

HEALTH SELECT COMMISSION
Thursday 2 October 2025

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Baum-Dixon, Brent, Clarke, Duncan, Garnett, Harper, Havard, Thorp and Harrison.

Apologies for absence:- Apologies were received from Ahmed, Knight, Tarmey and Fisher.

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

21. MINUTES OF THE PREVIOUS MEETING HELD ON 31 JULY 2025

Resolved:-

That the minutes of the meeting held on 31 July 2025 were approved as a true and correct record of the proceedings.

22. DECLARATIONS OF INTEREST

The following declarations of interest were made:-

Member	Agenda Item	Interest Type	Nature of Interest
Councillor Garnett	Agenda Item 6 – TRFT Annual Report	Personal Interest	Employment with TRFT

23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

24. 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.

25. PHYSICAL ACTIVITY FOR HEALTH (SPORT ENGLAND)

The Chair welcomed Councillor Baker-Rogers, Cabinet Member for Adult Care and Health and Gilly Brenner, Public Health to the meeting and invited Councillor Baker-Rogers to introduce the report and presentation.

The Cabinet Member, Adult Care and Health established the recommendations from the report and underlined the importance of increasing physical activity in terms of impact on population health in the context of lower than national average physical activity levels within the Borough.

They explained that the funding secured reflected a small part of overarching partnership work, which aimed to improve engagement, encourage system learning and embed physical activity within Rotherham's communities in a meaningful and sustainable way.

The presentation, led by the Public Health Consultant, centred on the Sport England Place Expansion Programme and its implementation in Rotherham through the Moving Rotherham Partnership.

They explained that the rationale for Rotherham's selection as a Place Expansion area was twofold. Firstly, the Borough faced some of the poorest health outcomes in the country, with high levels of physical inactivity, long-term ill-health, and entrenched health inequalities. Almost one in three adults in Rotherham were inactive, doing less than 30 minutes of exercise or physical activity per week, and inactivity was disproportionately concentrated in areas of deprivation and amongst people with long-term conditions and disabilities.

Secondly, Rotherham had demonstrated strong readiness for collaborative work. The Moving Rotherham Partnership was already well-established, and the Borough had a reputation for effective cross-sector collaboration, which made it an ideal candidate for Sport England's investment in systemic change. The programme was not intended to deliver isolated interventions but to embed physical activity into the fabric of everyday life within Rotherham's communities. Sport England's emphasis on system change meant transforming environments, services, and community engagement in a coordinated way.

The Public Health Consultant outlined that the development grant awarded in April 2025, following Cabinet approval in March, enabled the Council and its partners to increase capacity and begin implementing a whole system approach. An action plan was developed to track progress and align partner activities with the programme's goals and the initiative was aligned with national strategies such as the NHS Long-Term Plan, the Department for Culture, Media and Sport's Get Active Strategy, and local frameworks including the Rotherham Health and Wellbeing Strategy.

They described that the programme was structured around five strategic aims, the first of which focused on strategy and coordination. Partners were brought together under a shared vision, and a data and research

officer was appointed to support evidence-based decision-making. This role involved gathering insight from communities and analysing data to inform future planning, including a bid for a main award in spring 2026. Systems leadership was also promoted, encouraging organisations to understand their roles in promoting physical activity and to work collaboratively.

The second aim was to increase physical activity across the population. This involved improving access to information and opportunities, ensuring that residents knew what activities were available and how to participate. A system leaders' group and the Big Active Network were established to facilitate communication and coordination. The Big Active Network was open to anyone in Rotherham interested in supporting the initiative. A newsletter and extranet site were launched to share updates and news, such as recent coverage of disability football initiatives. Branding and communications work was also commissioned to unify messaging and promote awareness of physical activity opportunities. The goal was to build a shared identity around Moving Rotherham and to use behavioural change techniques to encourage participation.

