

Health Scrutiny Sub-Committee

Thursday 14 March 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

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
14 MARCH 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

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 25th January 2024.

(Pages 11 - 16)

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 12th March 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. Changes to Scrutiny Statutory Referral Powers.

Update from Deborah Glen, Policy and Improvement Officer.

- | | |
|--|------------------------|
| 8. Relocation of Step Down Services | (Pages 17 - 24) |
| 9. Continence Services | (To Follow) |
| 10. Work Programme | (Pages 25 - 38) |

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on a date and time to be confirmed.

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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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Health Scrutiny Sub-Committee

Meeting held 25 January 2024

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Dianne Hurst, Laura McClean, Mick Rooney, Sophie Thornton and Ann Whitaker

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

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 Item 7

Councillor Sophie Thornton declared that she was an employee of Sheffield MENCAP and Gateway, which was an organisation involved in the consultation under discussion, but she had not personally been involved.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 21st December 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 One question had been received from a member of the public, however as it related to item 9, the Chair stated that it would be read out during consideration of that item.

6. MEMBERS' QUESTIONS

6.1 There were no questions from Members of the Sub-Committee.

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

- 7.1 The report, which updated the Sub-Committee on the work that had progressed since the last update in June 2003, on the emerging model for the delivery of community and in-patient services for people with a learning disability/autism, and informed the Sub-Committee on the move to the implementation of the Transforming Care Programme, was introduced by Hassan Mahmood (Clinical Director and Consultant Psychiatrist, NHS Sheffield Health and Social Care Trust), Richard Bulmer (Head of Service, NHS Sheffield Health and Social Care Trust), Adam Butcher (Service User Engagement and Experience Team) and Louisa King (Head of Commissioning - Mental Health, Learning Disabilities, Dementia and Autism, South Yorkshire Integrated Care Board, Sheffield Place).
- 7.2 Richard Bulmer clarified that Primary Care services were not within the scope of the report, however the service would work closely with GPs to encourage service users to have regular health reviews. Social Care was still provided by Sheffield City Council who worked closely with the Health and Social Care Trust. Hassan Mahmood added that they also worked closely with other primary care services such as dentistry to ensure service users' health was considered holistically and to promote STOMP (Stopping Over Medication of People with a Learning Disability, Autism or Both). This was particularly important due to the life expectancy of people with learning disabilities being significantly lower than average. Adam Butcher added that the "Health Passport" had been evaluated to establish whether it was fit for purpose, which helped services establish who else should be contacted. Louisa King confirmed that they would clarify the structure of the service and how it related to other services as part of the communication plan.
- 7.3 Members asked when Phase 2 would be completed. Richard Bulmer advised that the aim was to complete Phase 2, i.e. development and recruitment, by July 2024.
- 7.4 Members asked for further information regarding the engagement process. Louisa King advised that the next stage of the process would be a joint engagement plan with partner organisations, which would take shape over the next 4-6 weeks.

Adam Butcher stated that engagement work had taken place throughout the project to ensure it would be supported by clients and carers. This had included the formation of a co-production group and a session with stakeholders at Hillsborough Arena. Hassan Mahmood added that diverse communities had been involved in the consultation, and feedback had been incorporated into service action plans i.e. a constant feedback loop was in place which included evaluation.

- 7.5 Members inquired whether there would be capacity for overall money saving. Richard Bulmer explained that it was not anticipated that the scheme would provide any cost saving to the service. Any savings would be to the health system in general and by enabling service users to better contribute to society.

Hassan Mahmood advised that the team had been asked to share their learning at an international forum in London in April 2024.

7.6 In response to a query regarding when the changeover from use of the Firshill Rise Centre, to the new model would take place Richard Bulmer stated that the Firshill site had closed, and some staff had moved across to the new model which was in an evolutionary phase and should be operating 7 days a week by July 2024, provision was being increased gradually. Early recruitment had taken place into the areas with the longest waiting lists, e.g. Speech Therapy, and to specialist nurse roles.

7.7 Members asked where the short stay residential model for South Yorkshire would be provided. Louisa King advised that this was currently mid procurement so could not be shared publicly but she would update the Chair of the Sub-Committee when she was able to do so.

