Public Document Pack

Health Scrutiny Sub-Committee

Thursday 23 March 2023 at 10.00 am

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

The Press and Public are Welcome to Attend

Membership

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

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.

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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
23 MARCH 2023

Order of Business

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

2. Apologies for Absence

3. Exclusion of Press and Public
To identify items where resolutions may be moved to exclude the press and public

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

5. Minutes of Previous Meeting (Pages 11 - 16)
To approve the minutes of the last meeting of the Sub-Committee held on 25th January, 2023.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public

7. Learning from Firshill Rise CQC Inspection (Pages 17 - 26)
Report of Richard Bulmer, Head of Service, Rehabilitation and Specialist Services, Sheffield Health and Social Care NHS Foundation Trust.

8. Future Model for the provision of health services for people with Learning Disability/Autism (Pages 27 - 36)
Report of Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board.

9. NHS Commissioning in 'Place' - Sheffield Committee arrangements (Pages 37 - 58)

10. Sheffield Teaching Hospitals - Maternity Improvement Update

11. Quality Accounts 2022/23

12. Work Programme (Pages 59 - 70)

NOTE: The next meeting of Health Scrutiny Sub-

Committee will be held on Date Not Specified at Time Not Specified

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

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

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SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 25 January 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Mary Lea, Abtisam Mohamed, Kevin Oxley and Gail Smith

1. COUNCILLOR ANNE MURPHY

1.1 The Chair, Councillor Ruth Milsom, referred to the recent death of Councillor Anne Murphy, who had passed away shortly before Christmas. Councillor Milsom said that Councillor Murphy had worked tirelessly as a Councillor over a number years and asked those present to stand and observe a minute's silence in Anne's memory.

2. APOLOGIES FOR ABSENCE

2.1 An apology for absence was received from Lucy Davies (Healthwatch).

3. EXCLUSION OF PRESS AND PUBLIC

3.1 No items were identified where resolutions may be moved to exclude the public and press.

4. DECLARATIONS OF INTEREST

4.1 There were no declarations of interest.

5. MINUTES OF PREVIOUS MEETINGS

5.1 **23rd November, 2022**

5.1.1 The minutes of the meeting of this Sub-Committee held on 23rd November, 2022, were approved as a correct record.

5.1.2 The Chair referred to Item 6.12, which stated that Greg Fell would report back to this Sub-Committee regarding mobility training at GP surgeries and asked the Policy and Improvement Officer to follow this up.

5.2 **7th December, 2022**

5.2.1 The minutes of the meeting of this Sub-Committee held on 7th December, 2022, were approved as a correct record, subject to an apology for absence from Councillor Abtisam Mohamed being recorded and at item 5.4, the word 'Edley' be changed to read 'Edney'.

6. PUBLIC QUESTIONS AND PETITIONS

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

7. CQC INSPECTION FRAMEWORK

7.1 The Chair stated that the report on this item of business had not been received. She said that a report would be submitted to a future meeting of the Adult Health and Social Care Policy Committee.

8. CAMHS CQC INSPECTION - UPDATE

8.1 The Sub-Committee received a report giving an update on the Child and Adolescent Mental Health Services (CAMHS) that had been inspected by the Care Quality Commission (CQC) during 2022.

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

8.3 Yvonne Millard stated that the Sheffield Children's NHS Foundation Trust was responsible for the provision of Child and Adolescent Mental Health Services (CAMHS) in the city, treating children and young people with a range of difficulties that seriously impacted on their mental health and emotional wellbeing. Inpatient services were provided at three lodges. These were the Sapphire Lodge, a 10 bedded unit for 13 to 18 year olds, the Emerald Lodge had nine beds for children aged between eight and 13, and the Ruby Lodge which had seven beds for children and young people with mental health issues and learning disabilities aged between eight and 18. She said community services were available widely across Sheffield supporting children with a variety of problems such as anxiety, anger and aggression, Attention Deficit Hyperactivity Disorder ADHD, Autistic Spectrum Disorders (ASD), self-harm, eating disorders etc.

8.4 Dr. Jeff Perring referred to the inspections that had been carried out for Inpatient and Community CAMHS during July, 2022 and had been rated as "good". He said that following the pandemic, the CQC had been tight on their inspection regimes, so the Service was quite proud to have maintained their status. Dr. Perring said that the biggest challenge facing the Service was reducing waiting lists so there was some medium to longer term work required to address this. He said Sheffield had also carried out a system review of CAMHS under the Mental Health Act which involved partners Sheffield Teaching Hospitals and Sheffield Health and Social Care NHS Foundation Trusts. There were conflicting interpretations of the review for all providers regarding the availability of services and their access criteria, and a system wide action plan had been put in place to address this. He said the Ruby Lodge at the Becton Centre in Beighton, was a seven bed CAMHS ward for children aged eight to 18 with learning disabilities and mental health difficulties and was commissioned by NHS England and looked after young people from all over the country. The aim of the Unit was to deliver services in a timely, sensitive and compassionate manner, with a vision is to improve the well-being of those using the service by delivering high quality, evidence-based care. Inspections at the Unit were carried out completely unannounced. Dr. Perring said two beds on the ward had been closed since the COVID-19 outbreak and that five

beds were currently not being used due to the patient mix on the ward and the staffing levels, and an action plan had been put in place to address this.

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

- Work to reduce waiting times for people to access the Services was ongoing. The number of young people accessing the Service had significantly increased since the pandemic. Other areas and ways of supporting young people were being explored, and an external provider was carrying out online risk assessment sessions with young people, giving them support whilst waiting for a full assessment, and also identifying earlier intervention to prevent young people reaching crisis point before being able to access the Service. This was freeing up time to allow the Teams to be able to concentrate on those already using the Service.

- Waiting times were still significantly longer than the Service wanted them to be and whilst extra funding would help, one of the biggest problems was the availability of staff to be recruited. There was a relatively small number of trained mental health workers, so it was not easy to recruit. A workforce review of CAMHS had recently been completed and that had resulted in some uplifting of some bands and additional senior posts had been created in an attempt to retain and attract more staff. Due to the shortage of nurses, and particularly fully trained mental health services, a model was now in place where traditionally, a nurse to be able to work in the CAMHS had to be trained in mental health, the Service was now moving away from this, in a safe way, to recruit experienced children's nurses who had a wide range of nursing skills.

- A Liaison Service for 16- and 17-year-olds was provided by Sheffield Health and Social Care at the Northern General hospital and provided the full breadth of care as would be given to adults who presented at the A&E Department with mental health problems. The Sheffield Health and Social Care team at the Northern General Hospital provide a range of mental health, learning disability and substance misuse services to the people of Sheffield and some of the specialist services support people from across the region. The Team was supported by a CAMHS psychiatrist who could be called upon 24 hours a day, seven days a week if required.

- There was very strict guidance around restraining children and was always used as a last resort. In cases where it was found to be necessary to restrain patients, four or five trained members of staff would be required to carry out the procedure safely. At Sheffield Children's Hospital, there were in-house support officers who were all trained and could be called upon. All training was monitored and where it had been necessary to restrain a child, it was reported and recorded in the monitoring system.

- With regard to caseloads, one model of care that was currently ongoing was more group work to ascertain whether it was beneficial to involve five or six patients as a group rather than just one person at a time. CAMHS

had worked with an external provider for the past two years and had built up a good relationship with them. The Service was confident that should the provider have any problems, these would be referred to CAMHS. Whilst it was not ideal, it was a reasonable solution. There was an increase in the number of referrals to CAMHS since the pandemic.

- An initial risk assessment was carried out on first referral. If someone was deemed to be at high risk, they would be seen within two to three weeks.

- Work was being carried out regarding transition for 17-year-olds so that they were not cared for under one system and then have to move into a different, adult system. It was agreed that a report on this would be brought back to this Sub-Committee on progress being made around transition.

- The Service does engage with parents and carers of children, but it was acknowledged that more needed to be done to offer support to families whilst their children were waiting for an appointment. Work was being carried out to improve support being given to families with a real opportunity to engage more fully with them.

- CAMHS had a very good relationship with universities, but student mental health nurses were very limited. Sheffield Teaching Hospitals engaged with students about the possibility of them becoming mental health nurses, but more needed to be done earlier than university level to attract students to train as mental health staff, possibly by introducing the courses available at Year 10 level in schools.

- All medical students on rotation had a paediatric placement at the Children's Hospital as part of their training, and it was felt that there was a need to inspire these students to return to return to paediatrics and psychiatry once qualified.

- Due to over-recruitment in paediatrics staff in recent years, Sheffield was fortunate that at present there were very few vacancies.

- CAMHS had recently engaged with the Youth Forum which was made up of new and former patients who were very articulate in their views. CAMHS was very much involved with the Children and Young People's Empowerment Project (Chilipep), a charity dedicated to raising the voice of children and young people, giving them the platform to shape their world and stay connected and through this, it had been found that there was a need to refresh the parent/carer strategy, possibly by becoming more digital.

