

Health Scrutiny Sub-Committee

Thursday 7 September 2023 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 Talib Hussain
Councillor Laura McClean
Councillor Abtisam Mohamed
Councillor Mick Rooney
Councillor Sophie Thornton
Councillor Ann Whitaker

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 SEPTEMBER 2023**

Order of Business

Welcome and Housekeeping

The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.

1. Apologies for Absence

2. Exclusion of Press and Public

To identify items where resolutions may be moved to exclude the press and public

3. Declarations of Interest

Members to declare any interests they have in the business to be considered at the meeting

(Pages 7 - 10)

4. Minutes of Previous Meeting

To approve the minutes of the last meeting of the Sub-Committee held on 1st June 2023.

(Pages 11 - 22)

5. Public Questions and Petitions

To receive any questions or petitions from members of the public.

(NOTE: There is a time limit of up to 30 minutes for the above item of business. In accordance with the arrangements published on the Council's website, questions/petitions at the meeting are required to be submitted in writing, to committee@sheffield.gov.uk, by 9.00 a.m. on Tuesday 5th September 2023).

6. Member Questions

To receive any questions from Members of the committee on issues which are not already the subject of an item of business on the Committee agenda – Council Procedure Rule 16.8.

(NOTE: a period of up to 10 minutes shall be allocated for Members' supplementary questions).

7. **Primary Care Transformation Plans - Update** (Pages 23 - 66)
Report of Abigail Tebbs, Deputy Director of Delivery –
Primary Care Digital and Estates

8. **Maternity Services Improvement - Update**
To receive a verbal update at meeting.

9. **Work Programme** (Pages 67 - 80)
Report of David Hollis, Interim Director of Legal and
Governance.

**NOTE: The next meeting of Health Scrutiny Sub-
Committee will be held on Wednesday 11 October 2023
at 1.30 pm**

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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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Health Scrutiny Sub-Committee

Meeting held 1 June 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair),
Laura McClean, Abtisam Mohamed, Ann Whitaker and Sophie Thornton

1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 No items were identified where resolutions may be moved to exclude the public or press.

2.2 At this point in the meeting, the Chair asked members to consider an urgent item, "St Luke's Hospice Quality Account". Members agreed to this, and it was heard at item 9 of the agenda.

3. DECLARATIONS OF INTEREST

3.1 Councillor Sophie Thornton declared a pecuniary interest in item 7 of the agenda 'Sheffield Children's Hospital Trust Quality Report' by virtue of her being an employee of Sheffield Mencap and Gateway. She noted that she had not been involved in any of the consultation work outlined in item 7.

3.2 Councillor Laura McClean declared a personal interest in item 8 of the agenda 'Sheffield Teaching Hospital Trust Quality Report' by virtue of having made two complaints about care received at the Jessop Wing. She noted that both complaints had concluded and pre-dated the report now presented.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 23 March, 2023, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. FUTURE OF HEALTH SERVICES FOR ADULTS WITH A LEARNING DISABILITY IN SHEFFIELD

6.1 The Sub-Committee received a report informing Members on the future of health

services for adults with a learning disability in Sheffield.

- 6.2 Present for this item were Greg Hackney (Senior Head of Service, Sheffield Health and Social Care NHS Foundation Trust), Dr. Hassan Mahmood (Clinical Director, Learning Disability Service, Sheffield Health and Social Care NHS Foundation Trust), Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board) and Richard Kennedy (Engagement Manager, NHS South Yorkshire Integrated Care Board).
- 6.3 Heather Burns thanked the Committee for inviting the team and gave some background on the work being carried out over the last year on the future of learning disability services for adults in Sheffield. This was part of a large programme of work called 'Transforming Care' that aimed to keep people with learning disabilities out of long-stay specialist in-patient units, and encouraged enhancement of community services as an early intervention and prevention method. Ms Burns explained that due to the success of this work, it had been found that Sheffield no longer needed the number of beds that had been previously commissioned. Firshill Rise was a seven-bed in-patient unit, and the success of the programme had led to very few admissions. The pandemic had led to a further reduction in admissions, and along with some quality concerns, the decision to close the unit was made. The unit had remained closed whilst work carried on around enhancing community services. This had been an extensive piece of work involving two organisations of experts (Mencap and Sheffield Voices) to look at how this might impact on the population. It was then proposed to bring a further report as the development of the model is progressed and implemented. She explained that analysis suggested that a maximum of one to two admissions was needed into this type of specialist unit due to the improvement work carried out to keep people at home in a less restrictive environment. The Integrated Care Board had liaised with Sheffield City Council social workers and clinicians at Sheffield Health and Social Care Trust on prevention work. Dynamic Risk Registers were utilised to oversee admissions and avoid admissions where possible. Despite the unit being closed since May 2021, there had been no increase in the need for admissions to this type of specialist in-patient unit.
- 6.4 Ms Burns explained that the Sheffield Health and Social Care Trust had signed up to the 'Green Light Toolkit', a national toolkit that supported people with a learning disability or autism if they were in need of in-patient admission for acute mental health conditions rather than behavioural challenges, which Firshill Rise had been a specialist unit for. An audit of South Yorkshire in-patient facilities had found that 33% of patients in in-patient units for specialist learning disability placements did not require to be in that restricted environment. 13% of those in more secure services had struggled to be discharged into appropriate placements, mainly due to the lack of specialist support in the community. Teams had worked closely with the South Yorkshire Integrated Care Board and partners to see if there were any options for co-commissioning, however, as their need for this type of in-patient unit had also reduced, this was not considered to be an option for the foreseeable future. Continuing to provide beds that were no longer needed restricted enhancement of prevention work by community learning disability services.

- 6.5 In terms of engagement, Ms Burns said that the feedback previously received from the Health Scrutiny Sub-Committee had been very useful. There had been concerns about increased travel for those who needed a specialist hospital placement and whether there would be adequate oversight of those admitted to hospitals outside of the city. She explained that improved community services aimed to prevent the need for those admissions. At the Health Scrutiny Sub-Committee meeting of 23 March, 2023, members had discussed how to move forward and align with the national 'Building the Right Support' model, aiming to prevent admissions and enhance community services. Ms Burns stated that in terms of the proposed way forward, Firshill Rise was not considered a viable means of delivering a dynamic and high quality service.
- 6.6 Ms Burns explained the criteria for further exploration: Is there a strategic benefit to the proposed model, and is it in-line with the national model of transforming care? Is the option deliverable? Does it give an improvement to services? Is there a service user benefit? Does it address the findings from the Service User and Care Engagement? Is there a financial benefit, and does it represent value for money and is it affordable? She explained that following evidence and feedback received from the Health Scrutiny Sub-Committee, and through the NHS England Assurance Checkpoint, it was now intended to develop a more sustainable and enhanced community service for the population of Sheffield. The aim was to use funding for the Firshill Rise in-patient unit more creatively to enhance community services, and to jointly develop a financial support 'pot' should a bed need to be commissioned elsewhere.
- 6.7 In recognition of the concerns raised regarding the proposed changes, Ms Burns stated that work would continue with Sheffield Voices and Mencap to further mitigate any impacts. 'Safe and Well' checks of anyone in a hospital placement were required every 6-8 weeks. It was proposed to enhance this standard by carrying out monthly visits for anyone placed in hospital outside of the city. Through the work carried out with NHS England on the assurance process, a proposed clinical model would be taken to the Clinical Senate (a national team of experts), to look at the proposal in detail and to shape it in line with best practice. The proposal would remain open to any commissioning trends across South Yorkshire Integrated Care Board, in particular, around the increase of the needs of adults with autism presenting in crisis. The proposed model had been outlined in section 6 of the report and planned a central point of access into an integrated team. A co-ordinated community, multi-disciplinary team would take a care plan approach, including management of medication within the community. Opening hours would be extended during the week, in-line with feedback from families. The overall aim was to prevent crisis admissions with early intervention by a clinical team.
- 6.8 Ms Burns explained that options were being considered on the provision of short-term crisis beds across South Yorkshire for the few occasions that this was needed, and as another alternative to hospital admission. In effect, the service would work on the full needs of the learning disability population, plus the enhanced support when emotional behaviour breaks down. The next step would be to prepare a full business case, subject to feedback from the Health and

Scrutiny Sub-Committee, which would then go through the relevant decision-making process. NHS England had commented that the engagement activity was an example of good practice and would be shared nationally. In addition, the Clinical Senate would assist in further honing the model. The extensive engagement had provided sufficient insight on the views and concerns of individuals, and it was felt that further engagement might cause confusion or uncertainty, or delay the benefits of implementing the alternative provision outlined. Ms Burns asked for a view from the Health Scrutiny Sub-Committee on whether sufficient engagement had taken place and to note the proposed model for future services within Sheffield.

6.9 Greg Hackney noted that a supplementary action had been taken following the Health Scrutiny Sub-Committee meeting of 23 March, 2023, which was to provide an appraisal of the experience of service users with a mild learning disability that may have accessed acute mental health hospital wards. These were not service users that would have accessed Firshill Rise, and the proposals set out within the model would enable a more enhanced offer to these service users in the future.

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

- Currently there were no Sheffield citizens in specialist learning disability placements outside of the city, and there had been one admission in the last 18 months. Firshill Rise had been a very specialist provision, and it had been demonstrated that this type of provision was required less due to the recent work to better support people within the community.
- In addition to clinical activity and contact, there was a national 'Safe and Well' standard of 6-8 week checks which this model proposed to exceed. An identified worker would visit the patient monthly with an identified plan to move them out of that placement, together with clinical oversight.
- There had been a change in focus on transforming care, using intensive support to prevent admissions. Teams had learned to work with different agencies in a way to prevent admissions, respond more proactively to the needs of patients and prevent lengthy admissions.
- An out-of-area hospital bed manager had been appointed who would work directly with the multi-disciplinary teams and all service users placed out of Sheffield. This had proved to be very effective in reducing placements out of Sheffield, and was expected to continue for those with learning disabilities.
- Following the initial engagement, a health inequality impact assessment had also been carried out in a collaborative way, which considered feedback and experience of individuals, and reviewed impacts that might result from the proposals made in the report. Section 5 of the report outlined this, and included a commitment to provide a programme of support for parents and carers to travel to out of area placements, with an overview of patient experience.

