HEALTH SELECT COMMISSION

Date and Time:- **Thursday 23 July 2026 at 5.00 p.m.**

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

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

Co-opted Member 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 18 June 2026 (Pages 5 - 20)

To consider and approve the minutes of the previous meeting held on 18 June 2026 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. Health Hub Phase 2 (Pages 21 - 35)

This item is to consider a presentation in relation to the proposals in relation to the Phase 2 development of the Town Centre Health Hub, as requested by the Health Select Commission following its consideration of Phase 1 proposals in June 2025.

7. Primary Care Network (PCN) Development (Pages 37 - 60)

This item is to receive an update in relation to the Primary Care Network landscape in the borough, how health services are delivered across these structures and to explore how these could be developed to better support Rotherham's communities.

8. Rotherham Women's Health Network Co-optee Proposal Report (Pages 61 - 67)

This item is to consider the report and recommendations proposing the appointment of the Rotherham Women's Health Network as a Non-voting Co-optee of the Health Select Commission.

9. Health Select Commission Work Programme - 2026/2027 (Pages 69 - 70)

To consider the Health Select Commission's work programme for 2026/2027.

For Information/Monitoring:-

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

10. Healthwatch Rotherham Annual Report (Pages 71 - 98)

This item is to receive a copy of the Healthwatch Rotherham Annual Report 2025/26. This is being shared so that members are sighted on the work conducted by Healthwatch Rotherham during that period of time, and the outcomes achieved for Rotherham residents.

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

To receive and consider the minutes and recommendations of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny

Committee.

The minutes of the last JHOSC meeting held 7 January 2026 were shared with members as soon as they became available and via the 14 May Health Select Commission meeting agenda pack.

The next JHOSC meeting remains expected to take place in October 2026, and final arrangements are underway regarding the agenda for that meeting.

Health Select Commission members will be updated regarding the agreed agenda items and meeting date once confirmed, at which point Members will be invited to share any questions or comments they would like to be included in JHOSC's discussions regarding those agreed items for consideration.

12. Urgent Business

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

JOHN EDWARDS,
Chief Executive.

The next meeting of the Health Select Commission will be held on Thursday 24 September 2026 commencing at 5.00 p.m. in Rotherham Town Hall.

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HEALTH SELECT COMMISSION
Thursday 18 June 2026

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Ahmed, Baum-Dixon, Brent, Fisher, Harper, Harrison, Knight and Thorp.

Apologies for absence:- Apologies were received from Cllr Clarke, Duncan, Garnett, Ismail and Co-optee David Gill.

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
Caroline Hine, Change Lead, Service Improvement and Governance
Gilly Brenner, Public Health Consultant (deputising for the Emily Parry Harries, Link Officer)
Kym Gleeson, Manager, Healthwatch Rotherham
Bob Kirton, Managing Director, The Rotherham NHS Foundation Trust (TRFT)
Nazreen Iqbal, Healthy Hospital Programme Manager at TRFT
Linda Strettle, GP Partner the Village Surgery
Radhika Gosakan, Consultant Obstetrician and Gynaecologist at TRFT

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

1. MINUTES OF THE PREVIOUS MEETING HELD ON 14 MAY 2026

Resolved:-

That the minutes of the meeting held on 14 May 2026 be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

4. EXCLUSION OF THE PRESS AND PUBLIC

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

5. NOMINATE REPRESENTATIVE TO HEALTH, SAFETY AND WELFARE PANEL

The Chair sought a representative from the Health Select Commission to sit as a member of the Health, Welfare and Safety Panel.

Resolved:-

That the Health Selection Commission appointed Councillor Brent as its representative on the Health, Welfare and Safety Panel for 2026/27.

6. ROTHERHAM WOMEN'S HEALTH NETWORK INTRODUCTION AND OVERVIEW

This item was to receive a report and presentation in relation to the formation and work of the Rotherham Women's Health Network.

The Chair welcomed Nazreen Iqbal, Healthy Hospital Programme Manager at The Rotherham NHS Foundation Trust (TRFT), Linda Strettle, GP Partner at the Village Surgery and Radhika Gosakan, Consultant Obstetrician and Gynaecologist at TRFT to the meeting and invited them to introduce the presentation.

The Healthy Hospital Programme Manager outlined the background to the establishment, development, and early outputs of the Rotherham Women's Health Network (RWHN), and provided an overview of the national policy context and an analysis of local service pressures and population health need via presentation.

Members were advised that the RWHN had been established in August 2025 as an organically developed, place-based partnership comprising female professionals from a wide range of sectors, including acute and primary healthcare, public health, the voluntary and community sector, and patient representation bodies such as Healthwatch.

It was emphasised that the Network had not been formally commissioned, nor formed part of any existing organisational structure, but had instead emerged as a result of shared professional concern that women's health lacked both coherent strategic focus and sufficient representation within local decision-making arrangements. The Network therefore sought to provide a collaborative forum through which partners could align priorities, share intelligence, and advocate for a more equitable and coordinated approach to women's health.

The Commission was informed that the core purpose of the Network had been to address health inequalities affecting women and girls in Rotherham, with a particular emphasis on ensuring that lived experience informed service design and delivery. In its initial period of operation, the Network had achieved a number of early outcomes, including establishing

cross-system relationships, improving communication between partner organisations, and increasing the visibility of women's health issues within local forums and decision-making processes.

It was further reported that the Network had begun to undertake a preliminary health needs assessment, drawing on available data and stakeholder insight to develop a clearer baseline understanding of women's health outcomes and inequalities within the borough. Although this work remained in progress, it had already begun to highlight a number of significant challenges requiring system-wide attention.

In setting the local context, the Healthy Hospital Programme Manager outlined the relevance of the national Women's Health Strategy for England (initially published in 2022 and subsequently refreshed), which had, for the first time, provided a comprehensive assessment of women's experiences across the health and care system. The Commission was advised that the Strategy had been informed by extensive national consultation and had identified consistent themes of women feeling unheard, dismissed, or inadequately supported when seeking care. Structural issues highlighted included fragmentation of services, prolonged diagnostic pathways, and insufficient inclusion of women in clinical research, all of which had contributed to inequitable outcomes. Whilst progress had been noted in certain areas, such as improved access to emergency contraception through community pharmacies, the development of digital care pathways relating to menopause and menstrual health, and a commitment from national research bodies to ensure sex-based inclusion in funded studies, it was stressed that many of the systemic barriers identified in the original Strategy persisted.

Particular attention was drawn to a number of clinical areas where inequalities remained pronounced. For example, the Commission noted that the average diagnostic delay for endometriosis was approximately nine years, illustrating the challenges faced by women in accessing timely investigation and treatment. Similarly, differences in the presentation and recognition of cardiovascular disease in women were reported to contribute to poorer outcomes, while persistent inequalities in maternity care, particularly affecting women from Black and South Asian backgrounds, continued to raise significant concern.

The Healthy Hospital Programme Manager also highlighted issues relating to menstrual health and gynaecological conditions more broadly, noting ongoing parliamentary scrutiny and national reviews in these areas. Although a refreshed national strategy had introduced a wide-ranging programme of actions, the absence of a detailed delivery plan and ring-fenced funding was identified as a significant risk to effective implementation at a local level.

The Commission's attention was drawn to a series of local population health indicators which illustrated the scale of the challenge in Rotherham. It was reported that, whilst overall female life expectancy

stood at approximately 81.7 years, women spent an average of 25.2 years in poor health, equating to around 31% of their lifespan.

Furthermore, healthy life expectancy had declined markedly over the preceding decade, falling from 58.5 years to 51.1 years. In later life, women in Rotherham experienced fewer years free from disability compared to the national average, with those aged 65 expected to spend approximately seven years in good health, compared to around ten years across England. These figures were presented as evidence of a widening gap not only in longevity, but in the quality of life experienced by women locally.

Wider determinants of health were also considered, and the Commission heard that women in Rotherham were disproportionately affected by socioeconomic pressures, including housing instability, financial insecurity, and food poverty. In particular, it was highlighted that 84% of lone parent households were female, increasing their exposure to economic vulnerability. Additionally, higher rates of chronic pain were reported among women compared to men, further contributing to reduced quality of life and increased demand for health services. These factors were considered interconnected drivers of inequality, reinforcing the need for a holistic, cross-sector approach.

To illustrate the lived experience underpinning the data, the Commission received a case study concerning a Rotherham woman who had engaged with local services via Healthwatch. The case demonstrated a recurring theme identified through the Network's engagement work, namely that women frequently felt their concerns were not fully heard or taken seriously within healthcare interactions. In this instance, the individual had also faced additional barriers linked to language and cultural differences, which had compounded difficulties in accessing appropriate care. The consequences were both clinical and socioeconomic, including deterioration in health, impact on mental wellbeing, and eventual loss of employment. It was noted that such experiences were not isolated, but reflective of broader systemic issues highlighted locally and nationally.

The GP Partner outlined a section of the presentation which detailed findings from a local audit of gynaecology referrals, undertaken to better understand patient flow and service demand. This analysis had reviewed consecutive referrals over a one-year period. It was reported that urgent suspected cancer referrals were being managed effectively, with patients seen promptly in line with national targets and a relatively high proportion of referrals resulting in confirmed diagnoses, indicating appropriate clinical thresholds for referral. Urgent non-cancer referrals were also processed within reasonable timescales, typically within two months. However, significant delays were identified in relation to routine referrals, where waiting times were substantially longer, with some patients waiting an average of 253 days for initial consultation. These delays were attributed to system-wide pressures, including workforce challenges and high levels of demand, rather than deficiencies in individual clinical performance. The

audit further demonstrated that a considerable proportion of patients referred routinely required ongoing specialist input, with only a small percentage discharged after an initial appointment.

Importantly, the audit identified a cohort of patients whose needs could potentially have been met outside of secondary care, particularly in relation to menopause management, menstrual disorders, and certain types of pelvic pain. It was suggested that the development of intermediate, community-based services, commonly referred to as women's health hubs, could enable more timely access to care while reducing pressure on hospital services. Evidence from comparator areas, including Oxford and Sheffield, was presented to demonstrate the potential effectiveness and impact of such models.

In these areas, referral triage systems and integrated primary and secondary care services had enabled a significant proportion of patients, up to 50% in some cases, to be managed without requiring hospital-based intervention. The absence of an equivalent model within Rotherham was noted, alongside concerns regarding inconsistency of provision across the wider South Yorkshire Integrated Care System footprint.

The GP Partner also highlighted a number of operational challenges within existing pathways, including variability in referral quality and evidence that some patients had not undergone appropriate preliminary investigations prior to referral. This was linked, in part, to limitations in interoperability between primary and secondary care IT systems, as well as potential gaps in clinical guidance and education. Opportunities were therefore identified to improve pathway efficiency through enhanced communication, education for primary care practitioners, and the introduction of triage or advisory functions within referral processes.

In concluding, The Healthy Hospital Programme Manager reiterated the Network's support for the national strategic direction of travel but emphasised that, without clear delivery mechanisms and dedicated resources, the ambition for improved women's health outcomes risked remaining unrealised. They stressed the importance of collective leadership across the local system, involving the Council, NHS partners, and the voluntary sector, in order to translate national policy into meaningful local change. They described the Rotherham Women's Health Network as an emerging vehicle through which such collaboration could be facilitated but acknowledged that its longer-term role, governance arrangements, and resourcing remained to be defined. The Commission was invited to note the report, the progress made to date and the significant challenges that remained, particularly the risk that, in the absence of coordinated action, existing inequalities in women's health would persist or widen further.

The Chair thanked the Rotherham Women's Health Network for their insightful report and presentation, and invited questions and comments from members.

Councillor Harrison wanted to understand whether any funding had been secured locally in the absence of ring-fenced national funding, and what risks existed to both the Network's priorities and sustainability given its reliance on voluntary participation.

The Healthy Hospital Programme Manager advised that, although no dedicated funding had been secured, there had been encouraging strong engagement from system partners, including the Rotherham Place Board, which had shown interest in the RWHN's work and had committed to incorporating women's health within its planning. They further reported that the Council's Public Health team had offered administrative support. However, it was acknowledged that much of the work continued to rely on individuals contributing beyond their core roles, and cautioned that, without additional resource, the momentum and impact of the Network could not be sustained at scale. The GP Partner reinforced this concern, noting competing clinical and organisational responsibilities within primary care, and emphasised the need to access emerging funding opportunities to support future delivery.

Councillor Harrison also queried, given that one of the recommendations of the report provided was the establishment of a women's health hub, what the business case, funding model, and timeline were for establishing such a facility, and how equitable access would be ensured, particularly for those in rural locations or with transport barriers.

The GP partner confirmed that no formal business case or secured funding model currently existed and that financial constraints across the NHS presented a significant challenge to developing such a facility. They referenced examples from other areas, particularly Oxford, where hub services were distributed across communities to maximise accessibility. The Consultant Obstetrician and Gynaecologist added that the development of a business case and identification of funding sources would be essential next steps if the model were to progress and achieve sustainability in the long term.

Councillor Fisher wanted to understand how commitments made at Place Board level would be translated into tangible system-wide improvements rather than isolated actions.

The Healthy Hospital Programme Manager explained that, whilst the Network remained at an early stage, it had already succeeded in convening key partners across the system. The GP Partner emphasised that the intended system-wide improvement lay in placing women at the centre of care, enabling earlier intervention and reducing lengthy waits. They also highlighted frustration amongst primary care clinicians where patients could not be progressed through the system efficiently, suggesting that improved integration, potentially through a hub model, would strengthen communication and service delivery across organisational boundaries.

Councillor Fisher also queried how variation in referral quality and pre-referral testing in primary care would be addressed, and what underlying drivers of inconsistency had been identified. Councillor Fisher noted that a postcode lottery had been observed in relation to access to Long Acting Reversible Contraception (LARC) options within the Access to Contraception Review, and wanted to understand whether there was the potential to engineer this out through collaborative service design at local level.

The GP Partner outlined plans to improve education and standardisation through regular training sessions for general practitioners. They also described proposals for structured referral templates to ensure that appropriate investigations were undertaken prior to referral. Additional initiatives, including a potential local women's health conference and broader stakeholder engagement, were identified as opportunities to improve shared understanding and reduce variation in care, thereby promoting greater equity.

Councillor Harper asked whether there was sufficient intelligence at this early stage to identify gaps in outcomes relating to ethnicity, deprivation, or other inequalities, particularly given the anticipated abolition of Healthwatch.

The Healthwatch Rotherham Manager, Kym Gleeson, responded that analysis of relevant data was ongoing and that findings would be reported to the Rotherham Women's Health Network in due course.

