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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 29 September 2021 at 4.00 pm

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Steve Ayris (Chair), Talib Hussain (Deputy Chair), Sue Auckland, Vic Bowden, Lewis Chinchen, Alan Hooper, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, Abtisam Mohamed, Garry Weatherall and Alan Woodcock

Healthwatch Sheffield
Lucy Davies and Dr Trish Edney (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily.standbrook-shaw@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
29 SEPTEMBER 2021

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press
To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 9 - 16)
To approve the minutes of the meeting of the Committee held on 1st September, 2021.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public

7. Adult Dysfluency and Cleft Lip and Palate Service Update and Draft Consultation Plan - NHS Sheffield Clinical Commissioning Group (Pages 17 - 38)
Report of the NHS Sheffield Clinical Commissioning Group

8. Primary Care in Sheffield - NHS Sheffield CCG (Pages 39 - 46)
Report giving an update on:-

- Current issues facing Primary Care in Sheffield
- Capital funding programme for Primary Care in Sheffield

9. Care Quality Commission Inspection Update - Sheffield Health and Social Care NHS Foundation Trust
Verbal update will be given at the meeting, and slides will be circulated in advance.

10. Work Programme (Pages 47 - 52)
Report of the Policy and Improvement Officer.

11. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 24th November, 2021 at 4.00 p.m., in the Town

Hall.

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 1 September 2021

PRESENT: Councillors Steve Ayris (Chair), Talib Hussain (Deputy Chair), Sue Auckland, Lewis Chinchen, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, Garry Weatherall and Alan Woodcock.

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Vic Bowden and Lucy Davies (Healthwatch Sheffield).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETINGS

4.1 The minutes of the meetings of the Committee held on 7th and July, 2021 were approved as correct records.

4.2 *Matters Arising*

4.2.1 Emily Standbrook-Shaw, Policy and Improvement Officer, referred to Item 6.5(f) of the minutes of the meeting held on 14th July, 2021 and said that she had circulated a letter to all Members regarding the Adult Dysfluency and Cleft Lip and Palate Service and that should anyone not be in receipt of such letter to contact her. She added that the CCG had confirmed that they will be bringing a report to the meeting of the Scrutiny Committee to be held on 29th September, on the Consultation Plan, which should address any questions/issues raised and to answer further questions/issues that might arise at the meeting.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no questions raised or petitions submitted by members of the public.

6. WORK PROGRAMME

6.1 Emily Standbrook-Shaw, Policy and Improvement Officer, gave a verbal update on the Work Programme. She stated that items of business for the next meeting to be held on 29th September were:

- Adult Dysfluency and Cleft Lip and Palate Service Consultation Plan
- Care Trust – Update on CQC Inspections
- Primary Care – Capital Programme and Update

6.2 RESOLVED: That the Committee agreed for the following items of business to be included in the Committee's Work Programme for the year ahead:-

- Integrated Care System. To place as a standing item on every agenda as this matter will unfold throughout the year;
- Mental Health Services coming out of Covid; and
- Annual Update on the Dental Care Service (Jan 2022).

7. DEVELOPMENT OF THE SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

7.1 The Committee received a report which summarised the proposed legislative changes to the Clinical Commissioning Groups (CCGs) and Integrated Care Systems (ICS) and the development of the South Yorkshire and Bassetlaw ICS.

7.2 Present for this item were Alexis Chappell (Director of Adult Health and Social Care, Sheffield City Council) and Dr. Terry Hudsen (NHS Sheffield CCG Clinical Chair).

7.3 Dr. Terry Hudsen introduced the report and stated that the Health and Care Bill, which was now at the committee stage of the legislative process, was the natural progression of and building upon the NHS Long Term Plan, which was formally launched in 2019, setting out priorities over the next ten years to improve and reform the NHS. He said the reforms were about delivering better integration at three levels: health and social care; primary, community and secondary care; and physical and mental health. Dr. Hudsen said that if the legislation was passed, the changes would come into effect on 1st April, 2022. Also, following an assessment of the impact of boundary changes for Bassetlaw, the district of Bassetlaw would align with the Nottingham and become part of the Nottinghamshire Integrated Care System from 1st April, 2022. Dr. Hudsen stated that CCGs would no longer exist, but its functions and the vast majority of its staff would transfer into the new Integrated Care Board. He said the ICS Partnership would be a committee formed by the NHS and representatives from the four local authorities in equal partnership, to develop an integrated care strategy for their local population. He said that the although the plan was still vague and would evolve as it passed through many stages, one of the important ICS features was placed-based partnerships between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families, such partnerships to

design and deliver integrated services. The ICS was to bring about major changes in how health and care services are planned, paid for and delivered, to achieve greater integration of health and care services; to improve population health and reduce health inequalities; and support productivity and sustainability of services. Finally, Dr. Hudsen stated that the introduction of the Integrated Care System was not a case of the CCGs going, but a transition of its functions from the CCG to the ICS.

7.4 Emily Standbrook-Shaw, Policy and Improvement Officer, stated that she had contacted the Centre for Governance and Scrutiny regarding any updates on changes to scrutiny powers as a result of the Health and Care Bill. She said that the Centre for Governance and Scrutiny would give evidence of this to Parliament on 9th September and the Centre was interested in receiving any thoughts of Members around local accountability.

7.5 Alexis Chappell stated that there had been a number of guidance notes published by NHS England in support of the Bill. She said that within the Bill, there was also a note regarding adult social care and development on the inspection framework and added that this was something the Council ought to be prepared for. Alongside that the key point was that the Health and Wellbeing Board would not change and would remain the strategic body for Sheffield and that focus remained on building and securing relationships with the NHS.

7.6 The Chair then asked questions on behalf of Lucy Davies, Healthwatch as follows:

"Where does a member of the public go with concerns?
Where can its concerns be raised?
How can Sheffield influence and change the way ICS makes its decisions?"

7.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- There are multiple layers within the Health and Wellbeing Board and the Health and Care Partnership, and through the work of the Joint Committee and the CCG there has been an evolution of challenge internally on how to do things well and whilst it was accepted that things were not perfect, some of the engagement work carried out during Covid had been successful, particularly in relation to those in South Yorkshire who haven't been vaccinated, where the approach taken was to work with local communities in an attempt to overcome barriers, as often people within communities had the solution to the problem.

- In terms of the larger scale, there will always be increased pressures on the NHS. In relation to funding, it was not clear at present how each area would be resourced but there was an indication that the current allocation to the four CCGs would remain the same. The CCG budget at present was available to use on health services around the region, and the ambition was to bring in more resource to enable local decision making and planning for how services might be delivered. The transition process was to ensure that we continue to have the NHS working in place so that there wasn't a

strategic health body not connected to where decisions were taken.

- With regard to privatisation, it should be recognised that there was a hybrid provision of privately run services, such as those within social care, that were provided on behalf of the NHS.

