Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Approval of Primary Care Networks

Primary Care Commissioning Committee Meeting

18 July 2019

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Purpose of Paper

To ask Primary Care Commissioning Committee (PCCC) to note the decision taken by the Accountable Officer, under delegated authority of the Committee, to approve the establishment of 15 Primary Care Networks (PCNs) covering the population of NHS Sheffield Clinical Commissioning Group (SCCG).

Key Issues

Applications were received for 15 PCNs in Sheffield. These were assessed against the criteria approved by PCCC in April 2019.

In May 2019, PCCC were informed of the outcome of this assessment and the actions being taken to address the issues identified in order to ensure that PCNS were in place to that met the requirements set out in the Network Directed Enhanced Service (DES) and NHS England and NHS Improvement Guidance.

These issues have now been resolved and 15 PCNS have been approved which provide 100 % population coverage and meet the requirements referred to above.

Is your report for Approval / Consideration / Noting

Noting

Recommendations / Action Required by Primary Care Commissioning Committee

PCCC is asked to :

- Note the decision to waive the minimum size criteria for Upper Don Valley PCN, based upon the rational set out in this paper by the Accountable Officer acting under delegated authority from the Committee.
- Note the approval of 15 PCNS within Sheffield by the Accountable Officer acting under delegated authority from the Committee.

What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?

Supports the following objectives:

1 To improve patient experience and access to care
2 To improve the quality and equality of healthcare in Sheffield
4 To ensure there is a sustainable, affordable healthcare system in Sheffield
5 Organisational development to ensure CCG meets organisational health and capability requirements

Provides assurance to the following principal risks: 1.1, 1.2, 2.3, 3.1, 4.4, 4.6

Are there any Resource Implications (including Financial, Staffing etc)?
Yes, SCCG will be required to fund the PCN Directed Enhanced Service (DES) in line with guidance form NHS England. Provision has been made for this within the Primary Care budget approved by PCCC in April 2019.
Have you carried out an Equality Impact Assessment and is it attached?
Not required, action is mandated by NHS England.
Have you involved patients, carers and the public in the preparation of the report?
No

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1. Introduction

On 31 January 2019, NHS England published *'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan'.* This translated the commitments of the NHS Long Term Plan into a framework of changes for the GP Contract including the establishment of Primary Care Networks (PCN) as a formal entity.

PCCC has previously been informed of the requirement and timescales for all patients to be covered under a PCN contract, commissioned as a Directed Enhanced Service (Network DES), and the process SCCG have followed to review network registration requests submitted for consideration by 15 May 2019.

In May 2019 the Committee received information about the 15 PCN registration requests received and the issues that prevented PCCC from approving PCNs at that time. In recognition of the tight timescales before PCNs became operational on 1 July 2019, PCCC delegated authority to the Accountable Officer to approve network registrations once these issues had been resolved.

The Accountable Officer approved all 15 PCN applications on 3 July 2019, this paper confirms the configuration of the networks approved and the rationale for approval and asks PCCC to note this decision.

2. Network Registrations and Registering Requirements

The Network Contract DES guidance published by NHS England and NHs Improvement required CCGs to

> *'Approve the submission, ensuring that the registration requirements have been met and that all PCN footprints make long term sense for service delivery and in the context of the GP contract framework.'*

Furthermore, before approving any PCN registration SCCG was required to ensure that 100% of registered practice population was covered either through the Network DES or a local incentive scheme (LIS) and that all contractors who wished to take up the Network DES were able to do so.

In May 2019 PCCC was informed that of the15 PCN registrations received 14 met the registration requirements however, three issues prevented approval before the NHS England target date of 30 May 2019.
These issues have now been resolved as follows:

2.1.1. Network Population Coverage - Stannington

The Contractor did not wish to join a PCN, without network membership 100 percent population coverage wold not be achieved.

In these circumstances Network Contract DES Guidance allows the CCG to make provision for the practice population to receive PCN services by establishing a locally commissioned service agreement with a neighbouring PCN.

A Local Incentive Scheme has been agreed with the practices in West 5 PCN to provide network services for these patients from 1 July 2019. This includes the provision of extended hours.

2.1.2. Access to Network DES - Southey Green

The contactor was unsuccessful in an initial request to join a network of his choice. Without network membership he would be unable to take up the Network Contract DES.

With support from the CCG and LMC, the practice has now joined North 2 PCN. Further analysis identified an overlap between the network boundary and practice catchment. This means that the demographic profile of the practice and network populations are more closely aligned that previously thought making this a positive solution for the practice population.

2.1.3. PCN Size - Upper Don Valley

This proposed PCN has a practice list of just over 20,000. The NHS England and BMA publication *'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan'* and the Network Contract DES Service Specification 2019/20 set the following expectation:

:

'A PCN is defined as GP practice(s) (and other providers) serving an identified 'Network Area' with a minimum population of 30,000 people. In exceptional circumstances, commissioners may 'waive' the 30,000-minimum population requirement where a PCN serves a natural community which has a low population density across a large rural and remote area. '

Having considered all the risks and benefits including financial and operational sustainability, the practices concluded that their population and patient flows were sufficiently distinct from neighbouring PCNs, and that geography and travel logistics were complex enough, to justify an application to waive the requirement and their application was supported by the LMC.

PCCC considered and supported the registration request and accompanying business case when they met in May 2019 and the request also received the support of the South Yorkshire and Bassetlaw Integrated Care System.

However, NHS England and NHS Improvement remained concerned that Upper Don Valley PCN did not meet the criteria to be approved as an exception to the minimum population size.

On the advice of NHS England, the CCG, LMC and Upper Don Valley practices explored options to form a larger network with two neighbouring PCNs. These approaches were unsuccessful as all the practices concerned felt that this approach was not in the best interest of patients. An approach was also made to a network in a neighbouring CCG that shares a border with Upper Don Valley, again this option was not progressed as it was considered that it would not make sense to practices, patients, or other service providers.

The CCG submitted a revised business case to NHS England that provided further information on the case of exceptionality. This is presented at Appendix 2 to this paper.

