



Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 12th April 2017

Report of: Shaping Sheffield – Scrutiny Members Working Group

Subject: SHAPING SHEFFIELD: THE PLAN – SCRUTINY MEMBERS WORKING GROUP RECOMMENDATIONS

Author of Report: Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Shaping Sheffield Scrutiny Members Working Group

At its meeting on February 8th 2017 the Scrutiny Committee received a report from council officers recommending it offers its support to *Shaping Sheffield: The Plan*, which has been jointly produced by Sheffield City Council officers and NHS bodies in Sheffield.

The committee expressed concerns about the plan and established the Members Working Group to further examine the document.

The Members Working Group reaffirmed the view expressed in committee that there is a welcome intention behind the plan – the achievement of better coordination on health and care challenges between the Council, the NHS and the wider community. Given the severity of these challenges it is very important, as has been recognised, to win public support for *Shaping Sheffield*.

The Working Group have now drafted their recommendations, these are being shared with the scrutiny committee for approval, to be forwarded to Sheffield Place Based and Director Leads.

The Scrutiny Committee is being asked to:

- Approve the draft recommendations to be forwarded (**Appendix A**) and provide any comment / feedback
-

Category of Report: OPEN

All-party Scrutiny Members Working Group Response to *Shaping Sheffield: The Plan*

Purpose

1. This paper has been developed by an all-party Scrutiny Members Working Group from Sheffield City Council, a sub-group of the **Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee**, acting as a critical friend to recommend some improvements to *Shaping Sheffield: The Plan*. These recommendations focus particularly on seeking to make it more accessible to the public (who will need to support it) and to strengthen accountability within it so that achievements can be better monitored and met. The following provides the comments and recommendations from the Scrutiny Working Group.

Introduction

2. Achieving better co-ordination on the health and care challenges between the Council, the NHS and the wider community is necessary. Given the severity of these challenges it is very important to win public support for *Shaping Sheffield*. However, we need a clear understanding as to how this can be achieved and the *Shaping Sheffield* strategy as it currently exists has some significant issues with its ability to do this.
3. The plan lacks clarity, alternating between too much and too little detail, and offering too much commentary with too few measurable targets. Issues of language and structure are not just formal, but have a substantive impact given the recognised need for the plan to be accessible for the public and wider community. Making sure that commitments are measurable is particularly important in terms of scrutinising the plan's implementation in coming years¹.
4. It is recommended that the plan be revised to ensure that it is clear, concise, precise and measurable throughout.

Detailed recommendations

5. The purpose of *Shaping Sheffield* is to provide a clear expression of the strategy and what will happen to health and social care as a result. This purpose should be kept firmly in mind; other documents, such as the Memorandum of Understanding that will be produced, can contain the technical detail, but from this document the public want to be able to gain an understanding of the significant elements of the plan without confusing additions.

¹ A task that will be undertaken by the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee.

6. The plan and appendices should be significantly more concise. Much of the length results from repetition and issues of structure.
7. The use of graphics, illustrations and diagrams should be re-thought. Often these are decorative rather than aids to understanding.
8. The background context on the city of Sheffield is unnecessary for a Sheffield-based audience and contributes unnecessarily to the length and complexity of the document. Descriptions of Sheffield and its background should be kept to a minimum and greater explication instead provided of the impact of changing demographics, changing medical technology, and financial constraints. In particular funding issues for health and social care services need to be addressed more clearly.
9. The plan should include an executive summary and/or an introduction which clearly articulate in precise, clear language what *Shaping Sheffield* means for the city.
10. Many of the more concrete proposals and commitments are included in the appendices. These should be incorporated into the main body of the report.
11. Commitments in the plan should be restated with a clear actor, outcome, and timescale, avoiding the use of 'we' without definition. This will make it easier to measure the implementation.
12. The special commitments which *Shaping Sheffield* sets out should be picked out and explained clearly, using realistic and finite language, avoiding infinite terms ("radical upgrade") and statements with which nobody would disagree ("seek to be ambitious, learning from each other and our partners") but which are vague and difficult to measure.
13. The section on Governance is important, but not structured clearly. It needs to offer clear signposting to those decision-makers who are accountable for different decisions, so that individuals or groups know who they should approach.
14. The statements in the plan need to be meaningful. What new and different actions are involved in 'tackling inequalities head on'? What is a 'single risk stratification process', and what difference will it make to the public? What will the public see different as a result of 'neighbourhood working'? In addition, case studies of particular services, with a 'before and after' view, would be helpful.
15. The imprecise statements of the plan create contradictions that are hard to untangle: for example, it is stated that we will have midwives in every community, but also that disproportionate investments will be made in areas with most need. What will the result of these two principles look like concretely? (p.12)
16. We are concerned about the statement on Financial Strategy (p.13). The opening statement offers strong commitments which we were unsure could be guaranteed. We have significant issues with the wording of this and other paragraphs and will compromise our (the council's) credibility.
17. Acronyms (e.g. 'PBR' instead of Payment by Results) should be eliminated wherever possible.
18. Finally, the timetable contained in the document needs to be amended to be realistic.

Further comments and suggestions on specific parts of the document

19. Aims (p.8): need to be tightened as they are currently too general and therefore difficult to build plans on.
20. Vision (p.9): Sentences (plain English) need to be there to back up the graphics.
21. Overview and Impact (p.10): Mostly graphics which add little to the narrative; suggest they are deleted or moved to appendices.
22. Plan on a Page (p.11):
 - a. Needs to be strengthened into a measurable plan, including a section for each of the comments outlining: the challenge; how this will be met; how success will be measured; how it will be reviewed.
 - b. Remove reference to record on systems leadership
 - c. All needs to be in plain English
23. Overview (p.12):
 - a. Needs to be edited down to eliminate repetition
 - b. What is a single risk stratification process?
 - c. How are we to invest in neighbourhood working and what does it mean?
 - d. What is being suggested reference to trying to tackle inequalities 'head on'?
 - e. Reduce apparent contradictions with greater explanation e.g. reference to having midwives in every community and disproportionate investments in areas most in need (also see recommendation 15 above)