Public Document Pack

Health Scrutiny Sub-Committee

Thursday 25 January 2024 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 Nighat Basharat
Councillor Dianne Hurst
Councillor Laura McClean
Councillor Mick Rooney
Councillor Sophie Thornton
Councillor Ann Whitaker

Sheffield City Council

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.

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FACILITIES

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with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTH SCRUTINY SUB-COMMITTEE AGENDA
25 JANUARY 2024

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 (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting

4. Minutes of Previous Meeting (Pages 11 - 16)
To approve the minutes of the last meeting of the Sub-Committee held on 21st December 2023.

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 23rd January 2024).

6. Members' 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. Future of Health Services for Adults With a Learning Disability in Sheffield (Pages 17 - 28)

8. Adult Stammering Service Update (Pages 29 - 30)

9. Palliative and End of Life Care (Pages 31 - 42)

10. Work Programme (Pages 43 - 56)

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on Thursday 14 March 2024 at 10.00 am

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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, General Counsel by emailing david.hollis@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 21 December 2023

PRESENT: Councillors Steve Ayris (Chair), Dianne Hurst, Sophie Thornton, Ann Whitaker and Mary Lea (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from the Chair (Councillor Ruth Milsom) and from Councillors Laura McClean and Martin Phipps. The meeting was chaired by the Deputy Chair (Councillor Steve Ayris). Councillor Mary Lea attended as substitute for Councillor McClean.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 11th October 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Two questions had been received from Members of the public however as they related to items on the agenda, the Chair stated that they would be read out during consideration of those items.

6. MEMBERS' QUESTIONS

6.1 There were no questions from Members of the Committee.

7. CONTINENCE SERVICES

7.1 The report which provided an update regarding the review of the Sheffield continence service 2019 and related recommendations was presented by Dr Zak McMurray.

7.2 Dr McMurray advised that he was representing the Independent Commissioning Board (ICB), as colleagues who were directly responsible for the matter were on annual leave or engaged as a result of the Junior Doctor's strike.

He explained that a restructure had led to a loss of staff. The stated aim of the restructure had been to decrease bureaucracy but in fact it had increased it. He expressed his disappointment that the improvements in Continence Services had not so far been progressed. As there was no extra money available, changes would have to be funded by improvements in efficiency and productivity or by the taking of difficult decisions regarding where current funding should be invested. He suggested that the ICB and Sheffield Teaching Hospitals could come back to the Sub-Committee in the new year to have a wider conversation.

7.3 A question had been received from Paul Sugars, who attended the meeting to ask the question:

"The context to my questions is the lived experience of my 87-year-old father-in-law and his family of continence services in Sheffield since his discharge from the Royal Hallamshire Hospital ("RHH") to his own home late last month for end-of-life care and how that experience evidences progress against the recommendations made by this committee in its 2020 report into continence services across the city, in particular those at paragraphs 4.3.5 and 4.4.5 encouraging better feedback from service users and improvement in waiting for continence assessments respectively.

My questions are as follows:

1. *Why could the Continence Service only offer an assessment several weeks after hospital discharge and given the patient's continence needs are unchanged irrespective of the care setting, why could his continence assessment not have been performed prior to discharge from RHH?*
2. *Why, following assessment, is there a further significant wait for the provision of continence wear? Is this aspect of the service outsourced and if so, what are the contractual service level agreements governing the service and how can they be improved?*
3. *Given the inability of the Continence Service to promptly undertake an urgent assessment of the patient's needs, the 7-days' continence wear provided upon discharge was clearly insufficient. In view of the 'person-centred care' principle described in the 2020*

report, who determines that 7-days' continence wear is sufficient for patients and on what factual basis is such a determination made?

4. *Confronted with the certainty that continence wear would quickly run out, the family has purchased a supply at its own expense, which will almost certainly need to be repeated given the timelines quoted by the Continence Service. This clearly contravenes the principle that Continuing Health Care be provided free at the point of delivery to qualifying patients. Who will reimburse the family for this and how?*
5. *Despite repeated requests to RHH that community-based care bodies such as the Continence Service be part of the discharge planning, none attended any of the meetings. What is standard practice for the involvement of community services in planning Continuing Healthcare hospital discharge and if they are not part of the process, should they not be so?*
6. *Given that the Scrutiny Committee has previously raised concerns about hospital discharge and made recommendations in 2020 on how to improve outcomes, why is it that similar problems continue to occur, in contra*vention *of the principle of 'person-centred care'*?"

Dr McMurray responded as follows:

- He would ensure that a full written answer was provided to Mr Sugars.
- He agreed that the situation described was not acceptable. It would be necessary to investigate whether the circumstances had arisen due to a one-off mistake or whether there was a wider issue with staff not following the relevant pathway.
- He was not sure whether any mechanism was in place for reimbursement but felt that it would be worth colleagues having a conversation with the provider.
- He also agreed that the cost of getting the service right first time was less than the cost of getting it wrong and then having to rectify the error.
- It was possible that pressure to discharge patients from hospital had led to the service not being as joined up as it should be.
- Conversations were underway at the Health and Wellbeing Board regarding where money should be invested. Currently the NHS prioritised a medical model, rather than supporting wellbeing in the community, which if done properly could avoid many hospital admissions altogether.

7.4 Members expressed disappointment that no progress had been made since the last report to the Sub-Committee. They thanked Mr Sugars for attending to ask his question. It was noted that it was not only people in end-of-life care who were users of continence services and who were therefore adversely affected when it failed. It also affected people with learning difficulties. A particular concern was regarding inequity, as not everyone would be able to afford to purchase items for themselves and continence was an issue that was known to affect mental health self-esteem, dignity, and quality of life.

Members agreed that the matter should be addressed with greater urgency and agreed that a further update should take place in the new year.

7.5 **RESOLVED**: That the Sub Committee notes the update and request a further update in 2024.

8. CITY CENTRE GP HUB UPDATE

8.1 A question had been received from James Martin of Disability Sheffield. James Martin did not attend the meeting therefore a written response will be provided and published on the Council's website, however the question was read out by the Chair as follows:

"The following questions relate to the original health centre hub projects (i.e. separate from the City Centre item later in the agenda). I ask the committee to revisit the response we gave on the 10th of November to the request for input from this committee on this matter. The following questions give a summary of specific points for the Integrated Care Board (ICB) which the committee might wish to probe:

1. *Whether the ICB contract with the third-party architecture firm working on the new health centres locked in the requirements for the collaborative/co-design approach to cover accessibility and other community input?*
2. *Whether the selection criteria for appointing the chosen firm included either invited or volunteered commitments to community engagement and accessibility engagement?*
3. *What action the ICB has taken to hold their contractor to account (if in contract or the basis of picking one firm over another) or other action taken to influence the outcome?*
4. *Has the ICB been told either verbally or in writing that community engagement and accessibility engagement are not a requirement of the contract?*

Finally, noting the item 8 on your agenda today for which at the time of writing there are no papers: we have had no approach from the ICB or another organisation regarding the City Centre health centre plans. Therefore, I refer to the original concerns, that ICB has lost interest in input that they had stated would happen in both previous papers and answers to the committee.

