

## HEALTH SELECT COMMISSION

**Date and Time :-** Thursday 8 July 2021 at 5.00 p.m.  
**Venue:-** Town Hall, Moorgate Street, Rotherham.  
**Membership:-** Councillors Andrews, Atkin, Aveyard, Baker-Rogers, Barley, Baum-Dixon (Vice-Chair), Bird, A. Carter, Elliott, Griffin, Haleem Havard, Hughes, Hunter, Thompson, Wilson, Wooding and Yasseen (Chair).

**Co-opted Member – Robert Parkin, Rotherham Speak Up**

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

### AGENDA

**1. Apologies for Absence**

To receive the apologies of any Member who is unable to attend the meeting.

**2. Minutes of the previous meeting held on 10 June 2021 (Pages 3 - 9)**

To consider and approve the minutes of the previous meeting held on 10 June 2021 as a true and correct record of the proceedings.

**3. Declarations of Interest**

To receive declarations of interest from Members in respect of items listed on the agenda.

**4. Questions from members of the public and the press**

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

**5. Exclusion of the Press and Public**

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

**6. Carers Strategy Update (Pages 10 - 20)**

To receive a scheduled update in respect of progress against the Carers Strategy.

**7. Health and Wellbeing Board Annual Report (Pages 21 - 41)**

To receive and consider the Health and Wellbeing Board Annual Report for 2020/21.

**8. Revised Work Programme (Pages 42 - 49)**

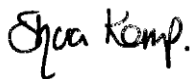
To receive and consider a revised draft of the scrutiny work programme for 2021/22.

**9. Urgent Business**

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

**10. Date and time of next meeting**

The next meeting of the Health Select Commission will be held on 2 September 2021, commencing at 5.00 pm in Rotherham Town Hall.



SHARON KEMP,  
Chief Executive.

**HEALTH SELECT COMMISSION**  
**Thursday 10 June 2021**

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, The Mayor (Councillor Jenny Andrews), Atkin, Aveyard, Baker-Rogers, Barley, Bird, A Carter, R. Elliott, Griffin, Haleem, Hunter, Thompson and Wilson.

Apologies were received from Cllrs Havard, Hughes and Wooding.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

**1. MINUTES OF THE PREVIOUS MEETING HELD ON 25 MARCH 2021**

**Resolved:-**

That the minutes of the meeting held on 25 March 2021 be approved as a true and correct record of the proceedings.

**2. DECLARATIONS OF INTEREST**

As a general practitioner of medicine, Councillor A. Carter declared a personal interest in agenda item 5.

As a medical nurse, Councillor Andrews declared a personal interest in agenda item 5.

**3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no questions from members of the public or press.

**4. EXCLUSION OF THE PRESS AND PUBLIC**

There was no reason to exclude members of the public or press from observing any of the items on the agenda.

**5. UPDATE ON HEALTH AND CARE SYSTEM CHANGES**

Consideration was given to an update on the upcoming changes to health and care systems related to the Health and Care Bill 2021. The presentation also covered the implications of the Bill for Integrated care systems (ICS), Place based partnerships, and public health, and included a timeline and key next steps.

In discussion, Members requested assurances around how Rotherham patients access and experience care. The Cabinet Member and officers provided assurances that whilst the architecture of the services will change, the emphasis will remain on person-centred care, adding value rather than inhibiting the customer journey.

Members also requested assurances that the changes would not entail budget cuts and privatisation. The response from officers and the Cabinet Member noted that whilst some aspects of privatisation was necessary—for example, the NHS does not manufacture X-ray machines—the changes are not driven by privatisation.

Members requested assurances around the reduction of long waiting lists. The response from officers and the Cabinet Member noted that all partners involved are committed to making patients the highest priority during the recovery phase. Michael Wright, the Deputy Chief Executive of TRFT further noted that the hospital have expanded their services to catch up with backlogs and expect to have caught up 100% by July.

Members requested further clarification regarding how marginalised communities will receive care. The response from officers noted that people might get served from a new provider, as the changes emphasise place-based response. Therefore, the need was recognised to have the right conversations with residents about their needs and expectations.

Members observed the variation across different parts of the borough as to the kinds of care or health needs that arise, for example, Rotherham has a higher industrial disease burden than other parts of the country. Assurances were requested that the changes would take into account this variation. The response from officers noted that the systems were designed to flex in response to the needs of communities. The systems would be tailored and evidence-based.

Members requested additional information about how success would be measured. The response noted that key performance indicators would be developed to ensure that the system design is meeting the needs of the community.

**Resolved:-**

1. That the update be noted, with the next progress update to be brought back at the appropriate time
2. That officers in consultation with the Cabinet Member determine how best to communicate the changes to the public.

**6. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE**

Consideration was given to an update briefing provided by Public Health Consultant Gilly Brenner regarding the Joint Strategic Needs Assessment which is delivered online in the form of the Rotherham Data Hub interactive Web resource. The presentation described the most recent data updates since the relaunch of the JSNA this year. As part of the presentation several examples of data visualisations were described.

In discussion, Members requested assurances around the validity of data included in the website. Officers provided assurances that the data comes from multiple reputable and highly vetted sources. These sources were listed and the data sets are also linked from the website itself.

Members also requested that the importance and potential of the JSNA be emphasised to the directorates.

Members requested assurances that trends and changes over time were tracked and represented. The reply noted that some of the difficulty lay in the data sets themselves and how the data was collected. Further, ward boundary changes also posed a challenge. Other temporary gaps in data collection have been caused by COVID.

In the interest of tracking outcomes, Members asked if links could be provided to schemes, policies, or outcomes, for example, that respond to the trends revealed by the data.

**Resolved:-**

1. That the planned development of ward data profiles be prioritised for delivery.
2. That examples of work informed by the JSNA be linked from the JSNA website.
3. That the Director of Public Health in consultation with the Cabinet Member for Adult Social Care and Health further promote awareness and use of the JSNA within the directorates of the Council.

## 7. COVID UPDATE BRIEFING

Consideration was given to a briefing presented by Ben Anderson, Director of Public Health, which provided an overview of the latest COVID-29 surveillance data. Data around vaccination rollout and vaccine effectiveness was presented. Variants of concern and under investigation were identified. A Rotherham infection rate summary was provided along with comparative information regarding other areas of the country. Analysis of trends was presented along with plans for further vaccination sites.

In discussion, members requested more information about the availability of drop-in vaccinations for residents who did not get their jab when previously invited. The response noted that the national centre is at Sheffield Arena, but locally there is availability through the Primary Care Network. Residents who may have missed their invitation are encouraged to ring the booking line. While drop-in access was not presently available, there would be plans to begin drop-in vaccination clinics following the completion of the vaccination of the under-25 group.

Members also requested assurances that studies were being conducted to capture learning from the Pandemic. The response from officers and the Cabinet Member affirmed that multiple studies were currently in production by the Local Resilience Forum and the Local Outbreak Engagement Board for example, which could be circulated as soon as they are published.

Members expressed interest in knowing more details around the uptake of the second jab and any plans to offer “mobile” vaccines. The response from officers noted that the programme was still seeing good uptake from over 50s as they are being called back at 11 weeks or sooner for the second jab, and the daily update from the CCG on vaccine coverage covers all data. A few people may not be taking up the second vaccine because they may have had a strong reaction to the first or have seen information about blood clots since having the first vaccine. As the programme enters the tail, there are plans to follow up with these people individually to understand the decision they are making. There is an option to offer a different type of vaccine for the second jab, although it is better to have both of the same kind and the risk of blood clot remains very minimal. As the programme moves through different cohorts, there has been a very different response from the 20 somethings than the 70 somethings.