The third aim targeted decreasing inactivity, particularly among sedentary populations. The focus was on making physical activity a natural part of daily life rather than something that required special effort. Projects included green space engagement led by Flux, which explored how local parks and outdoor areas could be better utilised to support physical activity. Previous public engagement had shown that residents valued being active in green spaces, especially with their families, and saw mental health benefits from being outdoors. The Yorkshire Sport Foundation conducted community pilots in target wards with high levels of inactivity, working with residents to identify strengths and opportunities for increasing activity. These pilots considered diverse needs, recognising that different cohorts, such as older adults or South Asian women might require tailored approaches. The work also aligned with South Yorkshire's newly launched walking, wheeling, and cycling strategy, which aimed to create safe and enjoyable environments for children and families to be active.

The fourth aim addressed inequality of access to physical activity. People with long-term conditions and disabilities were particularly disadvantaged, and the programme sought to make physical activity more inclusive. A strand of work led by a member of the Public Health Team focused on inclusive physical activity, bringing together a network of stakeholders and hosting events with specialist speakers. The goal was to adapt mainstream physical activity offers to be more accessible to people with physical and learning disabilities and neurodiversity. The Every Move Counts referral hub, run by Connect Healthcare, allowed clinicians to refer patients with long-term conditions to supportive coaching. This coaching helped individuals find activities that were enjoyable and sustainable, whether that meant joining a specialist exercise class for COPD (Chronic Obstructive Pulmonary Disease) patients or engaging in gardening,

dance, or walking football. The emphasis was on long-term engagement rather than short-term programmes, with activities tailored to individual preferences and motivations.

The fifth aim focused on children and young people. Having recognised that children often started life active but may drop out as they age, the programme sought to foster lifelong engagement with physical activity. Successful events such as the school baton relay and school games, held as part of the Children's Capital of Culture initiative, demonstrated the power of inclusive and fun activities. These events brought together children who had not previously participated in sport, and anecdotal feedback showed that some children were inspired to continue running and exploring local opportunities like the weekly children's park run in Rosehill Park. The programme aimed to build on this legacy, embed co-production and family-focused approaches. It encouraged multigenerational activity, where parents and children were active together, which was seen as key to sustaining physical activity across throughout life.

The Public Health Consultant advised members that since March 2025, considerable progress had been made. Key roles were filled, including a programme coordinator and a data lead. Community pilots, inclusive seminars, and branding initiatives were launched. Governance structures were refreshed, with the Moving Rotherham Board overseeing strategic delivery and the Big Active Network supporting broader engagement. The programme had built strong momentum and fostered collaboration across sectors.

They confirmed, however, that several challenges were identified. The tight timeline for preparing a bid for a main award in April 2026 posed significant pressure, particularly in terms of gathering high-quality engagement material and translating it into actionable intelligence. Sustaining partner engagement was another challenge, especially as the number of partners continued to grow. Whilst growth was positive, it required careful coordination to ensure alignment. Ensuring community expectations were managed was also crucial. Although the funding was substantial, it needed to be carefully allocated across multiple initiatives, and there was a need to communicate clearly about what could realistically be achieved.

The Public Health Consultant concluded by inviting Health Select Commission Members to join the Big Active Network and contribute to the ongoing work.

The Chair thanked the Cabinet Member and Public Health Consultant for the report and presentation and invited comments and questions from Members.

Councillor Duncan asked for clarification on the refreshed governance structures and how the service would ensure that governance functioned

effectively.

The Public Health Consultant explained that whilst the Moving Rotherham Board had existed previously, its membership had been reviewed to better reflect the evolving partnership. A new Systems Leaders Group was introduced to support Sport England's systems leadership approach. This group included key delivery partners such as Places Leisure and Rotherham United Community Trust, alongside representatives from the voluntary and community sector, including Age UK and Voluntary Action Rotherham. Additionally, the Big Active Network was formalised to ensure regular engagement with individuals and organisations not directly involved in delivery but still committed to the movement. The governance structure reported into the Health and Wellbeing Board, with an update scheduled for November 2025.

Councillor Duncan also asked how the service would ensure that partners remained engaged and committed to the shared vision and strategic aims.