Councillor Harper asked how the Network was addressing wider determinants of health, and whether it had established links with other Council Services that were able to provide support and assistance around the wider determinants of health.

The Healthy Hospital Programme Manager confirmed that the Network recognised that women's health outcomes were intrinsically linked to broader socioeconomic factors, including housing, employment, and childcare, and that discussions were already taking place with Public Health colleagues and other partners to ensure a coordinated, system-wide response.

Councillor Thorp sought clarity regarding the described model operating in Sheffield. They questioned whether reduced referrals might result in patients receiving less care in practice.

The GP Partner explained that the Sheffield model involved triaging referrals and providing advice back to General Practitioners where appropriate, ensuring that patients were seen by the most suitable clinician without unnecessary delay. They stated that evidence suggested this approach had reduced unnecessary referrals without negatively impacting patient outcomes, but acknowledged that ongoing evaluation

would be required.

Councillor Thorp probed referral and discharge data, and asked whether the intention of proposed changes was to reduce the number of patients reaching consultant appointments unnecessarily.

In response, the GP Partner explained that some discharges were unavoidable due to national referral requirements, particularly for suspected cancer pathways. However, they noted that delays and inefficiencies could arise where patients attended specialist appointments without having undergone appropriate initial investigations. The Consultant Obstetrician and Gynaecologist added that work was ongoing within the Trust to improve referral pathways and outpatient performance, whilst also highlighting the importance of encouraging earlier patient presentation through public health interventions.

Councillor Thorp also raised concerns about the potential loss of Healthwatch and the implications for patient insight. The Healthy Hospital Programme Manager acknowledged the value of Healthwatch in capturing lived experiences and confirmed that the Network would continue to advocate for its role, while also exploring alternative data sources across NHS services and research functions. The Managing Director of TRFT (The Rotherham NHS Foundation Trust) reinforced this point, emphasising that Healthwatch provided a unique and valuable perspective that complemented formal service data.

Councillor Thorp asked which single recommendation of the four referred to in the RWHN's report would be most critical if only one could be progressed.

The GP Partner stated that the establishment of a women's health hub would have the greatest impact, citing strong support from General Practitioners and evidence from other areas that such models improved access, patient empowerment, and system efficiency.

Councillor Yasseen provided a reflective contribution rather than a direct question, highlighting the scale of women's health inequalities and the historical underrepresentation of such issues. They welcomed the report as a compelling case for action and emphasised the importance of political advocacy, partnership working, and practical support, including the potential development of a conference to bring together stakeholders and expertise.

The presenters collectively expressed appreciation for this support and reiterated the importance of collective action to progress the agenda.

A question submitted by Councillor Clarke relating to food insecurity was then raised in their absence by the Chair. They queried how the issue manifested locally and what actions were being taken in response.

The Healthy Hospital Programme Manager explained that food insecurity was a recognised public health issue addressed through existing partnership arrangements but emphasised that women, particularly single parents, were disproportionately affected. They reflected that this reinforced its relevance within the wider women's health agenda. Public Health representatives added that coordinated work was underway through local food networks to address these challenges.

Councillor Harper questioned why declining healthy life expectancy among women had not been more prominently addressed previously.

The Healthy Hospital Programme Manager responded that these issues were longstanding but had often been overlooked, with women living longer but spending more years in poor health. The GP Partner and other contributors added that whilst there had been notable improvements in areas such as screening and maternity care, significant challenges remained, including mental health needs and systemic biases in healthcare delivery.

The Chair thanked the representatives of the RWHN for the report, presentation and insightful answers to members' queries.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the report, recommendations and presentation received.

2. Agreed to prepare a formal report recommending that the Rotherham Women's Health Network be invited to sit as a Co-optee on the Health Select Commission, to be formally considered by the Commission at its next meeting and referred to OSMB to confirm the appointment in line with the Council's Constitution.

3. Agreed to ensure that the desire for a Women's Heath Hub and the provision of relevant associated women's health services be included in considerations in relation to the Town Centre Health Hub Phase 2 as part of the consultation process and the Commission's formal pre-decision scrutiny scheduled to take place later in the municipal year.

7. CASTLE VIEW TRANSITION PLAN

This item was to receive a report and presentation in relation to transition into the Castle View Day Centre from the existing two sites at Maple Avenue, Maltby and Elliot Centre, Herringthorpe.

The Chair welcomed Carolie Hine, Change Lead, Service Improvement and Governance, Ian Spicer, Executive Director of Adult Care, Housing and Public Health and Cllr Baker-Rogers, Cabinet Member for Adult Care and Health to the meeting and invited Cllr Baker-Rodgers to introduce the report and presentation.

The Cabinet Member for Adult Care and Health introduced the report, providing both contextual background and an overview of the transition process, they emphasised the significance of the development within the wider transformation of learning disability services in the borough.

Members were informed that the Castle View Day Centre had been designed specifically to meet the needs of adults with autism and learning disabilities, including individuals with complex and high-level support requirements. The facility was described as an exemplar of accessible and inclusive design, with all aspects of the building carefully considered to support service users. This included the layout and flow of the building, accessible drop-off arrangements, wide corridors and doorways, adaptable and partitionable internal spaces, and the use of colour schemes to support navigation and sensory comfort. External areas, including a purpose-designed sensory garden, were also highlighted as providing a calm, therapeutic environment for those accessing the service. The Centre was reported to support 38 individuals, including four fully health-funded placements, and was staffed by approximately 35 frontline workers alongside management and administrative support.

The Commission were advised that the development of Castle View formed part of the Council's wider strategic ambition to modernise services and ensure that provision was aligned with both current and future needs. It was emphasised that this was not simply a replacement of outdated facilities, but a transformation to a modern, person-centred service model, enabling improved outcomes, enhanced user experience, and greater dignity and independence for those accessing support. The Centre now operated as the continuation of the former 'Reach' day services under a redesigned model of care.

In relation to the transition process itself, Members were advised that this had been subject to extensive planning and delivered through a deliberately phased approach. It was reported that, prior to any relocation, all individuals accessing the service had undergone reviews through Adult Social Care, and individualised transition plans had been developed to reflect each person's specific needs, preferences, and readiness to move. The overarching aim of this approach had been to minimise anxiety, support emotional wellbeing, and ensure continuity of care throughout the process. It was explicitly noted that a single-day transition had been considered but rejected, as it would not have been appropriate for individuals with complex needs, despite being operationally more straightforward from a service delivery perspective.

The Cabinet Member for Adult Care and Health stressed that comprehensive engagement had taken place with all relevant stakeholders. Staff had been formally consulted on the new operating model, with support from Human Resources, including consideration of changes to working patterns and environments. Families, carers, and service users had been engaged throughout the process via newsletters, meetings, and visits to the new facility, ensuring transparency and opportunities for feedback. This inclusive and communicative approach was reported to have contributed significantly to the success of the transition and the high levels of acceptance and enthusiasm observed.

It was reported that the physical transition commenced in the week beginning 11 May and had been completed by the end of May, earlier than initially anticipated. Members were informed that this accelerated timeline had been driven by service users themselves, many of whom chose to move sooner than planned after visiting the new facility and experiencing the improved environment. The phased transition had allowed numbers to increase incrementally over a three-week period, ensuring that staffing arrangements and support levels were continuously adjusted to maintain safety and quality of care. By the end of the transition, all individuals had successfully relocated to Castle View, and the previous facilities had been vacated and formally handed back on 1 June 2026.

Officers emphasised that the transition had been underpinned at all times by a focus on customer safety and individual need. It was recognised that service users presented with a diverse range of needs and levels of understanding, and therefore required tailored and responsive support. The ability to adapt the transition pace, particularly in response to users' eagerness to move earlier, was highlighted as evidence of a flexible, person-centred approach. The Committee was advised that this adaptability, combined with strong coordination and communication between officers, staff, families and carers, had ensured a smooth and successful transition process.

The Committee further heard that the co-location of services within Castle View had generated a number of operational and social benefits. These included the integration of previously separate cohorts, enabling greater social interaction and community-building among service users, as well as improved access to high-quality equipment and purpose-built facilities, including sensory rooms and therapeutic external spaces. Staff were reported to have responded positively to the new working environment, and service users were described as engaged, content, and benefiting significantly from the improved setting.

In providing additional context, officers advised that the opening of Castle View represented the culmination of a long-term transformation programme for learning disability services, spanning approximately a decade. This programme had been underpinned by a strategic commitment from the Council to retain direct operational responsibility for

supporting those with the highest level of need, including individuals requiring one-to-one or two-to-one care. The development of Castle View was therefore positioned not only as a service improvement, but as the final component in fulfilling this commitment.

Members were reminded that the facility served individuals who often had the least ability to advocate for themselves, and that the investment in such a high-quality, inclusive environment demonstrated a commitment to equality, equity, and inclusion in service provision.

During the discussion, members expressed strong support for the development and the outcomes achieved. Feedback provided from a member who had visited the facility, describing it as ‘absolutely amazing’ and highlighting the quality of the environment, including the sensory spaces and overall design. It was acknowledged that the investment represented value for money in delivering appropriate, high-quality care for individuals with complex needs. A minor observation was made regarding the use of the term ‘customers’ to describe service users, with a preference expressed for more person-centred terminology; however, this did not detract from the overall positive reception of the report.

In conclusion, the Commission were asked to note that the transition to Castle View had been delivered successfully, ahead of schedule, and in a manner that prioritised the needs, experiences, and wellbeing of service users. The Cabinet Member for Adult Care and Health recognised the development as a significant milestone in the transformation of learning disability services in Rotherham, delivering a modern, inclusive, and high-quality environment that supported improved outcomes for some of the borough’s most vulnerable residents.

The Chair thanked the Cabinet Member and officers for the report and presentation and invited questions and comments from members.

Councillor Thorp raised a concern he had received regarding accessibility within associated residential accommodation, specifically relating to wheelchair access and the need for additional aids to enable entry and exit. He asked whether more proactive planning could be undertaken to ensure that appropriate adaptations were in place prior to residents moving in.

In response, the Executive Director of Adult Care, Housing and Public Health clarified that the issue related not to the Castle View Day Centre itself, but to separate housing provision, which formed part of the Council’s general housing stock rather than the day centre service. They explained that whilst properties had been designed to a higher baseline level of accessibility than standard housing, it was not possible to anticipate every individual requirement in advance. He acknowledged that, in the specific case referenced, more proactive planning could potentially have been undertaken where sufficient time allowed, but noted that individual needs could vary significantly and sometimes required

adaptation post-occupation. The Cabinet Member for Adult Care and Health added that the Council remained committed to ensuring that homes met the needs of residents with disabilities and that ongoing work would be undertaken to address any identified issues.

Councillor Harper asked about capacity within the new facility, specifically whether the figure of 38 represented full capacity and how the service would be future-proofed. They also queried whether there was scope for additional provision should demand increase.

The Executive Director of Adult Care, Housing and Public Health responded that capacity was not a fixed figure in the traditional sense, as the service sought to adopt a more flexible operating model, including the potential for extended opening hours and increased days of operation. This approach would enable greater utilisation of the building without necessarily increasing physical capacity. They also explained that whilst there was physical space to accommodate more individuals, the determining factor would be the complexity of individual needs and ensuring compatibility and safe staffing ratios. The Change Lead, Service Improvement and Governance added that the referral process remained active and that there was some current capacity within existing operating hours, although precise ‘vacancy’ figures were not immediately available.

Councillor Harper wanted to understand how individuals accessed the service and whether referrals could be made directly by General Practitioners.

The Executive Director of Adult Care, Housing and Public Health explained that, given the high level of need among those supported, individuals were typically already known to Adult Social Care and would access the service via a social worker referral. Whilst General Practitioners could make referrals, these were ordinarily channelled through social care to ensure that eligibility criteria were met and that those with the highest support needs were prioritised appropriately.

Councillor Harrison queried how the service intended to move from describing benefits as ‘intangible and unmeasurable’ to demonstrating clear, measurable outcomes, particularly in relation to areas such as mental health, independence, and social inclusion.

The Executive Director of Adult Care, Housing and Public Health explained that outcomes were monitored at an individual level through person-centred support plans, which identified each individual’s interests, goals, and areas for development. Progress was reviewed regularly as part of statutory processes, with adjustments made as necessary. They noted that outcomes might include increased participation in activities, reduced anxiety, or improvements in wellbeing, depending on the individual. The Cabinet Member for Adult Care and Health supplemented this by emphasising the importance of qualitative outcomes, such as individuals’ enjoyment and willingness to attend. The Change Lead,

Service Improvement and Governance added that the service was developing case studies, with appropriate consent, to capture personal experiences and demonstrate impact in a more qualitative and accessible way. The Executive Director of Adult Care, Housing and Public Health also highlighted the importance of feedback from families and carers as an additional measure of service effectiveness, noting that their perceptions of wellbeing and behaviour changes were a key indicator of success.

Councillor Yasseen reflected on the historical context of the service and noted that the original proposals had been subject to significant public concern and prolonged campaigning. They asked whether those individuals and families who had previously opposed the changes were now engaging with and benefitting from the new service, and whether trust had been rebuilt.

The Executive Director of Adult Care, Housing and Public Health acknowledged the complexity of the issue, explaining that change could be particularly difficult for families who had long advocated for existing provision and may have been cautious about losing established services. They emphasised that whilst the new provision had been positively received by many, it would not be appropriate to assume that all concerns had been resolved, and that rebuilding trust was an ongoing process. They also noted, however, that the continuity of staff and the quality of the new environment had contributed to positive experiences for many service users and their families.

Councillor Yasseen asked whether there was scope for the building to be utilised more widely, for example to provide additional short-break provision for families outside of standard operating hours.

The Executive Director of Adult Care, Housing and Public Health confirmed that the Council would be open to exploring additional uses for the facility, including evenings and weekends, provided that the primary function of the service, which was supporting individuals with the highest level of need, remained safeguarded. They noted that any expansion of use would require further consideration of funding and staffing implications.

Councillor Yasseen encouraged the maximisation of the value of the investment and emphasised their assertion that the building should not remain underutilised during periods when it was not in core use. They also asked for clarification regarding the date of the official opening event and highlighted communication issues which had resulted in some members not being informed of the revised date. Officers acknowledged this issue and offered to arrange further visits for Members who had not yet had the opportunity to attend.

The Chair thanked the Cabinet Member and officers for the report , presentation and considered responses to members’ questions.

