

HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 25 November 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, Elliott, Griffin, Haleem Havard, Hunter, Keenan, Miro, 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 7 October 2021 (Pages 3 - 7)

To consider and approve the minutes of the previous meeting held on 7 October 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. Child and Adolescent Mental Health Services Update (Pages 9 - 37)
To receive an update report in respect of Child and Adolescent Mental Health Services (CAMHS).

7. Prevention-led Systems (Pages 39 - 52)
To receive a Public Health report in respect of prevention-led systems.

8. Findings from Spotlight Review on Rotherham Community Hub (Pages 53 - 57)

To receive findings and recommendations from the spotlight review on Rotherham Community Hub and the impact of its befriending service on loneliness and isolation during the pandemic.

9. Findings from Spotlight Review on Young Carers (Pages 59 - 64)
To receive findings and recommendations from the spotlight review on young carers.

10. Rotherham Healthwatch Update
To receive a verbal update from Rotherham Healthwatch.

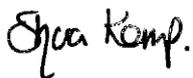
11. Scrutiny Work Programme (Pages 65 - 72)
To receive an updated scrutiny work programme for the 2021/22 municipal year.

12. Urgent Business

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

13. Date and time of next meeting (Page 73)

The next meeting of the Health Select Commission will be held on 13 January 2022, commencing at 5pm in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 7 October 2021

Present:- Councillors Baum-Dixon (in the Chair), Aveyard, Baker-Rogers, Barley, Bird, Haleem, Hunter, Thompson and Wooding.

Apologies were received from Councillors Andrews, Atkin, R. Elliott, Griffin, Havard, Hughes, Wilson, Yasseen, and Mr. Robert Parkin.

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

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

30. MINUTES OF THE PREVIOUS MEETING HELD ON 2 SEPTEMBER 2021

Resolved:-

That the minutes of the meeting held on 2 September 2021 be approved as a true and correct record of the proceedings.

31. DECLARATIONS OF INTEREST

Cllr Miro declared a personal interest based on his profession as a doctor.

32. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed there were no questions from members of the public or press.

33. EXCLUSION OF THE PRESS AND PUBLIC

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

34. ACUTE MENTAL HEALTH UPDATE

Consideration was given to a presentation on Adult Acute Mental Health Services delivered by Rotherham, Doncaster and South Humber NHS Foundation Trust. The presentation included a description of services and touched on performance, achievements, and challenges of service delivery in Rotherham.

In discussion, Members sought additional information around action plans that respond to the recent CQC review and the identified areas needing improvement. The response from Partners explained the action plan is 75% achieved, with emphasis on recognising what constitutes "good" in various categories and scenarios of daily service delivery. Partners noted that if a problem is found steps are taken to address the problem, with the action left open until fully resolved everywhere in the organisation. The

response gave further details of the RAGB rating system by which performance objectives are reviewed. Where there was additional complexity in improving a specific performance objective, such as timely commissioning, and where performance objectives are linked, details were provided as to the prioritisation of actions against those that are categorised by the CQC as “Must Do” and “Should Do.” It was noted that in some areas of the organisation, the service specifications are 3-5 years old and are due to be reviewed and revised. During COVID the action plan had been suspended, as the paramount objective was safety.

Members requested further clarification of the term “immediate assessment” and of the timelines from assessment to treatment. The response from Partners supplied more details around the assessment process and Crisis pathway, included the Blue Light Service. A distinction was made between emergency/urgent standards in community versus hospital care settings. Staffing and workforce was noted as the main determinant of rates. Members proposed that a breakdown of response times and internal waits be supplied as part of thorough performance data in the next report.

Members requested detailed data in a more comprehensive report, with focus on Rotherham. Partners offered to bring this report to a future meeting along with supplementary narrative around the crisis service to help provide a full picture of service delivery.

Members expressed interest in more information around how COVID has affected intakes. The response from Partners noted that while there has been an uptick in new patients during COVID and lockdowns, there are also many who have not been seen for years but are now requiring care, and still others who have been stable recently but who have deteriorated during the recent strains. Currently a broad piece of work is being undertaken to better understand the reasons for this uptick in admissions, and whether other upstream interventions could have helped avoid some of these. Whether it be employment loss, grief, family or relationship breakdown, further analysis is being undertaken.

Members expressed concerns regarding out-of-area beds limiting patient access to loved ones. The response from Partners noted that patients had been moved as far away as Bristol and other similarly significant distances in order to find the specialist care necessary for the patient’s needs. These distances place pressure on the family and often prevent the patient from receiving visits from loved ones. It was observed that anywhere away from home is too far for patients; therefore, a block of beds had been purchased to help mitigate the pressure.

Members also requested further information regarding staff wellbeing. The response from Partners noted various efforts to enable agile working and culture that promotes staff wellbeing. It was observed that most staff absences since the pandemic began were stress-related.

Resolved:-

1. That the update be noted.
2. That the next update be presented in six months' time, to include information about response times and staff wellbeing as well as narrative around crisis service.
3. That the outcome of the Community Mental Health Transformation also be presented when available.

35. TRFT ANNUAL UPDATE

Consideration was given to a briefing provided by the Deputy Chief Executive of The Rotherham NHS Foundation Trust (TRFT). The briefing acknowledged the extremely challenging year it has been for the Trust and summarised recent decision-making, service response and changes, risks and challenges as well as mitigation and action plans.

In discussion, Members requested additional details regarding crisis child/adolescent mental health presentations and whether these were related to increased risks of suicide or attempted suicide. The response from TRFT indicated that crisis child/adolescent mental health presentations were predominantly related to eating disorders.

Clarification was requested around the term "fundamentals of care" which had been identified in the briefing as a priority for the Trust in the coming year. The response indicated that these fundamentals pertain, for example, to managing the HSMR mortality ratio; avoiding slips, trips and falls; and raising the CQC rating.

Members requested further details about the responses from staff on recent surveys and how these responses were collected and used. The response from TRFT highlighted that fewer staff reported they were looking to leave and more staff would be willing to have a relative treated at the Trust. The response rate had been 53%, with hopes that the next year's response rate would be 60%. This high response rate had been attributed to the distribution of paper copies of the survey, which would be conducted in the same mode this year. The current survey was about to begin.

Members requested further details regarding instances of hospital acquired COVID-19. The response from the Director of Public Health noted current numbers and factors that make it very difficult to eradicate instances of hospital acquired COVID-19 completely. These factors include the very subtle symptoms exhibited by COVID-19 positive patients who have been fully vaccinated. Also, visitors being allowed to visit recovering patients boosts morale and speeds their recovery, but can introduce transmissions. For these reasons it was observed that the rates of hospital acquired COVID were very low.

The Chair expressed thanks for the excellent work and care that the Trust and its staff had provided throughout the past year.

Resolved:-

1. That the report be noted and the next update be presented in 12 months' time.

36. HEALTHWATCH UPDATE

A verbal update was presented by the newly appointed Manager of Rotherham Healthwatch, Elizabeth Brown, with especial note of the upcoming 'Let's Talk' Sessions. Healthwatch would soon be publishing a piece of work on the experience of refugees and asylum seekers in Rotherham.

Members wished to know if experiences of the recent refugees from Afghanistan were included in this work. The response noted that the research was concluded prior to the arrival of refugees from Afghanistan, but there was a possibility of a further iteration of the work which may be undertaken in future.

Resolved:-

1. That the update be noted.

37. WORK PROGRAMME UPDATE

The Chair presented the updated work programme, noting the recent changes to the scheduling and inviting Members to make representations if interested in participating in the upcoming working group on Young Carers.

Resolved:-

1. That the revised work programme be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.

38. URGENT BUSINESS

The Chair announced there were no items urgently requiring a decisions.

39. DATE AND TIME OF NEXT MEETING

The Chair announced the next meeting of Health Select Commission would take place on 25 November 2021, commencing at 5pm in Rotherham Town Hall.

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Committee Name and Date of Committee Meeting

Health Select Commission – 25 November 2021

Report Title

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission

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

No

Strategic Director Approving Submission of the Report

Suzanne Joyner, Strategic Director of Children and Young People's Services

Report Author(s)

Helen Sweaton, Joint Assistant Director, Commissioning, Performance & Inclusion. RMBC / Rotherham Clinical Commissioning Group
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Sally Brice, Service Manager, Rotherham CAMHS
Rotherham Doncaster & South Humber NHS Trust

Ward(s) Affected

Borough-Wide

Report Summary

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission provides a further update regarding the Local Area SEND inspection in association with children and young people's mental health, the impact of the Covid-19 pandemic on children and young people's mental health, and on progress in relation to implementing the re-designed neuro-developmental pathway and phase 3 of the SEND sufficiency strategy.

Recommendations

Health Select Commission is asked to:

Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2022.

List of Appendices Included

Appendix 1 Insert title here

Appendix 2 Insert title here

Background Papers

List here any papers which have informed the recommendation or are connected to the subject matter – e.g. previous reports to Cabinet, Council or committees, legislation or statutory guidance. Members of the public are entitled to inspect them and take copies.

Background documents are legally defined as those which:

- disclose any facts or matters on which, in the opinion of the proper officer, the report or an important part of the report is based; and,
- have, in his opinion, been relied on to a material extent in preparing the report.

Notwithstanding this legal definition, it is often beneficial to report readers to also list previous committee reports etc. Lengthy appendices and other officer advice not required to be before members in making the decision, are to be kept with the report author, listed in this section, and made available to any interested Member or member of the public on request. Avoid the easy option of just listing the “case file” at the end of your report - this could contain papers not for public disclosure!

It is the responsibility of report authors to keep copies of background papers available for public inspection for four years from the date of the meeting. In contributing comments on draft reports sent internal consultation, contributors should advise report authors of any documents that need to be added to the list.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Name of Committee – Click here to enter a date.

Name of Committee – Click here to enter a date.

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

An exemption is sought for (insert appendix number) under (Select reason for exemption) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains (insert why it meets that paragraph).

