

SHEFFIELD CITY COUNCIL

**Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee**

Meeting held 14 July 2021

PRESENT: Councillors Steve Ayris (Chair), Sue Auckland, Vic Bowden, Lewis Chinchon, Talib Hussain, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, Abtislam Mohamed, Garry Weatherall, Alan Woodcock and Richard Shaw (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Dr Trish Edney

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Alan Hooper. Councillor Richard Shaw attended as a substitute Member.

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 In relation to Agenda Item 7 (Item 6 on the minutes), (Adult Dysfluency and Cleft Lip and Palate Service) the following declarations were made:-

Councillor Vic Bowden declared a personal interest by virtue of her having a long connection with the Service and had served as a Trustee. Councillor Talib Hussain also declared a personal interest in the item due to him having a child who attended the Service.

3.2 In relation to Agenda Item 8 (Item 7 on the minutes) (Proposed Merger of Norfolk Park and Dovercourt GP Practices), Councillor Steve Ayris declared a personal interest by virtue of him being a patient at the Dovercourt Practice.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meetings of the Committee held on 10th March and 19th May, 2021 were approved as correct records.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 The Chair stated that five questions had been received from members of the public, all relating to Item 7 on the agenda (item 6 of these minutes) (Adult Dysfluency and Cleft Lip and Palate Service) as follows:-

5.2.1 My name is Kirsten Howells. I am the Helpline Support Manager and Programme Lead for the national charity, STAMMA, which is also known as the British Stammering Association. Since the closure of the specialist stammering service to new adult referrals from 1st April, our helpline and webchat services have been contacted directly by 3 Sheffield adults who stammer who have had their referrals to the service rejected, and from staff members in two other specialist NHS teams in Sheffield regarding three of their patients who have had their referrals to the service rejected. All 6 are urgently seeking therapy and support related to stammering.

Having a stammer can mean that everyday life is an obstacle course. Situations that fluent speakers take for granted can be really tricky for people who stammer. Think about the small things like buzzing in on the intercom at the GP surgery, but reception hang up when you can't say your name and they think someone's just playing games, being laughed at or mocked while ordering a coffee, or struggling to introduce yourself to new colleagues. Or the big things like being unable to work, because you've suddenly, out-of-the-blue, started stammering, or because the impact of a life-long stammer is affecting your ability to carry out your job. Or feeling suicidal because of the negative reactions of others to the way you speak, or having difficulty speaking in a police interview as the victim of a crime and those dysfluencies being misinterpreted as nervousness or lying. For these reasons and many more, some people who stammer seek support from speech and language therapy yet, in Sheffield, although there are therapists with specialist skills in this area, they are no longer able to accept referrals for these adults.

The Report of the Director of Commissioning Development states in Section 4.1 that the Trust would not expect any of the patients to require urgent treatment from a clinical perspective but, based on my own contact with the people who've had their referrals to the service rejected, I strenuously challenge that position.

In Section 2.8, the report states that the CCG is in the process of trying to procure treatment for the individual patients referred since 1 April from an alternative provider as a temporary measure. However, both STAMMA as an organisation and the patients I've been speaking to, including those who have contacted STAMMA this month, are unaware of alternative provision being in place.

Does the Committee consider that allowing the service to continue accepting new referrals whilst any necessary service reviews and consultations are underway, is preferable to a situation where the adults who stammer seeking support are effectively abandoned - rejected by the existing specialist service but with no alternative provision in place?

5.2.2 The Chair stated that he would respond to the question when the Committee

moved on to the next item of business and thanked Kirsten Howells for submitting her question and attending the meeting.

5.3.1 Isabel O’Leary, Clinical Lead Speech and Language Therapist at Sheffield Children’s Hospital, had asked that background information be circulated to Members regarding the Adult Dysfluency and Cleft Lip and Palate Service. She attended the meeting and asked the following questions:-

- (a) Why was the closure of an existing, long established nationally respected service to new patients carried out without a proper review or consultation and before any alternative provision had been secured and funded?
- (b) Why did the Trust decide at short notice to “temporarily close the services for both pathways to new referrals from 1st April 2021...based on...risks.” when these services have been operating without problems for decades?

5.3.2 The Chair stated that he would respond to the question when the Committee moved on to the next item of business and thanked Isabel O’Leary for submitting her questions and attending the meeting.