Resolved:-

That the Health Select Commission:

1. Noted the update provided in relation to the Castle View transition.

2. Requested that a further update in relation to the performance of Castle View in relation to patient experience and outcomes in line with metrics to be agreed with the service, be presented to the Commission following the 6 month post implementation evaluation, at it's 18 March 2027 meeting.

3. Requested that arrangements be made for Health Select Commission Members who have not yet had the benefit of visiting the site be afforded a tour of Castle View to inform and enhance its scrutiny of the scheduled post implementation update in March 2027.

8. HEALTH SELECT COMMISSION WORK PROGRAMME - 2026/27

Resolved:-

That the Health Select Commission:

1. Approved the work programme.

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

9. HEALTH SELECT COMMISSION TERMS OF REFERENCE

The Chair outlined that the Health Select Commission's Terms of Reference were included in the agenda pack to ensure that new and returning members were sighted on the Commission's responsibilities and that they be duly considered in relation to work programming and scrutiny activities conducted during the 2026-27 municipal year.

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

Members were advised that the minutes of the last South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) meeting held 7 January 2026 were shared with members as soon as they became available and via the 14 May Health Select Commission meeting agenda pack.

The next JHOSC meeting was expected to take place in October 2026, and discussions were underway regarding the agenda for that meeting. Health Select Commission Members were expected to be advised of agreed proposed agenda items and agreed dates by the next Health Select Commission Meeting in July 2026.

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.

11. URGENT BUSINESS

There was no urgent business to consider.

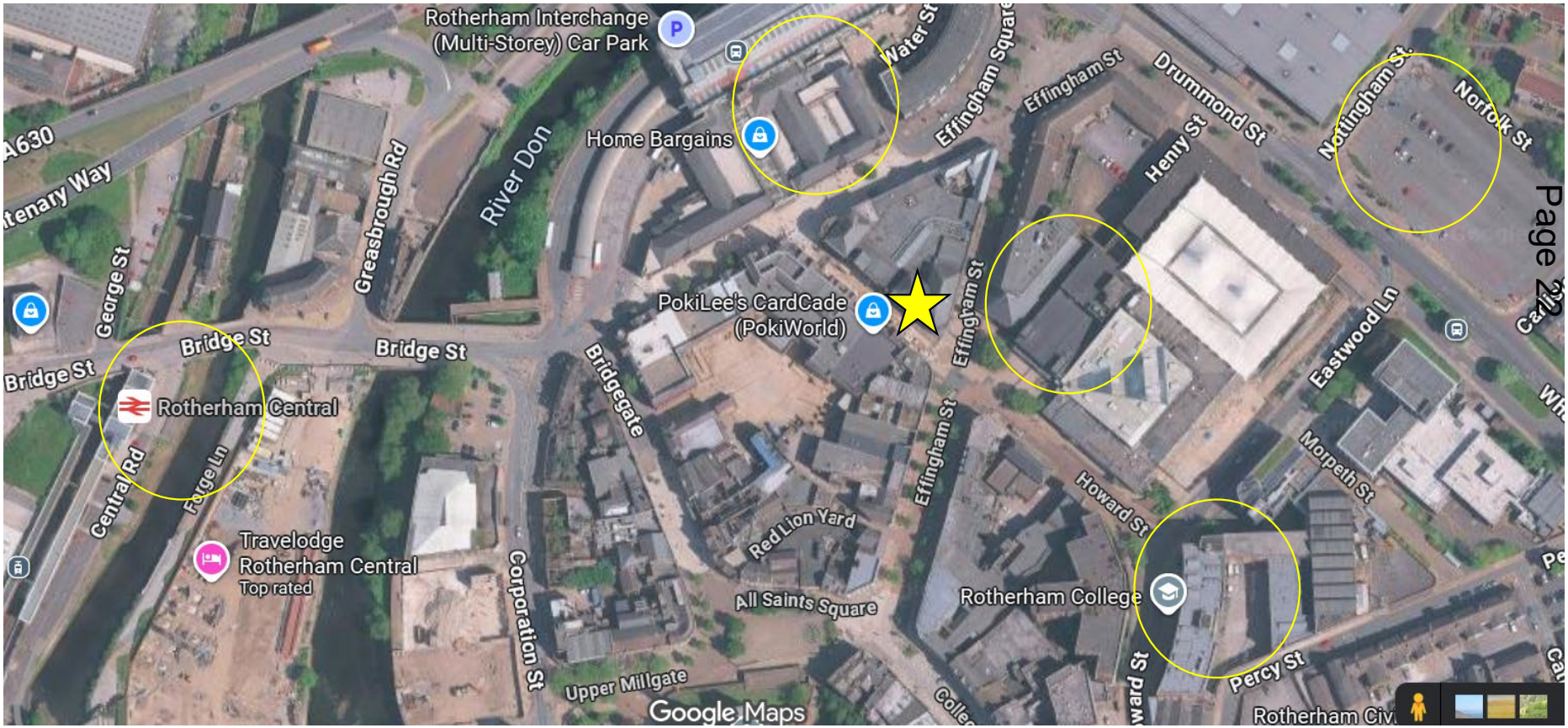
Rotherham Health Hub

Update to Health Select Commission

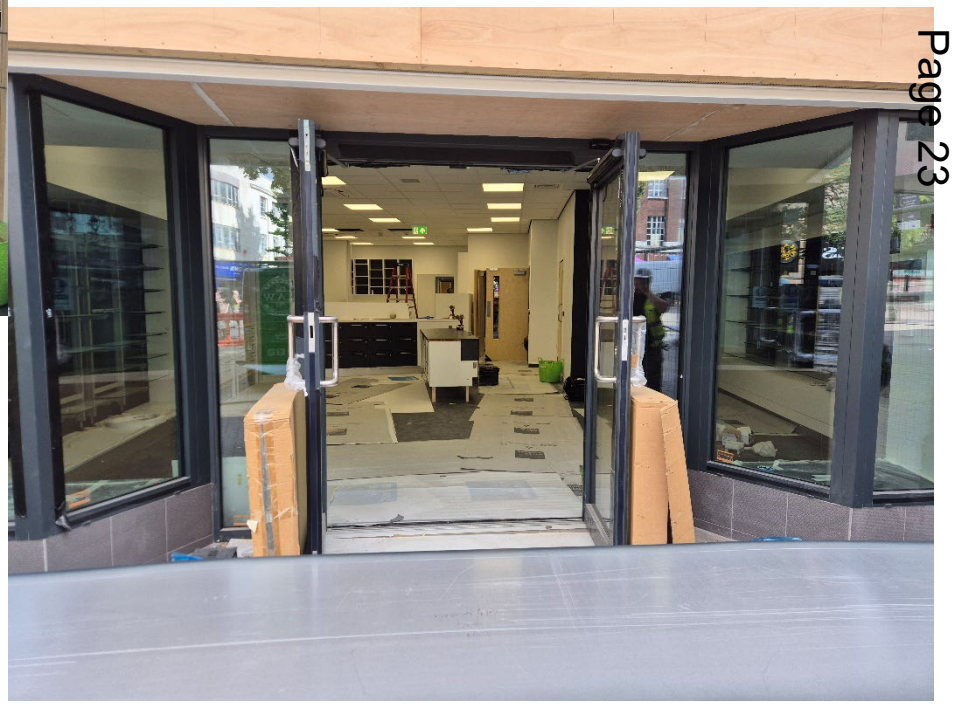
July 2026

Location

- 42-46 Effingham Street



Phase 1 - Abbey Pharmacy



Phase 2: The Vision for the Health Hub

The project will be delivered in phases toward a holistic vision of:

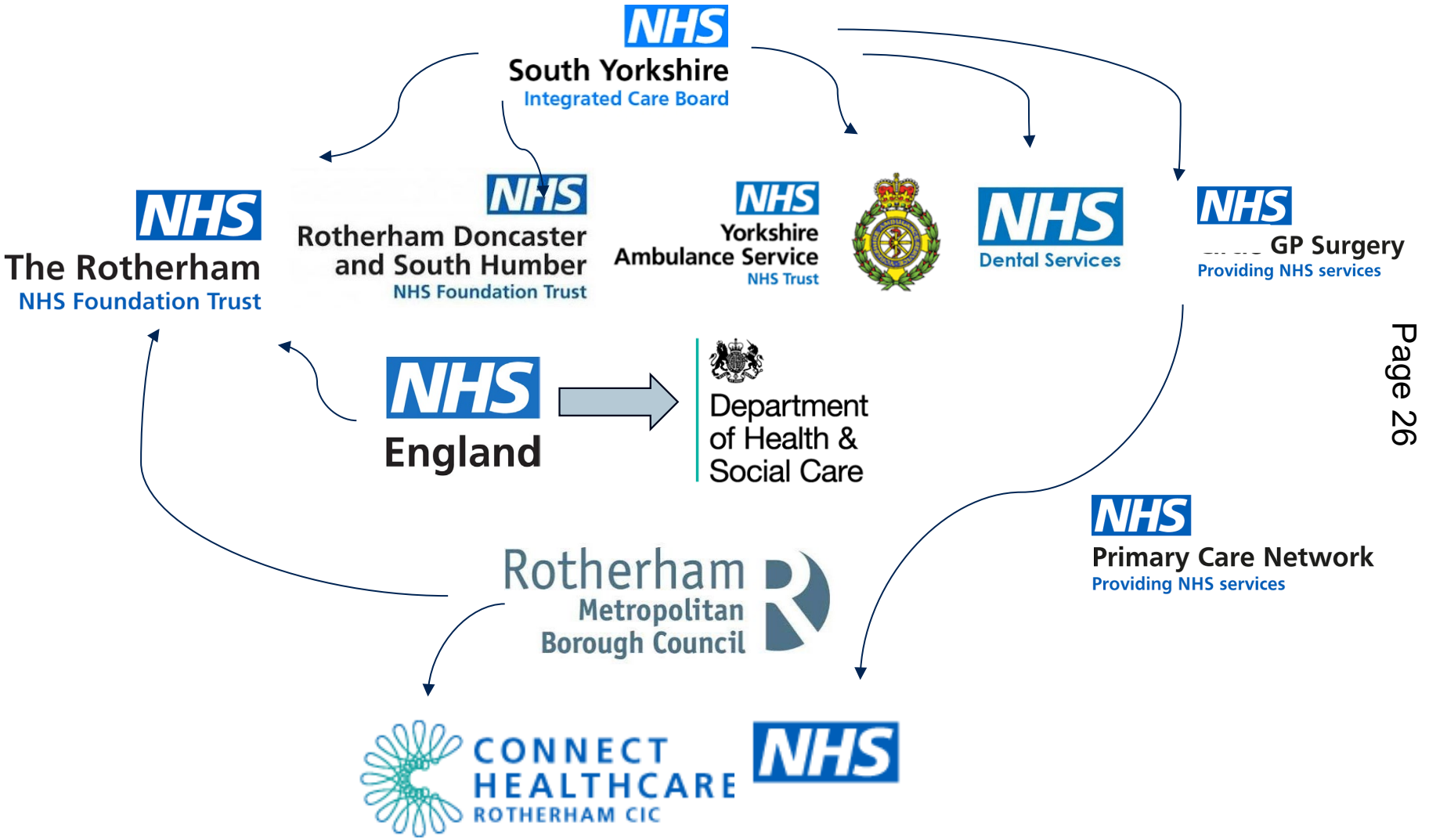
- Improving access to a variety of health and wellbeing provisions in central location.
- Facilitating a joined-up approach and vision between healthcare providers and public, private, and voluntary sectors.
- To provide a reduction in health inequalities in a key delivery area by improving access to services.
- Contributing to the growth of the town centre by increasing footfall and diversifying the town centre offer.
- Co-locating clinical space with the newly refurbished pharmacy provision.
- Providing a space that is multi-functional, makes efficient use of public sector assets.

Where this fits

Creating vibrant town centres

- In Rotherham Town Centre, a new Health Hub will also draw people in for essential wellbeing services, and a new masterplan, supported by closer partnership working across the public sector will provide clearer direction and momentum.

Health commissioning context



Connect Healthcare

- Connect Healthcare CIC (GP Federation)

are keen to relocate their services into centrally located hub

- Improves access for current services:
  - Extended access (weekend and out of hours) to primary care including GP / nurse / HCA appointments and including blood tests, smears, wound care.
  - Same day service (Mon-Fri) for GP and ANP appointments
  - Minor eye conditions
  - First Contact Physio
  - NHS Health Checks
  - Stop smoking and weight management services
  - Vaccination clinics

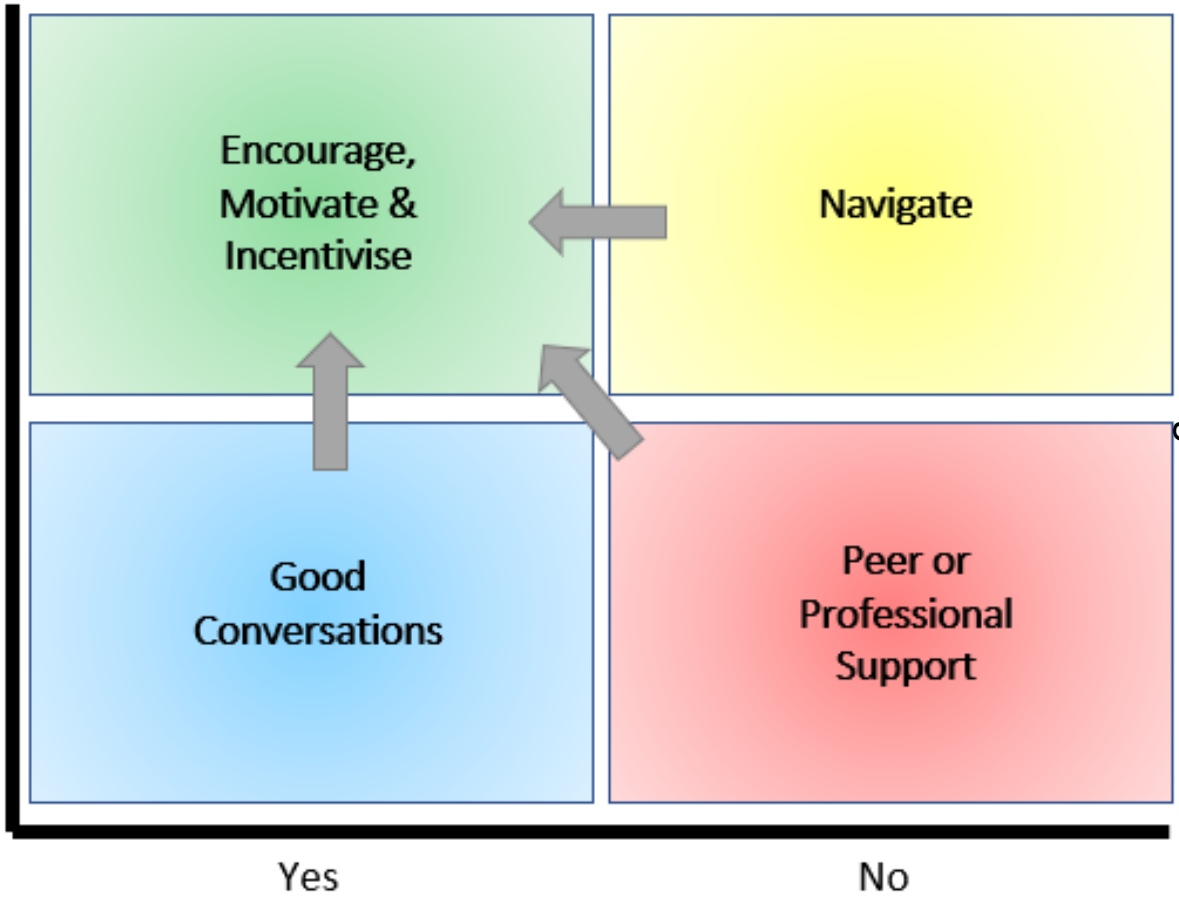
Considering the win-wins

- Increased service provision in town centre
- Increased footfall and busy ‘feel’ of town centre
- Improved access to health care services
- Improving the patient experience
- Joining up care pathways more efficiently
- Providing support on the wider influences of health
- Better health outcomes – better lives, better economy

