

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 26 January 2022 at 4.00 pm

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 Chinchin, 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.

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](mailto: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
26 JANUARY 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 - 14)
To approve the minutes of the meeting of the Committee held on 24th November, 2021.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Green Prescribing** (Pages 15 - 22)
Report of the Director of Adult Social Care, Sheffield City Council.
- 8. Adult Dysfluency and Cleft Lip and Palate Service Update** (Pages 23 - 28)
Report of Sandie Buchanan, Director of Commissioning Development, NHS Clinical Commissioning Group.
- 9. Draft Work Programme** (Pages 29 - 34)
Report of the Policy and Improvement Officer.
- 10. Date of Next Meeting**
The next meeting of the Committee will be held on a date to be arranged.

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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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Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee

Meeting held 24 November 2021

PRESENT: Councillors Steve Ayriss (Chair), Talib Hussain (Deputy Chair), Sue Auckland, Lewis Chinchin, Alan Hooper, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, 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 Vic Bowden, Abtissam Mohamed and Garry Weatherall. Councillor Dianne Hurst attended the meeting as substitute Member for Councillor Weatherall.

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 Councillor Alan Woodcock declared a personal interest in Item 8 on the agenda (item 6 of these minutes) Social Care Update – on the grounds that his son accesses home care services.

4. PUBLIC QUESTIONS AND PETITIONS

4.1 There were no questions raised or petitions submitted by members of the public.

5. COVID UPDATE AND FORWARD LOOK

5.1 The Committee received a report giving an update on Covid as the city moves into the winter months.

- 5.2 Greg Fell, Director of Public Health stated that the report was a working brief which he written about a week ago and would update Members as he outlined the key points of the report. He said that infection rates in Sheffield were below the national average and that although numbers had peaked amongst the school age population, there had been a sustained fall following the “half term effect”. Greg Fell stated the booster vaccine programme was having a definitive effect on older people, with 75% of that age group having had the booster and felt that numbers would continue to decline when take-up rates of the over 60s was known. He said that infection rates continued to rise and fall amongst people of the “middle age” groups, the mid-range working people. With regard to international infection rates, he said it was hard to interpret the full extent of the effects of the pandemic, as certainly in eastern European countries, and now amongst western European countries, the take-up of the vaccine was much slower than here at home. Mr Fell reported that 25% of secondary school age children had now had the vaccine and that a significant number of children have had Covid, and the infection rates in Sheffield were lower than anywhere else in South Yorkshire. He said that there were very few cases amongst primary school children. He stated that timing between first and second vaccines was important as there was evidence of the effectiveness of it waning. He said that 70% of the whole population was vaccinated, but obviously that meant there were 30% that were not, and that was a worry as it amounted to tens of thousands of people not vaccinated, from a whole range of areas, some elderly. In Sheffield, there were differences in numbers of those not vaccinated in the east of the City and amongst the BAME community, than residents in the west.
- 5.3 Greg Fell stated that hospital admissions were high and were slowly rising, with most cases, but not all, involving people who were clinically vulnerable, immunocompromised and unvaccinated. He said that although it was one too many, there was one death per day due to Covid. He said that the whole of the NHS and social care services would remain in an exceptionally difficult position throughout winter, due to an increase in the cases of those with flu or people with an acute illness, such patients would be prioritised and that would inevitably have a knock-on effect of those needing hospitalisation as a consequence. Mr Fell anticipated that due to social distancing measures during the pandemic, which have now eased, the magnitude of an outbreak of influenza this winter was impossible to predict, and the infection of both flu and Covid could mean people would be acutely unwell. With regard to a “Plan B” in dealing with an increase in cases, he said it was very much a case of wait and see what comes out of Government as there was not a significant amount of detail. He said the wearing of face masks was impossible to enforce, and that it was a matter of consent and willingness of the public to wear them but added that the wearing of masks would contribute to reducing transmission. He concluded by stating that the overall message was that there was an exceptionally difficult winter ahead and that GPs, ambulances and A&E departments were already seeing record numbers of patients, but the simple things to do were to get vaccinated, have the booster vaccine, work from home wherever possible, wash hands, wear a mask and be patient with the NHS. There were no easy fixes for this pandemic, but he hoped the country would be in a better place by Spring 2022.
- 5.4 Members made various comments and asked a number of questions, to which