5.4 Emily Standbrook-Shaw, Policy and Improvement Officer, stated that questions from three individuals had also been received and she had agreed to read them out as follows:-

5.4.1 **Question from Dean Ridge –**

My name is Dean Ridge and I’m an IT Service Manager. I have stammered since early childhood, and I received speech therapy as a child and again in my early teens.

In 2011 at the age of 37, I referred myself to the specialist stammering service in Sheffield because I had reached a stage in my life where I needed extra support with my Stammer.

The SLT’s helped me understand my stammer a lot more and introduced the concept of it being “ok to stammer” and not to hide it. I was a covert stammerer which meant I hid my stammer and did everything possible to avoid situations where I might Stammer and be found out.

We worked on acceptance and desensitisation to Stammering and this was literally life changing for me and has led to life decisions and experiences that simply weren’t open to me before therapy. I am now a proud stammerer who isn’t afraid to speak anymore.

For all of my adult life I would only say what I could fluently and now I say what I want to regardless of whether I stammer. This is such a massive difference for me in a world where communication is so important.

Since having therapy, I started a support group for adults who stammer in Sheffield. I have been interviewed four times on Radio Sheffield about Stammering, given lectures to SLT students at Leeds and Sheffield University and I am currently on the organising committee for a world conference for adults who stammer. None

of this would have happened without access to an SLT as an adult.

I know that the stammering service made a very important difference to my life, and I'm concerned to hear that this is no longer available. What are adults like me supposed to do when they reach out for help, perhaps due to concerns that have been building up over time, or because they've hit a crisis point and all they get is a rejection letter saying, sorry, there's simply no support for you here?

5.4.2 Question from Louis Stansfield –

For people like me, having a stammer is very tiring, I am constantly thinking about what I want to say and if I am going to be able to say it. For example, ordering a meal that I want rather than the one that is easiest to pronounce. This service is helping me to work through this and giving me the confidence I need to go into situations rather than avoid them. This includes tackling challenges in life that I have struggled with, such as job interviews and other potentially challenging situations. I reached the point where my stammer was affecting all areas of my life and my confidence was at rock bottom. When I learned of the SLT. Service I felt that I had been given a chance to improve my speech, and subsequently my mental health and this gave me hope.

Removing access to this service will in my view have a massive impact on the mental health and wellbeing of people that are already suffering and would leave people without urgent and adequate support that they may need. Would this be the case?

5.4.3 Question from Jo Anderson -

As an adult who stammers and has benefitted from the specialist adult service in Sheffield, I know how difficult it can feel under ordinary circumstances to reach out to a specialist service for support and know the importance of receiving input in a timely way. Within the context of covid, when many people are anxious about returning to more of a normal life, I imagine that for many adults who stammer, there will be increased anxieties about managing their stammer in social, work and educational settings. Therefore, I would like to ask:

- Why has the service been suspended at a time when needs will be as great, if not greater than ever due to challenges of managing a stammer in the context of returning to more of a normal life as covid restrictions are lifted?
- What is the justification for not funding a specialist adult service when we know that the significant social and psychological impact of stammering continues into adulthood and affects adults' mental health and ability to engage in work, education and social situations?

5.4.4 The Chair again stated that he would respond to the questions when the Committee moved on to the next item of business and thanked the questioners for submitting their questions.

5.5 Questions had been received regarding Agenda Item 8 (Item 7 of these minutes) (Proposed Merger of Norfolk Park and Dovercourt GP Practices), and it was agreed that these would be heard during that item of business.