5. *Has any outreach on accessibility happened at all for the City Centre plans?"*

Beyond the question the last contact on the topic was on the 27th of July and purely mentioned the planning application.

8.2 The report which aimed to inform the Committee about the progress of the Sheffield Primary Care Hubs and informed the Committee about the activity and outputs of a 12-week consultation on the proposals, was presented by Mike Speakman (Programme Manager, South Yorkshire ICB) and Richard Kennedy (Head of Involvement, South Yorkshire ICB)

8.3 Mike Speakman advised the Sub-Committee that since the writing of the report, Page Hall medical practice had confirmed that they would not be proceeding with the proposed relocation, and this would mean that the Foundry 2 scheme would not be able to proceed.

8.4 In response to questions from Members the following additional information was given:

- The ICB was committed to engagement with Disability Sheffield and would write to them formally to this effect.
- The consultation had not been about building designs but about ascertaining patients views on the proposal to move the practices.
- As tenants of Sheffield City Council, the NHS would pay a service charge towards the upkeep of the buildings.
- The Foundry 1 scheme was being paused and taken back to market as it had been felt that the ICB were not getting value for money, but the scheme was not being stood down.
- Patients were being informed of the decision regarding Foundry 2 and stakeholder briefings would be released shortly. It was too soon to be able to advise whether there could be investment in the practice's existing infrastructure instead, but this would be considered.

8.5 **RESOLVED**: That the Sub Committee

(a) Notes the update on progress of the Sheffield Primary Care hubs; and
(b) Notes the consultation activity undertaken to inform the decision to proceed with proposals to develop a City Centre hub and for two GP practices to relocate into.

9. WORK PROGRAMME.

9.1 The report which gave an update on the Sub Committees work programme was presented by Deborah Glen (Policy and Improvement Officer), who advised that workshops for the Sub-Committee would be taking place in February, March and May 2024.

9.2 Members requested that Sheffield Adult Autism and Neurodiversity Service be added to the work programme. This had been requested at the previous meeting

of the Sub-Committee.

It was also agreed that a further report on Continence Services would be brought in May 2024

9.3 **RESOLVED**: That the Sub-Committee agrees the work programme, including the additions and amendments identified.

Report to Health Scrutiny Sub-Committee

Authors/Lead Officers of Report:

Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board

Dr Hassan Mahmood, Clinical Director, Learning Disability Service, Sheffield Health and Social Care NHS Foundation Trust

Report of:	Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board Dr Hassan Mahmood, Clinical Director, Learning Disability Service, Sheffield Health and Social Care NHS Foundation Trust
Report to:	Health Scrutiny Sub-Committee
Date:	25 January 2024
Subject:	Future of health services for adults with a learning disability in Sheffield

Purpose of Report:

- To update the Health Scrutiny Sub Committee of work that has progressed and agreed since our last update in June 2023 on the emerging future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand since successful implementation of the national Transforming Care programme.
- To inform the Health Scrutiny Sub-Committee of the move to the implementation phase of the new model.

Recommendations:

- To note that we are now beginning phase one of implementing the model of delivery for the new Sheffield LDA service, as a positive development to better meet the needs for this population.

Background Papers:

- Previous update provided to the Committee in March 2023: Future of health services for adults with a learning disability in Sheffield.pdf
- Previous update provided to the Committee in June 2023: Future of health services for adults with a learning disability in Sheffield.pdf

Future of health services for adults with a learning disability in Sheffield

1. Purpose of the report

1.1 The purpose of this report is to:

1.1.1 Update the Health Scrutiny Sub-Committee (HSC) of work that has progressed since our last update in June 2023 on developing a future model for the delivery of community and inpatient health services for people with a Learning disability/Autism, following changes in patterns of demand over the period of delivery of the national Transforming Care programme.

1.1.2 Inform the Health Scrutiny Sub-Committee of the move to the implementation phase of the new model.

2. Introduction and update from the last report in June 2023

2.1 The Health Scrutiny Sub-Committee agreed in June 2023 that the proposed model to redirect the resource from inpatient services at Firshill into enhancing the community Learning Disability services could be implemented.

2.2 Following this decision, Sheffield Place Integrated Care Board (ICB) team and Sheffield Health and Social Care Trust (SHSC) produced a sustainable business model, financial, demand and capacity plan, staffing plan and specification, which all considered regional and national best practice and benchmarking.

2.3 Throughout the process, partners have submitted plans to NHS England for assurance and scrutiny. Between June and September 2023, extensive information was supplied to the North West Clinical Senate, culminating in a full day panel in September. The panel were highly complementary on the depth and scale of information provided, and the breadth of the engagement work (in common with NHS England's Assurance checkpoint feedback). The panel result was that they gave what they called "caveated assurance" with "no red lights" to Sheffield, against all key lines of enquiry, and commented that this was "a good place to be" at the end of the panel. They were happy for plans to continue to be progressed for the new service.

2.4 While the panel's advice is not mandatory, learning from these caveats has been built into the final model. For example, they had concerns about whether spot purchasing an out of city placement was in line with least restrictive care closest to home; but our proposed model will further reduce our likelihood of needing to admit people, and it is not possible to retain a previously 8 bedded

hospital unit for the risk of an occasional admission, from quality assurance, cost and safeguarding perspectives.

2.5 The business case for the reinvestment was agreed by Sheffield ICB's Senior Place Executive Team (SPET) in November 2023. This agreed that:

2.5.1 The new model will see the funding that had previously been committed into Firshill Rise be reinvested into the community LD service model described. This breaks down to £1.5m staffing resource, £0.12m for spot purchase inpatient care and the remaining for non-pay and overheads to be added to the existing community provision.

2.5.2 The ICB team will progress plans to develop a gain/risk share with SHSC for any inpatient admissions, against a continual review of performance against the incremental implementation of the new model.

2.5.3 The total cost of the future service, including the new model and existing community learning disability service, would be £5.1m.

3. Overview of the new model

3.1 The proposed community model has been built around the national Transforming Care and Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) agendas and focuses on a significant improvement in quality of community support with an increased focus on patient safety, clinical effectiveness, patient experience, improved responsiveness, an extended offer, and co-ordination of the whole SHSC Learning Disability service.

3.2 It is proposed that the new model will provide:

3.2.1 **A new single multidisciplinary Community Learning Disability Team (CLDT)** delivering core functions of standard and enhanced care pathways that are determined by need, which will influence the speed and intensity of the response. Enhanced pathways will offer a responsive, more intensive support than the standard pathways with an aim to prevent placement breakdowns and inpatient hospital admissions. Some service users may require referral to multiple pathways. Examples of pathways will include Sensory Assessment and Integration, Communication, Positive Behavioural Support and a holistic evidence-based nursing assessment.

3.2.2 **A strengthened central point of access** for all referrals into the service, with a greater emphasis on a more coordinated and holistic community multidisciplinary team (MDT) to better assess and manage service users' health-related needs and any associated risks as early as possible.

