

HEALTH SELECT COMMISSION
Thursday 25 July 2024

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Bennett-Sylvester, Duncan, Garnett, Haleem, Hall, Havard, Rashid and Tarmey.

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

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

10. MINUTES OF THE PREVIOUS MEETING HELD ON 20 JUNE 2024

Resolved:-

That the minutes of the meeting held on 20 June 2024 be approved as a true and correct record of the proceedings.

The Chair also noted that the following actions arising from the previous meeting had been addressed, with members having received communications by email:-

- The creation of a glossary of terms.
- The provision of additional information concerning Family Hubs.
- The provision of additional information concerning testing following outbreaks e.g. E-coli.

11. DECLARATIONS OF INTEREST

The following declarations of interest were made:-

Member	Agenda Item	Interest Type	Nature of Interest
Councillor Havard	LGA Adult Social Care Peer Review	Personal Interest	Chair of 'The Borough That Cares'

12. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

13. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda which required the exclusion of the press and public from the meeting.

14. LGA ADULT SOCIAL CARE PEER REVIEW

The Chair welcomed Councillor Baker Rogers, Cabinet Member for Adult Care and Health and Kirsty Littlewood, Assistant Director of Adult Care and Integration.

The Cabinet Member for Adult Care and Health outlined that the report presented detailed the findings of the LGA peer review report commissioned by the service in December 2023. They noted that there were five key improvement areas identified:-

1. Feedback and communication.
2. Deprivation of Liberty Safeguards (DoLS) Assessments.
3. Carers Assessments.
4. Market Position Statements.
5. Better Care Fund.

The Cabinet Member for Adult Care and Health also noted that the report had recognised twelve areas where the Council was performing well, in addition to providing several top tips including:-

- Appointing a dedicated lead for regulation.
- Learning from CYPS (Children and Young Peoples Services).
- Strong partnership approaches.
- Ensuring the voice of the resident is prominent in developing services.

They advised that the overall findings from the peer review were positive, with the service intending to deliver the associated work programme by the end of 2024 in readiness for a peer review by ADASS (Association of Directors of Adult Social Services) in January 2025.

The Assistant Director of Adult Care and Integration introduced Dania Pritchard, the newly appointed Regulatory Assurance Lead for Adult Social Care whose role was to ensure that the service's provision meets the standards expected by the CQC (Care Quality Commission) through the delivery of the improvement programme.

The Assistant Director of Adult Care and Integration provided the history and context to the decision to pursue the peer review, resulting from the enactment of the Health and Care Act 2022 in April 2023 which provided new powers for the CQC to undertake independent assessment of Local Authorities.

The Assistant Director of Adult Care and Integration explained that whilst an inspection primary focus was Adult Social Care the whole Council is assessed. They detailed the four domains of the assessment framework:

1. Working with people.
2. Providing support.

3. How the Local Authority ensures safety.
4. Leadership.

They explained that the purpose of the peer review was to allow the Council to identify areas of strength and weakness against that framework, through the objective lens of independent insight, enhancing existing self-assessment processes.

The Assistant Director of Adult Care and Integration summarised the findings of the peer review and focussed on each of the five key themes outlined by the Cabinet Member for Adult Care and Health.

In respect of feedback and communication the Assistant Director of Adult Care and Integration noted that staff had described the need for more frequent engagement and communications to remain informed of the developments in Adult Social Care, which often occurred at pace. They described that in response the service had developed a new communication framework, with directorate wide and Adult Social Care specific tiers, which incorporated whole service events led by the Assistant Directors.

Residents campaigns were reinvigorated using a variety of media to maximise reach, and work with commissioning partners including provider forums has taken place to expand awareness of opportunities and strengthen working relationships.

In respect of DoLS assessments, the service has mirrored its process for Placement DoLS across Community DoLS, ensuring a robust overview, risk assessment and triage process for those individual cases. The Assistant Director of Adult Care and Integration noted that no Local Authority had successfully addressed their DoLS assessment processing challenges, citing that this remained a national challenge due to a shortage of Best Interest Assessors.

In respect of the Carers Assessment offer, the latest census data identified twenty-six thousand carers in the borough. The focus was on achieving a consistently strong offer for those carers delivering parity of offer with the care recipient.