It is considered that the public interest in maintaining the exemption would outweigh the public interest in disclosing the information because (insert why)

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission

1. Background

- 1.1 In October 2018, November 2019 and December 20, Health Select Committee received reports with updates on the work across the child and adolescent mental health system, with a focus on the improvement journey of the Child and Adolescent Mental Health Service. The focus in 2020 was on the impact of the Covid-19 Pandemic on children and young people's mental health and wellbeing, the neuro-developmental pathway redesign and SEND sufficiency.
- 1.2 In 2021 there is an opportunity to provide a further update regarding the Local Area SEND inspection in association with children and young people's mental health, the impact of the Covid-19 pandemic on children and young people's mental health, and on progress in relation to implementing the re-designed neuro-developmental pathway and SEND sufficiency.

2. Key Issues

2.1 Local Area SEND inspection

- 2.1.1 Between the 5th and 9th July 2021 Ofsted and CQC visited Rotherham to judge the effectiveness of the local area in implementing the SEND reforms. Inspectors spoke with children and young people with SEND, parents and carers, and officers. They went on visits, looked at a range of information including the local area's self-evaluation and performance data and considered 481 responses from parents and carers.
- 2.1.2 The inspection considered how we identify and support children and young people with their mental health and emotional wellbeing in relation to their education, health, and care needs.
- 2.1.3 The inspection found the identification of SEND in the early years is effective. Practitioners work in partnership with the child development centre to assess children's development, identify their underlying difficulties and provide support well. Parents and carers value Rotherham's early years team highly.
- 2.1.4 The inspection identified the effective working partnerships in the schools in which early help mental health practitioners are placed as a strength. Stating that opportunities to identify those children and young people and their families who may require support are taken in a timely manner.
- 2.1.5 The Rotherham mental health support team 'With Me in Mind' was referenced as strength in the inspection letter. This jointly commissioned partnership delivers, through a team of mental health support workers based in schools and colleges, an early intervention mental health service. The team supports existing services, such as school counsellors, school

nurses and educational psychologists. The mental health support workers are beginning to reduce referrals to services such as the Child and Adolescent Mental Health Service (CAMHS).

- 2.1.6 The inspection letter also references Children and young people are waiting too long for diagnosis via the multi-disciplinary diagnostic pathway for autism spectrum disorders. Whilst they acknowledged local leaders have recognised that this is unacceptable, inspectors were clear that there is more to do to ensure children's, young people's and their families' needs are met in a timely manner. Inspectors were supportive of the strategies implemented to mitigate the effects on children and young people waiting for assessment, including signposting to pre-diagnostic support and the commissioning of the Healios assessment service (as highlighted in the 2020 briefing).
- 2.1.7 The local area is required to produce and submit a Written Statement of Action (WSOA) to Ofsted and CQC that explains how the local area will tackle areas of significant weakness. Senior Leaders will be supported by a DfE and NHSE advisor to produce the WSoA. Actions and timescales within the WSoA must be robust and realistic. Once the WSoA has been agreed with Ofsted and CQC it forms an 'agreement' and should not be changed until after the revisit has taken place.
- 2.1.8 Once the WSoA is agreed, all visits going forward will be carried out by NHSE and DfE. NHS England, SEND Advisers and Case Leads are responsible for monitoring progress. Support and challenge for the local area takes place both through individual meetings and formal monitoring meetings. Formal monitoring meetings take place every 4-6 months

2.2 **Impact of Covid-19 pandemic on children and young people's mental health and wellbeing**

- 2.2.1 Public Health England recommended that local authorities capture the views of children and young people to establish the state of their mental health and wellbeing during lockdown in March 2020. Rotherham continued with the capturing of the voice of young people around this subject. A second piece of consultation work was carried out in October 2020 and a third in June 2021.

This enables us to have a full picture of young people's views from the beginning of the pandemic/lockdowns; their views 6 months into restrictions and finally their views once the vaccination programme and the planning for lifting restrictions were underway.

- 2.2.2 Prior to the launch of the third survey, the views of young people were captured around the questions in the survey and further questions were added at their request.
- What support do you feel should be available for young people to help with their mental health emotions?
 - A question to establish the views of children who are looked after.

- During the pandemic/school's closures have you received education around; Healthy Relationships; Sexual Health Education; Child Sexual Exploitation and Growing Up.

2.2.3 4,118 Students participated in the third survey bringing the total responses received from Rotherham students (age 11-17) to 11,207. This sample of cohort gives a 98% confidence interval of +/- 1.2% so the results in the COVID-19 survey has provided data with a high statistical significance.

2.2.4 What's working well?

The results indicate that more students since the October 2020 results, said they feel 'OK' with how things are; more young people said they feel happy and safe.

Reviewing the results from June 2021 and comparing them to June 2020 these are the areas where there has been a difference:

- The amount of exercise has increased
- Time spent outdoors has increased

It appears that from the June 2021 results that young people have taken started to put different strategies in place to support them, there has been an increase in the % of young people setting themselves a routine; learning new skills; taking up outdoor activities and reading.

The results also show that more young people had discussion with a member of staff at school and made contact with support services.

Young People took the opportunity to tell us what should be available to support with mental health emotions.

Support	June 2021
More information available online to support young people	1592 (42%)
Information sent out from schools/college where support can be accessed	1106 (29%)
More information available on social media to support young people	897 (24%)
A Wellbeing Guide for Young People	873 (23%)
Online lessons or programmes on TV showing how to manage your mental health	822 (22%)
Forum groups to be able to chat safely with other young people (Zoom) etc.	789 (21%)
Details readily available where you can ring to ask for support	714 (19%)

2.2.5 What are we worried about?

When compared with the 2019 Lifestyle Survey it is evident from these results that there has been a reduction in the % of students who have had sexual health education during the periods of lockdown and school

closures.

Students when asked to reflect on the past 12 months and how this has impacted on their feelings, the results show that more young people feel less happy than they did 12 months ago; more are feeling unhappy; more are feeling stressed; less are feeling relaxed; more are feeling anxious; and more are feeling bored.

Reviewing the results from June 2021 and comparing them to June 2020 these are the areas where there has been a difference:

- The amount of sleep students said they have has decreased
- The amount of food eaten has increased
- Sticking to a routine has decreased
- Time being creative has decreased
- Time spent keeping room tidy has decreased

72% of young people responded that they had not accessed support or used strategies to help their thoughts, feelings and support their mental health. 39% of those young people stated that they needed support.

2.2.6 Next steps

- Share & highlight results to relevant partners and track specific actions
- Capture feedback from schools, how will they use the results – requesting they provide us with actions/outcomes
- Capture feedback from partners, how will they use the results
- Develop a 'You Said, We Did' document – to highlight to students that their voice was listened to and acted upon and outcomes are being achieved
- Incorporate key questions from the pandemic survey into Lifestyle Survey for 2022
- The Covid-19 Mental Health Group and Social, Emotional and Mental Health Strategy Delivery Group will retain oversight of these areas of work
- Updates around outcomes will be communicated with Health & Wellbeing Board

2.3 Kooth

2.3.1 In response to the Young People's suggestions regarding what should be available to support with mental health emotions (section 2.2.4) Rotherham MBC and Rotherham CCG explored potential solutions.

2.3.2 KOOOTH is a digital mental health support service jointly commissioned by Rotherham MBC and Rotherham CCG.

Kooth.com is an innovative online counselling and support service which is now available to all young people and young adults across Rotherham aged 11-25.

It is a safe, confidential and anonymous way for young people and young adults to access emotional wellbeing and early intervention mental health support. Offering personalised support with short waiting lists and no thresholds, users can access:

- Live one to one text based counselling sessions
- 24hr messaging service
- Clinically approved articles
- Peer to peer support through pre moderated discussion forums
- A Daily Journal

Fully trained BACP Accredited counsellors and emotional wellbeing practitioners are available until 10pm each night, 365 days per year, providing a much needed out-of-hours service for emotional support in an accessible way.

2.4 Getting Advice Pathway

2.4.1 The Child and Adolescent Mental Health Services (CAMHS) getting advice pathway provides Single Point of Access (SPA) Consultation and Advice. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham.

2.4.2 GPs continue to make the most referrals into the SPA consultation and advice service however during April, May and June of this year, referrals from education services significantly increased.

2.5 Getting Help Pathway

2.5.1 The CAMHS Getting Help pathway provides Specialist assessment and brief interventions. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham.

2.5.2 RDaSH continue to consistently respond to urgent referrals for CAMHS within 24 hours for children and young people accessing Accident and Emergency and those identified by the Single Point of Access through the Getting Advice Pathway.

2.5.3 The number of inappropriate referrals has increased, this was at the highest point in August 2021. The service has worked with referrers to support a better understanding of the pathways and the number is now reducing.

2.5.4 The average waiting time for a first appointment is six weeks, the average waiting time for treatment to start is 7.7 weeks.

Between May and August 2021 the service struggled to triage and assess children within six weeks. This meant some children waited too long for assessment. In recent months this has improved.

2.5.5 Most appointments with CAMHS in Rotherham are attended, 4% of children and young people did not attend their CAMHS appointment in Rotherham

compared to 9% nationally.

2.6 **Neuro-developmental pathway**

- 2.6.1 The CAMHS neuro-developmental pathway provides diagnosis for Autism Spectrum Disorder and Attention, Deficit and Hyperactivity Disorder. Since October 2018 it has been apparent that the diagnostic capacity was not sufficient to meet demand. Identifying sufficient capacity to meet demands for Autism diagnosis is a national issue due to increasing awareness, demand and a challenging workforce position. In response to this national trend, the NHS Long Term Plan proposed that ASD/ADHD waiting times would be monitored through the Mental Health Standardised Dataset (MHSDS); this will give a clearer national comparison of referrals and waiting times.
- 2.6.2 Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of Neurodevelopmental Assessments (specifically the differential diagnosis of ASD and ADHD) in Rotherham for Children and Young People. The Trust also provides a post-diagnostic service for Children and Young People diagnosed with ADHD.
- 2.6.3 Rotherham CCG worked closely with the RDaSH CAMHS service to understand the demand and capacity issues across the system. Stakeholders from education, early help and social care and health and the voluntary and community sector have all been involved with this work. In August 2020 investment in the re-design of the pathway was approved. The new pathway aims to ensure that children who present with neuro-developmental difference have their needs met and are supported to thrive at the earliest opportunity and regardless of whether they have a formal diagnosis. Implementation of the new pathway began in December 2020 and continues to be embed.
- 2.6.4 In September 2019 Rotherham CCG's Governing Body approved a proposal to pilot an alternative digitally enabled Autism assessment with an organisation called Healios. Healios has continued to provide digitally enabled assessments as part of the new pathway with positive feedback received from parents and carers.
- 2.6.5 Whilst the waiting list is no longer growing, the continued increased demand is impacting on our ability to reduce the waiting list despite significant investment and the additional assessments offered.
- 2.6.6 Rotherham CCG are currently working with RDASH to develop a mobilisation plan to address the waiting list in a sustainable way.

