

HEALTH SELECT COMMISSION

Date and Time:- Thursday 24 February 2022 at 5.00 p.m.
Venue:- Town Hall, Moorgate Street, Rotherham.
Membership:- Councillors Andrews, Atkin, Aveyard, Baker-Rogers, Barley, Baum-Dixon (Vice-Chair), Bird, A. Carter, Elliott, Griffin, Haleem, Havard, Keenan, Miro, Thompson, Whomersley, 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 03 February 2022 (Pages 3 - 8)

To consider and approve the minutes of the previous meeting held on 03 February 2022, 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. Rotherham Healthwatch

To consider a verbal update from Rotherham Healthwatch

7. Rotherham Maternity Services (Pages 9 - 24)

To consider a presentation in respect of delivery of maternity services in Rotherham

8. Place Response - Discharge Planning (Pages 25 - 32)

To consider the response of Rotherham as a Place in respect of hospital discharge planning

9. Work Programme (Pages 33 - 40)

To consider and approve the updated scrutiny schedule of work

10. Urgent Business

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

11. Date and time of next meeting (Page 41)

The next scheduled meeting of the Health Select Commission will be held on 7 April 2022, commencing at 5pm in Rotherham Town Hall



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 3 February 2022

Present were Councillors Andrews, Aveyard, Baum-Dixon (Vice-Chair), Barley, Bird, A. Carter, Elliott, Griffin, Havard, Keenan, Thompson, Whomersley, and Yasseen (Chair).

Apologies were received from Cllrs Atkin, Baker-Rogers, Haleem, Miro, and Wooding.

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

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

52. MINUTES OF THE PREVIOUS MEETING HELD ON 25 NOVEMBER 2021

Resolved:-

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

53. DECLARATIONS OF INTEREST

There were no declarations of interest.

54. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions contributed by members of the public in respect of any items on the agenda.

55. 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.

56. WINTER PRESSURES UPDATE

Consideration was given to an update presentation in respect of progress against objectives outlined in the 2021/22 Winter Plan. The presentation included updates on successes and challenges associated with delivery of health and social care provision during the Omicron surge. The presentation was provided by the Executive Place Director representing Rotherham Clinical Commissioning Group (CCG) as well as the Deputy COO of The Rotherham NHS Foundation Trust (TRFT).

In discussion, Members expressed interest in more information around how the delivery of the vaccination scheme may have created pressure on primary care provision. The response from the CCG representative described strategic government directives that had allowed routine work in

primary care to be put on hold temporarily. Sustainability of the primary care programme was identified as an area of ongoing effort.

Members also asked how staff sickness had been managed in view of changing guidelines around isolation periods for staff. The response from the CCG representative noted the variation in interpretation and application of changing guidelines across primary care services during the pandemic, but certainly movement to 5 days will have helped pressures. The representative of TRFT described a significant previous peak relative to current much lower numbers of staff sickness due to COVID-19.

Further detail was requested around impact of the pandemic on cancer care, elective care. The response from the TRFT representative described waits at the peak of the pandemic in Wave 1 and identified the significantly lower current position, which places the Trust among the leaders in the local ICS in terms of recovery. The response noted that all urgent cancers had been treated. The Trust had been identified at one point as the most improved Trust in terms of elective care recovery, with a current position at around 80%.

Members noted the positive uptake of the Rotherhive programme and requested further information around mental health provision, specifically in respect of discharge planning, mental health support for primary care, surge planning for young people's mental health, and mental health support for staff. The response from the CCG representative noted the challenges during recent times of higher demand associated with provision of beds, discharge support, and placements outside the Borough which are challenges on acute as well as mental health pathways. In view of rising mental health presentation in the system, examples of strategic interventions and signposting services were identified, such as Rotherhive, which implement digital modes of provision to increase capacity. The digital offer for children and young people had included the introduction of an online resource platform known as Kooth. Challenges around eating disorders were described, and measures designed to bolster capacity were identified. With regard to the support for staff, the representative of TRFT outlined a range of wellbeing support measures that had been implemented since the beginning of the pandemic and highlighted the importance the Trust places on collecting staff feedback. Response rates to staff surveys had been the highest recorded at the Trust, 8% over the peer average.