In respect of Market Position Statements, whilst these were in place, robust and strong, there was an emphasis on embedding these more within joint commissioning strategies and moving to a longer-term financial outlook, alongside housing stock utilisation. The Assistant Director of Adult Care and Integration noted that Councillors were aware of the challenges around housing stock and the careful management required to balance needs.

In respect of the Better Care Fund, opportunities to review the use of the fund to maximise resources and embed value driven approaches were highlighted.

The Assistant Director of Adult Care and Integration noted that the peer review had highlighted a number of areas of strength, particularly preventative services and Rotherhcare. They added that proposals would progress to Cabinet in September intended to further maximise the impact of those services. The strength of equality impact assessments, which would be a CQC focus, was also noted, as was the effective management of waiting lists.

Likewise, advocacy and brokerage services were deemed to work well, quality assurance processes were considered strong and there was good evidence of informed decision making, providing clarity on capacity and demand, informing short to medium term planning.

The peer review had also noted that across in-house and independent sector provision, there was a high CQC rating of providers with 85% rated good, indicative of effective contract management and quality assurance processes.

The Assistant Director of Adult Care and Integration explained that leadership was a key focus of the CQC Framework, describing that the review had noted that strong collaboration with the Integrated Care Board (ICB) and Place Board had shone through, with embedded partnership working evident across wider partnerships including the Safeguarding Adults Board, South Yorkshire Police and the Voluntary and Community Sector.

The peer review had acknowledged the positive findings from a previous peer review of the Safeguarding Adults Board in 2023, and the steps taken to address areas for improvement that review had highlighted. The Assistant Director of Adult Care and Integration noted that MSP (Making Safeguarding Personal) was considered embedded by the review ensuring that the victim voice was heard.

They advised that political leadership within Adult Social Care was considered exemplary, noting that scrutiny added value to the delivery of services. Likewise, the CPD offer and career progression was considered exemplary with the reverse mentoring scheme, where front line staff mentored senior leaders, cited as best practice and shared with other Local Authorities.

Under Health and Social Care legislation, Local Authorities are required to employ a PSW (Principal Social Worker) responsible for leading and guiding the workforce and ensuring high standards of practice. The peer review reported that the knowledge and leadership of the Council's PSW was notable.

The Regulatory Assurance Lead for Adult Social Care provided detail around the Council's response to the top tips identified by the peer review. They explained that the Council had a Co-production Board, which

involved those with lived experience of Council services, workforce representatives and members of the public representing a significant step in progressing the co-production approach.

The development of a work programme aligned to the CQC Framework included the implementation of a friends and family test following front door access to services, steps to improve wait times for care packages and direct payments, steps to improve strategic commissioning and financial planning, strengthening joint working with CYPS under the 'Think Family' approach and improved caseload management and communications.

They explained that the work programme was reviewed monthly via the Regulatory Assurance Board and an internal audit undertaken in June 2024 delivered 'substantial assurance' of progress since the conclusion of the peer review in December 2023.

The Regulatory Assurance Lead for Adult Social Care explained that PCH (Partners in Care and Health) delivered a workforce event in January 2024, which facilitated a reflective space that allowed staff to identify and evidence their day-to-day performance against assessment themes.

The Chair thanked the Cabinet Member for Adult Care and Health, the Assistant Director of Adult Care and Integration and the Regulatory Assurance Lead for Adult Social Care for the informative presentation and comprehensive report provided. Member questions were invited.

Councillor Bennett-Sylvester requested that linked to the acknowledgement of the strength of political leadership from the peer review, the Commission recognised the impact of the work of retired Councillor David Roche. They sought clarity in respect of vacancy rates, a particular pinch-point around reablement services referred to in the report, and an update on the work undertaken to address those challenges.

The Assistant Director of Adult Care and Integration advised Members that the vacancy rate was not a new challenge for the Council, but one where the position had deteriorated. They advised that an Adult Social Care Strategy released by Skills for Care in partnership with the Department of Health and Social Care (DHSC) last week citing vacancy rates for Social Work and Occupational Therapy at approximately 10% nationally. The vacancy rate for the Council is approximately 23%. They explained that the lack of a complete career pathway had been identified as contributing to that position and had resulted in the creation of Advanced Practitioner roles which had reduced the pressures experienced. This was supplemented by a review of vacancy advertisements, resulting in investment across multiple platforms which has generated greater interest in posted vacancies. They also advised that in some cases, role profiles and job descriptions required review to ensure that they represented attractive and flexible employment opportunities. A Recruitment and Retention Group was established and

the longer-term plan was to develop the next generation of social workers internally. The apprenticeship programme through the South Yorkshire Teaching Partnership was expanded to support this, with the establishment of the Advanced Practitioner roles representing an important step in facilitating that agenda for growth.

