

## HEALTH SELECT COMMISSION

**Date and Time:-** Thursday 26 June 2025 at 5.00 p.m.

**Venue:-** Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH

**Membership:-** Councillors Keenan (Chair), Yasseen (Vice-Chair), Adair, Ahmed, Baum-Dixon, Bennett-Sylvester, Brent, Clarke, Duncan, Garnett, Harper, Havard, Knight, Reynolds, Tarmey, Thorp and Fisher.

**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 1 May 2025 (Pages 5 - 14)

To consider and approve the minutes of the previous meeting held on 1 May 2025 as a true and correct record of the proceedings and to be signed by the Chair.

### 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.

**For Discussion/Decision:-**

**6. Nominate representative to the Health, Welfare and Safety Panel**

To seek a representative from the Health Select Commission (HSC) to sit as a member on the Health, Welfare and Safety Panel.

Meeting dates for 2024-2025:

- Thursday 10 July 2025
- Thursday 9 October 2025
- Thursday 5 February 2026
- Thursday 24 April 2026

**7. Adult Contact Team Referral Pathway (Adult Social Care) (Pages 15 - 44)**

To receive a report and presentation which provides an overview of the Adult Contact referral pathways, team structure, and referral routes. The report also outlines service improvements being implemented, based on customer feedback and good practice.

**8. Health Hub Development (Pages 45 - 59)**

To receive a report and presentation which provides information concerning the proposed Town Centre Health Hub development and consider the Commission's position with respect to the recommendations to be made to Cabinet in that regard in July 2025.

**9. Health Select Commission Work Programme - 2025-2026 (Pages 61 - 63)**

To consider the Health Select Commission's work programme for 2025-2026.

**For Information/Monitoring:-**

To receive and note the contents of any reports routinely submitted to the Health Select Commission for information and awareness.

**10. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee**

Since the last Health Select Commission meeting no meetings of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee have taken place.

The next JHOSC meetings is due to take place on 23 July 2025. Anticipated agenda items for that meeting include:

- Non-emergency Patient Transport Service Update
- Continuing Healthcare Commissioning Arrangements.

JHOSC agenda packs are published 5 working days prior to the meeting taking place. Published agenda packs can be accessed by the following link:

[South Yorkshire, Derbyshire, and Nottinghamshire Joint Health Overview and Scrutiny Committee](#)

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee Members who have comments or queries regarding an item on any JHOSC agenda should refer these to the Health Select Commission Chair and Governance Advisor at the earliest opportunity to ensure they are reflected in debate during the relevant public meeting.

## **11. Urgent Business**

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



**SHARON KEMP OBE,  
Chief Executive.**

**The next meeting of the Health Select Commission  
will be held on Thursday 31 July 2025  
commencing at 5.00 p.m.  
in Rotherham Town Hall.**

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**HEALTH SELECT COMMISSION**  
**Thursday 1 May 2025**

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Clarke, Duncan, Garnett, Ismail, Havard, Rashid, Tarmey and Fisher.

Apologies for absence:- Apologies were received from Bennett-Sylvester, Thorp and Gill.

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

**59. MINUTES OF THE PREVIOUS MEETING HELD ON 27 MARCH 2025**

**Resolved:-**

That the minutes of the meeting held on 27 March 2025 were approved as a true and correct record of the proceedings.

**60. DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

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

**62. 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.

**63. ADULT MENTAL HEALTH PATHWAY UPDATE**

The Chair welcomed Andrew Wells, Head of Service, Safeguarding to the meeting and invited him to introduce the presentation.

The Head of Service, Safeguarding advised that Helen Fisher, Head of Specialist Service, Scott Matthewman, Assistant Director of Strategic Commissioning and Health Select Commission Link Officer and Claire Smith, Deputy Place Director, Rotherham Place, South Yorkshire Integrated Care Board had attended to support with the presentation as required.

They explained that Cabinet approved the implementation of the new adult social care mental health model for Rotherham in December. This included a revised pathway, realignment of council employees to deliver social care roles and responsibilities and realignment of approved mental health professionals, who were previously seconded to Rotherham, Doncaster and South Humber NHS Trust, under the council management.

The intention was to embed a collaborative preventative approach, to strengthen partnerships and working along the mental health pathway and also to ensure that services were aligned with community mental health transformation and comprised both clinical and social care.

The Head of Service, Safeguarding explained that there was the desire to introduce the prevention agenda into the mental health pathway and raise social care profile to clarify and solidify what social workers could bring to the table for people with mental ill health. It was also intended to strengthen the recovery model by providing preventative and proportionate social care interventions which aligned with the model in place for health colleagues.

They explained that in previous years, the Council had little information that could be harnessed as evidence for Care Quality Commission inspection, and the revised model would provide that evidence. It was also intended to collectively strengthen the mental health crisis pathway across the Council's statutory partners and the voluntary and the community sector (VCS).

The pathway was implemented in April 2024 as a joint approach between the Integrated Care Board (ICB), RDASH, primary care and urgent care. When the revised model was originally presented to Cabinet, there were concerns that there may be adverse impact on partners, particularly in urgent care, however initial impact assessment identified no adverse impact.

The support offered predominantly focussed on prevention and early intervention, and the promotion of resilience and independence through an enhanced front door for referrals. There was a new mental health enablement offer which supported people in a more person-centred way, and focussed on delivering the right support at the right time. The enablement pathway operated from existing community and health venues, but was augmented through the establishment of community groups.

From June 2024, the enablement pathway had 178 referrals to the 12-15 week enablement process, which was flexible to meet individual needs. At the point of Cabinet approval, there was an existing cohort using Wellgate Court, who saw no change to their service provision.

Since the development of the enablement pathway, five peer support groups within different community settings, where people wanted them to

be, were established. Within those settings support was provided for up to an hour for approximately seven people. They were in addition to the dedicated sessions at Wellgate Court, twice weekly, which supported an average of eight people per session. Ad-hoc support was also available if needed. 65 people were either screened as not appropriate or declined in the enablement offer.

As of June 2024, the Approved Mental Health Professional (AMPH) Service, the Council and RDASH had agreed that the AMPH and the Crisis team needed to remain co-located, as this provided a robust partnership approach to crisis intervention. Where there was uncertainty around individual needs of those seeking support, a collective response could be co-ordinated in one visit rather than separate visits. That was working well and allowed the AMPH service to provide social care interventions as part of the crisis response, which had the potential in certain circumstances to prevent individuals going into crisis or needing longer term support.

The Head of Service, Safeguarding described that for the first time in 15 years the service had information and data to benchmark against other local authorities. They added that staff were receiving appropriate support and supervision, with a focus on wellbeing, and being a responsible employer.

In terms of the impact of the revised pathway, the prevention and early intervention approach was critical to supporting people at the right time, allowing individual need identification e.g. integrating somebody into the community, supporting somebody into training or employment, group activity to address loneliness etc. There was also the mental health act assessment duties that sat within the team which were undertaken as and when required. Again, social care and health interventions could be considered concurrently due to co-location.

The establishment of a robust enablement pathway also allowed the service to signpost into the most appropriate service, with established links to the voluntary community sector where social care or health support was either not wanted or needed. It also clarified roles and responsibilities, and provided a broader understanding of what social care and health could offer, which led to enhanced partnership working and clarity regarding who would respond and when as part of a collaborative mental health crisis response.

The Head of Service, Safeguarding noted that the preventative offer had been particularly beneficial, as had the peer support groups. Data capture and analysis in relation to activity had facilitated succession planning and feedback sought was positive and acknowledged the value of the offer to individuals supported.

They explained that work was underway in relation to the co-produced mental health strategy, which was due to be presented to Cabinet in

December 2025. The 12-week consultation period would commence in May 2025, with the resultant strategy providing a framework for the future evolution of the pathway.

The Chair thanked the Head of Service, Safeguarding for the presentation and invited questions and comments.

Councillor Garnett referred to paragraph 1.3 of the report which discussed the intended benefits. They wanted to understand whether those benefits had been realised, or evidence of progress towards their realisation.