2.7 **SEND Sufficiency**

- 2.7.1 Social, Emotional and Mental Health is recognised as a category of need in the SEND Code of Practice, and, as such is a consideration for the Council in terms of its duties to provide sufficient educational places for children with special educational needs and disabilities.

- 2.7.2 In November 2020 Cabinet approved proposals to develop designated educational provision for children designated SEMH. At present children and young people with SEMH needs are placed in Pupil Referral Units (PRU), placed Out of Area (OOA) in private special schools or a very small cohort attend neighbouring Local Authority SEMH schools in Sheffield and Barnsley.
- 2.7.3 Phase 3 of the SEND sufficiency programme is now underway. The pupils and staff from Newman school are preparing to move to blocks C and D of the Dinnington Campus. After staff to have their teacher training between the 15th and 17th November, teaching will start on the 18th November with our young people joining them on site.
- 2.7.4 Everyone in receipt of school transport should have received their new pick-up times and routes. Arrangements are underway to ensure the young people continue to have access to the health services and therapy they need.
- 2.7.5 The building work on block A is underway and, despite the implications of the pandemic on the commercial building trade, it is on track. The building will be ready as planned at Easter time 2022.

The co-produced aspirations and model for the new school are in the best interests of our young people.

RMBC had been working with Wellspring Academy Trust as the appropriate Academy Partner. Unfortunately, this is no longer the case. The DfE have this week confirmed an alternative Academy Partner can be considered to deliver the collective aspiration and model for the new school.

- 2.7.6 Once a new sponsor is identified Rotherham Parent Carer Forum will be asked to arrange a Question and Answer session with the provider for families to attend.

3. Options considered and recommended proposal

- 3.1 Health Select Commission is asked to:

Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2022.

4. Consultation on proposal

- 4.1 The Council's expectation is that all key policies, plans and strategy documents, particularly those set out in the Council's Budget and Policy framework and Forward Plan, will have been through a cycle of consultation involving the public, other stakeholders, Councillors etc. This is in accord

with the Government's expectations in modernising local government decision-making. Consideration by Senior Leadership Team (SLT), Directorate Leadership Teams (DLT) and other officer bodies should not be referenced here – these are internal bodies and should not be regarded as consultees.

- 4.2 Relevant outcomes from the consultation process must be included in the report. The consultation methodology must also be included so Members can form a view on how reliable and representative the consultation outcomes are. The names of included or associated organisations involved need to be included in the Report History section of the report.

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

- 5.1 A simple timetable to show the stages and deadlines for implementing the recommendations – preferably as a table. Include a list of measurable aims and outcomes with the date by which they should be achieved and who is accountable.
- 5.2 For Procurement reports: indicate how contracts would be monitored and managed.

6. **Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)**

- 6.1 The purpose of this section is to ensure clarity of financial implications, including impact on revenue budget and capital programme, together with an outline of any financial risks. So please would you (as required):
- Engage early with your Finance Business Partner (at time of **early report drafting**, more so if a complex report) to inform the writing of the report and the decision making/recommendations. Financial implications must be written by the finance service and signed off by the Head of Finance for the service.
 - Ensure that the impact on revenue budgets is identified clearly, this will include
 - Clarity on whether or not the costs are within existing approved budget.
 - Where any costs are outside of existing approved budget then the source of additional funding needs to be identified (e.g. budget virements, or grants secured) and the approval to that additional funding needs to be in accordance with Finance and Procurement Procedure Rules.
 - If grant funded, ensure that there is clarity on any time limitations or whether the grant is paid up front or claimed on evidence.
 - If income generating activity, then is the additional income already within the approved budget, or to mitigate pressures or a new income stream.
 - Costs should be distinguished between capital and revenue, and the revenue implications of capital investment should be explicit; ensure that for any capital investment, the report is clear as to whether or not

the capital investment is already included within the approved capital programme. Where capital investment is proposed which is not already included within the approved capital programme, then the report and recommendations need to identify how the investment will be funded and include a recommendation that Cabinet are recommending to Council the addition of the proposal to the Capital Programme.

- Include Value for Money and any benchmarking information where this is relevant to the options considered and the decision being recommended.

6.2 Where relevant to the options considered and the decision being recommended, cover any key procurement information and considerations and how the procurement process was/is to be used. Where possible avoid using confidential or commercially sensitive procurement information. Where disclosure cannot be avoided for the purpose of appropriately informed decision making, the confidential aspects should be included within an exempt appendix.

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

7.1 This paragraph helps ensure the Council operates within the legislative framework and safeguards against costly legal challenges. Specific legal powers and advice provided by Legal Services on how to exercise them. Depending on the subject of the report it will need to be cleared by the relevant lawyer.

7.2 All reports must be cleared by the Assistant Director of Legal Services or his/her authorised nominees. The comments will cover the legal powers to undertake the proposed action and any restrictions which may apply, any administrative law advice and any associated risk of challenge or other court action.

8. Human Resources Advice and Implications

8.1 HR must be consulted for advice on any potential implications of staffing.

8.2 All relevant consultation with trade unions and staff should be undertaken before the decision-making report is submitted. Views received should be summarised in the report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 If your report or recommendations impact on the welfare of children and young people or recommendations, you should outline what those implications are here.

9.2 You should seek advice from the relevant officers in CYPS or Adult Social Care where there are any such implications.

10. Equalities and Human Rights Advice and Implications

- 10.1 For Cabinet reports, append the [equality impact assessment](#) (EIA) set out any key equalities issues and mitigations identified through the EIA.
- 10.2 The Equality & Human Rights Commission www.equalityhumanrights.com advises:
“Local authorities “...are expected to lead the way in carrying out their functions with demonstrable respect for equality and human rights. In the delivery of services, and in the devising of policies and procedures, public authorities have a crucial role to play in promoting the values and practices of a fair and democratic society.”
- 10.3 It is expected that all equality issues will be considered in the preparation of reports. Clearly staffing reports must address all equality issues, but the same can be equally true for reports on service provision. Ask yourself does your report adequately reflect access to the service from all sections of the community?
- 10.4 The need for an equalities impact assessment should have been considered at the report planning stage in consultation with your departmental lead on equalities. Under this particular paragraph, indicate whether an equalities impact assessment has been undertaken. If not, explain why the policy is not relevant to the general duties of the Race Relations Amendment Act and the requirements of other equalities legislation. Please keep to one paragraph.
- 10.5 The Human Rights Act 1998 (which came into force in October 2000) incorporates into UK domestic law rights and freedoms guaranteed under the European Convention on Human Rights. It introduced new responsibilities on public authorities to act compatibly with the convention rights and allows for a case to be brought in a UK court against authorities if they fail to do so. It is important, therefore, for the Human Rights Act implications of any proposals to be thought through and dealt with, where relevant, in a separate paragraph in the report.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 Climate change poses a significant threat to environments, individuals, communities, and economies on local, national, and international scales. In recognition of this the Council has aimed to be net carbon neutral as an organisation by 2030, and for Rotherham as a whole to achieve the same position by 2040. You should consider whether recommendations/proposals will impact the Council's or area-wide emissions, or otherwise effect progress towards these goals.
- 11.2 Identify whether recommendations/proposals will *increase emissions, reduce emissions, or have no significant impact* and provide an overview of reasoning.
- 11.3 In order to breakdown potential impacts on emissions, please append an Emissions Impact Assessment [form](#).

12. Implications for Partners

- 12.1 The Council is increasingly working in partnership with other public, voluntary and community sector bodies in delivering services and influencing outcomes. You should consider whether your recommendations would have implications for other public, voluntary or community sector bodies in the borough and consult appropriately.
- 12.2 Your report and recommendations may have implications for partners outside of the borough, such as neighbouring councils or the Sheffield City Region. You should consult these organisations and consider what the implications would be if your recommendations are implemented.

13. Risks and Mitigation

- 13.1 An uncertain event or set of events which should it occur will have a positive or negative effect on the achievement of our objectives.
- 13.2 Every objective has an associated risk(s) attached to it. Risk management can help ensure that potential barriers to the delivery of these objectives are identified and addressed in advance. It can help direct resources to areas of most need, including areas of innovation and efficiency. Examples of risk include changes in legislation, unforeseen shifts in customer needs and more.