On 3 July 2019 NHS England confirmed that while concerns remain about the viability and sustainability of the network, a final decision on the future arrangements for the Upper Don Valley rested with the CCG and that if a larger network could not be formed the CCG should consider if the PCN met exceptionality requirements of if a LIS should be agreed with a neighbouring PCN to provide services for the population.

On this basis, supported by the information provided in the revised business case, the Accountable Officer was assured that a case for exceptionality was demonstrated in the case of Upper Don Valley PCN. The rationale for this decision was that:

a. The PCN covers a large semi rural, rural and remote area and although pockets of urban settlement are contained within that area these are surrounded by rural areas which makes travel, access to and provision of services across a wider areas outside the PCN boundaries difficult.
b. The population served by the PCN forms a natural community which demonstrably does not follow the same flows as it's neighbours to access services. The community would not recognise the geography of a larger, combined network
c. Wrap around services supporting the PCN are different from those in neighbouring networks.
d. As a neighbourhood, the PCN has demonstrated that it is capable of functioning as a viable autonomous unit. Furthermore, the PCN will be supported by SCCG and Primary Care Sheffield (PCS) to ensure longer term sustainability.
e. Forecast population growth in the next three to five years as a result of development in the area will bring the PCN very close to 30,000 and this should be taken into consideration in determining a footprint that makes sense for future service provision.
f. CCG values require decisions that are made for local people be equitable, fair and consistent and demonstrate that SCCG is a progressive organisation. It would be inconsistent with these values to reach a decision that left one of the CCG neighbourhoods, member practices and more importantly their populations excluded from the national DES, isolated or disadvantaged as would be the case if a LIS was created.

3. Network Approval

Having reviewed the PCN registrations following resolution of these outstanding issues the Accountable Officer, on behalf of PCCC, approved the establishment of 15 PCNs in Sheffield on 3 July 2019.

In total 78 of the 79 practices within the SCCG footprint have taken up the offer of the Network Contract DES and are members of a PCN. The table at appendix 1 to this paper sets out the final PCN membership arrangements for Sheffield. A Local Incentive Scheme has been agreed to ensure that the patient population of the practice that has opted not to sign the DES will receive services from a neighbouring PCN ensuring that 100 percent population coverage has been achieved in Sheffield.

4. Action Required by PCCC

PCCC is asked to:

- Note the decision to waive the minimum size criteria for Upper Don Valley PCN, based upon the rational set out in this paper;
- Note the approval of 15 PCNS within Sheffield by the Accountable Officer acting under delegated authority from the Committee.

Paper prepared by: Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

On behalf of: Nicki Doherty, Director of Delivery, Care Outside of Hospital

3 July 2019

Approved Primary Care Networks in Sheffield at 3 July 2019

Appendix 1

Neighbourhood	Network Size	Manager Lead		Clinical Director		Network Practices
GPA1	41746	Paul Wike	paul.wike@nhs.net	Helen McDonagh Tim Hooson	tim.hooson@nhs.net , helen.mcdonough@nhs.net	Norfolk Park Medical Practice White House Surgery Duke Medical Centre Dovercourt Surgery East Bank Medical Centre Manor Park Medical Centre
North 2	56256	Karen Zaman	karen.zaman1@nhs.net	Jenny Joyce	jennie.joyce@nhs.net	Pitsmoor Surgery Upwell Street Surgery The Flowers Health Centre Firth Park Surgery Wincobank Medical Centre Burngreave Surgery Page Hall Medical Centre Sheffield Medical Centre Southey Green Medical Centre
West 5 Care	37245 + 3278 (LIS)	Kate Carr	katecarr@nhs.net	Tom Mcanea	t.mcanea@nhs.net	Walkley House Medical Centre Broomhill Surgery Manchester Road Surgery The Crookes Practice Selborne Road Medical Centre Stannington Patients (LIS)
Townships 1	43178	Helen Lenthill	helen.lenthall@nhs.net	Tom Holdsworth	t.holdsworth@nhs.net	Sothall and Beighton Health Centres Mosborough Health Centre Owlthorpe Medical Centre Crystal Peaks Medical Centre Birley Health Centre
Townships 2	34482	Julie Coakley	julie.coakley@nhs.net	Julie Hoskin	juliehoskin@nhs.net	Stonecroft Medical Centre Charnock Health Primary Care Centre Jaunty Springs Health Centre Woodhouse Health Centre Richmond Medical Centre Hackenthorpe Medical Centre
Seven Hills	31227	TBC	TBC	Lucy Cormack	lcormack@nhs.net	Handsworth Medical Practice Clover Group Practice Darnall Health Centre (Mehrotra) The Medical Centre
Heeley Plus	49649	Paul Roberts	paul.roberts5@nhs.net	Ollie Hart	oliver.hart@nhs.net	The Mathews Practice Sharrow Lane Medical Centre Heeley Green Surgery Carrfield Medical Centre Totley Rise Medical Centre Abbey Lane Surgery Veritas Health Centre Sloan Medical Centre Gleadless Medical Centre
Peak Edge	39343	Joanne Johnson, Elaine Rissbrook	joannejohnson1@nhs.net	David McAllistair	dmcallister@nhs.net	The Meadowhead Group Practice Avenue Medical Practice Baslow Road And Shoreham Street Surgeries Woodseats Medical Centre
City Centre with Students from SHU	55821	Deidre Malesa	deirdremalesa@nhs.net	Liz Alsop Nicki Bates (SHU)	elizabeth.allsopp@nhs.net nikki.bates@nhs.net	Porter Brook Medical Centre Porter Brook Medical Centre Upperthorpe Medical Centre Harold Street Medical Centre Devonshire Green Medical Centre Clover City Practice
SAPA5	36555	Sam Grundy	sam.grundy@nhs.net	Magda Juszczyszyn Susie Lupton	magdalena.juszczyszyn1@nhs.net susie.lupton@nhs.net	Shiregreen Medical Centre Dunninc Road Surgery Buchanan Road Surgery Norwood Medical Centre Elm Lane Surgery The Health Care Surgery Barnsley Road Surgery
Network North	42505	Michelle Payling	Michelle.Payling@nhs.net	Nicola Moody	n.moody@nhs.net	Foxhill Medical Centre Chapelgreen Practice Ecclesfield Group Practice Grenoside Surgery Mill Road Surgery
Hillsborough	36135	Cath Williams Diane Dickinson	cath.williams3@nhs.net dianedickinson@nhs.net	Emma Reynolds	emma.reynolds1@nhs.net	Tramways Medical Centre (O'Connell) Far Lane Medical Centre Tramways Medical Centre (Milner) Dykes Hall Medical Centre
Upper Don Valley	20744	Liz Sedgwick	lizsedgwick@nhs.net	Ruth Izard	ruth.izard@nhs.net	Oughtibridge Surgery Deepcar Medical Centre Valley Medical Centre
University	37457	Ben Hallsworth	b.hallsworth@sheffield.ac.uk	Naomie Whitt	n.h.whitt@sheffield.ac.uk	University Health Service Health Centre
Porter Valley	43590	Daniel Sayliss	danielsayliss@nhs.net	Humphrey Emery	humphrey.emery@doctors.org.uk	Nethergreen Surgery The Hollies Medical Centre Falkland House Rustlings Road Medical Centre Greystones Medical Centre Carterknowle And Dore Medical Practice