- The proposed clinical model was an exciting time for the services involved, and was an opportunity to learn from each other to transform care by keeping people out of hospital, ensuring the right level of medication and enhance their quality of life. The model aimed to offer a more dynamic service in-line with other parts of the country.
- Sheffield Health and Social Care Trust had a Learning Disability Autism Programme Board, co-chaired by a person with a learning disability. The model developed had been co-produced throughout the year, and engagement would continue as the business case was developed. The enhanced travel offer recognised that some families needed that level of inclusion and financial and/or physical support.
- At the start of the Transforming Care programme, there were 26 people in long hospital stays. Money had been 'locked-in' to beds that were not needed due to people at risk of admission being monitored more closely. A hospital was not considered to be a home, which is why the aim was to enhance community services.
- A good community model had the benefits of attracting specialist learning disability staff, and would involve the local authority in providing residential and supported living support. Hospital placements would be sought as close to Sheffield as possible, with a profile and CQC rating appropriate to the needs of the patient. A multi-team approach would offer intervention as needed, and would allow staff and family members to develop their skills. The diversity of Sheffield and different organisations helped to ensure that the needs of all communities were met.
- An enhanced pathway would allow teams to be more responsive according to patient need. Functions of service providers would be clearly defined to enhance patients' quality of care and life.
- A comprehensive development plan would be in place to ensure clinicians received advanced training on community setting support.
- Work would be carried out closely with local authority colleagues to manage complex situations more effectively via a whole system approach.

6.11 RESOLVED: That the Sub-Committee:

- (a) thanks Heather Burns, Greg Hackney, Dr Hassan Mahmood and Richard Kennedy for their attendance at the meeting;
- (b) notes the proposed models and options for future of services in Sheffield;
- (c) agrees that sufficient engagement has taken place to enact these proposals following the engagement that had previously been reported to committee; and

(d) requests a further update in autumn 2023 around implementation of the proposed model.

7. SHEFFIELD CHILDREN'S HOSPITAL TRUST QUALITY REPORT

7.1 The Sub-Committee received an update on Sheffield Children's Hospital Trust Quality Report.

7.2 Present for this item were Dr Jeff Perring (Medical Director, Sheffield Children's Hospital) and Yvonne Millard (Chief Nurse, Sheffield Children's Hospital).

7.3 Ms Millard noted that this had been an exciting journey with lots of change in the organisation over the last 12 months, and since the last report. Last year the Clinical Strategy was launched and the Quality Promise was about to be launched, which played in a big part in the quality of the organisation. The three priorities had been chosen carefully after lots of engagement with children and young people, families and colleagues:

- Implement the Patient Safety Incident Response Framework to improve systems, processes and training for patient safety;
- Reduce elective waiting times to achieve 65 weeks, whilst ensuring "well prepared" outpatients and surgical pathways; and
- A focus on ensuring outstanding experience at Sheffield Children's through co-production of a vibrant involvement and engagement approach with children, young people, families, and communities.

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

- As an anchor institution, Sheffield Children's Hospital was committed in its clinical strategy to providing close care. Work with schools would form part of the programme, in particular providing health education, and it was hoped to employ local people in the programme.
- Much work had been carried out on recruitment and the retention strategy since the previous report. Sixty internationally trained nurses had been recruited so the nursing workforce gap was very small. New pathways of care had been adopted.
- A close eye was being kept on all waiting lists, and work was ongoing to ensure that the correct services and resources were being put into each waiting list. Theatre utilisation was as high as possible to ensure maximum output was achieved. Partnership options across South Yorkshire were being looked at, as well as different ways of working, extending hours and working into weekends. It was hoped that all of these measures would have a positive impact. Active work had been carried out around the co-creation of communities, including some artificial intelligence to look at the areas and families most likely to not to attend appointments. Workstreams had been put in place and 'was not brought' figures had reduced by 50%.

- The hospital was committed to having voices of colleagues heard, and had a very good relationship with staff and had managed to maintain staff in all services, delivering safe and quality care.
- Another set of industrial action was planned within the next few weeks and to keep patient safety first, some elective work would be stepped down to cover urgent and emergency work. Industrial action did have an impact on throughput on theatre work.
- There was a process to track every child that didn't make their appointment or surgery and to ensure that these were rebooked in a timely way.
- The health and wellbeing of the workforce was a high priority, and there was a 'People Plan' in place that underpinned this. Issues such as the pandemic and the cost of living had not only affected patients and their families, but also the staff looking after them. The results from the staff survey had reflected this commitment.
- A question was raised regarding the upward trend of self-harm referrals requiring a biopsychosocial assessment and officers present agreed to investigate this and provide further detail.
- The reasons for the increase in patient safety incidents were due to an increase in incidents involving complex mental health needs, and also due to, over the last year or so, promoting a positive reporting culture.
- There was a statutory duty for the quality accounts of NHS Trusts to be scrutinised by the Local Authority, which was via this Sub-Committee. Such reports would not automatically be referred to the Education, Children and Families Policy Committee, but could be done so if the Sub-Committee felt there was specific content that necessitated this.
- In terms of progress on actively keeping child and adolescent mental health services waiting lists under constant review, it was confirmed that there had been a reduction in this over the last 12 months.

7.6 RESOLVED: That the Sub-Committee:

- (a) thanks Dr Jeff Perring and Yvonne Millard for their attendance at the meeting;
- (b) notes the content of the report;
- (c) acknowledges the work carried out by the Trust in reducing the workforce gap and considering the longer-term effects of workforce stability;
- (d) acknowledges the use of new technologies to reduce waiting times;

(e) requests that the context of patient safety figures is added to the Report;
and

(f) requests an update on self-harm referrals and assessments, via email.

8. SHEFFIELD TEACHING HOSPITAL TRUST QUALITY REPORT

8.1 The Sub-Committee received an update on the Sheffield Teaching Hospital Trust Quality Report.

8.2 Present for this item were Sandi Carman (Assistant Chief Executive, Sheffield Teaching Hospitals Trust) and Angie Legge (Quality Director, Sheffield Teaching Hospitals Trust).

8.3 Sandi Carman introduced this item and explained that this was a regulatory compliant report, so was lengthy as it required a lot of detail.

8.4 Angie Legge explained that the recovery from the pandemic had led to longer waiting lists. This was being addressed, and new initiatives to speed up the process were being looked at. The pandemic and the cost of living crisis had put significant pressures onto staff, which had taken an emotional toll on much of the workforce. Strikes had also impacted on the ability to deliver services. The Trust was working hard to support staff, and was working on implementing the PROUD Behaviours framework across the organisation, to help foster a positive culture. She noted that the Care Quality Commission had undertaken an inspection of the Trust in September 2022, which resulted in no 'inadequate' ratings, and two areas rated 'good'. The feedback given confirmed that the Trust was doing well and was improving. There had been significant improvements in maternity care, including the introduction of 'Tommy's App', which was a simple electronic process that aimed to ensure all mothers received the same access to information and services, to avoid incidents and flag up issues quickly.

8.5 Ms Legge noted that there were four quality objectives last year; three were now complete and had met their aims, and the fourth one was dementia, which was a two-year objective and work was continuing on this. There had been a lot of good work done on this, including the introduction of dementia friendly wards. As a direct result of listening to patient and staff groups, some improvements had been made to the Accessible Information Standard

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

- Caring for staff was considered a priority. A 'People Plan' had been launched, aiming to attract, retrain and grow colleagues within the organisation. The 'Proud Behaviours Framework' set out a clear set of expectations in terms of how colleagues should work together, and there was zero tolerance to inappropriate behaviours. The Trust recognised the work being done to support staff through the cost of

living crisis.

- The staff survey had highlighted a fall in morale. Staff reductions and pressures in the workplace had impacted on staff morale as well as their ability to learn and develop.
- A lot of work was being done on the Accessible Information Standard, via the Electronic Patients Record system, which had a number of capabilities around letters and discharge, and plain language could form part of this.
- The intensity of roles had changed, and managing significant waiting lists had impacted on individuals that were delivering care. A 24-hour support line and other health and wellbeing initiatives were available to staff. The People Plan aimed to address this, and would continue to be an area of focus.
- The workforce was fairly static, and the Trust had one of the lowest staff turnover rates in the country. Post Covid, had seen higher retirements rates, so this would continue to be an area of focus.
- A Silver Command structure had been implemented for every event of strike action, which was led at executive level. As much elective work was taking place as possible, but there were times when this was stood down in order to maintain safety. Training was given for 'stepping up' to roles to maintain delivery and safety across wards. Industrial action was a national issue and the Trust had sought to maintain dialogue with those taking strike action.
- The response rate to the staff survey had been disappointing (39% in 2022/23). The staff survey was quite lengthy and there were improvements that could be made. Reflections included: giving staff dedicated time to complete the survey, providing access to computers to those who might not have this option, consideration of incentivising options, and liaising with other organisations that had received better response rates. The survey and related comments were collected and anonymised via an external company. The Trust aimed for staff to feel supported, respected and fairly paid.

8.5 RESOLVED: That the Sub-Committee:

- (a) thanks Sandi Carman and Angie Legge for their attendance at the meeting;
- (b) notes the content of the report; and
- (c) undertakes to submit comments to the report, to be collated by Deborah Glen.

9. ST LUKE’S HOSPICE QUALITY ACCOUNT

- 9.1 Deborah Glen, Policy and Improvement Officer, introduced the report. As no officers were available to present the report, she advised that she would provide feedback to officers following on from this discussion of the Sub-Committee.
- 9.2 Councillor Ruth Milsom, Chair of the Sub-Committee, noted that there had been an ongoing focus on equality, diversity and inclusion, and the ambitions and evaluations in the report were welcomed, along with the detail around implementation of further improvements. She wished to congratulate St Luke’s Hospice on achieving an ‘outstanding’ rating, and was pleased to note that there had been a focus on wellbeing. She noted that it might be interesting to hear accounts from staff at St Luke’s Hospice and to share examples of best practice.
- 9.3 Members of the Sub-Committee provided additional comments, including praise of the thorough responsive action taken following the Post-Fall Protocol, and querying whether Sheffield City Council could offer any support to the Hospice in terms of identifying funding.
- 9.4 **RESOLVED:** That the Sub-Committee:
- (a) notes the content of the report; and
 - (b) undertakes to provide feedback to be collated into a comment by Deborah Glen, and submitted by the deadline of 21 June, 2023.

