

HEALTH SELECT COMMISSION
Thursday 31 July 2025

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Ahmed, Bennett-Sylvester, Brent, Clarke, Duncan, Garnett, Harper, Havard, Knight, Thorp and Fisher.

Apologies for absence:- Apologies were received from Adair and Baum-Dixon.

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

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

11. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JUNE 2025

Resolved:-

That the minutes of the meeting held on 26 June 2025 were approved as a true and correct record of the proceedings.

12. DECLARATIONS OF INTEREST

The following declarations of interest were made:-

Member	Agenda Item	Interest Type	Nature of Interest
Councillor Ahmed	Agenda Item 6 – ADASS (Association of Directors of Adult Social Services) Peer Review Report	Disclosable Pecuniary Interest	Employment in commissioned provided of Adult Social Care Services

13. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

14. 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.

15. ADASS PEER REVIEW REPORT

The Chair welcomed Councillor Baker-Rogers, Cabinet Member for Adult

Care and Health, and Dania Pritchard, Assurance Lead, Professional Practice to the meeting and invited them to introduce the report and presentation.

The Cabinet Member for Adult Care and Health explained that in January 2025, Rotherham Council's Adult Social Care (ASC) Service undertook a significant step in its journey of continuous improvement by commissioning a peer review from the Association of Directors of Adult Social Services (ADASS). This initiative was driven by a desire to gain external assurance on the effectiveness of its service delivery and to ensure that the needs of residents were being met in a compassionate, efficient, and person-centred manner.

The review was conducted over three days and was framed around the Care Quality Commission's (CQC) assurance framework. Specifically, the review focused on three of the four key themes: working with people, providing support, and leadership. The fourth theme, ensuring safety, had already been addressed through a separate peer review by the Rotherham Safeguarding Adults Board earlier in the year.

To carry out the review, ADASS engaged in a comprehensive process that included the audit of 12 case files, interviews, and discussions with approximately 150 individuals including council staff, partner organisations, and people with lived experience along with a thorough examination of submitted evidence. In total, the Peer Review Team spent around 200 hours engaging with the council, both on-site and through document analysis, to build a detailed understanding of the service's strengths and areas for development.

The findings of the review were both affirming and constructive. ADASS identified ten key messages that painted a largely positive picture of Rotherham's adult social care landscape. There was clear evidence of strong political and corporate leadership, which instilled confidence in the service's ability to deliver high-quality care. Relationships with external partners were described as robust and impactful, with numerous examples of effective collaboration that directly benefited service users.

The Assurance Lead, Professional Practice indicated that one of the most encouraging observations was the growing adoption of person-centred and strengths-based approaches. These practices were becoming increasingly embedded in day-to-day operations, reflecting a cultural shift towards empowering individuals and recognising their capabilities. Staff across the service spoke positively about the learning and development opportunities available to them, highlighting the council's investment in professional growth and workforce sustainability.

The review also noted that the council had established robust systems for quality assurance, performance monitoring, and risk management. Providers reported feeling well-supported through a model of 'high challenge, high support' which fostered accountability while encouraging

innovation. At the time of the review, there were no delays in the commissioning of home care services, and there was adequate capacity within supported living arrangements—both indicators of a well-functioning care infrastructure.

Despite the strengths identified, the review did not shy away from identifying areas where further progress was needed. ADASS recommended that the Council place greater emphasis on articulating the outcomes and experiences of service users, moving beyond process metrics to understand the real-world impact of care interventions.

Recruitment challenges remained, which included some use of agency staff and whilst efforts to reduce agency reliance were acknowledged, continued focus was advised to address those challenges. Additionally, the voice of people with lived experience needed to be more deeply embedded, not only in strategic planning but also in everyday service delivery.

The Peer Review Team also encouraged the council to celebrate its successes more visibly. They observed that while innovative and effective work was taking place, it was not always recognised or shared widely enough. This presented an opportunity to boost morale, foster pride, and build public confidence in the service.

