Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 16 March 2022 at 10.00 am

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
16 MARCH 2022

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 - 18)
To approve the minutes of the meeting of the Committee held on 26th January, 2022.

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

7. Access to Dental Services in Sheffield (Pages 19 - 32)
Reports of NHS England and HealthWatch Sheffield.

8. Primary Care - Estates Update (Pages 33 - 80)
Report of NHS Sheffield Clinical Commissioning Group.

9. Adult Social Care (Pages 81 - 98)
Reports of the Director of Adult Social Care
i) Inspection Readiness Update
ii) Transformation Programme Update

10. NHS response to Scrutiny Continence Services (Pages 99 - 128)

Report of the Policy and Improvement Officer.

11. Date of Next Meeting
The next meeting of the Committee will be held on a date to be agreed.

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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 26 January 2022

PRESENT: Councillors Steve Ayris (Chair), Sue Auckland, Vic Bowden, Lewis Chinchen, Alan Hooper, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, Garry Weatherall, Alan Woodcock and Dianne Hurst (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 Talib Hussain and Abtisam Mohammed. Councillor Dianne Hurst attended as substitute for Councillor Hussain.

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 8 (Adult Dysfluency and Cleft Lip and Palate Service) (Item 7 of these minutes), Councillor Vic Bowden declared a personal interest by virtue of her having a long connection with the Service and had served as a Trustee.

4. PUBLIC QUESTIONS AND PETITIONS

4.1 Sharon Milsom attended on behalf of Sheffield Save Our NHS and asked the following question concerning the South Yorkshire Integrated Care Board:

"South Yorkshire Integrated Care Board (SYICB) will take responsibility for all health and care decision making from all South Yorkshire local areas in July.

SYICB membership should (amongst others) include Councillors from each local authority, representatives from Social Care, Mental Health, Public Health, Community Health, Primary Care, Acute Health, Carers and Trade Union

representatives.

Private sector providers of NHS funded health services should be ineligible for SYICB membership.

Will Sheffield City Council support the above proposals to demonstrate there is accountability to the public, patients and staff; to ensure openness and transparency in the SYICB decision making, including public access to Board papers and Board meetings and allow public questions?

Will the Healthier Communities and Adult Social Care Scrutiny Committee ask the Integrated Care Board what is happening with regard to allowing such public access and accountability, and also to determining the composition of that Board?"

4.2 The Chair (Councillor Steve Ayris) stated that the development of the ICS had been considered at a previous meeting of the Committee and it had been decided that a Scrutiny ICS Liaison Group be established to monitor how the South Yorkshire Integrated Care System would be introduced and there had been a number of recommendations which had touched on some of the issues raised by the questioner. Councillor Ayris said that the Committee had noted the questions and would raise them at the next meeting of the Liaison Group which was due to be held on 1st February. He also said that he would provide the questioner with a written response.

4.3 The Policy and Improvement Officer (Emily Standbrook-Shaw) said that she would forward to Sharon Milsom, a copy of the minutes of the meeting at which the subject of private providers had been raised.

4.4 Councillor Ruth Milsom said that a Notice of Motion regarding "Protecting Patients and Staff after NHS Changes" had been put before the December 2021 meeting of full Council and recommendations arising from this had been forwarded to the ICS Board.

5. MINUTES OF PREVIOUS MEETING

5.1 The minutes of the meeting of the Committee held on 24th November, 2021, were approved as a correct record.

6. GREEN PRESCRIBING

6.1 The Committee received a report on Green Prescribing, which gave a brief outline of community wellbeing (People Keeping Well) and social prescribing in Sheffield, provided examples of green prescribing in Sheffield, and outlined how the NHS was providing funding to assist with green and blue prescribing and the role of the Council's Parks, Woodlands and Countryside Service in managing the green assets/space which directly contributes to the wellbeing of Sheffield's citizens.

6.2 Present for this item were Lewis Bowman (Voluntary Action Sheffield), Jon Dallow

(Woodland Project Officer, Sheffield City Council), Emma Dickinson (Commissioning Manager, Sheffield City Council), Sue Pearson (Heeley City Farm), Amy Simcox and one other Officer (Sheffield Wildlife Trust).

6.3 Emma Dickinson stated that in Sheffield there had been a long understanding that health and wellbeing was determined by the circumstances into which people were born, grew, educated, lived and worked, as well as the friendship groups they developed, alongside the medical support received. She said that voluntary sector organisations have worked alongside primary care to deliver social prescribing within the city for over 10 years. Ms Dickinson said that the People Keeping Well initiative was the city's community wellbeing approach, which was jointly funded by the City Council and Sheffield Commissioning Group by approximately £1.5m, to help with projects such as Heeley City Farm, Southey/Owlerton Area Regeneration (SOAR), Manor Castle Development Trust, Darnall Wellbeing, Woodhouse Community Trust and many more. Over the past three years, Primary Care Networks, in partnerships of GP surgeries, had been funded through NHS England to have social prescribing link workers. Green prescribing encouraged people to do more activities outside and connect with "natureness" to improve health and wellbeing. She stated that the Government had agreed to fund seven Integrated Care Systems (NHS) to test and learn about green and blue prescribing, and the South Yorkshire and Bassetlaw ICS had been successful in securing funding to develop an insight into exploring and bringing together opportunities for communities to get involved in their natural environment and there were many projects which had secured grant funding from the ICS.

6.4 Jon Dallow stated that the pandemic had highlighted how being outdoors and connecting to nature had contributed to people's wellbeing and more people were using outdoor spaces. He said that the priority of the Parks, Woodlands and Countryside Service was to maintain the asset that Sheffield had as a green city and maximise community value and raise accessibility standards. He referred to the map in the report which showed 800 places that the Service manages on behalf of the city. He said that people now needed to feel confident and safe, and that the natural environment should be part of schools' curriculum. Jon Dallow stated that the challenge for the local authority was to look across the whole of the city, as although many green spaces were available, not all were easily accessible to everyone and there were more toilets and accessible facilities that provide refreshments in the west of the city than in the east. There needed to be levelling up and work was being carried out with communities to help them engage in green spaces. He referred to projects currently underway to bring the network of opportunities together for all communities to enjoy the city's hills, meadows, canals, parks, allotments, river valleys or moorlands and that these spaces were safe, welcoming, accessible and well maintained.

6.5 Sue Pearson stated that Heeley City Farm had been established for 40 years and felt lucky that, during the pandemic, managing farms, local care, looking after animals etc. was protected so the farm had been able to carry on working. She said the Farm aligns with people living in areas of deprivation by improving their mental health and wellbeing, as well as people from other countries who, until they had settled status, needed something to do, something to occupy them, to feel engaged and activities at the Farm offered that. She said that there were 45

workers at the Farm as well as regular volunteers and gardeners who manage a range of community gardens and any excess food grown and not distributed through its regular outlets, was donated to food banks. Excess food was also delivered to families in need during school holidays. Another project was Animal Therapy, whereby staff of the Farm take goats into care homes.

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6.7 Amy Simcox stated that her organisation had engaged with service users to find out how green prescribing could help them, to discover what helped them and what was available and one of the outcomes from this was the importance of having nature available on the doorstep. She said it was also important for green spaces to be more easily accessible by public transport. The Wildlife Trust was engaged in developing hubs and networks and bringing them together so that they could share knowledge and develop the green prescribing initiative. Ms. Simcox outlined projects that were being carried out around Sheffield and Rotherham using Lottery Funding and she gave instances of how these projects were benefitting people, by making small changes to their lives and connecting them with other people had a huge impact on them.

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

- Sheffield Parks, Woodlands and Countryside Service had a number of Land Managers and Blue Space Managers within the city, looking after and developing land space, green space, hubs, sports centres, all of which required toilet facilities and defibrillators, for which some public health funding had been received. He referred to the Better Parks Programme which it was hoped would be able to provide better facilities and concession rates in park cafes. It was acknowledged that due to the natural landscape of the city, it was difficult for all areas to be accessible to all, but technology was having an impact through the introduction of adapted bikes and scooters at some locations.

- Heeley City Farm boasted a dementia garden and the footpaths have been widened to make the garden more accessible for wheelchair users.

- Communities in the north-west of the city were engaging in activities to provide funding to purchase defibrillators and make them more readily

available.

- Access to open water swimming was an ongoing conversation mainly due to health and safety. Open swimming used to be available in the lidos at Longley Park and Millhouses Park but these were now closed to the public. The Parks, Woodlands and Countryside Service received annual requests for Crookes Valley Park to be used for open swimming but that was not possible due to risk and capacity. Last year, Yorkshire Water had one tragedy by someone swimming in one of its reservoirs in North Yorkshire, so it was now having to deploy security guards in an attempt to stop members of the public swimming in its reservoirs. Swimming in cold water was a very emotive subject due to the dangers around it, but risks could be addressed through education. It was acknowledged that there was a desire nationally to enable people to swim in open water, but due to the many risks around it, there was no easy solution.

- In order to create open networks, the City Council was working with the Integrated Care System (ICS) in an attempt to use the NHS funding as a launchpad to pull in other investment for green prescribing, but there was no clarity on whether there would be extension to funding. It was clear that stop/start funding was not the way forward, the Council needed to find the best way to build and invest in green prescribing.

- With regard to the infrastructure, Covid had shown the need for green space and connectivity. One of the problems faced by people was that once in green spaces, what do we do when we get there, how do we know what to do or where to go. The City Council had been in discussions with the City Region, and whilst transport planners were working very hard to improve transport links into the city, there was also the need for better transport links for people to access open spaces.

- Last summer, the local authority had the perfect opportunity to deliver outside activities and one of the most oversubscribed events was tree climbing and there was a need to develop connecting to nature events in the city.

- There was a strong drive in Public Health to create more holiday activities for schoolchildren and also to encourage more school gardens and investigate ways of preventing the produce dying when schools were closed.

- People Keeping Well (PKW) was a community-based prevention activity that can help to prevent and delay people needing to access health and social care services. The PKW Partnerships met regularly to consider how they could work together to support the community to live well and tackle local issues. Each partnership was led by a local voluntary sector organisation such as ZEST in Stannington, the Stocksbridge Leisure Centre Age UK, SOAR, Manor and Castle Development Trust, Heeley City Farm, Reach South Sheffield and the Woodhouse and District Community Forum. In the High Green/Chapeltown area, projects were being undertaken

alongside the Parish Councils with structured activities being carried out. Active Travel Sheffield was encouraging people to walk more. The Council was happy to bring its partners to Local Area Committee meetings to give more details of activities available in all areas of the city.

- All activities haven't rolled out everywhere, there was a need for more signposting to build relationships and networks. The City Council does fund according to deprivation levels due to not all areas having the same opportunities.

- As part of the ICS funding, the Wildlife Trust was exploring ways to strengthen what was already in place.

- The ability to use an online directory was not always the answer as some people were digitally excluded and as there was an overkill of printed information, there was a need to co-ordinate all the guides together. AS Sheffield was lucky to have so much green space, the Sheffield Wildlife Trust was planning to have a comprehensive guide available by March, 2022.

- There were 65 "Friends of" groups across the city who were keen to look after green and open spaces but who may not want to be totally inclusive in getting other people engaged and involved in similar activities due to the nature and diversity of what people enjoy and want to do. With the nature emergency in the city, the City Council, by working together with the many voluntary organisations within the city, were hoping to help and educate people to connect with the natural world through nature-based activities, and to learn to value, protect and enhance green and open spaces and the environment.

6.9 RESOLVED: That the Committee:-

(a) thanks Lewis Bowman, Jon Dallow, Emma Dickinson, Sue Pearson, and Amy Simcox for attending the meeting; and

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

7. ADULT DYSFLUENCY AND CLEFT LIP AND PALATE SERVICE UPDATE

7.1 The Committee received an update on the Sheffield Children's NHS Foundation Trust's current position regarding the Dysfluency (Stammer) and Cleft, Lip and Palate Services for Adults within Sheffield. The report set out the current position, detailed the engagement activities being undertaken and identified the next steps to be taken.

7.2 Present for this item were Kate Gleave (Deputy Director, Commissioning, NHS Sheffield Clinical Commissioning Group (CCG) and Dr. Jeff Perring (Sheffield Children's NHS Foundation Trust) (SCNHSFT).

7.3 The Chair stated that two public questions on this matter had been received and it was decided to hear these before the report was presented to Members.

7.3.1 **Kirsten Howels, representing STAMMA (the British Stammering Association)**

"We are grateful to the Children's Trust in Sheffield for overturning their earlier decision to close the stammering service to new adult referrals from January 2022 and for committing to continue to take referrals until there is suitable adult provision in place in Sheffield. We are also grateful to the CCG for inviting STAMMA to join the Task and Finish Group – an invitation which we've accepted with enthusiasm.

Although STAMMA is taking an active role in this consultation, the inner workings of the CCG are not easy to understand and the longer-term processes and procedures feels opaque to those not familiar with them. For the purposes of clarity, we have two questions relating to the next steps outlined in the documents pack…

We note that on page 26 of the documents pack for this meeting it states, "Key wider stakeholders also need to be heard to ensure that possible future options can be considered for service delivery". Who are the "key wider stakeholders" referred to here?
And on page 27, it states "The outcome of the further involvement will enable us to consider appropriate next steps in line with our statutory obligations and moral duties which will lead to the development of possible future options for consideration." What might such "appropriate next steps" involve?

7.3.2 Kate Gleave responding to the first question and stated that the CCG and its providers had a legal duty to those who use the Service. She said that the key wider stakeholders were teenagers, people who had been recommended to the Service, people with long covid, those working in Primary Care, the wider South Yorkshire area including Rotherham and Doncaster, staff working within the Service, health professionals and Local Area Committees. In response to the second question re "Next Steps", Ms. Gleave stated that the process that had been followed was robust and the CCG was confident that the data used was comprehensive. To establish appropriate next steps, it was important to find out what the wider cohort needed.

7.3.3 **Isabel O'Leary retired Speech and Language Therapist, Clinical Lead in Disorders of Fluency 1993 to 2021**

I am appreciative of the fact that the Children's Hospital Trust's Executive Team have decided to re-open the service to adults who stammer and will continue to take referrals as is stated on page 25 "until there is suitable adult provision in place in Sheffield".
I will be happy to be involved in a Task and Finish Group organised by the CCG in conjunction with the Children's Trust as I hope we all want to ensure that adults who stammer can receive the best possible NHS Service.

My offer was accepted by the SLT service to return part time from retirement for 3

months in order to see the patients whose referrals had been rejected when the service was closed from April to August 2021. I offered appointments to 15 adult patients according to their expressed wishes. All of these were through telehealth (ie video appointments) as I have been operating throughout the pandemic. I asked for and gained valuable feedback from these patients on various aspects of their experiences both of stammering and the services offered and several of them are happy to speak directly to the CCG.

Previous to the pandemic all people who stammer, whether children, teenagers or over 16s were seen at a community clinic separate from the main Children's Hospital site. This has a waiting area for teens and older people slightly separate from the main waiting area and the clinic rooms are suitable for all ages.

My questions are:

(1) ***To the CCG and Children's Trust***
In the process of looking for the best NHS service to Sheffield over 16s who stammer, can you clarify whether all options will be considered, including the status quo? As the Children's Hospital Trust are quoted on page 26 as being of the view that it is "not in the best interest of adults to be seen in a paediatric setting and care should be transitioned to adult services as per other services" it appears that the status quo is being discounted from the start of this review. Is this the case?

(2) ***To the Scrutiny Committee***
I have found it helpful to have the independent oversight of this Scrutiny Committee throughout this review of the Speech and Language Therapy Service to over 16s who stammer or have cleft lip and palate. May I seek reassurance that this kind of oversight and scrutiny will continue after the transition to the Modern Committee System?

7.3.4 Kate Gleave stated that whilst a review was ongoing to identify gaps in the CCG's and the Trust's knowledge relating to patient experience that would enable the development of a robust involvement plan, all options would be considered, but it was not known whether "status quo" could be an option and the CCG and Trust would only proceed with viable sustainable options. Dr. Jeff Perring stated that the Trust would look at all available options and work closely with the CCG.

7.3.5 The Chair stated that, with regard to the question around Scrutiny, it was difficult to answer as the Council was in the process of reviewing its Governance system and it was not yet known whether or where Scrutiny would sit within that system. He said that a copy of these questions would be put before the Governance Committee. He said that a Working Group had been set up to look at how scrutiny would fit into the new system. The Policy and Improvement Officer stated that the City Council had a statutory health scrutiny function and as such would continue.

7.3.6 Kate Gleave extended an invitation to Isobel O'Leary to sit on the Task and Finish Group and said that she would inform her of the date and time of the next meeting of the Group in due course.

7.4 Kate Gleave presented the report to Members and highlighted a couple of points. She said that the dysfluency (stammer) and cleft, lip and palate services for adults had not ceased and would continue to take referrals until there was suitable adult provision in place in Sheffield. She said that all available information had been reviewed although it was still unclear what people wanted from the Service, but it was clear that there still needed to be a service in the city. Kate Gleave referred to the developing Involvement Plan, which would enable the CCG and the Trust to capture the experience and preferences of people who have used the service in the past, those who are current patients and those who are potential patients.

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

- The Sheffield Children's Hospital was a paediatric trust for children and young people and has been for many years. Work between the Children's Hospital Trust and Sheffield Teaching Hospitals Trust had been carried out to remove children from the adult services and vice versa, so that each Service could concentrate on its core business. It was felt that adults should receive treatment in an adult environment.

- There was a lack of information on all options available, however if the preferred option was "no action" the Sheffield Children's Hospital Trust would look further into this.

- The use of services such as Pathways, Head Injuries Unit and the Neurological Service was a potential option and there was a need to evaluate this as an option.

7.6 RESOLVED: That the Committee:-

(a) thanks Kate Gleave and Dr. Jeff Perring for attending the meeting;

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

(c) hopes that this matter will continue to be monitored in the Governance system post May.

8. DRAFT WORK PROGRAMME

8.1 The Policy and Improvement Officer (Emily Standbrook-Shaw) gave an update on the Work Programme and Members were asked to identify issues they are interested in taking forward to future meetings.

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

9. DATE OF NEXT MEETING

9.1 It was noted that the next meeting of the Committee would be held on Wednesday, 16th March, 2022, at 10.00 a.m., in the Town Hall.

Yorkshire and the Humber
Sheffield Scrutiny Committee – 16 March 2022 – Dentistry

1. Background

NHS England and NHS Improvement (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire & Bassetlaw (SY&B). Dental services include, Primary Dental Care (general high street dentistry, Urgent Care, Community Dental Services and Orthodontics) and secondary care.

The purpose of this paper is to describe oral health in Sheffield, provide an update on the provision of primary care dental services since the last discussion on the subject at Scrutiny Committee in February 2021, and give an overview of relevant NHS England and NHS Improvement (NHSEI) workstreams.

2. Oral Health Needs Assessment

Following on from the 2015 SYB Oral Health Needs Assessment, a rapid Oral Health Needs Assessment (Y&tH) has been completed in 2022. The purpose of this work is to help understand the oral health inequalities across Y&tH and the evidence base. This will inform the principles that will underpin strategy and work programme development address inequalities and meet population need and demand.

In summary, headline information includes:

Inequalities in oral health exist with those in the most deprived areas experiencing poorer oral health across all age groups as is demonstrated in the population of Sheffield.

Particular consideration could be given to those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including individuals and communities that are deprived and vulnerable children known to the social care system, individuals with severe physical and/or learning disabilities, poor mental health, older adults, homeless, asylum seekers, refugees and migrants.

The population is ageing, have more complex oral health and health needs and managing the dental needs of older people is challenging and may require specialist skills.

The COVID-19 pandemic initially resulted in reduced access to primary care dental services for the population of Yorkshire and the Humber, which is now improving. Dental services are not equitably distributed, and a health equity audit approach is currently being developed to determine equity of access to dental services in Yorkshire and the Humber, including urgent care services.

The recommendations from the 2022 Rapid Oral Health Needs Assessment will inform the development of the NHSEI Dental Strategy for Yorkshire and the Humber.

While NHSEI has the remit for providing dental services, Sheffield City Council has the statutory responsibilities around oral health improvement, including responsibilities in relation to water fluoridation and for commissioning evidence based oral health improvement programmes to meet the needs of the local population. Partnership working and complementary commissioning is important between local authorities and NHSEI, through a community approach maximising the skills of the wider health and social care workforce by making every contact count. An example of this is the flexible commissioning referral pathway whereby health visitors in Sheffield are able to refer children at high risk of poor oral health to dental practices signed up to the flexible commissioning programme.

3. Dental Provision in Sheffield

NHS England commissions primary care services from 66 dental practices in Sheffield.

4. Impact of Covid-19 Pandemic

A briefing for all stakeholders which described the situation in relation to primary care dental service was distributed in January 2022 and is attached for information.

Stakeholder Update 5.pdf

5. Current initiatives

5.1 National £50m investment in NHS Dental Services

Funding has been allocated to the North East and Yorkshire region, as part of a national initiative to improve access and increase dental appointment availability for both examinations and treatment.

The expectation is for this care to be delivered outside of core hours, such as early morning/evenings and weekends and is expected to be used before 31 March 2022. This investment is part of a focus on dental services over the coming months, as services aim to return to pre-pandemic levels.

