

Shaping our Future

Community Health Services

**Proposals for the future organisational
arrangements for community health
services in Rotherham**

May 2010

This document describes our proposals to change which organisations are responsible for providing community health services for the people of Rotherham. Community health services in Rotherham include:

- some GP practices - the Gate Surgery, Canklow Surgery and Rosehill Medical Centre
- staying healthy services including smoking cessation
- children's services including health visitors, school nurses, community children's nurses and services for children with mental health problems
- planned care and clinic services, including those provided at the Rotherham Community Health Centre
- services to people with long-term conditions including district nurses, physiotherapists, occupational therapists
- primary care mental health services which are provided in GP practices
- services for people with learning disabilities
- specialist palliative care and end of life care services

These services are very important to people who need to access them.

Our proposals are about which organisation is best placed to ensure the provision of high quality services. The purpose of the proposed change is to strengthen existing community health services and integrate these more closely with other local health and care services.

NHS Rotherham
Oak House
Moorhead Way
Rotherham
S66 1YY

01709 302000

www.rotherham.nhs.uk

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Introduction

Rotherham's NHS is among the best in the country. We have high quality primary care, community health services and hospitals, and have secured good performance ratings for several successive years. Public and patient feedback is positive. Our financial position is sound. The relationships within the health community are good. We therefore have a very positive platform upon which to build.

NHS Rotherham's strategy Better Health, Better Lives - Adding Quality and Value describes our goal and vision for health and health services. Better Community Services sets out our plans for community health services.

The proposals for the future organisational arrangements for community services have been developed during the past nine months.

We know that, for some services, staff and other interested people and organisations may want to make proposals that are different from those presented here. We are open to hearing about and discussing these other proposals, all of which will be presented to the NHS Rotherham Board before it makes a final decision about the future arrangements for community health services.

Additional information has been produced to explain the implications of the proposals for staff employed by NHS Rotherham. Details about how to obtain this information have been sent to all staff.

Thank you.



Alan Tolhurst
Chairman



Andy Buck
Chief Executive



Charles Collinson
Professional Executive Chair

Background

In 2009 the Department of Health asked all primary care trusts to agree proposals for the future organisational structure for community health services by March 2010 and to implement these proposals by March 2011^{1 2}.

NHS Rotherham currently invests £38.7 million in a wide range of community health services, nearly all of which are provided by our provider arm, NHS Rotherham Community Health Services. This investment and the range of services provided has grown during the past few years to meet the needs of an increasingly elderly and diverse population and to ensure that services are accessible, provided from high quality facilities and of good quality.

Over the past decade we have been improving and modernising the NHS in Rotherham and have made major improvements. Life expectancy has increased by two years and the number of premature deaths from heart disease and stroke has halved. Health services have also improved, with amongst the lowest waiting times in the country, low rates of healthcare associated infections and good outcomes for patients. Our community health services have made an important contribution to achieving these improvements.

We now face a very considerable challenge. The tightening of public sector finances, continued growth in the number of older people, ever increasing public expectations and the rapid arrival of new treatments and technology mean that if we are to continue to improve health and provide high quality services we are going to need to find ways to become even more effective and efficient. In short, we will need to do more for less.

We believe the changes outlined in this document will help us to do this. We believe they will help provide a more streamlined service for patients with easier access and continuity of care.

¹The Operating Framework for the NHS in England, Department of Health December 2009.

²Transforming Community Services, The assurance and approvals process for PCT provided community services, Department of Health February 2010.

Our vision

NHS Rotherham strategy *Better Health, Better Lives - Adding Quality and Value* reaffirms our goal and vision, strengthens our focus on eight priorities and describes how we will transform community services to deliver high quality care.

Our vision is *Better Health, Better Lives* for everyone in Rotherham.

We want babies to be born healthy and to have the very best start in life, so that when they start school, children are ready to learn and succeed. Children and young people should be given every opportunity to be fit and active, and be well aware of the risks posed by obesity, smoking, alcohol, sex and drugs.

