SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 29 September 2021

PRESENT: Councillors Steve Ayris (Chair), Talib Hussain (Deputy Chair), Sue Auckland, Vic Bowden, Lewis Chinchen, Alan Hooper, Bernard Little, Abtisam Mohamed, Garry Weatherall, Alan Woodcock, Martin Phipps (Substitute Member) and Sioned-Mair Richards (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Francyne Johnson, Ruth Mersereau and Ruth Milsom. Councillors Sioned-Mair Richards and Martin Phipps attended as substitute Members for Councillors Mersereau and Milsom, respectively.

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. Councillor Garry Weatherall declared a personal interest due to him having attended the Service as a child.

3.2 In relation to Agenda Item 8 (Item 7 on the minutes) (Primary Care in Sheffield - NHS Sheffield CCG), Councillors Sioned-Mair Richards and Martin Phipps declared a personal interest due both Councillors attending one of the GP surgeries mentioned in the report.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 1st September, 2021 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 **Helen Moore**

My name is Helen Moore. I am a carer for my youngest son, Tom, who lives with us and is in his 40s. He has learning difficulties and autism. He has never been employed. I am in my 80s. It is essential that we, as lifelong elderly carers, raise awareness to try and prevent the closure of this valuable and unique service for elderly carers in the city.

Please understand and recognise that with the emphasis on "elderly" carers, we have been lifelong carers and as such are pretty well exhausted, many even too exhausted to complain about the possible loss of this service.

We understand that we will be able to go to the KIT offices for help, a visit to town, talking our son or daughter with us, to make sure they are safe, is impossible. Cathy Oliver and Kirsty Worstenholm will visit us at home. This is very important. They know our families and us and I cannot emphasise enough how important this is to us, the visits at home and knowing they will understand, offer help and support and kindness so that we feel we can carry on. Social workers tend to change very frequently and going over are children's history again and again each time is upsetting and tiring.

Cathy and Kirsty are the only people we can turn to in times of extra difficulty, even only to hear an understanding voice. It is enormously comforting to know they are there. Please, do all you can to save this vital service. Once gone, like the Elderly Carers Service, it will never return.

We are not asking for more money, we love our sons and daughters, in fact many of us do not receive a carers allowance if our husbands have a private pension, but we are asking, nay, pleading with you, not to take away our **only** constant source of help, support and reassurance which Cathy and Kirsty have given to us and without which, our advancing years, will be hard and more difficult to bear.

I believe it is a mark of a civilised society that the silent, unpaid carers, are helped, supported and recognised for their valuable contribution. As my daughter texted when I told her about this news (she lives far away), "What a terrible shame. It seems that anything good and valuable is melting away to leave only difficult hurdles to be managed without support".

5.2 The Chair thanked Helen Moore for attending the meeting and stated that the officer dealing with this, would provide her with a written response.

5.3 The Chair stated that three 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:-

5.3.1 **Kirsten Howells - Programme Lead and Helpline Support Manager for STAMMA (British Stammering Association)**

I'd like to briefly read a few comments from just four of the concerned individuals who have contacted us at STAMMA, the British Stammering Association, with

regard to the possible closure of the adults stammering service in Sheffield. The individuals have given me permission to share their comments.

Referral rejected in April when the service closed
"I am an NHS nurse and have always stayed as a band 5 grade as I don't feel able to perform well in interviews, due to my stammer, so won't put myself forward for promotion."

Parent of a young person who stammers concerned about the possible loss of the service
"Think of how hard it must be to face an English oral exam, Modern Foreign Language orals, or any assessment requiring verbal responses, if you stammer or stutter. It would not be right to restrict subject choices to avoid these exams because of speech. What about those applications for college/apprenticeships/work placements? All of these will require interviews in person, over the phone or through video conferencing. These activities are challenging for all young people but are so much more difficult if you have a speech difficulties. What if, the very person who could help you to prepare for these situations, with whom you have built up trust, having exposed the difficulties you face in daily life, is suddenly no longer allowed to support you through these new, anxiety provoking experiences."

Previously accessed the service
"Being a doctor was always a dream of mine, and the support I received at Sheffield Children's has helped me tremendously with my life's ambition, by teaching me how to live with my stammer. I am now a qualified doctor who does not shy away from how he speaks."

Previously accessed the service
"I requested to be referred to speech and language therapy in my early twenties. I was very unhappy and suicidal. My speech was something I could see was affecting me and my ability to live my life successfully. Looking back, therapy was a great experience for me. Before that, I had never spoken about my speech difficulties, let alone been with others who also had the same experience. It was life changing to express something so private and hidden, and have that met and supported, and understood."

