HEALTH SELECT COMMISSION

Date and Time :- **Thursday 29 June 2023 at 5.00 p.m.**

Venue:- **Town Hall, Moorgate Street, Rotherham.**

Membership:- **Councillors Yasseen (Chair), Baum-Dixon (Vice-Chair), Andrews, Barley, Bird, A Carter, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan, Miro, and Sansome.**

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 20 April 2023 (Pages 3 - 9)

To consider and approve the minutes of the previous meeting held on 20 April 2023 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. Appointment of Co-opted Member

To consider the appointment of David Gill of Rotherham Speak Up for Autism as a co-opted member.

7. Nominations for Representative to the Health Welfare and Safety Panel

To receive nominations for representative to the Health Welfare and Safety Panel.

8. Place Partners Mental Health Services Update (Pages 11 - 23)

To consider an update on mental health service delivery by Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDaSH) and Rotherham MBC.

9. Work Programme (Pages 25 - 29)

To consider the draft work programme for scrutiny for the 2023-2024 municipal year.

10. Urgent Business

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

11. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 27 July 2023, commencing at 5.00 pm in Rotherham Town Hall.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 20 April 2023

Present were: Councillor Yasseen (in the Chair); Councillors Andrews, Barley, A Carter, Foster, Griffin, Havard, Hoddinott, Keenan, Miro and Sansome. Also present were Mr. D. Gill and Mr. R. Parkin representing Speak Up for Autism.

Apologies were received from Councillors Baum-Dixon, Bird, Cooksey and Hunter.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

1. MINUTES OF THE PREVIOUS MEETING HELD ON 30 MARCH 2023

Resolved:-

1) That the minutes of the meeting held on 30 March 2023 be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

Cllrs Griffin and Havard declared a personal interest in respect of Agenda Item 6 as members of a steering group.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

4. EXCLUSION OF THE PRESS AND PUBLIC

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

5. UPDATE ON LEARNING DISABILITY TRANSFORMATION

Consideration was given to an update presentation by the Cabinet Member for Adult Social Care and Health and the Assistant Director for Adult Care and Integration. The presentation provided an update in respect of progress on the implementation of the Learning Disability Transformation programme. The presentation described progress which included creating jobs for local people. It was noted that thinking innovatively and creatively supported the implementation of the programme. There would continue to be a need for some purpose-built sites where there is complexity of needs. The Service were currently looking at how to expand this further with consideration for the voice of the local communities. Cabinet had granted approval to co-produce the vision for the strategy. Themes within the vision were described. There was to be a core area around safe travel for people with a learning disability. This improved life chances and ultimately resulted in greater

equality of health outcomes. Toward ensuring better co-production, the Council would become a member of Learning Disability England. A broad offer to develop accommodation with support would be developed. This meant designing a future model of support for people that is located within the Borough, close to what matters to them. The Service were currently engaged in the design and co-production process and awaited the finalised details. Associated timelines were described for the further implementation of the co-production. The Expected delivery was for April 2024, with soft launch activities ahead of then. The Cabinet Member noted that Castle View was felt to be an exemplary development, with six other Councils having visited to learn from the good practice going on at Castle View.

In discussion, Members requested further description of the relationship with carers and parents, and whether there was felt to be a degree of trust whereby the Service could have conversations about change. The response from the Cabinet Member noted that a small group would say that the trust has been rebuilt. Examples of people who had been empowered to follow their individual interests and dreams were noted. It was felt that the Service currently gives the confidence and encouragement for the individuals to learn the skills they want to learn to do what matters to them. This has included starting a business, riding a bicycle, or joining a sports team. For many people, this means they never want to go back to the previous model because under the current model they have individual choice and support. Some parents may not have been won over yet, but many have been. A recent fashion design event at Wentworth Woodhouse was described. Opportunities like these would not have been possible under the former system. The Service were asking people to imagine along with the Service the possibilities beyond those that were previously in place. The Assistant Director acknowledged that change was hard, and the traditional adult social care models had not been changed in decades. This meant that this is the first change for many. Therefore, it became important how the Service ensured the engagement support around Castle View was in place. This could involve a reflection of the positive outcomes. It was understood that there was still a need for traditional forms, where there were complex needs. Sensory support, therapy, and reablement, through a range of 21-century solutions would be part of this ongoing journey to keep the conversations going. The Cabinet Member noted that, as part of the Borough that Cares, the Service had been including actual carers actual cares and it had become a wide group of people. Developing the Carers strategy by working in co-production on the Carers Action Plan had helped build that trust.