- Workforce planning was about making the culture of the organisation an attractive choice for staff to come and work in Sheffield, by making Sheffield the employer of choice. The mental health crisis was not going to go away, there needed to be a large pool of staff.

- CAMHS services were commissioned through three different routes, some

through NHS England, some through provider collaboratives and some services through the Integrated Care Board.

· It was acknowledged that more work needed to be done within primary care to offer support to families whilst awaiting assessment.

8.6 RESOLVED: That the Sub-Committee:- .

(a) thanks Yvonne Millard and Dr. Jeff Perring for their contribution to the meeting;

(b) notes the contents of the report, and;

(c) requests that reports be brought back on the following:

- the Community Engagement and Co-Design Programme;
- the Recruitment Strategy; and
- the 17-18 year old Management Strategy.

9. SHEFFIELD TEACHING HOSPITALS QUALITY STRATEGY

9.1 The Sub-Committee received a report on Sheffield Teaching Hospitals Quality Strategy.

9.2 Present for this item were Jennifer Hill (Medical Director (Operations) and Angie Legge (Quality Director), Sheffield Teaching Hospitals Trust.

9.3 Angie Legge said that the Quality Strategy was structured around safety, and the key principle was the need to engage better with the public.

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

· Improvements for minority groups was not referenced in the strategy. There was a need to engage with groups that hadn't previously been contacted, to listen to them to find out what was required to make improvements, as quite often simple changes could be made to make a difference. This was a draft strategy, and the Trust was aware that it needed to listen more.

· A "what matters to you" conversation was held early on when planning discharge from hospital, the emphasis was on individual personal care.

· With regard to friends and families, a lot more could be done by listening to them and lessons learned from those who had spent long periods of time in hospital and the impact on them and their families. Perhaps by contacting former patients and families a couple of weeks after discharge when they have had time to reflect on their stay in hospital would be beneficial.

· There was Central Data Collection Team driving the need for change. Nurse recruitment levels were significantly better than they were three

years ago, however delays in discharging patients from hospital beds placed added pressures on nurses, but it was hoped that winter pressures would ease which would help with the safety of all.

- There was a need to identify in which areas were paperwork heavy, make changes to give staff more time to carry out other essential safety duties.

- The strategy had been influenced by the first National Patient Safety Strategy which incorporated plans to implement the requirements of that Strategy to include and expand the role of Patient Safety Partners to support safety improvement programmes, strengthening how we manage and learn from incidents through implementing the new Patient Safety Incident Response Framework (PSIRF), and continuing to strengthen our safety culture. Work was ongoing with Human Resources Team around training and making sure that the teaching was helpful and purposeful. Sheffield was on course to ensure that all its staff were fully trained with regard to safety.

- Training in Sheffield was much better, now back up to acceptable levels and this was regularly monitored, there had been a huge improvement in staff numbers. Inpatient ward staffing levels had been up to speed but there was a need to address staffing levels and how incident pressures affected those working in A&E.

- The Trust were always looking to see if what they were doing, they were doing it well and tuned into the National Safe Patients Network to ensure that it continuously improved patient safety and built on the foundations of a safer culture and safer working systems.

RESOLVED: That the Sub-Committee:-

(a) thanked Jennifer Hill and Angie Legge for their contribution to the meeting; and

(b) requested that a report on Patient Engagement be brought to a meeting of this Sub-Committee.

10. WORK PROGRAMME

10.1 The Chair, Councillor Ruth Milsom, explained that this item had not been included on the agenda but requested that it be considered as an urgent item of business.

10.2 The Policy and Improvement Officer circulated a copy of the report on the Work Programme and Members considered items of business to be brought to the March meeting of the Sub-Committee.

10.3 RESOLVED: That the Sub-Committee agreed the Work Programme as set out in report. ???

Report to Health Scrutiny Sub-Committee

Author/Lead Officer of Report: Richard Bulmer, Head of Service, Rehabilitation and Specialist Services, Sheffield Health and Social Care NHS Foundation Trust

Email: richard.bulmer@shsc.nhs.uk

Report of:	Sheffield Health & Social Care NHS Foundation NHS Trust
Report to:	Health Scrutiny Sub-Committee
Date:	8th March 2023
Subject:	Lesson Learned from the Inadequate CQC Rating of the Assessment and Treatment Service (ATS) at Firshill Rise.

Purpose of Report:

- To inform Health Scrutiny Sub Committee of the concerns raised with regard the Assessment and Treatment Service (ATS) at Firshill, the lessons learned and actions taken to address the concerns.
- To consider the implications of other national high profile deficiencies in service provision for residential and in-patient care for services in Sheffield and actions taken.
- To understand the key areas of learning and actions related to accountability, leadership, governance arrangements, engagement with service users and carers and the health and social care strategy.
- To consider how this work has informed the learning disability transformation project.
- To give the Committee an opportunity to comment on this work.

Recommendations:

That the Committee:

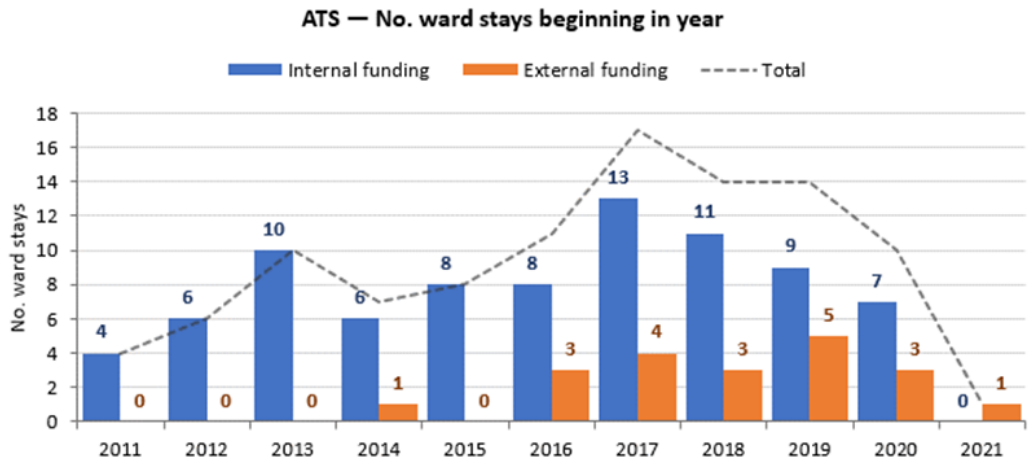
I. Notes the issues raised in the paper and considers in line with the work to

rebalance and modernise the provision and model of community services to support people with learning disabilities and their families in Sheffield.

Lesson Learned from the Inadequate CQC Rating of the Assessment and Treatment Service (ATS) at Firshill Rise

1. Background

The Assessment and Treatment Service (ATS) at Firshill Rise was commissioned as a 7 bed unit for people with learning disabilities with additional complex needs arising out of mental health and behavioural issues. The service provided hospital care to people from Sheffield and the wider region. The unit was staffed by a multi-disciplinary team including nurses, support workers, psychiatrists, psychology, occupational therapy, speech and language therapists and physiotherapy.
The demand for in-patient care for people with learning disabilities has been decreasing since the development of the transforming care agenda that has supported people to return from inappropriate hospital placements, many of which were out of area. In 2020, there were only seven people who needed hospital care. This dropped to zero in 2021.



Since the temporary closure of the ATS in 2021 we have not identified any service users who required specialist hospital care in an ATS. There have been two admissions to mainstream adult mental health beds which were appropriately managed on an adult acute ward with in-reach from the community learning disability service. This is in line with best practice outlined in the Greenlight Tool Kit, a tool to audit and improve mental health services for people with a learning disability. This supports people with a learning disability to access needs-led care and treatment in mainstream services.

In 2020 a new leadership structure was introduced to the learning disability service and concerns surfaced about the care and treatment at the ATS. This led to immediate actions and an external review. The Care Quality Commission (CQC) were alerted to the concerns about the ATS immediately. A subsequent CQC Inspection Report found that the service was inadequate. Sheffield Health and Social Care Foundation NHS Trust takes full responsibility for the inadequacy of the service provided and has undertaken a full review of service provision and learnt lessons across the whole organisation. Sheffield Health and Social Care NHS Foundation Trust issued a statement accepting full responsibility for service failings and outlining a programme of improvement in June 2021. Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council have worked collaboratively with Sheffield Health and Social Care to deliver a service improvement programme for learning disability services.

2. Investigation into Service User Care

Sheffield Health and Social Care NHS Trust Foundation Trust commissioned an external investigation into the care and treatment of a service user who was an inpatient for 2 years at the Assessment and Treatment Service after concerns were initially raised in early 2021. The report was commissioned in March 2021.