We want adults to enjoy continued good health, with quick convenient access to excellent services when they are ill. We want to work with people who have a long-term condition, such as diabetes or respiratory disease and we want to support people to manage their health and enable them to access high quality services. This will help to minimise the risks and damage done by these diseases.

When life comes to an end, we want people to be able to choose where they die, and to protect their dignity.

NHS Rotherham believes that we can approach the next five years from a position of strength: performance is good, the financial position is sound and there are positive relationships within the local NHS and with our partners.

The NHS can, however, never stand still – we must continuously strive to improve so that we can continue to meet patient's needs with high quality, modern services. We believe that we need to change the way community health services are organised and provided three reasons:

- At the moment, community services are run by Rotherham Community Health Services, which is part of NHS Rotherham and separate from other NHS service providers. We think that by integrating community health services with those run by other providers, we will be able to provide easier to access, more responsive and even better quality services.
- During the next few years, we will face a tough financial climate, and so we need to make sure services are organised and provided in the most efficient and effective way possible. Our proposals aim to help to achieve this.
- The Department of Health's policy makes it clear that in Rotherham we cannot continue to run community services as a part of NHS Rotherham.

We believe that major improvements to quality and efficiency will be best achieved by integrating community health services with other existing local health and care services.

We therefore propose that:

- NHS Rotherham will become a commissioner only.
- NHS Rotherham will cease to have a provider arm and Rotherham Community Health Services (RCHS) will, in its present organisational form, cease to exist.
- RCHS will be replaced with new arrangements as part of an overall plan for the future shape of the NHS in Rotherham.
- The new arrangements must protect and improve services for patients and the wider community.
- The new arrangements must protect, wherever possible the interests of staff.

Summary of the proposals

The NHS Rotherham Board has given detailed consideration to the options now open to us.

We have discussed these options with all major stakeholders including healthcare providers in Rotherham, Rotherham Council, GPs, the Rotherham Hospice and staff and their representatives. This has led to the development of the proposals described in this document.

We have considered what specific arrangements would be suitable for the services presently provided by Rotherham Community Health Services (RCHS). We have done this by focusing on each service, and considering options open to us. This has led to the proposals summarised here.

General Practices

RCHS manages three small GP practices. All other GPs in Rotherham are independent contractors.

We propose to invite the patients at the Rosehill Medical Centre to register with other GPs.

We will consider the “right to request” from managers and staff at the Canklow and Gate surgeries to set up a social enterprise, and if this is not successful will procure a new provider for these surgeries.

Children’s Services

RCHS provides a range of children’s services including health visiting and school nursing, specialist nursing services, and mental health services.

We propose to transfer these services to the Rotherham NHS Foundation Trust.

We also propose to consider whether it would be best to transfer child and adolescent mental health services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

Staying Healthy Services

RCHS currently runs the Rotherham NHS Stop Smoking Service. We propose to transfer this service to the Rotherham NHS Foundation Trust.

RCHS provides the Rotherham Occupational Health Advice Service. We propose to transfer this service to the Rotherham NHS Foundation Trust.

The NHS Rotherham health trainers provide support in GP premises. We propose to transfer the services to the Rotherham NHS Foundation Trust.

Planned Care and Clinic Services

RCCHS provides a range of planned care and clinic services, including physiotherapy, podiatry services, speech and language therapy, primary ear care and community dental services.

We propose to transfer these services to the Rotherham NHS Foundation Trust.

Long-term Conditions, Intermediate Care and Urgent Care Services

RCCHS provides a wide range of services that support people with long-term conditions (for example heart disease and lung disease). These include district nurses, allied health professionals and specialist nurses working a variety of settings including GP practices, patients' homes, clinics, intermediate care and Breathing Space.

We propose to transfer these services to the Rotherham NHS Foundation Trust.

Mental Health Services

RCCHS provides primary care counselling and psychological therapy services. These services are provided in partnership with GPs who have direct access to the services for their patients.