Members wished to know if the ripple from the 17 May was of concern to Public Health. Officers noted in response that increased transmission was always expected, but the government's test is around the impact on severe disease, hospitalisation. The concern is not case rates going up; it is the severe case rates. The decision will be made next week taking all this into account.

Members further requested clarification around the availability of GP and dental appointments. The response noted that some GP appointments had to be rescheduled, but overall more patients can be seen more rapidly via virtual means than in person. Social distancing can cause reduced capacity. Dentistry has been more affected, with the generation of aerosol during the process, so recovery will take longer for Dentistry to catch up.

Members requested assurances that the lag in cohorts not getting the vaccine was being addressed. In response, officers noted that 2000 clinically extremely vulnerable residents were offered and received their vaccinations at home. Other residents for whom access is an issue because of work or caring commitments, those constraints were being mitigated by better local availability, for example with local schools becoming vaccination sites. While some remain unwilling to take up the vaccine, for those who have been unable or could not afford to do so, local options are turning that around.

Members also requested information regarding the presence of non-covid respiratory illnesses in the population. The response from officers noted that the population during lockdown saw almost no flu or RSV and currently has very low respiratory illnesses. As we go into autumn and winter, these will likely rise.

The Chair remarked at the excellent delivery of the vaccination programme in Rotherham with a thank you to the staff and volunteers.

**Resolved:-**

1. That the update be noted.
2. That relevant reviews which capture learning from the Pandemic such as that published by the Local Resilience Forum (LRF) be circulated to Members as they become available.
3. That the staff and volunteers responsible for the successful delivery of the vaccination programme in Rotherham be thanked on behalf of the Chair.

**8. HEALTHWATCH UPDATE**

Consideration was given to a verbal update presented by Lesley Cooper, Manager of Healthwatch, regarding recent activities undertaken by Rotherham Healthwatch since the previous update. These activities included attending meetings regarding the upcoming ICS changes, hosting 7 mythbusting sessions which raised the positive outlook on the vaccine among attendees from 30% to 92%. Healthwatch has responded to calls for evidence and has been asked to deliver advice regarding engaging with asylum seekers. Healthwatch has participated in face to face Quality Improvement meetings with the CCG and has also completed work on stroke and diabetes awareness.

**Resolved:-**

1. That the update be noted.

**9. INITIAL WORK PROGRAMME**

Consideration was given to a report providing an outline scrutiny work programme for the 2021/22 municipal year. The criteria for the addition of potential areas of work to the programme were clarified, and input from Members was invited outside the meeting. The membership of the RDaSH quality account sub-group was announced, which comprised Cllrs Andrews, Baker-Rogers, Havard, and Thompson, with Yasseen to Chair. Members interested in serving on the other Quality Account sub-groups were encouraged to make representations outside the meeting.

**Resolved:-**

1. That consideration be given to an outline work programme using the draft set out in Appendix 1 as a basis for the discussion of scrutiny priorities for the 2021/22 municipal year.
2. That the Chair and Governance Advisor meet with the relevant Cabinet Member, representatives of partner organisations, and officers to receive feedback on these proposed areas of work.
3. A further report proposing the formal work programme for 2021-22 will be submitted to the Health Select Commission meeting in July of 2021 in order for Members to agree a clear set of priorities for this municipal year.

**10. URGENT BUSINESS**

There were no urgent items of business requiring a decision at the meeting.



**11. DATE AND TIME OF NEXT MEETING**

The Chair announced that the next meeting of the Health Select Commission would be held on 8 July 2021 at 5pm in Rotherham Town Hall.

**Committee Name and Date of Committee Meeting**

Health Select Commission – 08 July 2021

**Report Title**

Carers Programme – Update July 2021

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**

Jo Hinchliffe

Adult Care Housing and Public Health - Service Improvement and Governance  
Manager

[jo.hinchliffe@rotherham.gov.uk](mailto:jo.hinchliffe@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary.**

On the 21st October 2019 we introduced new a way of working to ensure a consistent, robust and sustainable Pathway; our work with carers is defined via a “sub-pathway” and in March 2020 plans were shared with the Health and Wellbeing Board explaining how we anticipated we would deliver a carers programme.

The council offer is part of a wider system approach and carers have been added to the Rotherham Health and Social Care Place Plan as a key area of focus, recognising the importance they play and very much highlighted by Covid-19.

This report offers an update to the Health Select Commission on the Carers Programme and provides information on the reprofiled timeline for the associated project work.

**Recommendations**

1. Health Select Committee to note the completion of the key objectives outlined at the last update in September 2020.

2. Health Select Committee to note the care programme output April-June 2021
3. Health Select Committee to note the progress made on the Rotherham Carers Strategy

**List of Appendices Included**

Appendix 1 Refreshed Carers Programme Timeline – August 2020

Appendix 2 Work of the Unpaid Carer Group during the emergency response to the pandemic

Appendix 3 Carers Grants

Appendix 4 Key Objectives – September 2020

**Background Papers**

Caring Together the Rotherham Carers Strategy 2016-2021

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

**Council Approval Required**

You should refer to [Appendix 9 of the Constitution – Responsibility for Functions](#) – to check whether your recommendations require approval by Council, as well as Cabinet or a committee. You should take advice from Democratic Services if you are not sure.

No

**Exempt from the Press and Public**

No

## Carers Programme – Update July 2021

### 1. Background – Adult Care Pathway

- 1.1. Rotherham's Adult Social Care Pathway puts the person at the centre of everything we do. For us to do our best work, every process, every interaction and every outcome must have the person at the core.
- 1.2. On the 21st October 2019 we introduced new a way of working to ensure a consistent, robust and sustainable Pathway; our work with carers is defined via a “sub-pathway” and in March 2020 plans were shared with the Health and Wellbeing Board explaining how we anticipated we would deliver a carers programme.
- 1.3. The week after the information was presented to the Health and Wellbeing Board in March 2020 the council mobilised resources appropriate for the management of the Covid 19 Pandemic and this had significant impact on the proposed programme timeline.
- 1.4. The programme outlined in March 2020 had to be reprofiled to take into account the Covid 19 emergency response work of all the partner agencies. In August 2020 these partners via the Unpaid Carers Group supported a refresh of the carers programme. *Appendix 1: shows the refreshed programme timeline*
- 1.5. The Unpaid Carers Group came together during the emergency response work to ensure the network of partnerships was as strong as it could be in the most extreme of circumstances. The aim being that carers were fully supported throughout the pandemic. *Appendix 2* shows some of the work progressed by the Unpaid Carer Group.
- 1.6. At the time of the carers programme refresh Covid 19 funding become available to support carers. The council joined forces with Crossroads Care Rotherham to launch a carer grant initiative to help people who have a long-term commitment to supporting loved ones. £50,000 worth of funding was able to be accessed by unpaid carers. *Appendix 3* shows some of the outcomes of this work.
- 1.7. In April 2021 a further £25,000 was made available to run a second round of carer grant funding. This is due to be evaluated in August 2021.

