

Health Scrutiny Sub-Committee

Wednesday 7 December 2022 at 10.00 am

**To be held in the Town Hall,
Pinstone Street, Sheffield, S1 2HH**

The Press and Public are Welcome to Attend

Membership

Councillor Ruth Milsom
Councillor Steve Ayris
Councillor Martin Phipps
Councillor Dawn Dale
Councillor Mary Lea
Councillor Abtisam Mohamed
Councillor Anne Murphy
Councillor Kevin Oxley
Councillor Gail Smith

PUBLIC ACCESS TO THE MEETING

Meetings of the Health Scrutiny Sub-Committee are chaired by Councillor Ruth Milsom.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. 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 Health Scrutiny Sub-Committee meetings and recording is allowed under the direction of the Chair. Please see the [webpage](#) 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.

Health Scrutiny Sub-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 on the agenda.

Meetings of the Health Scrutiny Sub-Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the [website](#).

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk.

In order to ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information please email committee@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.

**HEALTH SCRUTINY SUB-COMMITTEE AGENDA
7 DECEMBER 2022**

Order of Business

- 1. Welcome and Housekeeping**
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence**
- 3. Exclusion of Press and Public**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 6. Relocation of Step Down Services from Wainwright Crescent to Lightwood House - Progress** (Pages 11 - 22)
Report of the Sheffield Health and Social Care NHS Foundation Trust
- 7. Firshill Rise - Update**
NHS South Yorkshire to report
- 8. Draft Decision Making Business Case**
NHS South Yorkshire to report
- 9. Work Programme** (Pages 23 - 32)
Report of the Interim Director, Legal and Governance

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on Wednesday 25 January 2023 at 1.00 pm

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, 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 Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, Interim Director of Legal and Governance by emailing david.hollis@sheffield.gov.uk.

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Report to Health Scrutiny Sub Committee 7 December 2022

Report of: Greg Hackney, Senior Head of Service, Sheffield Health, and Social Care NHSFT

Subject: Progress report on the relocation of step-down services from Wainwright Crescent to Lightwood House

Author of Report: Greg Hackney, Senior Head of Service, Sheffield Health, and Social Care NHSFT

Summary:

- 1.1 A report was provided to the Health Scrutiny Sub Committee in June 2022 regarding the plan to relocate the Step-Down service from Wainwright Crescent to Beech, on the Trusts Lightwood Lane site in July 2022.
- 1.2 The new facility would be a significant improvement. Relocating the service to Beech would provide and enable
 - Therapeutic care and support in a modern facility
 - Dignity and privacy with 100 % of bedrooms providing en-suite facilities and able to provide separated sleeping, ensuring sexual safety
 - Meaningful activities through more and flexible private and communal space
- 1.3 The planned relocation was supported by the Committee and the Committee requested a follow up report regarding progress and the impact of the relocation.

What does this mean for the people of Sheffield?

- 1.4 **The service successfully re-located on the 5th July 2022.** Review and feedback to date indicates the relocation has been successful and the intended improvements are being realised.
- 1.5 Key points to note are summarised as
 - a) **Positive feedback from service users on the environment** – all rooms are ensuite, two separate kitchens, enclosed garden, plenty of spaces to relax and receive visitors with privacy

- b) **Positive feedback from staff of being in an improved environment** – this service change had been discussed for many years prior to a commitment to make the changes required. There are better staff facilities including a shower and staff room.
- c) **No adverse impact on waiting times** - due to the operational model of the unit, despite reduction of beds from 11 to 10, service users are not experiencing waits to access the service.
- d) **Infection control concerns that existed at Wainwright Crescent have been addressed** – new flooring, separate clinic room and safe storage of medication, en-suite bedrooms, which allows for better isolation of service users with an infection and minimise risk of infection spread.
- e) **Co-location with other services** means staff and service users at Beech are not as isolated as they were
- f) **CQC registered the new facilities and there was positive feedback** from this process
- g) **Opportunity to offer more to service users** – access to minibus service at Lightwood to facilitate trips and greater opportunity for therapeutic work and in-reach
- h) **Changes to housekeeping contract is improving quality** – previously this was subcontracted to the council. This is now fully in-house, providing greater assurance on quality and availability.

