

BOARD OF DIRECTORS MEETING (Open)

Date: 11th December 2019

Item Ref: **12**

TITLE OF PAPER	Gulu Sheffield International Mental Health Partnership
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing & Professions Executive Lead, Gulu Sheffield International Mental Health Partnership Kim Parker, Clinical Lead, Gulu Sheffield International Mental Health Partnership (and Clinical Nurse Manager, Forest Lodge)
ACTION REQUIRED	To receive and approve the reports and be assured that the work of the Partnership is beneficial to both Sheffield and Gulu

OUTCOME	Members to be informed and assured of progress of the Gulu Sheffield International Mental Health Partnership work and to provide continued support
TIMETABLE FOR DECISION	December 2019 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ Why Health Partnerships are good for Global Health. BMJ 2016. ▫ THET Strategic Plan 2016-21 ▫ Health Partnerships Research & Assessment of Effectiveness. Globalisation and Health 2016 ▫ UK Contribution to Health Globally: A report by the All Party Parliamentary Group on Global Health 2015 ▫ United Nations Sustainable Development Goals 2015 ▫ Tropical Health Education Trust Principles of Partnership 2015 ▫ Dignity in Mental Health: World Federation for Mental Health 2015 ▫ Engaging in Global Health- The Framework for Voluntary Engagement in Global Health by the UK Health Sector, DH and Department for Internal Development (DfID) July 2014 ▫ Increasing Returns: How Overseas Volunteering from the NHS Benefits Us All: A Report by the All Party Parliamentary Group on Global Health (July 2013)
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p><u>Strategic Aim: Quality & Safety</u> <u>Strategic Objective A1 03: Provide a positive experience and improve outcomes for service users.</u></p> <p><u>Strategic Aim: People</u> <u>Strategic Objective A2 02: Implement a programme to establish and expand new roles.</u> <u>Strategic Objective A2 03: Revamp and improve our approach to recruitment and retention.</u> <u>BAF Risk A2 03: Insufficient skills and systems in place to enable transformation of recruitment within the Trust.</u> <u>Strategic Objective A2 04: Prioritise the health, well-being and welfare of our employees.</u></p> <p><u>Strategic Aim: Value for Money</u> <u>Strategic Objective A4 01: Ensure the financial sustainability of our services.</u></p>

LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<ul style="list-style-type: none"> ▫ From Competition to Collaboration: Ethical leadership in an era of health worker mobility. Tropical Health Education Trust. 2019 ▫ Journal of Psychiatric and Mental Health Nursing. Journal Psychiatric Mental Health Nurse. 2019 ▫ Preventing Suicide: A Community Engagement Toolkit. World Health Organisation. 2018 ▫ Health Education England Guidance for Trainees planning to Volunteer or work overseas. NHS Health Education England. September 2017 ▫ Health Education England: Tool Kit for the collection of evidence of the knowledge and skills gained through participation in an international health project. ▫ The African Journal of Traumatic Stress v4 No 1 June 2015 ▫ World Health Organisation (WHO) Bidirectional initiative: African partnerships for patient safety. APPS 2012 ▫ Health is Global: An outcomes framework for global health 2011-15. DH 2011 ▫ Global Health Partnerships: the UK contribution to health in developing countries. Crisp report, DH 2007 ▫ Paris Declaration (2005) and Accra Agenda for Action (2008), Organisation for Economic Cooperation and Development, (OECD)
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	<p>An amended version of an NHS International Health Links Toolkit is being used with Trust staff to measure the benefits to SHSC. It is being used with Trust staff who staff who have recently worked in the Sheffield-Gulu International Health Partnership in Uganda.</p>
CONSIDERATION OF LEGAL ISSUES	<p>N/A</p>

Author of Report	<p>Liz Lightbown and Kim Parker</p>
Designation	<p>Executive Lead and Clinical Lead</p>
Date of Report	<p>3rd December 2019</p>

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Gulu Sheffield International Mental Health Partnership

Authors: Liz Lightbown, Executive Director of Nursing & Professions
Executive Lead, Gulu Sheffield International Mental Health Partnership

Kim Parker, Clinical Lead, Gulu Sheffield International Mental Health Partnership (and Clinical Nurse Manager, Forest Lodge)

Greg Harrison, Partnership Co-ordinator

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓					Assurance

2. Summary

The Gulu Sheffield International Mental Health Partnership is in its seventh year.

The Partnership Report 2017-2019 identifies key achievement in the last two years and delivery against the new Strategic Plan 2019-2022 shown in Appendix 1.

The overarching aim of the partnership is to improve patient safety, particularly within Gulu Regional Referral Hospital (GRRH) mental health unit. The partnership is now focusing on work in the community, following the building of a community centre in the village of Abwoch, the newly funded suicide prevention work and the potential development of low intensity psychological interventions.

The additional report provides evidence of learning by participants in the Gulu Sheffield Mental Health Partnership, showing the benefits for both Sheffield and Gulu.

3. Next Steps

- i. Deliver the work outlined in the Strategic Partnership Action Plan for 2019-2022.
- ii. Establish the new Partnership Steering Group and widen engagement.
- iii. Engage Professions in utilising the Gulu Sheffield International Mental Health Partnership to attract and retain staff.

4. **Actions**

- i. Members are asked to receive and approve the Partnership Report 2017 – 2019.
- ii. Members are asked to support the priorities identified in the Strategic Plan 2019 - 2022.
- iii. Members are assured that Gulu supports Sheffield.

5. **Monitoring Arrangements**

- i. Via the Steering Group led by the Clinical Lead and Co-ordinator.
- ii. Executive Director of Nursing & Professions / Executive Lead Gulu Sheffield International Mental Health Partnership, Clinical Lead and Partnership Co-ordinator, meet on a six-weekly basis to oversee, manage and monitor progress of the work being undertaken.
- iii. Partnership and evidentiary reports presented to the Board.