Accountable Officer(s)

Name, Job Title

Name, Job Title

Approvals obtained on behalf of:-

	Named Officer	Date
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: Helen Sweaton, Joint Assistant Director, Commissioning, Performance & Inclusion. RMBC / Rotherham Clinical Commissioning Group

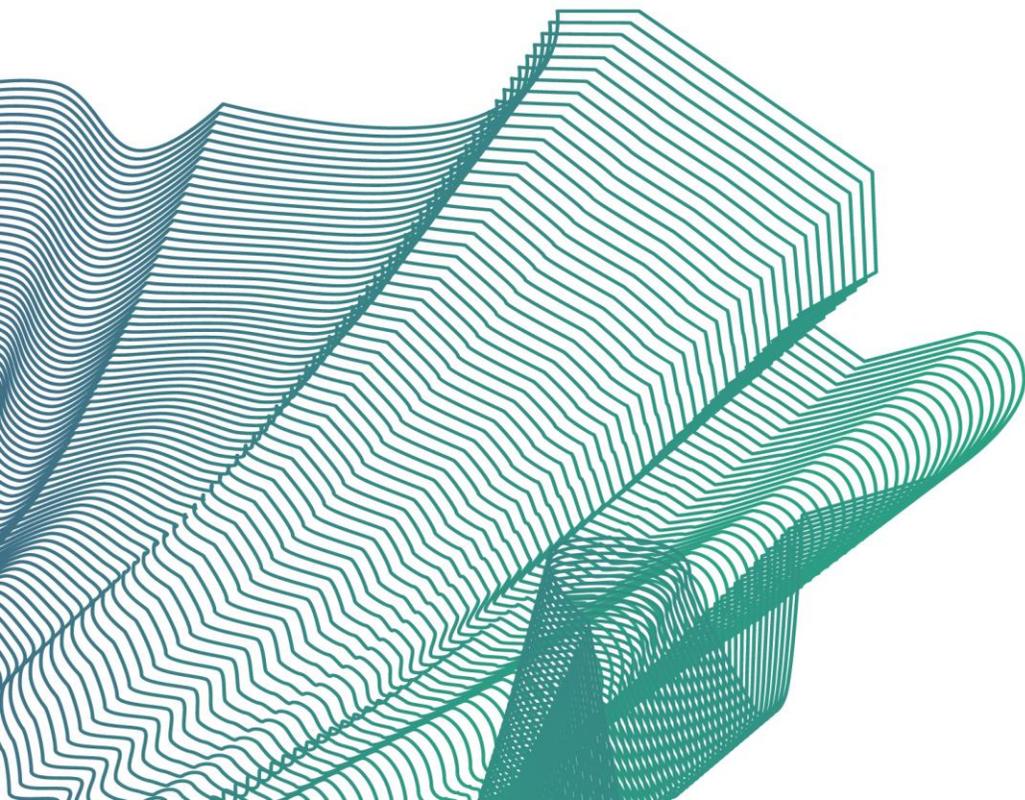
This report is published on the Council's [website](#).

ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission

Helen Sweaton



Rotherham
Clinical Commissioning Group

**Rotherham, Doncaster
and South Humber**
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



**CONNECT
HEALTHCARE**
ROTHERHAM CIC

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Summary

Health Select Commission are asked to note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

- Local Area SEND inspection in association with children and young people's mental health,
- The impact of the Covid-19 pandemic on children and young people's mental health
- Progress in relation to implementing the re-designed neuro-developmental pathway
- Phase 3 of the SEND sufficiency strategy

Joint Area SEND Inspection

Between the 5th and 9th July 2021 Ofsted and CQC visited Rotherham to judge the effectiveness of the local area in implementing the SEND reforms.

Inspectors spoke with children and young people with SEND, parents and carers, and officers. They went on visits, looked at a range of information including the local area's self-evaluation and performance data and considered 481 responses from parents and carers.

Key points to note

What is working well?

- Early years provision
- The co-location of health services, e.g. child development centre
- Effective working partnerships in schools with early help mental health practitioners support early identification.
- Joint Commissioning e.g. With Me in Mind

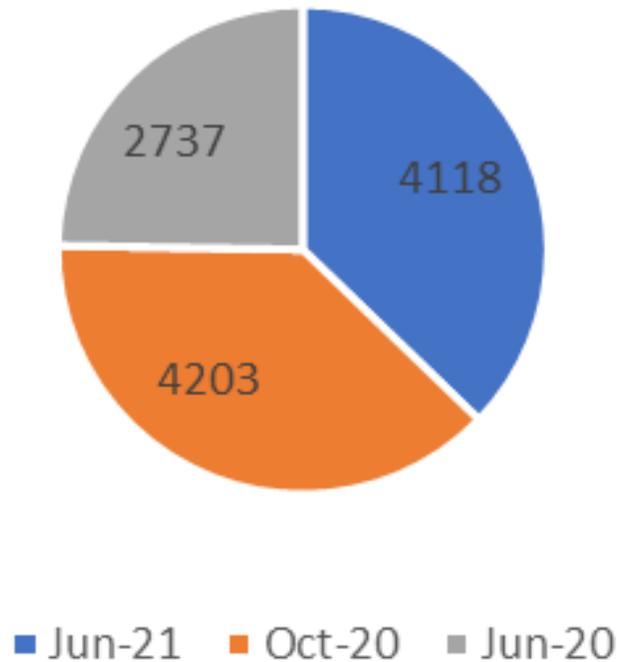
What are we worried about?

- Children and young people are waiting too long for diagnosis via the multi-disciplinary diagnostic pathway for autism spectrum disorders.

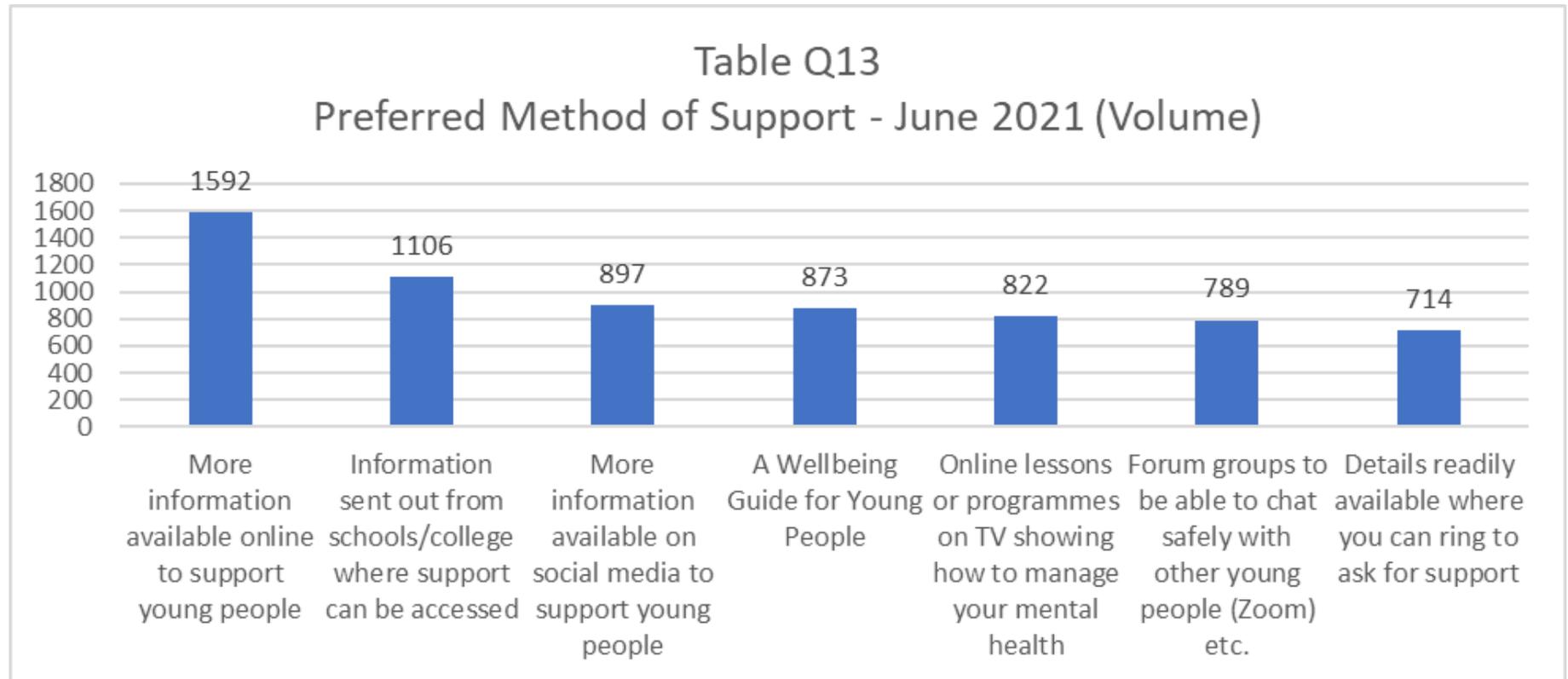
School Consultation

Pandemic & Impact on Mental Health

Participation Pandemic Surveys

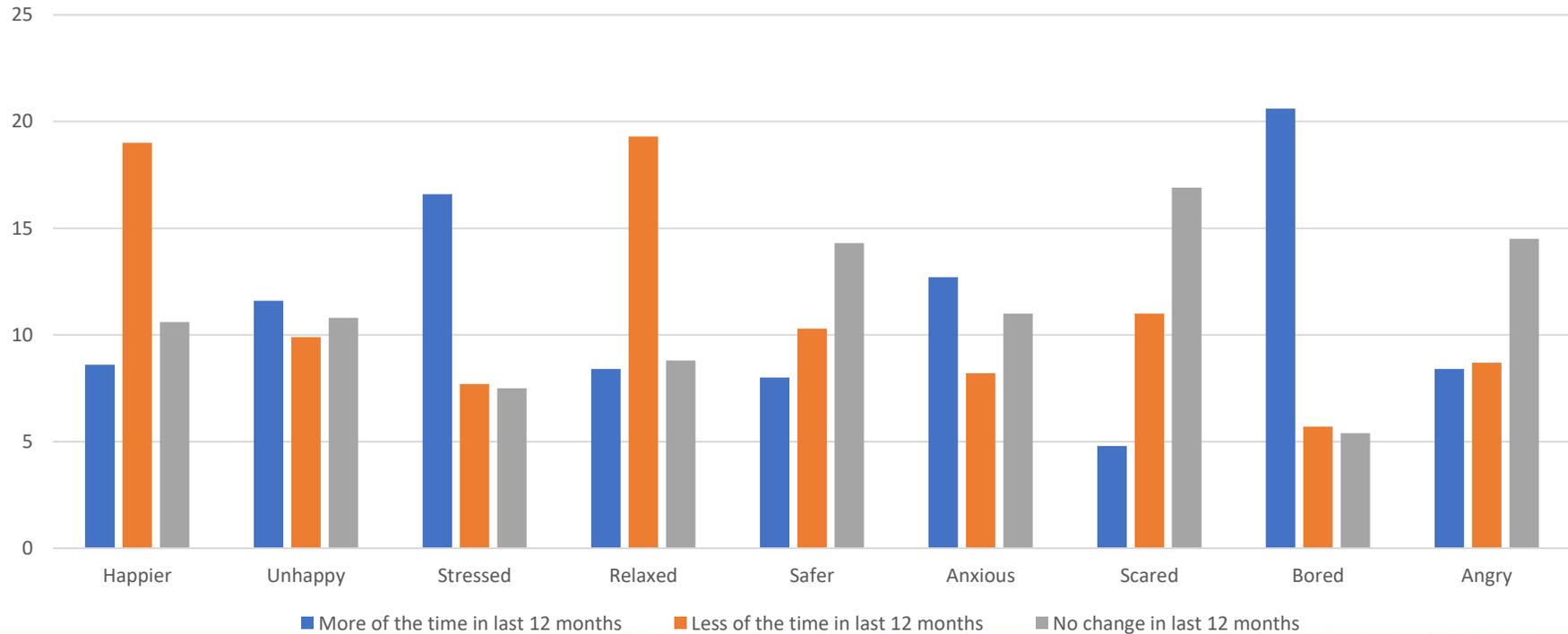


What is working well



What are we worried about?