- One of the functions of the ICS, would be to assist in the development and funding of local organisations, voluntary sector organisations, community enterprises, etc., Detailed discussions were ongoing as to how support could be given to those organisations.

- With regard to the question relating to the Joint Strategic Needs Assessment, NHS England has stated that this would remain in place as it was tied into the Sheffield Health and Wellbeing Board, and as such will be a partnership component of the ICS so that the existing mechanisms can continue. If this was not the case in other local authorities around South Yorkshire, it was considered that Sheffield could lead the way with the other three local authorities on developing the partnership.

- Whilst there is a legislative framework for how ICSs are to be designed, there was no blueprint for their design or how they should be designed. Place based arrangements and leadership are for local agreement, so that partners within each ICS can decide how best to address the needs of localities, and build on the understanding of neighbourhoods and primary care networks

- The NHS green plan has been discussed at CCG level and also within some provider organisations, and was still being considered to form part of the ICS. It was stated that 5% of all car journeys made in the UK every day, were made by people travelling to and from NHS appointments, so it was felt that there was a need to maximise the use new technologies, and also the opportunity for local authority colleagues and local communities to apply pressure for the use of new technology in facilitating climate change.

- Within the current structure of the Sheffield CCG, support was given to locality groups in two ways, one was to bring a frontline clinical voice to decision making and the reverse of that would be for the commissioner to support frontline services. One of the core purposes was to help improve health within the local population and address health inequalities, but there was a struggle to find a real link between health outcomes and the environment in which people live. There was an opportunity for the Primary Care Networks and localities to align with Local Area Committee (LAC) structures. If members of the LACs wanted representation on the Joint Area Committee, it would be for local determination not for the ICS to make that decision. As the CCG moved into the ICS, there was an opportunity to provide input into the Terms of Reference for the local committees and decide on what system would look like.

- Co-design and co-production were key factors in terms of the development of the Adult Health and Social Care Strategy, which has been put together

by colleagues from across the sector, and this ensured that it was fit for purpose and would shape how it evolved for the future. One area of the Strategy could be to see how the ICS could contribute to climate change and also focus on communities and LACs.

- With regard to the lack of involvement of the Department for Public Health, again the blueprint was still work in progress so public health can be involved to whatever extent it was deemed necessary to be part of the ICS. Public Health Directors could be involved in Integrated Care Partnerships to help steer the strategy. Sheffield's Director of Public Health is a member of the Health and Wellbeing Board and also a non-voting member of the CCG Board and there was no reason why he and other Directors of Public Health shouldn't be involved in the Joint Commissioning Committee moving forward.

- There would be no impact on NHS employees under the ICS, particularly those working in hospitals and GP surgeries, and as such would remain totally unaffected by the proposals. The staff who will be affected by the change, are those who work for the CCGs, NHS England and some staff of the Commissioners for England, but some form of employment will be guaranteed for these employees. The CCG staff would transfer directly into the ICS, and those at Executive Director level would be found suitable alternative employment.

- Working at scale means all services across South Yorkshire would work alongside each other to provide the best of care in local areas and help reduce the carbon footprint by reducing the need for patients to travel to appointments any further than necessary.

- With regard to the budget, it was not known what the financial allocation would be. The Department of Health and NHS England have put in place five-year plans to allow for better planning rather than disclosing the budget days prior to the start of the financial year. There was a need to ensure that every area was adequately resourced.

- The CCGs are the commissioning bodies that plan, purchase and monitor health care services and any changes to their employees' terms and conditions of employment will be subject to consultation. Should redeployment and redesign of staff be made in the future, it would be done to ensure the ICS was able to get the best out of human resources. The constitution of the ICS is to be written by outgoing CCGs as an NHS organisation cannot constitute itself.

- The decision to close the stroke unit at Barnsley Hospital was not a decision taken by the CCG, but was due to a number of reasons, one was the difficulty to recruit to the role of a consultant specialising in stroke cases, so ambulances would turn up at Barnsley only to be redirected elsewhere. The decision was taken to reconfigure stroke services throughout the whole of the five South Yorkshire CCGs so that stable and concentrated services could be provided. Anyone in South Yorkshire suffering a stroke would be

taken to the Acute Stroke Unit in Sheffield and once assessed and stabilised, be transferred to their local hospital for continuing care if required.

- Work was ongoing to ensure democratic accountability at a local level and the continuing role of Scrutiny Committees.

- Contractual model GP practices are partnerships between GPs and their contract is to provide services on behalf of the NHS, so they are not quite organisations, but not publicly owned either. The ICS was not planning on consolidating NHS honed GP led services in Sheffield, but the partnership model does allow for a lot of innovation at community level. Many GP practices in Derbyshire were struggling financially and with their workforce so the local hospital has taken them on, and they have become subsidiary divisions of the hospital, but Sheffield was not heading in the same direction.

- With regard to governance for the ICS, there are statutory obligations to answer to scrutiny and the relevant Act would be sought relating to those obligations.

7.8 The Chair felt that there was potential for disruption as the Authority goes through transition and also the potential for a negative impact on delivering services.

7.9 RESOLVED: That the Committee:-

(a) thanks Alexis Chappell and Dr. Terry Hudsen for attending the meeting;

(b) notes the contents of the report and responses to questions raised;

(c) asks the CCG to consider the following issues as part of the development of the South Yorkshire ICS:

- does not lead to increased privatisation of the NHS in Sheffield, and seeks assurance that private providers will not sit on the ICS Board.
- stresses the importance of local accountability in the NHS, and is keen to see that mechanisms that allow local people and Councillors to engage with, and challenge, the NHS are a valued part of the ICS;
- engagements with seldom heard groups should be a priority for the developing ICS;
- should maximise on opportunities to deliver on the City's carbon reduction and ethical procurement commitments;
- Public Health expertise should be sufficiently represented in ICS structure;
- consideration should be given as to how the NHS will engage with Local Area Committees in the new system; and
- changes resulting from the development of the ICS should empower front line staff, not be detrimental to them.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 29th September, 2021, at 4.00 p.m., in the Town Hall.

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Update to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 29th September 2021

Report of: Sandie Buchan (Director of Commissioning Development, NHS Sheffield Clinical Commissioning Group

Subject: Adult Dysfluency and Cleft Lip and Palate Service Update and Draft Consultation Plan

Author of Report: Kate Gleave, Deputy Director, Commissioning, NHS Sheffield Clinical Commissioning Group
Hattie Myers, Senior Commissioning Manager, NHS Sheffield Clinical Commissioning Group

Summary:
The purpose of this paper is to inform the Committee of updates since the last meeting and also request a review of the consultation plan for the potential changes to the provision of dysfluency (stammer) and cleft, lip and palate services for adults within Sheffield.