## **2. Update on the key objectives presented to Health Select Committee - September 2020 (Quarter 2 of the Carers Programme)**

- 2.1. In September 2020, an update was provided to the Health Select Committee on the carers programme and the following key objectives were presented:
- We will map the carer experience and ensure the carers programme addresses any gaps.
  - We will ensure effective communication processes are in place to fully support carers.
  - We will refresh our understanding of the profile of carers in Rotherham in the light of Covid 19.
  - We will invite reps from the Unpaid Carers Group to become members of the Carer Programme Project Group.
  - We will continue to progress the Carers Grant work.
- 2.2. *Appendix 4* shows what we have done to meet the agreed key objectives; it also outlines considerations for how we expand the work for maximum impact. These considerations are being progressed via the Unpaid Carer Group and feed the shared strategic approach that is to be formed into a Rotherham Carers Strategy.
- 2.3. It is important to note work started on the key objectives in September 2020 and carried through to March 2021. This was because partner agencies; most of which are voluntary sector organisations had to prioritise operational activity. Resources for partners were often stretched as they had to balance the day-to-day with strategic duties as well as Covid 19 compliant emergency responses.

## **3. Wider programme outputs: April – June 2021**

- 3.1. Within the carer programme there was an outcome to explore the Assistive Technology (AT) offer for carers. Work to date on this outcome has expanded in two ways. Firstly, the use of digital tools, Zoom/Teams has also enabled a wider reach with carers and we are capturing the learning within the Adult Social Care AT Strategy Group. Secondly, learning from the carers grant initiative has demonstrated how carers often need support with the acquisition of technological devices. These devices have been a

lifeline for many carers and the learning from both these examples will feed into the Rotherham Carers Strategy.

- 3.2. As referenced at the beginning of the report the Adult Social Care Pathway is a vital element of the carer journey. The Care Act 2014 clarifies that a carer is an individual who “provides or intends to provide care for another adult” and would qualify for an assessment where it “appears that the carer may have any level of needs for support” (Paragraph 6.16). In order to ensure we meet this stipulation a carer sub-pathway was introduced in 2019. Work has been happening over the last quarter to understand the level of carer assessment activity and highlight reports now form part of the overall performance reporting structure.
- 3.3. Rotherham was the only authority in the region to deliver a face to face event for Carers Week. Each year Carers Week provides an opportunity to recognise the invaluable work unpaid carers do to support their family and friends, and highlights the challenges they face. Members of the Unpaid Carer Group mobilised to ensure we raised the profile of carers and the vital role they play. A corner of the town centre was taken over by carer organisations who showcased their services. It was a well-supported event and was also backed-up by a social media campaign facilitated by the council’s corporate communication team. It prompted carers to come forward and make link with the council and over 30 carers made direct contact with the Adult Care - Service Improvement and Governance Team.
- 3.4. A key element of the carer programme was to review the council run Carer’s Centre. It is located within the Rain Building (Rotherham Town Centre), is currently a building-based offer which sets out to support carers of adults with social care needs. During the Corona Virus Pandemic in line with national and local restrictions the Carer’s Centre closed as the small office space was not conducive to social distancing measures. The centre has remained closed to date and this has significantly impacted on the review work. What has been happening is benchmarking with other local authorities and other agencies.
- 3.5. Crossroads re-opened “The Corner” in All Saints Square it is a carers hub comprising of; charity/coffee shop, training facility and meeting room for carers. This new project enables Crossroads to raise much needed funds to support carers through their expanding services. It is supported by the council as part of the Town Centre Masterplan. Conversations are planned via the Unpaid Carers Group to look at how this offer could be enhanced as part of the forthcoming Rotherham Carers Strategy

- 3.6. Work with Young Carers is being progressed by Barnardos and their Young Carer Council. Preparation work has been happening through June 2021 to ensure officers attend the Young Carer Council Meetings. Dates are now agreed and in place and the first meeting has been undertaken.

#### **4. How will we progress - June 2021 and beyond?**

- 4.1 The carer programme was intended to close June 2021 with the result being the production of a refresh Rotherham Carers Strategy. Due to the impact of the pandemic this is slightly off track and will now conclude with a draft strategy being reviewed in July 2021 at the next Unpaid Carers Group Meeting.
- 4.2 The Carers Centre review work will continue over the summer and again will be supported by the Unpaid Carers Group and is also governed via the Adult Social Care Project Assurance Meeting. Options appraisal work is happening now and a formal report is due at the end of July 2021.
- 4.3 A carers newsletter will be issued with the first edition scheduled for the 31<sup>st</sup> August 2021 – this will become a monthly feature and will form part of the information offer that is to be embedded within the Rotherham Carers Strategy development work.
- 4.4 Sharing the Draft Rotherham Carers Strategy will be the focus for the period July – September 2021. With the lifting of national restrictions, it is hoped that more face-to-face engagement work can happen so we can really capture the carers voice within the strategy development work. To date all focus group work has been virtual and although this has allowed us to reach a draft stage of the Strategy all the agencies involved feel more work is needed directly with the carers they support. This phase will be reviewed early in September 2021 with the Unpaid Carer Group taking a view on the timeframe for a formal launch of the Rotherham Carers Strategy.

**Accountable Officer(s)**

Jo Hinchliffe Service Improvement and Governance Manager


Approvals obtained on behalf of:-

	<b>Named Officer</b>	<b>Date</b>
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.

*Report Author: Jo Hinchliffe**Adult Care Housing and Public Health - Service Improvement and Governance  
Manager**jo.hinchliffe@rotherham.gov.uk*This report is published on the Council's [website](#).