Clarification was requested around the rate of primary care patients seen daily. The response from the CCG representative identified the November/December 2021 position on average among 28 practices was 68% back to face-to-face delivery. There were 15,000 more contacts during November 2021 than during the same period pre-pandemic. The core service had been utilising face-to-face and non-face-to-face delivery to maximise capacity. Comprehensive extended access rates in Rotherham were currently at 95% utilisation. Hot home visiting and hot site care had been running at similar levels.

The numbers of patients placed outside the area and young people placed outside the area were requested and the answer offered outside the meeting.

Members requested further assurances around the effects of delayed routine care creating additional future pressure. The response from the TRFT representative described the Trust's assessment system around bed availability, and the points during the pandemic at which the Trust provided or requested help from other area Trusts to alleviate bed pressure. This often involves diverting an ambulance from one Trust's A&E to another. The parameters involved include acuity, length of stay, and where the patients will go when they are well enough to leave the hospital but not yet well enough to go home. Successful work had been undertaken in this area with the Integrated Discharge Team. Figures were cited on the volume of patients at points in the pandemic relative to the current volume. Aware that acuity can rise as patients wait for care, the Trust was able to avail the private sector to augment capacity and reduce waiting lists during the first year of the pandemic. The use of private hospitals was discontinued in November 2021, when the Trust became able to meet the need using internal capacity. It was expected that pressures of this nature would continue in the long-term with adverse implications for health inequalities as well.

Further information was requested around intermediate care. The response from the Acting Director of Adult Care Housing and Public Health described the rationale for investment that had been made to bolster the reablement service during COVID-19. The response noted challenges and successes associated with delivering the reablement service during the pandemic.

Members expressed interest in knowing more about improvements in respect of ambulance handover times. The response from the TRFT representative described where delays can occur and the efforts that have been undertaken to ensure the best possible flow through the Trust.

Resolved:-

1. That the report be noted.
2. That medicine management be added to the work programme.

57. STRATEGIC VALUE OF PHYSICAL ACTIVITY IN TACKLING HEALTH INEQUALITIES

Consideration was given to a report identifies a direction of travel for the Council and partners across Rotherham (Place). In keeping with Health Select Commission's commitment to prevention and to tackling Health Inequalities, this review suggested potential work across the Place that feeds into these priorities. This report had been recently presented to the

Health and Wellbeing Board and was presented to the Commission for information as well as consultation – effectively to bring Health Select Members into ongoing discussions around physical activity as a key facet of the prevention agenda.

In discussion, Members expressed interest in good practice that had been observed in respect of physical activity initiatives and whether expansion of social prescribing of physical activity might be explored. The response from the Cabinet Member for Adult Social Care and Health noted that good practice had been collected initially but these efforts were interrupted by the pandemic and would resume. In respect of social prescribing, Voluntary Action Rotherham (VAR) had brought primary care link officers into post before the pandemic, and limited commissioned pathways would be expanded. The prevention pathway being developed would go beyond the Council's statutory services.

Members expressed interest in how street pride and regeneration and environment could help ensure outdoor environments are safe for physical activity. Further details were also requested around how Make Every Contact Count (MECC) would be leveraged to help promote physical activity. The response from the Cabinet Member indicated that liaison with Regeneration and Environment would be undertaken, and in respect of using primary care appointments to promote physical activity, liaison with Primary Care Networks would be undertaken as well. The Director of Public Health provided more detail about areas that those liaisons would explore and the associated potential responsibilities of partners.

Members requested more information around what could be done to further opportunities for low-cost access for young people to various physical activities that reflect their interests. The Cabinet Member identified examples of externally funded activities that had been popular, but limited, and the desire to expand these into other areas of the Borough. The value of life-long physical activities and focus on early years was noted as well as the range of possibilities. There is continued work to be done with schools and around safe active routes to and from schools.

