HEALTH SELECT COMMISSION

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH**

Date: **Friday, 11th July, 2014**

Time: **1.30 p.m.**

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972

2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the Previous Meetings (Pages 1 - 4)

8. Health and Wellbeing Board (Pages 5 - 11)
   - Minutes of meetings held on 4th June, 2014

9. Issues from Healthwatch

10. Director of Public Health Annual Report (Pages 12 - 67)
    John Radford, Director of Public Health

11. Healthwatch Annual Report and Escalation Policy (Pages 68 - 121)
    Melanie Hall, Healthwatch Rotherham Manager

12. Healthwatch - Child and Adolescent Mental Health Services (Pages 122 - 156)
    Melanie Hall, Healthwatch Rotherham Manager

13. Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014-19 (Pages 157 - 169)
Paul Theaker, Commissioning Team, and Ruth Fletcher Brown, Public Health

14. Health Select Commission Work Programme Update 2014-15 (Pages 170 - 173)
Janet Spurling, Scrutiny Officer

15. Date and Time of Next Meeting
    - Thursday, 11th September, 2014 at 9.30 a.m.

HEALTH SELECT COMMISSION
Wednesday, 25th June, 2014

Present:- Councillor Steele (in the Chair); Councillors Kaye, Dalton, Wootton, Hoddinott, Hunter and Vines.

Apologies for absence:- Apologies were received from Scholey, Havenhand, Jepson, Pitchley, Swift and Whysall.

13. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present at the meeting.

15. COMMUNICATIONS

There were no communications to report.

16. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 4 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations).

17. ROTHERHAM FOUNDATION TRUST - 5 YEAR STRATEGIC PLAN

The Chairman welcomed Louise Barnett, Chief Executive, Rotherham Foundation Trust, and Tracey McErlain-Burns, Chief Nurse, to the meeting.

Louise stated that the report was to be considered by the Trust Board on Friday and was the reason why it was in the confidential section of the meeting. All feedback from the Select Commission would be shared with the Board.

The strategic plan was to be submitted by 30th June and would be reviewed by Monitor during July-September with feedback in October, 2014.

The plan covered:-

- Declaration of sustainability – financial, operational and clinical

- Market analysis and context
- Risk to sustainability and strategic options
- Strategic plans – strategic challenge, clinical speciality reviews and service line reporting
- Critical supporting strategies – quality strategy, workforce strategy
- Summary

The following additional information, incorporating questions by Select Commission Members, was given:-

Financial Viability

- There was a Transformation Fund of £2M for this year and this is being looked at for the length of the plan. Work was underway on training requirements to ensure there was investment to make the necessary changes.
- A Workforce Plan was under development which would be shared with NHS England as there was funding available to support certain schemes

Capacity Analysis - Estate

- Recognition that there were some ageing buildings within the Trust's stock
- Stocktake taking place to be clear exactly what was used for what reason and how often

Capacity Analysis - Workforce

- There had been an intensive recruitment campaign for nurses
- Offers of employment had been made to 83 nurses
- Not all of the new recruits would be placed in the Hospital
- Looking to build a District Nurse Team Leader role in the same manner as Ward Sister. They would then have the authority to manage their team in the community
- The financial costings had assumed fully staffed to the desirable level
- The recent national Institute for Care and Excellence had launched consultation on proposed staffing ratio of 1 Registered Nurse to a maximum of 8 patients; Rotherham's current staffing establishment already met that ratio. If the recruitment was successful, the ratio would be better
- Over recruitment would give the ability to flex the workforce where acute patient situations arose
- Staff were actively involved in focus group sessions
- The Workforce Plan for next year would look at the allied health care workforce when patient pathways had been redesigned
- Predominantly female workforce
- The age profile depended upon their occupation but the Trust was finding more staff were continuing to work for longer
- Intention was to ensure that there was strong support arrangements for junior nurses/newly qualified
- Hope to reduce the turnover rate of staff

- Staff survey results demonstrated poor levels of staff satisfaction. The Trust had just signed up to "Listening into Action" which was about empowering colleagues and enable/support them to ensure they could deliver high quality care in their areas. A short survey would shortly go to all staff, with feedback provided to staff within 2 weeks and would be repeated in 9 months
- Over 4.5% sickness level which was higher than average
- Community Transformation Group met on a regular basis with colleagues from the Hospital, Community and the CCG to redesign the pathway
- There was no plan to make compulsory redundancies

Capacity Analysis - Beds

- The number of people who attended A&E who, with support, would not necessarily need to be seen by a consultant
- Need to work closer with primary care partners in an attempt to reduce avoidable emergency admissions and provide services in the community
- Discussions required with NHS England who commission GP services as to how their resources may be utilised with a view to what could be provided in community
- Work ongoing regarding the possible "mothballing" of a Ward which could open if the need arose

Better Care Fund

- Good relationships between the Trust and other organisations
- Ageing population was an increasing issue and needed focus in order to develop a plan

Financial Viability and Sustainability

- There were internal and external auditors as well as Monitor undertaking thorough review
- Had to provide monthly reports

Clinical Sustainability

- Whilst volumes for A&E attendances and maternity services were within guidelines they were significantly lower than national average
- Work would commence very shortly on the specialty reviews
- There had been a lot of work with Consultants and Clinicians on the methodology to ensure it was led by clinical staff to draw on best practice and Royal College Guidelines
- There would be public consultation with regard to any Service redesign and quality impact assessments for any proposed changes
- There would be public consultation with regard to any Service redesign
- Working Together Programme – a programme agreed and put together by 7 Health Trusts within South Yorkshire and Bassetlaw (mid-Yorkshire, Barnsley, Doncaster, Sheffield, Chesterfield, Rotherham, Sheffield Children's), and included a Chief Executives

Group, Chairmen's Group and some working groups. All recognised they wanted to deliver financially sustainable health care in the future and there were things they could work together and benefit from particularly smaller specialities where there was lower demand but required highly skilled professionals

Service Quality

- The general public would know the service had improve through clinical outcomes
- Would expect to see improved scores for patient experience
- Need for improved stakeholder and communication approach

The Chairman thanked Louise and Tracey for their attendance.

Resolved:- (1) That the Chief Executive, Rotherham Foundation Trust, be invited to the Select Commission in 6 months in order that it may monitor the plan.

(2) That the Chairman and Vice-Chairman meet with the Chief Executive on a monthly basis the notes of which will be submitted to the Select Commission for information.

18. DATE AND TIME OF NEXT MEETING

Resolved:- That, due to the planned industrial action, the next meeting of the Health Select Commission be held on Friday, 11th July, 2014, commencing at 1.30 p.m.

HEALTH AND WELLBEING BOARD
4th June, 2014

Present:-

Councillor John Doyle	Cabinet Member for Adult Social Care **(in the Chair)**
Dr. David Clitheroe	SCE Executive Lead, Children's and Urgent Care, Rotherham CCG
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Officer, Rotherham CCG
Naveen Judah	Rotherham Healthwatch
Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Deputy Leader
Jenny Lax	South Yorkshire Police (in attendance for Jason Harwin)
Carole Lavelle	NHS England (in attendance for Brian Hughes)
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children's and Young Peoples Services

Also in Attendance:-

Tracey Clark	RDaSH (representing Chris Bain)
David Hicks	Rotherham Foundation Trust (in attendance for Louise Barnett)
Councillor Rushforth	Cabinet Member for Education and Public Health
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Chris Bain, Louise Barnett, Kate Green, Jason Harwin, Brian Hughes, Martin Kimber, Chrissy Wright and Councillor Ken Wyatt.

S103. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from the member of the public.

S104. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 23rd April, 2014, be approved as a correct record.

Arising from Minute No. S96 (Admiral Nurses), it was noted that the CCG were currently undertaking a community transformation project in an attempt to rationalise and evaluate all the nursing services required. The discussions would also include specialist nursing for Dementia patients, case management and the use of VAR and be guided as to what services were required.

Arising from Minute No. S101 (Peer Review), it was noted that a LGA review would take place in September, 2014. Scoping meetings were to

take place in June for Board members to formulate what the review should consist of.

S105. COMMUNICATIONS

(a) Rotherham Tobacco Control Alliance

The notes of the meeting held on 17th April, 2014, were noted.

(b) Integrated Youth Support Services

A report was submitted for information on the progress achieved by the Integrated Youth Support Service and its partners in relation to progression and retention in learning and employment for young people, academic age 16-18 years.

(c) Data Sharing Protocol – Request from South Yorkshire Fire and Rescue Service

A request had been received from the South Yorkshire Fire and Rescue Service to sign up to the Data Sharing Protocol.

Resolved:- That South Yorkshire Fire and Rescue Service sign the Data Sharing Protocol.

S106. BETTER CARE FUND

Tom Cray, Strategic Director, Housing and Neighbourhood Services, presented a report which provided a brief overview of the process undertaken to date, NHS England feedback received to the bid and how the plan would now be implemented.

Discussion ensued with attention drawn to the following:-

- Attached to the report was the Risk Register and a summary of each of the 12 schemes which made up the programme

- The new Care Bill was ranked as a “red” risk as the final detail was awaited. Once known, the detail would have to be evaluated to ensure no deviation from the intended funding outcomes

- Amendment to the wording to reflect “continuing engagement with all providers”

- Concern that there was little mention of how Healthwatch would engage in the process. Reassurances were given that the role of Healthwatch, its added value and independence, had not been deliberately omitted but acknowledgement that ideally discussions should have taken place with regard to their role. However, time constraints dictated by NHS England’s deadlines had prevented them from happening. Healthwatch would have a great part to play in consulting with patients and the general public with regard to the rolling out of the plan, how it was monitored and its evaluation. As

part of Healthwatch's funding arrangement, there would be specific pieces of work required to feed into the customer experiences

- There may be a solution with regard to data sharing that would allow the whole community to access patients' records. By the end of June there would be the ability to access EMS and Patient 1 records which would be a massive step forward with a view to a single care plan

Resolved:- (1) That the report be noted.

(2) That quarterly reports from the Better Care Fund Task Group be submitted.

S107. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Joyce Thacker, Strategic Director, Children and Young People's Services, and Donald Rae, SEND Strategic Lead, presented an update on the preparations to implement the Special Educational Needs and Disability Reforms in Rotherham.

The Children and Families Bill was enacted in March and a new version of the SEND Code of Practice published with the final version expected shortly.

This was the largest reform of how information and support was provided to children and young people with special educational needs and disabilities for over 20 years. It brought together the different systems in Early Years, Schools and Colleges and ensured better integration with health and care. It aimed to improve the support provided so that children and young people were able to live independent and fulfilling lives in adulthood. Placing the needs of parents and young people at its heart, the new system focussed on those aged 0-25 with new duties for local authorities, Clinical Commissioning Groups and Early Years Providers, Schools (of all types) and FE Colleges. Late amendments to the Bill had increased the role of the local authority in providing Mediation Services for education, care and health as well as bringing young people within Youth Offending institutions into the scope of the Act.

Organisations in Rotherham, including parents and young people, continued to work in partnership to implement the reforms. Key tasks which needed to be completed before September, 2014 included:-

- Putting children, parents and carers and young people at the heart of the new system
- Publish a Local SEND Offer
- Establish a new SEND Assessment Pathway for all of those aged 0-25 with Special Educational Needs or a disability, including plans to transfer those with a SEN Statement or Learning Difficulty Assessment (LDA) to the new Education Health and Care Plan

- Set up a new structure with the CCG to jointly commission education, care and health services for those with special educational needs or a disability
- Ensure parents and young people can receive support through a personalised budget if they request one
- Consultation on Rotherham's SEND Aspiration and Mission

Whilst the SEND Reforms were part of national legislation, it was important to be clear about what this meant for the children and young people in Rotherham. To help this process, consideration was being given to developing a consensus about the purpose of the SEND Reforms. Building on the Government's stated aims, the following have been proposed and discussion already started with may groups with the aim of reaching a final version in July, 2014:-

Rotherham's SEND Aspiration
"Rotherham children and young people with Special Educational Needs will achieve well in their early years, at school and in college; lead happy and fulfilled lives and have choice and control"

Rotherham's Special Educational Needs and Disability Mission
"Rotherham education, health and care services will create an integrated system from birth to 25. Help will be offered at the earliest possible point, with children and young people with special needs and their parents or carers fully involved in decisions about their support and aspirations"

This was a huge piece of work for all partners. Feedback from a visit from the DfE to establish Rotherham's preparations for the reforms had stated that all the correct structures, systems and personnel were in place to take them forward and impressed by the working relationship with the CCG.

Discussion ensued on the report with the following issues raised/clarified:-

- The DfE had recently visited to ascertain the Authority's readiness to implement the reforms. The visit had confirmed that the key structures were in place and that relationships with parents, Health and post-16 links were strong

- The SEND Commissioning Group had been established in January to provide the direction for the SEND reforms in Rotherham

- An event was to be held in Rotherham on 4th July entitled "In It together", co-hosted and planned by Rotherham's Parents Forum, the Local Authority and Health

- Consideration was being given to extending the Rotherham Charter to services and settings supporting children and young people from birth to 25

- The reforms were a long term programme which the Authority had to have started in September

- Caution must be exercised as to how it was presented to the community to ensure expectations were not raised unrealistically

- The Commissioning Group had met recently and formal plans would be submitted to the Board. The issues to be considered further:-

  Do we understand the demographics of children and young people and SEN in Rotherham?
  Have we sufficient places whether in schools, education or health to meet their needs?

- Essential that all data was collated due to the impact it would have throughout the system

- There was a sub-regional group that met to bring issues together primarily from an education point of view

Resolved:- (1) That the report be noted.

(2) That the Risk Register be submitted to a future Board meeting.

S108. SECTOR LED IMPROVEMENT

Dr. John Radford, Director of Public Health, gave the following powerpoint presentation:-

Sector Led Improvement Pilot
- Organisations are responsible for their own performance
- Across organisation influence on performance
- Recognise collective responsibility for performance
- Board role overview of performance across sectors
- Properly functioning, it will support management of external inspections

Public Accountability
- Public bodies are accountable to local communities
- Health and Wellbeing Board oversight
- Recognise the role of Scrutiny – accountability of all public bodies organisations to scrutiny
- Healthwatch

3 Outcome Frameworks
- Identification of performance issues
  - By organisation
  - By Scrutiny Select Commission

- Long term intractable

– Deciding when the performance would benefit from a multi-sectoral approach
– Supportive peer challenge process
– Actions
– Review

3 Levels
– Single organisation
– Across Rotherham
– Challenge – Cabinet Member/Scrutiny/Peer Cabinet Member

Multi-Organisational Pilot
– Delayed Discharges
– Breastfeeding

An example was then given of the Public Health performance clinics held on Obesity and Drug Treatment where the key actions agreed were:-

Obesity
– Better management of information needed to track improvement
– Development of wider Council policies to prevent obesity
– Better information to all Services
– Developing Single Point of access to Weight Management Services
– Targeting children in Reception years
– Increase in prevention/lower level interventions
– CAF for children identified as needing support
– Active partnership with Green Spaces

Drug Treatment
– Work with GPs to increase support
– Deliver the new recovery hub
– Targeted action at GPs with high volumes of users and new entrances – top 5 priority areas
– Improve housing advice
– Need only 20 more successful treatments to be national average

Discussion ensued with the following issues raised/clarified:-

- Performance clinics were led by a Director not directly responsible for the Service and could be widened to other organisations within Rotherham. They acted as a “critical friend”

- Performance management arrangements for BCF were clearly set out, however, the overall activity within the 6 Board priorities was not. A focus on outcomes was essential

- The 2 pilot performance clinics had involved partners

- Whilst the proposed pilot of Delayed Discharges was connected to the BCF was Breastfeeding a priority? In terms of giving every child the best start in life, breastfeeding fit with the Board's priorities as well as the Borough having lower than average breastfeeding rates. It was also an important priority in the Children and Young People's Plan

Resolved:- That the report be noted.

S109. FUTURE BOARD AGENDAS

The Chairman reported that, due to a reshuffling of Cabinet Member portfolios, he would now by the Chairman of the Board.

He outlined his proposals for future Board agendas which he proposed should consist of:-

Decision
Direction
Discussion

Issues that were for raising awareness/information/interest would be sent to Board members and would not be discussed unless there was an issue a member wished to raise.

Members of the Board were asked as to what they would like to see on future agendas:-

- Discuss 1 of the 6 priorities a month to gain a full understanding of the issues and subject it to a "so what" test

- Health inequalities/specific work with the more deprived areas of the Borough

- Standing agenda items so as to aid measurement of improvement

- SMART actions

Resolved:- That the above comments be taken into consideration when agenda setting for future meetings of the Board.

S110. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 2nd July, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting**	**Health Select Commission**
2.	**Date**	**11/07/2014**
3.	**Title**	**Director of Public Health - Annual Report**
4.	**Directorate**	**Public Health**

5. Summary

This is the first Annual Report of the Director of Public Health in Rotherham since the 2012 Health and Social Care Act placed the responsibility for Public Health with Councils. It focusses on an analysis of the causes of death and disability in the Borough and the health inequalities that exist between Rotherham and the rest of England.

6. Recommendations

That Members note the Report.

That Members receive a future update on progress in reducing health inequalities.

7. Proposals and details

This is the first Annual Report of the Director of Public Health in Rotherham since the 2012 Health and Social Care Act placed the responsibility for Public Health with Councils. The core purpose is to provide an analysis, to help planners and policy makers to plan and monitor local programmes and services that impact on health. Most of these health planners and policy makers sit around the table at the Health and Wellbeing Board. The Annual Report, attached at Appendix 1, also sets out to influence and inform policy across the council particularly in the areas of air pollution and keeping people active.

Calculations of life expectancy use current death rates to calculate a figure in years that the average person in the community could expect to live today. The intention of the report is to start to answer the questions - What can we do today to help people live longer? What are the steps we can take now to help people live longer healthier lives?

8. Finance

Reward Grant Funding for local authorities is likely to be based on progress in tackling the two Core Public Health Outcome Framework Objectives of life expectancy and healthy life expectancy.

9. Risks and uncertainties

As in Finance.

10. Policy and Performance Agenda Implications

The Director of Public Health has a statutory responsibility to produce an annual report which the Council has a statutory duty to publish. Future annual reports should report against the recommendations outlined in this 2013-14 annual report.

The intention of this report is to sit alongside the Health and Wellbeing Strategy, which focusses on the wider determinants of Health to advise on the practical interventions the health system can make to reduce the risk of early death.

11. Background Papers and Consultation

None.

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Welcome to the Rotherham Director of Public Health Annual Report 2014.