These comments give an insight into the need for a service for adults aged 16+ who stammer, and the potential impact of the loss of such a service. The consultation is likely to unearth more, similar feedback, yet Sheffield Children's NHS Foundation Trust are intending to close the service again from mid-January. **What options have been considered to keep such provision *within* Sheffield, optimising the existing personnel who have developed their specialist clinical skills over years?**

5.3.2 **Isobel O'Leary**

I want to be clear that the decision to close the Speech and Language Therapy service to adults with disorders of fluency (usually stammering) was made with no consultation, let alone agreement by the specialist clinicians that provide this

service. This is very disappointing.

In a separate document I have explained how the reasons given for ending the service are largely spurious. The only point on which I agree is that there is a shortfall in funding to the overall paediatric Speech and Language Therapy Service to manage the increasing demand, and a need for additional funding to provide the specialist service to adults with disorders of fluency.

This specialist Speech and Language Therapy team has worked effectively and efficiently in an integrated way with children and adults since 1992, with 2.5 days a week initially allocated to working with adults. We have managed the waiting lists between adults and the relatively higher number of referrals of children by taking time from the adult allocation to manage children, thus effectively cross subsidising the paediatric service.

We have always been innovative, for example holding evening clinics to fit with the needs of older children, teenagers, parents and adult patients and running intensive therapy group courses for various age groups at NHS and non-NHS sites when clinically appropriate. Throughout the pandemic we very quickly adapted and have provided a largely telephone or video service for all ages, only gradually bringing back face to face clinics when it has been safe to do so. It is likely that the service will continue to offer a hybrid service long term as remote appointments are sometimes preferable for patients as they save travel time and cost, and this way of working can sometimes be better clinically.

I care passionately about helping people with communication difficulties, as the ability to communicate is central to human life and wellbeing. I don't stop caring when someone reaches the arbitrary age of 16 years.

I will continue to contest any permanent cut to the current Sheffield based specialist SLT Service for those over the age of 16 who have disorders of fluency despite my recent retirement. Elected Members may understand when I say that as a Sheffield street tree campaigner, I have a habit of not giving up.

My question is: **Why are you persisting with an expensive and wasteful Consultation process when a simple solution exists that would be better for everyone and most especially patients? That is, maintaining the current specialist Service, with funding for the adult part through a Service Level Agreement with the Speech and Language Therapy Service?**

5.3.3 Emily Standbrook-Shaw read out the following question received from Kate Williams. From 1993-2019 I worked as Co-Lead in Disorders of Fluency, employed by SCHNHSFT. I am now retired.

Question: To what extent is the decision to potentially axe the service to people who stammer, aged 16 years and above, driven by SCHNHSFT and/or the CCG, given the likely replacement of the CCG, next April by the South Yorkshire wide Integrated Care System?

5.4 The Chair stated that he would respond to the questions during the Committee's

discussion on the next item of business and thanked Kirsten Howells and Isabel O'Leary for submitting their questions and attending the meeting.

6. ADULT DYSFLUENCY AND CLEFT LIP AND PALATE SERVICE UPDATE AND DRAFT CONSULTATION PLAN - NHS SHEFFIELD CLINICAL COMMISSIONING GROUP

6.1 The Committee received a report from the NHS Sheffield Clinical Commissioning Group giving an update on the Adult Dysfluency and Cleft Lip and Palate Service and the request for a review of the consultation plan for potential changes to the provision of dysfluency and cleft, lip and palate services for adults in Sheffield.

6.2 Present for this item were Kate Gleave, Deputy Director, Commissioning, NHS Sheffield Clinical Commissioning Group (CCG) and Lucy Ettridge, Deputy Director, Communications, Engagement and Equality NHS Sheffield CCG.

6.3 Kate Gleave apologised to the Committee, stating that representatives of Sheffield Children's Hospital were unable to attend the meeting. She then referred to the report and said that she had met with NHS England as part of the Major Service Change Assurance Process on 17th September and it was anticipated that NHS England would advise the CCG could self-assure itself regarding this proposed change.

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

- The decision to make the changes to and serve notice of such changes to the Adult Dysfluency and Cleft Lip and Palate Service had been taken by the Sheffield Children's NHS Foundation Trust (SCNHSFT) and not the CCG. It was stated that the changes were in no way connected to the changes to be made to the Integrated Care System (ICS) in April, 2022.

- The options available were for the CCG and the NHS Trust to work together to develop the options and it was anticipated that there would be an option to provide the Service within Sheffield as well as outside the city. There was also a "no service change" option as well as a "no change" option.