Safeguarding processes were found to be proactive, with risks and outcomes considered early in the intervention. The Council's market position statement supported a whole-market approach to shaping the independent care sector, ensuring that services were responsive to the needs of Rotherham people and bridged identified gaps. The relationship between commissioning and quality teams was described as strong and collaborative, contributing to the delivery of high-quality community care services.

Feedback from individuals with lived experience was overwhelmingly positive. The Peer Review Team met with six distinct groups, including people with learning disabilities and those experiencing mental health challenges, who shared how the services had positively impacted their lives. The Safeguarding Adults Board was also commended for its effective partnerships and coordinated approach to protecting vulnerable residents.

Leadership within the Adult Social Care service was consistently praised. Senior leaders were visible, stable, and approachable, and the Principal Social Worker maintained a productive relationship with the Strategic Director, enabling meaningful influence and collaboration. Career development pathways were well-established, with opportunities such as apprenticeships, advanced practitioner roles, and structured support for newly qualified social workers. The service demonstrated a clear willingness to innovate, learn, and adapt which were qualities that gave the Peer Review Team confidence in its future trajectory.

In response to the review, the Council developed a comprehensive improvement plan aligned with the CQC assurance framework. This plan included targeted actions across all four themes, even though the peer review had only focused on three. The plan outlined six recommendations under 'working with people' four under 'providing support' three under 'ensuring safety' and four under 'leadership'. These actions were scheduled for completion by spring 2026 and were to be monitored through the Council's monthly Adult Social Care Regulatory Assurance Board.

Importantly, many of the improvements identified in the review were already underway prior to the ADASS visit, reflecting the Council's proactive approach to service development. The timing of the review also aligned with preparations for the CQC inspection, which took place in July 2025. Although the results of the inspection were not yet available, they were expected by late autumn, and the service intended to report the findings to the Health Select Commission following receipt.

The Cabinet Member for Adult Care and Health commented that they felt the report reflected an incredibly positive picture in terms of the provision of Council services for adult social care and health. They believed that the service was committed, had a workforce that was proud to work for Rotherham Council and was very compassionate and caring to the residents they served. They also noted that the report reflected that the service wanted to move forward in terms of the technologies used to improve ways of working.

The Chair thanked The Cabinet Member for Adult Care and Health and the Assurance Lead, Professional Practice for the comprehensive report and invited questions and comments from Members.

Councillor Fisher commented that they like the idea about doing more to celebrate success and achievements. They wanted to understand how the Council intended to address this going forward.

The Assurance Lead, Professional Practice advised that the Council had already begun implementing initiatives to celebrate success. Two whole-service events were held annually, which focussed on sharing best practice and celebrating achievements. A new initiative called 'Time to Shine' was introduced to highlight impactful stories from staff, which showcased the difference their work made to individuals. These stories were shared with consent, often including photographs. Weekly Senior Management Team meetings featured examples of strong equality, diversity, and inclusion practice. Staff achievements were also recognised through corporate awards and external accolades such as the South Yorkshire Teaching Partnership Awards. Additionally, informal "coffee and cake" sessions were being organised for staff involved in the CQC inspection to reflect and celebrate their contributions.

Councillor Fisher also felt that it was difficult to identify from the report which specific parts of the service were attributed to the strengths and recommendations it contained. They wanted to know if it was possible for this to be clarified in order to allow the Health Select Commission to identify any pockets of concern where it might want to do further scrutiny work or seek further assurances.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer explained that the peer review was conducted at a macro level and assessed the service's delivery of requirements under the Health and Social Care Act more broadly, whilst it did drill into some specifics.

They proposed consolidating findings from the LGA (Local Government Association), ADASS, and CQC reviews once published into a single overarching update of the service's improvement journey to bring to a future Health Select Commission meeting to provide clarity and facilitate further scrutiny.