10. WORK PROGRAMME

- 10.1 The Chair referred to the Work Programme and highlighted the items yet to be heard.
- 10.2 **RESOLVED:** That the Sub-Committee:
- (a) agrees the Work Programme as set out in the report;
 - (b) requests a report on changes to the health visitor service provision compared with pre-Covid times, including a report on backlogs and waiting lists;
 - (c) requests a report on urgent care services following the proposed closure of the Minor Injuries Unit at the Hallamshire Hospital and the Brook Hill Walk-in Centre;
 - (d) requests a Commissioning Priorities workshop;
 - (e) requests a Bereavement Services workshop; and

(f) requests a report on the state of primary care in dentistry.

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Report to Health Scrutiny Sub-Committee

Report of:	<i>Abigail Tebbs, Deputy Director of Delivery – Primary Care Digital and Estates</i>
Report to:	<i>Health Scrutiny Sub-Committee</i>
Date:	<i>7th September 2023</i>
Subject:	<i>Primary Care Transformation Plan -New Sheffield Health Centres Update</i>

Purpose of Report:

- part A is to update the Health Scrutiny Sub-Committee of arrangements for continuing involvement with local people following the decision to approve the building of three new health centres in Sheffield; and
- part B is to inform the Health Scrutiny Sub-Committee of developments on proposals for a City Centre Health Centre, and the consultation that has been launched to influence decision making.

Recommendations:

The Health Scrutiny Sub-committee is invited to note:

- the plans South Yorkshire Integrated Care Board (SY ICB) has put in place to continue involving local people in the development of the three new health centres already approved; and
- the consultation underway on the proposal to develop a City Centre health centre and relocate PCS City and PCS Mulberry practices to the new site.



Sheffield Health Centres Update

Part A: Post-consultation Involvement on Three New Health Centres

1. Background

1.1. NHS South Yorkshire Integrated Care Board (SY ICB) approved a decision making business case (DMBC) to build three new health centres in Sheffield on 1 February 2023. If built, these sites will accommodate several GP practices that will relocate from their present premises.

1.2. The locations of the approved health centres, along with the seven GP practices who will relocate to the sites, are set out in table 1 below.

Table 1: New Health Centre Sites and Participating Practices

New Health Centre location	Relocating GP practices
Foundry 1 - Spital Street	<ul style="list-style-type: none">• Burngreave Surgery• Sheffield Medical Centre
Foundry 2 - Rushby Street	<ul style="list-style-type: none">• Page Hall Medical Centre• Upwell Street Surgery
SAPA 2 - Wordsworth Avenue	<ul style="list-style-type: none">• The Health Care Surgery• Buchanan Road• Margetson Surgery

1.3. One proposed health centre, SAPA 1, was not approved. This means that the proposed health centre at Concord Leisure Centre will not be built and Firth Park Surgery and Shiregreen Medical Centre will remain in their existing premises.

1.4. The approval of the DMBC enabled SYICB to proceed with the development of the Outline and Full Business Case for each of the health centres. These must be submitted to NHS England and His Majesty's Treasury for approval before the developments can proceed.

1.5. This paper sets out the timescale for the development of the health centres and how patients and communities are and will continue to be involved during the design, planning and development of the sites and beyond.

2. Informing Patients and Communities of the Decision Made

2.1. Patients were informed of the decision taken in February using the same preferred methods of communication deployed in the consultation. Clear and accessible infographics were designed to support the communication with

patients about the findings of the consultation. These can be found in Appendix 1 of this paper.

3. Sharing Best Practice

- 3.1. The health centre consultation has been recognised as an example of best practice and SY ICB is sharing the learning from the consultation nationally.
- 3.2. NHS England requested a case study of the consultation to share as an example of best practice for large scale service change. This was presented at a national Learning Network session with a particular focus on engaging with stakeholders and communities.
- 3.3. The Consultation Institute has also published a case study of how they worked with SY ICB to provide a certificate of consultation readiness. The case study has been shared widely on the Consultation Institute's website, newsletters and social media.

<https://www.consultationinstitute.org/wp-content/uploads/2023/04/tCI-Case-Study-South-Yorkshire-ICB.pdf>

4. Continuing Involvement Activity

- 4.1. As part of the DMBC and Equality Impact Assessments recommendations to mitigate concerns raised during the consultation were made. Many of these related to ongoing communication and involvement with patients and communities as the planning and development continues.
- 4.2. To ensure the recommendations are acted upon, we are working with community organisations to involve and inform local people in the progress of the health centre developments and to prepare people for the transition to the new sites.

Involving people in:

- design of buildings working with disability stakeholder groups and other community interest groups;
- how the buildings become valued community resources that compliment, rather than duplicating current community provision;
- travel training;
- safety and anti-social behaviour;
- environmental aspects of the design and opportunities;
- transition to using the new site for those who require it;
- how the impact of the change is evaluated.

These activities are being delivered through partnerships with community organisations and roadshow events.

4.3. Appendix 2 to this paper sets out the latest images produced in the design process which will be made available during the ongoing engagement and involvement process.

Informing people about:

- the final decision of new health centres following consultation;
- public transport arrangements;
- continuity of care;
- disposal of existing sites;
- pharmacy arrangements;
- alternative GP registration for those who do not wish to move;
- travel training.

These activities will be delivered through NHS South Yorkshire, community organisation, and GP practice communications channels.

5. Timescales for Development

5.1. Subject to approval of the full business case (FBC) work to complete the health centre developments will take place between 13 February 2023 and March 2025. The key phases and milestones are:

- Design phase - 13 February to October 2023;
- Business Case Approvals – October to December 2023;
- Build phase – January 2024 to March 2025;
- Transition phase – January 2025 - March 2025

6. Design Groups

6.1. A design group has been established to lead the design of each of the health centre buildings. This covers all aspects of design both externally and internally, including architectural, electrical, acoustic, and landscaping engineers.

6.2. Conversations were held with community organisations; Disability Sheffield; Firvale Community Hub; and SOAR, to understand different ethnic and cultural perspectives within the design, especially for the two Foundry sites which serve very diverse communities.

6.3. Significant considerations have already gone into the initial design stages to improve accessibility and wayfinding, but the bulk of this work takes place in the Stage 4 interior designs.

7. Roadshows

7.1. Detailed planning applications for each of the approved sites have now been made. To support this process we have planned a series of roadshows which will allow local people to get more detailed information about the:

- findings of the consultation;
- decision-making process and outcomes;
- design group;
- planning applications.

7.2. These drop-in sessions will also capture people's views to influence the design group, future communications, and transition arrangements.

7.3. The roadshows will take place at the following times:

- Foundry 1 – 7 September 2-4pm at Burngreave Library;
- Foundry 2 - 6 September 6-8pm at Fir Vale Community Hub;
- SAPA 2 - 13 September 4-6pm at The Learning Zone.

7.4. Patients will be informed about these roadshows through GP practice communications. Information is also available on practice websites, and through local community organisations.

8. Involvement in Stage 4 tender evaluations

8.1. The process we are following includes a Stage 4 final design process with the contractor selected to build each hub ('Design and Build'). This stage is where the involvement of community representatives will be key, and we will make arrangements for representatives of community organisations to be involved in this process, including those representing groups with additional needs.

9. Consideration Against Business Case Objectives

9.1. The three new-build hubs remain on track to deliver the benefits stated in the Strategic Outline Case (SOC) and the Decision Making Business Case (DMBC).

9.2. In July 2023, the Outline Business Case (OBC) was approved by NHS England. This restated and reassessed the benefits expected to be achieved by the scheme. There have been no material adjustments to the schemes as now designed, that remove any of the benefits expected at DMBC stage.

9.3. Whilst the buildings themselves and the facilities they will provide are a significant part and enabler of the stated benefits, there is work to do on the service models, transition plan and benefits realisation workstreams to fully deliver on the spending objectives and benefits as stated in the OBC. Further details of these will be included in the FBC in November 2023.

Sheffield Health Centres Update

Part B: Proposed Relocation of PCS City and PCS Mulberry Practices Consultation Plan