Given the nature of ongoing discussions around the service, it is proposed that a verbal update is provided at the meeting too to ensure the committee is informed of the latest developments since the paper being drafted and the meeting.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	**X**
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**X**
Other	

The Scrutiny Committee is being asked to:
The Committee is asked to review and approve the consultation plan

Background Papers:
Adult Dysfluency and Cleft Lip and Palate Service Paper, July 2021

Category of Report: OPEN

Adult Dysfluency and Cleft Lip and Palate Service Update and Draft Consultation Plan

1. Updates since last meeting

- Sheffield Children's NHS Foundation Trust (SCNHSFT) considered the July Committee's resolution to reinstate the service whilst the consultation process is undertaken.
- On 16/08/21 (SCNHSFT) confirmed they would re-open to new referrals until January 2022 with immediate effect. 11 people referred since the closure of the service from 1st April 2021 have been sent a letter to inform them about the decision to reopen and ask how they would like to be contacted throughout the process. Letters ask for feedback to understand the impact this situation has had on them and if there is anything that can be done to support them and mitigate any impacts. This involves 12 patients who have been referred into the dysfluency pathway. No referrals have been received during this time into the cleft pathway
- Once preferred method of contact is established, these individuals will be contacted to offer an appointment. Waiting times for these patients will commence from the date of the original referral so that no patient is disadvantaged.
- SCNHSFT have served notice to cease providing the service from 14th January 2022. The Trust acknowledges that transfer of current patients may need to move beyond 14th January depending on the progress of the Consultation and until any new service model is confirmed to facilitate appropriate transfers of care.
- The rationale for the Trust's decision remains as per the original decision, namely:
    - The Speech and Language Therapy (SLT) service is treating patient significantly outside of the Trust's normal (and extended) age range
    - There is limited capacity in the service which cannot meet all the demands placed upon it (e.g. adult v paediatric patients). Referrals into SCFT SLT service are increasing by 7.8% / year – resulting in a disparity between capacity and demand.
    - Lack of alignment with other therapy services for adults which hinders integration and provision of holistic care for these patients
- SCNHSFT have undertaken further analysis of the data and estimate that potential changes to service in the future are anticipated to impact:
    - 27 patients per year for dysfluency
    - 15 patients per year for cleft lip and palate
- In addition, it is anticipated that a number of patients over the ages of 16 (dysfluency) or 21 (cleft lip and palate) currently within the SCNHSFT service would potentially transition to a new provider. This could impact:
    - 32 patients for dysfluency
    - 30 patients for cleft lip and palate

- Sheffield CCG have been working closely with individuals and organisations who represent dysfluency patients throughout process to keep them informed and get their input.
- NHS England have been notified of the potential changes as part of the Major Service Change Assurance process and a meeting has been organised for 17th September.
- The Cleft Lip and Palate pathway has specialist commissioning involvement which has required further input from NHS England and the impact of this upon the consultation is being worked through.
- Two groups have been established across the CCG and provider that are specific to this process:
    - To manage the implementation of consultation plan
    - To undertake learning and development
- A quality equality impact assessment (known as (QEIA) process is underway and will be reviewed by the CCG internal QEIA group on the 4th October.
- A consultation plan has been jointly drafted by NHS Sheffield CCG and SCNHSFT and has been reviewed by patient representatives and the necessary governance structures within both organisations.

2. Recommendation

2.1. The committee is asked to:

2.1.1. Note the updates above

2.1.2. Review and approve the consultation plan documentation

Sheffield Children's NHS Foundation Trust

NHS Sheffield Clinical Commissioning Group

Cleft and Dysfluency Consultation Plan
Draft 8

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1. Introduction

This plan sets out the activity proposed for the formal consultation regarding proposals to change the cleft and dysfluency pathways that are currently delivered by Sheffield Children's NHS Foundation Trust (SCNHSFT). It draws on the learning from the Quality and Equality Impact Assessment process (known as QEIA) that is currently underway and service level patient experience data including friends and family test and complaints information (requested).

The plan also incorporates a recommendation to undertake immediate discussions and engagement with people who should have been accepted into the service from April 2021, to understand the impact this lack of service has had on them and if any mitigations can be put in place.

2. Background

- SCNHSFT has historically seen adult patients who have dysfluency and/or cleft lip and palate communication needs within their Speech and Language Therapy (SLT) service. To date, there has been no finalised service specification in place, however, there is an implied contract for this service, based on the agreements put in place from the transfer of primary care trusts (PCT) to clinical commissioning groups (CCGs).
- SCNHSFT have expressed concerns regarding the clinical risk to delivery of these adult pathways and they made the decision to temporarily stop receiving new referrals for adult patients from April 2021.
- After the recommendation from The Healthier Communities and Adult Social Care Scrutiny (known as OSC), SCNHSFT has now reopened the service to adult patients being referred, effective from 16/08/21 until 15/01/2022 (pending public consultation). SCNHSFT have advised they can be flexible on their notice if necessary, to aid the smooth transition of care for these patients. The rationale for this decision was based on the risks associated with:
    - The Speech and Language Therapy (SLT) service is treating patient significantly outside of the Trust's normal (and extended) age range
    - There is limited capacity in the service which cannot meet all the demands placed upon it (e.g. adult v paediatric patients). Referrals into SCFT SLT service are increasing by 7.8% / year – resulting in a disparity between capacity and demand.

    - Lack of alignment with other therapy services for adults which hinders integration and provision of holistic care for these patients
- Data from SCNHSFT shows the withdrawal of the service for new patient may affect approximately 42 patients per annum (27 dysfluency and 15 cleft lip and palate patients, data accurate as of 13/09/21).
- The age range of patients who are referred to the service includes:
    - Adults referred into the service/transitioning at 16+ for dysfluency
    - Adults referred into the service for the first time at 16+ for Cleft Lip and Palate
    - Adults transitioning the service at 20+ for Cleft Lip and Palate (as per NICE guidelines which state children should be routinely followed up until the age of 20)
- On 14/07/21, OSC concluded that this constituted substantial change and full public consultation would be required for the future service provision and QEIA was required to be completed.
- The Trust may choose to close the service to all current patients in the future, so we are planning consultation on this proposal.

3. Plan

The plan covers two parts:

1. Engagement with those patients who have been referred to the services since 1 April when the service was closed to them. This is to monitor the impact this decision has had or is having and for the trust and CCG to mitigate, where possible, these impacts.
2. Consultation with current, past and potential patients, along with stakeholders, on the potential options for future service delivery in light of likely changes to the dysfluency and cleft services for adults in Sheffield.

Options for future service provision are being worked through and will be shared with OSC once appraised by stakeholders.