Thinking more broadly

- Healthy life expectancy challenges
- Over-representation of long-term conditions
- Over-representation of care requirements
- Aging population
- System demands breaching capacity
- To get change, you need change

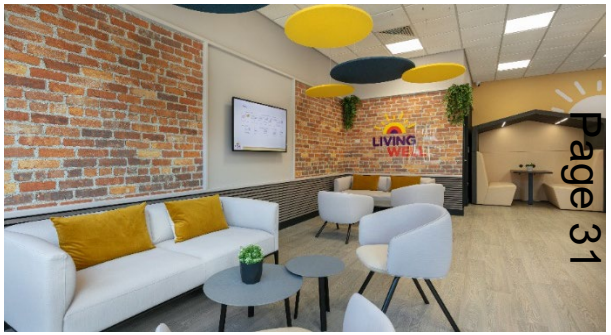
Wellbeing matrix



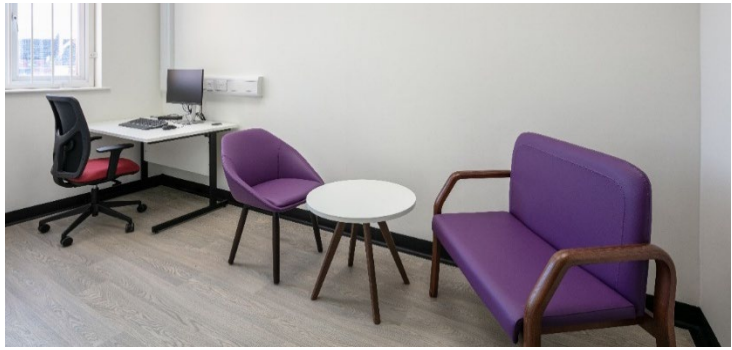
Do I know the root cause of my poor health/wellbeing?

Do I know the most appropriate place to go to address it?

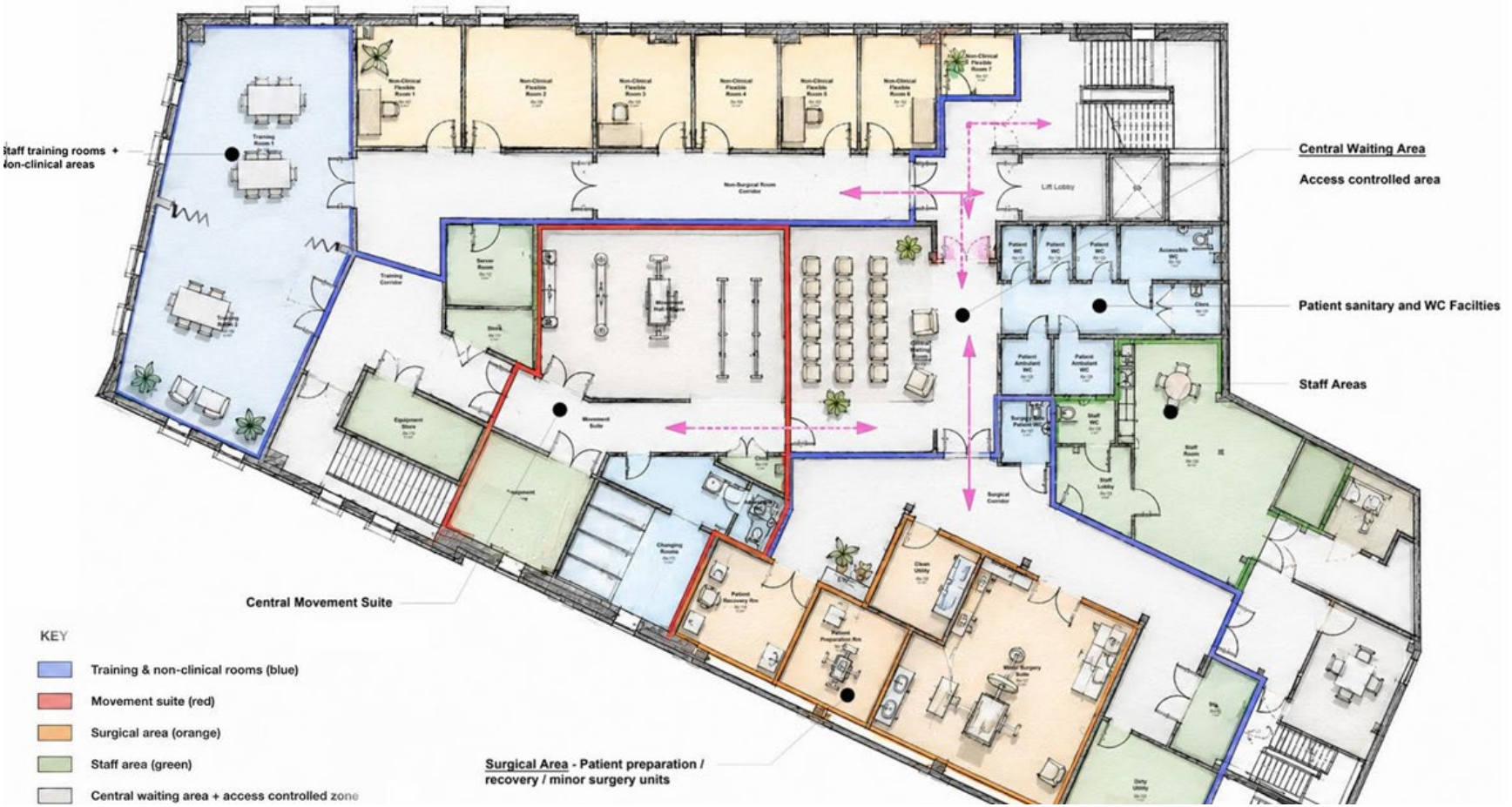
Welcoming environment



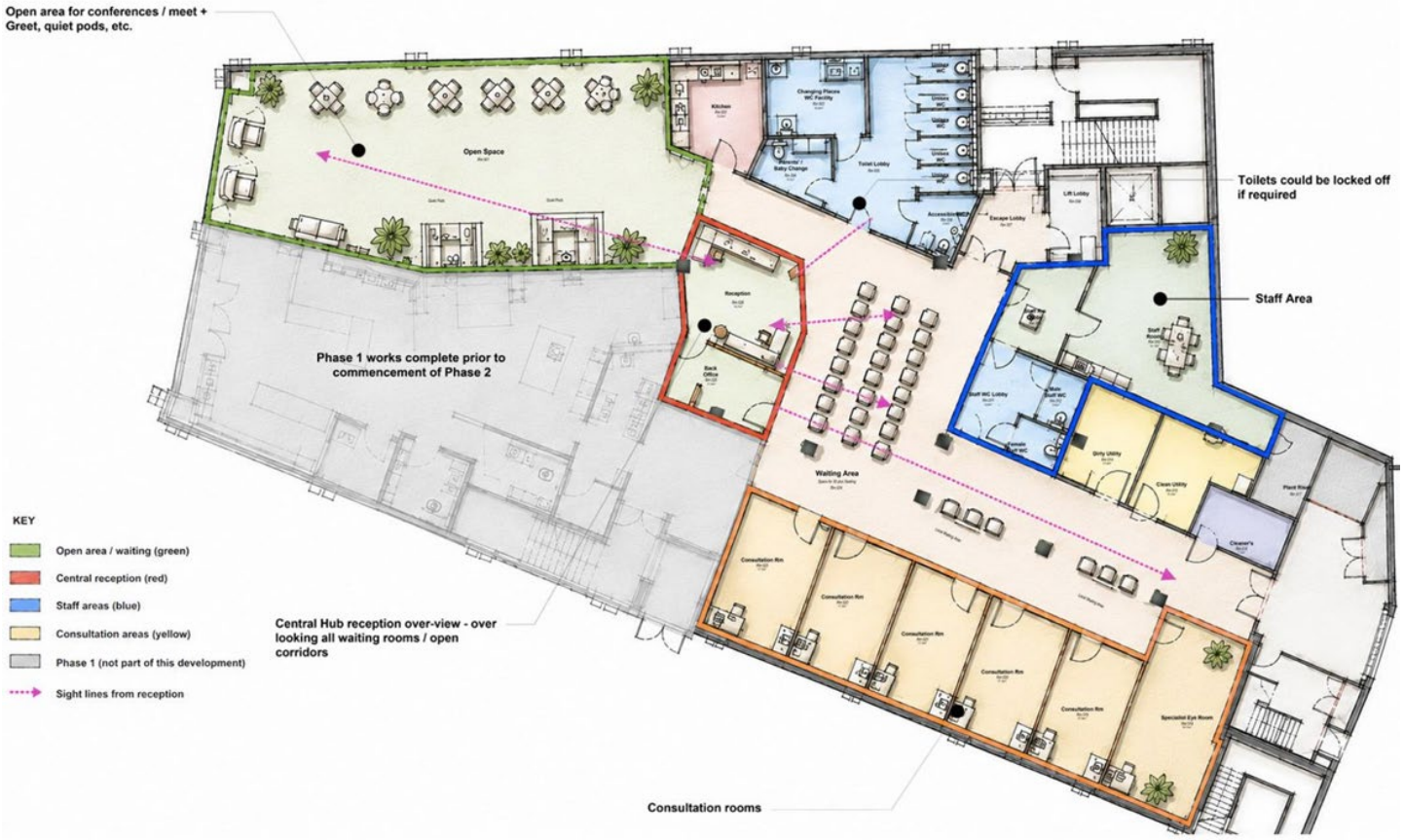
Accessible clinical capacity



Health Hub Draft Floor Plans



Health Hub Draft Floor Plans



PROPOSED MEDICAL HUB BUILDING
GROUND FLOOR PLAN

Next steps and timeframe

Activity	Date
Present to Health Select Committee	July 26
RIBA Stage 1 Draft Designs Completed	July 26
Interim MoU with Head Leaseholder	Aug 26
Engagement with stakeholders and voluntary sector	July 26 – Sept 26
Heads of Terms Agreed	Dec 26
Production of Outline Business Case to RiBA Stage 2	Dec 26

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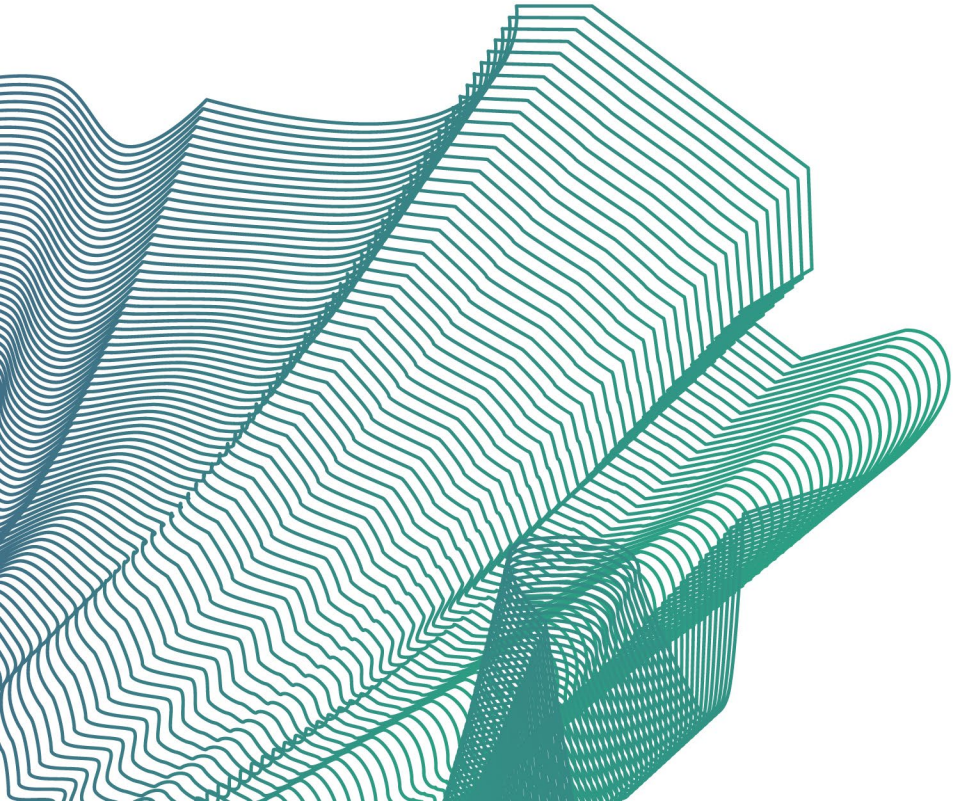
ROTHERHAM
INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Primary Care Networks in Rotherham

RMBC Health Select Committee
23rd July 2026



NHS South Yorkshire Integrated Care Board
Rotherham, Doncaster and South Humber NHS Foundation Trust
The Rotherham NHS Foundation Trust
Rotherham Metropolitan Borough Council
VoluntaryAction Rotherham
CONNECT HEALTHCARE ROTHERHAM CIC