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Rotherham Public Health

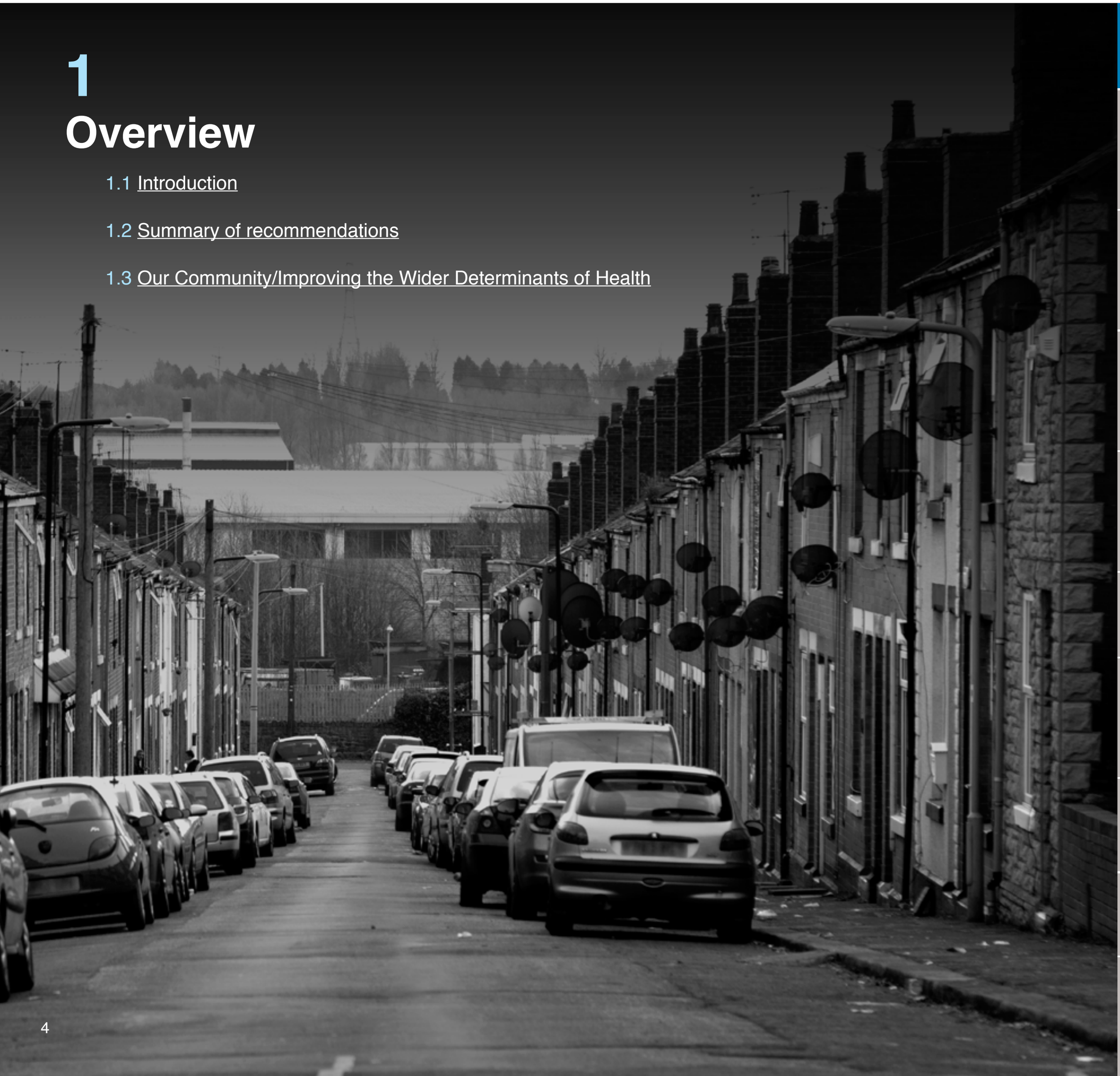
Rotherham Director of Public Health

Annual Report 2013/14

Rotherham Metropolitan Borough Council
Where Everyone Matters

Contents

1 Overview



1.1 Introduction

Rotherham Council has new Public Health responsibilities to improve health and reduce health inequalities, responsibilities shared with the NHS and Rotherham Clinical Commissioning Group. This report sets out to develop a common understanding of the reasons for theses inequalities and the interventions needed to address them.

The analysis of preventable mortality and illness across Rotherham is therefore aimed at policy makers in the Council, Cabinet, Health and Wellbeing Board and Clinical Commissioning Group.

We need to develop the public sector into a wider public health workforce for the promotion of healthy behaviours. Making Every Contact Count (MECC) is an evidence based framework that looks at disease prevention and lifestyle behaviour change. A significant difference can be made through directing people to local services, brief interventions for behaviour change and through intensive actions throughout the public sector.

Rotherham's Health and Wellbeing Strategy prioritises the lifestyle factors that contribute to health inequalities. Inevitably altering long term trends in behaviour requires the long view. This report focuses on some of the actions we can take now to address the main causes of death in Rotherham.

In compiling this report I have used two national reports from Public Health England: the Rotherham Health Profile 2013 and the Public Health Outcomes Framework. I have combined this national work with information from the Joint Strategic Needs Assessment and from local disease and death surveillance.
The focus of the report is the actions we need to take to reduce health inequalities, particularly the causes of premature death and the growing problem of disability brought on by long term diseases or conditions.

In Rotherham we need to focus particularly upon

- *Cardiovascular disease*
- *Cancer*
- *Liver disease*
- *Respiratory disease*
- *Mental health*

In Rotherham, like the rest of England, we have an obesity crisis with one in three children in Year 6 being overweight or obese. This early onset of obesity means that people are carrying excess weight earlier in their lives and, consequently, are suffering the complications of obesity at an increasingly younger age.

The delivery of a significant reduction in mortality and disability requires all partners to integrate risk reduction into practise.

1.1 Introduction

Obesity is a significant contributor to the high levels of disability seen in Rotherham. At the moment much of the effort in the NHS is directed towards managing the consequences of obesity such as high blood pressure, diabetes and arthritis. For the damage caused by alcohol and smoking, we similarly focus too much on the consequences and not the preventative strategies.

This report highlights the growing evidence about the effects of air pollution on health particularly particulate air pollution and increased risk of heart disease and supports efforts to reduce exposure in the air quality corridor along the M1.

As a new responsibility of local government in Rotherham, this report highlights key Public Health challenges for the Borough.

John Radford
Director of Public Health

1.2 Summary of recommendations

- The Health and Wellbeing Board needs to ensure a common framework for preventative management of multiple conditions including mental ill health and musculoskeletal disease and to ensure we integrate risk factor management and rehabilitation in all disease management and care delivery.
- Rotherham Children's Board and the Council work with schools and the voluntary and community sector to reduce the impact of poverty on the borough's children.
- Rotherham's secondary schools should be encouraged to adopt stay-on-site policies at lunchtimes.
- The Health and Wellbeing Board needs to consider the relationship between its long term goals in the Health and Wellbeing strategy and the need to take action now to reduce the three main causes of inequality: cancer, especially lung cancer, cardiovascular and respiratory deaths.
- We must offer everyone aged 40-74 a health check every five years screening 20% of the eligible population annually with a 90% uptake.
- Physical activity should be commissioned as a direct intervention to prevent morbidity in long term conditions.
- Stopping smoking should be the key priority for the Borough in tackling excess cancer deaths
- The CCG should actively promote awareness of early signs and symptoms of cancer and how and where to seek help as this could quickly save lives
- Faster referral pathways and lowered thresholds for referral by GPs, particularly for lung cancer, are required to ensure a higher proportion of lung cancers are detected through the 2 week wait system.
- Rotherham CCG should continue to prioritise reducing the use of prescribed non-steroidal anti-inflammatory drugs.
- Reducing the volume of alcohol consumed in the Borough needs to be the agreed theme for the introduction of making every contact count (MECC), whilst maintaining quick and easy access to services that can respond to those identified as risky drinkers.
- Services and GPs should be active in making the hepatitis vaccine available to risk groups and better clinical screening for early detection and treatment.
- Hepatitis prevention needs to be a priority for environmental health and for the sexual health and the drugs service.
- Rotherham MBC should develop a Rotherham Mental Health Strategy outlining local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems.
- Mental health promotion messages should be an agreed theme within Making Every Contact Count (MECC).
- Rotherham Council should note the significant effect of air quality on mortality and that improvement in air quality, particularly reducing levels of PM 2.5 to PM 10 should be a priority for the Borough.
- Rotherham Clinical Commissioning Group and NHS England should consider flu vaccination a priority for Rotherham. Achieving 90% uptake of flu vaccination in the extension of immunisation to all children under 18 this September should be a priority for the Health and Wellbeing Board.
- Rotherham Clinical Commissioning Group should implement the local actions outlined in the Chief Medical Officers 2013 Annual Report on Antimicrobial Resistance.

1.3 Our Community/Improving the Wider Determinants of Health

The population of Rotherham continues to grow

269,000
by 2021

The age profile will be increasingly dominated by the elderly.

The number of people over 65 is expected to grow by 13% over the next eight years; however, nearly all of that growth will be in people aged over 70. The rate of growth in the population aged over 85 is projected to be twice as fast as in the over 65s. In the decade to 2030, the number of people aged 50 plus is anticipated to increase by a further 50%.

A striking feature of the changing demography of Rotherham is the increasing number of people living alone. Potential consequences of this include lack of capacity to cope at home with illness, loneliness and mental ill-health. Mental ill-health is the biggest cause of illness and incapacity in the Borough.

The number of people in Rotherham depending on out of work benefits *(job seekers' allowance, employment support allowance and other income related benefits)* is well above the national rate. Although the rate of young adults not in education, employment or training is improving, it is still above average. These issues are strongly linked to levels of disability particularly mental ill health.

Levels of recorded crime have been falling for some years and have levelled out more recently. While violent crime is rare, there has been a recent growth in acquisitive crimes such burglary, vehicle crime and shoplifting. The wider economic situation gives rise to a concern that this trend will continue.

People in Rotherham are less likely to be active, more likely to smoke and be overweight or obese than the England average.

There is a socio-economic gradient in that people living in more deprived areas of the borough are more likely to have unhealthy behaviours; deprived areas are also more likely to have people with multiple unhealthy factors leading to increased long term illness.

2
Public Health Outcomes Framework

2.0 Introduction

The Public Health Outcomes Framework[1] (see Appendix 1) sets out a structure for public health in a way that can be measured locally. The outcomes and the indicators used are important in helping us understand how well public health is being improved and protected in Rotherham[2].

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health.

The outcomes reflect a focus not only on how long people live, but on how healthy they are at all stages of life.

[1]Department of Health (2013) Improving outcomes and supporting transparency: A public health outcomes framework for England 2013-2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

[2]Public Health England (2013) Rotherham Profile http://www.nepho.org.uk/pdfs/public-health-outcomes-framework/E08000018.pdf

2.1 Overarching Indicators

The Public Health Outcomes Framework overarching outcomes set the vision for the whole health system of what Government wants to achieve for the public's health.

The two high level outcomes are:

- *increased healthy life expectancy at birth, ie taking account of the quality of health as well as the length of life*
- *reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)*

This framework is not therefore just about extending life: it also covers the factors that contribute to healthy life expectancy, including what happens at the start of life and how well we live across the course of our lives. The main two outcomes together underpin the overall vision to improve and protect health while improving the health of the poorest fastest.

The high level outcomes are supported by two measures that are important for Rotherham; they tell us how well we are doing in improving health.

Healthy Life Expectancy at Birth is the average number of years a person would expect to live in good health based on existing local mortality rates and prevalence of self-reported good health. In Rotherham healthy life expectancy is 58.2 years for men and 59.9 for women. This is at the lower end of healthy life expectancy in England, with the best area in the country having a healthy life expectancy of 70.3 years for men and 72.1 years for women.

Life Expectancy at Birth is the average number of years a person would expect to live based on existing local mortality rates.

Rotherham life expectancy at birth

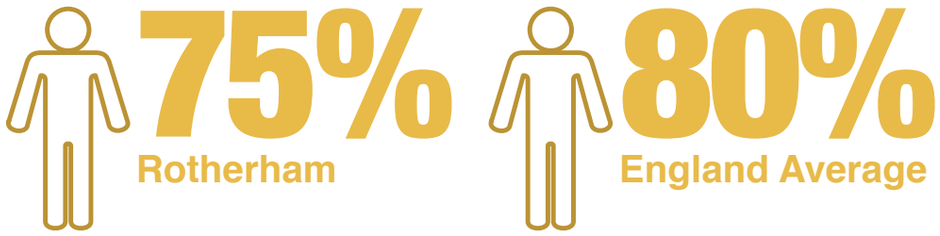
The lowest and highest rates in England

What do these Indicators tell us?

Life expectancy in Rotherham is worse than in most of England but also, and equally importantly, that people in Rotherham develop poorer health on average 5 or 6 years before the majority of people in England.

2.1 Overarching Indicators

Men expected to live their life in good health



women expected to live their life in good health

On average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67.

Why is this important?

This disability burden has significant implications for public services locally, on the need for health and social care and for employment opportunities. This is because, on average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. This means more working age people living with long term conditions such as heart disease, diabetes, dementia, chronic mental health disability and surviving after cancer treatment.

At the moment there are more than 13,000 people in Rotherham with diabetes, and 5,400 on GP stroke registers; by 2025 there will be over 4,500 people in Rotherham living with dementia. In addition we know that much of the disability reported relates to musculoskeletal disease and mental ill health. The outcome indicators highlight that 31% of Rotherham people report a low level of happiness and 42% high anxiety.

Most of the risk factors for the development of long term health conditions – smoking, obesity and lack of exercise (inactivity) – are well known. The World Health Organisation has long identified physical inactivity as one of the leading causes of death; in 2002 it estimated inactivity is responsible for 30% of ischaemic heart disease, 21-25% of breast and colon cancer and 27% of diabetes[3]. 52.4% of Rotherham adults report themselves as active, nearly 4% less than the English average of 56%. 33.6% report themselves as inactive, significantly above the England figure.

[3]World Health Organisation (2010) Global recommendations on physical activity for health http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf?ua=1

2.1 Overarching Indicators

Musculoskeletal Conditions

Musculoskeletal conditions pose an enormous burden on individuals and have significant economic consequences for us. Up to 1 in 5 adults complain of musculoskeletal pain and discomfort at any one time, particularly back and lower limb pain and discomfort. They are a major cause of high health service utilisation. Musculoskeletal disorders are also among the most common problems affecting the elderly. The resulting loss of mobility and physical independence can be particularly devastating in this population.

The prevalence of physical disability is higher in women than men. It rises with age; around 60% of women aged over 75 living in the community report some physical limitations. In individuals of working age, back pain and generalized widespread pain are a common cause of sick leave and long-term work absence, a big problem for the individuals affected and with huge economic consequences.

Around 15-20% of consultations in primary care are for these and other musculoskeletal symptoms. Many of these people are referred to physiotherapists, occupational therapists or to medical specialists such as rheumatologists, orthopaedic surgeons or rehabilitation. Total joint replacements (mainly of the hip or knee) are one of the most common elective operations for older people in Rotherham.

This mixture of an increasingly older population with multiple long term illnesses, physical limitations on mobility and mental ill health needs to be at the forefront of our plans for improving health across the Borough.

2.2 Transforming Health and Social Care Services

GPs are now central to the commissioning of health services and meeting the community needs of their patients. Rotherham Hospital has struggled in the last few years to maintain its services within the funding available and faces further challenges with 24 hour working and increasing specialisation. Specialist services, such as neurology, are increasingly being delivered to Rotherham people in Sheffield. Adult social care also faces unprecedented pressure on its budgets to maintain services at the current level.

The changes in demographic need and the increase in multiple conditions, including mental health conditions, mean that we need to consider what hospital services in Rotherham should look like to best support people to be:

- *economically active*
- *independent*
- *treated as a whole rather than as a series of clinical conditions*

We need to consider how the hospital supports GPs and social care to deal with the health consequences of multiple health problems as well as tackling the underlying causes of ill health, and how can:

- *be forward thinking and not simply responsive*
- *use social and physical support to maintain good health*
- *use high quality diagnostic support and clinical intervention to keep people at home*

Recommendation

The Health and Wellbeing Board needs to ensure a common framework for preventative management of multiple conditions including mental ill health and musculoskeletal disease and to ensure we integrate risk factor management and rehabilitation in all disease management and care delivery.

3 Children and Young People's Health

3.1 Young people's health

Child poverty is the biggest barrier to improving outcomes for children and young people.

In Rotherham about 11,480 children (23.1%) live in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is <60% median income), this poses an immense challenge to give those children the best start in life.

The improvement in educational attainment in Rotherham as measured by GCSE results, from 54% in 2008 to 60% (1% above the England average), is stunning. It is a great achievement for Rotherham, its schools and the Council, but most of all for Rotherham children.

However, pupil absences from school are high at 5.11% for those aged under 16 (expressed as the percentage of half days missed by pupils due to authorised and unauthorised absences).

The proportion of 16-18 year olds not in education, employment or training (NEET) is 7.4 %, higher than the England average of 5.8%. Disengagement at this time can have a significant and lasting impact on the young person's health and wellbeing.

Rates of sexually transmitted infections are high, measured using chlamydia diagnoses as a marker condition, and indicate high levels of unprotected sexual activity in 15-24 year olds.

Under 18 conceptions are also high, although the most recent figures for Rotherham show significant improvement.

11,480 (23.1%)

children live in low income families

60%

educational attainment in Rotherham (1% above average)

To continue the improvement in educational attainment a reduction in pupil absence will need to be achieved.

7.4%

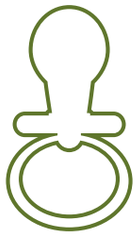
16-18 year olds not in education, employment or training

3.2 Maternal and infant health

Infant mortality, the rate of deaths in infants aged under 1 year per 1,000 live births, is 5.1 in Rotherham, not significantly different from the England rate at 4.3[4]. However, 3.5% of babies at term are of low birth weight, significantly higher than the England average. Both infant mortality and low birth weight are key markers of child and maternal health in a local population.

Significant inroads have been made in reducing smoking in pregnancy, the main avoidable cause of low birth weight and infant mortality. Rates of smoking at delivery in Rotherham have dropped from 26.1% (in 2009/10) to 19.2% in 2012/13. While this rate is still significantly higher than the national average it demonstrates the impact intensive local interventions are making.

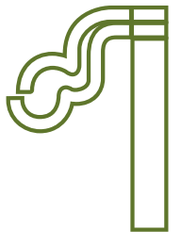
Infant mortality per 1,000 live births



5.1 Rotherham

4.3 England

Drop in rates of smoking



26.1% in 2009/10

19.2% in 2012/13

Breastfeeding initiation and maintenance are continuing challenges for us to give children the best start in life. Both are significantly worse than the England average.

[4]Adapted from data from the Office for National Statistics (ONS) licensed under the Open Government Licence v2.0.

3.3 Obesity in children

The data for obesity in children is more detailed than that available for adults because of the comprehensive National Child Measurement Programme, which weighs and measures all children in Reception and Year 6. We know from this information that childhood is an important time in the development of obesity, as levels more than double between Reception (aged 4-5 years) and Year 6 (aged 10-11 years).

This is a startling finding; why does it happen? It must be as a consequence of the lifestyle and diet choices of the children, their parents, their school and local environment. School stay-on-site policies have been shown to reduce the consumption of unhealthy food during the school day[5].