1. Introduction

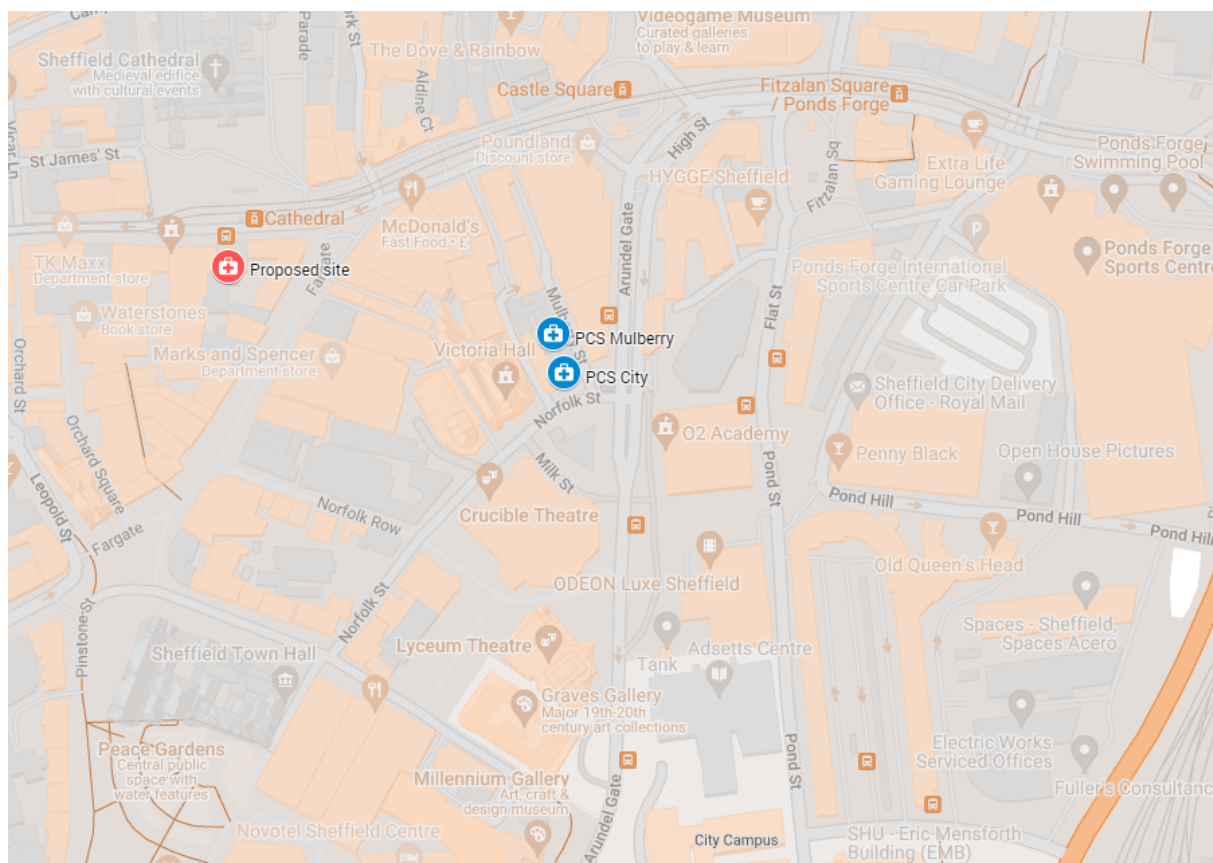
- 1.1. Some of Sheffield's GP practices are based in old buildings which are not ideal for patients or staff. Many are too small to deliver medicine in the 21st century and to benefit from the latest advancements in health care and in technology. Waiting rooms are cramped, the buildings lack enough consultation rooms and space for other services which could help improve people's health. The new health centres would enable us to do more for patients on one site; they will also help protect future of general practice in north-east Sheffield.
- 1.2. We have a once in a generation opportunity to improve healthcare for people in Sheffield. £37m in government funding is available to transform general practice across the city. Most of this money could be used to build new health centres in some of the areas that need them most, bringing together GP and other services all under one roof.
- 1.3. Proposals to build three new GP health centres in the north of Sheffield received approval from NHS South Yorkshire Integrated Care Board in January 2023. As a site for the City Centre health centre had not been identified at the time of the consultation in August 2022, this was not included.
- 1.4. A suitable site has now been identified and a proposal has been put forward for two GP practices based in the City Centre to relocate to this new site which will be renovated and remodelled to meet the needs of the practices.
- 1.5. The scale and impact of this proposal is significantly less than other Health Centre plans and so, this consultation plan reflects a proportionate approach to the level of change proposed, it is in line with similar GP practice relocations.
- 1.6. The site is the former Royal Bank of Scotland building on Church Street, It is within 300 metres of the current practice sites and there are bus and tram stops directly outside the building offering good access by public transport.
- 1.7. The two practices, PCS City and PCS Mulberry, are GP practices run by Primary Care Sheffield (PCS) the local GP Federation. They serve a combined practice population of 6573 patients. The locations of the current and proposed sites are set out in map 1 overleaf.
- 1.8. PCS Mulberry is a specialist service for patients living in Sheffield who are:
 - seeking asylum in the UK; or
 - homeless; or
 - living in a hostel or temporary accommodation.

The Mulberry team has vast knowledge and experience in dealing with the complex issues that these individuals often experience and recognise the problems faced by this population in accessing mainstream services. They are

a dedicated team of clinical and administrative staff who have links with partner organisations and can support their patients to access services.

1.9. PCS City is a general practice open to anyone resident within it's geographical boundary which is the whole of Sheffield. Many successful asylum seekers join the practice as it is familiar to them. The practice also hosts the Sheffield Special Allocation Scheme.

Map 1: Location of proposed new site in relation to current sites



1.10. Walking distances and times from the current practice sites and the proposed new health centre can be found in table 1 below.

Table 1: Journey distance and time between the current practice sites and the proposed new health centre

Travel to proposed new health centre site from...	Walk		
	Distance (miles)	Time (mins)	Ascent (feet)
PCS City	0.2	3	20
PCS Mulberry	0.2	3	20

1.11. From the Sheffield City Council draft Infrastructure Delivery Plan (IDP) ¹it is expected that there will be significant population growth within the city centre, beyond the collective capacity of the existing nearby GP practices. NHS South Yorkshire has made representations as part of the IDP to help

¹ <https://www.sheffield.gov.uk/sites/default/files/2022-11/scc-council-delivery-plan-22-23.pdf>

ensure primary care facilities and other health services are considered as part of the plan. NHS South Yorkshire are already increasing primary care capacity in the city centre, with several practices already being supported to provide additional clinical capacity.

1.12. The proposed new City Centre hub would have additional capacity, above that provided for in the current facilities of PCS Mulberry and PCS City, and the provision of further expansion space has been identified as a priority for the scheme.

1.13. Whilst these steps are part of the plan to ensure appropriate capacity is provided for the expected City Centre population growth, there are development areas that have been indicated (e.g. Kelham Island) that are expected to need additional facilities to be created as part of those developments, funded through s106 or CIL levies (or similar).

2. Practice Profiles

2.1. Detailed profiles of the two practices' patients are required to ensure that the consultation's reach can be measured, this information is gathered from Public Health England's National General Practice Profiles.

2.2. *PCS Mulberry*

- Approximately 1,596 registered patients.
- The age profile of the service population cannot be separated at the time of writing from the population of its parent practice. However, it is considered to have a significantly younger age profile than local and national averages which is in part due to the client groups the practice serves.
- Ethnicity estimates of the service's patients are 30% Black African/Caribbean, 22% not stated, 19% Other, 17% Asian, 9% Arab, 2% White European, and 1% Mixed.
- 72% of patients speak a language other than English.
- The population is in the most deprived decile of the Index of Multiple Deprivation 2019.

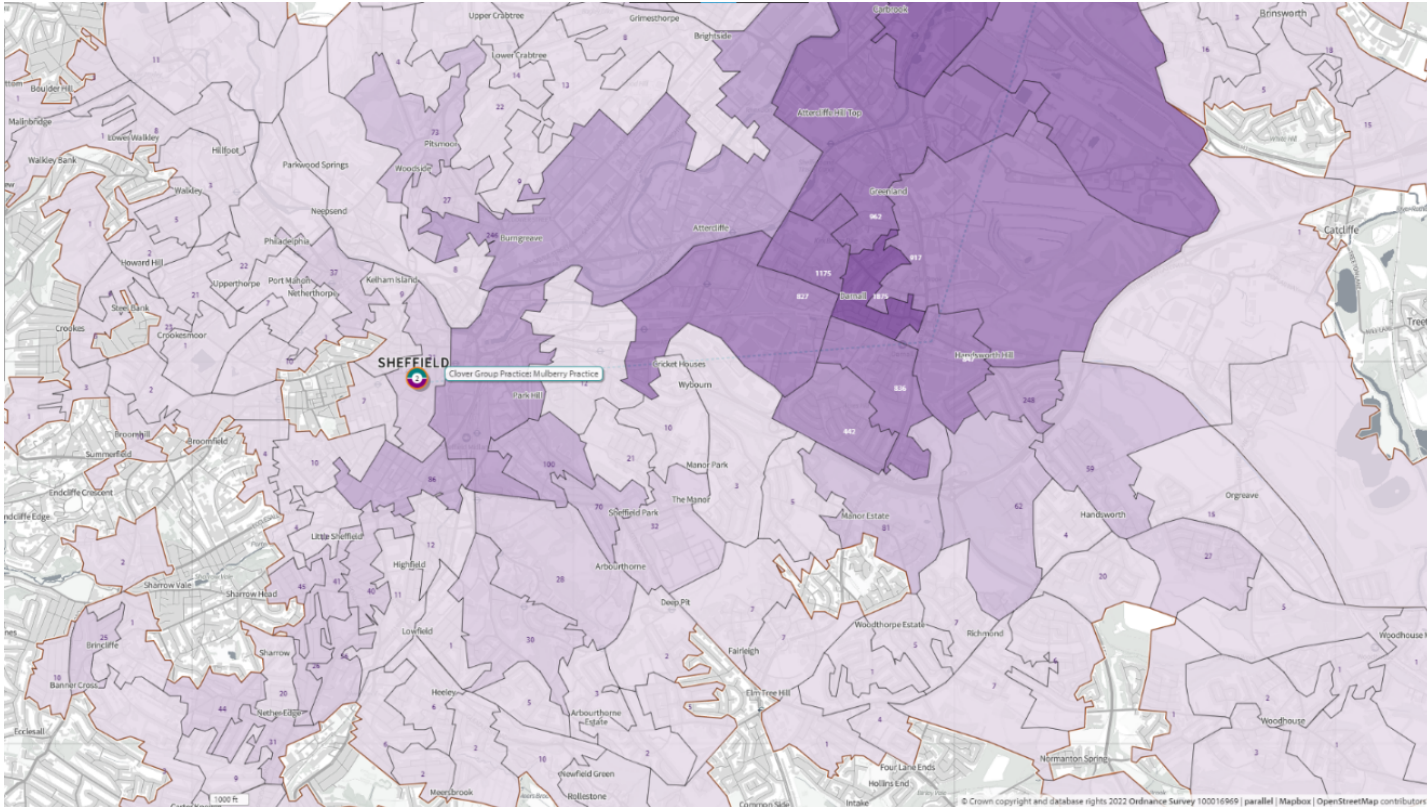
2.3. *PCS City practice profile*

- 4,930 registered patients.
- The practice has a very low elderly population, patients are mainly of working age.
- Only 209 patients are over the age of 60. This represents 4% of the overall number of registered patients. This compares to a national average of 23%.
- Ethnicity estimates of registered patients are 52% White British, 17% Pakistani/Indian, 11% Black African/Caribbean, 10% not stated, 5% White Other, 3% Chinese, 1% Mixed, and 1% Asian Other.
- 57% of patients speak a language other than English.
- Large transient population (2,272 registrations since 2019).
- The practice hosts 49 Special Allocation Scheme patients.
- As deprivation is derived from practice boundaries and the practice serves the whole of Sheffield, the official practice deprivation level is just below

average. However, many patients register from PCS Mulberry at the same site and tend to be from the most deprived areas of Sheffield.