Introduction to my role

- GP Partner: Broom Lane Medical Centre
- Clinical Director (CD): Rotherham Central North Primary Care Network (PCN)
- Chair: Rotherham PCN CDs Group
- Primary Care Lead for Neighbourhood in Rotherham

Presentation Overview

- Brief history of PCNs
- PCN Structure in Rotherham
- The work of PCNs
- PCNs in the neighbourhood world

Brief history of PCNs

- 2019 NHS Long Term Plan and the Five Year Framework
- Groups of GP practices that work together
- DES (Directed Enhanced Service) extension to the GP Contract
- Specific funding for PCN services

PCN Structure in Rotherham

- Clinical Commissioning Group localities
- 6 PCNs 35-55000 patients
- Building on established relationships
- Significant geographical overlap centrally

Health Village/Dearne Valley PCN

- CD: Dr Aparna Katari

- St Anne's Medical Centre
- Clifton Medical Centre
- Market Surgery (Wath)

Maltby Wickersley PCN

- CD: Dr Wajid Syed

- Morthen Road Group Practice
- Wickersley Health Centre
- Manor Field Surgery
- Blyth Road Medical Centre
- Braithwell Road Surgery

Raven PCN

- CD: Dr Sushama Chintala

- Gateway Primary Care
- Treeton Medical Centre
- Stag Medical Centre
- Brinsworth Medical Centre
- Thorpe Hesley Surgery

Rother Valley South PCN

- CD: Dr Tim Douglas

- Dinnington Group Practice
- Village Surgery (Thurcroft)
- Swallownest Health Centre
- Kiveton Park Medical Centre

Rotherham Central North PCN

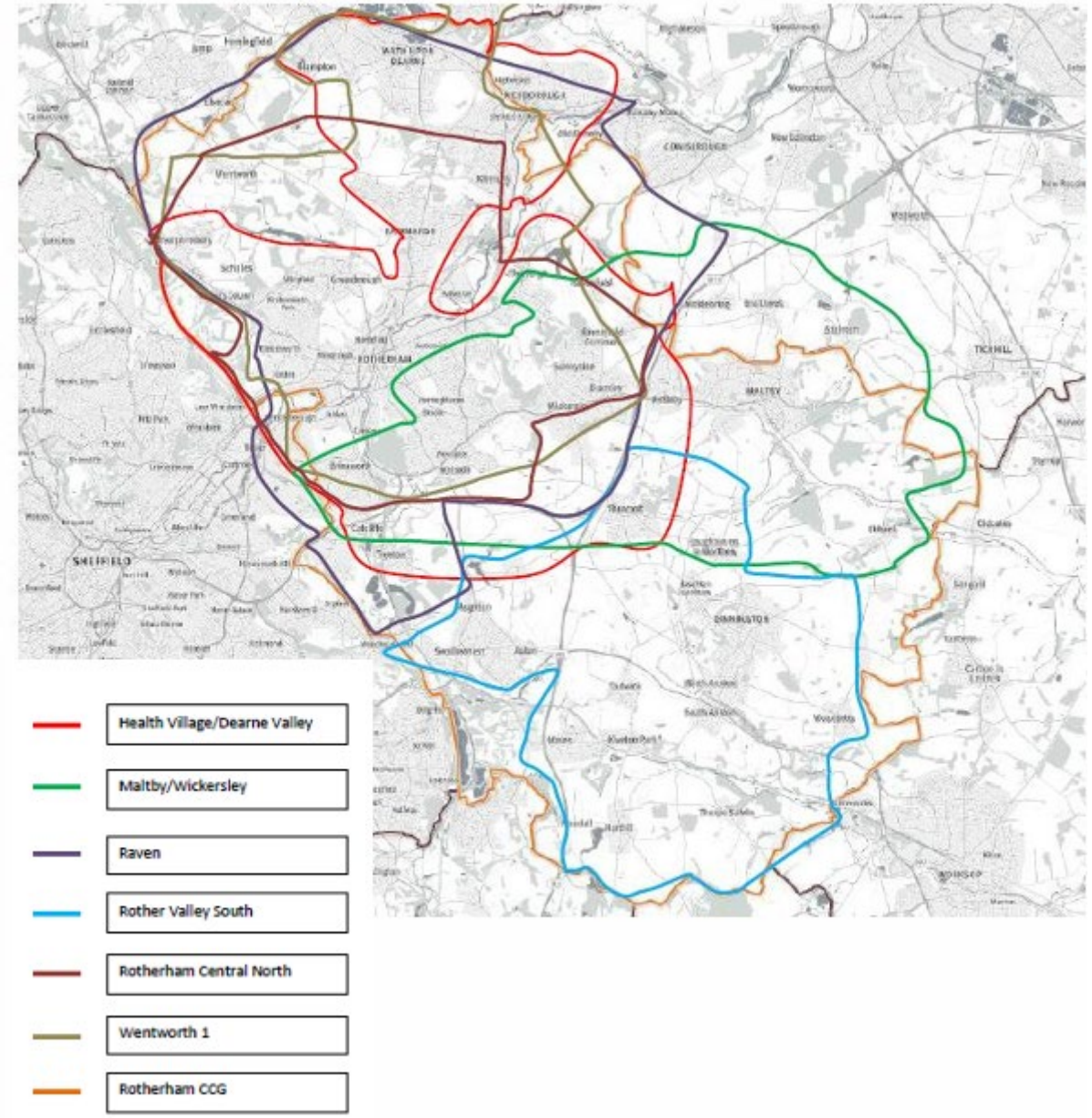
- CD: Dr Simon Langmead

- Greenside Surgery
- Woodstock Bower Group Practice
- Greasbrough Medical Centre
- Broom Lane Medical Centre

Wentworth 1 PCN

- CD: Dr Prabhu Shanmugan

- Magna Group Practice
- High Street Rawmarsh
- Parkgate Medical Centre
- Shakespeare Road
- York Road
- Rawmarsh Health Centre
- Crown St Surgery Swinton


Health Village/Dearne Valley
Maltby/Wickersley
Raven
Rother Valley South
Rotherham Central North
Wentworth 1
Rotherham CCG

PCN Structure in Rotherham

1 GP Federation: Connect Healthcare

6 PCNs

28 GP Practices

The work of PCNs

- PCN DES and National Service Specification
- Support / expand / connect primary care
- Fund additional staff – ARRS (Additional Roles Reimbursement Scheme)
- Enhanced Health in Care Homes
- Extended Access
- Investment and Impact Fund (IIF)
- Capacity and Access Support Payment

Additional Roles Reimbursement Scheme (ARRS)

- Clinical Pharmacist
- Pharmacy Technician
- Physician Assistant
- Social Prescribing Link Worker
- First Contact Physiotherapist
- Community Paramedic
- Mental Health Practitioner
- Occupational Therapist
- Dietician
- Podiatrist
- Health and Wellbeing Coach
- Care Co-Ordinator
- *Nurse Associate*
- *Practice Nurses*
- *GPs*

Additional Roles Reimbursement Scheme (ARRS)

- PCNs build bespoke workforce that complements practice teams and serves their population
- Complements GP role and expands capacity
- Improves quality of care

Enhanced Health in Care Homes

- Care home / GP Practice alignment
- Prior Rotherham LES (Local Enhanced Services)

- Wardrounds
- Vaccinations
- Care planning

Enhanced Access

- Evening and weekend appointments
- 5 PCNs: GP Federation hub system
- RVS PCN: own PCN level provision

Investment and Impact Fund

- Quality indicators
- Reduction in criteria in recent years
- LD (Learning Disability) health checks
- 2WW LGI FIT (Two Week Wait Lower Gastrointestinal Faecal Immunochemical Test) testing

Covid Vaccination

- Mainly PCN level responsibility since initial roll out

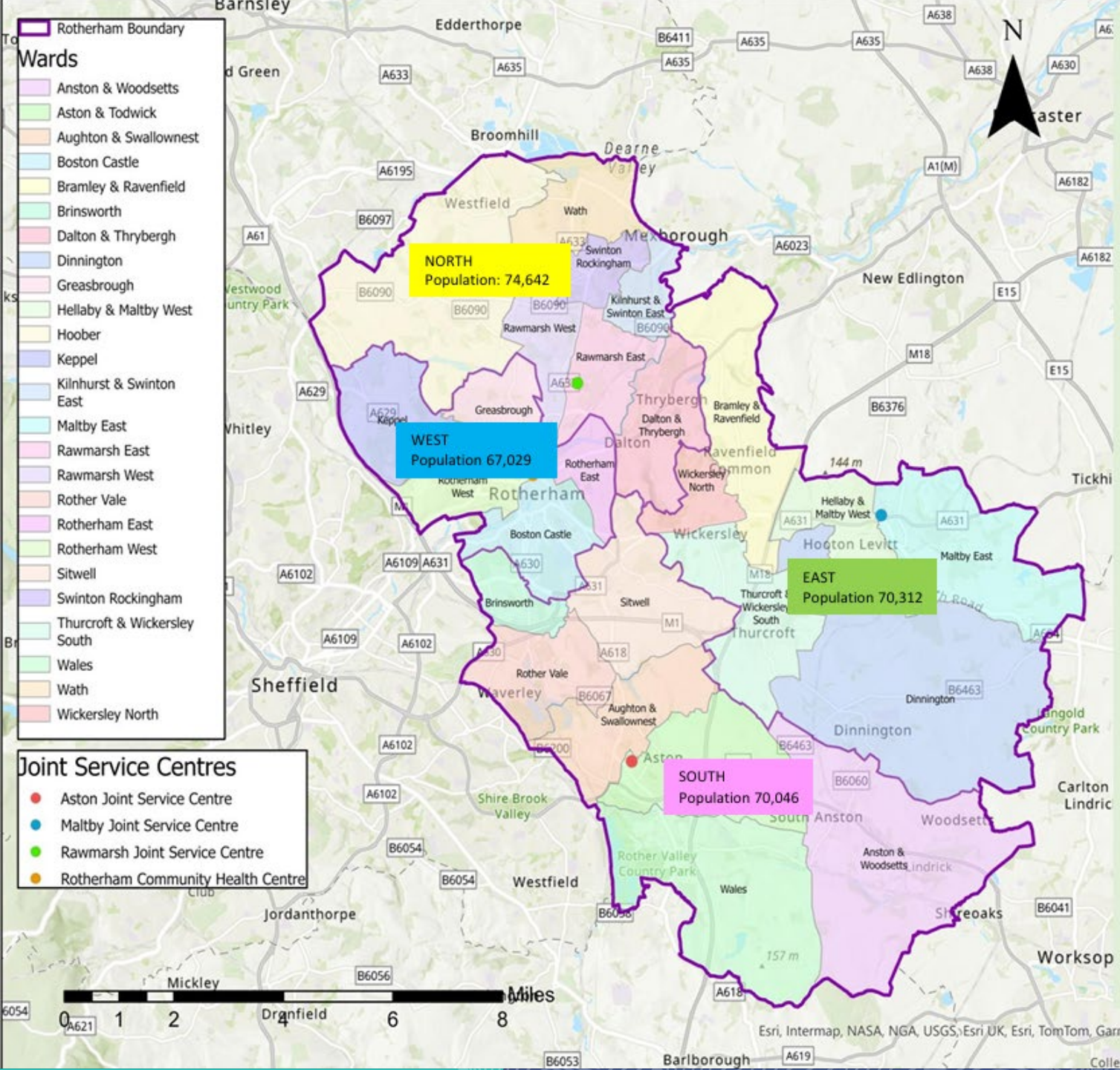
- Ideal demonstration of at scale working

Proactive Care

- PCN level project
- Working with different cohorts of patients to support and improve outcomes
- 18-39yr olds – mental health and long term physical condition
- Complex frailty cohort

PCNs in the neighbourhood world

- PCNs a blueprint for neighbourhood working
- Rotherham geographical issue
- Rotherham NNHIP (National Neighbourhood Health Implementation Programme) pilot site
- Single Neighbourhood Providers (SNPs)
- Multiple Neighbourhood Providers (MNPs)
- Integrated Health Organisation (IHO)



North Neighbourhood

- The North Neighbourhood has a slightly lower proportion of older people (over 65 years) and similar younger people (0-19) to the Rotherham average. A significantly smaller proportion of residents are from ethnic minority communities. Slightly more people live in bad health, are limited in day-to-day activities by a disability, and provide unpaid care. There are slightly more households living in deprivation than average and higher proportions of people living in social rented accommodation, but a similar proportion of those economically inactive compared to the Rotherham average.

East Neighbourhood

- The Central East Neighbourhood has a slightly higher proportion of older residents (over 65 years), and lower proportion aged 19 and under. A significantly smaller proportion of residents are from ethnic minority communities. Those living in bad health or limited by a disability are similar to the Rotherham average, with those living in household deprivation and economically inactive being slightly lower (better) than the average. Fewer people are living in social rented accommodation, with a higher proportion of people living in owned properties.

South Neighbourhood

- The South Neighbourhood has a slightly below average population of those aged 0-19 years, a higher population of those aged 65+ years, and the proportion of ethnic minority residents are below average. Those living with bad health and those limited in everyday life by disability are lower (better) than average, and less of the population in this area provide over 20 hours of unpaid care. Fewer people living in this area are economically inactive, fewer households live in deprivation, and fewer people live in social rented accommodation. A much higher proportion of residents own their house outright in this area.

West Neighbourhood (Main Urban Core)

- The Central West Neighbourhood has a higher-than-average young persons population (0-19 years), and a lower-than-average older persons population (aged 65+). There is a significantly higher proportion of people from ethnic minority communities (1 in 5 people) living in this area. More people are providing unpaid care, living with bad health and are limited in everyday life by disability than the average. More people in this area are living in deprivation, economically inactive, and living in social rented accommodation. This neighbourhood is most likely to experience inequality.

Conclusion

- Thank you
- Happy to take any questions

Agenda Item 8

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 23 July 2026

Report Title
Error! Reference source not found.
Is this a Key Decision and has it been included on the Forward Plan?
No

Executive Director Approving Submission of the Report
Jane Maxwell, Director of Policy, Strategy and Engagement

Report Author(s)
Kerry Grinsill-Clinton, Governance Advisor
01709 807267 or kerry.grinsill-clinton@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
The Health Select Commission (HSC) wishes to offer a co-optee seat to the Rotherham Women's Health Network (RWHN) to ensure that women's health issues are represented consistently within the Council's scrutiny process and to strengthen the voice of women in local health decision-making.