1.6 Specific impacts

Expectation pre-move	Progress Update
Impact on care: The Quality and Equality Impact Assessment concluded the impact on care would be very low and manageable.	Feedback over the first 3-4 months supports the assessment and no adverse impacts on care have been highlighted.
Standard of accommodation: The environment is of a higher standard and quality and suitable to the needs of the client group	The improved accommodation has been well received by service users and staff.
Reduction of one bed: The new accommodation had one bed less. We projected to admit more people with 10 beds than we previously admitted with 11 beds.	Throughput and length of stay has improved, and the reduced bed hasn't had an adverse impact.
New location and access: There will be increased travelling times for some visitors, but reduced times for others, given this is a city-wide facility. This general impact was considered to be minimal.	There have been no noticeable or reported problems arising from the re-location to the Lightwood House site and impact on travel arrangements or visiting arrangements.

	<p>While its still relatively early days, over the 3 months since the relocation admission numbers have remained the same – suggesting that the new location is not a deterrent for individuals needing to access the service.</p> <p>Generally there have been no adverse feedback has been received regarding any negative consequences or impacts upon individual travel arrangements arising from the new location.</p> <p>More recently we have had some recent comments from service users about transport as the bus service/route has been changed and no longer comes on the top road, so people have to cross the busy dual carriageway and walk further for another bus</p>
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Recommendation

Some members of the Committee may have taken the opportunity to visit the new facility.

For the Committee to consider if they are assured that the service relocation has had a positive impact for the people of Sheffield and advise if further lines of enquiry would be beneficial.

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:

Note the progress made in the relocation of Step-Down Services and consider the level of assurance that positive steps have been taken to improve the experience and outcomes of the people of Sheffield.

Background Papers:

Review paper included.

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).'**

Step Down Services

Relocation of service to Beech Progress report



28 November 2022

1. Introduction

- 1.1 A report was provided to the Health Scrutiny Sub Committee in June 2022 regarding the plan to relocate the Step-Down service from Wainwright Crescent to Beech, on the Trusts Lightwood Lane site in July 2022.
- 1.2 The planned relocation was supported by the Committee.
- 1.3 The Committee requested a follow up report regarding progress and the impact of the relocation.

2. Background

- 2.1 The purpose of the move was to provide significantly improved facilities that are safe, dignified, fit for purpose, and suited to the delivery of modern care and support in shared facilities.
- 2.2 The main aim of the Step-Down service is to provide a safe place where individuals can continue to focus on themselves and their recovery and rebuild their confidence. Through building on strengths and offering practical support with daily living skills such as shopping, medication, budgeting, cooking and self-care, the service supports individuals to make a transition back to the community from hospital as smooth as possible
- 2.3 The previous environment was very poor and did not support the provision of dignified, respectful of modern community-based care and support. This did not support SHSC priorities which are to ensure effective services are in place across the crisis care pathway and to deliver services in environments that actively support the delivery of therapeutic care.
- 2.4 The Trust had an empty facility (Beech) based on the Woodland View site at Lightwood House. This had already been re-furbished and furnished to a high standard. The design and layout actively supporting safety (to include same sex facilities), privacy and dignity and would meet the needs of the step-down service and the client group. This facility would be a significant improvement on the Wainwright Crescent facility. Relocating the service to Beech would provide and enable
 - Therapeutic care and support in a modern facility
 - Dignity and privacy with 100 % of bedrooms providing en-suite facilities and able to provide separated sleeping, ensuring sexual safety
 - Meaningful activities through more and flexible private and communal space