Table Q8.B
Feelings Over 12 Months (%)



Next steps

- Share & highlight results to relevant partners and track specific actions
- Capture feedback from schools, how will they use the results – requesting they provide us with actions/outcomes
- Capture feedback from partners, how will they use the results
- Develop a ‘You Said, We Did’ document – to highlight to students that their voice was listened to and acted upon and outcomes are being achieved
- Including case studies.
- Incorporate key questions from the pandemic survey into Lifestyle Survey for 2022
- The Covid-19 Mental Health Group and Social, Emotional and Mental Health Strategy Delivery Group will retain oversight of these areas of work
- Updates around outcomes will be communicated with Health & Wellbeing Board

Kooth

KOOTH is a digital mental health support service jointly commissioned by Rotherham MBC and Rotherham CCG.

Kooth.com is an innovative online counselling and support service which is now available to all young people and young adults across Rotherham aged 11-25.

kooth

Free online counselling support for young people!
Discover everything Kooth has to offer



Sign up for free at **Kooth.com**

Phase 3 SEND Sufficiency

The pupils and staff from Newman school are preparing to move to blocks C and D of the Dinnington Campus.

The building work on block A is underway and is on track. The building will be ready as planned at Easter time 2022.

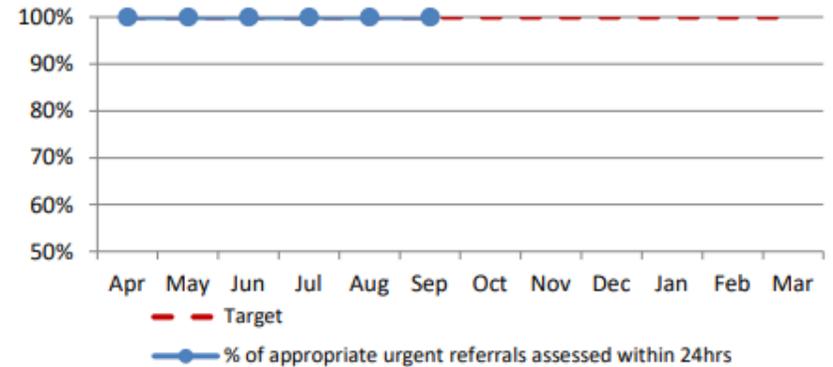
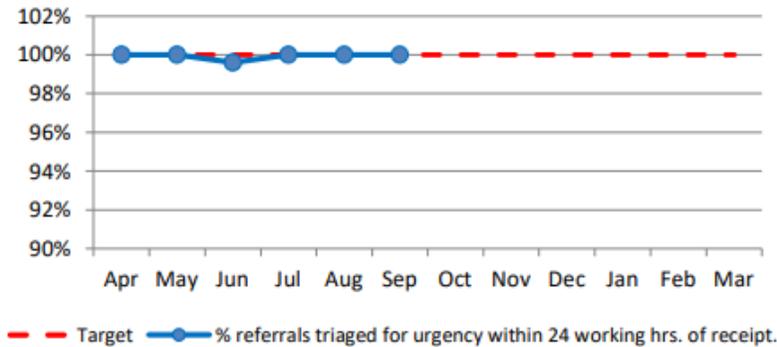
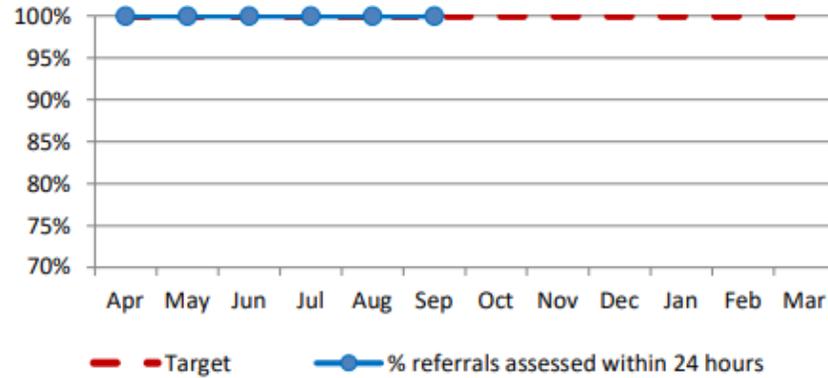


Getting Advice Pathway

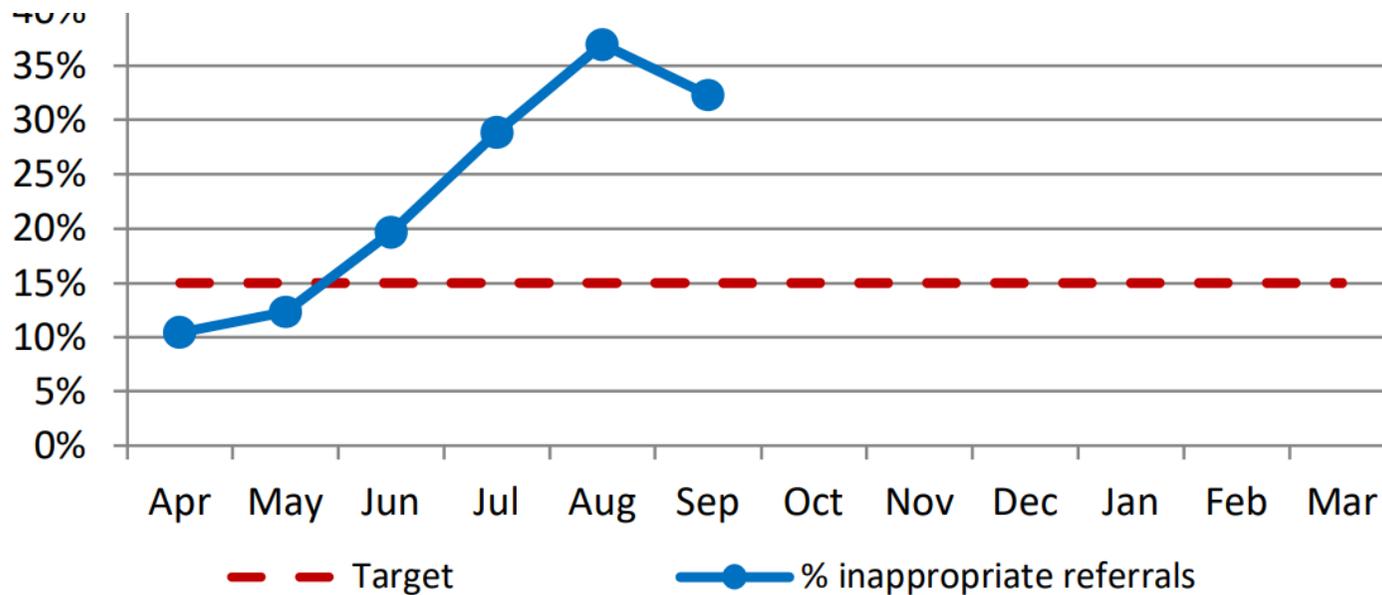
The Child and Adolescent Mental Health Services (CAMHS) getting advice pathway provides Single Point of Access (SPA) Consultation and Advice.

GPs continue to make the most referrals into the SPA consultation and advice service however during April, May and June of this year, referrals from education services significantly increased.

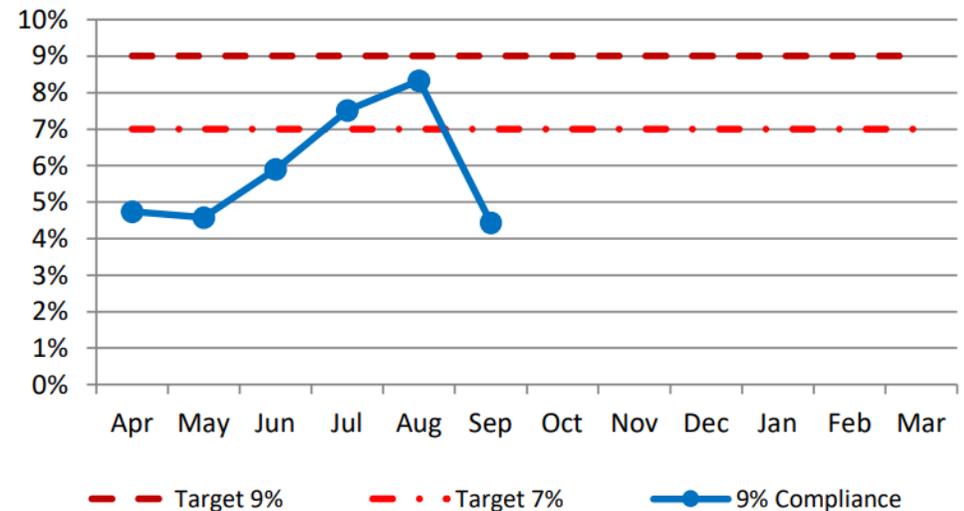
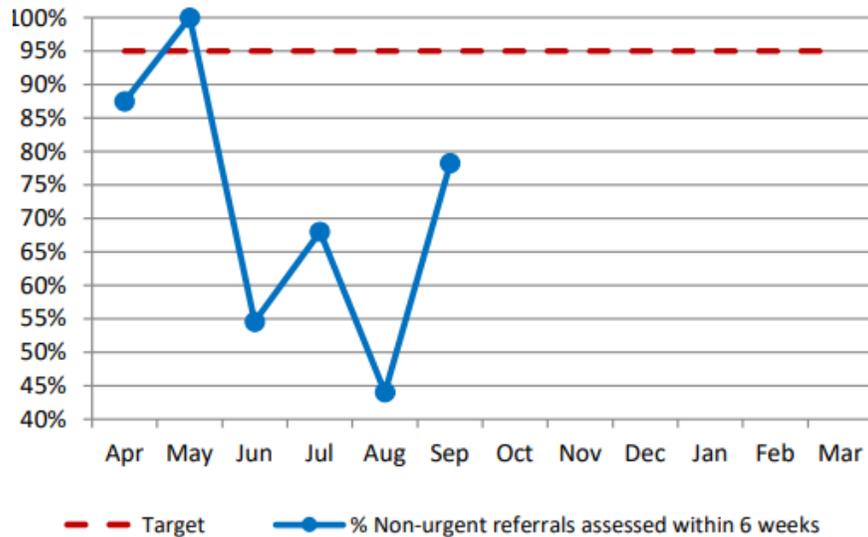
Getting Help Pathway – urgent care