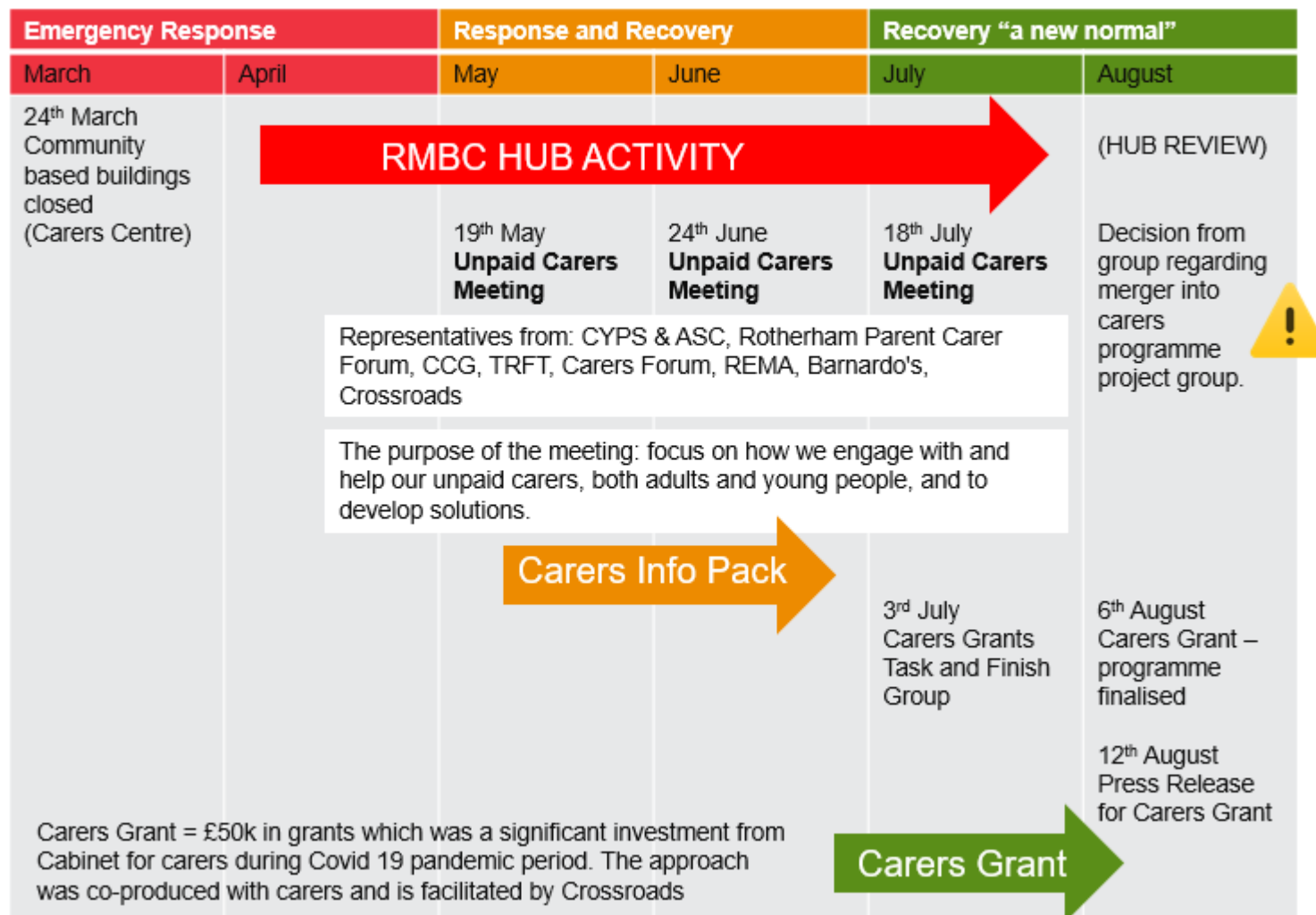


## Appendix 1: Refreshed Carers Programme Timeline – August 2020

Quarter 2 July, Aug, Sept 2020	Quarter 3 Oct, Nov Dec 2020	Quarter 4 Jan, Feb, Mar 2021	Quarter 1 Apr, May, June 2021
<b>PMO: Governance Reset:</b> Establish Carers Programme Project Group - reports into ASC Project Assurance Meeting (PAM) 17th Sept & then into Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM: 15th October 19th November 3rd December  1/4 highlight report to Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM  1/4 highlight report to Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM  1/4 highlight report to Health and Wellbeing Board
<b>WS1: Review of the Carer Strategy</b>	Coproduction work for the strategy	Consultation work for the strategy	Refreshed Carer Strategy
<b>WS2: Assistive Technology (AT)</b> requirements for carers feeding into the Digital Solutions Programme	Engagement activity (Sandi Whiting)	AT pathway proposed and out to consultation.	AT Carer Offer launch
<b>WS3: ASC Pathway:</b> Process mapping / assessments consistency checks Young Carers: transition work mirrors ASC Pathway	Carer Journey Mapping (with all partners) ASC Pathway: Refresh Policy / Guidance for Carers		<div><p>ASC Pathway consistently applied.</p><p>Carer Centre offer re-profiled</p><p>Information, Advice and Guidance Offer refreshed.</p></div>
<b>WS4: Carers Centre</b> - Review / Impact Assessment	Carers Centre - future options / consultation	Decision making	
<b>WS5: Information Offer</b> - scoping work (Partner conversations)	Coproduction work (Digital channels)	Consultation linked to the strategy work	
Routine Activity: Training Programme for carers / staff Support for carers through covid (Carers Grant) Regular and sustained communications (Diane Clarke) Activity and Events (Carers Week / Carer Rights Day)			

Appendix 2: Work of the Unpaid Carer Group during the emergency response to the pandemic

**Covid 19 High Level Timeline**



## Carers Grants – August 2020

### Aim:

Rotherham Council has joined forces with Crossroads Care Rotherham to launch an initiative to help people who have a long-term commitment to supporting loved ones who would otherwise struggle on their own.

The project is the result of £50,000 worth of funding to help unpaid carers in Rotherham to access the help and the support they need through the COVID-19 pandemic and beyond.

The project aims to reach out to local unpaid carers to ensure their rights and support needs are met in the same way as they would be for the people they care for.

Those caring for a family member or friend who is ill, frail, disabled or has mental health or addiction problems will benefit from the project, which, hopes to ease isolation, provide respite and support with skills training.

### Key outcomes:

1. 146 people got a grant for what they wanted and it is easy to prove / audit.
2. 14 Grants were made to Carers Trust and if they are all successful this will bring in £4000+ into the Borough.
3. Skilled conversation were required; need to create a relationship with the carer, needed to understand the carer responsibilities and to support them with the wants and wishes.
4. Found a lot of new carers – so spin-off support.
5. 200+ Wellbeing Packs given out – added value.
6. Positive feedback from carers received.
7. Main reasons for the IT Kit: online shopping, social media, keeping in contact with people, ordering medication, accessing training.

Appendix 4:

## Key Objectives: September 2020

Carers Programme: Quarter 2 Key Objectives	What we have done to meet the objective:	Considerations for ongoing work:
We will map the carer experience and ensure the carers programme addresses any gaps.	Focus group work with: ✓ Rotherham Parent Carers Forum ✓ Carers Forum ✓ Crossroads Care ✓ REMA ✓ Barnardos ✓ CCG ✓ Linked with Age UK / Active Independence	Regular meetings in place with: ➤ Rotherham Parent Carers Forum ➤ Carer Forum ➤ Crossroads ➤ Age UK ➤ Active Independence ➤ Barnardos Young Carer Council ➤ ADASS Regional Meetings
We will ensure effective communication processes are in place to fully support carers.	✓ Re-issued information pack post the C19 Emergency Response ✓ Carers database established ✓ Website updating work ongoing	➤ Information pack to be updated to reflect the national changes inline with restrictions easing ➤ RMBC Carer Newsletter to be issued from the 30 <sup>th</sup> August 2021
We will refresh our understanding of the profile of carers in Rotherham in the light of Covid 19	✓ Intelligence captured in support of the carer vaccine programme – needs looking at post pandemic.	➤ Regular mapping and a data dashboard to be set-up via the Unpaid Carers Group
We will invite reps from the Unpaid Carers Group to become members of the Carer Programme Project Group.	✓ March 2021 Unpaid Carer Group agreed the governance of the carer programme.	➤ August 2021 the Terms of Reference to be strengthened with new chair and membership of partners reviewed.
We will continue to progress the Carers Grant work	✓ Phase 1 of Carers Grant allocation complete Feb 2021 ✓ Phase 2 of Carers Grant due to close July 2021 – Evaluation work to be undertaken in August 2021	➤ Evaluation of the grant work to inform the carer strategy refresh.

# **Health and Wellbeing Board Annual Report, 2020/21**

A healthier Rotherham by 2025



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## Foreword

I am delighted as Chair of the Health and Wellbeing Board to present our annual report. Our Health and Wellbeing Board is a very successful board and is recognised as such by external bodies such as the Local Government Association. That success owes a great deal to the very strong partnerships we have built up over the past few years, which is a real hallmark of our board. I would like to thank all the partners for their strong commitment to delivering Rotherham's Health and Wellbeing Strategy and working together to improve outcomes for local people. I believe that the strength of our partnership has also been instrumental in our response to the COVID-19 pandemic, including the roll out of the successful vaccination programme in our community.

It has been an interesting year due to the COVID-19 pandemic, with the board not being able to physically meet for many months and the heavy call on member's capacity. Nevertheless, the board has continued to meet virtually throughout the pandemic, and as the report shows we have achieved much over the past year, such as our work on loneliness, encouraging better physical health and activities, supporting young people's mental health, setting up an unpaid carers group that is supporting the refresh of our Carers Strategy and placing an increasing emphasis on the wider determinants of health.

Clearly, in Rotherham we still need to do a lot more work on tackling health inequalities, including inequalities between our least and most deprived communities. The Health and Wellbeing Board has committed that this will be our main area of focus, to ensure that the health of the most vulnerable is improving the fastest.

