

HEALTH SELECT COMMISSION
Thursday 26 June 2025

Present:- Councillor Yasseen (in the Chair); Councillors Adair, Bennett-Sylvester, Brent, Clarke, Duncan, Garnett, Harper and Gill.

Apologies for absence:- Apologies were received from Keenan, Ahmed, Baum-Dixon, Havard, Thorp and Fisher.

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 1 MAY 2025

Resolved:-

That the minutes of the meeting held on 1 May 2025 be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

4. EXCLUSION OF THE PRESS AND PUBLIC

There were no items on the agenda that required the exclusion of the press or members of the public.

5. NOMINATE REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL

The Chair sought a representative from the Health Select Commission to sit as a member of the Health, Welfare and Safety Panel. It was also suggested that the nominated representative should provide an update on the work conducted during the course of the municipal year.

Resolved:-

That the Health Selection Commission appointed Councillor Garnett as its representative on the Health, Welfare and Safety Panel for 2025/26.

6. ADULT CONTACT TEAM REFERRAL PATHWAY (ADULT SOCIAL CARE)

The Chair welcomed Councillor Baker-Rogers, Cabinet Member for Adult

Care and Health, and Jayne Metcalfe, Head of Service – Access and Prevention to the meeting and invited them to introduce the presentation.

Cllr Baker-Rogers explained that an update on the Adult Social Care Adult Contact Team Referral Process was being shared to advise on the Adult Social Care referral pathway, Adult Contact Team (ACT) structure, ACT referral routes and to provide insight into challenges and planned developments to improve access to Adult Social Care and service users' satisfaction.

The Head of Service – Access and Prevention thanked the Commission for the invitation. They provided background information on the Adult Contact Team, previously known as First Contact, created as part of the Adult Social Care operating model in 2019.

They explained that the team's purpose was to receive, triage, and prioritise referrals for assessment, prevention, safeguarding, and Occupational Therapy (OT). The service underwent redesign which concluded in April 2025 and was in the implementation stage. The Adult Contact Team served as a single point of contact for Adult Social Care, and offered the ability to make referrals 24/7 via an online form, during office hours by telephone, or in person at Riverside House. The team aimed to resolve support requests at the earliest opportunity, linking people to appropriate professionals, prioritising safeguarding concerns. They also supported individuals with no recourse to public funds and administered public health funerals.

The Supporting Independence Team was introduced to strengthen the initial response to contacts and manage demand. That team worked with individuals unlikely to meet the threshold for formal care but who nonetheless needed support to access community resources, reduce isolation, and maintain independence. The team comprised of community connectors, sensory workers who work with visually and hearing impaired and our carer's workers addressed standalone requests for carers assessments which aimed to maximise independence, reduce delay or prevent the need for formal care and support. The team could work with individuals for up to 20 weeks, but often less and began working with individuals from late September 2024.

Between April and May 2025, sensory workers supported 101 people with visual, hearing or dual impairments. Community connectors worked with 195 people since September 2024, with only 8% needing a Care Act assessment and carers link officers conducted 182 carers assessments since October 2024, which significantly reduced the waiting list. Learning since implementation was still being embedded and data collection improved to better evidence the progress made.

During March 2025, the Adult Contact Team received 2,778 calls and 1,833 emails. They aimed to make a decision on the right pathway within five days of receiving a referral and achieved this in approximately 60% of

cases. The team handled 285 monthly referrals for occupational therapy, with about a third of which required an urgent response. They had also supported 25 individuals without recourse to public funds and managed 25 Public Health funerals in the past year. When contact was received, individuals were supported with information and advice, signposted to a voluntary or community sector organisations, referred to the enablement team, the supporting independence team, or occupational therapy.

The multi -agency approach at the front door in Adult Social Care meant that the team could meet people's needs more quickly and effectively. For example, the co-location of occupational therapy colleagues at the front door meant that 91 urgent referrals were responded to at the point of referral in March 2025. The team also liaised with other departments, including housing and mental health services, and screened around 800 vulnerable adult forms from the police and in March 2025, the team received 350 safeguarding referrals, with 120 progressing to an initial enquiry and 59 to a full enquiry. They were allocated to the relevant community team after ACT had completed the initial screening and made safe.

