Sheffield Clinical Commissioning Group NHS England healthwatch Sheffield NHS Sheffield City Council

HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Nicki Doherty, Director of Delivery Care out of Hospital, Sheffield CCG
Date:	29 March 2018
Subject:	Primary Care Strategy for Sheffield
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Summary:

This strategy is about future primary care services in Sheffield and how they might work differently. Our vision for primary care in the city is three fold:

- To improve the health and wellbeing of people in the city
- To have high quality, sustainable primary care services that are fit for purpose now and in the future
- To see health, social and voluntary care services working collaboratively for the benefit of individuals and in time with the needs of the particular population they serve.

Questions for the Health and Wellbeing Board:

- What opportunities should we be exploring to reduce health inequalities?
- Are there greater partnership opportunities that we should be exploring through our neighbourhood approach?

Recommendations for the Health and Wellbeing Board:

- To note the primary care strategy
- To confirm further Health and Wellbeing Board consideration in relation to the actions agreed

Background Papers:

- Primary Care Strategy for Sheffield
- Neighbourhood News e-bulletin
- NHS Sheffield CCG website page on Neighbourhoods

PRIMARY CARE STRATEGY FOR SHEFFIELD

1.0 SUMMARY

1.1 This strategy is about future primary care services in Sheffield and how they might work differently. Our vision for primary care in the city is three fold:

- To improve the health and well-being of people in the city
- To have high quality, sustainable primary care services that are fit for purpose now and in the future
- To see health, social and voluntary care services working collaboratively for the benefit of individuals and in tune with the needs of the particular population they serve.

1.2 The CCG agreed the strategy in May 2016

1.3 This session aims to update members of the Health and Wellbeing Board on

- What the strategy set out to achieve
- The progress that has been made to date
- And in particular to discuss the neighbourhood approach and future opportunities

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 If the changes in this strategy are implemented we can expect the following outcomes:

- Better equality in health outcomes for people living in Sheffield; this means improving how people manage their own health and ill health and making sure they have equal access to the support they need, regardless of their social circumstances

- Stable primary care services with sufficient numbers and skill mix of staff to manage the demand plus IT and buildings that support and enhance service provision

- People receiving the right interventions at the right time from the right professional – mostly in their local neighbourhood.

2.2 To achieve these outcomes will require a change in behaviour and culture for patients, providers and commissioners.

2.3 The public will be encouraged and enabled to seek support and interventions from a wider range of professional and not use their GP as the default option for all health queries; they will play a much bigger part in managing their own health.