7.8 Members requested examples of where feedback/co-production had had a direct influence on the service.

Richard Bulmer advised that the opening hours of the service had been arrived at via consultation with users who had also clarified what support was needed at weekends. Louisa King advised that a “You Said, We Did” would also be produced explaining how the co-production exercise had made a difference to the model.

Adam Butcher stated that he was keen to continue the involvement of service users and their carers who had often developed expertise due to their own experiences. Richard Bulmer added that co-production would be ongoing, it was not a one-off process. Hassan Mahmood stated that the introduction of service users having a “lead professional” to prevent having to repeat their story, had been a response to feedback.

7.9 Members requested a further update be provided in 12 months on phase 2, to include information regarding care quality and outcomes, the progress of staffing and recruitment, a summary of complaints and how they were handled, and information on any cases dealt with out of area.

7.10 **RESOLVED:** That the Sub Committee:

- (a) notes that phase one of implementing the model of delivery for the new Sheffield LDA (Adult Learning Disability) service, has begun; and
- (b) requests that a further update should be provided in 12 months.

8. ADULT STAMMERING SERVICE UPDATE

8.1 The report which gave an update on the provision of adult stammering services had been submitted by Chris Hayden (Deputy Chief Operating Officer, Community and Mental Health, Sheffield Children’s NHS Foundation Trust).

- 8.2 The Policy and Improvement Officer advised that due to the proposed changes to the service no longer constituting a significant variation, it had been agreed prior to the meeting of the Sub-Committee, that no presentation was necessary.
- 8.3 Members agreed that a letter would be sent to the Service thanking them for the briefing note, advising that no further formal update was required at this stage but stating that the Sub Committee wished to be informed if any future issues arose, and also requesting written advice as to how service users had been affected when the service was disrupted and how they were being prioritised now the service had resumed.
- 8.2 **RESOLVED:** That the Sub-Committee notes the update.

9. **PALLIATIVE AND END OF LIFE CARE**

- 9.1 The report which shared details of the South Yorkshire Integrated Care Board's All Age Palliative and End of Life Care Strategy and offered Members an opportunity to give feedback, introduced the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) project and shared details regarding the ongoing funding of specialist therapeutic bereavement services in Sheffield, was introduced by Louise Potter (PEOLC [Palliative and End of Life Care] Commissioning Manager, Sheffield Place SY ICB, [South Yorkshire Independent Commissioning Board]), Lucy Crowder (ReSPECT Project Manager), Dr. Hannah Weston (GP and PEOLC clinical advisor for Sheffield Place, SY ICB), Jane Howcroft (Head of Commissioning, Long Term Conditions, PEOLC, Sheffield Place, SYICB) and Joanna Rutter (Health Improvement Principal, Public Health, Sheffield City Council).
- 9.2 Jane Howcroft explained that the Health and Social Care Act 2022 gave the ICB a statutory duty for Palliative and End of Life Care, and this had necessitated the drawing up of the strategy.
- 9.3 Presentations on the Palliative and End of Life Care Strategy and on Bereavement Services, subsequently published on the Council's website, were delivered by Louise Potter who advised that the consultation link for feedback on the strategy would be kept open for Members of the Sub-Committees to comment, until the following Monday.
- 9.4 Joanne Rutter explained that there was a particular need for feedback regarding how Bereavement Services, which were evolving since the Covid Pandemic, should be owned and governed.
- 9.5 Members expressed concerns that NHS funding for bereavement services was due to end, particularly as there were economic reasons for its continuance as people taking days off work associated with grief was costly.

Louise Potter advised that the yearly commissioned costs for services relating to the strategy had been as follows: Cruise £97,000, Faith Star £47,000, Mind

£75,000. Joanna Rutter confirmed that the funding had come from Covid Recovery funds, Public Health reserves and the ICB. Cruise acted as a gateway to direct people to the correct help and the organisations worked collaboratively.

9.6 Members welcomed the proposal to have information on bereavement services available in one place on a website and in readily understandable language. A suggestion was made that local businesses could be approached for funding for bereavement services.