The Public Health Consultant acknowledged the challenge that posed and noted that each organisation faced its own pressures. However, they expressed confidence in the strength of local partnerships and cited Sport England's praise for Rotherham's collaborative spirit. She shared an example of Places Leisure sponsorship of the Rotherham 10K and securing national investment to support Couch to 5K programmes, which demonstrated how partners actively contributed in real terms to the broader vision.

Councillor Paul Thorp asked whether future funding would shift from system development to direct delivery of activities.

The Public Health Consultant confirmed that whilst the second round of funding would still be modest, it would focus more on sustainable delivery. She explained that rather than funding short-term classes, the emphasis would be on infrastructure, training, and community-led initiatives. For example, investment might support marked walking routes or heritage trails, which would require less ongoing funding than instructor-led sessions. They stressed the importance of sustainability and the need to build capacity within communities.

Councillor Thorp also raised concerns about cycling infrastructure and the accessibility of walking football. He suggested that safer cycling routes through parks would be more family-friendly and asked whether existing groups like U3A could be supported.

The Public Health Consultant acknowledged Councillor Thorps concerns but noted that walking football was already being delivered by various organisations and that the programme aimed to connect and support existing providers. They described a successful collaboration between Yorkshire Cricket and a local youth organisation, where training was provided to enable delivery in underserved areas.

Councillor Havard asked whether the programme linked with physiotherapy services, and cited resident concerns about broken equipment and limited support in some parts of the Borough.

The Public Health Consultant responded that early conversations were underway between Connect Healthcare and Places Leisure to explore embedding physiotherapy into leisure centres. She described how the Every Move Counts referral programme was designed to support individuals transitioning from physiotherapy into sustainable physical activity.

Councillor Havard also asked about the likelihood of securing the main Sport England award in April 2026 and the criticality of that to long term programme success.

The Public Health Consultant expressed confidence. They noted that Sport England expected a submission and would work with the Council to ensure it was appropriately framed.

Councillor Havard sought reassurance regarding extending activities to rural areas within the Borough such as Rother Valley.

The Public Health Consultant explained that whilst initial engagement had been targeted based on inactivity and deprivation data, the ambition was for a borough-wide movement. They welcomed insights from ward members to inform programme expansion and confirmed that Every Move Counts programme was accessible across Rotherham. Mapping work was underway to identify gaps in provision and ensure equitable access.

Councillor Brent expressed concerns regarding individuals who had negative experiences with sport in school for example, which had resulted in them becoming disengaged. They asked how the strategy would engage those people who felt excluded from traditional physical activity and group sports.

The Public Health Consultant acknowledged the importance of individual relationships with physical activity and emphasised the programme's focus on fun and inclusivity. They described how the school games targeted children who disliked PE and offered alternative activities like mountain biking and parkour. They also outlined growing interest in orienteering and other non-competitive forms of physical activity.

Councillor Clarke raised concerns about the accessibility of the Bike Hub, and reflected that it was often located centrally and not available within outlying wards.

The Public Health Consultant agreed to raise the issue with the transport team and highlighted the South Yorkshire Walking, Wheeling and Cycling Strategy's emphasis on enjoyment and accessibility. They expressed

hope that future investment would allow for broader outreach.

Councillor Baum-Dixon echoed concerns about rural wards and noted that deprivation could be masked by surface-level affluence and that loneliness and isolation were significant issues. They suggested working with local stakeholders such as parish councils and community halls to extend reach into outlying communities.

The Public Health Consultant welcomed the insight and encouraged ward members to contribute to their ward plans. They emphasised the social benefits of physical activity in the context of loneliness and isolations and the importance of system change to broaden opportunities throughout the Borough.

Councillor Baum-Dixon also raised the issue of cycle lane connectivity and the need to support individuals transitioning out of competitive sport due to age or injury.

The Public Health Consultant acknowledged the importance of life transitions and described how the programme aimed to support people in finding new forms of activity. They cited national campaigns like 'This Girl Can' and 'We Are Undefeatable' as examples of efforts to re-engage people with physical activity. They also shared an anecdote about participation in the British Heart Foundation's Strong Woman Challenge and how informal peer encouragement could spark renewed interest in physical activity.