The team was implementing various service improvements to enhance user experience and manage growing demand. They were updating the electronic referral form to integrate with the case management system and streamline processes and business processes were being reviewed to improve call response times and manage referral complexity.

The team explored had explored and were implementing the use of artificial intelligence (AI) to increase staff capacity, improve the user experience and more effectively manage demand. They also maintained close links with the Rothercare service and the new Rothercare tech partner to support assistive technology provision.

The safeguarding pathway was refreshed to strengthen referral screening and timeliness and the Public Health funeral function was being realigned to the Court of Protection team to free up 'front door' capacity. They were also reviewing triage processes for occupational therapy referrals to manage increased demand, which had risen significantly by approximately 23%, embedding strong links with the mental health enabling service and the Supporting Independence Team's offer was being expanded to support young people preparing for adulthood who did not meet the threshold for Adult Social Care support.

The Head of Service – Access and Prevention outlined feedback obtained which reflected satisfaction rates above 90% and provided details of case studies which reflected the impact of the Adult Contact Team in operational delivery scenarios.

The Cabinet Member for Adult Care reflected that the presentation demonstrated what a positive impact the service had and that the improvements were going to mean that the Council had an even more

positive impact on enabling residents to live their best lives but also to live where they want to for as long as they possibly could, as independently as they possibly could in their own homes.

Cllr Yasseen thanked the Cabinet Member for Adult Care and Health and the Head of Service – Access and Prevention for the report and presentation, and invited questions and comments from members.

Cllr Brent enquired about the list of screening and triaging in the report, specifically regarding sex and gender issues and referral points for contacts which presented those issues. The Head of Service – Access and Prevention explained that screening focused predominantly on Adult Social Care needs and issues. They linked with health colleagues when necessary and had good connections with community health services. They did not have specific work around sex and gender but referred to people as they preferred.

Cllr Brent sought further clarity regarding how calls that related to sexuality or gender issues were handled and referred onwards. The Head of Service – Access and Prevention confirmed that the Adult Contact Team operated a 'no wrong front door policy', which always tried to signpost individuals to appropriate services. Whilst there was no specific 'pathway' for sex and gender issues, if the service could not provide the advice and support needed, they would refer the person to the right professional or service, such as a GPs, health professionals, social prescribers or Voluntary and Community Sector organisations equipped to support them.

Cllr Brent agreed to channel any additional queries or points of clarification on that subject via the Governance Advisor at the request of the Chair.

Cllr Duncan wanted to know whether there was a target or KPI for resolving support requests at the earliest opportunity and if so, whether it had been met or if indicative figures which illustrated improved performance could be provided. The Head of Service – Access and Prevention advised that they tried to respond to email correspondence within 48 hours and aimed to gather information, screen, and triage to make a decision. They tried to link with the right professional, such as Housing services for example to resolve issues, which could sometimes take longer due to the range of requests received or due to referrals via third parties where background information was limited, or reluctance to engage on the part of the referee. They were working on improving their five-day response time.

Cllr Duncan also asked how interconnecting services were made aware of the ACT offer and pathway. The Head of Service – Access and Prevention explained that teams routinely attended various neighbourhood meetings and had strong links with social prescribers through the Transfer of Care Hub and community teams. They had a

presence in Riverside every day and were easily accessible to housing colleagues due to close location within the Council offices. They were also working on improving their online presence and referral processes, were involved in place meetings or meetings with Public Health colleagues and pursued collaborative and joint working where appropriate. They also regularly attended meetings with relevant voluntary sector organisations.

Cllr Clarke asked about the categories for referrals and which was the most frequent type and referenced occupational therapy (OT), which they understood had represented around a third of referrals received. The Head of Service – Access and Prevention confirmed that OT was a significant proportion of referrals received, which had seen an approximately 23% increase in activity. They were looking at different ways to manage the demand. A lot of referrals were for support for more vulnerable adults where support was required to live well and independently at home, some of which included OT which was housed in the enabling service.

Cllr Clarke wanted to know about the service's ability to track data, including call times and dropout rates. The Head of Service – Access and Prevention explained that their telephony system, had reporting functionalities which could track all calls including wait times, abandoned calls, call durations, and follow-up actions. They were working on improving their reporting processes and exploring the use of artificial intelligence (AI) to support performance improvements. There was an aspirational desire for daily call activity to be shared on screen so that managers had real time visual performance indicators.

