

Health Scrutiny Sub-Committee

Thursday 21 December 2023 at 10.00 am

Town Hall, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Ruth Milsom
Councillor Steve Ayris
Councillor Martin Phipps
Councillor Nighat Basharat
Councillor Dianne Hurst
Councillor Laura McClean
Councillor Mick Rooney
Councillor Sophie Thornton
Councillor Ann Whitaker

PUBLIC ACCESS TO THE MEETING

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

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Health Scrutiny Sub-Committee meetings and recording is allowed under the direction of the Chair. Please see the [webpage](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Health Scrutiny Sub-Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

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

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

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

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

If you require any further information please email committee@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people

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

**HEALTH SCRUTINY SUB-COMMITTEE AGENDA
21 DECEMBER 2023**

Order of Business

Welcome and Housekeeping

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

1. Apologies for Absence

2. Exclusion of Press and Public

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

3. Declarations of Interest

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

(Pages 7 - 10)

4. Minutes of Previous Meeting

To approve the minutes of the last meeting of the Sub-Committee held on

(Pages 11 - 16)

5. Public Questions and Petitions

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

(NOTE: There is a time limit of up to 30 minutes for the above item of business. In accordance with the arrangements published on the Council's website, questions/petitions at the meeting are required to be submitted in writing, to committee@sheffield.gov.uk, by 9.00 a.m. on 19th December 2023).

6. Members' Questions

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

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

7. Contenance Services

(To Follow)

8. City Centre GP Hub Update

(To Follow)

9. Work Programme.

(Pages 17 - 30)

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on Thursday 25 January 2024 at 10.00 am

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

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

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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

You have a personal interest where –

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

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

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

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

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

Further advice can be obtained from David Hollis, General Counsel by emailing david.hollis@sheffield.gov.uk.

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Health Scrutiny Sub-Committee

Meeting held 11 October 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Sophie Thornton, Ann Whitaker, Dawn Dale (Substitute Member) and Mary Lea

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from Councillors Talib Hussain, Laura McLean, Abtisam Mohammed and Mick Rooney.

2. EXCLUSION OF PRESS AND PUBLIC

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Sub-Committee held on 7th September 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Question asked by Adam Butcher

“Item 7 Walk in Centre

Did you use Service users as part of your mock CQC inspection?

Was this people who have use the service or Healthwatch”

The Chair invited Rachel Beverley Stevenson and Dr William Dawson of One Medicare to answer this question. They stated that service users had not been used in the mock inspection, however they had considered feedback from patients

who had used the service.

The Chair stated that the second question received from a member of the public related to item 10 and would be read out during consideration of that item.

6. MEMBERS' QUESTIONS

- 6.1 There were no questions received from Members of the Sub-Committee on matters not on the agenda for the meeting.

7. WALK IN CENTRE UPDATE

- 7.1 The report was presented by Rachel Beverley Stevenson (Executive Chair) and Dr William Dawson (CEO) of One Medicare, the independent NHS health care provider of the Walk in Centre.

The report gave an overview of the Sheffield Walk in Centre, details of the recent unannounced Care Quality Commission inspection of the service and the improvement work in response to the CQC's findings.

- 7.2 In response to questions raised by Members, the following information was provided:

- Regarding the action on confidentiality, there was now a Confidential Room near the reception.
- The capacity of 70 patients was in line with fire safety. Usually there was not more than 50 people in the room at one time.
- The figure of 96.4% of patients having a clinical consultation within 60 minutes referred to the initial triage rather than the subsequent clinical consultation.
- Data on the areas patients resided in, could be provided.
- The legal challenge to the inspection was in respect of the two warning notices. One Medicare had also had concerns regarding the consistency of inspections and the different ratings given in different regions.
- Staff "huddles" and "circuit breakers" were mandatory. Notes of them were taken which staff could access.
- Figures for complaints could be provided. Staff behaviour and patient waiting times were the most common complaints, however this related to waiting times overall, including for 111 advice not just at the Walk in Centre.
- One Medicare would be happy to work with Healthwatch to improve patient engagement.
- The service employed a Clinical Educator, and time for staff training was made by "double running" staffing. Also, paid learning time was provided for the Clinical Practitioner Programme.

- Staff turnover rate had improved and increased recruitment had taken place. Figures for staff retention could be provided.
- Data was tracked in order to anticipate periods of high demand.
- The service had to see every patient that walked through the door, they could not turn people away or send them elsewhere.
- The senior leaders from One Medicare who were overseeing improvements would have a 3-month handover period with the new Operational Manager who was in the process of being recruited.
- Some extra training for staff was paid and some was in their own time.
- The NHS representatives were not sure why patients who lived in Chesterfield and Rotherham were using the service, but it could be due to them working in Sheffield.
- Managing “patient flow” was key to infection control, but this was challenging due to staff resources. Also, the ability to separate different categories of patients was limited by the available space.
- The potential of expanding into some spare available space in the same building, was being discussed with the Landlord.
- More similar centres which fill the gap between GP Services and A&E would be of benefit to the City.