6. **Contact Details**

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Gulu Sheffield International Mental Health Partnership Report 2017 - 2019

Liz Lightbown
Executive Director of Nursing & Professions
Executive Lead, Gulu Sheffield International Mental Health Partnership

Kim Parker
Clinical Lead, Gulu Sheffield Mental Health Partnership
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Greg Harrison
Mental Health Partnership Co-ordinator

December 2019

Introduction

This report highlights and outlines the work of the Gulu Sheffield International Mental Health Partnership for the period 2017 to August 2019.

The Gulu Sheffield Mental Health Partnership is in its seventh year of operation and involves a range of partners working within and external to the Trust. Its aim is to improve services to people with mental health problems including epilepsy and to ensure a two-way learning process between Gulu, Northern Uganda and Sheffield, UK.

Strategic Action Plan and Key Achievements

1. Strategic Plan

A new strategic plan 2019- 2022 was agreed between partners, signed off at executive level and launched in July 2019 and gives an over view of the work of the partnership for the next 3 years (Appendix 1)

2. Key achievements to date include:

Suicide Prevention

Through SHSC, the partnership has been awarded £43,161 from the Tropical Health Education Trust (THET). This is to undertake a Suicide Prevention Training of Trainers programme in health centres in Gulu from 1st July 2019 to 31st August 2020. This model builds upon the success of the THET funded RESPECT 'Train the Trainers Programme' delivered in Gulu Regional Referral Hospital in 2015-17. RESPECT is a psychologically informed & physical techniques approach to managing violence and aggression. This project will be monitored and evaluated by the University of Sheffield (UoS).

RESPECT Training in Gulu Regional Referral Hospital

RESPECT Instructors in Gulu Regional Referral Hospital (GRRH) have now trained all staff within the hospital. This was achieved with an initial and subsequent top up grant from THET. Annual recertification for the RESPECT team has continued with annual updates for the Mental Health Unit. Two academic journal papers have been published based on the RESPECT programme. Lira Regional Referral Hospital (LRRH), 69 Miles from Gulu, have recently requested that GRRH RESPECT Instructors train LRRH staff. This development, funded by LRRH, is completely independent of the Gulu Sheffield Partnership and is an example of the growing success of the model and the sustainability of the work.

Medication, Documentation and Physical Health Monitoring on the Mental Health Unit

Audits have demonstrated a notable increase in physical health monitoring of patients who have received Rapid Tranquilisation and an observable reduction in the use of lower doses and oral medication. The audit is now owned and completed by the Gulu Team. The team report that there have been no deaths in the unit for the last two years.

Epilepsy

Epilepsy has been identified as a major health issue across Africa due to the prevalence, lack of knowledge/understanding, and a lack of clinical resources resulting in high levels of disability, stigma and discrimination. A Nurse specialist in Epilepsy from Sheffield Teaching Hospitals (STH) delivered training to the GRRH staff and in three villages:

"I came across a labouring woman on the road...before I would have thrown stones..... I went to help her because I have the knowledge and I am not scared".

Epilepsy Awareness Training Recipient

Mental Health Uganda Gulu Branch (MHUGB)

Funded entirely through donations from Sheffield Health & Social Care (SHSC) NHS Foundation Trust staff, family and friends a small community centre was built in Abwoch about 30 miles from Gulu town. This village has one of the highest suicide rates in the area and had no public building in which to meet, apart from a tiny church. The centre was donated to MHUGB to give them an income generating opportunity. The Registered Charity, Sheffield Health International Partnerships (SHIP) provides gift aid to maximise funding potential.

Work with Sheffield University and Gulu University: Low Intensity Psychological Interventions (LIPI)

As part of its long term strategy of cultivating a consortium approach to international work, the Partnership has supported the University of Sheffield (UoS) to develop its own work stream. UoS, via the Global Challenges Research Fund (GCRF), has allocated funding to address the delivery of sustainable low intensity mental health (psychological) interventions, training, and mental health promotion in Northern Uganda. This project aims to identify sustainable Low Intensity Psychological Interventions (LIPI) for use in Uganda and the UK. The project works within the established Gulu-Sheffield partnership and seeks to extend the relationship to include a greater focus on research and evaluation. The funding focuses on building capacity between Gulu and Sheffield Universities. The UoS wish to seek grants to support the delivery of low intensity interventions that will target heavy alcohol use.

Four Gulu colleagues, from Gulu University and the District Health Office visited Sheffield in August to co - produce the LIPIs model to apply for funding.

Commonwealth Fellowship Programme

The Commonwealth Fellowship Programme (CFP) is managed by the Commonwealth Scholarships Commission (CSC) which is part of the Association of Commonwealth Universities (ACU), who are funded by the British Council and ultimately by the UK Government's Department for International Development (DfID).

To date twenty six commonwealth fellows have visited Sheffield. In the first 4 years of the partnership this involved two CWP cohorts of up to 3 people per year of 8 weeks duration each.

During 2017, 2018 & 2019 there was one CFP cohort per year due to the CSC reviewing its arrangements for such visits which affected available funding/applications.

In August 2019 the CSC visited Sheffield to have face to face contact with Partnership leads and Commonwealth Fellows. The CSC requested a report from the Partnership (in progress) to showcase an example of the success of links between an NHS Trust, partners in low income countries and the Commonwealth Scholarship Commission.

Visits to Gulu by Sheffield Staff

Each year SHSC undertake reciprocal visits to Gulu of 2 weeks duration per trip, these are to support and embed improvement in practice, provide support & supervision, deliver training, scope further development work and to maintain and develop the partnership. They afford an important opportunity for SHSC staff to work in a low income country to develop their own personal & professional practice, leadership skills, build confidence and cultural awareness and contribute to improving global health and international relations.

