HEALTH SELECT COMMISSION
Thursday 14 May 2026

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Adair, Ahmed, Baum-Dixon, Clarke, Duncan, Garnett, Harper, Tarmey and Fisher.

Co-optee, David Gill, Rotherham Speak-Up

Apologies for absence:- Apologies were received from Brent and Thorp.

The following officers and partners were also in attendance:-
Councillor Baker-Rogers, Cabinet Member for Adult Care and Health
Ian Spicer, Executive Director of Adult Care, Housing and Public Health
Dania Pritchard, Assurance Lead for Professional Practice
Gilly Brenner, Public Health Consultant
Kym Gleeson, Manager, Healthwatch Rotherham
Bob Kirton, Managing Director, The Rotherham NHS Foundation Trust (TRFT)
Joanne Martin, Programme Lead, Transformation and Delivery at SY ICB (South Yorkshire Integrated Care Board)
Simon Langmead, Clinical Director for Rotherham Central and North Primary Care Network
Anthony Fitzgerald, Place Director for Rotherham at SY ICB

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

63. MINUTES OF THE PREVIOUS MEETING HELD ON 26 MARCH 2026

Resolved:-

That the minutes of the meeting held on 26 March 2026 were approved as a true and correct record of the proceedings.

64. DECLARATIONS OF INTEREST

There were no declarations of interest.

65. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

66. 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.

67. ADULT SOCIAL CARE CQC INSPECTION OUTCOME

This item was to receive an update from the Cabinet Member for Adult Social Care and Health and Adult Care, Housing and Public Health Service Officers in relation to the outcome of the CQC (Care Quality Commission) Inspection of the Council's Adult Social Care Services.

The Chair welcomed Dania Pritchard, Assurance Lead for Professional Practice, Ian Spicer, Executive Director of Adult Care, Housing and Public Health and Councillor Baker-Rogers, Cabinet Member for Adult Care and Health to the meeting and invited Councillor Baker-Rogers to introduce the report and presentation.

The Cabinet Member for Adult Social Care and Health advised the Commission that the CQC had inspected Adult Social Care services in July 2025 under new powers introduced by the Health and Care Act 2022. The final report was published on 20 March 2026 following a factual accuracy review process. The authority achieved an overall rating of 'good' with a score of 73 percent, placing it joint second in the Yorkshire and Humber region amongst published assessments, which was highlighted as a significant achievement. The Cabinet Member for Adult Social Care and Health expressed pride in the outcome of the assessment.

It was reported that the assessment framework considered four key areas and drew upon a wide range of evidence including service user feedback, and that the Council had undertaken extensive preparation through peer reviews and self-assessment activity ahead of inspection.

In outlining key highlights, the Cabinet Member emphasised the person-centred, strengths-based ethos underpinning service delivery, the range of access points for advice and support, and a strong preventative offer, including specialist provision such as the Complex Lives Team delivering trauma-informed support and the Supported Employment Team assisting neurodiverse residents. Reference was also made to transparent decision-making processes supported by advocacy, a diverse workforce promoting cultural competence, and clear strategic frameworks including equality, diversity, inclusion and digital inclusion.

The introduction further highlighted the Council's understanding of local need, effective alignment of services to demand, and robust partnership working, including co-location arrangements, multi-agency forums and data sharing approaches such as integrated discharge arrangements.

Strong links with the voluntary and community sector were noted, supported through grants, commissioning and social prescribing, alongside a clear focus on safety, governance and accountability, and a culture of learning and continuous improvement.

Concluding, the Cabinet Member reiterated that the assessment provided strong external assurance of the quality of Adult Social Care services and thanked staff for their contribution.
Dania Pritchard, Assurance Lead for Professional Practice delivered a detailed presentation which provided an overview of governance processes through which the CQC outcome had been considered prior to presentation to the Health Select Commission and onward reporting into Cabinet.

Members were appraised of the timeline of the assessment, including the onsite element in July 2025, receipt of the draft report in February 2026, a two-week factual accuracy process during which further evidence and clarifications were submitted, and publication of the final report on 20 March 2026. It was noted that this process had resulted in an improved final score of 73 per cent and that the scoring framework ranged from one, which reflected significant shortfalls, to four which denoted exceptional performance, with the majority of Rotherham's scores being three, representing a good standard of evidence and no scores at level one. The presentation illustrated how the overall rating sat firmly within the "good" range and confirmed the authority's joint second ranking within the region at the time of publication.