Speak-Up Representatives had requested further clarification of the flexible purchasing system. The response from the Assistant Director noted the planning strategies underway. Rather than commission a care provision we can commission care that reflects that local need. As we work up how that works in practice, we will ask about community. Something similar was in use for mental health services. This would open up the market through greater choice of providers.

Members noted the diversification of the offer was welcomed and wondered if the Service had observed any corresponding diversification in the take-up, particularly by anyone who had not previously taken up the offers before. The response from the Cabinet Member noted that this was early stages, although the engagement with Rotherham Parent Carers forum was ongoing and the Service had reached into communities by going to people's houses when they requested care. More than before, the Service co-produced with and for as wide a range as possible. The work of last year had shown commitment to reaching out, but the Service accepted that more could be done. Profile statistics were not on hand, but it had been observed that the flexibility allowed for more types of support that people can access, not a one size fits all. Participation with the Autism Partnership Board had produced a video of autistic people giving feedback about health, in which it was noted that 'one size fits all fits nobody'. The new way of working therefore had to offer different strands and opportunities, co-producing a model that was applicable in all areas.

Members requested more details around what the Service had learned and what had been surprising so far. The response from the Cabinet Member indicated that the engagement plan could have been thought out in a longer time frame, taking more time in the early stages. Details of engagement with recruits and consultation with leaders of good practice that were previously completed were described. It was noted that it would have been excellent to have brought some of the carers leaders along on these visits to see what is being done elsewhere. This would have all assisted in explaining and illustrating the plans. Some people will not have been persuaded this was the right step to make, but also, it was partly co-produced, and it could have be more so. Castle view, with Carers Strategy and Action Plan showed the Service were keen to co-produce. The Assistant Director affirmed that the Service does not assume it knows the answers. Much of what comes through in engagement is around what people want to see. The Cabinet member had spent time around the ambassadors, the people who are using the services, and those who champion the people who receive the services. A mix of people who were supporting and not supporting were being engaged so that a holistic view could be collected.

Members requested further information around how the quality of delivery and the participation would be evaluated. The response from the Assistant Director noted that some of the opportunities under the community catalyst programme were managed by direct payment. The family member was closely involved in the package of care. Quality assurance visits were done to check compliance. These visits were done in addition to the checks done by the CQC. This gave the Service a mix of informal and formal feedback to inform commissioning decisions. Currently the Service was exploring what opportunities there were. The Cabinet Member affirmed that added value of qualitative feedback in addition to figures to give understanding of what is working well. Qualitative feedback contributed to building what was called the voice of

the residents. The Assistant Director noted key points where the friends and family test was being piloted in My Front Door across services. A future step would be to roll this out more widely. This would allow the Service to follow up with individuals where something has been raised to make sure everything was alright.

Members requested more information around how the Service responded to any barriers to engagement and how the Service responded where there was resistance to change. The response from the Cabinet Member affirmed the observation that the people with learning disabilities were willing to take steps to try things out, but sometimes their parents and carers do not want to. The response from the Assistant Director noted that it seemed some people did not want to engage in the new offer in the catalyst. Where there was a care need, those needs were being met, but it may not be under the transformed model. For example, it could be a purchase of day opportunities elsewhere. For those Park Hill residents who came through on this pathway, this option was put in place.