Healthy weight children in Reception

81.3% Rotherham

76.5% England average

Obese children at Year 6

20.5% Rotherham

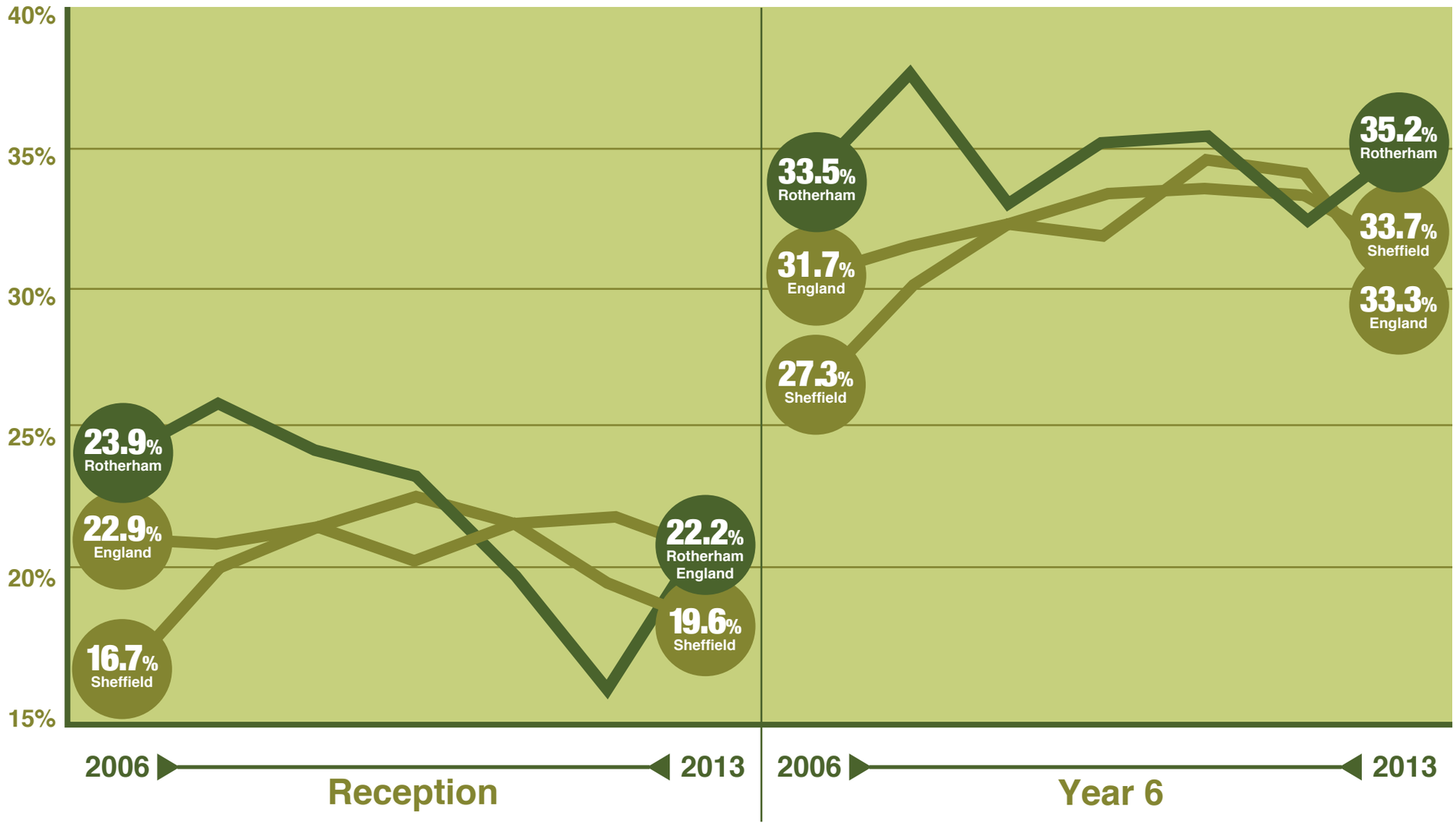
19.2% England average

A further marker of dietary intake is oral health; local children have poor dental health with an average of 1.4 bad teeth (England average 0.94).

[5]Crawford et al (2012) A Feasibility Study to Explore the Nutritional Quality of 'Out of School' Foods Popular with School Pupils
http://www.gcph.co.uk/assets/0000/3539/Out_of_school_foods_report_-_final.pdf

3.3 Obesity in children

Prevalence of overweight and obese children in reception and year 6 Rotherham, Sheffield and England 2006/07 to 2012/13 (incl 95% confidence intervals)



Recommendations

- *Rotherham Children's Board and the Council work with schools and the voluntary and community sector to reduce the impact of poverty on the borough's children.*
- *Rotherham's secondary schools should be encouraged to adopt stay-on-site policies at lunchtimes.*

Source: Health and Social Care Information Centre, Lifestyle Statistics/Public Health England.

4

Life Expectancy and Cause of Death

4.0 Introduction

Mortality is measured using the age-standardised rate of mortality. Age-standardisation adjusts death rates to take into account how many old or young people are in the population being looked at. When rates are age-standardised, differences in the rates over time or between geographical areas do not simply reflect variations in the age structure of the populations. This is important as many diseases predominantly affects the elderly so higher rate in one area is likely to reflect the fact that it has a greater proportion of older people.

In Rotherham the age-standardised rate of mortality from causes considered preventable is 159.8 per 100,000 population, substantially above the England average.

This indicator is broken down into its component indicators:

under 75 years mortality from

- *cardiovascular disease*
- *cancer*
- *respiratory disease*
- *liver disease*

all ages mortality rate from

- *infectious disease*
- *suicide*

Each component is analysed here and this analysis needs to direct our local actions to reducing premature death rates.

Mortality from most of these conditions can be effectively reduced by taking regular exercise, not smoking, eating a balanced diet and limiting alcohol consumption. It must be recognised that individual behaviour change is difficult and needs support. A multifactorial approach that addresses all risk factors yields most benefit. This is because tackling multiple risk factors in individuals has cumulative effect in reducing the chance of death.

Analysing the life expectancy gap between Rotherham and England helps understand the key causes of mortality contributing to inequalities in life expectancy and should inform the health and wellbeing strategy.

- *30% of the gap is caused by circulatory disease, heart attacks and stroke*
- *26% by cancer with over half of this explained by lung cancer deaths*
- *33% of the gap is caused by excess respiratory deaths*

Although the contribution of liver and gastro-intestinal disease to inequalities is relatively small at the moment, it is the increasing trend in the numbers of these deaths that is of concern. Similarly in an analysis of the contribution of air pollution to mortality it is the underlying contribution of air pollution to all deaths that is important. In both these cases these deaths are potentially avoidable.

4.1 Breakdown of the life expectancy gap

Table 1: Breakdown of the life expectancy gap between Rotherham as a whole and England as a whole, by cause of death, 2009-2011

		Male			Female		
Broad cause of death	Cause of death	Number of deaths in Rotherham	Number of excess deaths in Rotherham	Contribution to the gap (%)	Number of deaths in Rotherham	Number of excess deaths in Rotherham	Contribution to the gap (%)
	Coronary heart disease	685	137	28.8	536	144	30.3
	Stroke	206	6	3.3	310	.....	.....
Circulatory diseases	Other circulatory diseases	225	.....	.....	260	.....	.....
	Lung cancer	310	69	15.4	235	47	13.0
Cancer	Other Cancers	886	96	18.2	780	38	13.5
	Pneumonia	241	88	18.0	303	87	14.1
	Chronic obstructive airways disease	191	19	1.6	194	34	7.6
Respiratory diseases	Other respiratory diseases	156	44	8.6	191	70	11.4
	Chronic liver disease including cirrhosis	62	4	1.7	36	4	1.5
Digestive diseases	Other digestive diseases	114	6	1.5	170	24	4.2
	Suicide	26	.....	.....	8	.....	.....
External causes	Other external causes	97	.....	.....	67	.....	.....

4.1 Breakdown of the life expectancy gap

Broad cause of death	Cause of death	Male: Number of deaths in Rotherham	Male: Number of excess deaths in Rotherham	Male: Contribution to the gap (%)	Female: Number of deaths in Rotherham	Female: Number of excess deaths in Rotherham	Female: Contribution to the gap (%)
	Infectious and parasitic diseases	24	.....	.....	35	.....	.....
	Mental & behavioural disorders	133	4	0.6	264	3	0.9
Other causes	**Other**	310	11	0.3	484	25	3.2
Neonatal mortality	**Deaths under 28 days**	18	2	1.9	13	0	0.3
TOTAL		3684		100	3885		100.0

Recommendation

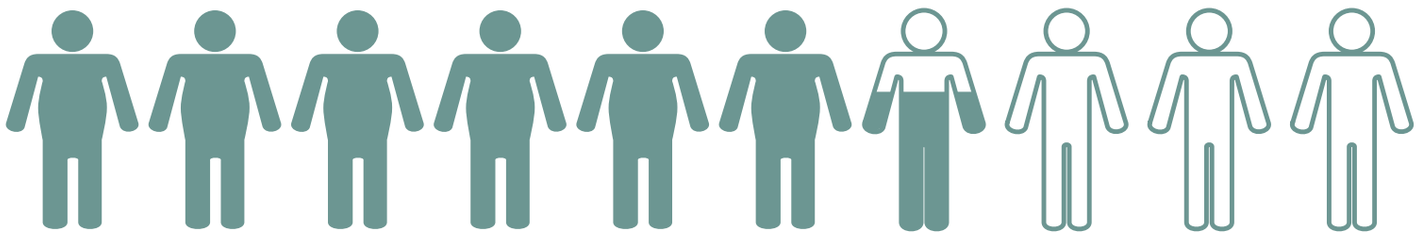
The Health and Wellbeing Board needs to consider the relationship between its long term goals in the Health and Wellbeing strategy and the need to take action now to reduce the three main causes of inequality: cancer, especially lung cancer, cardiovascular and respiratory deaths.

5 Heart disease and Stroke

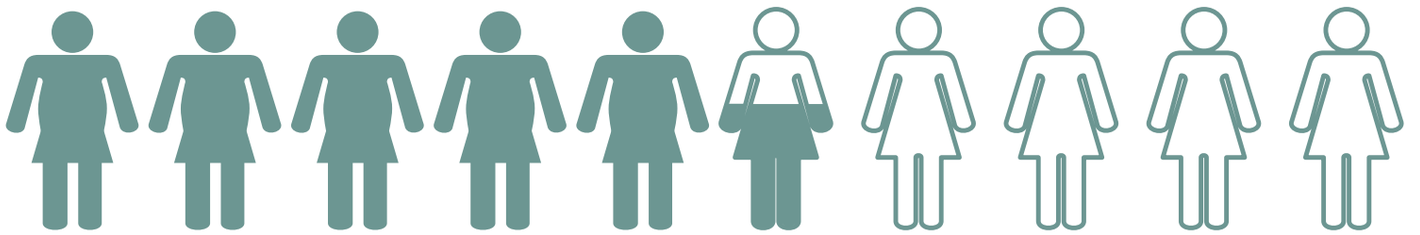
5.1 Obesity in adults

In Rotherham, like the rest of England, the majority of the adult population is now overweight or obese.

More than 6 out of 10 men are overweight or obese



More than 5 out of 10 women are overweight or obese



Obesity has been increasing rapidly over the last few years, so now more of the population are obese or morbidly obese than they were in the 1990s. Since then the proportion of the population that is a healthy weight has dropped by around 10%.

5.1 Obesity in adults

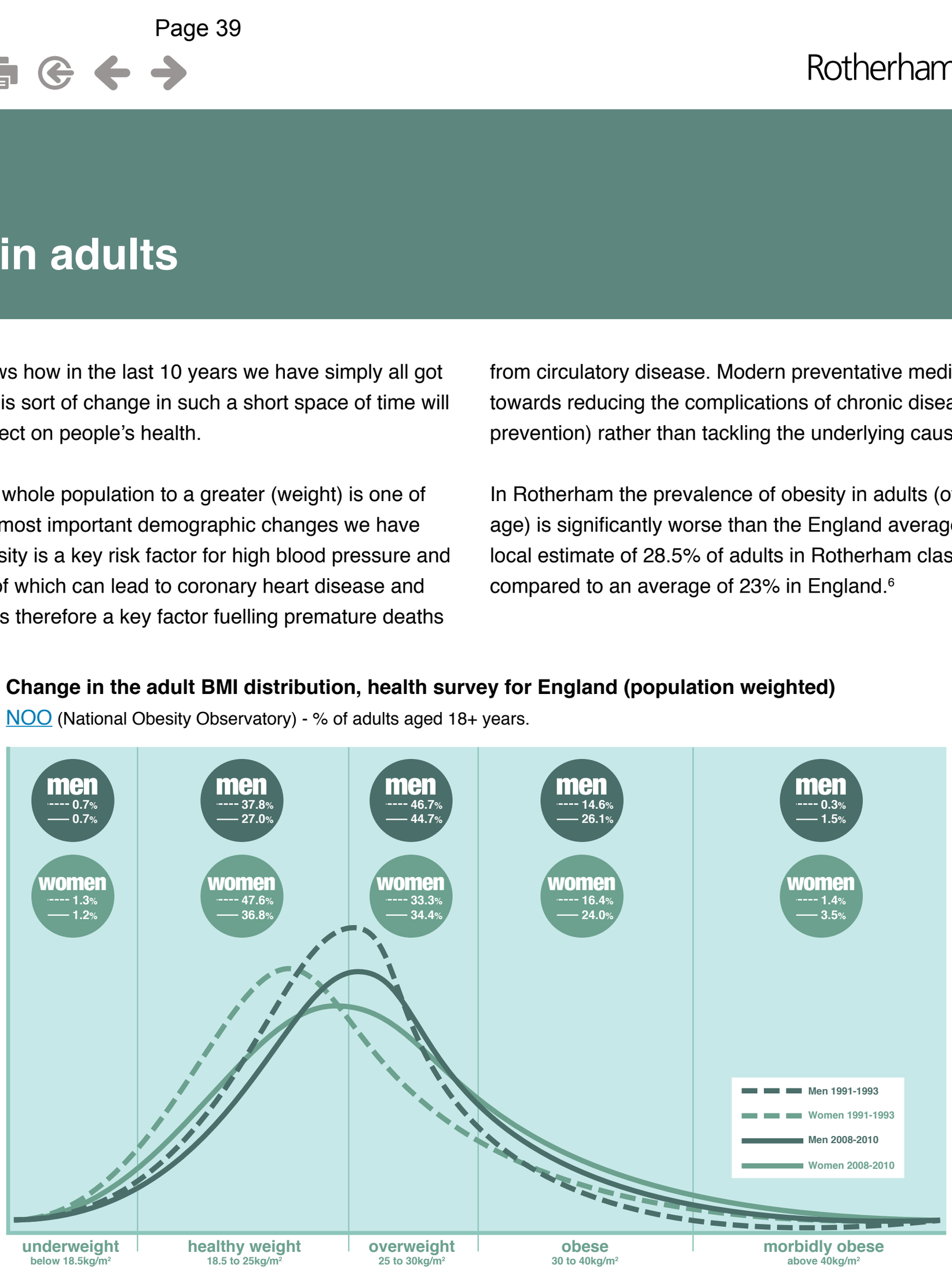
This graph shows how in the last 10 years we have simply all got fatter. Seeing this sort of change in such a short space of time will have a huge effect on people's health.

This shift of the whole population to a greater (weight) is one of the fastest and most important demographic changes we have ever seen. Obesity is a key risk factor for high blood pressure and diabetes, both of which can lead to coronary heart disease and stroke; obesity is therefore a key factor fuelling premature deaths from circulatory disease. Modern preventative medicine is directed towards reducing the complications of chronic disease (tertiary prevention) rather than tackling the underlying cause.

In Rotherham the prevalence of obesity in adults (over 16 years of age) is significantly worse than the England average, with the latest local estimate of 28.5% of adults in Rotherham classified as obese, compared to an average of 23% in England.[6]

Change in the adult BMI distribution, health survey for England (population weighted)

NOO (National Obesity Observatory) - % of adults aged 18+ years.



[6]Public Health England (2014) Prevalence of underweight, healthy weight, overweight, obesity, and excess weight among adults at local authority level for England http://www.noo.org.uk/visualisation

5.2 Cardiovascular mortality

The age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age is 72 per 100,000 population, 18% above the England average. The actual number of under-75 deaths from cardiovascular disease in Rotherham is large and each year is equivalent to the number of people who could fit on nine double-decker buses.

A large proportion of these deaths remain preventable. Heart disease and stroke mainly affects people older than fifty years and age is the main determinant of risk. Apart from age and gender, three modifiable risk factors – smoking, raised blood pressure and raised cholesterol – make a major contribution to cardiovascular risk, particularly in combination. These risk factors account for 80% of all cases of premature coronary heart disease (CHD)[7] and these risks appear to be increased by outdoor air pollution. The risk of a future CVD event can be calculated from these risk factors and people at highest risk can be identified by their GP. Obesity contributes directly to two of these factors: high blood pressure and cholesterol. Obesity needs addressing directly rather than simply treating the symptoms of high blood pressure and raised cholesterol.

Excess body fat directly reduces life expectancy; it increases the likelihood of diseases, particularly heart disease, type 2 diabetes, obstructive sleep apnoea, certain types of cancer and osteoarthritis. The main effect is the complex interaction of obesity, diet, cholesterol, high blood pressure and the risk of heart disease and stroke. As your body mass index increases, in general, cholesterol levels and triglyceride levels increase and your risk of a heart attack or stroke increases[8]. These risks are further increased if you smoke or are exposed to air pollution.

The NHS Health Check programme is key to our Health and Wellbeing Strategy aims of tackling the risk factors that lead to early mortality from cardiovascular disease.

At the core of the NHS Health Check is a behavioural and physiological risk assessment that offers the opportunity to manage the risk factors and reduce cardiovascular disease. There is a very strong evidence base that brief interventions by GPs will deliver significant behaviour change. As part of the local council Public Health offer to Rotherham people, interventional behaviour change services offered include weight management services, stop smoking services, health trainers and specialist and GP alcohol services.

In Rotherham, General Practice is at the centre of the NHS Health Check programme. I think that this is right and that this offers Rotherham GPs the best opportunities to build a preventative approach into their daily practice. We have one of the best performing NHS Health Check programmes with 57% of people in Rotherham having completed a first Health Check since 2006. We will, however, need a step change in performance to achieve the new target of screening everyone aged 40-74 every five years.

[7]Emberson JR, Whincup PH, Morris RW et al. (2003) Re-assessing the contribution of serum total cholesterol, blood pressure and cigarette smoking to the aetiology of coronary heart disease: impact of regression dilution bias. European Heart Journal 24: 1719–26.
[8]Thelle et al. Br Heart Journal 1983;49:205-13.

5.3 Tackling premature heart disease and stroke

If you are worried about heart disease or stroke

- Increase your level of physical activity. *Obesity is primarily caused by excessive food energy intake and lack of physical activity.*

- Reduce your energy intake *by reducing portion size, cutting out high calorie foods and not eating between meals.*

- Cut down on saturated fats *in the diet, they increase cholesterol and triglyceride levels. Pies, pasties, sausages, burgers, processed kebabs, cheese and pastries and the use of cooking oil all contribute saturated fat to the diet. Reducing saturated fat is key to weight loss and reducing harmful levels of lipids in the blood.*

- Eat low energy unprocessed foods *and increase your intake of dietary fibre. Avoid foods or drinks with a high sugar content.*

- Eat a 'rainbow' of fruit and vegetables, *having at least 5 portions every day.*

- Get a health check.

Recommendations

We must offer everyone aged 40-74 a health check every five years screening 20% of the eligible population annually with a 90% uptake.

Physical activity should be commissioned as a direct intervention to prevent morbidity in long term conditions.

6 Cancer

6.0 Introduction

Cancer incidence in Rotherham is higher than the average with lung and colorectal cancers being especially high. This reflects the higher than average prevalence of smoking and other lifestyle risk factors. Tackling tobacco use and obesity are priorities for sustaining the long-term reduction in premature cancer deaths.

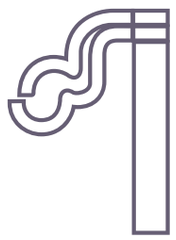
Smoking is the single most important factor in causing avoidable cancer deaths. Over 90% of lung cancer is caused by smoking and it is also a significant contributory factor for head and neck, stomach, bladder and kidney cancers[9]. Obesity is causal in an increased risk of breast and ovarian cancer.

The age-standardised rate of mortality from all cancers in persons less than 75 years of age

124.1
per 100,000 population

15%
above England average

Smoking prevalence in adults



23.3%
Rotherham

20.3%
England average

We know that in many Rotherham communities more than 40% of adults smoke.

[9]Lung cancer risk factors, Cancer Research UK 2013, available from http://www.cancerresearchuk.org/cancer-info/cancerstats/types/lung/riskfactors/lung-cancer-risk-factors

6.1 Improving Early Detection of Lung Cancer in Rotherham

Lung cancer is the leading cause of death from cancer in both men and women. It is responsible for about a sixth of the inequality in life expectancy between Rotherham and England. At a local level, it is responsible for a sixth of the inequality in male life expectancy and a twelfth of the inequality in female life expectancy between the most and least deprived quintiles.

Put another way, there is an excess of 81 deaths from lung cancer in the most deprived 20% of Rotherham citizens compared with the least deprived 20%[10] and this represents 70% of the excess deaths from lung cancer in Rotherham compared with England.