In summarising the findings, it was explained that the assessment drew heavily on lived experience, and that feedback had been largely positive, particularly in relation to access to information, communication, and the range of ways in which residents could engage with services. Whilst some feedback highlighted waiting times for assessments, it was reported that effective communication and risk-based prioritisation ensured individuals were supported safely while waiting, including through front-door services such as the Supporting Independence Team. Assessment practice was described as person-centred, with strong use of advocacy and a clear emphasis on working with individuals rather than doing things to them. Carers' needs were recognised and supported, although it was acknowledged that navigating available information could be challenging at times.

The presentation described the key strengths identified, reflecting the structure of the four CQC themes. It was highlighted that there was a broad and effective range of early intervention services, strong community-based support promoting independence, and a notable example of innovative practice in the Complex Lives Team, which adopted a holistic approach to supporting individuals facing multiple and complex challenges, including homelessness and substance misuse. Assessments were undertaken using a whole-family approach, and services were designed to ensure timely support based on risk. It was also noted that opportunities remained to strengthen co-production, although existing activity in this area was acknowledged.

Further strengths were identified in relation to partnership and commissioning arrangements, including effective oversight of providers,

strong relationships with the Voluntary and Community Sector, and the use of Section 75 agreements under the National Health Service Act 2006 to support integrated working.

In relation to safety, it was reported that safeguarding was embedded as ‘everyone’s business’, with clear processes, robust escalation arrangements and a well applied three-point test. Further positives included the availability of Occupational Therapy (OT) and Assistive Technology (AT) at the first point of contact, a wide range of feedback mechanisms, and a workforce reflective of the community it served.

Leadership was also described as a particular strength. The CQC noted that staff felt connected to leaders, understood the needs of the community, and operated within a culture that promoted learning, reflection and improvement. Governance arrangements were clear and effective, with stable leadership and strong strategic planning which supported service delivery.

Areas for development were also addressed, including reducing waiting times for assessments and certain complex equipment, strengthening support for seldom-heard groups and improving accessibility and digital inclusion.

It was noted that there was a need to increase carers’ access to services, ensure timeliness in safeguarding processes such as screening and completion of enquiries under Section 42 of the Care Act 2014, and further develop co-production and partnership communication arrangements. Officers advised that many of these areas were already recognised and were being addressed through existing programmes of work.

Members were informed of next steps, including reflection sessions held in March and April 2026 with senior and operational managers, the development of a structured improvement plan based on identified themes, and the organisation of a staff celebration event to recognise achievements whilst maintaining focus on continuous improvement.

The Executive Director of Adult Care, Housing and Public Health added that the assessment formed part of a national two-year baseline programme during which the CQC had undertaken approximately 150 inspections to establish comparative benchmarks. They emphasised that the assessment had been based on evidence from the preceding 12 months, meaning that emerging improvements not yet evidenced over that period were not reflected.

The Executive Director of Adult Care, Housing and Public Health reported that there had been no surprises in the findings due to the Council’s self-assessment and peer review activity, and that the inspection process itself had been positive, with staff demonstrating confidence and commitment in articulating their work. It was also noted that the final report was

considered an accurate and fair reflection of services, and that the authority had taken a pragmatic approach in finalising the report to ensure timely publication of the positive outcome.

The Chair expressed appreciation for the work undertaken and the positive impact of Adult Social Care services, and invited questions and comments from Members.

Councillor Ahmed queried the relatively low number of carers accessing ongoing support following assessment and sought clarity regarding what action would be taken to increase uptake.

In response, Officers explained that while the Council sought to increase carer involvement and uptake of assessments and support, barriers included accessibility and awareness of information, as well as individuals not identifying themselves as carers. It was noted that some carers elected only to receive advice or signposting rather than ongoing support, which affected the overall figures. Measures to improve access included the Borough That Cares Strategy, increased outreach activity, and the introduction of Carer Link officers at the ‘front door’.

Councillor Ahmed queried work around engagement with harder-to-reach communities, particularly the Roma community drawing on personal professional experience, and how impact and progress would be demonstrated in that area.

Officers advised that this remained an ongoing priority due to the evolving nature of the local population. Actions included the development of a new engagement strategy, use of Community Connectors, strengthened collaboration with the Voluntary and Community Sector, and improved access to multilingual and accessible information. It was also noted that commissioned services were increasingly being designed to reflect cultural preferences and community needs, whilst it was acknowledged that further work was required.

Councillor Harper raised concerns regarding performance in the ‘equity of experience’ domain given the prevalence of areas scored 2, and the use of 2011 Census data in drawing conclusions.