3. The relocated service – impact and benefits

3.1 The service successfully relocated on 5th July 2022.

3.2 **Overall, the change has been positively received.**

Some areas to note:

- a) **Positive feedback from service users on the environment** – all rooms are ensuite, two separate kitchens, enclosed garden, plenty of spaces to relax and receive visitors with privacy
- b) **Positive feedback from staff of being in an improved environment** – this service change had been discussed for many years prior to a commitment to make the changes require. There are better staff facilities including a shower and staff room.
- c) **No adverse impact on waiting times** - due to operational model of the unit, despite reduction of beds from 11 to 10, service users are not experiencing waits to access the service.
- d) **Infection control concerns that existed at Wainwright Crescent have been addressed** – new flooring, separate clinic room and safe storage of medication, en-suite bedrooms, which allows for better isolation of service users with an infection and minimise risk of infection spread
- e) **Co-location with other services** means staff and service users at Beech are not as isolated as they were
- f) **CQC registered the new facilities and there was positive feedback** from this process
- g) **Opportunity to offer more to service users** – access to minibus service at Lightwood to facilitate trips and greater opportunity for therapeutic work and in-reach
- h) **Changes to housekeeping contract is improving quality** – previously this was subcontracted to the council. This is now fully in-house, providing greater assurance on quality and availability.

3.3 **Access**

The service relocated on 5th July 2022. It is too early to provide an overview of changes and impacts. However, information for the first three-month period following the change would indicate that the relocation has not had any adverse impact on access to the service.

- The same number of people are accessing the service as before
- Bed utilisation is in line with before
- Length of stay has been shorter for those people discharged over the three-month period since the relocation

Criteria	2021-22	August – October 2022
Number of beds	11	10
Number of Admissions	5.3 per month 64 in 2021-22	5
Occupancy/ utilisation	9.3 beds on average October 21- March 22	9.1 beds used on average
Length of stay	67.6 days rolling 12 month average 100 days for those on the unit at the end of each month	64 days rolling 12 month average 37 days for those on the unit at the end of each month

3.4 Service user feedback

A small group of service users moved from Wainwright Crescent to Beech at Lightwood and have therefore experienced receiving support at both facilities.

Feedback surveys were requested when they were subsequently discharged from Beech regarding the comparisons between the two facilities.

Overall the feedback, from the small group of service users, was positive regarding Beech, and the comments are summarised below.

Consideration	Feedback
Accommodation	Positive feedback Bedroom/ bathrooms more spacious and of higher standard. Not having to share bedrooms and ensuite facilities gives more privacy and dignity.
Facilities	Positive feedback Kitchen more spacious, better décor, modern design and equipment Lounge much more spacious, improved décor, more relaxing More communal areas, more rooms for private time with visitors, more choices Range and choice of activities has improved, supported by better facilities
Outdoor space	Positive feedback Outside area described as pretty and appealing

Consideration	Feedback
Location and surrounding area	Benefits of Trust Pharmacy delivering to Beech/Lightwood House as it makes things more convenient. Neighbouring area described as nice and tidier than the Wainwright Crescent area, with lots of places to walk around. Some feedback reflected on the need to walk to the local facilities.

3.5 **Staff feedback**

Feedback from staff working in the service was gathered following the move.

Consideration	Feedback
Care environment	Positive comments and experiences of the new environment and how it supported improved service user experiences
Meaningful activities and interactions	Positive comments and experiences of the new facilities and how it supported provision of improved range of activities for service users
Office and administration facilities	Furnishings and feel of the new offices were a clear improvement on previous arrangements Smaller offices have led to changes in working routines re using bookable rooms and needing to do more tasks 'outside of the office'
Outdoor space	Positive feedback along with a range of ideas for how further improvements can be made (soft furnishings, more planting etc)

2.6 **Areas for further development, action and monitoring**

New environmental concerns have arisen that need rectifying. This includes need for a second accessible bathroom for use by visitors and in event of an en-suite or staff facilities not working, continuity of access to essential facilities.