The co-opted member from Rotherham Speak Up for Autism requested further assurances that in the co-production process, the Service would be asking the people who use the services for feedback directly. The Cabinet Member agreed this was a very important principle. carers and clients and users would be spoken to, especially the people who are using the Service. The Service sought to collaborate with Speak Up during the first part of the journey. Speak Up had provided a good challenge, because the Service often talk about the relationship with the paid or unpaid carer. Yet, the important thing was to champion the voice by working with advocacy providers to ensure the voice comes through. The desire to shape services from the perspective of the individual was affirmed. This was the view the Service was taking through the next round of priorities formation. The Assistant Director also noted that in creating a forum, this helped make everything user friendly. Feedback through the forum would be taken back for the Service to look at the mechanisms and opportunities going forward. The Service also undertook targeted co-production through friends and family testing, so if there were ideas that Speak Up or others wanted the Service to take forward, there would be opportunities to take forward discussion and information sharing. When it was time later for the Service to come out as part of delivery, there was a good basis in place for the relationship. This collaboration was therefore welcomed by the Service.

Members requested further clarification of what was meant by ‘co-production’ and what that would look like. The Cabinet Member indicated this meant that the Service consult with as wide a range of people as possible. You ensure their voice is heard by incorporating their points as far as possible into the further project. The Carers Strategy took a year and a half longer than we wanted it to. This involved engaging with the carers to collaborate with a group of people sitting down in a room, making sure that they are heard. If something is not incorporated, this means providing an explanation of why it was not incorporated. The

Assistant Director affirmed that the basis of co-production was a power shift, from officers leading, to going out with a blank piece of paper rather than seeking ratification of a pre-developed plan. This shaped the design and there should be evidence of how the design was shaped. The findings should be published of what people told us. Co-production meant not giving people just a choice between boxes; co-production was allowing the people who will use the service to form that service.

Members requested further clarification of the role of co-production in the ongoing operation of the service. The Assistant Director affirmed the need to continue listening, quality assurance, feedback, in order to co-produce solutions and continually improve as the Service moves along. An element of continual development was acknowledged, as this does not stop. An example was given around supported living activities and menus being co-produced. The same thing happened in the day opportunities models. This could be further improved. When Park Hill residents moved to Lord Hardy Court, they co-produced decorations to the tastes, loves and wants of the individuals who lived there. Each one was different. That was co-production, and it was a reflection of each person as an individual.

Members sought additional information regarding lessons learned for future. The Cabinet Member affirmed the right decision had been made, following meetings with the service, with users and with carers. Conversations had taken place with many people and organisations. The Cabinet Member had been invited to speak to multiple groups to explain the changes. The changes had not been about saving money but about having a better offer. It was felt that the Service possibly could have reached the people in a better way by taking a longer amount of time. Giving people a longer gradual adjustment period may not have been a solution, but certainly the Service does all it can to provide assurance that co-production will be done.This was a good challenge for the Service to help people in future to get the timeline they need to adapt to something new. The passion that had come through from the consultation continues to help the Service build the next phases. The Service had brought in Learning Disability England to help shape the model formation and ensure the model is inclusive.

Members requested clarification around how the Service consults with young people just before they leave the education system to see how they fit into the services that were provided. The response from the Cabinet Member indicated that, six to seven years ago, the transitions were not of the quality desired. Transitions had improved since then. Castleview held meetings. engagement through Children’s Services was also done. Corporate Parenting also monitored how the Service prepare young people for adulthood. The Quality Assurance framework created a natural feedback loop. Ages 16-25 were a focus with wider ages being influenced by this work as well.

Members requested further details regarding how apprenticeships and employment initiatives were being developed. The Cabinet Member noted

that it had been felt previously that there was not enough being done in this area; therefore, this was changing. A new person had been recruited, and there would be two further roles. These numbers were lower than desired. Volunteering was not considered an employment opportunity. There was funding coming online through a programme, staffed with people with LD and Autism, with interim employment, each of which will have a pot of money to help remove barriers which vary individual to individual. It was felt that the Service had made a start on this objective, working with the University of Sheffield and with a team of staff to work with older adults and explore as early as possible the opportunities for young people before they move into these Services. Part of this was through a vocational programme within the Learning Disability Strategy, ensuring each person has equal life chances, which can only be done with an employment offer. This sometimes involved travel training to use public transport independently and safely. Transitions for people with a learning disability are much more time intensive. The Cabinet Member noted that there was not currently an internship scheme. Several people had visited Wentworth Woodhouse for a workshop with artwork. The Cabinet member noted that Directorates of the Council should lead by example in employing people with learning disabilities.