Members emphasised possible improvements that could improve access to green spaces, including curb cuts, expanded paved footpaths, and incentives for Rothercard holders. The response from the Cabinet Member noted referral pathways into certain services. The Director of Public Health noted the intention to bring in colleagues from Regeneration and Environment to join in future discussions on physical activity.

Members also noted the possibility to magnify small investments by leveraging existing relationships within communities. The response from the Cabinet Member noted a range of links with other directorates such as housing and planning around the expectations on planners to design in green spaces in all plans for large estate developments. The goal of the joint work would be to unite community members who are willing to be the spark for more active communities.

Members requested further assurances that investments would make a difference that would demonstrate value for money. The Director of Public Health noted that getting the right people doing more physical activity is the key – bringing in those who have a health condition or who have not previously been active. If this strategy can help prevent people from developing diabetes or having hypertension, these will make a real difference. The response from the Cabinet Member averred that money put into prevention will reduce the number of people who need to go into acute care.

Members requested more information around the roles within the strategy of leadership and the community link workers in making the strategy work for communities. The response from the Cabinet Member and the Director of Public Health identified the senior leadership already in place and the joint funded posts that are being proposed include a Rotherham focused post to help ignite people within communities.

Resolved:-

1. That the report be noted and the next update presented in September 2022.
2. That Primary Care Networks (PCNs) be involved in strengthening social prescribing around physical activity.
3. That examples of good practice in respect of promoting access to opportunities for physical activity be collected and considered as part of the next phase of the physical activity project in Rotherham.
4. That Public Health officers liaise with colleagues in Regeneration and Environment as regards optimising safety and accessibility of green spaces and other infrastructure for physical activity.
5. That potential links with communities be examined with a view to strengthening relationships and maximising small investments for greater access and engagement using existing channels.

58. ROTHERHAM HEALTHWATCH UPDATE

Consideration was given to a verbal update in respect of recent activities by Rotherham Healthwatch.

59. WORK PROGRAMME

Consideration was given to an updated schedule of scrutiny work for the municipal year 2021/22.

Resolved:-

1. That the updated 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.

60. URGENT BUSINESS

The Chair confirmed there was no urgent business to be decided at the meeting.

61. DATE AND TIME OF NEXT MEETING

The Chair announced the next meeting of Health Select Commission would take place 24 February, 2022, commencing at 5 pm in Rotherham Town Hall.

Rotherham Maternity Services

Health Select Commission
24th February 2022

Michael Wright – Deputy Chief Executive
Sarah Petty – Head of Midwifery and Nursing



Background



South Yorkshire and Bassetlaw
Geographical Footprint

During 2021 –

3100 women booked for maternity care
under Rotherham Maternity Services

2513 women birthed under Rotherham
Maternity Services

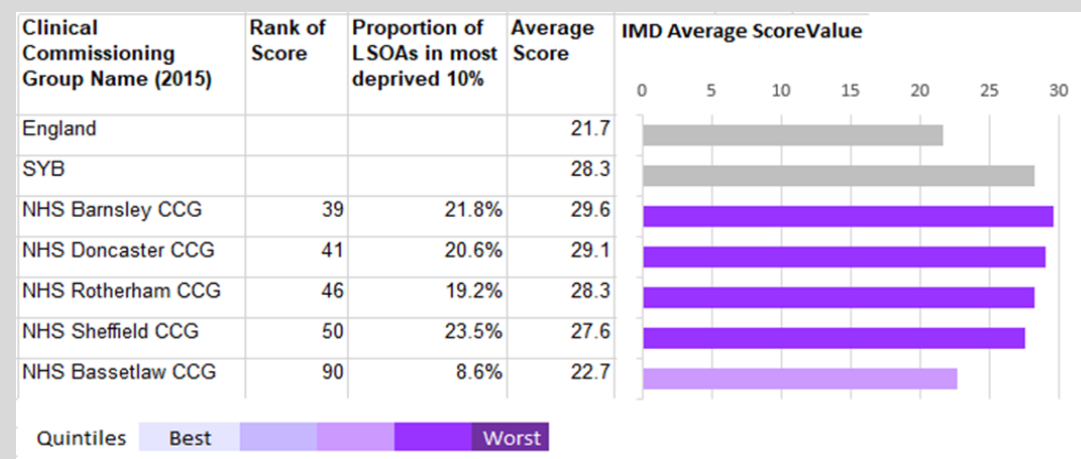
Rotherham has an industrial history of
steel and chemical industries. The
population is predominantly White
(92.6%) although with several minority
ethnic cohorts, largely clustered in the
inner urban areas