In 2017 & 2018 there were 2 trips and in 2019 there has been one needs assessment / scoping visit with UoS for the Suicide Prevention work and two further trips planned for October & November for staff recruitment & to begin delivery of the Suicide Prevention Programme with colleagues in Gulu and Abwoch.

Two-Way Learning as an Integral Principle of the Partnership

The Trust uses an adapted version of the Health Education England Toolkit to capture evidence of the benefits to the NHS of international health partnerships. Key benefits that SHSC staff has reported include:

- i. Increased cultural awareness, sensitivity & confidence
- ii. Personal, professional & leadership skills development & confidence
- iii. Greater flexibility and ability to perform in challenging environments
- iv. An enhanced appreciation of the NHS, its values and its resources.
- v. Improved team working skills

"I am a more informed member of staff in terms of cultural sensitivity, strategy, securing research monies and funds, leadership and research. The trust may be an even more attractive prospect to work in if this programme continues to flourish and given recruitment and retention issues we need to use every attribute we have. The trust has a presence with national initiatives in delivering on Global Health Partnerships and we should be promoting this work".

SHSC Senior Nurse

The opportunity for the partnership to be an incentive for a broad SHSC Recruitment and Retention strategy is in its early stages and is being more fully explored. The work of the Partnership could be an attractive incentive for a range of staff who may be considering applications to work in the Trust. The potential for involvement in an international health partnership, with the personal and professional benefits that this can bring, are likely to help to attract staff to seek employment within the Sheffield Health and Social Care NHS Foundation Trust.

National Links

Health Education England (HEE)

The Partnership has an established relationship with Health Education England and is currently in discussion to explore what financial support may be available to boost the capacity for Partnership development. This would be in parallel to other eligible funding streams.

Gulu - UK Health Partners Link

Health Education England are coordinating and funding the creation of the Gulu UK Health Partners Link. This organisation will be the coordinating body for health partnerships between health providers and the University in Gulu and the wider UK. The Gulu UK Health Partners Link aims to maximise the benefits to Northern Uganda and the UK of health partnerships by working together on areas including education, clinical practice and research. A Memorandum of Understanding has been produced which is in the process of being signed by all parties.

International Partnership Steering Group

A new partnership Steering Group is being formed to ensure that as the range of the work grows it remains co-ordinated has effective oversight with clear lines of responsibility and accountability in place.

Funding

Is in place for Year 1 to support and sustain the key work of the partnership as outlined in the strategic development plan.

GULU SHEFFIELD MENTAL HEALTH PARTNERSHIP (GSMHP) IMPROVING PATIENT SAFETY STRATEGIC DEVELOPMENT PLAN 2019-22: (Year 1 2019-2020)

1. Introduction

This plan describes the work of the Gulu Sheffield Partnership and is for the Leaders of the GSMHP and the work streams within it. The action plan will be reviewed on a monthly basis and discussed within the governance structure of the Partnership

The plan is divided into six sections for ease of reference. Each section connects with the others:

1. Sustainability
2. Clinical Work
3. Research and Interventions
4. Fundraising
5. Links with other partners
6. Work with Community Groups

2. Vision

To deliver a sustainable healthcare partnership that improves the wellbeing of people living with mental health problems in Northern Uganda and Sheffield, delivering mutual benefit by using a two way learning model.

3. Principles

The Partnership believes that exchanges of skills and experience are an important resource in supporting improvements in health services and systems in both countries. This is achieved by bringing professional benefits to health workers and service users in Uganda and the UK.

We therefore acknowledge a mutual interest in working to support health systems and in building the capacity of health workers in each country.

In line with the Paris Declaration on Aid Effectiveness, we acknowledge the importance of ensuring that the Partnership is in alignment with the health care priorities and plans of the Ugandan Ministry of Health and local plans for Gulu.

<http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm>

We will therefore make every effort to ensure that all activities are in line with those priorities.

We share a commitment to the following key principles:

- Respond to priorities identified by Ugandan partners in dialogue with the Partnership.
- Ensure that the Partnership focuses on areas where there is a demonstrable mental health need, or need for system strengthening.
- Ensure that the activities of the Partnership are in alignment with national and local healthcare priorities in Uganda.

Action 1: Sustainability					
ACTION	PROGRESS	LEADS	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Ensure that all planned work is within Ugandan Ministry of Health priorities. Ensure that all planned work is within the UK Department for International Development (DfID) and Uganda UK Health Alliance (UUKHA) priorities.	Three meetings have taken place with Dr. Hafsa in Kampala to brief her and discuss plans Regular contact with UUKHA in UK and Uganda and meetings with UUKHA in Kampala to brief them and discuss plans	Dr H/ KP/GH/AT	On going	Proactive requests/ suggestions are received from Dr. Hafsa. Detailed plans for co-produced funding applications Minutes of meetings	Ongoing
Memorandum of Understanding (MoU) to be negotiated between SHSC/ UoS and Gulu University	Being developed	GH/AT	Sept 2019	MoU agreed allowing for clear understandings of roles and responsibilities between parties	
Gulu Steering Group to be chaired by the District Health Officer	Terms of Reference being negotiated	YI/GH/KP	August 2019	Steering Group operational and guiding the Partnership work in Gulu working closely with Sheffield partners.	31 st Aug Group has met twice chaired by Idiba Yoweri
Training and Staff Development: RESPECT Committee in Gulu Regional Referral Hospital (GRRH) to ensure sustainability	No action yet on establishing RESPECT Committee in Gulu Regional Referral Hospital (GRRH) Update training to be provided in Nov 19	EJ/KP/GH	Review in November 2019	RESPECT Committee established and coordinating training and implementation in GRRH	