4. Purposes

The purpose of this engagement is to:

- Take immediate action to mitigate any negative impacts the closure of the waiting list from April 2021 has had on the 12 people directly affected, and to offer them an appointment with the service in a timely manner, according to when their initial referral was received

The purpose of this consultation is to:

- To consult on options for future service delivery. This will include consultation on a “no service” option and future options which have a change in location and/or mode of delivery.
- Raise awareness of and provide information on the changes being proposed to those people who currently use the services, those who could use the services in the future and wider stakeholders
- Understand the needs of people, particularly those from protected characteristics groups, in understanding the impact of the proposed changes
- Involve key stakeholders in discussions around the proposed options and draw out any issues, concerns, preferences and potential impact
- Work with stakeholders to consider potential solutions to any issues raised
- Ensure that all methods are considered and appropriate during the covid pandemic period whilst offering multiple opportunities for people to contribute
- Understand the needs of those who have previously used the service or could use the service in the future, to establish whether such provision should be maintained (and, if so, consider how this can most appropriately be achieved)

5. Objectives

The objectives of this consultation are to:

- To take immediate action to mitigate against any negative impacts, based on feedback from people who have not been accepted into the service from April 2021 and to take action to enable those people to access the service at the earliest possible opportunity
- To facilitate genuine and meaningful dialogue and involvement with patients, health professionals and wider stakeholders
- To reach as many people as possible who could be affected by this potential change, including those from outside Sheffield
- To generate discussion and feedback from stakeholders to help inform decision-making and to jointly identify solutions to issues raised
- To meet statutory requirements from both a provider and commissioner perspective, as is outlined in the Health and Social Care Act 2012 and the Equality Act.

6. Target Audiences

The key groups are:

- People whose referral was not accepted into the service since April 2021 (Section A)

- People who will be directly impacted by this potential change of permanently changing the service (methods outlined in section B)
- Wider stakeholders (methods outlined in section C).

Audience A

The initial target audience to engage are people who have been referred into the service between 1st April and 31st August 2021 and have received information that they cannot be seen by the clinical team. This involves 12 patients who have been referred into the dysfluency pathway. No referrals have been rejected during this time into the cleft pathway.

These 11/12 people will be contacted with an appointment. Information relating to equality analysis, communications needs and mitigating actions will be gathered at that time and will inform this consultation QEIA and communications plan. *(The service are planning to make this contact during the week commencing 6th September)*

Action	Audience	Number of people	Communication Support requirement
Engagement with patients with immediate effect (and also as a key audience in the consultation)	People who have been referred into or have self-referred into the cleft palate pathway since April 2021 and have been contacted to say their referral cannot be accepted - to offer them an appointment and understand any impact the delay has had, including offering support relating to their health	0	N/A
	People who have been referred into or have self-referred into the dysfluency pathway since April 2021 and have been contacted to say their referral cannot be accepted – to offer them an appointment and understand any impact the delay has had, including offering support relating to their health	12	Information to be collected when patients respond to initial contact

Audience B

Audience B includes all those who will be directly affected by potential future changes. This includes all those currently using the service (including the 12 listed above), people who have used the service in the past and been discharged (but may be re-referred) and people who may potentially use the service in the future.

A Quality and Equality Impact Assessment (QEIA) has been conducted for patients that would be impacted by a change in service provision. The QEIA analysis' for all future options are due to be tabled at the CCG QEIA group on 4th October. The information from the QEIA and wider research evidence has been used to shape how we will engage and communicate with current and potential service users to ensure the consultation is inclusive.

A first draft of the QEIA for dysfluency based on current service users (16+) and wider research show that two thirds of the people who use the service are male; this is in line with the prevalence rates for dysfluency across the sexes. The data shows that a broad range of people use the service, however, white British patients are underrepresented in the data. This may be in part be due to the data containing a high rate of "not stated" or "unknown" data. To account for this, we know that over 19% of Sheffield's population is from BAME backgrounds, therefore Sheffield CCG will ensure translated consultation materials are available in key languages.

The cleft lip and palate draft QEIA based on current service users (21+) shows the majority of patients are "white British" or "other white". The data shows that people who are impacted are more likely to be from areas of higher deprivation. The adult referrals are received from across South Yorkshire. However, it should be noted that any changes to the caseload because of the small volumes of patients affected may significantly change the proportions in both QEIAs above.

Research shows individuals who have downs syndrome, autism and/or Tourette's syndrome have a higher prevalence for dysfluency; and adults who have cleft palate often have hearing loss. Consultation materials will therefore be made available in BSL and easy read to ensure the consultation is inclusive for all individuals who may be impacted.

The QEIA and research evidence will ensure targeted engagement with wider stakeholder groups will also be conducted to help reach potential future patients. This includes engaging with referring organisations and organisations such as Sheffield Autistic Society, Mencap & Gateway which are all are listed in the stakeholder analysis (Appendix A).

Patients as part of the consultation	People aged 21+ who currently use the cleft palate pathway	20
	People aged under 16 (and their parents / carers / guardians) who currently use the cleft palate pathway	336*

	People currently aged 16-20 who use the cleft pathway (and their parents / carers / guardians for those aged 16-18)	66 (of those, 10 were referred in aged 16+)
	People aged 16+ who currently use the dysfluency pathway	32
	People aged under 16 who currently use the dysfluency pathway and their parents / carers / guardians	226*
	People aged 16+ who have used the dysfluency pathway in the past	**
	People aged 16+ (both dysfluency and cleft lip and palate) who might use the pathway in the future	***

*It is anticipated that a small proportion of patients under 16 would be expected to be re-referred into the adult services
** Anecdotal evidence from a poll conducted on social media via STAMMA suggests high rates of re-referral in patients who are (16+) for dysfluency. Further exploratory work on re-referral rates is ongoing within SCNHSFT
*** This will be achieved through targeted engagement with key groups and referring organisations and wider general communications

Audience C

Wider stakeholders	SaLT professionals who work on the adult pathways for Dysfluency and Cleft Lip and Palate	See stakeholder analysis – Appendix A
	Health Professionals who refer patients into the cleft palate and dysfluency pathways or who could do so in the future, in Sheffield and in a wider geography and health professionals who work with these patients	
	NHS commissioning organisations whose patients could be affected by this potential change outside Sheffield	
	Stakeholders in Sheffield and from a wider geography with an interest in speech and language therapy, including those in the third sector and Healthwatch	

	Overview and scrutiny committee
	MPs and local councillors

SCNHSFT have provided the referral routes for adult patients into the Dysfluency and Cleft Lip and Palate pathways. These will be used to help ensure the CCG and Trust adhere with their legal responsibility to pre-empt future potential patients. The referring organisations are included in the stakeholder analysis in Appendix A and will be included in the consultation engagement to reach potential future service users.

7. Methods

Section A – Engagement with people directly affected by the closing of the referral list between 1st April – 31st August 2021:

Personalised initial contact

The 11 of the 12 patients who haven't been seen since the service was closed to new referrals on 1 April will be personally contacted by the service team through a personalised letter.