In Sheffield this has provided between 600 and 900 additional urgent care and subsequent stabilisation appointments for patients (dependent on the complexity of treatment) across 6 dental practices between 7 February and 31 March 2022.

5.2 Dental Access Project

It has been decided to continue to provide additional investment to support access for patients. Funding to support a number of practices for a further 12 months from 1 April 2022 has been confirmed and NHSEI will be working with those practices who have received funding in Sheffield to support increased access to dental services. There are currently 12 practices in this scheme in Sheffield.

5.3 Flexible Commissioning Programme

A recent evaluation of the Flexible Commissioning Programme, demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the dental workforce. The scheme will be extended for a further 12 months from 1 April 2022, which will enable further refinement and evaluation to support targeting of resources based on the oral health needs assessment to reduce oral health inequalities. NHSEI will also be exploring opportunities to extend the scheme to other practices in targeted locations in line with the recent oral health needs assessment. There are currently 21 flexible commissioning practices in Sheffield.

5.4 Review of Community Dental Services

The NHS Community Dental Services in Yorkshire and the Humber (Y&tH) provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services. Sheffield Teaching Hospitals NHS Foundation Trust are commissioned to provide the Community Dental Service in Sheffield. They provide a range of services, which include special care and paediatric dentistry including treatment under general anaesthetic. Contracts with all providers of Community Dental Services across Y&tH end in September 2023.

A service review commenced in February 2022. This will set out key recommendations to inform discussions in relation to future service design, commissioning intentions and approaches which includes potential geographical footprint to ensure equitable provision and access to sustainable services and proportionate allocation of funding based on need. Terms of Reference for this review have been developed and it is anticipated that the review will be completed by September 2022.

Report prepared by:
Debbie Stovin
Dental Commissioning Manager, NHS England and NHS Improvement

Date: 8 March 2022

healthwatch Sheffield

Accessing dentistry through Covid-19

Healthwatch Sheffield briefing February 2022

Contents

Introduction

Since the first lockdown in March 2020, access to NHS dentistry has been a key issue for people in Sheffield and beyond. Over the last 12 months, 1 in 4 calls and emails to the Healthwatch Sheffield office have been about this topic.

Throughout 2020 and much of 2021, the overall theme was one of confusion; people didn't feel able to access clear information about the changes to dentistry services over the course of the pandemic.

In later 2021 and into 2022, this has turned to frustration for many. We are still hearing from people each week who are finding it impossible to access an NHS dentist, whether for routine treatment or more urgent care.

We know that dentists have been trying to treat patients where they can, and there are systems in place which aim to support people to access urgent care. The expectation from NHS England is now that dental practices should be delivering 85% of the treatment they're contracted to do, in order to receive their full funding. However, the feedback we hear from individuals does not seem to reflect this progression. The impact on people who have been trying to access dental care has been significant, and we know the many people have been left distressed and in pain.

1 in 4

calls and emails to Healthwatch Sheffield were about accessing NHS dentistry*

*Feb 2021 – Feb 2022

Accessing dentistry through Covid-19: a timeline

NHS policies and updates	What people told us/what we did
Spring 2020	
Critical emergencies (eg uncontrolled bleeding) are being treated face to face. Other urgent cases are being handled via telephone, with advice on self-care, and prescriptions for pain medication or antibiotics. Urgent Dental Centres are then set up, treating some patients with urgent needs by referral.	People were unsure how to access treatment - enquiries focussed on what people should do when they were in pain, and what to do if they didn't have a regular dentist. Finding clear information about the scope of what might be offered was difficult for the public and for us.
Summer 2020	
Local dentists begin to re-open to deliver urgent care. They can only offer limited appointments and treatment, but it's more than before. Non-urgent care continues to be managed by telephone, with NHS policy around triaging patients.	Healthwatch across Yorkshire & Humber highlighted joint issues, including concerns for some who were impacted more severely e.g. people with hearing loss. Communication from dentists has been mixed – with some still unclear about whether treatment is resuming.
Autumn 2020 and Winter 2020-21	
Dental provision across the city becomes mixed, with some practices offering routine work and others treating only urgent cases. NHS England is working towards recovery by increasing the amount of dental treatment each practice should deliver in order to receive their full funding – in Autumn 2020 this is 20% increasing to 45% through Winter.	People tell us they're not being triaged when they phone a dental practice. We worked with regional dental commissioners to help individuals when dental practices were not following the triage guidance set out by NHS England, but the larger issue remained. A rift was also emerging between NHS and private treatment – many people began to tell us they were offered prompt private treatment, but NHS waiting lists were 18-24 months long.

Spring 2021	
NHS England expects each practice to be delivering 60% of their contracted amount. Policy remains that practices should be triaging patients in order to meet urgent need – regardless of whether patients have a regular dentist or not.	We are hearing that patients without a regular dentist are finding it much harder to access care – people are being told that they need to be 'registered' with a dentist in order to get an appointment, and practices are not always triaging people who ring them. The gap between NHS and private treatment appears to be widening.
Summer 2021	
Guidance from Spring 2021 remains in place.	Enquiry numbers were the lowest since the start of the pandemic during this time. We were still hearing from some people who were struggling to access care, but for the most part these were enquiries about more routine treatment.
Autumn 2021	
Dentists are expected to deliver 65% of their contracted treatment. Advice from the NHS is around managing expectations, though they acknowledge there is a significant backlog in treatment.	Frustration from the people we speak to is becoming significant. In increasing numbers, people are telling us they are only offered private care, which they cannot afford. NHS waiting lists are routinely over two years long, or practices have closed their waiting lists altogether due to their length.
Winter 2021-22	
Dentists are expected to deliver 85% of their contracted treatment. Triage to prioritise patients with more urgent needs is still in place.	We're hearing from more people who can't access any NHS dentistry at all, and are becoming desperate. Healthwatch England launched a national campaign calling on central government to urgently address the issues, and we've supported this locally.

Latest updates

#fixNHSdentistry

The concerns we've been raising about local people's access to dentistry haven't been happening in isolation. People all over England have been sharing similar issues with their local Healthwatch.

In response, our umbrella organisation Healthwatch England have launched a national campaign, calling on the government and NHS England to fix NHS dentistry; to speed up dental contract reform and provide significant and sustained funding to tackle the underlying problems of dental access and affordability.

For more information, see our news article here.

Availability of NHS dentistry in Sheffield

In December 2021, 21 out of Sheffield's 50 dental practices said online that they were accepting new NHS patients. This doesn't fit with what local people had been telling us, so our team did our own mystery shopper exercise. This painted a very different picture:

- **Just one dental practice said they could actually book us an NHS appointment** (and the patient would need to visit the practice to provide photo ID and a proof of address first in order to do this)
- 8 practices said they **couldn't add us to a waiting list**, with most giving no further information. Only 2 of the 8 said they expected to reopen their waiting lists in 2022
- 12 practices said we could go on their waiting list, but these **waiting lists were extremely long**. One practice said "at least a year", while all the others said "18-24 months" or "2 years plus". To give us a sense of timing, one practice said that there were 700 people on their list, and they've only managed to take 2 off in the last 2 months
- Several practices offered us **private treatment**, suggesting we could book an appointment much sooner (January or February 2022) if we signed up to their private treatment plan

Key themes

Based on our conversations with local people, clear themes have emerged about trying to access NHS dental care in Sheffield.

Below we have detailed the themes we believe are the most prominent, and most concerning. It is important to note that many of these issues impact even more severely on those who were already finding it difficult to access care – whether that's due to lack of stable housing, low income, existing physical or mental health challenges, or communication barriers - and will further widen health inequalities.

People have found it difficult to get clear information

When Covid-19 restrictions first came into force, dentistry provision had to change rapidly. The impact on dental treatment was more significant than some areas of health and social care due to the high-risk nature of dental treatments, which produce aerosolised particles. During this period of initial change, people found it difficult to find out what they could access, and as a local Healthwatch we also had challenges finding accurate information.

As the situation developed further, and dental practices resumed some face-to-face treatment, people still struggled to find information about what they could expect. We worked with regional dental commissioners to try to develop clear answers, but this didn't always match up with people's experience of phoning practices.

There was particular confusion about people being told they needed to 'register' with a practice despite NHS England telling us this was not the case. Confusion also focused on the expectation that patients be triaged when they have suspected urgent needs - people were telling us regularly that this hadn't happened. The lack of clarity about this and many other aspects of care, such as pricing, waiting lists, and what was considered 'urgent', has led to frustration for many.

Some people were unable to access urgent care

NHS policy since the beginning of the pandemic has been that dentists should prioritise people with the most urgent needs. For most of the last two years, this has meant that patients should phone a dentist and be triaged, before being offered treatment, interim support such as medication, or advice on self-help.

However, this has not been the case for many of the people we spoke to. Many people say they have been left without treatment when they have been in severe pain, or were unable to eat or speak properly.

We have explained NHS triaging policy to many of the people we've spoken to – a large number of whom had already phoned several dental practices and had not been triaged at all. With this information, we have been able to raise issues with the Yorkshire & Humber dental commissioning team, passing on details of practices who have not triaged patients, and have been able to support some individuals to access the urgent care they needed. However, we suspect that many people have not known their rights to treatment (partly due to the difficulty in finding clear information, as outlined above), and will have missed out on care altogether when they were not appropriately triaged.

People who have a regular dentist have had a different experience to people who don't

Triaging policies mean that urgent care should be available to anyone who needs it, regardless of whether they have a regular dentist or not. However, this wasn't the case for some of those we spoke to.

Many of the people who were unable to access urgent care told us they didn't have a regular dentist before the pandemic. In contrast, some people who did have a regular dentist were even able to get routine check-ups.

A growing rift: NHS vs private care

One of the most significant concerns we have is the increasing inequity of dental provision, between those who can afford private treatment, and those who cannot.

As outlined by our mystery shopping exercise (page 4), several practices made clear that we could access private dental treatment long before we would be able to access equivalent NHS care. This is further evidenced by the many people who have been telling us the only timely treatment they were offered (or in some cases, the only treatment at all) would mean paying private fees.

When even NHS dental treatment is prohibitive in cost for some people, this lack of availability will further compound health inequalities for many families.

Waiting lists for NHS appointments are extremely long, and the demand at some practices is so high that they have closed their waiting lists. This leaves people with few or no options for affordable care.

The impact of delayed treatment

We are increasingly hearing from people who tell us they're concerned about their future health due to delays in getting treatment.

Some people have been left in dental pain, which is having a knock-on effect on their wider physical health, as well as their mental health. Others need more routine treatment or check-ups, but are worried that going for several years without this will lead to future health problems that could have been avoided. We're especially hearing this from people who have given birth during the pandemic, and haven't been able to make use of the free dental care they're entitled to, as well as people with young children who want to ensure they get a healthy start.

Children's access to NHS dentistry

Children's access to NHS dentistry is becoming a key concern for the parents we've spoken to. For children born during or shortly before the pandemic, parents have never had the opportunity to take them to an NHS dental appointment. We are becoming increasingly concerned that the only young children who are currently getting early access to dental care are those with families who can pay for private appointments.

This has an impact on their early dental health, but also sets up challenges for the future. We know that going to the dentist at a young age helps children get used to dentists – some children just aren't getting this chance.

Personal stories

This is a small sample of the stories we've heard recently. They are typical of the key issues we've heard over the last two years

- Pam* needs to have dentures fitted after having her remaining teeth removed. Dental practices won't even put her on a waiting list, and seem to have a blanket policy that dentures aren't an 'urgent' issue, despite its effect on Pam's life: **"I can't eat or talk properly… I can't afford to go private… It is affecting my mental health"**
- Kiera* called all the dentists in Sheffield who said they were accepting new NHS patients online, but found this didn't actually mean she could get an appointment – they offered to put her on a waiting list which would be two years long or more: **"I am willing to travel as far as needed as I am getting quite desperate at this point"**
- David* needs to see a dentist, but all the ones he calls say they can only offer him private treatment. He told us he is currently unemployed and doesn't have the money: **"£200+ I don't even have that in my bank account right now"**
- Esi* needs her wisdom teeth removing as they are causing constant pain. However, the dentists she called said this wasn't serious enough to require 'urgent' care and she will have to manage with pain medication: **"The pain is keeping me awake at night"**
- Mohamed* can't find the right information about how to access care. He is surprised when we tell him he doesn't need to be 'registered' with a dentist like he does a GP. It doesn't match up with his experiences, as he's been rejected by many practices: **"Contacted several dentists who have all said that I must be registered with them as an NHS patient to be seen."**
- Jo* tells us she can't even get onto a waiting list for an NHS dentist, and she doesn't know what to do. She doesn't need urgent care but she's worried that smaller issues will become worse if they're left alone: **"I have called upwards of 30 dentists which online say they are taking on NHS patients and literally none of them are"**

*names have been changed

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

16 March 2022

Report of: Jackie Mills, Director of Finance, NHS Sheffield CCG

Subject: Primary Care Capital Transformation Project.
Draft Consultation Plan

Author of Report: Abby Tebbs, Deputy Director of Primary Care and Richard Kennedy, Engagement and Equality Manager

Summary:
The report summarises a programme to invest and transform primary care in three areas of the city. This includes the proposal to build 5 new health centres.

The consultation plan is here for committee's comment and approval. Is the plan robust, are there any communities, meetings or methods that could be added to amplify the patient voice?

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	
Other	

The Scrutiny Committee is being asked to:
The committee is asked to consider the report and approve the consultation plan.

Category of Report: OPEN/

NHS Sheffield Clinical Commissioning Group

Primary Care Capital Transformation Project
Draft Consultation Plan

1. Introduction

NHS Sheffield Clinical Commissioning Group (SCCG) has been awarded £37m to transform Sheffield GP practices across the city as part of £57.5m allocated to primary care bids across South Yorkshire. The funding is part of a £1 billion increase to NHS capital spending by the current government (Wave 4B Capital Funding).

Plans were originally developed by GP practices, and SCCG supported them to develop these bids for funding. Following confirmation of the ICS award SCCG has worked with the practices to develop the pans to Strategic Outline Case. The plans include up to 5 new health centres in Sheffield bringing together existing GP practices, other health services, and some voluntary services all under one roof to change the way that healthcare is delivered. They would give practices more modern, flexible spaces to help me the needs of patients in the 21st century and the demands of a growing population. Council services may also have a presence in some of the buildings.

The health centres are planned for 3 areas in the city.

- One centre in the City Centre
- Up to two centres in SAPA5 Primary Care Network
- Up to two centres in Foundry Primary Care Network

These areas were chosen as they have not benefited from previous funding for GP buildings, so many practice sites are in converted properties or otherwise need modernisation.

More than 100,000 Sheffield residents could benefit from the developments which would support us to tackle health inequalities in the City so it is important that we work with local communities in planning the hubs to meet their specific community's needs.

The funding will also be used to improve and make more space in some existing GP practices. This will create modern and flexible spaces offering a range of services to patients, joining up local services and improving the use of digital technology in primary care.

The development of the health centres is not yet determined, and involvement and consultation activity with local people and stakeholders is essential to ensure that informed decisions are made on this programme. The option to retain the status quo and not build the hubs or move GPs practices into them will form part of the consultation, however, the funding will be lost if the plans do not go ahead.

The funding comes with strict national requirements, including a deadline of December 2023 for completion of all funded developments and a strict business case development and approval process set by HM Treasury. While the national timetable for approving the programme hasslipped these requirements nd deadlines have not changed. This, together with the COVID-19 pandemic, has meant that we have been unable to involve patients and the public in our plans from the beginning, as we would have preferred and that we now have very tight timelines for involvement and consultation.

2. Overview of Plans

The plans for the capital funding of £37m in Sheffield cover three areas:

a) transformational hubs - exploring the potential to build up to five new health centres in three areas of the city;
b) Redeveloping void space in existing LIFT buildings in Sheffield to bring it back into use for the benefit of the local community;
c) Refurbishment of existing premises occupied by a number of practices across the city

This consultation plan focuses on the transformational hubs or health centres.

As described above, a number of practices in three networks in the centre and north of the city have contributed to the current proposals. These practices have shown a potential interest in developing and pursuing these plans further with their patients and the CCG. The number of registered patients indicated below includes individuals who access main and branch sites out of these areas.

At present no commitment is required from any practice as part of the development of these projects. The practices are being supported by the CCG to understand the effect that participating in one of the health centre developments could have on both the practice and their registered patients. There are a number of factors that each practice will need to take into account before they before they give final commitment in the autumn to progressing the scheme the factors will be different for each practice.

Health Centre	Max. Number of patients	Potential locations
Foundry hub 1	24,560	• Sheffield Medical Centre • Catherine Road
Foundry hub 2	19,988	• Rushby Street
SAPA 5 hub 1	30,655	• Concord Sports Centre
SAPA 5 hub 2	23,551	• Buchanan Road / Wordsworth Avenue
City hub	22,547	• Star House, Carver Street

This consultation will be delivered by NHS Sheffield CCG, working with practices and primary care networks (known as PCNs).

3. Constraints on the programme

3.1. Funding

As outlined above, to besucessful in receiving this funding we must meet the stricthe funding for this programme has strict national conditions conditions attached to it for it to be used.

- The funding has to be used for the purposes laid out in the initial bid only. In this case, that means that only these health centres can be built using this funding, we can't use the money to build in other areas, and if it is not used it will have to be returned to the Treasury.

- The buildings have to be in public ownership. NHS Sheffield CCG has been working with Sheffield City Council to identify suitable council owned locations.
- The buildings need to be completed by December 2023. This is a tight deadline, but achievable.

3.2. Timetable

As described above, official approval of this funding from the government has been significantly delayed. Despite this delay in approval, the original deadline for completion has remained at December 2023. The process of developing the sites and building the health centres is estimated to take over 12 months, so the instruction to develop would have to be made by November 2022.

This has placed considerable constraints on the timetable to progress the programme including engagement and consultation activity. This has resulted in the planned consultation having a duration of 10 weeks. National approval to make the plans public has not yet been received, however the CCG has agreed with the NHS England regional team that it is essential to begin public involvement immediately.

Although there is no set time for the duration of a consultation, it is often suggested that this should be 12 weeks. This reduced timescale for consultation will be mitigated by a thorough pre-consultation engagement phase that will inform the programme's business case prior to formal consultation.

Despite the restraints, SCCG is committed to running a fair and open consultation process that meets the Gunning Principles of good consultation:

- Proposals are still at a formative stage
- There is sufficient information to give 'intelligent consideration'
- There is adequate time for consideration and response
- 'Conscientious consideration' is given to the consultation responses before a decision is made

3.3. Changes to NHS organisations and other structures

Due to the time required to plan a programme of this scale, the plans have already passed through different iterations of NHS structures. These original plans were born from neighbourhoods and since passed to primary care networks.

NHS Sheffield CCG has supported GP practices and primary care networks to develop these plans for funding approval. From July 2022 however, NHS Sheffield CCG is due to be abolished. Its functions as the NHS organisation responsible for commissioning primary care in Sheffield will transfer to the South Yorkshire Integrated Care Board. As all statutory duties will remain with South Yorkshire Integrated Care Board, comparable internal committees overseeing assurance and decision making will be in place for the programme come July.

Similarly, the changes to how the overview and scrutiny function of health services is undertaken by Sheffield City Council is due to change. NHS Sheffield CCG is committed to continuing a dialogue with the new committee that supersedes it on this programme.

