

OVERVIEW AND SCRUTINY MANAGEMENT BOARD
Wednesday 9 October 2024

Present:- Councillor Steele (in the Chair); Councillors Blackham, A. Carter, Knight, Marshall, McKiernan, Tinsley and Yasseen.

Apologies for absence:- Apologies were received from Councillors Bacon, Baggaley, Keenan and Pitchley.

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

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

33. MINUTES OF THE PREVIOUS MEETING HELD ON 10 SEPTEMBER 2024

Resolved: - That the Minutes of the meeting of the Overview and Scrutiny Management Board held on 10 September 2024 be approved as a true record, which included Councillor Yasseen's amendment that the Council did not have more children going into care than other Local Authorities but it does have more in SEND children than other Local Authorities.

34. DECLARATIONS OF INTEREST

There were no declarations of interest made.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were none.

36. EXCLUSION OF THE PRESS AND PUBLIC

There were none.

37. FUTURE ROTHERCARE MODEL

The Cabinet Member for Adult Social Care and Health outlined the Council's assistive technology offer, which was delivered in-house by a dedicated service known as Rothercare. Members were informed that Rothercare provided an end-to-end telecare service, managing referrals, installing equipment, monitoring, and responding to alerts. The service would also procure all technical aspects including both hardware and software. The review of the service aimed to ensure it remained fit for purpose and could respond to future needs and technological advances, including the transition from analogue to digital due to the UK Telecom infrastructure upgrade.

The Cabinet Member outlined that the Council's ambition for Adult Social Care was to deploy and utilise assistive technology to enable the people of Rotherham to live independently in their own homes for as long as

possible. Increasing the amount and variety of assistive technology deployed would help to realise and anticipate the model of care by using non-intrusive devices to prevent the deterioration in people's needs whether they were living at home or in supported environments. This type of technology would contribute to the efficient use of resources across Health and Social Care services. The review of the service identified opportunities to address any operational challenges and to remodel the assistive technology offer, as the service could not expand in its current format.

She explained that several options had been explored. One recommended within the report (Option 1) would be a collaborative approach between an independent sector technology partner and Rothercare, which would achieve significant advantages compared to the other three options from the report.

It was explained that under Option 1, Rothercare would continue to handle referrals, triage, monitoring, and response to service, while the assistive technology element would be delivered by a technology partner procured from the independent sector. This partner would be responsible for identifying assistive technology solutions, installation, recycling, disposal, and maintenance of all assistive equipment.

Rothercare was currently funded through a combination of weekly charges to customers and a subsidy from the Housing Revenue Account. The revenue cost associated for the collaborative approach between an independent sector technological partner and Rothercare was estimated at £1.6 million per year. The ongoing service costs would be met through income generated by the service to ensure its sustainability. Consequently, there was a need to revise the charging policy and the associated Rothercare weekly service charge.

The Cabinet Member further explained that it had been proposed to increase the weekly charge from £3.50 to £4.50, representing an additional £1 per week for a 12-month period from 2025 to 2026. Costs would then rise annually in line with fees and charges, covering the costs associated with the ongoing UK's digital infrastructure digital upgrade across the country. Benchmarking with other Local Authorities who delivered similar services indicated that Rothercare charges were significantly lower making the proposed increase reasonable. It was anticipated that the full revenue costs would eventually be recouped through a phased increase in the weekly charge for both existing and new customers, which would eliminate the need to use the Housing Revenue Account (HRA).

The Cabinet Member for Adult Social Care and Health stated that customers who received a subsidised service would continue to do so until they left the service. For anyone who did not want to continue, an opportunity would be provided to have their needs for assisted technology identified before opting out of the charge.

The report submitted to the Commission proposed three recommendations. The first recommendation sought approval for the implementation of a new 'tech-enabled, 'care delivery model offered through a collaborative approach between Rothercare and an independent sector technology partner. The second recommendation was approval for a competitive procurement process and to award a contract on the basis of a five-year initial term and would include potential extensions for up to three years and would start from April 2025. The third recommendation was to obtain agreement to the new charging policy and rates for Rothercare from 2025 -2026 for existing customers and a policy to apply this rate to new customers from 2025 -2026 onwards.