2.7 **Impacts arising from the proposed relocation**

The proposal to relocate the service to Beech identified four key areas of potential impact. These are summarised below. There have been no adverse impacts arising from the service relocation generally over the first three-month period post move.

More recently changes to bus routes have been made that is resulting in a change in travel arrangements for service users and the impact of this will be reviewed and monitored over the coming months.

Expectation pre-move	Progress Update
Impact on care: The Quality and Equality Impact Assessment concluded the impact on care would be very low and manageable.	Feedback over the first 3-4 months supports the assessment and no adverse impacts on care have been highlighted.
Standard of accommodation: The environment is of a higher standard and quality and suitable to the needs of the client group	The improved accommodation has been well received by service users and staff.
Reduction of one bed: The new accommodation had one bed less. We projected to admit more people with 10 beds than we previously admitted with 11 beds.	Throughput and length of stay has improved, and the reduced bed hasn't had an adverse impact.
New location and access: There will be increased travelling times for some visitors, but reduced times for others, given this is a city-wide facility. This general impact was considered to be minimal.	<p>There have been no noticeable or reported problems arising from the re-location to the Lightwood House site and impact on travel arrangements or visiting arrangements.</p> <p>While its still relatively early days, over the 3 months since the relocation admission numbers have remained the same – suggesting that the new location is not a deterrent for individuals needing to access the service.</p> <p>Generally there have been no adverse feedback has been received regarding any negative consequences or impacts upon individual travel arrangements arising from the new location.</p> <p>More recently we have had some recent comments from service users about transport as the bus service/route has been changed and no longer comes on the top road, so people have to cross the busy dual carriageway and walk further for another bus</p>

4. Lessons learnt review

As part of the review of the service re-location a lessons learnt review has been undertaken. This highlights the benefits of some of the actions taken and areas where improvements can be made.

Theme	Description of Lesson
Staff consultation	Timely follow up on relocation allowance forms, which required re-dating due to move date being rescheduled, to minimise delays
Engagement with staff	<ol style="list-style-type: none"> 1. Engage with existing services that will be impacted with relocation 2. Be mindful of impact on staff morale if planned service change does not progress as anticipated 3. Evaluation surveys are important to learn what has gone well/could have gone better
Engagement with service users	<ol style="list-style-type: none"> 1. Evaluation surveys are important to learn what has gone well/could have gone better 2. Seek input from service users – improvements can be identified and made in a timely manner
Commissioner expectations	Scope need for external consultation(s) as part of planning service change
Involvement of corporate services	Designated leads to be identified for each supporting corporate function
Financial appraisal	No budget allocated for contingency works
Project Mobilisation Group	Ensure full representation at meeting regularly to support service change
Legislative – CQC Registration	Ensure CQC registration is accurate
Communications	Working with Communications team throughout service changes is paramount

5. Assurance of the management of the re-location

For information and reference the following were in place to support the planned service relocation

- a) Full Quality and Equality Impact Assessment, approved by Medical and Nursing Directors
- b) Environmental risk assessment appropriate to the needs of the client group
- c) Re-registration appraisal of the service and proposed move with the Care Quality Commission who have visited the proposed new location and approved registration.
- d) Engagement and consultation with stakeholders (current and future service users, staff, commissioning leads, Healthwatch)

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Step Down Services

Appendix A



1 December 2022

1. Introduction

1.1 This document has been prepared to profile the demography of service users of Sheffield Health and Social Care NHS Foundation Trust step-down provision before and after the relocation to Beech, 1 Lightwood Lane, Sheffield, S8 8BG, on the 5th July 2022.

2. Background

2.1 The diversity of the people who access our step-down service is an important consideration for Sheffield Health and Social Care NHS Foundation Trust. We know that some groups experience socio-economic inequality which causes greater vulnerability to experiences of poor mental health. We want to ensure that our services are organised in a way which provides equal access to care and meets the needs of our diverse communities. We have reviewed the ethnic and religious background of service users who have accessed Beech and detailed within this appendix.