The local authority commissioned a section 42 report, this report has not yet been shared with Sheffield Health and Social Care Foundation NHS Trust.

The paper outlines the areas for investigation and the concerns that were identified. The investigation considered whether:

- **Care was delivered in line with expected local and national quality standards.**

  The report found concerns in the following areas:

  1. Diagnosis
  2. Care Planning
  3. Explanation of medications
  4. Activities
  5. Seclusion
  6. Effective multi-disciplinary team working

- **The service followed policies and procedures following incidents and allegations.**

  The report found concerns in the following areas:

1. Under reporting of seclusion
2. Timeliness of reviews of incidents
3. Quality of incident reports and immediate actions
4. Ineffective responses into incidents

- **Safeguarding procedures were followed.**

  The report found concerns in the following areas:

  1. Ineffective systems between the local authority and Sheffield Health and Social Care NHS Foundation Trust for reporting safeguarding concerns
  2. Lack of feedback from the local authority safeguarding team

- **Issues were appropriately escalated.**

  The report found concerns in the following areas:

  1. Not all incidents were escalated.
  2. Concerns that the suitability of the placement was not escalated.
  3. Failure to escalate the lack of advocacy for service users.

Staffing

The investigation reviewed staffing issues and found that there were instances when the staffing levels fell beneath the required standard. The rate of supervision compliance for the ATS was 30-40% against the Sheffield Health and Social Care Foundation NHS Trust standard of 80% of staff receiving at least 8 supervisions per year. The process of offering staff debriefs after incidents was inconsistent.

Appropriateness of the placement
The unit aimed to provide hospital care for of up to 6 months. One service user received care for more than 24 months, which was longer than needed. There were regular Care and Treatment Reviews in line with NHS England Policy. Five Care and Treatment Reviews took place in line with the expected frequency. There were regular commissioner oversight visits but the conclusion of the report was that these did not include contact with advocates, family and only one visit out of five mentioned a discussion with the service user.

Access to Advocacy

There was access to an advocate on a regular basis which were every 2-3 weeks. The advocate discussed a range of issues from future accommodation needs to activities the service user liked to do.

Summary

The summary of the external investigation was that there was poor leadership, management and a lack of guidance at the Assessment and Treatment Service. There was not sufficient oversight, support and challenge to provide a good quality of care. There were concerns about the effectiveness of safeguarding. There were missed opportunities to have provided effective care and treatment.

3. Care Quality Commission Inspection

A CQC inspection took place at ATS between 28th April 2021 – 10th May 2021. The subsequent report published on 15th July 2021 rated the service as inadequate.

The key findings of the report were:

- The service could not evidence it followed the principles of the Right Support. Right Care, Right Culture.
- The service was not safe with concerns about staffing skills and training, medications management and safeguarding.
- The service was not effective. Care was not person centred. The multi-disciplinary team was not effective. Patients did not receive outcome focussed care in line with best practice. Communication was poor impacting on consistent care and treatment.
- The service was not caring with evidence of staff ignoring people's requests for basic needs. Relatives were not involved in the care of their relatives.
- The service was not responsive. Discharge planning was poor with long lengths of stay. Staff did not meet the needs of people who's first language was not English. People were not supported to access meaningful activities and develop skills in preparation for discharge.
- The service was not well led. Governance processes were not adequate. There was no ward manager, the matron and general manager were new into post. Actions were not progressed to effect change. Staff did not feel supported and were not provided with appropriate training and guidance.

- The nature of the concerns meant that restrictions were put in place to prevent the service from accepting admissions. The service was required to submit regular updates to the CQC.

4. Learning from National Quality Concerns with Hospital and Residential Placements for people with learning disability and mental health problems.

There have been a number of national high profile institutional failures regarding in-patient and residential services including Whorlton Hall and Winterbourne. The response to these serious issues has informed the Sheffield Health and Social Care Foundation NHS Trust's response to the failures at the ATS.

In addition on Wednesday 28 September 2022 Panorama aired an undercover documentary into Edenfield, a secure unit run by Greater Manchester Mental Health Trust. The programme highlighted a culture that had grown and pervaded across teams and wards. The behaviours of staff towards some of the most vulnerable people in society, admitted for care and treatment was unacceptable. It highlighted a toxic culture and deficits in the system. Later in October 2022 Channel 4 dispatches aired "Hospital Undercover: Are our Mental Health Wards Safe" which shared concerns about the safety of wards, use of bank and agency staff, observation of vulnerable service users, prevalence of ligatures and responses to removal, overuse of restraint and attitudinal issues within both NHS and independent provision.

Sheffield Health and Social Care Foundation NHS Trust leadership issued a statement to highlight that the values and behaviours of staff at Manchester's Edensfield Unit were unacceptable, we also recognised the role of leaders to prevent these cultures developing and to ensure we maintain good standards of care. Leaders subsequently gathered to reflect and consider how we could be assured on our cultures and further actions we could take to support healthy workplaces for staff and service users.

It would be remiss to not mention the poor-quality care delivered in ATS during 2020/21 which led to the subsequent pausing of admissions whilst an independent investigation into the care of service users took place, and a broader Section 42 safeguarding enquiry was completed by the Local Authority. Sheffield Health and Social Care Foundation NHS Trust has reflected and acted on the issues raised within the learning to prevent poor cultures developing.

5. Lessons Learned and Actions

i. Accountability

Sheffield Health and Social Care HNS Foundation Trust issued the following statement following the publication of the CQC Report.

> ‘We are very sorry that we have not delivered good care consistently in our unit at Firshill Rise and we will improve the care provided there.
>
> ‘We have now temporarily closed the unit to admission to give us time to make the required changes including training staff and thinking carefully about how we provide services in the future. The service users who are still in the unit have more activities and extra support to help them have a better experience of our care.’

The external review and the CQC review resulted in consideration and actions related to accountability. An approach of organisational learning was adopted to seek to learn lessons and take appropriate action. This was combined with consideration of any appropriate human resource procedures and actions for individuals with specific responsibility for the failings in the service. This identified personal and organisational learning alongside consideration of disciplinary action where appropriate.

ii. Leadership

A review of the leadership for the learning disability service including both the ATS and community teams took place once concerns were raised. A new leadership structure was implemented that strengthened multi-disciplinary leadership. This included recruitment to a new matron role, a clinical director who is an experienced learning disability consultant psychiatrist and a general manager. This team are full time and provide dedicated leadership for learning disability services in Sheffield.
Sheffield Health and Social Care Foundation NHS Trust implemented a new directorate leadership structure that has enhanced clinical leadership. This directorate leadership structure provides clinical and operational leadership to oversee all clinical services in the Trust. The new structure now includes dedicated leadership time with the following roles; Clinical Director, Head of Nursing, Head of Service, Lead Psychologist and Lead Allied Health Professional. A Head of Social Work works across both clinical directorates has also been appointed. Recruitment into new posts has included attracting people with expertise in learning disability from throughout England.

iii. Governance

Sheffield Health and Social Care Foundation NHS Trust has reviewed and enhanced governance arrangements since the Trust received an inadequate CQC rating in June 2020, the ATS inadequate rating and the report into the Edensfield service.
This has included:

- Improved visit schedule for Board members to meet service users and staff on all sites.
- Improved information reporting from team to board with detailed monthly performance reviews at team and board levels that are reviewed at team, service, directorate and board level.
- Review of training at mandated and developmental offer to improve skills and competency of clinical staff.
- Leadership investment in matrons and ward managers including specific clinical and leadership training.
- Systems to ensure compliance with supervision to ensure staff are receiving effective supervision for practice development, support and reflective practice.
- Freedom To Speak Up (FTSU) model developing with champion roles to enable better coverage across the Trust.
- Engagement – non professional leads working into inpatient units to hear patient voice
- Safeguarding mechanisms improved with stronger links to the local authority and clarity about responsibilities.
- Incident huddles – Every incident is reviewed independently with mechanisms to deep dive and to ensure good incident reporting and learn lessons.
- Lived Experience work opportunities to be developed across service lines.
- Every restrictive practice to be reviewed and scrutinized including additional scrutiny commenced for Seclusion above 72 hours.
- Long Term Segregation became a Board level event and with notification of any instances.
- Culture and Quality Visits – standard plan for all services. These visits have focussed on ensuring that issues of closed cultures are explored.
- Incidents/complaints and CQC enquiries are triangulated.
- Operational policies reviewed for all services.
- External accreditation – all services are supported to apply for external accreditation where there is a process to follow. This learning is applied in services and lessons learned are supported across services.

iv. Engagement with service users and carers

The learning disability service has engaged with service users and carers to support service transformation. This has included working with Sheffield Voices to organise a series of events that have involved a range of service users in developing current practice and designing new models of care.

Carers have been involved in forums to consider practice and develop new models.