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Upper Don Network

28 June 2019

Upper Don Valley Network

1. Context

NHS Sheffield Clinical Commissioning Group (SCCG) has worked with GP practices to develop primary care neighbourhoods, a number of these have made significant steps to develop local strategies to meet their specific population needs, working with key partners who provide wrap around services for neighbourhood populations. Clinical services have been re-configured by partners to reflect these neighbourhood geographies.

The neighbourhood is serviced by three GP Practices; Deepcar Medical Centre; Oughtibridge Surgery; and Valley Medical Centre, serving a population of 20,761 people.

In response to the direction of travel set out in '*Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan'*, Upper Don considered future arrangements for the development of a Primary Care Network to cover the local population.

The neighbourhood forms a geographically contiguous area with a boundary that makes sense to the constituent member practices, other community-based providers in the locality, and the local community and satisfied all criteria to be established as a Primary Care Network (PCN) with the exception of minimum population size of 30,000.

Therefore, Upper Don submitted a Network application accompanied by a request to waive the minimum population requirement, presenting a case that they serve a natural community which, in large areas, has a low population density distributed across a large, rural, and remote area.

This proposal was supported by the Local Medical Committee and in May 2019 SCCG Primary Care Commissioning Committee approved the submission of the application to the South Yorkshire and Bassetlaw Integrated Commissioning System for support before consideration by NHS England & NHS Improvement.

2. Current Position

NHS England & NHS Improvement have indicated that the network does not satisfy the criteria to be approved as an exception to the minimum population criteria.

In a letter dated 25 June 2019, Alex Morton, Regional Director of Primary Care and Public Health Commissioning confirmed that *'…it is our understanding that Upper Don does not fall in to these categories; it is not rural and there is a level of overlap with other practices and Networks. CCGs should not approve PCNs if they do not meet the registration requirements.'*

3. Alternative Options for Resolution

Since NHS England and NHS Improvement confirmed that the application to establish the Upper Don PCN would not be accepted various options suggested by the Regional Team have been explored in an attempt to find an acceptable resolution.

These focus on the neighbourhood coming together with a neighbouring network to form a single PCN with two neighbourhoods. With working arrangements and autonomy would be defined by agreement between the two neighbourhoods. Several potential network partners have been explored.

3.1. Hillsborough PCN

Detailed discussions with Hillsborough PCN have been held over recent weeks. These included an offer of assurance from SCCG that sought to address concerns the networks had around how arrangements would work and accountability within such an arrangement together with an offer of support to establish the PCN and networks. The neighbourhoods felt that the proposal, in satisfying short term requirements did so at the expense of the 5 year contract deal.

Many of the activities in future years of the DES are based on outcomes across a whole network. This would require much closer cooperation with other health and social care providers. As disparate communities with no overlap in population or health and social care provision the PCN would be at a disadvantage.

The proposed approach increases the complexity of governance arrangements and imposes an additional requirement to defer to the CCG in some areas of a national contract

This duplication of governance would generate additional costs as both neighbourhood and network arrangements would be required including a single Clinical Director to represent the PCN externally. It is not certain that the Clinical Directors appointed by wither neighbourhood with very different
remits from their practices would wish to fulfil this role.

In future years, some funding would be dependent upon plans and maturity index or network performance, this could bring neighbourhoods into dispute should performance vary.

The physical size of the PCN would pose a challenge. Upper Don alone is approximately one quarter of the area of Sheffield. The proposed PCN would extend from Upperthorpe to the boundary of Barnsley.

Discussions concluded that the two Networks populations, geography and partners were not aligned and that there would be no benefits for either network from joining together.

Hillsborough has indicated that they will not enter into any further conversations with regards to Upper Don joining the Hillsborough Neighbourhood.

3.2. Network North PCN

Discussions with Network North have been initiated, led by SCCG. As part of this process, the network has been offered the same assurances and resources as Hillsborough to support the development of a combined PCN.

It is anticipated that the already well established relationships within Network North, reasons replicating Hillsborough and the fact that they have previously refused other practices that this Network will also decline to work with Upper Don.

Upper Don network has also indicated that there is limited natural alignment between the populations served by the networks and therefore this pairing may not be in the best interests of either the local populations or the Networks..

A timescale for a decision from Network North has been requested but not yet confirmed. The Network has been encouraged to expedite this process by making a virtual decision. However, their governance processes mean that it is likely that a formal decision could only be ratified by the Network Meeting following a full board discussion.

3.3. Penistone and Central Local Network, Barnsley

Penistone is not a PCN, but a local network, Penistone and Central network (population 56,000) within a Barnsley super network which constitutes a single PCN. Under this option, Upper Don would not therefore be joining Penistone but the Barnsley super network PCN hosted by Barnsley Healthcare Federation.