Overall survival at 1 and 5 years after diagnosis is poor compared with other cancers. This is believed to be due to the relatively late stage of presentation with disease by Rotherham people. However, disease caught and treated at an early stage is associated with good survival rates.

While controlling tobacco use is the key to sustaining a long-term reduction in lung cancer incidence, taking steps to reduce mortality from lung cancer is also an important near-term goal for reducing years of life lost and narrowing health inequalities.

[10]The Segment Tool, PHE 2014, available from http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

6.2 Tackling Premature Cancer deaths

The detection of cancer through the urgent 2-week-wait pathway from GP to hospital in Rotherham is worse than average; this is combined with a worse than average referral rate from general practices.

This suggests that people may be putting off seeking help when they have the early signs and symptoms of cancer, or that they may not know what are important early signs and symptoms of cancer or that GPs faced with the high levels of lung conditions in the community are not recognising significant changes in symptoms.

Awareness raising to encourage people to seek help when they have early signs or symptoms of cancer – particularly lung and breast – is a priority for achieving a short term reduction in premature cancer deaths.

Recommendations

Stopping smoking should be the key priority for the Borough in tackling excess cancer deaths

The CCG should actively promote awareness of early signs and symptoms of cancer and how and where to seek help as this could quickly save lives

Faster referral pathways and lowered thresholds for referral by GPs, particularly for lung cancer, are required to ensure a higher proportion of lung cancers are detected through the 2 week wait system.

7
Liver Disease and Other Digestive Disease

7.0 Introduction

Deaths from liver and other digestive diseases contribute over 4% to our inequalities.

The main threat to life from gastrointestinal disease is bleeding either from duodenal or gastric ulcers or bleeding from varicose veins caused by liver cirrhosis. A significant avoidable factor in the cause of gastrointestinal bleeding is the use of non-steroidal anti-inflammatory drugs which predispose patients to ulcers.

In liver cirrhosis blood cannot flow easily through a damaged cirrhotic liver so it finds an alternative route to circulate around the oesophagus and rectum, and these distended – varicose veins burst with catastrophic results.

Recommendation

Rotherham CCG should continue to prioritise reducing the use of prescribed non-steroidal anti-inflammatory drugs.

7.1 Liver Disease

Liver cirrhosis is now the fifth most common cause of death in the UK. There is an increasing trend in both the incidence and prevalence of cirrhosis with an estimated 45% increase in incidence of cirrhosis between 2000 and 2010. Just over half of all cirrhosis is associated with alcohol consumption; the other major causes are obesity and hepatitis.

In England and Rotherham we are facing a steep increase in liver cirrhosis and the complications of liver disease – bleeding from the gastro-intestinal tract and the effect on people's brain from the build-up of toxic chemicals leading to coma and death (hepatic encephalopathy).

The age-standardised rate of mortality from liver disease in persons less than 75 years of age

15.7
per 100,000 population

9%
above England average

7.2 Hepatitis

Hepatitis is mainly caused by viruses Hepatitis B and C, which are transmitted via blood, other body fluids or sexually.

Controlling hepatitis through vaccination of at risk groups and preventing transmission from contaminated needles and syringes in those who inject drugs is a public health priority for the Borough.

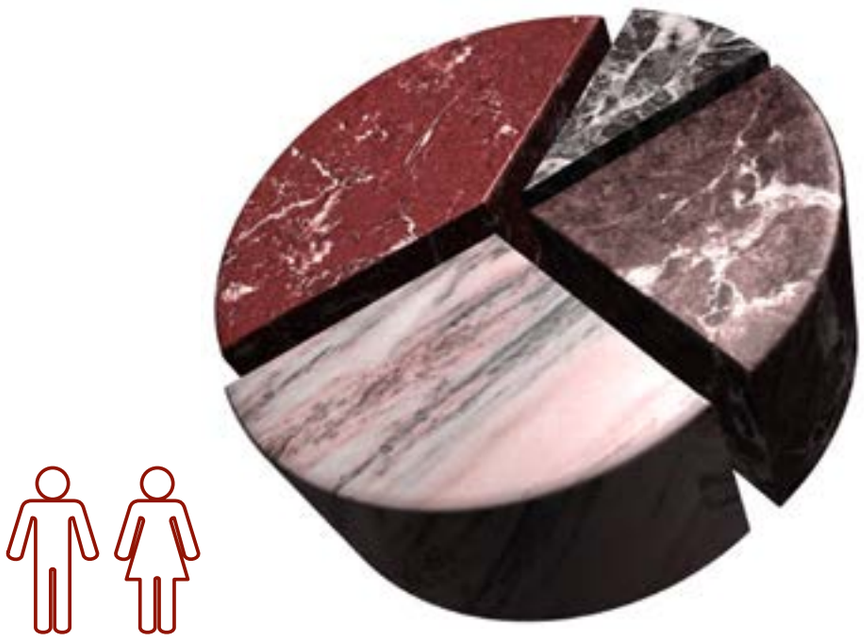
7.3 Alcohol

Alcohol is not only important as a cause of liver cirrhosis, it also contributes to deaths from cancer, heart disease, accidents and mental health.

We can predict that within the adult population of Rotherham 7,086 individuals are dependent on alcohol, with a further 10,432 drinking at harmful levels and 51,569 drinking above low risk.

Using national Alcohol Concern[11] calculations based on hospital activity statistics (2009/10) for Rotherham there were 53,689 alcohol related hospital attendances at Rotherham Hospital. Of these, 28,827 were in A&E, 18,275 in outpatients and 6,587 inpatient stays were related to alcohol. The majority of inpatients (2,658) were aged 55-74.

Public Health England estimate of local societal cost of alcohol use in 2011/12



£28.29m crime and licensing

£21.75m NHS

£39.02m workplace

£9.90m social services

£97.80m TOTAL COST*

*Total cost excludes crime related healthcare costs

[11]Alcohol Concern (2013) The real cost of alcohol: a map of alcohol harm across England. http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map

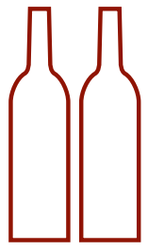
7.3 Alcohol

In 2012/13 Rotherham had 591 people in receipt of specialist treatment for alcohol dependency; 77% of those in treatment live with children. In addition many more children have parents with harmful and risky drinking patterns, which means the number of children impacted by their parents' alcohol dependency is significant.

Only a small number of those we believe to have problematic drinking are seeking treatment. This may be for a number of reasons including a lack of awareness of the risks. This is why increasing use of an evidence based screening tool is at the centre of the Health and Wellbeing Strategy.

Our local strategy has been to promote screening for risky drinking within GP practices. In 2011/12 2,780 screenings were undertaken. We are committed to increase this, both in the GP setting and in the community. Increasing take up of the NHS Health Check will also lead to an increase in the number of alcohol screenings carried out.

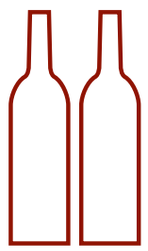
High risk drinking levels in the 28 days prior to entering treatment



80% Rotherham

75% Nationally

Consumption in the 28 days prior to treatment



23% 401 - 600 units

37% over 600 units

600 units over a 28 day period is the equivalent to:

5% Lager* a day

*Pints

Many of those with harmful drinking are not seeking or accepting services until their alcohol consumption is very high

7.4 Tackling liver disease

If you are worried about liver disease

- Be aware of the alcohol percentage content of what you drink, as well as understanding what a unit of alcohol is
- Seek help to reduce or stop drinking alcohol altogether
- Avoid risky behaviour. *Get help to reduce the risks if you use illicit intravenous drugs. Don't share injecting equipment used to inject drugs. If you choose to have sex, use condoms*
- Get vaccinated. *If you're at increased risk of contracting hepatitis or if you've already been infected with any form of the hepatitis virus, talk to your doctor about getting the hepatitis B vaccine*
- Use medications wisely. *Only use prescription and non-prescription drugs when you need them and take only the recommended doses. Don't mix medications and alcohol. Talk to your doctor before mixing herbal supplements or prescription or non-prescription drugs*
- Avoid contact with other people's blood and body fluids. *Hepatitis viruses can be spread by accidental needle sticks or improper clean-up of blood or body fluids. It's also possible to become infected by sharing razor blades or toothbrushes*
- Choose a healthy diet and maintaining a healthy weight. *Obesity causes non-alcoholic fatty liver disease, which includes fatty liver cirrhosis.*

Recommendations

Reducing the volume of alcohol consumed in the Borough needs to be the agreed theme for the introduction of making every contact count (MECC), whilst maintaining quick and easy access to services that can respond to those identified as risky drinkers.

Services and GPs should be active in making the hepatitis vaccine available to risk groups and better clinical screening for early detection and treatment.

Hepatitis prevention needs to be a priority for environmental health and for the sexual health and the drugs service.

8
Mental Wellbeing

8.0 Introduction

Suicide is the most devastating outcome of both long term mental illness and people's response to economic hardship and distress.

As a consequence of the economic austerity, suicide rates nationally have shown a reversal from previous years when there had been a steady decline. Locally Rotherham has also seen an increase in the number of death registrations classified as suicides/ deaths of undetermined intent. These deaths fell sharply between 2007 and 2010 but have increased in 2011 and 2012. Rotherham's suicide rate for 2012 is now above the England average.

Suicide amongst males is at its highest in Rotherham since 2002 with more middle aged men (30-44 and 45-59 year old age groups) taking their own life. The latest suicide prevention strategy for England[12] and a recent report from The Samaritans[13] have both identified middle aged men, especially those from poorer socio-economic backgrounds as one of the high-risk groups who were a priority for suicide prevention.

Young males must continue to be a priority group for suicide prevention both nationally and locally. In Rotherham the expected number of suicides amongst 15-19 year olds would be one or two every two years.

In 2013 the Suicide Prevention Group received notification of 17 deaths

Between 2011 and 2013 we have had four deaths amongst 15-19 year olds. This has devastating consequences for the families of these young people.

[12]HM Government (2012) Preventing suicide in England: A cross-government strategy to save lives
https://www.gov.uk/government/publications/suicide-prevention-strategy-launched
[13]Samaritans (2012) Men, Suicide and Society: Why disadvantaged men in mid-life die by suicide.

8.0 Introduction

Mental health problems are related to deprivation, poverty, inequality as the social and economic determinants of poor health. People with long term mental health problems are also more likely to be in the most disadvantaged sections of society. Austerity increases the risk factors for poor mental health of the whole population, in addition to the people affected and their families[14]. The population groups most affected are those on low income, those who face loss of income and/or housing. In Rotherham the underlying economic determinants of mental health are worse than the national average. Rotherham's strong sense of community is a solid local factor that helps people cope.

Suicide is not the best measure of a population's mental health because it does not explain the incidence and prevalence of mental health problems. Depression represents 12% of the total burden of non-fatal global disease and by 2020 the World Health Organisation predicts this will be second, after cardiovascular disease, in terms of the world's disabling diseases. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs. However there are still limitations to using data on diagnosis as a measure of a population's mental health and well-being as it relies on people identifying and admitting to having a mental health problem and then accessing services. In fact the population's mental health can be measured by a variety of health and non-health measures. The New Economics Foundation explains that well-being can be explained by how people feel, how they function and how they evaluate their lives. In Rotherham more people report low satisfaction with life nowadays, low happiness and high anxiety levels than the national average.

The prevalence rate for depression amongst adults aged 18 plus in Rotherham

14.9% Rotherham

11.68% England average

Between 2011 and 2013 we have had four deaths amongst 15-19 year olds. This has devastating consequences for the families of these young people.

[14]WHO (2011) Impact of economic crises on mental health

8.1 Tackling mental ill-health

Research shows that when we improve wellbeing and prevent mental health problems it will improve many of the factors influencing both overall life expectancy and healthy life expectancy. This requires commitment across the public sector to development a Rotherham Mental Health Strategy which will outline local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems in Rotherham.

Recommendations

Rotherham MBC should develop a Rotherham Mental Health Strategy outlining local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems.

Mental health promotion messages should be an agreed theme within Making Every Contact Count (MECC).

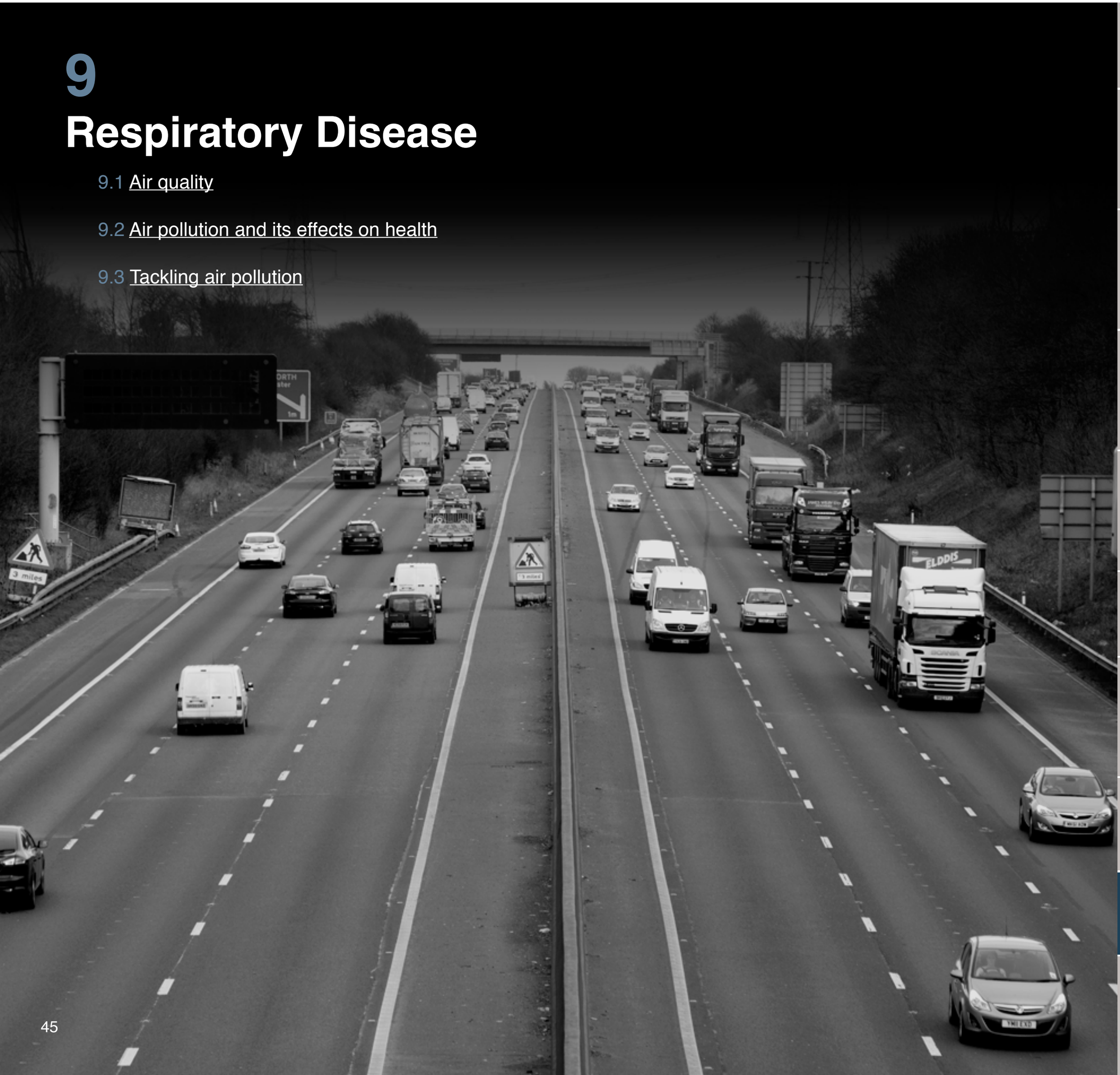
8.2 Suicide Prevention

In Rotherham we have a multiagency Suicide Prevention and Self Harm Group which provides a coordinated approach to suicide prevention and self-harm in Rotherham. The group leads on:

- Increasing local understanding *of suicide and suicide prevention amongst the statutory and voluntary sector and local community groups.*
- Reviewing deaths, *observing local trends and taking appropriate action where necessary to reduce access to the means of suicide.*
- Introducing interventions which reduce risk in high risk groups, *for example the development of specific pathways of care for groups like veterans, people experiencing domestic abuse, young people.*
- Implementing the bereavement support pathway *for adults and children and young people who are bereaved by suicide.*
- Supporting local media in delivering sensitive messages about suicide, *using the opportunity to advertise help and support.*
- Continuing to train the wider workforce to be able to identify and respond when people are at risk of suicide. *In Rotherham we have developed the CARE pathway for suicide intervention (Change, Ask, Respond and Explain).*
- Continuing to provide training on mental health, *wellbeing and resilience to frontline staff.*

[15]New Economics Foundation (2012) Measuring Well-Being: A Guide for Practitioners

9 Respiratory Disease



9.1 Air Quality

The age-standardised rate of mortality from respiratory disease among people aged less than 75 years is 30.4 per 100,000 population, significantly higher than the England average. Deaths from pneumonia, account for around 30% of respiratory disease deaths.

Apart from smoking the main avoidable factor in respiratory disease is air pollution as a result of contamination of the outside air by particles. Industrial exposure to dust and smoke is common in people who worked in Rotherham's mines or steelworks in the past and this is particularly pertinent if they are or have been a smoker, worsening their respiratory symptoms.

Clean Air Acts and the decline in heavy industry have vastly improved the visible quality of the air we breathe over the last 60 years.

However, the size of smoke and exhaust particles we breathe in air has decreased, with the majority of this fine particulate matter coming from vehicle exhausts. Fine-particulate matter with a diameter of 10 to 2.5 microns or less (known as PM_{10} or $PM_{2.5}$), penetrate deeply into the alveolar region of the lung and from there can pass directly into the blood. It is associated with an increased risk of heart disease.

In a recently published study in the BMJ[16] long-term exposure to fine particulate air pollution was associated with increased mortality from coronary events, even within concentration ranges well below the present European annual mean limit value. This will result in added mortality risk for those with other risk factors for heart disease such as smoking or obesity.

[16]Cesaroni G et al (2014) Long term exposure to ambient air pollution and incidence of acute coronary events: prospective cohort study and meta-analysis in 11 European cohorts from the ESCAP Project. BMJ 2014;348:f7412

9.2
Air pollution and its effects on health

The Public Health Outcomes Framework uses data from the Committee on the Medical Effects of Air Pollutants (COMEAP) and from local monitoring to assign the fraction of overall mortality to particulate air pollution.

It is the absolute number of deaths this affects that is significant; calculations by Public Health England attribute 1 in 20 deaths to air pollution. These figures are estimates, but the effect on those living in poor air quality zones is likely to be significant.

A 5$\mu g/m^3$ increase in annual mean $PM_{2.5}$ exposure is associated with a 13% increased risk of coronary events a 10$\mu g/m^3$ increase in PM_{10} with a 12% increase in risk.

These problems are not fairly distributed in our society – people in the most deprived neighbourhoods, who often don't have access to a vehicle themselves, are typically exposed to the highest levels of pollution as they live closer to major roads or heavy industry. Actions to reduce air pollution will lead to a reduction in health inequalities in the Borough.

Rotherham's fraction (average for an urban area) compared to non-urban area.

5.39% Rotherham

4.05% North Yorkshire

The combination of the historical burden of respiratory disease from heavy industry, higher than average smoking and the new and emerging evidence about air pollution are significantly impacting on health inequalities in the Borough.