The Assistant Director of Adult Care and Integration described Reablement as the targeted direction of travel within the service. They described the intent was to grow the offer, inclusive of up to six weeks free in-home support to maximise independence prior to defining long term needs. This was the pinch point in terms of capacity, hence the emphasis on growth in that aspect of the service.

Councillor Bennett-Sylvester agreed with the peer reviews findings that Rothercare is a great service, and referred to the reports comments around the services profitability and looks forward to hearing more about this in the report going to Cabinet in September.

The Assistant Director of Adult Care and Integration confirmed that a full report would go to Cabinet in September. This would consider the subsidy linked to the Administration's commitment, and how to achieve a sustainable model without significant subsidies.

In connection with the identified improvements needed around feedback and communications, Councillor Bennett-Sylvester reported recent communications regarding a Carers Forum at the Town Hall where participants reported being unaware of the availability of a Changing Places toilet. He expressed concern that the Council may not do enough to raise awareness of its offer.

The Assistant Director of Adult Care and Integration agreed to submit that feedback to the Regeneration service who promote the Changing Places facilities. They confirmed that the service was looking at making more robust across in house and partner provided resource, including the recruitment of two Carers Link Officers as part of the front door Adult Social Care provision, delivering a more immediately responsive service and support.

The Cabinet Member for Adult Care and Health added that they fully supported Officers' pro-active work in this area and would remain engaged as progress was made. They felt the changes underway would ensure that people received the right care at the right time.

Councillor Havard thanked the Cabinet Member and Officers for the information report. They queried whether there are any updates on the Castle View development and if it was possible for the Council to commit to sustaining the carers app.

The Assistant Director of Adult Care and Integration updated Members that confirmation was expected from building control that the relevant

approvals were in place with ground breaking expected in September. They advised that the service planned to invite participation from parents, carers and existing service users as a means of communicating next steps and timelines. The indicative build completion date was December 2025.

They explained that whilst the desire for the Council to commit to the carers app was understandable, funding arrangements are complex and impact county wide. The service is still in the early stages of understanding the impact and long-term viability and any commitment would need to be made once fully understood.

Councillor Havard raised that they were aware that some families were affected by inadequate housing and queried what was in place to address those issues.

The Assistant Director of Adult Care and Integration advised that they were unable to comment on individual cases within a public meeting, but agreed to discuss any particular concerns outside of the meeting. As a service, supported accommodation models for people living with disabilities were being looked at, the Canklow development being an example of this.

The Cabinet Member for Adult Care and Health added that they were keen to see that development come to fruition as quickly as possible, and requested direct contact regarding any individual cases where there were concerns which they would be happy to address.

Councillor Haleem thanked the Cabinet Members and officers for the detailed report. They commented that the reverse mentoring scheme was a great idea, which would add value to the service and sought clarity on the service's plans to strengthen the communication loop.

The Assistant Director of Adult Care and Integration was pleased with the response to the reverse mentoring scheme and emphasised its impact on the perceived balance of power. They explained that the Co-production Board was a key component of the communications loop, The official title of that board was the Rotherham Adult Social Care Always Listening (RASCAL) Board which was resident led. This was already having huge impact and was expected to go from strength to strength. They added that a large proportion of communications were received via informal pathways, which the friends and family test would augment. They outlined the agreement to implement 'How Did We Do' cards, which would allow feedback to be provided via QR code or freepost submission including anonymous feedback, following interaction with the service. This would align with the services local account framing and feedback received throughout the year would contribute to that local account.

The Assistant Director of Adult Care and Integration also explained that specific engagement events and activities for people with learning

disabilities and autism were planned, plus a Rotherham Safeguarding Adults Board newsletter was developed. They added that through consultation connected to the Autism Strategy and the Learning Disability Strategy, they had learned residents did not feel welcome in their communities, which led to the development of a Communications Strategy to enhance understanding, inclusivity and community cohesion.

Councillor Haleem queried the level of training for those staff leading on high risk safeguarding issues or cases.