During its meeting on 18 June 2026, the Commission examined evidence of significant health inequalities affecting women, including declining healthy life expectancy, long waiting times for routine services, variations in referral quality and concerns that women are not always listened to within the health system. Members considered the Network's role in bringing together partners from health, social care, community and voluntary sectors to improve outcomes and provide valuable patient and practitioner insight.

The Commission recognises that the Network would provide ongoing expertise, lived experience and challenge, helping scrutiny members monitor progress on women's health priorities and future service developments, and as a co-optee, would benefit from a formal mechanism for continued engagement and oversight.

Recommendations
That the Health Select Commission:

1. Seeks approval from the Overview and Scrutiny Management Board (OSMB) to appoint a non-voting Co-optee from the Rotherham Women's Health Network (RWHN) to the Commission's membership.

2. Seeks approval from OSMB that the RWHN non-voting co-optee seat on the Health Select Commission, shall remain in place until such time as it is deemed no longer necessary or appropriate by the Commission.

List of Appendices Included
None.

Background Papers
18 June 2026 Health Select Commission Meeting Minutes (Minute 6)
Council's Constitution, Appendix 9 - Responsibility for Functions
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

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 Rotherham Women's Health Network (RWHN) was established in August 2025 by a group of women committed to tackling the health inequalities experienced by women across Rotherham. The voluntary network brings together partners from the Council, primary and secondary healthcare services, and the Voluntary and Community Sector.

1.2 Its primary aim is to ensure that women's health remains a visible local priority, addressing inequalities in health outcomes for Rotherham women whilst simultaneously seeking to improve co-ordination between services, gather and analyse health intelligence and lived experience, raise awareness of women's health issues, support service improvement, influence local decision-making and strengthen research and engagement opportunities.

1.3 The work of the RWHN is largely synonymous with the Health Select Commission's terms of reference and reflects at least two of the themes of the Council Plan; 'Residents Live Well' and 'One Council That Listens And Learns'. To date, members of the RWHN have actively presented on the topic of women's health at the Health Select Commission's public meetings and contributed to the Access to Contraception and Menopause Reviews completed by the Commission.

2. Key Issues

2.1 The Council's Constitution sets out the following detail in relation to the appointment of non-voting co-optees at Appendix 9, Responsibility for Functions:

'The [Scrutiny] Commissions shall comprise:

- 18 Members of the Council (quorum – 6)
- any non-voting co-optees appointed from time to time by each select commission;'

2.2 It also details within the Terms of Reference for the Overview and Scrutiny Management Board that it is responsible for Co-optee appointments by virtue of the following:

'20. To appoint non-voting co-optees to the Overview and Scrutiny Management Board and/or Select Commissions or Task and Finish Groups.'

2.3 In relation to the appointment of non-voting Co-optees, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 does not specifically refer to Local Authority arrangements regarding the appointment of Co-optees, but does state:

'Co-option

31.(1) A county council may arrange for one or more of the members of an overview and scrutiny committee of the council of a district comprised in the area of that county council to be appointed as—

(a) a member of an overview and scrutiny committee of the county council or another local authority, for the purposes of relevant functions exercisable by the committee in relation to the county council; or
(b) a member of an overview and scrutiny committee of the county council, for the purposes of relevant functions exercisable by the committee in relation to another local authority.

(2) A county council making arrangements for an appointment under paragraph (1)(a) or (b) may specify that the appointment is—

(a) for the life of the overview and scrutiny committee; or
(b) until such time as it decides to terminate the appointment; or
(c) for the review or scrutiny of a particular matter.'

2.4 As such, should members support the appointment of a representative of the Rotherham Women's Health Network (RWHN), to the Health Select Commission, this would subsequently be taken to the next OSMB meeting for approval, before the appointment could be confirmed.

2.5 The intention is that, if supported, the recommendation to OSMB would be to appoint an RWHN representative as a Co-optee in line with (b) above, until such time as the Health Select Commission decides to terminate the appointment as described in recommendation 2 of this report.

2.6 The expectation would not be for the Rotherham Women's Health Network (RWHN) to attend all Health Select Commission meetings, but would afford them the opportunity to attend all meetings where an item relevant to the women's health agenda and the aims and objectives of the RWHN was due to be considered.

2.7 Non-voting co-optee status would offer the RWHN the ability to ask questions of presenters and to offer views and comments on proposals put before the commission.

3. Options considered and recommended proposal

3.1 The possibility of issuing invitations to HSC Meetings on a case by case basis was considered, however, it was felt that such an approach would place an additional administrative burden on the Commission to identify relevant topics and make direct contact with the RWHN every time a relevant topic featured on a published HSC agenda. Given the voluntary role of the RWHN members, and as agendas are only published one week ahead of the proposed meeting date, it was felt that this may create difficulties in clearing diaries at short notice to secure attendance and participation. Likewise, it was felt that such an approach would risk the RWHN becoming disengaged with scrutiny activity, and would therefore undermine the intended mutual benefit of it's continued involvement in health scrutiny.

3.2 Whilst other organisations such as Healthwatch Rotherham, the South Yorkshire ICB and The Rotherham NHS Foundation Trust routinely attend HSC meetings by virtue of either being commissioned by the Council to provide borough-wide health related services for Rotherham residents, or as a commissioner of services for Rotherham residents under the wider NHS infrastructure, the same cannot be said for the RWHN, so it would not be appropriate to conduct a transparent, formal professional working relationship under those same arrangements.

3.3 Resultantly, the only viable option which would:

a) be compliant with the Council's Constitution,
b) reflect the spirit of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, and
c) facilitate truly flexible and unbureaucratic access and mutually beneficial participation in scrutiny activity

was the proposed option of offering a non-voting co-optee seat on the Health Select Commission to the Rotherham Women's Health Network.

4. Consultation on proposal

4.1 The possibility of proposing that the RWHN be offered a Co-optee seat on the Health Select Commission was outlined as part of the recommendations agreed during it's 18 June 2026 meeting. The Cabinet Member for Adult Care and Health, Councillor Baker-Rogers was in attendance at that meeting, along with the Executive Director of Adult Care, Housing and Public Health. No concerns have been raised in relation to the Health Select Commission's recommendation, which was unanimously agreed by those present.

4.2 Likewise, the Health Select Commission's intention to formally propose the appointment of the RWHN as a non-voting co-optee was outlined to the Overview and Scrutiny Management Board (OSMB) during the HSC update to OSMB which formed part of the agenda at it's 1 July 2026 meeting. Similarly, no concerns in relation to the proposal have been raised following that meeting.

5. Timetable and Accountability for Implementing this Decision

5.1 It was agreed that this formal report detailing the rationale for the proposal would be prepared and put before the Health Select Commission's 23 July 2026 meeting for formal approval.

5.2 Assuming that the Health Select Commission approve the recommendations detailed within this report, they will subsequently be formally taken to the 8 September 2026 Overview and Scrutiny Management Board to approve the appointment in line with the recommendations outlined in this report.

5.3 The appointment of the RWHN as a non-voting co-optee would take immediate effect upon receiving OSMB's approval.

6. Financial and Procurement Advice and Implications

6.1 No financial or procurement implications arise directly from this report or its recommendations.

7. Legal Advice and Implications

7.1 There are no legal implications directly arising from this report.

8. Human Resources Advice and Implications

8.1 There are no human resources implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for children and young people directly arising from this report.

10. Equalities and Human Rights Advice and Implications

10.1 Furthering equalities and human rights are scrutiny objectives; therefore, Members considered equalities in the development of scrutiny work programmes, lines of inquiry and in their derivation of recommendations designed to improve the delivery of council services for residents.

11. Implications for CO_2 Emissions and Climate Change

11.1 There are no climate or emissions implications directly associated with this report.

12. Implications for Partners

12.1 There are implications for partners directly associated with this report.

13. Risks and Mitigation

13.1 There are risks directly associated with this report and recommendations. The risks associated with the options considered and rejected have been described within the relevant section.

Accountable Officer
Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer
Kerry Grinsill-Clinton, Governance Advisor

Approvals obtained on behalf of:

	Name	Date
The Executive Director with responsibility for this report	Jane Maxwell, Director of Policy, Strategy and Engagement	14/07/26
Head of Democratic Services (if appropriate)	Emma Hill	09/07/26

Report Author: *Kerry Grinsill-Clinton*
01709 807267 or kerry.grinsill-clinton@rotherham.gov.uk

This report is published on the Council's website.

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Health Select Commission – Work Programme 2026-2027

Chair: Cllr Keenan **Vice-Chair: Cllr Yasseen**
Governance Advisor: Kerry Grinsill-Clinton **Link Officer: Emily Parry-Harries**

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

Meeting Date	Responsible Officer	Agenda Item
18-Jun-26	Cllr Baker-Rogers, Caroline Hine and Helen Fisher Nasreen Iqbal, Dr Linda Strettle Governance Advisor	Castle View Transition Plan Rotherham Women's Health Network Introduction and Overview Nominate Representative to Health, Safety and Welfare Panel
23-Jul-26	Cllr Williams, Simon Moss, Cllr Baker-Rogers, Gilly Brenner Simon Langmead	Health Hub Development Phase 2 Primary Care Network (PCN) Development
24-Sep-26	Cllr Baker-Rogers, Gilly Brenner, Carole Foster Denise Littlewood	Physical Activity for Health (Sport England Main Bid and progress update) Immunisation Programme Commissioning Changes
19-Nov-26	Steph Watt, Emily Parry-Harries, Bob Kirton Jackie Scantlebury, Moira Wilson, Sally Morris- Shaw and Cllr Baker-Rogers Cllr Baker-Rogers	Place Partners Winter Plan 26/27 Rotherham Safeguarding Adults Board Annual Report and 2025-2028 Strategic Plan Delivery Update Health and Wellbeing Board Annual Report (For Information Only)
21-Jan-27	Bob Kirton, Helen Dobson, Jodie Roberts Cllr Baker-Rogers, Kirsty Littlewood, Dania Pritchard Emily Parry-Harries	TRFT Annual Report Adult Social Care Strategy 2027-2032 (Pre-Decision Scrutiny) Director of Public Health's Annual Report (For Information Only)
18-Mar-27	Garry Parvin Cllr Baker-Rogers, Kirsty Littlewood	All Age Autism Strategy Pre-Decision Scrutiny Castle View 6 Month Post Implementation Update
13-May-27	TBC TBC	Drug and Alcohol Service Change and Impact RDaSH Future Plans for Service Delivery (incorporating waiting time reduction strategies and workforce culture and safety strategy)

Substantive Items for Scheduling

TBC (expected early 2027/28)	Joanne Martin, Simon Langmead, Bob Kirton and Emily Parry-Harries	Neighbourhood Health Implementation Programme Progress Update

Reviews for Scheduling

TBC	TBC	Access to NHS Dentistry Review
TBC	TBC	System Pressures Affecting Frail and End of Life Patients Across Place Partners, and How to Address These (possible review - to be scoped, scored and prioritised via Scutiny Tool)
TBC	TBC	Lifesaving equipment - the availability and sufficiency of defibrillators, bleed control kits and buoyancy aids in public spaces across the borough - Potential for joint scrutiny with IPSC. (possible review - to be scoped, scored and prioritised via Scutiny Tool)
TBC	TBC	The impact of food inflation on the availability and affordability of nutritious food and subsequent impact on diet and general health and wellbeing (possible review - to be scoped, scored and prioritised via Scutiny Tool)
TBC	TBC	The availability of healthy and nutritious meals through both LA funded and paid for school meals, and how healthy choices are maintained in school holidays, particularly through 'healthy holidays' providers. Potential for joint scrutiny with ILSC. (possible review - to be scoped, scored and prioritised via Scutiny Tool)
TBC	TBC	The men's mental health offer in Rotherham and how it contributes to reducing male suicide rates (possible review - to be scoped, scored and prioritised via Scutiny Tool)
TBC	TBC	Routine screening for rare and genetic diseases at birth (possible review - to be scoped, scored and prioritised via Scutiny Tool)

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

Sep-26	Garry Parvin	Consultation/Co-production enagagement with HSC re All Age Autism Strategy Refresh
April/May 2027	Kerry Grinsill-Clinton, Cllr Keenan	Quality Accounts
TBC	TBC	Casey Commission - Independent Commission on Adult Social Care (Written off agenda briefing)
TBC	TBC	Cardiovascular Disease Risk Management (Online off agenda briefing)
TBC	Bob Kirton	TRFT's review of Community Services (incorporating understanding of and action in response to the impact of health inequalities on day to day services) - Workshop

Items for Future Consideration

TBC	Bob Kirton	ERCP Reintroduction at TRFT
Mid-Late 2027	Cllr Baker-Rogers, Holly Smith, Scott Matthewman	Adult Social Care Mental Health Strategy - Mid point review of delivery
TBC	TBC	TRFT Learning from Incidents and Impact on Front-Line Service Delivery

healthwatch Rotherham

Speaking up for better care

Healthwatch Rotherham annual report 2025/26

Contents

Healthwatch Rotherham Service Manager
Kym Gleeson

'This year, Rotherham became a pilot area for delivering health care closer to home. Healthwatch Rotherham made sure we had a seat at key decision-making boards, including the Health & Wellbeing Board and the Rotherham Place Board. Meaning the voices we gather are not only heard but acted upon by service leaders.

We listened to people from all parts of our community, especially those who are often unheard. Through visits, conversations, and surveys, we gathered experiences, common themes, and shared clear feedback and recommendations with health services. By working with local services, we have improved care to Rotherham people..

A message from our CEO

What have we achieved in Rotherham over the last working year?

Here's what you could include:

- We have worked closely with a range of local services and community organisations, including The Rainbow Project, Rotherham Ethnic Minority Alliance (REMA), Rotherham Sight & Sound, Rotherham Parent Carers Forum, Social Supermarket, and Military Community Veterans Centre (MCVC).
- We have acted on feedback to drive change and improve services for people in Rotherham, influencing improvements across Rotherham Metropolitan Borough Council, The Rotherham NHS Foundation Trust, and Rotherham Doncaster and South Humber NHS Foundation Trust.
- Healthwatch Rotherham has been working collaboratively with other Healthwatch services and has attended ICB Executive Board meetings on behalf of all Healthwatch organisations across South Yorkshire. This has enabled the organisation to advocate for the views and experiences of people across the wider region, not just within Rotherham, ensuring that public voice and lived experience are embedded in decision-making at the highest level.

CEO
Duncan Gall

> As the host organisation, I am immensely proud of Healthwatch's impact. By providing a robust, independent platform for public feedback, they have driven critical service improvements, championed health equity, and ensured that the community's voice remains at the absolute heart of local NHS and care decisions.