Action 1: Sustainability					
ACTION	PROGRESS	LEADS	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Funding from the UK Government's Department for International Development (DfID)	DfID to announce new Health Partnerships Scheme in late 2019/ early 2020 Need to identify geographical scope and field of work. Use November 19 trip to Gulu to undertake background planning for the anticipated application. Support offered from UUKHA team in Uganda	GH/KP/AT JPB/MH/T S/KS	2019/2020	Apply for large grant from the DfID Managing Agent	
Partnership Development Worker	The Partnership employs a Development Worker	KP/GH	On going	On - going employment of a Development Worker continues to bring identifiable benefits to the Partnership	
Grow volunteer and placement exchange opportunities	The partnership has been repeatedly successful in gaining support from the Commonwealth Fellowship scheme to enable colleagues from Gulu to have extended placements. There are also opportunities to grow volunteer and healthcare placements from the UK training population. This is in line with HEE strategy to enhance opportunities for newly qualified or close to qualified staff.	KP/GH/AT	Ongoing	26 Commonwealth Fellowships funded 2012-2019. Trainee clinical psychologists have expressed an interest in placement opportunities and the feasibility of establishing brief placements is under discussion.	

Action 2: Clinical Work					
ACTION	PROGRESS	LEADS	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Tropical Health Education Trust (THET) funded Suicide Prevention Training of Trainers project	Pilot training undertaken in Nov 18 18.4.19 Grant news received Grant started on 1.7.19	KP/GH	1.7.19-31.8.20	145 Clinical staff in Health Centres in Gulu area trained in Suicide Prevention	31 August 2020
GRRH MHU Basic Physical Health Care	Vital Signs monitoring continues to improve patient safety	NO/KP/GH	On going	Anecdotal evidence suggests that there have been no deaths in the last two years	
GRRH MHU Management of Emergency Care: Rapid Tranquilisation Monitoring Audit	Monthly Audit shows reduction in Medication prescribed and use of Rapid Tranquilisation protocol	NO/KP	On going	Maintenance of Audit and fed back to clinical teams in Gulu	

Action 3: Research and Interventions					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
University of Sheffield (UoS) funded Low Intensity Psychological Interventions (LIPI) project to identify sustainable low intensity psychological interventions for use in Uganda and the UK.	First (scoping) visit to Gulu 30.3.19-14.4.19 Visit to Sheffield by Gulu University staff in August. Discussion with Commonwealth Fellows in July to help plan further activity. Further UoS visit planned in October 2019	AT/KP/GH/ JPB/HM/ LL	31 October 2019	UoS to apply for large research grant from major funder Systematic review to be completed and submitted for publication	31.10.19

Action 3: Research and Interventions					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Alcohol work. As part of LIPI project and wider Partnership work - alcohol interventions to be identified	Alcohol identified as significant problem by Partnership work. UoS scoping visit in April 2019 reinforced alcohol as an area of research as part of LIPI project A follow up visit to the UK from colleagues in Gulu University in August will concentrate on grant application preparation and intervention development A further visit from UoS to Gulu in October will focus on conducting a needs assessment	AT/SJ	31 October 2019	Detailed alcohol intervention included in Partnership plans and UoS large research bid Small scale needs assessment of problematic alcohol use to be completed during October visit and subsequently submitted for publication Systematic review to be completed by Gulu University and UoS and submitted for publication	31.10.19
Epilepsy. As part of LIPI project and wider Partnership work - Epilepsy interventions to be identified	Epilepsy has been highlighted consistently by Gulu partners since 2012 and training has been provided. Need further reinforced in UoS visit in April 2019	AT	31 October 2019	Detailed epilepsy intervention included in Partnership plans and UoS large research bid	
Appoint Psychology Trainees from UoS.	In process of identifying appropriate work for their involvement within THET grant	AT/KP/GH	THET Grant approved on 18.4.19	Psychology Trainees effectively delivering agreed work packages and evaluated positively	
Research/ Evaluation to be embedded into work of GSMHP.	Partnership leads meet with UoS on a regular basis	AT/GH/KP	On going		

Action 4: Funding and Fundraising					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Memorandum of Understanding to be negotiated between SHSC and SHIP	Being developed	GH/KP/KT/LL/CB	Sept 2019	MoU agreed allowing for clear understanding of roles and responsibilities between SHSC and SHIP in joint funding applications.	September 2019
Use SHIPs charitable status to apply for grants	SHSC and SHIPs limited internal capacity is a barrier to administering medium to large grants	GH/KP/CB	After MoU with SHSC agreed	MoU with SHSC will allow for grant applications referencing SHIP as the Grant Holder and SHSC and the Budget Holder	October 2019
SHIP to continue to fundraise for capital work in Gulu	Abwoch building work nearing completion. New project and fundraising campaign being developed.	SHIP Trustees and supporters	On going	Projects funded, completed and evaluated	
Gulu 10k Run	A Committee is formed in Gulu and have met several times to plan a 10k Preventing Suicide Awareness in November 2019	OP/GH/AT/KP/DAS	November 2019	10k Run taken place followed by other events	November 2019

Action 5: Liaison with Other Agencies					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Mental Health Uganda Gulu Branch (MHUGB)	Governance issues being discussed and mentoring being received from a GRRH Manager. Further work is needed to clarify the financial relationship between MHUGB and the Partnership Potential involvement in Suicide Prevention training	JJP/KP/GH	November 2019	Assurances are in place and an agreement reached MHUGB contributing to Suicide Prevention training and further joint work is planned	