We propose to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

Services for People with Learning Disabilities

RCCHS provides specialist assessment and treatment and community health services provided for people with learning disabilities.

We propose to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

RCCHS provides the staff for three residential homes which are owned and provided by South Yorkshire Housing Association and commissioned by Rotherham Council.

We propose to transfer the staff who work in these homes to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

Palliative and End of Life Care Services

RCCHS provides a range of specialist palliative and end of life care services, including the staff of Rotherham Hospice, which is owned and provided by the Rotherham Hospice Trust.

We propose to transfer these services to the Rotherham Hospice Trust.

Proposals in Detail

This part of the document describes the changes we propose to make in detail. For each of the services, we have described the change we propose to make, what we hope to achieve by making this change and why we think the proposal will help to achieve this. We are also assessing each of the changes against the eight tests set out by the Department of Health.

General Practices

RCHS presently manages three small GP practices. In order to be able to deliver a wide range of services to the public and offer extended opening times, NHS Rotherham prefers to commission services from GPs who serve over 5,500 patients.

Rosehill Medical Centre

Rosehill Medical Centre provides primary care services for 2,534 patients, most of who live in Rawmarsh.

The Medical Centre, which came under RCHS's temporary management in May 2008, is too small to be viable in the long-term. There is a choice of four other general practices in Rawmarsh, all of which are viable and provide good quality services.

We propose to invite Rosehill Medical Centre's patients to register with any of the four other practices in Rawmarsh, or elsewhere in Rotherham, following which this practice will close. This will be done at about the same time as the new customer service centre opens in Rawmarsh, which will see some of the other existing practices move to these improved premises.

The purpose of this change will be to ensure that Rosehill Medical Centre's patients receive good quality primary care services from GPs which have a long-term future.

Quality: the GPs from whom Rosehill Medical Centre's patients will be able to choose are all of good quality. Patients will be able to access the full range of primary care services from these practices.

Efficiency: Rosehill's premises are not fit for purpose and resources to improve them are not available. The cost of this solution will be lower than the existing cost of Rosehill Medical Centre.

Sustainability: all the GPs from whom Rosehill's patients will be able to choose are viable.

Canklow Surgery and The Gate Surgery

The Canklow Surgery provides primary care services for 1,693 patients, most of whom live in and around Canklow.

The Gate Surgery provides services for patients with particular needs, including asylum seekers, refugees, economic migrants, homeless people and people with substance misuse problems. Whilst the Gate Surgery only has 1,505 patients on its list, the delivery of a bespoke service to these patients is in keeping with our strategy of targeting services at communities in greatest need.

The Canklow and Gate surgeries' managers and staff have submitted a 'right to request' proposal to establish a social enterprise which would become responsible for the future delivery of these services. The NHS Rotherham Board has welcomed this proposal and has agreed to support the managers and staff to develop a comprehensive business case for the proposed social enterprise.

If the social enterprise business case cannot be supported, we propose to procure a new provider for the Canklow and Gate surgeries.

The purpose of the social enterprise or of procuring a new provider will be to ensure that the Canklow and Gate surgeries' patients can continue to receive high quality primary care services tailored to their particular needs.

It will be important to confirm that the preferred option is viable in the long-term.

Quality: the Canklow Surgery provides services for a particularly disadvantaged community. The Gate Surgery provides services for people with particular needs. The service specification for the new provider whether a social enterprise or other provider, will ensure these needs continue to be met.

Efficiency: the cost of the two options under consideration will be a key criterion in deciding which to choose.

Sustainability: the provision of primary care services for this community and group of patients presents special challenges, and so we will want to be confident that whichever option we choose is viable.

Children and Young People's Services

RCCHS provides a range of children's services including health visiting and school nursing, specialist nursing services, and mental health services.

NHS Rotherham and Rotherham Council are jointly committed to the integration of children's health services with the Council's children's services. Very good progress has been made towards achieving this, with the co-location of all services to be completed during 2010, and increasingly integrated leadership and management arrangements. Together we wish to build on this progress.