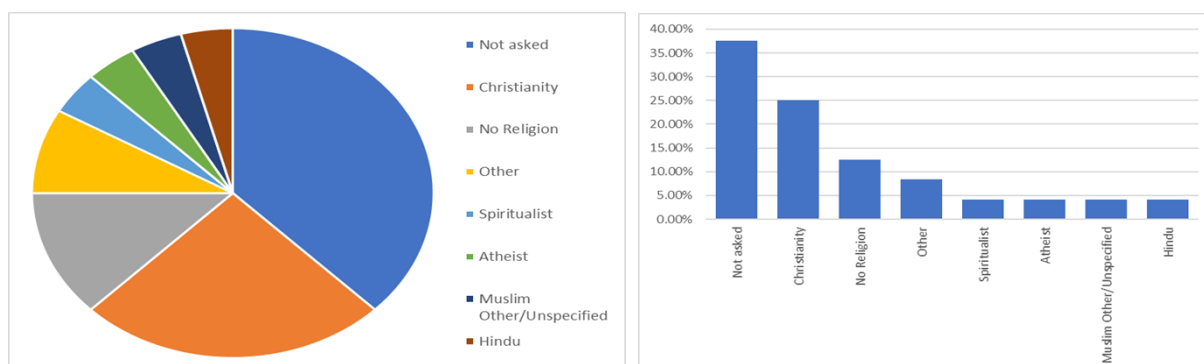
2.2 The new geographical location of our step-down facility is a 3.6 mile distance from its previous location. This location is closer to the home address of some service users and further from the home address of others. The changes in geographical location are partially mitigated through our clinical pathways. All service users who access Beech are conveyed from our hospital wards directly. Service users are not required to travel to and from their home address. In almost all cases, we support service users to return home following their stay at our step down unit. However, service users may be less familiar with the surroundings of Beech if the location is further away from their home. We have reviewed the postcodes of service users who have accessed Beech and detailed within this appendix.

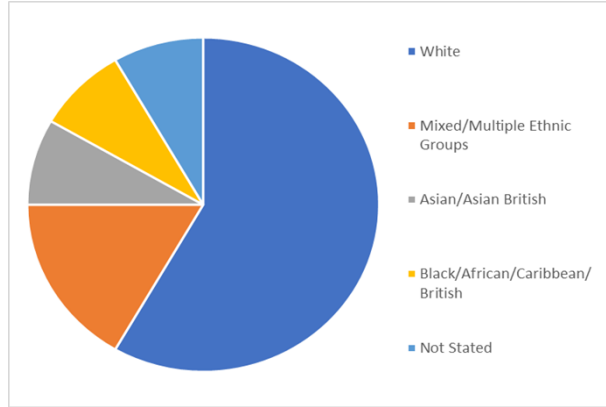
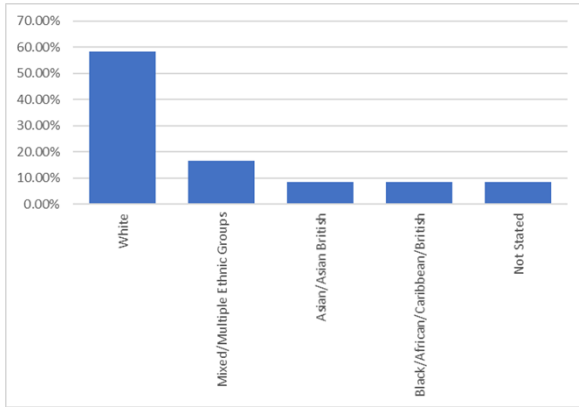
3. Demography

3.1 24 service users have accessed Beech since the 5th July 2022 – 1st December 2022. 65 service users accessed Wainwright Crescent from the 12th July 2021 to the 30th June 2022. The charts below illustrate the spectrum of ethnic and religious diversity and distance from home.