Getting Help Pathway – inappropriate referrals



Getting Help Pathway – assessment and treatment



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Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Commission – 24 November 2021

Report Title

Prevention-led systems

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

No

Strategic Director Approving Submission of the Report

Ben Anderson, Director of Public Health on behalf of
Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Ben Anderson, Director of Public Health
ben.anderson@rotherham.gov.uk

Ward(s) Affected

Borough-wide

Report Summary

This report outlines some of the key challenges and opportunities in Rotherham in relation to the prevention agenda. It also provides an update on activity taking place to produce a Prevention and Health Inequalities Strategy for Rotherham, providing an opportunity for Health Select Commission to feed into the development of this strategy.

Recommendations

1. That Health Select Commission provide comments and contribute towards the development of a prevention and health inequalities strategy for Rotherham.
2. That Health Select Commission consider how this developing area of strategy should be reflected in future scrutiny activity.

List of Appendices Included

Appendix 1 Equality Analysis – Form A

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

**Exempt from the Press and Public
No**

Prevention-led **systems**

1. Background

1.1 This report outlines some of the key challenges and opportunities in Rotherham in relation to the prevention agenda. It also provides an update on activity taking place to produce a Prevention and Health Inequalities Strategy for Rotherham, providing an opportunity for Health Select Commission to feed into the development of this strategy.

1.2 What is prevention and why is it important?

1.3 Prevention is about promoting good health and wellbeing and stopping illnesses from escalating further – enabling people to live happy and healthy lives for longer.

1.4 Prevention activity is typically broken down into three categories:

- *Primary prevention* – Taking action to reduce the incidence of disease within the population before the disease occurs.
- *Secondary prevention* – Reducing the impact of a disease, by detecting and treating it as early as possible in its course.
- *Tertiary prevention* – Reducing the negative impact of established disease, aiming to minimise the impact of disease on life quality and life expectancy.

1.5 Focussing on prevention has benefits for the individual, but also for the sustainability of the health and social care system. The population is ageing, and across the UK, advances in life expectancy over the last century have not been matched by improvements in ‘healthy life expectancy’ – (or the years an individual lives in good health.) This means that people are living for longer periods in poor health and spending more years in the ‘window of need’, contributing towards demand pressures for health and social care.

1.6 Linked to this, there is a strong economic case for prevention. Ill-health amongst working age people costs the UK economy approximately £100 billion per year. A systematic review of cost-effectiveness evidence produced to support the development of public health guidance at the National Institute of Health and Clinical Excellence (NICE) found that most public health interventions reviewed were cost-effective. (Owen et al., 2018) Another review found an estimated median return on investment from public health interventions of 14.3 to 1. (Masters et al., 2017)

1.7 Evidence shows that there are often opportunities to delay or prevent the onset ill-health, alleviating pressure within the system and improving health outcomes in the longer term. For example:

- 95% of liver disease is attributable to three preventable causes – alcohol, obesity, and viral hepatitis

- 90% of first heart attacks are related to 1 of 9 modifiable factors
- 80% of diabetes spend is treating avoidable illness and complications
- Two thirds of premature deaths could be avoided through improved prevention, early detection, and better treatment
- 42% of cancers in the UK are preventable
- 17% of deaths in adults over 35 are attributable to smoking

1.8 Prevention also has an important role to play in addressing health inequalities. This is because there is a steep social gradient in healthy life expectancy, with those living in the most deprived communities living in ill-health for a longer proportion of their life than those in more affluent communities.

1.9 **What is a prevention-led system?**

1.10 A prevention-led health and social care system is one that is taking a systematic approach to prevention across organisations to maximise impact. This requires a focus on preventing the onset of disease (primary prevention), as well as preventing the progression and impacts of the disease (secondary and tertiary prevention) through equitable access to early intervention with high quality treatment and care.

1.11 Developing a prevention-led system includes ensuring that prevention is embedded in our approach to:

- Leadership and governance
- Commissioning and delivery of services
- Staff wellbeing
- Sustainability and corporate social responsibility

1.12 Another underpinning principle of a prevention-led system is the concept of 'proportionate universalism', as outlined in the Marmot Review. This research identified a clear social gradient in health in England, whereby the lower an individual's social and economic status, the poorer their health is likely to be. Based on this finding, the report recommended that in order to reduce health inequalities and the burden of ill-health, 'actions must be universal, but with a scale and intensity that is proportionate to the degree of need.'

2. **Key Issues**

2.1 **Rotherham context**

2.1 Healthy life expectancy at birth in Rotherham is significantly below the national average. Males can expect to live 58.3 years in good health (compared with an England average of 63.2) and females can expect to live 58.9 years in good health (compared with an England average of 63.5.) (2017-19 data)

2.2 There are also considerable inequalities in healthy life expectancy across the

borough. Men in the most deprived areas of Rotherham can expect to live an average of 52.3 healthy years, compared with 70.7 healthy years for those living in the least deprived communities. In comparison, women in the most deprived areas of Rotherham can expect to live an average of 51.4 healthy years compared with 71.2 years for those in the least deprived areas. (2017-2019 data)

- 2.3 Additionally, Rotherham is significantly worse than the national average for preventable mortality for several conditions. This includes cardiovascular disease, cancer, and respiratory disease. (2017-19 data)
- 2.4 The Global Burden of Disease Study 2019 shows that behavioural, metabolic, and environmental risk factors significantly contribute to disability-adjusted life years (DALYs)* in the borough.

**(Disability-adjusted life years refers to the number of years lost due to ill-health, disability, or early death.)*

- 2.5 For example, the following table sets out the five leading causes, which between them contribute over 25% of DALYs in Rotherham and the estimated percentage of DALYs which were attributable to risk.

Condition	% risk factor attribution	% of total DALYs in Rotherham
Ischemic heart disease	94.87%	8.9%
Tracheal, bronchus and lung cancer	86.5%	5.03%
Stroke	83.18%	3.69%
Chronic obstructive pulmonary disease	72.9%	5.04%
Lower back pain	41.73%	4.5%

- 2.6 The risk factors that are driving DALYs and premature mortality in Rotherham are largely amenable to prevention. The top ten risk factors associated with DALYs in Rotherham are: smoking; high blood glucose; diet; high BMI; high blood pressure; high cholesterol; alcohol use; occupational risk; cold homes; and air quality. These risk factors are also drivers of health inequalities and are associated with socioeconomic deprivation.
- 2.7 This evidence indicates that focussing on prevention in Rotherham could have a considerable impact on improving health outcomes, reducing demand for services, and reducing health inequalities.

2.7 National policy context

- 2.8 In addition to this local evidence, there is also a national policy imperative to take a prevention-led approach. [The NHS Long Term Plan](#) (2019) committed to ‘more NHS action on prevention and health inequalities’ which was subsequently reinforced by the [prevention green paper](#). (2019)

- 2.9 More recently, as part of the recovery from the COVID-19 pandemic, the [NHS operational planning guidance](#) (2021) outlined five strategic actions to prevent and manage ill-health in groups that experience health inequalities:
1. Restoring NHS services inclusively
 2. Mitigating digital exclusion
 3. Ensuring datasets are complete and timely
 4. Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes
 5. Strengthening leadership and accountability
- 2.10 The NHS has also set out a [Core20 Plus 5 strategy](#) to reduce healthcare inequalities. This will focus on the most deprived 20% of the national population (36% of the Rotherham population live in the 20% most deprived areas), plus any locally identified priority groups, and delivery across the following five key clinical areas:
1. Maternity – ensuring continuity of care for 75% of women from BAME communities and the most deprived groups
 2. Severe Mental Illness – ensuring annual health checks for 60% of those living with SMI
 3. Chronic Respiratory Disease – a clear focus on COPD, driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions
 4. Early Cancer Diagnosis – 75% of cases diagnosed at stage 1 or 2 by 2028
 5. Hypertension Case Finding – to allow for interventions to optimise blood pressure and minimise the risk of MI and stroke
- 2.11 In addition to a policy drive within the NHS around inequalities, there is also a broader focus nationally on tackling socioeconomic inequality and the wider determinants of health. The Government is set to publish a [Levelling Up White Paper](#) in 2021, which will seek to address inequalities by improving living standards, grow the private sector, improve health, education and policing, strengthen communities and local leadership and restore pride in place. Additionally, the [Office for Health Improvement and Disparities](#) has been established with a clear remit around addressing inequalities in health and wellbeing.
- 2.12 Ensuring that our approach to prevention is systematic would support us in responding to these national policy drives at a local level. It would also support in the delivery of our local policy objectives set out in core strategies, such as the Health and Wellbeing Strategy.
- 2.13 **Developing a prevention-led system in Rotherham**
- 2.14 Informed by the evidence and national policy drivers, it has been agreed that a Prevention and Health Inequalities Strategy and Action Plan will be produced for Rotherham. To develop this, the Prevention and Health Inequalities Enabler Group has been established.

