

**Health Select Commission – work programme (March – July 2012)**

<b>Date</b>	<b>Item</b>	<b>Purpose</b>	<b>Intended Outcome/s</b>
<b>26 January 2012</b>	RFT Quality Accounts	For RFT to update on 2011/12 accounts and present proposals for 2012/13 accounts for comment	For scrutiny members to be informed of the quality accounts and submit a formal response
	Continuing Healthcare Review	A sub-group of the commission to undertake a review to understand the CHC systems in place locally since the implementation of the national framework and how successful this has been, and to gather information on patient experience	To make recommendations based on gathered information
<b>8 March 2012</b>	Presentation on smoking cessation and illicit tobacco control, inc. stop smoking service annual report	For Members to be informed in relation to smoking cessation services in Rotherham, what the current figures were and issues around illicit tobacco and safeguarding	To consider how scrutiny may be able to support this agenda, and make recommendations e.g. community champion role of elected members and/or consider potential review into a specific issue (if appropriate/needed)
	Health Inequalities review – BMI>50	Final report and recommendations presented to the commission and to discuss the CfPS model for undertaking reviews (which was tested by this review)	For approval prior to submitting to Overview and Scrutiny Management Board and HWBB
	RDaSH Quality Accounts	Legal requirement for RDaSH to consult with scrutiny	For scrutiny members to be informed of the quality accounts and submit a formal response

<b>19 April 2012</b>	Health and Wellbeing Board session, inc. update on progress, work programme and partnership arrangements	For scrutiny to have a joint discussion with board members around progress and what the board looks like for Rotherham - based on key questions developed by the Centre for Public Scrutiny (Achieving an effective HWBB)	For scrutiny members to be informed of progress and measures being put in place to achieve an effective HWBB  Will also ensure the scrutiny work programme is in line with the HWBB work programme and that issues will be referred to them as appropriate
	Presentation on JSNA, following consultation with the public and HWBB (in line with the HWBB work programme)	To be informed of the JSNA	Consider alignment of the scrutiny work programme with the key issues highlighted by the JSNA  To be informed of the issues so that members are able to judge the appropriateness of the strategy once published
<b>31 May 2012</b>	Commissioning for local Healthwatch	HealthWatch working group are using the CfPS 10 questions to ask when developing the commissioning arrangements which will form part of the process and be presented to HWBB in April.	Following agreement by HWBB, scrutiny members to be informed of the commissioning approach (having already built the questions into the earlier development stages this will ensure members are involved in the process from the beginning)  For scrutiny members to consider options for how scrutiny and HealthWatch will align and support each other
	Continuing Healthcare Review – final report	Final report and recommendations presented to the commission	To approve prior to going to Overview and Scrutiny Management Board and being implemented

<b>12 July 2012</b>	Electronic Patient Records – single agenda item spotlight review	To look at how electronic patient records are currently used in Rotherham and gather information in relation to the return on investment and patient views of EPR	To make recommendations based on gathered information
	Autism Review	For a sub-group of the commission to undertake a review of autism in Rotherham (picking up on previous work undertaken by the old Children’s Scrutiny panel)  To consider diagnosis in Rotherham, compared with other areas and what support pathways were in place	To make recommendations based on gathered information

**Suggested items which are not yet allocated to a meeting date:**

- Excess Medication
- Use of volunteers – social care/RFT
- Care of the elderly – to consider potential visits to hospital