9.7 A workshop was being scheduled later in the year which would give Members the opportunity to discuss bereavement services in more detail.

9.8 A question had been received from Dave Berry who attended the meeting to ask the question:

"I have friends who have had poor experience of the DNR and the recently introduced Respect process. How is the consent and involvement of the patient and family to be evidenced within the process. Will it be formally recorded or signed for by the family within the documentation process?"

Dr Weston advised Mr Berry that his question would be addressed in the presentation on the ReSPECT project.

9.9 A presentation on the ReSPECT project, which was subsequently published on the Council's website, was delivered by Lucy Crowder

9.10 The Chair referring to the public question asked how a patient would have had a ReSPECT plan withOUT their family being consulted. Dr Weston advised that this was disappointing and was not best practice as whilst it was a medical decision, family/carers should be involved. She stated that she would encourage the family mentioned by Mr Berry to find out what had happened via PALS (Patient Advice and Liaison Service).

9.11 Members asked where accountability for the ReSPECT programme lies. Healthwatch had had feedback which relayed experiences similar to that of Mr Berry and had said that more time for discussion and reflection as part of the process, would have been useful.

Dr Weston explained that plans could be formulated in various settings and were a paper document which should remain with the patient. The plan should be reviewed if circumstances, care settings or the wishes of the patient changed. This should be outlined on the form itself but there was scope for it to be spelled out more clearly. The process was a collaboration with the patient and the family, but the final say was with the clinician and it could be beneficial for the family to feel that the final decision did not rest with them. "Not For Resuscitation" did not mean that other care was withdrawn.

9.12 Louise Potter advised that the change from "Do Not Resuscitate" to ReSPECT would take up to 2 years to embed, and was being phased in at the same time

as the previous process was being phased out. Staff were being trained. The information being held electronically was on the forward plan. Lucy Crowder stated that an audit of organisations who had adopted ReSPECT was being conducted and this would be used to set benchmarks. The audit would also look at complaints and assess performance against national standards. Dr Weston explained that patients were being encouraged to approach GPs to initiate ReSPECT programmes.

9.13 The Chair stated that regarding the earlier discussion on Bereavement Services, she was concerned that according to Healthwatch findings, the further the service was away from hospital acute care, the lower the customer satisfaction was. She suggested that the strategy should not be fully owned by the ICB but should be co-owned with other partners such as the council, voluntary organisations and hospices. Jane Howcroft responded that the strategy was created with partners and their logos would be included but the idea of co-ownership could be explored further, and Compassionate Sheffield should be invited to the proposed workshop.

9.14 **RESOLVED:** That the Sub-Committee notes the update.

(NOTE: During the discussion of the above item the Sub-Committee agreed, in accordance with Council Procedure rules, that as the meeting was approaching the two hours and 30 minutes time limit, the meeting should be extended by a period of 15 minutes).

10. WORK PROGRAMME

10.1 The report, which gave an update on the Sub Committee's work programme was presented by Deborah Glen (Policy and Improvement Officer), who advised that the workshop in February 2024 would be focussed on dentistry and a related survey would be going on the "Have Your Say" section of the Council's website soon.

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

Step Down Services

Relocation of service to Beech

Closing Paper



29 February 2024

1. Introduction

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

2. Background

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

3. The relocated service – impact and benefits review

3.1 The service successfully relocated on 5th July 2022 and this paper will review the impacts and benefits up until February 2024.

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

With the feedback of 15 staff members and 21 service users we have collated the below review.

- a) **Positive feedback from service users on the environment** – There was enough room to take visitors, kitchen facilities were suitable, ensuite facilities were suitable and good outdoor space.
- b) **Positive feedback from staff of being in an improved environment** – Staff feel the position and accessibility is excellent and there is an excellent overall feel to the improved environment. There was positive feedback around communal areas and visitors.
- c) **No adverse impact on waiting times** - due to operational model of the unit, despite reduction of beds from 11 to 10, service users are not experiencing waits to access the service.
- d) **Reduced length of stay** – since the previous report there has been a reduced length of stay.
- e) **Infection control concerns that existed at Wainwright Crescent have been addressed** – new flooring, separate clinic room and safe storage of medication, en-suite bedrooms, which allows for better isolation of service users with an infection and minimise risk of infection spread.
- f) **Co-location with other services** this is reported as a positive change in the feedback we received, and the outdoor space was regarded as excellent for both staff and service users.
- g) **CQC registered the new facilities and there was positive feedback** from this process.
- h) **Opportunity to offer more to service users** – Access to minibus service at Lightwood remains in place and continues to facilitate trips and greater opportunity for therapeutic work and in-reach.
- i) **Changes to housekeeping contract is improving quality** – previously this was subcontracted to the council. This is now fully in-house, providing greater assurance on quality and availability.