A transformation board was established which was jointly chaired with a service user and had representation from carers and experts by experience.

Reports and lessons learned have been shared with carers and service users of the ATS to support accountability and candour.

v. Clinical & Social Care Strategy

A clinical and social care strategy has been developed. This is being implemented across all services.
The strategy is supporting development of care that is:

- Person Centred
- Strength Based
- Evidence Based
- Trauma Informed

The clinical and social care strategy has workstreams that working on each of these priorities across Sheffield Health and Social Care NHS Foundation Trust. All services are developing plans in line the strategy. The transformation programme for learning disability services has been developed.

6. Learning Disability Transformation

A project to oversee the strategic direction of learning disability services in Sheffield was established in 2021. This group is jointly chaired by a service user and the new clinical director for learning disability services.#

The membership of the group includes experts by experience, carers, clinical experts, representatives from Sheffield City Council, Sheffield Place, South Yorkshire ICB and representatives from the voluntary sector.

The project group has considered best practice from other services nationally. This has included visits to other services to consider different approaches. Evidence from national guidance has informed the development of the future direction. The work has been informed by experts by experience.

Report to Health Scrutiny Sub-Committee

Author/Lead Officer of Report: Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board, heather.burns@nhs.net

Report of:	Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board
Report to:	Health Scrutiny Sub-Committee
Date:	23rd March 2023
Subject:	Future of health services for adults with a learning disability/autism (LDA) in Sheffield

Purpose of Report:

- To update the Health Scrutiny Sub Committee of work that has progressed since our last paper on 7th December 2022, 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
- To update the Health Scrutiny Sub Committee on engagement and co-production to date in Phase 1 of the programme.
- To inform the Committee of the move to the phase 2 of this work in carrying out an options appraisal of potential future models for the delivery of community and inpatient health services for people with a learning disability and developing a detailed proposal on a preferred future model.

Recommendations:

That the Committee:

- Note the update in this paper.
- Receive a further paper on options for future delivery of the service as soon as possible after the election period is complete and as early in May as is suitable to the Committee

Background Papers:

- Previous update provided to the Committee in December 2022: Sheffield City Council - Agenda for Health Scrutiny Sub-Committee on Wednesday 7 December 2022, 10.00 am

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

1. Purpose of paper

1.1 To update the Health Scrutiny Sub Committee of work to look at 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 since 2015.

1.2 To update the Health Scrutiny Sub Committee on engagement, co-production to date in Phase 1 of the programme of work.

1.3 To inform the Committee of the move to the phase 2 of this work in carrying out an options appraisal of potential future models for the delivery of community and inpatient health services for people with a learning disability/autism (LDA) and developing a detailed proposal on a preferred future model.

2. Reminder of the Background to this work

2.1 The national Transforming Care programme expected all areas to:

- Reduce their over reliance and length of stay in inpatient beds to provide care in the least restrictive environments closest to home
- Discharge people that had been in inpatient services for excessively long periods
- Reduce the number of inpatient beds that were commissioned
- To do this by enhancing community services to promote earlier intervention and prevention of crisis developing, when services and families struggle to manage behaviours that can be challenging to support in the community.

2.2 Sheffield started the Transforming Care programme with 24 people with a learning disability in hospital inpatient care, 12 of whom were in locked rehabilitation in out of city settings, many who had been in this type of provision for over 20 years; the rest of this cohort were at an 8 bedded inpatient unit, Firshill Rise, and its predecessor facility, or in other inpatient acute mental health provision. There were also 12 people who had escalated further into medium and low secure services commissioned by NHS England Specialist Commissioners.

2.3 The current Learning Disability service in Sheffield Health and Social Care Trust (SHSC) was commissioned prior to 2014 as a stepped model of care with three separate teams, including a community learning disability team, (CLDT), a community intensive support team (CISS) and an 8 bedded inpatient Assessment and Treatment Unit (ATU), Firshill Rise Inpatient Unit, which opened in 2017 to replace an inadequate outdated facility at the Rivermead site at the Northern General Hospital. NHS South Yorkshire Integrated Care Board commissioned 7 of the 8 beds at the inpatient Unit at Firshill Rise, with one of those beds being available to other commissioners from outside of Sheffield, and this was the only

such unit in the South Yorkshire area as other areas had previously closed their provision due to quality concerns.

2.4 This stepped model of care in Sheffield predated Building the Right Support, the national strategy for reducing over reliance on inpatient hospital care, which included a targeted national reduction programme in the number of commissioned hospital beds, in favour of less restrictive care. Assessment and Treatment units of this nature are nationally increasingly considered to be an outdated form of restrictive provision.

2.5 Due to the success of the Transforming Care Programme over the last 8-9 years, the demand and need for inpatient beds has greatly diminished and South Yorkshire was acknowledged nationally as having achieved some of the best progress on reducing avoidable admissions in the country Increasingly lowering levels of demand and occupancy for inpatient carefor people with learning disability/autism have been noted prior to and since the pandemic, due to improved admissions avoidance and reduced length of stay when admissions were required.

3. Current situation

3.1 The Firshill Rise Unit was closed, initially temporarily, in 2021 due to quality concerns, but has remained closed during a period of quality review and there are also recurrent difficulties in recruiting specialist staff to reopen the service, especially given the reduced demand and need for admissions.

3.2 A separate paper is being presented on learning that arose out of those quality issues, to the Health Scrutiny sub-committee on 23rd March 2023 by Sheffield Health and Social Care Trust as the provider of the service. Learning from the quality concerns is at the heart of wanting to provide a better model of service for this population.

3.3 Currently Sheffield has only **1** person with a learning disability in inpatient care commissioned by NHS South Yorkshire Integrated Care Board, and 1 person in secure care, commissioned by NHS England. These individuals are in specialist placements out of Sheffield which are monitored by SHSC and NHS South Yorkshire Integrated Care Board clinical and managerial staff. This is a remarkable position compared to when there were 26 people within inpatient care at the start of the programme, and 12 people in secure care, and with many admissions per year subsequently, until the impact was felt from our collective work on Transforming Care, to better predict and avoid crisis and breakdown of community care.

3.4 Analysis of admissions over the last 5 years would now suggest that we would need only capacity for a maximum of 1 to 2 beds per year for people with learning disability, rather than the 8 bedded inpatient unit at Firshill Rise, as we are no longer experiencing the demands for inpatient care as had been the case before the Transforming Care programme commenced. As stated, this is a measure of the success of the programme of work by SHSC clinicians, Local Authority managers and Social Workers, and the NHS South Yorkshire Integrated Care Board on reducing avoidable admissions, by better tracking people in crisis and supporting people more effectively in the community. As part of this programme

we also now track admissions into acute mental health units of people without learning disability but who have autism alone with mental health conditions, and are working across South Yorkshire Integrated Care Board on looking at the specific needs of this particular population. However, it should be noted that their needs are different to the people with learning disability who would have been supported at Firshill Rise and this service would not be suitable for people without an intellectual impairment, as the interventions and approaches would not be appropriate.

3.5 To maintain and improve on this success for people with learning disability and to continue our mission to reduce the need to access restrictive care, in line with the national directive, we need to further enhance the specialist clinical community offer to families and care providers in Sheffield by extending it to evenings and weekends to offer more crisis interventions. Stakeholders have told us that this is needed, and is when patterns of demand can peak. Currently, if someone goes into crisis in this period, it is more difficult for out of hours services to manage people and support them optimally, to maintain their home living arrangements, leading to placement breakdowns and some avoidable admissions. Having no specialist learning disability clinical advice to families and other health professionals over evening and weekends is a gap which we know families and other health and social care services would like us to address.

3.6 The approach is in line with the national direction of travel and the NHS South Yorkshire Integrated Care Board Transforming Care recommendations for a decrease in reliance on the most restrictive learning disability inpatient assessment treatment beds, in favour of prioritising a high-quality extended person-centred community offer. However, as previously stated to Health Scrutiny Subcommittee it may mean the permanent closure the Firshill unit in order to redirect the funding into the community learning disability/autism service and as the unit would be unviable to just open with one bed for learning disabled people from a both a quality and cost effectiveness perspective. As a result, engagement is being carried out to explore what this might mean for service users and their families and to explore meaningful alternatives.

4. Approach to engagement

4.1 NHS South Yorkshire Integrated Care Board, Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council learning disabilities commissioners have been working in partnership to ensure that local people who may use this service are involved in the development and consideration of proposals about this service, and that their individual legal duties around involvement are met.

4.2 Involvement on developing a new offer for learning disabilities health services consists of 2 main phases.

- **Phase 1: Engagement on the key issues and challenges**
  Engagement on the key issues and challenges (such as reduced demand for beds, increased demand for community offer, and so on) and collating of views with a special focus on the views of people with lived experience,

service users carers and family members. Phase 1 of the engagement has now been completed with the outcomes of this activity summarised below.