Officers clarified that the lower score reflected challenges experienced nationally in evidencing this area rather than a lack of activity, with many authorities having reported experiencing similar difficulties in relation to that domain. They explained that demonstrating outcomes required robust, non-anecdotal evidence, which remained a development area in that particular case. In relation to data, it was confirmed that the reference to 2011 Census Data was the CQC’s comparator which had been queried by the service with them. They were advised that its use reflected national data availability timelines and it was confirmed that more current local datasets were routinely used in practice by the Local Authority.

Councillor Harper highlighted extreme outliers in waiting times, with the lengthiest wait approaching 1,400 days. Officers explained that such cases typically related to highly complex individuals or recording anomalies where cases remained open due to ongoing involvement. They emphasised that whilst transparency required inclusion of such data, systems were in place to review long waits, and the ‘Waiting Well’ approach ensured that risk was managed for those awaiting assessment.

Councillor Clarke sought further information on the role of ‘Community Connectors’, and outlined their belief that this role offered opportunities for enhanced outreach and intelligence across multiple areas or Council responsibility.

Officers explained that these roles acted as navigators rather than assessors, supporting residents to access services, providing early intervention, and maintaining links between communities and operational teams. It was also noted that relocating them to the ‘front door’ service as part of the Adult Contact Team had improved accessibility, enabling earlier engagement and short-term case support where needed. It was agreed that the Service would provide additional information regarding the role to aid Members’ understanding.

Councillor Fisher wanted to understand how the Council intended to bridge the gap between local and national average wellbeing scores for carers, particularly around control over daily life and social contact.

Officers advised that annual survey data informed action planning and that a range of initiatives were in place, including Carers Week activity, contingency support, information events, and digital resources. They highlighted ongoing efforts to diversify support, including development of an online carers’ platform to better meet the needs of younger and working carers, alongside continued engagement through the ‘Borough That Cares’ network and targeted events during Carer’s Week.

Councillor Fisher commented on the report’s reflection that co-production was ‘not always meaningful’ and asked how lived experience would meaningfully influence service design to improve that position.

Officers outlined ongoing work to strengthen co-production through early engagement on the forthcoming Adult Social Care Strategy 2027, wider community consultation, and expansion of the co-production board to better reflect the borough’s demographics and increase participation from seldom-heard groups to deliver truly representative co-production.

Councillor Garnett asked about the impact of delays in Occupational Therapy and equipment provision.

Officers acknowledged the importance of timely intervention in maintaining independence and preventing hospital admissions. They outlined action taken which included increased investment in

Occupational Therapists and their earlier involvement in assessments, contract improvements for equipment provision, and exploration of digital and remote assessment approaches to improve efficiency.

Councillor Garnett queried whether the service understood fewer carers in Rotherham reported feeling safe versus the national average and asked what changes or action was planned to improve that position.

It was noted that further analysis of survey findings was required to determine underlying causes, with necessary caution regarding potential limitations in sample size and representation in order to truly understand the scale and depth of the problem, and to confirm if indeed there was one. Officers advised that this would form part of ongoing improvement work, supplemented by feedback from partners such as Healthwatch and continued engagement with carers.

Councillor Garnett also wanted to understand how the system ensured equity in safeguarding outcomes, particularly for adults with multiple disadvantages such as homelessness, s and mental health

Officers highlighted the role of the Complex Lives Team in providing trauma-informed, specialist support. They explained that safeguarding outcomes were monitored through detailed data analysis across demographics and that partnership arrangements, including the Safeguarding Adults Board, supported a coordinated response to complex need. Awareness raising activity such as Safeguarding Awareness Week further strengthened multi-agency working.

David Gill, Co-optee asked about co-production involvement opportunities for people with learning disabilities and autism.

Officers confirmed that participation was encouraged, including attendance at the co-production board and Mr Gill was invited to participate on behalf of Rotherham Speak-Up.

Councillor Yasseen raised concerns regarding delays in assessments, including Deprivation of Liberty Safeguards (DoLS) assessments, and queried whether additional resources would be required to address backlogs.

Officers acknowledged these pressures as a national issue, noting increasing demand and the scale of assessment activity, but advised that resources had been increased and prioritisation mechanisms applied. They confirmed that despite delays in some areas, waiting times between assessment and service provision were generally low, with strong market capacity in areas such as home care.

Councillor Yasseen challenged service to identify their top three priorities arising from the inspection feedback to promote focus on impact.