2.4. The distribution of PCS City patients by Lower Super Output Area (LSOA) are shown in map 2.²

Map 2: Practice population distribution by LSOA



3. Information We Already Have from Patients

3.1. During pre-consultation engagement activity for the proposal to build new health centres that took place in March 2022, the following insight was gathered from patients of practices interested in pursuing the City Centre health centre:

- the majority of people said that it should be accessible and in a central location, with good access to public transport;
- most people felt that this proposal was good and a needed investment in the area;
- there was some concern about what affect the proposal would have on their continuity of care;
- others suggested that more staff would also be needed to be able to improve services, or that the investment could be spent on improving existing services.

² Public Health England (31 May 2023). National General Practice Profiles. https://app.shapeatlas.net/place/E54000061#14/53.3803/-1.4334/b-03N/sc-pc,s-200,sc-tmp/v-1,C88069004,LOC_54290/o-v,a/f-C88069004/m-CCG,ml-CCG/rs-visible,rsi-C88069004,rh-0,rdr-t/e-LOC_54290/h-gp_catchments_Isoa,hc-C88069004

- there was a general satisfaction with the service they receive from their GP practice;
- some people reported issues getting an appointment and a general dissatisfaction with the service they receive from their GP practice;
- people felt that the new health centres shouldn't duplicate other local and voluntary services as they are a vital part of the community.

3.2. Publicly available patient experience data, primarily from the GP patient survey, indicates that:

PCS City rated higher than other nearby practices in the following areas:

- 50% of respondents find it easy to get through to this GP practice by phone.
- 64% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s).
- 83% of respondents find the receptionists at this GP practice helpful.

PCS City rated lower than other nearby practices in the following areas:

- 57% of respondents were satisfied with the appointment they were offered.
- 69% of respondents say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment.
- 57% of respondents describe their overall experience of this GP practice as good.

The Care Quality Commission rate PCS City as good and Clover Practice (the parent practice of PCS Mulberry) as outstanding.

4. Approval Process

- 4.1. For a relocation to proceed, approval is required from the commissioner of primary medical services. NHS South Yorkshire ICB have delegated responsibility for commissioning primary medical services and the Sheffield Primary Care Committee will consider the application from the two practices to relocate and make a recommendation accordingly and final approval for the relocation would be given by NHS South Yorkshire's Operational Executive, the Chief Executive, Deputy Chief Executive, or Executive Director (Primary Care lead).
- 4.2. When approving GP practice relocations the ICB must undertake all necessary consultation when taking any decision in relation to GP practice relocations including those set out under section 14Z45 of the NHS Act (duty for public involvement and consultation) and that the consultation must be appropriate and proportionate and should include consulting with the Local Medical Committee.
- 4.3. The ICB must be able to demonstrate it has fully considered any impact on the GP practice's registered population and that of surrounding practices.

4.4. NHS South Yorkshire has adopted NHS England's '*Primary Medical Care Policy and Guidance Manual (PGM) version 3.0*' (London, 2021) to manage primary medical services. This articulates clearly the process for managing a practice relocation and the considerations that the commissioner should take into account when deciding whether to approve a relocation application, in particular, the effect of the proposed practice relocation on patients including involvement in the change process, access to services, premises, patient choice and benefits.

5. Key issues from the Equality Impact Assessment

5.1. The Equality Impact Assessment (EIA) identifies a number of groups of patients for whom additional consideration is required to ensure that they are properly represented in the consultation process. These include:

- those who do not speak English, or whose first language is not English;
- those with a disability;
- those disadvantaged by socio-economic factors.

6. Consultation approach

6.1. PCS City and PCS Mulberry practices intend to run a 12-week consultation on the proposed changes from 31 July 2023 until 29 October 2023. Steps will be taken to identify patient groups, stakeholders and people who may be affected by the proposed changes. The practices are committed to making sure that the public consultation provides genuine opportunities for local people's voices to be heard.

6.2. The public consultation is also informed by an Equality Impact Assessment which is attached to this document. All parties aim to run an inclusive consultation to encourage as many individuals and groups within the practice area to give their views and feedback about the proposed changes.

6.3. The consultation plan will make pro-active efforts to obtain the views of people living in the geographical location of the current service and will work with voluntary sector partners to cascade information and hear the views of patients including those with long term conditions.

6.4. Key target groups include:

- Patients and carers
- Patient Participation Groups
- Neighbouring GP practices and other health and social care partners who may be impacted if patients choose to re-register
- Healthwatch Sheffield
- Local voluntary organisation partners
- Local MPs in Sheffield Central and Heeley constituencies, and Councillors in the City Centre, Park & Arbourthorne, Manor Castle, and Nether Edge and Sharrow wards.

7. Summary of public consultation activity

7.1. The public consultation will include a wide variety of activities to ensure maximum reach of patients to be informed, and to encourage and enable all who want to participate to be involved. A summary of consultation activity and resources are set out at table 2 below.

<i>Table 2: Consultation activity and resources</i>
Sheffield City Council's Health Scrutiny Committee will be consulted about the proposed changes
Meet with Patient Participation Group to discuss the proposal
Summary document and survey available on the practice website
All activity will include optional equality monitoring form
Frequently Asked Questions section to kept updated on practice website
Inform Local Medical Committee, Healthwatch Sheffield, local pharmacies, local councillors and MPs of consultation
Provide visits to proposed site for key stakeholders
Patient letter and questionnaire available on reception desk in practice until end of consultation
All patients to be sent letter and survey as per their preferred method of communication and in line with the Accessible Information Standard
Posters at key points within the practice, on entry, at the reception desk and in the waiting room
Translations of main consultation resources to be made available in main community languages and easy read
Local practices, voluntary sector organisations and community nursing team will be informed of consultation
Shipshape Health and Wellbeing will run community consultation activities using their existing groups, activities and mechanisms to raise awareness of the consultation in the local community and support individuals to respond where needed
Work with other local community organisations supporting identified client groups to increase awareness and support to respond
Consultation information sent to local asylum accommodation
Public consultation meetings
Consultation report available to view on the practice website
Patients will be informed of the decision and any next steps through the practice website and as per their preferred method of communication and in line with the AIS
Neighbouring practices, voluntary organisations, community nursing team, local pharmacy, Healthwatch, local Councillors and MP informed of decision and next steps

Copies of the consultation survey and easy read survey are provided with this paper.

8. Ensuring involvement of under-represented patient groups

8.1. Ethnicity

- There are issues that minority ethnic communities may face which may make it harder for them to respond to this consultation. This could include language barriers and cultural barriers making people less likely to engage with the consultation. It is imperative to understand and overcome these barriers to allow minority ethnic groups to respond to ensure that the

proposed relocation does not compound any inequality of access to GP services.

- To ensure that these communities are represented in this consultation we will provide translations of key consultation resources in main community languages and offer to provide translation services for any consultation meetings. We will work with Shipshape and our link worker to ensure that minority ethnic groups are represented in the consultation.
- Throughout consultation we intend to monitor ethnicity data of responders to ensure views are captured and considered in the final recommendation.

8.2. Sex

- There are not likely to be significant differences in the needs of men and women in responding to this consultation, however women may have additional needs relating to pregnancy and maternity. We will ensure that the consultation offers information about the impact on pre and post-natal services and that the survey captures the feedback of new and expectant mothers.

8.3. Disability

- Sensory, learning and physical disabilities could impact on a person's ability to engage with the consultation and for some LD patients the proposed change could be unsettling if we don't work closely with patients to support them through the change. There is a need to hear the views of disabled people to ensure services are not shaped in ways that are detrimental to them.
- In order to ensure that disabled people are represented in this consultation we will communicate the change and ways of getting involved in accordance with the patient's preferred method of communication where recorded in their record as per the Accessible Information Standard, including communicating the change to the patient's carer where appropriate, and offering them the opportunity to respond as a carer of a disabled person.
- We will provide information in the patient's preferred way including easy read format and large print and offer support in completing the survey and participating in the consultation meeting.
- We will also ensure that any housebound patients are able to feedback to us by telephone.

8.4. Religion or Belief

- It is not believed that there will be any specific barriers to responding to this consultation related to a person's religion or beliefs however we will monitor the data of these responders to the consultation.

8.5. Sexual Orientation

- It is not considered likely that there are specific barriers to responding to this consultation related to a person's sexuality however we will monitor the data of these responders to the consultation.

8.6. Age

- There are actions required to address the potential barriers to involvement based on age. Younger people may be less likely to engage in formal consultation meetings and where formal language is used. Older people may be disadvantaged by online methods.

- We intend to offer the ability to feedback as part of the consultation through both online and paper/postal methods. We will look to convene face-to-face consultation meetings. We will also ensure that any housebound patients are able to feedback to us by telephone. We will inform the VCSE sector partners in our primary care network to enable them to support this group of patients to be involved.
- The proposed change could be unsettling for older people with dementia, and we will work closely with this group to support them to be involved with the consultation process where appropriate.
- We anticipate that online methods might encourage an increased number of young people to be involved. We plan to hold an online consultation meeting.