- The CCG had worked with the Sheffield Children's Hospital in developing the consultation plan. The CCG has a legal duty to bring any substantial change of its services to this Committee and it had been unanimously agreed at a previous meeting that a formal public consultation process be carried out.

- To date, there had been no formal consultation, but part of the process would be to engage with staff. An Equalities Impact Assessment (EIA) has been undertaken around some of the options, but it should be noted that the CCG was still working through all of the options available.

- It was largely men of white backgrounds that were affected by dysfluency. As this was a relatively small service, some of the information gathered

could look skewed and the CCG was mindful of that and would be monitoring data gathered to determine who they were engaging with.

- With regard to concerns raised about the Service being taken outside Sheffield, consideration was being given to determine what options were viable and to look at what was available both locally and nationally. A number of services have been carried out around the country via video-links, webchats or telephone calls rather than face-to-face and favourable feedback had been received on this and it was felt it would be wrong to rule these options out. The CCG and Trust were aware of general issues and specifically the potential impact of travel on patients should they be asked to attend face to face appointments outside Sheffield.

- Feedback from this Scrutiny Committee would be fed into the consultation process and it was anticipated that further feedback from this Scrutiny Committee would form part of a formal written response from the Council.

- In response to the question "what was the point of the consultation". The SCNHSFT felt that it was no longer viable to offer the Service to those over 16 years of age and had to decide on how best to meet the needs of children if the Service as it stands, was no longer viable.

- Consideration had been given to options that were viable, and so far, the best options and best outcomes for the public, were unknown.

- Workforce challenges and wider pressures were similar to those faced in other areas around the country, as children developing speech and language difficulties was on the increase which in turn had an impact on the demand for speech and language services.

- Not all CCG's around the country commission a service for adults with dysfluency, and there were some areas where an "as and when" service should a patient present with exceptional needs, was commissioned. The range of age groups in other areas was very mixed, some areas only having one hospital that could provide services for adults and children combined, others have adult specific and children specific services.

- "No change" will remain an option in the consultation process although it was not considered to be viable. An all-age approach would be part of the consultation as the transition from child to adult would be key to the options available to determine how their needs might change and be managed through transition. There was a need to test the views of patients.

- Based on the fact that the Service had informed the CCG that it could not continue to provide the service as it stood, the CCG had a responsibility to work out the best way forward, following a standard matrix of quality of service, value for money and the wider impact on children's paediatric services. The CCG have had a conversation with the Children's Hospital, and it was felt that there was a case for change, and this would be set out when the proposals go out to wider consultation.

- In terms of whether a Service Level Agreements (SLA) would be a viable option, the CCG have contractual arrangements for this Service and it doesn't use SLAs. The CCG is the commissioning service for adult provision as well as children and the Service in Sheffield was comparatively well funded against national benchmark with more investment per service users than other providers across the country.

- The CCG and the SCNHSFT were working on a speech and language review, taking account of wider issues and consulting with those in education, schools and the voluntary sector. With regard to face-to-face consultations, it was anticipated that one of the options would be for a mixed service which provided telehealth appointments as well as face-to-face appointments to determine the needs of service users.

- In layman's terms, someone with a cleft palate would be diagnosed pre-birth and the majority of patients were usually discharged at around 20 years of age. Dysfluency in adults could continue for some patients well into their 50s, with some being re-referred into the service, for differing health reasons, sometimes these could be life-changing. Dysfluency patients transfer from the age of 16, whilst those with cleft palates would be retained until the age of 20, unless they still required some type of intervention.

6.6 Whilst it was noted that representatives from the Children's Hospital did want to attend the meeting, but unfortunately no-one was available, Members felt there was a need for representatives to attend a further meeting, so that the questions asked at this meeting could be answered and when more information was known, but this would have to take place before the scheduled meeting of 24th November, due to the commencement of consultation period.

6.7 RESOLVED: That the Committee:-

(a) thanks Kate Gleave and Lucy Ettridge for attending the meeting;

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

(c) expresses its deep regret that representatives from the Sheffield Children's Hospital NHS Foundation Trust were unable to attend the meeting and requests that a further meeting be arranged as soon as possible when they are available to attend.

7. PRIMARY CARE IN SHEFFIELD - NHS SHEFFIELD CCG

7.1 The Committee received a report on the progress of the South Yorkshire and Bassetlaw Integrated Care System bid for primary care capital developments under Wave 4B of the Capital Scheme and also progress on the development of Primary Care Transformational Hubs and other schemes to improve capacity in general practices.

7.2 Present for this item were Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group (CCG) and Lucy Ettridge, Deputy Director, Communications, Engagement and Equality NHS Sheffield CCG.