Background

Population and birth rate 2019, by CCG based on ONS number of births and mid-year population estimates

Clinical Commissioning Group	Mid-2019 Estimate	Females Aged 15-44 years		Maternities 2020-21	Birth rate/1000 females 15-44
		Number	%		
NHS Barnsley CCG	246,866	45,259	18.30%	2,693	59.5
NHS Bassetlaw CCG	117,459	19,410	16.50%	1,129	58.2
NHS Doncaster CCG	311,890	56,596	18.10%	3,468	61.3
NHS Rotherham CCG	265,411	48,474	18.30%	2,827	58.3
NHS Sheffield CCG	584,853	129,508	22.10%	5,949	45.9
SYB Footprint	1,526,479	299,247	19.60%	16,066	53.7
England			18.8		58.0

IMD 2019 Deprivation Score by CCG, Ministry of Housing, Communities and Local Government



Background

Ethnicity of the SYB Population, All ages, Persons

Local Authority	White	Mixed	Asian	Black	Other	BAME (inc Other)
Barnsley	97.60%	0.80%	0.80%	0.60%	0.20%	2.40%
Bassetlaw	97.10%	1.10%	1.20%	0.50%	0.20%	3.00%
Doncaster	94.60%	1.40%	2.80%	0.80%	0.40%	5.40%
Rotherham	92.60%	1.30%	4.60%	0.90%	0.50%	7.30%
Sheffield	81.40%	3.20%	8.80%	4.10%	2.50%	18.60%
SYB	89.90%	1.90%	5.00%	2.00%	1.20%	10.10%
England	84.50%	2.90%	8.70%	4.30%	1.40%	17.30%

PHE Fingertips: Deliveries to mothers from Black and Minority Ethnic Groups CCGs 2019/20

Measure		England	SYB	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Deliveries to mothers from Black and Minority Ethnic groups	Num		2425	105	45	310	310	1655
	%	20.78	15.00%	3.9	4.21	9.28	11.61	28.36
% Population from Black and Minority Ethnic Groups (all ages, persons)	%	17.30%	10.10%	2.40%	3.00%	5.40%	7.30%	18.60%

Background

LA Ward profile for Rotherham East ward reports:

- Rotherham East has the highest proportions of BAME residents (29.7%)
- Highest rates of child poverty in Rotherham at twice the national average
- Higher rates of low birth-weight births and deliveries to teenage mothers than England and Rotherham average
- High rates of poor health and disability with 10.1% rating their health as bad or very bad

<https://www.rotherham.gov.uk/downloads/file/608/rotherham-east-ward-profile>

Maternity Service

Maternity Service includes:

- Community Midwifery inc Continuity of Carers Teams
- Greenoaks / Early Pregnancy Assessment Unit
- Labour Ward
- Wharnccliffe (antenatal and postnatal)
- Specialist Midwives
- 14 birthing rooms, all with en-suite facilities
- A birthing pool
- An antenatal and postnatal ward
- A high-dependency room on the labour ward
- Homebirth Service
- ITU care in Labour
- Specialist Care Baby Unit
- 24 hour consultants are available
- 24 hour epidural service
- Midwives who specialise in a range of areas from teenage pregnancy to diabetes