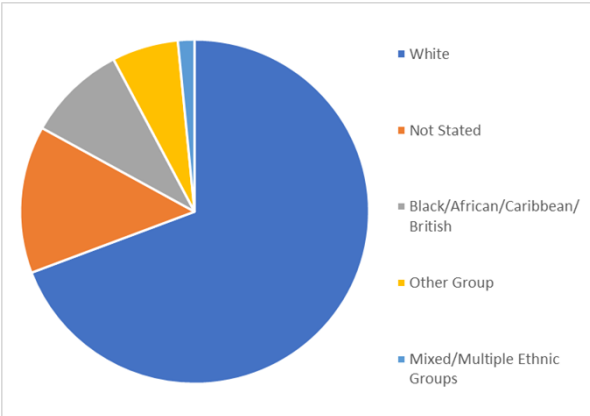
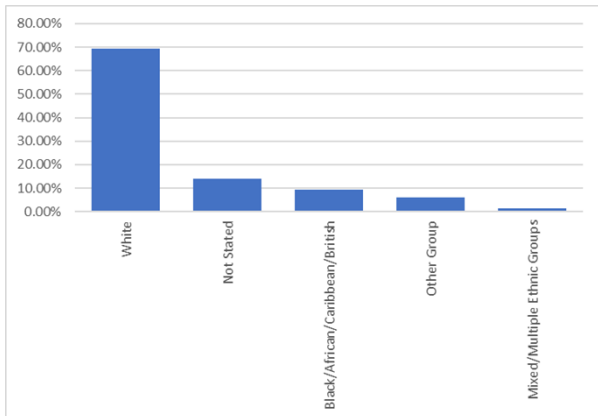
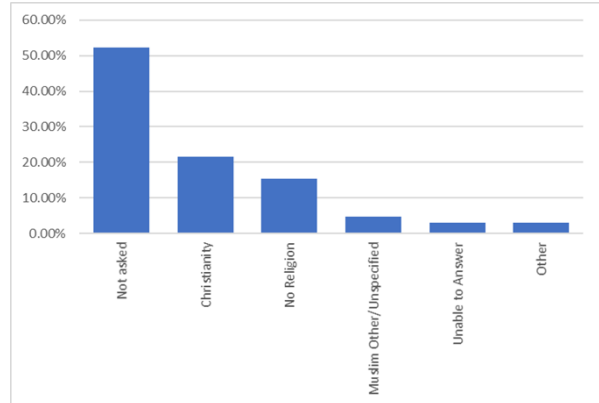
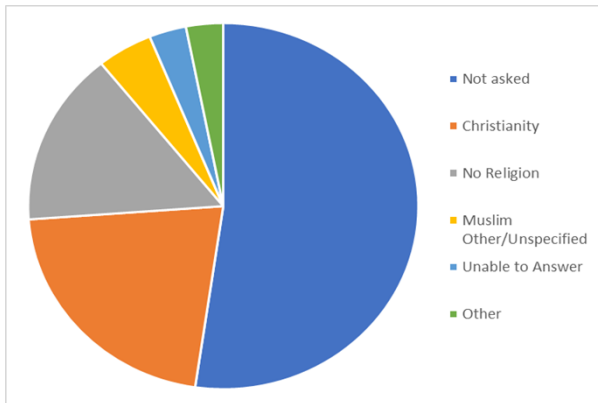
3.2 Ethnic and religious diversity