Personalised contact will be prepared for each person that will:

- Highlight that the NHS team are keen to make an appointment as soon as possible with a speech and language therapist at SCNHSFT
- Make clear that the team is aware that distress may have been caused by their referral not being accepted initially
- Seek to understand any impacts of not being seen since being referred, and what could be put in place to mitigate the impact and what support might be needed.

The contact will also refer to the consultation that will be launched soon about future options and make clear that their input will be valued and appreciated.

In terms of asking the patient to respond to the engagement, a range of communication options will be offered so they can choose the most convenient communication for them, including a reply slip on the letter that can be completed and returned, a telephone call or email conversation with a member of the team. Any communication needs or accessibility support identified in response to the letter will be put in place so the person can contribute in a way that is most suited to them and detailed notes of the feedback must be retained. Mitigating actions will be prioritised.

Section B – Consultation on future options

As outlined in Audience B, consultation documents will be available in key languages, BSL and easy read.

Contacting current service users

Initial Contact – in most cases a letter but individual needs must be considered

A tailored letter, which will accompany the consultation document, will be sent to each person and carer / parent / guardian (for those under the age of 18) currently using the service. This will be in an accessible format and based on the information held within their patient record about their specific communication needs. For patients and/ or carers where it is known that written English is not the most appropriate form of communication, alternative methods will be used and tailored to meet their individual needs.

Email / Text

Information will be sent via a second communication method two weeks after the initial contact to alert relevant individuals to the consultation and to ask them to consider the implications and impact for them (and / or their family member) and to encourage them to respond. This exercise will be repeated half way through the consultation as a further reminder.

Contacting potential service users – past service users who may be re-referred and other potential service users

Where feasible, letters will be sent to previous service users with the consultation document as above. Where not possible, wider general communication routes will be used as detailed in the “additional ways to promote the consultation” section below. Targeted advertisement of the consultation will be made in key groups identified such as Mencap & Gateway as detailed in the stakeholder analysis (Appendix A).

Opportunities for people directly impacted to have their say:

Written response

Within the consultation documentation there will be a survey/ feedback form that we will ask people to complete and return using a freepost envelope address

Online response

The same survey/ feedback form as is included in the written documentation, will be available online for people to complete and submit

Telephone

A telephone number will be provided for people to call and leave a message and a member of the team will call them back to answer any questions

Email

An email address will be provided for people to respond in more detail than is possible via the online feedback form or to ask any additional questions

Online meeting

There will be three sessions made available on Zoom (one each month of the consultation) where people can come together to ask questions and staff leading the consultation can provide additional information. This will be clinicians and managers from both organisations. Sheffield CCG will work with STAMMA to ensure this setting is stammer-friendly and ensure individuals are aware of these arrangements in advance of the meeting.

Additional ways to promote the consultation and encourage people directly impacted and potential future service users to have their say:

Via SCNHSFT colleagues

SCNHSFT colleagues and volunteers who support people on the cleft and dysfluency pathways, will be trained and asked to reference the consultation during their contact with patients and their families and will be asked to encourage people to have their say about the proposed changes and anticipated impact

Websites

There will be a specific section on the Sheffield Children's and CCG websites that will offer the information contained in the consultation document. This will also include a link to the online feedback form.

Local and National Charities

We will work alongside local and national charities who support people with cleft and dysfluency, in order to provide a collective response and also to encourage the families they are in touch with to have their say via the methods outlined above

Section C

Communication with wider stakeholders:

Email
Personalised emails will be sent to the stakeholders informing them of the consultation and asking them to submit their response.

Discussions in established forums
There will be an open offer for a member of the Sheffield Children's and/or CCG team to attend meetings and forums with stakeholders and families in order to answer questions and to encourage people to have their say

Pre-established briefings
Briefings with MPs, councillors and other stakeholders will be added to relevant agendas during the consultation period

Local Charities
Based on the information contained in the quality and equality impact assessment, charities and community organisations that support people with other protected characteristics will be made aware of the consultation and asked to encourage people who may be affected to have their say, as outlined in the stakeholder analysis (Appendix A). This could include for example organisations based in geographical areas where there are a high proportion of people from minority ethnic communities.

Media and Social Media

Proactive statements will be prepared jointly by the Communications teams at CCG and Sheffield Children's when the consultation is launched and regularly throughout the twelve weeks. These will be shared with local media organisations and on social media. The aim will be to encourage people directly impacted to have their say. Reactive statements will be prepared by the communications teams as and when required.

8. Materials

A consultation document will be produced outlining the background and case for change, describing the people who will be affected and possible future options. There will also be information about the range of ways to ask questions and offer feedback, including a feedback form for people to complete and return to the freepost address or complete online. An equality monitoring questionnaire will also be included.

This document will be sent to the home of each person who is directly impacted (and/or their carer / parent / guardian) whilst being mindful of individual communication needs. The consultation documentation will be reviewed by patients who have utilised the cleft and dysfluency pathways prior to final sign-off to check the information is easy to understand, is relevant, whether all questions are answered, and if contains jargon or medical information,

A 'Frequently Asked Questions' section will be available on the Sheffield Children's and CCG website from the start of the consultation and will be added to as the consultation progresses.

A briefing will be available to staff who have direct contact with service users providing additional information and outlining the range of ways in which people can seek further clarification and have their say.

Staffing / financial resource

A collaborative approach will be required from colleagues at all levels of the Sheffield Children's and the Clinical Commissioning Group throughout the planning, consultation and decision-making phases. Senior members of both teams will be required to support this in terms of leadership, media enquiries and consultation with wider stakeholders.

During the planning phase, significant staff time will be required to undertake all necessary processes to ensure Sheffield Children's NHS Foundation Trust and the Clinical Commissioning Group are meeting their legal requirements.

Prior to its launch, this consultation will require resource from staff at Sheffield Children's in terms of identifying patients who are directly impacted. Tailoring the consultation documentation to individual communication preferences and needs will also be required which may involve translating information into languages other than English, utilising communication methods such as video calls with interpreters for people who have hearing loss and use BSL and translating the documentation into braille for people with sight loss etc. Care should be taken to meaningfully build in and enable these processes.

During the consultation, regular analysis of the feedback received will need to be undertaken to identify any gaps around who has responded and to tailor the approach to meet requests that arise for staff to attend meetings to discuss the consultation. These requests may be at short notice and senior staff should be mindful that this needs to be a priority.

Sheffield CCG's Strategic Public Involvement, Equality and Experience Committee (known as SPIEEC) which includes wider representation from organisations in the City, including Healthwatch in a 'critical friend' role, will oversee the consultation and commissioner legal duties. The People and Performance Committee will have responsibility within SCNHSFT and a Governor or non-executive director will have oversight.

Independent and comprehensive analysis of the consultation information received will be required once the consultation closes, prior to the feedback being made available for the decision makers within Sheffield Children's and Clinical Commissioning Group.