- **Phase 2: Developing a set of options following the involvement of phase 1**
  The feedback received through the phase 1 involvement stage will be used alongside financial, quality and other commissioning information to develop viable options for the future need and provision of Learning Disability inpatient provision and on options to enhance community service provision. Arrangements will be made to include people with lived experience and/or their representatives, family carers and other stakeholders in this phase of the process. This is the phase we will soon be moving into, following discussion and any further feedback from the Health Scrutiny Subcommittee meeting on 23rd March 2023.

  Should the outcome of options appraisal suggest that substantial change may be proposed, the proposals will be subject to NHS England's assurance checkpoint process which would look at whether the proposals satisfy the government's four tests, and NHS England's test for any proposed bed closures.

  The government's four tests of service change are:

  - Strong public and patient engagement
  - Consistency with current and prospective need for patient choice
  - Clear, clinical evidence base
  - Support for proposals from clinical commissioners

  Additionally, NHS England & Improvement expect commissioners to be able to evidence that they can demonstrate that sufficient alternative provision, such as increased community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it. A meeting has been arranged with NHS England & Improvement on 28 March to continue this dialogue and scrutiny assurance.

  Depending on the outcomes of the options appraisal, a further formal public consultation process may need to take place. The key determinant on whether this is required will be whether the defined options would result in a substantial variation to the service currently being provided. As Committee members will be aware, NHS England guidance states that public consultation may not be required in every case, sometimes public involvement will be sufficient.

  The Health Scrutiny Sub-Committee further guidance will be sought on this position at the Phase 2 checkpoint with Committee, hopefully as soon after elections as is convenient to Committee to facilitate In May. A full consultation plan would be developed in the instance of this being required. A full public consultation can take between 8-12 weeks.

5. Summary of the outcomes from Phase 1 Engagement on the key issues and challenges

5.1 Phase 1 ran from January-March 2023, with an initial announcement of the work on this area at the Learning Disabilities Partnership Board in January 2023.

5.2 To ensure we engaged service users, families, carers and stakeholders in a person-centred way, we provided grants to two community organisations (Sheffield Voices and Sheffield Mencap & Gateway) supporting individuals with a learning disability to co-produce involvement activity and to help us to develop the set of open questions to accompany the issues paper to promote meaningful dialogue on the issues faced. Using two organisations meant we were able to increase the diversity of the people consulted.

5.3 Engagement was done through a number of face to face and online events and feedback has been gathered from a range of people with a Learning Disability, their families and carers, including those who had used the inpatient facilities at Firshill Rise in the past. An online survey was also developed to allow people to consider and respond virtually.

5.4 Feedback was received from **178** individuals overall. This included **109** individuals with a learning disability and/or or autism, and **69** carers, family members, or support workers. 165 of these responses were received by Sheffield Voices and Mencap through their direct involvement activities. 13 responses were received through the online survey. Full engagement reports can be shared on request.

Engagement carried out – Sheffield Voices

5.5 In February and March 2023 Sheffield Voices alongside Healthwatch Sheffield ran a series of events in the Learning Disability community. These events were about how the temporary closure of the unit in Firshill Rise has impacted people, and how they want the future of community learning disability mental health services to look. Participants were asked different questions around:

- what they need to keep safe and well,
- and what support learning disability services could offer them;
- what support services could offer their family members.

Through a number of creative sessions on five different day opportunities, as well as an open event to answer different questions in an accessible way, attendees were supported to share their experiences while creating collective art.

5.6 The following were the key themes following on from the engagement exercise, as written by Sheffield Voices:

- People agreed there needs to be more work done to prevent people from reaching a point where they need to go to hospital.

- There were some people who wanted to have a hospital setting specifically for people with learning disabilities to go to when they were very unwell, and others who wanted another setting that wasn't a hospital but that had the same high level of support.
- Everyone agreed there needs to be somewhere that isn't in the community for a short stay with high support. To quote one person: *'It's about the people, not the place when it comes to the right support.'*
- Everyone asked said they want the immediate support in a hospital setting to be in Sheffield, not elsewhere. They said that sending people away is not right, and denies them access to their friends, families, and support networks.
- Some people said that they don't like out of authority/area placements as it's too far for family to travel and it increases risks of abuse when no one is visiting.
- Those who would like to go away would want this option to be a 'therapeutic break', rather than being sent away to a hospital.
- A quote from a parent whose child was in Firshill was: *"The support the staff were able to give in Sheffield, in a familiar environment, as well as me being able to go and see them saved my child's life."*
- People said that there needs to be a single point of access when they feel unwell. Someone who they could go to who was preferably known to them through other learning disabilities services, who would be able to support them through a triage to decide what mental health support they need.
- People said they do not feel that different support teams, such as mental health and social care teams, communicate well enough with each other. They say their support often feels fragmented, and like they are not seen as a whole person, just a list of issues. People said this leaves them without support, or being referred to the wrong support, like being referred to IAPT services only to be told they don't meet the right criteria.
- There needs to be better access to information and pathways for people and their families. When people do not feel safe and well, they do not know who to turn to for fear of being "locked up or sent away." They felt misunderstood and like no one knew what support to give them.
- With better information and communication from services, in accessible formats, people and their families would feel like their needs are being taken care of properly.
- People say there is still a lot of stigma around mental health and learning disabilities. They say they feel like they are treated as the problem, or not involved in their own care. This is also the case with another participant who used to have a 'care-coordinator' for their family who supported them in hiring Personal Assistants and with hospital admissions. Now this is not in place they lack any long term support other than what their day opportunity can offer and they feel 'forgotten about'.
- There needs to be specific Learning Disability and/or similar disability offer which includes learning disabilities services in Sheffield. Someone said they have been sent to a mainstream hospital in the past because their disability profile was complex and no one really knew how to help them.

Engagement carried out – Sheffield Mencap and Gateway

5.7 Sheffield Mencap and Gateway met with 6 groups of adults with learning disabilities and/or autism, equating to 48 adults. This included 10 1-1s with people and 7 carers. The engagement work went well and they were able to engage and collect a range of feedback. The age range was wide from people in their 20s up to those in their late 70s.

5.8 The following were the key themes following on from the engagement exercise:

- The majority of people would like increased and improved support in their community and the confidence to seek that help to prevent hospital admission.
- Amongst carers there was reported concern of an hospital admission being outside of Sheffield as this would impact the wider family setting and not just the adult with a learning disability.
- Many carers feel the wider family are not considered when it comes to supporting adults with learning disabilities, this is a common theme for all support, and often a person with a learning disability is part of a larger unit/ bubble, and when removed impacts the everyone else in that support unit/ bubble.

Engagement carried out – NHS South Yorkshire Integrated Care Board survey link

5.9 The survey was completed by 13 people. It was shared around networks through the Communications Team and through the Learning Disability and Autism Team within NHS South Yorkshire Integrated Care Board.

5.10 The following were the key themes following on from the survey:

- Respondents would prefer inpatient beds to be in Sheffield if they were required
- If beds are not readily available, then they won't be used unnecessarily.
- Respondents would prefer an enhanced community offer
- There was mention of a safe place, safe environment and wrap around support for people with a learning disability to access
- Clear and accessible information to support people with a learning disability in crisis is important.
- A wider social care review/support/input is required to support those in crisis
- A responsive service is important.

Creative examples of feedback have been included below:

6. Proposed next steps

6.1 The feedback received through the phase 1 involvement/engagement stage will be used alongside financial, quality and other commissioning information to develop viable options for the future need and provision of Learning Disability inpatient provision and on wide options to enhance and improve community service provision. There could be several options that are viable and possible, and these will be appraised based on their feasibility and suitability to improve the quality of the offer in Sheffield.

6.2 Engagement and coproduction of these options and options appraisal will continue and will include the support of community organisations working with individuals with a learning disability.

6.3 We will present the outcomes of the options appraisal to Committee, ideally in May, after the elections, should Committee be able to facilitate this for a further steer from Committee.

6.4 Should the outcome of options appraisal and the views of the Health Scrutiny Subcommittee suggest that substantial change may be proposed, the proposals will be subject to NHS England's assurance checkpoint process which would look at whether the proposals satisfy the government's four tests, and NHS England's test for any proposed bed closures.

7. Recommendations for the Board

7.1 Note the update in this paper on progress on engagement.

7.2 Receive a further paper on options for future delivery of the service as soon as possible after the election period is complete.