The Strategic Director for Adult Care, Housing and Public Health acknowledged the Cabinet Member's comprehensive statement which covered all the key points. He informed the Commission, that there were several factors which had come together which contributed to the review. He explained that the first reason, was the forced technology upgrade from analogue to digital, a national plan by the Government from 2017. Additionally, the rapid advancements in technology over the years had made it challenging for the service to keep updated. He emphasised the importance of selecting the right technological solutions to provide the best service for the people of Rotherham to live independently. Another significant change was the traditional linkage of Rothercare support to tenancy arrangements, as there were people currently paying for Rothercare that did not require the service and the Council was committed to change this arrangement.

The Strategic Director for Adult Care, Housing and Public Health also addressed the issue of service charges, stating that the Council aimed to keep the rate of increase as low as possible to ensure affordability. Working with a technology partner would provide several benefits including in-depth knowledge of the markets, lower costs for purchasing equipment, which would ultimately provide the best deal and service to customers. He reiterated that Rothercare would continue to provide a telecare response service and provide ongoing support to those who needed the service. However, it had been found that some people who paid for Rothercare may not require or even need the service. Members were informed that the Council was committed to change this arrangement, as it wanted to provide the best deal for customers going forward, and to help people who wanted to remain independent and have access to the equipment they needed.

Councillor Blackham queried the estimated cost of £587,000 stated in the report to contract a third-party technology partner and wanted to know how robust the estimate was. The Strategic Director for Adult Care, Housing and Public Health confirmed that the estimate provided in the report, was robust in terms of understanding the market, understanding the costs, soft market testing, which meant they were confident with the estimated costings they had presented.

Councillor Blackham then queried whether any soft market testing had been conducted, and if a shadow model had been used to evaluate the services the technology partner would provide and compared that to the market testing, to ensure the estimate was robust. The Strategic Director replied that although not all the information was included within the report, the work had been done and was reflected in the content of the report.

He assured Members that full soft market testing had been conducted. They had evaluated how the services would be mapped and considered against other providers. In addition, they had also received external advice from Rethink on how other Local Authorities were managing similar work. He confirmed that they were following a similar and trusted process even though not all details were included in the report.

Councillor Yaseen agreed that the shift from analogue to digital was crucial for advancing the service and establishing the right infrastructure. She noted that many customers had expressed that current systems felt outdated and welcomed this change. She sought assurance that there would be minimal disruptions during the transition to the digital system and enquired about the historical issues with charging for this service.

Regarding customer options, Councillor Yaseen wanted to know if those who needed the service had choices. She explained that some sheltered housing already had the system installed, and new tenants were expected to pay for it regardless of their need. This lack of choice was concerning, especially for individuals on lower incomes, such as pensioners, for whom the cost could be substantial. She emphasised the importance of fully understanding the Housing Revenue Account (HRA) subsidy and exploring what could be done to offer more choices and address this change.

The Strategic Director for Adult Care, Housing and Public Health confirmed that the Council had already initiated the transition from analogue to digital, meaning it was not reliant on a technology partner to start the switchover. He explained that the service had begun testing and was managing all responsibilities within their control. However, he emphasised that much of the responsibility also was with National Telecom, who were the key driver behind this change. He assured Members that efforts were being made to ensure that connectivity with Rothercare remained uninterrupted during the transition.

Furthermore, the Strategic Director informed Members that the proposals for the change had been modelled to ensure both the telecare system and any additional assistive technology would be equally available to everyone. He confirmed that there would be no change in the charging fee rates, as this was considered the right approach. While some local authorities charged different rates based on the amount of equipment a customer received, Rotherham Council had proposed a flat rate charge. This approach was deemed the fairest and most consistent way to deliver

the service, acknowledging that people's needs would change over time, and they may require different equipment.

