

## HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 16 November 2023 at 5.00 p.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Yasseen (Chair), Miro (Vice-Chair), Andrews, Baum-Dixon, Bird, A Carter, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan, Thompson, Wilson.
- Co-opted Members – Robert Parkin and David Gill representing 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 28 September 2023 (Pages 3 - 10)**

To consider and approve the minutes of the previous meeting held on 28 September 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. Place Partners Winter Planning (Pages 11 - 21)**

To consider an overview presentation in respect of the Rotherham Place Winter Plan.

**7. Work Programme (Pages 23 - 30)**

To consider and endorse an updated outline schedule of scrutiny work for the 2023/24 municipal year.

**8. Urgent Business**

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

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

The next meeting of the Health Select Commission will be held on 25 January, 2024, commencing at 5pm in Rotherham Town Hall.



SHARON KEMP,  
**Chief Executive.**

**HEALTH SELECT COMMISSION  
Thursday 28 September 2023**

Present:- Councillors Yasseen (Chair), Miro (Vice Chair), Andrews, Baum-Dixon, Bird, A Carter, Cooksey, Havard, Hoddinott, Hunter and Wilson; and co-opted member Mr. Robert Parkin, representing Rotherham Speakup.

Apologies were received from Councillors Foster, Griffin, Keenan, and Thompson; and from co-opted member David Gill of Rotherham Speakup.

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

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

**28. MINUTES OF THE PREVIOUS MEETING HELD ON 27 JULY 2023**

**Resolved:-**

That the minutes of the previous meeting held on 27 July 2023 be approved as a true and correct record of the proceedings.

**29. DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

The Chair confirmed that no questions had been submitted.

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

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

**32. SUICIDE PREVENTION UPDATE**

Consideration was given to an update presentation in respect of suicide prevention work in the Borough, presented by the Cabinet Member for Adult Social Care and Health and Consultant in Public Health. The presentation described how over the past year the Borough had seen a reduction in suicide rates for men in Rotherham, which brought the rate for Rotherham statistically similar to the national average. The rates for women had not decreased, however, since the last report in September 2022. The rates for women in the South Yorkshire and Humber region had increased, which was an area of concern. Rotherham's overall position had improved when compared to statistically similar neighbours. The presentation noted that government had recently announced voluntary sector grants for suicide prevention work. The Service would work with the voluntary sector partners to support grant applications.

The presentation illustrated how the Service responded to risk factors with task and finish groups and how this focus is led by real time data provided by the South Yorkshire surveillance system that is coordinated by South Yorkshire Police. This system is a replication across South Yorkshire of good practice that originated in Rotherham. Bereavement support to families throughout South Yorkshire continued to be delivered through the Amparo Service, which would soon be recommissioned as it was nearing the end of the contract term. This Service going forward would be an all-age service. Monitoring of trends information provided by the coroner informed the local action plan. Sessions with the media and work with a group in Doncaster had been done to look at work within prisons.

South Yorkshire local authorities, Chilipep, Amparo, and South Yorkshire Police entered the Local Government Chronicle awards and won in the category for public partnership. The toolkit app they developed was seen as a scalable resource that can be used elsewhere. This was the first time a resource had been designed by speaking with young people about what would help support them when they are bereaved by suicide. This toolkit had been sent out to all colleges, schools, childcare providers, early help, and to the NHS.

In discussion, Members sought further insight regarding men who were previously unknown to services and those who were known to services but who may not have been sufficiently reached by them. Members requested assurances that early intervention was an approach being taken system-wide, as there were concerns that waiting times for therapies to nonmedical treatment could result in increased reliance on primary care. The response from the Consultant in Public Health described work to get the messaging right for men in particular in their 40s and 50s. Three men's talking groups were active across the borough. It was known that some individuals were not even registered with a GP, particularly from Eastern European communities. This presented a challenge to their knowing how they can access services. The emphasis was on collective responsibility and getting people trained to provide that initial support which was very important to accessing services. Suicide Prevention training within organisations was ongoing to build up skill in knowing what signs to look for and confidence in having these important conversations.

Members also sought to understand the issues that led to the increase relating to women and the key services that people were interacting with. The response from the Cabinet Member and the Consultant in Public Health described that work was going on, but in some categories, the numbers were going up. It was felt that more information was needed, for example, in relation to work with people in and leaving prison. It was noted that suicide was an outcome that does not always follow on from issues. It was possible, for example, that there could be even more prevented than previously. A significant number of people who take their own lives had not had any contact with services, so initiatives like the 'BE The One' programme which increase involvement in the services were

important. It was not possible to unpick any person's situation and say what could have been done. It was very hard to get evidence of effectiveness, at a Rotherham, national or international level. The current data looks at the bigger cohort of cases. The presentation of data could also be very identifiable, so it was necessary to be circumspect about how information around suicide was presented. Something else that the Service was interested in was how people felt about their experience in contact with services.