CCG to CCG discussions took place on Wednesday 26 June and a further discussion was held with the Accountable Clinical Director for the Barnsley Network on 27 June 2019. Whilst an Upper Don local network could fit with the ethos of the Barnsley model and work as a seventh local network within the Barnsley PCN, it would be extremely difficult to make it work in practice for a number of reasons.

The Upper Don practices are members of, and will be supported in securing the national DES requirements by, the Sheffield GP federation Primary Care Sheffield (PCS) and not by Barnsley Healthcare Federation. Both federations support the principle of delivering primary care at scale and through neighbourhoods and these arrangements are already well established.

Each of the six networks in Barnsley is aligned to both Barnsley Council (local area councils and social care teams) and South West Yorkshire Partnership NHS Foundation Trust neighbourhood nursing arrangements. Upper Don is aligned to Sheffield City Council and Sheffield Teaching Hospitals NHS Foundation Trust for community services. Essentially, the infrastructure to support meaningful delivery of integration is already in place and for the population of Upper Don it is in Sheffield rather than in Barnsley.

As more non-core members join the PCNs in the future the cross CCG model would become unwieldy as a completely different set of non-core partners across the CCGs would be co-opted into the process.

There is a clear rationale for the population of Upper Don to be a Sheffield PCN or sit within a Sheffield PCN. This is the only way to enable meaningful integration of primary care and community services for local people. Consequently there is no meaningful rationale that supports a cross border solution

Pursuing this solution is likely to significantly increase the operational challenges and workload of the Upper Don practices as they engage in a Barnsley PCN whilst always looking to Sheffield and the Sheffield PCNs in delivering local services. This could have a range of unintended consequences including leaving the network and its population excluded or isolated.

Whilst this option appears feasible on paper the network agreement with Barnsley would need to be such that Upper Don are free to work autonomously in the Sheffield patch. In effect they would work as a single PCN but there would be significant additional bureaucracy required to enable them to work autonomously coupled with the separation of the core practice contract and the core plus PCN DES.. Taking these factors into consideration the more appropriate and sensible solution would be to recognise them as a single PCN within Sheffield and a member of Primary Care Sheffield.

4. Case for Upper Don PCN

4.1. Health Needs

Stocksbridge, Deepcar, and Oughtibridge comprise a unique population of 20,761 patients, geographically isolated from the main hospitals and other services provided in the City Centre. The majority of the population is concentrated in linear settlements with transport links running along the valley occupied by Stocksbridge.

The population of Upper Don have a high prevalence mental health problems, atrial fibrillation and a high diagnostic rate for Chronic Obstructive Pulmonary Disease (COPD) and a higher than average percentage of patients aged 65 and over. The population therefore also has high palliative care needs.

4.2. Service Configuration and Delivery

The wrap around services and partner agencies which support current and future delivery of services to local patients in the context of the broader Integrated Care System (ICS) such as Community Nursing, Social Care, MAST, PKW and Housing have teams are co-terminus with the Upper Don geography as detailed in the mapping at appendix 1 to this paper.

The neighbourhood is covered by a single District Nursing team, counselling services, community support workers, midwives, health visitors, food bank, educational facilities, community sports centre and access to the many voluntary and religious groups. This includes services for the elderly, families, children and young people, those suffering from dementia, carers and other population needs.

Similarly, the partnership working with community and voluntary sector organisations are different in the other Neighbourhoods SYHA in Upper Don and Zest in Hillsborough and SOAR in Network North.

The neighbourhood holds regular MDTs with partner teams such as District Nurses, Community Matrons and voluntary organisations and member practices have pooled resource to recruit a Health Care Assistant to work across the neighbourhood.

The neighbourhood has set up/supported a number of initiatives for their population including:

- a Food Bank for low income families;
- sexual health and coil fitting for young people and women;
- Dementia Café for mental health patients;
- Social Café for lonely and isolated patients;
- Why Weight? for obese patients;
- diabetes prevention for patients who have a blood test and the results are in the pre diabetic range;
- Drink Wise Age Well for patients who misuse alcohol.

4.3. Upper Don Health Strategy

Upper Don has a thriving long established Stocksbridge and Upper Don Community Health Forum which meets monthly in the local library. In the last two years the network has developed health strategy for the Upper Don.

The latest campaign for 2019 is to raise awareness of the impact of diabetes on the NHS and local community, Dr Adrian Scott Consultant Diabetologist from STHFT is involved in this. Complimenting this is a well-established People Keeping Well Partnership and Leisure Centre Organisation.

The neighbourhood has identified the following priorities for action:

- Improve health and wellbeing of our local population.
- Reduce Sexual Health problems for our young people.
- Encourage people to maintain and/or reduce to a healthy weight.
- Reduce social isolation that can impact on health.
- Promote new innovations through networks within the community.
- Support people living with dementia.
- Reduce non-medical problems through active signposting.
- Occupational Health
- CSW drop ins

4.4. Network Sustainability and Resilience

Since its creation the Upper Don neighbourhood has demonstrated that despite it's small population it is a viable and sustainable independent entity. Recognising that efficiencies are gained at scale the neighbourhood has already put in place joint working arrangements with key partners in the locality.

Together with local partners and led by South Yorkshire Housing Association (SYHA) Upper Don practices have formed a community organisation in order for the neighbourhood to access external funding for projects within the community. The community organisation is made up by local partners including the Community Leisure Centre, Valley React, Area Forum, Community Health Forum, and Stocksbridge Community Forum.

The last Upper Don People Keeping Well evening meeting on the 2 April was attended by over 20 people representing multiple stakeholders and organisations, where attendees looked at developing services for the Upper Don neighbourhood.

SYHA have taken on employment responsibility for any posts that are successfully funded. Two years ago the network was successful in winning funding for the first Social Prescriber is Sheffield, this contract has just finished.

All practices in Sheffield are members of, and supported by, PCS, the local GP federation. PCS has formed a board of Sheffield PCN Clinical Directors and this will be the key mechanism through which SCCG engages with the PCNs and their Clinical Directors (CDs). The CCG will seek to align its capacity to PCS to support PCN development and support and make the most of the opportunities offered by the national Network DES.