8.7. *Gender reassignment*

- It is not considered likely that there are specific barriers to responding to this consultation for the transgender community however, we will monitor the data of these responders to the consultation

8.8. *Communities disadvantaged by socio-economic factors such as low incomes, low literacy levels, and digital access*

- We are conscious that both PCS Clover and PCS Mulberry support disadvantaged groups and anticipate that there will be barriers related to learning or access to the internet which will impact on this group's ability to be involved.
- We intend to offer information in an easy-to-read format and provide support with completing the survey and being involved in the consultation. For those who don't have access to the internet, we will ensure that we offer the opportunity to feed into the consultation via a paper survey. We will inform the VCSE sector partners in our primary care network to enable them to support this group of patients to be involved.

9. **Outputs of consultation**

9.1. As a result of the consultation the following products should be made available to decision makers as part of the evidence required for assurance:

- A full log of activity undertaken as part of the consultation, including dates and the number of participants.
- A thematic analysis of all feedback, broken down by protected characteristic where there are clear indications of specific impacts within these groups.
- All responses must be available for decisions makers to consider in their entirety.
- An analysis of the equality monitoring of respondents.
- An Equality Impact Assessment (EIA) that has been updated to reflect the findings from the consultation, highlighting where potential impacts may affect patients with a protected characteristic and other vulnerable groups, and what mitigations will put in place to avoid, or reduce, any negative impacts.

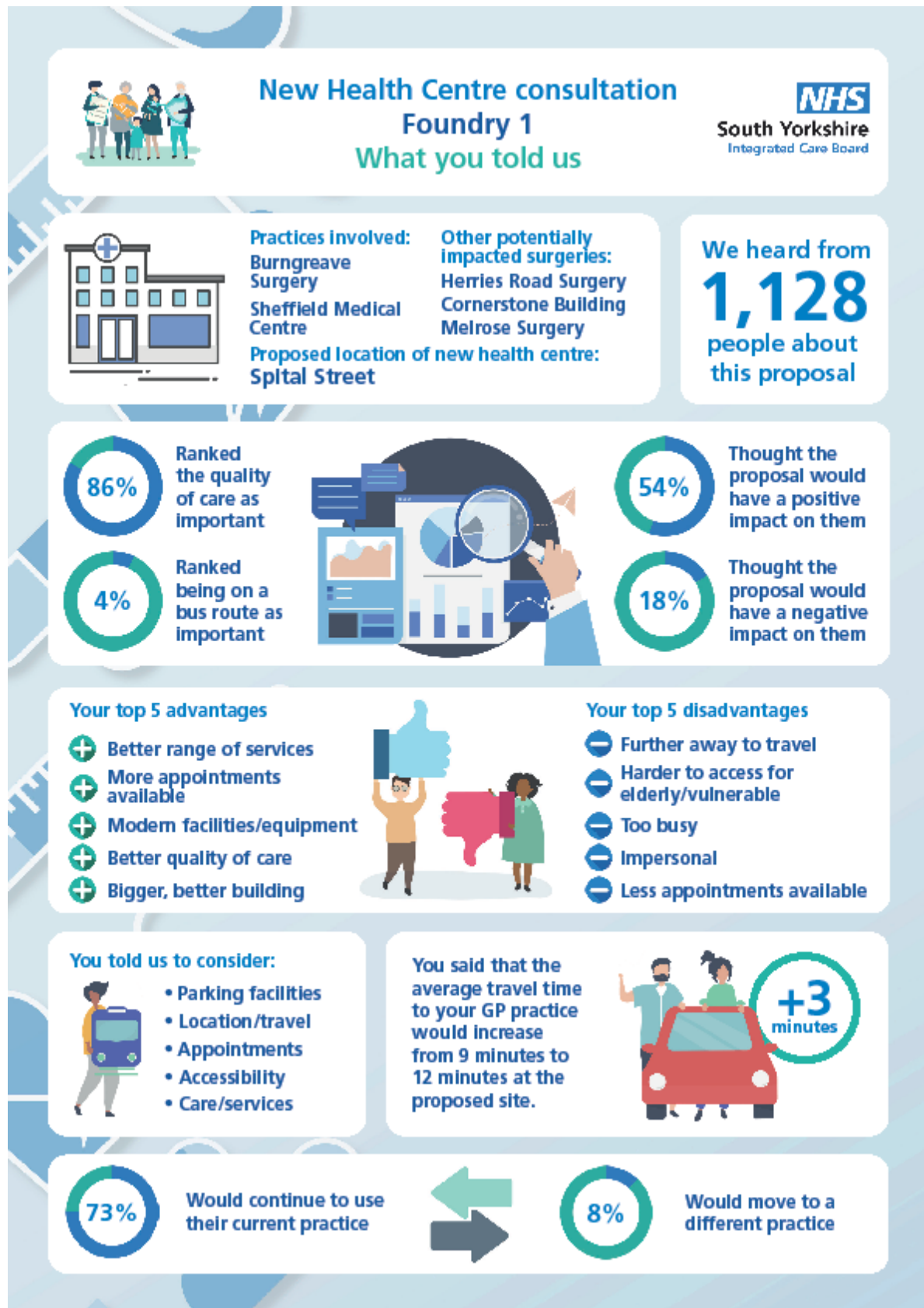
10. Consultation timetable and milestones

- 10.1. The Equality Impact Assessment (EIA) Review Group will assure that the EIA has been completed to an appropriate standard and contains the information required, with regards to potential impacts on groups that share a protected characteristic and other vulnerable communities, for an informed decision to be made.
- 10.2. The Quality, Performance, Public Involvement and Experience Committee (QPPIE) will approve that the consultation has been carried out in line with statutory requirements and to a high standard.
- 10.3. If approved by QPPIE, the Sheffield Primary Care Committee will conscientiously take into account the findings of the consultation and EIA, alongside the business case, when making a final decision on the relocation application.
- 10.4. The key milestones for the consultation and decision making process are set out at table 3 below.

Table 3: Consultation timetable and milestones

Milestone	Date	Required
Consultation start	31/07/23	Consultation materials
QPPIE	08/08/23	Consultation Plan / EIA
Health Scrutiny Committee	07/09/23	Consultation Plan / EIA / Consultation materials
Consultation end	29/10/23	
Consultation analysis	24/11/23	Equality Analysis
EIA review group	TBC	Updated EIA
QPPIE	05/12/23	Consultation Report / updated EIA
Sheffield Primary Care Committee	10/01/24	Business Case / Consultation Report / updated EIA
Operational Executive	TBC	Final decision

Consultation Findings Infographics





New Health Centre consultation Foundry 2 What you told us

NHS
South Yorkshire
Integrated Care Board



Practices involved:
Page Hall Medical Centre
Upwell Street Surgery
Proposed location of new
health centre:
Rushby Street

We heard from
1,157
people about
this proposal



Ranked
the quality
of care as
important



Ranked
being on a
bus route as
important



Thought the
proposal would
have a positive
impact on them



Thought the
proposal would
have a negative
impact on them

Your top 5 advantages

- Modern facilities/equipment
- Better quality of care
- Better range of services
- Bigger, better building
- More staff



Your top 5 disadvantages

- Too busy
- Harder to access for elderly/vulnerable
- Impersonal
- Lack of parking
- Further away to travel

You told us to consider:



- Parking facilities
- Location/travel
- Appointments
- Accessibility
- Care/services

You said that the
average travel time
to your GP practice
would increase
from 10 minutes to
12 minutes at the
proposed site.



Would continue to use
their current practice



Would move to a
different practice



New Health Centre consultation SAPA 1 What you told us



Practices involved:
Firth Park Surgery
Shiregreen Medical Centre
Proposed location of new
health centre:
Concord Sports Centre

We heard from
1,228
people about
this proposal



Ranked
the quality
of care as
important



Ranked
being on a
bus route as
important



Thought the
proposal would
have a positive
impact on them



Thought the
proposal would
have a negative
impact on them

Your top 5 advantages

- More appointments available
- Better range of services
- Modern facilities/equipment
- Bigger, better building
- More staff



Your top 5 disadvantages

- Further away to travel
- Less available appointments
- Harder to access for elderly/vulnerable
- Increased transport cost
- No good transport links

You told us to consider:



- Location/travel
- Elderly/vulnerable patients
- Consultation
- Appointments
- Staff

You said that the
average travel time
to your GP practice
would increase
from 8 minutes to
17 minutes at the
proposed site.



Would continue to use
their current practice



Would move to a
different practice



New Health Centre consultation SAPA 2 What you told us



Practices involved:
Buchanan Road Surgery
The Health Care Centre
Margetson Surgery
Proposed location of new health centre:
Wordsworth Avenue/
Buchanan Road

We heard from
1,299
people about
this proposal



Ranked the quality of care as important



Ranked being on a bus route as important



Thought the proposal would have a positive impact on them



Thought the proposal would have a negative impact on them

Your top 5 advantages

- Modern facilities/equipment
- Better range of services
- Bigger, better building
- Better quality of care
- More staff



Your top 5 disadvantages

- Harder to access for elderly/vulnerable
- Further away to travel
- Too busy
- Impersonal
- Less availability of appointments

You told us to consider:



- Appointments
- Elderly/vulnerable patients
- Parking facilities
- Environment
- Location/travel
- Staff

You said that the average travel time to your GP practice would increase from 8 minutes to 12 minutes at the proposed site.