Cllr Clarke asked about the use of AI, with particular respect to forward planning and demand management given the significant demands and anticipated trajectory. The Head of Service – Access and Prevention explained that AI helped transcribe conversations into written documents, saving time for staff. The AI could record a conversation or phone call and translate it into a written document, which the worker could then edit. This allowed workers to focus on listening rather than writing. They emphasised the importance of staff checking and challenging the AI transcriptions to ensure accuracy, provided an example involving an occupational therapist who used AI during an assessment and the time saving achieved. They were exploring other AI functionalities such as grouping emails from their inbox etc. to improve their services and were working with IT colleagues to progress this. The Head of Service – Access and Prevention discussed the management of workflow and data collection. Whilst there was a 20% increase in demand, effective management within the service had meant that only approximately 6% of that demand had translated into onward referral for a care act assessment. They explained that they collected data and used it to plan for the next year. This data-driven approach led to the latest pathway redesign, which aimed to allocate resources based on the insights gathered.

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Cllr Clarke expressed her appreciation for the exploration of the benefits of AI technology in front line service delivery.

Cllr Garnett questioned the types of contact ACT received overall versus the low number of in-person contacts. The Head of Service – Access and Prevention explained that many people preferred to email or call, but they did not deter in-person visits. They saw around 20 people per month in person, often referred by housing colleagues, and always ensured staff were available to support those attending Council offices, drawing on support from Social Care Teams and Locality Teams as necessary.. They promoted their telephone number and online email form, which many people used to contact them. They explained that the service had noted changing trends around contact, with a notable ongoing gradual increase in online versus telephone contact.

Cllr Garnett also asked about data gathering concerning feedback pre and post-implementation and whether this reflected positive improvement that could be quantified as either a number or percentage. The Head of Service – Access and Prevention stated that the pathway redesign and changes remained in the implementation stage until early August 2025, though positive feedback had already been received, but not in a quantifiable state at that time. They planned to continue seeking feedback as they moved through the implementation process and collected feedback through surveys and "how did we do" cards. They emphasised the services commitment to striving for improved performance and used feedback from internal delivery partners and service users alike to make and evaluate further changes intended to improve performance and experience. They were acutely aware that the service needed to work people contacting the Adult Contact Team, not just for the team itself.

Cllr Clarke sought clarity regarding the percentage of 'no further action' cases out of the circa 5,000 contacts received, and the reasons behind that outcome. The Head of Service – Access and Prevention explained that approximately 20% of referrals resulted in no further action, often because they were not the right team to help and cited some misunderstanding that existed concerning what Social Care can and cannot do. They always tried to signpost individuals to the appropriate services and would contact other professionals where necessary, particularly in relation to those who were vulnerable and may not be in a position to follow signposting advice and guidance. Around 50% of contacts received, circa 2200, progressed to community teams for a Care Act assessment.

Cllr Yasseen congratulated the Head of Service – Access and Prevention on the excellent and broad offer and asked about the drivers of increased demand on the service and the impact of diverse vulnerabilities and complex needs in the context of real terms funding cuts to front line services. The Head of Service – Access and Prevention attributed growth in demand and complexity to an aging population, post Covid changes in population health, and factors like housing issues and the cost-of-living

impacting on health and well-being. They drew on data and expertise from Public Health colleagues to inform work and planning, but predicted that demand would continue to stay high and potentially increase over time.

Cllr Yasseen also wanted to know more about Public Health funerals, the apparent increase in deaths among individuals without access to funds, and the ways in which residents became aware of and gained access to that type of support. The Head of Service – Access and Prevention noted that information about public health funerals was available on the Council website, but were often referred to the Council by other services. The team worked sensitively with those affected to ensure people received dignified funerals, spending time to find out about the deceased and their relatives. They added that where there was an estate but funds could not be accessed in a timely manner, the Council provided support but recouped costs at a later stage. They acknowledged that it was a complicated process that the team go through, and a lot of expertise within the team around that, hence continued support for a period of time when the work moved to the Court of Protection to ensure a smooth transition.

Cllr Clarke complimented the service provided for its work around Public Health funerals and continued support during transition and expressed reassurance that the high standards would continue when the work moved over due to the supported handover.