We propose to transfer children's community health services, with the possible exception of mental health services, to the Rotherham NHS Foundation Trust, with a requirement that services be provided via the integrated model with Rotherham Council.

We also propose to consider whether it would be best to transfer the child and adolescent mental health services provided by RCHS to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

The purpose of the proposals will be to ensure that children and young people's health needs continue to be met to very high standards, whilst ensuring that all services for children and young people work very closely together to meet all their needs. Staying healthy is one of the five Every Child Matters outcomes, and more needs to be done in Rotherham to ensure that we give babies the very best start in life, and support children and young people to lead healthy lives as they grow up.

The transfer of services to the Rotherham NHS Foundation Trust would retain employment within the NHS, and as the foundation trust already has robust clinical governance and professional leadership and development arrangements, meeting these requirements would be relatively easy. We will ensure that the foundation trust will sustain and build upon the integrated service model that has been developed with Rotherham Council.

The transfer of child and adolescent mental health services to the Rotherham, Doncaster and South Humber Mental Health Foundation Trust, which already provides tier three mental health services for children and young people in Rotherham, would ensure the continued provision of high quality clinical governance and clinical and professional leadership. This foundation trust is already closely involved in integrated service provision in Rotherham via the single point of access to child and adolescent mental health services, and tier 2 and 3 services in other districts. This will be further enhanced when all child and adolescent mental health services co-locate at the Kimberworth project later in 2010.

Quality: the proposals must ensure the continued provision of a high quality service, within well established clinical governance frameworks and with experienced, effective clinical and professional leadership. The major improvements to outcomes for children and young people will be secured by a high degree of integrated service delivery, with primary care and with Rotherham Council

Efficiency: the proposals will enable some efficiency improvement to be secured, for example in support services.

Sustainability: the proposals will involve transferring services to well established, viable organisations.

Staying Healthy Services

RCCHS and NHS Rotherham currently provide a number of services that support people to live a healthy lifestyle.

Rotherham NHS Stop Smoking Service

The Stop Smoking Service provides one to one and group work to support people to stop smoking. In 2009 the service received 9,841 referrals, of which 5,470 set a quit date and of these 2,548 successfully stopped smoking (a quit rate of 47%). The number supported to quit is good, however the proportion of people referred to the service who subsequently quit could improve.

The proposal is to transfer the Smoking Cessation Service to the Rotherham NHS Foundation Trust with an initial fixed term two year contract based on a tariff per successful quit.

The purpose of this proposal is to ensure the continued successful provision of smoking quits, with an increased emphasis on improving the referral to quit rate. The service will also be expected to improve quit rates among pregnant women.

We believe that by integrating this service into the heart of the NHS in Rotherham, we will create the best opportunity for the service to succeed and support more people to stop smoking.

Quality: the Rotherham NHS Foundation Trust will be able to provide effective governance for this service. The contract for the service will focus on improving outcomes – referral to quit rate; long-term quitting; and quit rate amongst pregnant women.

Efficiency: this service is currently provided as part of a block contract. Integration will provide the opportunity to move to a contract which pays for outcomes

Sustainability: the Rotherham NHS Foundation Trust will provide a viable, long-term solution for this service.

Rotherham Occupational Health Advisory Service and the Health Trainer Service

Rotherham Occupational Health Advisory Service (ROHAS) provides support and advocacy to people whose health is affected by their employment. ROHAS works with individuals and employers to reduce the length of absence from work due to ill health and ensures that wherever possible employers are able to make adaptations to support the return to work. Last year ROHAS had 1,400 contacts including 441 new patients. The service works with each of their clients for an average of 8 months to support return to employment.

The Health Trainer Service works with individuals on lifestyle behaviour change. The services is linked to a number of general practices, to the learning disability services and has been expanded to support the cardiovascular risk screening programme. During 2009/10 the service worked with 699 clients, five times as many as the previous year. Nearly 60% of referrals (400) are from GPs and the NHS, and the main issues are diet, weight, physical activity and stress.

