contact counts and have a basic knowledge of fuel poverty issues and interventions.
4. Ensure residents and staff are aware of the health benefits of living in a warmer home and how to access support.

NEETS

1. Develop an outcomes based framework and undertake voice and influence work with young people to improve confidence and feeling safe and healthy.
2. Partners will support youth action and volunteering activities including National Citizenship Service.
3. Locality based multi agency teams will deliver a range of services from open access to targeted services for young people.
4. Celebrate young peoples achievement s e.g. lesbian, gay, bi sexual and transgender month, young peoples conference, apprenticeship celebration event.

Obesity

1. Public facing staff trained in "Making Every Contact Count"
2. Weight Management services all have clients who are able to act as "champions" for weight management services, but bear in mind that children would not be used as champions without parental consent.
3. The WM services are tiered and providers are already moving clients up and down the tiers as required to support their needs. The framework enables integration of the services.
4. Celebration of achievement in services through promotional material and events (Reshape News/MoreLife Camp Graduation event).

Smoking

1. 100% of public sector staff undertake making every contact count.
2. 100% of schools to have anti-tobacco policies approved by governors.
3. Provide a range of support options to people wanting to stop smoking.
4. 100% of public sector staff undertake every contact counts.

Alcohol

1. Revise treatment pathways in primary and secondary care, aligning to NICE guidance and promote recovery and abstinence
2. Re-commission the peer mentor service increased focus on recovery champions
3. Work with the hospital to look at community alternatives for people who are chronically ill and are moving between services
4. Make recovery visible through supporting events such as the Recoverfest and ambassador awards

Dementia

1. Increase the number of staff accessing dementia awareness training
2. Actively work with the Alzheimer's society to promote initiatives, including the Dementia Friends programme
3. Revise / streamline the dementia pathway & provision of services
4. develop dementia friendly communities

Health & Wellbeing Board Actions



- Commissioners need to ensure that all commissioning strategies reflect and enable this outcome consistently
- Commissioners need to find ways to incentivise providers to promote/achieve independence with customers and providers
- Having a shared commitment to the risks and opportunities that this commitment provides – helping people to help themselves can mean saying ‘no’ to some
- Ensuring that this significant culture change is embedded

Challenges



- Achieving significant culture change at a time where welfare reforms may be driving dependence
- Partners having a consistent approach to customers and understanding when one part of the system says no
- Understanding the behaviours that underpin and drive dependence
- Engaging effectively and honestly with citizens



Any Questions?