In the coming year, we face the need to refresh our board priorities, taking into account the impact of the pandemic. We also need to consider the changes being brought in through the Health and Care Bill, including to our regional ICS. Although work is taking place, we still await further details on the impact that these changes will have on the Health and Wellbeing Board.

Once again, I would like to thank all members of the Health and Wellbeing Board who have helped to make the partnership what it is. I would also like to thank the hard work and dedication of officers who work in, and with the board from a number of partner organisations.



**Councillor David Roche**

Cabinet Member for Adult Social Care and Health  
Chair of the Health and Wellbeing Board

A handwritten signature in black ink, which appears to read 'D Roche', followed by a horizontal line.



## **The Health and Wellbeing Board**

Rotherham's Health and Wellbeing Board brings together local leaders and decision-makers to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services.

Organisations represented on the board include:

- Rotherham Metropolitan Borough Council
- Rotherham Clinical Commissioning Group (CCG)
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police
- South Yorkshire Fire and Rescue
- NHS England

The board has a number of specific responsibilities, including producing a local joint strategic needs assessment, overseeing the delivery of the joint health and wellbeing strategy, and producing an assessment of the need for pharmaceutical services.

Further detail around the role of the board, including how the board has met the statutory duties over 2020/21 is outlined below.

## **Joint Strategic Needs Assessment (JSNA)**

One of the board's key responsibilities is to carry out a joint strategic needs assessment (JSNA) for Rotherham. The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

The JSNA is hosted on a live website called 'the Rotherham Data Hub.' As part of the refresh for 2020/21 there has been a greater focus on health inequalities and data around the impact of COVID-19. The type of data incorporated in this website has also been expanded, to give a broader view of the issues facing local people.

This data will be used to inform commissioning decisions and strategy development. In particular, the findings of the updated JSNA will inform the refresh of Health and Wellbeing Board priorities and the strategic approach to tackling health inequalities.

The Rotherham Data Hub is publicly accessible at <http://www.rotherham.gov.uk/data/>.

## **Joint Health and Wellbeing Strategy**

Joint Health and Wellbeing Strategies set out how local health needs identified in the JSNA will be addressed. They set out the priorities for local commissioning and must be taken into account by local councils and CCGs.

Rotherham's Health and Wellbeing Strategy for 2018-2025 was agreed in March 2018 and is focussed on four key aims:

1. All children get the best start in life and go on to achieve their full potential
2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
3. All Rotherham people live well for longer
4. All Rotherham people live in healthy, safe and resilient communities

The Health and Wellbeing Board receives regular updates against each of these four aims.

## **Pharmaceutical Needs Assessment (PNA)**

The board has a statutory responsibility to undertake a PNA every three years. However, due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the national requirement to publish renewed Pharmaceutical Needs Assessments has now been suspended until October 2022. The PNA reviews the current pharmaceutical services in Rotherham and identifies any gaps in provision through assessment, consultation and analysis of current and future local need.

The current PNA for Rotherham now runs from April 2018 to October 2022.

## **Principles**

As well as meeting the duties outlined above, partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and through working in partnership:

- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest.
- Prevent physical and mental ill-health as a primary aim, but where there is already an issue, services intervene early to maximise impact.
- Promote resilience and independence for all individuals and communities.
- Integrate commissioning of services to maximise resources and outcomes.

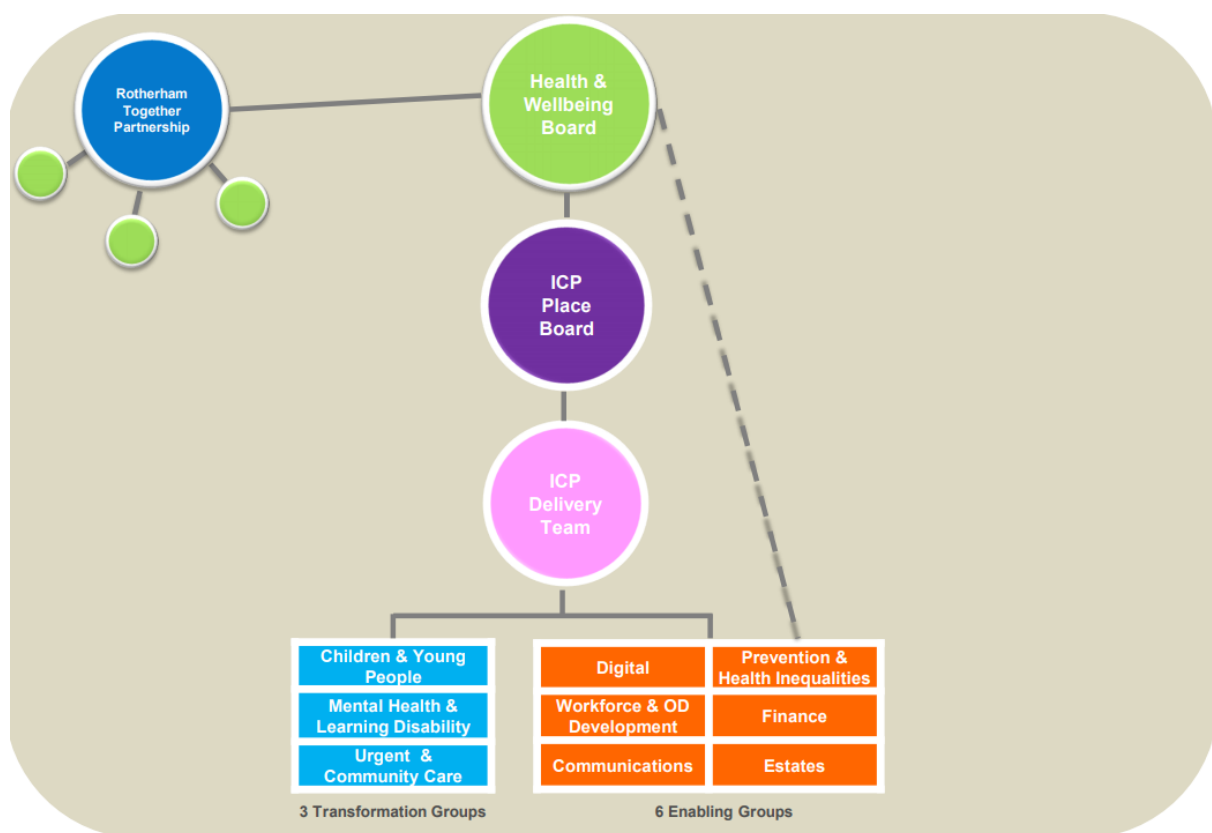
- Ensure pathways are robust, particularly at transition points, so that no one is left behind.
- Provide accessible services to the right people, in the right place, at the right time.

## Governance

The Health and Wellbeing Board is a statutory sub-committee of the Council and is an integral part of Rotherham's wider strategic partnership structures, the Rotherham Together Partnership. In addition, the Integrated Care Partnership (ICP) Place Board reports into the Health and Wellbeing Board and takes strategic direction from the Health and Wellbeing Strategy.

As part of the refresh of the ICP Place Plan, a new Prevention enabling group was established. It was agreed that this group would directly report to the Health and Wellbeing Board to ensure ongoing strategic oversight of this work.

A summary of these governance arrangements is outlined in the diagram below.



## Rotherham Together Partnership

The Rotherham Together Partnership brings together statutory boards such as Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver on Rotherham's medium-term priorities. These priorities, or "game changers", are set out in the Rotherham Plan 2025.