The proposal is to transfer these services to the Rotherham NHS Foundation Trust.

The purpose of this proposal is to ensure the continued successful provision of this service. We believe that by integrating these services into the heart of the NHS in Rotherham, we will create the best opportunity for the services to succeed and support more people to improve their health. We will, however, need to ensure that the integrity of the services is maintained, and be satisfied that other options would not be preferable.

Quality: integrating these services with those provided by the Rotherham NHS Foundation Trust will ensure robust governance and support is in place as well as staff training, supervision and development opportunities. The service specification will require provision of services from community locations. Integration will create greater opportunities for seamless care.

Efficiency: both of these services are small. Providing them from within a larger organisation will help to reduce back office and infrastructure costs.

Sustainability: The Rotherham NHS Foundation Trust is a large established organisation able to provide a long-term future for these small services. There will always be a need for long-term lifestyle support for the increasingly elderly population, particularly those with long-term conditions. The link to community and hospital services will maximise opportunities for lifestyle change.

Planned Care and Clinic Services

RCCHS provides a range of planned care and clinic services including:

- Musculo-skeletal services
- Podiatry
- Speech and language therapy
- Primary ear care
- Dermatology clinics
- Community dental services

The proposal is to transfer these services to the Rotherham NHS Foundation Trust, and integrate them with the wider range of planned care services the foundation trust already provides.

The purpose of this proposal is ensure that these effective and well regarded services continue to be provided to a high standard. The proposal also creates the opportunity, where this is appropriate; to integrate these services with the far wider range of planned care services provided by the Rotherham NHS Foundation Trust. This will enable clearer care pathways to be established, thereby providing more seamless services.

There is not another alternative local provider with which these services could be integrated. The alternative to integration with the Rotherham NHS Foundation Trust would therefore be to procure a new provider services. This would not achieve the high degree of integration we wish to achieve.

Quality: Integrating these services with those provided by the Rotherham NHS Foundation Trust will ensure robust governance and support is in place as well as staff training, supervision and development opportunities. The service specification will require provision of services from community locations. Integration will create greater opportunities for seamless care.

Efficiency: There is currently some duplication and overlap in the provision of these services across Rotherham. Integration will provide some opportunities for rationalisation although NHS Rotherham will require a choice of point of access to be retained for patients. We will be expecting the Rotherham NHS Foundation Trust to consider greater provision of outpatient services in community locations and addressing the high level of follow up appointments across the community. The current contract for these services is a block contract. We will expect to move to a contract for activity on cost and volume. This will give greater confidence about value for money.

Sustainability: The Rotherham NHS Foundation Trust is a viable service provider with a good service and financial track record. For a population the size of Rotherham's having one provider for the range of community outreach and outpatient services will make for good economic sense.

Long-term Conditions, Intermediate Care and Urgent Care Services

RCHS provides a wide range of services that support people with long-term conditions. These include district nurses, allied health professionals and specialist nurses working in a variety of settings including GP practices, patients' homes, clinics, intermediate care and Breathing Space. The Rotherham Equipment and Wheelchair Service also contribute to meeting these people's needs.

The proposal is to integrate these services with those provided by the Rotherham NHS Foundation Trust subject to agreement about the service model, associated organisational development plan and reformed contract including a new scheme of tariffs and incentives.

Some GPs have expressed interest in integrated community nursing services, which would see the nurses employed by the GPs themselves working with district nurses

in integrated teams. Two pilot projects to this effect are underway. At this stage, we believe the community nursing model being sought by some GPs could be achieved by GPs and the Rotherham NHS Foundation Trust working together. We will hold further discussions with GPs, community nurses and the Rotherham NHS Foundation Trust about this, the outcome of which will then become part of our plan.

The purpose of this proposal is to ensure that the needs of people with long-term conditions and other people, in particular older people, continue to be met.