Councillor Garnett wanted to know more about the three stage test in safeguarding and wanted to understand what systems were in place to ensure the consistent application of the test and whether there were any identified patterns or gaps in how the test was applied across various parts of the service.

The Assurance Lead, Professional Practice advised that the Council had recently strengthened the application of the three-stage test. While a detailed explanation was deferred, it was confirmed that feedback from the ADASS review led to reflection by the Safeguarding Adults Board. In response to a specific case file audit, the board commissioned a Mental Capacity Act coaching support programme to strengthen practice. Officers committed to providing a written response with more detail on the three-stage test.

Councillor Garnett also wanted to understand what steps were being taken to improve staff understanding and application of the Mental Capacity Act and whether there were mechanisms in place to audit decisions made under the Act to ensure compliance and best practise.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer explained that staff development included reflective practice through one-to-one discussions at practitioner level and bespoke training. Routine audits were conducted to assess decision-making under the Act, and findings were used to inform further training and development. The council emphasised the importance of equipping staff with the best information to make informed decisions as part of its training and development offer.

Councillor Havard wanted to know what strategies were in place to address gaps in commissioning and procurement, given the mention within the report of the need to develop tactical commissioning

approaches, direct payments limiting options for support and more work needed to commission a more diverse range of options and more work to map and understand the full range of preventative support available in the community. They also wanted to know what strategies were in place to address any identified gaps in the market, particularly in light of the anticipated procurement changes, and how the Council used strategic insights to inform commissioning and procurement activities. They were particularly interested in whether any specific areas such as learning disabilities, micro enterprises, or carer services had been identified for further development.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer explained that the Council conducted annual market sustainability assessments in order to be clear about the needs that the Council had for its residents now and in the future and then proactively worked with the market in terms of making sure we can meet those needs now in the medium to long term. Tactical commissioning ensured quality and diversity in service options, including direct payments and support for unpaid carers. Strategic insights informed procurement, and flexible purchasing systems were used to maintain standards with appropriate governance in place to ensure quality assurance and maintain an appropriate suite of options.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer highlighted that direct payments and self-directed support was incredibly important in terms of making sure that people had as much power and control as possible over the services that they want to and do receive as part of Adult Social Care. They added that specific areas such as learning disabilities, autism, and support for unpaid carers had been targeted for development and that the Council also worked closely with the voluntary and community sector to co-produce and co-design services. They referred to information previously shared with the Health Select Commission around flexible purchasing systems use in Adult Social Care and how that delivered quality and sufficiency of care in a timely manner. They also explained that the Council worked with providers to stimulate them in terms of coming into Rotherham but also supporting the evolution of the provider base to make sure it remained appropriate to need locally and that would continue to be reflected in the market position statement.

Councillor Havard requested further reassurance regarding how the Council planned to manage procurement changes without disrupting service provision.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer confirmed that whilst amended procurement regulations were now in place procurement changes would be implemented gradually to avoid disruption. Internal processes were being reviewed to ensure compliance with new regulations, and the focus remained on maintaining high standards of care and support for residents.

Councillor Clarke asked officers to elaborate on the recruitment challenges Adult Social Care faced.

The Assurance Lead, Professional Practice explained that recruitment challenges were an acknowledged national trend. Agency staff were used primarily to address recruitment challenges around specific projects, such as reducing wait times for Care Act assessments. The Council had developed a recruitment microsite to focus on attracting newly qualified social workers, whilst apprenticeship programmes and collaborative work with the South Yorkshire Teaching Partnership were used to grow internal capacity and support future workforce development.

Councillor Clarke commented that they would welcome an invitation to any awards ceremony for Adult Social Care staff to show support for those delivering vital front line services. The Chair echoed that request.

Councillor Thorp noted concern about over-reliance on phone and internet support within the report. They wanted to know how the Council intended to address that.