6. ADULT DYSFLUENCY AND CLEFT LIP AND PALATE SERVICE

- 6.1 The Committee received a report which provided background context and outlined the current situation of the potential changes to the provision of Dysfluency and Cleft Lip and Palate Service for adults within Sheffield.
- 6.2 Present for this item were Lucy Ettridge (Deputy Director, Communications, Engagement and Equality, NHS Sheffield Clinical Commissioning Group (CCG), Kate Gleave, Deputy Director of Commissioning, NHS Sheffield (CCG) and Dr. Jeff Perring (Medical Director, Sheffield Children's NHS Foundation Trust).
- 6.3 Kate Gleave introduced the report and stated that she was aware that this Committee was usually concerned with adults and that matters dealing with children were under the remit of a different Committee but due to the increased demand for speech and language therapy assessments and treatment of around 8% year on year over the last six years, the Sheffield Children's NHS Foundation Trust, the CCG, the City Council agreed to undertake a review of the Paediatric Speech and Language Service in May 2019, which had stalled due to the pandemic, but the outcome of the review was now being finalised. The Trust, along with the CCG and the City Council, worked with colleagues in the education and voluntary sector and it became apparent that adults were being assessed and treated as well as children by the Service. Kate Gleave said that the CCG and the Trust had been in discussions to ensure that all needs and legal obligations were being met. The Service was not universally commissioned with some areas in the country having no adult service. However, the CCG was planning on commissioning a service for both assessment and treatment since the 1st April on a temporary basis whilst engagement work is undertaken so that we can fully understand patient needs. Patients will not have to undertake an assessment process whereby they were requested to go through of a panel process to determine whether they could be funded under exceptional circumstances. Kate Gleave stated that work was ongoing to identify another provider firstly we need to understand the service on offer as there were different service models and secondly to identify waiting times as throughout the NHS waiting times for all services have significantly increased. She said work had begun on equality and quality impact assessments with the intention to produce a combined Trust and CCG assessment to understand the impact of the decision which would help to tease out any potential issues that may arise. The Children's Hospital Service was well funded, this decision wasn't about funding cuts. Kate Gleave asked whether Members considered the closure to new adults would constitute a substantial change which would require formal consultation with the Committee.
- 6.4 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-
- In terms of closing the Service to adults before alternatives had been found, both the Trust and the CCG have focused over the past couple of months on recovering from Covid and had chosen to prioritise work to special educational needs and disability services and supporting services with long waiting lists. This service had unfortunately dropped down the list of priorities.

- The risks and rationale were considered when carrying out the review as the Therapy Service treats patient cohorts significantly outside of the Trust's normal age range. The Service treats children up to the age of 16, and rarely up to the age of 18, but never to those in their 20s as there was limited capacity within the service and as a result, the Service was unable to meet all the demands placed on it. This review would create additional capacity to identify earlier specific needs and be able to see children sooner. There was also a lack of alignment with other adult therapy services which prevented integration and provision of care for adult patients. It was acknowledged that transition was vitally important but having a service that managed all ages was no longer appropriate and a pathway to transition people from paediatric to adult services was necessary.
- In an ideal world it would have been better to have a system in place before the service ceased accepting new referrals, however information received suggested that it was unlikely that there would be any referrals during transition, but it came to light that there were referrals, so the priority now was to find an alternative service for adults.
- It was not known whether the Head Injury and Neurological Department had been contacted, but it was confirmed that the Speech and Language Therapy Service at the Northern General Hospital have been contacted and that Service has confirmed that it was not able to offer any service at the present time.
- The CCG was looking into how long patients would have to wait to be seen both locally and nationally and would want to commission a service with shorter waiting times. This is being prioritised and it was hoped that answers were available towards the end of next week.
- The shortage of Speech and Language Therapists was not known. The expectation was that the service would be able to offer the opportunity to spend more time working with children and that capacity would be created.
- Over a number of years, there has been a lot of work around transition from child to adult across multiple services and it was acknowledged that in days gone by, sometimes young people did "fall of the cliff" when they reached a certain age. There are many services throughout the NHS that do successfully transition from one age group to another, so the Service was working to make the transition as seamless as possible. There was no certain set age as when young people reach the age of 16, they have different ways of thinking and have other stresses in their lives and perhaps may not be ready for more change, and also a recognition that at the age of 18, not everyone was ready to make the change, so there is a Transitions Register in place to enable patients to be seen for a while longer so that they could be transferred when ready.
- The CCG has been looking at service alternatives relatively locally in Rotherham and Hull and also the position in Barnsley and Doncaster. There

was a need to understand how best to meet the needs of patients whether through an online or virtual service versus how many would prefer face to face appointments and how that would impact on travel outside of the city.