3.2.3 **Extended operating hours during the week** (to 8am-6pm on weekdays and 9am-5pm on call on weekends, in phase one, and to 8am-8pm in phase two), with referral to the general SHSC out of hours crisis team outside of those hours, to offer earlier pre-working day appointments as requested by working families in our engagement work, with additional on call clinical advice and support over the evenings and weekends. This will enable the service to help reduce the risk of family/placement breakdown, admission to an inpatient setting, or an out of area placement.

3.2.4 **Increased number and range of clinical and support staff**, to reduce waiting times, to add to and complement the MDT, to support the additional operating hours, and to carry out a range of interventions, including Positive Behavioural Support, physical health monitoring, depot injections and blood desensitisation work. Further information is as follows:

- Professional groups such as Psychiatrists, Speech and Language Therapy, Occupational Therapy and Nursing will see their staffing levels increase in line with national benchmarking carried out by SHSC. Demand and capacity analysis has shown that for many of the professions in the service, including Speech and Language Therapy (SALT), physiotherapy, occupational therapy and psychology, people are waiting in excess of 18 weeks for interventions, and that the range of interventions is restricted. For example, SALT capacity is mainly focussed on eating and swallowing problems, so that even severe communication issues, which can lead to behavioural issues, are not addressed in a timely way.

- The new structure also includes new roles of Specialist Dieticians, as well as Art and Music Therapists, to address both waiting times and gaps in the service around the morbidity associated with poor diet and obesity, and to provide specialist psychotherapy for non-verbal individuals who have experienced trauma respectively, which is widespread in this population. The role of a Specialist Dietician will enable a range of service users' dietetic needs to be met and demonstrates local and national learning from the LeDeR programme. Art and Music Therapists would enhance the patient experience by meeting an increased variety of service users' holistic needs. Music therapists would engage service users in musical interaction to promote their emotional wellbeing and improve their communication skills with the intervention being particularly effective for people whose means of communication is non-verbal.

3.2.5 **Enhanced partnership working** between SYICB, SHSC, Local Authority, using a nationally mandated "Dynamic Support Register" and "Care and Treatment Reviews" to reduce the risk of avoidable admissions of people to specialist LD inpatient services.

3.2.6 **Further implementation of the national "Greenlight Toolkit" guidance**, to improve the support that is provided to people with Learning Disability with or

without Autism who have needs predominantly relating to their mental health in the community, and also in acute mental health wards, if admission to this type of care is required, as an alternative to an out of city placement.

3.2.7 **The introduction of more evidence-based outcome measures** coproduced with experts by experience and families. This will include quality of life and health measures, aimed at reducing early preventable deaths, using analysis from our learning from the reviews of deaths through the LeDeR programme and linked to our SMI Physical Health Strategy recently reported to SPET.

3.2.8 **A more consistent application of the national programme to Stopping Over Medication of Patients with a learning disability/autism (STOMP)**. The new clinical model will enable the STOMP agenda to be tailored to the needs of people from an ethnic minority background.

3.2.9 **Working more collaboratively with SHSC autism specialists** to advise on avoiding out of city admissions for autistic people. It should be noted, however, that the focus for the service in scope of this paper is primarily on people with a learning disability, who may also have a diagnosis of Autism. People who have Autism only without a Learning Disability are supported through a different SHSC service and pathway, and this work is part of a programme that is being led across the whole of South Yorkshire, through the SYICB and the Specialist Provider Collaborative. That said, it is recognised that that we need to further enhance collaborative working practice between the Sheffield pathways for people with a Learning disabilities and Autism only.

3.2.10 In addition, as an adjunct to this work on adult learning disability at Sheffield place, we are collaborating with the SYICB LDA Programme and place leads, and with Local Authority partners to finalise plans to jointly commission for South Yorkshire an Autism only specialist clinical community team and a short stay residential model for LD and/or autism as a de-escalation provision and admissions avoidance initiative funded through SYICB Service Development Funding. This is a significant aspect of our plans to continue to impact on admissions avoidance to specialist inpatient beds.

3.2.11 **Enhanced support to those who do need admission to an inpatient unit:**

- It is recognised that the demand for inpatient admissions is not perfectly predictable, but we have evidence of a consistently reducing level of demand, over a five-year period through our work on admissions avoidance.

- We feel that it is prudent as part of our planned model to have a risk share with SHSC for up to one admission per year, with quarterly reviews of the position between ourselves and SHSC. Financial resource will therefore be held in reserve over the financial year to mitigate the risk should a specialist inpatient Learning Disability or autism admission be required, and which would be sourced as close to Sheffield as possible,

with all quality assurance measures in place to oversee any such placement, and to achieve appropriate lengths of stay.

- On the rare occasion that a specialist LDA bed does need to be sourced and inpatient admission to a mainstream mental health ward is not an adequate solution, there will be:
  - An enhanced monitoring regime which will exceed the national Safe and Well Review schedule of 6-8 weeks delivered by SHSC clinical and/or ICB staff for any hospital placements made. This will exceed SYICB wide guidelines for quality and safety assurance. We have committed to this enhanced approach to address a point raised by Health Scrutiny Committee around quality of care and safeguarding.
  - Suitable mitigations such as practical, emotional, or possible financial support for family travel, where appropriate, (subject to suitable controls), or support for virtual visits for families as required for any hospital placement that must be made outside of Sheffield.
  - We have committed to this enhanced approach to address a point raised by Health Scrutiny Committee around support to families who may be disadvantaged from the continued closure of Firshill Rise.

4. Engagement and co-production in developing the model

4.1 As detailed in past reports to the committee, we have completed extensive engagement work throughout this process, and the model is also based on significant service user feedback, including:

- Providing easy read information about the new service model.
- A service that has smaller waiting times and is available when people need it.
- Making the building and reception welcoming.
- Having named staff for people using our service.
- Clearly explaining the role of different professionals involved in the delivery of care.
- Helping people understand their medication and how to reduce it (STOMP).
- Attending community forums like the Partnership Board, We Speak, You Listen and the Big Voice so people can ask questions about the service and give feedback.

- Looking at the role of Peer Support Workers/ Peer advocates/expert by experience with the service.
- Offering art and music therapy.
- Being clear about what happens at discharge and how people can get help in the future.

4.2 We will be developing a joint engagement/co-production plan to support implementing the new model and for continued engagement to make sure service users are at the centre of the new model. We plan to summarise some key messages on the outcome of this work on the future model of service delivery that links to the original engagement work on the model and updates members of the public and people with LDA and their families. We will work with community organisations and Experts by Experience to develop these messages.

4.3 SHSC are also involving service users in developing outcomes for the new model, and an attached appendix contains further details relating to this work.

4.4 It is recommended that the Learning Disabilities Partnership Board continues to be updated and involved in this work going forward.

5. Recruitment and workforce development

5.1 Within the SHSC Learning Disability Service, there has already been success with recruitment, including a Modern Matron with significant experience of working in Learning Disability Services, a substantive Consultant Psychiatrist, Art and Music Therapists, Speech and Language Therapists, and a Community Nurse for the Community Intensive Support Service. A Community Nurse has completed their Non-Medical Prescriber Course whilst a Trainee Advanced Clinical Practitioner and Community Nurse has become an Advanced Clinical Practitioner. This will give a positive signal to trained and experienced clinicians to attract them to want to work in Sheffield's new clinical service model.