NHS
South Yorkshire
Integrated Care Board

Health Scrutiny Sub-Committee
23 March 2023

NHS Commissioning in 'Place' Sheffield Committee Arrangements

Emma Latimer – Executive Place Director for Sheffield

Working Vision	Everyone in our diverse communities lives a happy, healthier life for longer			
Goals	Healthier and Longer Life	Fairer Outcomes for all	Access to quality Health and Wellbeing support and care	
Shared Outcomes	Best start in life for Children & Young People	Living healthier and longer lives AND improved wellbeing for those with greatest need	Safe, strong and vibrant communities	People with the skills and resources they need to thrive
Bold Ambitions	Focus on development in early years so that every child in South Yorkshire is school ready	Act differently together to strengthen & accelerate our focus on prevention and early identification	Work together to increase economic participation and support a fair, inclusive and sustainable economy	Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities
Joint Commitments	Bold, visible and collabirative leadership	Identifying, recognising and tackling systemic discrimination including a focus on anti-racism	Reallocation of resources to where there is most need	Joined up service delivery and support	Listening and co-production with people and communities	Create a culture of learning and innovation

Enabling Plans

Our pathway to better health

NHS
South Yorkshire
Integrated Care Board

Our Shared Outcomes, Bold Ambitions & Joint Commitments

Integrated Care Strategy: Engagement

South Yorkshire Integrated Care Board

Phase 1

- Analysed 284 reports from ICP partners from what they'd heard from citizens in last two years. See animation on next slide

Phase 2

- Asking a simple question
- **What matters to you about your health and wellbeing?**
- More information on our website here: https://syics.co.uk/get-involved/tell-us-what-matters-you-about-your-health-and-wellbeing
- Survey here: https://re-url.uk/WTOL
- Working with Healthwatches
- Or for a discussion about how you can involve your citizens please email: katy.davison@nhs.net

Integrated Care Strategy

NHS South Yorkshire Integrated Care Board

National Guidance

- Integrated Care Strategies are expected to set the direction of the system by setting out how it will work together to deliver more joined-up, preventative, and person-centred care for their whole population.

They are expected to include….

- Shared outcomes
- Quality & quality improvement
- Joint working & section 75
- Data & information sharing

To consider..

- Personalised care
- Disparities health and social care
- Population health and prevention
- Research and innovation
- Health protection
- A focus on different ages
- Workforce
- Other health related services

South Yorkshire Approach

- The approach agreed in South Yorkshire to develop our initial Integrated Care Strategy is to build on…
  - The significant engagement work already undertaken by our ICP Partners and use the insight from this to inform our strategy development
  - All the existing strategies and plans, particularly Health and Wellbeing Strategies and Place Plans for Health and Care.
  - The considerable work on integration that has already taken place through Health & Wellbeing Boards, Place development, Better Care Fund plans and previous non statutory integrated care systems to develop strategies that support more integrated approaches to delivering health & care

Alignment of Strategies

NHS
South Yorkshire
Integrated Care Board

Sheffield Place Health and Care Partnership Framework

healthwatch Sheffield

Primary Care Sheffield

Sheffield City Council

Sheffield Children's NHS Foundation Trust

NHS Sheffield Health and Social Care NHS Foundation Trust

NHS Sheffield Teaching Hospitals NHS Foundation Trust

vas supporting community action

NHS South Yorkshire Integrated Care Board

Purpose and Introduction

The Sheffield Partnership Framework sets out the foundations of how we will work together as a Partnership together and with our local communities, to focus our time and resources to enable our teams to deliver transformational change that meets our strategic priorities.

We have a long history in Sheffield of working together to drive forwards our Place based plans, this has included establishing the following arrangements:

- Sheffield Health and Care Partnership: bringing together partners across health and care to develop and monitor delivery of place based plans
- Joint Commissioning Committee – coming together across Health and care by establishing a significant pooled budget and associated governance mechanisms

Health and Care Bill 2022

The Health and Care Bill 2022 and the associated establishment of the NHS South Yorkshire Integrated Care Board provides us with a key opportunity, to drive forwards integration and collaboration across partners to deliver our aspirations to deliver:

- Better health and wellbeing for the population
- Reduce health inequalities
- Drive forward sustainability
- Better quality of health and care for the population

This provides us as partners across Sheffield an opportunity to refresh our framework approach, and pool our collective efforts to drive forwards a transformational place based plan for the benefit of our local communities.

This paper sets out our approach to developing the Sheffield Partnership Framework, focussing on building on our approach to date and drawing together our collective skills, experience and expertise to deliver our ambitions

Sheffield Place Health and Care Partnership Framework – Overview

The Framework will embed our approach to:

- Promote and enable the integration of services for the Sheffield population
- Drive the reduction in health inequalities for the city
- Providing clarity on our roles and responsibilities and associated decision making approach
- Focus on improving quality, performance and risk
- Strengthening our approach to partnership working
- Embedding engagement and consultation in approach with local communities
- Agreeing an approach to developing the measures of success

The following slides focus on our vision and strategic priorities followed by an overview and areas for discussion related to governance and decision making.

	Sheffield Partnership Framework	
Focus of this pack	**Vision and Purpose**	Providing an overview of our vision and purpose including the key principles that underpin our Sheffield Health and Care Partnership
	Strategic Priorities	Setting our strategic priorities and focus for the benefit of our local communities in Sheffield
	Governance and decision making	A focus on the structures that will support us in delivering our priorities in a streamlined approach, that embeds purposeful governance
	Making the best use of our resources	Focus on our financial framework as well as the ways of working to draw together our skills, experience and expertise to drive forward delivery
	Monitoring our progress, performance and assessing our key risks	Ensuring we embed enabling processes, that support us to have a robust approach to monitoring our performance and key operational risks, in a way that compliments a focus on transformation
	Enabling joint delivery	Setting out our Delivery Programmes, that our framework should enable us to deliver Including the development of key processes and delivery approach

Vision, Purpose and Principles

Sheffield Partnership Framework: Vision, Purpose and Principles

During 2021, we worked across health and care partners and with Sheffield citizens to develop our vision and strategic aims, which are locally owned across all Partners, these discussions built on the national vision as set out in the Integrating Care White Paper, Health and Care Bill and our work to data across Sheffield.

This has enabled us to set out the ambition for Sheffield, embedding an approach to focus on our community assets and drive forwards improvement to level up our approach across the City.

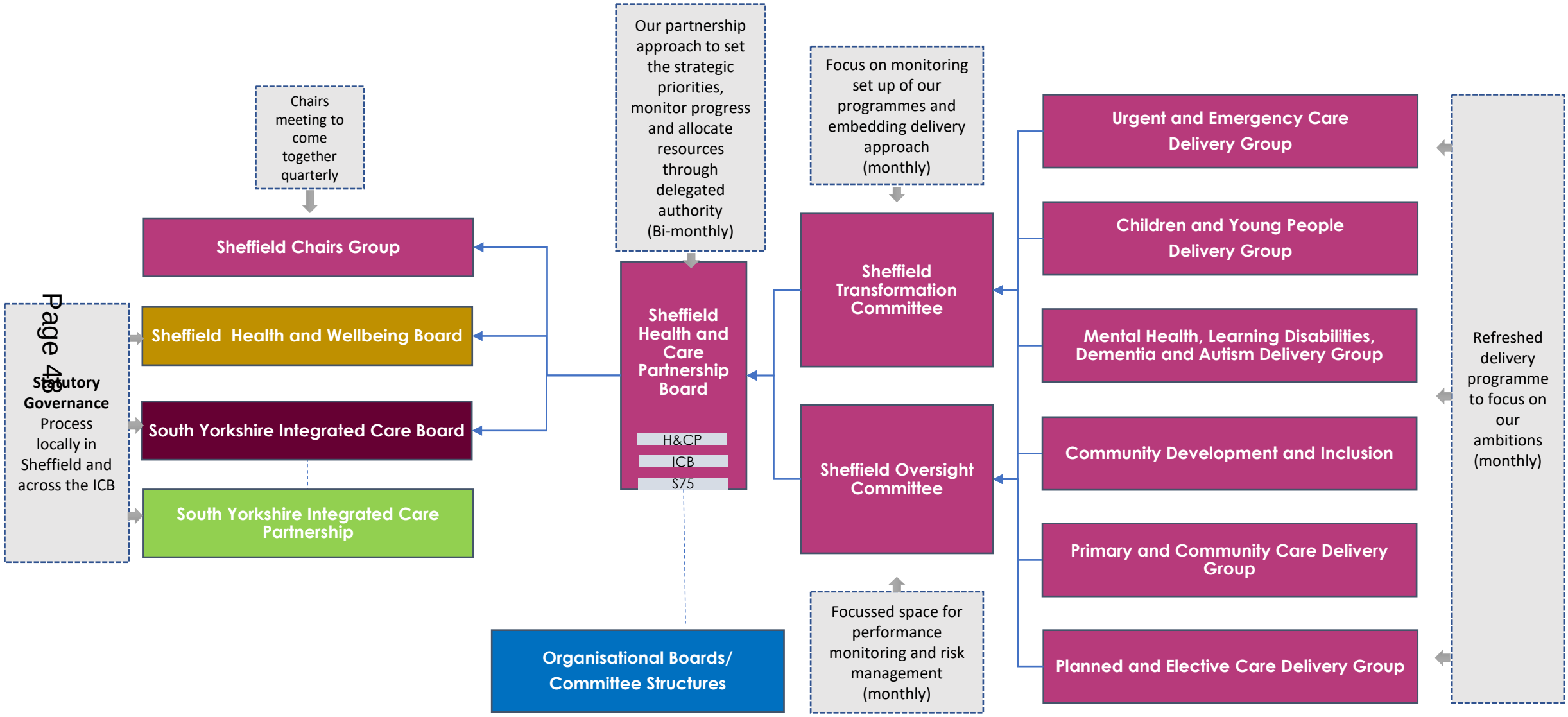
To support us to do this in a way that makes the most of our experiences we have set out a small number of key principles for the development of the framework, that as Partners, we will strive to embed.