Members sought additional information on whether data was captured regarding attempts. The response from the Consultant in Public Health noted that data limitations around groups, for example relating to geographical areas, which would be helpful. The Service was working with Local Authorities to achieve this. The National Strategy and data provided a sense of themes. It was noted that December was a time of the year when there is increased risk. Where the person had been in contact with services such as housing, Adult Social Care, or domestic abuse, there would be a serious incident review. Generic case studies were reviewed to help those services understand where additional support might be provided. Sometimes people are clear regarding their determination; asking people directly was important. There was a safeguarding lead for adult services within the Council. Members expressed interest in an additional session to explore where there could be additional interventions.

Members sought additional information around pathways for people who ring 999. The response from the Director of Public Health noted that since the last update, there had been a policy change. Assurances were provided that this pathway had been developed, and safeguards were in place. There had been a policy change to 'Right Care, Right Person' which was being implemented. Under the policy, the police response does not include following up when a person has made the decision not to attend an adult care appointment where this reflects individual choice and there is not a threat to life. The next phase of implementation was set to continue into early 2024, as timescales were being clarified. It was noted that this could be an area where scrutiny could add value as part of the next year's work programme. The Deputy CEO also noted that people did come into the urgent and emergency care centre in some instances. South Yorkshire Police officers had been extremely supportive during the process of getting the patient into the right setting.

Members expressed interest in receiving more information which could inform delivery of council functions, such as licensing. There was a desire to know more about how the Service works with places attended by people who may not access services. The response from the Consultant in Public Health affirmed the importance of thinking outside the box to extend the reach of the offer into additional kinds of communities. For this reason, the Service had a coordinated strategy for targeted interventions. The Director of Public Health further noted that life events such as relationship breakdown, finances or homelessness were a few of the risk

factors. Therefore, the awareness training was part of the Better Health and Work Programmes to extend the reach of the training as widely as possible. The Consultant in Public Health provided as an example the targeted work with retailers in the areas where there had been increasing numbers.

More information was requested around work with Housing Services. The response from the Director of Public Health noted that housing officers were skilled in understanding the challenges faced by many people who are in accommodation that was not ideal for them. Additional support provided by the Housing Service was described.

Members sought additional information around how the new national strategy would impact the local plan. The response from the Cabinet Member and the Consultant in Public Health noted that most of the things were included in the local plan, although, the local suicide prevention groups had not yet met since the national strategy was so recently published. Post-intervention and bereavement support was felt to be already strong locally, in line with the Strategy. The Strategy also addressed self-harm, which was included in the local action plan, with a framework currently in development.

Members sought further understanding of local risks in Rotherham. The response from the Consultant in Public Health noted that the rate among males had come down, very close to the national average, which was felt to be significant and welcome progress in the right direction. There was less national research to explain the rise in the rate for women. It was understood that the pandemic had a massive impact on women's mental health and in suicide where women have been under control and coercion. At the Place level and also across the Yorkshire and Humber Region, female deaths were a concern. This was not unique to Rotherham only, but it was a focus of the Service.

Members requested further clarification around how the figures of suspected suicides were compiled. The response from the Consultant in Public Health described the role of partners such as police or TRFT. Only the coroner was able to make the determination whether a death was a suicide. Prior to this, it could not be called or recorded as suicide. Furthermore, in any attempted suicide, the first intention was to help the person. A person may not declare their motives. This also applied to drug-related deaths. The data showing what was happening across South Yorkshire was helpful to the Service in enhancing understanding.

Members sought additional assurances around the response of the Service to help women, given that the numbers for women were the highest in 19 years. The response from the Consultant in Public Health noted this was something the Yorkshire and Humber Region were struggling with in the absence of national research. Themes of work in Rotherham had included raising awareness of domestic abuse. However, the long-term effect of the pandemic on women's mental health could not

be known. Areas of support work had focused on carers to promote wellbeing where there is risk of isolation. It was felt that more national evidence was needed, and it was believed that the wider implementation of the new national strategy would bring about more information.

Members proposed a workshop session to build in-depth understanding of the information and data basis for the interventions, noting the limitations around identifiable and attempted suicide. It was desired that housing, early help, homelessness and other services of the Council contribute to the workshop regarding their role in the interventions. There was also a desire for greater understanding of the equalities issues, and issues for younger community members, which could be contributing to the picture for Rotherham. The response from the Director of Public Health welcomed a further conversation around the scope of the workshop, and the Consultant in Public Health and the Cabinet Member welcomed the opportunity to provide further information around how the Service was delivering against the national strategy.