7.3 Jackie Mills presented the report and outlined some key points, stating that the bid to deliver transformational change in the region had been successful, and that an overarching Programme Business Case had been developed and approved and was awaiting ministerial approval. She said that two-thirds of the £57,459 investment into primary care facilities had been earmarked for Sheffield and the three key elements of this was the development of Primary Care Transformational Hubs for GP practices to bring together small practices, develop capacity within eight GP practices and avoid underutilised and void spaces within such premises. Jackie Mills stated that some of the existing premises within the scheme were out-dated, residential properties which by their nature, created a number of problems such as access and expansion potential. The scheme would use capital grant monies under Section 2 Agreements, which allowed local authorities to build, own and operate such premises in return for a long-term, rent-free period for NHS services. She then went on to outline the potential sites in the north of the City and how the service was to be delivered and she said that she would bring back detailed plans to a future meeting of the Committee.

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

- A trawl of practices had been carried out and bids had been put forward to meet the criteria, with priority being given to those that could be up and running within the timescale of December, 2023. Also, consideration would be given to those practices which would deliver the best service for the local patient population.

- Consultation had been carried out around each potential hub and it was acknowledged that some patients felt that they would be disadvantaged with the clustering of practices. However, bringing together several practices into one large multi-practice, multi-service hub offering a wider range of services could reduce the number of sequential trips and healthcare appointments and offer greater flexibility.

- The shortage of GPs, the infrastructure within primary care and the development of the digital infrastructure created challenges but the CCG were working to meet these challenges. GPs have a broad range of views and buying into a practice in some areas was considered to be the best option for them, but in the areas included within the scheme, where there was negative equity, so this was felt to be a good an opportunity for GPs to buy into this type of service. However, some GPs feel they can deliver the best service from their own premises.

- It was unknown whether there would be more schemes in the future, as the focus was on new build hospitals with more acute facilities. The region was only one of two areas where this type of investment was to be made.

- The city centre was more developed in terms of central practices which included the Devonshire Green, Mulberry and the asylum seeker city centre practices.

- With regard to transport links, there was a balance to be sought so that patients didn't have to travel to several and alternative places for appointments. The city council is helping with the traffic planning scheme as part of this. Conversations have been held with the voluntary and community sector to look into many issues including travel and accessibility to buildings.

- The plan was not to close practices. Premises will close but the practices will be relocated. When all avenues have been considered regarding relocation, the Trust scheme will go out to full consultation with the public.

- In terms of the development of a strategic outline case in order to consult and engage with the public, it was looking more likely that the CCG would be able to proceed, however the timescales set were really demanding, and decisions have to be made by December 2023, but it was considered that there was enough information to be able to carry out a full consultation process. One of the ways to reach people, particularly in those areas where there was a high number of people with a BAME background, and to get their views on the proposals, would be to work with Healthwatch, voluntary and community sectors, Public Health and some BAME led organisations.

- The future of primary care will be delivered from the new hubs and will benefit not only the practices and Primary Care Networks involved, but also to patients in some the most deprived communities in the City.

- The CCG felt it would be beneficial to seek the views of the Local Area Committees in the areas affected and that they would come back to the Scrutiny Committee with an update.

7.5 RESOLVED: That the Committee:-

(a) thanks Jackie Mills and Lucy Ettridge for attending the meeting;

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

(c) asks officers to draw this issue to the attention of Local Area Committees.

8. CARE QUALITY COMMISSION INSPECTION UPDATE - SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST

8.1 The Committee received a presentation giving an update on the inspection carried out by the Care Quality Commission of the Sheffield Health and Social Care NHS Foundation Trust.

8.2 Present for this item were Jan Ditheridge, Chief Executive, Sheffield NHS Health and Social Care Foundation Trust and Dr. Mike Hunter, Executive Medical Director, Sheffield NHS Health and Social Care Foundation Trust.

8.3 Dr. Mike Hunter highlighted the main points in the presentation, outlining in particular, the improvements that have been made. He stated that due to improved staff training, appraisal and supervision, there was greater consistency of care on wards keeping patients much healthier and safer during their stay in hospital, particularly on older adult wards. Dr. Hunter said that focused improvements on wards for people with learning disabilities and autism, had been the removal of dormitories, providing better dignity and safety, and the adult wards had changed to single gender wards. The Care Quality Commission (CQC) had said that the Trust was heading in the right direction, that leadership arrangements had improved and the Trust was providing kind and compassionate care, but there was no room for complacency as there was still much more work to be done. He said buildings were not in great shape and plans were underway to build new facilities and work was being carried out with staff in social care and housing organisations to provide the right accommodation and housing for those with mental health problems when discharged from care. He stated that mental health issues had significantly increased over the last 18 months and whilst recruitment plans were in place, it was still difficult to get the best qualified nurses in post.