Councillor Yaseen welcomed the response but sought clarification on whether the service would offer a more tailored and flexible choice for tenants and customers. She noted that some customers, particularly those who moved into bungalows with the service already installed, had no choice but to pay for it even though they did not need it. She also enquired whether current staffing levels would be sufficient to support the transition from analogue to digital or if additional staff would be needed.

The Strategic Director for Adult Care, Housing and Public Health confirmed that the changes aimed to provide a more flexible service. He explained that tenants who did not want the telecare service would not be required to pay for it. He acknowledged that Rothercare was undergoing significant changes with the analogue-to-digital switchover, necessitating the installation of a whole new system. Additionally, he mentioned that there had been a recent increase in cyber-attacks, highlighting the need for Rothercare to focus on maintaining the best possible service. He strongly believed that partnering with an external technology provider would ensure support during the transition, allowing Rothercare to continue to deliver its services.

Councillor Carter expressed concerns about the financial implications for older people, such as changes to pensions and the potential removal of winter fuel payments, which would have a negative impact on those who were financially vulnerable. He enquired whether there was any data on how many current or prospective Rothercare customers were on pension credits and if any work had been done to explore a means-tested system, to support those least able to afford the new charges. Additionally, he asked what measures had been taken to assess the impact of increased charges on those unable to live independently, as this could lead to more people entering residential care, therefore increasing future budget pressures on adult social care.

The Strategic Director for Adult Care, Housing and Public Health acknowledged the concerns about the affordability of the Rothercare service. He assured Councillor Carter that the incremental approach taken was designed to prevent customers from feeling immediate financial pressure. He confirmed that impact modelling had been conducted, but due to the lack of detailed financial information for every customer, a means-tested system was not undertaken as it would require additional processes and costs. He noted that benchmarking with other Councils revealed that they did not use a means-tested approach, although affordability and impact remained a concern for all Local Authorities.

The Strategic Director emphasised that if anyone required the service as part of a Care Act assessment, they would not be denied care based on affordability. He explained that while some individuals might be concerned about the costs, there would always be an opportunity for discussion

through a Care Act assessment to ensure no one was excluded. The Council's intention was to expand and improve the service to prevent people from entering long-term residential care until absolutely necessary.

Councillor Carter enquired whether a national impact assessment had been conducted, including benchmarking, and if members of the commission could review this information. He also asked the Cabinet Member for Adult Social Care and Health whether they considered means testing to be a reasonable approach for the Council.

The Strategic Director explained that he would be happy to share the information with members, provided it was non-personal and non-descriptive to protect individuals' data. He would verify if the information could be shared on that basis following the meeting.

The Cabinet Member for Adult Social Care and Health responded to Councillor Carter and stated that their preferred approach was not to implement means testing. Instead, they aimed to support those most in need through Care Act assessments, ensuring individuals claimed the benefits to which they were entitled too.

Councillor McKiernan queried the cost of the service without the HRA subsidy, noting that other Councils offered significantly cheaper services. He wanted to know how much Rotherham Council was subsidising the service per week. The Strategic Director for Adult Care, Housing and Public Health confirmed that if the Council implemented the changes from April 2025, the cost would be £7 per week.

Councillor McKiernan then sought more details about the recommended option in the report, which involved a five-year contract with an external technology partner. He wanted assurance that the contract would not lead to increased pricing, which could impose further financial pressures on the Council in the forthcoming years. The Strategic Director explained that contracts within his Directorate were 'fixed and firm', based on output with a fixed cost. This meant that during the contract term, there would be no changes in costs. If the provider could not meet the agreed costs, the Council could seek another provider or change providers to manage costs over the contract term. He emphasised that the costs were non-negotiable for the Council. While market changes could exert pressure on costs, this issue would be the provider's responsibility, not the Council's, due to the way the contracts were structured.

Councillor Marshall enquired about a table in the report that compared the telecare services of other Local Authorities, such as Barnsley and Doncaster Councils, and asked if a comparison had been made with the in-house telecare services provided by those Councils.