Action 5: Liaison with Other Agencies					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Heartsounds Gulu	Initial discussions about Involvement in Suicide Prevention project Meeting between OJ and GH in Gulu in April 19 led to agreement for Heartsounds Gulu and Partnership to work together on Suicide Prevention training.	OJ/GH/KP	November 2019	Heartsounds contributing to Suicide Prevention project and further joint work is planned	
THRIVE	Meetings held with Dora Alal Single, THRIVE Gulu Country Director and informal agreement to work together, initially on the Suicide Prevention project	GH/KP/AT	November 2019 for 10k run; July 2020 for training completion.	Suicide prevention training delivered to THRIVE Lay Counsellors and 10k Run jointly organised	
Health Education England (HEE)	Informally agreement for HEE to provide capacity building support to GSMHP	GB/GH/KP	31 st 2019	Capacity building support in place. This allows time for capacity building tasks to be funded	Skype meeting on 28 th August. Report requested by HEE
Manchester University Hospitals NHS Foundation Trust	Continue to liaise with Gulu Manchester Link to ensure coordination of work and explore joint funding bids	Ongoing	KP/ GH HS	Regular informal links between KP/GH and HS Identify what the 'next level' of cooperation is and work towards it	
Commonwealth Scholarship Commission	Three Commonwealth Fellowships (CFs) are currently in Sheffield 17 June to 9 August 2019	GH/KP/CO /AD/SA/ NO	17th June to 9th August 2019	Fellowships successfully completed in 2019. SHSC invited to apply for three Fellowships in 2020	9th August 2019

Action 5: Liaison with Other Agencies					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Tropical Health Education Trust	Access to funding opportunities, community of interest and good practice	KP/GH	Ongoing	Sustainable funding	

Action 6: Work with Community Groups					
ACTION	PROGRESS	LEAD	TIMESCALE	EVIDENCE ON COMPLETION	DATE COMPLETED
Drugs Bank	Low level of support until Drugs Bank is operational. Drugs Bank Executive is planning its operational structure and following a Project Plan, based on an initial focus on Epilepsy. Agreement that Drugs Bank will fund 1 st instalment of medication (to ensure that appropriate level of savings are in place), and Partnership has offered to fund 2 nd instalment. After that the Partnership will withdraw	NO/GH/KP	November 19	Drugs Bank is self - sustaining and expands over time	November 2019

Key to Lead Names in the Strategic Development Plan

LH	Dr Hafsa, Mental Health Lead, Ugandan Ministry of Health
EJ	Dr. Elima James, Director, Gulu Regional Referral Hospital
YI	Yoweri Idiba, Acting District Health Officer, Gulu
MH	Muwonge Henry, Uganda & UK Health Alliance (UUKHA)
TS	Taleman Solomon, UUKHA
KS	Kamurai Solomon, UUKHA
JPB	John Paul Bugaba, UUKHA,
AI	Akello Immaculate, Ward Sister, Gulu Mental Health Unit
LL	Liz Lightbown, Executive Lead and Executive Director of Nursing & Professions, SHSC
CB	Professor. Chris Bentley, Chair of SHIP
KP	Kim Parker, Partnership Clinical Lead, SHSC
GH	Greg Harrison, Partnership Co-ordinator, SHSC
AT	Dr Andrew Thompson, Reader in Clinical Psychology, University of Sheffield
JJP	NGyeko John Paul Jolly, Chair, Gulu Branch of Mental Health Uganda
OJ	Odoki Jimmy, Chair Heartsounds Gulu
MR	Mereegulwa Ronald, Nurse, Gulu Mental Health Unit
DA	Droti Alfred, CF 2019 & Deputy In Charge GRRH MH Unit
AS	Ayot Susan, CF 2019 & Manager Health Rights International in Gulu
ON	Opiyo Nicholas, CF 2019 & Partnership Development Worker in Gulu
OP	Otim Patrick, Psychiatric Clinical Officer
KT	Kevan Taylor, Chief Executive, SHSC
CO	Christine Odro, Commonwealth Scholarships Commission (CSC) Programme Officer
SJ	Sian Johnson, Cognitive Behavioural Therapist (CBT) & former Alcohol and Drugs Worker, Improving Access to Psychological Therapies (IAPT) SHSC
HS	Helen Slattery, Global Health Manager, Manchester University Hospitals NHS Foundation Trust
GB	Ged Byrne, Health Education England Global Health Director

Evidence of Participant Learning Within the Gulu Sheffield Mental Health Partnership

Introduction

The Partnership was initiated in 2012 and has always had a Patient Safety focus. Staff who have benefitted from the opportunity of being involved in the Partnership, largely work in clinical areas. All work can be associated with patient safety and over the years, the opportunities within the Partnership have broadened to include a wider range of disciplines.

This report traces the development of national reports and links them into the local results for learning for the Gulu Sheffield Mental Health Partnership.

Benefits of having an International Health Partnership: National Picture

There have been a number of reports from the UK Government, the Department of health and the NHS that address the issues of the benefits to the National Health Service of international health links. These include:

The Framework for NHS Involvement in International Development: Benefits to NHS Organisations and their Local Community. NHS and DH 2010

The organisational benefits from involvement in international development are well described in the literature. The Tropical Health Education Trust website has some good examples. Broadly, benefits include:

- a) Provision of a better return on investment in training: staff return with a wide range of skills and a better ability to work in challenging environments and in teams for a minimal cost to the organisation;
- b) Enhanced leadership and professional skills for NHS clinicians and managers;
- c) Enhanced reputation of the organisation among the public, staff and the media as a result of well - directed international development activities. This can make the organisation more attractive when being considered for service contracts, education and research grants and in recruiting staff;
- d) Staff engagement and motivation which leads to greater staff satisfaction and improves retention and productivity;
- e) Greater understanding and sensitivity to the needs of individual patients (especially where they come from a country where the NHS organisation is focusing its development activities). This in turn can lead to an improved patient experience;
- f) Greater organisational cohesion, innovation and corporate social responsibility which can embed key NHS values set out in the NHS Constitution and potentially lead to higher sustainable organisational performance and cultural competence;
- g) Higher levels of cultural competence that can lead to the development of culturally appropriate services for NHS patients which play a key part in reducing health inequalities;

- h) Refreshed staff: employees have the opportunity to return from international activity or career breaks with new perspectives and with a richer quality of experience;
- i) Education and research opportunities which can benefit patients in both communities;
- j) Greater understanding of social and ethnic diversity which can lead to more effective practice in ethnically diverse local communities; and
- k) Greater understanding of global health issues e.g. pandemics, and knowledge of diseases not routinely seen in the UK.

Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK and the world: A report on overseas volunteering and international partnerships by the All-Party Parliamentary Group on Global Health. 2013. This report describes how British health volunteers help to make big improvements in health in other countries whilst at the same time benefitting the UK.

This argument may sound counter-intuitive at a time when the NHS is under such pressure but the truth is that the NHS benefits enormously from these programmes through education, learning, improvements in staff morale and leadership development, as well as through sharing in innovations with partners abroad. This is why so many NHS organisations and leaders already support these programmes.

“A period overseas can broaden experiences and thinking in a whole host of new ways”. “It changes people forever” is the quote that we hear directly back from people. It can revitalise people and helps them realise just how fortunate we are to have the NHS. Ian Cumming Chief Executive, Health Education England

Leadership development was cited as one of the most important gains from sending staff overseas. Whether abroad for two weeks or two years, returning volunteers were seen as having greater understanding of how to enact change, communicate across professional cultures and work as part of a team.

Working in resource-poor settings was seen as particularly valuable in building soft leadership skills such as communication and self-knowledge. The ingenuity and adaptability required for projects in host countries led to first-hand opportunities to develop these skills in ways that few courses could compete with. This fits with a growing appreciation for the value of real world challenges, as opposed to classroom learning, in the field of leadership development.

For clinical staff in particular the review heard, returned with new interests in redesigning pathways of care, service integration, commissioning and team work – all key competencies identified as priorities for improvement. Finding ways to equip and encourage clinicians to take on greater leadership and management of NHS services is also a central tenet of the *Health and Social Care Act 2012*.

NHS staff were observed to return with an improved ability to view problems with a new perspective. Some volunteers reported having greater confidence and motivation to challenge existing practice in their Trust as a result of their overseas experience- something a previous evaluation also found.

Furthermore a number of clinicians reported that the resource poor nature of healthcare in low income countries had given them a renewed understanding of the need to steward NHS resources.

Many NHS organisations supporting overseas schemes noted the contribution it made to their reputation. Developing an international presence was seen as a useful competitive advantage. They not only made the Trust appear innovative and outward looking, but were reported to have directly improved recruitment and retention of the best and brightest staff, something wider research supports.

McBain C, Jones B (2005) Volunteering England: Employer supported volunteering – the guide; Volunteering England

The UKs Contribution to Health Globally: Benefitting the Country and the World. A Report by the All Party Parliamentary Group 2015. The report envisions for the UK to be recognised as a global leader in health using the combined strengths of its academic, government, commercial and not-for-profit sectors to work in partnership with others to improve health globally. <http://www.appg-globalhealth.org.uk/>

Health Education England guidance for trainees planning to volunteer or work overseas. Sept 2017. The report outlines that overseas work can give staff a fresh perspective, new skills and approaches that can be applied to their work in the health service and help them and the wider health service improve the quality of care we provide. In its Mandate from Government, HEE was asked to work with stakeholders to support charitable and volunteering activity undertaken by health and care workers, including out of programme experience overseas, and to maximise learning benefits to the NHS of such activity.

Benefits of having an International Health Partnership: Local Picture

It has been evident over the last seven years that not everyone agrees with the NHS having a health partnership. Almost always this is because staff think that the Trust pays for the work and that NHS money is being diverted from Sheffield patients into Uganda. When informed of the external funding staff are then usually very proud that the Trust has a partnership and are keen to support it.

Commonwealth Fellowship Programme

The purpose of the programme is to deliver two - way learning to partners in both Commonwealth countries and the UK. It works in a wide variety of fields, and has done so for over 50 years. SHSC applied for its first Commonwealth Fellows in 2012 and since that time 26 staff from Gulu have worked in SHSC. Fellows spend 8 weeks in Sheffield clinical services. They undertake placements based on their role in Gulu. They all take part in Trust induction and appropriate training courses. This has resulted in, over the 7 years hundreds of SHSC staff and patients have come in to contact with and worked alongside partners who work in a low-income African country.

Initially we thought it was important the Ugandan staff would have the opportunity to learn about different cultures, different ways of working and gain new skills.

We quickly realised that it is not learning *about* them but learning *from* them. Many staff would never have the opportunity to work with someone from an African country who is qualified and experienced in mental health. Staff bring with them challenges and knowledge about alternative ways of working with people that cross racial boundaries.

For example, the question from one senior mental health professional to a Trust Consultant of “why don’t you tell patients about the diagnosis that you have made on them” (i.e. ‘Schizophrenic’), sparked a fascinating debate that illustrated that ‘labelling, rights’ and ‘stigma’ have different perspectives depending upon your belief system.

Work in Gulu

To date 30 staff from SHSC and two from other Sheffield trusts have worked in Gulu and one from Sheffield University. Three SHSC staff travelled to Gulu in November 2019.

Staff	Number	Grade
Executives	2	
Nurses	13	Bands 5-8a (One from STH)
Doctors	3	Two Consultants One Junior Doctor
Psychologist’s	2	8a (CAMHs and SHSC)
Social Workers	1	Lead Social Worker
Occupational Therapists	3	Band 7-8a
PWPs	3	7
Education & Development Trainers	7	Bands 4-7
Manager	1	Band 7

Learning from the experience falls loosely into 3 categories which are personal professional and organisational, with each naturally overlapping.

Evidence from the above reports all acknowledge that benefits are largely on a personal and a professional development level. A tool kit was developed by Health Education England to help capture the learning that has taken place when a member of staff has worked overseas. This is used by the Gulu Sheffield Partnership to capture learning within the Trust

Personal Benefits

All staff report that they have an increased feeling of confidence and that they feel more able to cope in challenging situations, partly because they have to. “I now feel as calm as I look“. Staff comment that they feel more able to communicate confidently and appreciate the importance of checking out joint understanding with patients on return to Sheffield They also learn greater resilience, both individually and as a part of a small team. Staff usually reflect upon their often unspoken values and belief system and question how mono cultural that may / may not be.