The key question currently being addressed is whether Upper Don is of sufficient size to be viable as a PCN. It is important to note in answering this question that the infrastructure already exists in Sheffield to support them as a PCN to deliver real integration, relevant to the different needs of their local population. Working with the

mechanisms that already exist as part of PCS means, that Upper Don will be fully supported to deliver the national DES , that they will be viable and enabled to deliver the best outcomes for their existing and future populations.

The practices involved in this neighbourhood recognise that a more joined up service between NHS and Local Authority, providing signposting/support to patients with social care needs, housing, employment, advice and occupational health is benefiting our population.

4.5. Network Population Size - Upper Don Boundaries

The initial application submitted did not include the population or geographical area which the Network covers that crosses boundaries into Barnsley. A revised map reflecting this population is set out at Appendix 4 to this paper. The map at Appendix 2 provides further detail of the spread of registered households in these areas.

4.6. Fit to Development Strategy

The Network DES articulates a requirement to consider *'…the future footprint which would best support delivery of services…'*.In proposing the optimal configuration of a Primary Care Network the network considered both future strategic direction for both the City and the neighbourhood as well as population change.

While not directly referenced in the Network DES, development strategy for the locality clearly must be taken into account when considering the best footprint for a network to cover the Upper Don locality both now and to meet future needs throughout the planning cycle described within the Long Term Plan over the next five to ten years.

'The National Planning Policy Framework' (July 2018) sets the overarching context for this, setting out the Government's planning policies for England and how these should be applied. Sustainable development focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes is prioritised in order to help improve air quality and public health and notes that solutions will vary between urban and rural areas, and this should be taken into account in both plan-making and decision-making.

'The Sheffield Development Framework - Core Strategy' (2009) is the current adopted planning strategy for the Unitary Authority. It sets out the development intentions for Sheffield.

Stocksbridge is designated as Principal Towns' in the Regional Spatial Strategy, fulfilling a regionally significant role as a service, employment and transport hub for the surrounding area.

The Framework describes an approach that supports a degree of self-containment to reduce the need to travel out to work and improvements to the town centre to reduce the need to travel outside the settlement for shopping and other services. It recognises that the three larger rural settlements of Oughtibridge, Wharncliffe Side and Worrall will continue to act as small service centres for the surrounding countryside.

Within the context of national policy and local strategy, the best footprint for the delivery of health care services that support reduced travel and local sustainability would arguably be a stand-alone Upper Don PCN.

4.7. Planned Housing Development

Significant planned housing development in the Upper Don locality to 2025 will lead to growth in the local population size, affecting demographics and future service requirements in the locality. While the original case from the Upper Don Network referenced housing development in the area further information has identified plans for greater housed development in the next three to five years than previously presented.

Planning information confirms that in the period from 2016 and 2025 around 2,254 new homes will have been built in the area. Of these, 1,649 will be built between 2019 and 2025.

Additional new homes planned include 350 3,4,5 bedroom houses in Oughtibridge which will be fully occupied by 2021, 100 2,3,4 bedrooms house in Fox Valley which will be fully occupied by 2020 and 200-300 2,3,4 bedroom houses being built in Deepcar. Further detail of planned development, by year is presented at Appendix 3 to this paper.

These properties will have a total of 4072 additional bedrooms. Given the nature of the planned developments which will attract young professional and family occupation it is likely that the population of Upper Don would increase by up to 8,000 by 2025.

The intention to contain this development within existing developed areas rather than expend into greenbelt land means that these homes will be concentrated in existing areas of population in the Upper Don area rather than along the boundaries with neighbouring networks.

4.8. Rurality and Access

The Sheffield City Council Development Framework recognises the Upper Don Valley area covered by the neighbourhood as rural and this forms a central principle of the development strategy for the area, recognising the limitations in access and

need to sustain and develop local services within settlement hubs to meet the needs of the population, reducing travel and so improving public health.

The map at Appendix 5 of this paper sets out the rural classification of the area. As can be seen, the townships where the majority of the population are concentrated are surrounded by areas of sparser rural settlement which divide the population centres from the urban population centres of Sheffield. The satellite image at Appendix 3 provides a view of the rural nature of the area.

Two of the three Upper Don neighbourhood practices are dispensing practices (the only dispensing practices within NHS Sheffield Clinical Commissioning Group (SCCG). Which reflects their rurality and difficulties experienced by patient in accessing services.

There are limited transport services to Hillsborough or Network North, with an hourly direct bus service to Hillsborough. The local population look within their own communities for many services and patient flow for additional health and other services reflects established local preference and access. The boundary of a combined PCN would not be recognised by the local community.

Data indicate that the Upper Don population are the lowest users of the Sheffield Out of Hours Hubs (216 attendances) and the Walk In Centre (745 attendances) across a twelve month period. Patients confirm that these services are located too far away for them to travel and express a preference to be seen by the local practices.

The geography of the area leads to a lower use of A&E by Upper Don patients than is seen in other practices in the City. The neighbourhood practices believe that this is due to their extended opening hours, accessibility and policy of seeing all urgent cases on the same day and they wish to continue to offer this service.

Geographic isolation puts Stocksbridge in a unique position due to the distance between the surgeries and nearest hospital. Continued delivery of joint services to patients from across the three practices in the neighbourhood would benefit everyone and reduce hospital DNA rates. An elderly population requires transport to hospital and locally delivered services would benefit both the patient and the provider. Existing services shared across the practices include District Nursing, Health Visitors, Midwifery, IAPT, medicines management, Occupational Health, Diabetic eye screening, contraceptive services, physiotherapy and chiropody.

Upper Don feel that if the neighbourhood merged with another; to form a Network their patients would potentially miss out on services which may be hosted by other practices due to the lack of desire or ability to travel. This resulting in a failure to meet the needs of their local population.

5. Conclusion

As this paper demonstrates, the Upper Don neighbourhood has shown consistent commitment to doing the best for its local population and for the population of Sheffield as a whole and as part of this process they have actively explored the alternatives of entering into a network agreement with neighbouring PCNs.

These have proved unsuccessful for reasons directly related to the geography and needs of the local population which differs significantly from surrounding areas of Sheffield.