5.2 Community Nursing colleagues have been trained in Positive Behaviour Support (PBS), to better support people who exhibit behaviours of distress or whose behaviour services find challenging to support, which will increase the availability of PBS for service users, resulting in a more responsive service, as well as creation of an environment to allow consistent implementation of the STOMP agenda.

6. Next steps

6.1 The following are next steps that we have committed to and are already working on:

6.1.1 To agree and sign off the service specification.

6.1.2 To jointly look at and develop an engagement/co-production and communications plan between the ICB and SHSC, and to update and involve the Learning Disabilities Partnership Board on a regular basis.

6.1.3 SHSC to continue to proceed with the implementation plan with a view to operationalising and evaluating the impact of the new clinical model.

6.1.4 SHSC and the ICB to continue to work with the SYICB partnership and Provider Collaborative on monitoring need and demand over the next five years for inpatient beds for people with LDA and autism, and to work on any commissioning implications that arise out of any changed future patterns of need and demand that are identified.

7. Recommendations for Health Scrutiny Sub-Committee

- To note that we are now beginning phase one of implementing the model of delivery for the new Sheffield LDA service, as a positive development to better meet the needs for this population.

Appendices

- Learning Disabilities: Co-Production Update, 4th January 2024

Learning Disabilities: Co-Production Update

4th January 2024

SHSC Co-Production Steering Group

The Coproduction steering group continues to meet and includes people with lived experience, SHSC engagement team, MENCAP and Sheffield Voices. The aim is to support engagement and self-advocacy for people with a learning disability who access SHSC services.

ICB Board

In November 2023 Mary Bottomly supported by David Newman attended South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative Board. Mary is person with lived experience of learning disability and mental health with extensive experience of self-advocacy. She is also a co-author of the SHSC led 'What does good STOMP look like' guidance. Mary gave a powerful account setting the scene for the importance of person centred and trauma informed care to Chairs and CEOs across the region.

Sheffield Learning Disability Partnership Board

In 2023 the Learning Disability Partnership Board had been reorganised and now has 20 representatives who are people with lived experience. There is an inclusive approach to reasonable adjustments with pre-meets to support engagement and planning. A big focus is the city-wide Learning Disability strategy. The board includes people who have accessed CLDT services and will form an important forum through which the CLDT can communicate and engage about its transformation work.

MENCAP

MENCAP have recruited a primary care learning disability nurse who is engaging with people across the city to raise awareness and ensure Annual Health Checks and Health Action Plans are in place. Close working links have been set up between this new post and our CLDT nurses. These links helped ensure we had a

coordinated approach for Learning Disability week with services promoting access to health and reasonable adjustments for people with learning disabilities.

Sheffield Voices

In 2023 SHSC CLDT has continued to work closely with Sheffield Voices. The organisation has grown in membership and activity over the last year. The organisation is supporting self-advocacy, art and drama, inclusive research and social engagement across a range of community hubs. Initial introduction meetings have taken place or are planned with Firvale Community Centre, ISRAAC, Tinsley Community Centre and Darnall Primary Care Centre. These events aim to connect with and invite diverse communities to join the central Big Voice events at the town hall.

In 2024 there will continue to be “We Speak You Listen” events using drama, art, games and talks to focus on advocacy and support. Each session has a theme close to the heart of the community including access to health. There are also **Big Voice** events planned at the Town Hall with attendance from statutory, voluntary agencies, City Counsellors and all community centres for people with a learning disability and/or autism. SHSC attends each of these events with a table providing information and support about how to access our services. It is also a place to humbly receive feedback about what is going well and what needs to be improved.

Upcoming dates:

24th Jan 24: You Speak We Listen. 10-12pm @ Burton Street

23rd Feb 24: Big Voice. 10-2pm @ Town Hall

CLDT – Transformation Programme

In 2023 the learning disability service continues to work on bringing together feedback and using it to inform the new model. We have an action plan which helps us to respond to the 10 improvement priorities that we have heard. These include:

1. Providing easy read information about our new service model

2. A service that has smaller waiting times and is available when people need it
3. Making our building and reception welcoming
4. Having named staff for people using our service
5. Clearly explaining the role of different professionals involved in our care
6. Helping people understand their medication and how to reduce it (STOMP)
7. Attending community forums like the Partnership Board, We Speak, You Listen and the Big Voice so people can ask us questions about the service and give us feedback
8. Looking at the role of Peer Support Workers with our service
9. Offering art and music therapy
10. Being clear about what happens at discharge and how people can get help in the future

These themes and their actions will be built into our operational policy which is the document that details how the service will work. We continue to seek routine feedback via Friends and family surveys, post discharge surveys and compliments and complaints.

Sheffield Children's NHS
NHS Foundation Trust

Adult Stammering Service Update

January 2024

In April 2021, after giving notice to Sheffield Clinical Commissioning Group, the Sheffield Children's NHS Foundation Trust (SCFT) stopped acceptance of adult referrals to the Speech and Language stammering service. This decision was based on concerns around three main risk areas:

- The service was seeing patients outside of the normal and extended age range for SCFT in a shared setting.
- There were concerns around the governance that was in place to support care for the extended age range due to our position as a paediatric provider.
- The wider Speech and Language service was struggling to deliver care in a timely way to children and young people, giving rise to questions regarding whether delivery to adults constituted the best use of limited therapist resource.

The decision was referred to the Sheffield City Council Overview and Scrutiny Committee (OSC) who recommended the service re-open to referrals in August 2021, whilst work was undertaken in Sheffield to develop a future proposal for provision of adult stammering services.

A public involvement programme was launched, and the findings of the engagement programme were finalised in May 2023. The engagement exercise found that:

- Most respondents reported not minding that they received therapy from a therapist who works with both children and adults.
- There was mixed feedback on attendance to appointments in a setting where both children and adults were present, but appointment times were ranked as more important, with evening availability and car parking being preferential.
- Overwhelmingly, there was a preference for appointments individually and in person.
- SCFT Speech and Language Colleagues were interviewed by Integrated Care Board colleagues and felt strongly that the service should continue in its current form.
- Wider stakeholders in health, commissioning and the STAMMA charity noted the importance of having a specialist service for adults who stammer in Sheffield and were complimentary of the current service.

During the same period the Trust also engaged with over 1,000 people on producing two key guiding Trust Strategies; our Clinical Strategy was published in July 2023 and our Quality Promise will launch in January 2024. A core principle of how we seek to deliver these is that we engage, listen, and co-produce our services with the people who we support to meet our aims of delivering outstanding patient care.

In line with our principle of being a listening organisation and after receiving the feedback from the engagement exercise, we asked our senior leadership team within Speech and Language and Community wellbeing and Mental Health Services (CWAMH) to undertake a review of our original decision. This review reported back to our Executive Team in December 2023. The team found that:

- There is no cure for stammering, those who stammer are best supported on a continual and consistent basis. A life span approach to service delivery is not unusual, and can be evidenced locally in Barnsley, Doncaster, and Leeds.
- Low referral rates for adults who stammer (less than 30 per year in Sheffield) mean that clinical competence for an adult only specialist would be difficult to maintain. The clinical approaches and ethos are the same regardless of whether the patient is an adult or a child. In Sheffield, this clinical competence currently sits with the SCFT Speech and Language team.