Members sought additional assurances that the Service would be able to demonstrate that the approach was inclusive. The response from the Assistant Director noted that realistically, the Service was wide reaching, although some were hard to reach. Co-production means that voices of all communities are engaged. This makes big strides in promoting inclusion in Service models. A high number of compliments had been received from a variety of service users across a number of different service areas. The Service did not yet have the full mechanisms in place but will discuss feedback from individuals. Through the conversations about My Front Door, it had been learned that the offer must be personalised. The Service would be working with neighbourhoods services and heads of localities to strengthen the dialogue and the local knowledge, with an update on the new model offered in 12 to 16 months.

The Chair noted that an update around the flexible purchasing system had been requested as part of the next update on residential home care.

Resolved:-

1) That the presentation be noted.

2) That co-production of the new model be sought with local partners including Speak Up.

3) That the Service seek to strengthen communication with Neighbourhoods Teams regarding co-production and the offer within wards.

6. WORK PROGRAMME

The Chair noted three updates to the work programme.

- The Oral Health Review outcomes will be submitted to the next meeting.
- Members were encouraged to attend the work programming exercise at the Scrutiny Strategy Day on 26 April from 10am to 3pm.
- Members were further encouraged to participate in the YAS, TRFT, RDaSH Quality Accounts.

Resolved:-

1) That the updated work programme be noted.

2) That the governance advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair and reporting any such changes back at the next meeting for endorsement.

7. URGENT BUSINESS

The Chair advised that there were no urgent items requiring a decision at the meeting.

8. DATE AND TIME OF NEXT MEETING

Resolved:-

1) The next meeting of Health Select Commission would be held on 29 June 2023, commencing at 5pm in Rotherham Town Hall.

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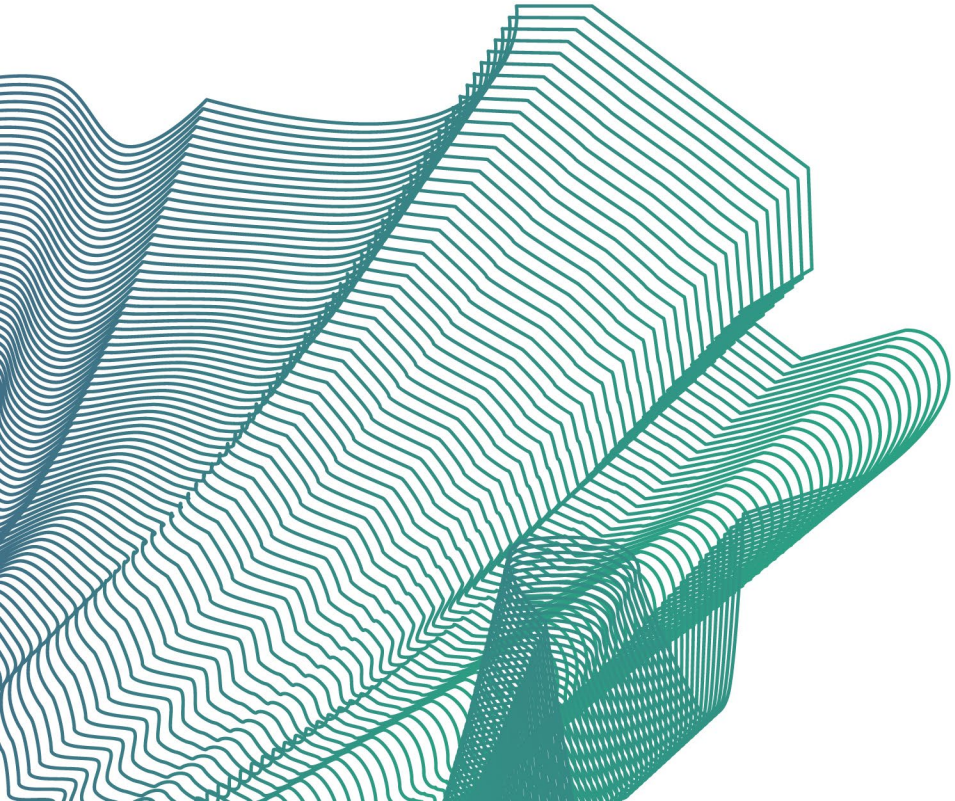
ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP I HEALTH AND SOCIAL CARE