9.3 Tackling air pollution

- *A lot of the air pollution problems affecting Rotherham residents come from the traffic on the M1 motorway. Actions to reduce the speed of traffic on the motorway, and to improve traffic flow to reduce the number of cars running stationary (especially on on-ramps and off-ramps) are likely to help reduce air pollution.*

- *Reductions in the number of vehicle journeys will reduce air pollution. The council is working through a number of mechanisms to achieve this, from improving public transport, to measures that encourage cycling and walking.*

- *Actions that reduce energy use in homes will reduce domestic production of air pollution. The council has an extensive program to improve insulation in council operated properties.*

Recommendations

Rotherham Council should note the significant effect of air quality on mortality and that improvement in air quality, particularly reducing levels of PM 2.5 to PM 10 should be a priority for the Borough.

10
Mortality from Infectious Disease

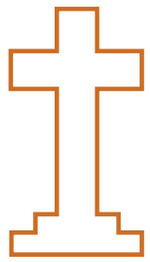
10.0 Introduction

According to the Public Health Outcome Framework data Rotherham has a high rate of death for infectious disease. This contributes significantly to our health inequalities. According to death registrations between 2009 and 2011 the vast majority of these deaths, 516 over the three years, were for pneumonia and influenza and it is these deaths that account for Rotherham's communicable disease death rate being significantly higher than England's.

Pneumonia and influenza deaths are included within the respiratory category in Table 1, contributing to 14% of the inequality in mortality.

Pneumonia deaths are heavily weighted to the elderly and those with pre-existing lung or other chronic disease.

Deaths from infectious disease per 100,000 population



39.8
Rotherham

22.9
England

The over-85 age group has the greatest percentage of pneumonia deaths, but the rate in Rotherham is lower than that in England.

Over **50%** for Rotherham

Over **60%** for England

Rotherham has a higher percentage of pneumonia deaths within the over-65 age group than England average.

10.1 Tackling pneumonia and communicable disease

Smoking is the major avoidable factor in lung damage predisposing to pneumonia. However influenza infections are also a significant and avoidable factor in causing pneumonias.

Influenza, or flu, is a respiratory illness associated with infection by influenza virus. Symptoms frequently include headache, fever, cough, sore throat, aching muscles and joints. Deaths from flu are usually caused by secondary bacterial infections causing pneumonia in those with conditions that make them more susceptible.

Death rates from flu are 0.4 per 100,000 population; these rise to between 10 and 20 per 100,000 for some at risk groups. Risk groups include those with chronic lung and heart conditions, asthma, neurological conditions and liver disease and the elderly. Improving vaccine uptake rates in risk groups will protect them from the complications of flu.

Apart from stopping smoking, influenza is therefore the most important modifiable risk factor for death from pneumonia/ communicable disease.

Influenza immunisation has been recommended in the UK since the late 1960s, with the aim of directly protecting those in clinical risk groups who are at a higher risk of influenza associated morbidity and mortality. In 2000, the policy was extended to include all people aged 65 years or over. In 2010, pregnancy was added as a clinical risk category for routine influenza immunisation. In 2012, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the programme should be extended to all children aged two to 18 years. The phased introduction of this extension began in 2013 with the inclusion of children aged two and three years in the routine programme. From September the programme is being extended to all children aged 12-18 in schools. This is designed not only to protect children but to disrupt transmission of the virus to and reduce deaths within vulnerable risk groups.

Pneumococcal vaccines also protect against the most common types of pneumonia by reducing the number of cases that occur and also by reducing the severity of infection when it does occur. They are recommended for all those aged 65 and over.

It is also essential that we ensure high rates of vaccination and immunisation uptake for both this and the flu vaccine in those aged 65 years and over, as essential components of a safe and effective community health system which will contribute to the reduction in morbidity and mortality associated with pneumonia.

10.2 Antibiotic Resistance

People suffering life threatening bacterial infections (including pneumonias) need effective antibiotics.

Antibiotic resistance is not a new problem; in the past we have simply developed new antibiotics to replace ones to which bugs have become resistant. There has now been no new class of antibiotic discovered since 1987.

It is therefore vital that we look after the antibiotics that we do have. Many people, however, do not complete their course and this can lead to antibiotic resistance. Furthermore, doctors and nurses should only prescribe antibiotics when they are really needed and only use recommended antibiotics for specific conditions– not for ordinary coughs and colds. When a GP tells us that it's a virus and that antibiotics won't help, we all need to listen and not demand to be given antibiotics.

The Chief Medical Officer in her 2013 Annual Report highlighted the worldwide crisis in the development of antibiotic resistance.

Recommendations

Rotherham Clinical Commissioning Group and NHS England should consider flu vaccination a priority for Rotherham. Achieving 90% uptake of flu vaccination in the extension of immunisation to all children under 18 this September should be a priority for the Health and Wellbeing Board.

Rotherham Clinical Commissioning Group should implement the local actions outlined in the Chief Medical Officers 2013 Annual Report on Antimicrobial Resistance.

Appendix 1
Public Health Outcomes Framework indicators

1. Improving the wider determinants of health	1.01	Children in Poverty
	1.02	School readiness
	1.03	Pupil Absence
	1.04	First Time Entrants Into Youth Justice System
	1.05	16-18 year olds not in education employment or training
	1.06	Adults with learning disability / mental health who live in stable and appropriate accommodation
	1.07	People in prison who have a mental illness
	1.08	Gap in the Employment for those with LT health conditions including those with learning difficulties/disability or mental illness
	1.09	Sickness absence rate
	1.10	Killed or seriously injured casualties on England's roads
	1.11	Domestic abuse
	1.12	Violent crime (including sexual violence) offences / hospital admissions
	1.13	Re-offending
	1.14	The percentage of the population affected by noise
	1.15	Statutory homelessness
	1.16	Utilisation of outdoor spaces for exercise/health reasons
	1.17	Fuel poverty
	1.18	Social isolation
	1.19	Older people's perception of community safety
2. Health Improvement	2.1	Low birth weight of term babies
	2.2	Breastfeeding (initiation and 6-8 weeks)
	2.3	Smoking status at time of delivery
	2.4	Under 18 conceptions
	2.5	Child development at 2-2.5 years
	2.6	Excess weight at 4-5 and 10-11 year olds
	2.7	Hospital admissions caused by unintentional and deliberate injuries in children and young people
	2.8	Emotional wellbeing of looked after children
	2.9	Smoking prevalence – 15 year olds
	2.10	Hospital admissions as a result of self-harm
	2.11	Diet
	2.12	Excess weight in adults
	2.13	Percentage of physically active and inactive adults
	2.14	Smoking prevalence – adult (over 18s)
	2.15	Successful completion of drug treatment

Appendix 1
Public Health Outcomes Framework indicators

	2.16	People entering prison with substance dependence issues who are previously not known to community treatment
	2.17	Recorded diabetes
	2.18	Alcohol related hospital admissions
	2.19	Cancer diagnosed at Stage 1 and 2
	2.20	Cancer screening coverage
	2.21	Access to non-cancer screening programmes
	2.22	Take up of the NHS Health Check Programme
	2.23	Self-reported wellbeing
	2.24	Injuries due to falls in the over 65s
3. Health Protection	3.1	Fraction of mortality attributed to particulate air pollution
	3.2	Chlamydia diagnoses (15-24 year olds)
	3.3	Population vaccination coverage
	3.4	People presenting with HIV at a late stage of infection
	3.5	Treatment completion for tuberculosis
	3.6	Public sector organisations with board approved sustainable development management plan
	3.7	Comprehensive agreed interagency plans for responding to public health incidents
4. Healthcare public health and preventing premature mortality	4.1 Infant Mortality	
	4.2 Tooth decay in children aged 5	
	4.3 Mortality from causes considered preventable	
	4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	
	4.5 Mortality from cancer	
	4.6 Mortality from liver disease	
	4.7 Mortality from respiratory diseases	
	4.8 Mortality from communicable diseases	
	4.9 Excess under 75 mortality in adults with serious mental illness	
	4.10 Suicide rate	
	4.11 Emergency admissions within 30 days of discharge from hospital	
	4.12 Preventable sight loss	
	4.13 Health related quality of life for older people	
	4.14 Hip fractures in over 65s	
	4.15 Excess winter deaths	
	4.16 Dementia and its impacts	

For an up to date performance scorecard please visit the Public Health Outcomes Framework website at www.phoutcomes.info

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**11 July 2014**
3.	**Title:**	**Healthwatch Annual Report and Escalation Policy**
4.	**Directorate:**	**Healthwatch Rotherham**

5. Summary

The report updates Members on the work of Healthwatch during 2013-14, including the Escalation Policy and procedure.

6. Recommendation

That Members:

- **Note the contents of the Healthwatch annual report.**
- **Note the Escalation Policy and procedure for handling comments and concerns.**
- **Agree to receive a future update from Healthwatch in six months.**

7. Proposals and Details

Healthwatch Rotherham works with local people to enable them to have their say in the design and delivery of local health and social care services. They represent the views of service users, carers and the public on the Rotherham Health and Wellbeing Board; provide a complaints advocacy service to support people who make a complaint about NHS services; and may report concerns about the quality of health and social care to Healthwatch England, which can then recommend that the Care Quality Commission take action. They aim to work with local providers and commissioners, creating a partnership approach to improve local services. The annual report at Appendix 1 provides an overview of Healthwatch's work during 2013-14.

As Healthwatch gathers people's views and makes these known to local partners and health and social care providers, it may become aware of concerns, comments, compliments or complaints that could require escalation to the agencies to which the service provider is accountable. The Escalation Policy and procedure at Appendix 2 provides clarity to the public, providers and stakeholders as to when Healthwatch will escalate issues raised with them.

8. Finance

No direct financial implications from this report.

9. Risks and Uncertainties

It is important that people in all parts of the borough have accessible and high quality health and social care. Healthwatch provides an independent route for service users and their families to raise any issues and concerns with regard to local services.

10. Policy and Performance Agenda Implications

RMBC Corporate Plan: Helping to create safe and healthy communities
Health and Wellbeing Strategy

11. Background Papers and Consultation

Appendix 1 Annual Report
Appendix 2 Escalation Policy

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PARKWOOD HEALTHCARE

healthwatch Rotherham

Healthwatch Rotherham
Annual Report 2013/14

Contents

Annual Report 2014

Contents

Annual Report 2014

Summary Easy Read

Easy Read

About Healthwatch Rotherham

Healthwatch Rotherham helps local people say what they think about health and social care services in Rotherham.

This information helps health and social care services change the way they work for the better.

Healthwatch Rotherham:

- Is part of the local Health and Wellbeing Board. They tell the board what people in Rotherham think of health and social care services.

- Supports people to make a complaint about NHS services.

- Reports any worries about health and social care services to Healthwatch England and the Care Quality Commission (CQC).

Annual Report 2014

Summary Easy Read

Changes that have happened this year

This year Healthwatch Rotherham has seen lots of changes in health and social care in Rotherham.

Some of the things we have helped change:

- Rotherham hospital has changed the information patients get before they have an operation. This is because some people said it was hard to read.

- Staff at a local doctor's surgery have been given training about helping patients with cancer.

- People who have problems seeing now find it easier to get the ball at the end of their white stick replaced.

Annual Report 2014

Summary Easy Read

Enabling local people to monitor the standard of local care services.

Healthwatch Rotherham has shared people's views about health and social care services with Rotherham Doncaster and South Humber NHS Foundation Trust, Rotherham Foundation Trust, Rotherham Council and Yorkshire Ambulance service.

Each year these services have to write a report called "Quality Accounts". "Quality Accounts" say what each service will work on over next year.

Healthwatch Rotherham will check that all of these services are doing what they said in their "Quality Accounts".

Making reports and recommendations

Healthwatch Rotherham has told health and social care commissioners (people who buy services) of any issues they have found with services.

Annual Report 2014

Summary Easy Read

Providing advice and information about access to care services.

Healthwatch Rotherham wants to make sure that people have the right information so they can make decisions about their care. We have helped 86 people access services.

Healthwatch Rotherham has lots of leaflets, posters and information on our website, Facebook and Twitter pages.

Working with the Care Quality Commission

When Healthwatch Rotherham is worried about a health or social care service we tell the Care Quality Commission (CQC). The CQC check that health and social care services are doing their job correctly.

Sharing views with Healthwatch England

Healthwatch Rotherham tells Healthwatch England what people in Rotherham think about health and social care services.

Annual Report 2014

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Healthwatch Rotherham has told Healthwatch England that:

- Lots of people are confused about where they can make a complaint about NHS services.

- Transgender people have had problems with their old hospital notes being linked to their new notes.

- Decisions about funding meant that some people were having to stay in mental health hospitals for longer.

Engagement Methods and Activities (finding out what people think)

To make sure Healthwatch Rotherham is a success our service needs to be accessible so that lots of people can have their say about health and social care services.

Annual Report 2014

Summary Easy Read

Healthwatch Rotherham uses its website, Facebook, Twitter, local events, telephone, email, drop in sessions and our high street shop to find out what people think.

But we know that some groups find it hard to get their voice heard so we have set up groups to help people do this. (See page 28 of this booklet to find out more).

Our shop is open to the public 6 days a week Monday to Friday 9.30-4.30 and Saturday 10.00 -2.00. Our shop is on Rotherham High Street and is accessible.

Who are our members?

- 393 people are members of Healthwatch Rotherham.
- 575 Organisations are members of Healthwatch Rotherham.

All our members are sent a newsletter, which tells people what we have been doing and it is free to join.

Annual Report 2014

Summary Easy Read

The Board and Governance

Our board is made up of 8 volunteers. The board makes decisions about the work Healthwatch Rotherham should do (see page 32 for more information).

The Health and Wellbeing Board

Healthwatch Rotherham is a member of the Health and Wellbeing Board. This board looks at health and wellbeing in Rotherham.

Healthwatch Rotherham makes sure that the voices of people in Rotherham are heard at these meetings.

Naveen - meets with the manager of Healthwatch Rotherham before meetings to make sure he knows what the people of Rotherham's views are on topics.

Recognition of good work

Lots of people who have used our services have said that Healthwatch Rotherham is doing a good job.

Annual Report 2013

Foreword

> "Our success is going to be judged by how well the community know us"
>
> **Naveen Judah** Chair Healthwatch Rotherham

Foreword

Healthwatch Rotherham came into being during a time of wholesale changes to the way health and social care services are planned, purchased and delivered. These changes have their origins in both local and national challenges.

"If we are going to crack these really big challenges, the only way to do it is to think about the issue from the patient's point of view and not the needs of the institution, the hospital or the system".
Jeremy Hunt (Secretary of State for Health)

To some extent the need for local Healthwatch has arisen out of seminal national reports that contain key phrases such as "no culture of listening to patients", "complaints made but nothing done about it", "limited understanding of how important and simple it can be to genuinely listen to the views of the public and engage them in how to improve services", "the patient voice should be heard and heeded to all times", "ensure providers using services are routinely involved and 'own' their care planning and activities".

Whilst these reflect a national view, all communities to a larger or lesser extent, including Rotherham, have to take on board these comments. During the short time of our existence it is obvious that both health and social services in Rotherham have taken this on board.

This is reflected in the manner they have engaged with the public and us when presented with evidence of potential issues. However as services continually change, the impact on the user changes and this has to be fed back into the learning loop. This also means that Healthwatch Rotherham will have to be continuously creating opportunities for people to seek service improvements.

We will continue working in partnership with the commissioners and providers as their 'critical friend' and encourage them to use a variety of ways to engage with patients, carers and service users – particularly for those who suffer most disadvantage.

At Healthwatch Rotherham we judge ourselves not only by levels of activity but on 'impact'. The positive feedback we have had about Healthwatch Rotherham leads us to believe that our approaches are sound in principle. For this I have to thank the Board, the staff and the volunteers of Healthwatch Rotherham for accomplishing so much in our first year. Having said that, what we have achieved would not be possible were it not for the cooperation of all our stakeholders not least the providers and commissioners.

I hope you agree that the contents of this report are generally positive in nature. However there is still much to be done. A task that my Board, staff, volunteers and I are looking forward to.

Naveen

Our Work

Introduction

Healthwatch Rotherham gives local people a powerful voice locally and nationally. We work to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Rotherham is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

We have taken on the work of the Local Involvement Networks (LINks) and we: - represent the views of people who use services, carers and the public on the Rotherham Health and Wellbeing board, set up by local authorities - provide a complaints advocacy service to support people who make a complaint about NHS services - report concerns about the quality of health and social care to Healthwatch England, which can then recommend that the Care Quality Commission take action. We aim to always work with local providers and commissioners, creating a partnership approach to improve local provision using the evidence we gather.

OUR VISION

Healthwatch Rotherham will be known by all communities and individuals as delivering on its promises backed up by robust action and supported by improvements in local services.

OUR MISSION

To be the first point of contact for all of Rotherham's communities and individuals, to help them to have a means of improving their own and others quality of health, wellbeing and social care.

We will do this by promoting the local people's following rights

- ✓ **The right to essential services**
- ✓ **The right of access**
- ✓ **The right to a safe, dignified and quality service**
- ✓ **The right to information and education**
- ✓ **The right to choose**
- ✓ **The right to be listened to**
- ✓ **The right to be involved**
- ✓ **The right to live in a healthy environment**

OUR VALUES

To be an impartial and trusted friend to help communities and individuals achieve their desired results and be recognised for being a fiercely independent organisation by the citizens of Rotherham

John Healey, MP for Wentworth and Dearne and former Shadow Health Secretary:

"The NHS seems to be subject to constant change. Local government budgets are being slashed. People might be worried at seeing local services cut back or moved, or concerned about increasing pressures on healthcare staff.

"That's why Healthwatch Rotherham has such an important job.

They're the independent voice of the community, helping providers understand the needs of us all as local patients.

"And they're there to listen to your views and experiences – good or bad – then use this information to challenge people in charge.

"Most of us experience excellent NHS and Social services care. But if there are shortcomings, Healthwatch can hold managers to account and help"

Changes that have happened this year.

Your voice counts. From all the views, comments, compliments and complaints Healthwatch Rotherham has collected, we have seen many changes in health and social care.

These impacts benefit the citizens of Rotherham and ensure services are more effective in saving public money.

Some of these changes are...

The Rotherham NHS Foundation Trust *changed* information given to patients before an operation, following feedback that it was hard to read.

Commitment from a GP practice to *change its way of dealing with the return of cancer* for its patients. Training was given to staff.

The Rotherham NHS Foundation Trust reviewed its complaints process using the views of people who have used Healthwatch Rotherham.

GP flu jab letters contained the phrase 'chronic illness' when people receiving the letter felt that they do not have a chronic illness. St Ann's medical practice *has now added* 'chronic illness/long term condition' to its flu jab letters.

The Local Authority was giving mixed messages regarding personalisation , this led to an *increase in training to staff* on this subject following our feedback to them.

RDaSH, Rotherham NHS Foundation Trust and Rotherham Hospice have all requested Healthwatch leaflets to send out with complaints and compliments they receive.

Health and social care commissioners are *reviewing the pathway* for help for the post diagnosis of autism in children; the public voice has pushed this up in priority for commissioners.

Staff from Continuing Health Care now *carry more information about their service* and hand them out to the families and service users.

RDaSH have now *changed their website* to address concerns raised by Healthwatch Rotherham.

A group has been formed after coming to Healthwatch Rotherham after they experienced a problem. Healthwatch Rotherham put on a mediation meeting to bring the two groups together to discuss their issues. Since then the "friends of Davis Court" group and RMBC are working together. *60 residents have regular bingo with high quality donated prizes and they are hoping to plan days out with residents from money raised.*

We raised an issue nationally regarding patient notes after a patient had undergone gender reassignment. When a new NHS number is given, clarity is required regarding the use and transfer of previous notes. *NHS England checked with all health providers in South Yorkshire and Bassetlaw, they found they were all safely handling new NHS numbers following gender reassignment*.

Annual Report 2014

Our Work

The process of receiving replacement roller balls for walking sticks for the visually impaired *has now changed* following concerns raised.

Following an issue discussed at a drop-in session, an issue has been referred to the *children safeguarding team*.