The Head of Service, Safeguarding advised that the period post implementation had given the service an opportunity to observe and refine targeted benefits and draw on the data gathered to consider the best way to measure progress going forward, and how pathways should evolve to meet needs. Complaints monitoring and member enquiries remained a key measure of performance. They added that there was a learning disability neuro diverse transformation group, which considered themes and trends.

Councillor Fisher queried the figures referred to on page 74 of the agenda pack concerning 65 individuals screened not appropriate or who declined the enablement offer. They wanted to understand how many were deemed inappropriate versus how many had declined the offer, and if any common themes or trends were identified in relation to that.

The Head of Service, Safeguarding clarified that a total of 220 referrals were received, which saw 151 people go through the enablement pathway, of which 69 remained open cases. Of the numbers referred to, eight clients had declined support. In some cases, this was because it was not the right time for them or there were difficulties engaging, however the offer remained and could be taken up at any time. In relation to the 55 deemed inappropriate, this because it was believed the enablement pathway would not be successful in reducing their need. They were not left without support, but instead referred onto other services such as primary care that were better placed to address the needs of the individual in question.

Councillor Duncan sought clarity in relation to paragraph 2.9 of the report included in the agenda pack regarding benchmarking. They queried what data had or would be benchmarked, and how that had or would help the service and scrutiny assess performance and the success of the revised model.

The Head of Service, Safeguarding explained that the data provided information regarding the age and gender etc of service users, length of wait for assessment, length of the assessment process, assessment type and so on which allowed crisis trends and themes to be examined to inform future service planning and provision. Data gathering was underway, so benchmarking had not yet been undertaken, but would

allow an objective assessment of performance and delivery in comparison to peers. The data also offered evidence that would benefit the CQC (Care Quality Commission) inspection process around numbers that had accessed support.

They added that the enablement pathway was not a universal offer across the country, so the data and benchmarking offered an opportunity to assess and consider how best to utilise the pathway to deliver impact locally. This could be in relation to the location of services within communities where there was the greatest incidence of need for example, to maximise awareness and accessibility to those in need of support.

The Head of Service, Safeguarding confirmed that the data was not yet complete, and that benchmarking was yet to be undertaken.

Councillor Havard noted the absence of reference to male suicide within the report and presentation, and added that they were aware that a lot of men's mental health awareness and prevention work within the borough was delivered through the voluntary and community sector which represented a significant burden. They wanted to understand how those services interacted with primary care, Council services and so on.

The Head of Service, Safeguarding illustrated the Council's well-established close working relationship with the voluntary and community sector as part of the community offer. They confirmed that the pathway had clear links to the suicide prevention pathway and worked collaboratively to identify trends and themes in conjunction with the Council's suicide strategic lead. Training was also offered to anyone who requested it regarding suicide prevention, alongside the ongoing promotion of suicide prevention training for Council staff and the zero suicide alliance training package was offered to all providers and the voluntary and community sector. Work was also ongoing with Speak Up to make training accessible to people with autism, and promote autism training alongside that.

They added that the service had noticed an increase in need from older adults as well as men, and also amongst members of the LGBTQ+ community. As such means of maximising the reach of the suicide prevention training offer amongst those groups was being explored.

Councillor Havard queried whether the training offer had been extended to GP surgeries and particularly reception staff, as experiences shared from Rotherham residents reflected that GPs were often the first point of contact, but that those in need struggled to access timely support.

The Head of Service, Safeguarding advised that they believed that GPs were included in the offer, but would be happy to explore any particular targeted approaches that might assist in supporting crisis intervention and suicide prevention and encouraged contact from Councillor Havard outside of the meeting to explore this further.

Councillor Clarke highlighted the enhanced partnership working and enhanced personalised community offer for unpaid carers referred to in the agenda pack. They explained that in some communities within the borough, support groups were lost due to low numbers and left those in need without support. They wanted to understand whether work had been done to consider the barriers to attendance and participation, or the impact of relocation on service users prior to support being withdrawn. They sought reassurance that provision would be made for those in need to access appropriate support within their local area.

The Head of Service, Safeguarding acknowledged that the contribution of unpaid carers was significant, and responded that the service would welcome working with any such groups, particularly in terms of the mental health offer. They were keenly aware that the service had responsibilities not just towards service users themselves, but also unpaid carers supporting them and would be happy to look to establish additional community groups where there was the need and emphasised the value and validation peer support offered. They also highlighted the role of the carers assessment in identifying need.

Councillor Clarke confirmed that they would welcome further conversations around this with a view to bridging the identified gaps in support offered within some communities.

Councillor Ismail asked for the service to elaborate on what was meant by appropriate support for staff referred to on page 75 of the agenda pack, and queried whether there was any supporting data.

The Head of Service, Safeguarding advised that the Council offered staff wellbeing support across all services, but acknowledged the challenging nature of the role for staff supporting those with complex mental health needs. The services management approach to staff support and wellbeing within adult social care included monthly one-to-one meetings with a wellness focus. This was augmented by the employee assistance programme and referrals to occupational health as needed.

They added that a FTSU (Freedom To Speak Up) programme had recently been introduced across the Council, which emphasised the responsibility to communicate concerns or anything else adversely affecting service delivery or individuals. This was to be supplemented further with staff 'Speak Up Champions' to offer additional support.

Councillor Fisher noted that through interactions with members of the public, Councillors were aware of markers that may be applied to an individual or an address connected to adult social care or mental health issues. They wanted to understand how decisions to apply markers were made.

The Head of Service, Safeguarding stated that a unique identifier was assigned to all service users, which was used to anonymise data concerning location etc, subsequently used in service planning and targeted delivery, when cross-referenced with JSNA (Joint Strategic Needs Assessment) data. They added that some service users had a forensic history with associated risks that required the Council to implement safeguarding measures to mitigate those risks for the safety of both the service user and members of staff. In those cases, markers were applied to ensure that staff were alerted to any risks and could take the appropriate steps, with each individual case assessed and managed on its own merits and with the appropriate involvement of relevant organisations such as the police service, the probation service and NHS professionals. The further explained that there were legislative controls around the way the service could work with certain individuals.

Councillor Fisher sought reassurance that markers were reassessed over time to take account of changes in circumstances, location etc.

The Head of Service, Safeguarding confirmed that the service worked closely with housing to ensure address changes were promptly captured, and markers updated accordingly.

Councillor Havard queried how the service distinguished between those in need of soft support and those with significant mental ill health with more complex needs.

The Head of Service, Safeguarding explained that needs assessments were assisted by formal diagnoses, accepting that at earliest presentation there was not always a diagnosis in place. To address those areas of uncertainty, the vulnerability pathway was developed which comprised of different elements such as early intervention and enablement and utilised relevant partners under the MARAC (Multi-Agency Risk Assessment Conference) and VARM (Vulnerable Adult Risk Management) process to identify the level of need and implement appropriate support. They explained that there was a dedicated dual diagnosis worker in place, as it was often the case that mental health presented with substance misuse as a form of self-medication.

In each individual case, responses were person-centred, based on individual needs and risk assessments, focussing on the service users self-identified goals and targeted outcomes.

Councillor Havard wanted to understand what action members should take if they identified individuals through their ward-based work who were in need of support.

The Head of Service, Safeguarding explained that the service had recently revised the vulnerability pathway achieving a single referral point accessible to anyone.

Councillor Havard advised that they during previous discussions at the Improving Lives Select Commission, it had been recommended that housing staff were equipped to identify individuals who may in need of additional support. They queried whether this recommendation had been progressed with the service.

The Head of Service, Safeguarding advised that there was joint work underway with housing with whom they worked very closely to deliver complementary support and interventions. Bespoke mental health and safeguarding training had been provided to housing officers also.

Councillor Havard wanted to understand whether the targeted improvements or anticipated changes to the co-produced mental health strategy due to be presented to Cabinet in December were known.

The Head of Service, Safeguarding advised that the service was in the early stages of planning. The 12-week consultation period was due to begin in May 2025 and would take account of view from service users, delivery partners and the voluntary and community sector. No themes of targeted improvements had been identified and the process was intended as true co-production, drawing on the views shared through the consultation process.