The Assurance Lead, Professional Practice reassured Councillor Thorp that face-to-face support remained available, but acknowledged that some individuals felt underserved by digital channels. The Council had implemented digital inclusion strategies, including support at libraries and free Wi-Fi in community centres. Officers clarified that the feedback reflected individual experiences based on a limited sample and emphasises that face-to-face assessments were still in place.

Councillor Thorp also wanted to understand what was meant by 'zero delays in home care' and 'good capacity for supported living for some people'.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer explained that 'zero delays' referred to a specific point in time and was subject to change based on demand. The 'some people' referred to indicated that supported living capacity was sufficient for certain needs, but matching individual preferences could still result in delays. The Council continued to refine its care and assessment planning to ensure appropriate service matching.

Councillor Yasseen reflected that overall, the review had been positive and the explanations provided regarding how improvements would be taken forward had demonstrated reflection and direction in terms of next steps. They queried whether there was a thematic contrast between strengths and areas for improvement identified in the report as they had noted that the identified strengths focused on internal organisational aspects, while areas for improvement related more to service users' experiences.

The Assurance Lead, Professional Practice responded that the feedback was balanced but also reflected a moment in time. They acknowledged the need to promote and expand the mechanisms for embedding lived experience into service design, such as SMS surveys and “How Did We Do” feedback cards, and QR codes.

The Cabinet Member for Adult Care and Health added that user voice was incredibly important and the service did want to hear about people’s experiences, thoughts, and suggestions. We do want to hear what people think.

Whilst ideally, the service wanted users to a positive experience, it also wanted to capture feedback and experiences, whatever they were as a vehicle for continual improvement which was why expanding the means of gathering feedback was so important.

Councillor Yasseen also wanted to understand what the safeguarding three stage test actually was in practice.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer explained that the test was a legislative framework used to determine whether a safeguarding referral should be made. Practitioners conducted initial screenings, and if thresholds were not met, alternative routes such as contract compliance or social worker reviews were pursued. Officers offered to provide a more detailed explanation in a future safeguarding report if that would be helpful to Members.

Councillor Yasseen reflected that the transition from children’s to adult services remained a challenge. They acknowledged that there had been improvements over time, but queried what more was being done to improve the transition.

The Assurance Lead, Professional Practice referred to the Preparing for Adulthood pathway, which aimed to ensure timely support for young people approaching 18. Officers acknowledged historical challenges but highlighted recent improvements in early planning and lifetime needs assessments. The council remained committed to strengthening this area further building on the improvements already achieved.

Councillor Havard wanted to understand how Adult Social Care services could be more closely aligned with the Carer’s Strategy.

The Assurance Lead, Professional Practice explained that the Council worked closely with the Rotherham Carers Network and had appointed Carers Link Officers within Adult Contact Teams. These officers supported carers and ensured alignment between peer review feedback and strategic priorities. The strategic lead for carers participated in the monthly regulatory assurance board to maintain focus and coordination.

The Assistant Director of Strategic Commissioning and Health Select

Commission Link Officer added that alignment was incredibly important for the Council. There had been significant investment in ensuring clarity around the carer offer and recognising the value and contribution of unpaid carers to the overall wellbeing of Rotherham residents. The focus was on being clear about priorities, informed by lived experience and embedding that in the overall service approach which was enhanced by the appointment of the Carers Link Officers.

Councillor Fisher queried the budget implications of using agency staff to address recruitment challenges.

The Assistant Director of Strategic Commissioning and Health Select Commission Link Officer explained that agency staff usage was managed within the council's financial framework. It was primarily used to maintain safe staffing thresholds within in-house services and to support transformational projects. Budgetary allowances were made on a case-by-case basis to ensure sustainability and compliance.