7.3 The Chair stated that she had visited the Centre and had been shown around the Wellbeing Hub, she asked why this service had been started, what the uptake had been and whether it could be scaled up and replicated elsewhere? Dr Dawson advised that this service was at the heart of their model and had been put in place around four years earlier in a different Centre. It aimed to offer people time to talk about any wider problems with their physical and mental health. The Hub had been worked on with Sheffield Teaching Hospitals and had seen over 1000 patients in the last year.

7.4 Members requested a further update be brought to the Committee when the CQC report was received.

7.5 **RESOLVED:** That the Sub Committee notes the update.

8. WINTER PLAN PROPOSALS

8.1 A presentation, which had been published as a supplement on the Council website, was introduced by Kate Gleave (Deputy Director Children and Young People and Urgent Care, South Yorkshire Integrated Care Board), Ian Atkinson (Deputy Place Director Sheffield, SYICB), Michael Harper (Chief Operating Officer Sheffield Teaching Hospitals) and Greg Hackney (Senior Head of Service and Deputy to the Director of Operations, Sheffield Health and Social Care).

The presentation gave a summary of the Sheffield Urgent and Emergency Care Winter Plan for 2023/24.

8.2 In response to questions raised by Members, the following information was provided:

- The capacity of the Virtual Ward was being increased over winter, it would then be evaluated, and consideration would be given as to whether the funding should be extended longer term.
- The mental health measures were ongoing investment, which would continue beyond winter.
- The extra service being located at Darnall should not have any adverse effect on patients there or on existing services.
- The Yorkshire Ambulance Service Mental Health Emergency Response Vehicle was a different service to one which was still being run by the Police. Work was being done to see if these services could be brought together. The aim was to support people in the Community, so they did not have to attend A&E.
- Data would be collected on the demographics of who was accessing the service.
- Work would be done to communicate to the public what winter services were available. Members suggested that this information should be standardised on GP websites where possible.
- The milestone regarding patients needing support from Health and Social Care to go home from hospitals without delay, was achieved partially by the Joint Discharge Plan work being done with the Council and also by the 38-hour capacity of home care hours as part of the Winter Plan.

8.3 Members asked with regards to infection control, how the learning gained in the Covid pandemic had been taken forward. Michael Harper advised that Sheffield Teaching Hospitals had set up a tiered system of monitoring for Covid which involved bringing in certain measures such as mask wearing. This was intended to be consistent across South Yorkshire. Greg Hackney advised that an engagement plan to make infection control measures more visible to the public was being put together by Health and Social Care as it was their top priority.

8.4 Members also asked whether staff were still required to test for Covid. Mike Harper stated that this was not compulsory and if staff felt well they were able to attend work. Different levels of testing would be stepped up if infections rates rise. Currently it was up to individual trusts to decide.

8.5 **RESOLVED:** That the Sub Committee notes the update.

9. ADULT A&E PERFORMANCE POSITION

9.1 A presentation, which had been published as a supplement on the Council website, was introduced by Kate Gleave (Deputy Director Children and Young People and Urgent Care, South Yorkshire Integrated Care Board).

The presentation gave information about how activity and waiting times had

changed since before COVID, how the service was performing against the four-hour A&E target and what the main challenges were to performance.

- 9.2 A discussion took place regarding patient expectations of the service, which Kate Gleave had advised had increased since the pandemic. Some Members felt that in fact patients had very low expectations e.g. that it was pointless trying to make a GP appointment as it was impossible. It was suggested that this idea should be reframed and that maybe the issue rather than expectations was that patients tended to be in the wrong place for whatever they needed at the time. It was also felt that services in the City needed to improve the communication between them.
- 9.3 Members asked for the current position regarding waiting lists for testing for general conditions. Michael Harper advised that waiting lists had grown due to the pandemic but this was being tracked as part of the recovery plan. There had also been a move to Patient Integrated Follow Up Care, rather than giving people an arbitrary return appointment for a check-up.
- 9.4 Members asked whether patients had been moving across to private care. Michael Harper stated that in Adult Acute Care it was difficult to track. The number of patients accessing care had remained the same and referral numbers were back to pre-Covid levels. Walk in Centre demand was down.

A streaming nurse system had been implemented in the reception of Northern General A&E to see which patients could be diverted to another service at the hospital.

- 9.5 Members asked whether the health inequalities between the East and West of the City had worsened since the pandemic. Michael Harper advised that the demographics of waiting lists had not changed.
- 9.6 It was agreed by Members of the Health Scrutiny Sub Committee to extend the meeting by 15 minutes.
- 9.7 The Chair advised that the reason for bringing this item to the Committee was because there had been a plan in 2017, which had not been carried out, to relocate some services to the Northern General Hospital, however there had been strong public feeling in support of keeping them in the city centre. She asked whether there were any plans contrary to this at present.