One of the game changers is 'integrating health and social care', which requires significant input from the Health and Wellbeing Board, working closely with the Integrated Care Partnership (ICP) Place Board. The Health and Wellbeing Board

also contributes to the other game changers, particularly 'building stronger communities' and 'skills and employment'.

### **Integrated Care Partnership (ICP)**

The ICP is made up of the local health and social care community, including the Council, CCG, providers of health and care services and the voluntary sector, who are working together to transform the way they care for the population of Rotherham.

The ICP Place Plan takes strategic direction from the Joint Health and Wellbeing Strategy and is the delivery mechanism for the aspects of the strategy relating to integrating health and social care. The Place Board regularly reports progress to the Health and Wellbeing Board, and there is a standing agenda item for the Health and Wellbeing Board to consider any issues escalated from the Place Board.

### **Safeguarding**

Safeguarding is a priority area of collaboration for local partners, and the Health and Wellbeing Board is a signatory to the partnership safeguarding protocol.

The protocol describes the roles, functions and interrelationship between partnership boards in relation to safeguarding and promoting the welfare of children, young people, adults and their families. It aims to ensure that the complementary roles of the various boards are understood so that identified needs and issues translate to effective planning and action.

Delivering on the protocol includes each board delivering and receiving updates from one another on annual basis, to ensure connectivity and appropriate oversight of issues relating to safeguarding. The terms of the protocol were fulfilled for 2020/21. Ensuring we are taking an integrated and co-ordinated approach to addressing issues relating to safeguarding will continue to be a priority for 2021/22.



**Key dates – 2020/21**

- June 2020 – The Health and Wellbeing Board agreed to refresh its priorities in line with the priorities emerging from the COVID-19 pandemic.
- September 2020 – The Health and Wellbeing Board held a session with the Health Select Commission on the findings of the Marmot Review: 10 Years on Report and the refresh of Health and Wellbeing Board priorities.
- September 2020 – A development session was held with support from the LGA.
- November 2020 – The Health and Wellbeing Board approved the renewed priorities and refreshed action plan.
- November 2020 – The ‘Integrating care: next steps’ paper was published and consultation was launched.
- January 2021 – The Health and Wellbeing Board submitted a joint response to the integrated care next steps consultation.
- January 2021 – The Chair of the Health and Wellbeing Board shared good practice from Rotherham in a national webinar held by Public Policy Exchange on tackling loneliness and social isolation.
- February 2021 – The integrated health and social care White Paper was published.
- February 2021 – The Health and Wellbeing Board ran an annual review survey with board members. The board received an average rating of 9/10 in terms of how effectively it has worked over the past year (1 being poor, 10 being excellent.)
- March 2021 – Health and Wellbeing Board members participated in a workshop with the other safeguarding boards, which included a focus on mental health as a cross-cutting issue.
- March 2021 – The Health and Wellbeing Board held an engagement session with Age UK Rotherham and Rotherham Older People’s Forum to explore the impact of the pandemic on older people.

## What's worked well?



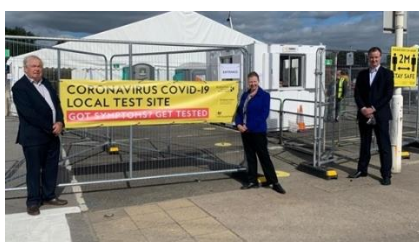
As well as partners working closely together on the response to the COVID-19 pandemic, there has also been significant progress made over the past year to support delivery of the Health and Wellbeing Strategy.

Examples of some of the achievements to deliver the strategy in 2020/21 include:

- Engaging with the Local Maternity System on the maternity transformation plan.
- The implementation of the Mental Health Trailblazer in schools 'With Me in Mind'. Since children returned to school in September pilot schools are reporting a significant positive impact from having Mental Health Support Teams in their settings.
- Delivery of the Suicide Prevention and Self-harm Reduction Action Plan, including promoting information around debt advice and signposting to Rotherhive website, sharing information for people at risk of relationship breakdown, helping carers and following up missed appointments.
- Pooling knowledge, expertise and resources across the partnership with regards to the mental health and wellbeing of our workforce.
- Launching the Moving Rotherham campaign to encourage local people to be more physically active. This has included activity such as the 'Moving in Nature' project, which is focussed on engaging local people with green spaces in their area.
- Establishing an unpaid carers group to ensure carers have the support they need throughout the pandemic. This group has also been closely involved in

the co-production of the Carers Strategy.

- Tackling loneliness and social isolation during COVID-19, including reaching out to at-risk groups, raising awareness via social media and redeveloping the MECC training.
- An estimated 400,000 people engaged in the Rotherham Together programme, which was developed to respond and support recovery from COVID-19. The programme focussed on three key themes: Joy, Gratitude and Hope and provided innovative and COVID-secure ways to foster connectedness.
- Working with the other boards across the Rotherham Together Partnership to deliver the safeguarding protocol, including coming together to discuss mental health as a cross-cutting issue.





## Case Study: Supporting children and young people's mental health



The COVID-19 pandemic has disrupted the lives and education of children and young people – leading to anxiety, sadness, stress and uncertainty. To support young people and their mental health, it was recognised by Public Health England that the views of young people would need to be sought to establish the state of their mental health and wellbeing during the 2020/2021 pandemic and lockdowns.

Rotherham worked jointly with all secondary schools and pupil referral units to enable all children and young people aged between 11 to 17 attending an educational establishment to have their voice heard.

It has been the aim to capture the views of children and young people in three stages: the beginning of the first lockdown (March/April 2020), approximately six months into the pandemic (October 2020) and during the easing of restrictions (May/June 2021). \*

Worryingly, the results from the October 2020 survey compared to June 2020 show that there was:

- A 7% increase in young people feeling anxious
- An 11% increase in young people feeling stressed
- A decline in young people feeling positive and managing problems well
- An increase in young people feeling confused, uncertain and sad

However, schools have fed back that the surveys been a valuable resource in shaping their approach to supporting children and young people with their mental health. There are many examples of positive support that schools have been put in place in response to findings from the survey, including:

- Inviting students to be a part of National Feeling Good Programme
- Developing a recovery curriculum for Years 7-11 in PSHCE
- Supporting students to work with Student Council to develop information

around joint relaxation techniques

- Development of a pathway to share a clear picture of where and how support can be accessed
- Communication to students in the form of Student Wellbeing Newsletter; Parental Wellbeing Newsletter

Young people have also fed back about the strategies they have put in place to support their mental health through the pandemic, which have included talking with friends/family, building a routine, starting a new physical activity and learning new skills – all of which align with the Five Ways to Wellbeing.

The findings of these surveys are also fed into partnership meetings to shape decisions around service-delivery. This is also being picked up by the Mental Health Recovery Cell and will continue to inform recovery planning.

\*These results will be available July 2021

### Case study: Engaging local people on the Great Big Rotherham To-do list



The Five Ways to Wellbeing is a nationally recognised, evidence-based set of actions that enhance personal wellbeing, helping individuals feel and function well. During the pandemic people have dug deep and found resilience they didn't know they had. Many local people have made positive changes – like spending quality time with family, getting outdoors more or learning something new.

It turns out many of these things fit with the Five Ways to Wellbeing:

- being physically active
- connecting with others
- giving time or skills to support others
- learning something new
- pausing to take notice and reflect.

It will be just as important for local people to look after their wellbeing – and keep doing those positive things as Rotherham moves into recovery. A call out has gone through the press, social media, through partner organisations and community groups to learn from local people about how they have remained resilient during the COVID-19 pandemic.