Resolved:-

That the Health Select Commission:

1. Noted the findings of the Peer Review of Adult Social Care and the subsequent improvement programme.
2. Requested that more specific detail be provided regarding which parts of the service the identified strengths and areas for improvement related to in order for consideration to be given to the need for further scrutiny around particular areas of provision.
3. Requested that 'Time to Shine' information or information from similar initiatives be shared with the Health Select Commission at regular intervals so that the Commission was sighted on the services success and achievements and the ways in which they were celebrated.
4. Agreed that Adult Social Care would provide a consolidated report encompassing the service's improvement journey in the context of the LGA, ADASS and CQC reports at an appropriate point in the future following the publication of the latter.
5. Agreed that the service would provide a written explanation of the application of the three stage test in safeguarding to aid Members' understanding of this issue.

16. HEALTHWATCH ROTHERHAM ANNUAL REPORT

The Chair welcomed Kym Gleeson, Healthwatch Rotherham Manager to the meeting and invited them to introduce the annual report.

The Healthwatch Rotherham Manager acknowledged the recent government announcement signalling the intention to terminate the Healthwatch model by amending the Health and Social Care Act and transfer its statutory functions to the DHSC (Department for Health and Social Care). This development raised concerns about the future of statutory independence, service continuity, and the long-term mission to amplify patient voices and address health inequalities. Despite the uncertainty and lack of a clear transitional plan from commissioners, Healthwatch remained committed to safeguarding Rotherham's independent voice and working with strategic partners to protect transitional areas.

The Chair responded by commending Healthwatch Rotherham for its outstanding work over the years, acknowledging its role in bringing critical issues to light and representing the voice of the community with dedication and effectiveness.

The Healthwatch Rotherham Manager described that during 2024–2025, Healthwatch Rotherham had undertaken a wide range of impactful activities aimed at amplifying the voices of local residents and improving health and social care services. During the year, Healthwatch engaged with over 1000 individuals who shared their experiences of health and social care, highlighting both successes and areas needing improvement. The organisation supported more than 10,000 people by providing guidance on accessing NHS dentists, understanding mental health services, and navigating the healthcare system.

Outreach efforts included 126 sessions reaching over 4,000 individuals, and targeted health information was delivered to more than 250 people through “Let’s Talk” sessions on topics such as smoking, vaping, and digital support.

Healthwatch’s digital presence extended its reach to over 40,000 people via social media, enabling access to health information beyond traditional methods.

Behind every statistic lay a personal story, and Healthwatch focused on preserving dignity, empowerment, and equity in care. Five focus reports were published during the year, each based on direct community feedback. These reports addressed issues such as misaligned appointment times with public transport timetabling, the need for real-time travel information, and calls for more evening and weekend services. Following the transport report, local bus operators and NHS schedulers revised timetables and added stops.

People with Autism and those with learning disabilities advocated for routine health checks, sensory-friendly waiting areas, easy-read materials, health passports, and staff training in compassionate communication.

Refugee communities highlighted inconsistent interpreter availability, lack

of continuity between trusts, and limited cultural competency among staff, requesting more translation support and tailored mental health outreach. People experiencing homelessness called for mobile clinics, fast-track dental referrals, addiction and mental health support at shelters, and digital inclusion initiatives.

Healthwatch also engaged with 445 young people who expressed confusion about where to seek mental health support. In response, the organisation created and distributed a young persons' mental health directory, available both online and in print. The Young Persons Report was selected to feature in the Director of Public Health's annual report, demonstrating its broader value to services and the council.

Continued engagement with the neurodiverse community led to the co-production of an Accessible Information Standard style card to address the lack of reasonable adjustments in care. The easy-read communication card was embedded into practice, enabling clearer healthcare conversations. These efforts translated into tangible changes.

Healthwatch's regional collaboration with counterparts in Sheffield, Doncaster, and Barnsley facilitated county-wide issue identification and coordinated action. Its presence on the Place Board and partnership with Citizens Advice ensured that Rotherham residents' experiences influenced regional planning and service improvements.

Through targeted projects, Healthwatch transformed lived experiences into actionable insights, co-designed solutions with service providers, and maintained a consistent stream of community feedback to sustain change.