Rotherham Place Mental Health Services June 2023



NHS South Yorkshire Integrated Care Board

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

VoluntaryAction Rotherham

CONNECT HEALTHCARE ROTHERHAM CIC

Contents

Assessment & Formulation Backlog Clearance Update

Month	Patients Awaiting Triage	Patients Awaiting Assessment	Average Wait to Assessment
June 2022	300	800	15 Weeks
October 2022	6	613	18 Weeks
December 2022	13	573	19 Weeks
May 2023	20 (waiting less than a week)	549	20 weeks

- 30-40 referrals a week
- Enhanced recovery plan in place from May 2023 with increased management and clinical input
- Transformation new ways of working from July 2023
- Note hard work of the team – continued decrease in number of patients waiting for assessment despite significant staffing challenges

Assessment Formulation - Recruitment

- Currently 1.6WTE working out of 6WTE due to vacancies and sickness
- Trust wide overtime programme in progress to support the recovery plan
- Additional management & clinical input to support recovery plan

Memory Service Backlog Clearance Update

Month	Waiting List	Average Wait to Assessment
June 2022	568	29 Weeks
September 2022	533	21 Weeks
October 2022	444	21 Weeks
November 2022	433	13 Weeks
December 2022	406	11 Weeks
May 2023	390	11 Weeks

- Memory Service Locally Enhanced Service commenced September 2022 - reduction in annual review waiting list of approximately 80%
- Continued high level of referrals
- Note hard work of the team – maintained waiting time and reduced waiting list despite staffing challenges

Memory Service - Recruitment

Pre-additional substantive funding - band 6 establishment – 7 WTE

Post additional substantive funding - band 6 establishment – 9 WTE

Post additional non-recurrent funding - band 6 establishment 11 WTE

Currently 9WTE in post – recruitment underway as below.

- 1 x substantive band 6 from additional ICB funding started 31st May 2023.
- 1 x substantive band 6 from additional ICB funding to start on 5th July 2023
- 1 x 12 months FTC from additional ICB funding started 22nd May 2023
- 1 x 12 months FTC from additional ICB funding – applicant pulled out – back out to advert – if recruitment successful will start approximately October 2023

Crisis Transformation

Crisis Calls – From 1st June 2023, all calls out of hours moved from Care Coordination Centre to Doncaster Single Point of Access as part of RDASH crisis transformation programme

NHS 111 / 999 – National programme to have a direct link to local Crisis Services via NHS 111 (press 1 for mental health etc). To be implemented late 2023. Direct access from 999 calls to be implemented in 2024.