The Overview and Scrutiny Committee will require updates throughout the planning phase, during the consultation and in terms of the processes followed to make a decision.

Costings for printing of documents, independent analysis, support materials for people to access the consultation e.g. translated documents, interpreters / signers is being considered as part of the planning phase and a budget identified.

10. Independent Consultation Analysis

To ensure transparency and promote confidence in the consultation process, an independent company will be appointed to collate and analyse all feedback.

As well as responses to the feedback in paper and online formats, the analysis will cover all other sources of feedback, including:

- Transcribed notes from the three Zoom meetings
- Notes from conversations with individual service users relating to consultation
- Notes from other meetings that are requested and planned throughout
- Minutes from formal meetings
- Social media
- Other media sources
- Emails/letters
- Notes from telephone calls

11. Timetable

The planning phase for this consultation is underway and teams at Sheffield Children's and Clinical Commissioning Group are working through the following process to ensure that a coherent and considered consultation is available to those people directly impacted alongside wider stakeholders. This timetable is dependent on capacity within teams and collaboration across organisations. The section that is not moveable is the 12 week full public consultation in order to meet our legal duties and the Gunning Principles.

ACTION	WHEN	WHO	RAG
QEIAs completed • Options 1-5 including service closure	By end of September	SCNHSFT & CCG teams	
Draft Consultation plan	By end of July (but to be informed by the QEIA outputs)	CCG Engagement Team	
Brief Communications Teams	By end of July	SCNHSFT & CCG teams	
CCG - SPIEEC verbal update	3rd August	Head of Commissioning for Children's Young People and Maternity Portfolio	
SCNHSFT - Executive Team Briefing	5th August	SCNHSFT Head of Planning and Performance	
Meeting with public representative and representative from STAMMA	16th August	Sheffield CCG Deputy Director of Commissioning, Sheffield CCG Commissioning Manager and Engagement Manager with Past service user representation and STAMMA Programme Lead	
Team to team online session re: due process and legal duties	17 August	SCNHSFT Strategy Director, SCNHSFT Associate Director CWAMH, SCNHSFT Head of Performance and Planning, Sheffield CCG Deputy Director of Commissioning, Sheffield CCG Commissioning Manager, Sheffield CCG Contracts Manager and Sheffield CCG Engagement Manager	

Develop materials for people already affected by service change (see page 3, group A)	w/c 6 September	CCG & SCNHSFT service teams with support from Communications teams	
Contact people already affected by service change and have person conversations about impact and mitigation	w/c 6 September	SCNHSFT team	
Consideration of external resource requirements and suppliers e.g. independent analysis, printers of documents for consultation	w/c 13 September	SCNHSFT & CCG teams	
CCG – Strategic Involvement, Engagement and Equality Committee - Circulation of draft consultation plan	Deadline for papers 3rd September, Committee meeting and feedback 14th September	SPIEEC members	
SCNHSFT Internal governance process regarding sign off of the consultation plan	Circulation 6th September, feedback from all teams and committees by 17th September	Corporate Planning Team, Executive Team and People and Performance Committee	
Service user feedback on the draft consultation documentation – via individuals and STAMMA	Distributed w/c 6th, comments by 17th September	STAMMA representative, and a past service user representative	
Changes based on feedback to the consultation plan	17th and 20th September	CCG & SCNHSFT teams	

Below to be amended and dates TBC based on consultation plan feedback, and development of consultation documentation

Circulation for consideration by OSC members	Deadline for September OSC papers is 20th.	CCG & SCNHSFT teams	
Appraisal of future service options	TBC	CCG & stakeholders	
Comments back from OSC	TBC	OSC	
CCG QEIA Group to meet to review all QEIAs and changes to be made to documentation as a result	w/c 4th October	QEIA group / SCNHSFT	
Final changes to QEIA & Consultation plan	TBC	SCNHSFT & CCG teams	
Development of consultation documentation	TBC	Communications teams at SCNHSFT and CCG, alongside service teams; STAMMA and service user representation	
Preparing and printing of all resources required for consultation launch	TBC	SCNHSFT & CCG teams, external printers, external analysis team	
Earliest date for consultation launch	TBC	All	
Weekly analysis of consultation responses	Ongoing	External analysis team	
Zoom call with people directly affected	TBC – One each month of the consultation	Senior responsible managers at SCNHSFT & CCG	
SPIEEC updates re: process & responses	26th October, 7th December, 18th January & 1st March	CCG team, SPIEEC members	
SCNHSFT – Ongoing updates to Executive Committees	Dates TBC	Corporate Planning Team, Executive Team and People and Performance Committee	
Independent analysis of all responses – draft	TBC	Independent analysis	

report for SPIEEC & SCNHSFT committees			
Final report deadline	TBC	Independent analysis	
SCNHSFT – Full consultation report presented for consideration	TBC	SCNHSFT Trust Board	
CCG – Full consultation report presentation for consideration	TBC	Governing Body	
OSC – Full consultation report presentation	TBC	SCNHSFT & CCG Senior team	
SCNHSFT Decision making meeting	TBC	SCNHSFT Trust Board	
CCG Decision making meeting	TBC	CCG Governing Body	
OSC – re: information regarding the final decision made by the CCG and SCNHSFT	TBC	OSC	

Appendix A – Stakeholder analysis

Stakeholder Analysis:

Patients

- Patients who had their referral rejected
- Adult patients (21+) currently on cleft lip and palate caseload
- All patients (20-) on CLP caseload
- Patients on the current cleft lip and palate caseload who are aged 16-20 but referred into the service at 16+
- Adult patients (16+) currently on the Dysfluency caseload
- All patients (15-) currently on the Dysfluency caseload
- Previous patients on Dysfluency pathway
  Previous patients on CLP pathway

Providers

- Sheffield Children's NHS Foundation Trust*
- Sheffield Teaching Hospitals*
- Trent Regional Cleft Network*
- Charles Clifford Dental Hospital*
- Primary Care Sheffield
- GPs* / Primary Care Networks
- Sheffield Health and Social Care SLT*
- Sheffield Adult Autism and Neurodevelopmental Service (SAANS) *

Commissioners

- NHS Sheffield CCG*
- NHS Barnsley CCG*
- NHS Bassetlaw CCG*
- NHS Cheshire CCG*
- NHS Derby and Derbyshire CCG*
- NHS East Riding of Yorkshire CCG*
- NHS Rotherham CCG*
- NHS England
- South Yorkshire and Bassetlaw CCG
- South Yorkshire Integrated Care System
- Sheffield Accountable Care Partnership
- Sheffield City Council

Politicians

- Sheffield OSC
- South Yorkshire OSC
- South Yorkshire and Bassetlaw CCG
- Sheffield Cllrs
- Sheffield MPs
- Sheffield Mayor