Cllr Yasseen suggested improving the accessibility of the service's online presence and integration with neighbourhood and locality working in regards to all of the Adult Contact Teams functions, citing the potential for more cohesive community services drawing on the local knowledge of ward members. The Head of Service – Access and Prevention agreed and mentioned that they were working on improving their website and ensuring better connections at the ward level.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the report.
2. Noted the areas of development underway to further enhance the service offer.
3. Requested a further update around AI implementation within the service in the next 6-12 months, via means to be confirmed at a later date.

7. HEALTH HUB DEVELOPMENT

The Chair welcomed Councillor Williams, the Cabinet Member for Transport, Jobs and the Local Economy and Simon Moss, the Assistant

Director of Planning, Regeneration and Transport to the meeting and invited them to introduce the report and presentation.

The Cabinet Member for Transport, Jobs and the Local Economy noted that Lorna Vertigan, Head of Regeneration was present to discuss the health hub plans for the town centre. They provided an overview of the Health Hub Development and highlighted that proposals were due to go before Cabinet for approval on 7 July 2025. They emphasised the Health Hub's importance in addressing limited health services in the town centre. The project aimed to transform the former Boots building at 42-46 Effingham Street into a Health Hub following its acquisition by the Council in May 2023 and return it to use. The project was divided into two phases: relocating the Abbey Pharmacy from its current location which was essential in order to progress the Library and Markets redevelopment which was underway and establishing a shared Health Hub working with health partners and service providers to explore the feasibility various health services, with the ultimate aim of improving access to health services, taking pressure off GP services and the hospital whilst supporting the wider regeneration ambitions for the town centre.

The Assistant Director of Planning, Regeneration and Transport explained the strategic context, referencing the Town Centre Master Plan from 2017 which aimed to transition from retail reliance to leisure and services, which would see the part of the town centre near Forge Island become more of a leisure and culture quarter and the other side of the town centre anchored by the service sector. They also explained that another big transition in the town centre was around building more housing which meant the town centre needed to serve a growing local community. The council had made several strategic acquisitions, including the former Boots building, to support this transition. The introduction of health-related services was seen as a good fit for the service sector strategy in that part of the town centre.

The Assistant Director of Planning, Regeneration and Transport outlined the need for the project and referenced the term 'Health on the High Street', which had become an established intervention which harnessed mutual benefits of locating health services in town centres which were highly accessible. There was also support for this approach in Central Government which from a regeneration perspective, could also contribute significantly to increased footfall and economic activity in the town centre.

The Assistant Director of Planning, Regeneration and Transport detailed the two phases of the project:

Phase 1: Relocating the Abbey Pharmacy due to the redevelopment of the markets and library complex.

Phase 2: Working with health partners to develop considered proposals to transform the remainder of the building into a shared Health Hub, giving due regard to the evidence base from a health perspective and

considering partners' and service providers' asset strategies.

The estimated cost for Phase 1 was £1.3 million, including fees and contingencies. Phase 2's feasibility and design work were estimated at £400,000. Funding for the project was sourced from Pathfinder funding, requiring agreement from the town board which had been agreed. Before progressing on conclusion of Phase 2, a further report would be brought to Cabinet to set out the detailed proposals developed.

The Assistant Director of Planning, Regeneration and Transport presented a case study from Barnsley, where a diagnostic centre was successfully relocated to the Glassworks in 2022. The project in Barnsley resulted in positive impacts on missed appointments, patient outcomes, and increased footfall of approximately 150,000 per year and an estimated 1.5 million of additional visitor spending. He noted that while the specific services might differ, the principles were applicable to Rotherham, where it was felt from initial discussions that primary care services are likely to offer the most impact and opportunity.

The former Boots building was well-located but underutilised, currently serving as a site office for market upgrades. Indicative plans showed potential layouts for the ground, first, and second floors, with space for approximately 30 clinical spaces. The ground floor would house the pharmacy, with the first and second floors offering additional health service spaces.

A specific task and finish project group would be formed, including health service providers, to formalize discussions and report through the council's capital reporting process. The governance structure for the ongoing operational management of the building would be proposed in the next cabinet report. The project aimed to ensure no significant deviation from the intended purpose over time.