Supporting people with long-term conditions accounts for between 40 per cent and 50 per cent of NHS Rotherham's investment in the local NHS. It accounts for about £13 million of our investment in community services. These services are therefore a very important part of the local NHS.

We will expect the Rotherham NHS Foundation Trust to considerably strengthen the provision of service at and closer to patients' homes. We will expect clear, seamless care pathways to be in place. We will expect far fewer patients to be admitted as emergencies to hospital, and will expect hospital length of stay to be reduced. The outcome will be better services, less dependency on the hospital and much improved efficiency.

This integrated service model can only be achieved if we transfer community health services to the Rotherham NHS Foundation Trust. The alternative to this option would be to procure a new provider for these services, and forego the quality improvement and efficiency opportunities we wish to secure.

The risk associated with this proposal is mainly that associated with the Rotherham NHS Foundation Trust becoming a bigger provider with responsibility for a wider range of services. This may impact on the degree of competition possible within the local health service. We will need to make sure that all services remain fully responsive or effective.

Quality: Integrating these services with those provided by the Rotherham NHS Foundation Trust will ensure robust governance and support is in place as well as staff training, supervision and development opportunities. The integration of these services will provide the opportunity to streamline care pathways to ensure that patients are seen and cared for in the right place by the appropriate staff member at the right time. We will want to explore with GPs and the Rotherham NHS Foundation Trust the option to base and manage community nursing service as an integrated part of primary care teams.

Efficiency: The current payment system pays the Rotherham NHS Foundation Trust for admitting patients to hospital. We propose to contract for services in a different way which will require a move away from the current tariff system to one based on payment for a pathway of care. This will mean that payment incentives will encourage the provision of care closer to home and the right level of support for patients enabling them to remain in their own home. By delivering services in a different way, opportunities will arise to make more rational use of the estate, leading

to a smaller hospital, freeing up funding and staff to deliver more patient focused services in the community closer to patients' homes.

Sustainability: The Rotherham NHS Foundation Trust is a viable service provider with a good service and financial track record. The integration of services into a single organisation will create a larger provider, with improved viability, thereby securing the future provision of both community and hospital services in Rotherham.

Mental Health Services

RCHS provides primary care counselling and psychological therapy services. These services are provided in partnership with GPs, who have direct access to the services for their patients.

The proposal is to transfer the primary care mental health services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH).

The purpose of this proposal is to ensure that these services, which are greatly valued by GPs and their patients, continue to be provided in the way which experience has proven to be effective. The contract with RDaSH will specify the requirement to maintain direct access to the service by GPs and their patients a mandatory requirement.

RDaSH is the only local NHS provider of mental health services. It can provide the governance and professional leadership needed for this service. It has committed itself to maintaining the existing, successful service model. No other local organisation has the capability or experience required to provide mental health services. The only viable alternative to integrating the service with RDaSH would be to seek a new provider via competitive procurement.

Quality: RDaSH is rated as excellent. It has a reputation for extensive service user and carer involvement in service design and monitoring. It is developing new models of care. We will ensure the GP based focus of this service is maintained by means of the service specification and contract.

Efficiency: this service has developed in the last eight years and now employs about 40 staff working in GP practices. The GP based nature of this service means there are few efficiencies to be made in relation to accommodation. The integration of service management into a large organisation will present some opportunities to rationalise back office functions.

Sustainability: RDaSH offers a long-term solution for these GP based services. The organisation is rated at the highest level by Monitor (the independent regulator of foundation trusts). The critical mass of such a large mental health organisation will provide appropriate levels of staff support and supervision and opportunities for staff development.

Services for People with Learning Disabilities

RCCHS currently provides, in partnership with Rotherham Council and the the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH), a number of services for people with learning disability.

The proposal for the specialist assessment and treatment services, the integrated community learning disability teams, and the specialist and community health services is to transfer these services to the RDaSH subject to agreement about models of care and contracts. These contracts are currently in development and will seek to ensure that these services continue to provide their current level of high quality service, while at the same time remain sufficiently flexible to respond to services users changing needs and best practice.

