

HEALTH SELECT COMMISSION

Date and Time :- Thursday 7 October 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 2 September 2021 (Pages 3 - 6)

To consider and approve the minutes of the previous meeting held on 2 September 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. Acute Mental Health Update

To receive an update presentation in respect of provision of acute mental health services.

7. TRFT Annual Update (Pages 7 - 13)

To receive an annual update from The Rotherham NHS Foundation Trust (TRFT).

8. Healthwatch Update

To receive a verbal update in respect of recent activities and research undertaken by Rotherham Healthwatch.

9. Work Programme Update (Pages 14 - 20)

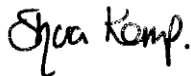
To receive an update in respect of the health scrutiny work programme.

10. Urgent Business

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

11. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 25 November 2021, commencing at 5pm in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 2 September 2021

Present:- Councillors Yasseen (Chair), Baum-Dixon (Vice-Chair), Atkin, Aveyard, Baker-Rogers, Barley, Griffin, R. Elliott, Thompson, Wilson, and Wooding.

Apologies were received from Councillors Andrews, Bird, A Carter, Haleem, Havard, Hughes, and Hunter.

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

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

21. MINUTES OF THE PREVIOUS MEETING HELD ON 8 JULY 2021

Resolved:-

That the minutes of the meeting held on 08 July 2021 be approved as a true and correct record of the proceedings.

22. DECLARATIONS OF INTEREST

There were no declarations of interest.

23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no members of the press or public had submitted questions in relation to any matters of business on the agenda.

24. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the press or public from observing any matters of business on the agenda.

25. SUICIDE PREVENTION

Consideration was given to an update presentation in respect of suicide prevention in Rotherham presented by the Strategic Director of Adult Care, Housing and Public Health and Public Health Specialist. The presentation included national context, changes to the way suicide is tracked, and how Rotherham's rates compare with that of similar localities and with the nation. Rotherham's action plan was described as well as examples of partnership working and various avenues of support for suicide prevention.

In discussion, Members expressed the desire for more information around wider factors that intersect with suicide. The response clarified these factors including relationship breakdown, relationship loss, financial hardship, and other sources of emotional distress. It was noted that only about one third of suicides are related to a mental health condition; therefore, it was important to have multiple pathways to support rather than simply by the health care route.

Members also requested further assurances that learning is shared between neighbouring areas where rates are lower. The response from officers noted that the regional neighbours work closely together and network to share good practice continually. Action plans were also assessed by national Samaritans, and national leaders have been to visit Rotherham twice, and had commented on the good practice at Rotherham that should be implemented more widely throughout the nation.

Members also requested clarification around historic changes to the way instances of suicide have been recorded and whether the data is accurate. The response from officers provided assurances that Rotherham's data was accurate and that the coroner does not have a greater preparedness to determine a death as a suicide than in other areas.

Members also expressed concerns around Rotherham's higher-than-average figures for men as well as now the sharply rising category for women as well. The response noted national picture for men in 40s and 30s is also being reflected locally. Specific findings regarding the need to support children who have been bereaved by suicide were also cited.

Members expressed the desire to know more about what tailored support is available and what good practice is being put in place to help target vulnerable groups specifically based on their unique needs. The response from officers noted the differences in age groups and gender and how these groups are being supported, especially children who have experienced bereavement due to suicide.

Members expressed interest in the take up, effectiveness, and sustainability of the small grants funding. The response gave details about the nature and use of this funding, which is usually small, one-off sums that become available and are applied for on an ongoing basis, but the effects of these can be far-reaching.

Members also sought more information around learning that has been captured during the pandemic about how to more effectively support individuals who may be at risk. The response from officers noted apps and resources that are available, including the Stay Alive app for smartphones. The response further noted the Make Every Contact Count training of Council staff.

Members wished to hear an update around suicide prevention training of the voluntary sector and Councillors. The response from officers provided resources and referenced potential training that is available while noting the challenges the pandemic has presented in terms of in-person training.

Resolved:

1. That the update be noted, and that the next update be presented in 12 months, to include analysis of contributing factors.
2. That a resource pack be circulated to Members, and that two members be invited to participate in the Train the Trainer programme.
3. That every effort is made to ensure that positive work sustained by the small grants funding can continue.