Councillor Yasseen wanted to understand whether the revised pathway had created efficiencies that had or would result in job losses.

The Head of Service, Safeguarding confirmed that the service had committed to maintaining the staffing establishment, so there were no job losses as a result of the changes implemented.

Councillor Yasseen commented that it would have been helpful for additional data around the composition and demography of service users to highlight any themes or particular areas of need, and equally potentially identify groups or communities who are not engaged with services and where more could be done.

The Head of Service, Safeguarding advised that the service consistently considered how it engaged with communities. There had been targeted work undertaken to improve engagement with Asian communities and victims of domestic abuse, as it was identified that those areas were under-represented.

Councillor Yasseen wanted to understand whether there would be any key performance indicators (KPI) or wider equality objectives associated with the co-produced mental health strategy, and if so how performance against those KPIs would be monitored and managed.

The Head of Service, Safeguarding advised that following approval of the strategy, a number of priorities would be identified against which KPIs would be set.

Councillor Yasseen sought assurances that where the service had previously seen particular spikes in suicide rates or crises, lessons were learned and provision designed to address the needs of affected groups.

The Head of Service, Safeguarding highlighted the role of the strategic and operational suicide prevention leads within the Council, and how they worked with delivery partners and the voluntary and community sector to address the trends and themes identified through activity analysis. In some cases, there had been ward specific interventions and initiatives, in other cases, initiatives were targeted at primary care but always with collaboration at the core.

Councillor Yasseen suggested that it may be prudent share the suicide prevention strategy with members of the Health Select Commission, and consider a workshop or briefing if required.

**Resolved:-**

That the Health Select Commission:

1. Noted the impact of the Adult Social Care Mental Health model of provision following its implementation in April 2024 and the planned development of a co-designed Council Mental Health Strategy due to be presented to Cabinet for approval in December 2025.
2. Requested the opportunity to review the mental health strategy due to be presented to Cabinet for approval in December 2025 prior to that time in order to consider its contents and offer comments and suggestions as part of pre-decision scrutiny which falls within the Commission's remit.
3. Requested that benchmarking/comparison data referred to in the report and presentation be shared with the Health Select Commission at the earliest opportunity following this becoming available, to allow members to assess performance in the area.

**64. HEALTH SELECT COMMISSION WORK PROGRAMME - 2024/2025**

**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.

**65. 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.

**66. URGENT BUSINESS**

There was no urgent business to discuss.

**67. DATE AND TIME OF NEXT MEETING**

**Resolved:-**

That the Health Select Commission noted that the next meeting would take place Thursday 26 June 2025 at 5.00 pm.

**Committee Name and Date of Committee Meeting**

Health Select Commission – 26 June 2025

**Report Title**

Adult Social Care - Adult Contact Team Referral Pathway

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

No

**Strategic Director Approving Submission of the Report**

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

**Report Author(s)**

Jayne Metcalfe, Head of Service – Access and Prevention

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**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report provides an overview of the Adult Contact referral pathways, team structure, and referral routes. The report outlines service improvements being implemented, based on customer feedback and good practice.

**Recommendations:**

That the Health Select Commission:

1. Note the contents of this report.
2. Note the areas of development currently underway to further enhance the service offer.

**List of Appendices Included**

Appendix 1: Supporting Independence Team Information Leaflet

**Background Papers**

[Rotherham Adult Social Care Strategy](#)

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

None

**Council Approval Required**

No

**Exempt from the Press and Public**

No

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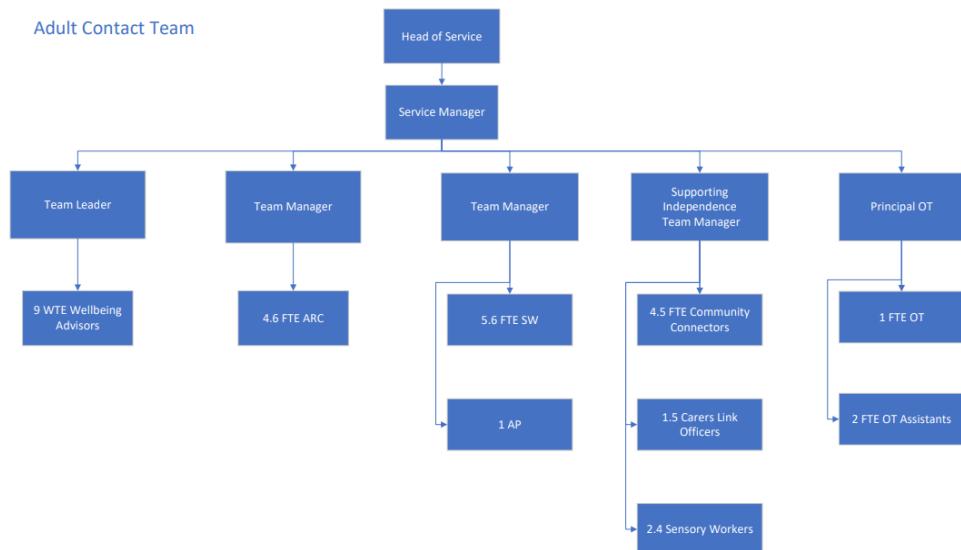
## 1. **Background**

- 1.1 The Adult Contact Team (ACT), previously known as First Contact, was created as part of the Adult Social Care Target Operating Model in 2019.
- 1.2 ACT's purpose is to receive, triage and prioritise referrals for assessment, prevention, safeguarding and occupational therapy input for Adult Social Care.
- 1.3 More recently, the service has been subject to a redesign, which concluded in April 2025, and is currently in the implementation stage. This report outlines the improvements being implemented to support the increasing levels of demand and to ensure the service remains fit for purpose.

## 2. **Key Issues**

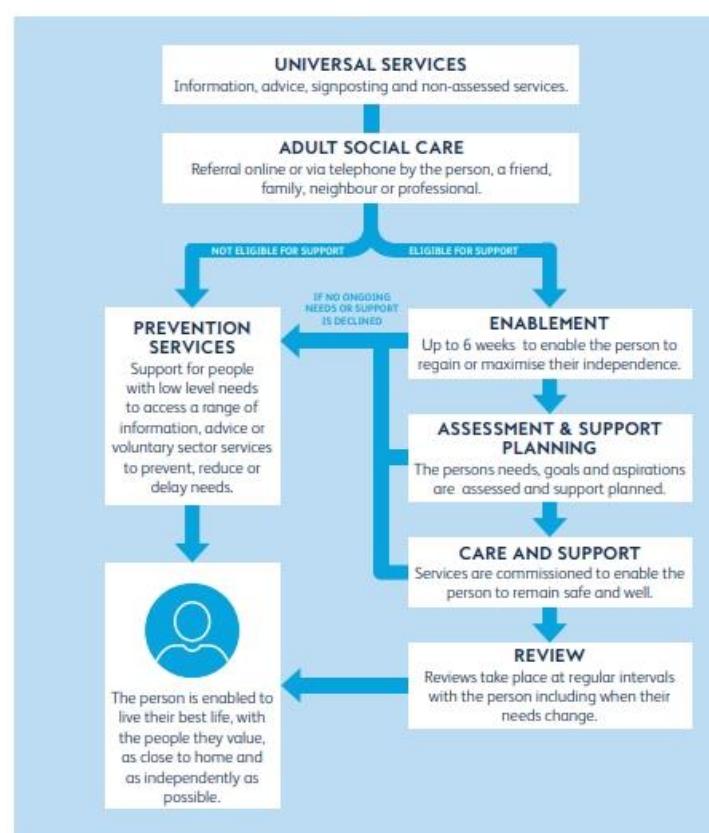
- 2.1 The ACT is responsible, as the single point of contact for Adult Social Care, for screening and triaging all service contacts. This includes:
  - Localities
  - Safeguarding
  - Learning Disabilities
  - Mental Health
  - Community Occupational Therapy (COT)
  - Prevention (Supporting Independence Team [SIT])
  - Sensory Services
  - Carers
  - Preparing for Adulthood (PfA – Transitions)
  - Complex Lives and Domestic Abuse including the vulnerable adults pathway.
- 2.2 ACT receives on average 3,000 calls per month, this was 2,778 in March 2025 and an additional 1,833 enquiries were received via email.
- 2.3 The ACT comprises of a team of Wellbeing Advisors (WBA) who provide the initial screening of telephone calls and appropriate signposting. Assessment and Review Coordinators (ARCs) and Social Workers (SW) provide support with more complex enquiries including safeguarding referrals. The team has an Occupational Therapy duty function to respond to urgent requests such as moving and handling, supported by experienced team managers. The team also has an Advanced Practitioner who provides complex case management support and supports the team with practice support.
- 2.4 Within the ACT, the Supporting Independence Team (SIT) support people who are unlikely to meet the eligibility threshold within the Care Act but do need support with other factors, such as social isolation and support to access community groups. In addition, the SIT provide support to unpaid carers and people experiencing sensory loss. The SIT was first

established in October 2024 in Adult Social Care to ensure a robust preventative response for people presenting to the service.