responses were provided as follows:-

- Communications inviting people to attend clinics to receive vaccines and the booster were in place, and the strategy for this was moderately effective. The letter to be sent out to everyone in the city regarding GP services, vaccination centres etc., was awaiting final approval before being sent out. With regard to phone and video exclusion, primary care services were aware that there was a significant number of people that don't want to use the telephone or video. The "AskmyGP" service was an online consultation and workflow system that helped GPs manage patient caseload through operational change and digital triage, making it easier for patients to talk to their own doctor and help GPs to prioritise and deliver care through message, phone and video. 90% of patients have said that they preferred remote appointments. In Sheffield, 85% of patients were offered phone or video appointments. GPs and practice nurses occasionally preferred to see their patients face to face based on their medical records. As yet, good data on measuring appointments in primary care was unknown.
- With regard to the level of demand for appointments, during September 2021, there were two million more appointments than two years ago. Locally and nationally, GPs were working extremely hard, and doing their best at managing a very difficult and high demand for services.
- During the last two years, advice and support had been provided to small businesses to enable them to stay open and stay safe, as well as informing what grants were available to keep businesses open. Posters had been made available to display in shop windows, asking people to wear a mask when entering the premises.
- With regard to care homes, 95% of residents were vaccinated so whilst reducing transmission, it was not entirely possible to eradicate. There had been minor lapses in PPE in infection prevention and control, but these numbers were low. Public Health was working with care homes with regard to outbreak prevention, and there was highly functioning machinery in place to work with the sector to continually reinforce the need for prevention of this virus. It was also worth noting that what works to prevent Covid could also prevent the outbreak of flu and the norovirus. Although the norovirus doesn't necessarily kill people, it was highly infectious and could infect large numbers of staff, especially in hospitals, and closed down wards. Care homes were high risk settings and outbreak needed to be carefully managed. There was a weekly dashboard to keep track of infections in care homes, working with the Sheffield City Council and the CCG. Government guidance had been provided to every care home, not only for residents and staff of care homes, but also to visitors.
- With regard to the effectiveness of working from home, data showing the numbers of people working from home was not very clear. About 30% of those that worked in an office were back in the office, with 70% still at home for all, or some of the working week.

- With regard to the Health Impact Assessment (HIA), work had been carried out by many people, and the HIA was presented to the Health and Wellbeing Board about six months ago, which had been broadly accepted. The Health and Wellbeing Board was not a decision-making body, and did not have delegated decision-making powers, so it couldn't accept all the recommendations, but many were taken forward. Health and Wellbeing Boards across the country would stay, and it was anticipated that there would not be much change to the interface between the NHS and the Board, but the Terms of Reference for the Health and Wellbeing Board would be under review.

5.5 RESOLVED: That the Committee:-

- (a) thanks Greg Fell for attending the meeting; and
- (b) notes the contents of the report and responses to the questions raised.

6. SOCIAL CARE UPDATE

6.1 The Committee received a report giving an update on Adult Health and Social Care.

6.2 Alexis Chappell, Director of Adult Health and Social Care first of all apologised for the late circulation of the report and thanked the social care sector for all their hard work carried out during the pandemic. She stated that in addition to dealing with Covid, a whole range of facilities to all kinds of people had been delivered. She stated that her priorities for the people of Sheffield were to provide the best level of social care possible to a wide range of people. There were two key points in the report, firstly the implementation of an enhanced assurance framework for adult social care as set out in the Health and Social Care Bill 2021, through the development of Integrated Care Systems aimed at tackling inequalities, the improvement of population health and wellbeing, the delivery of excellent care and the use of resources. The second key point was to note and identify key areas of priority, and through home care delivery, people could live the life they deserved, and look at a new model giving support for enabling young people to transition well into adulthood and adult services so that young people could have the best start in life. Ms Chappell concluded by stating that the Adult Social Care Service was looking to increase its workforce capacity, so that it could be proactive and responsive.