The neighbourhood has a strong record of working with partners within the health and social care system to find innovative solutions to the challenges posed by population size and geographical area. This approach will ensure that the neighbourhood would develop into a resilient and sustainable network regardless of population size.

Upper Don will see significant expansion in new house development and its population. Approved housing plans with building already underway will see the population rise to the 30k minimum population level over the next 5 years.

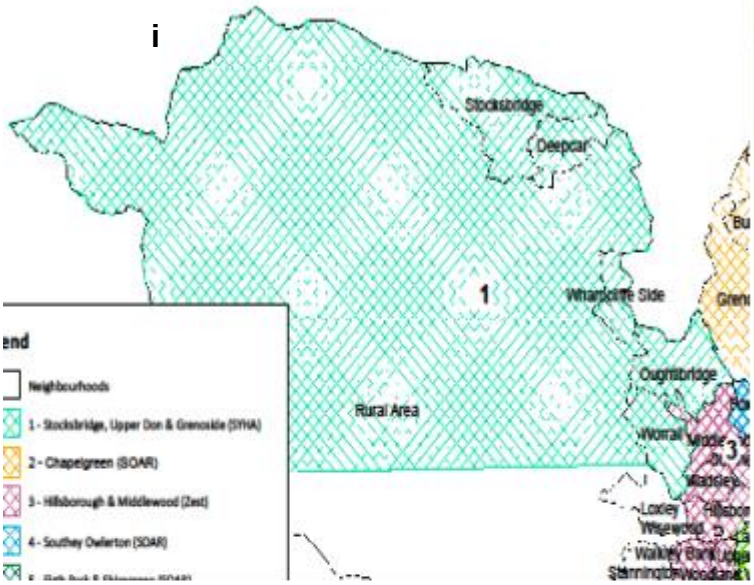
The key question currently being addressed is whether Upper Don is currently of sufficient size to be viable as a PCN. It is important to note that the infrastructure already exists in Sheffield through Primary Care Sheffield to support the PCN to deliver real integration, relevant to the different needs of their local population. Working with the mechanisms that already exist as part of PCS means, that Upper Don will be fully supported to deliver the national DES, that they will be viable and enabled to deliver the best outcomes for their existing and future populations.

The CCG PCCC fully supported the original case put forward by Upper Don and continues to support the updated business case as the best solution for local people, practices and their partners. Having a population such as Upper Don excluded from taking part in the national DES is counter to the whole spirit of the policy and could have a negative impact on outcomes for the local population.