2.5 The ACT has responsibility to support people with No Recourse to Public Funds (NRPF) where they are vulnerable and have social care needs. The team also administer Public Health funerals for people who have passed away and have no next of kin, or, whose next of kin, are unable to make the necessary arrangements for a funeral.

2.6 The high-level Adult Social Care pathway was refreshed in 2024, as part of the Rotherham Adult Social Care Strategy (2024 – 2027):

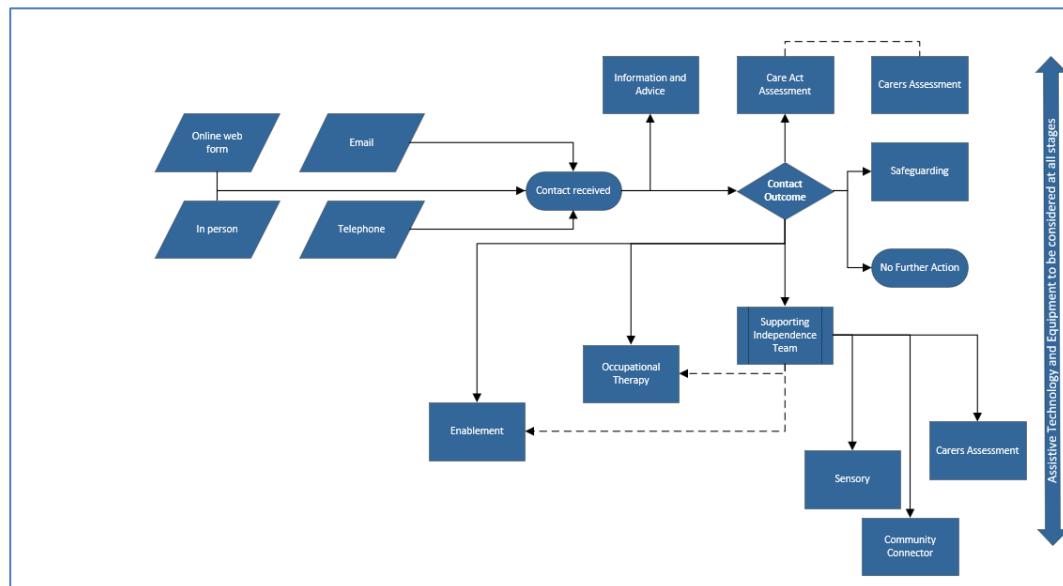


2.7

When a person contacts Adult Social Care via ACT, they may be supported with information and advice including signposting to the voluntary and community sector, referred into enablement, OT or SIT, or receive a statutory Care Act Assessment or safeguarding enquiry. A referral can be made via the web, in person, via email or telephone. The referral can be made by the person, a professional or other source.

2.8

The following pathway depicts these outcomes and the process in more detail.



2.9

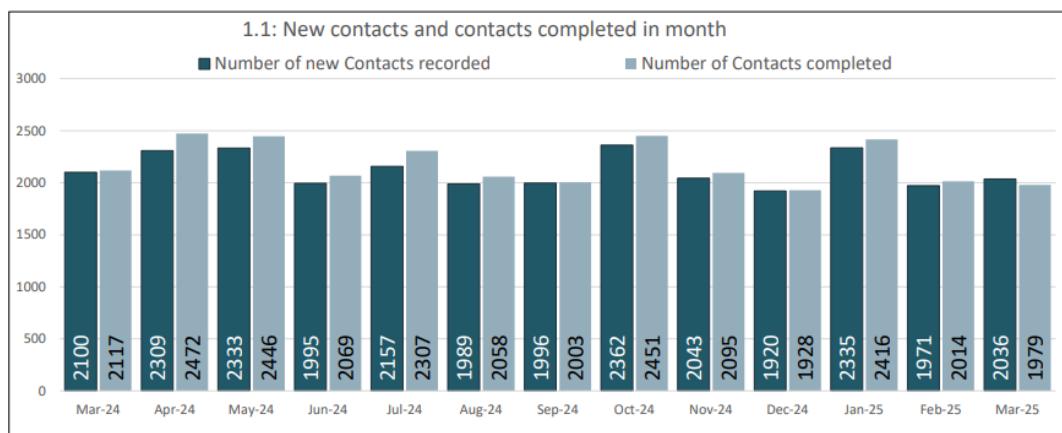
ACT screen and triage incoming requests, they consider all information gathered about the persons presenting needs and then pass the referral onto the most appropriate team. SIT and OT/AT provision will be the first consideration. If a person has a need for personal care and is not currently receiving service, the referral will be screened for enabling potential to work with someone to regain some independence and then have a Care Act Assessment if ongoing care and support is required.

2.10

Where SIT/enablement/OT/AT are not appropriate the referral would be passed to a community team to undertake an assessment.

## 2.11 Service Activity

2.12 The number of contacts received to the ACT increased slightly by 3.3% to 2,036 in March 2025 whilst contacts completed reduced by 1.7% to 1979. The overall number of open contacts with no decision at month-end fell by a further 1.5% to 324 in March 2025, when compared to 329 in February 2025.



2.13 The proportion of contacts supported at first point of contact (FPOC) increased slightly in March 2025 by 1.2% to 18.3%. Those progressing to a new case (assessment) increased by 4.8% to 49.4% in March 2025, the highest proportion reported since April 2024. 48 people were referred for Enablement support in March 25. 244 people were passed through to community teams for assessment.

*N.B: not all enquiries need to be actioned by ACT as some enquiries require forwarding to other teams or workers where the person is known.*

2.14 In March 2024, 350 safeguarding referrals were received. Of these, 120 progressed to an initial enquiry, and 59 progressed to full enquiry which were allocated to the relevant community team. ACT completed the initial making safe actions and links with the relevant duty team as required.

2.15 Since the establishment of SIT the team through to the end of March 2025, the team have supported a range of residents to meet their preventative, caring and sensory needs including:

- 101 people for sensory rehabilitation and dual sensory support
- 182 standalone Carers assessments
- 195 people with preventative support. Of these, only 8% required ongoing statutory support.

2.16 The multi-agency approach at the front door in Adult Social Care means that people's needs can be met more quickly and effectively. The co-location of Occupational Therapy (OT) led to 91 urgent referrals being responded to at the point of referral (March 2025).

2.17 In 2024/25, 25 people presented as needing support due to no recourse to public funds and the team supported 23 public health funerals.

**2.18 Impact and Outcomes**

The following section sets out several case studies to evidence the impact of ACT.

2.19 **Housing Case Study**  
Housing requested involvement as they had completed a homeless assessment with AG. AG arrived in reception with visible bruises, limited mobility and had not eaten in two days. The homeless worker agreed to provide emergency accommodation. However, AG refused to sign the consent form (which would have prevented them from accessing the accommodation).

The social worker met with AG in private and rapidly built enough trust for AG to disclose that they could not read or write. The social worker supported AG to understand the consent form and asked supplementary questions to AG's understanding. The social worker identified AG's safeguarding outcome was to have a place of safety and advocated on their behalf with the Homeless Officer. The worker focused on the risks AG was facing if he continued to live on the streets. The homeless team agreed to provide emergency accommodation and AG consented to have a Care Act Assessment (CAA) in terms of mobility limitations which were impacting on daily living needs.