- 2.15 The Prevention and Health Inequalities Enabler Group is part of the Integrated Care Partnership (ICP) Place Board governance arrangements and supports the delivery of the ICP Place Plan. The group is comprised of all partners across the ICP, including the Council, the CCG, The Rotherham Hospital NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Voluntary Action Rotherham, and the Rotherham GP Federation. The group feeds into the Place Board, as well as having a direct line to the Health and Wellbeing Board.
- 2.16 Regular meetings of the group have now been established. At the meeting on 15th November, the group discussed and agreed six priorities for the strategy:
1. Develop the prevention pathway to reduce the harms from smoking, obesity and alcohol and support healthy ageing
 2. Support the prevention and early diagnosis of chronic conditions (including mental health conditions)
 3. Tackle clinical variation and promote equity of access and care for underserved groups
 4. Harness partners' collective roles as anchor institutions to address health inequalities
 5. Strengthen our understanding of health inequalities through data and intelligence
 6. Advocate for prevention across the system
- 2.17 All activity will be underpinned by the principle of proportionate universalism, with a universal offer accompanied by a more targeted approach for those in need.
- 2.18 The next stage will be to develop the strategy based around these six priority areas. The strategy will be accompanied by an action plan, which will include clear milestones and KPIs. The timescale for developing this strategy and plan is included in this briefing note from 5.1.
- 2.19 Additionally, as a Council we will develop an internal plan outlining our contribution to the partnership strategy, ensuring prevention is embedded across everything we do. This will build on the commitment to prevention that is being set out in the new Council Plan and will include reviewing the way prevention features in our commissioning activity, building on our 'making every contact count' approach and focussing on the wider determinants of health.
- 2.20 In terms of holding the whole system accountable for driving the prevention agenda, Health Select Commission plays a leading role. As outlined in the recommendations, further discussion would be welcomed regarding how committee members would like to engage with the programme as it develops.

3. Options considered and recommended proposal

- 3.1 Informed by evidence around the benefit of prevention to individuals,

communities and the health and social care system, it has been agreed that a Prevention and Health Inequalities Strategy and Action Plan is developed for Rotherham.

3.2 This programme of work is at a very early stage, and this report seeks to consult with Health Select Commission on its development. It also seeks to understand how committee members would wish to engage with the programme in the future.

3.3 The recommendations are:

- That Health Select Commission provide comments and contribute towards the development of a prevention and health inequalities strategy for Rotherham.
- That Health Select Commission consider how this developing area of strategy should be reflected in future scrutiny activity.

4. Consultation on proposal

4.1 This report seeks to consult with Health Select Commission on the development of the strategy. One of the recommendations is for committee members to provide comments on the development of the strategy.

4.2 Partners have been closely involved with the development of the draft priorities through the Place Partnership structures and will continue to contribute towards the production of the strategy and action plan. Wider stakeholder engagement will also take place as appropriate to inform this work.

5. Timetable and Accountability for Implementing this Decision

5.1 Following engagement with Health Select Commission regarding prevention priorities, work will take place to develop the strategy and action plan. A high-level timetable is outlined below.

Action	Timescale
Development of the strategy and action plan, including identification of milestones and KPIs	November 2021 – January 2022
Programme priorities will be considered by the ICP Place Board	1 st December 2022
Draft partnership strategy and action plan presented back to the Prevention and Health Inequalities Enabler Group	January 2022
Final partnership strategy and action plan approved	April 2022

6. Financial and Procurement Advice and Implications

- 6.1 As outlined in the report, developing Rotherham's prevention strategy could have significant financial benefits in the longer-term, particularly with regards to stemming the demand for health and social care services. However, there are no direct or immediate 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.

8. Human Resources Advice and Implications

- 8.1 Whilst the programme will include a focus on staff wellbeing across the partnership, there are no direct HR or staffing implications arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The strategy will include interventions focussed on reducing the burden of ill-health for children and young people and vulnerable adults.

10. Equalities and Human Rights Advice and Implications

- 10.1 This programme is directly focussed on reducing health inequalities and this report has outlined the implications of socioeconomic deprivation on ill-health. However, health inequalities are multi-factorial and socioeconomic deprivation often intersects with other dimensions of inequality, such as protected characteristics, geographical factors (e.g., rural communities) and other vulnerabilities (e.g., those with severe mental illness.) This can lead to multiple disadvantage.
- 10.2 Taking an evidence-based approach and following the principles of proportionate universalism, the programme will identify where a targeted approach may be required to benefit specific cohorts. An understanding around multiple disadvantage will be integral to the development of the strategy and action plan.
- 10.3 A 'Part A' Equality Analysis form has been appended to the briefing and a full equality analysis will be undertaken as part of the development of the strategy.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 Climate change has implications for health inequalities and developing our approach to sustainability across health and social care will underpin the programme.

12. Implications for Partners

- 12.1 This work is being driven by the ICP Prevention and Health Inequalities Enabler Group and is jointly owned by partners.

13. Risks and Mitigation

- 13.1 Monthly meetings of the ICP Prevention and Health Inequalities Enabler Group are in place, where risks will be monitored and escalated if required. The Enabler Group will report into the Place Board and to the Health and Wellbeing Board, supporting public accountability and assuring that risks to the programme objectives are managed appropriately.

Accountable Officer(s)

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

Ben Anderson, Director of Public Health

Report Author: Ben Anderson, Director of Public Health,
ben.anderson@rotherham.gov.uk

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

PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Prevention and Health Inequalities Strategy and Action Plan	
Directorate: Adult Care, Housing and Public Health	Service area: Public Health
Lead person: Ben Anderson	Contact: ben.anderson@rotherham.gov.uk
Is this a:	
<input checked="" type="checkbox"/> Strategy / Policy	<input type="checkbox"/> Service / Function
	<input type="checkbox"/> Other
If other, please specify	

2. Please provide a brief description of what you are screening
Work is taking place in partnership to develop a Prevention and Health Inequalities Strategy. This work is in very early stages, with programme priorities identified through engagement with partners and wider stakeholders. The next stage is to develop the strategy and action plan, including identifying KPIs and milestones.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community? <i>(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)</i>	X	
Could the proposal affect service users? <i>(Be mindful that this is not just about numbers. A potential to affect a small number of people in a significant way is as important)</i>	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics? <i>(Consider potential discrimination, harassment or victimisation of individuals with protected characteristics)</i>	X	
Have there been or likely to be any public concerns regarding the proposal? <i>(It is important that the Council is transparent and consultation is carried out with members of the public to help mitigate future challenge)</i>		X
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom? <i>(If the answer is yes you may wish to seek advice from commissioning or procurement)</i>	X	
Could the proposal affect the Council's workforce or employment practices? <i>(If the answer is yes you may wish to seek advice from your HR business partner)</i>	X	

If you have answered no to all the questions above, please explain the reason

If you have answered **no** to **all** the questions above please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

This programme is directly focussed on reducing health inequalities so the implications for protected characteristics groups, as well as other vulnerable cohorts and deprived communities has been central to the agreement of the draft priorities. Through engagement with partners and analysis of data and intelligence,

- **Key findings**

Socioeconomic deprivation is a clear driver of health inequalities, as outlined through the data in the main body of the report. However, health inequalities are multi-factorial and socioeconomic deprivation often intersects with other dimensions of inequality, such as protected characteristics, geographical factors (e.g., rural communities) and other vulnerabilities (e.g., those with severe mental illness.) This can lead to multiple disadvantage.

Taking an evidence-based approach and following the principles of proportionate universalism, the programme will identify where a targeted approach may be required to benefit specific cohorts. An understanding around inequalities experienced by different groups will be integral to the development of the strategy and action plan.

- **Actions**

A full equality analysis will be developed in conjunction with the strategy and action plan. Additionally, part of the strategy will be focussed on building data and intelligence regarding health inequalities across the borough, which will help to inform wider activity around reducing inequality.

Date to scope and plan your Equality Analysis:	November 2021-January 2022
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Date to complete your Equality Analysis:	January 2022
--	--------------

Lead person for your Equality Analysis (Include name and job title):	Ben Anderson
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5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Ben Anderson	Director of Public Health	11 th November 2021

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	11 th November 2021
Report title and date	Prevention-led systems – 25 th November 2021
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	Health Select Commission – 25 th November 2021
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	16 th November 2021

Committee Name and Date of Committee Meeting

Health Select Commission – 25 November 2021

Report Title

Findings from Spotlight Review on Rotherham Community Hub

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
katherine.harclerode@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

Findings from the spotlight review held on 13 September 2021 on the befriending service and support for loneliness and isolation provided by the Rotherham Community Hub during the pandemic

Recommendations

1. That the report be noted.
2. That the excellent work of Rotherham Community Hub be commended, especially in respect of the befriending service which helped relieve loneliness and isolation throughout the pandemic.
3. That Members be encouraged to add the Community Hub to their ward priorities and e-bulletins to better support vulnerable residents and families.
4. Whereas the current Community Hub model is due to end in March 2022, should there be a further evolution of the Community Hub model, that an update be brought in 12 months' time.

Appendices

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Findings from Spotlight Review on Rotherham Community Hub

1. Background

- 1.1 To fulfil a statutory requirement, the Community Hub was rapidly mobilised during March 2020 to respond to the COVID-19 Crisis, which left many vulnerable people without a way to get food, medicine, or emotional support during isolation. Coinciding with the launch of the Food Bank, the new Community Hub offered a simple route to request support or to volunteer. From the outset, Hub staff identified a trend of isolation and loneliness among people who were shielding or isolating during COVID-19. The Community Hub coordinated the joint response of Council services and the voluntary and community organisations sector (VCS).
- 1.2 Hub continues to provide support, and as of September 2021, 522 people had received loneliness and wellbeing support through the Hub. Many more people had received assistance in other ways, such as financial hardship support, business support grants, emergency food parcels, and emergency accommodation to prevent homelessness and PPE distribution. A total of 6, 679 requests for help had been received and 1, 286 offers to volunteer.