Bureaucracy and the NHS approach to risk and governance is observed with the systems in Uganda and often results in a greater understanding of UK processes.

Direct Quotes from Staff:

“I have benefitted as an individual on many levels including the overall experience of widening my cultural knowledge base having never been to a developing country before and the stark reality that in SHSC we have all the resources we need despite a very different cultural context and expectation. The trips were beyond what can be learnt in a book or at a UK conference on compassion and how again this costs nothing yet means so much. Bed side manner and compassion is evidenced to affect treatment outcome in general medicine and mental health. The trips allowed me to grow as an individual and professional.

The opportunity further cemented my allegiance to SHSC and retained me as a dedicated member of staff as opposed to flirting with the idea of working in other trusts. In maintaining this partnership, we are operationalising in a very real sense the trust values. It is refreshing that the trust continues to reach out globally and live out compassion beyond the boundary of Sheffield despite austere times. Austerity can so easily quash innovation and creativity and batten down the hatches whereas looking out as well as looking inwards can keep us growing and grounded as an organisation. One action we could do more if time allowed would be to publicise the ongoing 2-way partnership we have which at such times of austerity. You see other trusts and NGO's doing too the African populations and remaining colonial in their manner and approaches and we are seeking to shift that perception and approach as a partner with a lot to learn from our Ugandan colleagues which is a privileged position to be in".

"It was an honour to spend time working with people from a culture so very different from my own. I was amazed by how resourceful some of the people I met were. I met hard working people who were caring for patients in conditions that I found challenging at times".

"I have become a more rounded person as a result of experiences in Uganda and with Ugandan fellows".

"The Commonwealth fellowship visits to Sheffield from Gulu illustrated the power of communication, and the hurdles to its successful use. The effect that each trip of Commonwealth Fellows (and there have been 26 Gulu colleagues in Sheffield), has had on staff in SHSC, has been startling. So many staff have made unsolicited comments to me about how having Fellows on the ward/ in the service has opened their eyes to the differences that exist in Africa and connected with that the diversity of understanding in mental health. This has made them question the label of people as 'Black' and how unrepresentative that is of peoples experiences. Also to question their own approach to working with people from BAME communities, and the underlying differences in understandings of mental health".

Professional Developments

There is naturally an overlap between what is a personal benefit and a professional one but an increased understanding or the subtle but important difference in perspectives leads to an increase in cultural confidence and ultimately competence.

"I was focused on trauma impacts upon the Ugandan population and adaptation of talking therapies- similarities and differences. As humans we all think, feel and do regardless of cultural boundaries and my experiences have given me confidence to work with clients with histories of trauma from such experiences as being child soldiers presenting with trauma in our service. I am presently working with a young male who was a child soldier in Rwanda and suffering with PTSD as part of my CBT role in North recovery team and the work is going well (I'm sure he would give me testimony). The work in Gulu which I share openly with clients especially from African origin gives me credibility and without a doubt aids my therapeutic alliance with clients and their families. It's about being straight forward and not dancing round and getting too bogged down with cultural differences, we can get a bit hung up on it and what people most appreciate is some honesty and directly asking them about their preferred approach rather than assuming we know. This was said to me in Gulu on so many occasions".

“It is hard to put into words to be honest, but I can say the opportunity benefitted me greatly both as a nurse and a person”.

“I am better able to place myself in an empathic situation when working with the many individuals coming into the acute wards from developing nations. Similarly understanding the trauma of conflict in a more meaningful way and applying this knowledge to the patients we serve”.

“Trips from Sheffield to Gulu have made me extremely aware of the experience of being ‘different’. Walking down the street or through the hospital in Gulu, a white person stands out as being very different, and that experience gives a tiny insight into how people of colour may feel in UK settings where they are in the minority. The difference is of course that white people in Gulu usually have power on a very different basis to that of people from BAME communities in Sheffield”.

“My contact with other SHSC workers now contains a much more nuanced approach to working with people with mental health problems and advice to ask about service users underlying belief systems, as a place to start interactions”.

“I am particularly affected by the way health workers remain so positive, hard working and tenacious, in the face of practical and financial hardship and poor working conditions. This fosters a deeper appreciation of the resources and comforts we have in the UK”.

“What it has done is driven me to feel more confident to work with staff to help them to develop more of an understanding about cultural differences and why an individual may present or behave in a certain way, which can often be seen as ‘different or odd’ to the British way. I believe this can only help to improve the patient experience for those that come from a different cultural background”.

Organisational Benefits

Staff who have had the opportunity to work in Gulu are spread across the Trust and therefore do not achieve a critical mass in any one area.

“In the climate we are in colleagues can become preoccupied with resources and a perceived lack of them. I openly talk about having all we need and getting on with it using our initiatives and the plentiful resources we have. Like in Gulu demand will always outstrip supply and we have to do the best job we can for the person in front of us”.

“I have had fellows participating in some training that I deliver, I found it very beneficial when we shared skills and experiences particularly in relation to the use “non- touch skills” when assessing the deteriorating patient, this is a valuable skill when resources are limited“.

“A chance to better understand healthcare in the developing world. In particular to appreciate the challenges people face in everyday life and the efforts individuals will go to seek support for themselves and their loved ones. This can contrast with attitudes in UK where care is more readily available”.

“Patients in Gulu often have the support of family and the wider community which contrasts with a traditionally individualistic western view of health care. Gulu has very limited resources for activity but occupation can be facilitated using simple resources and utilising family networks and support e.g. cooking in the hospital to good effect.’

The rich experience of the culture in Uganda described above has been extremely valuable for gaining greater insight into my clinical work with African families in Sheffield and improving engagement and outcomes”.