AG told us "***This is the first time I've ever got anywhere - I've never felt so listened to and understood.***"

2.20 **Supporting Independence Case Study**  
A Community Connector worked with a 70-year-old resident who was referred in from Improving Access to Psychological Therapies (mental health service). There were several presenting issues, relating to mental wellbeing and hoarding.

Through gentle persuasion and support from family members, the Community Connector provided advice and guidance, encouragement and the resident accepted support.

The following feedback was received:

***'Previous hoarding client has followed through with the deep clean, individual is over the moon and has stated it has changed their life! They now have friends over visiting, has replaced the mattress on the bed as the old one went in skip during the clean so this has enabled them to get better sleep!'***

This person did not need further intervention from other services following SIT involvement.

2.21 **Occupational Therapy Case Study**  
An initial Occupational Therapy (OT) assessment was completed after a self-referral by a resident who lives alone in a Council bungalow. They have a complex medical history leading to variable mobility, perceptual difficulties and fatigue. They mobilised around the home with a stick.

After discussion with the OT, the resident agreed to try a perching stool to allow them to rest while performing tasks in the kitchen, and a kitchen

trolley to safely transport food and other items around the home while being supported with their walking. A further perching stool was agreed for use in the bathroom to assist while undertaking personal hygiene tasks.

The resident was moving bedroom to make it easier for them to access the bathroom at night. It was identified that if the door opened the other way, then they would again have easier access and be better supported while tired at night. A grab rail was also recommended near to the toilet to prevent reliance on the radiator for transfers.

The resident also felt unsafe accessing the wheelie bin outside due to a step. A grab rail was recommended to give additional support. They also agreed to be referred for assistance to take the bin out to reduce the risk of falls. The OT team member also identified a flickering light in the property and an issue with parking permits in the area. The worker was able to contact colleagues in the Council to get further advice and support with these issues.

The resident was very grateful and expressed what a difference the OT intervention had made to her wellbeing.

## 2.22 **Service Improvements**

To ensure that the ACT can respond to the growing demand at the front door, the team is in the process of making a range of service improvements to further enhance the experience for residents and professionals who contact the service, including:

- An updated electronic referral form which will integrate with the case management system with the intention of streamlining processes and realise additional capacity to triage and respond to calls.
- A review of business processes to improve call response times and identify efficiencies to manage the presenting demand and complexity of referrals to ASC.
- Exploring opportunities to utilise Artificial Intelligence to increase staff capacity, and further improvement the residents experience.
- A refresh of the Safeguarding Pathway to strengthen the screening of referrals and associated timeliness.
- Allocate people presenting with No Recourse to Public Funds to the appropriate community team post screening of eligibility.
- A realignment of the Public Health Funeral function to the Court of Protection Team to increase capacity to respond to enquiries.
- Review the triage of OT referrals to manage the increasing demand on requests for OT assessment.

- Embedding strong links with the Mental Health Enablement service to ensure the most appropriate team supports people to maximise their independence.
- Expand the SIT offer to provide support to young people preparing for adulthood who do not meet the threshold for Adult Social Care support.

**3. Options considered and recommended proposal**

3.1 This report is intended to provide an overview of the Adult Social Care Contact Referral process and to give insight into the current challenges and developments planned to improve access to Adult Social Care and resident satisfaction with Access.

The Health Select Commission is asked to receive the report and note the contents of the report.

**4. Consultation on proposal**

4.1 Not applicable

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

5.1 The planned service improvements will be delivered over the next 6 months.

**6. Financial and Procurement Advice and Implications**

There are no financial or procurement implications associated with this report.

**7. Legal Advice and Implications**

There are no legal implications associates with this report.

**8. Human Resources Advice and Implications**

There are no HR implications for this report.

**9. Implications for Children and Young People and Vulnerable Adults**

There are no direct implications for children and young people from this report.

**10. Equalities and Human Rights Advice and Implications**

The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998) - to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and;
- Equality Act (2010) - to legally protect people from discrimination in the wider society.

## 11. Implications for CO<sub>2</sub> Emissions and Climate Change

There are no implications for CO<sub>2</sub> emissions or climate change directly arising from this report.

## 12. Implications for Partners

Adult social care actively engages with all partners including the voluntary sector when seeking to make improvements to a service and as part of effective service delivery.

## 13. Risks and Mitigation

13.1 The volume and complexity of concerns that people present with to ACT continues to increase.

The service improvement planned for ACT will significantly reduce the risk of not meeting demand and improve the experience of residents contacting Adult Social Care.

### Accountable Officer(s)

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health  
[ian.spicer@rotherham.gov.uk](mailto:ian.spicer@rotherham.gov.uk)

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Please select the relevant Strategic Director	Click here to enter a date.
Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	Click here to enter a date.

*Report Author: Jayne Metcalfe Head of Service – Access and Prevention*

*Jayne.metcalfe@rotherham.gov.uk*

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

# ADULT SOCIAL CARE SUPPORTING INDEPENDENCE TEAM



[www.rotherham.gov.uk](http://www.rotherham.gov.uk)

Rotherham  
Metropolitan  
Borough Council

# ADULT SOCIAL CARE SUPPORTING INDEPENDENCE TEAM

When you contact Adult Social Care, you may be referred to our Supporting Independence Team if we think you do not need ongoing services but could benefit from some short-term support. You can't refer yourself to the Supporting Independence Team directly.

After you are referred to the team, someone will contact you to discuss what support you need and develop a plan for how they can help you to maintain your independence.

The team primarily support people who do not meet the criteria for formal care and support but may benefit from intervention to prevent, reduce or delay the need for formal support in the future.

## This might include:

- Support to access community services that reduce isolation, loneliness and provide links for practical support to maintain your health and wellbeing.
- Provision of assistive technology, equipment and digital solutions to promote choice and control and maintain your independence within your own home.
- Support with housing issues that are impacting on your health, wellbeing and independence to reduce the risk of homelessness.
- Access to enabling support and advice and information for people with a sensory impairment to support their independence and confidence at home.
- Support to access voluntary sector advice regarding benefits and support where you are suffering financial hardship.
- Support to access health and wellbeing groups which promote wellness and independence.
- Access to employment support where it is identified you would like to access volunteering, training or employment options.
- An urgent referral where there are safeguarding adult or children's concerns, or urgent social care intervention is required.

The team will complete a prevention assessment with you, to identify community assets and support to overcome barriers and maximise your wellbeing. The support you receive will be time limited and the length of time will depend on the reason you have been referred. Your allocated prevention worker will discuss this with you during your first visit.

Our Supporting Independence Team also provides tailored support for unpaid Carers and people with a sensory impairment.



## What support can I access as an unpaid Carer?

Dedicated Cares Link Officers are responsible for providing information, advice and guidance for anyone who is an unpaid Carer. The Carers Link Officers support Carers to maintain their caring role through access to community resources, providing equipment and assistive technology and supporting with housing issues and financial wellbeing.

A Carers Link Officer will complete a Carers Assessment with you, to identify your needs, the impact caring has on your wellbeing and what support you need. They can also support you to access the Carers Emergency Scheme, which provides support if you are unable to provide care due to unforeseen circumstances or crisis.

## What support is available for people with a sensory impairment?

Dedicated specialist sensory officers will support you if you have experienced sight and/or hearing loss that affects their daily life, including access to services, information, advice and support for you or someone you care for.

We will support you with becoming more independent. This may include the provision of specialist equipment or advice to help you with daily living tasks and communication. The team also works with a range of agencies and professionals including the voluntary and community sector to make sure you can access the right support.

## How do I get in touch?

You cannot make a referral directly to the Supporting Independence Team. Referrals to the service should be made by contacting our Adult Contact Team on **01709 822330** or by email **ASC-CustomerContactTeam@rotherham.gov.uk**

Alternatively, you can go to the Council website **www.rotherham.gov.uk** and search for adult social care referral. You can then make a referral for yourself or someone else using the online form.