The three residential homes for people with learning disabilities are different in that the care is commissioned by Rotherham Council and the service provider, South Yorkshire Housing Association, contracts with RCCHS to provide the staff to support the residents. It proposed to transfer the staff to RDaSH, subject to agreement about models of care and contracts. It is the intention of all of the partners and stakeholders involved to work together to ensure that these services continue to develop and improve in line with the needs of residents and best practice.

The purpose of this proposal is to ensure that the specialist health needs of people with learning disabilities continue to be met by a specialist health provider that is committed to working very closely with Rotherham Council to protect the existing, successful service model.

RDaSH is the only local NHS provider of services for people with learning disabilities. It can provide the governance and professional leadership needed for this service, and already does so in other towns. It has committed itself to developing and modernising the existing, successful service model. No other local organisation has the capability or experience required to these services. The only viable alternative to integrating the service with RDaSH would be to seek a new provider via competitive procurement.

Quality: RDaSH is rated as excellent. It has a good reputation for extensive service user and carer involvement in service design and monitoring, and has links to both NHS and social care organisations. The organisation also has well established systems for addressing the requirements of the Mental Health Act. It is developing new models of care. The scale of the operation means RDaSH will be able to offer opportunities for staff development.

Efficiency: RDaSH will ensure that efficiency improvements are achieved. RDaSH already provides services for people with learning disabilities elsewhere, and this will add opportunities for efficiency improvement.

Sustainability: RDaSH offers a long-term solution for these services. The organisation is rated at the highest level by Monitor (the independent regulator of foundation trusts). The critical mass of such a large organisation will provide appropriate levels of staff support and supervision and opportunities for staff development. This transfer will ensure services are embedded in a large successful organisation, an appropriate service specification will guarantee that the local provision of this service is maintained.

RCCHS provides the staff for three residential homes which are owned and provided by South Yorkshire Housing Association (SYHA) and commissioned by Rotherham Council.

Further discussions are required with SYHA and Council before a proposal can be made about these services and staff.

Palliative and End of Life Care Services

RCCHS provides a range of specialist palliative and end of life care services, including the staff for Rotherham Hospice, which is owned and provided by the Rotherham Hospice Trust.

The proposal is to transfer all these services to the Rotherham Hospice Trust subject to agreement about governance and leadership, the service model and contract.

The purpose of this proposal is to enable the Rotherham Hospice to become a centre of excellence for the provision of specialist palliative and end of life care services. This important service offers choice to people at the end of life. It is a service we intend to grow over the next two years to provide real alternatives to patients. NHS Rotherham currently commissions a range of community support for end of life care and palliative care working with funding raised by voluntary organisations which include the hospice, MacMillan and Marie Curie. This proposal is being developed in liaison with all the funding organisations to ensure best use is made of both public and private funding.

Rotherham Hospice is the only local specialist provider of end of life care services. It has built a reputation as a valued and effective part of local health services. It is presently expanding from eight to 14 beds. It is committed to further expansion, and to becoming the centre of excellence to which we aspire.

Quality: The Rotherham Hospice is registering with the Care Quality Commission. Its services, currently provided in partnership with RCCHS, are well regarded. The transfer of all specialist palliative and end of life care services to the Hospice will enable it to build upon this good track record to provide a wider range of high quality home based, day care and in patient services.

Efficiency: The Hospice is funded partly by charitable fundraising and partly by NHS Rotherham. Bringing all these services together under one provider will create

some efficiency opportunities. Agreement will be reached with the Hospice for it to access support services (for example, payroll, and information technology) from the NHS. Whilst a larger organisation may have greater opportunities for cost effectiveness, the Hospice is able to offer more personalised care packages. It will be important to ensure that the existing links to the major NHS providers and social care are maintained.