The following section sets out our Governance and Decision Making Approach.

Vision	***Our partnership vision is*** *for our health and care services to be* ***integrated****, joined up, and seamless; to reduce and remove* ***inequalities*** *in health outcomes and access to support, by playing our full role as anchor organisations in our city, and to do all this in a way that* ***involves people, their experiences and our communities*** *at the centre of our work.*
Strategic Aims	1. For our health and care services to be **integrated, joined up** and **seamless** 2. Equalise outcomes and reduce **inequalities** **3.** **Involving people, experiences** and **communities** at the centre of our work
Framework Principles	○ Build on our **approach and what has worked well** while driving **forwards a new way of working** ○ Identify and **deliver key priorities** for our local communities ○ Draw **together significant skills and expertise** across our partner organisations, that **enable us to delivery our work most effectively** ○ Embed **purposeful process** and **governance** and recognising the **democratic legitimacy** of the Local Authority elected members

Governance and Decision Making

Sheffield Place Framework Governance Structure



Governance and Decision Making

Name	Main Role
Sheffield Health & Wellbeing Board	Oversee the Sheffield Health & Wellbeing strategy. The Health and Wellbeing Board is a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. It is responsible producing the Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.
Sheffield Chairs Group	The Chairs of the Health and Care Partnership organisations will hold the Partnership Board to account for delivery and transparency
Sheffield Health and Care Partnership Board	The Sheffield Partnership Board three functions: 1. As an ICB Place committee providing a mechanism for delegation within the Integrated care Board so that decision on priorities and resources can take place locally with the wider health and care partners. It is one part of the wider set of arrangements in each place to enable integrated working at a local level enabling delegated authority from the ICB Board to make decisions about the use of ICB resources in Sheffield in line with its remit. The ICB Place Committees is accountable to the ICB Board. 2. As a Health and Care Place Partnership providing a mechanism to deliver on strategic policy matters relevant to the achievement of the Place Plan. All health and care partners across Sheffield work collaboratively to plan and deliver joined-up services and to improve the health of people who live and work in Sheffield. 3. Joint Commissioning S75 Arrangements – a joint committee between the ICB and Local Authority to manage business related to the S75 agreement.
Sheffield Transformation Committee	To manage the delivery and development of the Sheffield Place Based Plan, taking direction from and reporting up to the Sheffield Place Partnership Board. A time limited function to set up our processes and delivery approach, which over time will transition to direct reporting o the Sheffield Partnership Board
Sheffield Oversight Committee	To manage and oversee the Sheffield system performance where partners are all equally responsible for delivery and achievement.
Delivery Groups	To deliver the identified priorities and programmes of work successfully, bringing together key teams and leads from our

Sheffield Health and Care Partnership Board: Further Detail (1/2)

Sheffield Partnership Board

Purpose

Incorporate the functions of the:

- **Health and Care Partnership**
- **Sheffield Joint Commissioning Committee** and the
- **Sheffield ICB Place Committee**, the

It will have delegated authority for the health spend in Sheffield (through the ICB Executive Place Director for Sheffield)

A Committee in Common, Partnership Board whereby the ICB and Sheffield City Council are able to agree and implement joint commissioning arrangements.

Role

Plan **safe, sustainable, effective** and **efficient health and care,** in a collaborative, integrated way.

Ensure **joint accountability, ownership and prioritisation** of resources from all key partners across Sheffield.

Operating Principles – As partners we will have:

- Joint Accountability
- Inclusivity
- Stewardship of Sheffield Health and Care finances
- Oversight of risks
- Identify opportunities for integration
- Strategic Planning – setting the priority work areas for the local Delivery Groups

Operating Approach

We will manage meeting arrangements and associated membership to undertake business appropriately, this will include a three section agenda:

- Health and Care Partnership (focus on place plan delivery)
- ICB Place Committee (focus on ICB Business)
- Joint Commissioning (S75 arrangements to be managed across the ICB and LA)

To support us to deliver this effectively we have set out on the next slide the proposed membership and associated options for chairing arrangements.

SheffieldHealth and Care Partnership Board: Further Detail (2/2)

This sets out the proposed membership of the three part partnership board balancing the statutory requirements of each of the statutory elements of the Board (S75 and ICB Place Committee) with a broader membership to manage our partnership business through the Health and Care Partnership.

We are committed to undertaking business transparently and therefore have set out that all partners will be in attendance for the entirety of the meeting, however we will need to manage conflicts of interest through full members and those in attendance for elements. We will also conduct as much business as possible in public.

We are committed to taking the majority of business through the Health and Care Partnership (Part 1) of the meeting, and will commit to only take those decisions that are required legally via the delegation model through part 2 and part 3.

To Note:

- Local Authority Co-Chair of Sec 75 to be agreed

Sheffield Partnership Board Membership				
Title	**Org.**	**PART 1: Sheffield Health & Care Partnership**	**Part 2: Section 75**	**Part 3: ICB Sheffield Place Committee**
Executive Place Director for Sheffield	SYICB	Chair	Co -Chair	Chair
Chief Finance Officer or Deputy	SYICB	Member	Member	Member
Medical Director	SY ICB	Member	Member `	Member
Chief Nurse for Sheffield	SY ICB	Member	In attendance	Member
Non-Executive Director	SYICB	Member	In attendance	Member
Place Secretariat Support	SY ICB	In attendance	In attendance	In attendance
Chief Executive	SCC	Member	Member	In attendance
Director of Finance	SCC	Member	Member	In attendance
Elected Chair of H&WBB	SCC	Member	Member	In attendance
Director of Public Health	SCC	Member	Member	In attendance
Director of Adult Social Care	SCC	In attendance	Member	In attendance
Director of Childrens Social Care	SCC	In attendance	Member	In attendance
Chief Executive	STHFT	Member	In attendance	In attendance
Chief Executive	SCFT	Member	In attendance	In attendance
Chief Executive	SHSC	Member	In attendance	In attendance
Chief Executive	PCS	Member	In attendance	In attendance
Chief Executive	VAS	Member	In attendance	In attendance
Representative	Healthwatch	Member	In attendance	In attendance
Elected Member	SCC	In attendance	Member	In attendance
Elected Member	SCC	In attendance	Member	In attendance
Elected Member	SCC	In attendance	Member	In attendance

Other attendees will be invited as required

Sheffield Transformation Committee Arrangements

Sheffield Transformation Committee

Purpose

This is a new forum that replaces some of the functions that were overseen by EDG and EMG.

It will be established to manage the development and delivery of the 5 year Sheffield Place Based Plan and associated delivery programmes, providing oversight and strategic direction to each of the delivery programmes.

NB: For the avoidance of doubt the STB shall not be a committee of any of the Partners or any combination of them.

Role

- Development and delivery of the 5 year Sheffield Place Based Plan
- Monitoring progress on delivery and impact of Place Plan programmes.
- Prioritisation and coordination of the work programmes to deliver the Place Priorities and manage interdependencies between programme area.
- Ensure consistency of approach between programmes of work

It is proposed that the Transformation Committee initial function is to set up the delivery programme and associated groups to drive forwards transformation, the initial timeframe of 12 months is proposed.

Operating Approach

- Will deliver the agreed strategic priorities of the Sheffield Place Partnership Board
- Will ensure interconnectivity between different areas of work
- Will meet on a monthly basis (ideally 2 weeks prior to each Place Partnership Board for reporting purposes)
- Will escalate programme risks and issues from the delivery groups to the Place Partnership Board

Membership;

- Strategy Directors from all Partners, Director of Adult Social Care
- Director of Children's Social Care
- Delivery Group leads / chairs
- Clinical and Professional leadership

Sheffield Oversight Committee Arrangements

Sheffield Oversight Committee

Purpose

To identify and oversee the Sheffield system performance where partners are equally responsible for delivery and achievement.