We have been made aware of two service users that were waiting for funding arrangements to be in place whilst they were fit for discharge. *The two individuals concerned have now been discharged from hospital* following Healthwatch raising the issue. It was identified that there are insufficient processes in place locally, meaning that people are staying in hospital when they are fit to leave, NHS England has called for *the council and health commissioners to review their protocols for Section 117 aftercare arrangements.*

We have also changed our service due to feedback from the public

We have updated our website to highlight our advocacy service

We have now made our newsletter available in large font for those who requested it.

"Healthwatch has provided us with honest, straightforward feedback based on people's experiences and their ideas for improving the quality of health and social care. We are using this information to change our thinking and improve the way services are designed and provided. Over the next 12 months Healthwatch will provide a vital contribution to our response to the new responsibilities set out in the Care Act and the integration of health and social care services in Rotherham."

Tom Cray, Rotherham Metropolitan Borough Council Strategic Director Neighbourhoods and Adult Services

Gathering people's views and making those views known.

Healthwatch Rotherham has been gathering local people's views over the last 12 months. We have gathered 717 comments about care services which local people have received. Within these comments there are several issues. The issues have been a mix of positive and negative and relate to many care services, as people tell us about their whole journey.

'I went to my GP then to hospital. It was good in hospital but the GP was rubbish' Feedback from the Rotherham Show

This comment raises issues about the GP and the hospital making 2 issues. In the last year we have gathered 28,156 issues in total.

We use a number of engagement methods to gather people's comments. We also use local intelligence from the Rotherham Advertiser, Patient opinion website, I want better care website, NHS choices website and the GP annual survey. We ask that all comments are contextualized with the year of which their experience is gained from.

The comments and issues we gather are held on a secure database, comments are not linked to people's names, only the source they have been collected from.

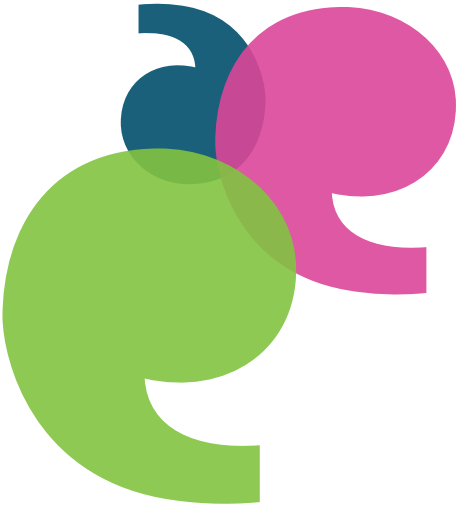
On a regular basis we check which services are most talked about, positively and negatively. We then contact the service provider to tell them what we are hearing.

As a critical friend our approach is to speak to the service provider first.

We realise that it is the service provider that will make changes to improve. The quicker they can do this the more people will benefit. That is why we aim to always talk to the provider first. We have found that some providers are not aware of what people's views are of their service, but they all welcome feedback from their customers.

Healthwatch Rotherham provides local people with an Advocacy service to help people make NHS complaints. We understand that making an NHS complaint can be difficult for some people for many reasons. We also take into account the comments we receive about services when a complaint is made. Within these comments, there is usually a positive issue.

The Advocacy service has helped 70 people which has led to services making changes to their provision and how they do things. This has helped others to have a better experience of care services.



Our Work

My Wife and I used the Healthwatch Rotherham Advocacy service. Anne has been very helpful and reliable. We have seen changes at our local GP practice; we plan to join their newly set up Patient Participation Group.

Mr and Mrs Oldfield (Rotherham)

Case Study Mr & Mrs Oldfield

Mr & Mrs Oldfield came to Healthwatch Rotherham in October 2013 because his wife had not been referred for investigation when she detected a swelling in her breast. Mrs Oldfield had had cancer before and felt the GP had delayed her getting help. As a result of their complaint the GP practice has put up posters about how to get help for cancer in the waiting area, the staff have received specialist training and the practice has now set up a patient participation group.

Case Study Lord Hardy and Davies Court

In November 2013 Healthwatch Rotherham was approached by two concerned relatives of residents from Davies Court Care Home. The Rotherham Advertiser had reported the reduction of budget to the council and claimed it would put residents at risk. The concerned relatives did not feel that Rotherham Metropolitan Borough Council had adequately consulted with them or any of the other residents' families.

Healthwatch Rotherham contacted the Rotherham Metropolitan Borough Council and they agreed to a meeting with all the families in the Healthwatch Rotherham Office.

The evening meeting had over 30 family members attend along with the head of services and the care home managers. All attendees had the opportunity to ask questions some had been sent in from as far away as Hong Kong. The minutes of the meeting were distributed.

Each family was offered a one to one session with the service manager from the home that their relative or friend resided in.

All the families used their collective voice to be heard and they all had the same message from the service manager.

As a result of the meeting a collection of friends and families from Davies court set up a friendly society. They now work with the home to offer weekly bingo to 60 residents, they collect quality prizes, and they are planning day trips for the residents from funds they have raised.

Enabling local people to monitor the standard of local care services

The views and comments we have received from the people of Rotherham have been used to feed into organisations' Quality Accounts. Each year, RDaSH (the Mental Health Foundation Trust), The Rotherham NHS Foundation Trust (Community Health and Acute Hospital), Rotherham Metropolitan Borough Council and The Yorkshire Ambulance NHS Trust (Ambulance 999 Service, Patient Transport, and 111 in Yorkshire), all produce Quality Acounts.

Quality Accounts tell the public which areas of quality the organisation has worked on over the last year and what they plan to work on in the coming year.

The comments which we have received are passed anonymously to the above mentioned services. They are able to inform their quality accounts and focus on areas of improvement for the next year.

Healthwatch Rotherham monitors care services through the above system but also through our Trend Analysis process. If we hear about an issue more than once in a short space of time, we notify the provider of the service. We have an escalation process to deal with the isuses and comments we receive. If we start to see a trend over a period of time, this is also subject to the escalation process.

When we notify providers and they tell us they are changing the way they do things, we go back to them to check and ask for evidence.

People in Rotherham are keen to see that the environment in which people receive care in hospital is of a good standard. We have supported Healthwatch Rotherham volunteers to conduct PLACE assessements.

During the work on PLACE, the volunteers see the environment from the public's eyes and identify the possible need for environmental changes which staff can become blind to. This helps the hospital to spot changes early and aims to improve the environment for all patients.

Volunteers have received training to conduct PLACE assessments with RDaSH and The Rotherham NHS Foundation Trust. They have been to the General Hospital and Breathing Space.

"Healthwatch provide an essential means of triangulating data and intelligence about the experiences local people have of the services provided by the Trust. Staff working in the community and the hospital lose the ability to see services through the eyes of the patient after working in the services for even just a short time and therefore we very much welcome the engagement of Healthwatch volunteers in quality visits such as the PLACE assessment and commentary in the annual Quality Account".

Ms Tracey McErlain-Burns, The Rotherham NHS Foundation Trust, Chief Nurse

The involvement of people in the Commissioning and Scrutiny of local care services.

Healthwatch Rotherham has made strong links with the organisations which commission health and social care services in Rotherham.

We have escalated the issue of lack of information for parents with children diagnosed with Autistic spectrum disorders (ASD). Following issues raised by parents, Healthwatch Rotherham has made commissioners aware of families who want to be involved in the development of pathways for children post diagnosis of ASD. The Commissioners welcome this offer. We hope that this work will start in autumn 2014.

We have strong links with quality assurance and scrutiny processes including, Health Select Commission, the Quality Surveillance group chaired and with the Quality and Performance unit.

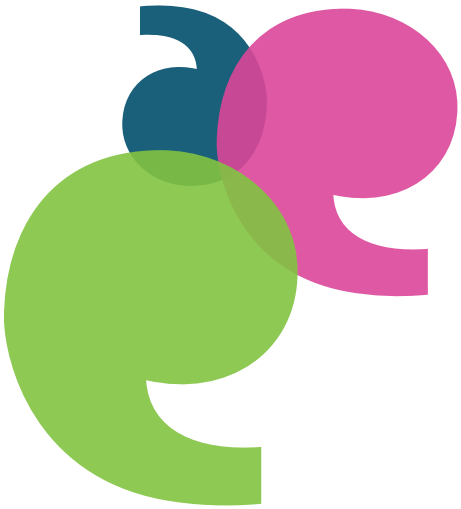
Our regular meetings and the attendance at meetings with commissioners and quality leads, gives us the opportunity to raise the issues and comments the people of Rotherham give to us. We have done this using our escalation policy (www.healthwatchrotherham.org.uk)

NHS England receives regular reports on trends from primary care services, Dentists, GPs, Opticians and Pharmacies. The Health Select Commission officer receives reports on the areas they scrutinise.

Healthwatch sends over the views and comments of the public to the Health Select Commission

The comments from local people have added to three scrutiny reviews via Healthwatch Rotherham. In March 2014 Healthwatch Rotherham added to the Adults Continuing Health Care (CHC) service review. We highlighted the concerns raised by the people of Rotherham that CHC Service has a lack of locally relevant information about their service, including processes and time scales. We also raised the point that the links to the Mental Capacity Act were not clearly available.

The CHC service are developing a Mental Capacity Act leaflet for carers and has prompted CHC staff to always carry and provide the national CHC information leaflet for patients and carers.



Annual Report 2014

Our Work

"It is vital that people have their say on local health and social care and Healthwatch are engaging with the community in various ways to make sure this is happening.

Healthwatch learned from service users and their families that they would welcome more information about Continuing Healthcare services. Through Healthwatch talking to the provider this has now been improved, with information more readily available; one example showing how they have made a positive difference in Rotherham.

Healthwatch supported Members with their scrutiny review of support for carers by providing information, publicising the survey and encouraging carers to respond and contribute to the review.

The Health Select Commission and Healthwatch have developed a good working relationship during the past year, sharing information and work programmes so that our work is complementary. We expect to further develop our links in the coming year."

Cllr Steele,
Chair of Health Select Commission

Rotherham Metropolitan Borough Council
Where Everyone Matters

Making Reports and recommendations

Healthwatch Rotherham has reported issues and comments to the providers and commissioners of health social care services. We have done this through our escalation policy. Eight providers have been contacted, every provider has responded.

Reports are produced every six months or for some larger providers; every three months. The providers then report back to us what changes they have made or actions they have taken.

Where we have made the decision to find out more about a possible trend or have low level concerns about a service, we inform the service provider and report back to them our findings from any investigations/events. All further investigations are prompted by the people of Rotherham. We use a specially designed decision making framework and tool.

We have started work on:

- Special Education Needs and Disablity (SEND). We are asking 16-25 year olds about their experiences of extra education support and how this has influnced their adult life. This report will be completed August 2014.
- RDaSH Children and Adolescent Mental Health Service (CAMHS) Parents are running an event for parents of children that have or currently use RDaSH CAMHS Service. We are looking at the culture and parents experience of accessing the service. The report will be completed July 2014.
- Barriers to accessing health care for looked after children. With the support of Rotherham Clinical Commissioning Group, we are concentrating on young people (12-25yrs) that have been through social services as a looked after child (fostered and/ or adopted) This report will be completed September 2014.

We have completed a report on:

- The Better Care Fund. The Health and Wellbeing board asked Healthwatch Rotherham to find out from the local people what joined up services should look like. The report was completed and published on the Healthwatch Rotherham website 20th Febuary 2014. The recomendations were sent to the Department of Health on the 14th Feburary 2014.

Providing advice and information about access to care services.

Healthwatch Rotherham aims to provide people with as much information as needed and in a format which is best suited to help people to access the right services and make decisions about their care.

We have signposted 86 people to services. The most popular services are:

- Connect to Support. Connect to Support is a website where the general public, service users, carers and social work staff can view and purchase goods, products and support services from providers; seek information, guidance or advice and be signposted to appropriate services including community groups. www.conecttosupport.org

- We have had 9 contacts with the people of Rotherham asking how to access out of hours and emergency dentists. The NHS 111 service reports that a high percentage of their calls from Rotherham people are about dentistry. Find out more at www.nhs.uk

Due to the number of calls about the above two services, we are contacting the local dentistry committee and NHS England to help people find a local dentist.

We also have computer access in our Healthwatch office on the high street available for people to access the Connect to Support website.

We have a large selection of information leaflets and posters in our High Street Shop, plus our website, facebook and twitter accounts are upated daily.

Working with the Care Quality Commission and examples of good practice

When we identify significant concerns or a member of the public requests it, we share information with the Care Quality Commission.

The Care Quality Commission (CQC) monitor services' performance against national standards. They regulate:

- Treatment, care and support provided by hospitals, GPs, dentists, ambulances and mental health services.
- Treatment, care and support services for adults in care homes and in people's own homes (both personal and nursing care).
- Services for people whose rights are restricted under the Mental Health Act.
- Registered care homes and commissioning activity.

They have the power to enforce change and in some cases closure of services which do not meet the standards of good quality and safe services.

We have passed concerns to The CQC which has aided their visits to care providers. In one case we reported concerns about staffing levels. When they visited they checked the level of staffing and the use of agency staff in the service. There was no enforcement action taken.

Out of the 28,156 issues we have collected, 74% of these views are positive about the services people have received.

'Everytime I have been to the Rotherham Hospital the service I have received has been fantastic" collected from Maltby Drop in Session in March 2014

When we receive positive comments about a service, we let the service know so they keep up the good work and replicate it. They can also tell commissioners that they are being recognised as providing a good service.

We have had 7 comments raised praising the work of the 999 Ambulance service delivered by the Yorkshire Ambulance Service NHS Trust. We have written to them which has resulted in staff being commended by the Chief Executive Officer for their work.

Other services we have written positvely to are :

- Door 2 Door
- Action on Hearing Loss
- MA Fosters Dental Practice
- Greasbrough Medical Centre

Yorkshire Ambulance Service

"We highly value the partnership approach being developed between Healthwatch Rotherham and Yorkshire Ambulance Service.

It was good to meet representatives of Healthwatch Rotherham at our 2013 Partnership Event where delegates took time to build their knowledge of our services and join discussions about future engagement opportunities.

We welcome Healthwatch Rotherham's balanced approach to sharing all feedback with providers - giving equal weight to positive and negative feedback.

In 2013 Healthwatch Rotherham formally acknowledged the positive comments they had received from patients who had been attended by our accident and emergency clinicians. This feedback was passed to the clinicians concerned with a letter of commendation from our Chief Executive."

Ms Della Cannings - Chair

Yorkshire Ambulance Service NHS
NHS Trust

Sharing views with Healthwatch England

Heathwatch England is our national body. We feed in local issues and they send us national issues which we may want to further investigate to raise awareness locally.

We have fed into national issues:

- NHS Complaints and the confusion people have with so many different avenues - over 70 different points of contact.

- Data.com when the Department of Health asked the public to agree to having information about them shared or to opt out by attending their GP practice. This led to the data.com project being delayed by six months.

We have raised the following local issues :

- The concern that people who were transgender having a new NHS number were being given an inconsistent approach to how their old notes were being linked to their new notes. This led to a South Yorkshire and Bassettlaw investigation to check a standard process was being followed.

- The concern that people were being delayed in mental health hospitals waiting for funding decisions. Locally the Commissioners are reviewing their funding arrangments to stop this happening again.

- The 43 comments from the Rotherham people effected by a local charity's decision to close dropin sessions for people who are effected by hearing loss/impairment.

All 152 Healthwatch across England which make up the Healthwatch network are working together to identify national trends. The future development of this process through compatable data collection will mean that Healthwatch England will have easy access to determine national issues.

Part of Healthwatch England's mission is leading the Healthwatch network to ensure their local insight has national impact and our national insight has local impact.

Working with the people of Rotherham

Engagement Methods & Activities

The key to our success is the number of people we hear from. To ensure we get the views of all people we have to make sure Healthwatch is accessible. We use many methods to collect views from the people of Rotherham, these include:

Method	Number of contacts
Facebook	**85**
Website	**15,301**
Twitter	**532**
Local events	**141**
Telephone	**186**
Email	**73**
Drop in sessions	**16**
The High Street shop open weekdays and Saturdays	**222**

We know some groups of people find it hard to get their voice heard; some groups require extra support to ensure equal access to Healthwatch. Using our current skill sets within the Healthwatch team, we shall initially focus on:

- Homeless people
- Asylum seekers
- EU Migrants
- Drug and alcohol dependants
- Children and Young people
- Older people
- Working population

Other groups not mentioned above will be identified and engaged within the near future. To ensure these groups are given the opportunity to have their voices heard we have set out the below plan, which also includes the general population.

Group	Service	Access
Homeless People	Fortnightly Drop in	The Gate surgery 2pm - 4.30 Shiloh
Asylum Seekers	Fortnightly Drop in 2pm-4.30	The Gate surgery
EU Migrants	Fortnightly Drop in, working with known networks	The Shop and local drop ins
Drug and Alcohol dependants	Fortnightly Drop in	The Gate surgery 2pm - 4.30pm Shiloh
Children and Young people	Shop, Drop ins, Joining networks.	Time after education facilities is closed. Shop is open on Saturdays
Working population	Shop, Website & Local Drop ins	Shop is open on Saturdays, 6 day service
Older people	Shop, website, local networks. Drop ins	The health network has good links with older people forums. Local drop ins
General Public	ALL	Shop, Drop ins, Public events, internet and social media

Our Work

The shop is open for public access 6 days a week Monday to Friday 9.30 – 4.30 and Saturdays 10-2. We are on the high street with disabled access. The shop is also contactable via phone and email.

We opened our drop in sessions across Rotherham Borough in Febuary - March 2014. We run fortnightly sessions where people can come see us in their community or near where they work.

- Maltby Lesiure Centre
- Dinnington
- Swinton
- Shiloh

The sessions run from 2:00pm – 4:30pm We have ensured the sessions can be accessed by children and young people after school hours. We recognise that not everyone in the Rotherham Borough can access the Rotherham Town centre.

A website and social media are used by Healthwatch Rotherham. We recognise this form of media is widely used by the population as a source of information and contacting services.
These are managed 6 days a week by the Information and Research Officer.

Feedback

Key to any form of engagement is feedback. Informing people what we are doing or what we plan to do as a result of engaging with people is essential to keeping people involved. We do this through:

- Monthly newsletter
- Website and social media updates
- One to one meetings
- Publish our reports on the Healthwatch website in a timely manner

Engagment with the public is a priority but we also need to be in the right places to ensure the views of the public are taken to the organisations, boards and groups to inform decision makers.

This requires us to attend meetings with people at senior positions in the health and social care sector.

Number of meetings	Number of people present
84	1,310

As a new organisation we need to be sure that people know who we are and what we do. This is reflected in the number of meetings attended to raise the awareness of Healthwatch and Healthwatch Rotherham.

In 2014/2015 we are stepping up our advertising to include the Rotherham Advertiser and Rother FM. We are working with service providers such as the local hospital to increase our advertising through posters, banners and leaflets. Although most people currently have heard of our service through word of mouth.

In August 2013 we completed a survey in the Rotherham Town centre to gauge how many people had heard of Healthwatch and we compared this to other local health and social care groups.

Service	Percentage
Rotherham NHS Foundation Trust	75%
NHS Direct	70%
NHS Choices	18%
Care Quality Commission	18%
Rotherham Connect	11%
To Support Healthwatch Rotherham	18%

We shall be carrying out the survey again in August 2014.

Who are our members?

Healthwatch membership is made up of

- Individuals (393)
- Organisations (575)

It is free to join Healthwatch Rotherham as a member. We send out our monthly newsletter, via email or in the post. Upon request the newsletter is available in large print. Organisations who are members of Healthwatch send out the Healthwatch Rotherham newsletter widely to staff and their networks.