The Chair thanked the Cabinet Member for Transport, Jobs and the Local Environment and the Assistant Director of Planning, Regeneration and Transport for the presentation and invited questions and comments from members.

Cllr Brent asked about considerations for parking, drop-off spots, and bus stops to access the proposed Health Hub, highlighting potential difficulties faced by people with ill health or mobility issues. The Assistant Director of Planning, Regeneration and Transport responded that the site was within walking distance of two large car parks, including the council-operated Drummond Street car park, which offered one hour of free parking and a multi storey. There were also priority parking spots for blue badge holders and various drop-off spaces nearby such as Effingham Street and Drummond Street, with both the bus interchange and train and tram station in close proximity. They emphasised the site's accessibility, noting that 60% of the borough could access it within 30 minutes via public transport. They agreed that this was an important consideration the

accessibility of this site in the town centre was one of the key advantages.

Cllr Brent enquired about the status of the Town Centre Music Venue Project referenced in the report and presentation. The Assistant Director of Planning, Regeneration and Transport explained that while the music venue remained important, it had faced challenges in finding a suitable location. They were considering downsizing the proposal and working with the current operator to protect an existing music venue. The Head of Regeneration added that they had explored three different properties, but costs kept rising and it was felt that this was beyond the realm of public funds. They were committed to the project but recognised the need for private sector involvement.

Cllr Duncan questioned the success of a similar health service model which housed a GP walk in and out of hours service with and on-site pharmacy in the town centre adjacent to Bailey House, given its closure. Gilly Brenner, Public Health Consultant explained that changes in health service commissioning and rental agreements had impacted upon the previous service. The new proposal aimed to integrate health and social care services, making them more accessible, especially for households without access to a car. The Public Health Consultant acknowledged the need for more work done to develop the final proposals and outlined the direction of Central Government in relation to neighbourhood health, concerned with the integration of services via an embedded single front door which afforded joined up healthcare and some social care work together delivering greater wrap around services. They also highlighted that 23 % of households in the borough did not have access to a car, so it was important to deliver a site easily accessible by public transport. The Assistant Director of Planning, Regeneration and Transport added in the Barnsley case study referred to the location in the retail core was central to the proposal. And I think what's interesting from that is just how central in the retail core the proposals were and the psychology around that, hence the location next to the library and markets development.

The Cabinet Member for Adult Care and Health explained that the flexibility of individual spaces was also being considered in terms of potential use by particular services for one or two days per week, then occupied by others for the remainder of the week. The Public Health Consultant added that there were lots of potential options and models that could be pursued such as occupational therapy being alongside some of the health provision there so that you've got that joined up between health and care, the potential to host weight management and stop smoking cessation services, nutrition support, cooking type support and possible co-location with social prescribing services. It represented an opportunity in terms of the link between health service provision and community provision. How that would feel as you walk into that space was fundamental to what the Council would like to achieve with the Health Hub.

Cllr Clarke asked about consulting with Rotherham North and South and the potential for late-night and weekend opening hours, citing public transport issues around accessing existing services within local communities. The Public Health Consultant confirmed that they were considering extended access services currently run by the GP Federation, which included evening and weekend access. She acknowledged the need for borough-wide services to be accessible and mentioned ongoing mapping work to ensure accessibility.

Cllr Garnett enquired about the alignment of the new health hub with the new SDEC (Same Day Emergency Care) Centre operated by TRFT (The Rotherham NHS Foundation Trust), which provided out-of-hours and weekend services. The Public Health Consultant assured Cllr Garnett that they were in discussions with the hospital to avoid duplication of services and ensure that the new hub would complement existing services. The goal was to provide accessible primary care services to reduce unnecessary use of urgent care.

Cllr Bennett-Sylvester raised concerns about the impact on existing health services in the town centre and the accessibility of the new hub, whilst they acknowledged that it was logical from the regeneration perspective and retaining a town centre pharmacy service. They suggested looking at opportunities for improving connectivity between the town centre and other and parking/drop off through review of closed routes. The Assistant Director of Planning, Regeneration and Transport acknowledged the need for further work on accessibility and parking. The Public Health Consultant emphasised that the new hub would provide additional space for services currently struggling with clinical space constraints which would support the national agenda around reducing waiting lists where there wasn't capacity in the hospital setting. There was the need for this to continue to be an evolving discussion in terms of both the health assets strategy and the council assets strategy in terms of where there was give and take. They acknowledged that there were some great services run out of Badsley Moore Lane for example, but noted that the site was not ideal in terms of public transport accessibility, despite the location being well utilised. Productive discussions were under way across health and place partners with the hospital, with the ICB (Integrated Care Board), with the GP Federation around actually how do we sensibly look at best patient access with those discussions driven . by inequalities in access and how to ensure that the ability to get patients to where they needed to be was maximised.

