Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

The Sheffield Alliance of the Willing: Building a Truly Local Health and Care System

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Primary Care Commissioning Committee meeting

4 May 2016

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Is your report for Approval / Consideration / Noting

Consideration

Are there any Resource Implications (including Financial, Staffing etc)?

No

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?

2. To improve the quality and equality of healthcare in Sheffield

3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield

Equality impact assessment

No, it is an update

PPE Activity

How does your paper support involving patients, carers and the public?
To be determined

Recommendations

The Primary Care Commissioning Committee is asked to:

- Provide an input into where this goes next and more specifically, how it can be embedded in the Primary Care Strategy
- Consider its response to the questions posed in the paper based on the areas for further action and development identified by the participating GPs and VCF organisations through the research and round table discussion events

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1. Introduction

1.1. This paper is intended to provide a brief overview of the context, scope and intended outcomes of the Alliance of the Willing project, highlight the progress to date and;

- To seek the committee's input into where this goes next and more specifically, how it can be embedded in the Primary Care Strategy
- To pose some questions to the committee based on the areas for further action and development identified by the participating GPs and Voluntary, Community and Faith (VCF) organisations through the research and round table discussion events

2. Background

2.1. In Sheffield, individual neighbourhood based organisations, including GPs and the voluntary sector have for too long been left to get on with the business of addressing health inequalities themselves. These organisations often serve communities who experience substantial social and economic disadvantage or inequalities. A significant element of this work involves changing relationships with local people, taking a more asset based approach and supporting the development of active voluntary roles that help the health service collaborate better with the community it serves. However, it is no longer possible to rely on individual initiative alone. Financial pressures, growing inequalities and demographic change mean that more systematic action needs to be taken. The work of Sheffield Clinical Commissioning Group, the development of its Commissioning Intentions and the emerging Primary Care Development Strategy all present opportunities to develop a more tailored approach that reflects Sheffield circumstance and experience.

2.2. The overall aim of the project is to support committed organisations and individuals delivering services in the most deprived areas of the city to;

- come together, share existing good practice and experience of working collaboratively to address local health inequalities
- to provide a forum for learning and developing a shared agenda for change from the grass roots that will inform and influence the development of city wide strategies including the primary care strategy amongst others.

3. **Methods**

3.1 There are two current strands of work within the project.

- Research

Leeds Beckett University have been commissioned to conduct a piece of research to describe the service delivery models that have been developed by GPs and their local VCS organisations working to address health inequalities in deprived communities in Sheffield

- Round Table events

A series of three round table events have been designed that provide an opportunity for GPs and their local VCS colleagues to come together and identify the challenges faced in tackling health inequalities at a neighbourhood level and set out recommendations for further action that is required to make progress in this area.

3.2 The project is overseen by a steering group within the CCG made up of representatives from Sheffield CCG Board, GP, Public Health, VCF sector and more recently a representative from the emerging Yorkshire and Humber Deep End Group.

4. **Progress to date**

4.1 Work is well under way on both strands of the project

- Research

A number of representatives from GP practices and VCF organisations in the most deprived areas of the city have been interviewed to identify the local challenges they face meeting the health and wellbeing needs of their communities and to identify the actions that would help to address these more effectively. The interviews are currently being written up by Leeds Beckett University and will be presented alongside a literature review that looked at prior learning from collaborations between primary care and the VCF sector and examples of the added value and positive health outcomes for patients from this closer collaboration.

- Round Table events

The first of the three round tables has been delivered and had a focus on the importance of tackling health inequalities. We were privileged to have Professor Graham Watt attend and deliver the keynote address. Professor Watt led the development of the GP's at the Deep End work in Glasgow. More information about the Deep End Project can be found by clicking the link below
http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/

A copy of the slides presented can be accessed here

The second round table event is currently being designed and will have a focus on the training and development needs of practitioners. Hopefully

Dom Patterson (Deputy Director for Postgraduate GP Education) will be delivering the keynote address and Debbie Mathews (Manor and Castle Development Trust) will be highlighting some examples of the impact on patients of closer collaboration between primary care and their local community anchor organisations.