Workforce

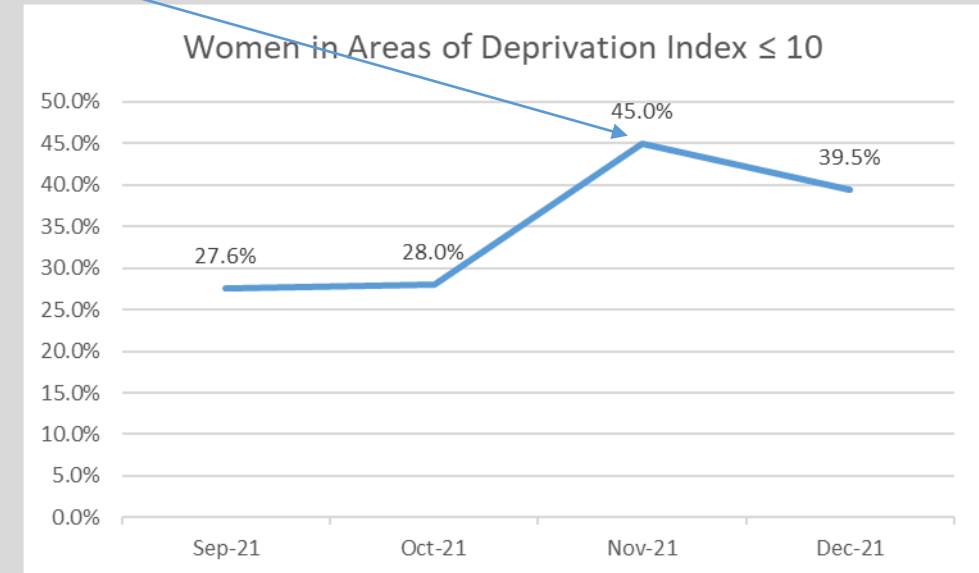
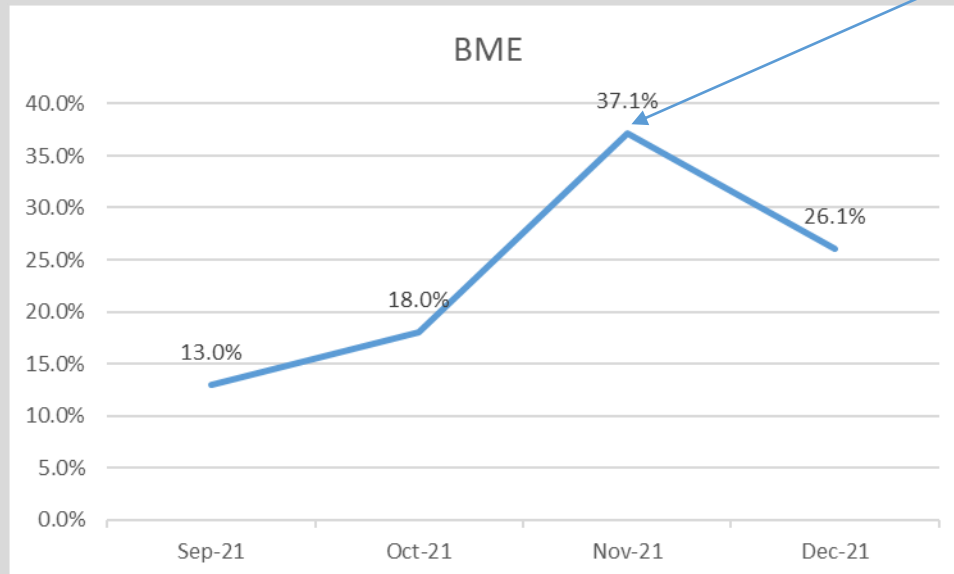
- 112 WTE midwives in post
- 24.99 WTE support workers in post
- 26.76 WTE medical staff in post

Continuity of Carer

- A recommendation of Better Births and the commitments of the NHS Long Term Plan, is the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England. Where safe staffing allows – with rollout prioritised to those most likely to experience poorer outcomes first. **March 2023**
- TRFT team rollout
 - Willow - March 2019
 - Poplar - September 2019
 - Maple - May 2020
- Point prevalence 41%