The Cabinet Member for Transport, Jobs and the Local Economy commented that whilst listening to the helpful questions and contributions, this demonstrated the reasons for and validated the decision to employ a phased approach to the Health Hub development.

Cllr Harper asked about the potential for a walk-in centre at the new health hub to relieve pressure on the hospital accident and emergency department and the funding for the Abbey Pharmacy relocation, with

specific regard to what this meant for the Town Centre Music Venue Project. The Public Health Consultant mentioned the possibility of same-day urgent appointments at the new hub. The Assistant Director of Planning, Regeneration and Transport explained that the £1.3 million cost for Phase 1 included fundamental improvements for the whole building and that they were engaging with all affected tenants for temporary relocation during the market refurbishment and aimed to mitigate as much of the impact as possible. The ownership of the premises involved in the Town Centre Music Venue project was confirmed as was the prioritisation of the long-term sustainability of the venue for the tenants.

Cllr Yasseen questioned whether the proposal was driven by public health needs or economic outcomes. The Cabinet Member for Transport, Jobs and the Local Economy and the Assistant Director of Planning, Regeneration and Transport emphasised the mutual benefits of the project for both health services and town centre regeneration. They highlighted the importance of integrating health services into the town centre to support both public health outcomes and increased economic activity and cited strong local and national evidence that this was an approach that worked and delivered those benefits.

Cllr Yasseen also raised concerns about the potential loss of existing health services and the need for free parking for patients. The Assistant Director of Planning, Regeneration and Transport mentioned the one-hour free parking currently available in all Council operated town centre car parks and the possibility of reviewing parking provisions in the future.

Cllr Yasseen concluded by emphasising the importance of engaging with ward members and the neighbourhood model to ensure cohesive provision of services. They proposed an additional recommendation for the Health Select Commission to receive updates on the project, particularly at Phase 2, for pre-decision scrutiny.

The Chair thanked Officers for the helpful and insightful input and discussions.

Resolved:-

That the Health Select Commission supported the following recommendations to Cabinet:

1. That Cabinet approve delivery of Phase 1 of the Town Centre Health Hub project within the scope and budget as detailed at Appendix 1 and Exempt Appendix 2.
2. That Cabinet approve the allocation of funding from the Pathfinder programme to progress to final design and implementation of Phase 1 and feasibility work for Phase 2.
3. That Cabinet note the intentions for Phase 2 of the Town Centre

Health Hub and approve the commencement of negotiations with interested parties for the provision of General Practice or other walk-in health services.

4. That Cabinet note the intentions for the Town Centre Music Venue project.

And added a further recommendation:

5. That the proposals developed upon the conclusion of Phase 2 return to the Health Select Commission for pre-decision scrutiny.

8. HEALTH SELECT COMMISSION WORK PROGRAMME - 2025-2026

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed that the Governance Advisor was authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and report any such changes back to the next meeting.

9. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair advised members that there had been no meeting of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) since the last Health Select Commission meeting.

They shared details of items JHOSC were due to consider during the course of the coming municipal year, reiterated the Health Select Commissions representation at that Committee, and requested that members duly notify the Chair or Governance Advisor of anything they would like to be raised on their behalf in relation to items scheduled for consideration during any future JHOSC meetings.

10. URGENT BUSINESS

The Chair explained that they had received notification that long standing Health Select Commission Co-optee, Robert Parkin was due to retire imminently. They noted that the Commission recognised Mr Parkin's contributions to the Commission's work over the years and extended thanks for his commitment to representing Speak Up in that setting.

David Gill, fellow Speak Up Co-optee added that Mr Parkin had been involved with Speak Up for approximately 37 years. His work enabled many individuals with autism and laid the foundations for current and future participation of neuro-divergent voices in health issues, for which there was considerable gratitude.