Outcomes for the session will include:

- How do we collate the experience of training practices in deprived areas in order to promote learning?
- What is the viability of expecting all GPRs to have a training placement in deprived areas?
- Identifying areas of continued professional development for existing practitioners working in deprived areas that will enable them to work in collaboration with the VCF sector, particularly given the emerging context of community based commissioning consortiums as part of Integrated Care (PKW, ASR)

5. **Key areas for action identified so far by the project**

Participants at the first round table discussion identified the following as areas for action to tackle health equalities, possibly under a 'Deep End' focus:

- Language and literacy – in the socio-economically deprived communities in which GPs and VCS organisations are operating a significant proportion of patients speak English as a second language or struggle with written English. Interpreter can be used (typically by GPs) but can be time consuming. This is an area of concern.

- 'Us' to articulate what needs to happen – It was agreed that those in the field – GPs, VCS organisations, and other health care professionals – need to identify common problems and solutions. One collective one voice, based on collective experience, needs to speak to commissioners about what primary care services should look like to address health inequalities in deprived communities in the city.

- Sheffield specific – Primary care services in the city are based on a one-size-fits-all model and equal funding per head. However, it was agreed that addressing health inequalities in Sheffield will require a new approach; "unequal resources for unequal need" should be the new mantra embedded in the Primary Care Strategy. The political sensitivity of instigating equitable funding per head was recognised. Any decision needs to be made openly and transparently.

- Role of Future GPs – Given the above average training capacity in 'Sheffield Deep End' GP practises, there should be a role of GP registrars and trainees in shaping strategy.

- Facilitate communication between GPs and VCS organisations – GPs and VCS organisation do not have opportunities to meet and discuss their

common experiences. A core function of the Sheffield Deep End group should be to provide a forum for greater understanding and collaboration.

- Unconditional care – the overarching aim of those looking to address health inequalities in deprived communities in Sheffield should be to provide unconditional, personalised continuity of care. This may consist of GPs as 'generalists' supported by different partners delivering various other aspects. Systems currently prevent this in Sheffield.

- Evidence and data – The priority should be for data about workload, attendance rates, income and need across healthcare providers. Professional experience and stories are to be collated to capture the Sheffield Deep End's perception on specific issues.

- Long term commitment – addressing the social determinants of health in deprived communities will take a long time. In the meantime, the role of health care providers is to mitigate people's problems.

- Link workers – There is a need for more visible links between GPs and VCS organisation. GPs specially value having a designated point of contact that they can refer patients to.

- Resources – the Sheffield Deep End group requires resources to be successful. Funding backfill so that people can attend meetings is vital.

- Future events – It is imperative that the Sheffield Deep End builds on the momentum generated during the first meeting. Future meetings will require people to engage with the topic and to promote the groups work to colleagues. It will also be important to think broadly and be inclusive of all primary care health professionals working in deprived communities in Sheffield (i.e. optometry, pharmacy, etc).

6. Questions to the Primary Care Commissioning Committee

6.1. Given the level of support emerging from grass roots GPs, VCF organisations and Sheffield University, does the CCG support the development of a Sheffield 'Deep End' model to support GPs working with the most disadvantaged and vulnerable populations in Sheffield?

6.1.1. If so, how does this model inform and influence the development of the Primary Care Strategy?

6.2. How can this project inform and encourage a discussion on the equitability of resourcing for general practice? Analysis in other areas suggests a steep slope of need yet a relatively flat slope of resource per registered patients – in other words, resource is not matched to need. Assuming a similar picture in Sheffield, would the Committee commit to working alongside this project and the emerging Sheffield Deep End group to develop a way forward that ensures primary care resource follows patient need?

7. Recommendations

The Primary Care Commissioning Committee is asked to:

- Provide an input into where this goes next and more specifically, how it can be embedded in the Primary Care Strategy

- Consider its response to the questions posed in the paper based on the areas for further action and development identified by the participating GPs and VCF organisations through the research and round table discussion events

Paper prepared by Joanna Rutter, Health Improvement Principal

On behalf of Professor Mark Gamsu, CCG Lay Member and Katrina Cleary, CCG Programme Director, Primary Care

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