Councillor Yasseen focused on the broader cultural shift required to address physical inactivity and obesity. They advocated for a more focused approach centred on walking and cited national survey data showing its popularity.

The Public Health Consultant agreed that walking was a fundamental part of the solution and described plans to support walk leader training and community-led walking initiatives, but emphasised the intention was diversification rather than focussing on one targeted activity. They also acknowledged the importance of engaging small community organisations with deep local connections to further that intention.

Councillor Yasseen wanted to understand more about capital investment in green spaces and the criteria used to identify targeted sites.

The Public Health Consultant clarified that the Playing Pitch Strategy was part of the broader Moving Rotherham Partnership programme and was not funded by Sport England. That was intended to assess community assets and inform future funding bids from sports governing bodies. They explained that initial engagement with green spaces was based on inactivity data and existing community engagement opportunities but confirmed that all areas of the Borough would be considered for future capital investments.

Councillor Harper asked about funding for football facilities and green spaces.

The Public Health Consultant reiterated that the programme aimed to attract additional funding from external sources and that Sport England had previously supported capital projects like solar panels for leisure centres. They emphasised the importance of gathering intelligence from all wards to maximise funding opportunities.

The Chair wanted to understand how people with disabilities, particularly those with complex needs, were being supported to increase their physical activity levels.

The Public Health Consultant explained that a dashboard was being developed to map data and community insights. They described the Inclusive Physical Activity Network, which aimed to mainstream accessibility in general activities and offer tailored opportunities and shared examples such as adaptive climbing and disability cycling, and highlighted recent news coverage of inclusive football initiatives.

The Chair thanked the Public Health Consultant for the responses provided and requested that any further questions members had were provided to the Governance Advisor who would liaise with service in order to obtain responses at a later stage.

Resolved:-

That the Health Select Commission:

1. Noted the Sport England Place Expansion Programme was a facilitator of wider activity work led and coordinated through the Moving Rotherham partnership to embed physical activity as part of everyday lives.
2. Considered the opportunity to champion the Moving Rotherham ambition within their wards and communities, promoting and identifying opportunities for residents to engage in physical activity and supporting collaboration across sectors.
3. Requested that service provide an update on the main bid in April 2026 and the implications of its success or otherwise on delivery of the overall ambition at an appropriate stage once this was known.

26. TRFT ANNUAL REPORT

The Chair welcomed Bob Kirton, Managing Director, Helen Dobson, Chief Nurse, and Dr Mike Richmond, TRFT Board Chair to the meeting and

invited the Managing Director to introduce the report and presentation.

The Managing Director, TRFT noted that the annual report had been launched at the Trust's Annual General Meeting the previous week. They explained that whilst the full presentation at that meeting had included around 80 slides, a condensed version was presented to the Health Select Commission, which focussed on key highlights from the past year.

The Managing Director, TRFT expressed gratitude to all TRFT staff who had contributed to delivering safe care to patients and the public of Rotherham. They emphasised the Trust's pride in its achievements and its commitment to continuous improvement. Amongst notable accomplishments was the Trust's strong performance in research and clinical audit. Over 3,000 patients had been recruited into research studies, more than 200 local clinical audits had been reviewed, and the Trust had participated in 95% of national clinical audits and 100% of eligible national confidential inquiries.

Innovative projects were highlighted, including the use of virtual reality goggles during operations to improve patient experience, which had yielded positive outcomes. Another initiative involved the use of an orthopaedic robot to assist with precise limb movements during surgery. The Trust was also exploring the acquisition of a robot for abdominal procedures, commonly used in teaching hospitals, and was preparing a case to secure national funding for this.

Significant progress had been made in the area of learning from deaths and serious incidents. The Trust had minimised delays in death registrations and expanded the medical examiner service to include community deaths. Families had responded positively to being contacted by the medical examiner's office, and the service had maintained high scrutiny completion rates for all deaths within the Trust.

The Chief Nurse presented workforce developments. They confirmed the appointment of the Trust's first Director of Midwifery, which was a joint post with Barnsley Hospital, aimed at strengthening maternity services which had come under significant national scrutiny. The Trust had also appointed its first Chief Allied Health Professional, representing nine of the fifteen allied health professions within the organisation, ensuring their voices were heard at senior levels.