- The process of looking for an alternative service started in January this year but was paused when it came to light the number of users that were likely to need the Service and due to the further lockdown, as previously stated, dropped down the list of priorities, but over the past three to four weeks alternative services have been identified and contacted to see if they meet our needs.
- The CCG has a legal duty to bring any substantial change to this Committee. There is no legally defined variation, so it was for the Committee to decide whether there was a substantial change which would trigger NHS consultation. The CCG was committed to a 12 week consultation period.
- As previously stated, there are many services within the NHS that require transition to adult services, but the speech and language therapy service is primarily a children's organisation and to provide the Service it did was in part an anomaly and therefore not appropriate to continue with that Service in the medium to long term.
- The decision was made around the type of service that it was, and the service was outside of the normal age range of the organisation, so to start implementing and developing it further would be inappropriate.
- The Trust have stopped all referrals temporarily, on the grounds of clinical risk which legally a provider is allowed to do, so what the CCG are now going to do, is to engage and consult with the users on future options. One option might be a status quo, so currently this would mean adults being seen at the Children's Hospital, but this is not viable. Its far from ideal, its not the perfect process and the Service will look at the impact of the change i.e. people might not be able to travel or take a zoom call or telephone call.
- The CCG approached a number of services including Hull. In terms of picking up the costs, if it means patients have to travel outside of Sheffield, the usual NHS rules concerning travel apply, whereby, if someone was able to travel through the patient transport service then travel costs outside the city would be free, and if someone doesn't meet the eligibility criteria, costs would have been met individually.
- The decision that was taken was based on a risk-based approach and it was taken by Sheffield Children's Hospital. Due to the pandemic, mental health across the board has been affected over the last 18 months and the health service as a whole were seeing increasing numbers of mental health issues. However, the question remains as to what Sheffield Children's Hospital is there for, and its reason to exist is to care for children, young people and their families, and the risks associated to this review was the risk to the Service and the significant concerns about its the capacity to treat young

children, and the consequences of continuing to manage the service. In taking the decision, the CCG does appreciate that a small number of adults would be affected by the proposed change.

- It was acknowledged that there might be some adults affected who would also be parents to children with multiple illnesses, mental health and disabilities and it was appreciated completely that that does have an effect on children and their life chances. The Service does not directly manage those issues but what it would do, would be to contact parents where appropriate and ask what they have in place.

6.5 RESOLVED: That the Committee:-

- (a) thanks Lucy Ettridge Kate Gleave, and Dr. Jeff Perring for attending the meeting;
- (b) notes the contents of the report and responses to the questions raised;
- (c) unanimously agrees that this is a substantial change which requires formal consultation with the Scrutiny Committee;
- (d) strongly recommends that Sheffield Children's NHS Foundation Trust reinstates the service to ensure that a proper, legal consultation and EIA can be undertaken;
- (e) recommends that any future service that is commissioned is accessible to service users and isn't outside of South Yorkshire; and
- (f) requests that an update be brought to the next meeting on what has happened to the service/update and actions taken from the recommendations made.

7. PROPOSED MERGER OF NORFOLK PARK AND DOVERCOURT GP PRACTICES

7.1 At the start of this item, questions were asked from members of the public and local Councillors as follows:-

7.1.1 Questions from Kim McMaster from Norfolk Park TARA

Why were patients misled? The Manor Top Clinic is earmarked for closure as it's not accessible to disabled patients, no parking, building is in disrepair, dangerous to cross East Bank Road etc.

Why were we told Manor and Castle Development Trust (M&CDT) had been appointed at the beginning of the process when they were not actually in place until over halfway through the consultation?

Why are we being consulted on a done deal, doctors have already quit their lease

before consultation started?

The patients of Norfolk Park are not happy with the proposals to merge and close our state-of-the-art building, and would prefer that the surgery became a satellite of Dovercourt and have doctors in there five days a week. (This has been done with another surgery locally).

How are patients with no access to transport supposed to get to Dovercourt?

In response, Abigail Tebbs, Deputy Director of Delivery, Primary Care Contracting, Digital and Estates, NHS Sheffield Clinical Commissioning Group (CCG) stated that as a result of the feedback on consultation and other work ongoing, the CCG would be stopping the consultation to show patients a revised proposal which would involve the merger still going ahead, but services would still be provided at Norfolk Park. She said she didn't have all the information available, but the same clinicians would be available at both practices.

7.1.2 Questions of Councillor Ben Miskell

The surgery itself is located in 8-year-old premises and is owned by Community Health Partnerships Ltd (CHP), a private company, wholly owned by the Secretary of State for Health and Social Care.

Given the ownership arrangement of the building, can representatives from the CCG confirm to Members of the Committee, that should the surgery close, the CCG and thus the taxpayer will still be liable to pay the rent on the empty space that is left?

Could the CCG also confirm the total cost that this would represent to the taxpayer for the ongoing rent of empty space in this building?

Can the CCG also confirm whether the GPs acted on the advice of the CCG in tendering notice to the landlord, prior to the commencement of the consultation period. As members of this Committee will understand, this action by the GPs, has caused significant resentment in the local community and concern that the consultation itself is a done deal.

If this is not the case, what action has the CCG taken with the landlord to investigate how services can continue to operate from the Norfolk Park premises in whatever form, given that notice has already been served to vacate the building?