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

- Relating to practical programming and the impact on the NHS, the Service works closely with the NHS and had a very good relationship with it across the city. There was a Working Group consisting of all directors who work to identify impact pressures and how to deal with them.

- There was an Escalation Hub which comprised Heads of Service and Managers, and which met regularly to look at issues that arose and worked towards solutions to get the best outcomes for people. It was recognised that there was still considerable work required on this issue.
- The Change Programme looked at people's experiences and was trying to put those experiences and views at the heart of what they do. The Service was looking at the national framework and the CQC framework to make sure people's voices were heard when developing the assurance framework.
- There were 117 care homes across Sheffield, not all funded by the Council, as many were self-funded. Whilst it was difficult, there was a promise to gather more data regarding under-occupancy.
- The workforce plan sets out how the Service valued and empowered its social care sector across the city by implementing the national living wage, a career pathway and incentives for working in social care, by using a range of measures and services to do the best they can under sometimes under very difficult circumstances. It was important to value the work of social care workers, and to let people know that they were valued and supported.
- The Service was trying to develop a baseline measure of the care pathway to social care. There was need to understand why people needed social care and also why they chose to leave.
- Like every social care service, the Adult Health and Social Care Service has had to balance many things, but a key priority was to focus on strengths and outcomes by holding conversations with individuals to understand their needs. The Home Care Transformation Programme was a suite of interlinked projects, with the common purpose of supporting transformative improvements in home care in Sheffield. The views of service users were essential to understand how patients go forward and the delivery home care services in the future.

6.4 RESOLVED: That the Committee:-

- (a) thanks Alexis Chappell for attending the meeting;
- (b) notes the introduction of an assurance framework for Adult Social Care through the passage of the Health and Social Care Bill;
- (c) agrees that regular updates on (i) the implementation of the Adult Social Care Assurance Framework and Sheffield City Council preparations and (ii) the progress of priority actions identified arising from the self-assessment, are provided to Committee.

7. PUBLIC QUESTIONS REPORT

- 7.1 The Committee received and noted a report of the Policy and Improvement Officer (Emily Standbrook-Shaw), setting out the written responses to the public questions raised at its meeting held on 29th September, 2021. Ms. Standbrook-Shaw updated Members by stating that the questioner had now been contacted by the officer dealing with her question, and she had been reassured that her concerns were being looked into.

8. WORK PROGRAMME

- 8.1 The Policy and Improvement Officer (Emily Standbrook-Shaw) gave an update and asked if any Members were interested in being included in the Integrated Care System Scrutiny Liaison Group.
- 8.2 Members asked if dental services and issues around Green Prescribing and mental health could be items on the Work Programme.
- 8.3 RESOLVED: That the Committee notes the information reported and approves the contents of the Work Programme.

9. MINUTES OF PREVIOUS MEETING

- 9.1 The minutes of the meeting of the Committee held on 29th September, 2021 were approved as a correct record.

10. DATE OF NEXT MEETING

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- 10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 26th January, 2022, at 4.00 p.m., in the Town Hall.



Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee January 2022

Report of: John Macilwraith (Executive Director - People)

Subject: Green Prescribing

Lead author of report:		
Emma Dickinson	SCC - Commissioning Manager	emma.dickinson@sheffield.gov.uk
Contributing authors of the report:		
Rowan Longhurst	SCC - Service Manager – Countryside	Rowan.Longhurst@sheffield.gov.uk
Jon Dallow	SCC - Woodland Project Officer	jon.dallow@sheffield.gov.uk
Karen Smith	South Yorkshire and Bassetlaw Integrated Care System - Prevention Programme Manager	k.smith60@nhs.net
Lewis Bowman	Voluntary Action Sheffield - Health & Wellbeing Officer	l.bowman@vas.org.uk

Summary:

This report is in response to the Scrutiny's request to understand more about green prescribing

The term '*green prescribing*' (and blue prescribing – water) has been in use for over 5 years but its definition has been refined to mean '*connecting to nature*' rather than '*activities that are outside*'

Sheffielders are fortunate to live in such a green city, where proximity to local green space is not as much of a barrier as in other large cities. However, we know that different parts of the city are served to different levels (in terms of number of sites, access and quality) and we continue to work hard to close this gap. This is captured in our 'Sheffield Standard' and public health investment that has gone into improvements as well as Better Parks programme.