26. ROTHERHAM HEALTHWATCH UPDATE

Consideration was given to an update presentation from the Service Manager of Rotherham Healthwatch, which described recent initiatives and research undertaken by the programme as well as identified potential areas for collaboration and feeding into scrutiny work for the coming year.

Resolved:-

1. That the update and opportunities for scrutiny collaboration be noted.
2. That thanks to Lesley Cooper be recorded on behalf of the Chair for her leadership and dedication throughout her time at Rotherham Healthwatch which has had a positive impact on public health scrutiny in Rotherham.

27. WORK PROGRAMME UPDATE

Consideration was given to an update report in respect of the scrutiny work programme for 2021/22. Recent changes and additions to the work programme were described and the updated schedule of scrutiny work presented for endorsement.

Members were invited to participate in the work of upcoming sub groups.

Resolved:-

1. That the updated work programme be noted.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair and Vice-Chair, with any changes reported to the next meeting for endorsement.

28. URGENT BUSINESS

The Chair announced there was no urgent business.

29. DATE AND TIME OF NEXT MEETING

The Chair announced that the next meeting of the Health Select Commission would be held on 7 October 2021, commencing at 5pm in Rotherham Town Hall.

Committee Name and Date of Committee Meeting

Health Select Commission – 07 October 2021

Report Title

TRFT Annual Update

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

No

Report Author(s)

Michael Wright, Deputy Chief Executive, TRFT

Ward(s) Affected

Borough-Wide

Report Summary

Annual update briefing from The Rotherham NHS Foundation Trust (TRFT).

Recommendations

1. That the update be noted.
2. That a further update be presented in 12 months' time.

List of Appendices Included

Appendix 1 TRFT Update

Background Papers

Update from the Rotherham NHS Foundation Trust – Health Select Commission, 3 September 2020

Consideration by any other Council Committee, Scrutiny or Advisory Panel

NA

Council Approval Required

No

Exempt from the Press and Public

No

TRFT Annual Update

1. Background

- 1.1 The previous update was presented to the Health Select Commission on 3 September 2020.

2. Key Issues

- 2.1 These are sent out in the appendix of the report.

3. Options considered and recommended proposal

- 3.1 These are set out in the appendix of the report.

4. Consultation on proposal

- 4.1 This update forms part of TRFT's ongoing consultation with Members.

5. Timetable and Accountability for Implementing this Decision

- 5.1 Timeframes associated with TRFT activities are a matter reserved to TRFT and are set out in the appendix.

6. Financial and Procurement Advice and Implications

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

7. Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)

- 7.1 There are no legal implications arising from the update.

8. Human Resources Advice and Implications

- 8.1 There are no Human Resources implications arising from the update.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 These are sent out in the appendix to the report.

10. Equalities and Human Rights Advice and Implications

- 10.1 These are set out in the appendix to the report.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 There are no climate implications directly arising from the report.

12. Implications for Partners

12.1 Implications for partners are set out in the appendix to the report.

13. Risks and Mitigation

13.1 These are set out in the appendix to the report.

14. Accountable Officer(s)

NA

This report is published on the Council's [website](#).

Agenda item	
Report	Annual Report from The Rotherham NHS Foundation Trust
Executive Lead	Michael Wright, Deputy Chief Executive
Purpose	Decision <input type="checkbox"/> To note <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For information <input type="checkbox"/>
Executive Summary (including reason for the report, background, key issues and risks)	To provide an update to the Health Select Commission in accordance with their work plan.
Recommendations	It is recommended that members of the Health Select Commission note the contents of the report.
Appendices	None

The Trust and the NHS have undoubtedly faced the most challenging year in their history. The COVID-19 pandemic impacted on every NHS service and required changes to the way that they were delivered. Our staff, have continued to deliver healthcare throughout the year at a time when the Trust was one of the most severely COVID-19 affected hospitals in the country. Every day, colleagues went above and beyond to make a massive difference to patients, families, in community settings and the hospital, frontline and corporate areas. The speed at which the Trust was able to implement the required new ways of working, and our colleagues' ability to cope with a quickly changing environment was, and has remained, inspiring.