As Committee members will have heard from Kim McMaster from Norfolk Park TARA, there are some serious concerns about the consultation itself. It commenced during a period where face-to-face contact was limited due to the pandemic. Stage 3 covid restrictions stayed in place for a further month, preventing full discussion of the issues and in particular excluded those from protected groups.

Moreover, Manor and Castle Development Trust was appointed only halfway through the consultation period to engage with community groups. Given this information, I am asking on behalf of the community that this Committee recommends that the consultation period for this proposal be extended.

I am also asking that the Committee use its powers to recommend against the proposal to close Norfolk Park Surgery, which will only serve to widen health inequalities in the area and will potentially create significant additional cost to the taxpayer, who will have to continue to pay for an empty building, whilst residents are denied their own local GP practice in Norfolk Park.

7.1.3 Questions of Councillor Sophie Wilson

Councillor Wilson referred to the petition and questions that have been submitted and asked at the two previous meetings of Full Council and the strength of feeling around this. Councillor Wilson raised questions around the proposed merger and the proposals to include the Manor Top Surgery. She said that concerns had been raised regarding residents in the Norfolk Park area travelling to the Dovercourt and Manor Top Surgeries and the potential problems this would create. Councillor Wilson also said that most residents had received the information regarding the merger via text message initially and then by letter. She expressed concerns that Councillors and health partners had not been able to hold face to face consultations with residents due to the pandemic and asked for the consultation to be extended by one month.

7.1.4 The Chair stated that he would respond to the questions during discussion on the item and thanked the questioners for attending the meeting.

7.2 The Committee received a report of the Director of Commissioning and Development, NHS Sheffield Clinical Commissioning Group regarding the proposed merger of Norfolk Park Health Centre with Dovercourt and consultation on the proposed closure of Norfolk Park Health Centre.

7.3 Present for this item were Abigail Tebbs (Deputy Director of Delivery, Primary Care Contracting, Digital and Estates, NHS Sheffield Clinical Commissioning Group (CCG)), Lucy Ettridge (Deputy Director, Communications, Engagement and Equality, NHS Sheffield CCG) and Dr. StJohn Livesey (Clinical Director, NHS Sheffield CCG).

7.4 Abigail Tebbs again reiterated that as the result of the feedback on consultation and other work ongoing, the consultation had been paused and a revised proposal would be shared with patients. She said that the merger would still go ahead, but services would continue to be provided at the Norfolk Park Practice. Ms. Tebbs said she didn't have all the information available, but the same clinicians would be available at both practices. She felt it was important to highlight the way the proposals work and the process that they go through. As independent contractors, general practices can make applications to the CCG to merge and/or close practices and the CCG has a duty to consider those proposals, taking into account a number of factors when making the decision. The CCG then has to develop and consider the proposals, go through the

appropriate public consultation and submit the application for consideration by the CCG's Primary Care Commissioning Committee (PCCC). In this case, the Committee has to consider what was best for the patients of the Norfolk Park practice and determine the health needs of those in that area and then decide whether or not to approve the application. With regard to the Manor Top Clinic, patients in the area were informed by letter and text message, that the longer term future of that Clinic would be the subject of further review, but it was not part of the proposals for this merger. The decision taken by GPs to terminate their contracts was not taken on the advice of the CCG, but it was communicated that any decision to terminate contracts would be supported when the lease of the Norfolk premises was surrendered. The owners of the premises, Community Health Partnerships Ltd (CHP), require the approval of the CCG to surrender the lease of the premises and as yet, the CCG has not given such approval for that. Ms. Tebbs stated that it was recognised that Norfolk Park was a good asset with excellent health care facilities, and there was a desire to see buildings of this nature being fully utilised.

7.5 Dr. Livesey stated that many GPs were at breaking point and often asked how much longer they were expected to carry on working under the conditions they do. He felt that the merger gave them the chance to be able to attract and retain doctors, something that hadn't been possible for a number of years. Dr. Livesey felt that the merger would give staff a feeling of security.

7.6 Abigail Tebbs then referred to the total amount of void space used at Norfolk Park and stated that a percentage of sessional space, e.g. consultation rooms, waiting rooms, etc. was completely unallocated. She said that the CCG was responsible for funding for the void space as well as rental costs and said that there was no overall cost increase for unoccupied space. She said she had had discussions with NHS Property Services and as yet approval had not been given for the termination of the contract. Consultation had been difficult during the pandemic but due to the timing of the request, the CCG had to continue with the consultation and the proposal had the full 12 week consultation period, and letters had been sent before text messages but there was only a matter of days between these platforms being used. It had not been possible to hold face to face public meetings as this would have delayed the consultation period, however that period was now to be extended.