Officers reflected that these were some of the areas Members had questioned, and identified:

- Improving the carers' offer
- Addressing equity of experience and engagement with seldom-heard groups with additional emphasis on strengthening co-production and representation
- Reducing waiting times for assessments and reviews as the primary focus areas

Councillor Baum-Dixon raised questions regarding demographic change, rural access, data reliability, and long-term sustainability in the face of change, large scale building projects and an aging population.

Officers confirmed that they used a range of up-to-date data sources, including the Joint Strategic Needs Assessment (JSNA), to understand population trends, and outlined a preventative approach to managing demand. This included investment in early intervention, assistive technology, and employment support for working-age adults to promote independence. They also highlighted wider system collaboration with Place Partners, digital innovation, and ongoing efforts to maximise resources whilst maintaining service quality in the context of rising demand.

The Chair noted that there were a number of Members who had additional questions which was a testament to the importance of the subject matter. Due to time constraints, Members who had further questions that had not been addressed during the course of the meeting were requested to provide these in writing to the Governance Advisor would liaise with service in relation to obtaining responses which would in turn be shared during a subsequent Health Select Commission meeting. Service confirmed their consent to that approach.

The Chair thanked the Cabinet Members and Officers for their attendance on the insights in relation to the achievements and ongoing improvement work within Adult Social Care.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the report including the areas of strength and the areas of focus, as detailed in the CQC assessment report.

2. Requested that the service provides the Health Select Commission with a copy of the 18 month action plan referred to under paragraph 5.1 of the report, upon this being developed.

3. Requested that service formalises arrangements, including the method of delivery and a suitable timeline, for reporting progress against CQC

improvement areas documented in the 18 month action plan to the Health Select Commission.

4. Requested that service provide the Health Select Commission with information regarding the role of ‘Community Connectors’ to aid their understanding.

68. NHS 10 YEAR PLAN; LOCAL IMPLICATIONS INCORPORATING NEIGHBOURHOOD HEALTH SERVICES

This item was to receive a presentation from Rotherham Place Partners in relation to how the NHS 10 Year Plan translates into the Rotherham context, including implications for Neighbourhood Health Services.

The Chair welcomed Joanne Martin, Programme Lead, Transformation and Delivery at SY ICB, Simon Langmead, Clinical Director for Rotherham Central North Primary Care Network, Bob Kirton, Managing Director of TRFT, Ian Spicer, Executive Director of Adult Care, Housing and Public Health in the absence of Emily Parry-Harries, Director of Public Health and Anthony Fitzgerald, Place Director for Rotherham at SY ICB (South Yorkshire Integrated Care Board) to the meeting and invited Joanne Martin to introduce the presentation.

The Programme Lead, Transformation and Delivery at SY ICB introduced the report, explaining that the neighbourhood health framework, published in March 2026, formed a central delivery mechanism for the Government’s National Health Service (NHS) 10 Year Plan and set out a clear national expectation for how services should be delivered going forward.

It was emphasised that, for Rotherham, the approach did not represent a radical departure from existing practice in Rotherham, but instead built upon established place-based and locality working, including alignment with the Joint Strategic Needs Assessment (JSNA) and existing community insight work. However, the framework formalised expectations and introduced greater clarity regarding roles, governance and accountability, particularly for the Place Board and the Health and Wellbeing Board.

Members heard that Neighbourhood Health aimed to ensure that the majority of people’s care needs were met closer to home through integrated, multidisciplinary teams operating across Primary Care, Community and Mental Health services, Adult Social Care, Public Health and the Community and Voluntary Sector, working collectively as a single system rather than in organisational silos.

It was clarified that this did not involve removing all hospital based care but instead sought to shift activity, where appropriate, towards community settings with a strong emphasis on prevention, early intervention and addressing the wider determinants of health. This approach was

described as particularly important in Rotherham given the prevalence of health inequalities, long-term conditions and pressures on Urgent and Emergency Care.

The presentation highlighted that Neighbourhood Health was now a mandated operating model rather than an optional approach, with systems expected to demonstrate delivery against five national minimum goals relating to:

- Outcomes
- Health Inequalities
- Patient Experience
- Urgent and Emergency Care performance
- Staff Experience

Whilst these goals were already familiar, it was noted that delivery at neighbourhood level would now be the primary mechanism for achieving them, requiring clearer alignment between local arrangements, performance reporting and governance structures.