**Resolved:-**

1. That the presentation be noted.
2. That a workshop be planned within the next six months to explore the role of Council services in suicide prevention.

**33. ADULT SOCIAL CARE PREPAREDNESS FOR CQC REGULATION**

Consideration was given to a presentation by the Cabinet Member for Adult Social Care and Health and the Head of Localities which outlined the plans and progress made in respect of the Adult Social Care Service in preparedness for regulation. The Cabinet member outlined the introduction of a new regulatory framework including a new inspection regime for adults which had come into effect amid nation-wide challenges in respect of staff retention and recruitment within an underfunded sector that is experiencing increasing demand on services. As the pilot phases of the inspection regime were being implemented, the Service garnered additional learning and intelligence that informed the preparations. The current picture was outlined, including zero people on the care home waiting list and a significant reduction in the number of people awaiting assessment. The Service had also recently been awarded a mental health concordat as an exemplar of excellence. The Service had developed a plan for self-assessment and peer review which would be implemented in the run up to regulation, which involved taking account of areas which were good and where improvements could be made.

In discussion, members sought additional details around how the service is linked up with other services. The Cabinet Member considered that this was part of listening well to people's voices and preferences, and there was now strong co-production work, but there was more work to do in this area.

Members expressed interest in the proposed adoption of a similar test to the NHS 'friends and family test' and sought additional information about how this would be implemented. The response from the Head of Localities explained that a pilot was active which utilised an automated text option, but other options were used where there are accessibility preferences. Further details regarding good practice were sought and provided for reference by the Deputy CEO of TRFT. The response from the Deputy CEO noted that there were numerous ways of doing this, for example, volunteers could sit down with patients to go through the questions, or the CQC can write out to patients who write back with their response. This was felt to be very powerful information. As a further example, a Google search for 'TRFT friends and family' would return the questions that were asked by the Trust.

Members requested to know more how the rating system would work. The Cabinet Member noted the range of possible ratings. During the first tranche, there were no ratings given. The Cabinet Member aimed for the Service to be rated 'good', noting the significant improvement journey of the Service over the last eight years. The Cabinet Member noted that more knowledge around how the process will work gives the Service more insight into how to prepare well to achieve the desired outcome.

Members sought additional information on how the Service had performed in the self-assessment, and how the inspection process could involve participation by Councillors. The first pilot was a reduced version, however, in phase two there would be questions asked of Councillors. There would also be conversations with partner organisations.

Members sought additional assurances around the role of ASC within the discharge process from hospital. The Cabinet Member affirmed the virtual wards as a strong approach that had been effective. The Cabinet member noted that this would be part of the regulation framework. The Cabinet member summarised the Better Care Fund funding and monitoring of the initiative through the Rotherham Place Board and noted that there was a desire to expand this approach. The Deputy CEO of TRFT noted the current numbers of patients receiving care through virtual wards, which worked closely with the Integrated Discharge Team to focus on patients in acute care who were able to go to a care home or home package. It was felt that this was working well.

Members sought additional details regarding how the service would respond if there was found to be a need for extra support and help. The response from the Cabinet Member noted that an action plan would be created based on the specific areas or weakness and the urgency and scale of the required improvements. The improvements would then be delivered according to the action plan, but significant improvement had been done, and self-assessments undertaken to recognise areas in need of improvement, with preparation in place to strengthen the position.



Members sought additional assurances that any focus on 'passing the test' would result in improvements to the Service. The response from the Cabinet Member affirmed that a good result from the inspection would be a sign of having a good Service. The preparation had prompted the Service to get stronger at co-production and to improve in areas where it had been identified that there was room for improvement. The Head of Localities noted that the inspection is an opportunity to do the right thing by looking at all the areas to identify gaps and implementing plans to address these. The Director of Public Health noted also that the inspection would not be about simply meeting a standard, but required the Service to demonstrate self-awareness around what was good and what needed to be improved. The self-assessment was a very important part in this process which showed there would be progressively better outcomes achieved. The Cabinet Member noted that the summary report regarding the self-assessment review had been so substantial and thorough, that readers had requested an abridged version.

The co-opted member representing Speak Up Self Advocacy noted the need for 'you said, we did' evidence of co-production that uses plain language rather than jargon. It was also hoped that co-production initiatives would not conflate learning disability and Autism. It was felt that Autism should not be forgotten within what could sometimes sound like a generic discourse around disability. The response from the Cabinet Member confirmed that a focus group solely around Autism was currently being set up.