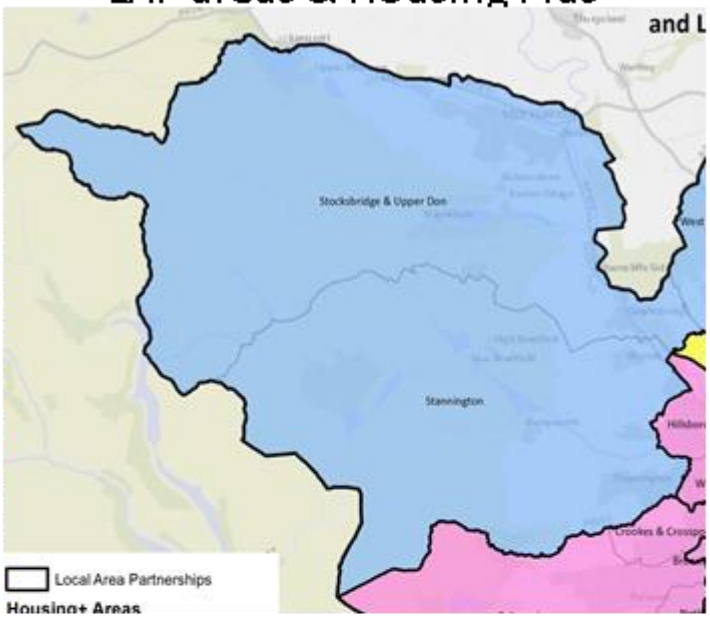
APPENDIX 1

Local Configuration of Partner Agency Services

People Keeping Well Partnership

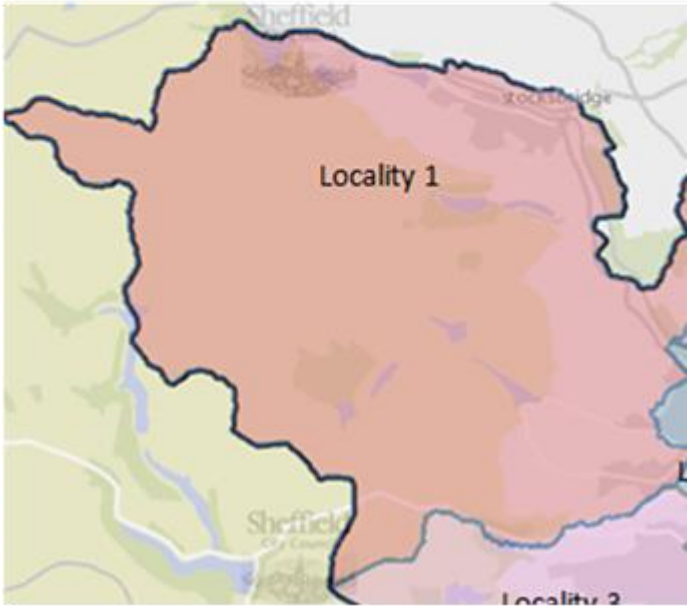


LAP areas & Housing Plus



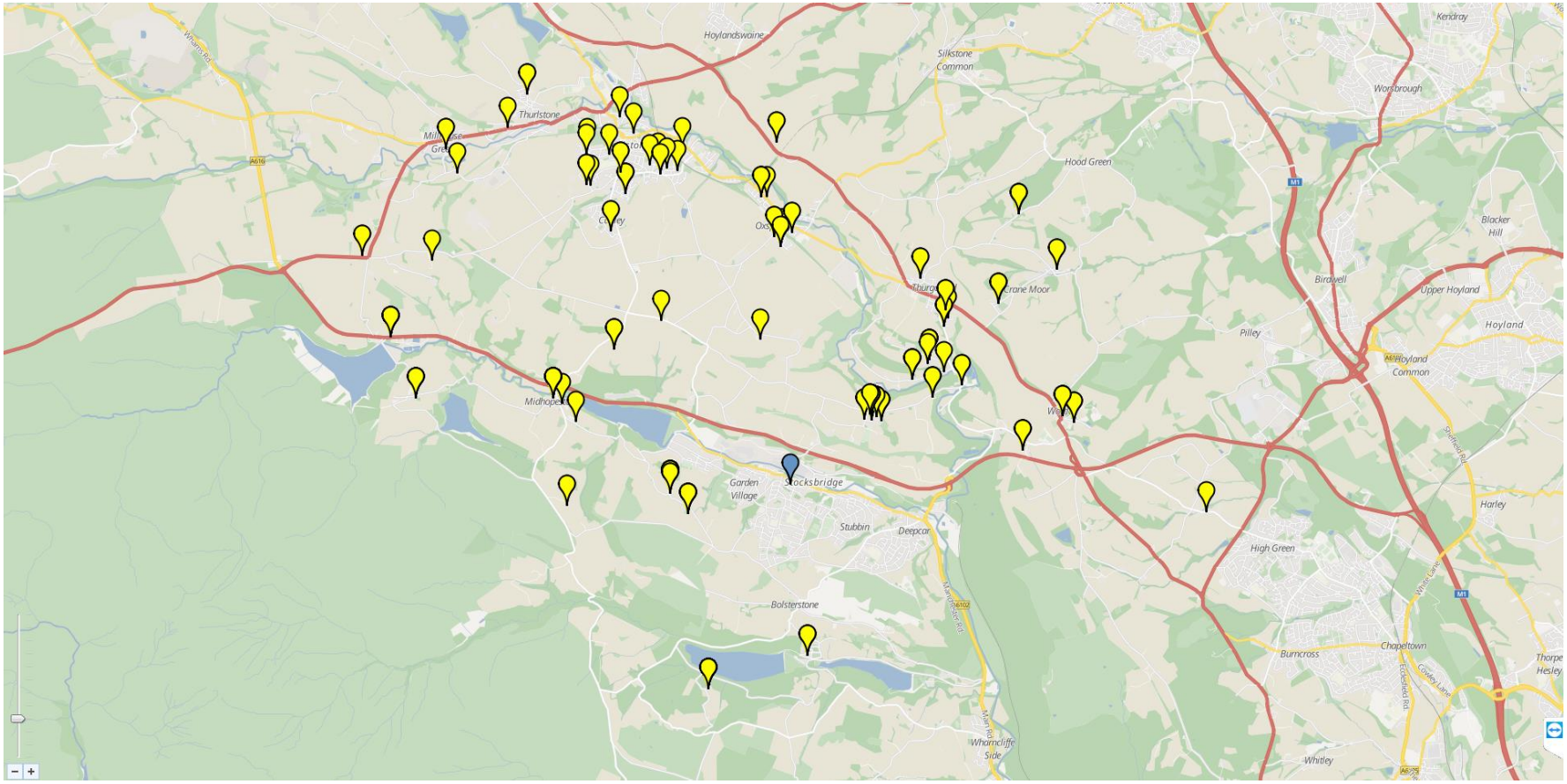
Localities - MAST

Adult Social Care Locality Teams



APPENDIX 2

Distribution of Practice Population Outside the Sheffield Boundary



APPENDIX 3

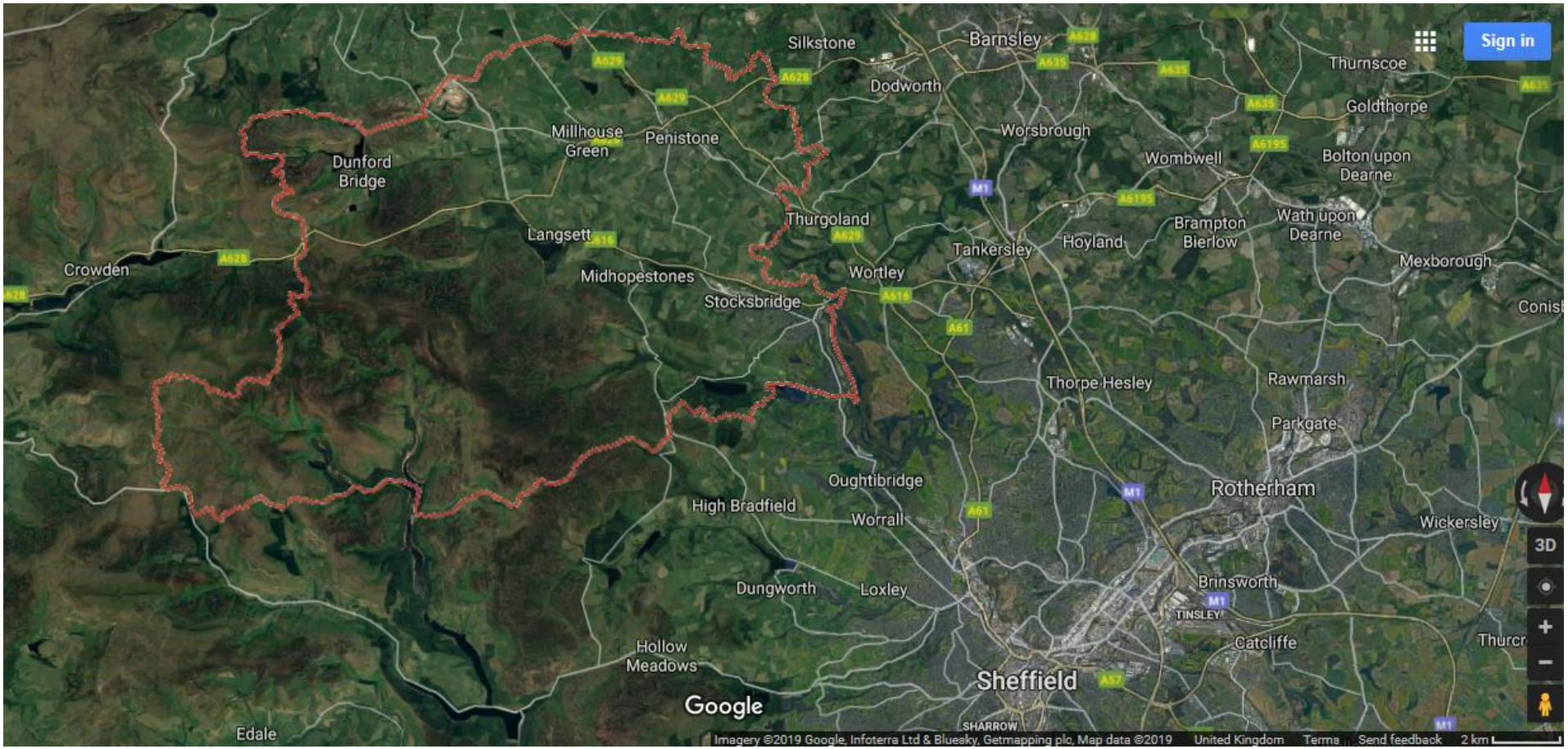
UPPER DON VALLEY PLANNED HOUSING DEVELOPMENT 2016 TO 2025

Developer	Timescale	Year 1- 2016	Year 2- 2017	Year 3- 2018	Year 4- 2019	Year 5- 2020	2021-2025	Total
Dransfield Properties	Years 1-3	40	40	34				**114**
Dransfield Properties no. of bedrooms		129	129	130				**388**
Bloor Homes	Years: 1-6	80	80	80	80	80	80	**480**
Number of Bedrooms		228	228	228	229	230	229	**1372**
Tata Corus Land	Years 4-6				50	50	200	**300**
Tata Corus Land no. of bedrooms					75	75	900	**1050**
Sanctuary Housing	Year 1	54						**54**
Sanctuary Housing no. of bedrooms:		87						**87**