Members were informed that the framework identified three priority areas for reform over the next three years:

- Improving access to routine care, particularly general practice and community services
- Strengthening proactive and preventative care through the use of population health data
- Developing alternatives to hospital care in order to reduce avoidable admissions

Although much of this work was already underway locally, the framework required a more consistent and coordinated approach at neighbourhood level, alongside clearer accountability for delivery and outcomes.

Implementation would be phased, with an initial focus in 2026–2027 on delivering tangible improvements within existing structures, followed by more formalised neighbourhood models, commissioning arrangements and funding approaches from 2027 onwards.

The Commission heard that the framework also introduced significant shifts in roles and responsibilities across the system. Integrated Care Boards (ICBs) would move away from detailed operational oversight towards a strategic commissioning role focused on population outcomes, investment decisions and system assurance, with greater emphasis on population health management and reducing health inequalities.

Local authorities were positioned as co-leaders of Neighbourhood Health, with an enhanced role in prevention and addressing wider determinants such as housing, employment and social inclusion, while Health and Wellbeing Boards would provide strategic leadership and democratic

accountability, ensuring alignment with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

It was further reported that provider organisations would be expected to move away from delivering isolated services towards collective accountability for outcomes across neighbourhood populations, working as integrated teams and focusing on outcomes and experience rather than activity levels alone. In this context, provider leaders would play a key role in redesigning pathways, improving integration and ensuring that care was delivered in the most appropriate setting, with hospital care used only where necessary.

The role of the Rotherham Place Board was described as central to delivery, with responsibility for ensuring that Neighbourhood Teams were established, that organisations were working as a single system, and that barriers to integration were addressed. The Health and Wellbeing Board, by contrast, would focus on strategic oversight, ensuring that neighbourhood delivery aligned with local priorities and reduced health inequalities, whilst holding partners to account for outcomes rather than managing operational delivery. The importance of strong alignment, shared data and effective communication between these governance structures was emphasised to avoid duplication and ensure collective accountability.

It was reiterated that Neighbourhood Health represented a mandatory national direction of travel and a significant opportunity for Rotherham to build on its existing strengths in partnership working and locality based delivery, provided that governance, leadership and accountability arrangements continued to evolve to support improved outcomes for residents.

The Managing Director, TRFT added that in addition to the presentation delivered, supplementary slides had been provided to Members as part of the published agenda pack to illustrate work already undertaken in response to the NHS 10 Year Plan since its publication, noting that the detailed Neighbourhood Health guidance had only been issued recently.

The Chair thanked Officers for the comprehensive overview, welcomed the opportunity to build on existing good practice, and invited questions and comments from Members.

Councillor Harper queried why a small number of General Practice (GP) services were reflected as ‘amber’ within the data-sharing arrangements and sought reassurance that deprived areas would benefit from the new model, citing the impact of poor quality housing on health and wellbeing.

In response, Officers explained that all practices had already signed up in principle and the ‘amber’ status related only to a technical step in activating the system, which was believed to have been resolved since the presentation was prepare, with all practices now being ‘green’.

Officers emphasised that the new approach, based on defined neighbourhoods aligned to wards, would allow more targeted responses to local health inequalities, including issues such as poor housing conditions affecting health, by bringing together services to address the wider determinants of health.

Councillor Baum-Dixon sought clarity in relation to the alignment of neighbourhood boundaries, the challenges of rurality, and access to services across dispersed communities.

Officers advised that neighbourhoods had not yet been finalised and that this would be a complex process, requiring alignment across health, social care, housing and other services. It was confirmed that population health data would be analysed at ward and smaller geographic levels to reflect differing needs, including rural isolation and transport barriers, and that future models would need to account for these variations rather than applying a uniform approach.

Councillor Fisher asked how success would be measured and how assurance would be provided to Members, as well as how workforce capacity and cultural change would be managed.

Officers explained that a range of performance measures were being developed, covering demand, prevention, system flow, workforce wellbeing, and integration across services. It was emphasised that cultural change, integrated team working, and simplifying systems for residents would be central to success, alongside improving patient and staff experience. Officers also highlighted that success would ultimately be judged by improved outcomes and by how residents experienced more joined-up and accessible services.

Councillor Fisher queried how funding would be shifted from acute hospital care to community provision, maintaining accountability.

Officers acknowledged that no additional funding was available and that the programme required better use of existing resources. Examples were provided of initiatives already reducing demand on hospitals, such as ‘hospital at home’ services, virtual wards, and mobile diagnostic services, which avoided admissions and improved outcomes. It was further explained that current funding models did not always incentivise such approaches and that future commissioning arrangements would need to move towards pooled budgets and outcome based funding across organisations.