“Clinical experiences helped me to understand how the effects of the war have had far reaching consequences across the generations, with layer upon layer of grief, loss and trauma. I learnt also about the inadequacies of the child protection system so have a renewed appreciation of the work of social care and the legal system in the UK”

“I shared with the psychologists a standard battery of tests used with children in the UK, the Wechsler Intelligence Scale for Children (WISC) but quickly realised that many of the tests were unusable because they were culturally inappropriate. This was a helpful reminder for my work in Sheffield in that the validity of results from psychometric assessment on children who have recently settled in the UK might be significantly undermined”.

Reverse Innovation

Reverse innovation is when an idea from a low-income country institution is brought into high income country. SHSC has a number small scale changes that have been implemented following staff working in Gulu.

Conclusion

The Gulu Sheffield Mental Health Partnership offers Trust staff opportunities to enhance their skills, improve their confidence and increase their knowledge in a way that directly benefits patients. It also brings value to the Trust as it enhances its reputation, improves its profile for recruitment and retention, and increases workers appreciation of NHS resources. This is achieved at almost very low cost to the Trust. The cost is currently half a day per week for the Partnership Clinical Lead, and Study Leave for those staff working in Gulu. The Partnership is co-ordinated by a now retired middle manager, who volunteers almost full time. Capacity does limit opportunities that the Partnership could bring.

The benefits to the Trust could be enhanced by creating a more structured approach to disseminating the skills of staff who have visited Gulu. Hundreds of staff have benefited from contact with Commonwealth Fellows, in the seven years of the programme, and in the same way teams could learn from and use the Gulu trip experience.

Staff recruitment and retention could be strengthened by raising the profile of the Partnership, and using its work as a ‘plus’ for workers considering the Trust as a potential employer. A recent Consultant Psychiatrist appointment illustrates this.

Quality Improvement processes could be used as a way of engaging staff in project planning in their teams, with the most effective concept being awarded an opportunity to undertake two weeks work in Gulu.

Health Education England (HEE) have stated their support for the Gulu Sheffield Partnership and wish to engage it in their suite of work streams in mental health. Other funders are looking to support an up scaling of the Partnerships work.

The Partnership is established within the Ministry of Health and Uganda UK Health Alliance in Kampala, and within Gulu, within Sheffield and wider NHS and UK Government networks. It has much to offer to the Trust and brings those benefits at minimal cost.

LEARNING
FROM THE
GULU SHEFFIELD
INTERNATIONAL
MENTAL HEALTH
PARTNERSHIP

Kim Parker and Greg Harrison
2012-2019



BENEFITS OF HAVING AN INTERNATIONAL HEALTH PARTNERSHIP:

- **The Framework for NHS Involvement in International Development:**
Benefits to NHS organisations and their local community. NHS and DH 2010
- **Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK and the world.** A report on overseas volunteering and international partnerships by the All-Party Parliamentary Group on Global Health. 2013
- **The UKs Contribution to Health Globally: Benefitting the Country and the World.** A Report by the All Party Parliamentary Group 2015.
- **Health Education England guidance for trainees planning to volunteer or work overseas.** Sept 2017



WHAT STAFF TELL US...

- Enhanced leadership and professional skills for NHS clinicians and managers
- Enhanced reputation of the organisation/ increased corporate allegiance
- Greater staff satisfaction and improved retention and productivity
- Greater understanding and sensitivity to the needs of individual patients, leading to an improved patient experience
- Higher levels of cultural competence that can lead to the development of culturally appropriate services for NHS patients
- Staff return with new perspectives and feel energised
- Greater understanding of social and ethnic diversity which can lead to more effective practice in our ethnically diverse local community
- Brief insight into being a minority
- Greater understanding of global health issues



COMMONWEALTH FELLOWSHIPS

- The Commonwealth Fellowship programme delivers two - way learning.
- Fellows spend 8 weeks in Sheffield training and working in clinical services resulting in **100s of SHSC staff and patients** having come into contact with and working alongside partners who work in a low-income African country.
- Its not learning *about* them but learning *from* them.

Cadre	No.
Psychiatric Clinical Officer	8
Nurses	5
Attendants	7
Social worker	1
Psychologist	2
Service User Volunteer	1
Administrator	2



BENEFITS TO SHSC STAFF FROM WORKING IN GULU



To date, 33 staff from SHSC and 2 from other Sheffield trusts have worked in Gulu, together with 1 from the University of Sheffield

Staff	No.	Grade
Executives	2	
Nurses	13	Bands 5-8a (One from STH)
Doctors	3	Two Consultants One Junior Doctor
Psychologists	2	8a (CAMHs and SHSC)
Social Workers	1	Lead Social Worker
Occupational Therapists	3	Band 7-8a
PWPs	3	7
Education & Development Trainers	7	Bands 4-7
Partnership Coordinator	1	Band 7

PROFESSIONAL & ORGANISATIONAL BENEFITS



“The opportunity further cemented my allegiance to SHSC and retained me as a dedicated member of staff.”

“The rich experience of the culture in Uganda has been extremely valuable for gaining greater insight into my clinical work with African families in Sheffield and improving engagement and outcomes.”

“Clinical experiences helped me to understand how the effects of the war have had far reaching consequences across the generations, with layer upon layer of grief, loss and trauma.”

“I share openly with clients especially from African origin...it gives me credibility and without a doubt aids my therapeutic alliance with clients and their families.”

CONCLUSION

The Gulu Sheffield International Mental Health Partnership offers Trust staff opportunities to enhance their skills, improve their confidence and increase their knowledge.

This directly benefits themselves, the organisation and its stakeholders, which includes patients.

This lived experience cannot be gained through attending training, a conference or doing research.

It also brings value to the Trust as it enhances its reputation, improves its profile for recruitment and retention, and increases appreciation of the NHS.



FINAL
WORD



Nicholas.MP4