3.0 PRIMARY CARE STRATEGY FOR SHEFFIELD

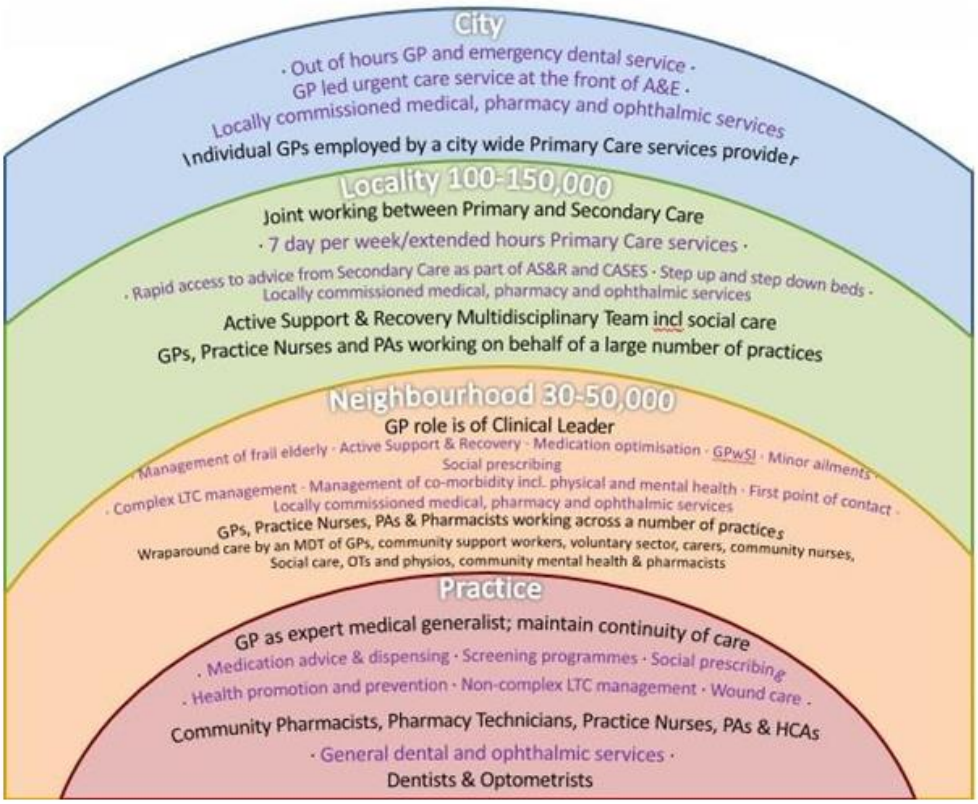
3.1 Our Vision

We know there will be big improvements in people's health and well-being if the existing services already rooted in local communities – health, social care, voluntary sector, police, education and others – work in a more collaborative way. There is a growing recognition that organisational boundaries have prevented healthy collaboration in the past and that this culture is now shifting. Collaboration between services covering populations of 30-50,000 people is recommended in a number of national documents; we refer to this as a neighbourhood and it forms a key part of our strategy.

People will achieve the best health outcomes for themselves if these services work in a truly integrated way. This means each service being able to quickly and easily respond to requests from neighbourhood colleagues for advice or input to an individual patient and, for individuals with more complex needs, working in partnership with a multi-disciplinary team of neighbourhood professionals. Central to our vision are people who take a much more active role in improving their own health, managing their own ill health and being better informed about which professional is best able to help them.

Of course, not all services can or should be provided at a neighbourhood level; high volume services needed by lots of people will be provided to smaller units of population and more specialist services will be provided on a city wide basis. The following picture

illustrates our vision for Primary Care, Active Support and Recovery (AS&R) and Urgent Care services within the broader range of out of hospital services:



3.2 The case for change

3.2.1 National drivers for change

These drivers are well documented and can be summarised as:

- The number and proportion of older people in the population is increasing; the health and social care needs of older people are often more complex.
- There are more people being diagnosed with long term conditions and a greater proportion of people living with co-morbidity; this increases the demand for services and demands a different type of service provision.
- Greater prevalence of mental health needs and co-morbidity of physical and mental health illness.
- The healthcare expectations of the population are changing in line with greater consumer choice, 24/7 access, fast response times and better informed consumers.
- The approach to healthcare provision is shifting away from a paternalistic model with a greater onus on patients taking a more active role in the care of their own health; the Collaborative Care and Support Planning (CCSP) or person-centred care approach.

- Significant differences in health outcomes for different population groups; a persistence of health inequalities.
- Funding levels have decreased in real terms; the same resources are being spread more thinly requiring more efficient use of funds available.
- Greater integration between health and social care commissioners as a result of the Care Act and introduction of the Better Care Fund (BCF).
- Changes in technology are enabling improved survival rates, more complex conditions to be managed in a community or home setting and alternative ways of seeing and assessing patients.
- There are significant workforce issues in many parts of healthcare and this is keenly felt in primary care where fewer GPs are entering the profession and more are leaving it early; there are too few practice nurses and a lack of dedicated training and career structure; physicians assistants courses are in their infancy
- A combination of workload and workforce pressures and, in some cases, reductions in funding, are pushing some general practices to consider closure.
- A shift in culture towards patient centred care.

3.2.2 Local drivers for change

There are many local drivers for change; the most pressing of these are:

- The variation in quality and length of life of people living in different parts of the city and in different social circumstances. Not only are those living in deprived areas, with a disability or with a mental health illness more likely to die at a younger age but they are also more likely to live their life in poorer health and find it harder to get the healthcare services they need.
- There are not enough staff to manage the growing need for services and the number of staff approaching retirement or leaving their jobs early due to work pressures suggest that the workforce will shrink over the next few years; this has been further exacerbated by the primary care funding equalisation exercise.

It is imperative that the strategy for primary care addresses these 2 issues. Primary care services must:

- Be of a consistent standard and quality
- Engage with and be accessible to anyone, regardless of their social circumstances
- Offer the same level of service to people with mental ill health and disability as is available to the rest of the population

- Have the right workforce, IT and buildings to be able to do their job.

3.3 What people have told us?

For a number of years Sheffield Clinical Commissioning Group (CCG) has been engaging with local people who have told us that:

- They are confused about what services to use for what type of need;
- The health and social care system is complicated, fragmented and lacks communication between services and organisations – services need to be joined up better with greater integration across health and social care;
- They want services in their local community;
- They need more publicity about public and voluntary services in their local area and how they can use these to address their health needs before escalating to their GP, 999 or A&E;
- They want to be treated as a whole, with their mental health needs treated as equal to their physical needs;
- They use urgent care services for convenience if they have difficulty in getting a GP appointment.