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

- There was a renewed commitment for smoke free hospitals and there was a major drive to make vapes readily available to those who were detained in hospital and were addicted to nicotine. The combination of replacement of nicotine and training of staff, has meant that some who enter the ward as a smoker, could possibly leave as a non-smoker.

- The normal practice on hospital wards was for medication to be written up on drugs cards and dispensed by staff. In some short stay settings, it had been found to be beneficial if a patient was admitted with their own medication, they should continue to take it.

- The Unit at Firs Hill was a seven-bed crisis unit for people who require long-term care and with no discharge plan, but this was type of unit doesn't fit with modern effective care. The Service at the unit was currently paused so that recruitment can take place to a number of vacancies that have arisen. The Unit focuses on specific interventions with time limited and measurable outcomes, so patients weren't staying there for protracted periods of time. Discussions were taking place in the short term to try and bolster community placement and crisis care.

- With regard to the implementation of single rooms, this was to ensure that there was no sharing of space, although it possible that someone could be in a dormitory, which wasn't ideal as there could be a feeling of solitude. Previously, there had been mixed wards, now there was a male ward and a

female ward.

- A lot of work has been done across the board around safeguarding, due to staff employed within the Trust, would be working amongst vulnerable people. Some learning events with local authorities and other partners have been carried out so that staff can reenergise and refocus on this matter.

- It was acknowledged that people from different cultural backgrounds don't always get the same level of care as those from a white background, particularly around retention and in-patient admissions. It would appear that patients of BAME backgrounds would be detained in hospital for longer and restraint seemed to feature in their care plan. Staff at levels 3 to 6 were representative of communities in Sheffield culturally, so often people from BAME backgrounds would be cared for by someone from the BAME community. However, that was not always the case at leadership levels and whilst this was acknowledged, work to change this would be carried out although this would take time. There was still a lot of work to do to make things culturally appropriate.

- Work was ongoing with ethnically diverse groups and it was felt there was a need for more diverse people to be involved on interview panels. In the north of the City, Sheffield IAPT Improving Access to Psychological Therapies (IAPT) has a good reputation and people have good experiences of that Service being accessible to everyone with different backgrounds. Sheffield was one of a number of early implementor sites, taking expertise in secondary care and weaving that expertise into primary care networks in its services. By April next year, early intervention sites will be accessible and on offer in half of Sheffield, which if something can be done fresh and approached in the right way, services can be more accessible.

- Training was available for nursing staff to enable them to treat patients with learning disabilities more effectively. Consultants have a level of training, but there was a need to support staff and keep training fresh and up to date with modern care, and not focus solely on mandatory training, but get refresher training in areas of expertise.

- It was recognised that people with autism should not be classed as people with learning disabilities, and there was a need to look at how best to support someone with autism, especially in an in-patient setting to be able to address their needs.

- Through primary care and IACT, improvements were required to be made as it was known that males within the BAME communities for a number of reasons do not access services at primary care level and there was a need to make sure, with advocacy and the voluntary sector within those communities, that they were confident to get the help they need early on.

- The general approach was to understand the needs, histories, backgrounds and cultures, which significantly vary amongst communities. The Roma Slovak community was one of the most disenfranchised communities, their

needs were very different to other ethnic communities and there was a need to understand that one size doesn't fit all.

- Translation and Interpretation Services were always made available as it was never appropriate to think that someone might be able to translate or interpret. There was a need to build a linguistic and diverse workforce.

- Significant numbers of staff were registered, qualified professionals. Staff were paid in accordance with the national pay grade, depending on qualifications, there was little control at a local level on staff pay.

8.5 RESOLVED: That the Committee:-

(a) thanks Jan Ditheridge and Dr. Mike Hunter for attending the meeting;

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

(c) notes and welcomes the improvement since May 2020 to August 2021.

9. WORK PROGRAMME

9.1 Emily Standbrook-Shaw, Policy and Improvement Officer, gave an update on the Work Programme and Members were asked to identify issues they are interested in discussing with regard to mental health. Members asked for a briefing on Covid in the run up to winter with the Director of Public Health at the next meeting; and suggested that an all-member seminar be set up to look at the same. Emily Standbrook-Shaw said she would contact members in relation to establishing a group to look at ICS developments in more detail.

9.2 RESOLVED: That the Committee approves the contents of the Work Programme.

10. DATE OF NEXT MEETING

10.1 It was noted that, as a special meeting was to be arranged, the date of the next meeting was to be confirmed.