3.3 **Access to service**

The service relocated on 5th July 2022. The same number of people are accessing the service as before

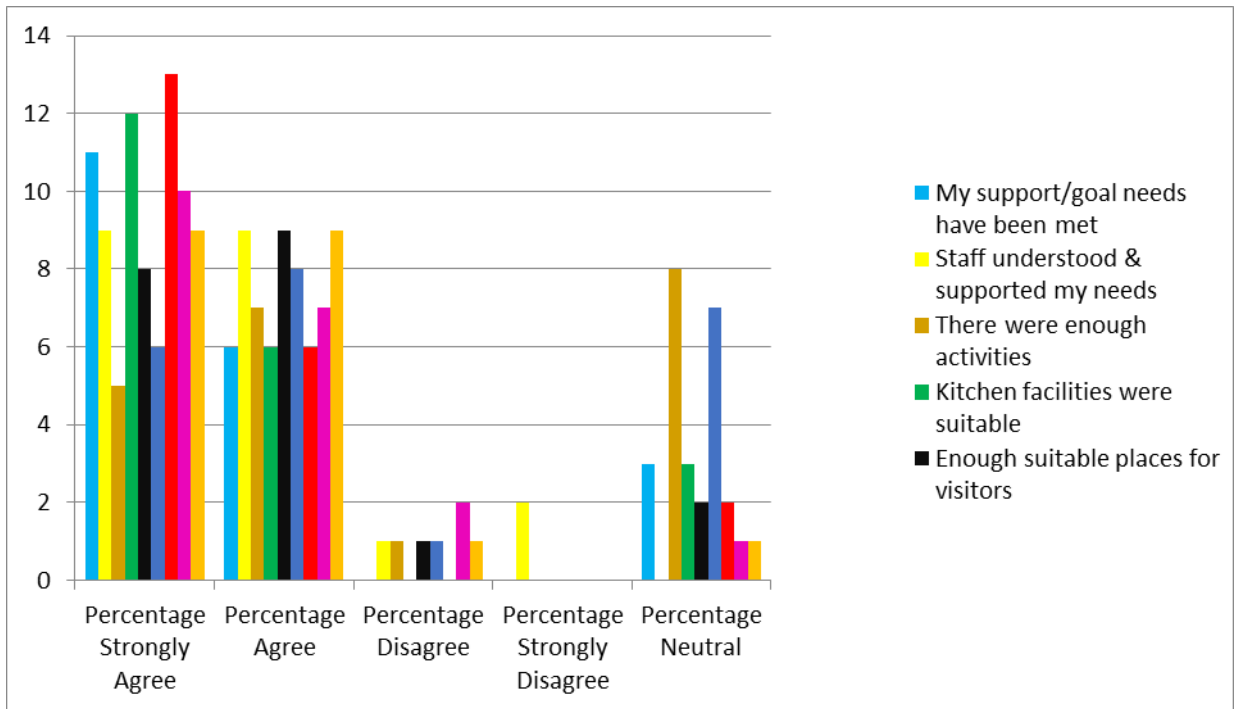
- Bed utilisation is in line with before.
- Length of stay has been shorter for those people discharged over the three-month period since the relocation and has subsequently remained lower than 21-22 figures.

- There have been 127 discharges from Beech since 1st January 2022, and only 22 of those (17%) were readmitted to an acute bed (including OOA) within 12 months of discharge. This demonstrates the significance of the impact Beech has on acute services and flow through the system.
- There are no reported delays on Beech, if there are delays they are reported through weekly Clinically Ready or Discharge (CRFD).