Between 5th July 2022 – 1st December 2022



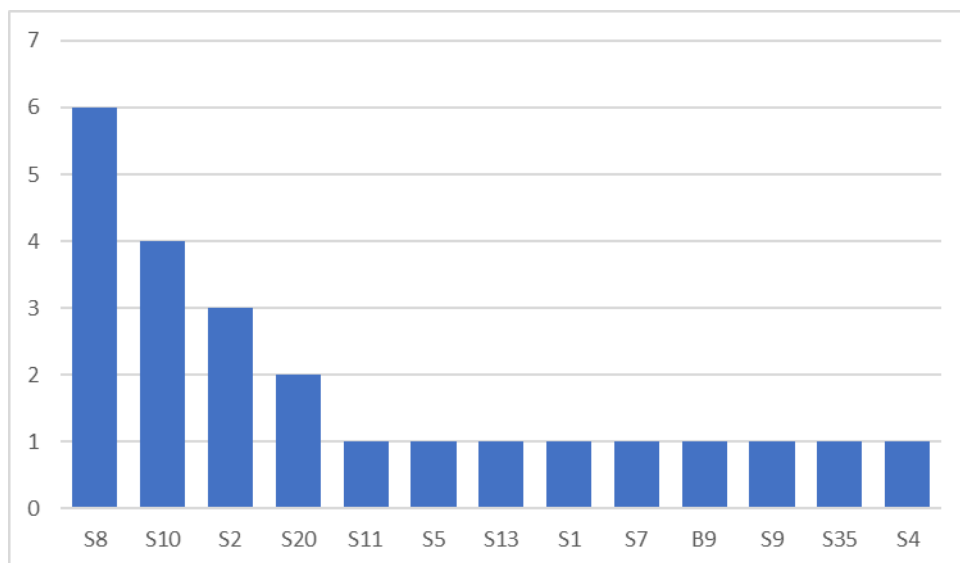


Between 12th July 2021 – 30th June 2022

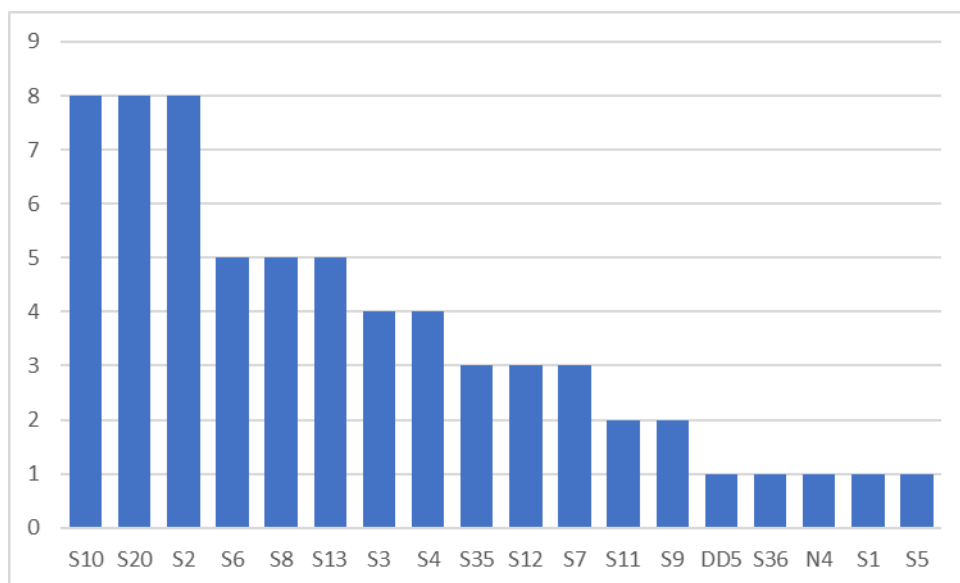


3.3 Distance from home

3.4 Between 5th July 2022 – 1st December 2022



3.5 Between 12th July 2021 – 30th June 2022



4. Analysis

There has been no significant change to the religious beliefs or ethnicity of service users who have accessed our step-down service as a result of the relocation. 45% of service users did not disclose their religious beliefs and 11% did not disclose their ethnic identity. 63% of service users identify as white British and 30% identify as Black Ethnic or Minority Asian. 23% of service users were Christian and 14% identified as either Muslim, Hindu, Spiritualist or Atheist. There is no clear relationship between the home address affecting access to our step-down provision. This may require further analysis over the passing of time.