Members also sought further assurances that there were sufficient staff capacity to deliver the improvements in line with the ambition following on from the assessment. The Cabinet Member noted there were no current vacancies in the Riverside-located side of the Service, and there were discussions of bringing on someone specifically to ensure the Service is on track for the assessments. The Cabinet Member further noted regarding the interface regarding the residents and the Service, the shortage of workers across the sector, and the several factors contributing to the shortage. This was why the Council had increased the funding to Care Homes for staff.

The Chair expressed a desire to know more about how equalities was a part of the preparations for regulation. The response from the Chair offered to supply data to illustrate any particular area of the plans which members would like more information on.

**Resolved:-**

1. That the presentation be noted.
2. That a plain language 'you said we did' approach be adopted to demonstrate the responsiveness of the Service and the impact of user feedback.

3. That the Service continue to ensure the assessment process prioritises the duty to equalities as it drives forward improvements.
4. That the response of the Service to the peer review be included as part of the next update in January 2024.

#### **34. WORK PROGRAMME**

Consideration was given to an updated outline schedule of scrutiny work for the remainder of the municipal year 2023-24, and to the updated terms of reference of the Joint Health Overview and Scrutiny Committee, which were received for information.

##### **Resolved:-**

1. That the outline 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.
3. That the updated Terms of Reference of the South Yorkshire, Derbyshire, and Nottinghamshire Joint Health Overview and Scrutiny Committee be noted, reflecting the Chair of Health Select Commission as representative on the committee with the Vice Chair as Deputy.

#### **35. URGENT BUSINESS**

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

#### **36. DATE AND TIME OF NEXT MEETING**

##### **Resolved:-**

The next scheduled meeting of Health Select Commission will be held on 16 November 2023, commencing at 5pm in Rotherham Town Hall.



























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**Committee Name and Date of Committee Meeting**

Health Select Commission – 16 November 2023

**Report Title**

Work Programme

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

No

**Strategic Director Approving Submission of the Report**

Jo Brown, Assistant Chief Executive

**Report Author(s)**

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

**Ward(s) Affected**

Borough-Wide

**Report Summary**

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

**Recommendations**

1. That the updated work programme be endorsed.
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 Summary Work Programme – Health Select Commission

Appendix 2 Updated Terms of Reference – SYDN JHOSC

**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 was 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.
- 2.4 **South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC)**
- 2.5 The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee, of which Rotherham has been a constituent Member since 2015, resumes following a brief hiatus during the pandemic, governance structure changes by the host authority, and the embedding of new governance structures under the Health and Care Act 2022. The updated JHOSC Terms of Reference (included at Appendix 2) reflect the changes ushered in with the Health and Care Act 2022. The Chair continues to represent the Commission on the JHOSC as agreed in 2015, with the Vice Chair as deputy. Further updates regarding the JHOSC work programme will be submitted to Health Select Commission in due course with an opportunity for members of the Commission to feed into the programmes of work and lines of inquiry.

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

- 3.1 Members are recommended to consider priorities for the 2023/2024 municipal year as they consider 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

*Report Author: Katherine Harclerode, Governance Advisor*

*01709 254532 or [katherine.harclerode@rotherham.gov.uk](mailto:katherine.harclerode@rotherham.gov.uk)*

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

**Appendix 1: Health Select Commission – Work Programme 2023-2024**

**Chair: Cllr Taiba Yasseen**  
**Governance Advisor: Katherine Harclerode**

**Vice-Chair: Cllr Firas Miro**  
**Link Officer: Ben Anderson**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

**Establish as a starting point:**

- What are the key issues?
- What is the desired outcome?

**Agree principles for longlisting:**

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

**Developing a consistent shortlisting criteria e.g.**

- T: Time: is it the tight time, enough resources?  
 O: Others: is this duplicating the work of another body?  
 P: Performance: can scrutiny make a difference  
 I: Interest: what is the interest to the public?  
 C: Contribution to the corporate plan

<b>Meeting Date</b>	<b>Agenda Item</b>
29 June 2023	Place Partners Mental Health Services Draft Work Programme
27 July 2023	Drug and Alcohol Services Place Plan Priorities Close Down Report - May 2023
28 September 2023	Suicide Prevention Update Adult Social Care Preparedness for Regulation
Workshop - November 2023	TRFT Annual Report
16 November 2023	Child and Adolescent Mental Health Services Update (deferred) Place Partners Winter Planning
Winter 2023 to Spring 2024	Review: Menopause, Sexual and Reproductive Health
25 January 2024	Healthwatch – Adult Social Care Adult Social Care – Commissioning Update

<b>Meeting Date</b>	<b>Agenda Item</b>
February 2024	Social Prescribing Workshop
7 March 2024	Maternity Services Update Yorkshire Ambulance Service
April-June 2024	Quality Accounts