Ian Atkinson stated that he could not definitely say “no”. Future pathways for the next 5-10 years of same day urgent care, were beginning to be considered and would be discussed with Members at the appropriate time. It could not be guaranteed at this stage that everything would stay the same. The Chair requested that engagement with Members take place as early as possible in the process and in a way that was collaborative.

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

10. WORK PROGRAMME

10.1 Question submitted by Dave Berry:

"I would like to ask the public question to the Scrutiny Committee on Wednesday but I am unable to attend in person.

I am aware of an occasion recently when the family member of an elderly patient at Northern General Hospital felt pressurised when asked to sign a Do Not Resuscitate Form on admittance of their partner to the hospital. The family member refused to sign but was then upset to find a Respect form issued on discharge which they had not been consulted on and felt did not reflect the family's wishes.

I am concerned that DNR forms are becoming overused and that protocols on consultation with the patient and family are not being followed and that there is confusion regarding the legal status of DNR and Repect forms and the required consultation required.

I would ask that your Committee ask for a report and consider this issue at a future meeting.

The report may include:

- information on the legal status of DNR and Repect forms*
- copies of protocols regarding the two forms*
- training of health professionals in the use of and consultation required on the forms*
- any statistics on the use of the two forms".*

Members agreed that this issue should be added to the work programme as a formal item to be considered at a future meeting of the Sub Committee. A written response would be sent to Mr Berry confirming this.

10.2 Members agreed that with regards to Bereavement Services- a workshop should be held to ascertain what services were currently available.

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



Report to Health Scrutiny Sub-Committee

21st December 2023

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

Subject: Work Programme 2023-24

Author of Report: Deborah Glen, Policy and Improvement Officer

Summary:

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

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

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

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

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

Recommendations:

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

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

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

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

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

2.0 References from Council or other Committees

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

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

3.0 Member engagement, learning and policy development outside of Committee

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

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

Title	Description & Format	Date

Appendix 1 – Work Programme

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

Item	Proposed Date	Note
Continence Services	21 st December	This was not available for the November meeting which has to be cancelled.
GP Hubs update	21 st December	Requested last time the item was discussed at September meeting

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

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

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

Part 3: Agenda Items for Forthcoming Meetings

Meeting 1	June 1 st 2023	10am				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Future Model for the provision of health services for people with Learning Disability/Autism	Follow up to the discussion at the 7 th December and 23 rd March meetings	Heather Burns, NHS SY	Policy Development	Previously discussed as part of 22-23 work programme	Detailed within the report	This committee
Sheffield Children's Hospital Quality Accounts						
Sheffield Teaching Hospital Quality Accounts						

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

Meeting 3	11 th October 2023					
Walk in Centre - update	CQC inspection of Walk in Centre	Caroline Mabbett				
Winter Plan proposals	Challenges, learning from last year and this year's initiatives	Kate Gleave				
Adult A&E Performance position (Type 1 /2 /3)	The national ask this year in terms of performance expectation. Sheffield position at Month 6, SY position and National position.	Kate Gleave				
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

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

Meeting 5	21 st December 2023					
Continence Services	<p>Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence Working Group in March 2022.</p> <p>Committee requested that the NHS be invited to give a further update on progress at a future meeting.</p>	Sarah Burt, NHS SY	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		This Committee
Consultation on proposals for a new City Centre health centre	The committee have requested a further update on the proposed new health centre in the City Centre, a commitment was given to the committee that they would receive updates as this progressed. The report updates the Sub Committee on the outcome of the consultation	Richard Kennedy, Engagement Manager, NHS SY Mike Speakman	Consultation		Contained within the report	This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	25 th January 2024					
Bereavement Services		tbc				
Relocation of Stepdown Services	To consider an update on the relocation of services to Beech.	tbc		Previously considered in December 2022		
Adult Dysfluency and Cleft Palate Speech and Language Therapy Services	Healthier Communities and Adult Social Care Scrutiny Committee has previously been involved in considering 'substantial change' to service. Proposals have since been reviewed – still awaiting new proposal on future service model. The Scrutiny Sub-Committee will need to consider the new proposal when it has been developed.	Kate Gleave, NHS South Yorkshire ICB	Consideration of 'substantial change' to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and Palate Service Update.pdf (sheffield.gov.uk)		This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 7	14th March 2024					
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Items which the committee have agreed to add to an agenda, but for which no date is yet set.						
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Mental Health Interventions Workshop	To consider the support available for people with low-level mental health problems that don't reach the threshold for a clinical diagnosis.	Abigail Tebbs, NHS SY ICB, Joe Horobin, Director of Integrated Commissioning , SCC	Workshop	tbd	tbd	To be arranged

Primary Care Workshop	To hear a range of perspectives on Primary Care including GPs, Practice Managers, Local Medical Committee, patients	tbc	Workshop	Follow up to December 7 th Discussions around Primary Care.		To be arranged
Maternity Services	Update report from discussion in September 23 to be arranged following inspection outcomes	tbc	Agenda item			To be arranged
Dentistry			Workshop			Workshop
Investing in Health		Emma Latimer	Workshop			Workshop

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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