The Strategic Director for Adult Care, Housing and Public Health confirmed that comparisons had been conducted with other Local Authorities on several levels. The table in the report illustrated the range

of options and methods by which Local Authorities delivered this service. He explained that it was crucial to deliver a service tailored to Rotherham's specific needs. Comparisons included conversations with Doncaster and Barnsley, as well as desktop analysis. As a result, it was determined that partnering with an external technology provider would be the best approach for Rotherham, which would offer more benefits than an in-house model such as Doncaster Council had. He clarified that this was not a criticism of other Councils but rather a decision based on what was deemed best for Rotherham.

The Chair asked whether there would be any staff transfers to the contracted partner and if the Strategic Director had a potential provider in mind. He enquired whether the Council had considered transferring existing Rothercare staff as part of the proposed approach or if the service would be split between Rothercare and the potential technology partner.

The Strategic Director for Adult Care, Housing and Public Health confirmed that there would be no TUPE (Transfer of Undertakings Protection of Employment) transfers, and Rothercare staff would remain within the service. He explained that the Council would continue its duty of care to its customers, with the service remaining under Rothercare. The external technology partner would be responsible for delivering the practical and technical aspects of the work, using the best available technology, and reviewing the Council's existing equipment.

The new partner would assess which market equipment would work best, including reviewing and disposing of existing equipment to avoid unnecessary retention in people's homes, and recycling equipment where possible. He emphasised that customer responsibility and service would remain with Rothercare. The Strategic Director also informed Members that several technology partners in the market might be potentially suitable and they had shown interest.

Councillor Marshall referred to page 42 of the report, which discussed the skills and knowledge required to deliver and improve assistive technology. She asked whether proceeding with an external technology provider would result in redundancies, given that the necessary skills and knowledge were currently beyond the Rothercare service and would take time to develop.

The Strategic Director for Adult Care, Housing and Public Health clarified a few important points. He first confirmed that the Rothercare team had worked extremely hard and diligently to keep people safe in their homes, and recommended that the proposals were not a reflection or criticism of their work. He stated that the team had developed their own skills and knowledge over time, which was evident in the quality of service they provided. However, it was recognised that existing Rothercare staff were not IT or technology specialists. Partnering with a technology expert would assist the Council with the digital transition and enhance service

delivery. The Strategic Director categorically confirmed that there would be no redundancies within the service.

Councillor Marshall then questioned whether, in light of the proposed contract cost (£587,915), the Council had considered upskilling existing staff or recruiting new staff with the required skills and knowledge, and if this would be more cost-effective.

The Strategic Director explained that while they had considered recruiting specialist staff, this had been deemed inappropriate. He noted that although specialist staff could be recruited, they would not provide the same benefits as a partner who were established in the market and understand national and international trends and purchasing equipment at more competitive rates. Maintaining the necessary skill and knowledge levels would be challenging, especially given the rapid pace of technological change. He assured Members that partnering with an external technology provider was believed to be the best option and outcome for the people of Rotherham. He stated the Council had robust processes in place to continually review and monitor the contract, which was outlined in the Council's procurement and contract policies.

The Cabinet Member for Adult Social Care and Health highlighted the advantages of outsourcing technical support to an external partner. She explained that the Council would benefit from partnering with a team of experts in various aspects of assistive technology, which would be an effective way to stay updated on continuous technological advancements. She noted that creating a small in-house team would be challenging and that the Council and the service would gain the most value from having a partner with specialist technical knowledge. The Cabinet Member also addressed how the Council would monitor the partnership through the contract to ensure it was effective and would take the necessary steps if they were not.

The Strategic Director for Adult Care, Housing and Public Health added that any contract involving public money required close scrutiny and management, which was a prerequisite for contract management across the Council. He explained that the Directorate manages a range of contracts with the independent sector and are all monitored under the same programme. Each contract has an allocated Contract Manager, with regular meetings at the start of the contract that are then reduced to monitoring meetings to review the contract as it progresses.