About us

Healthwatch Rotherham is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

To make sure that people's experiences help make health and care better.

Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

In 2025/2026 we supported more than 11500 people to have their say and get information about their care. We employed 4 staff and, our work was supported by 7 volunteers.

Reaching out:

1910 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

133 people came to us for clear advice and information on topics such as **Access to a GP** and **finding an NHS dentist.**

Championing your voice:

We published 78 reports about the improvements people would like to see in areas like Mental Health, Veterans Passport, and access to Adult Social Care.

Our most popular report was **Rotherham NHS Foundation Trust (TRFT): Waiting Well Report**, highlighting people's struggles in **accessing care whilst awaiting a hospital referral or procedure**

Statutory funding:

We're funded by Rotherham Metropolitan Council. In 2025/26 we received £161,260 which is £2 less than last year.

A year of making a difference

Over the year we've been active in the community listening to your stories, engaging with partners and working to improve care in Rotherham. Here are a few highlights.

Spring

We have been working throughout the year with the Oral Health Team part of the RMBC Public health team. This has allowed us to refer our most vulnerable and underrepresented clients to register with an NHS Dentist.

We worked with Headway Rotherham on a report about what it is like living with an Acute Brain Injury. As people often face gaps in understanding, diagnosis, communication, and long-term support.

Summer

We launch the Veterans Health Passport , a small, portable document designed to help former Armed Forces personnel communicate their medical history, service-related conditions, triggers, and care needs to NHS staff more easily.

We responded to feedback on the operational changes to the Acute Medical Unit at Rotherham Hospital and the positive impact those changes have Made to Rotherham Residents. .

Autumn

We collaborated with Sight and Sound Rotherham to design communication cards for People who are Hearing and/or Visually impaired. These minor changes amplify patient centered care and make healthcare more accessible.

'Let's Talk' event was held at Rotherham College for breast cancer awareness. Sessions delivered by professionals from TRFT helped students gain knowledge and confidence in understanding their breast health.

Winter

The NHS approved a plan to improve the Waiting Well service to Rotherham people awaiting a procedure or Hospital referral off the back of Healthwatch Rotherham's report on the service.

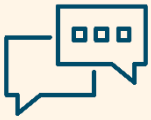
Healthwatch Rotherham has supported improvements within RMBC Adult Social Care services, contributing to the development of an action plan focused on improving responsiveness, face-to-face support, and the accessibility of the service .

Working together for change

We've worked with neighboring Healthwatch to ensure people's experiences of care in Rotherham are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at South Yorkshire Integrated Care System

This year, we've worked with Healthwatch's and other organisations across South Yorkshire to achieve the following:

A collaborative network of local Healthwatch: Healthwatch Rotherham has been working collaboratively with other Healthwatch services and has attended ICB Executive Board meetings on behalf of all Healthwatch organisations across South Yorkshire. This has enabled the organisation to advocate for the views and experiences of people across the wider region, not just within Rotherham.



A big conversation:

As part of the ongoing commitment to improving care, the Department of Health and Social Care worked with Healthwatch England to bring together local Healthwatch organisations from across the UK through an online event. The session enabled meaningful discussions around the remit, challenges, and resources of the new NHS Trust currently being developed, in line with statutory requirements set out in law.

Building strong relationships to achieve more: We have attended Enter and Views visits at GP practices, TRFT, pharmacies, and care homes. These visits were carried out in response to feedback and concerns raised by members of the public. Following each visit, we published reports outlining our findings and made recommendations to the services on areas for improvement. Working in partnership with the public, partners and stakeholders to help ensure the best possible care is provided.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time. Here are some examples of our work in Rotherham this year:

Making life more accessible

We attended Sight and Sound Rotherham , to listen to residents who had experienced an acute brain injury.

After speaking with the group, a key issue identified was that individuals often have to repeatedly explain their communication needs to different healthcare professionals, highlighting a gap in the Accessible Information Standard. To address this, we proposed a communication card that can be used during appointments. The card would outline key details such as the person's condition, communication preferences, and support needs. This acts as a reasonable adjustment, helping professionals understand and respond appropriately. Overall, this approach promotes more accessible, person-centred care by reducing repetition, improving communication, and supporting appropriate adjustments.

Getting services to involve the public

By involving local people, services help improve care for everyone. We carried out a focus report exploring menopause, its impact on women in the workplace, and experiences of accessing support and healthcare services. The findings led to the creation of a system-wide working group led by Health Select Committee, with the aim of making Rotherham a menopause-friendly borough. As a result, a dedicated action plan has been developed to drive improvements, raise awareness, and promote better support for women across local services and workplaces.

Improving care over time

Our contraception insights highlighted disparities in access to services across the system, particularly around long waiting times for contraceptive implants. The findings identified a shortage of appropriately trained staff within primary care, which meant some individuals were unable to access the contraception method that worked best for them and were instead required to seek alternative options. As a result of this work, Healthwatch Select Committee established a working group to address these issues and explore improvements to contraception access across the borough.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. Through this, a range of concerns has been raised, including access to translators, difficulties accessing dental services, and hospital referral waiting times.

People's experiences of health and social care help us understand what is working well and what isn't, enabling us to provide feedback to services and support improvements.

Standing Up for Better Support During Hospital Waiting Times

Last year, we championed the voices of our community to help us gather feedback about Rotherham Hospitals Waiting Well service.

A "waiting well" at Rotherham Hospital is a program/service designed to support patients who are on a waiting list for planned surgery or treatment.
It provides information and resources to help patients stay healthy while they wait, which can help manage symptoms, prepare for procedures, and improve recovery time.

What did we do

We launched a survey to better understand if residents were aware of the service, and areas of improvement. We then published a report with the feedback we collected. We then used that feedback to improve the service, by sharing it with NHS leaders, councils, and decision-makers.

Key things we heard:

89% **Or 232,180 people, were actively waiting to receive treatment at Rotherham Hospital**

96% **Of respondents were not aware of the Waiting Well Service**

85% **Of people had not received any information on how to look after themselves while waiting for treatment.**

Our findings highlighted a lack of clear communication and expectation-setting between medical professionals and patients. Many respondents reported not being given a referral timeframe, while others had been waiting anywhere from 16 weeks to over two years for medical procedures.

What difference did this make?

Following the publication of our report, TRFT approved a plan to improve the Waiting Well service. Led by the Head of Patient Experience, a multidisciplinary team of department heads and representatives from Healthwatch Rotherham has been assembled to develop and implement an action plan to improve the service, with changes scheduled to be delivered over the next 12 months.

Health on Hand: The Passport Every Veteran Should Carry

Last year, Healthwatch Rotherham and the Armed Forces Welfare Officer at Rotherham Hospital (TRFT) have visited the veterans at MCVC Rotherham and discussed the benefits of having a health passport. Their ideas and input has been invaluable.

What did we do

The Veterans Health Passport is a small document that was designed to help military veterans communicate their health history, service-related conditions, and specific needs to healthcare providers. The idea behind it, is that it supports continuity of care, especially when transitioning between military and civilian health service.

Our role, was to gather insight and data base on lived experiences to help influence the structure of the passport

Purpose of the passport:

•Improves communication with healthcare providers
•Creates personalized, holistic care
•Provides continuity of care
•Provides empowerment and advocacy
•Provides faster access to support services if proper and links with time in service
•Reduces misunderstandings or stigma
•Proves useful in emergencies

This information should be treated as confidential. Wherever possible, to be completed by the veterans or the people who know them best.

Full name:

What I like to be called (if different):

Service number:

My communication needs:

People I am happy for you to discuss my care with (family member, carer, other support):

What I would like you to know about my service history:

Any dates that might make me worried or anxious, including things I might not want to discuss:

What I would like you to know about my medical history and medication:

What I would like you to know about my backgroun

What is the Veteran's Passport?
For any armed forces veteran, healthcare settings can be unsettling. Although it's completely normal to experience anxiety after traumatic events, this can be tough to deal with.

This Veteran's Health Passport is designed to help our veterans navigate through these visits as smoothly as possible by letting you know relevant background information and how to support them.

Please read this information before your appointment with our veteran. It provides important information which will help with assessments and saves our veteran from repeating potentially difficult information.

Information for veterans
This passport is yours to keep and use as you wish for any appointments you have.

You can choose whether you want to share this information with the healthcare professional that you are seeing.

Please only complete the questions that are important to you, using as much or as little detail as you would like. Please hand over your passport when you arrive and encourage staff involved in your care to read it, this will give them a brief overview of your information.

If you consent to provide information about yourself and preferences, these will can be securely recorded and shared with other NHS and service providers when required. This is for the purpose of helps our organisation to better meet your needs by being able to ensure you receive the relevant support.

More information on using the NHS for our military veterans:
nhs.uk/using-the-nhs/military-healthcare/veterans-health-faqs

Useful Contacts
Defence Medical Welfare Service
Armed Forces Support
dmws.org.uk

Veterans' Gateway
Advice & support for veterans & ex-forces
veteransgateway.org.uk

Op RESTORE
The Veterans Physical Health & Wellbeing Service (DMWS)
dmws.org.uk/op-restore-the-veterans-physical-health-and-wellbeing-service

Mental health support for veterans, service leavers & reservists
www.nhs.uk/nhs-services/armed-forces-community/mental-health/veterans-reservists/

Op Courage
veteranaware.nhs.uk/op-courage

Combat Stress
Mental health services for veterans
combatstress.org.uk

Op Nova
www.forcesemployment.org.uk/programmes/op-nova/

Veterans Covenant
Healthcare Alliance
veteranaware.nhs.uk

UK armed forces charities
Royal British Legion
www.britishlegion.org.uk

Royal Air Force Benevolent Fund
www.rafbf.org

SSAFA
www.ssafa.org.uk

Help For Heroes
www.helpforheroes.org.uk

Walking with the Wounded
www.walkingwiththewounded.org.uk

Military Community Veteran Council (MCVC)
mcvc.org.uk/contact-us

If you need this information in another language or format, please contact your medical team.

NHS
The Rotherham NHS Foundation Trust

Document produced by TRFT in conjunction with Rotherham Healthwatch and MCVC. Originally developed by Stockport NHS Foundation Trust / Morecambe Bay NHS Foundation Trust

NHS
The Rotherham NHS Foundation Trust

Veteran Health Passport

A veteran is anyone who has served for at least 1 day in the armed forces, whether regular or reserve.

All veterans are entitled to priority NHS treatment for any condition related to their service (subject to clinical need)

This includes veterans who don't receive a war pension.

This includes assessment, treatment, aids and appliances for conditions accepted as being due to their service.

The Publics Perspective: Accessing Adult Social Care at Riverside House

During October, Healthwatch Rotherham assessed adult social at Riverside House through a Secret Shopper exercise.

The mystery shopping exercise, which included nine different scenarios, resulted in an **average service rating of 2.7 out of 5**. These consisted in Face to face, Website and digital access, Telephone enquiries, and Out of Hours.

Key things we heard:

50% **of respondents told us they felt like their needs were not met, when accessing the service.**

" It used to be awful but in recent years it has improved since we gained a named social worker who stays with us through life's difficulties. It has been refreshing to be able to have a positive experience to share about the Rotherham Adult Social Work Team. ‘’

We fed back to Rotherham Metropolitan Council:

- **Improve communication and follow-up**: Including responding to voicemail messages and ensuring promised call-backs happen.
- **Provide confirmation when referrals are received:** So, people know their request has been actioned and is being followed up.
- **Ensure there is better cover when a social worker is on leave:** So, people can still speak to someone who can help.
- **Improve access to information for non-digital people:** Including clearer phone contact options.

What difference did this make?

Our report contributed to RMBC has agreed to make the following changes:

'We are now developing an action plan to ensure we can give feedback to staff on what is working well and areas we will focus on to ensure our customer contacts are fully responsive to a range of needs and contacts. Our primary focus will be on our face-to-face reception provision, as well as the accessibility and ease of use of our website."

These will support residents, to have a better experience when asking for help and improve the accessibility and ease of use of the council website.

Opening up access: Healthwatch Rotherham designs a range of Communication cards

Imagine stepping into your GP surgery, clinic or hospital and instantly letting staff know exactly how you communicate—no awkward explanations needed. That's the reality we've created with our new communication cards, designed to give deaf and hard of hearing patients confidence and clarity at every healthcare visit.

We teamed up with Rotherham Sight and Sound and Rotherham Deaf Futures to co-design a simple tick-box card. Whether you need lip-reading support, a British Sign Language interpreter or information in writing, these cards make your needs visible from the moment you walk through the door.

We have a range of cards available:

- I have a learning disability
- I am sight impaired
- I am deaf, hearing impaired or use BSL
- I have had a stroke or brain injury

What difference did this make?

Our communication cards have been distributed across the voluntary sector in Rotherham, including at events such as the Rotherham College Wellbeing Event, TRFT, and RMBC, with over 1,000 cards handed out to date.

We have also developed a downloadable PDF version, which has been shared across South Yorkshire's Intregrated care board (ICB) and Rotherham Doncaster and South Humber (RDaSH). In addition, Healthwatch Sheffield, Doncaster, and Barnsley actively use and distribute our communication cards within their respective sectors.

The distribution of our communication cards has had a positive impact on members of the public by helping to improve accessibility, confidence, and understanding when accessing services. The cards provide individuals with a simple and effective way to communicate their needs, particularly in situations where they may feel anxious, overwhelmed, or unable to express themselves verbally.

Hearing from all communities

We're here for all residents of Rotherham. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

This year, we have reached different communities:

- We have reached out this year with Apna Haq, a charity that works with Black and ethnic minority women facing issues like Domestic violence, Honour based violence, forced marriage, sexual abuse, and exploitation.
- At Healthwatch Rotherham, we stand for the voice of the public by attending RDaSH Governor meetings and contributing to key strategic forums, including the ICB Executive Board, Primary Care Delivery Group, and Patient Experience Committee. We also take part in the national pilot team led by NHS England for neighborhood working, alongside Prevention, Health and Equality meetings hosted by Public Health. Through these partnerships, we advocate for the people of Rotherham, raise public concerns, and escalate issues to help improve local health and care services.

Improving Understanding of the Challenges Faced by LGBTQ+ Communities in Accessing Healthcare

We investigated access to Healthcare for the LGBTQ+ community.

Attendees identified recurring barriers such as long waiting times for gender clinics, refusal of transgender referrals, and difficulties accessing mental health support. 61% of people told us that they felt that their sexuality or gender identity has had a negative impact on their mental health.

What difference did this make?