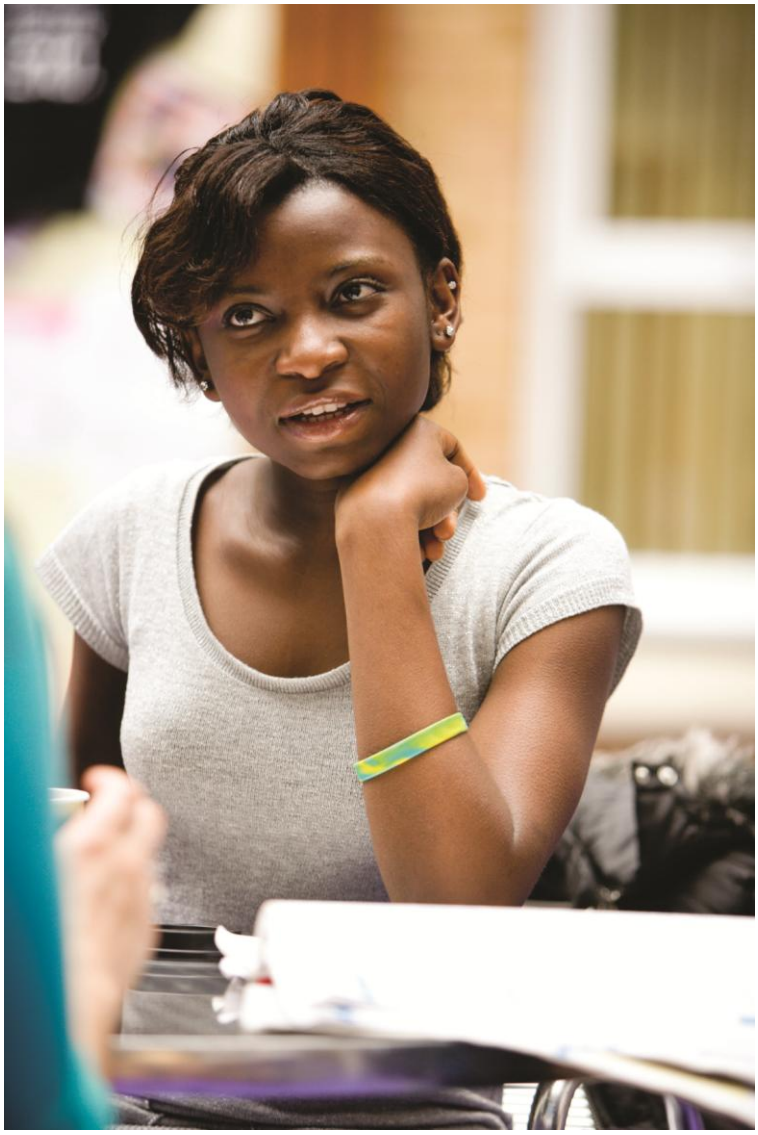
The newsletter is only 2 sides of A4 (using font size 14). We are keen to make sure the newsletter is clear and not too long. We always tell people what changes have happened or are happening in Rotherham's health and social care services as a result of the views of the public being raised by Healthwatch.

Age	Number of members
18 to 24	15
25 to 49	86
50 to 64	75
65 to 79	39
80+	2
Unknown/not recorded	176

Gender	Number of members
Female	140
Male	63
Preferred not to say	1
Unknown/not recorded	189

Level	Number of members
Platinum	7
Gold	30
Silver	55
Bronze	301

Ethnicity	Number of members
British	174
Caribbean	2
Asian	2
Unknown/not recorded	215



Our Volunteers

The Board & Governance

The board is made up of volunteers who were selected due to their skills and experiences. We have 8 roles on the Healthwatch Rotherham board and as of 31st March 2014 they were:

- Chair (Naveen Judah)
- Director in Development (Aaron Wildman)
- Director of Healthy Life Styles (Brian Daniels)
- Driector of Early Intervention and Prevention (Sue Barrett)
- Director of Poverty (Chris Smith)
- Director of Long Term Conditions (Gary Kent)
- Director of Expectations and Aspirations (Susan Shepherd)
- Director of Dependance to Independance (vacant)

Each director was assigned their role which reflected their personal and work related experiences. The Board make key decisions in our organisation and set the direction of the work we do.

Decision Making

Key decisons and work planning are based on the evidence that Healthwatch Rotherham collects from the citizens of Rotherham. They use the decision support tool to aid them and to prioritise the work. www.healthwatchrotherham.org.uk policies. The decision support tool collates the public comments and the local and national strategic relevance. The Board play an important part in gathering and feeding in the strategic relevence as they attend the 6 health and wellbeing board priority workstreams.

Escaltion of issues and trends

The escalation of issues is determined by the operational staff using the escalation policy. This is then fed into the Healthwatch Rotherham Board.

The Healthwatch Rotherham Board sign off all the letters to service providers when issues (positive and negative) are raised through the trend analysis process.

Enter and View

Healthwatch Rotherham has the statutory power to Enter and View any health or social care service (excluding children's services) to access the people who receive care. We can ask people what their views are on the provision they are receiving. We will only do this if we have evidence that this needs to be undertaken.

Healthwatch Rotherham has not undertaken any Enter and View activies. The decision of when to use Enter and View is detailed in the Escalation policy. We have had responses from all the providers we have contacted. Changes have been made to services following the comments from the public we have passed on. Our newsletters show the impact of our work.

The Board have not had enough evidence to support the use of our statuory power to Enter and View a health or social care setting. However we have had 3 invitations from providers to access their service and their service users, using our Enter and View processes.

Our Work

"Healthwatch as one of our key partners play an important role in identification of not only areas of risk but also positive examples, where excellent quality of care is being delivered. Where poor experiences of care have been identified, the process for escalation is proactive and robust and information is shared to ensure appropriate action is taken promptly.

The QSG (Quality Surveillance Group) systematically brings together the different parts of the system to share information. It is a proactive forum for collaboration, providing:

- **A shared view of risks to quality through sharing intelligence;**
- **An early warning mechanism of risk about poor quality; and**
- **Opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and ongoing operational liaison between organisations**

By collectively considering, triangulating and escalating information and intelligence, QSGs work to safeguard the quality of care that people receive"

Margaret Kitching, Director of Nursing & Quality NHS England (South Yorkshire & Bassetlaw)

Our gold members

Healthwatch Rotherham has an active volunteers list. Gold members are volunteers who help out our staff in the running of Healthwatch day to day and at engagment events. In the last year we have had 30 Gold members. Some of those volunteers remain Gold members others have become Silver members.

Silver members, promote Healthwatch in their daily routine, complete questionnaires and surveys andttend adhoc meetings.

Bronze members are people who receive information from Healthwatch such as the newsletter and stay informed of the work we do.

We recognise that volunteers vary in their availablity due to other responsibilities such as work, caring or their own health needs. This is why we have different types of membership which people can opt for depending on their personal interests and the time they have available.

The volunteers have dedicated 776 hours to Healthwatch ensuring that local people have their say about Rotherham's Health and Social care services.

Jacquie Thomas is one of our Gold Members who has been with Healthwatch Rotherham since it started operations.

"Its been almost 12 months since joining the Healthwatch Rotherham team as a volunteer. In that time, I have supported, worked along side the team. In many varied capacities.

Out and about at events, for example,The Rotherham Annual Show, the Disability Fayre at Magna. This gave us the opportunity to engage with a varied cross section of the public. informing them about the services, Healthwatch provides.

Assisting to set up drop-ins. Again this was in the effort to engage with the, public.

There are countless other ways I have been involved as a volunteer.

Having come from the management and hands on side of nursing, I do have good knowledge and experience. The expectations of the public, what can go wrong sometimes and how this could be addressed.

In the short time I have been working with Healthwatch I feel the reward is that we have made a difference to so many individuals and their quality of life. Even if sometimes, its only to give closure."
(Jacquie Thomas - Gold Member)

The Health and Wellbeing Board

Healthwatch Rotherham is a full member of the Rotherham Health and Wellbeing Board. Naveen Judah (Healthwatch Rotherham Chair) attends. Healthwatch Rotherham has a 100% attendance rate since our service was established. Naveen and the Healthwatch Manager (Melanie) meet on a weekly basis to look at and focus on local people's views. Before attending meetings, including the Health and Wellbeing Board, Naveen is briefed on the views of local people relevant to the agenda.

Healthwatch asks questions of the other members of the board with the comments and issues the citizens of Rotherham bring to us. Naveen often asks 'what does this mean for the people of Rotherham?'

Each of our Directors on the the Healthwatch Rotherham board have a position within the 6 prority workstreams which feed into the Health and Wellbeing board. We have influenced the expectations and aspirations workstream contributing to the customer charter.

Our reports and workplans are presented to the Health and Wellbeing board on a regular basis. We add local peoples views to topics of discussion.

The work we have started regarding The Doncaster Rotherham and South Humber Partnership Foundation Trust (RdaSH) and Children and Adolescent Mental Health Team (CAMHS) will feed in to the mental health prority in the Emotional Wellbeing & Mental Health Strategy for Children & Young People 2014-19.
This is an example of how we are making the local voices heard at a high and influential level.
In December 2013, the Health and Wellbeing board asked us to collect the views and comments from the citizens of Rotherham about how well joined up health and social care services are. We asked the citizens of Rotherham what is good and what could be improved.

Over 40 people filled in our online survey, 18 people had seen us out in the community and passed on comments and we interviewed 5 local people.

The report summary is available on the Healthwatch Rotherham website (www.healthwatchrotherham.org.uk). The report was passed to the Health and Wellbeing board who then included it in an action plan sent to the Department of Health. This action plan sets out how Rotherham will use £20million (not new money) to better join up health and social care services over the next 5 years. The fund is called 'the Better Care Fund'. As a result of the views people gave, the fund is looking at improving how services communicate, how mental health services and physical health services join up and how carers can be better supported. The fund and plans to better join up care services is continuing, as will our involvement.

Our Work

"I have really enjoyed working with Healthwatch Rotherham and seeing the organisation develop from the initial commissioning.

Having Healthwatch Rotherham representation on the Health and Wellbeing Board has added value to our discussions; this view is also shared by our health partners.

In respect of work carried out, the organisation has been recognised both regionally and nationally as representing good practice. It is essential that mechanisms exist so that strong, independent, patient and service user voices can be heard in Rotherham. Healthwatch can continue to play an important part in ensuring that process is safeguarded; I wish the organisation well for the future. "

Councillor Ken Wyatt JP, Chair Rotherham Health & Wellbeing Board 2011-2014.

Rotherham Metropolitan Borough Council

Where Everyone Matters

Financial information

Income

Funding	£215,348

Expenditure

Staffing	£106,383
Overheads	£84,927
Provision	£24,038

Recognition of good work.

In March 2014, Healthwatch Rotherham with The Local Government Association and Healthwatch England presented how Healthwatch Rotherham has met key outcomes and impacts in the Rotherham Area.

At this regional event, Healthwatch Rotherham explained its processes, impacts and outcomes. Attendees to this event included NHS England, the National Health Scrutiny Group, other Healthwatch organisations and Clinical Commissioning Groups.

Our processes, impacts and aims were recognised as good practice.

We have also been recognised by the Rotherham Advertiser as an organisation which highlights local issues. The Rotherham Advertiser wrote an article about the work we have done delaying the Data.com project after the public and GP Practices raised concerns.

The people who have used our services have also expressed thanks and gratitude for the work we have done with them and on their behalf.

"I take this opportunity to express my gratitude to you at Healthwatch for helping me deal with the complications associate with navigating a health service I am unfamiliar with.

The advice you were prepared to give as well as the time has enabled me to feel more empowered to deal with a system to achieve the best caring outcome for my dear mother, who just wants to be cared for in a safe, supporting environment.
I have already recommended the service to my friends. All members of the community need to have access to people like yourself.
Thank you"

"I just wanted to separately thank you, though, for your help with all of this. Without it I'm sure I would have continued to be strung along. I'm pleased you also raised it as a general issue of good procedure, to benefit residents and family."

About this report

This report will be made available to people on the Healthwatch Rotherham website. Hard copies will be made available and posted out on request.

Should you require the report in a different format please contact:

info@healthwatchrotherham.org.uk

Hard copies are available at all local libaries in the Rotherham Brough and from our shop on Rotherham High Street.

The Healthwatch Brand

Rotherham Healthwatch Limited are licenced to use the Healthwatch trademark (which covers the logo and the healthwatch brand) as per our licence agreement with Healthwatch England and the Care Quality Commission.

Annual Report 2013

References text spread

References

All our policies and other documents can be found at

www.healthwatchrotherham.org.uk

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Effective Date:	Page Number: 1
Approved Date: Revision Date:	Approved by:

Escalation Policy and Procedure

Background

The aim of this guidance is to ensure that safe and uniform standards of reporting on the quality of health and social care providers are delivered.

Healthwatch operates a 'no surprises' approach to the issues it raises. One of the main purposes of Healthwatch is to gather people's views and experiences in relation to whether services could, should, or ought to be improved. If this information is appropriately shared with health and social care providers it will lead to better, safer, equitable, and compassionate services that treat people with dignity and respect. The changes required need to be evidenced based so that local people's views can be shared with providers and partners to enable these changes to happen.

Policy

The functions of Healthwatch include gathering people's views and making those views known to local partners and health and social care providers. Whilst undertaking its functions, Healthwatch may become aware of concerns, comments, compliments and complaints that may require escalation to agencies to which the service provider is accountable. Failure to escalate would be a failure to effectively carry out our function as Healthwatch.

This policy and procedure provides clarity to the public, providers and stakeholders as to when Healthwatch will escalate concerns/complaints/compliments/comments.

1: The term 'provider' refers to:

Any organization which is commissioned to deliver Health or Social care services by the relevant commissioning body

Any Health or Social care which is delivered by the relevant commissioning body to local citizens

Any organization which is commissioned to deliver Health or Social care services by the local Clinical Commissioning Group

Any organization which is commissioned to deliver health or social care services in the area covered by Healthwatch, by NHS England.

Any organization which delivers Health or Social care services, which is regulated by OFTSED, Monitor or the Care Quality Commission.

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This list is not exhaustive

Procedure

1. **Levels of Escalation**

Healthwatch is a public facing service; it is open to the public to comment and raise concerns about health and social services. The public can provide comments and concerns with anonymity, using many accessible routes.

One comment on its own may not indicate risk or the quality of a service, however many comments of the same nature or with regard to the same service would. The trend analysis process, which includes the use of external data and internal data, will support Healthwatch to determine the action required. The below criteria indicates what could be an indicator of risk, poor or good quality service, along with timeframes for services to take action.

Urgent	There is or will be an immediate risk to the safety or wellbeing of people using services and/or Life is or will be threatened and/or There is or will be little or no control over the vital aspects of the immediate environment and/or There is or will be an inability to carry out vital personal care or domestic routines and/or Unreported serious abuse or neglect has or will occur
High	There is or will be only partial choice and control over the immediate environment and/or Abuse or neglect has historically occurred within the service: and/or A significant number of comments raised in a short period of time Abuse or neglect may have occurred but requires further information.
Moderate	Trend analysis, or an individual issue, indicates timely action is required from a service provider Trend analysis indicates an issue where there is a barrier to a service provider solution, due to the local or national commissioning arrangements that are in place
Low	Trend analysis indicates that comments require action from a service provider Trend analysis indicates that comments recorded may impact on a provider's reputation.

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None	Individual issues/comments have arisen, which are currently forming trends or requiring action.

The escalation process chart should be followed once the level of issue has been determined. (See section 7)

An Enter and View visit should be considered at the 'low level' of the escalation process. This would be appropriate when Local Healthwatch requires further information from the people using a Health or Social Care service and/ or to satisfy Healthwatch that a change has been made following issues they have raised.

Individual complaints, concerns, comments and compliments can override this policy at the request of the individual to whom the issue relates.

If the issue affects other areas of the country, the respective local Healthwatch must be contacted and informed of the issue and actions taken; more evidence can be used to determine the prevalence of the issue.

Refer to local cross boundary arrangements and the data protection act for further guidance.

2. Process of Trend Analysis:

2.1 Prerequisite

On the Healthwatch database, check the case management function to make sure that any comments within the advocacy section that should also be in the Service User Experience section appears there also.

Data cleansing should be performed often; this may be done during this time if it comes to the attention of the person(s) performing this report that duplications have occurred.

2.2 Quantitative Data

Open the Service User Experience section of the database and run the general report. Once the report is generated, remove the "GP Patients survey" data from the report. This presents the information in an excel spreadsheet, using the coding system.

2.3 Qualitative Data

Open the Service User Experience section of the database and run the Source report. This opens all the comments recorded in the service user experience section in a word document to browse.

2.4 Analysis

From the two data types (quantitative and qualitative) a review of the reports needs to take place.

From the quantitative data this can be performed by looking at the bar charts to see which areas or services and doing well and not so well.

From the qualitative data a read of the comments needs to be performed; note down key words to see which are repeated on a regular basis.

The data from both sources needs to be looked at simultaneously to form a good overall picture of the data collected. This would involve drilling down into the comments from the services/areas that are doing well and not so well to look at the individual comments associated with them.

3. Weight of Data

When referring to a particular service, consideration needs to be given to the date of the information and by whom the comment was made by.

It would be productive to compare comments received against those from the GP Patients survey when possible, to see whether they compare and contest with each other.

4. Frequency of the Process

To be done monthly, though can be done more frequently if the Healthwatch Board, or staff, require it due to a particular concern.

5. Forwarding on Comments

Comments regarding services that have been collected, both positive and negative, need to be passed on to the service concerned so that they are aware of them. Ideally this should be performed on a bi annual basis. This can be brought forward if the Healthwatch Board requests it.

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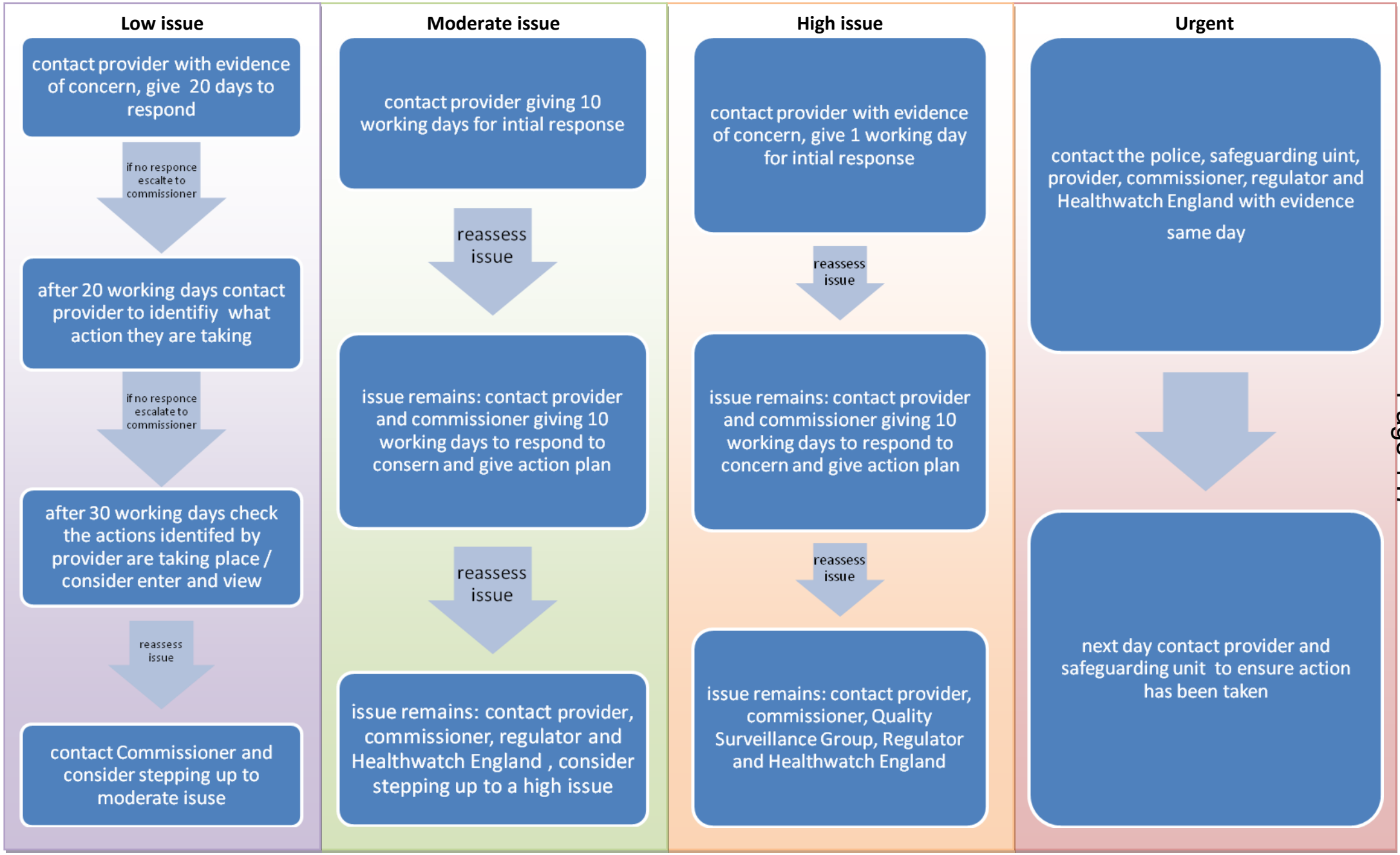
6. Audit

A written record of the monthly trend analysis and actions taken must be kept on file by the manager.