The Strategic Director also informed Members that the contracts include Key Performance Indicators (KPIs) and regular discussions with customers to review and evaluate the service. He explained that this monitoring would ensure that the service met its contractual agreements, and if issues arose, then remedial actions would be taken to find solutions. He also assured the Commission that if any issues could not be resolved or solutions found, then the contract would potentially be ended, and another provider sought.

Councillor Carter enquired about the benchmarking discussed earlier with Councils such as Barnsley, Doncaster, and Sheffield and to look at comparative charges for this type of service. He asked whether there had been any collaborative work with other Local Authorities across South Yorkshire on a common scheme within the Mayoral Combined Authority area to potentially achieve savings and efficiencies.

The Strategic Director confirmed that conversations had taken place with other Councils in the South Yorkshire region. However, he acknowledged that the main challenge for the Council, had been the pace at which it needed to work to enable the analogue to digital switchover to happen. He stated that the switchover was an immediate priority for the Council and the customers of the Rothercare service. However, co-ordinating efforts across the Mayoral Combined Authority or with partner Local Authorities would happen later beyond the timeframe of the switchover. He explained that essentially, the timing of the change had posed serious challenges for all Local Authorities both regionally and nationally.

Councillor Carter then enquired about the work the Council had undertaken since the Government announced the switchover in 2017, seven years ago. He wanted to know what had been done since then and whether the Council had considered the benefits of collaborating with other Councils to reduce costs, which could have been passed onto customers in terms of lower charges.

The Strategic Director for Adult Care, Housing and Public Health informed Members that the Council had not waited since 2017 to start the work but had already begun working towards the digital switchover. He explained that when the Government made the announcement in 2017, the issue for all Councils was that the market itself, which was not in a position to respond to the switch from analogue to digital. He stated that the market's capacity to handle such a sheer volume of switchovers would be substantial, as all Councils across the country would need to prepare for the switchover and secure the necessary equipment for their services.

The Strategic Director then referred back to the question on the Council adopting a more collaborative approach. He stated that conversations could possibly have been done earlier with other Councils, but the reality was that the other Councils were not in a position themselves, to have those conversations. However, it would be the intention of the Council moving forward to work collaboratively where possible.

Councillor Tinsley enquired about the number of people using the Rothercare service and asked about ongoing conversations regarding collaboration with other local authorities, noting that the West Midlands Combined Authority had already considered a joint tender for the same service.

The Strategic Director for Adult Care, Housing and Public Health assured

that everything possible was being done to provide the best service for the people of Rotherham. He explained that it was a matter of determining what was right at the time and learning from other Combined Authorities. He explained that the Council would be happy to revisit this at a later date to see what progress other Combined Authorities had made and what learning could be applied to Rotherham. He confirmed that there were figures on who used the service and who did not, and which customers would not be required to pay for it. He reiterated that if a person or family no longer needed the service, then they would not be expected to pay for it.

The Chair reiterated back to the Commission that all Combined Authorities had been all set up differently and had powers at different times. He noted that Councils in Barnsley, Doncaster, and Sheffield could be further down the track on this change or have looked at what their own needs are which could be different to Rotherham's, or even signed into their own contracts. However, moving forward, Local Authority leaders and the Combined Authority had plans to look at this in future. In terms of the contract, the Council proposal would be to look at a five-year contract with further extensions for a possible three years. That would be the proposal presented to the Commission for their consideration.

Councillor McKiernan then referred to page 38 of the report section 1.14, which stated that the service had received 32,000 alerts. He was concerned on the high volume of alerts and wanted to know if the new technology would reduce the number of alerts and improve the service to customers.

The Strategic Director explained that they did not expect less alerts when the new technology would be implemented. However, he did note that there was the potential with the new technology that it could help streamline and improve the process, but they did still expect a high volume of alerts in the future. He stated that the Council was already aware that the existing system was outdated and inefficient and it was intended for the new technology to help filter and respond to calls more effectively enabling improvements in the service. In terms of other benefits, the service would be looking at the system to better understand patterns of behaviour and need, which would help to focus the services' response and positively impact the delivery of the service.