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# **Adult Social Care – Adult Contact Team Referral Process**

## **Health Select Commission June 2025**

Jayne Metcalfe  
Head of Service -  
Access and Prevention

Page 29



# Background

- The Adult Contact Team (ACT), previously known as First Contact, was created as part of the Adult Social Care Target Operating Model in 2019.
- ACT's purpose is to receive, triage and prioritise referrals for assessment, prevention, safeguarding and occupational therapy input for Adult Social Care.
- More recently, the service has been subject to a redesign which concluded in April 2025 and is currently in the implementation stages. This report highlights the improvements being implemented to support the increasing levels of demand and to ensure the service remains fit for purpose.
- The ACT is responsible, as the single point of contact for Adult Social Care, for screening and triaging all service contacts

# Adult Contact Team (ACT)

- Individuals or professionals can refer into ACT 24/7 using the online form or in hours using via the telephone or in person at Riverside House.
- ACT aims to resolve requests for support at the earliest opportunity with the minimum of handoffs for the person, making contacts and link people to the appropriate professional where appropriate. Safeguarding is a priority for the ACT
- The ACT currently also supports with requests for people with No Recourse to Public Funds (NRPF) where they are vulnerable and appear to have health and social care needs. They currently also administer the Public Health (PH) funerals to ensure people with no family or friends to support them have a funeral.

# Supporting Independence Team

The Supporting Independence Team (SIT) is part of ACT, and they work with people who look unlikely to meet the threshold for eligibility for formal care and support but need some support to access their community and maintain their independence. The team were formed mid 2024 and started working with individuals from late September 2024

The team comprises of Community Connectors, Sensory Workers and carers link workers who undertake the standalone carers assessments. SIT works to support maximising peoples' independence and reduce, delay or prevent the need for formal care and support.

The team can work with people for up to 20 weeks, but this is usually less.

# ACT Activity

ACT responds to circa 3000 telephone contacts per month, circa 1800 online referrals and approx. 20 in person contacts at Riverside House:

ACT screens and triages referrals for:

- Localities
- Safeguarding
- Learning Disabilities
- Mental Health
- Community Occupational Therapy (COT)
- Prevention (Supporting Independence Team [SIT])
- Sensory Services
- Carers
- Preparing for Adulthood (PfA – Transitions)
- Complex Lives and Domestic Abuse including the vulnerable adults pathway.

# Continued

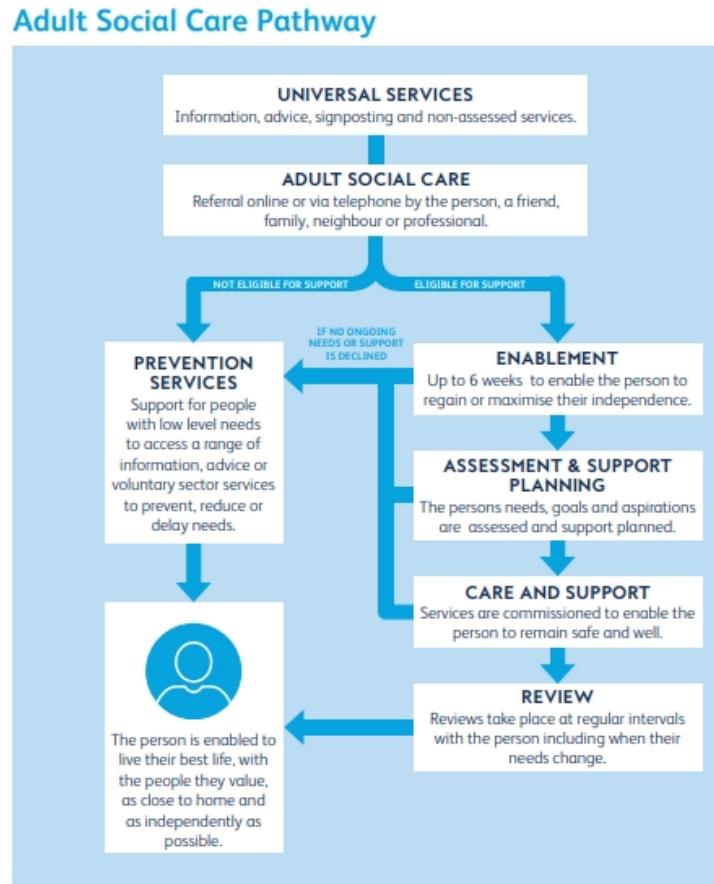
Circa 285 referrals, as a monthly average, are for OT assessment and 1/3 of these require an urgent duty response by the OT staff in ACT.

In 2024/25, 25 people presented as needing support due to NRPF and we supported 25 PH funerals.

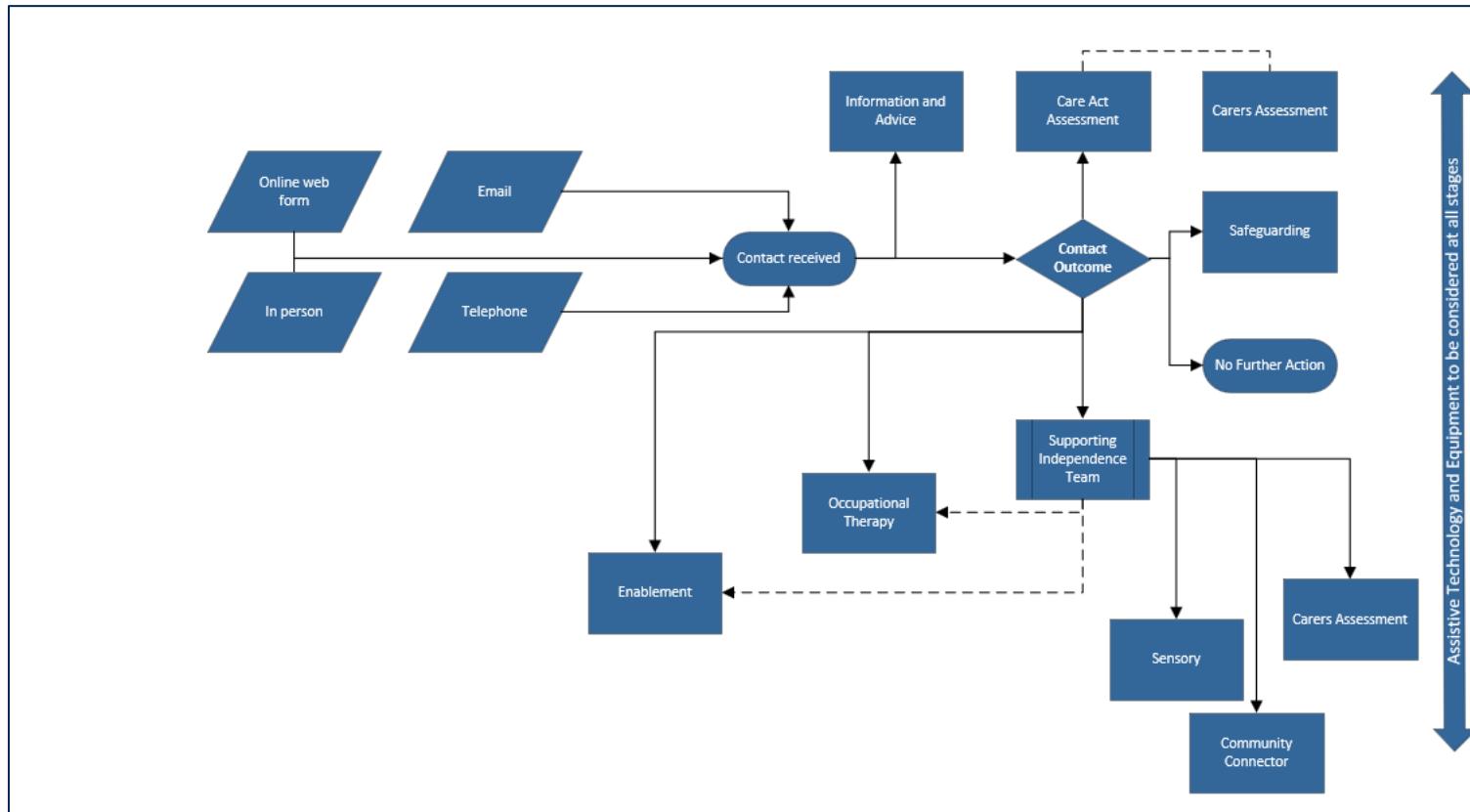
ACT also liaises with other RMBC departments to support with queries eg Housing colleagues on a daily basis.