4. Proposals

Sheffield CCG is working in partnership with the city council to develop the business cases for these projects. In order to meet the requirements the buildings developed under this scheme remain in public ownership it is proposed that the city council owns the buildings once completed. This offers a number of additional advantages, such as opportunities to co-locate and integrate social care and other council services with health and voluntary sector provision at locations that are accessible to local people. However, this partnership approach means that site selection has

been limited in most cases to sites already within council ownership. Extensive work has taken place to identify suitable and viable locations with good public transport routes. This has involved narrowing down 37 sites to 6 potential locations. The reasons why other sites have not been suitable have included:

- Not being big enough to build a health centre on
- Being in the wrong location, and not accessible for communities
- Not being available, or being planned for other developments

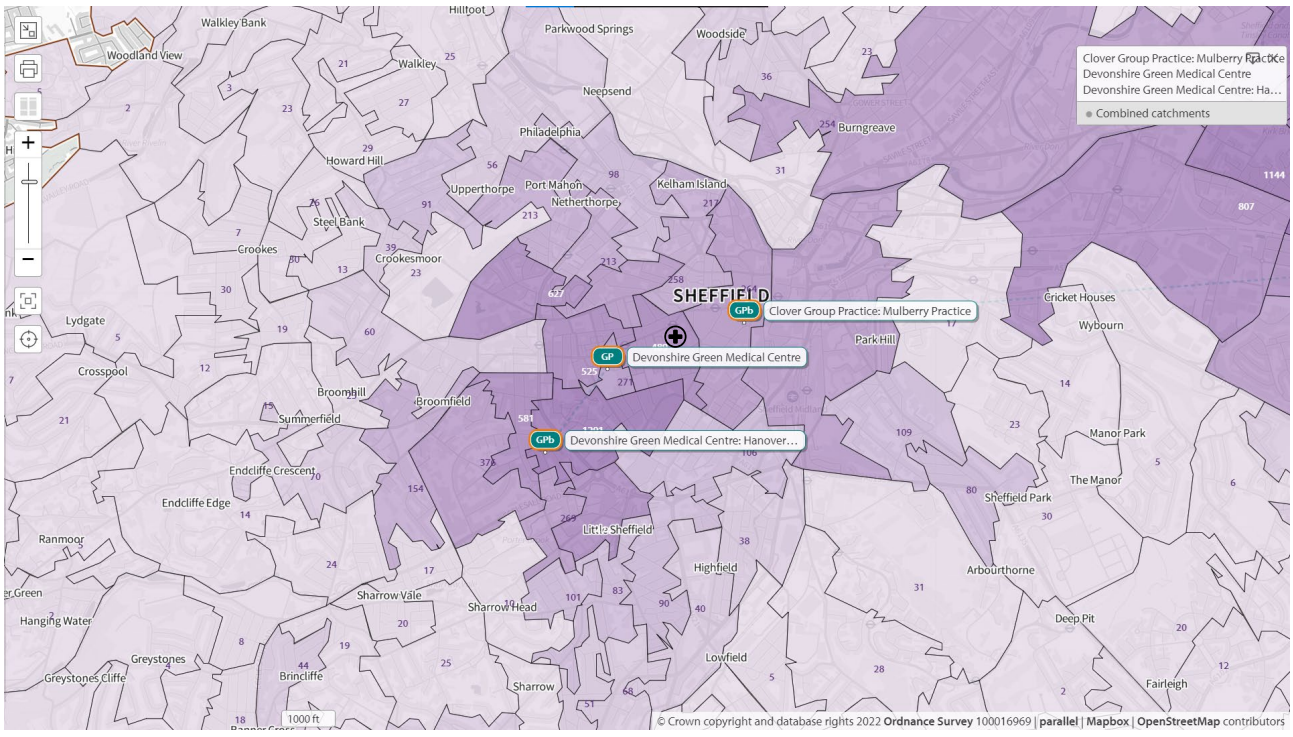
4.1. City Hub

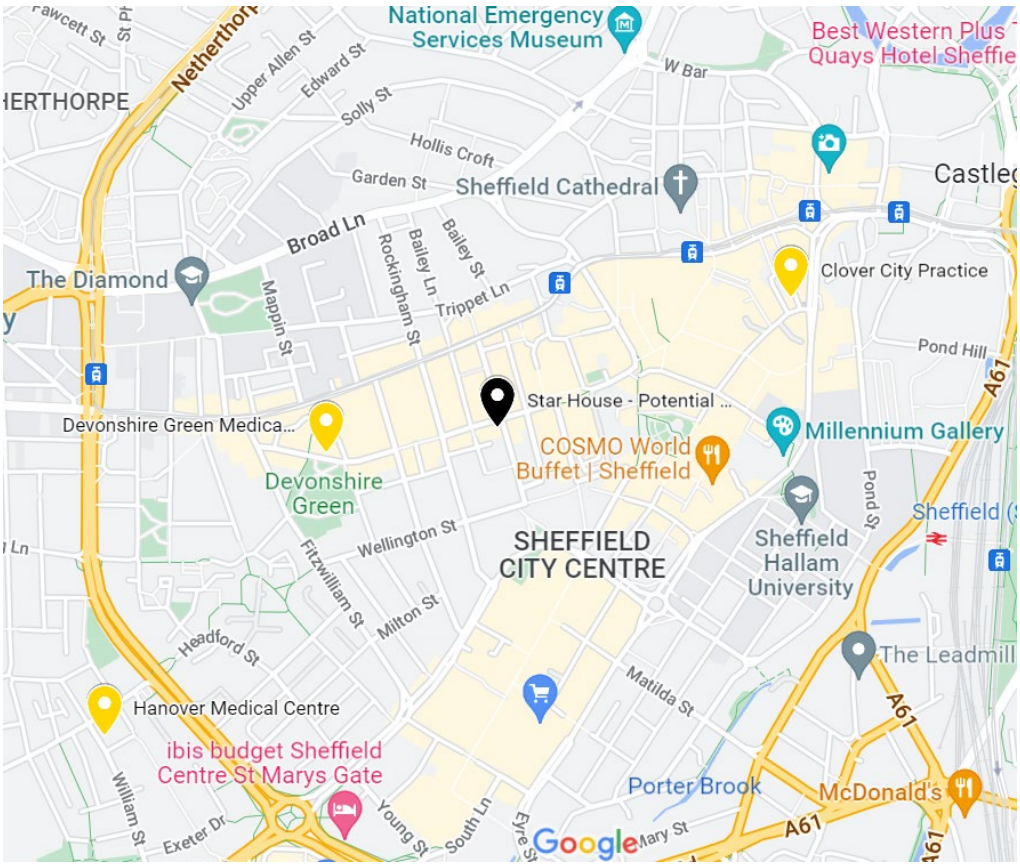
The following practices have shown an interest in possibly pursuing these plans further with their patients and the CCG.

- Devonshire Green Medical Centre
- Clover City Practice
- The Mulberry Practice
- Hanover Medical Centre (branch of Devonshire Green Medical Centre)

The following map shows the distribution of where registered patients of these practices live. The large area of patients to the top right of this map is most likely to be patients registered at Darnall Health Centre, an additional site of Clover Group Practice. Unfortunately, it is not possible to differentiate patients at branch sites from main sites.

The location of the site being considered for a new GP health centre in this area is at Star House, Carver Street. This has been marked on the maps below.





4.2. Foundry Hub 1
The following practices have shown an interest in pursuing these plans further with their patients and the CCG.

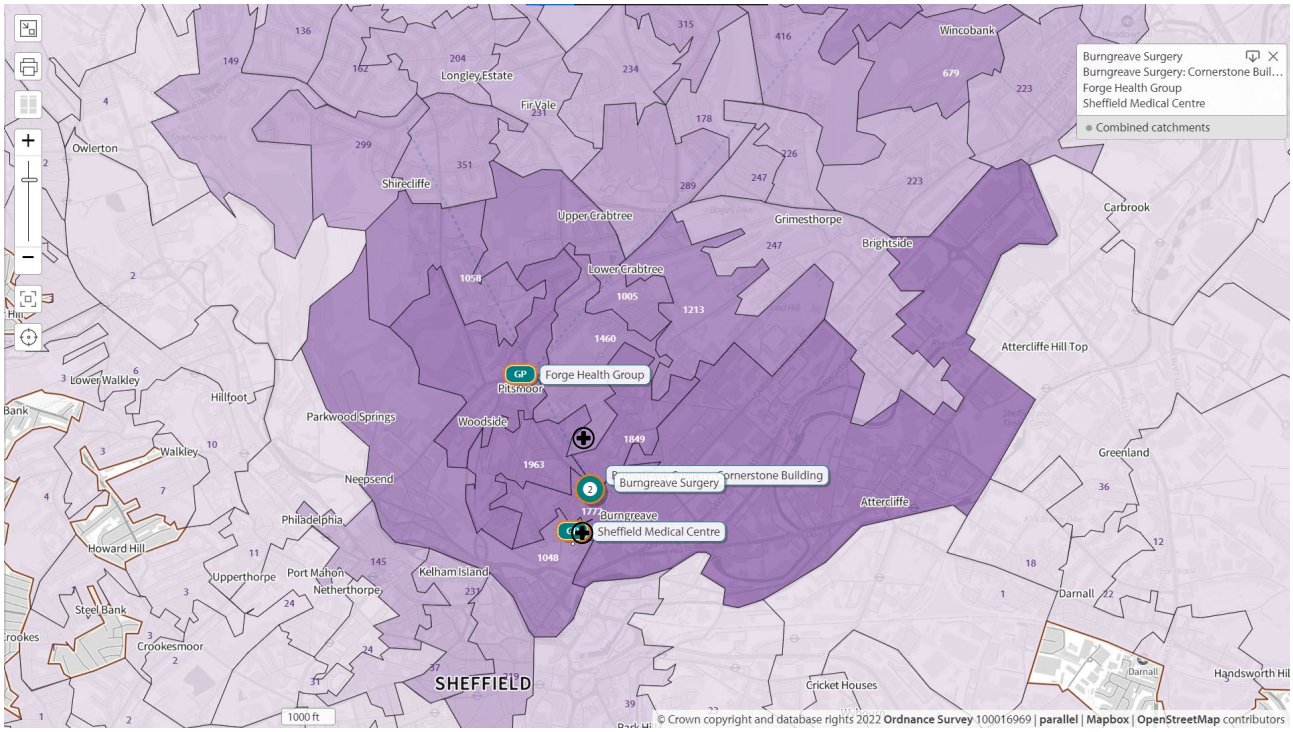
- Pitsmoor Surgery
- Burngreave Surgery
- Cornerstone Surgery (branch site of Burngreave Surgery)
- Sheffield Medical Centre

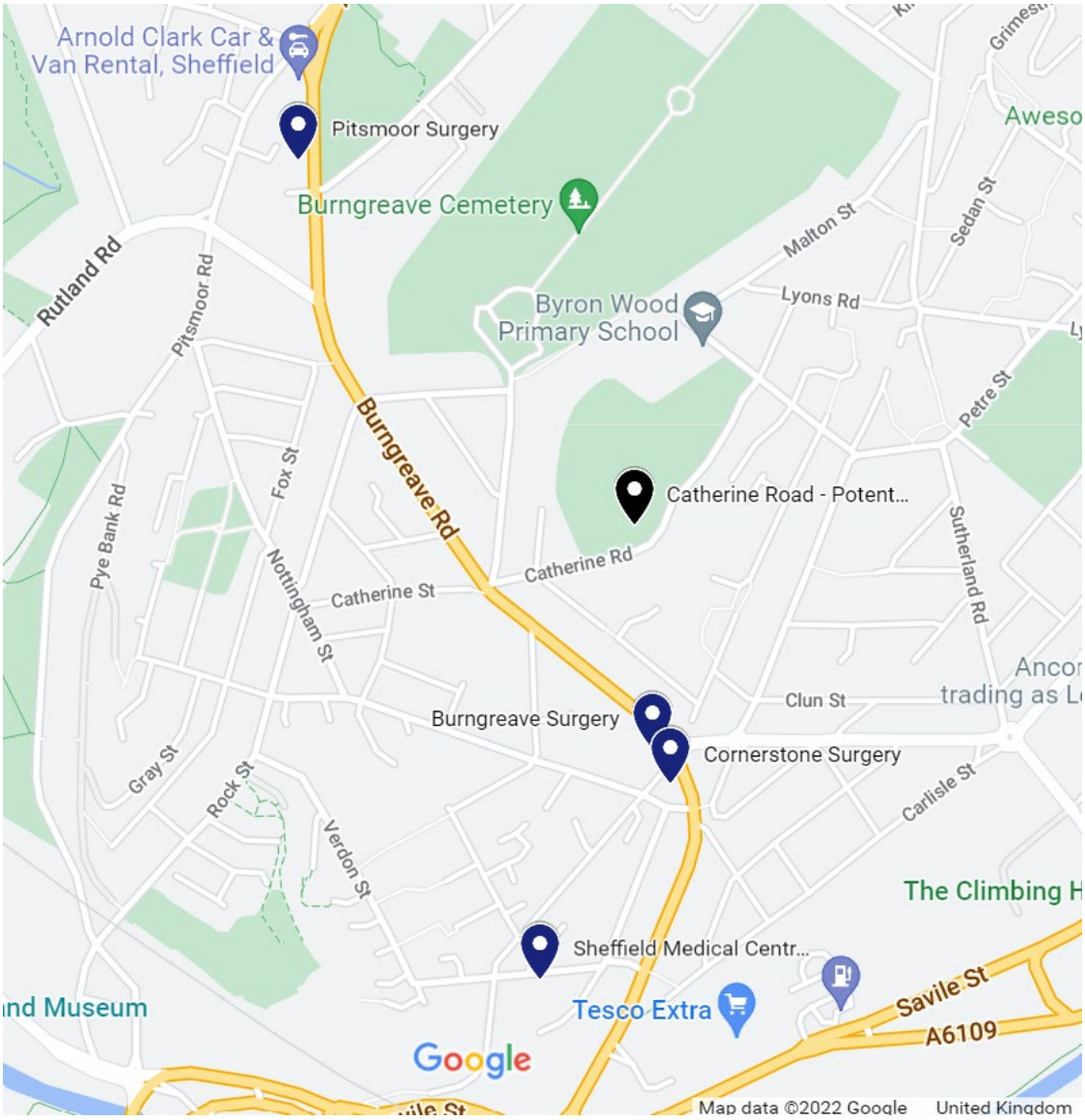
The following map shows the distribution of where registered patients of these practices live. The large area of patients around Wincobank on this map is most likely to be patients registered at Flowers Health Centre, the main site of Pitsmoor Surgery. Unfortunately it is not possible to differentiate patients at branch sites.

The locations of the site being considered for a new GP Health Centre in this area are at:

- Sheffield Medical Centre
- Catherine Road

These has been marked on the maps below.


Burngreave Surgery
Burngreave Surgery: Cornerstone Buil...
Forge Health Group
Sheffield Medical Centre
Combined catchments
Forge Health Group
Burngreave Surgery
Sheffield Medical Centre
SHEFFIELD
1000 ft
© Crown copyright and database rights 2022 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

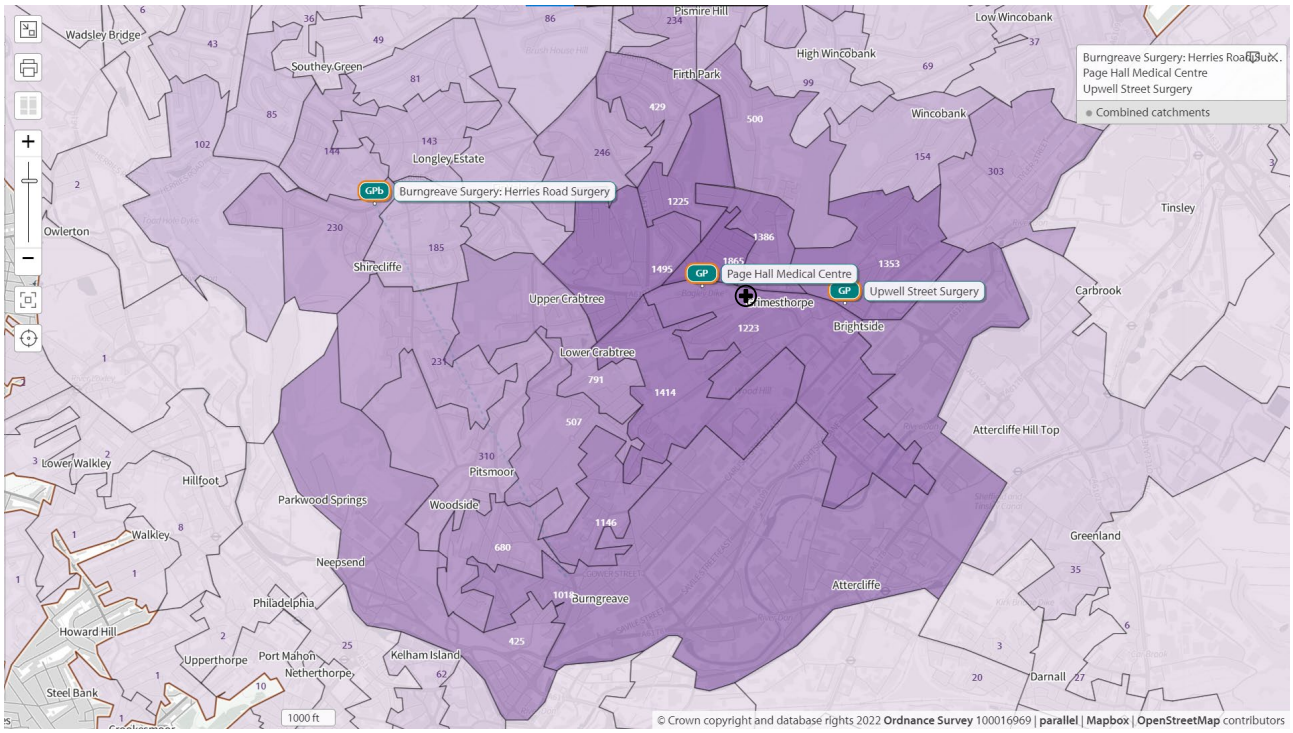

Arnold Clark Car & Van Rental, Sheffield
Pitsmoor Surgery
Burngreave Cemetery
Byron Wood Primary School
Rutland Rd
Pitsmoor Rd
Burngreave Rd
Malton St
Sedan St
Lyons Rd
Petre St
Fox St
Pye Bank Rd
Nottingham St
Catherine Road - Potent...
Catherine Rd
Catherine St
Sutherland Rd
Clun St
Burngreave Surgery
Cornerstone Surgery
Gray St
Rock St
Verdon St
Carlisle St
Sheffield Medical Centr...
Tesco Extra
Savile St
A6109
Google
Map data ©2022 Google
United Kingdom

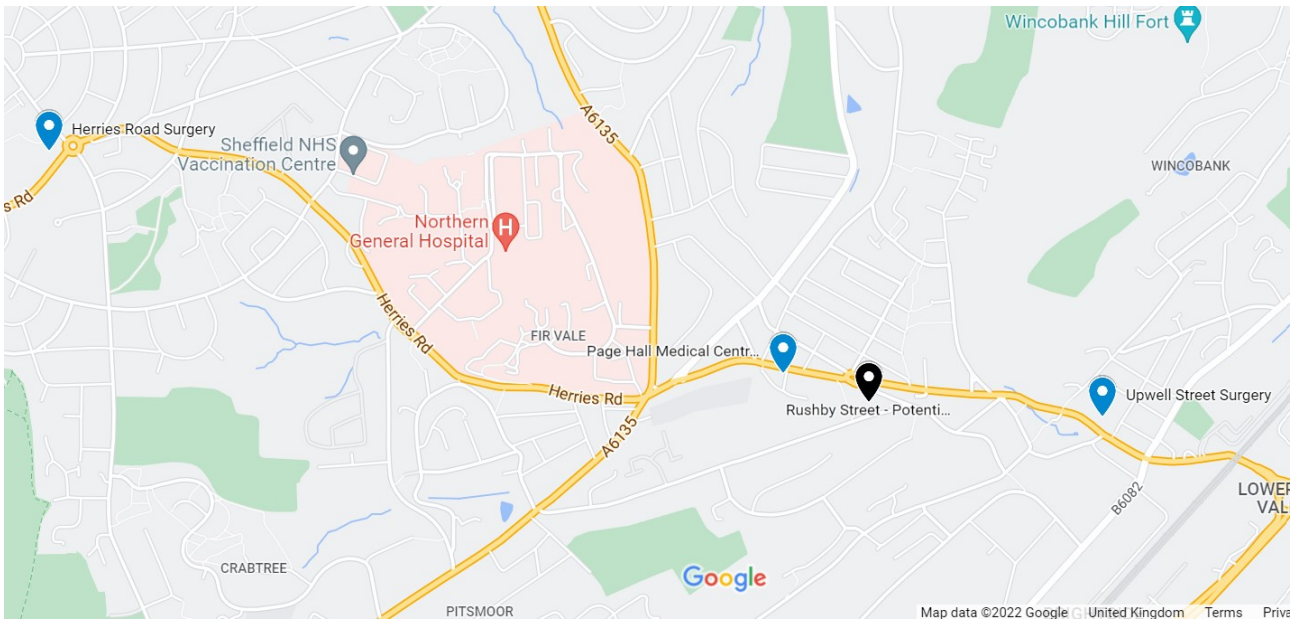
4.3. Foundry Hub 2

The following practices have shown an interest in pursuing these plans further with their patients and the CCG.

- Herries Road Surgery (branch site of Burngreave Surgery)
- Page Hall Medical Centre
- Upwell Street Surgery

The following map shows the distribution of where registered patients of these practices live. The location of the site being considered for a new GP health centre in this area is at Rushby Street. This has been marked on the maps below.