The CCG has listened to these messages and to what providers of primary care services across the city are saying; these discussions have generated ideas and momentum and have resulted in the development of this strategy.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

4.1 What do we need from a primary care service?

Primary care services refer to general medical, pharmaceutical, ophthalmic and dental services which any member of the public can refer themselves to. People want to be able to access these services easily without travelling long distances; as a CCG we expect these services to be of a high quality and to positively impact on the health outcomes of the local populations they serve. We anticipate that ophthalmic and dental services will not be significantly changed and have focused our attention in this section on general medical and pharmaceutical services.

Patients want high quality care, provided by a familiar team of GPs who know their medical history, and they want to be able to receive that care in a timely fashion when they need it.

We want to see a primary medical service that retains the core values of general practice, as identified by a group of Sheffield GPs at a seminar in October 2015:

- Care centred around the person
- Shifting power to the patient
- An holistic approach to care

- Advocacy.

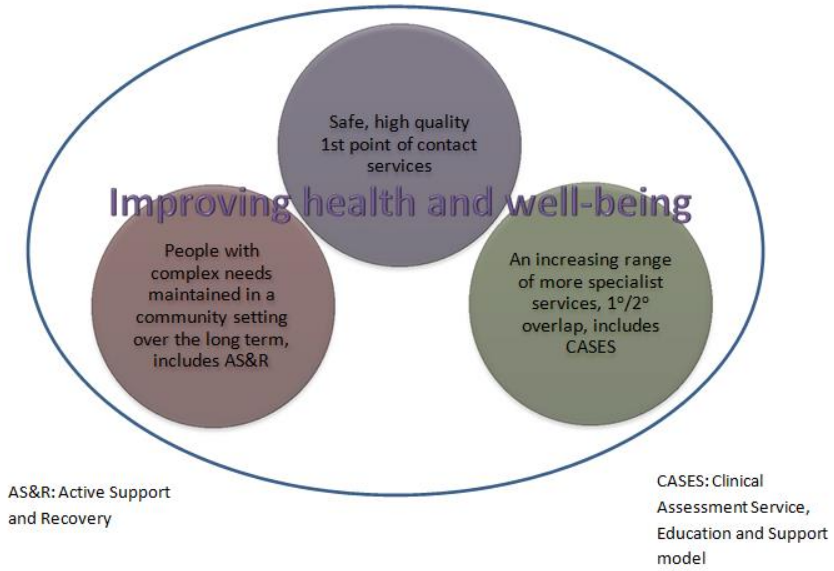
Maintaining the system of list-based care is key to retaining these core values and puts general practice at the heart of a patients care/ The continuity of care that results from many years of the GP and patient working together brings significant benefits.
The patient-GP relationship has become increasingly important as the health and social care system has evolved and become more fragmented; the range of services available to people and the number of agencies involved in delivering these services has increased over the last two decades.

The patient receiving input from multiple parts of the system must feel that they are at the heart of a single system that knows them, understands their physical health, mental health and social care needs and delivers those needs, in line with their own health goals, without delay or interruption. We believe that GPs must be able to easily access and deploy other parts of the health, social care and voluntary sector in the interest of their patients.

In addition to providing continuity of care for many of their patients, GPs also provide 1st point of contact services for their local population, managing acute presentations and undifferentiated need on a daily basis. We see these elements of service continuing to be managed within the primary care setting and believe that:

- Some services must be provided in a different way in order to have a greater impact on health outcomes for some population groups
- Some services must be provided in a different way in order to manage the increasing demand
- General practice, community and mental health providers, social care providers and the voluntary sector must be enabled to coordinate their care around the needs of the patient.

The third element of provision for the primary care setting is a greater range of specialist services. We recognise that there has been a shift from secondary care to primary care for some services in recent years and believe it is beneficial for patients to be managed at home/in their local community where this is clinically appropriate. We would like to enable all providers of primary care to deliver a broader range of services and acknowledge that this must be supported by a different contractual approach.
To summarise, we would like all people in Sheffield to be able to access the following out of hospital services:



To have maximum impact on the health and well-being of local populations we believe that these 3 elements of service must all be delivered in a way that:

- Addresses mental and physical health needs concurrently.
- Adopts a person centred care approach to all interactions with patients.

4.2 What do we want a future primary care service to look like?

As with the current system of primary care the GP-Patient relationship will sit at the centre. Health, social and 3rd sector services will be better integrated, with GPs providing leadership on individual patient care within this wider system. There are many ways of describing how this complex system might work in practice and the following takes the perspective of services provided to different size population groupings.

The CCG wants to see primary care resources being used to maximum efficiency and proposes that services are organised in layers of different size populations.

- A typical practice population
- A neighbourhood population of 30,000-50,000 people
- A locality population of 100,000-150,000 people
- A city wide population.

To help achieve this the CCG will encourage larger scale, more collaborative and coherent working between practices and other organisations.