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	<input checked="" type="checkbox"/>
Other	

The Scrutiny Committee is being asked to:

There is an emerging national body of evidence that connecting with nature improves people wellbeing and mental health.

As outlined in the report above there is a strong foundation of community wellbeing, green activities and green assets to develop green prescribing further

Scrutiny committee are asked to note the report

Background Papers:

List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

[Coronavirus lockdown: We need nature now more than ever before | NHS Forest](#)

[Green social prescribing: call for expressions of interest - GOV.UK \(www.gov.uk\)](#)

Category of Report: OPEN (please specify)

Most reports to Scrutiny Committees should be openly available to the public. If a report is deemed to be 'closed', please add: **'Not for publication because it contains exempt information under Paragraph xx of Schedule 12A of the Local Government Act 1972 (as amended).'**

Report of the Director of Adult Social Care, Alexis Chappell **Green Prescribing (how nature support and mental health** **and wellbeing)**

1. Introduction/Context

1.1 This report is in response to the Scrutiny's request to understand more about green prescribing

1.2 NHS Forest have been promoting for over 10 years that green spaces improve physical and health as well as wellbeing.

[Coronavirus lockdown: We need nature now more than ever before | NHS Forest](#)

1.3 The use and importance of natural landscape was evident during the pandemic and highlighted how being outdoors and connecting to nature contributed to people's wellbeing.

[How has lockdown changed our relationship with nature? - Office for National Statistics](#)

1.4 This report sets out:

- Brief outline of community wellbeing (People Keeping Well) and social prescribing in Sheffield
- Green prescribing and examples in Sheffield
- NHS green and blue prescribing test and learn funding
- Parks and Countryside's role in managing the green assets/space which directly contributes to Sheffielders wellbeing

2. Main body of report, matters for consideration, etc

2.1 Community Wellbeing

2.1.1 It has been long understood that health and wellbeing is determined by the circumstances in which people are born, grow, live, work and age as well as medical support. Therefore education, employment, housing, social networks are as important to the life chances and living with long term good health and wellbeing

2.1.2 In Sheffield we have a long history of community anchor and other voluntary sector organisations working alongside primary care to support the social determinants of health

2.2 People Keeping Well (PKW)

2.2.1 People Keeping Well is the city's community wellbeing approach which is jointly funded between Sheffield City Council and Sheffield Commissioning Group (approx. £1.5m).

2.2.2 PKW is a series of 17 partnerships led by ten community organisations. Funding is allocated based on the indices of multiple deprivation of the

City's 100 neighbourhoods to contribute to the following elements / outcomes

- Resilient Communities (support partnerships, capacity building of the community organisations and people enabling people to shape their own communities and stay connected)
- Community Wellbeing (targeted support for people who are at risk of declining health and wellbeing due to social reasons eg 1:1 and groups)

Follow the link for more information about [PKW](#)

2.3 NHS Social Prescribing Link Workers

2.3.1 Since 2019, Primary Care Networks (partnerships of GP surgeries) have been funded through NHS England to have social prescribing link workers.

[NHS England » Social prescribing](#)

2.3.2 Due to PKW, the implementation of social prescribing in Sheffield looks different to other cities / towns. In other areas, PCNs tend to come together to work with one voluntary sector organisation to deliver Social Prescribing. In Sheffield due to long standing community wellbeing approach, PCNs have either funded a link worker with their local community PKW organisation or have complimented via a city wide organisation (eg Sheffield Futures supporting young people)

2.4 What is green prescribing?

2.4.1 The term '*green prescribing*' (and blue prescribing – water) has been in use for over 5 years but its definition has been refined to mean '*connecting to nature*' rather than '*activities that are outside*'

2.5 Examples of green prescribing in Sheffield

2.5.1 Even though green prescribing is a relatively new term, there are many organisations and activities in Sheffield that *connect people to nature*'. Below are a few examples (many are not funded by the Council):

- Green activities as part of People Keeping Well include walking groups, pram push, community growing and allotments
- Sage Greenfingers which is a horticulture therapy programme
- Step Out Sheffield – largest health walk programme in the country of volunteer led health walks
- Wild at Heart (Wildlife Trust) – social groups exploring green spaces

2.6 NHS green and blue prescribing

2.6.1 In 2020 the government announced they would fund seven Integrated Care Systems (NHS) to test and learn green and blue prescribing. The South Yorkshire and Bassetlaw ICS were successful in securing in funding for this.