ACT have close links with mental health access and together screen in the region of 800 vulnerable adult forms.

# Adult Social Care Pathway



# Adult Contact Team Pathway



# Service Developments

To ensure that the ACT can respond to the growing demand at the front door, the team is in the process of making a range of service improvements to further enhance the experience for residents and professionals who contact the service, including:

- An updated electronic referral form which will integrate with the case management system with the intention of streamlining processes and realise additional capacity to triage and respond to calls.

A review of business processes to improve call response times and identify efficiencies to manage the presenting demand and complexity of referrals to ASC.

- Exploring opportunities to utilise Artificial Intelligence to increase staff capacity, and further improvement the residents experience.
- A refresh of the Safeguarding Pathway to strengthen the screening of referrals and associated timeliness.
- Allocate people presenting with No Recourse to Public Funds to the appropriate community team post screening of eligibility.

# Service Developments

- A realignment of the Public Health Funeral function to the Court of Protection Team to increase capacity to respond to enquiries.
- Review the triage of OT referrals to manage the increasing demand on requests for OT assessment.
- Embedding strong links with the Mental Health Enablement service to ensure the most appropriate team supports people to maximise their independence.
- Expand the SIT offer to provide support to young people preparing for adulthood who do not meet the threshold for Adult Social Care support.

# Team Impact

**Housing** - The homeless team requested ASC involvement for a gent presenting as homeless. AG arrived in receptionist with visible bruises, limited mobility and had not eaten in two days. The homeless worker agreed to provide emergency accommodation, however AG refused to sign a consent form leaving the team unable to access to accommodation.

ACT worker met AG and spoke in private. AG disclosed that they could not read or write and was the reason for declining to sign the consent form. Through the rapport created the worker read the homeless consent form with AG, and he could then understand the need for the consent. The worker advocated on his behalf with the homeless officer and focused on the risks of AG continuing to live on the streets, the outcome was that AG was provided with emergency accommodation.

AG provided the feedback, *'This is the first time I've ever got anywhere - I've never felt so listened too and understood'*

# Team Impact

**SIT** - One of the Community Connectors (CC) worked with a 70 year old resident who was referred in from IAPT .

There were several issues, mainly to do with mental health but the main issue impacting on wellbeing was hoarding.

Through gentle persuasion and support from family members, the CC provided advice and guidance, encouragement and the resident accepted support.

The worker received some feedback via text:

*'Previous hoarding client has followed through with the deep clean, individual is over the moon and has stated it has changed their life! They now have friends over visiting, has replaced the mattress on the bed as the old one went in skip during the clean so this has enabled them to get better sleep!'*

This person did not need further intervention from other services following SIT involvement.

# Team Impact

**OT - ACT OT visited following a self-referral. Resident lives alone in a Council bungalow. They had variable mobility, perceptual difficulties and fatigue.**

The person mobilised with a stick, they agreed try a perching stool to be able to rest while cooking in the kitchen, a kitchen trolley to safely transport food/items around the home. A perching stool was supplied for the bathroom to support with safety while washing.

Moving bedroom to make it easier to access the bathroom at night was discussed as was changing the side the bedroom door opened for easier toilet access. A grab rail was also recommended near to the toilet as the person was using the radiator for support.

There was a step to access the wheelie bin outside and a grab rail was recommended to support and a referral made for assistance to take the bin out to minimise the falls risk.

The OT also identified a flickering light in the property and an issue with parking permits in the area. The worker contacted colleagues in the Council to get further advice and support with these issues.

The resident was very grateful and expressed what a difference the intervention had made.

# Adult Social Care Strategy

ACT developments are intended to improve the persons experience when contacting ASC and our ability to support delivery of the ASC strategy in order to '*Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time*' *Rotherham Adult Social Care Strategy 2024 – 2027*

# Options considered and recommended proposal

This report is intended to provide an overview of the Adult Social Care Contact Referral process and to give insight into the current challenges and developments planned to improve access to Adult Social Care and resident satisfaction with Access.

The Health Select Commission is asked to receive the report and note the areas of development.

# Questions?

Thank you  
Any comments or  
questions?



**Committee Name and Date of Committee Meeting**

Health Select Commission – 26 June 2025

**Report Title**

Health Hub Development

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

Yes

**Strategic Director Approving Submission of the Report**

Andrew Bramidge Strategic Director of Regeneration and Environment

**Report Author(s)**

Andrea Brough, Regeneration Services Manager

Andrea.brough@rotherham.gov.uk

**Ward(s) Affected**

Boston Castle

**Report Summary**

A report is scheduled to be presented to Cabinet on the 7<sup>th</sup> July 2025 that seeks approval to progress a proposal to refurbish 42-46 Effingham Street (the former Boots building) in Rotherham Town Centre for the purpose of developing a Town Centre health facility.

The proposal is to develop the building in two phases, with the first phase being to secure the provision of a pharmacy within the facility and to support the pharmacy's required relocation.

The second phase will be to develop the wider building in collaboration with health care service providers to provide a building that is equipped to facilitate the delivery of multiple health services direct to the public.

The proposal is to reallocate a portion of funding from the Town Centre Music Venue project, part of the Pathfinder programme, to fund the Phase 1 works and Phase 2 feasibility studies.

**Recommendations**

The recommendations sought from Cabinet are:

That Cabinet:

1. 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. 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. 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. Note the intentions for the Town Centre Music Venue project.

**List of Appendices Included**

Appendix 1 Presentation to Health Select Committee

**Background Papers**

[Report to Cabinet April 2023 Regeneration Programme: Strategic Land Assembly](#)

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

None

**Council Approval Required**

No

# Health Hub Update for Health Select Commission

26 June 2025

# Summary

- Background to the Project
- Barnsley Case Study
- Site Information and Plans
- Phasing and Funding Proposals
- Project Group

# Background

- The Council has been working in partnership with health service partners to consider increasing the currently limited provision of health care services in the town centre.
- This project would see the first step in improving the provision of health services for town centre and surrounding communities.
- The Council embarked on a plan to acquire various underused land and property across the town centre including 42-46 Effingham Street, the former Boots building which was operating as a retail outlet until 2022 when Boots closed, leaving the building empty and unused.
- Acquisition completed in May 2023.
- A phased approach to development was proposed to maximise available funding and partner's estate requirements.

# Project Need

- The Council has been liaising with health providers who recognise the benefit of a health provision in this location and are actively engaging with the feasibility process.
- The wider Government plan for change also aims to cut NHS waiting times and deliver more appointments during weekends and evenings.
- Key strategic documents such as, the Long Term Plan for Towns, highlight the importance and transformational effect a town centre health provision can achieve.
- The former Boots building provides an ideal opportunity to realise the benefits of this type of provision for Rotherham town centre, increasing access to health care, increasing footfall in the town centre and enhancing the regeneration of this area by complementing the adjacent new markets and library.
- There is scope within phase 2 of the Health Hub project to directly address these issues by offering services from a convenient location, taking pressure off existing NHS provisions within Rotherham and ensuring the town centre communities have quality accessible services.

# Case Study



- Evidence suggests there are multiple benefits to providing health services within easily accessible town centre spaces.
- The Community Diagnostic Centre in the Glassworks in Barnsley opened in April 2022.
- Case study evidence within the Government prospectus for the Plan for Neighbourhoods exemplifies the 'Health on the High Street' approach taken in Barnsley.
- It cites 'improved health outcomes and economic growth, improving patient care and fostering a greater sense of community' amongst the positive outcomes of the facility.
- Phase Two of the project consists of the Health and Wellbeing Hub based in the Alhambra Shopping Centre.
- By attracting an additional 150,000 footfall per annum, the hub is expected to generate at least £1.5 million in additional visitor spend in Barnsley.
- Evidence states that proximity to public transport has minimised missed appointments and attracted an additional 55,000 visits to the town centre, supporting local businesses.