Assistant Director of Adult Care and Integration advised that safeguarding was led by qualified Social Work staff who were qualified to minimum of Level 5, with many specialists qualified to a much higher level. They advise that each case was assessed on its merits, assigned accordingly and supervised by the Safeguarding Adults Manager to ensure that enquiries and decisions were appropriate. There was further support, advice and guidance available to staff via the Safeguarding Forum facilitating access to the Head of Service alongside continued emphasis on Safeguarding being everyone's business in the service.

Councillor Baker-Rogers requested inclusion in the reverse mentoring scheme. They expressed the desire for the service to be led by the user in respect of how they wanted to be heard.

Councillor Yasseen commented that it was pleasing to see preventative services and quality assurance recognised by the peer review. They queried the accuracy of the report's findings relating to effective wait list management and the appearance that it was at odds with the services vacancy position.

Councillor Yasseen expressed concern regarding the gap between the national vacancy level versus the local level and sought assurance regarding the steps being taken to address that.

The Assistant Director of Adult Care and Integration advised Members that an improvement plan for care assessments was introduced last year which had resulted in at least a 50% reduction in waiting time. The aim was to not have anyone waiting in excess of 30 days by Christmas.

They added that whilst some of the challenges did come from vacant roles, there was a difference between the council's Adult Social Care model and the stated 10% vacancy rate outlined by Skills for Care for Social Workers and Occupational Therapists, meaning that the Council's vacancy rate also captures care staff within the front-line provider arm, which was where the majority of vacant positions sat. This was where the service saw the highest staff turnover.

The Assistant Director of Adult Care and Integration acknowledged that the service was also mindful of appropriate succession planning for long standing members of staff to ensure vacancy rates are managed.

Councillor Yasseen suggested engaging with resident and service users to ensure they were kept informed of the progress to reduce waiting times in a more consistent and reliable way.

The Assistant Director of Adult Care and Integration acknowledged that feedback and communication was one of the recommendations arising from the peer review. They explained that in response under the work programme, there was a work item around clear messaging at the front door where it was accepted there was a gap. They requested that Members note that in 86% of cases, the service responded and completed a care assessment within 5 working days.

Councillor Yasseen queried the BAME (Black and Minority Ethnic) data that was used on Page 45 of the agenda pack, advising that this was incorrect by approximately 3.6%. They stated that this had been raised previously and was possibly due to 2011 census data being used.

The Assistant Director of Adult Care and Integration explained that the report data was drawn prior to the latest data becoming available and confirmed that the latest self-assessment for Adult Social Care did include the latest census data.

The Chair requested that current BAME census data was shared with Members to aid their understanding of the issue against the current community context.

Councillor Tarmey queried where oversight of Deprivation of Liberty through private community care providers sat, citing comments made relating to planning application that had given rise to a cause for concern about potential routine deprivation of liberty in certain circumstances.

The Assistant Director of Adult Care and Integration confirmed that oversight was through Council services and teams. They explained that all DoLS cases were referred into the service for triage and risk assessment, providing a borough wide overview.

Resolved:-

1. That Members noted the findings of the Peer Review of Adult Social Care and the subsequent improvement programme.

15. INTRODUCTION AND OVERVIEW FROM CLAIRE SMITH, DIRECTOR OF PARTNERSHIPS/DEPUTY DIRECTOR OF PLACE (ROTHERHAM), SOUTH YORKSHIRE ICB

The Chair welcomed Claire Smith, Director of Partnerships/Deputy Director of Place, South Yorkshire Integrated Care Board (ICB).

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB provided a high-level overview of their role and that of the ICB in the context of the work of the Health Select Commission. They outlined the journey from previous arrangements as Clinical Commissioning Groups (CCGs) to the current structure and arrangements as an ICB.

Members were advised that when comparing South Yorkshire to similar regions, population health outcomes weren't where they needed to be across a number of areas. They likewise acknowledged that there were variations in outcomes across and within the four South Yorkshire places.

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB outlined the legislative drivers prompting the formation of the Integrated Care System (ICS), South Yorkshire ICB's role within that, and its relationship with the Integrated Care Partnership (ICP).

They outlined the ICB's four key aims:-

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS to support broader social care and economic development.

They described the ways in which the ICB works in partnership with Local Authorities, the NHS and the Voluntary Community Sector to collaboratively deliver those aims, through joint plans and strategies.