2.6.2 The programme in South Yorkshire aims to:

- Insight work to map and scope current green and blue activities and the gaps
- Workforce development, beginning with Link Worker training and webinars to understand green and blue prescribing
- A grants programme to develop further green and blue activities
- System and Place engagement work to connect stakeholders and promote collaboration and learning
- Support a national evaluation to strengthen learning around scaling up and sustaining green prescribing.

2.6.3 The insight work for Sheffield suggested the following for the grants programme:

- Projects working with people from areas of deprivation (top 20% IMD)
- Projects with a clear commitment to increasing diversity and inclusion, that can demonstrate close links to the communities they plan to engage
- Projects that support development of volunteers as GBSP advocates/champions that can act as connectors to target communities
- Projects that incorporate volunteer befriending and peer support schemes allied to delivery of GBSP activities
- Projects that support training and awareness of green/blue spaces to facilitate longer-term engagement

2.6.4 The following organisations have been awarded monies as part of the grants programme (several are existing PKW organisations)

- Peak District National Park Foundation
- Ethel Trust
- Heeley Development Trust
- Endeavour Training Limited
- Blend Cook, Eat, Share CIC
- Firvale Community Hub
- The Terminus Initiative
- Grow
- Darnall Well Being Ltd.
- Manor and Castle Development Trust Ltd
- Bloom Sheffield
- Support Arts Gardening Education
- Additional projects may be funded

2.7 Green and Outdoor space is an amazing asset for Sheffield

2.7.1 Please follow this [link](#) for Council's Great Outdoors Green and Open Space strategy

2.7.2 The green and open spaces in our city were established for the people of Sheffield. Although they have many other benefits (Biodiversity,

Nature & Climate, Economic value) they are there first and foremost to lift the spirit and enrich our lives. Popular and well-used spaces can bring residents and their communities closer together.

2.7.3 The Green and Open Spaces Strategy seeks to ensure that the full diversity of Sheffield's population is out there enjoying our local green and open spaces which are safe, clean and accessible in all areas - and enlivened with a range of activities, events and facilities and contributing to the health and wellbeing of our city.

2.7.4 The infographic below shows the breadth of the 800 places the Parks and Countryside Service manages on behalf of the city



2.8 The Outdoor City

2.8.1 The Outdoor City Strategy recognises 'Outdoor recreation' has a particular role to play in terms of reducing health inequalities: The health benefits of increased outdoor participation are both physical and mental and it will be vital to understand the role of the outdoors in engaging traditionally inactive groups to ensure they can enjoy these benefits.

2.8.2 Please follow the [link](#) to the Outdoor City Economic Strategy

2.9 Green Social Prescribing and Empowering Communities

2.9.1 Due to its breadth and variety green social prescribing has an important role in relation to the declared nature and climate emergencies and is a powerful tool for reaching our diverse communities. When people have

the opportunity to connect with the natural world through nature-based activities, they are also learning the value of protecting, enhancing and valuing those spaces and environments at the same time.

2.9.2 As the [Sheffield State of Nature 2018](#) report alluded we need to continue to engage people with their local greenspaces for the purposes of both active conservation and recreation.

2.10 **Parks, Woodlands & Countryside Service**

2.10.1 The Parks, Woodlands and Countryside Service are responsible for the management maintenance and development of over 800 green spaces across 4000 hectares.

2.10.2 The service maintains, activates, facilitates and supports this incredibly varied and diverse patchwork of greenspace enabling green and social prescribing activities. Whether in our parks, woodlands, allotments, river valleys or moorlands these spaces need to be safe, welcoming, accessible and well maintained, meeting the needs of all our communities. The service also plays a key role in enhancing biodiversity and habitats which allows communities to connect with nature.