Report to Health Scrutiny Sub-Committee

7 December 2022

Report of: David Hollis, Interim Director of Legal and Governance

Subject: Work Programme

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

Summary:

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Chair, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this report, where applicable:

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

The Work Programme will remain a live document and will be brought to each Committee meeting.

Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;

Background Papers: None**Category of Report:** Open**COMMITTEE WORK PROGRAMME****1.0 Prioritisation**

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	
Referred from	
<i>Details</i>	
<i>Commentary/ Action Proposed</i>	

3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a

position in a neutral space before bringing the issue into the public domain at a formal meeting.

2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date

Appendix 1 – Work Programme

Part 1: Proposed additions and amendments to the work programme since the last meeting:

Item	Proposed Date	Note

Part 2: List of other potential items not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee’s next meeting, at the discretion of the Chair.

Topic	
Description	
Lead Officer/s	
Item suggested by	<i>Officer, Member, Committee, partners, public question, petition etc</i>
Type of item	<i>Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)</i>
Prior member engagement/ development required <i>(with reference to options in Appendix 2)</i>	
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 5	January 25 th 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
CQC CAMHS Monitoring Visit – post visit action plan.	To consider progress on addressing the issues identified through the CQC CAMHS visit, to include the Children’s Hospital, Care Trust and Teaching Hospitals.	Sheffield Children’s Hospital NHS Foundations Trust				
Mental Health Interventions	To consider the support available for people with low-level mental health problems that don’t reach the threshold for a clinical diagnosis.	Abigail Tebbs, NHS SY ICB, Joe Horobin, Director of Integrated Commissioning, SCC		tbd	tbd	
CQC Assurance Framework	To receive an update on the new CQC single assessment framework.	Alexis Chappell, Director of Adult Health & Social Care	Briefing			
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	March 23 2023	Time				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Quality Accounts 2022/23	Sub-Committee to agree approach to the 2022/23 Quality Accounts process.	Principal Democratic Services Officer	Statutory consultation	Briefing on role and purpose of Quality Accounts to be included in report.		This Committee.
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Items which the committee have agreed to add to an agenda, but for which no date is yet set.						
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Adult Dysfluency and Cleft Palate Speech and	Healthier Communities and Adult Social Care Scrutiny Committee has previously been involved in	Lucy Ettridge/Kate Cleave, NHS	Consideration of 'substantial change' to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and		This Committee

Language Therapy Services	considering 'substantial change' to service. Proposals have since been reviewed – still awaiting new proposal on future service model. The Scrutiny Sub-Committee will need to consider the new proposal when it has been developed.	South Yorkshire ICB		Palate Service Update.pdf (sheffield.gov.uk)		
Continence Services	Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence Working Group in March 2022. Committee requested that the NHS be invited to give a further update on progress at a future meeting.	Sarah Burt, NHS South Yorkshire ICB	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		
NHS Commissioning in 'Place' – Sheffield Committee arrangements	Update on the developments of South Yorkshire ICB and the establishment of the Sheffield Place Committee	Emma Latimer – NHS South Yorkshire ICB	Briefing			
Sheffield Teaching	Update on progress in improving maternity	STH NHS FT	Performance Update	Previously considered by sub-		

Hospitals – Maternity Improvement Update	services following CQ inspections.			Committee at September meeting.		
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its ‘menu of options’ for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what’s worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

- a. Public calls for evidence
- b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as ‘hackathons’) led by committees
- c. Creative use of online engagement channels
- d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
- e. Co-design events on specific challenges or to support policy development
- f. Citizens assembly style activities
- g. Stakeholder reference groups (standing or one-off)
- h. Committee / small group visits to services
- i. Formal and informal discussion groups
- j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
- k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick ‘how-to’ guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee’s work programme, with reference to the above list a-k.