



## Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

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

**Subject:** Adult Dysfluency and Cleft Lip and Palate Service

**Author of Report:** Kate Gleave, Deputy Director, Commissioning, NHS Sheffield Clinical Commissioning Group

**Summary:**

The purpose of this report is to inform the Committee of potential changes to the provision of Dysfluency (stammer) and Cleft, Lip and Palate services for adults within Sheffield.

The report provides background context and outlines the current situation. Given the nature of ongoing discussions around the service, it is proposed that a verbal update is provided at the meeting to ensure the committee is informed of developments over the couple of weeks between 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 note the current position of this service and consider whether the proposed change constitutes a substantial change.

**Background Papers:**

None

**Category of Report:** OPEN

**Report of the Director of Commissioning Development, NHS  
Sheffield Clinical Commissioning Group  
Adult Dysfluency and Cleft Lip and Palate Service**

**1. Background**

1.1. In 2011, the government policy Transforming Community Services required the movement of services historically provided by Primary Care Trusts to those of provider organisations. Within Sheffield, the Speech and Language staff who provided assessment and treatment of dysfluency (stammer) and cleft, lip and palate were transferred to the Sheffield Children's NHS Foundation Trust (SC(NHS)FT). It is believed that this was on the basis that the majority of patients needing this service were children, with a minority of patients requiring ongoing treatment into their adult lives.

1.2 SC(NHS)FT has seen increasing demand of around 8% year on year since 2015 for Speech and Language assessment and treatment. Despite increases in capacity and service efficiencies, demand has continued to outstrip capacity. This has resulted in the service being unable to provide the treatment interventions specified in Education, Health and Care Plans (EHCP) for children in mainstream schools (a statutory requirement), being unable to meet the needs of children within mainstream schools who do not have an EHCP and a lack of capacity to provide the necessary input into the process to challenge the content of EHCPs through tribunals. It has been difficult to quantify the scale of this deficit, but what is clear, is that the educational attainment and progress and wider outcomes of children with speech, language and communication needs are sub-optimal as a result.

1.3 In recognition of the service's challenging position, the CCG, Sheffield City Council (SCC) and SC(NHS)FT agreed to undertake a review of the Paediatric Speech and Language service in May 2019. This has progressed over the last two years (although with a significant pause due to the COVID pandemic) and the outputs of the review are in the process of being finalised.

**2. Service Provision**

2.1. The Trust, CCG and SCC have been working together with colleagues from Education and the Voluntary Sector to undertake the review which has included examining different aspects of the service in detail. As part of this process it became apparent that the Trust was assessing and treating adults as well as children on the dysfluency and cleft lip and palate pathways.

2.2. The Trust reviewed the potential clinical risks associated with this provision and decided to temporarily close the service for both

pathways to new referrals from 1<sup>st</sup> April 2021. The rationale for this decision was based on the following risks:

- Therapy service treating patient cohorts significantly outside of the Trust's normal (and extended) age range
- Limited governance to support this 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)
- Lack of alignment with other therapy services for adults which hinders integration and provision of holistic care for these patients

2.3. The service has continued to treat and support adults who were in the service prior to 1<sup>st</sup> April, regardless of their age. This is believed to be approximately 21 dysfluency patients and 92 cleft lip patients over the age of 18 (figure accurate as of November 2020). Some of these patients will be discharged from the cleft lip pathway following a check up at age 20, as per NICE guidance, whilst others may clinically need to remain on the pathway until much later in life.

2.4. The Trust may wish to close the service to all adult patients at a point in the future. This would involve any adults still receiving treatment at that point having their treatment transferred to an alternative provider.

2.5. It is anticipated that the closure of the service to new referrals will impact between 13 and 30 patients per year with dysfluency and approximately 5 patients per year needing treatment or support for their cleft lip. To date the CCG believes that up to 5 new patients may have tried to access the service over the last 3 months.

2.6. Up to this point, there has been no engagement with patients to understand the impact of closing the service to new referrals or of the potential impact of closing the service to existing patients. An equality and quality impact assessment has yet to be undertaken. The CCG and the Trust are however in active conversation and will work together to ensure that the legal duties of both organisations are met with regard to the involvement of patients and the public.

2.7. The CCG has undertaken exploratory work to understand how other CCGs commission this provision for adults (which varies from face to face provision, to virtual provision, to no service being commissioned).

2.8. The CCG is in the process of trying to procure treatment for the individual patients referred since 1 April 2021 from an alternative provider as a temporary measure. This may be outside of Sheffield.

### **3. Future Provision**

3.1 The CCG and the Trust recognises the changes will impact on the current users and potential users and want to involve them in planning of future options and services. We also know that under the Health Service Act 2006, the closure of the service to new adult patients and the potential closure of the service to all adults at some point in the future

constitutes a change that requires the involvement of patients and the public.

- 3.2 We will develop an inclusive engagement plan, offering all those affected the change to have their voice heard. It is anticipated that this involvement should focus on two points:
    - Asking people how potential changes will impact on them
    - Asking people what the important aspects of a service are to them to shape a service with current and potential patients
  - 3.3 This feedback would be used to inform and shape the design and commissioning of a service.
  - 3.4 The CCG recognises that whilst small numbers of patients will be affected by the proposed change, it would mean patients having to attend a different location and see a different team for their assessment. This is likely to be outside Sheffield or may be available from within their homes but via a telephone or virtual appointment.
  - 3.5 The Committee is therefore asked to advise whether it views the closure of the service to new adult patients and/or the potential closure of the service to existing adult patients at some point in the future as a substantial change requiring formal public consultation.
  - 3.6 Given that the involvement will need to commence over the school summer holiday period, it is anticipated that the duration would likely to be for 12 rather than 8 weeks, regardless of whether it is formal or informal to ensure that people have had sufficient time to engage and feedback.
4. **What does this mean for the people of Sheffield?**
    - 4.1. Whilst there will undoubtedly be an impact on the individuals affected by the service closure and for those of working age, the Trust has advised that they would not expect any of the patients to require urgent treatment from a clinical perspective.
    - 4.2. It is anticipated that this proposed change in service will increase the capacity of the Trust to assess and treat children and young people with speech, language and communication needs. This should particularly positively impact on those with the greatest needs.
5. **Recommendation**
    - 5.1. The committee is asked to:
      - 5.1.1. Note the briefing on changes to the service
      - 5.1.2. Advise whether it views the closure of the service to new adult patients and/or the potential closure of the service to existing adult patients at some point in the future as a substantial change

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