2.10.3 The service also works with providers, partners and communities to build capacity - such as the People Keeping Well organisations. We help facilitate, capacity build, educate and inform suitable activity to cocreate long term initiatives which use and help conserve Sheffield's greenspace.

2.11 **Environmental Levelling up**

2.11.1 Sheffielders are fortunate to live in such a green city, where proximity to local green space is not as much of a barrier as in other large cities. However, we know that different parts of the city are served to different levels (in terms of number of sites, access and quality) and we continue to work hard to close this gap. This is captured in our 'Sheffield Standard' and public health investment that has gone into improvements as well as Better Parks programme.

2.11.2 The provision of toilets and accessible facilities that provide refreshments can be a key barrier to activation and engagement. There are more toilets and cafes in the west of the city and a lower level of provision in the east.

2.11.3 This backdrop increases the task of 'environmental levelling up' but a number of existing and planned 'Discovery Centres', parks buildings and activity hubs can provide a real focus for green social prescribing activity. Examples of these are the First Start Centre (Firth Park), Woodland Discovery Centre (Ecclesall Woods), Hillsborough Park Age UK café (opening soon), Shirebrook Valley Visitor Centre, Parkwood Springs Active Country Park project and Sheffield General Cemetery restoration to name a few. These sites provide facilities where green social prescribing activities can grow and flourish from as well as providing hubs for community activity or projects.

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

3.1 There is an emerging national body of evidence that connecting with nature improves people wellbeing and mental health.

3.2 As outlined in the report above there is a strong foundation of community wellbeing, green activities and green assets to develop green prescribing further

4. Recommendation

4.1 Scrutiny committee are asked to note the report



Update to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 26th January 2022

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

Subject: Adult Dysfluency and Cleft Lip and Palate Service Update and Draft Consultation Plan

Author of Report: Hattie Myers, (Commissioning Manager), NHS Sheffield Clinical Commissioning Group
Kate Gleave, (Deputy Director, Commissioning), NHS Sheffield Clinical Commissioning Group
Mandy Higginbottom, (Strategy Director), Sheffield Children's NHSFT

Summary:

The purpose of this paper is to inform the Committee of updates since the last meeting on the dysfluency (stammer) and cleft, lip and palate services for adults within Sheffield. The paper provides updates on the Trust's current position, details engagement activities that are being undertaken and identifies next steps in the process.

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 asked to note the update on the position on the adult Dysfluency and Cleft Lip and Palate services within Sheffield.

Background Papers:

Adult Dysfluency and Cleft Lip and Palate Service Paper, July 2021
Adult Dysfluency and Cleft Lip and Palate Service Update and Draft
Consultation Plan, Sept 2021

Category of Report: OPEN

Adult Dysfluency and Cleft Lip and Palate Service Update

1. Background:

- The Sheffield Children's NHS Foundation Trust (SCNHSFT) was invited to re-attend the Healthier Communities and Adult Social Care Scrutiny Committee on the 29th September 2021 but was unable to as this was at the same time as the Trust Annual Members Meeting. This was notified to the Committee in advance of the meeting. The paper at the committee presented the Trust's review of its decision to suspend as of 1st April the adult dysfluency and cleft palate speech and language services. The outcome from this review was for the Trust to reinstate the pathways, accepting all referrals until January 2022 but to cease the service thereafter.
- A full public consultation was due to start in early November. An additional Healthier Communities and Adult Social Care Scrutiny Committee meeting was scheduled for the 29th October to enable a further conversation with the Trust in advance of the consultation starting.