Criteria	2021-22	Aug – Oct 2022	Nov 22 - Mar 23	Apr 23 - Jan 24
Number of beds	11	10	10	10
Number of Admissions	5.3 per month 64 in 2021-22	5	4.6 per month avg. 23 total	4.6 per month avg. 46 total
Occupancy/ utilisation	9.3 beds on average October 21- March 22	9.1 beds used on average	8.8 beds used on average	8.9 beds used on average
Length of stay	67.6 days rolling 12-month average. 100 days for those on the unit at the end of each month	64 days rolling 12-month average. 37 days for those on the unit at the end of each month	47.1 days rolling 12-month average 48.9 days for those on the unit at the end of each month	58.5 days rolling 12-month average 59.4 days for those on the unit at the end of each month

3.4 Service user feedback

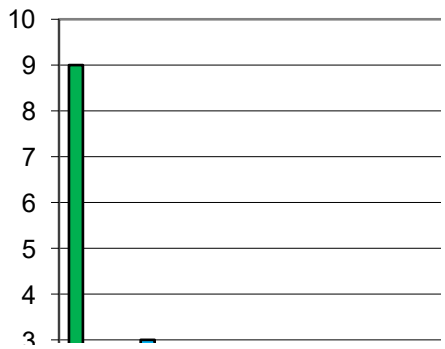
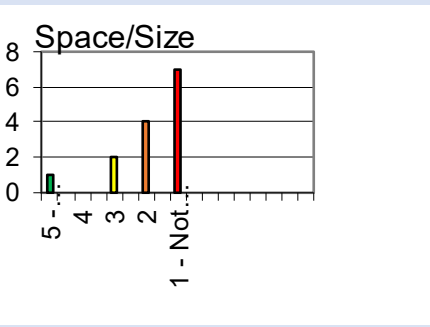
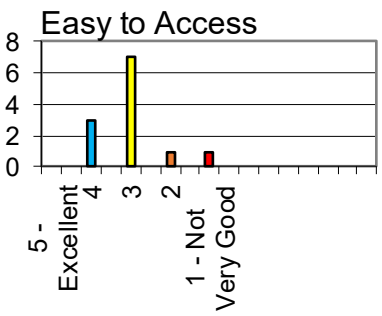
Quantitative feedback has been gathered, from 21 service users, and overall was positive regarding Beech, and the findings are summarised below.



3.5 Staff feedback

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

Consideration	Feedback												
Care environment	<p>Good feel, plenty of space, light comes in from the windows and conservatory.</p> <p>Lots of space to use, nice environment.</p> <p>Good sized lounges</p> <p>Plenty of room for visitors.</p> <div data-bbox="592 1406 1142 1778" data-label="Figure"> <table border="1"> <caption>Data for Figure 2: Variety of activities</caption> <thead> <tr> <th>Rating</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>5 - Excellent</td> <td>4</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>1 - Not Very Good</td> <td>0</td> </tr> </tbody> </table> </div>	Rating	Count	5 - Excellent	4	4	4	3	3	2	2	1 - Not Very Good	0
Rating	Count												
5 - Excellent	4												
4	4												
3	3												
2	2												
1 - Not Very Good	0												
Meaningful activities and interactions	<p>Rated as excellent.</p> <p>Lots of activities can be planned and we can now use the minibus.</p> <p>Ample space for activities.</p>												

	<p style="text-align: center;">Availability</p> 
Office and administration facilities	<p>The feedback was less positive around office space, stating it felt too small at times and was described as 'cramped'.</p> 
Outdoor space	<p>Peaceful grounds and trees and woodland area around are lovely.</p> 

2.6 Areas for further development, action and monitoring

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

2.7 Impacts arising from the proposed relocation

The proposal to relocate the service to Beech identified four key areas of potential impact. These are summarised below. There have been no adverse

impacts arising from the service relocation generally over the first three-month period post move.

More recently changes to bus routes have been made that is resulting in a change in travel arrangements for service users and the impact of this will be reviewed and monitored over the coming months. There have been no problems reported.