The Chief Nurse also reported record recruitment of registered nurses for two consecutive years, primarily from the local population through partnerships with local universities. This proactive approach had allowed the Trust to anticipate and fill workforce gaps, particularly in preparation for winter pressures. In autumn alone, 100 new recruits were being onboarded. Retention efforts had also been successful, with nursing turnover reduced from 13.5% to 8% over three years. Specialty areas such as maternity and children's nursing were fully staffed with no workforce gaps.

They explained that the Trust had also invested in improving patient experience. Initiatives included a wheelchair hub to address accessibility issues, and a bespoke complaints training tool modelled on a Monopoly board to help staff resolve concerns in real time. There was also the “This Is Me” campaign which introduced a passport system for patients with additional needs, which ensured they received personalised care and the Purple Butterfly scheme which supported bereavement care with culturally sensitive resources available in every clinical area. Additionally, the Carers Partner Promise was launched to improve support for carers, including 24/7 visiting access and practical assistance such as parking support.

The Chief Nurse outlined the Trust’s three quality priorities for the year. The first was diabetes management, addressing a condition which affected 16% of the local population. This initiative aimed to improve care and reduce hospital stays and was extended into a second year due to its scale and success. The second priority focused on pain management, which had been completed successfully and was nominated for a national award. The third priority addressed frailty. While some progress had been made, the targets were ambitious and not fully met, prompting continuation of the work into the current year.

The Managing Director, TRFT resumed the presentation and discussed operational performance. They acknowledged that while the Trust was not yet where it aspired to be, it was performing ahead of national expectations. Urgent and emergency care had seen a significant rise in attendances, leading to increased admissions. Despite these pressures, performance had improved, particularly in ambulance handover times, which was a key safety indicator.

Elective care performance had been previously presented in detail to the Commission, and while benchmarks were being met, the Trust aimed for further improvement. In cancer and diagnostic services, the Trust had made notable progress, especially in meeting the Faster Diagnostic Standard. The diagnostics team had been commended for their exceptional national performance, which was critical to timely cancer treatment.

The Managing Director, TRFT highlighted the Trust’s role as an integrated provider, with increasing activity in community services. A major development was the multi-agency approach to transfer of care, ensuring patients received support in the most appropriate setting. The virtual ward initiative had been so successful that the Trust planned to rebrand it as “Hospital at Home,” reflecting the hands-on care provided in patients’ homes. This approach aimed to reduce unnecessary hospital admissions and build public confidence in community-based care.

They also discussed the Trust’s involvement in a national neighbourhood programme, which sought to integrate health, care, and voluntary sector

services at the local level. Although the programme did not come with substantial funding, it offered valuable resources and networking opportunities. The Trust committed to reporting on its progress in due course.

The Chair thanked the Managing Director and Chief Nurse for the report and presentation and invited comments and questions from Members.

Councillor Thorp enquired about the professionalisation of nursing, specifically the impact of degree-led qualifications.

The Chief Nurse responded by affirming that nursing had been a graduate profession for decades and that this was essential for developing the critical thinking and clinical leadership required in modern healthcare. However, she stressed that compassion and care were equally vital and could not be taught through academic study alone. The Trust valued its support staff, including nursing associates and healthcare assistants, and ensured that caring values were embedded across all roles, regardless of qualification level.

Councillor Thorp also reflected on the increased use of digital technologies, including chatbots, AI-assisted radiology booking, and other innovations mentioned in the report.

The Managing Director, TRFT explained that the Trust had received a global award for clinician satisfaction with its digital systems. They described the implementation of Netcall in imaging services, which efficiently managed high volumes of calls, particularly on Monday mornings, by automatically allocating appointment slots. AI was being piloted in clinical areas such as endoscopy, where it enhanced surveillance for polyps during routine procedures and AI was also used to predict missed appointments (DNAs), allowing the Trust to proactively engage patients and improve attendance rates.