Third sector

- Healthwatch Sheffield
- Public Health BAME network
- STAMMA
- National Action for stammering children
- Cleft Lip and Palate Association (CLAPA)
- Sheffield Downs Syndrome Support Group (SHEDS)

- Sheffield Autistic Society
- Disability Sheffield
- Mencap & Gateway

Other

- Mainstream schools*
- Special schools*
- Parent Carer Forum
- Local media
- Sheffield Local Medical Committee (LMC)
- Wider stammering community
- Wider Cleft lip and palate community
- Save Our NHS (SONHS)
- Learning Disability Partnership

***** *Referring organisations into the adult Dysfluency and Cleft Lip and Palate service*

Report to Health Scrutiny & Policy Development Committee
29 September 2021

Report of: Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group

Subject: South Yorkshire & Bassetlaw ICS Wave 4b Capital Schemes – Sheffield Schemes

Author of Report: Mike Speakman, Willowbeck Management and Technical Consultants Abigail Tebbs, Deputy Director of Primary Care

Summary: To provide a briefing for elected representatives on the progress of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) bid for primary care capital developments under the national Wave 4b Capital Scheme ad specifically, progress with the preparation of Strategic Outline Cases (SOCs) for the development of Primary Care Transformational Hubs and other schemes to improve capacity in general practice and to seek input into plans for patient and public involvement and consultation on the plans.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**X**
Other	

The Scrutiny Committee is being asked to:

- Consider the progress and issues described above and how involvement and consultation could be used to support the development of future service models with PCNs.

Report of the Director of Finance, NHS Sheffield CCG

South Yorkshire & Bassetlaw ICS Wave 4b Capital Schemes – Sheffield Schemes

1. Introduction

1.1. In July 2018, the Integrated Care System (ICS) submitted a System Sustainability business case in relation to a wide range of investments required across South Yorkshire and Bassetlaw (SYB) to deliver transformational change in the region. This included a proposal to invest £57,459k of capital into primary care facilities.

1.2. Specifically, this proposal focused on ensuring that primary care services are delivered from fit for purpose facilities in order to enhance the effectiveness, efficiency and sustainability of the care delivered.

1.3. Following confirmation that the bid was successful an over-arching SYB Programme Business Case (PBC) was developed and has received approval.

1.4. The PBC comprised 21 schemes to address the identified primary care estates issues, whilst also creating environments to meet the current health needs of the SYB population - including proposed new models of care and explains how the continued development of the primary care estate will act as a key enabler to SYB ICS's strategic vision - achieving the best possible outcomes for local communities across our five places.

1.5. There are three key work programmes within Sheffield:

- Transformational Hub Developments - City, SAPA & Foundry (£33.9m)
- Developing Capacity - 8 Practices (£1.39m)
- Void & Underutilised Space - LIFT & NHSPS Premises (£1.01m)

1.6. Details of the individual schemes are set out in Appendix 1 to this paper. This paper provides details of the development of plans in Sheffield.

2. Transformational Hubs

2.1. Working with Sheffield City Council (SCC), schemes in the city centre, SAPA and Foundry primary care networks (PCNs) are being taken forward using Section 2 Agreements (capital grant for the Local Authority to build, own and operate the premises in return for a long-term rent-free period for NHS services). Turner & Townsend, as supply chain partner to SCC, are working with us to develop the Strategic

Outline Case (SOC) for each potential 'Hub'. Engagement with practices on such a significant change has been key, and whilst not without its challenges during the COVID-19 pandemic, good progress had been made, but with limited opportunities for wider engagement so far.

2.2. However, upon commencing the process to confirm the preferred way forwards within the SOC documents and thus individual schemes becoming far more tangible and presented to more GPs, a number of issues have been raised that will require some re-working and confirmation by stakeholders. These have materialised in several key areas;

2.2.1. Site Location –there have been a limited number of viable and available sites in the current ownership of SCC, upon which development can take place. Bringing further site options forward is a key priority in our work with SCC, and has been discussed at senior officer level.

2.2.2. Hub Configuration – there have been challenges to the 'clustering' of practices that may be perceived as disadvantaging some patient groups due to potential distance to travel to new hubs, that requires a further review of both the number of hubs and the potential for hubs to be formed for practices across current PCN boundaries. This is welcomed, albeit a late development, as new Hubs should be developed around communities rather than the organisational construct of PCNs.

2.2.3. Scale of Transformation. The models outlined in each SOC demonstrate that these schemes would require significant transformation in the way that services are delivered and practices operate – it is far more than a re-provision of premises within a new building. Throughout the development process, stakeholders have been asked to focus on the future service model rather than the building aspect ("form follows function") but the building models have demonstrated that more fundamental changes are required than anticipated by some.

3. Public Involvement and Consultation

3.1. Inevitably, the very act of bringing several practices together in to large, multi-practice, multi-service hubs with a wider range of services provided and being co-located will mean that for some patients their nearest hub will be further away than their existing single practice surgery.

3.2. This presents some stakeholders with significant difficulties even though the model should reduce the number of sequential trips / healthcare appointment required by many patients, by offering greater flexibility and services all in one location.

3.3. It is essential that we work through the implications of this element of transformation, whilst recognising the vital importance of ensuring good

accessibility to health care services, especially for deprived communities.

3.4. Once the participating practices are fully identified a full programme of involvement and consultation is planned with the public, patients and other stakeholders in each area to ensure not only that views are heard and concerns addressed but that local people have a full opportunity to help make decisions about the shape of services.

3.5. Initial SOCs are due for submission by November and after this it is proposed to begin the involvement process. We will provide further details, timetables and involvement plans in due course.

4. Conclusions

4.1. There is a significant difference between the future models of Primary Care envisaged being delivered from the new hubs, aligned to the national programmes for integrated primary care at PCN scale, and the traditional models delivered very locally by the practices currently – they offer once in a generation benefits not only to the practices and PCNs involved but to patients in some of the most deprived communities in Sheffield.

4.2. The CCG is committed to providing significant support and development to address the challenges and deliver care in model and premises aligned to the current and future needs of patients.

4.3. We fully acknowledge the need to ensure we have a well-supported and considered set of proposals upon which we can engage with patients, key stakeholders and partners at the appropriate time, but for that we must ensure we have a shared vision, desire for delivering better care and broad alignment in how that might best be achieved.

4.4. This process will require clinical leadership and more time to develop solutions with key stakeholders, but we also have a requirement to demonstrate we have viable schemes, deliverable within a fixed timeframe if we are to successfully deploy the ICS capital funds to best effect.

5. Recommendations

The Committee is asked to:

- Consider the progress and issues described above and how involvement and consultation could be used to support the development of future service models with PCNs.