Continuity of Carer Prevalence

Service reconfigured November 2021



- Inspection June 2021 – Report September 2021
- Rating - Good

Safe	Effective	Caring	Responsive	Well-Led
Good	Good	Good	Good	Good

- Actions – 4 Must Do, 2 Should Do
- 31st July 2021 – 58% of Trusts were rated good, 37% requires improvement, 4% inadequate, 1% outstanding

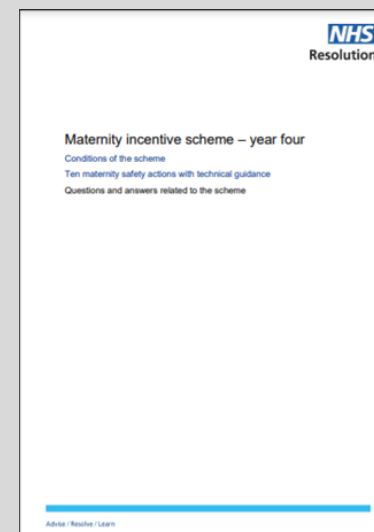
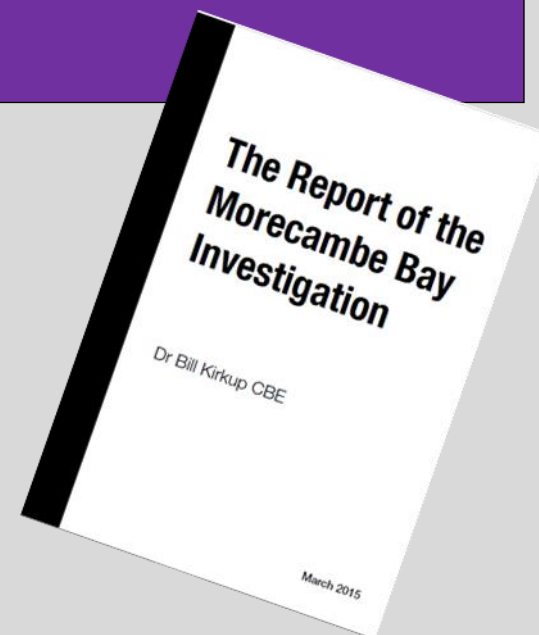
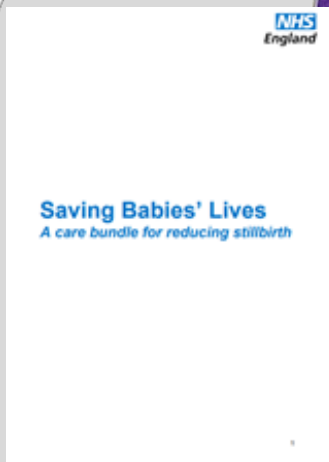
Respondents and response rate

- 150 The Rotherham NHS Foundation Trust patients responded to the survey
- The response rate for The Rotherham NHS Foundation Trust was 50.34%

Banding

- **Better**
 - Your trust's results were much better than most trusts for **5** questions.
 - Your trust's results were better than most trusts for **18** questions.
 - Your trust's results were somewhat better than most trusts for **8** questions.
- **Worse**
 - Your trust's results were much worse than most trusts for **0** questions.
 - Your trust's results were worse than most trusts for **0** questions.
 - Your trust's results were somewhat worse than most trusts for **0** questions.
- **Same**
 - Your trust's results were about the same as other trusts for **19** questions.

Current Drivers



Ockenden

- Report published in December 2020
- Trusts required to respond on 12 priorities with a commitment to 7 immediate and essential actions



Maternity Voices Partnership



Challenges

- Workforce inc Attrition
- Pressure from National Drivers / Scrutiny
- Demographics
- Expectations
- Capacity