During the final few months of 2020/21, a number of our colleagues rapidly established our COVID-19 vaccination centre at our Old Greenoaks site. By the end of March 2021 10,667 colleagues had received a vaccination, administered not only to our own staff, but also to other health and care colleagues.

The achievement of national targets both across the wider NHS and at the Trust was severely impacted by the pandemic. At the height of the second wave of COVID-19, 35% of our inpatient bed base was occupied by inpatients suffering from COVID-19. In the twelve month period from April 2020 to March 2021, the Trust cared for 2,532 in patients with COVID-19.

Whilst the year was clearly dominated by the pandemic, the Trust achieved success in several key areas. The following paragraphs touch on both areas where the Trust encountered challenges during the year, but also areas where there were tangible improvements that should be celebrated.

We increased the number of critical care beds from 13 to 22 by creating a separate unit adjacent to the main unit; we developed a standalone non-COVID resuscitation unit within our Urgent & Emergency Care Centre and ward staff supported patients by creating COVID-19 specific wards.

The diagnostic waiting time target, which aims to support patients receiving their diagnostic test within six weeks, has traditionally been a standard the Trust has reliably achieved. However, along with a number of other standards we did not deliver against this performance measure during 2020/21 with all specialities reducing planned activity to support emergency COVID-19 services.

The cancer service team had spent a great deal of time over the previous year decreasing the Patient Tracking List (PTL) from in excess of 1,000 patients to 700 patients by the end of 2020. Unfortunately the first phase of the pandemic meant we had to modify our cancer services to support emergency patients. This resulted in the numbers on the waiting list going back up to the previous year's numbers of over 1000.

We have since recommenced the majority of our cancer services, although the need to socially distance, allow time between patients, and the reduction in face-to-face appointments has meant we have lost a lot of our normal capacity. In order to counter this teams have staggered appointments, undertaken a significant number of phone and video consultations, and reviewed all patients on the PTL to ensure anyone who needs treatment can get it as soon as possible.

The main cancer standard of 62 days to treatment from referral also deteriorated as predicted with only 60% of patients seen against a national target of 85%. Further work is taking place to improve this position as we recover from the pandemic.

Given that we have been a field test site for the proposed new A&E standards during 2020/21, we are unable to compare our urgent care performance against some of the well-known national indicators, such as the 4-hour access target. Nevertheless, we continued to track our performance through existing indicators and the new pilot measures.

Length of time spent in A&E by our patients is an issue that the Trust has been focused on; having seen a number of 12-hour trolley breaches during the previous year (2019/20). This year we have seen a marked reduction in patients waiting for long periods with no patients reported as waiting over 12 hours from a decision to admit (compared to 27 in 2019/20). The Trust has taken significant steps to address this position, a number of which were influenced by the pandemic and the requirements to stream COVID-19 and non-COVID-19 patients. We have also dramatically reduced our ambulance handover times.

Clearly there is a lot of work to be undertaken, and as we move out of this phase of the pandemic and plan for the next phases we will continue to strive to ensure that services are improved and patients and their families receive the care they need. The Trust has an improvement plan in place and will continue to further improve the quality and performance of Urgent and Emergency services and the care of our inpatients.

The Trust continues to strive to deliver the highest quality of compassionate, patient-centred and harm-free care as possible, and to continue its improvement journey. Whilst this has been challenging during the COVID-19 pandemic, the Trust has seen a number of positive improvements. The fundamentals of care will be a key objective for 2021/22.

The Trust will continue its proactive engagement in the national 'Get It Right First Time' (GIRFT) programme, for which the Trust has one of the best reputations for improvement and engagement in the whole of Yorkshire and the Humber.

The Trust's mortality scores (HSMR and SHMI) continue to be significantly higher than the national average and mortality will therefore continue to be a key improvement priority for the Trust and the Trust's Medical Director throughout 2021/22. The impact of COVID-19 on death rates has made it difficult to measure the effect of the work the Trust has done in this area but there has been recent evidence of a fall in underlying mortality rates.

We will continue to ensure that we fully understand and address the drivers of this performance, focussing on the '3C's' of quality of Care; Case mix; and Coding, and will continue monthly reporting to the Trust's Clinical Governance Committee, Safe & Sound Mortality Group, Quality Committee, and the Board of Directors.