In regard to mitigation of original concerns and considering the best way forward for the specialist adult stammering service in Sheffield, the SCFT Speech and Language therapy team have:

- Undertaken full risk reviews for staff, adult patients and children and young people and their families.
- Provided access to adult safeguarding training and supervision for those staff delivering the service.
- Requested adult safeguarding posters to be displayed in the relevant waiting areas.

- Completed a full risk assessment for our Flockton outpatient area which is where the service is delivered.
- Provided trauma informed supervision for the relevant clinicians.

In addition to these changes, it is acknowledged that the stammering team already have the knowledge, leadership, and expertise to deliver the specialist service. Provision of specialist stammering services in Sheffield is felt to be an integral part of the service portfolio.

Although capacity remains a significant issue for the service as a whole, it is acknowledged that ceasing the adult stammering service would release very little extra in real terms to the paediatric Speech and Language pathways.

The engagement process undertaken for this pathway enabled the Trust to listen to the voices of past and current service users alongside our colleagues and stakeholders. Sheffield ICB have confirmed a desire to continue the commissioning of an adult specialist service is required in Sheffield. Given that the specialist knowledge lies with SCFT, our Executive Team have agreed that we will continue the adult stammering service within the Trust with the mitigations described above. This aligns to a key theme with our clinical strategy and supports our ambitions as an anchor organisation in Sheffield to improve both education and employment potential for all in our local communities. Sheffield Children' NHS Foundation Trust has no intention of reviewing this decision in the near future.

Chris Hayden
Deputy Chief Operating Officer
Community and Mental Health
Sheffield Children's NHS Foundation Trust

Report to Health Scrutiny Sub-Committee

Report of:	*Louise Potter, Commissioning manager for palliative and end of life care, at Sheffield place, South Yorkshire Integrated Care Board*
Report to:	*Health Scrutiny Sub-Committee*
Date:	*16th January 2024*
Subject:	*Palliative and end of life care*

Purpose of Report:

1. To share details of the South Yorkshire Integrated Care Board's All age Palliative and End of Life Care Strategy and offer members an opportunity to feedback any comments.
2. To introduce the committee to the ReSPECT project and respond to concerns raises by a member of the public.
3. To share details of the current 'live' issue regarding the ongoing funding of specialist therapeutic bereavement services in Sheffield.

Recommendations:

For members of the sub-committee to:

1. **Share any feedback on the strategy by Friday 26th January to louise.potter7@nhs.net focusing on the following questions**

- Have we got the emphasis right?
- Are our priorities appropriate?
- Have we missed anything, if so, what?
- Should anything be removed? and if so, why?
- How will this help us to increase PEOLC profile and visibility within the partnership and wider organisations?
- Any other comments?

2. **To feel better informed on ReSPECT and to feedback on any concerns regarding the ReSPECT project.**

3. **Feedback on the current approach being taken to remedy the need to fund specialist therapeutic bereavement services in Sheffield to ensure fair access for all.**

Part 1 - All Age Palliative and End of Life Care strategy 2023/4 to 2025/6

This paper introduces the draft **'***All Age Palliative and End of Life Care Strategy 2023/4 to 2025/6',* outlines the work completed thus far, outlines the feedback period and next steps.

Statutory duty for palliative care

Since July 2nd 2022 the ICB has had a duty in relation to palliative care.

> *'(1) An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—*
> *(h) such other services or facilities for palliative care as the board considers are appropriate as part of the health service'*
>
> *Health and Care Act 2022 s3(1) NHS Act 2006*

NHSE Palliative and End of Life Care Statutory Guidance for Integrated Care Boards (ICBs) provides guidance on how to meet the statutory duty, and a strategy is a requirement.

Appendix 1 is the draft strategy which outlines out latest position, the vision we have for South Yorkshire and our priorities.

Our vision

'To ensure that the people of South Yorkshire living with life limiting illness experience the best care in the last years, months, and days of life and that those left behind continue to receive the support they need after death.'

The strategy is the outcome of work completed over the last nine months across all four places, which includes: a self-assessment audit finding, professional consultation, alongside data and adherence to national strategies and NHSE guidance.

We have also worked with Sheffield Healthwatch and ICB patient engagement colleagues. Collectively we have heard from over 200 people via questionnaire and held over 50 conversations with people in focus groups.

As outlined in the strategy we have heard that many members of our public have good experiences of palliative and end of life care, but we have also heard examples where improvements could be made. These are areas we want to work on. To do this we need to make the system easier to navigate, identifying people earlier so they have an opportunity to access palliative care which can improve their health and wellbeing at the end of their lives, increase choice about where people can die and help carers and members of the public feel better informed.

To do this we have six themes in the strategy each with priorities – which are based on the national Ambitions Framework.

The strategy's aim is for the ICB and its partners to work towards meeting the vision and to improve palliative and end of life care experiences for children, young adults, and adults across South Yorkshire and at Place.

The strategy outlines an ambitious list of priorities. However, indications from the intelligence we have are that the following should be prioritised:

- Workforce development action plan
- Children and young people model offer
- Information for the public
- Building up the community based integrated care offer.
- Standards on what people should expect.
- Electronic systems development

<u>Governance and implementation</u>
A robust action plan will be developed, and progress will be reported on quarterly to the new All Age Palliative and End of Life Care Strategic and Transformation Board. A new quantitative data dashboard is being created to monitor performance against outcomes and qualitative measures will be agreed.

The board includes representations from partners across South Yorkshire, including acute trusts, mental health, adult social care, hospices, public health, adult and paediatric consultants, NHS England, Yorkshire Ambulance Service, primary care, peers and the ICB palliative and end of life

care leads at each Place. The ICB leads for Sheffield are Louise Potter, Commissioning manager and Jane Howcroft, Head of Long-term Conditions and End of Life Care Commissioning.

Implementation will be coordinated by the ICB working with partners. Some will be South Yorkshire actions and others will be place specific; community based, pathways and process based.

Actions will be allocated across the new PEOLC governance structure and supported by the ICB. Alongside the board, the governance structure includes…

- a new Health and social reference group (starting Feb 2024) to assist on clinical, social care and workforce development,
- a new peer leadership / patient engagement group (date TBC) to assist with co-design,
- a children and young people's steering group (established),
- a ReSPECT network group (established)
- Four place-based delivery groups (established). The Sheffield group is called the palliative and end of life care (PEOLC) citywide group and reps include Sheffield Teaching Hospitals, St Luke's hospice, Sheffield health and Social Care, adult social care, Compassionate Sheffield, Sheffield Children's hospital and public health.

Immediate next steps

- The strategy will be updated based on the feedback received. Aim to sign off at the next Board meeting (end of Feb).
- Develop the action plan
- Present the strategy at relevant boards and stakeholder meetings.

Consideration

The committee are being asked for feedback on the strategy to the following questions.

- Have we got the emphasis, right?
- Are our priorities correct?
- Have we missed anything?
- Is there anything we should we remove, and why?
- Would your organisation support this?