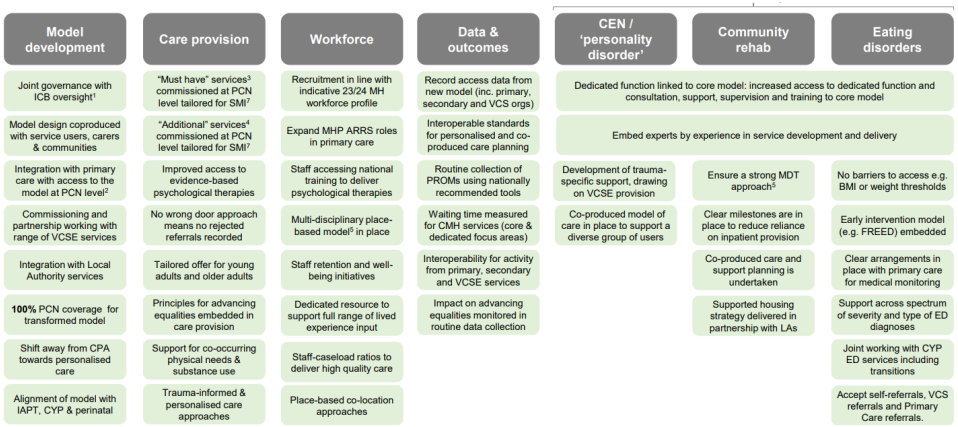
YAS Push Model – Support Yorkshire Ambulance Service to identify patients who are appropriate to redirect to the Crisis Service –avoiding A&E – to be implemented late 2023.

Crisis Alternative Promotion

- Safe Space
- Be the one
- Rotherhive

Community Mental Health Transformation

Aim - People with mental health problems will be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This will help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation.



The 'roadmap' sets out the key milestones and deliverables that underpin the transformation of community mental health as set out in the Community Mental Health Framework

- **4 Core elements** – Model Development, Care Provision, Workforce, Data & Outcomes
- **3 dedicated Focus milestones** – Complex Emotional Needs/'personality disorder', Community Rehabilitation, Eating Disorders

Patient Outcomes – Development

- Care Programme Approach (CPA) introduced 1991 to provide a framework for effective mental health care for people with severe mental health problems.
- October 2021, NHS England and NHS Improvement recommended the use of three core Patient Rated Outcome Measures (PROMs) to help assess a Service User's mental health and wellbeing needs.
- **DIALOG** is a scale of 11 questions which allow a service user to rate their overall quality of life and experience of the care they receive. It identifies a Patient Rated Outcome Measure (PROM) from the initial 8 questions on life domains, and a Patient Reported Experience Measure (PREM) from the final 3 questions on the treatment they are receiving.
- **DIALOG+** builds on the DIALOG scale to provide a full therapeutic intervention using a 4-step approach based on solution focused therapy and has been specifically developed to make routine patient-clinician meetings therapeutically effective.
- Implementation of DIALOG and DIALOG+ underway.

Delivery of the Mental Health Crisis & Liaison Programme

A key priority within the Place Plan is the Delivery of the Mental Health Crisis and Liaison Programme

There are a number of transformation programmes to support delivery of this, including

- Developing a revised mental health service offer and model
- Co-producing a new mental health reablement and day opportunities offer with people with lived experience, their families and carers.

Timeframe and governance

The offer will be developed by December 2023 and implemented in quarter 1 of 2024/25.

The programme of work will be governed by Place Leadership and the reporting structure within, as well as through The Council governance structure to Cabinet.

Statutory and legal duties

To support design of the pathway, statutory and legal duties and must-dos have been identified

Local Authority

Care Act, Mental Health Act and Mental Capacity Act Legislation

- Provision of assessment, information and advice, early intervention & prevention, advocacy
- Safeguarding adults, 24/7 making safe
- Promote wellbeing
- S117 (aftercare) and s135 Approved Mental Health Professional (AMHP)
- Statement of Need and Support Plan
- Time and issue-specific decision making.

Rotherham, Doncaster and South Humber NHS Foundation Trust

- Provision of community and inpatient services to people with Mental Health and Learning Disability needs (LD community only)
- Mental Health Act

Primary Care Networks

- Ongoing community-based general medical, physical and mental health provision.

All statutory organisations have safeguarding responsibilities and are subject to the Care Quality Commission (CQC) Regulatory Framework.