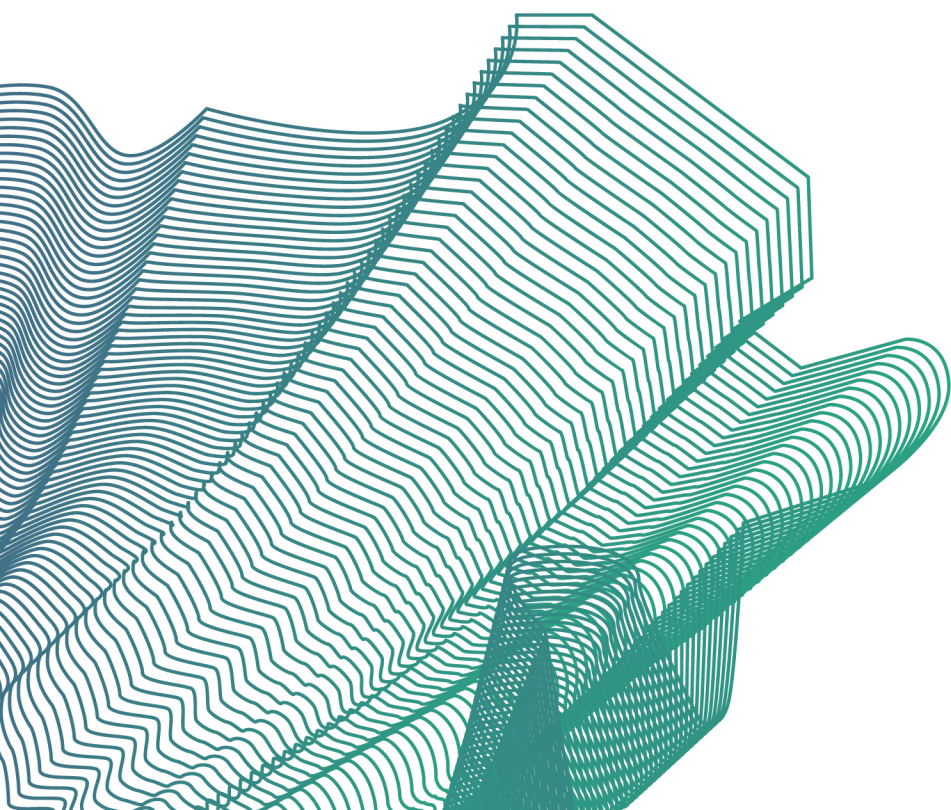
Proud Moments

- CQC rating
- CQC in-patient survey
- Trust Chairman's Award 2021
- Response to Covid-19
- Continuity of Carer
- Home birth rate
- Refurbishment
- Staff survey 2020 – top 5 out of 12 providers
- Early implementer for Pre-Term Clinic
- Maternal Mental Health



ANY
Questions?

Place Response – Discharge Planning February 2022



Discharge Guidance

- 7 day discharge service based
- Based on home first principles
- With the aim of discharging people within 2 hours/same day of being declared medically optimised (and therefore no longer having right to reside R2R) ensuring safe discharge
- Daily morning board rounds to establish Right to Reside (R2R)
- Transfer to dedicated discharge area
- Period of support in the community to enable people to return to pre-admission levels of independence
- Continuing health and social care needs assessments to be conducted in community settings
- Scheme 2: National discharge fund to March 2022 to support same day discharge and reductions in length of stay
- National data performance reporting

Discharge to Assess Pathways

Pathway 0: c 50% of people

Simple discharge, no formal input from health or social care needed once home

Discharge activities carried out by wards

Pathway 1: c 45% of people

Support to recover at home; able to return home with support from health and/or social care.

Pathway 2: 4% of people

Rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3: 1% of people

Require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals

Pathways 1-3 assessments to be carried out in the community (other than establishing appropriate pathway, safeguarding where required)

What's Working Well?

Place Partnerships

- Robust Place Governance
 - ICP – Urgent and Community Transformation workstream
 - Escalation process including meetings (Monday/Wednesday). Based on daily escalation these meetings can be stepped up.
 - Executive meetings when Place is significantly challenged
- Flexible and Responsive partnerships at Place
- Place transformation leads through IBCF that are joint posts.
- Joint Commissioning Senior leadership
- Implementation of new guidance – Place led approach

Respond to Demands e.g.