Paper prepared by: Mike Speakman, Willowbeck Management and Technical Consultants, Abigail Tebbs, Deputy Director of Primary Care , NHS Sheffield CCG

On behalf of: Jackie Mills, Director of Finance

7 July 2021

APPENDIX 1

Sheffield Wave 4b Schemes

Scheme No	Scheme Name	Detail
PC10	**SAPA (Southey & Parson Cross Association)**	The scheme is based around the needs of SAPA Neighbourhood in Sheffield. The existing estate across the six medical practices do not provide appropriate environments to fully address the current health needs of the local community or for proposed new models of care for the future.
PC12	**City Centre Hub**	The proposal is to bring together 3 Practices over 4 sites into one City Centre Hub location. These practices all provide similar services from different locations in the city centre. The existing estate across the four medical practices in three locations do not provide appropriate environments to fully address the current health needs of the local community or for proposed new models of care for the future
PC11a	**Foundry Hub + Lift re-utilisation**	Ten existing practices operating out of 13 different buildings across the Foundry Primary Care Network of Sheffield. The current premises are no longer fit for purpose and do not have the capacity to service the existing patient demands across the Neighbourhood. Seven of the existing sites are located in residential-style premises on sites which could not be easily extended to provide additional space. The current premises for these services are no longer fit for purpose, have adequate capacity to provide primary care at scale and unable to meet the increasing requirements of patients. In addition to the above practices, there are 2 LIFT buildings within the Foundry PCN that may present increased opportunities and should be considered for reconfiguration as part of an overall Network approach to the delivery of Primary Care Services.
PC11b	**Foundry Hub**	
PC11c	**Foundry Hub**	
PC11d	**Foundry Hub**	
PC4a	**Void space**	The proposed scheme is to fund the reconfiguration of void space in LIFT and NHS PS buildings to facilitate use of currently underutilised space. This will allow for better use of our highest quality primary care in line with our emerging Sheffield Strategic Estates Plan.
PC9	**Developing Capacity (Dovercourt Surgery)**	This proposal seeks to develop an unoccupied area of the premises to provide 2 additional Consulting Rooms and a large Group Room, (together totalling circa 88m2, including circulation space) to be located on the first floor. The planned new development area is currently fallow.
PC9	**Developing Capacity (Manor and Park Surgery)**	This proposal seeks approval for an extension to the rooms adjacent the Main Entrance lobby to form 2 new additional Consulting Rooms. Presently, the area comprises a storeroom, wc and a single Consulting Room. The new rooms would extend around 5m into the existing car park area, providing a modern and fit for purpose environment to see patients.

PC9	**Developing Capacity (Porter Brook Surgery)**	The scheme proposal describes the necessity and benefits of refurbishing the available space on the lower ground floor by creating additional Consulting Rooms. Several options are possible in repurposing existing rooms to create new. The original proposal included for creating 2 new Consulting Rooms, 1 Treatment, 1 Examination room as well as ancillary areas.
PC9	**Developing Capacity (Heeley Green Surgery)**	This proposal is to create a single storey extension and internal refurbishment totalling 41m2, into the existing rear courtyard area to form 2 new Consulting Rooms at ground floor level.
PC9	**Developing Capacity (Gleadless Medical Centre)**	The proposed scheme will provide 2 additional Consultation Rooms, adding to the 12 existing and 1 Treatment Room. The two-storey extension would be built on land currently unused at the rear of the Property with a floor area of 37.5 square metres per storey. The current footprint of the practice is 800m2 and is used for core GMS services along with wrap around services which are essential to meet the needs of our patients population.
PC9	**Developing Capacity (The Hollies Medical Centre)**	The proposal seeks to achieve 2 objectives: 1. Refurbish and renovate the second floor of the Practice. This is to be achieved by converting the unused roof space into Doctor's MDT open plan working area. Demolish the wall between the meeting room/office area and admin office to create a single larger flexible MDT space to host other services. 2 Install two pairs of self-opening automatic doors at the main entrance to assist disabled/ frail patients access and egress and ensure statutory DDA/EA compliance.
PC9	**Developing Capacity (Upperthorpe Eccleshall Medical Centre)**	The proposed project is to build a two-storey extension to provide 245 square metres including up to 6 additional consulting rooms and DDA compliant lift which gives access to the first-floor clinical rooms and also addresses the issues around staff access.
PC9	**Developing Capacity (Upperthorpe Medical Centre)**	The proposal comprises of two elements: 1. To construct a new 2 storey extension to provide 4 new Consulting Rooms, nursing suite, storage, clean and dirty utility and new lift access, totalling 149m2. 2. Refurbishment of existing Consulting Rooms to achieve compliance, e.g. installation of IPS and lever taps to sinks; install vinyl flooring; and lighting upgrades.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 29th September 2021

Report of: **Policy and Improvement Officer**

Subject: **Draft Work Programme**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk

The report sets out the Committee's draft work programme for consideration and discussion.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	**X**

The Scrutiny Committee is being asked to:

- Consider and comment on the work programme

Category of Report: OPEN

1 What is the role of Scrutiny?

1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement.

1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with agenda items, single item 'select committee' style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.

1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS funded services, and where a 'substantial variation' to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration.

2 The Scrutiny Work Programme

2.1 Attached is the draft work programme for the Committee's consideration. We will take a flexible approach in planning scrutiny work, to enable us to respond appropriately as new issues emerge.

2.2 Members of the Committee can also raise any issues relating to the work programme via the Chair or Policy and Improvement Officer at any time.

3 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme

HC&ASC Draft Work Programme 2021/22	
Date	**Issue**
September 29th 2021	**Speech & Language Therapy Engagement Plan -** Committee to consider and comment on the proposed engagement plan for Speech & Language Therapy following Committee discussion from July 14th 2021. (NHS Sheffield CCG – Lucy Ettridge and Kate Gleave) **Primary Care in Sheffield** **1 –** update on current issues facing Primary Care in Sheffield **2 –** update on capital funding programme for Primary Care in Sheffield (NHS Sheffield CCG, Lucy Ettridge, Jackie Mills, Abigail Tebbs) **Sheffield Health & Social Care Foundation Trust – CQC inspection feedback –** Committee to consider progress made in implementing recommendations from recent CQC inspections of SHSCFT. (Jan Ditheridge, Sheffield Health & Social Care Foundation Trust)
November 24th 2021	**Social Care & Covid Recovery** – Committee to consider social care performance and key issues currently facing social care services in Sheffield (SCC- Alexis Chappell)

January 26th 2022	
March 23rd 2022	
Potential Issues for consideration:	
Mental Health Services – issues to include – recovery from Covid; green prescribing/role of nature in mental health services; service provision for veterans. ***Impact of Covid on access to dental services*** – progress report following Committee's consideration of this issue in February 2021. ***Development of the South Yorkshire ICS*** – watching brief on the development of the Integrated Care System, including the terms of reference and the role of scrutiny. ***Adult Dysfluency Services*** – to consider proposals to change service provision following discussion at July 14th 2021	