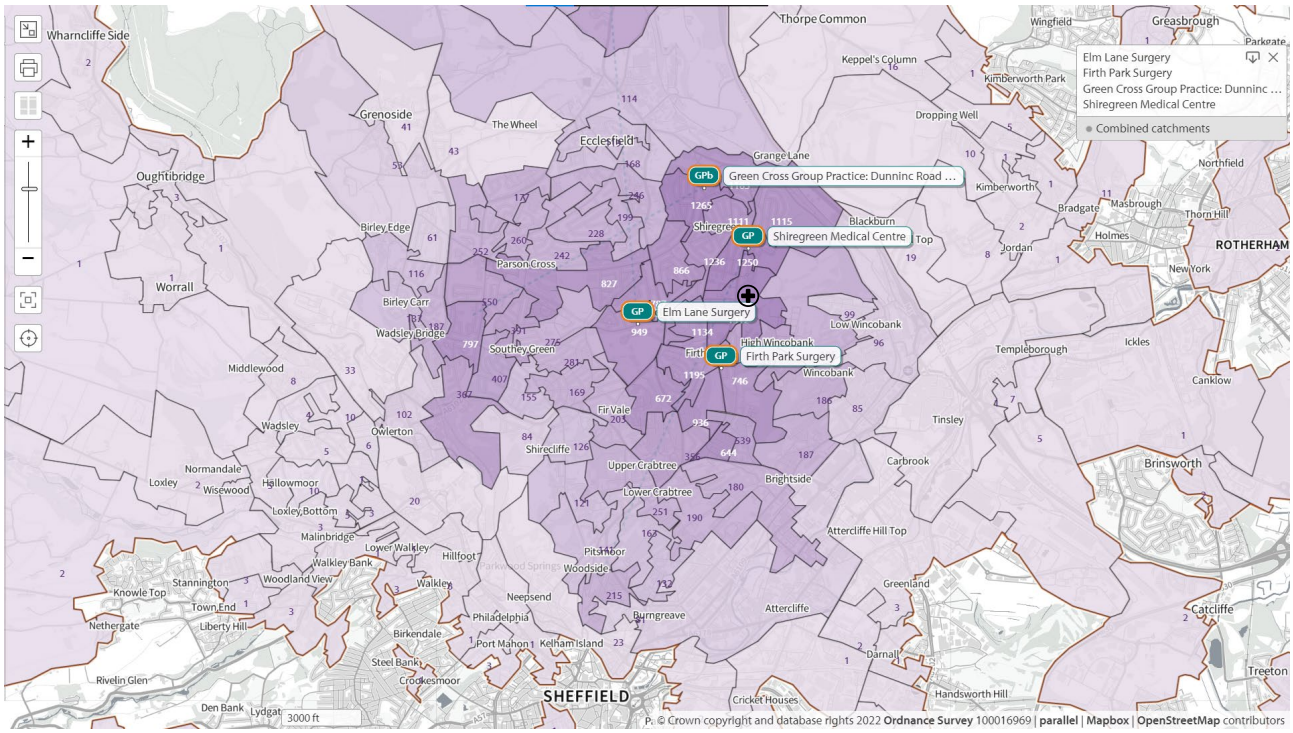
4.4. SAPA Hub 1

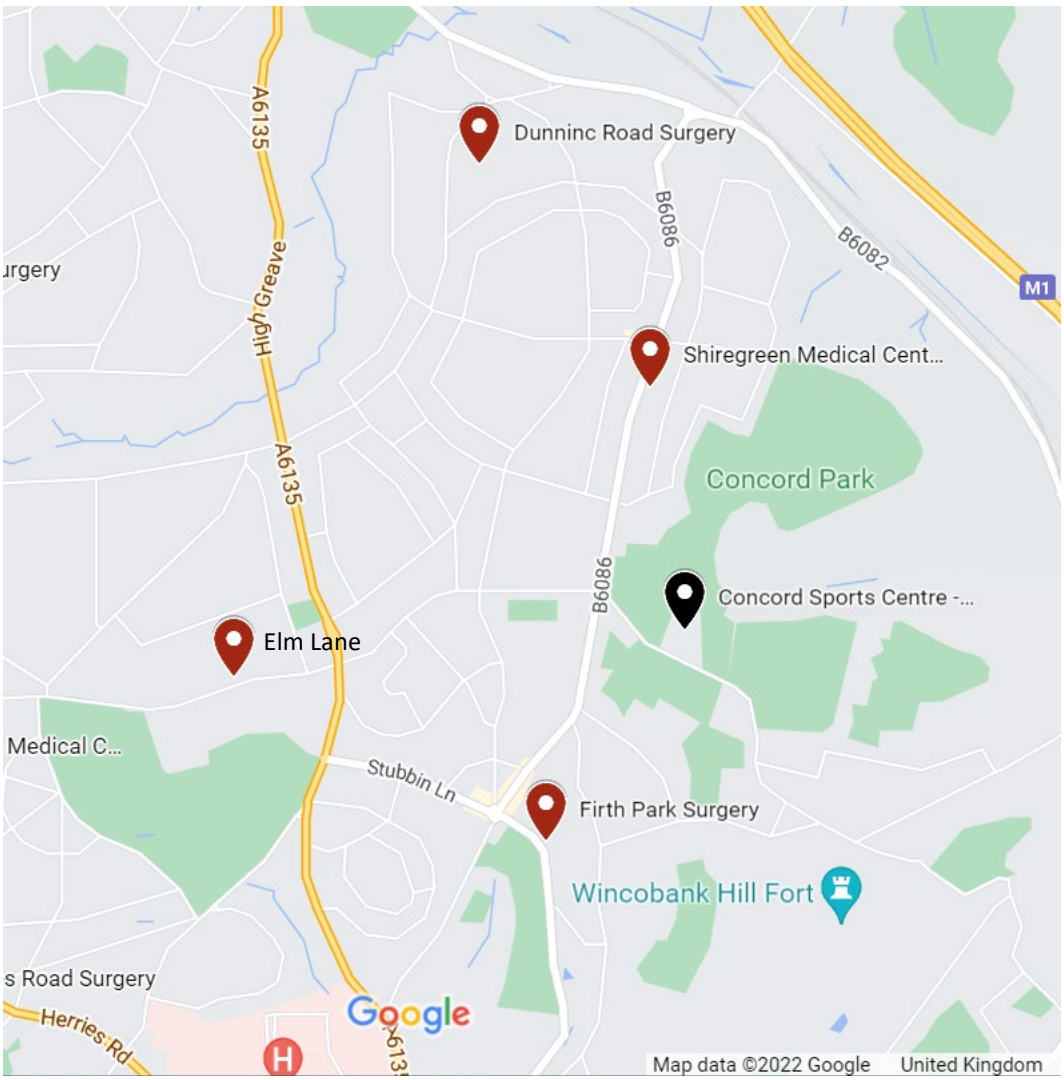
The following practices have shown an interest in pursuing these plans further with their patients and the CCG.

- Shiregreen Medical Centre
- Elm Lane Surgery
- Firth Park Surgery
- Dunninc Road Surgery

The following map shows the distribution of where registered patients of these practices live. The large area of patients in the Southey Green area of this map is most likely to be patients registered at The Health Care Centre, the main site of Dunninc Road Surgery. Unfortunately, it is not possible to differentiate patients at branch sites.

The location of the site being considered for a new GP Health Centre in this area is at Concord Sports Centre. This has been marked on the maps below.





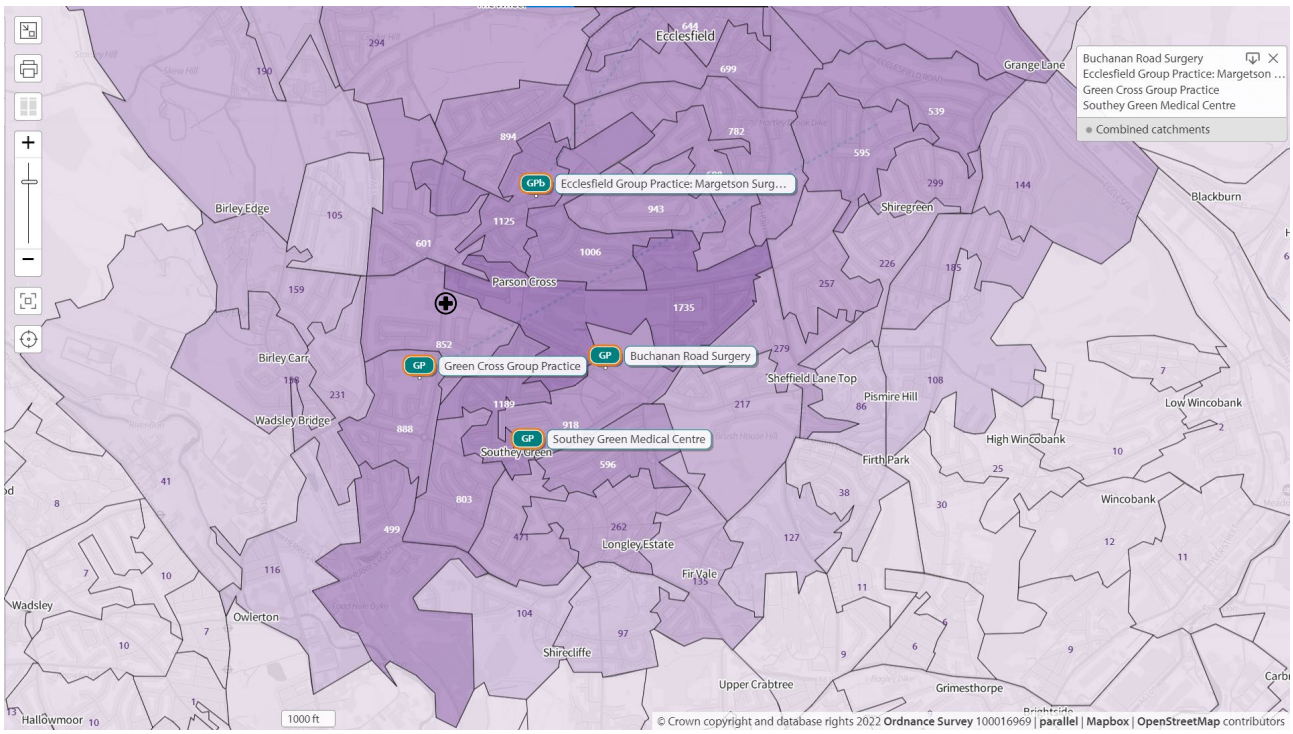
4.5. SAPA Hub 2

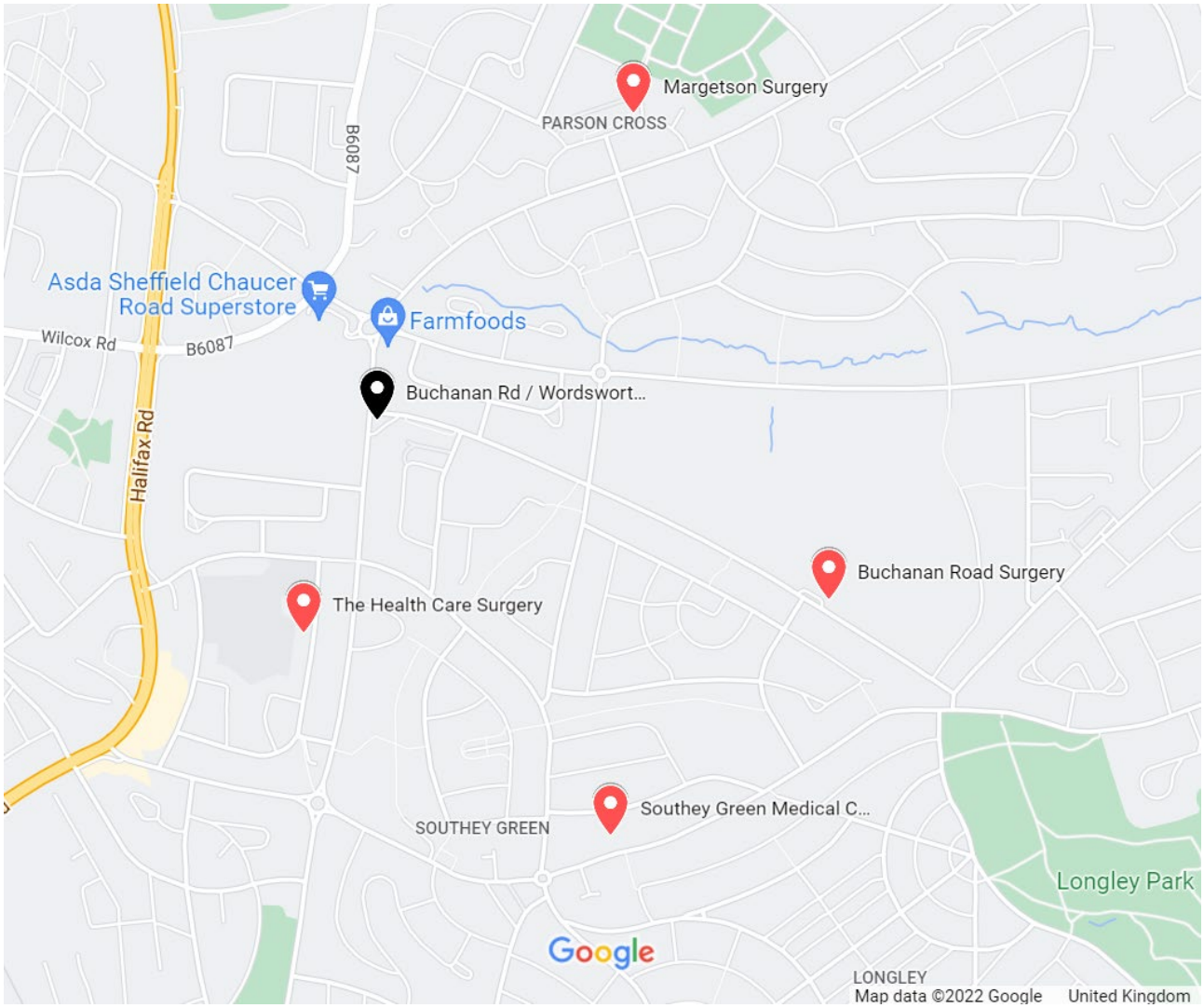
The following practices have shown an interest in pursuing these plans further with their patients and the CCG.

- The Health Care Surgery
- Buchanan Road Surgery
- Southey Green Medical Centre
- Melrose Surgery (branch site of Shiregreen Medical Centre)
- Margetson Surgery (branch site of Ecclesfield Group Practice)

The following map shows the distribution of where registered patients of these practices live. The large area of patients around and above Ecclesfield on this map are most likely to be patients registered at Ecclesfield Group Practice, the main site of Margertson Surgery. Unfortunately, it is not possible to differentiate patients at branch sites.

The location of the site being considered for a new GP Health Centre in this area is at Buchanan Road / Wordsworth Avenue. This has been marked on the maps below.


Buchanan Road Surgery
Ecclesfield Group Practice: Margetson ...
Green Cross Group Practice
Southey Green Medical Centre
Combined catchments
GPb Ecclesfield Group Practice: Margetson Surg...
GP Green Cross Group Practice
GP Buchanan Road Surgery
GP Southey Green Medical Centre
Ecclesfield
Grange Lane
Blackburn
Shiregreen
Birley Edge
Parson Cross
Birley Carr
Wadsley Bridge
Sheffield Lane Top
Pismire Hill
Low Wincobank
High Wincobank
Firth Park
Wincobank
Southey Green
Longley Estate
Fir Vale
Wadsley
Owlerton
Shirecliffe
Upper Crabtree
Grimesthorpe
Hallowmoor
1000 ft
© Crown copyright and database rights 2022 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors


Margetson Surgery
PARSON CROSS
B6087
Asda Sheffield Chaucer Road Superstore
Farmfoods
Wilcox Rd
B6087
Buchanan Rd / Wordswort...
Halifax Rd
Buchanan Road Surgery
The Health Care Surgery
Southey Green Medical C...
SOUTHEY GREEN
Longley Park
Google
LONGLEY
Map data ©2022 Google
United Kingdom

5. Aims and objectives

The consultation aims to ensure the public voice is heard, shapes the final plans, and provides sufficient insight into the impact the plans may have on local people and patients. This will be achieved through the following:

- Building trust with clear, regular, and accessible communications with the public.
- Being open and clear about the reasons, scope, and limitations of the involvement activity from the start.
- Overcoming barriers to engagement
- Maintaining governance arrangements through the CCG's Strategic Patient Involvement, Experience, and Equality Committee to ensure all involvement activity is appropriate, proportionate, and meets statutory duties. This is a sub-committee of our governing body.
- Working with primary care networks and local area committees to reach communities, avoiding duplication and overloading the public.
- Supporting local VCSE organisations by identifying funding and having early conversations with them to allow them to plan their workload effectively.
- Putting resources into involving people with the greatest health needs and those in the poorest health.
- Recognising and utilising the unique skills and experience of the public within the project e.g. involving the public in accessibility and transport audits of premises or designs.
- Using accessible formats, translations and a range of activities to ensure equality of opportunity.
- Building long term, sustainable links with communities to maintain a dialogue beyond the project.
- Raising awareness of investment in Sheffield
- Raising awareness of why current services need to transform
- Ensuring balanced media coverage and reducing the likelihood of adverse publicity
- Ensuring that practices, VCS, and key stakeholders are briefed before any media
- Encouraging key stakeholders and practices to publicly support the programme
- Produce versions of the main involvement document into a minimum of six main community languages.
- Meeting legal duties on involvement and equality for CCG and practices
- Deliver activity within the agreed budget.

6. Background on hub areas

The 3 PCNs identified for the new hubs include:

- City - Broomhall / Hanover / City centre areas
- SAPA - Shiregreen / Firth Park / Parson Cross areas
- Foundry - Fir Vale / Burngreave / Wincobank / Pitsmoor areas

Using numerous sources of insight and information, the following overviews of the affected areas have been produced.

Sources of information used include:

- Insight from the Primary Care Capital Estates Communications and Engagement workstream
- Sheffield City Council Community Knowledge Profiles - https://www.sheffield.gov.uk/home/your-city-council/community-knowledge-profiles
- Sheffield City Council Ward Profiles - https://www.sheffield.gov.uk/home/your-city-council/ward-profiles
- NHS Sheffield CCG Equality Profiles - https://www.sheffieldccg.nhs.uk/equality-profiles.htm
- Acorn profiles

- NHS Digital GP Practice Data Hub - https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub
- Shape Atlas - https://shapeatlas.net/

A summary of each of these areas can be seen below.

6.1. City
Communities: White English, Indian, Bengali, Pakistani, Chinese, Roma, carers, new arrivals (asylum seekers, refugees), students, young people, homeless, isolated people living on own

Languages: English, Punjabi, Urdu, Hindi, Arabic, Romanian, Slovak, Chinese

The top 5 Acorn type descriptions for this PCN are:

Acorn type description	%
Educated young people in flats and tenements	24.3
Student flats and halls of residence	17.9
Deprived areas and high-rise flats	10.8
Term-time terraces	6.5
First time buyers in small, modern homes	5.5

Issues raised for area:
- Consider how to reach those with no GP practice – students/asylum seekers/refugees
- Consider how to reach seldom heard groups such as the homeless community
- Mulberry Practice specialises in new arrivals to the city and treats people in a personalised and holistic way. Integrating new arrivals and mainstream patients within the same building should be considered to prevent conflict.

6.2. Foundry
Communities: White English, Pakistani, Roma, Slovak, Somali, Yemeni, new arrivals (asylum seekers, refugees).

Languages: English, Arabic, Roma Slovak, Urdu

The top 5 Acorn type descriptions for this PCN are:

Acorn type description	%
Poorer families, many children, terraced housing	10.2
Deprived areas and high-rise flats	10.1
High occupancy terraces, culturally diverse family areas	9.2
Young people in small, low cost terraces	8.8
Suburban semis, conventional attitudes	8.6

Issues raised for area/important to note:
- PCN with the highest percentage of patients from an ethnic minority background.
- GPs embedded in communities/neighbourhoods and practices all within walking distance.
- Majority of people don't leave their areas and don't use public transport – practices are on the doorstep/convenient.
- Deprived areas with teen pregnancies/young families/ people don't navigate the system well.
- Need comms on the bigger picture although often these communities don't like change.
- Roma Slovak community are not as familiar with the use of relative time formats such as quarter past, half past. These should be avoided in favour of a digital clock format.
- Some communities don't read in their spoken language.
  Issue of digital exclusion – social media/web/digital can't be accessed.

6.3. SAPA

Communities: White English, small dispersed BAME communities

Languages: English

The top 5 Acorn type descriptions for this PCN are:

Acorn type description	%
Singles and young families, some receiving benefits	25.7
Poorer families, many children, terraced housing	17.3
Low income large families in social rented semis	11.2
Post-war estates, limited means	9.8
Low income older people in smaller semis	9.4

Issues raised for area:

- High working age population.
- Less densely populated area.
- Residents often shop out of area, so going beyond boundaries of PCN is advised.
- Large Methodist Church following

7. Overall potential issues

As well as the potential issues by each hub area, we believe the following could also be potential issues overall:

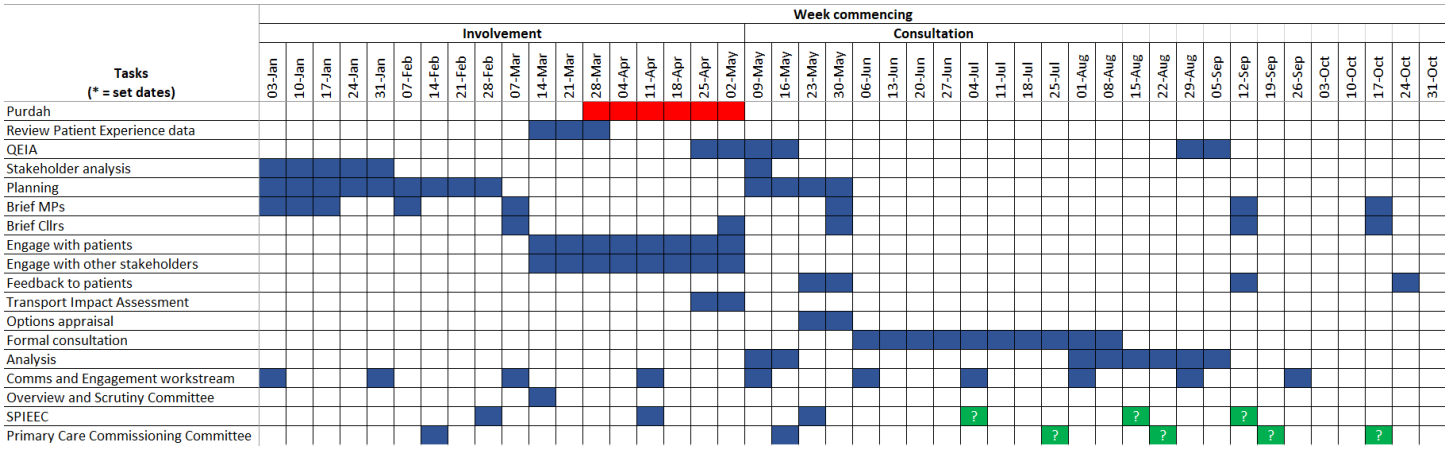
- Language barriers
- Cultural differences
- To avoid conflicts of interest and to retain trust within communities, community organisations will be asked to act as a critical friend and a conduit to reaching communities, not as agents for the proposals
- Communities would prefer to hear from their practice directly, rather than through the media or CCG
- GP practices are already under considerable resource strain. Every effort should be made to ensure that this activity does not impact on the resource to deliver patient care
- The announcement of these plans could result in patients choosing to move practices
- We need to be consistent – communities talk so they all should all be informed at the same time

8. Timeframe

The engagement of this Programme will be split into 3 phases.