Expectation pre-move	Progress Update
Impact on care: The Quality and Equality Impact Assessment concluded the impact on care would be very low and manageable.	There continues to be no feedback gathered that would suggest there has been an impact on care as per the QEIA.
Standard of accommodation: The environment is of a higher standard and quality and suitable to the needs of the client group	The improved accommodation has been well received by service users and staff and remains the case in the review.
Reduction of one bed: The new accommodation had one bed less. We projected to admit more people with 10 beds than we previously admitted with 11 beds.	Throughput and length of stay has improved, and the reduced bed hasn't had an adverse impact, this remains the same for the review with a drop of a further bed night reduction.
New location and access: There will be increased travelling times for some visitors, but reduced times for others, given this is a city-wide facility. This general impact was minimal.	<p>There have been no noticeable or reported problems arising from the re-location to the Lightwood House site and impact on travel arrangements or visiting arrangements.</p> <p>There continues to be no adverse feedback received regarding any negative consequences or impacts upon individual travel arrangements arising from the new location.</p> <p>There is a minibus with allocated drivers which an support location and access. This was well received within the feedback.</p>

4. Lessons learnt review

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

Theme	Description of Lesson
Staff consultation	Staff have been consulted as part of the most recent 2024

	review and asked to participate.
Engagement with staff	Engagement with staff has been prioritised as part of the review with questionnaires sent out with time to allow them to be completed and returned. 21 staff engaged with the feedback.
Engagement with service users	1. Evaluation surveys were used as part of the review in 2024. 2. Input from service users was sought and improvements identified and made in a timely manner.
Involvement of corporate services	There is now a Business and Performance Manager linked to Beech and other corporate services are now engaged with the service to align it to other SHSC services.
Financial appraisal	All financial requirements are factored into the yearly service objectives.
Legislative – CQC Registration	CQC Registration in place
Communications	Communications continue to be involved and provide regular updates on Beech to the wider trust.

5. Assurance of the management of the re-location

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

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



Report to Health Scrutiny Sub-Committee

14th March 2024

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

Subject: Final Work Programme 2023-24

Author of Report: Deborah Glen, Policy and Improvement Officer

Summary:

The Committee's final 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;
2. Agree to carry forward items listed in Appendix 1 Part 1, to the work programme for 2024-25

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
Mental Health Interventions Workshop		Carry forward to Work programme 2024/25
Primary Care Workshop		Carry forward to Work programme 2024/25
Maternity Services		Carry forward to Work programme 2024/25
Dentistry	25 th March 24	
Investing in Health		Carry forward to Work programme 2024/25
End of Life Care	April 24	The aim is to complete this before the end of the year 23/24

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 <i>(with reference to options in Appendix 2)</i>	
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	

Lead Officer Commentary/Proposed Action(s)	
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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 Disability/Autism	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
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 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	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					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	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 4	16th November 2023 - cancelled					
Sexual Health	<i>To be run as an informal workshop session outside of the formal meeting</i>	Debbie Hanson and Amy Buddery,				

		Public Health, SCC.				

Meeting 5	21 st December 2023					
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 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	<ul style="list-style-type: none"> <i>Public Questions/ Petitions</i> 					

	<ul style="list-style-type: none"> • <i>Work Programme</i> 					

Meeting 6	25 th 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 23 rd 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	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

	consider the new proposal when it has been developed.					
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 7	14 th March 2024					
Continence Services	Following discussion at the meeting on 21 st 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	To consider a position statement on the pathway, led by STHFT	Laura Wiltshire, STHFT				
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> 					

	<ul style="list-style-type: none"> • <i>Work Programme</i> 					
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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 carried f/wd
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 7 th Discussions around Primary Care.		To be carried f/wd

Maternity Services	Update report from discussion in September 23 to be arranged following inspection outcomes	tbc	Agenda item			To be carried f/wd
Dentistry			Workshop			25 th March 2024
Investing in Health		Emma Latimer	Workshop			To be carried f/wd
End of Life Care	Follow up from discussion January 2024, workshop to hold more in depth discussion	Louise Potter, NHS SY				To be held in April 24 - tbc

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.