Resident's ideas and suggestions will then be compiled to create The Great Big Rotherham To-Do List – a free pocket guide full of inspiration to find everyday moments of calm, interest, health and fun based on the Five Ways to Wellbeing.

The Great Big Rotherham To-Do List will be available as a fold-out planner via libraries and community groups as well as online; it will also contain information about the Five Ways to Wellbeing – simple steps that can easily be incorporated into daily life to protect physical and mental health.

**Case study: Launching 'Beat the Street' to encourage local people to move more**



Regular physical activity has significant health benefits, including protection against many chronic diseases, better mental wellbeing and improved quality of life. Unfortunately, evidence suggests that Rotherham people are less physically active than the national average, with only 55% of adults being physically active and 30% being physically inactive.

In the context of some of these challenges, the Beat the Street project was launched in Rotherham. Beat the Street is a free, interactive challenge that encourages people of all ages to incorporate physical activity into their daily lives by turning the area into a six-week game which incentivises walking, cycling, running, scooting and active travel.

Beat the Street is being delivered by Intelligent Health and is funded by and Rotherham Council's grant funding allocation from DfT's Sustainable Transport Access Fund and the National Lottery on behalf of Sport England.

The game is completely contactless and players take part in their family groups or support bubbles are encouraged to walk, cycle, run, wheel or scoot as far as possible within the local area, with prizes for the teams that clock up the highest number of miles.

Beeping and flashing sensors called Beat Boxes have been placed on lampposts around the area for the duration of the six-week game. Primary school pupils received a pack via school containing a fob, a card for an adult to play, and a map.

Players can form virtual teams, then walk, run, roll, scoot or cycle between the Beat Boxes scoring points with their fobs or cards as they go. The more Beat

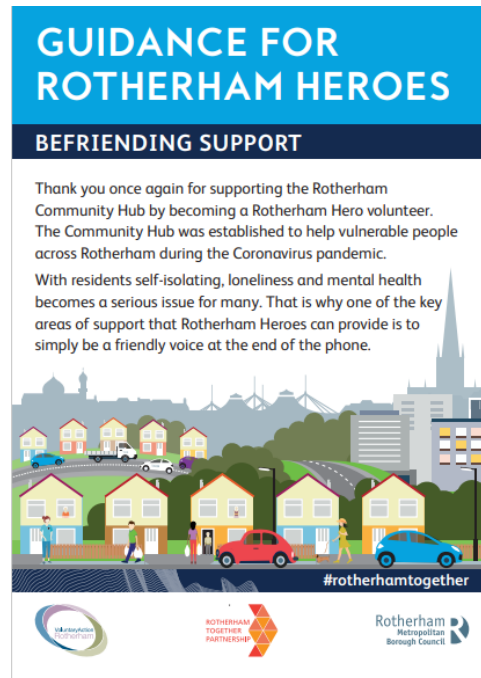
Boxes on their journey, the more points they score for their community or school team. Each week is themed with different activities to help participants get the most out of their Beat the Street experience. There are around 14k players in Rotherham, with 87,640 miles travelled so far.

Rotherham Council Cabinet Member for Adult Social Care and Public Health, Cllr David Roche, said: “We know that lockdown has impacted people’s activity levels and Beat the Street gives a safe and stimulating way for young people and families to get out and get active with a purpose. It’s clear that now, more than ever, it is vitally important to ensure that we adopt healthy lifestyle habits around incorporating physical activity into our days and trying to travel in more active ways by walking or cycling.”

Once the game finishes, a plan is in place to ensure sustained behaviour change in people who took part through work with primary schools, workplaces and linking into opportunities and activities already available locally via partners. Active travel will be a key focus of this plan, building on the learning from the project.



## Case study: Making friendship calls to residents experiencing loneliness



The COVID-19 pandemic has radically changed the daily lives of our residents. Through following the restrictions to stay safe and protect others, the opportunity to interact with friends, family and other people in the community has significantly changed. In this context, it is not surprising that many people have experienced feelings of loneliness.

In response to the pandemic, the Rotherham Community Hub was launched in late March 2020, to provide support to any Rotherham resident affected by COVID-19. Through the Hub, Rotherham residents are linked up with Rotherham Heroes volunteers, who can provide various kinds of support, including support with loneliness. As part of this campaign, Rotherfed developed the Friendship Calls project, to offer a friendly voice over the phone to local people.

The Friendship Calls project is a no-barriers service and any Rotherham resident over the age of 18 can receive the calls. Recipients are carefully matched with a trained volunteer, who Rotherfed think will be a good fit for a weekly phone call.

A wide range of people have accessed the service – from a 21 year old student to a 105 year old gentleman – reinforcing that loneliness can affect people from all ages and from all backgrounds. These are just a few examples of the people who have accessed the service and the impact it has had on them:

- Paul is over 100. He relishes the calls he gets weekly and will play the harmonica for the volunteers over the phone. His confidence has increased and is now out and about more on his scooter!
- Steven is a man in his fifties who has served time in prison and is now out on probation. Steven really enjoys the calls as he feels that no one is judging him and he feels he can really connect to the volunteers and start building his trust

in people again.

- Angela is a young mum and the survivor of domestic abuse. These calls have built her confidence up and given her a will and strength to believe in herself again.
- Mary is a disabled lady who started receiving calls during lockdown as she was very socially isolated. The calls have built up her confidence and she has now decided to become a volunteer herself!
- Harry lives with Borderline Personality Disorder and lives on his own with no family support. He says that the calls give him a chance to have a friendly chat with someone who does not judge him, or try to change him, but someone who just lets him be 'normal' for a change.

In the first year of the Friendship Calls project:

- 290 number of people were referred to the service (159 currently active),
- 61 volunteers supported the service (49 currently active),
- 3,190 calls have been made.

Rotherfed provides support and personal development opportunities for all volunteers. This includes regular support sessions and all relevant training.

To find out more about the project, please contact Jane Owen  
([jane.owen@rotherfed.org](mailto:jane.owen@rotherfed.org)/07399 888034) or Nicola Evans  
([nicola.evans@rotherfed.org](mailto:nicola.evans@rotherfed.org)/07376 666191).

## **What are we worried about?**

**There are large gaps in life expectancy and healthy life expectancy** both within the borough and compared with the national average. Moreover, the coronavirus pandemic has exacerbated existing health inequalities, with the most disadvantaged communities being hit the hardest.

**The leading causes of death in Rotherham include ischaemic heart disease (IHD), stroke, lung cancer, COPD and Alzheimer's / dementia.** For a disease such as ischaemic heart disease, 93.2% of deaths are considered attributable to risk factors that are potentially preventable. The risk factors contributing the most to deaths in Rotherham are smoking, high blood pressure, high blood glucose, high BMI and high cholesterol.

Considering the picture for some of these key risk factors in Rotherham:

- Smoking prevalence in adults is higher than the national and regional averages.
- There is a high prevalence of both childhood and adult obesity with a strong correlation with areas of highest deprivation.
- A significant proportion of adults are physically inactive.

This emphasises the importance of prevention and early intervention.

## **Mental health and wellbeing is also a concern:**

- In Rotherham, self-reported wellbeing scores for 2018/19 were significantly worse than England in relation to low satisfaction, low happiness and anxiety.
- The percentage of adults registered with GPs for depression is higher than the national average.
- Rotherham's suicide rate is higher than the national average.



### **What will we do next?**

The impact of COVID-19 and lockdown has brought with it some new challenges that are likely to be felt within our communities for some time. Supporting local people as we move into recovery will be a key aim of the Health and Wellbeing Board, with a focus on reducing health inequalities and prevention and early intervention.