Personal stories were central to Healthwatch's approach. Alina's blog, detailing her journey as a refugee navigating inconsistent NHS care, prompted South Yorkshire ICB (Integrated Care Board) to invite her to present at a full board meeting and arrange for her story to be filmed.

When veterans requested a portable health passport, Healthwatch collaborated with the Rotherham Foundation Trust and the veterans themselves to co-design an A5 document that captured individual adjustment preferences, empowering veterans during appointments. Healthwatch's sustained engagement led to measurable improvements, including redesigned waiting areas and simplified referral pathways.

Monthly "What We Heard" insights and "Let's Talk" sessions expanded community reach by over a third compared to the previous year. The organisation deliberately sought out underrepresented voices and translated their experiences into clear, targeted recommendations. Its information and signposting service supported over 10,000 people with reliable guidance on navigating the NHS, registering with GPs, and raising concerns about care. The website hosted mental health resources and Easy Read materials to promote independence and self-advocacy. Healthwatch also supported the development of a comprehensive Easy

Read section with BSL (British Sign Language) tools in collaboration with the local ICB (Integrated Care Board) and the Rotherham NHS Foundation Trust.

Volunteers played a vital role in Healthwatch's work. Eight volunteers, including third-year medical and psychology students from the University of Sheffield, contributed 511 hours. Their involvement in enter-and-view visits and co-delivery of sessions provided them with meaningful patient interactions, which they described as invaluable and transformative for their future practice.

Looking ahead, Healthwatch planned three focus areas based on feedback from the past year: understanding digital and non-digital access challenges, supporting people with addiction and recovery, and exploring social care experiences. The latter was a new area of focus, informed by liaison with the Strategic Director of Adult Social Care, Housing and Public Health and participation in the ADASS peer review, including a mystery shopping exercise that identified front-door challenges and led to staff training.

The Healthwatch Rotherham Manager concluded with a respectful request for continued support to sustain independent patient voice's central role in shaping future services, especially in light of the proposed termination of the Healthwatch model.

The Chair thanked the Healthwatch Rotherham Manager for the detailed report and invited questions and comments from Members.

Councillor Brent asked king whether Healthwatch had worked in areas related to sexual health, sexuality, and gender identity, particularly in support of young people.

The Healthwatch Rotherham Manager responded that Healthwatch had actively worked with Rainbow in Wath, engaging with various groups including a transgender group. They had provided reassurance following changes in gender classification arising from the recent ruling and liaised with health partners to ensure compassionate care.

Councillor Brent appreciated the response and noted that the information would be useful for the Corporate Parenting Partnership Board. They also reflected the difficulties some members had experienced when reading the ADASS Peer Review Report and highlighted the importance of easy-read materials for those who needed them. They queried whether the library of easy-read materials created by Healthwatch might be lost and how the generation of further easy read materials might be sustained in its absence.

The Healthwatch Rotherham Manager explained that engagement with neurodiverse communities had revealed a lack of easy-read materials, prompting Healthwatch to champion their development. They had collaborated with Rotherham Hospital to pilot easy-read letters for

younger patients and were advocating for broader adoption across South Yorkshire, but agreed that this was a source of concern.

Councillor Harper asked about the health outcomes Healthwatch hoped to achieve through initiatives like the mystery shopper exercise, particularly for those receiving home care.

The Healthwatch Rotherham Manager explained that Healthwatch aimed to understand how recipients and providers of care packages felt about their experiences, including social contact and emotional wellbeing. She emphasised the importance of listening to lived experience to inform service design and expressed hope that the ICB would continue to commission independent voices.

Councillor Harper responded by expressing concern about Healthwatch's future and asked whether the organisation could continue in some form.

The Healthwatch Rotherham Manager clarified that Healthwatch was being abolished due to national policy changes and would cease to exist. They noted that the current funding was expected to last until March 2027, but uncertainty could lead to staff departures prior to that time.