2. Updates since last meeting

- In early October the Trust held conversations both with the management team and the Speech and Language Therapy team, as well as further correspondence with the CCG and from members of the public via the Healthier Communities and Adult Social Care Scrutiny Committee. This culminated in a further review of the decision by the Executive on 20th October 2021.
- The Trust's Executive Team decided that it would *not* cease providing services to adults in January 2022 but would continue to take referrals until there was suitable adult provision in place in Sheffield, working alongside the CCG. The Healthier Communities and Adult Social Care Scrutiny Committee were informed and the 29th October meeting was stood down pending discussions with the CCG on the way forward.
- During this process, discussions were initiated with NHS England (NHSE) Specialised Commissioning team as they are responsible for the commissioning of significant parts of the Cleft Lip and Palate pathway. Conversations are ongoing with NHSE, therefore the remit of the review has narrowed to overseeing the review of the dysfluency pathway only whilst the commissioning responsibilities for Cleft Lip and Palate are being worked through.
- In relation to the 12 patients whose referrals were originally rejected, all have been offered an appointment and 10 out of the 12 have attended an appointment. The two patients who have not attended are due to patient choice and a did not attend. There have been 10 further referrals since SCNHSFT re-opened to referrals.

3. Current position

- The current SLT service at SCNHSFT continues to see patients as it has done throughout the pandemic and continues to accept new referrals.
- The Trust is still 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. However, the Executive Team were of the view that there should not be a hard deadline to enable services to be in place for this transition to protect the health and well-being of the adults with those conditions.
- SCNHSFT and the CCG are working together and utilising a fortnightly Task and Finish Group to oversee the joint working.
- The QEIA remains a live document which is being reviewed and updated if new information is received
- A partner engagement meeting has been conducted with Sheffield CCG, SCNHSFT staff, STAMMA and a patient representative which reviewed all patient experience information over the past 3 years. The information was analysed as a group to identify themes and trends, which information was missing and therefore needed exploring further and whose voice was not heard.
- The group noted that there was actually quite limited feedback available (29 pieces of information). The initial view of this analysis was that whilst the feedback outlined the need for and impact of receiving a service, there has been little feedback in relation to service location, how the service is delivered and what outcomes are important to patients.

4. Next steps

- The review of the patient experience information is being used to inform the development of an involvement plan. The Task and Finish Group are aware that the patient experience is limited based on the number of people who have utilised the service.
- Sheffield CCG and SCNHSFT are therefore collaborating on a process to identify gaps in our knowledge relating to patient experience that will enable us to develop a robust involvement plan. The involvement plan will enable us 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.
- Key wider stakeholders also need to be heard to ensure that possible future options can be considered for service delivery and any issues, concerns, preferences and potential impacts are understood, as well as any potential solutions.

- 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.

5. Recommendation

5.1. The Committee is asked to:

5.1.1. Note the updates above

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 26th January 2022

Report of: Policy and Improvement Officer

Subject: Draft Work Programme

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk

The report sets out the Committee's draft work programme for consideration and discussion.

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	
Other	X

The Scrutiny Committee is being asked to:

- Consider and comment on the work programme

Category of Report: OPEN

1 What is the role of Scrutiny?

- 1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement.
- 1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with agenda items, single item ‘select committee’ style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.
- 1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS funded services, and where a ‘substantial variation’ to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration.

2 The Scrutiny Work Programme

- 2.1 Attached is the draft work programme for the Committee’s consideration. We will take a flexible approach in planning scrutiny work, to enable us to respond appropriately as new issues emerge.
- 2.2 Members of the Committee can also raise any issues relating to the work programme via the Chair or Policy and Improvement Officer at any time.

3 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme

HC&ASC Draft Work Programme 2021/22

Date	Issue
January 26th 2022	<p>Green Prescribing in Sheffield – Sheffield City Council, Emma Dickinson. Partner organisations (VAS, Heeley City Farm, Wildlife Trust) will also be in attendance to talk about the work they are doing around Green Prescribing.</p> <p>Adult Dysfluency Services – Update on future service model – Sheffield Children’s Hospital NHS Foundation Trust.</p>
To be determined	<p>Access to Dental Services in Sheffield - NHS England</p> <p>Social Care – Inspection Programme Update; and Change Programme Update – Sheffield City Council, Alexis Chappell as agreed at November meeting.</p>
Other Issues – date to be determined:	
<p><i>Development of the South Yorkshire ICS</i> – working group meeting scheduled for the 1st February.</p> <p><i>CCG Response to the Scrutiny Report on Continence Services.</i></p>	

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