The Trust has made progress on key patient flow initiatives throughout 2020/21, such as the 'SAFER flow bundle', but key work streams will continue to focus on flow throughout 2021/22, supported by a new, central Command Centre which will be fully integrated into the Trust's IT systems. Such patient flow initiatives will also be supported by the introduction and embedding of new 'Safe & Sound Ward Round and Acute Assessment Standards' and 'Safe & Sound Discharge Standards'.

As stated previously, our workforce has responded fantastically to the management of the pandemic. During the year we launched our Trust's People Strategy, which has a core theme of the importance of the health and wellbeing of our people.

During 2020/21, we took part in the National Staff Survey exercise and achieved the highest response rate that the Trust has ever achieved. In addition, when published the results demonstrated that the Trust is the third most improved in the country. Whilst accepting that we are on a journey of improvement, the survey results were really positive and give the Trust a strong platform from which to move forwards.

During 2020/21, the Trust also made improvements to financial governance which are now embedded. The Trust saw financial challenges particularly at the end of 2019/20. During 2020/21, the Trust over delivered against the financial plan by £8.126M, ending the year with a surplus of £0.473M against a planned deficit of £7.653M. Whilst this represents a significant achievement, the funding mechanisms in place during 2020/21 were amended to support the effective management of the pandemic. Funding was made available to ensure that the Trust could meet its obligations in responding to the pandemic.

The effective and efficient use of resources remains critical and central to our planning for 2021/22, and the risk to the financial sustainability of the Trust remains; and accordingly, we will need to manage this on a longer term basis, beyond 2021/22.

We continued to develop and build upon our Trust 5-year strategy, although the normal centrally-led annual planning processes for 2020/21 were paused when the pandemic started. As a result, for 2020/21, we had a condensed operational plan which became our key focus. The plan included a number of COVID-19 specific objectives which were a key focus throughout the year.

As we move forward into the recovery phase of the pandemic, we will take with us lessons learnt from this unprecedented period in the history of healthcare, and continue to apply our knowledge to making our services better and more sustainable for the population of Rotherham and beyond.

Committee Name and Date of Committee Meeting

Health Select Commission – 07 October 2021

Report Title

Work Programme Update

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

Ward(s) Affected

Borough-Wide

Report Summary

To outline an updated work programme for Health Select Commission.

Recommendations

1. That the updated work programme be noted.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with any changes 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
Revised Work Programme – 8 July 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

Updated 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 approximately 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 have been 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 on 10 June 2021, a revised draft work programme for 2021/22 was developed and presented at the 8 July 2021 meeting for endorsement. In keeping with the priorities of the Council and those expressed by Commission Members, this work programme reflects continued prioritisation of mental health, care and health system changes, and accessibility of services.
- 2.3 The autumn update on health and care system changes has been deferred to the winter/early spring as a result of expected duplication with Member development session scheduled in September. This is an area in which HSC will work closely with partner organisations such as TRFT as April 2022.
- 2.4 TRFT has requested consideration of several matters where scrutiny could add value to the work currently being undertaken by the Trust, including strengthening community services and social value. These items will be added to the work programme forward plan as appropriate. A site visit will also be considered.

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)

Emma Hill, Acting Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor
01709 254532 or katherine.harclerode@rotherham.gov.uk*

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 Accounts	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
8 July 2021	Carer's Strategy Update
	Health and Wellbeing Board Annual Report 2021/22
	Revised Work Programme 2021/22
2 September 2021	Suicide Prevention
September 2021 Workshop	Rotherham Community Hub
7 October 2021	The Rotherham NHS Foundation Trust (TRFT) Annual Report
	Acute Mental Health
October 2021 Working Group	Young Carers (with Improving Lives Select Commission)
25 November 2021	CAMHS (Children and Adolescent Mental Health Services)
	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 and Care Home Safety

24 February 2022	Maternity Services
	Hospital Discharge Policy and Practice
March 2022 Working Group	Transportation Workshop (with Improving Places Select Commission)
April 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

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- If you have any **symptoms of COVID-19**, you must self-isolate at home and book a PCR test. **Visit the Council's website for details of how to book a PCR test.**

Further information about COVID-19 can be found at
www.rotherham.gov.uk/coronavirus

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