Councillor Duncan reiterated the importance of independent patient voice in shaping services and driving improvements and transformation, and asked how scrutiny could support the transition from Healthwatch any new means of capturing patients voice that may be established.

The Healthwatch Rotherham Manager shared that Healthwatch's strategic board was preparing a lobbying effort to retain an independent patient voice in Rotherham and encouraged Members of the committee to support that if they were at all able.

Councillor Garnett queries how effectively public feedback was being integrated into decision-making and whether there were examples of service changes resulting from Healthwatch's work.

The Healthwatch Rotherham Manager provided several examples, including making GP surgeries more dementia-friendly and working with Rotherham Hospital's audiology department to reduce waiting times for hearing aids by establishing outreach clinics. She noted that many more examples were included in the report.

Councillor Clarke asked whether the decision to abolish Healthwatch was solely financially motivated and whether commissioners were resisting to the proposed change.

The Healthwatch Rotherham Manager responded that they understood that commissioners had received no prior information about the proposals and learned about the decision through announcements made in the media, which they felt was regrettable.

Councillor David Fisher asked about the young persons' directory and whether Healthwatch could measure its success.

The Healthwatch Rotherham Manager confirmed that the directory was a living tool and that QR codes had been distributed to schools and colleges for easy access. They were unable to provide data at that time, but agreed to provide this through the Governance Advisor at a later stage.

Councillor Yasseen praised Healthwatch's role in amplifying resident voices and noted the importance of its independent perspective, whilst noting the non-political nature of scrutiny work. They wanted to understand how Healthwatch had been able to increase resident engagement by 33% despite limited staffing.

The Healthwatch Rotherham Manager advised that the Healthwatch Rotherham team consisted of only 3.6 full-time equivalent staff and credited the increase to the addition of a dedicated information and signposting officer which had freed up time for the engagement officer to undertake additional outreach work. They also attributed the success to the team's passion and versatility.

Councillor Paul Thorp was impressed that Healthwatch had been able deliver so much with a limited budget and expressed hope that efforts could be made to preserve its work. Councillor Havard echoed Councillor Thorp's sentiment, noting Healthwatch's consistent presence at carers' forums.

The Chair referred to the Health Hub item discussed at the previous Health Select Commission meeting and asked whether Healthwatch had identified service gaps in services that could be addressed in phase two of the project.

The Healthwatch Rotherham Manager advocated for the inclusion of secondary care services in the Health Hub due to accessibility challenges in the hospital setting.

The Healthwatch Rotherham Manager concluded by extending and invitation to a health fair at Rotherham Minster on 11 September 2025, encouraged them to attend if they could and share details of the event with Rotherham communities to maximise reach.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the Healthwatch Annual Report.
2. Agreed to identify, with the assistance of Healthwatch's insights, potential health services that could be incorporated in

considerations for Phase 2 of the Health Hub Development to share with relevant Council services.

3. Requested that Healthwatch and relevant Officers consider how patient voice might best be represented going forward and how scrutiny can support that.
4. Requested that Healthwatch and relevant Officers consider how an easy-read document library including health literature might be sustained in the absence of Healthwatch.
5. Agreed to receive data relating to engagement and impact of the Young Person's Directory from Healthwatch at a later stage. The specific timeline for this was to be confirmed.

17. YORKSHIRE CANCER RESEARCH WHITE ROSE REPORT UPDATE

The Chair invited Councillor Clarke to provide an overview and update in relation to the Yorkshire Cancer Research White Rose Report launch event that they had attended on 3 July 2025, on behalf of the Health Select Commission.

Councillor Clarke advised that the event had taken place at the Wellbeing Research Centre in Attercliffe, where Yorkshire Cancer Research showcased their impactful work and facilities. The report, which was launched by SYMCA (South Yorkshire Mayoral Combined Authority) Mayor, Oliver Coppard, was described as deeply sobering, and reflected clear challenges in Cancer prevention and treatment within the region.