Feedback on the following **link** or email louise.potter7@nhs.net

Part 2 - ReSPECT

What is ReSPECT?

The ReSPECT plan acts as a summary of key information for future emergency care and treatment at a time when a patient may not be able to express what matters to them.

ReSPECT is an acronym. This stands for: Recommended Summary Plan for Emergency Care and Treatment. It was a project started by Home | Resuscitation Council UK. Around 80% of ICBs have either implemented or are to implement ReSPECT in the next year.

When and why did Sheffield choose to implement ReSPECT?

ReSPECT was agreed for implementation in Sheffield in 2021. The decision was made by key providers across the city working with Sheffield Clinical Commissioning Group (as was), now part of South Yorkshire ICB.

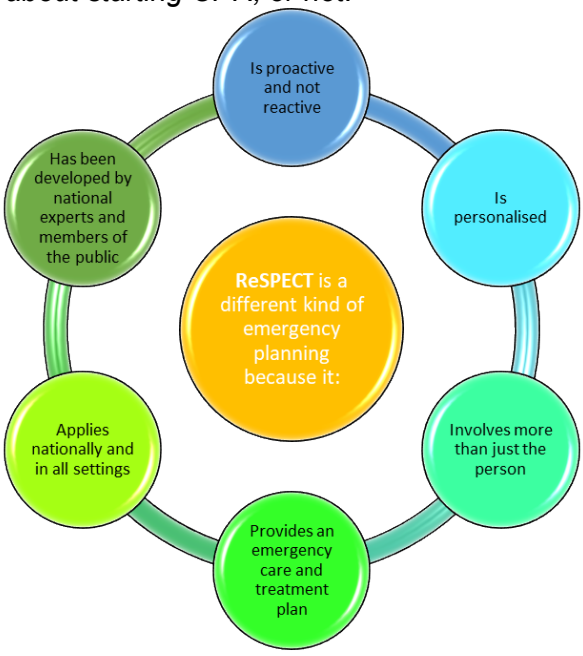
The decision was supported by clinicians and a CQC review CQC Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19 pandemic report. Sheffield was one of seven case study areas chosen. The report recommended that ReSPECT was best practice and preferable to the DNACPR process. Page 6 of the report included the following wording below, which also helps explain the difference between the two processes….

'The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.

These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

The scope extends far beyond decisions around DNACPR and, if used effectively, should ensure that any decisions about CPR are achieved through a well-structured and person-centred conversation between healthcare professionals and the person about their care and what matters to them.

Decisions about emergency treatments, such as CPR, should fit within a shared understanding of the person's condition and preferences. The resulting clinical recommendations are much broader and can include whether or not a person is to be taken to hospital, admitted to critical care or placed on a ventilator. These recommendations are recorded on a ReSPECT form. In addition, it records a recommendation about starting CPR, or not.'



ReSPECT is priority 1.5 in the draft Palliative and end of life care strategy – as outlines in part 1 of this report. '*We will continue implementing the Resus UK ReSPECT initiative, providing a quality emergency planning process across South Yorkshire'*. It is also priority on the ICB forward plan. ReSPECT also aligns with work to enhance personalised care, emergency care planning and end of life care in care homes as outlined in the Enhanced Health in Care Homes Framework (NHS England » Enhanced Health in Care Homes Framework).

Implementation
The project started on 1st April 2022 and went live citywide on 2nd May 2023. An early adopter area in north Sheffield, included 5 practices started in February 2023.

The project team is hosted by Sheffield Teaching Hospitals, with an ICB clinical lead and senior responsible officer.

A delivery team has representatives from the following Sheffield Teaching Hospital Trust (STH), Sheffield Children's Hospital Trust (SCH), SY Integrated Care Board (ICB), Primary Care, Sheffield Health and Social Care Trust (SHSC), Yorkshire Ambulance Service, and Local Hospice (St Luke's).

The Resus Council have been a key stakeholder and advisor to the project team and delivery group.

The project is in its infancy, and we expect the process of change to take upwards of 2 years to fully embed. We hear verbally of issues with the process, and address these at the delivery group, or as individual organisations.

Training for professionals
The professionals training has been widespread and multi-faceted. Three levels of training are available online. The level is determined by the role the professional will take in the process - e.g., understand the process, respond to the plan, or write the plan. Some may need a combination of the three e.g., if they are to write and respond.

Organisations have championed the online training but also held their own in person training, in house and additional training by the ReSPECT team. Care homes have been supported by an ECHO led learning programme. The ReSPECT team have further provided information sessions to community groups, care homes and to Sheffield City Council. Internal comms and team meetings within organisations has also helped to promote the process.

Training continues across Sheffield. In addition, a South Yorkshire ReSPECT steering group has been established by the ICB. This group is to provide new additional training for any professional working on ReSPECT across South Yorkshire. This has been widely promoted across Sheffield.

Information is available of the public.
A useful leaflet explaining the process can be found at ReSPECT-leaflet-English.pdf (sheffieldhcp.org.uk). This can be read and also printed out. Information is also available in many languages.

Information for clinicians and patients is available on the Sheffield HCP website here: Sheffield ReSPECT Project - Sheffield Health and Care Partnership (sheffieldhcp.org.uk).

Responses to questions from the member of the public

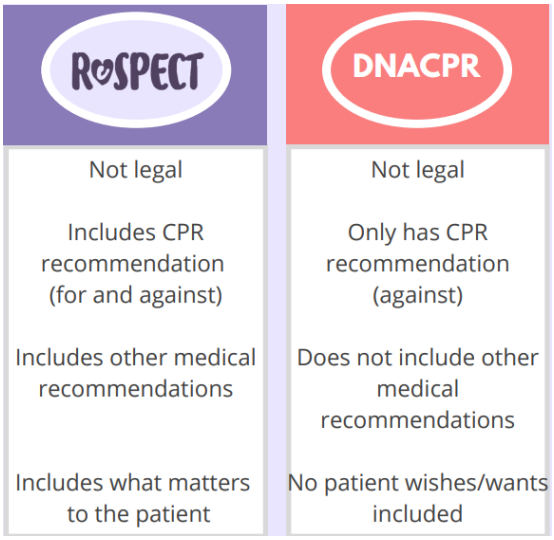
The report may include:
• *information on the legal status of DNR and ReSPECT*

forms
• copies of protocols regarding the two forms
• training of health professionals in the use of and consultation required of the forms
• any statistics on the use of the two forms

Information on the legal status of DNR and Respect forms

The ReSPECT plan nor the old DNACPR form are not legal documents.

This image explains the legal position and differences between the two processes.



The Sheffield ReSPECT policy explains this in more detail.

'ReSPECT plans are not legally binding.

The ReSPECT plan should be regarded as a summary of an advance clinical assessment with recommendations, recorded to guide immediate clinical decision-making in the event of deterioration in a person's physical health or cardiorespiratory arrest. It constitutes an 'advance statement' under the terms of the Mental Capacity Act 2005, rather than an 'Advance Decision to Refuse Treatment (ADRT)'.