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

- Information around the demographics of the local population and the longer term strategic and population growth in both the Norfolk Park and Dovern areas would have been submitted for consideration. The CCG would also consider what the impact on the quality of services would be should the merger go ahead and if there were any concerns, the CCG could ask for further work to be done or reject the proposal. The CCG was aware of increases in housing and future plans for that area, and part of the primary care planning was to ensure that there was sufficient primary care on offer in the future.

- GPs were contracted and independent, but the CCG does provide support to GP practices and provide leadership and support to ensure there was sufficient quality of services in Sheffield. There was a responsibility to ensure that a robust service was available in the area. It was stated that new models for working practices were emerging and it was time for change.
- The CCG has a responsibility to assess patient needs. There was no guarantee that if the contract were to be retendered there would be any interest from other providers.
- In terms of the impact on the Dovercourt surgery in terms of location, in approving any merger the PCCC would wish to be fully assured that the two practices were fully equipped to meet the demands placed on them by the emergence of larger practice lists. Norfolk Park was a very successful practice and successful in recruiting to their practice. What was presented in the application, was an assurance that the merger would provide both GP services simultaneously with good levels of support and more stability to both practices.
- Discussions were due to continue during the following days, and there was a need to ensure that the information available following such discussions was made very clear to all concerned.
- The GPs were the key drivers in this as the GPs at Norfolk Park felt they were unable to continue alone with the leadership model they had in place, that the practice was no longer sustainable, and the merger would bring stability to them. There were no plans for net loss of GPs as a result of the merger. GP hours would be more likely to increase not lessen. It would be wrong to say at this stage that there would be no reduction in GP hours, but the merger would make it easier to be able to recruit.
- There were no plans at present to close the Manor Top Clinic. Due to the very nature of the layout and accessibility of the building, the future of the Clinic could be reviewed in the future, but to include it now as part of this merger, would delay the whole process and the ambition was to complete the merger as soon as possible to offer stability to both practices. It was recognised that this had been a worrying time for patients and there would be nothing to be gained by changing things now. Discussions have been held regarding the future of the Manor Top Clinic and this would be addressed in the future.
- Both Practices already offer extended hours. Hours at the Dovercourt practice were earlier in the morning and opened later in the evening than at Norfolk Park. Patients of the merged Practice would be able to take advantage of those services on offer at Dovercourt, but details around this still needed to be determined.
- NHS England have received complaints from patients not being able to see their GP, even before the pandemic, but GP practices nationally were in a

very difficult position in attracting and keeping GPs, so there was a need to make sure there are strong foundations in place and try to find solutions and also ensure that Sheffield can attract more GPs to the area.

7.8 RESOLVED: That the Committee:-

- (a) thanks Lucy Ettridge, Abigail Tebbs and Dr. Livesey for their contribution to the meeting; and
- (b) notes the contents of the report and responses to the questions raised.

8. WORK PROGRAMME DISCUSSION

8.1 Emily Standbrook-Shaw stated that setting the Work Programme for the Municipal Year was not a simple process due to Transitional Committees having recently been established. She asked Members what they wanted to see on the Work Programme.

8.2 RESOLVED: That the following matters/suggestions be considered for inclusion in the Committee's Work Programme for the year ahead:-

- Integrated Care System consider placing as a standing item on every agenda as this matter will unfold throughout the year;
- Mental Health Services coming out of Covid;
- Compile a list of issues that the Committee may wish to consider over the year, which will develop as the role and work programmes of Transitional Committees develops.
- Access to Dental Services.

9. WRITTEN RESPONSES TO PUBLIC QUESTIONS

9.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 10th March, 2021.

10. COUNCILLOR CATE MCDONALD

10.1 RESOLVED: That the thanks of the Committee be conveyed to the former Chair, Councillor Cate McDonald, for the work she has undertaken as Chair of this Committee, since May, 2019.

11. DATE OF NEXT MEETING

11.1 It was agreed that the next meeting of the Committee will be held on Wednesday, 29th September, 2021 at 4.00 p.m., in the Town Hall. Subsequent meetings will be held on 24th November, 2021 and 26th January and 23rd March, 2022.