- Pre-consultation engagement – 14 March 2022 to 5 June 2022
- Consultation – 6 June 2022 to 17 October 2022
- Post-consultation – 18 October 2022 and continues until after health centres have been built and practices relocate

The timeline below shows the planend engagement and consultation activity for the Programme. The green blocks are dates that have not yet been confirmed due to changing structures, but follow the frequencies of current meetings.



The milestones from the timeline above are shown in the table below.

Milestone	Date
Consultation start	6 June 2022
Consultation end	14 August 2022
Consultation report considered	19 September 2022
Consultation report shared with Overview and Scrutiny	19 September 2022
Final decision	17 October 2022
Contracts signed	November 2022
Development starts	November 2022
Completion of sites	December 2023

9. Phase 1 – Pre-consultation engagement

9.1. Communications and engagement workstream

A workstream of the programme was set up in January 2022 to oversee stakeholder communications, public involvement and consultation plans, and to raise awareness of the programme ensuring the public voice is heard in the planning and development of business cases and plans.

It brings together people from the CCG, primary care networks , practices, voluntary and community sector, and Healthwatch Sheffield with the purpose to oversee the communications and engagement of this programme.

The workstream has been instrumental in helping to design engagement and consultation activity, including this consultation plan. It will continue to support the programme until the completion of the consultation analysis.

9.2. Engagement activity

Pre-consultation engagement activity commenced on 14 March 2022 running through to 8 May 2022. This has involved starting the conversation with the public and stakeholders, gathering insights on identified viable locations, and finding out what the most important factors are about primary care provision in each area. There is also an opportunity for people to share their contact details so they can be directly informed about future ways of being involved in the programme.

A pre-election period between 28 March and 6 May 2022 will be observed before local elections. This will restrict how NHS Sheffield CCG can communicate with the public during these times, but feedback will continue to be received during this time.

Activity includes:

- Text message or letter to all patients dependent on communication preference
- Online and paper survey
- Dedicated webpage to the programme including FAQs to respond to common enquiries and concerns
- Existing community group activities
- Community organisations' staff and volunteers are asking for feedback
- Posters for GP practices, pharmacies, community venues
- Videos created by community organisations and key community influencers (Imams, GPs, other community leaders)
- WhatsApp groups - Using community groups existing groups to share messages / survey link / videos
- Community radio stations – e.g. Link FM
- Social media – CCG, council, practices and community groups

The engagement survey can be found in the appendices of this plan.

The findings from this activity will be analysed and will help inform the pre-consultation business case. There will be opportunities in May for members of the public to be directly involved in the options appraisal. People who have shared their details, along with practice patient group (known as PPGs) members and individuals identified by community organisations will be invited to be a part of this work.

9.3. Strategic Patient Involvement, Experience and Equality Committee
NHS Sheffield CCG's Strategic Patient Involvement, Experience and Equality Committee (known as SPIEEC) has delegated responsibility from governing body for approval of the arrangements for discharging the CCG's statutory duties relating to public involvement and consultation and equality, specifically to:

- Gain assurance that public involvement, patient experience and equality, diversity and inclusion activity is being carried out in line with statutory requirements and to a high standard by the CCG
- Gain assurance that information from this activity is used appropriately to influence commissioning
- Oversee equalities, involvement and experience, not covered by QAC assure work in these areas is effectively joined up with partners

On 1 March 2022, SPIEEC assured a communications and engagement plan for the programme. SPIEEC will continue to receive updates and provide assurance throughout the programme.

10. Phase 2 - Consultation

A consultation will be carried out with affected patients and communities into the impact that any proposals would have, including the impact of retaining the status quo. Due to time restrictions with the pre-election period and the time required to build the sites, the consultation period will be 10 weeks. The impacts of this reduced period have been negated by the inclusion of a robust pre-consultation engagement period and targeted community approach.

Appropriate timescales for consideration and approval have been built into the timeline to ensure that CCG's primary care commissioning committee or successor ICB committee have sufficient time to scrutinise the feedback received from the consultation before a decision being made.

The findings of the consultation will be shared with the successor committee of Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee so they can make a formal response knowing the views of the public and patients.

10.1. Communications channels

To ensure a robust consultation, we want it to be far reaching, so have a comprehensive communications plan to ensure those potentially affected and those interested know about the plans and have an opportunity to be heard.

The methods we will use will differ for audiences. We will use a blanket approach for everyone and a targeted approach for key stakeholders and seldom heard communities.

Channels include:

- Through community organisations – trained volunteers asking for feedback
- Face to face drop-ins in community venues and groups (e.g. Local community orgs/venues)
- Text messages from GP practices to all patients who have a telephone number registered
- Letters from GP Practices for those without mobiles
- Posters in GP practices, pharmacies, community venues
- Videos created by community organisations and key community influencers (Imams, GPs, other community leaders)
- WhatsApp groups - Using community groups existing groups to share messages / survey link / videos
- Community radio stations – e.g. Link FM
- Community newsletters
- Dedicated webpage to the programme including all documents and FAQs to respond to common enquiries and concerns
- Social media – CCG, council, practices and community groups
- Broadcast and print media
- Local area committees
- Advertisements in local areas

10.2. Documents and materials

To ensure that people can make a considered response to the consultation, they must have access to all the relevant information. NHS Sheffield CCG is committed to being transparent throughout the process and will publish the following documents on the CCG website.

The business case will include information on the case for change, options appraisal, financial information, how the public have been involved have been involved and shaped the options, and details of equality impact assessments.

- Pre-consultation business case
- Quality and equality impact assessments for each site

The CCG will produce a summary of the business case which clearly and simply tells the story of why the plans are being proposed, the advantages and disadvantages, and how we arrived at the final options for consultation. This document will also explain how people can have their say and how and when a decision will be made by the ICB.

This will be translated into key community languages, including BSL, and also Easy Read.

10.3. Methods for feedback

10.3.1. Survey

An online survey will be the key method for collating responses. The survey will be translated into the main community languages as well as Easy Read.

A weblink for the survey will be sent via a text message from GP practices to their patients. This has proven to be an effective method of reaching a wide range of patients and achieving a high return of responses.

Paper copies will also be made available within GP practices and for community organisations. These will be entered into the same dataset as the online survey to ensure all information is recorded.

All surveys will include equality monitoring questions so responses can be monitored by protected characteristics. This will ensure that:

- We monitor which groups are responding and be responsive with our activity to ensure we gain insight from all groups. If we aren't hearing from certain communities, we will review what we have done and put resources into reaching them
- We understand the differences in views from different groups

A copy of the consultation survey will be shared with MPs and councillors prior to the commencement of the consultation for information once signed off.

10.3.2. Community conversations

Community organisations are being funded to support the distribution of messages and gain feedback from communities to ensure people with the greatest health needs and underrepresented voices are heard.

Three main community organisations have been funded for the duration of the programme. They are SOAR (SAPA), Firvale Community Hub (Foundry) and Shipshape (City).

Further community organisations will be funded as part of the consultation to ensure a wider reach. These are likely to include.

City hub	Foundry hubs	SAPA hubs	City wide
Shipshape	Fir Vale Community Hub	SOAR	Disability Sheffield
Refugee Council	ACT	Flower Estate Family Action	ISRAAC
Unity Gym	Reach Up Youth	Binstead TARA	SADACCA
Cathedral Archer Project	Brushes TARA		Mencap
Ben's Centre	Burngreave TARA		
Lansdowne TARA	Lower Wincobank TARA		

The methods used by the community organisations will be tailored to the needs of the communities, they will use their knowledge and expertise of working in these organisations to create culturally appropriate tools to reach as many people as possible.

10.3.3. Independent telephone and face to face survey

During the consultation phase, an independent social research company will be commissioned to gain a representative sample of 1,000 people per hub via a telephone and face to face survey.

This will provide a 95% confidence level with approximately a 3% margin error. This is a robust sample size and means if 70% of respondents said they agreed with a statement, we could be confident in 95% of cases that if we asked everyone in the population, as opposed to a sample, that between 68% and 73% of them would agree.

10.3.4. Public meetings

The importance of a two way dialogue between the public and representatives of the programme is recognised. There will be a minimum of two public meetings per hub, held in a community venue, and publicised at least 3 weeks in advance. Representatives from GP practices and CCG will attend to give an overview of the plan and answer questions.

Interpreters will be available at the meetings.

There will also be Programme representation at relevant Local Area Committees to give briefings, invite questions and comments, and signpost people to the survey. This will give another opportunity for a two way dialogue.

10.3.5. Other methods of feedback

The survey will be encouraged as the main route for feedback due to the ability to equality monitor and gain comparable data, however, it is recognised that some individuals may not be able to feedback in this way, therefore other methods will be available and promoted including:

- Freepost postal address
- Email address
- Conversation with community organisations

Any petitions will be received and reflected on, but these have limited value in understanding impact on communities, so other methods will be encouraged to the originators of these petitions.

10.3.6. MPs and Councillors

The support of MPs and councillors of affected areas within the consultation process is essential to ensuring that there is a strong public voice within the decision making of this Programme. Full briefings will be made to them throughout the consultation process, and their individual responses will be welcomed and included as part of the overall analysis.

The voice of the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee and its successor committee will be considered as a separate body, distinct from its individual councillor membership, as part of the consultation.

11. Analysis

An independent analysis will be commissioned by NHS Sheffield CCG to ensure an unbiased interpretation of the responses. The analysis will be based on responses gathered across all methods and will include an equality analysis by protected characteristic. An individual report will be produced for each health centre to ensure that they can be considered in their own right and influence each project seperately.

12. Governance

Following the completion of the consultation, a report will be provided to the committee with responsibility for approval of the arrangements for discharging statutory duties relating to public involvement, consultation and equality. This will detail the activity undertaken alongside the independent analysis.

If assurance is given, the consultation report including the independent analysis will then be provided to the primary care commissioning committee of South Yorkshire Integrated Care Board for their consideration on week commencing 19 September 2022. All responses will also be available to the committee to read and review before they make their decision. A period of one month will then be given to members of the committee to carefully consider the insight from these documents prior to a final decision being made.

A final business case will be presented to the primary care commissioning committee of South Yorkshire Integrated Care Board for their decision on week commencing 17 October 2022. This meeting will be held in public.

13. Phase 3 – Post-consultation

If proposals are approved, arrangements will be made to continue informing and involving patients and communities about the development. The purpose of this continued involvement is to help connect communities with the new buildings. Efforts should be made to build upon these relationships to develop an ongoing relationship between practices and communities.
There are expected to be opportunities to be involved in the following areas:

- Design and accessibility of the building
- Community project to name buildings
- Community project through schools and community groups for artwork for buildings

14. Audiences

A list of all stakeholders can be seen below.

Some of the stakeholders by nature of their levels of interest and potential influence will be communicated and/or involved more than others. Below lists all the stakeholders we will communicate with and involve.

(*key stakeholders)

14.1. External

14.1.1. Citywide

- Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee*
- Healthwatch chair and CEO*
- Public
- South Yorkshire ICB CEO and Chair
- ICS programme board
- Trusts
- LMC chair
- VAS
- Cabinet member for health*
- Citywide community groups
- Health and wellbeing board
- All MPs*
- All councillors and parties*
- Media – Star, Radio Sheff, Calendar, Look North, Hallam, Tribune*
- South Yorkshire Mayor and prospective candidates
- David Blunkett
- PCS
- SADACCA
- Disability Sheffield
- Faithstar
- Citizens Advice Bureau Sheffield
- Sheffield Save our NHS
- Carers Centre
- Young Carers
- Age UK
- Alzheimer's Society
- Mencap
- Community Pharmacy Sheffield

- SYPTE

14.1.2. Foundry PCN
- PCN staff*
- Gill Furniss MP*
- Firvale Community Hub*
- Local Area Committee (LAC) chair*
- Reach Up
- The Furnival
- Patients*
- Practice Patient Groups (PPGs)
- ACT*
- ISRAAC*
- Ward councillors*
- Faith centres
- Schools
- Supported living/temporary accommodation/care homes
- TARAs

14.1.3. SAPA PCN
- PCN staff*
- Gill Furniss MP*
- LAC chairs*
- Ward councillors*
- Faith centres
- Foxhill Forum
- Schools
- SOAR*
- Flower Estate Family Action
- Patients*
- PPGs
- Sheffield Wednesday Football Club
- TARAs

14.1.4. City centre PCN
- Paul Blomfield MP*
- Shipshape*
- City of Sanctuary
- Refugee Council
- Archer Project
- Ben's Centre
- Chinese Community Centre
- Unity Gym
- Salvation Army
- St Wilfrid's Centre (out of area, but clients include homeless population)
- LAC chair*
- Patients*
- PPGs
- Student unions
- Walk in centre
- Sheffield Futures (will be moved)
- Supported housing in centre
- Hostels in city
- Sheffield United Football Club

- TARAs
- Ward councillors*
- Faith centres
- Schools

14.1.5. Internal

- CCG Governing body*
- SMT
- PCCC*
- All staff
- Practices – GPs*/Practice managers*/Reception staff*
- SPIEEC*
- CCG Clinical directors
- Zak McMurray, Medical Director*
- Terry Hudsen, Chair
- Brian Hughes, Deputy Accountable Officer
- Jackie Mills, SRO
- Locality managers*
- Sheffield City Council Comms, Engagement and Equality teams
- Sheffield City Council executives
- Other SCC staff to be identified

15. Communications targeted to stakeholders

MPs, councillors, community and voluntary sector

- Targeted briefings face to face and email
- Survey
- NHS Sheffield CCG website and social media
- Online zoom briefings

Citywide key stakeholders

- Targeted briefings
- Emails
- Local and regional media
- Online zoom event

Internal

- Targeted written briefings
- Spoken briefings at meetings
- Emails
- Practice bulletin
- CCG intranet
- Internal comms

Patients and wider public

- Local and regional media – media releases / broadcast interviews
- NHS Sheffield CCG website and social media
- Copy for voluntary sector newsletters
- Texts from GP practice
- Posters in primary care premises
- LACs
- PPGs

15.1. Media

We will be open and transparent and work proactively with local and regional media, and as the programme progresses with the national trade press.

As well as giving the citywide view we will work with practices to offer case studies and insights into how the investment will transform services in local areas.

Appendix A – Engagement survey

Please note that this survey uses branching to direct people to the relevant questions based on which GP practice they are registered with.

Changing the way we deliver services in new health centres in Sheffield

* Required

Introduction

Sheffield has been awarded £37m to transform Sheffield GP practices across the city. This money could be used to build up to 5 new health centres bringing together GP services, other health services, and some voluntary and council services all under one roof.

The 3 areas of the city where these health centres could be built are.

- 1 in the City Centre
- 2 in the Shiregreeen, Firth Park, Southey Green and Parson Cross areas
- 2 in the Burngreave, Pitsmoor, Page Hall and Firth Park areas

These areas have been chosen as they haven't benefited from previous funding for GP buildings, so many of the practice sites are in need of modernisation. Some GP practices in these areas have shown an interest in potentially moving into the new buildings.

If you live in one of the areas where a new health centre could be built, we would like to hear your views on your current practice site, the potential new health centre locations, accessibility, and new services that could be available. Your answers will help us to work out what to do next.

No decision has yet been made about whether these plans will go ahead. We will keep you informed, and there will be more opportunities for you to share your views.

1

How much do you agree with the following statements?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My GP practice site provides a good environment for healthcare	○	○	○	○	○
More investment is needed in GP services in my area	○	○	○	○	○
I am willing to travel further if it will mean I get better care	○	○	○	○	○
Building new GP health centres is a good idea	○	○	○	○	○
I would not be able to get to my GP Practice if it was further away	○	○	○	○	○

2

One of the benefits of these new health centres is the ability to have other services and facilities located together in the same place as your GP practice.

The following services may be available in the new health centres. Which of these services would you like to see in these new health centres?

- [ ] Community Mental Health
- [ ] Children's Health
- [ ] Interpreting services
- [ ] Changing places toilets
- [ ] Rapid testing and diagnostics
- [ ] Privacy rooms
- [ ] Talking therapy rooms
- [ ] Group session rooms
- [ ] Council services
- [ ] Spaces for community organisations

3

Which GP Practice site do you usually go to? *

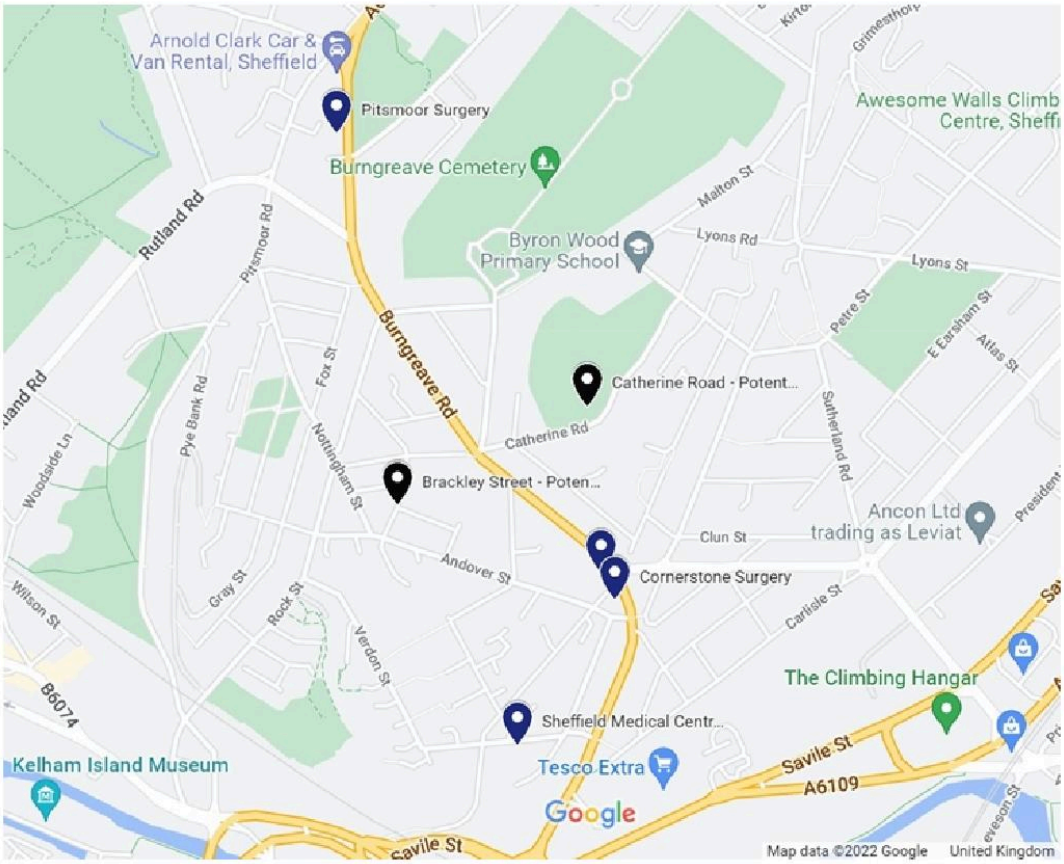
- ◯ Buchanan Road Surgery
- ◯ Burngreave Surgery
- ◯ Clover City Practice
- ◯ Cornerstone Surgery
- ◯ Devonshire Green Medical Centre
- ◯ Dunninc Road Surgery
- ◯ Elm Lane Surgery
- ◯ Firth Park Surgery
- ◯ Hanover Medical Centre
- ◯ Herries Road Surgery
- ◯ Margetson Surgery
- ◯ Melrose Surgery
- ◯ Mulberry Practice
- ◯ Page Hall Medical Centre
- ◯ Pitsmoor Surgery
- ◯ Sheffield Medical Centre
- ◯ Shiregreen Medical Centre
- ◯ Southey Green Medical Centre
- ◯ The Health Care Surgery
- ◯ Upwell Street Surgery
- ◯ None of these GP Practices

Foundry Hub 1

Many other sites have been considered, but through a rigorous process these potential sites have been narrowed down as the only viable options. There are currently two sites being considered for a new GP Health Centre in your area.

These are:

- Sheffield Medical Centre
- Catherine Road



4

How long would it take for you to travel from your home to...?

	Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
Your current GP Practice	○	○	○	○
Sheffield Medical Centre	○	○	○	○
Catherine Road	○	○	○	○

5

How would you travel to...?

