



## 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 and 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

## Sheffield Wave 4b Schemes

Scheme No	Scheme Name	Detail
PC10	<b>SAPA (Southey &amp; Parson Cross Association)</b>	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	<b>City Centre Hub</b>	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	<b>Foundry Hub + Lift re-utilisation</b>	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	<b>Foundry Hub</b>	
PC11c	<b>Foundry Hub</b>	
PC11d	<b>Foundry Hub</b>	
PC4a	<b>Void space</b>	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	<b>Developing Capacity (Dovercourt Surgery)</b>	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 88m <sup>2</sup> , including circulation space) to be located on the first floor. The planned new development area is currently fallow.
PC9	<b>Developing Capacity (Manor and Park Surgery)</b>	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	<b>Developing Capacity (Porter Brook Surgery)</b>	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	<b>Developing Capacity (Heeley Green Surgery)</b>	This proposal is to create a single storey extension and internal refurbishment totalling 41m <sup>2</sup> , into the existing rear courtyard area to form 2 new Consulting Rooms at ground floor level.
PC9	<b>Developing Capacity (Gleadless Medical Centre)</b>	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 800m <sup>2</sup> and is used for core GMS services along with wrap around services which are essential to meet the needs of our patients population.
PC9	<b>Developing Capacity (The Hollies Medical Centre)</b>	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	<b>Developing Capacity (Upperthorpe Eccleshall Medical Centre)</b>	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	<b>Developing Capacity (Upperthorpe Medical Centre)</b>	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 149m <sup>2</sup> . 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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