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB confirmed that the ICB became responsible for POD (Pharmaceutical, Ophthalmic and Dental) services in April 2023 and was expected to take responsibility for commissioning of some specialised services over the next 12 months.

They explained the structure and operating methodology of the Rotherham Place Team, outlining the benefits of collaboration across places to bridge service gaps and achieve value for money. They also provided an overview of the Rotherham Health and Care Delivery Plan 2023-25.

Councillor Yasseen queried whether the strategic positioning of the ICB and the overarching structures will genuinely improve the performance of GP services and access to dentistry etc. and sought information regarding the evidence base giving rise to the implementation of that structure.

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB stated that Rotherham was in a strong position in terms of partnership working compared to others at the start of the transformation journey, and added that this had minimised the visible impact at local level. They acknowledged that there was still work to do to build that evidence base.

Councillor Yasseen queried whether the ICB had agreed any targets or benchmarks with the Local Authority against which progress was assessed to give Members assurances that the intended impact and improvement priorities were being met in the Rotherham context.

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB explained that it was Councillor Roche, Councillor Baker-Rogers' predecessor who had driven that agenda, and the expectation was that this would continue with the new Cabinet Member for Adult Care and Health. It was acknowledged that it had proven difficult in the past to articulate progress made to the Health Select Commission in a meaningful way, but welcomed the opportunity to consider innovative ways to do so going forward.

Councillor Baker-Rogers commented that in their professional experience, collaborative and partnership working had always delivered tangible benefits and performance improvements. As such, they were confident that this applied equally to the ICB, but was in agreement that thought should be given to how success was measured.

Councillor Bennet-Sylvester described the health inequalities experienced within individual wards across the borough. Clarity was sought on the place definitions, social demography, geography and transport infrastructure and how this informed wider place plans.

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB explained that the work of the ICB did take account of localised need, citing work being undertaken with The Rotherham NHS Foundation Trust (TRFT) and the Council to engage and consult at community level to ensure the needs of particular areas were more fully understood. It was confirmed that the ICB had contributed to Neighbourhood Plans.

Councillor Havard requested that it was noted that a member of TRFT staff had been actively involved with a number of groups the Council was involve in, which had proved valuable and beneficial. They expressed their hope that this involvement would continue.

The Deputy Chief Executive, TRFT confirmed that there were no plans to cease involvement.

The Chair noted that they were aware that a number of priority areas of work were underway within the ICB. They requested further information regarding these workstreams via email, to allow members to consider any areas the Health Select Commission might want to look at in more detail.

The Director of Partnerships/Deputy Director of Place, South Yorkshire ICB advised Members that the main priority was the best start in life, with others being around save place to sleep and health inequalities. They agreed to provide Members with further information in relation to these

aspects of work, alongside the ICB's place plan and priorities.

Resolved:-

1. That the role of the Director of Partnerships/Deputy Director of Place (Rotherham), and the SY ICB in the context of the Health Select Commission was noted.

16. INTRODUCTION AND OVERVIEW FROM MICHAEL WRIGHT, MANAGING DIRECTOR/DEPUTY CHIEF EXECUTIVE, TRFT

The Chair welcomed Michael Wright, Managing Director/Deputy Chief Executive, TRFT.

The Managing Director/Deputy Chief Executive, TRFT provided a high-level overview of their role and that of TRFT in the context of the work of the Health Select Commission.

An outline of the Trust's five-year strategy, launched in 2022 and underpinned by the Trust's vision, values, behavioural framework and strategic ambitions was provided. The strategy had recently undergone a refresh, which would enhance and increase the pace of delivery against its aims and objectives.

The Managing Director/Deputy Chief Executive, TRFT set out some notable achievements to date from the strategic plan describing the primary objectives for 2024/25 and the measures against which performance was assessed. Approximately 5 years ago, the Trust scored in the bottom quartile for positivity, with this having improved to the upper quartile following the most recent NHS staff survey.

The Trust was described as a combined Acute and Community Trust which employed five thousand staff, with operational bases which delivered health services at various locations across the borough. It was explained that following a recent restructure, the Trust was operationally divided into four Clinical Care Groups:-

- Care Group 1: Medical and Emergency Care.
- Care Group 2: Surgery.
- Care Group 3: Family Health (including Maternity, Paediatrics and Pharmacy).
- Care Group 4: Community Care (including Imaging and Diagnostics).