Progress so far

Progress so far –

- Programme approach

- A workshop focussed on the crisis offer was followed by a Local Authority-led initial partnership workshop to –

    1. Identify statutory and legal duties, and must-dos of each organisation
    2. Identify terms of engagement for partner working
    3. Develop objectives for the programme of work, including a joint-approach
    4. Agree definitions and core principles to shape the revised pathway
    5. Begin developing a high-level mental health pathway to help inform the future service offer and model.

Next steps

1. Several themes have emerged from the partnership workshop, including -

   - **Prevention and early intervention**, including the front door and ‘make safe’ duty
   - **Crisis interventions and alternatives**, including admission, inpatient care and discharge
   - **Reablement, recovery and rehabilitation**, including day opportunities

   These themes will be scoped and key actions identified to operationalise the pathway.

2. The Crisis Concordat will be refreshed to hold these actions, providing leadership across partner organisations.

3. An approach will be developed and agreed to involve people with lived experience, their carers and family in shaping the future reablement and day opportunities offer.

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Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 29 June 2023

Report Title
Draft Work Programme

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Jo Brown, Assistant Chief Executive

Report Author(s)
Katherine Harclerode, Governance Advisor
01709 254532 or katherine.harclerode@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
To outline a draft summary work programme for Health Select Commission 2023/2024.

Recommendations

1. That the draft work programme be noted, and suggestions for inclusion in the work programme be invited from members for consideration.

2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with a revised work programme to be submitted at the next meeting for endorsement.

List of Appendices Included
Appendix 1 Draft Summary Work Programme – Health Select Commission

Background Papers
Agendas of Health Select Commission during the 2021/22 and 2022/23 Municipal Years
Minutes of Health Select Commission during 2021/22 and 2022/23 Municipal Years

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required
No

Exempt from the Press and Public
No

Draft 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 prevention-led health and social care strategies and plans, and through looking at the wider determinants of health is 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 2022 Health and Care Act ushered in changes in the commissioning, organisation and provision of health and social care that continue to be a focus with evolving implications for how health scrutiny is conducted in the future.

1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having due regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. HSC has chosen to scrutinise a range of issues through a combination of reviews, pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.

1.6 Health Select Commission has seven scheduled meetings over the course of 2023/24, representing a maximum of 14 hours of formal public scrutiny per year – assuming approximately 2 hours per meeting. Members therefore are 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 gives local authorities the power to take actions that 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 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 29 June 2023, a revised draft work programme for 2023/24 will be developed and presented at the 27 July 2023 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, equal access to services and prevention.

2.3 Previous priorities for scrutiny 2021/22 were mental health, addressing health inequalities, and improving access to services. Prevention, a further priority which was carried into 2022/23, was agreed on 25 November 2021. HSC continues to have overview of the Council's strategic efforts to address health inequalities, and this remains an overarching principle or 'golden thread' throughout all scrutiny work.

3. Options considered and recommended proposal

3.1 Members are recommended to consider priorities for the 2023/2024 municipal year as they consider prioritisation of the work programme and 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 Integrated Care Board (ICB) and National Health Service (NHS); and with 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 directly 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 directly arising from this report; however, Members have regard to potential implications for young people and vulnerable adults in compiling and carrying out the scrutiny work programme.

10. Equalities and Human Rights Advice and Implications

10.1 Whilst there are no specific equalities implications directly 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 Whilst there are no implications for CO2 emissions or climate change directly arising from this report, members have regard to implications in compiling and carrying out the scrutiny work programme.

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
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This report is published on the Council's website.

Appendix 3: Health Select Commission – Work Programme 2023-2024

Meeting Date	Agenda Item
29 June 2023	Place Partners Mental Health Services Update Work Programme
27 July 2023	Drug and Alcohol Services NHS SY Performance
28 September 2023	Suicide Prevention TRFT Annual Report
16 November 2023	Child and Adolescent Mental Health Services Place Partners Winter Planning Scrutiny Review Recommendations – Oral Health
TBC	TRFT workshop
25 January 2024	Healthwatch – Adult Social Care Adult Social Care Sexual and Reproductive Health
7 March 2024	Maternity Services Social Prescribing

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