2. Key Issues

- 2.2 The Hub has transitioned since March 2020 from the purely COVID-focussed service into a broader model that has led to strong, efficient partner working. This asset-based, collaborative approach means residents with complex needs can get the right support even pertaining to multiple areas of their lives. The Hub brings a variety of resources within reach, which can help Members in their ward work as well. When Members encounter constituents with complex needs, the Hub can be an efficient pathway to help. Members are invited to include the Hub in their ward priorities and in e-bulletins, which directs targeted activities to those wards.
- 2.3 Financial sustainability is a significant challenge moving forward from the pandemic because the Hub is currently funded from time-limited grants. The main grants that support the hub are the Practical Support Grant and the Contain Outbreak Management Funds, both of which are due to end soon. The Community Hub model will therefore continue to evolve as the pandemic enters recovery phase. This will require political direction, and an evidence base is being amassed in order to support next steps.
- 2.4 The Hub work has also emphasised what we can all do to be a good neighbour and make an impact to reduce isolation and loneliness in the lives of people around us. Much of the most compelling evidence of the success of the Community Hub is rooted in soft intelligence, the qualitative feedback received from service users, but the effectiveness of this work has been measured also by required Public Health assessments designed to measure their journey at the beginning and end of each intervention. Reviews have also taken place in November 2020 and June 2021.

The partnership takes referrals from anywhere in the Borough, as currently

- 2.5 funding allows for face-to-face intensive loneliness support to help people who have been isolated transition back into social activity.

- 2.6 Potential volunteers are welcome and can be directed to sign up with Rotherfed or Voluntary Action Rotherham (VAR). Volunteer numbers have dipped slightly, as some opportunities have closed; however, numbers are beginning to climb again.

4. Consultation on proposal

- 4.1 Members will have regard to consultations with their constituents in their formulation of scrutiny priorities and lines of inquiry. Recommendations from scrutiny are produced as outcomes of consultation with Members in their roles as elected representatives.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The timetable for implementing recommendations is a matter reserved to the directorate responsible.

6. Financial and Procurement Advice and Implications

- 6.1 There are no financial or procurement implications from the report.

7. Legal Advice and Implications

- 7.1 There are not legal implications arising from this report.

8. Human Resources Advice and Implications

- 8.1 There are no staffing implications arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The implications for vulnerable adults, children and young people are set out in the body of the report.

10. Equalities and Human Rights Advice and Implications

- 10.1 There are no equalities or human rights implications directly arising from this report.

11. Implications for CO₂ Emissions and Climate Change

There are no direct implications for emissions or climate change arising from this report.

12. Implications for Partners

- 12.1 The implications for partners are set out in the body of the report.

13. Risks and Mitigation

13.1 There are no risks of mitigations arising from this report.

Accountable Officer(s)

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

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

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

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Committee Name and Date of Committee Meeting

Health Select Commission – 23 March 2018

Report Title

Findings from Spotlight Review of Support for Young Carers

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

katherine.harclerode@rotherham.gov.uk

Ward(s) Affected

Borough-wide

Report Summary

To summarise the findings and recommendations from the 22 October 2021 spotlight review in respect of support for young carers.

Recommendations

1. That action plans and performance matrix be supplied as part of the next update in 12 months' time.
2. That a plan be developed to address the current data gap in respect of young carers who mature into adult carers, with a view to providing the best preparation possible and making this transition as seamless as possible for young carers who may continue to have caring responsibilities into adulthood.
3. That consideration be given to how best to provide additional support to young carers seeking to access employment skills, education and training.

List of Appendices Included

None

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Findings from Spotlight Review of Support for Young Carers

1. Background

- 1.1 As part of the discussions of the Adult Carer's Strategy at the 8 July meeting of Health Select Commission, a spotlight review was undertaken in tandem with Improving Lives Select Commission to examine the support available for young carers both during the pandemic and entering the recovery phase. Members met with service leads from the Council's Early Help Service and partner organisation Barnardo's on 22 October 2021.

2. Key Issues

- 2.1 Members sought assurances that robust and proactive efforts are made to identify Young Carers who are in need of support. Members requested to be kept informed of high-level action plans. Members also expressed concerns around unmet needs in the Borough and indicated interest in the outcomes of the targeted engagement programme. The response from service leads in the Council and Barnardo's provided assurances that young carers are proactively sought out. The family support elements of Early Help are robustly assessed, and it was noted that not all young carers who are supported through Early Help and other partners are necessarily known to Barnardo's. It was also noted that Housing Officers, for example, can be important eyes and ears to identify a need early. This is everyone's responsibility.
- 2.2 Members also requested clarification around the allocation of moneys to help young carers. The Covid Outbreak Management Funds (COMF) grants are time-limited and have been made available for the delivery of a specific programme for young carers. For that reason, the impact of that piece of work will be assessed separately. All of the money allocated for this work goes directly to the service.

Assurances were sought around support in place for young carers who may not self-identify or make themselves known to the service. The service leads acknowledged that sometimes there might be a fear that the child will be removed from the home, so there can be hesitation to engage. The service does not take refusal at face value. Very skilled workers in the service persist and try different methods. The service takes responsibility for finding the right way to engage the child and family. If the service identifies a need, but the child does not want to engage, the service must respect that decision but also makes sure that the child's school and other professionals in their lives are keeping an eye out to monitor. Sometimes a child might not want to do specific young carer activities but might be happy to come to a youth event associated with Early Help. Numerous examples of siblings who did not engage at first, have begun to show interest after a sibling becomes familiar with the service and the community. The young carers service at Barnardo's is often pulled into the wraparound Early Help plan for a family, where appropriate.

Members expressed hopes that training and good practice is available to

contractors recognise a young carer who may need help. The response from leads confirmed that trainings have been delivered to various council contractors such as Mears, to spread the message that safeguarding is everyone's business. Following on from these trainings, several situations where concerns were flagged early resulted in significant positive outcomes.

Members also further inquired around the plan for young carers who age out of the service age group as they become adults. The response from leads acknowledged that the best time to help a young person prepare for what will happen when they turn 18 is when they are 16 or 17. Assurances were provided that pathway exists for the most vulnerable young people as they turn 18, but there remains a gap in data around the journey of young carers who become young adults. Without a cohort of young people who have agreed to contribute to this research, this will continue be an area of unknowns.

What support is available to help the young carers be able to access employment skills, training, and higher education. Liaison with local universities, particularly Rotherham and Sheffield Hallam campuses, has been very positive, with focus group weekends available to the young people to familiarise them with the environment and other carers who are university students and prospective students. However, limitations remain for young people who wish to pursue education but are limited to a short radius from home because of their caring responsibilities. For many young carers, options further afield would be out of reach.

Assurances were requested that teachers and other professionals such as GPs are trained and supported to identify a need. The response noted that the service liaises with link workers in schools according to the school's unique framework. This supports teachers and safeguarding leads in schools to be able to receive that information. As restrictions have eased, professionals are spending more time with young people and referrals are rising.

Assurances were sought around the provision of face-to-face support during COVID-19. The response noted the impact of restrictions on face-to-face activities, such as only one child being allowed to be transported per car journey. These precautions were especially important because many of the young people have a vulnerable family member. Home visits were conducted during the pandemic, although some young carers chose to suspend these, and community events were held but not in the large numbers as in the past.

Clarification was requested around the process for getting support for a mental health need that has been identified. Barnardo's does not attempt to

tackle significant mental health problems; they coordinate the referral to Child and Adolescent Mental Health Services (CAMHS) to give the right support. On a day-to-day basis, the work focusses on issues like self-esteem, stress, anger, and relaxation. These are tailored to the needs of the individual child based on what the young people feed back that works for them, and these sessions are not time-limited.

3. Options considered and recommended proposal

3.1 Recommendations were generated by Members and derived from discussion during the Q&A session with service leads.

4. Consultation on proposal

4.1 Members have regard to the expressed views of their constituents in their formulation of scrutiny priorities and lines of inquiry. Recommendations from scrutiny are produced as outcomes of consultation with Members in their role as elected representatives of Rotherham residents.

5.0 Legal Advice and Implications

5.1 There are no legal implications arising from this report.

6 Human Resources Advice and Implications

6.1 There are no human resources implications arising from this report.

7. Implications for Children and Young People and Vulnerable Adults

7.1 The implications for children, young people and vulnerable adults are set out in the main body of the report.

8. Equalities and Human Rights Advice and Implications

8.1 Furthering equalities and human rights is an objective of scrutiny; therefore, Members give consideration to equalities in the development of scrutiny work programmes, lines of inquiry and in their derivation of recommendations designed to improve the delivery of council services for residents.

9. Implications for CO₂ Emissions and Climate Change

9.1 There are no climate or emissions implications associated with this report.

10. Implications for Partners

10.1 Implications for partners are set out in the main sections of the report.

11. Risks and Mitigation

11.1 There are no risks arising from this report.

12. Accountable Officer(s)

Emma Hill, Acting Head of Democratic Services

*Report Author: Katherine Harclerode
katherine.harclerode@rotherham.gov.uk*

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

Committee Name and Date of Committee Meeting

Health Select Commission – 25 November 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*

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Health Select Commission - Work Programme 2021/22 Municipal Year

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 Spotlight Review	Rotherham Community Hub
7 October 2021	The Rotherham NHS Foundation Trust (TRFT) Annual Report
	Acute Mental Health
October 2021 Spotlight Review	Young Carers (with Improving Lives Select Commission)
25 November 2021 (Reports 16 Nov)	CAMHS (Children and Adolescent Mental Health Services)
	Prevention-led Strategy Systems
	Outcomes from Community Hub and Young Carers Sub-groups
November 2021 Half-year Quality Accounts	RDaSH, TRFT, YAS
13 January 2022 (Reports 4 Jan)	Local Authority Declaration on Healthy Weight
January/February 2022 Spotlight Reviews	COVID-19 Scrutiny – Health Care Worker and Care Home Safety
	Adult Social Care Outcomes Framework (ASCOF) Performance

24 February 2022 (Reports 15 Jan)	Maternity Services
	Hospital Discharge Policy and Practice
	Outcomes from ASCOF and COVID-19 Scrutiny Sub-groups
March 2022 Spotlight Review	Accessibility of Public Spaces
April 2022 Spotlight Review	Yorkshire Ambulance Service (YAS)
April 2022 Half-Year Quality Accounts	TRFT, RDaSH and YAS
7 April 2022	Acute Mental Health Update
	Autism Strategy and Pathway Update
	Director of Public Health Annual Report
	Outcomes of Accessibility Working Group

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- Follow the one-way systems in place.
- Only one person (and their carer) should use a lift at a time.
- You're advised to take LFD tests at home, regularly if you don't have symptoms. **Visit the Council's website for details of where and how to get free LFD tests.**
- 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

www.rotherham.gov.uk/coronavirus

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