# Site Information

- 42-46 Effingham Street, neighbouring the new Rotherham Markets and Central Library, this large property is in a prominent town centre location.
- There is a negative visual impact with the building remaining empty without activity that supports and adds to a vibrant town centre. There has been no private sector interest in the building since the Council's acquisition.
- Since acquisition, the building has been used as temporary storage for the Council's Markets Service and Events Team and as a site office base for Henry Boot Construction and their activities.

# Phasing

- The following phases have been proposed:

## Phase One:

- The relocation of Abbey Pharmacy from their Howard Street premises. The redevelopment of the Indoor Covered Market requires vacant possession by February 2026.
- Property Services have engaged with the pharmacy, and relocation to this building would their preference. Their business needs have been incorporated into early designs.

# Phasing

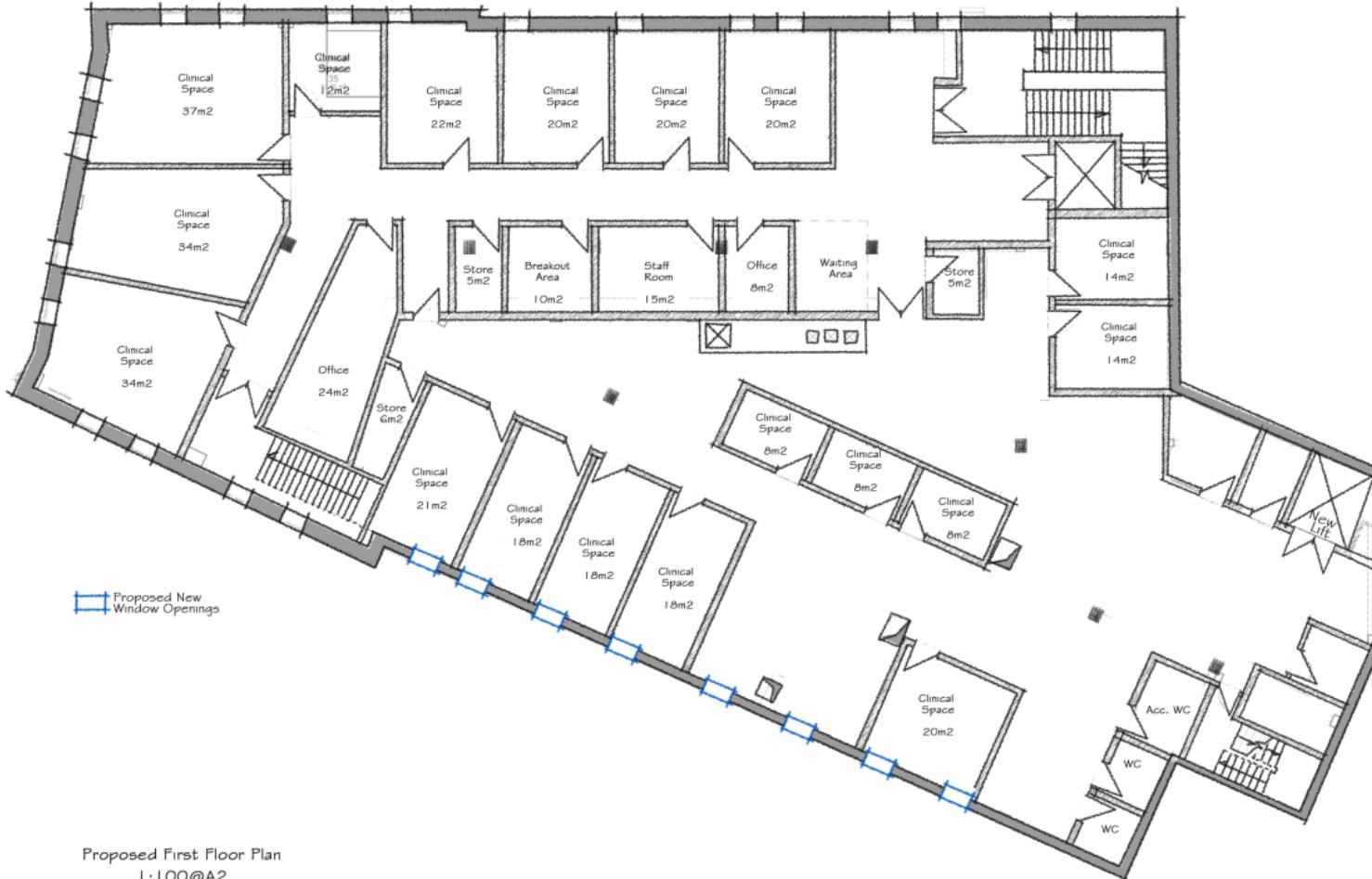
## Phase Two:

- The exploration of the development of the remainder of the ground floor, first floor, and second floor to provide a new town centre health facility.

# Initial Designs Ground Floor



# First Floor



# Second Floor



Existing Second Floor Plan  
1:100@A2

# Funding

- **Phase One** - proposal is estimated to cost £1.3m including fees and contingency.
- **Phase Two** - estimated £400,000 for feasibility work and designs to RIBA stage 4. Further cabinet approval would be required once full cost plans developed.
- It has been proposed to the Town Board to reallocate funds from the Pathfinder Programme

# Project Group

- Coordinated by the Regeneration Service and attended by the lead officers from the Regeneration Service, Building Design Team, the Health Service providers and the Architect.
- Progress from the Task and Finish Group will be reported through the Regeneration Programme Board and Capital DLT and the Markets and Library Board for phase 1.
- Following completion and acceptance by all parties of the full feasibility and design works for phase 2, a project delivery governance structure will be proposed and detailed in a further Cabinet report.

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**Health Select Commission – Work Programme 2025-2026****Chair: Cllr Keenan****Governance Advisor: Kerry Grinsill-Clinton****Vice-Chair: Cllr Yasseen****Link Officer: Scott Matthewman**

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>
26-Jun-25	Adult Contact Team Referral Pathway (Adult Social Care) Health Hub Nominate Representative to Health, Safety and Welfare Panel
31-Jul-25	ADASS Peer Review Healthwatch Annual Report How Did We Do - Adult Social Care Local Account (For Information Only)
02-Oct-25	Physical Activity for Health (Sport England) <b>Mental Health Strategy (Pre-Decision Scrutiny)</b> <b>Access To Contraception Review Outcome and Recommendations?</b> <b>TRFT Annual Report?</b> <b>Place Partners Winter Planning?</b> Rotherham Health and Wellbeing Strategy 2025-2030 (For Information Only)
20-Nov-25	<b>Mental Health Strategy (Pre-Decision Scrutiny)</b> <b>TRFT Annual Report?</b> <b>Place Partners Winter Planning?</b> Rotherham Safeguarding Adults Board Strategic Plan 2026 – 2029 (Pre-Decision Scrutiny) Health and Wellbeing Board Annual Report (For Information Only)

22-Jan-26	<p>Lung Clinic Update?</p> <p>SDEC (TRFT) Implementation Update?</p> <p>Director of Public Health's Annual Report (For Information Only)</p>
26-Mar-26	<p>Lung Clinic Update?</p> <p>SDEC (TRFT) Implementation Update?</p> <p>NHS 10 Year Plan - Local Implications (ICB Led)</p>
14-May-26	NHS 10 Year Plan - Local Implications (ICB Led)

**Substantive Items for Scheduling**

TBC	Armed Forces Covenant - GPs commitments

**Reviews for Scheduling**

Early 2025/26 municipal year	Access to NHS Dentistry - Review (to follow conclusion of Access to Contraception)

**Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)**

Likely September 2025	Menopause Workshop
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**Items for Future Consideration**

TBC	Learning Disabilities Update (Castle View)
TBC	Primary Care Network (PCN) Development
TBC	Immunisation Programme Commissioning Changes
TBC	Nitrous Oxide Abuse - Health and Community Impacts

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