The decision regarding whether or not to attempt CPR or other life-sustaining treatment should be made by the healthcare professionals responsible for the person's immediate care at the time of the emergency'.

Copies of protocols regarding the two forms
Sheffield has its own ReSPECT policy.

Some organisations, including Sheffield Teaching Hospitals Foundation Trust have developed their own ReSPECT standard operating procedure for local oversight and implementation, which is based on the Sheffield Policy.

Training of health professionals in the use of and consultation required of the forms – please see the position on training above. Training numbers are monitored internally by each organisation and by the delivery group. In relation to STH -

- Mandatory ReSPECT Level 1 training is provided at STH for all staff, and for roles completing plans level 2 & 3 training.
- Numbers are reported each month and targets are in place. Assurance is provided to the delivery group each time.

- For community advanced clinical practitioners who are new to the process, they complete 5 plans under supervision with a GP then are signed off as competent to independently complete plans.

Any statistics on the use of the two forms

Data is monitored monthly. Latest data (December 2023) from the GP primary care systems (where a record of all plans should be recorded) is as follows -

ReSPECT plans recorded is 1,813 DNACPR status recorded but which is not on ReSPECT is 7,612

DNACPR forms should no longer be being produced, however the data shows that the old process is still being used by some professionals. We continue to address this through education and by working with our professionals leads.

The data also monitors what proportion of people have DNACPR agreed on their ReSPECT plan. This figure reflects national data.

Quality audit
The next stage of the project is to audit.

The audit will review both the process and the quality of the plans completed in each provider organisation. The quality element is to review each part of the form completed. We will measure the audit outcomes against the national standards set by Resus UK.

The audit will be completed in spring 2024 and any recommendations will be included in the evaluation report for the project.

Discussions are being held with the ICB quality team to ensure ReSPECT is audited annually by organisations with an NHS contract with the ICB.

Key Contacts –
Lucy Crowder, ReSPECT project manager lucy.crowder1@nhs.net
Dr. Hannah Weston, ReSPECT clinical lead hannah.weston@nhs.net

Part 3 Bereavement

Prevalence estimates

An estimated 49,000 people in Sheffield were bereaved last year (nine people for everyone who died). Research shows that the vast majority (90%) will not require formal, specialist support, as they will find sufficient support from their own inner resources and family, friends and community (supported by some of the work being completed by Compassionate Sheffield[1]) to manage the distress and changes to their daily lives that result from loss.

However, 10%, or an estimated 4,900[2] people in Sheffield may benefit from specialist bereavement support each year. These people are likely to '*experience persistent high levels of distress and chronic grief symptoms that impact on their physical and mental health and on their functioning for a substantial period (Shear, 2015; Prigerson et al 2009)*'[3].

Specialist bereavement provision in Sheffield

A full range (community engagement, Tier 2, Tier 3) are all currently provided. T2 and T3 services support around 2,500 people per annum in Sheffield. The system commissioned adheres to national guidance[4] and is therefore best practice, however this system is at risk when funding ends – all contracts/ grant agreements end in 2024.

Without T2 and T3 services the remaining bereavement provision offered through St Luke's and at Sheffield Teaching Hospitals would not meet the needs of all Sheffield residents, as eligibility criteria and location would impact on fair access alongside insufficient capacity.

The initial funding for the T2 and T3 services came from non-recurrent COVID response funding alongside Public Health funding. After one year, Cruse was awarded an additional £97,000 by SY ICB Sheffield Place in 2023.

The provision was initially commissioned following the authorship of a Sheffield bereavement strategy. The aim was to offer bereavement support to those traumatised following a COVID death, however we have learned from this project that for many people bereavements can be traumatic event (due to the nature of the death, personal circumstances, reason for death) and many need specialist support.

Running alongside this specialist bereavement provision is Compassionate Sheffield, which promotes a public health approach to death and dying. Facilitating community-based projects, e.g. equipping community organisations and the public to make talking about death an everyday conversation. It is not specialist bereavement support / counselling that Cruse, Faith star and Mind provide which is paramount for the estimated 10%.

Current issues

1. Our learning has found that specialist bereavement services and the model tested has shown a growing need for support, but the funding has ended.

    - The faith star here to hear service, whilst small is growing and building momentum. Offering an alternative offer for people who would need a community based, ethnicity minority approach.

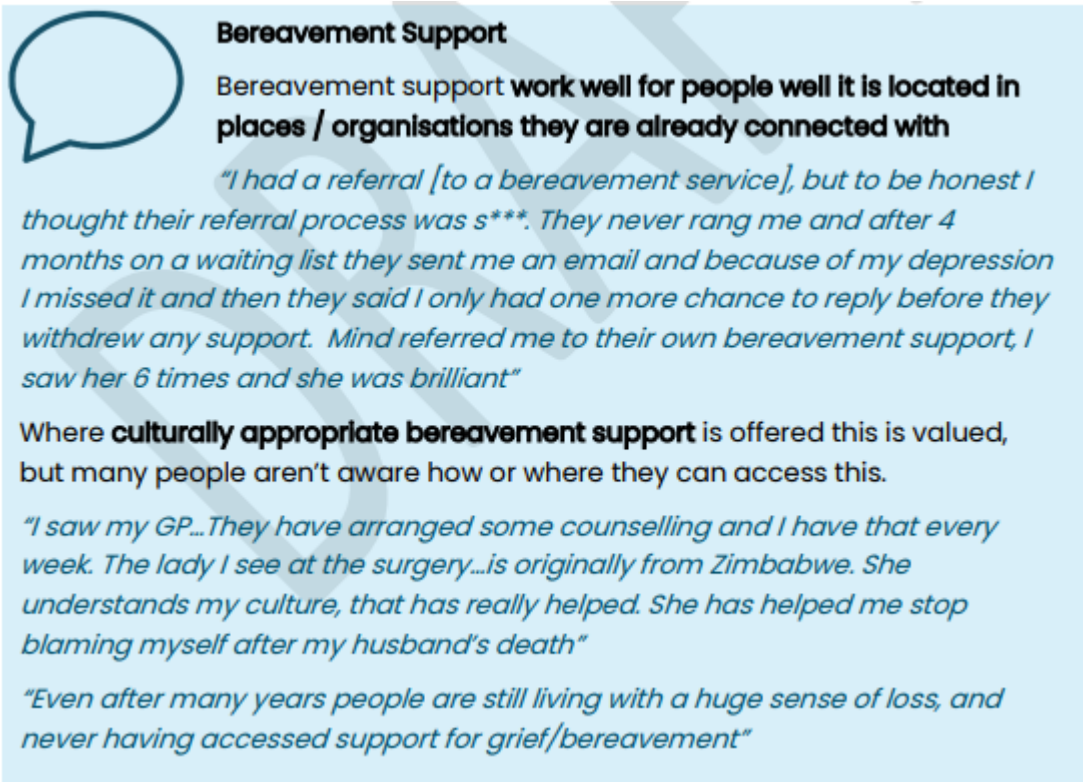
[1] Funding for Compassionate Sheffield is separate.
[2] Calculation based on 5,461 people died in Sheffield in 2022/23, 94% (or 5,133) were 'expected deaths' (based on age related or long-term conditions, research which shows 9 people are affected by each death or 49,149 people in 2022/23 and around 10% of these (4,900) will need some support.
[3] Lundorff M, Holmgren H, Zachariae R, Farver-Vestergaard I, O'Connor M. Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. Vol. 212, Journal of Affective Disorders. 2017 as found in the Sheffield bereavement strategy.