Would continue to use their current practice



Would move to a different practice

Images of the Proposed New-build Hubs



Foundry 1 Hub (Spital Street)



Foundry 2 Hub (Rushby Street)



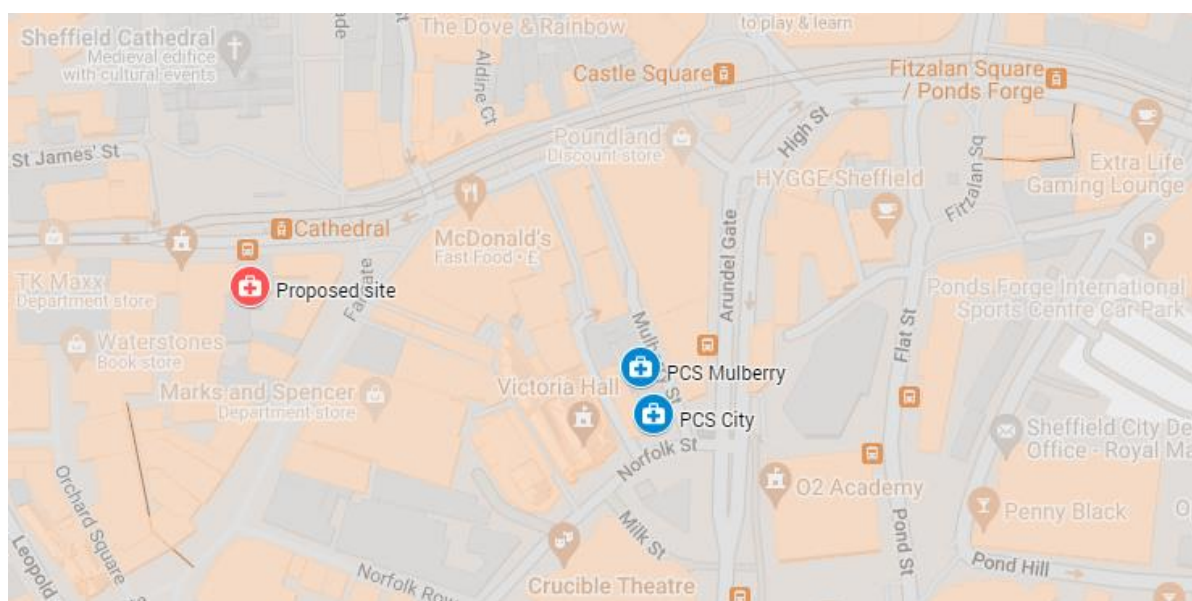
SAPA 2 Hub (Wordsworth Avenue / Bucanan Road junction)

Proposed relocation of PCS City and PCS Mulberry

Some of Sheffield's GP practices are based in old buildings which are not ideal for patients or staff. Many are too small to deliver healthcare in the 21st century and to benefit from the latest advancements in health care and technology. Waiting rooms are cramped, there are not enough consultation rooms and space for other services which could help improve people's health. New health centres would help us to do more for patients on one site. They will also help protect future of general practice in the north-east and centre of Sheffield.

We have a once in a generation opportunity to improve healthcare for people in Sheffield. £37m in government funding is available to transform general practice across the city. Most of this money is being used to build new health centres in some of the areas that need them most, bringing together GP and other services all under one roof.

PCS City and PCS Mulberry are proposing to relocate to a new site at the former Royal Bank of Scotland building on Church Street. The building would be renovated and remodelled to better meet the needs of the practices. The new location is within 300 metres of the current practice sites and benefits from bus and tram stops directly outside the building offering good access by public transport as shown on the map below.



If the proposals were to go ahead, all patients would continue to be registered with their current GP practice.

Before we make any decisions, we want to know what our patients think about this idea. We'd be grateful if you could complete a patient survey to help us understand the impact this could have on you. This consultation will run from 31 July to 29 October 2023.

The survey can be completed online at www.bit.ly/sheffieldcityhealthcentre, or picked up from your GP practice reception.



SCAN ME

Proposed relocation of PCS City and PCS Mulberry Patient survey

Are you responding as...?

A patient or member of public	A stakeholder
-------------------------------	---------------

Which GP practice are you registered with?

PCS City	PCS Mulberry
----------	--------------

How often do you use your GP practice?

More often than once per month	Every month
Every six months	Once a year
Less than once a year	Never

How long does it take for you to travel from your home to your GP practice?

Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
----------------------	-----------------	-----------------	-------------------

How do you normally travel to your GP practice?

Car	Bus
Taxi	Walk
Other, please specify	

How long would it take for you to travel from your home to the proposed new site?

Less than 10 minutes	10 - 20 minutes	20 - 30 minutes	More than 30 mins
----------------------	-----------------	-----------------	-------------------

How would you likely travel to the proposed new site?

Car	Bus
Taxi	Walk
Other, please specify	

Please tell us how the proposed relocation of your GP practice would affect you

If your GP practice were to move to the new site, what could we do to make things easier for you?

Is there anything else you think we should consider, or be aware of?

If your GP practice were to move, would you continue to use the Practice, or choose to move to a different practice?

I would continue to use this practice	I would move to a different practice
---------------------------------------	--------------------------------------

Equality Monitoring - OPTIONAL

We need to gather the following information so we know how this proposal might affect different communities. All information will be protected and stored securely in line with data protection rules. You don't have to answer these questions, but we would be very grateful if you would.

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

Please enter here		Prefer not to say
-------------------	--	-------------------

What is your sex?

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
---------------------------------	-------------------------------	--

Gender reassignment

Have you gone through any part of a process to change from the sex you were described as at birth, or do you intend to? (For example, how you present yourself, taking hormones, changing your name, or having surgery?)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
------------------------------	-----------------------------	--

What is your age?

<input type="text" value=""/> years	<input type="checkbox"/> Prefer not to say
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What is your sexual orientation?

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual
<input type="checkbox"/> Other, please specify		<input type="checkbox"/> Prefer not to say

What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed / multiple ethnic group	White	Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> African	<input type="checkbox"/> Asian & White	<input type="checkbox"/> British	<input type="checkbox"/> Arab
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Black African & White	<input type="checkbox"/> Gypsy/Traveller	
<input type="checkbox"/> Pakistani				
<input type="checkbox"/> Other Asian background	<input type="checkbox"/> Other Black background	<input type="checkbox"/> Other Mixed / multiple ethnic background	<input type="checkbox"/> Other White background	
<input type="checkbox"/> Other, please specify				<input type="checkbox"/> Prefer not to say

Do you consider yourself to belong to any religion?

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Judaism	<input type="checkbox"/> Sikhism
<input type="checkbox"/> No religion	<input type="checkbox"/> Other, please specify	
		<input type="checkbox"/> Prefer not to say

Do you live with any of these conditions? (Tick all that apply)

<input type="checkbox"/> Autism	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental Health condition
<input type="checkbox"/> Limitations to physical mobility	<input type="checkbox"/> Hearing impairment or Deaf	<input type="checkbox"/> Visual impairment or Blind
<input type="checkbox"/> Long-standing health condition or illness		<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other, please specify		

Do you provide care for someone?

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Please return this survey to your GP practice reception, post to **FREEPOST NHS South Yorkshire**, or complete online at www.bit.ly/sheffieldcityhealthcentre

Proposed relocation of PCS City and PCS Mulberry

NHS

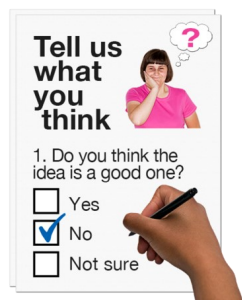
Primary Care
Sheffield



This leaflet is to give you more information about the proposal to bring together GP surgeries and other services under one roof



We want to know what our patients think about this idea



We would be grateful if you could fill in a patient survey



The consultation will run from 31st July—29th October 2023



SCAN ME

The survey can be completed online at www.bit.ly/sheffieldcityhealthcentre



Or you can pick up a copy from your GP practice reception



made with photosymbols®

Translated by



Why do we need to make a change?



- We need more clinical staff
- Accessible and higher quality services



- Some of the GP practice buildings are too small to deliver healthcare
- Waiting rooms are cramped



- There are not enough consultation rooms and space for other services
- Better premises and technology



- New health centres would help us to do more for patients on one site.



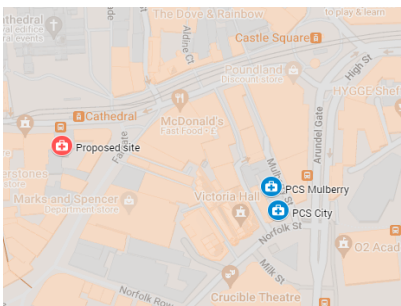
New health centres would help us to protect the future of general practice in north east and centre of Sheffield



We have a huge opportunity to improve healthcare in Sheffield. 37 million pounds is available in government funding to transform healthcare in Sheffield



Most of this money may be used to build new health centres in some areas that need them the most, bringing together GP and other services under one roof



PCS City and PCS Mulberry are proposing to relocate to a new site at the former Royal Bank of Scotland building on Church Street.



The building would be renovated and remodelled to better meet the needs of the practices.

300 metres

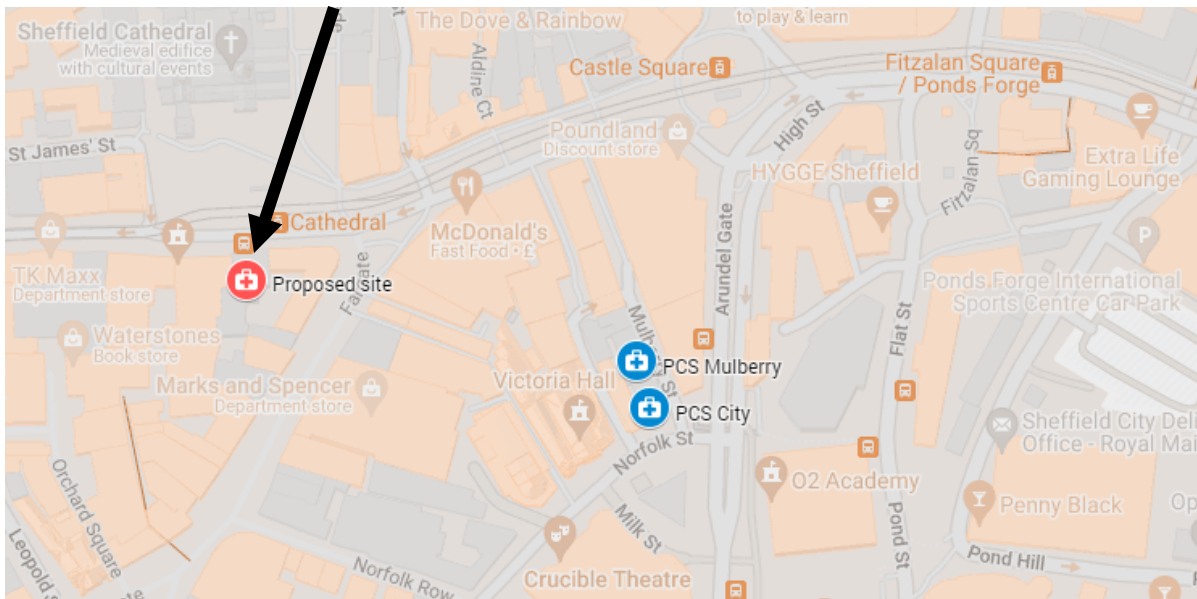


The new location is within 300 metres of the current practice sites



It benefits from bus and tram stops directly outside the building offering good access by public transport

Here is the map below. The new proposed site is in red



If the proposal was to go ahead all patients would continue to be registered with their current GP Practice

Patient Survey

Are you responding as a...?