Councillor Clarke explained that in Rotherham, 36 people were diagnosed with cancer and 15 died from it each week. Alarming, half of all cancers in the area were diagnosed at stage three or four and despite Yorkshire representing 8% of the UK population's cancer diagnoses, the region received less than 5% of national research funding with seven out of thirteen areas in Yorkshire that had cancer incidence rates above the national average, and nine that had higher mortality rates.

Councillor Clarke also highlighted the impact of health inequalities around Cancer, noting that language and cultural barriers within minority communities often delayed diagnoses. For example, 16% of people from ethnic minority groups and 15% of Black and Asian individuals needed to consult a professional five or more times before receiving a diagnosis, compared to 8% of the white population.

Councillor Clark advised agreed to share the report in full and the Rotherham specific statistics that they had obtained with members via the Commission's Governance Advisor.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the update provided.
2. Agreed to consider how the information provided might inform scrutiny regarding the fourth lung clinic at Rotherham Hospital scheduled to take place during the Commission's March 2026 public meeting.

18. HEALTH SELECT COMMISSION WORK PROGRAMME - 2025-2026

The Chair invited questions and comments from members regarding the Health Select Commission's Work Programme as detailed within the agenda pack.

Councillor Yasseen raised a sensitive issue involving the death of a young child at the local hospital trust, which had been subject of a previous report to the Commission and further scrutiny. Councillor Yassen suggested that it may be prudent to consider whether the findings from a further investigation that had been conducted warranted further consideration by the Health Select Commission.

It was agreed that Councillor Yasseen would provide relevant background information regarding the Health Select Commission's past involvement to the Chair and Governance Advisor to facilitate considerations regarding the appropriate response in the circumstances.

Councillor Harper queried the absence of the nitrous oxide abuse 'item for scheduling' which had been listed on the work programme supplied at the previous Health Select Commission meeting, but which no longer featured in the version included within the agenda pack.

The Governance Advisor explained that following discussions with Councillor Clarke, who had initially brought the issue to the Commission's attention, the Health Select Commission Chair and the Head of Democratic Services, it was agreed that Rotherham Safer Together Partnership represented a more appropriate vehicle via which to address that issue due to it involving issues around anti-social behaviour and criminal justice in addition to health concerns due to the membership of that partnership.

The Chair noted that despite the realignment of the issue, it remained the case that the Health Select Commission would be kept informed in relation to any discussions and proposed action following the matter being considered by the Rotherham Safer Together Partnership.

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.

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

The meeting of the South Yorkshire, Derbyshire, and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) had taken place on 23 June 2025. Members were reminded to submit comments, queries, or questions for forthcoming JHOSC agenda items so that these could be discussed or debated during the meeting next meeting, following publication of the agenda.

Members' attention was drawn to two items from the 23 June agenda: IVF treatment and gluten-free prescribing, which were discussed at length. Consultations regarding both topics had been launched by the Integrated Care Board, details of which were due to be shared with Health Select Commission members, whom the Chair encouraged to share information about those consultations within their communities to promote engagement and gather a broad range of views.

The Chair detailed that discussions at JHOSC had secured lengthier and more representative consultation arrangements than had originally been proposed in both cases.

20. URGENT BUSINESS

No urgent business was formally raised by the Chair during the meeting. However, the Chair reminded members of the information provided by Kym Gleeson regarding the Healthwatch Health Fair event at Rotherham Minster on Thursday 11 September 2025 from 11.00 am until 14.00 pm and encouraged members to attend if possible.

Also, with the Chair's permission, Councillor Garnett advised Members about a public panel event that had been scheduled for Wednesday 6 August 2025 in person and online at Rotherham Hospital between 6.00 and 7.00 pm. The panel aimed to gather input on improving the hospital discharge process. Councillor Garnett agreed to provide details to the Governance Advisor to share with Health Select Commission members should they wish to attend.