The Managing Director/Deputy Chief Executive, TRFT explained that there were a number of quality improvement projects underway, which aimed to reduce staff turnover, notwithstanding the value of fresh perspectives. This had already realised a reduction in Health Care

Assistants (HCAs) turnover of 40% and 36% for entry level nursing staff.

The Trust's HSMR (Hospital Standard Mortality Ratio) stood at 120 four years ago, which exceeded the national average of 90. This had reduced to 90, which was below the position expected at that stage. There were also significant reductions in locum and agency staffing costs incurred to the tune of approximately £3.7 million.

The Trust had achieved a notable reduction in 4 hour breaches in the Accident and Emergency (A&E) Department, it was one of the first Trust's post pandemic to regain compliance with the diagnostic target, it's neonatal unit had undergone refurbishment and the Trust's charity work was considerably expanded.

The Managing Director/Deputy Chief Executive, TRFT summarised the Trust's Leadership Structure, noting that the Trust worked closely with place partner including the ICB, Local Authority and relevant others. They described their broad portfolio and their contributions to the Health Select commission, detailing items relating to which the Health Select Commission received routine updates.

They stated that TRFT derived real value from its involvement in the work of the Health Select Commission.

The Chair thanked the Managing Director/Deputy Chief Executive, TRFT for their presentation and continued contributions to the Commissions work.

The Chair advised Members that the Managing Director/Deputy Chief Executive, TRFT was scheduled to present TRFT's Annual Report at the next Health Select Commission meeting, and suggested it may be prudent to pose questions around their role and the work of the Trust at that meeting, in the context of the further information contained within that report.

Resolved:-

1. That the role of the Managing Director of Partnerships/Deputy Chief Executive, TRFT and that of TRFT in the context of the Health Select Commission was noted.

17. ORAL HEALTH REVIEW REPORT AND SUPPLEMENTARY BRIEFING NOTE

The Chair introduced the Oral Health Review Report and Supplementary Briefing, requested Members consider the options outlined in the briefing and invited comments and questions relating to the material presented.

Councillor Tarmey noted that the Oral Health Review Report contained some very good material, but that it had been sixteen months since the workshops were held and recommendations agreed, since which time there was a change of government with new health priorities which were likely to develop over the next 6 months. It was felt it would be beneficial to see more recommendations which were specific and measurable arising from the report. As such, Councillor Tarmey proposed that the Commission agree to proceed with option three within the supplementary briefing and refresh and re-scope the review to take account of the changing landscape. Councillor Garnett seconded the proposal to agree option three.

Councillor Yasseen indicated their agreement with Councillor Tarmey's observations. For the benefit of new Members of the Commission, they provided context explaining that dental care had not previously featured on the Commissions work programme prior to 2022 when it was added for the first time.

Prior to that time, the Commission had a limited relationship with Dental Care providers and commissioning decision makers, which was of concern in the context of statistical data concerning oral health in Rotherham.

Councillor Yasseen suggested that a bundle was prepared around the Access to Dental Care Report, and the South Yorkshire Dental Stakeholder event held in November 2023 and shared with members to add further background and context.

They explained that the regrettable delay in presenting the review and recommendations aside, recent data indicated that only 55% of children were accessing dental care in Rotherham, reflecting a worsening position post-pandemic, which they felt validated this as an ongoing issue which the Commission should address.

Resolved:-

That the Health Select Commission:

1. Agreed to proceed in accordance with Option Three as described in the supplemental briefing in respect of the Oral Health Review Report and Recommendations.
2. That re-scoping work associated with that undertaking would commence before 25 December 2024.

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

The Chair advised Members that the JHOSC meeting scheduled to take

place on 5 July 2024 was cancelled and the next meeting was scheduled to take place 5 September 2024.

19. URGENT BUSINESS

There were no items of urgent business.

The Chair advised Members that the agenda for the next Health Select Commission meeting would include receipt of the TRFT Annual Report and an Introduction and Overview from Healthwatch Rotherham Manager, Kym Gleeson. Members were advised that discussions with the Overview and Scrutiny Management Board (OSMB) regarding co-ordinated work-programming intended to maximise productivity, cross-commission collaboration and impact would have concluded by the next meeting and the work programme was expected return to the Commissions agenda as a standing item at that stage.

20. DATE AND TIME OF NEXT MEETING

Resolved:-

That the Health Select Commission noted that the next meeting would take place Thursday 3 October 2024 at 5.00 pm.