Sustainability: The Hospice Committee has successfully operated the Hospice in conjunction with NHS Rotherham and Rotherham Community Health Services since 1996. The transfer of all these services will create a large charitable sector provider, able to attract high quality leaders and staff with a firmer base for the development of a number of voluntary funded developments including MacMillan and Marie Curie investments. The Hospice's charitable fundraising will be made more secure by its larger footprint. NHS Rotherham will agree a contract with the Hospice that provides a sound basis for its viable operation.

What will be the impact of our proposals?

The changes we are proposing will not, for most people, lead to any immediate changes in service provision. Community services will continue to be provided in similar ways. However, over time, we expect improvements to be made to the range of community services and the way they are delivered.

- Patients in Rawmarsh will have a choice of four general practices.
- The Canklow and Gate surgeries patients will continue to have access to the specialist support they need.
- Health visitors, school nurses and other children's health services will continue to work closely with GPs and Rotherham Council to offer services to children.
- There will continue to be a range of services which support people to develop and maintain healthy lifestyles.
- Planned care services and clinics will continue to be held at Rotherham Community Health Centre and other community clinics, backed up by the infrastructure and governance of high quality organisation.
- Patients with long-term conditions will gradually be offered more services in the community, and everyone with a long-term condition will be provided with an individual care plan detailing how, where and when to seek assistance and how they can best look after their own health. These community services will continue to be backed up by high quality hospital services.
- Primary care mental health services will continue to be provided in the same way in GP surgeries by a provider with a good track record.
- Specialist health services for people with learning disabilities will be provided in a similar way by a provider with a good track record. The staff working in the residential homes for people with learning disabilities will transfer to the same provider.
- The Rotherham Hospice will provide a comprehensive home based, day centre and in patient specialist palliative and end of life care services.

Glossary

Board

The top layer of management at NHS Rotherham which provides strategic leadership to the organisation. It consists of executive and non executive directors.

Care Quality Commission (CQC)

The independent regulator of health and social care organisations in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.

Commissioning

The authority to perform commercial transactions by buying or procuring services. For example NHS Rotherham commissions health services from hospitals on behalf of the people of Rotherham.

Every Child Matters

Published in 2003, Every Child Matters sets out the Government's approach to the well-being of children and young people from birth to age 19.

For more information please visit: <http://www.dcsf.gov.uk/everychildmatters>

Governance

Systems and processes as part of organisational management.

GPs

General practitioners – qualified doctors who work in a community setting.

Intermediate care

A generic term to describe a wide range of services that help prevent unnecessary admission or facilitates early discharge from hospital. It fills the care gap between independent living at home and care in hospital.

Long term conditions

Diseases or illnesses that are not 'cured' but managed through medication or lifestyle interventions (diet etc). Examples include asthma, diabetes, chronic obstructive pulmonary disease and coronary heart disease.

Monitor

The independent regulator of NHS foundation trusts.

NHS Rotherham

The commissioning organisation of the NHS in Rotherham.

Palliative Care

When there is no cure for an illness, palliative care tries to make the end of a person's life as comfortable as possible.

Podiatry

Care of the foot and ankle.

Procurement

To purchase or buy goods or services.

Rotherham Community Health Services (RCHS)

The organisation which currently manages community health services across Rotherham including district nurses, health visitors and many of the departments based in the Rotherham Community Health Centre eg podiatry and ear care.

Rotherham Hospice

Provides specialist palliative care for patients suffering from life limiting illnesses over the age of 18.

Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust

Also known as RDaSH, this organisation manages mental health and learning disabilities services at inpatient and community facilities across Rotherham and Doncaster.

Social Enterprise

A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community rather than being driven by the need to maximise profit for shareholders and owners.

The Rotherham NHS Foundation Trust

Also known colloquially as Rotherham Hospital or Rotherham District General or abbreviated as RFT. The Rotherham NHS Foundation Trust is the acute hospital in Rotherham providing acute hospital care to adults and children.

Urgent Care

Urgent care is the range of responses that health and care services provide to people who require or perceive the need for urgent advice, care, treatment or diagnosis.