Councillor McKiernan agreed that he was hoped the new technology could, for example, prompt a customer remind them that they have a low battery alert so the customer would replace their batteries. He explained that he hoped the new contract would provide such a service and issue prompts, which would increase the quality of service. The Strategic Director for Adult Care, Housing and Public Health confirmed this was the expectation they also had from the new technology and such outcomes would be an integral part of any contract with a technology partner.

Councillor Marshall referred to page 70 of the report, which looked at the

weekly service charge and she had noted that the service charge excluded VAT. She enquired whether this would mean that the weekly service charge would rise to £4.50, and whether VAT would be added on top, she also wanted to know whether this figure would include the £1 per week for the SIM.

The Strategic Director for Adult Care, Housing and Public Health explained that the service was subject to 20% VAT on the weekly charge. However, customers could declare if they were chronically sick or disabled and used the service for their own personal domestic use, in which case, the Council would apply zero VAT instead of the 20% VAT.

Councillor Marshall sought further clarity on whether the weekly charge would include the £1 for the SIM. The Strategic Director confirmed that it would.

Following this, Councillor Yaseen revisited her earlier question on affordability. She expressed concern about the increased charges from £3.50 to £4.50 per week, noting that it could potentially rise to £6.88. She sought clarification on the subsidy amount for current customers and whether some customers received additional financial support from the Council, which meant that not everyone would pay the higher amount for the service.

Additionally, she enquired whether the expected increase in costs and the flexibility for people to opt out of the service had been considered in the service design, and if a decline in customers was anticipated. She also asked if the Council aimed to attract more private customers to choose the Rothercare service over other private sector options, such as Age UK, which had its own system.

Councillor Yaseen's main concern was the financial impact on pensioners, as she felt that £6.88 would be too costly for them. She wanted assurance on how this issue would be addressed by the Council, acknowledging that while the progression to digital was essential for providing a higher quality of service, cost and affordability remained significant concerns.

The Strategic Director explained that affordability was a key consideration, which was why the proposed model aimed to soften the financial impact through incremental increases. He stated that new charges for the service were agreed on an annual basis, which would take into account changes in costs such as inflation. The Council retained the authority each year to decide on fees and charges for the service. If charges were to increase by 2%, then the Rothercare service would need to adjust their charges over a phased four-year period, although no specific date for this had been set. He reiterated that this would be an annual decision made by the Council, where a number of would be considered.

The Strategic Director further explained that based on their modelling, it was expected that some people would naturally leave the service, but it was also expected that more people would require the service in the future due to the growing population in the UK. Through increased marketing and better identification of those who would need the service, the service was anticipating a growth in this market particularly within private sector housing. The Strategic Director assured Members and stated that for people who required support, no one would leave the service without a Care Act assessment undertaken, where conversations would take place to ensure that those unable to afford the service would be supported.

Councillor Yasseen thanked the Strategic Director for his comprehensive response and asked when the last time the service had increased their fees and charges. The Strategic Director confirmed that it was in the last financial year, 2023-2024.

With discussions concluded the Chair moved to the recommendations.

Resolved: That the Overview and Scrutiny Management Board supported the recommendations that Cabinet:

1. Approve option 1 to implement a new technology enabled care delivery model under a collaborative approach between Rothercare and an independent sector technology partner.
2. Approve a competitive procurement process and award of contract on the basis of a 5-year initial term. The contract will include potential extensions for up to 3 years (to be taken in any combination). The new arrangements will commence April 2025.
3. Agree the new charging policy and rates for Rothercare from 2025/26 for existing customers and the policy of applying a new rate to new customers from 2025/26 onwards.
4. Be advised that a progress report was to be provided in twelve months to OSMB following the implementation of the new technology enabled care delivery model.

38. WORK PROGRAMME

The Governance Manager referred to the work programme for the Overview & Scrutiny Management Board (OSMB) and provided Members with an updated position on a number of items within the OSMB's work programme. This included the potential spotlight review on 'Life-Saving Equipment and Bylaws,' where plans had been made to meet with the officers involved in the original review to understand what had been discussed when it previously had been brought to OSMB. Members were informed that the Commission intended to contact members to form a small working party as part of this review.

