

HEALTH INEQUALITIES PROGRAMME 2003-06

Health Action Zone funded initiative

1. Which area of the health inequalities programme is your initiative contributing to? (tick ✓ the appropriate box)													
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2. Please state the purpose of the initiative.													
<p>The strategic development and mainstreaming of primary care advocacy services in Sheffield.</p>													
3. Please indicate (a) the target population and (b) the geographical areas the project will target and (c) estimate population coverage													
<p>(a) people living in areas scoring high against deprivation indicators.</p> <p>(b) areas and target populations will be determined when a strategy/implementation plan is agreed by relevant stakeholders but it is expected the areas will be the 10 most deprived wards, and other pockets of deprivation, and target populations will correspond to those identified in the city's health inequalities framework.</p> <p>(c) coverage will depend on numbers of participating general practices. This project does not fund services, but advocates for the service and explores avenues for funding and in-kind support to allow advocacy to take place. Development work will determine optimum coverage within the city. This will entail identifying target practices and how many worker hours will be required to provide services. A part-time advocacy worker in an established service (covering two surgeries) deals with approximately 470 people in a year. Using this figure, the existing services (including unfilled vacancies) has an annual coverage of: 2351. If the service expands to cover 30 surgeries in the city the coverage will be: 7050. The number of users does not reflect the extent of coverage given many issues resolved with the advocacy worker affect partners and families.</p>													
4. What will be the key impact of your initiative over the next three years directly or indirectly* on (a) health and (b) core mainstream services, that will achieve your projects purpose?													
	<i>Measure of success (see section 4b)</i>												
<p>(a) health impact The project impacts on the wider determinants of ill health and will contribute to reducing health inequalities across the city.</p>	<ul style="list-style-type: none"> - Number of people helped. - Number of referrals to other services. - Incidence and range of signposting to other services. - positive outcomes reported by users – in particular regarding access to services and resolution of long-term, critical problems. 												
<p>(b) service impact A systematic, strategic approach to primary care advocacy will be in place in the city. More appropriate and effective use of primary care services. Greater quality of care – more patient-focused – improved</p>	<p>Roll-out of new services in process by 2004 and completed by 2006. Reduction in inappropriate appointments with medical staff. GPs hit access targets.</p>												

patient experience.
Consistent quality of advocacy across all services in line with service specification.

Positive feedback from users on the advocacy service and their overall experience of primary care services.

4 (b) Please indicate above in the measure of success column how you will show this impact

* This acknowledges that initiatives will not necessarily have a direct impact but will make an indirect contribution to wider programmes. Each initiative is encouraged to think through its own contribution and how they will demonstrate this.

5. What processes have you put in place to gather this information and to review progress in your initiative?

A consistent recording and monitoring system is now in place in all primary care advocacy services. This provides quantitative data, and also each worker follows up 5 users every 6 weeks for feedback on how their problems were or were not resolved (to capture impact).

Data on reduction of inappropriate appointments, feedback on the service and on the quality of the patient experience within each practice, will be gathered through the practice's own evaluation systems.

There will be annual monitoring and evaluation of advocacy services across the city.

6. What will be the key actions that the initiative will undertake to achieve the desired impact and purpose?

Develop the city-wide Primary Care Advocacy Co-ordination Group to include representatives from South West and West PCTs and other stakeholders (potential candidates: PCT officers with clinical responsibilities for primary care; advice service; other advocacy initiatives in the city; area action; voluntary, community and faith sector).

Facilitate the development of a city-wide strategy for primary care advocacy. This will entail articulating the model of primary care advocacy that has been proven to work in the city, and getting buy-in from all PCTs and other key stakeholders to delivering this model across the city in target areas. The strategy will consider optimum coverage, links to and relationships with related strategies and initiatives (social inclusion, healthy inequalities framework, PPI, PALS), resource implications, and different delivery models (considering resource constraints). Funding sources other than PCT funding will be investigated, in particular Neighbourhood Renewal and other regeneration funding.

Develop an implementation plan. Support the delivery of this plan, rolling out services to new practices. This will require considerable development activity with potential practices – selling the idea, influencing GPs, practice managers and other staff, assisting with recruitment, and bedding in services.

Develop a systematic approach to monitoring and evaluating services across the city, and make recommendations for how to shape the service based on this monitoring and evaluation.

Develop a systematic, city-wide approach to governance, including implementing and updating service specification and standards.

Provide professional support (not line management) to advocacy workers in the city, and advise managers on professional issues.

7. Please identify milestones over the page to show progress of the project for 2003-04 to enable six monthly reporting.

8. What assumptions and/or risks have you identified relating to your approach?

General practices are willing to host services and to integrate the advocacy workers into their teams.
Resources can be found, or re-shaped, to provide services in target areas across the city.

9. Please indicate briefly how you will ensure the work of the project will continue once funding expires.

The project is at the interface of NHS modernisation and the regeneration agenda in terms of delivering services differently and enabling marginalized communities to access services – so will be in a position to raise funds from NHS and regeneration sources. The possibility of creating an independent organisation which could access voluntary sector funding would also be explored.

10. Please indicate the management steering arrangements for your project including the chairperson's name and where your initiative links into Sheffield First For Health or another part of the family of Sheffield First.

There is a Primary Care Advocacy Co-ordination Group, which consists of service managers. It is currently chaired by Julia South, the Acting Co-ordinator of the Healthy City Team. The chair will pass to one of the other members, by agreement, when the project becomes part of SE Sheffield PCT. Links to Sheffield First for Health are through the PCTs. The project will develop links with Sheffield First for Inclusion.

11. Please complete the attached spreadsheet indicating the budget profile for the project.

Please sign on behalf of the project

Signed on behalf of Sheffield First For Health

Name Julia South

	Milestones en route to delivering key project actions	Progress to date	Learning points to share
April – September 2003	<p>Terms of reference and membership of Co-ordination Group agreed and implemented.</p> <p>Workers support group functioning. Ongoing professional support to advocacy workers.</p> <p>Draft city-wide primary care advocacy strategy developed by stakeholders (through series of workshops)</p> <p>Potential sites for advocacy services identified. Support for services gained from potential sites.</p> <p>Monitoring and evaluation system in place and operating.</p>		
October 2003 - March 2004	<p>City-wide strategy (including action plan) agreed.</p> <p>Implementation plan drafted and agreed.</p> <p>First stage of roll-out of services to new practices completed.</p> <p>City-wide approach to governance agreed and implemented.</p> <p>Broader Co-ordination Group meets regularly to review progress.</p> <p>Ongoing professional support to advocacy workers and managers.</p>		

Please return to previous pages to complete the remainder of the project plan.