Embedding the principle being that the achievement of key performance indictors is contributed to by some or all system partners

Role

- Identify the highest risks within the Sheffield health and care system
- Identify the solutions that can be put in place across Sheffield to achieve the performance outcomes as one system.
- Focus on how well we are working as a system rather than specific organisational performance management
- To inform the work of the delivery programmes by identifying risks and issues and sharing these to drive forwards our transformation programme

Operating Approach

Operating Principles:

- Will meet monthly
- Will focus on agreed key performance indicators as well as outcomes – focussing on areas of greatest risk in the system
- Will produce an overarching Sheffield dashboard
- Will include areas such as finance, quality and workforce

Membership;

- Chief Operating Officers / Operational Directors from all Partners,
- Director of Adult Social Care,
- Director of Children's Social Care,
- ICB Chief Finance Officer for Sheffield
- ICB CNO / CMO
- ICB People Lead

Delivery Groups Arrangements (1/2)

Sheffield Delivery Groups

Purpose

The delivery groups will focus on priorities identified by the Partnership , which will focus on areas where we can add value by working at a system level.

We propose a review of the current delivery groups to align to our joint priorities (further information on following slide)

A Programme Management Framework is proposed to span across all delivery groups to support embedding a consistent programme management approach across the delivery groups

Role

Operating Principles

- Will meet monthly
- Will focus on agreed areas of the Place Plan – focussing on areas of greatest risk in the system
- Reduction of health inequalities and increasing the public, community and staff narrative will be a key deliverable for every aspect of the programme of work
- Programme risks and issues will be escalated from the delivery groups and the delivery group leads will be held to account for the delivery of their group's priority programmes.

Operating Approach

Membership:

- It is proposed that the membership is tailored to the requirements of the workstream

Chairing options:

- By Executive Managerial Lead an/or Clinical Leads

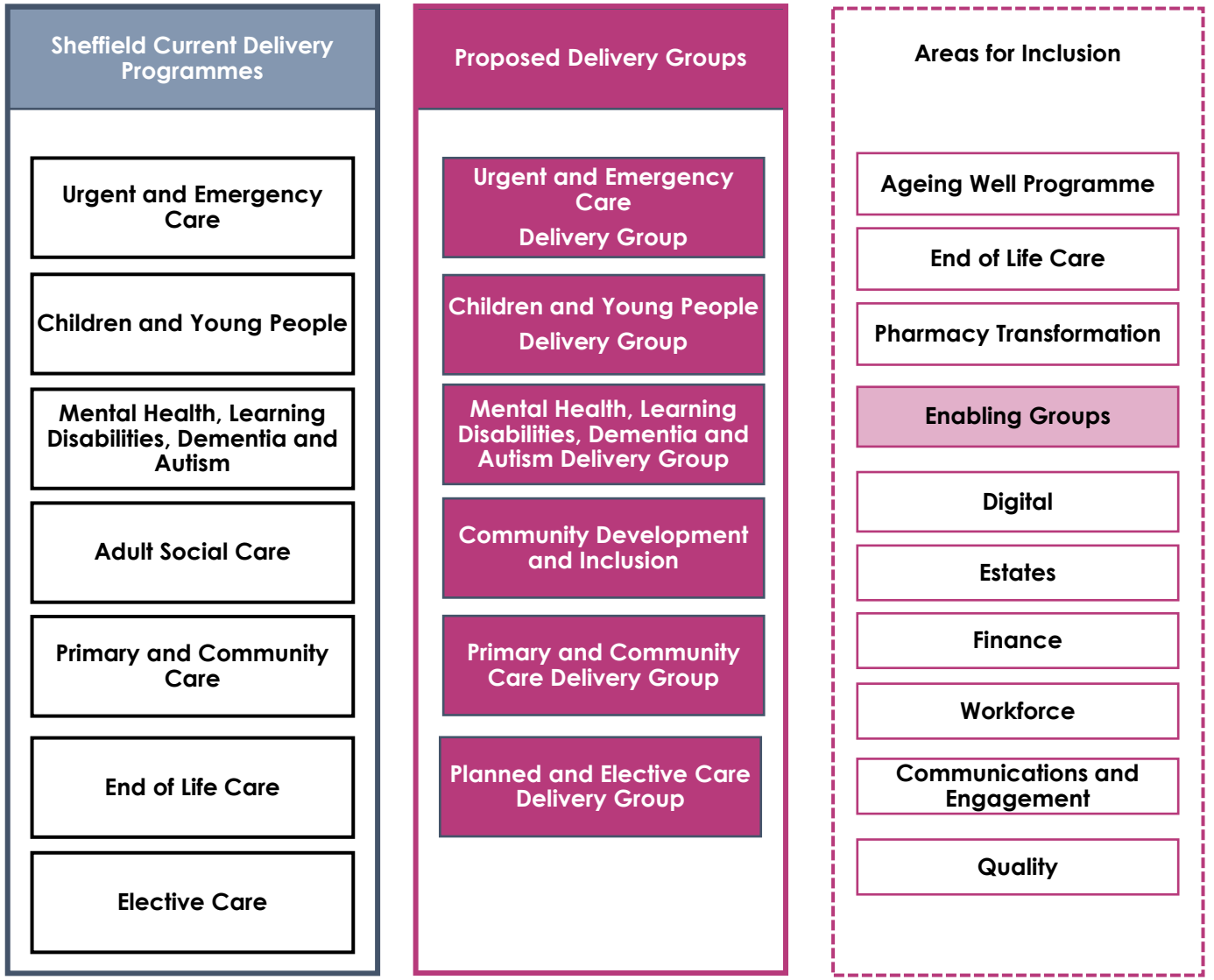
Delivery Groups: Arrangements (2/2)

Delivery Groups- Proposed Approach

We have set out here a series of delivery groups which will enable us to focus on our priorities. This includes a combination of existing programmes and new programmes to drive our development. For example our Community Development and Inclusion Programme, which will bring together our expertise to drive the agenda on EDI, Anchor Institution and focus on the assets in our communities.

Along with this we propose a joint PMO approach that pulls together our collective skills and expertise

There are other groups that require further discussion as outlined here.



Priority setting Process to date

- Each of the Partnership Delivery boards were asked to identify their priority areas of work for 2023/2024.
- These were presented to the HCP Board in February 2023
- All were accepted as key areas of work for the health and care system in Sheffield
- A process is currently underway to identify which areas the partnership would have most ‘value add’ and which are to be driven through existing contractual arrangements or using alternative resource and levers.

Questions

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Report to Health Scrutiny Sub-Committee

23 March 2023

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

Subject: Work Programme

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	*Officer, Member, Committee, partners, public question, petition etc*
Type of item	*Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)*
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 6	**March 23 2023**	Time				
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
Learning from Firshill Rise CQC Inspection	To consider learning from the 2021 CQC inspection of Firshill Rise	Richard Bulmer	Performance Review			
Future Model for the provision of health services for people with Learning Disability/Autism	Follow up to the discussion at the 7th December meeting	Heather Burns, Richard Kennedy, NHS SY, Greg Hackney SHSC FT	Policy Development			
NHS Commissioning in 'Place' – Sheffield Committee arrangements	Update on the developments of South Yorkshire ICB and the establishment of the Sheffield Place Committee	Emma Latimer – NHS South Yorkshire ICB	Briefing			
Sheffield Teaching Hospitals – Maternity	Update on progress in improving maternity services following CQ inspections.	STH NHS FT	Performance Update	Previously considered by sub-Committee at September meeting.		

Improvement Update						
Quality Accounts 2022/23	Sub-Committee to agree approach to the 2022/23 Quality Accounts process.	Principal Democratic Services Officer	Statutory consultation	Briefing on role and purpose of Quality Accounts to be included in report.		This Committee.
Standing items	• *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
Continence Services	Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence Working Group in March 2022. Committee requested that the NHS be invited to give a further update on progress at a future meeting.	Sarah Burt, NHS South Yorkshire ICB	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		To be considered on the first meeting following elections

Mental Health Interventions	To consider the support available for people with low-level mental health problems that don't reach the threshold for a clinical diagnosis.	Abigail Tebbs, NHS SY ICB, Joe Horobin, Director of Integrated Commissioning, SCC		tbd	tbd	To be considered as a workshop
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.	Lucy Ettridge/Kate Cleave, NHS South Yorkshire ICB	Consideration of 'substantial change' to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and Palate Service Update.pdf (sheffield.gov.uk)		This Committee – to be considered at the first meeting after the elections
Primary Care Workshop	To hear a range of perspectives on Primary Care including GPs, Practice Managers, Local Medical Committee, patients	tbd		Follow up to December 7th Discussions around Primary Care.		To be arranged

Relocation of Stepdown Services	To consider an update on the relocation of services to Beech.			Previously considered in December 2023		December 2023
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

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

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

All agenda items will anyway be supported by the following:

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

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

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

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

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

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

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

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

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

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

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

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

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

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

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