Councillor Thorp expressed concern about chatbots potentially alienating patients, especially those less comfortable with technology and the potential for those approaches to deepen digital exclusion.

The Managing Director, TRFT acknowledged the issue and reassured the Commission that the Trust monitored digital engagement closely. If patients failed to respond to messages via the NHS app within 48 hours, the Trust followed up using traditional methods such as letters and phone calls. He also highlighted collaborative work with the Council and commissioners to address digital exclusion, including free SIM card provision and digital literacy support through libraries.

Councillor Havard raised a question about the increasing use of weight loss injections and whether this trend had impacted public health in Rotherham.

The Managing Director, TRFT noted that while specific local data was unavailable, regional commissioning conversations confirmed rising usage. The Chief Nurse added that most prescriptions were private, raising concerns about a two-tier system. NHS access was limited and tightly regulated, with few cases seen in hospital settings. No adverse side effects had been reported locally, but the Trust would continue monitoring the situation.

Councillor Havard also asked a question about physiotherapy services. They were aware that residents had travelled to Rotherham Hospital only to receive leaflets rather than hands-on treatment. She asked whether such services could be decentralised to neighbourhood health hubs.

The Managing Director, TRFT acknowledged the concern and described existing community services such as Breathing Space and the Park Rehab Centre, which included gyms and a hydrotherapy pool. These facilities supported cancer patients through the Active Together programme. They agreed that neighbourhood-level expansion was a priority and welcomed further feedback.

Councillor Duncan referred to the Trust's response to health inequalities and asked for clarification on digital weight management tools, smoking cessation services and the impact these had on surgical and wider health outcomes.

The Managing Director, TRFT explained that the Digital Weight Management Service was a national pilot targeting patients for whom weight was a barrier to surgery. Over 400 patients had participated, with positive outcomes including an average weight loss of 9 kg and improved fitness levels. The pilot had reached many residents in deprived areas. Regarding smoking cessation, The Managing Director, TRFT stated that 15% of adults in Rotherham still smoked, with higher rates among manual workers. The Trust participated in the South Yorkshire QUIT programme, reaching 90% of inpatients and offering nicotine replacement therapy to half of those identified as smokers. He emphasised the health benefits of quitting and the importance of linking hospital-based interventions to long-term lifestyle changes.

Councillor Clarke asked about declining staff confidence in reporting unsafe medical practices, referencing a 5% drop in survey scores.

The Chief Nurse responded that while there had been a slight dip, the Trust remained one of the highest-performing organisations regionally and nationally. They noted that staff survey response rates had increased significantly, from 38% to over 60% in recent years. The Trust was working to improve communication about how reported concerns were addressed. The Freedom to Speak Up Guardian played a key role in this, offering anonymous reporting and presenting quarterly updates directly to the board. The Chief Nurse stressed the importance of ensuring all staff felt empowered to raise concerns and were confident that action would be

taken.

Councillor Harrison raised a question about financial sustainability. They referred to the Trust's reliance on non-recurrent savings and asked what steps were being taken to achieve recurrent efficiencies and develop a sustainable financial plan.

The Managing Director, TRFT acknowledged the challenge and stated that whilst the Trust had achieved a balanced position last year, it remained dependent on temporary funding. They outlined several strategic priorities, including reducing sickness absence, cutting non-contracted pay, and improving recruitment and retention. The Trust was also pursuing efficiencies through shared services with Barnsley Foundation Trust, particularly in back-office functions and procurement. The Managing Director, TRFT highlighted the importance of maintaining separate identities for each organisation whilst leveraging their similarities to drive savings. They also mentioned ongoing efforts to develop a shared IT system across the South Yorkshire system.

The Chair thanked the Managing Director and Chief Nurse, TRFT for the responses provided and requested that any further questions members had were provided to the Governance Advisor who would liaise with the Trust in order to obtain responses at a later stage.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the TRFT Annual Report.
2. Requested that TRFT report back to the Commission at appropriate intervals on its progress in respect of reducing waiting times.
3. Requested that TRFT attend a future meeting (date TBA) to provide more detail around its approach to responding to learning from serious incidents and audits, ideally providing examples of where the approach had been evidenced and the targeted improvements realised.

27. SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-2028

The Chair welcomed Moira Wilson, Rotherham Safeguarding Adults Board (RSAB) Independent Chair and Jackie Scantlebury, Safeguarding Adult Board Manager to the meeting and invited them to introduce the report and presentation.

The RSAB Independent Chair presented the new three-year strategic

plan, as required under the Care Act. They began by emphasising that the plan was designed to span the three years, allowing for phased implementation rather than immediate delivery of all objectives. The strategic plan had been developed collaboratively during a partnership development session held in January, ensuring that the priorities reflected a multi-agency consensus.

Five key priorities were identified for the 2023–2026 period:

1. Communication, Engagement and Voice

The board placed this as its top priority and recognised the importance of hearing directly from individuals with lived experience of safeguarding issues, as well as carers.

It was acknowledged that challenges had previously been encountered in this area, and the Board was committed to improving its responsiveness and inclusivity. Elected members were invited to play a vital role in this process by feeding back safeguarding concerns raised by constituents, reinforcing their position as community connectors.

2. Prevention and Early Intervention

The second priority focused on proactive safeguarding, supporting individuals to feel protected from abuse or neglect before issues arose. The strategic plan included detailed actions aimed at embedding early intervention approaches across partner organisations.

3. Leadership and Partnership

The Board reaffirmed its commitment to strong multi-agency collaboration. The Independent Chair expressed pride in the breadth of representation, which included the local authority, police, health commissioners and providers, the voluntary sector, fire and rescue services, and probation. The Cabinet Member for Adult Care and Health was noted as a key member of the Board. The presentation stressed that safeguarding adults could not be achieved in isolation and that continued partnership development was essential.

4. Making Safeguarding Personal

This long-standing principle was reaffirmed as a core objective. The Board aimed to ensure that safeguarding practices remained person-centred across all organisations. Plans were in place to audit how well this approach was embedded, how it was experienced by individuals, and how it could be strengthened further.

5. Learning and Development

The final priority addressed the need for ongoing training across the system. The Board recognised the importance of maintaining a robust multi-agency training offer, tailored to different levels of responsibility from general awareness for all staff to specialist safeguarding roles. Given the natural turnover of personnel, the Board committed to ensuring that safeguarding knowledge remained current and widespread.

The RSAB Independent Chair concluded by noting that an action plan and tracking tool would underpin the strategy, assigning key actions to relevant subgroups and enabling progress monitoring.

The Chair thanked the RSAB Independent Chair for the report and presentation and committed the Health Select Commission Members to posing questions in relation to the strategy at a forthcoming Health Select Commission meeting at which the RSAB Annual Report was also due to be heard.

28. HEALTH SELECT COMMISSION WORK PROGRAMME - 2024/25

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.

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

The Chair advised members that the next South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) was due to take place on 21 October 2025.

They requested that members reviewed the agenda for this meeting once published, and contacted the Chair and Governance Advisor regarding any questions or comments to be raised during that meeting.

The Chair also requested that Health Select Commission Members who

had comments, queries or questions they would like to discuss further in relation to the JHOSC minutes included in the agenda pack channel these via the Chair and Governance Advisor.

30. ADULT SOCIAL CARE LOCAL ACCOUNT 'HOW DID WE DO?'

The Chair requested that Health Select Commission Members who had comments, queries or questions they would like to discuss further in relation to the Adult Social Care 'How Did We Do?' Local Account channel these via the Chair and Governance Advisor.

31. HEALTH AND WELLBEING STRATEGY

The Chair requested that Health Select Commission Members who had comments, queries or questions they would like to discuss further in relation to the Health and Wellbeing Strategy channel these via the Chair and Governance Advisor.

32. URGENT BUSINESS

No urgent business was formally raised by the Chair during the meeting. However, the Chair wished to formally acknowledge the valuable contributions made by Scott Matthewman whilst supporting the Health Select Commission in the role of Link Officer, and to formally welcome Emily Parry-Harries to that role following her appointment as the Director of Public Health.