Patient



Stakeholder

What GP Practice are you registered with?



PCS City

PCS Mulberry

How often do you use your GP Practice?

More often than once
per month

Every month

Every six months

Once a year

Less than once
a year

Never



How long does it take you to travel to your GP Practice?



Less than 10 minutes



20-30 minutes



10- 20 minutes



More than 30 minutes

How do you normally travel to your GP Practice?

Please tick



Car



Walking



Public Transport



Taxi



Bicycle

Other:



Please tell us how the relocation of your GP would affect you?



Blank space for writing an answer to the question about the effect of GP relocation.



If your GP Practice was to move to the new site what would make things easier for you?



Blank space for writing an answer to the question about what would make things easier if the GP practice moved.



Is there anything we should consider or be aware of?

Blank space for writing an answer to the question about considerations or awareness.

If your GP Practice was to move would you use the Practice or move to a different GP Practice?

Please tick



Yes, I would use this practice



No, I would move to a different practice



Equality Monitoring – OPTIONAL



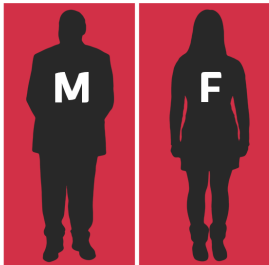
This information will be kept confidential and you do not have to answer all of these questions



This is so we can provide the best service for all communities



What is the first part of your postcode?



What is your sex?

Please tick



Male

Female

Other

Prefer not to say

Gender reassignment. Have you gone through a process to change from the sex you were described as at birth?



Yes

No

Prefer not to say





What is your ethnic background?

Please Tick



White

White British

Other White background

Gypsy/ Traveller

Asian, Or Asian British

Chinese

Pakistani

Indian

Other Asian background

Black, or Black British

African

Other Black background

Caribbean

Mixed/multiple ethnic group

Asian & White

Black African & White

Other mixed/multiple
ethnic background

Other: Please Specify _____

Arab

Do you consider yourself to belong to any religion?

Buddhism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Other, please specify	
Christianity	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>		

Do you consider yourself to be disabled?



Yes No Prefer not to say

If yes above, what type of disability or impairment do you have?

Autism	<input type="checkbox"/>	Physical or mobility	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Long-standing health condition or illness		<input type="checkbox"/>	
Prefer not to say	<input type="checkbox"/>	Other, please specify	

Do you provide care for someone?



Yes No Prefer not to say



What is your age?



(In years)

Prefer not to say

What is your sexual orientation?



Bisexual

Homosexual

Heterosexual

Prefer not to say

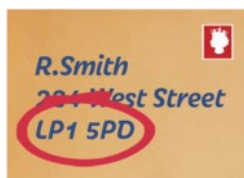
(other please specify)

Where to return your form



Return to your GP practice reception

or



Post to **FREEPOST NHS South Yorkshire**

or



Complete online at www.bit.ly/sheffieldcityhealthcentre

Patient Survey

Are you responding as a...?



Patient



Stakeholder

What GP Practice are you registered with??



PCS City

PCS Mulberry

How often do you use your GP Practice?

More often than once
per month

Every month

Every six months

Once a year

Less than once
a year

Never



How long does it take you to travel to your GP Practice?



Less than 10 minutes



20-30 minutes



10- 20 minutes



More than 30 minutes

How do you normally travel to your GP Practice?

Please tick



Car



Walking



Public Transport



Taxi



Bicycle

Other:



Please tell us how the relocation of your GP would affect you?



Blank space for writing an answer to the question about GP relocation.



If your GP Practice was to move to the new site what would make things easier for you?



Blank space for writing an answer to the question about what would make things easier.



Is there anything we should consider or be aware of?

Blank space for writing an answer to the question about considerations.

If your GP Practice was to move would you use the Practice or move to a different GP Practice?

Please tick



Yes, I would use this practice



No, I would move to a different practice



Equality Monitoring – OPTIONAL



This information will be kept confidential and you do not have to answer all of these questions




This is so we can provide the best service for all communities



What is the first part of your postcode? 

What is your sex?

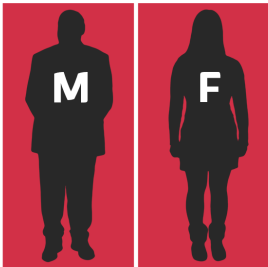
Please tick 


Male

Female

Other

Prefer not to say



Gender reassignment. Have you gone through a process to change from the sex you were described as at birth? 

Yes

No

Prefer not to say





What is your ethnic background?

Please Tick



White

White British

Other White background

Gypsy/ Traveller

Asian, Or Asian British

Chinese

Pakistani

Indian

Other Asian background

Black, or Black British

African

Other Black background

Caribbean

Mixed/multiple ethnic group

Asian & White

Black African & White

Other mixed/multiple
ethnic background

Other: Please Specify _____

Arab

Do you consider yourself to belong to any religion?

Buddhism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Other, please specify	
Christianity	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>		

Do you consider yourself to be disabled?



Yes No Prefer not to say

If yes above, what type of disability or impairment do you have?

Autism	<input type="checkbox"/>	Physical or mobility	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Long-standing health condition or illness		<input type="checkbox"/>	
Prefer not to say	<input type="checkbox"/>	Other, please specify	

Do you provide care for someone?



Yes No Prefer not to say



What is your age?



(In years)

Prefer not to say



What is your sexual orientation?



Bisexual

Homosexual

Heterosexual

Prefer not to say

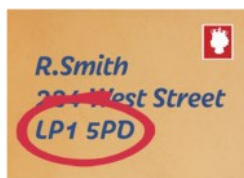
(other please specify)

Where to return your form



Return to your GP practice reception

or



Post to **FREEPOST NHS South Yorkshire**

or



Complete online at www.bit.ly/sheffieldcityhealthcentre



Report to Health Scrutiny Sub-Committee

7th September 2023

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

Subject: Work Programme 2023-24

Author of Report: Deborah Glen, Policy and Improvement Officer

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
Continence Services	Nov 2023	Moved from September meeting. Date to be confirmed
Adult Dysfluency and Cleft Palate Speech and Language Therapy Services	Nov 2023	Moved from September meeting due to proposals and options appraisal not yet being completed.
Urgent Care in Sheffield	Oct 2023	Added to the October agenda.

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	Dentistry
Description	tbc
Lead Officer/s	tbc
Item suggested by	<i>Officer, Member, Committee, partners, public question, petition etc</i> Member
Type of item	<i>Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)</i> Workshop
Prior member engagement/ development required <i>(with reference to options in Appendix 2)</i>	None
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	Discussed in workshop

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

Topic	Investing in Health
Description	tbc
Lead Officer/s	Emma Latimer
Item suggested by	<i>Officer, Member, Committee, partners, public question, petition etc</i>

	Member
Type of item	<i>Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)</i> Workshop
Prior member engagement/ development required <i>(with reference to options in Appendix 2)</i>	None
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	Discussed in workshop
Lead Officer Commentary/Proposed Action(s)	Deborah Glen

Part 3: Agenda Items for Forthcoming Meetings

Meeting 1	June 1 st 2023	10am				
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
Future Model for the provision of health services for people with Learning	Follow up to the discussion at the 7 th December and 23 rd March meetings	Heather Burns, NHS SY	Policy Development	Previously discussed as part of 22-23 work programme	Detailed within the report	This committee

Disability/Autism						
Sheffield Children's Hospital Quality Accounts						
Sheffield Teaching Hospital Quality Accounts						
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					
Meeting 2	7th September 2023					
Consultation on proposals for a new City Centre health centre	The committee have previously received information about a proposed new health centre in the City Centre, however a suitable site had not been found at the time of the consultation launch. A commitment was given to the committee that they would receive updates as this progressed. A site has now been identified.	Richard Kennedy, Engagement Manager, NHS SY Jackie Mills Abby Tebbs Mike Speakman	Consultation	Last considered June 2022: Primary Care Estate Transformation plans and engagement findings	Contained within the report	This Committee
Sheffield Teaching	Update on progress in improving maternity	Alun Windle Dani Hydes	Performance Update	Previously considered by sub-		This Committee

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

Meeting 3	11th October 2023					
Urgent Care in Sheffield.	CQC inspection of Walk in Centre and update on other urgent care services					
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 4	16th November 2023					

Adult Dysfluency and Cleft Palate Speech and Language Therapy Services	Healthier Communities and Adult Social Care Scrutiny Committee has previously been involved in 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.	Kate Cleave, NHS South Yorkshire ICB	Consideration of ‘substantial change’ to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and Palate Service Update.pdf (sheffield.gov.uk)		This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 5	25th January 2024					
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	14th March 2024					

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) <i>This Cttee/Another Cttee (eg S&R)/Full Council/Officer</i>
Mental Health Interventions Workshop	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	Workshop	tbd	tbd	To be arranged
Primary Care Workshop	To hear a range of perspectives on Primary Care including GPs, Practice	tbd	Workshop	Follow up to December 7 th Discussions around Primary Care.		To be arranged

	Managers, Local Medical Committee, patients					
Relocation of Stepdown Services	To consider an update on the relocation of services to Beech.			Previously considered in December 2022		
Continence Services	<p>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.</p> <p>Committee requested that the NHS be invited to give a further update on progress at a future meeting.</p>	Sarah Burt, NHS South Yorkshire ICB	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		This Committee

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.

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