	Car	Bus or Tram	Taxi	Walk	Other
Your current GP Practice	○	○	○	○	○
Catherine Road	○	○	○	○	○
Sheffield Medical Centre	○	○	○	○	○

6

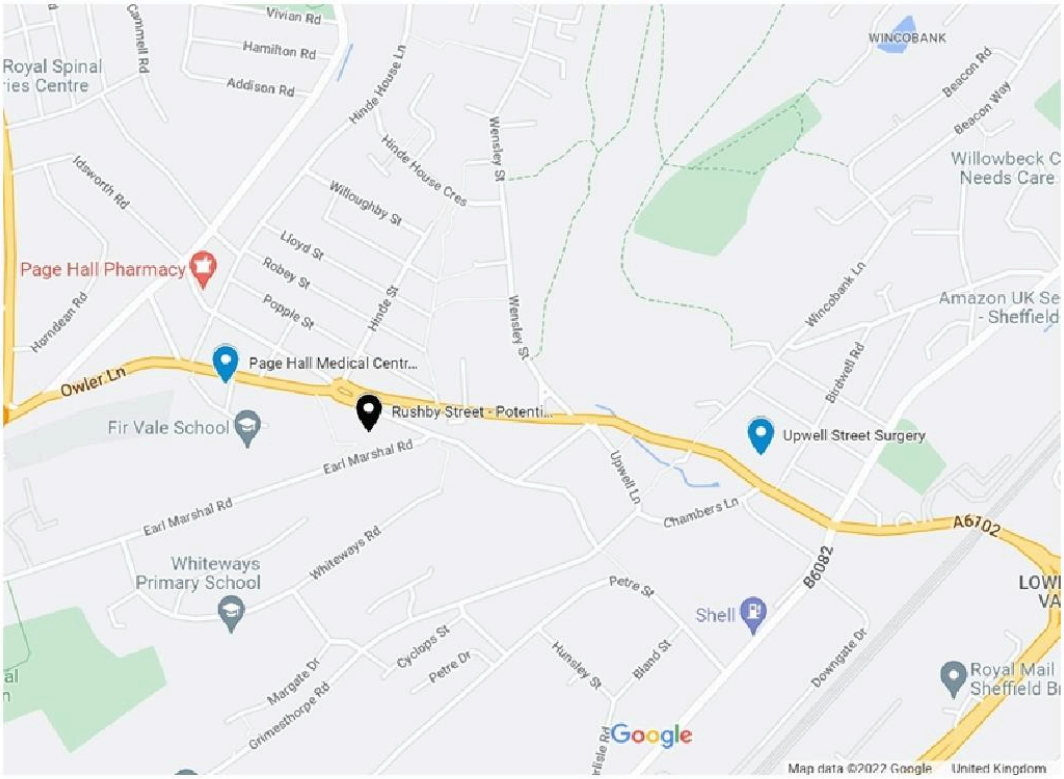
What are your thoughts about Sheffield Medical Centre location?

7

What are your thoughts about the Catherine Road location?

Foundry Hub 2

Many other sites have been considered, but through a rigorous process one potential site has been narrowed down as the only viable option. The site being considered for a new GP Health Centre in your area is at Rushby Street.



8

How long would it take for you to travel from your home to...?

	Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
Your current GP Practice	○	○	○	○
Rushby Street	○	○	○	○

9

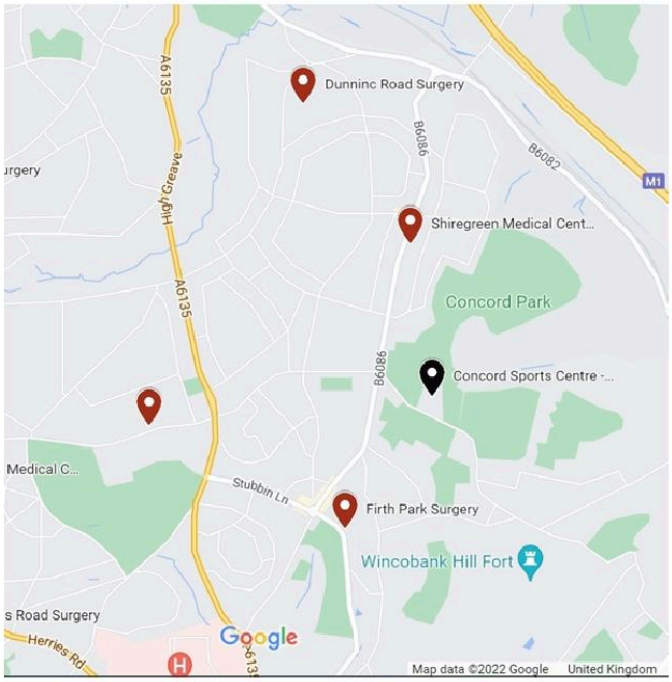
How would you travel to...?

	Car	Bus or Tram	Taxi	Walk	Other
Your current GP Practice	○	○	○	○	○
Rushby Street	○	○	○	○	○

10

What are your thoughts about the Rushby Street location?

SAPA Hub 1



Many other locations have been considered, but through a rigorous process one potential site has been narrowed down as the only viable option. The site being considered for a new GP Health Centre in your area is at Concord Sports Centre.

11

How long would it take for you to travel from your home to...?

	Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
Your current GP Practice	○	○	○	○
Concord Sports Centre	○	○	○	○

12

How would you travel to...?

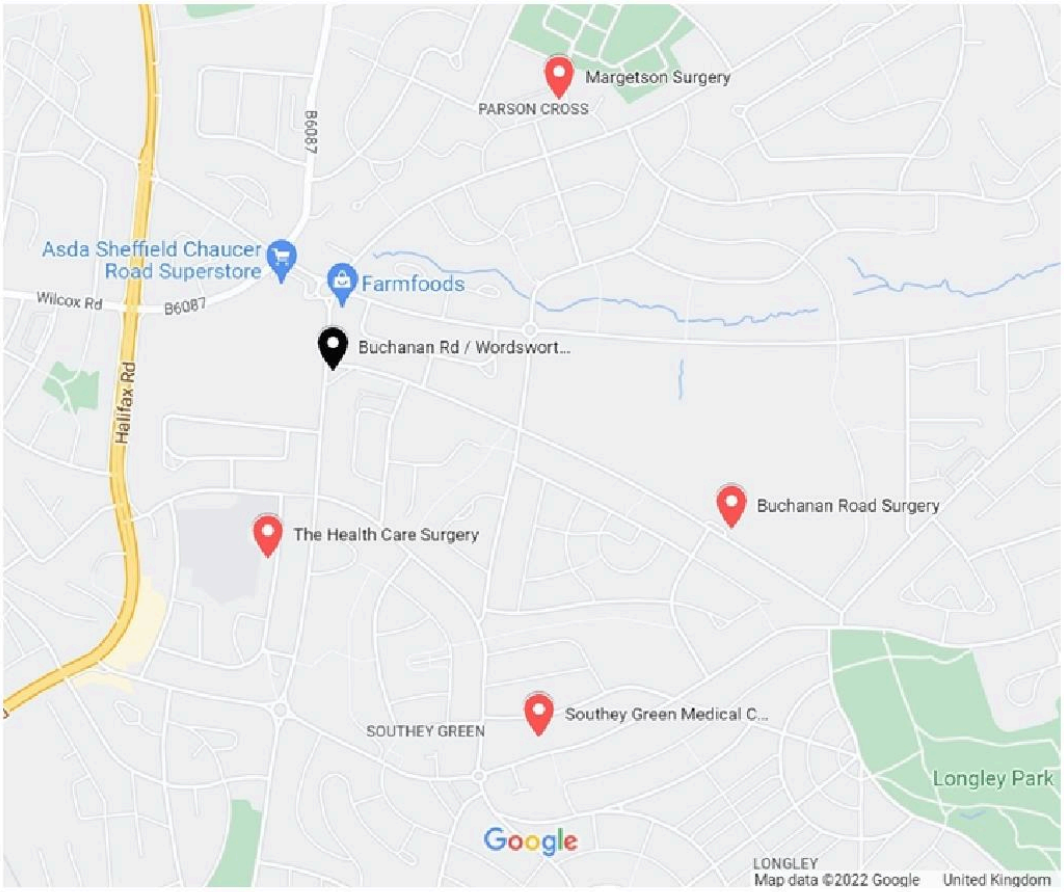
	Car	Bus or Tram	Taxi	Walk	Other
Your current GP Practice	○	○	○	○	○
Concord Sports Centre	○	○	○	○	○

13

What are your thoughts about the Concord Sports Centre location?

SAPA Hub 2

Many other locations have been considered, but through a rigorous process one potential site has been narrowed down as the only viable option. The site being considered for a new GP Health Centre in your area is at Buchanan Road / Wordsworth Avenue.



14

How long would it take for you to travel from your home to...?

	Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
Your current GP Practice	○	○	○	○
Buchanan Road / Wordsworth Avenue	○	○	○	○

3/10/2022

15

How would you travel to...?

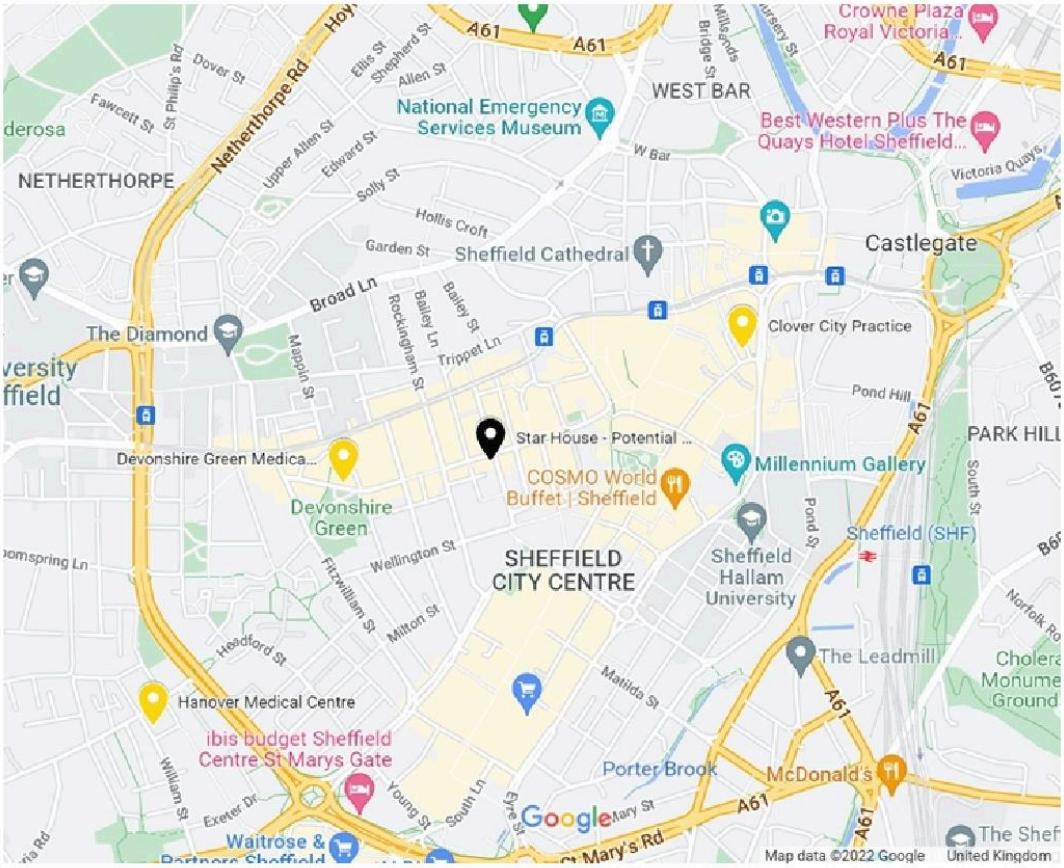
	Car	Bus or Tram	Taxi	Walk	Other
Your current GP Practice	○	○	○	○	○
Buchanan Road / Wordsworth Avenue	○	○	○	○	○

16

What are your thoughts about the Buchanan Road / Wordsworth Avenue location?

Sheffield City Hub

Many other locations have been considered, but through a rigorous process one potential site has been narrowed down as the only viable option. The site being considered for a new GP Health Centre in your area is at Star House, Carver Street.



17

How long would it take for you to travel from your home to...?

	Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
Your current GP Practice	○	○	○	○
Star House	○	○	○	○

18

How would you travel to...?

	Car	Bus or Tram	Taxi	Walk	Other
Your current GP Practice	○	○	○	○	○
Star House	○	○	○	○	○

19

What are your thoughts about Star House?

20

If your GP practice was to move to one of these new sites, how do you think the following things would be?

	Much better	Better	No difference	Worse	Much worse
Travel - getting there	○	○	○	○	○
Waiting areas	○	○	○	○	○
Access to additional services	○	○	○	○	○
Care provided by your practice	○	○	○	○	○
Accessibility of the building	○	○	○	○	○
Size of the building	○	○	○	○	○
Accessing care in a modern building	○	○	○	○	○

21

What are your thoughts about these plans to potentially build 5 new GP health centres across Sheffield?

Your current GP Practice

Thinking about the current location and building of your GP Practice...

22

What do you think about the following elements of your current GP practice?

	Very good	Good	OK	Poor	Very poor
Travel - getting there	○	○	○	○	○
Waiting areas	○	○	○	○	○
Accessibility of the building	○	○	○	○	○
Additional services available	○	○	○	○	○
Ability to offer modern healthcare	○	○	○	○	○

23

Please tell us anything else you would like to say about your current GP Practice site.

Continuing to be involved

If you would like to continue to be kept informed about these plans as they develop, please share your preferred contact details below.

24

Name

25

Email address

26

Postal address

27

Telephone number

28

Please tell us about any communication needs you have e.g. methods, formats, languages

Out of scope

Your GP Practice is not currently part of these plans to build 5 new GP hubs. However, some other GP practices are receiving extra money to refurbish or extend their current buildings, including:

- Park Health Centre
- Shoreham Street
- Heeley Green
- Porterbrook Medical Centre
- Ecclesall
- The Hollies Medical Centre
- Dovercourt Surgery
- Gleadless Medical Centre
- Upperthorpe Medical Centre

Equality monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

29

Please tell us the first part of your postcode (e.g. S9, S35)

30

What is your sex?

- ○ Female
- ○ Male
- ○ Prefer not to say
- ○ Other

31

Gender reassignment

Is your gender identity now different to the sex you were assumed to be at birth?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

32

What is your age?

The value must be a number

33

What is your sexual orientation?

- ◯ Bisexual
- ◯ Heterosexual
- ◯ Homosexual
- ◯ Prefer not to say
- ◯ Other

34

What is your ethnic background?

- ○ Arab
- ○ Asian or Asian British - Chinese
- ○ Asian or Asian British - Indian
- ○ Asian or Asian British - Pakistani
- ○ Asian or Asian British - Any other Asian background
- ○ Black or Black British - African
- ○ Black or Black British - Caribbean
- ○ Black or Black British - Any other Black background
- ○ Mixed - Asian and White
- ○ Mixed - Black African and White
- ○ Mixed - Black Caribbean and White
- ○ Mixed - Any other mixed background
- ○ Roma
- ○ White - British
- ○ White - Gypsy or Traveller
- ○ White - Any other White background
- ○ Prefer not to say
- ○ [ ] Other

35

Do you consider yourself to belong to any religion?

- ◯ Christianity
- ◯ Hinduism
- ◯ Islam
- ◯ Judaism
- ◯ Sikhism
- ◯ No religion
- ◯ Prefer not to say
- ◯ [ ] Other

36

Do you consider yourself to be disabled?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

37

If yes above, what type of disability, impairment, or condition do you have? (Tick all that apply)

- [ ] Autism
- [ ] Learning disability
- [ ] Mental Health condition
- [ ] Hearing
- [ ] Visual
- [ ] Long-standing health condition or illness
- [ ] Prefer not to say
- [ ] Other

38

Do you provide care for someone?

Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.

- ○ Yes
- ○ No
- ○ Prefer not to say

Healthier Communities and Adult Social Care Scrutiny Committee 16th March 2022

Report of: Alexis Chappell, Director of Adult Health and Social Care

Subject: New Care Quality Commission (CQC) Adult Social Care Assessment Framework - Inspection Readiness Update

Author of Report: John Higginbottom, Service Lead Business and Commercial Systems, AHSC Business Change Programme
Email: john.higginbottom@sheffield.gov.uk
Telephone: 0777 5520621

Summary:

The Government is introducing a new duty for the Care Quality Commission (CQC) to assess how local authorities are meeting their adult social care duties, and a new power for the Secretary of State to intervene where CQC considers a local authority to be failing to meet these duties.

Planning and preparation by the City Council for the first CQC Single Assessment Framework Inspection have been ongoing since August 2021 and a summary of these plans can be seen in the report.

The CQC are currently working closely with Local Government Associations to develop their Single Assessment Framework and periodic progress updates are being provided, although we do not yet have the full details.

From April 2022, the CQC will begin requesting local authority Adult Social Care performance data, although inspections will not start until the earliest April 2023.

The timings around the CQC Single Assessment Framework have enabled the Council to include the inspection readiness preparation within our Adult Health and Social Care (AHSC) Transformation Programme. Rather than preparing solely for a single assessment, we are working towards embedding continuous improvements in quality and performance across AHSC so that we are able to demonstrate at inspection not just that we have good plans in place but also that we are also improving standards and quality across all of Adult Social care.

There is a separate Scrutiny Report (March 2022) providing an update on the Adult Health and Social Care Transformation Programme.

The CQC Single Assessment Framework provides us with an additional opportunity to develop more rigour in our governance arrangements and our practice. It will help us to focus on quality throughout everything we do, embedding a continuous performance improvement culture, while making us more accountable to the people we support.

We must ensure that we are ready for our first inspection, as reputationally it will be damaging to the Council if we do not secure a positive outcome. This would undermine the confidence customers, partners, and providers have in our services.

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:

The Committee is being asked to consider the implications for Adult Health and Social Care, of the new Care Quality Commission (CQC) duty to assess how local authorities are meeting their adult social care duties, and to provide views, comments and recommendations on our preparation and planning.

Background Papers:

- Department of Health and Social Care White Paper 'Integration and innovation: working together to improve health and social care for all', 11th February 2021

- Department of Health and Social Care 'Statutory Guidance, Care and support statutory guidance', updated 27th January 2022

- Department of Health and Social Care (DHSC) White Paper 'Joining up care for people, places and populations', 9th February 2022

Category of Report: OPEN

Report of the Director of Adult Health and Social Care –
New Care Quality Commission (CQC) Adult Social Care Single Assessment Framework - Inspection Readiness Update

1. Introduction/Context

1.1 The report on Inspection Readiness outlines the changes being brought in by the Government and the plans in place to ensure Adult Health and Social Care are prepared for the first Quality Care Commission (CQC) Inspection.

On 11 February 2021, the Department of Health and Social Care (DHSC) published the White Paper Integration and innovation: working together to improve health and social care for all, which sets out legislative proposals for a health and care Bill. This is in recognition of the increasing numbers of people who need adult social care and the consequent need for greater oversight of the provision and commissioning of services.

The White Paper proposes introducing a new duty for the Care Quality Commission (CQC) to assess how local authorities are meeting their adult social care duties, and a new power for the Secretary of State to intervene where CQC considers a local authority to be failing to meet these duties.

2. Care Quality Commission Assessment Framework

2.1 The CQC are currently working closely with Local Government Associations to develop their Single Assessment Framework and periodic progress updates are being provided including:

- From April 2022 the CQC will likely begin requesting Adult Health and Social Care performance data, which is likely to inform a risk assessment as to which local authorities will be inspected first.

- The CQC's Single Assessment Framework which is the new framework that adult social care will be evaluated against will likely have 11 quality statements mapped to the Care Act 2014, against which they will assess providers, local authorities, and integrated care systems, with a consistent set of key themes, from registration through to ongoing assessment.

- The CQC will not begin inspecting local authorities until the earliest April 2023.

2.2 The CQC's Single Assessment Framework will:

- Be aligned to ''I'' statements, based on what people expect and need
- Be expressed as ''We'' statements; the standards against which the CQC will hold providers, local authorities, and integrated care systems to account
- Seek evidence from people's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes.
- Measure quality indicators based on data and information specific to the scope of assessment, delivery model, or population group.

There have also been recent Department of Health and Social Care White Papers published including the 'Joining up care for people, places and populations', 9th February 2022.

The White Paper, 'Joining up care for people, places and populations':

- Sets out the approach to designing shared outcomes between councils and local NHS organisations, putting person centred care back at the heart of DHSC plans for reform, while helping to tackle elective care backlogs.
- Introduces the expectation for a single person accountable for the delivery of shared outcomes and plans at local level across both health and social care services.
- Break down the barriers that separate our health and care workforces, with the sharing of digital tools and data and the extension of financial pooling to provide better care to more people than ever before.

Integration will form an integral part of the CQC Single Assessment Framework, and we will need to include the above in our shared 'Integrated Performance Improvement Plan', with Health and voluntary sector partners across the care system.

2.3 The CQC Single Assessment Framework provides us with an opportunity to ensure and evidence that we are:

- Delivering and commissioning high-quality services which enables individuals to achieve their outcomes and live a fulfilled life,
- Working effectively with our partners in an integrated way; and
- Making a positive impact on individuals and carers lives and are compliant with legislation.