- Additional Brokerage on Saturdays
- Additional Social Work resource into IDT
- Flexibility to increase bed base through RMBC community beds to meet fluctuating demand/surge
- Collaborative procurement (i.e. winter beds/designated beds)
- Increased Home Care through Dynamic Purchasing Framework
- 7 Day Equipment Service pilot to February 2022
- Additional Transport (extended hours) to 31st March 22

What's Working Well?

Acute Discharge Focus

- One of 6 Priorities in Trust Operational Plan – Deliver Step change in improvement in flow
- Executive lead for work programme
- Task and finish group – divisional involvement at ward level
- Improvement work including divisional workshops and process mapping TTOs,
- Board Rounds – held daily, patient flow matron providing support/mentorship to wards
- Discharge Co-ordinators – ward based working closely with IDT
- New discharge lounge – increased capacity
- Change of language within Operational Meetings – Right to Reside starting to really embed
- R2R is part of EPR and digital visibility supports targeted approach
- Long Length of Stay (LLOS) - Escalation Meetings, follow up actions
- Weekend Discharge including Medical Support to discharge

What impact has this had?

- The majority of Acute Non-Elective discharges are Pathways 0 (89%), roughly in line with national audit outcomes.
- IDT support 10% of the non elective discharges from the Acute which equates to c 57 per week on average.
- The majority of referral are for patients aged 70+
- As IDT see the most complex discharges within the Acute a higher proportion are discharged with support therefore;
 - **Approximately 50% (28) patients are discharged from IDT home with either no formal support, a care package or reablement**
 - **The remaining c.50% (28) are discharged into one of our commissioned bed bases which include both residential and nursing rehabilitation beds and Discharge to Assess for Continuing Health Care**
- Rotherham's community bed base provision is roughly 28 commissioned beds per 100k weighted population compared to 21 national average.
 - Outcomes from Intermediate Care in Jan 22 are as follows 19 discharges – c90% went home with family support/reablement or home care, 5% were readmitted and 5%went into long term care.
- Spot purchase beds are also used in addition to this on average of 27 beds. This relates to the use of Discharge funding which is ending in March 22

What Are We Worried About?

- Covid 19 increasing community transmission and impact on staff sickness – potential for further variants emerging
- Pressure on social care provision to support Discharge and Admission Avoidance
- Workforce challenges across Place Unable to recruit to key capacity, particularly services to support people at home.
- Multiple outbreaks of flu and/or covid-19 in community i.e Care Homes, guidance reduced to 14 days, but Care Homes are seeing multiple positive results on retesting.
- Requirement to reduce the number of people with a R2R in Trust through increased discharges – concern over not meeting our Local target
- Discharge Fund (Scheme 2) funding ends March 22 – planning for mitigating risks now

Questions?

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Commission – 24 February 2022

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 Updates on evolving changes in Health and Social Care Provision in Rotherham associated with the Health and Care Bill 2021-22 have also been included in the work programme for 2021/22 and forward plan for 2022/23.
- 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 have been added to the forward plan, and a site visit will also be considered for 2022/23.

3. Options considered and recommended proposal

- 3.1 Members are recommended to begin considering priorities for the 2022/23 municipal year and contribute suggestions for the work programme or forward plan.

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, including the Clinical Commissioning Group (CCG) and National Health Service (NHS); and officers in respect of the scope 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, Head of Democratic Services and Statutory Scrutiny Officer

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

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

This page is intentionally left blank

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)	Winter Pressures Update
	Strategic Value of Physical Activity in Tackling Health Inequalities

24 February 2022 (Reports 15 Feb)	Maternity Services
	Hospital Discharge Policy and Practice
	Local Authority Declaration on Healthy Weight
Feb/March 2022 Spotlight Review	Care Home Safety
March/April 2022 Spotlight Review	Access to Primary Care
March/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
	Spotlight Review Outcomes
April/May 2022 Spotlight Review	Yorkshire Ambulance Service (YAS)

KEEP SAFE WHILE VISITING RIVERSIDE HOUSE AND THE TOWN HALL



HOUSE KEEPING TIPS

- Meeting rooms and the Council Chamber will be sanitised before and after every meeting.
- 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

This page is intentionally left blank