4.3 Neighbourhoods

Active Support and Recovery and People Keeping Well

Central to this model is the introduction of neighbourhood working – health and social care professionals and the voluntary sector providing services to population groupings of 30,000-50,000 people. Although these professionals may work for a

range of organisations and agencies the intention is for them to work as a single, multi-disciplinary team for the benefit of individual patients.

Population groupings of this size are being favoured across the country as the size allows for professionals to know each other, know the patients, know the local voluntary sector services available and easily access resources within their neighbourhood[15]. Active Support and Recovery (AS&R) will be one of the services on offer. Those patients with more complex needs living within the neighbourhood would work closely with a team of health, care and voluntary sector professionals to get the inputs needed to keep them well in their home setting or to support them during periods of ill health in their home setting. Under this model, professionals working within a neighbourhood would build close relationships with those patients with more complex needs; this more intimate knowledge of individuals will mean services that are better tailored, more effective and seamless, reducing the gaps, duplication and confusion often reported by this cohort of patients in the current system of provision. It is anticipated that the GP would lead the multi-professional team, identifying jointly with the patient the inputs needed and overseeing their single care plan.
GPs would lead the care of those complex patients already on their list.

4.4 Neighbourhoods and the voluntary sector

Sheffield has an active and diverse voluntary and community sector. Many of the smaller local organisations share a similar focus of community and neighbourhood to general practice. Voluntary, Charity and Faith (VCF) organisations have a track record of being able to work flexibly and collaboratively to meet the needs of local people. Additionally, many organisations in this diverse sector work with local people, recognising their contribution to community life, and enable local people to develop their own skills, capability and capacity to cope and respond positively to their own health issues.

The voluntary and community sector has an important role to play in helping rebalance health and care provision so that people can be supported to live successfully in their homes and communities. Central to this is the role of smaller community organisations and so called Community Anchors; generic neighbourhood based organisations.

A number of general practices have long standing collaborations with their local voluntary organisations - these include specialist organisations working with particularly vulnerable people such as the homeless, substance misusers and migrants and asylum seekers, people with disabilities and long term conditions and people from different ethnic backgrounds.

The neighbourhood described above incorporates the voluntary sector which is now being seen by the public sector as a partner provider of services to local people. There is a recognition that we need to move from a reliance on ad hoc commissioning of voluntary sector services to a more systematic approach which will give greater stability allowing development and innovation.

VCF and other organisations in Sheffield were recently invited to form, develop and manage Collaborative Partnerships (CPs), via a pseudo-framework[21], covering geographic areas of the city of between 20,000 and 30,000. 11 CPs have now been formed all of which have general practices as partners. Once on the framework the CPs can provide PKW services. The Council and the CCG will approach CPs on the framework when investing in neighbourhood based preventative health and wellbeing services.

CPs will take on the delivery of more local health and wellbeing services over time, using their local intelligence and flexibility to: support more people to improve their health and wellbeing; target their support intelligently; and, to ensure that the development of community services and activities meets local needs.
The geographic coverage of each CP will be proposed by the partnership and will be aligned with neighbourhood boundaries as closely as possible to enable more integrated working within the neighbourhood.

4.5 Empowering patients

The CCG acknowledges and values the central role that patients play in the effective planning and delivery of primary care. Putting patient care at the heart of this strategy is vital to ensuring that primary care remains focused on improving patient outcomes and experience. Sheffield CCG is committed to ensuring that patients remain at the heart of systems and processes, and that patients' views and experiences are listened to and acted upon as part of this commitment/

Sheffield CCG will ensure that patients know that their voices have been heard and that consideration has been given to their views. Patients will continue to responsibly access health and social care services and, to support them with this, Sheffield CCG will provide patients with the resources to enable them to make informed, positive choices for themselves and their families.

Patients will be empowered to manage their own health and ill health through the use of a person- centred care approach. Social prescribing will become a core part of the services available to enable people to address other issues in their lives that are impacting on their ability to address their health/ill health such as employment, housing, benefits, transport etc.

Overall significant progress has been made and we believe that there are more opportunities to explore as a city as we progress through our delivery of the strategy. We look forward to discussing some of them with the Board.

5.0 QUESTIONS FOR THE BOARD

- What opportunities should we be exploring to reduce health inequalities?
- Are there greater partnership opportunities that we should be exploring through our neighbourhood approach?

6.0 RECOMMENDATIONS

- To note the primary care strategy
- To confirm further Health and Wellbeing Board consideration in relation to the actions agreed

Appendix 1 Primary Care Strategy for Sheffield

The Primary Care Strategy for Sheffield is about future primary care services in Sheffield and how they might work differently. Primary care is a collective term for general practice, general pharmacy services, general eye-care services and general dental services.

Our vision for primary care in the city is three fold:

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