3. Care Governance and Continuous Improvement

Performance Improvement and Quality assurance is more than just routinely counting numbers, meeting targets, and periodically carrying out audits.

Effective quality assurance is dynamic and evolving, where there is an embedded cycle of monitoring, continuous reflection, and learning, based on the principle that there is always room for improvement. Its about having individuals, their families, our workforce, and partners views central to developing quality across our services and ensuring positive experiences.

To that end, as part of the Transformation Programme, we are developing work around Improving Quality and Performance with 5 key elements:

- **Practice Quality Standards** – co-produced with individuals, partner organisations and AHSC practitioners, the new standards will be embedded across AHSC form April 2022 and measured through individuals' feedback and internally through Service Area Self-Assessment.

- **Care Quality Standards** – being developed collaboratively across the Yorkshire and Humberside Region with other local authorities. These new and improved care quality standards will embed across Sheffield City Council's external and in-house care providers from September 2022, and performance managed via the 'Provider Assessment and Market Management Solutions Tool'.

- **Performance Improvement Framework** – the Performance Information Framework will set out how we will measure performance. It will establish a flow of reporting so that the information we capture is used to identify better ways of working. Key indicators will provide the measures for how well we are doing and where we can improve. It is aimed to implement this approach fully from April 22.

- **Shared Health and Wellbeing Outcomes** – joint health and social care wellbeing outcomes and associated measures of success are being co-produced in Sheffield to provide a foundation for integrated working and approaches to quality across Sheffield. It is aimed to implement these from September 22.

- **Performance Clinics** – to support a dynamic approach to quality assurance, ongoing focus on quality, performance and monitoring and review of AHSC Performance Improvement Plans take place at a newly established Performance Clinic to help identify, track, evidence and drive continuous improvement.

The ‘AHSC Service Area Self-Assessment Tool’ was developed within AHSC, using the statutory requirements from the Care Act 2014 and the 5 CQC Domains i.e., are Services ‘Safe’, ‘Effective’, ‘Caring’, ‘Responsive’ and ‘Well-Led’.

The self-assessments have now been completed in every Service Area, with engagement levels being excellent across all Services, despite the pressures from the pandemic and the Omicron variant. This has begun to establish the culture of performance improvement.

The outputs from the self-assessments, including Service Area and Overarching Performance Improvement Plans, are being pulled together and will inform our initial inspection readiness ‘Position Statement’, for the end March 2022. This will highlight our priority areas for improvement and where we will need to focus our resources, in improving our quality and performance.

4. Inspection Readiness - Progress to Date

Significant progress has been made around our inspection readiness, since September 2021 including:

- Developed and approved Inspection Readiness Approach and Methodology.

- Comprehensive workforce communication and engagement, staff now talking about improving quality and performance, and the pending CQC Inspection.

- Desk Top Review undertaken from known performance data, including the CQC Local Service Area Review in 2018.

- Development of a ‘Case File Audit Approach and Methodology’, adopting shared learning from Sheffield City Council Children’s Services. This will be a key focus of the CQC Inspection.

- Development of an ‘AHSC Pre-Inspection Service Area Self-Assessment Tool’, with Self-Assessments completed across all Service Areas in January and February as highlighted above.

- Triangulation of the findings from the self-assessments currently being completed, together with the development of ‘Service Area and Overarching Performance Improvement Plans’, with feedback scheduled for the end March 2022.

- Development of New Practice Quality Standards – behavioural based practice standards, which represent a benchmark of good quality in practice for all AHSC staff carrying out needs-based assessments.

- System Wide Integrated Working – Agreement for Adult Social Care to lead a system wide review of how well we are working in an

integrated way in Sheffield to inform a system wide improvement plan.

5. Inspection Readiness - Next Steps

As can be seen in Appendix 1 (please see Pages 9 to 12), inspection readiness preparation has been broken down in to 4 phases:

- **Phase 1 (September 2021 to March 2022)** - initial workforce communication and engagement, shared learning and Service Area Self-Assessment, to help identify and prioritise ongoing performance improvements.

- **Phase 2 (April to August 2022)** - monitoring and review of ongoing performance improvements, including working more effectively in an integrated way with health partners across the care system.

- **Phase 3 (September to December 2022)** - monitoring and review of ongoing performance improvements, commissioning a Local Government Association representative to undertake an AHSC Service Area Assessment, using the new CQC Single Framework, and implementation of Care Quality Standards.

- **Phase 4 (January to March 2023)** - monitoring and review of ongoing performance improvements, further preparation of Service Areas and the workforce for the first inspection, and pre-inspection documentation preparation.

At the end of each phase, we will take stock and develop a 'Position Statement', identifying where we are on our journey of continuous improvement, and where our resources need to be focused, to ensure we are ready for our first inspection. This will form the basis of our updates to Senior Management and Executive Member.

6. There are currently no known financial or equality implications identified from the CQC Single Assessment Framework. However, as we analyse the outputs from the AHSC Service Area Self-Assessments over the next 4 weeks, and the improvement and coordination work required, it may become apparent that we need to review our resourcing.

There are significant risks associated with a poor Inspection including:

- Significant reputational damage to the Council
- A loss in confidence from the people we work with and their carers/representatives, our partner organisations and care providers.
- Recruitment and retention of staff
- Step in power for the Secretary of State to intervene if CQC considers that we are failing to meet our statutory duties.

However, the above risks are mitigated against by our focused planning and preparation, with the summary plans highlighted above.

7. What does this mean for the people of Sheffield?

The CQC Single Assessment Framework provides AHSC with a catalyst for change. It is an opportunity for us to focus on quality throughout everything we do, providing a benchmark of our performance/activity against other local authorities, embedding a continuous performance improvement culture, while making us more accountable to the people we support.

Focusing on working in a more integrated way with our Health Partner Organisations and Voluntary Sector Partners; working with care providers to further improve care quality; and ensuring ongoing improvements in our practice quality, will all lead to improved outcomes for the people we work with and a positive first inspection.

8. Recommendation

The Committee is being asked to provide views, comments and recommendations on our inspection preparation and planning.

Appendix 1 – Inspection Readiness Planned Activity:

Phase 1 - (September 2021 to March 2022):

Initial workforce communication and engagement, shared learning and Service Area Self-Assessment, to help identify and prioritise ongoing performance improvements – work in Phase 1 will include:

- **Workforce Communication and Engagement** – taking staff with us in improving quality and performance and embedding continuous improvement, leading to inspection readiness.
- **Horizon Scanning** – taking shared learning from SCC Children's Services and other local authorities.
- **Desk Top Review** – informing our Performance Improvement Planning from data we already have e.g., CQC Local System Review Assessment, 2018.
- **Undertaken AHSC Service Area Self-Assessments –** based on the Care Act 2014 requirements, using the 5 CQC Domains, providing us with a starting point/baseline on our journey of continuous improvement. This includes RAG ratings of current performance, while informing the development of Service Area Performance Improvement Plans. The Performance Improvement Plans will be reviewed and monitored monthly through our Performance Framework – see below.
- **Implementation of our Performance Framework** – to regularly monitor and review progress against our Performance Improvement Plans, at our monthly Performance Clinics, aligned to KPIs from our Service Dashboards.
- **Re-baselining of the AHSC Transformation Programme** – using the findings from the Service Area Self-Assessments to identify whether any additional business change is required, to support our continuous improvement.
- **Development of New Practice Quality Standards** – behavioural based practice standards, which represent a benchmark of good quality in practice for all staff carrying out needs based assessments.
- **Stock Take and Position Statement** – identifying where we are on our journey of continuous improvement and where our resources need to be focused on, to ensure we are ready for our first inspection.
- **Senior Management / Executive Member Updates –** keeping all appropriate groups updated on progress against our quality improvement and performance plans and our inspection readiness.

Phase 2 (April to August 2022):

Monitoring and review of ongoing performance improvements, including working more effectively in an integrated way with health partners across the care system - work in Phase 2 will include:

- **Analysis of the CQC's New Single Assessment Framework** - to inform and update our inspection readiness plans.
- **Ongoing Customer Feedback** – development of a new system to capture the experience of our customers at each stage of their journey, which will inform our continuous improvement plans.
- **System Wide Integration** – assessment, with our partners, of our integrated working and the development of an Integration Performance Improvement Plan, which will be reviewed and monitored regularly.
- **Performance Framework** – ongoing, to regularly monitor and review progress against our Performance Improvement Plans, at our monthly Performance Clinics, aligned to our KPIs from our Service Dashboards.
- **Development of Improved Care Quality Standards** – linked to ongoing regional work with other local authorities across Yorkshire and Humberside, defining improved care quality standards, for both our external and inhouse provision, with these being measured and reported on via our PAMS, performance management system.
- **Case Files Audits** – shared learning from SCC Children's Services, around their approach and methodology.
- **Staff Survey** – to be developed to help identify engagement levels, motivation and morale, feeding into our Performance Improvement Planning on a 'we asked you said we did' basis.
- **Implement and Embed New Practice Quality Standards -** aligned to the launch of the new AHSC Vision and Strategy.
- **Key Link with the AHSC Programme - Workforce Development Workstream –** contributing to the development of a long-term Workforce Development Strategy/Plan, cultural change and ongoing Learning and Development, including Induction Programmes, moving us towards becoming a 'Learning Organisation'.
- **Stock Take and Position Statement** – identifying where we are on our journey of continuous improvement and where our resources need to be focused on, to ensure we are ready for our first inspection.
- **Senior Management / Executive Member Updates** – keeping all appropriate groups updated on progress against our quality improvement and performance plans and our inspection readiness.

Phase 3 (September to December 2022):

Monitoring and review of ongoing performance improvements, commissioning a Local Government Association representative to undertake an AHSC Service Area Assessment, using the new CQC Single Framework, and implementation of new and further improved Care Quality Standards – work in Phase 3 will include:

- **AHSC Inspection Team Established** – with clear Terms of Reference, roles, and responsibilities.
- **Performance Framework** – ongoing, to regularly monitor and review progress against our Performance Improvement Plans, at our monthly Performance Clinics, aligned to our KPIs from our Service Dashboards.
- **Implement and embed the new Care Quality Standards** – working collaboratively with our providers, with performance management through the 'Provider Assessment and Market Management Solutions Tool'.
- **Staff Inspection Preparation** – preparing staff for the inspection and inspector interviews – shared learning from SCC Childrens Services.
- **Commission a Local Government Association Representative** – to undertake an independent review of our inspection readiness and complete an AHSC Service Areas Assessment, using the new CQC's Single Assessment Framework and prepare staff for inspection interviews. This will further update and inform our Performance Improvement Plans.
- **Stock Take and Position Statement** – identifying where we are on our journey of continuous improvement and where our resources need to be focused on, to ensure we are ready for our first inspection.
- **Senior Management / Executive Member Updates** – keeping all appropriate groups updated on progress against our quality improvement and performance plans and our inspection readiness.

Phase 4 (January to March 2023):

Monitoring and review of ongoing performance improvements, further preparation of Service Areas and the workforce for the first inspection, and pre-inspection documentation preparation – Phase 4 work will include:

- **Performance Framework** – ongoing, to regularly monitor and review progress against our Performance Improvement Plans, at our monthly Performance Clinics, aligned to our KPIs from our Service Dashboards.
- **Staff Inspection Preparation** – preparing staff for the inspection and inspector interviews – shared learning from SCC Childrens Services.
- **AHSC Inspection Team Briefing** – in readiness for the 1st CQC inspection.

- **Pre-Inspection Work** – ensuring all appropriate documentation and evidence is pulled together in advance of our 1st CQC Inspection.
- **Stock Take and Position Statement** – identifying where we are on our journey of continuous improvement and where our resources need to be focused on, to ensure we are ready for our first inspection.
- **Senior Management / Executive Member Updates** – keeping all appropriate groups updated on progress against our quality improvement and performance plans and our inspection readiness.

Report to Health & Adult Social Care Scrutiny & Policy Development Committee

Report of: Alexis Chappell, Director Adult Health & Social Care

Subject: Update from the Adult Health & Social Care Change Programme

Author of Report: Jon Brenner, Principal Programme Manager

Summary:
This report provides an update on the Adult Health & Social Care Change Programme, including progress made to date.

Type of item:

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	

The Scrutiny Committee is being asked to:

Note and comment on the Change Programme

Background Papers:

Presentation on Change Programme

Department of Health and Social Care White Paper 'Integration and innovation: working together to improve health and social care for all', 11th February 2021

Department of Health and Social Care 'Statutory Guidance, Care and support statutory guidance', updated 27th January 2022

Department of Health and Social Care (DHSC) White Paper 'Joining up care for people, places and populations', 9th February 2022

Category of Report: OPE

Report of the Director of Adult Health & Social Care
Adult Health & Social Care Change Programme Update

1. Introduction/Context

1.1 The purpose of this report is to provide an update about Adult Health and Social Care change programmes designed to improve lives and outcomes of people of Sheffield.

2. Background

2.1 Our ambition is that we deliver excellent quality, personalised services in communities across Sheffield, and work in partnership with colleagues and partners across the City to end inequalities and enable people to live independently, well and safely so that they can live the life they want to live in their local communities.

2.2 In delivering this ambition, Adult Social Care work to our main responsibilities set out in three main pieces of legislation: the Care Act 2014, the Mental Capacity Act 2005, Human Rights Act 1998, Domestic Violence, Crime and Victims Act and key policy drivers. Alongside this, several local and national developments have taken place which impact on the future delivery and focus of Adult Health and Social Care.

2.3 This includes the introduction of Local Area Committees, Committees, Department of Health and Social Care White Papers - 'Integration and innovation: working together to improve health and social care for all', 11th February 2021, 'Joining up care for people, places and populations' published on 9th February 2022, Health and Social Care Bill and Care Act 2014, Care and support statutory guidance', updated 27th January 2022.

2.4 To that end, these direct Adult Health and Social Care to:

- promote wellbeing and independence
- protect (safeguarding) adults at risk of abuse or neglect
- prevent the need for care and support
- promote integration of care and support and work within communities
- provide information and advice
- promote diversity and quality in providing services
- demonstrate impact of our activity on the people we support and their families.

2.5 Alongside these developments, a self-assessment was implemented in 2021 and identified several areas of priority and this was subsequently reported to Scrutiny Committee in November 2021, alongwith the introduction of a change programme to respond to the areas of priority identified.

2.2 The programme is the delivery mechanism for the Council's Adult Health & Social Care Strategy: *Living the Life you want to Live*. The Strategy has been submitted for ratification to Co-Executive dated 16th March 2022, after extensive co-production and consultation across the city. This sets a strategic vision for adult health and social care, which is:

Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, and when they need it, they receive care and support that prioritises independence, choice, and recovery

2.3 The change programme has four main objectives:

- to improve citizens of Sheffield experience of social care, personal outcomes and quality of life and reduce inequalities; and
- work effectively with our workforce, citizens of Sheffield and our partners in an integrated way to design and develop supports and approaches which enable delivery on our strategic vision and improved outcomes for people; and
- to implement robust governance across social care which enables us to focus on quality and continuous improvement, deliver upon our statutory duties and prepare for the introduction of new CQC assurance framework; and
- to create a financially sustainable adult social care system.

3. Progress To Date and Future Plans

Below is a summary of key elements of our progress in the programme over the last year and our next steps in each area, aligned to themes identified in the one year plan and our key priorities.

3.1 Strategic Direction and Our Operating Model

A key priority was to co-design and develop an Adult Health and Social Care Strategic Plan which agrees a 10-year vision and direction of travel and an associated operating model and design. The Plan has been completed and submitted for ratification to Co-Executive dated 16th March 2022.

The next step is to communicate the strategy and co-design a delivery plan and operating model with our workforce, partners, and the people we support and their carers to set out the future design and model of adult social care, practical delivery actions and key milestones.

It is aimed to bring the proposed delivery plan, operating model, and design to a future Committee.

3.2 Leadership and Culture

To deliver on our ambitions, change programme, and improve quality and performance, a priority was to strengthen our leadership arrangements and create the conditions and culture for change.

To that end, a new leadership focus and structure has been developed and implemented, which builds capacity to deliver on the change programme, strengthen our ability to develop integrated arrangements with partners, provides focus on individuals and brings together commissioning, provision, and assessment into an integrated and streamlined model.

As a key next step, and in partnership with key colleagues and our workforce, our focus will be on finalising our operating model so that our resources are used effectively to deliver improved outcomes for people of Sheffield and unpaid carers.

3.3 Co- Production and Co-Design

Core to our approach to change is embedding a culture of co-production and co-design with people who use our services, unpaid carers, our workforce, and partners. To that end key developments have taken place as follows:

- Working towards embedding Think Local Act Personal as a standard of working.
- Developing a Citizens Board as part of our new governance arrangements so that individual's, our workforce and partners views and voices are central to our developments
- Introducing a cohesive approach to engagement across the service.

3.4 Integrated Working with Partners – A New Model of Working

Core to the achievement of positive outcomes and experiences of individuals who access social care is meaningful collaboration and integrated approaches to the delivery of care. To that end, a number of key approaches have been taken forward which include:

- Formalising our relationship with NHS to prepare for advent of the Health and Social Care Bill. A report setting out proposals has been submitted for ratification at Co-Executive on 16th March 2022.
- Strengthening our partnerships and relationships with primary care, secondary care housing, communities, VCF and

independent Sector colleagues across the City through consideration of new ways of working and developing integrated design, pathways and model of service delivery.

- Developing shared health and wellbeing outcomes, joint commissioning plans and arrangements to focus on how we used our joint funding to improve lives and outcomes for people. A report is planned for a future Committee seeking endorsement of the shared outcomes and joint plans.
- Developing a new approach to transitions, which includes establishing a dedicated transitions team to support preparation for adulthood. A report is planned for a future Committee setting out progress and a delivery plan to focus on improvements for young people.
- Implementing a Sheffield system wide tactical and coordinated approach to responding to the pandemic. A report is planned for a future Committee setting out learning and proposed next steps.
- Engaging partners and having representation from key partners within our Adult Health and Social Care Strategic Board so that we are focused on delivering strategic, tactical and operational collaboration and system wide working.

3.5 Care Governance and Performance

To deliver on our ambitions, change programme, and improve quality and performance, a priority was to strengthen our governance arrangements and focus on delivery on our performance.

This has led to the introduction of an Adult Social Care Strategic Board, a Change Programme Delivery Board, Performance Improvement Framework, and a Quality Improvement Programme aligned to our preparations for the introduction of the CQC Assurance Framework and to support a collaboration, openness, and transparency in our approach to adult social care.

A separate report has been submitted to Scrutiny Committee today setting out how we are embedding continuous improvement and the preparations for the introduction of an enhanced CQC assurance framework.

A key next step is to embed this new governance arrangements and bring forward regular performance reporting so that we continue to evidence a focus on delivering improved outcomes for people, carers, and our workforces.

4. What Are The Risks?

There are currently no known significant equality implications identified from the Change Programme. The financial implications of the change programme are reflected within the Council's budget, which was considered by Full Council earlier this month.

There are significant risks associated with not delivering on the change programme, including:

- Significant reputational damage to the Council
- A loss in confidence from the people we work with and their carers/representatives, our partner organisations and care providers
- Recruitment and retention of staff
- Step in power for the Secretary of State to intervene if CQC considers that we are failing to meet our statutory duties
- Reduced ability to have a financially sustainable social care system.

However, the above risks are mitigated against by approach and focus on delivery planning.

5. What does this mean for the people of Sheffield?

The Change Programme provides AHSC with a catalyst for change. It is an opportunity for us to focus on improving outcomes for people and communities of Sheffield and enable a strategic shift towards early intervention and prevention.

Focusing on working in a more integrated way with our Health Partner Organisations and Voluntary Sector Partners; working with care providers to further improve care quality; and ensuring ongoing improvements in our practice quality, will all lead to improved outcomes for the people we support and their carers.

6. Recommendation

The Committee is being asked to provide views, comments and recommendations on our change programme.

END

Report to Healthier Communities & Adult Social Care Committee 16th March 2022

Report of: Healthier Communities & Adult Social Care Scrutiny Committee

Subject: Response to Scrutiny recommendations on Continence Services.

Author of Report: Emily Standbrook-Shaw, Policy & Improvement Officer
Emily.standbrook-Shaw@Sheffield.gov.uk

Summary:

On Tuesday 8th March 2022, the Healthier Communities and Adult Social Care Scrutiny Committee held an informal meeting with NHS Sheffield Clinical Commissioning Group, and Sheffield Teaching Hospitals NHS Foundation Trust to discuss their response to the Scrutiny Committee's report on Continence Services.

The NHS response to the report and its recommendations is appended, and the key points from the discussion are outlined for the Committee to formally note, and pick up in future discussions with the NHS on continence services.

The Scrutiny Committee is being asked to:

- Note the NHS response to the Committee's report on Continence Services
- Note the key points from the discussion held on the 8th March
- Request that the NHS returns to the appropriate Committee next Municipal year to give an update on progress.

Background Papers:
Minutes of the Healthier Communities and Adult Social Care Scrutiny Committee, October 2021.

Category of Report: OPEN/

Report of the Healthier Communities and Adult Social Care Scrutiny Committee.
Response to Scrutiny Recommendations on Continence Services.

1. Introduction

1.1 In 2019/20, the Healthier Communities and Adult Social Care Scrutiny Committee established a working group to look at Continence Services in Sheffield.