Councillor Clarke raised concerns about how prevention and community-based services would operate in areas where infrastructure was lacking, particularly where residents were unable to physically access local facilities.

Officers responded that the model would not rely solely on residents travelling to neighbourhood hubs, but would include flexible delivery tailored to individual needs, including services delivered in people's homes. It was emphasised that the approach would require more personalised responses and stronger multidisciplinary working to address practical barriers and ensure that vulnerable residents were not excluded.

Councillor Yasseen expressed concerns regarding the scale of the proposed reform given the lack of detailed implementation plans, unclear neighbourhood definitions, and the absence of additional funding. They acknowledged that the framework represented a major system change but that detailed implementation plans were still being developed following recent national guidance and whilst welcomed, required careful planning and execution.

Officers emphasised that the current position focused on direction of travel rather than finalised design, and that further detail, including neighbourhood mapping and delivery models, would be developed over time. They also recognised financial pressures across the system, noting that efficiencies would be required through reducing duplication and focusing investment on prevention rather than hospital care, which was considered both costly and less effective for long-term outcomes. It was also emphasised that the programme was at an early stage within a 10 Year Plan, and that a phased approach would be taken to avoid rushed implementation. Officers highlighted the importance of engaging with communities, testing models, and focusing initially on priority areas to establish effective approaches before wider rollout. It was also noted that strong partnership working across organisations in Rotherham placed the area in a favourable position to deliver the programme successfully, hence its inclusion in the 43 prioritised areas.

Councillor Yasseen raised broader points regarding accountability and the increased role of local governance, and expressed concerns that residents would look to Elected Members for resolution of issues arising from the Neighbourhood Health model and sought assurances around Member's being kept informed.

Officers acknowledged this and emphasised the need for clear governance arrangements, ongoing scrutiny, and continued Member engagement as the programme developed.

Councillor Baum-Dixon highlighted the importance of ensuring services reflected cross-boundary considerations, such as access to services outside the borough for those parts of the borough neighbouring other ICB footprints, and the need to ensure that patient voice and engagement, including representation of seldom-heard groups, remained central to the development of neighbourhood health services and encouraged Place partners to keep these issues in mind as work progressed.

The Chair thanked Officers for the presentation, considered responses and looked forward to progress being made.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the presentation and the update provided.

2. Requested that, as with the roles of the Place Board and Health and Wellbeing Board, the role of Health Select Commission be clearly defined and agreed at the earliest opportunity to ensure that focussed outcome driven scrutiny can be appropriately framed and scheduled in line with delivery plans and timelines. The specific details and timeline for completion of this subsequent scrutiny activity would be agreed at a suitable stage once greater clarity was achieved.

3. Requested that the Commission be sighted on and included in any engagement, consultation and co-production work supporting the Neighbourhood Health transition, including considerations around neighbourhood footprints.

69. MENOPAUSE REVIEW REPORT

Members were invited to consider the Menopause Scrutiny Review Report. The report was the result of the workshop undertaken in 2025, subsequently re-framed as a spotlight review.

There were no questions or comments from members in relation to the report.

Resolved:-

That the Health Select Commission:

1. Noted the content of the Menopause Review Report.

2. Supported Option B as described in the report.

3. Supported the report being presented to OSMB, and subsequently Cabinet.

70. HEALTH SELECT COMMISSION WORK PROGRAMME - 2026/27

Members were presented with the proposed work programme for the 2026/27 municipal year and invited to advise the Chair and/or Governance Advisor of any comments or suggestions for topics to consider.

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.

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

Members were advised that the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) meeting scheduled to take place on 11 March 2026 was cancelled, and the calendar of meetings for the 2026/27 municipal year were not yet confirmed. Health Select Commission Members would be advised of proposed dates and topics for consideration once that information was made available.

The Chair requested that Health Select Commission Members who had comments, queries or questions they would like to be raised regarding the most recent minutes, or any suggestions of items for consideration by JHOSC in the 2026/27 municipal year refer these to the Health Select Commission Chair and/or Governance Advisor at the earliest opportunity so these can be addressed accordingly.

72. URGENT BUSINESS

The Chair wished to place on record that they considered it a privilege to have had the opportunity to work with Members of the Health Select Commission throughout the 2025/26 municipal year. They recognised the level of involvement and commitment that had been demonstrated by all concerned and offered their thanks to both Members and Officers who have supported the Commission's meetings for their valuable contributions.