

City-wide Localities Group Bi-monthly Report

Governing Body meeting

25 May 2017

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Purpose of Paper	
To update Governing Body bi-monthly on key highlights, progress and risks in Localities and to ask Governing Body key questions from Localities.	
Key Issues	
Workforce Resource Maintaining engagement	
Is your report for Approval / Consideration / Noting	
Consideration and noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to: <ul style="list-style-type: none"> Consider and note the update from Citywide Localities Group Respond to the questions listed in the report. 	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i> Principal Objective: To improve patient experience and access to care Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	

Have you carried out an Equality Impact Assessment and is it attached?
<i>Please attach if completed. Please explain if not, why not</i>
Not applicable
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
Not applicable

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1. Introduction / Background

- 1.1. At its meeting on 6 April 2017, Governing Body received the first of a new report from the City-wide Localities Group, to replace updates via minutes of meetings each locality had previously submitted.
- 1.2. At that meeting Governing Body approved the new report and agreed they would like to receive a report on a bi-monthly basis. The report consists of all the key themes across the localities as well as specific locality initiatives.
- 1.3. Governing Body is asked to note and recognise the considerable work that is being taken forward and to consider the reported issues and pressures within localities along with the questions that localities would like Governing Body to respond.

2. Key Themes

- 2.1. **Neighbourhoods** – Neighbourhoods are a key aspect of delivering our Sheffield Plan. We recognise that neighbourhoods are at varying degrees of development and maturity and need different kinds of support. This month citywide, we have been exploring how best we can support neighbourhoods, by starting to develop a maturity index to describe our ambitions of neighbourhoods and what we expect, in order to identify how best to support them. In parallel, there are exciting initiatives taking place locally including:
 - 2.1.1. A neighbourhood integrated care team (known as the virtual ward) will be rolled out across one locality in the first instance. The team is made up of all services, voluntary, health and care coming together to focus on their patients in a more co-ordinated way to increase primary and community care and support to reduce inappropriate admissions and reduce unnecessary stays in hospital.
 - 2.1.2. Continued development within neighbourhoods for all services to work with community partnerships to implement a single social prescribing route.
 - 2.1.3. Exploring the use of Mental Health and Wellbeing workers linking to their community partnerships.
 - 2.1.4. Looking at the expansion of a successful primary mental health care project to support the needs of patients with severe and enduring mental illness.
 - 2.1.5. Evaluation of a paramedic service providing home visits.
 - 2.1.6. Neighbourhoods are also a route to build primary care resilience and sustainability. Some initiatives starting in some neighbourhoods include sharing workforce, agreeing terms of reference in order to make decisions on behalf of the neighbourhood, exploring workforce planning, such as the use of physician associates in the future.

- 2.2. **Practice based initiatives** – Localities have been supporting a wide range of CCG initiatives. We have launched the Prescribing Quality Improvement Scheme for practices; Improving quality in locally commissioned schemes at a city wide practice learning initiative and continuing to organise workforce and resilience programmes for practices as part of the GP Forward View resilience plan. All localities are exploring a range of options to improve primary care access across the city.
- 2.3. **Workforce Development** – as part of implementing the GPFV programme plan, a series of Practice Manager development programmes were agreed and these have now begun. This includes this month: supporting around 24 practice managers to develop techniques in good change management; delivering the Institute of Leadership and Management Level 3 to around 30 practice staff, followed by Level 5 later on this year. In May, bringing in experience from other areas, West Wakefield are delivering a programme to practices to explore introducing Care Navigation, which aims to release time to care for patients, which will contribute to the 10 High Impact Actions from the GPFV programme.
- 2.4. **Communications** - We also have recently launched a mailbox for practices to email their concerns and issues which are then analysed and addressed. We've received nearly 100 emails so far, the top four themes so far focus on the interface between secondary care and primary care.
- 2.5. **Consistency in Primary Care** – one of the most important things to ensuring future models of care and the shift of activity (followed by money) out of hospital and into communities is a consistent offer from primary care. This links into the action from the previous Governing Body discussion. Localities do now receive a regular locality report to support reducing variation between practices (understanding where it is real and what actions can be taken), we are currently working together to further refine this to ensure that it is in a format that enables real impact in this area

3. Locality Specific initiatives

- 3.1. **Central** – focussing on the development and subsequent approval of a business case to roll out the pilot Virtual Ward service from one neighbourhood in the locality to all neighbourhoods in the locality. Focus will now be on implementation and sharing the key aspects of the service across the city. Work optimisation training has now started in 6 practices as part of the city wide GP Forward View resilience programme.
- 3.2. **Hallam and South** – Hallam and South Locality was proud to support two of their nurses who were asked to share their involvement in delivering Shared Medical Appointments. They travelled to Manchester and presented their experience to an audience of Nurses from 25 Manchester practices. They have since been asked to act as Mentors to new Nurses sharing their learning. HASL is proud that one of their Neighbourhoods Peak Edge has received the title of Neighbourhood of the month. The locality has sent out a survey aimed at GPs on how best to engage them in Neighbourhood working.
- 3.3. **West** –Inputting into city wide initiatives to increase services closer to home. Exploring how general practices can work to jointly provide additional support to Care Homes.

- 3.4. **North** – Have recruited a GP to provide one session a week to be the Neighbourhood Clinical Lead for the locality. Increasingly the locality are utilising traditional locality forums to prioritise and share neighbourhood learning and delivery.

4. Challenges/Risks and Issues

- 4.1. Whilst there is positive engagement across the city in the range of CCG initiatives to improve practice resilience and workforce, there remain challenges and risks in delivery. Via our regular engagement routes, we know there is a continued pressure and de-stabilising around workforce. This covers difficulties in recruitment and retaining new and existing staff. Current vacancies known to the CCG include 11 GP vacancies as well as 8 practice nurse vacancies, only 1 clinical post down from reported previously. We will keep on tracking via this report. There are practices within our city that have tried to recruit for up to two years and highlighted for Governing Body is the problem in recruiting partners to take on single handed practices.
- 4.2. Discussions at a citywide level remain focussed on how we can support neighbourhoods at varying degrees of development, addressing the risk of practices disengaging in CCG and city initiatives.

5. Key questions for Governing Body

5.1 In addition to those questions asked at the previous meeting of Governing Body, member Practices and Localities have asked the following questions of Governing Body.

5.1.1 As neighbourhood and out of hospital initiatives gain scale, pace and impact, how do we ensure that where we have activity/cost reducing initiatives we are able to fully release the associated acute spend and reinvest it in primary care and communities? What actions can localities take to support?

5.1.2 How does the Sheffield estate strategy support the city's expectations for an integrated primary and community service, and how can we work together with partners to use vacant space to our collective benefit (both providing services and releasing cost)?

6. Action for Governing Body / Recommendations

The Governing Body is asked to:

- Consider and note the update from Citywide Localities Group
- Respond to the questions listed in the report.

Paper prepared by Rachel Dillon, Locality Manager, West
On behalf of Nicki Doherty, Interim Director of Delivery – Care Outside of Hospital
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18 May 2017