The report on The Rainbow Project Rotherham made a significant difference by highlighting the lived experiences of LGBTQ+ people in Rotherham and ensuring their voices were heard within health and social care services. The project found both the positive impact of inclusive community support and the barriers many individuals still face when accessing healthcare, including discrimination, misgendering, and a lack of understanding around LGBTQ+ needs.

Helping asylum seekers and refugees understand and access NHS care

As part of our regular engagement's Healthwatch Rotherham attend Rotherham Ethnic Minority Alliance (REMA)

Part of our role at Healthwatch Rotherham is to advocate for and educate the public about the health and social care support available to them, helping people understand what services they can access within Rotherham and how to navigate them effectively.

What difference did this make?

Our support has included assisting residents with a range of issues, including 14 oral health referrals, 2 more dental-related enquiries, 6 mental health support enquiries, and 3 GP contact interventions. We have also supported residents through 3 diabetes-related information and advice calls, sent 3 concerns and feedback emails to the TRFT Patient Experience Team (PET), and provided stop smoking signposting through Healthwave.

By listening to local people and connecting them with right services, we help ensure community voices are heard, concerns are escalated where needed, and local health and care services continue to improve in response to public need.

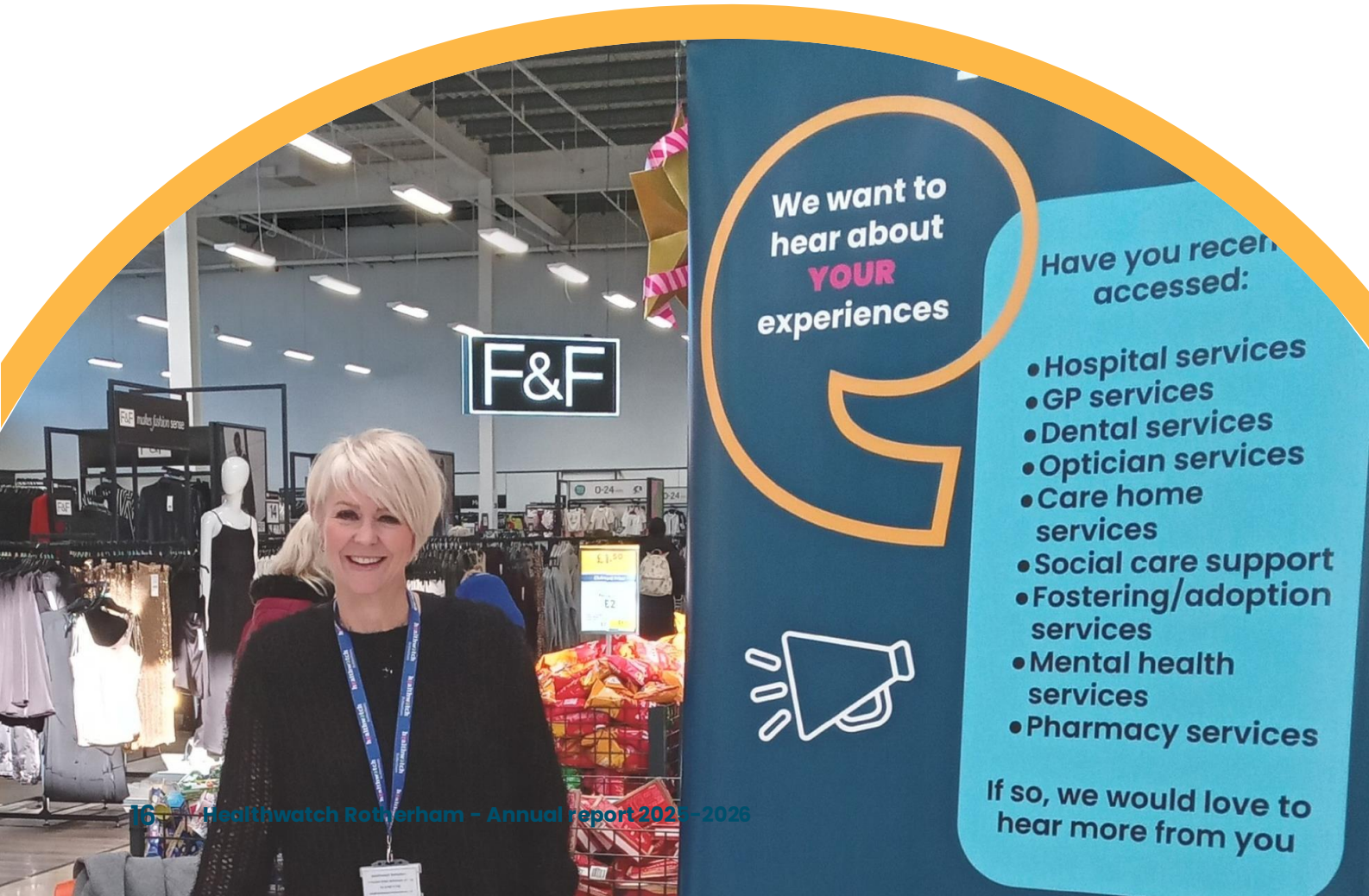
Information and signposting

When you're struggling to find an NHS dentist, looking for help about how to make a complaint, or need advice about a good care home for a loved one – we're your first port of call.

This year 1910 people have reached out to us for advice, support or help finding services. These conversations also help us to understand where, and how, your care could be made better.

This year, we've helped people by:

- We have signposted people to 1126 services around Rotherham.
- We have attended over 80 outreaches throughout the year and spoke to over 1,533 people.
- Alongside the outreach engagements, we also attended 23 other events around the borough including Rotherham Show, Carers day and held our own event '*Health in our community*'



Lengthy wait times surrounding Autism Diagnosis

We helped challenge barriers within Rotherham's autism referral pathway, contributing to changes aimed at improving access for local families seeking assessments.

Following contact from a Rotherham parent seeking an autism assessment for their daughter ahead of her GCSE exams, we found significant barriers in the local "Right to Choose" referral pathway. By escalating concerns with CAMHS, providers and the ICB, we highlighted inconsistencies preventing families from accessing timely assessments. The issue was recognised and action taken to resolve the pathway, helping improve access for Rotherham families seeking NHS neurodevelopmental assessments.

Waiting Without Reassurance: Sarah's Journey to Clarity

Sarah felt abandoned after a "mystery" abdominal mass was found during a routine appointment and she was given a 53-week wait; accessing a medical professional felt like a barrier in itself.

Healthwatch Rotherham first met Sarah in May 2025 after she was informed by the gynecology team that she required surgery to remove an abdominal mass. The news left her overwhelmed and tearful during the consultation. When she became distressed, she felt her fears particularly around the possibility of cancer; were not met with sufficient empathy or reassurance.

Following the appointment, Sarah left feeling extremely anxious about her health and worried about how her family would cope if her condition were serious. Healthwatch Rotherham supported her by linking her with mental health services to help manage her anxiety while she waited for treatment and encouraged her to raise concerns with the hospital's Patient Experience Team.
With Sarah's consent, a referral was made. She was told a clinician would contact her but also informed her surgery could be delayed for up to 53 weeks. However, she was not provided with additional support during this waiting period.

After 21 weeks without an update, Sarah returned to Healthwatch Rotherham feeling increasingly distressed and exhausted. Despite further contact with the Patient Experience Team, delays continued. Eventually, a clinician confirmed her test results made cancer highly unlikely and that it was safe for her to wait for surgery.

> "I cannot thank you enough, someone has just called me from the hospital, and it is not cancerous. That is all I wanted to hear, I can finally stop worrying"

Showcasing volunteer impact

Our fantastic volunteers have given over 110 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- We have an Information and Signposting Volunteer who supports clients over the phone and via email, providing guidance and directing them to relevant health and social care services.
- We have had a number of Enter and View visits throughout the year, our Volunteers helped conduct these visits, document feedback and concerns raised by both patients and staff, while also supporting the distribution of surveys to gather wider community insight.

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers and staff have championed community concerns to improve care.

Alison

I have been volunteering for HW for coming up to 5 years and I really enjoy it. Volunteering gives me the opportunity to talk to people who live in Rotherham about their experience of using health and social care services.

Listening to their views, ensuring that their voice is heard and signposting to organisations that can offer support makes me feel like i have something positive to offer, I meet lots of interesting people and organisations and learn about what is good about Rotherham.

I enjoy working as an Information and Signposting Officer at Healthwatch Rotherham because I support local people who experience difficulties with health and social care services. I find it rewarding to listen to their concerns and guide them to the right information, so they feel more informed and confident in making decisions. I also value being part of a supportive team focused on improving services through community feedback. The role gives me a strong sense of purpose, knowing even small conversations can make a real difference.

Nic

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

https://healthwatchrotherham.org.uk/

01709 717130

Info@healthwatchrotherham.org.uk

Finance and future priorities

We receive funding from Rotherham Metropolitan Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

All figures are draft and subject to audit and final adjustments as the finances won't be confirmed officially until November.

Income		Expenditure	
Annual grant from Government	£161,260	Staff Salaries	£103,555
Additional income	£2,548	Operational Cost	£23,919
		Overhead Salaries	£30,668
Total income	**£163,808**	**Total Expenditure**	**£158,141**

Additional income is broken down into:

- £2,548 received from University of Sheffield for Student placement. *additional funding for student placements yet to be confirmed.
- £1,300 received from the local ICS for joint work on a project
- £308 funding received from Cambridge University for joint work on a project

Integrated Care System (ICS) funding:

Healthwatch across South Yorkshire also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Engagement work at TRFT	**£1300.00**
	£0.00
	£0.00

Finance and future priorities

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. To continue to support and engage with under-represented groups and escalating concerns to the highest level.

2. Review earlier recommendations made to services in our focus reports and enter and view visits. So, we can follow up to assess what improvements have been implemented as a result and impact this has had on Rotherham residents.

3. We will prioritise reducing health inequalities by improving access to assessments, strengthening communication between services and patients, and ensuring people feel heard, informed, and supported while waiting for care.

Statutory statements

Healthwatch Rotherham, 2 Upper Millgate – Contract held with Citizen Advice Rotherham.

Healthwatch Rotherham uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of 5 members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2025/26, the Board met 9 times and made decisions on matters such as the approval of the yearly workplan. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025/26, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, social media and distributed within the ICS.

Statutory statements

Responses to recommendations

We had 0 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to director of public health, RMBC Service director of strategic commissioning in adult care, housing and public health and deputy director of Adult social care.

We also take insight and experiences to decision-makers in South Yorkshire ICB. For example, Healthwatch Doncaster share insights, with us that we communicate to RDasH governors as Healthwatch Rotherham has a seat to represent both Healthwatch services on the board . We also share our data with Healthwatch England to help address health and social care issues at a national level.

Healthwatch representatives

Healthwatch Rotherham is represented on the Rotherham Health and Wellbeing Board by Kym Gleeson, Healthwatch Rotherham Service Manager.

During 2025/26, our representative has effectively carried out this role by being in attendance and scrutinising presentations by public health, plus other stakeholders and partners.

Healthwatch Rotherham is represented on South Yorkshire ICP Integrated Care Partnerships by Healthwatch Doncaster. Kym also attends the Mental Health, Learning Disability, Dementia and autism delivery group held at SYICB.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Swallownest Court	Public Insights	Made recommendations of improvement and fed back to the service. Fed by patient voice and staff observations
Hospital – Acute Medical Unit (AMU) Rotherham Foundation Trust	Positive operational changes, to onboarding patients and care provided within AMU	Gathered insight from staff and patients. Face to face, and via written and online surveys.
GP Practice – Market View Surgery	Public insights	Made recommendations of improvement and fed back to the service. Fed by patient voice and staff observations.
Pharmacy – Archways Pharmacy	The public raise concerns	Made recommendations of improvement and fed back to the service. Fed by patient voice and staff observations

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Waiting Well TRFT	The trust has set up a multidisciplinary board and have developed a 12-month improvement plan for the Waiting Well service.
Communication Cards: Healthwatch Rotherham have worked alongside, Sight and Sound Rotherham to produce a set off communication cards, catering for people who are Vision or Hearing impaired, suffered with a stroke or brain injury; or have learning disabilities.	The cards have been distributed around Rotherham's services. Including the TRFT

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Let's talk events' - Healthwatch Rotherham held a range of Let's talk events throughout the year. Some of these included Menopause, and Breast cancer awareness, personal hygiene, and CPR.	The purpose of these events are to discuss and educate targeted groups relating to common issues that they may be experiencing.
Healthwatch Rotherham - 'Health in our community' Event	We reached approximately 80 Rotherham residents; providing information on health, wellbeing and signposted to many different services. We also launched our co-produced communication cards for the Visually Impaired group at Sight and Sound Rotherham.
Healthwatch Rotherham has been working in partnership with the Public Health Oral Health team to support more vulnerable groups in Rotherham in accessing and registering with a dentist.	- More vulnerable residents (such as low-income families, older adults, and people with disabilities) are now registered with a dentist, meaning they can receive routine check-ups instead of only seeking emergency care. - With better access, issues like tooth decay, gum disease, and oral infections are identified earlier. This reduces the need for more complex and costly treatments later. - Targeting vulnerable groups helps close the gap between those who can easily access dental care and those who cannot—one of the key goals of public health work in areas like Rotherham. - When people are registered with a dentist, they are less likely to attend A&E or GP services for dental pain.

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Increased Newsletter Membership	Danielle our research and campaigns officer and our Engagement Officer, Holly, have worked in collaboration and have increased our newsletter membership by 68%. Our newsletter contains vital information regarding changes to health and social care services, what's happening locally in Rotherham, and resources to improve your physical and mental health.
Social Media Reels	We are committed to expanding our social media reach by adapting how we deliver information, with a stronger focus on engaging, accessible content such as short-form reels. By working collaboratively with key partners across the system—including primary care public health teams, SYICB, the Health and Wellbeing Board Chair, and the Health Select Board Chair—we aim to create informative and engaging content that helps educate residents of Rotherham about their health. This coordinated, system-wide approach allows us to share consistent, trusted messages in a format that is easy to understand and widely accessible, ultimately empowering local communities to make more informed decisions about their wellbeing.

Statutory statements

2025 – 2026 Outcomes

Project/activity	Outcomes achieved
Increased and expanded out Social media reach.	One of our key priorities across Q3 and Q4 was to expand our social media reach. To support this, we strengthened our presence by launching and actively engaging on two additional platforms: Instagram and LinkedIn. As a result, our total reach has increased by 119% since the start of the year. This growth has significantly enhanced our brand visibility, broadened our audience, and created more opportunities for engagements across Rotherham.

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