Paper Mill: Wharncliffe Site - Oughtibridge	Years 3-7			168	168	169	338	**843**
Number of Bedrooms *based on 3.46 Average per house:				583	583	583	1168	**2917**
Peggy Tub Site: Stocksbridge	Years 1-2	9	9					**18**
Number of Bedrooms:		27	27					**54**
Miscellaneous Small Scale Housing Applications 14-15		11						**11**
Concil idenitfied Sites- Pre-Submission- Residential 2021-2025							434	**434**
Total Houses Built Per Year		**194**	**129**	**282**	**298**	**299**	**1052**	**2254**
Total Bedrooms Built Per Year		**471**	**384**	**941**	**887**	**888**	**2297**	**5868**

Total Houses 2019-2025	**1649**
Total Bedrooms 2019-2025	**4072**

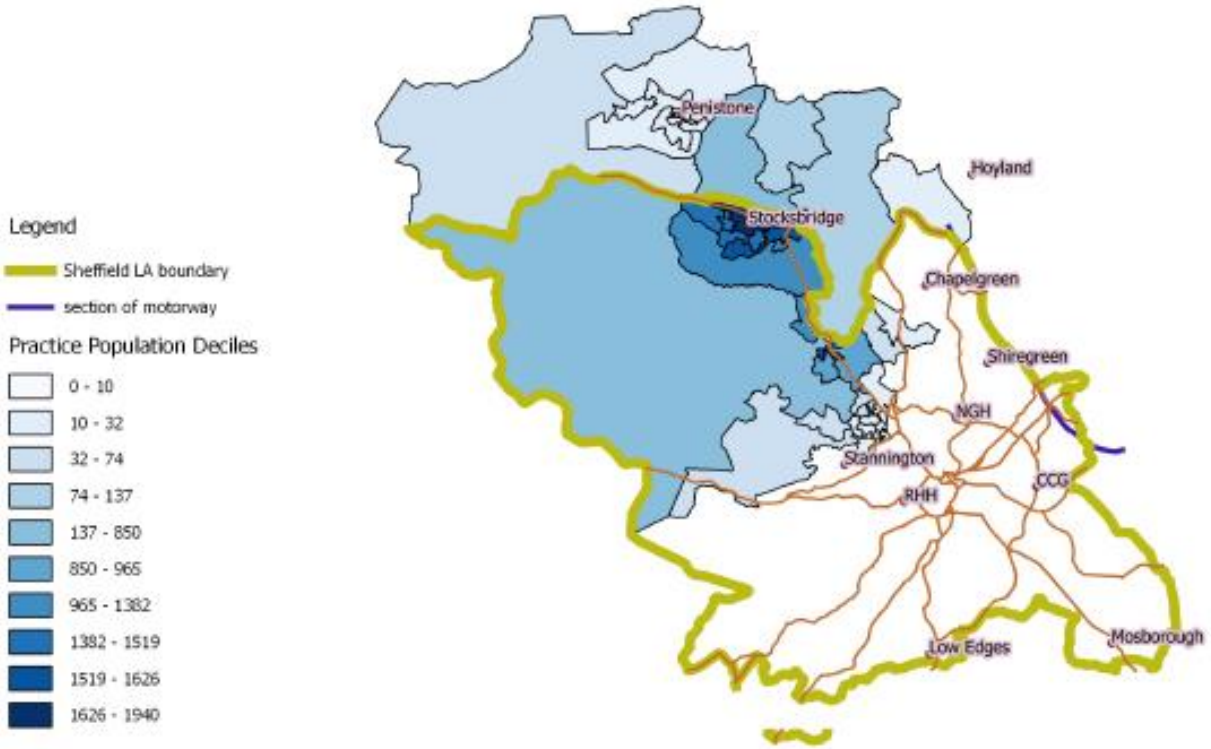
APPENDIX 3

Satellite Imagery of Upper Don Area



APPENDIX 4

Upper Don Practices Catchment Area – Practice Population Density



Produced by NHS Sheffield
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Intelligence Team
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APPENDIX 5

Upper Don Catchment – Rural Urban Classification by Output Area