The Working Group made recommendations around 4 themes – prevention, inequality, a person-centred approach and communication – and these recommendations were agreed by the Scrutiny Committee at its meeting in October 2020 (report attached at appendix 1).

The report was then passed to the NHS for consideration and action.

2 March 2022 – NHS Response and discussion

The Committee met informally in March 2022 with representatives from Sheffield Teaching Hospitals NHS Foundation Trust, and NHS Sheffield Clinical Commissioning Group to receive an update on the Continence Service, and a response to the recommendations in the scrutiny report. This is attached at Appendix 2 for the Committee to note.

Committee members discussed the response, welcomed progress, and noted the impact of the pandemic on the Continence Service – and its ability to act on some of the recommendations. Committee members felt that it would be valuable for the appropriate Committee to receive an update at a future meeting – picking up progress on the original recommendations of the report, and the following points raised at the March meeting by Committee Members:

2.1 **Prevention**
Committee members recognised the impact of the pandemic in getting out into communities – pleased to see that progress can now be made and plans and projects are now in place. Keen to see holistic approach to pelvic floor education in schools – and how we can link into music and movement classes – pilates etc.

2.2 **Inequalities**
Committee members keen to see greater engagement with seldom heard voices as part of future service developments, and a commitment to put equality at heart of engagement.

2.3 **A person- centred approach**
Committee members expressed concern that there remains a fundamental tension between the service model – limits on continence products based on a technical understanding of product's absorbency –

and service user experience – with reports suggesting that some people feel they have to 'top up' their prescription or purchase alternative products. Concern that the increase in the cost of living will make this harder for many. Committee members keen to see this point explored in future engagement
Committee members keen for service users to be engaged and involved in service developments and improvements going forwards.

2.4 **Communication**
Keen to see a greater focus on services for men, and better information and signposting provided on discharge following prostate cancer treatment.
Consider the role of pharmacies in providing continence advice and products in communities.

2.5 **Other**
Sustainability – we should be working with the NHS Supply Chain on sustainability of continence products to get to our target of net zero by 2030.
Social isolation due to continence issues can be exacerbated by eg lack of public toilets, public transport etc – not just about health services.

3. Recommendation

The Scrutiny Committee is being asked to:

- Note the NHS response to the Committee's report on Continence Services
- Note the key points of the discussion held on the 8th March
- Request that the NHS returns to the appropriate Committee next Municipal year to give an update on progress.

Continence Services Scrutiny Working Group – Final Report

Report of the Healthier Communities and Adult Social Care Scrutiny Committee

March 2020

1 Introduction from the Chair

“Councillors come across a wide range of issues on the ‘front - line’, through casework, surgeries and campaigning. Several constituents have raised concerns with me about their experiences of living with incontinence. Most recently, I came across an elderly couple in crisis due to a combination of health issues. Once their health and social care needs had been assessed and addressed, they were still left with a problem of how to afford additional continence pads. This was a matter of concern because they were reliant on the state pension and they were distressed about it.

Other Councillors have had similar experiences. For us, living with incontinence is about promoting independence, social justice and dignity. This is why Scrutiny decided to look at the reasons why some service users do not feel that the service is meeting their needs. This report sets out our findings.”

Cllr Cate McDonald, Chair, Healthier Communities and Adult Social Care Scrutiny Committee, Sheffield City Council.

2 Our approach

2.1 In October 2019, the Healthier Communities and Adult Social Care Scrutiny Committee established a working group to 'lift the lid' on Continence Services in Sheffield. The group set out to:

- Consider how current continence services are commissioned and delivered, how people access services and how care pathways work.
- Consider people's experience of incontinence and using continence services.
- Consider how services promote independence, dignity and fairness; particularly the number and quality of continence pads provided.
- Consider ways of improving prevention, and access to preventive services with particular reference to tackling health inequalities.

Our aim was to make recommendations that would improve outcomes for people using continence services, and put these recommendations to the NHS for a response.

2.2 We met with NHS Sheffield Clinical Commissioning Group, who commission continence services in Sheffield; and the Continence Advisory Service and Community Nursing Service from Sheffield Teaching Hospitals who deliver Continence Services, to understand how the service works.

2.3 We wanted to put people's stories at the heart of our work, to try and understand the experience that people using the service, and caring for people who use the service, have. This was a challenge – continence is still not something people are comfortable talking about.

We set up an online questionnaire and invited people to contact us if they wanted to share their experiences. We had a very limited response, and so we approached organisations who work with people who use the service – the Carers' Centre and Disability Sheffield advocates. They were able to give us an overview of the issues their clients have had with continence services, as well as specific case studies.

2.4 We spoke to a PhD student from Sheffield University who is researching continence, and also attended the Home Care Providers Forum, and the Care Home Managers Forum to gather views and experiences, and 'triangulate' the information we collected.

2.5 Links to the information we considered, and notes of our meetings are listed in appendix 1.

3 What We Learned

3.1 The Service

We wanted to start out by understanding how Continence Services work, so we invited NHS Sheffield CCG and the Continence Advisory Service in to explain how services work in Sheffield.

3.1.1 Continence Services in Sheffield are commissioned by NHS Sheffield Clinical Commissioning Group and are delivered by Sheffield Teaching Hospitals as part of the block contract for Community Services.

The aim of the service is to assess, treat and manage urinary and faecal incontinence in clinics across the city with specialist nurses and physiotherapists, and home visits for housebound users. The Community Nursing Service delivers continence assessments to housebound patients with other nursing needs. The stated focus of the service is on prevention: helping users to achieve continence, rather than on the supply of continence products. However at any given time there are around 8000 people using prescribed continence products in the city. Around 5500 are in their own homes, and 2500 in residential and nursing homes. Around 5500 of these are women - continence issues are more likely to affect women than men as having given birth is a significant factor in continence problems.

3.1.2 People are referred into the service by GPs and health professionals. They will have an assessment, treatment and, where ongoing management and continence products are required, reassessments are carried out on a 6 monthly or 12 monthly basis. Service users can also contact the Continence Advisory Service or Community Nurses to discuss continence issues at any point. The service operates within the National Institute of Health and Care Excellence guidelines.

3.1.3 The service delivers preventive ‘new mum’ classes monthly, targeting pelvic floor education at women who have recently given birth, as well as providing education and training for health and care professionals.

3.1.4 The budget for the service in 2019/20 was £533,334 for continence clinics, and £1,954,380 for continence products. To respond to the challenge of rising demand and rising product costs the service has:

- Reduced the delivery cycle from 8 to 12 week for service users in their own homes, and from 4 to 8 weeks for residential and nursing homes.
- Removed two of the light incontinence products for new patients
- Limited the number of pull-up products to 2 per day for service users who fit the criteria
- Reduced daily product allocation to 3 pads per day – other than for those who meet the clinical exclusion criteria.

3.1.5 The service has done a lot of work with pad manufacturers and has told us that the pad technology is sufficient that is the prescribed number of pads should be enough to keep people dry and comfortable. The service explained that continence products

are allocated on the basis of 'clinical need'. In view of our focus on service user experience, we were keen to understand the way in which 'need' was defined. In this case, evidence about the effectiveness of continence products is the core component of clinical need, rather than lived experience.

3.2 Service User Feedback

We wanted to make sure that the experience of people using the service, and caring for people who use the service is at the heart of our work.

From the conversations we had, a range of issues emerged including:

- Mismatch between technical abilities of the product and lived experience – some service users feel sitting in a wet pad compromises their dignity – regardless of technical properties of the pad
- Some service users go through more than 3 pads a day and families and carers are 'topping up' provision at their own expense as a result.
- Difficulties in managing 3 month supply – especially where service users have multiple carers coming in daily, and complex conditions such as dementia. We were given an example of a service user suffering from dementia, who removed her pad every time she became aware of it – leading to significant top up costs for the family.
- Some service users feel that inflexible clinical criteria for some products reduces their choice, and doesn't help promote independence. We were given an example of a service user who can use pull ups independently, but is only permitted a limited number of these. As a solution, she has been offered ordinary pads, but she can't use these without help from a carer. It's important to the service user that she stays as independent as possible. She spends between £50 and £60 a month on extra products.
- Care Home and Home Care providers talked to us about difficulties around hospital discharge, with interim product provision not sufficient to cover the period between discharge and assessment.
- Difficulties in storing 3 months supply of products – both in people's homes and residential settings.
- Disposal of continence waste remains a problem for some people.
- Positive feedback from Care Homes about the responsiveness of continence leads, and efficiency of the service in terms of timely delivery of products and responding to changes.

4 Our Findings and Recommendations

Our aim was to make recommendations on how we can improve outcomes for people using continence services in Sheffield. Whilst there is a lack of 'hard data' on this subject,

the qualitative evidence we gathered has led us towards four key themes– **Prevention, Inequality, Person-Centred approach** and **Communication.** The key finding for us, and one that we kept coming back to throughout the process is what we believe to be a fundamental tension between the service model – limits on continence products based on a technical understanding of product's absorbency – and service user experience. We have set out our recommendations below.

4.1 Prevention

4.1.1 'Promoting Prevention' lies at the heart of the Shaping Sheffield plan, signed up to by all health and social care partners in the city, recognising that prevention activity now will help to manage demand for services in the future.

4.1.2 The service was clear that its focus is on prevention, and that targeting pelvic floor education at teenagers and younger women, particularly new mums, is important in preventing continence issues post menopause, and in promoting the message that incontinence is not an inevitable part of getting older.

4.1.3 'New Mum' workshops are held in the city centre at Central Health Clinic, and advertised through flyers in discharge packs from Jessops, although take-up is variable across the city.

Recommendations

4.1.4 The Health Service should give consideration to taking continence prevention services out into communities, especially in areas where there is low take-up, and work with the Council and the VCF to develop approaches to delivering continence prevention services that are tailored to the needs of local communities.

4.1.5 The Health Service should ensure that consistent messages about continence prevention come from all parts of the health service that come into contact with new mums – particularly health visitors and community midwives - and that they are equipped to support and signpost people to the appropriate services.

4.1.6 The Health Service should consider how it could work to target pelvic floor education and raise continence awareness in schools by working with organisations such as Learn Sheffield, and Sheffield City Council.

4.2 Inequality

We recognise that health inequality is an important issue for the city - one that is not easily solved, but one that all organisations in Sheffield's health and care system are committed

to tackling - a focus on reducing health inequalities is a principle of the Shaping Sheffield plan.

The service told us that:

- prevalence of continence issues is higher in the north of the city, yet take up of continence services is lower than in other areas
- there are higher 'Did Not Attend' rates at the continence clinic amongst Black, Asian and Minority Ethnic communities
- there is lower take-up of the 'New Mum' classes in deprived communities.

We recognise that the reasons for this are complex and multi-faceted, but we believe that we need to understand and tackle this, and ensure that people across Sheffield are able to access continence services that are appropriate for them.

Recommendation

4.2.1 The Health Service should consider how it can address inequalities in accessing continence services for BAME and deprived communities, and look at how working with the Council and the VCF, as well as through the developing Primary Care Networks – who are experts in what works in their local areas - could help.

4.3 A Person Centred Approach

4.3.1 Through our scrutiny work, we consider many health and care services and issues, and something that we keep coming back to is the importance of a 'person centred' approach. A key priority of the CCG in its 2019/20 commissioning intentions was to commission health services that promote person centred approaches, and ensuring

that the “what matters to you?” approach is embedded in care pathways. A ‘holistic, person centred approach’ is set out as a value in the Shaping Sheffield Plan.

4.3.2 We recognise that the assessments carried out by the service, and the resulting level of ‘clinical need’ and prescription of products, is based on the technical properties of those products. The service assures us that where 3 pads are prescribed, they should provide an appropriate level of containment for the service user. However, the stories we have heard suggest that, for some service users and care providers, the ‘lived experience’ of this is different. Some feel that their individual needs and preferences are not taken account of, and with strict criteria and limits on pads and products, the service model doesn’t always feel person-centred.

4.3.3 The routine feedback the service receives through the Friends and Family Test is positive, and no formal complaints have been received about the provision of continence products. However, from the conversations we have had, it appears that there is a level of dissatisfaction amongst some service users. Understanding this better could be useful in informing service development. We have found our conversations with the Home Care Providers Forum and the Care Home Managers Forum to be very informative and valuable – and no doubt there are other forums across the city that could provide useful intelligence and feedback for the service.

Recommendations

4.3.4 The Health Service should consider how it can resolve the tension between the medical service model which focusses on the clinical effectiveness of products, and the lived experience of service users, to ensure a person-centred approach.

4.3.5 The Health Service should consider how it could encourage better feedback from service users, and use existing forums to gather evidence and intelligence to inform service development.

4.4 Communication

4.4.1 The service highlighted that inappropriate pad usage can lead to service users going through products at a faster rate than their prescription allows. Training for carers and care providers on the use of continence products and barrier creams is available but not mandatory. Some of the care home managers we spoke to were

not aware that this training was available, particularly in Learning Disability and Mental Health residential units.

4.4.2 Issues around hospital discharge were drawn to our attention by home care providers and care home managers. On discharge from hospital, service users are provided with continence products to last 7 days. At the time of writing, those service users were waiting an average of 2 weeks for a continence assessment, leaving a shortfall in products. Better communication between the hospital and the continence service could help to triage service users more effectively and ensure that the prescription of products on discharge is in line with likely waiting times for assessment.

4.4.3 There is still a lot of stigma attached to incontinence, and the service tells us that on average, people wait 5 years before seeking help. We recognise that awareness of incontinence is increasing – for example through advertising of continence products. However whilst we need to break down stigma related to incontinence, we want to make sure that people do not view incontinence as an inevitable part of growing older, and encourage people to seek help when they need it.

Recommendations

4.4.4 The Health Service should consider how it can promote and incentivise take-up of continence product training amongst care providers.

4.4.5 The Health Service should consider how it could improve people's experience of waiting for a continence assessment after being discharged from a hospital stay.

4.4.6 The Health Service should consider what actions could be taken to tackle stigma, and raise awareness that incontinence is not an inevitable part of growing older.

5 Conclusion

We'd like to thank all of the people who have given their time and energy to help us carry

out this review – people who work for the NHS, voluntary sector organisations, care providers, service users and academic experts.

We have found it hugely interesting to get an insight into this issue that is rarely discussed, yet incredibly important. We hope that in doing this work, we will raise the profile of continence issues, get people talking about it, and start to break down some of the stigma surrounding it

We will formally put this report to the health service, and request a response to our recommendations within an appropriate timescale. We look forward to further discussions and seeing improved outcomes for the people of Sheffield.

Healthier Communities and Adult Social Care Scrutiny Committee

March 2020

Healthier Communities and Adult Social Care Scrutiny Committee
Continence Services Working Group
Evidence Gathering Sessions

Meeting 1 – 8th October 2019

Witnesses:
Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital, NHS Sheffield CCG.
Tracey Standerline, Head of Commissioning, Care Outside of Hospital, NHS Sheffield CCG
Angela Stroughair, Continence Clinical Lead, Sheffield Teaching Hospitals Trust
Paula Crosby, Head of Therapeutics and Palliative Care, Sheffield Teaching Hospitals Trust

Documents:
Terms of Reference
Sheffield Continence Service Presentation
Meeting Notes

Meeting 2 – 27th January 2020

Witnesses:
Rachel Morecroft, University of Sheffield

Documents:
Follow up information from Continence Service
Service User Feedback Summary Presentation
PhD research information
Meeting Notes

Meeting 3 – 2nd March 2020

Witnesses:
Tracey Standerline, Head of Commissioning, Care Outside of Hospital, NHS Sheffield CCG
Angela Stroughair, Continence Clinical Lead, Sheffield Teaching Hospitals Trust
Paula Crosby, Head of Therapeutics and Palliative Care, Sheffield Teaching Hospitals Trust
Rachel Singh, Community Nursing Service, Sheffield Teaching Hospitals Trust

Documents:
Follow up information from January meeting
Feedback from Home Care Providers Forum and Care Home Managers Forum
Meeting Notes

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

Continence Services Scrutiny Working Group meeting

8 March 2022

Elaine Green Clinical Services Manager

City Wide services

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

The Continence Team

'Our ambition is to assess, manage and treat continence issues and develop a management plan'

- Male and female, 16 years upwards
- Team - Pelvic Health Physios & Registered Nurses, HCSW, Admin
- Referrals come through Health Care Professionals (GPs)
- Total Active Caseload for Continence Service is 7233
- Clinical activity is in Clinics, Nursing homes, Patients homes, Schools, Day Centres

Criteria

Pelvic pain

Stress incontinence

Pelvic organ prolapse

Post-natal

Mixed incontinence including constipation/faecal incontinence

Male stress incontinence/voiding dysfunction

Product reviews

Post void scans

Additional work during Pandemic – Supporting Urology with Trial Without Catheter (TWOC)

Our Approach during the Covid 19 Pandemic

1. March 2020 - Service stood down
   Community sites closed
   Staff redeployed to support Covid
   No face to face contact
   Staff and Patients shielding

2. Triage process implemented
   No access into nursing homes
   PPE, LFTs, Vaccinations

3. Sept 2020 - NHS England advised to reinstate clinics

4. Dec 2020 – Lockdown, Staff redeployed, Isolations, Staff and patient shielding

5. April 2021 - Clinical space available ARC
   Mapped service and commenced
   Service review

6. Dec 2021 - New NICE guidelines and Pelvic floor report 2021

What We Learnt

- Flexible
- Adaptability
- Responsive
- Patient centred service provision
- Personalised approach
- Allowed service to review referral processes
- Telephone assessments for first assessment are well received by patients and are more effective/efficient
- Younger population more willing to attend face to face appointments
- Earlier engagement with patients promotes more efficient working
- Earlier implementation of treatment plans
- Improved DNA rates
- Quick to adapt and learn
- Resilient

Patient Story

23 year Male with LD/Autistic

- Presented in A&E with multi-system failure
- ITU – malnutrition/neglect
- Reported to safeguarding/SYP/Social Care
- Crown Court – evidence was given regarding Product usage/poor attendance. No fault with service
- Verdict Neglect, false imprisonment and sentenced Feb 2022
- Patient has recovered and is happy

56 year old female

- Complex medical history
- Triaged
- Attended Face to face with Pelvic Health Physio
- Assessed
- Treatment plan devised

"I am very pleased with service provided, communication, accessibility and subsequent appointments made."

Patient Feedback

Sheffield Teaching Hospitals
NHS Foundation Trust

How have we addressed the recommendations made in 2020 ?

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

Prevention

The Health Service should give consideration to taking continence prevention services out into communities, especially in areas where there is low take-up, and work with the Council and the VCF to develop approaches to delivering continence prevention services that are tailored to the needs of local communities

Identified the potential to develop a MDT clinic to include MSK, health visitors, dietetics with interpreters to provide education, support, advice

The Health Service should ensure that consistent messages about continence prevention come from all parts of the health service that come into contact with new mums – particularly health visitors and community midwives - and that they are equipped to support and signpost people to the appropriate services.

NHSE have developed a National project and STH is engaged and will be Fast-follower site for this National project. NHSE initiative supported by NHS long-term plan

The Health Service should consider how it could work to target pelvic floor education and raise continence awareness in schools by working with organisations such as Learn Sheffield, and Sheffield City Council.

Previously delivered pre-Covid. Schools now inviting us back

Inequality

The Health Service should consider how it can address inequalities in accessing continence services for BAME and deprived communities, and look at how working with the Council and the VCF, as well as through the developing Primary Care Networks – who are experts in what works in their local areas - could help.

All these recommendations are relevant and as we move forward out of covid restrictions we can address

A Person-Centred Approach

- The Health Service should consider how it can resolve the tension between the medical service model which focusses on the clinical effectiveness of products, and the lived experience of service users, to ensure a person-centred approach.

Our aim is to always deliver a person-centred approach as we continue to focus on a timely assessment, treatment and future management plan

- The Health Service should consider how it could encourage better feedback from service users, and use existing forums to gather evidence and intelligence to inform service development.

We have gathered STH Family and Friends feedback monthly – Ambition is now to commence engaging with stakeholders and patients/carers in 2022.

Service review being undertaken of the service to improve efficiency, effectiveness and plan for the future

Communication

- The Health Service should consider how it can promote and incentivise take-up of continence product training amongst care providers

We have ongoing training available (online) for care homes and we are advocating this as care homes open up to services attending

- The Health Service should consider how it could improve people's experience of waiting for a continence assessment after being discharged from a hospital stay

All patients on discharge receive a weeks supply of products

- The Health Service should consider what actions could be taken to tackle stigma, and raise awareness that incontinence is not an inevitable part of growing older.

Education programmes and new NICE guidance to adhere to and raise the profile to reduce stigma and increase awareness

Our Next Steps

- Implementation of the NICE 2021 guidance
- Continue to develop collaborative relationships with Social Care and CCG
- Communicate future complaints to PALs and service lead
- Commence Stakeholder Engagement
- Work with CCG to develop refreshed service specification
- Identify potential to connections across Health and Social Care
- Work with STH Estates to increase community venue space
- Work with STH SPA to address a timely referral process
- Promote education in schools (year 10 & 11) and care homes
- Continue to raise safeguarding issues for patients with learning disabilities
- Continue to link with Women's Health Team
- Continue with triage process and review working processes
- Review name of service to reduce stigma and increase awareness

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Thank you for Listening

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Any Questions

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