The Health and Wellbeing Board will now:

- Engage with board members to update the board's priorities and the action plan which underpins the strategy.
- Embed a prevention-led systems approach across the Place.
- Work with the South Yorkshire and Bassetlaw ICS to shape the future arrangements.
- Continue to monitor the longer-term impacts of the pandemic on our communities.
- Focus on reducing health inequalities between our most and least deprived communities.

**Committee Name and Date of Committee Meeting**

Health Select Commission – 08 July 2021

**Report Title**

Initial Work Programme

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

Jo Brown, Assistant Chief Executive

**Report Author(s)**

Katherine Harclerode, Governance Advisor  
01709 254532 or [katherine.harclerode@rotherham.gov.uk](mailto:katherine.harclerode@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

To outline an initial work programme for Health Select Commission.

**Recommendations**

1. That Health Select Commission give consideration to an outline work programme using the draft set out in Appendix 1 as a basis for the discussion and to agree priorities for the 2021/22 municipal year.
2. That the Chair and Governance Advisor meet with the relevant Cabinet member, representatives of partner organisations, and officers to receive feedback on these proposed areas of work.
3. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair and Vice-Chair to be reported back at the next meeting for endorsement.

**List of Appendices Included**

Appendix 1 Work Programme – Health Select Commission

**Background Papers**

Agendas of Health Select Commission during the 2020/21 Municipal Year  
Minutes of Health Select Commission during 2020/21 Municipal Year  
Initial Work Programme Draft – 10 June 2021, Health Select Commission

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

Not applicable

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Initial Initial Work Programme**

### **1. Background**

- 1.1 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.
- 1.2 Addressing health inequalities that exist in the borough, through health and social care strategies and plans, and through looking at the wider determinants of health should be an overarching principle.
- 1.3 The Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long-term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving. The recent publication of the Government's White Paper will bring changes in health care systems that will remain a focus and which will have evolving implications for how health scrutiny is conducted in the future.
- 1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the HSC in the Council Constitution.
- 1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. The IPSC has chosen to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.
- 1.6 Health Select Commission has eight scheduled meetings over the course of 2021/22, representing a maximum of 16 hours of scrutiny per year – assuming 2 hours per meeting. Members therefore have to be selective in their choice of items for the work programme. The following key principles of effective scrutiny should be considered in determining the work programme:
  - Selection – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.

- Value-added – Items had to have the potential to ‘add value’ to the work of the council and its partners.
- Ambition – the Programme does not shy away from scrutinising issues that are of greatest concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental wellbeing of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.
- Flexibility – The Work Programme maintains a degree of flexibility as required to respond to unforeseen issues/items for consideration during the year and to accommodate any further work that falls within the remit of this Commission.
- Timing – The Programme has been designed to ensure that the scrutiny activity is timely and that, where appropriate, its findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. The Work Programme also helps safeguard against duplication of work undertaken elsewhere.

## **2. Key Issues**

- 2.1 Members are required to review their work programme at each meeting during the 2021/22 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of the borough.
- 2.2 Following the discussion at Health Select Commission, a revised draft work programme for 2021/22 will be developed and presented at a future meeting for endorsement.

## **3. Options considered and recommended proposal**

- 3.1 Members are recommended to agree priorities for the 2021-22 municipal year and contribute suggestions for the work programme.

## **4. Consultation on proposal**

- 4.1 The work programme is subject to consultation with the Chair and Members of the Health Select Commission. Regular discussions take place with Cabinet Member, partner organisations, and officers in respect of the content and timeliness of items set out on the work programme.

## **5. Timetable and Accountability for Implementing this Decision**

- 5.1 The decision to develop and endorse a work programme is a matter reserved to the Commission and will be effective immediately after consideration of this report.

- 5.2 The Statutory Scrutiny Officer (Head of Democratic Services) is accountable for the implementation of any decision in respect of the Commission's work programme. The Governance Advisor supporting the Commission is responsible on a day-to-day basis for the Commission's work programme. Members are recommended to delegate authority to the Governance Advisor to make amendments to the programme between meetings.

## **6. Financial and Procurement Advice and Implications**

- 6.1 There are no direct financial or procurement implications arising from this report.

## **7. Legal Advice and Implications**

- 7.1 There are no direct legal implications arising from this report.
- 7.2 The authority of the Select Commission to determine its work programme is detailed within the Overview and Scrutiny Procedure Rules and Responsibility for Functions parts of the Constitution. The proposal to review the work programme is consistent with those provisions.

## **8. Human Resources Advice and Implications**

- 8.1 There are no direct human resources implications arising from this report.

## **9. Implications for Children and Young People and Vulnerable Adults**

- 9.1 There are no implications for children and young people or vulnerable adults arising from this report.

## **10. Equalities and Human Rights Advice and Implications**

- 10.1 Whilst there are no specific equalities implications arising from this report, equalities and diversity are key considerations when developing and reviewing scrutiny work programmes. One of the key principles of scrutiny is to provide a voice for communities, and the work programme for this Commission has been prepared following feedback from Members representing those communities.

## **11. Implications for CO2 Emissions and Climate Change**

- 11.1 There are no implications for CO2 emissions or climate change arising from this report.

## **12. Implications for Partners**

- 12.1 The Commission has a co-opted Member from Rotherham Speak Up who contributes to the development and review of the work programme. Where other matters are being considered for inclusion on the work programme, relevant partners or external organisations are consulted on the proposed activity and its timeliness.

**13. Risks and Mitigation**

13.1 There are no risks arising from this report.

**14. Accountable Officer(s)**

Craig Tyler, Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor  
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This report is published on the Council's [website](#).

## Appendix 1 - Work Programme

Meeting Date	Agenda Items
10 June 2021	Update on Health and Care System Changes
	Joint Strategic Needs Assessment (JSNA) Update
	COVID Briefing
	Initial Work Programme 2021/22
Quality Account	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
8 July 2021	Carer's Strategy Update, with emphasis on young carers
	Health and Wellbeing Board Annual Report 2021/22
	Revised Work Programme 2021/22
July/August 2021 Workshop	Mental Health Impact of Rotherham Community Hub
2 September 2021	Acute Mental Health including Suicide and Self-harm Prevention, with emphasis on access for people with disabilities and people living on their own
	Children and Adolescent Mental Health Services (CAMHS) Update
September 2021 Training	All Member Mental Health First Aid and Suicide Prevention Training
September/October 2021 Workshop	Accessibility and Universal Design Workshop, with emphasis on transportation and public spaces
7 October 2021	The Rotherham NHS Foundation Trust (TRFT) Annual Report
	Update on Health and Care System Changes, with emphasis on access to care and coordination of place-based care across boundaries
25 November 2021	Prevention-led Strategy Systems
	Drug and Alcohol Treatment and Recovery Service Update
November 2021 Year-end Quality Accounts	RDaSH, TRFT, YAS
December 2021 Working Group	Adult Social Care Outcomes Framework (ASCOF) Performance Measures
13 January 2022	Director of Public Health Annual Report 2021
	Local Authority Declaration on Healthy Weight Update
January 2022 Working Group	COVID-19 Scrutiny – Health Care Worker Safety and Care Home Safety
24 February 2022	Maternity Services Update, with emphasis on BAME access and safety



	Hospital Discharge Policy and Practice
February 2022 Workshop	Yorkshire Ambulance Service (YAS)
April 2022 Half-Year Quality Accounts	TRFT, RDaSH and YAS
7 April 2022	Autism Strategy and Pathway Update
	Intermediate Care and Reablement Update