[4] A-Guide-to-Commissioning-Bereavement-Services-in-England-WEB.pdf (nationalbereavementalliance.org.uk)

- Cruse, a service delivered by volunteers and led by paid staff, offer T2 structured counselling sessions online and in person. The funding has reduced their waiting list from 2 years to four months, activity has more than doubled the number originally expected to receive the service and they have broadened their reach into new community areas they didn't previously operate in.
- Mind's Through the clouds service has been well received, with successful outcomes and offers a personalised therapeutic T3 counselling service.
- We have examples of cases studies from Mind and Cruse, which show good practice.
- Current commissioned capacity is an issue, ideally there needs to be more provision funded to reduce waits at Cruse and Mind. Some services have had to close waiting lists and the promotion of services has been limited.

2. Healthwatch have found that there is a need for bereavement services and that the public would welcome services for all ages, reduced waits and some flexibility in the number of sessions offered. Overall, it was reported that only 37% of respondents felt supported emotionally after death.

'we can see that some of the most significant sources of support come from their friends, families and communities. We can also see that some of the support people receive while their relative or friend is receiving end of life care, doesn't extend as well into bereavement, with fewer people feeling supported both physically and emotionally once their loved one has died'.



Lack of bereavement and mental health support for children after death of a family member

"My daughter has not had much help. We have someone from MAST. They have offered her help but it is in Rotherham and that is too far for us to go. She needs counselling but there isn't any here"

GPs are not always signposting people / linking to bereavement services

3. The one-off funding has ended. As this project started during COVID, bereavement support was not funded prior to this and therefore neither SCC nor the ICB has an historic or current ongoing allocated budget for such provision.

4. There is a shared responsibility between ICB and Sheffield City Council. SCC have a duty around suicide and unexpected deaths. The ICB statutory duty (as found in Part 1 of this report) is for bereavement after palliative care deaths, which would be limited provision if these services end.

5. The ICB financial position is challenging. Additional spending came from underspend last year, which is no longer available this year.

6. Procurement procedures would be adhered to.

Options

Together the ICB and SCC are working together to consider a range of options – this includes.

- Papers to boards to try and secure funding going forward.
- Working with our ICB mental health colleagues to consider different ways to offer specialist mental health support using existing metal health service provision.
- Work with our providers to secure charitable funding.

Note - We are aware of the SCC bereavement strategy re: funeral arrangements, burial places, and death registration – this is separate to this work.

This is a live and ongoing piece of work.

Key contacts

Louise Potter, Commissioning manager, palliative and end of life care, SY ICB
louise.potter7@nhs.net
Joanna Rutter, Health improvement principal, Public Health, Sheffield City Council
Joanna.rutter@sheffield.gov.uk

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Report to Health Scrutiny Sub-Committee

25th January 2024

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	
Details	
Commentary/ Action Proposed	

3.0 Member engagement, learning and policy development outside of Committee

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

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

Title	Description & Format	Date

Appendix 1 – Work Programme

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

Item	Proposed Date	Note

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

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

Topic	
Description	
Lead Officer/s	
Item suggested by	
Type of item	
Prior member engagement/ development required *(with reference to options in Appendix 2)*	
Public Participation/ Engagement approach*(with reference to toolkit in Appendix 3)*	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 1	**June 1st 2023**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)*	**Prior member engagement/ development required** *(with reference to options in Appendix 1)*	**Public Participation/ Engagement approach** *(with reference to toolkit in Appendix 2)*	**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 Disability/Autism	Follow up to the discussion at the 7th December and 23rd March meetings	Heather Burns, NHS SY	Policy Development	Previously discussed as part of 22-23 work programme	Detailed within the report	This committee
Sheffield Children's Hospital Quality Accounts						
Sheffield Teaching Hospital Quality Accounts						

Standing items	• *Public Questions/ Petitions* • *Work Programme*					
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 Hospitals – Maternity Improvement Update	Update on progress in improving maternity services following CQ inspections.	Alun Windle Dani Hydes Jodie Deadman	Performance Update	Previously considered by sub-Committee at September meeting.		This Committee
Standing items	• *Public Questions/ Petitions* • *Work Programme*					This Committee

Meeting 3	11th October 2023					
Walk in Centre - update	CQC inspection of Walk in Centre	Caroline Mabbett				
Winter Plan proposals	Challenges, learning from last year and this year's initiatives	Kate Gleave				
Adult A&E Performance position (Type 1 /2 /3)	The national ask this year in terms of performance expectation. Sheffield position at Month 6, SY position and National position.	Kate Gleave				
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 4	16th November 2023 - cancelled					
Sexual Health	*To be run as an informal workshop session outside of the formal meeting*	Debbie Hanson and Amy Buddery, Public Health, SCC.				

Meeting 5	21st December 2023					
Continence Services	Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence Working Group in March 2022. Committee requested that the NHS be invited to give a further update on progress at a future meeting.	Sarah Burt, NHS SY	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		This Committee
Consultation on proposals for a new City Centre health centre	The committee have requested a further update on the proposed new health centre in the City Centre, a commitment was given to the committee that they would receive updates as this progressed. The report updates the Sub Committee on the outcome of the consultation	Richard Kennedy, Engagement Manager, NHS SY Mike Speakman	Consultation		Contained within the report	This Committee
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 6	25th January 2024					
Palliative and End of Life Care Strategy	Members requested this item be added to the work programme, and the ICB have produced this strategy recently. DNR and respect forms and funding of bereavement services are issues for exploration	Louise Potter, NHS SY				
Future of health services for adults with a learning disability in Sheffield	Follow up item from 23rd March 2023	Heather Burns, NHS SY				
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 Gleave, 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	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 7	**14th March 2024**					
Continence Services	Following discussion at the meeting on 21st Dec 2023, it was agreed to request a more detailed update on progress with delivery of the Scrutiny Review.	Sarah Burt, NHS SY		Previously considered 21/12/23		
Relocation of Stepdown Services	To consider an update on the relocation of services to Beech.	Greg Hackney, Senior Head of Service, Sheffield Health, and Social Care NHSFT		Previously considered in December 2022		
Adult Autism and Neuro Developmental Pathway		TBC				
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

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** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)*	**Prior member engagement/ development required** *(with reference to options in Appendix 1)*	**Public Participation/ Engagement approach** *(with reference to toolkit in Appendix 2)*	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer
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 Managers, Local Medical Committee, patients	tbc	Workshop	Follow up to December 7th Discussions around Primary Care.		To be arranged
Maternity Services	Update report from discussion in September 23 to be arranged following inspection outcomes	tbc	Agenda item			To be arranged

Dentistry			Workshop			Workshop
Investing in Health		Emma Latimer	Workshop			Workshop
Dentistry		tbc	Workshop			26th Feb 2024

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.