With regards to the 'Agency Staff' review, a briefing note was to be drafted and presented at a future scrutiny meeting.

Concerning the potential spotlight review on 'Grass Cuttings and Grounds Maintenance,' the Assistant Director was to produce a scoping document for the Commission to consider around mid to late November, where further discussions on the progress of this item would take place.

Resolved: That the Work Programme was approved.

39. WORK IN PROGRESS - SELECT COMMISSIONS

The Vice-Chair of the Improving Lives Select Commission noted they had met on the 17th September and presented with the outcomes of the Ofsted focus visit. He informed Members that the outcomes from the Ofsted report did not rate the focus visit as 'outstanding.' However, the Vice-Chair believed from his own experience with Ofsted, that the wording and findings within the report actually indicated many outstanding individual aspects which had been identified by Ofsted. However, he stated that previous assessments were based on the old framework, which had since been replaced by a new framework, which eliminated single word judgements.

The Vice-Chair informed OSMB, that the next meeting of Improving Lives Select Commission on the 21st of October, would be a consultation workshop on the 'SEND Strategy'. This hybrid meeting, scheduled from 11 till 12.30pm, would be led by the Head of Commissioning Performance & Quality, Cary-Anne Sykes.

Additionally, the Vice-Chair informed Members that on the 29th of October, the Rotherham Safeguarding Children's Partnership Annual report and the Safeguarding Adults Board report would be presented. These presentations would be attended by representatives from the South Yorkshire Police and the Interim Care Board.

The Vice Chair of the Health Select Commission, Councillor Yasseen provided a review of the work that had taken place since the election. One of the key highlights of the work programme was the 'Oral Health' review, which was the first time the Council included oral health in the Commission's work, and it would be reviewed on an annual basis.

In July, the Health Select Commission worked on a South Yorkshire-wide approach to oral health and the Commission decided that it would need to revisit this, to review the recommendations which had been made 12 to 18 months ago. It was agreed by Members that, given the progress over the past 18 months, that the recommendations needed to be reviewed to ensure they were still relevant and appropriate.

The Vice-Chair informed Members that another key area on the Health

Select's agenda was the Integrated Care Board (ICB), the new system for managing and delivering health services across South Yorkshire, which replaced the CCG (Clinical Commissioning Group). A primary focus for the Health Select Commission, would be to ensure that ICB decision continued to have community influence and input.

Regarding the last meeting by the Health Select Commission, which focused on the NHS, Rotherham Trust Annual Report and Accounts, the Vice-Chair stated the Commission found significant health outcomes delivered by Rotherham Trust and noted progressive responses to government shifts on areas such as the four-hour emergency response window. She stated that while national targets were not being met due to increased demand for emergency care in Rotherham, the response times were something which needed continuous review.

Additionally, the Vice-Chair highlighted other notable findings identified from the report. One key point was the potential, 'mothballing' of some hospital accommodation. She suggested that the Council should consider this as an opportunity from a housing perspective, instead of building houses on green spaces. The Health Select Commission wanted to support a decision on how the Council could work with its NHS partner to potentially acquire that land, which was a potential outcome identified from the meeting.

Finally, the Vice-Chair informed commission members that the Health Select Commission received a presentation from Health Watch, a community representative body in Rotherham, which identified key priorities, including access to GP appointments as an annual priority.

40. FORWARD PLAN OF KEY DECISIONS - 1 OCTOBER 2024 – 31 DECEMBER 2024

The Board considered the Forward Plan of Key Decisions 1 October 2024 – 31 December 2024.

Resolved: That the Forward Plan was noted.

41. CALL-IN ISSUES

There were no call-in issues.

42. URGENT BUSINESS

There were no urgent items however, the Chair indicated the next meeting of the Overview and Scrutiny Management Board would be held on Thursday 17th October 2024 commencing at 5.00 p.m.