An annual audit of the processes being followed should be undertaken by the manager and reported to the Healthwatch Rotherham board.

7. Escalation Levels and Process



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8. Training and Checks

It is essential that all staff and volunteers are suitably trained and have signed and dated written training records.

As a minimum:

- All Staff and volunteers to receive safeguarding children and vulnerable adults training and:
- All Staff and volunteers to be made aware of this policy and procedure and how it impacts on their practice
- All Staff and Volunteers to be DBS checked
- All Staff and Volunteers to have adequate references to undertake their roles

***Parkwood Disclaimer**

This policy applies to all staff when acting under the cover of 'Healthwatch' and whilst carrying out 'Healthwatch' specific activities. All Healthwatch staff are Parkwood employees and it is such that this policy is underpinned by Parkwood's policy and procedural framework. Parkwood reserves the right to implement its own policies in relation to Parkwood employees at any time.

References

Related Policies and Procedures

Healthwatch	Parkwood
Enter & View	Enter & View
Complaints	Complaints
Safeguarding	Safeguarding
Decision Making Tool	DBS

Appendix 1 - Monthly Trend Analysis Report

Date of analysis _____

Coding	*Service*	*Provider*	*Number of positive comments*	*Number of Negative comments*	*Number of neutral comments*	*Issue level*	*Action*	*Follow up*	*Impact change on provider*

Date shared with Healthwatch Board _____

Signed Healthwatch Manager _____

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Appendix 2 - Audit Sheet

Annual Audit Checklist

Has a monthly trend analysis been completed?

Y	N

Has the each field of the form been completed?

Y	N

Has an action been logged?

Y	N

Has the action been followed up?

Y	N

Has the impact been recorded?

Y	N

Has the board see the report?

Y	N

Has the manager signed?

Y	N

Action plan for any No	
Action which is required	
Action to be completed by name	
Action to be completed date	

Shared with Healthwatch Rotherham Board …….. (date)

Signed by Chair …….. (date)

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**11 July 2014**
3.	**Title:**	**Healthwatch – Child and Adolescent Mental Health Services Report**
4.	**Directorate:**	**Healthwatch Rotherham**

5. Summary

This report informs Members of the outcomes of the work carried out by Healthwatch with parents and families to consider RDaSH Child and Adolescent Mental Health Services.

6. Recommendation

That Members:

- **Note the contents of the report.**
- **Agree to consider CAMHS as part of their work on mental health and wellbeing during 2014-15.**

7. Proposals and Details

From November 2013 to February 2014 Healthwatch received 14 comments from parents and children with regard to services from Rotherham, Doncaster and South Humber Trust (RDaSH) Children and Adolescent Mental Health Service (CAMHS), the majority of which expressed concern or dissatisfaction. On the basis of this information the Healthwatch Board decided to carry out a more detailed piece of work to ascertain people's views. The methods employed were:

- a survey
- a public two day event gathering views on themed topics
- a review of the Healthwatch Rotherham Database

The final report from this piece of work is attached at Appendix 1.

8. Finance

No direct financial implications from this report.

9. Risks and Uncertainties

It is important that service users and their families have access to high quality mental health services. Healthwatch provides an independent route for service users and their families to raise any issues and concerns with regard to local services.

10. Policy and Performance Agenda Implications

RMBC Corporate Plan: Helping to create safe and healthy communities
Health and Wellbeing Strategy

11. Background Papers and Consultation

Appendix 1 CAMHS Report contains details of the engagement carried out with service users and their families.

Contact Name:
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Healthwatch Rotherham
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healthwatch Rotherham

Children and Adolescent Mental Health Services

Produced by Parents and Healthwatch Rotherham

May 2014

Contents

Setting the scene and summary

The current Context and our research Findings

Results

Findings

Foreword

Healthwatch Rotherham presents this report in partnership with a group of local parents. In common with all projects undertaken by this service the Board has to first authorise it. The authorisation relies on a standard evaluation model based both on quantitative and qualitative evidence. Furthermore, in most cases, the issue must be seen to have a link to one of the 6 priorities that direct the work of Rotherham's Health and Well Being Board.

It has to be noted that the views of the public do go back a period of 2 years but are remarkably consistent throughout the period under consideration.

I would personally like to thank the parents and carers who were forthcoming with their views.

A special word of appreciation has to be said to the group of parents and carers who gave up their time in helping with preparation, mode of consultation and the consultation process itself.

This has been very much a partnership effort with parents and carers which I believe makes this is a very powerful document.

I look forward to seeing the impact of this report on service delivery.

Naveen Judah

Healthwatch Rotherham Chair

I joined the focus group because things have got to change. RDaSH CAMHS is not working for our young people and their families. My son has had several breakdowns and has talked of suicide each time, I asked CAMHS for help. Their help was to say it was a parenting issue; this is definitely not the case. As a qualified counsellor I find it appalling that our young people with mental health issues are left for their families to sort out, without the help or support of professionals. My hopes for the future are that CAMHS becomes a service which is inclusive, holistic, and family centred, honest and open. I would like to see much better practice and the therapies/actions promised, carried out.

I hope the work we have carried out is not in vain and will bring about much needed change.

Sian Powell

Parent and focus group lead

Executive summary

Summary

Healthwatch Rotherham represents and makes known the views of local people on health and social care services. From November 2013 to February 2014 Healthwatch received 14 comments from parents and children. The majority of the comments expressed concern and dissatisfaction in the services they and their children had or were receiving from Rotherham and Doncaster South Humber Partnership Trust (RDaSH) Children and Adolescent Mental Health Service (CAMHS).

Nationally health and social care provision is being evaluated in light of the 'Francis report'. Sir Robert Francis QC chaired the public inquiry into the Mid Staffordshire NHS Foundation Trust published in February 2013. The report identified numerous warning signs which cumulatively, or in some cases singly, could and should have alerted the system to the problems developing at the Trust.

Nationally CAMHS is being reviewed. In 2007, as part of the Children's Plan, the Government announced an independent review of child and adolescent mental health services (CAMHS).

The three key changes proposed by the independent review of CAMHS were:

- Everybody (from specialist mental health professionals to the wider children's workforce and parents and carers) needs to recognise the contribution they make to supporting children's emotional wellbeing and mental health;
- Local areas have to understand the needs of all of their children and young people and engage effectively with children, young people and their families in developing approaches to meet those needs; and
- The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed

In Rotherham, stakeholders have come together to produce and deliver the Rotherham Emotional Wellbeing & Mental Health Strategy for children and young people. This strategy will inform service planning and commissioning for the next 5 years.

On the 19th February 2014 the Healthwatch Rotherham Board was presented with local evidence plus national guidance which is currently being reviewed by commissioners and providers.

The Healthwatch Rotherham Board agreed there was sufficient evidence to warrant further investigation into the culture of CAMHS.

The aims of this investigation are to:

- Seek views on how local people believe the culture of CAMHS is affecting service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham know about this activity

To enable Healthwatch to achieve the above aims, three methodologies were used.

- A purpose designed survey
- A public two day event gathering views on themed topics
- A review of the Healthwatch Rotherham Database

The three methodologies were purposely designed to collect the views of the citizens of Rotherham and were triangulated to draw overall themes and ideas. This report has been produced to affect change within Rotherham's CAMHS.

The findings from the three methodologies were derived from thematic analysis using frequency of comment/ideas as an indicator of priority.

Results

In almost all of the statements made and within the free text from the survey it can be concluded that there is a high level of dissatisfaction with the service provided by CAMHS, with two exceptions, Statement 8, "facilities here are comfortable", this relates to the surroundings in which people find themselves whilst visiting CAHMS, and for which a large majority of people gave a positive response. Statement 9 "it is quite easy to get to the place where the appointments are" again, this drew a positive response. However, in all other statements, which relate to interpersonal contact and quality of contact the majority of people were unable to agree with the sentiments expressed in those statements and it is in these areas that issues exist.

The people who attended the two public events did not feel part of CAMHS processes, including care planning, crisis planning and discharge. They did not feel listened to or valued, their strengths and knowledge of the child are not acknowledged. They do feel blamed for the problems they and their child are experiencing, judged and alienated throughout their contact with CAMHS. The attendees believe they have a lot they can offer to CAMHS as a whole service and as part of their child's care. They require clarity on how the service is delivered and what they can expect. They have difficulties in accessing support, with long waiting times and appointments being cancelled at short notice. They told us that complaints were difficult to make and not acknowledged, although staff advise people to make them.

The comments collected on the Healthwatch Rotherham Database since July 2013 indicates that people are unclear about what CAMHS provides. There are problems with long waiting times for initial and follow up appointments and difficulties in access to the service. People believe there is a lack of communication between CAMHS and

other services, with failures to pass on information about what CAMHS is or is not doing to support a child and the family's needs. The people using CAMHS do not feel listened to or involved in the CAMHS processes. Complaints are not acknowledged or dealt with in a timely manner. CAMHS is providing support to children to effect change but this is not consistent.

Findings

The findings of this report are drawn from the three methodologies applied to investigate the current culture of RDaSH CAMHS. The main themes of comment were.

- Child and Family centred approach
- Communication
- Appointments
- Long term support
- Contact with staff
- Complaints

In each of these themes a high level of dissatisfaction was expressed. All three methodologies highlighted that

- Parents/carers do not feel listened to
- Parents/carers feel blamed for the problems they and their child are experiencing
- Parents/carers do not feel included or able to participate
- There is no clarity on what people can expect from CAMHS and what services they provide
- People find it difficult to make a complaint
- Complaints are not handled consistently or in a timely manner.
- Waiting times to be seen are too long leaving families feeling unsupported
- When Children are discharged from services this does not always include families and they are unaware they have been discharged
- There is no crisis planning leaving families feeling unsupported and not sure what to do.

Ideas and practical solutions

The results of each of the methodologies highlight the frustration of not being included or listened to. This indicates that they feel they have something to offer the service but their skills that are not being utilised. The people who attended the public events have provided some suggestions to how CAMHS could be improved.

Child and Family Centred approach

- Staff training to enable them to adapt how their services are delivered, increasing individual care/treatment plans and flexible working.
- To work with the whole family throughout the CAMHS processes, acknowledging their strengths and needs.

Communication

- The attendees would like to see improvements in communication suggesting that care/action planning is agreed by all and that actions are completed.

Appointments

- The attendees suggested that there be a standard time frame to be seen within. They suggest if a GP refers when there is a crisis then to be seen within a week.
- They also suggest that appointments to be booked with the family.

Long term support

- A CAMHS board which has parent/carer members
- Not to discharge without crisis planning
- Not to discharge without parents/carers being involved
- To allow self referral to CAMHS within12 months of discharge
- Long term support groups both child friendly and for parents

Contact with staff

- To work with the parents/carers acknowledging their strengths
- Use terms and words are easy to understand
- For staff to explain who they are and what qualifications/skills they have

Complaints

- Make it clear how to complain
- For all staff to record, log all types of complaint, verbally and by letter

The suggestions which have been made, try to address governance and practical issues within CAMHS. They have not addressed all areas of dissatisfaction. The suggestions made indicate that the families desire collaborative governance within the service and to be empowered to work with CAMHS to resolve their individual child and family problems.

RDaSH CAMHS Response

Rotherham Doncaster and South Humber NHS Foundation Trust

June 2014

Our Response to the Rotherham Healthwatch report regarding Children & Young People's Mental Health Services

We are extremely sorry about the experiences the parents and carers that assisted with report have received from RDASH CAMHS. As an organisation and a CAMHs service we take your recommendations seriously and wish to work in partnership with you to improve the service we offer to ensure families, children and young people have a positive experience of our service in the future.

We are currently in the process of delivering a quality improvement plan within the service and will strengthen the plan to reflect the concerns and recommendations highlighted to ensure that parents, children and young people and carers in the future receive a more welcoming and positive experience of CAMHS.

The work that Rotherham Healthwatch have carried out will help us shape the required improvements and we would like to assure the parents and families that their feedback is extremely valuable. We share the hopes and aspirations of the contributors of the report and aim to make the suggested improvements to ensure the service in the future is inclusive, holistic, and family-centred.

We are pleased with the positive feedback regarding are facilities at Kimberworth Place. However the findings within the report are disappointing, especially as they are the collective views of parents and carers who contributed to the report. This feedback is of serious concern to the organisation as it deters from our Trust values and does not reflect the competencies we expect of our staff and the services we deliver.

Improvements Underway

Work is already underway to improve services. Examples of the work we have completed over the last 6 months include the following:

- All CAMHs staff members have received refresher training in a child and family centred approach. Work continues to make sure that this improves the experience of all families, children and young people. This will be monitored through personal service user feedback after each clinical session and the use of 'experience of services' feedback questionnaires that we have made widely available in the reception area of Kimberworth Place. The actions we take to address the feedback received from feedback will be on display in the

waiting area to ensure families, children and young people can see that their views are important and have been acted upon.

- To improve communication, we have recently completed an audit of letters, including discharge letters and have identified this as an area of improvement in terms of the information contained in them.

- To improve access, in agreement with our commissioners, the CAMHS service is working towards a 3 week wait from referral to assessment unless an urgent appointment is required, when the child or young person will be seen on the same day.

- The service has recently introduced Self-referral for young people 14-18 years. The service is accessed via Youth Start and young people have access to a CAMHS clinician.

- Once discharged, children who require further support or the need to re-access the service can contact the duty team to discuss concerns, additional support and re-referral back into CAMHS. This is a new and ongoing piece of work and we would wish to work with families to establish how this may address the concerns regarding self-referral back to CAMHS within12 months of discharge.

- We treat each complaint as an opportunity to learn, we are undertaking a detailed piece of work to ensure all complaints are treated in a timely, sensitive and constructive way.

In addition, we have also been working with our partners in Rotherham to develop the Emotional Well Being & Mental Health Strategy for Children & Young People. The Strategy has been produced to support the Local Authority, commissioners and service providers to improve the emotional health and wellbeing of children and young people and our involvement in this will help us to focus the improvements we are undertaking on the areas that will have most impact for children, young people and their families.

We recognise that the work we have underway will need to continue to deliver the improvements needed. We will consider the findings, ideas and practical solutions in this report and further develop our actions to include these. We would welcome the opportunity to work with Rotherham Healthwatch, the families and young people who have contributed to this report and partner agencies to improve our services.

Christine Bain
Chief Executive
Rotherham Doncaster & South Humber NHS FT

The Current Context and our research findings

Background

Healthwatch Rotherham represents and makes known the views of local people on health and social care services. For Healthwatch to carry out its role, it undertakes engagement activities within the Rotherham Borough. Views, opinions and experiences of local people are trend analysed, these trends are then fed into the Healthwatch Rotherham Board. The Board then directs the service using a decision support tool. The support tool takes into account the local evidence and strategic relevance, to ensure that further investigations into issues are a local priority for the people and for those who influence change.

Local Evidence

From November 2013 to February 2014 Healthwatch received 14 comments from parents and children. The majority of the comments expressed concern and dissatisfaction in the services they and their children had/were receiving from Rotherham and Doncaster South Humber Partnership Trust (RDaSH) Children and Adolescent Mental Health Service (CAMHS). On analysis of the data captured from the pubic engagement and NHS Complaints Advocacy Service, Healthwatch identified that there were numerous issues within RDaSH CAMHS that might need addressing. In February Healthwatch was approached by two parents who wished to make separate formal complaints about CAMHS but agreed that in partnership with Healthwatch Rotherham they would bring together the local community and use a collective voice to raise their issues and affect change.

Strategic relevance

Nationally health and social care provision is being considered in light of the 'Francis report'. Sir Robert Francis QC chaired the public inquiry into the Mid Staffordshire NHS Foundation Trust published in February 2013. The report identified numerous warning signs which cumulatively, or in some cases singly, could and should have alerted the system to the problems developing at the Trust.

http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf

The focus of the Francis report is on provision to patients, although not highlighted, the provision of services to Children in the community including Children and Adolescents Mental Health Services (CAMHS) are affected by the findings and recommendations of this report.

In 2007, as part of the Children's Plan, the Government announced an independent review of child and adolescent mental health services (CAMHS). The review was led by Jo Davidson, Director of Children and Young People's Services in Gloucestershire. Its final report was published in November 2008 and made 20 recommendations in relation to services that promote emotional wellbeing and mental health.

The three key changes proposed by the independent review of CAMHS were:

- Everybody (from specialist mental health professionals to the wider children's workforce and parents and carers) needs to recognise the contribution they make to supporting children's emotional wellbeing and mental health;
- Local areas have to understand the needs of all of their children and young people and engage effectively with children, young people and their families in developing approaches to meet those needs; and
- The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_110930.pdf

In Rotherham, stakeholders have come together to produce and deliver the Rotherham Emotional Wellbeing & Mental Health Strategy for children and young people. This strategy will inform service planning and commissioning for the next 5 years, the stakeholders being

- Rotherham Metropolitan Borough Council
- Rotherham Clinical Commissioning Group
- Representatives from the Voluntary sector
- The Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Yorkshire NHS Foundation Trust (RDaSH)
- Healthwatch Rotherham

The focus of the strategy is on all services provided to children and young people commissioned to deliver a level of support to children in relation to emotional wellbeing and mental health. The Rotherham Clinical Commissioning Group has commissioned an independent organisation: Attain, to undertake a review of RDaSH services in Rotherham, including CAMHS. The aims of the review are to inform planning and commissioning of future services in Rotherham.

Decision making

On the 19th February 2014 the Healthwatch Rotherham Board was presented with local evidence plus national guidance which is currently being reviewed by commissioners and providers.

The Healthwatch Rotherham Board agreed there was sufficient evidence to warrant further investigation into the culture of CAMHS. The duplication of work being carried out by Attain was raised as a concern, however the Board was assured that the methodologies applied to this investigation, would bring a deeper understanding from the parents perspective.

It was agreed that Healthwatch Rotherham would work with local families to capture the views of local people regarding the culture of CAMHS, concentrating on their experiences over the last 2 years.

Methodology

The aims of this investigation are to:

- Seek views on how local people believe the culture of CAMHS is affecting service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham know about this activity

To enable Healthwatch to achieve the above aims, three methodologies were used.

- A purpose designed survey
- A public two day event gathering views on themed topics
- A review of the Healthwatch Rotherham Database

The three methodologies were purposely designed to collect the views of the citizens of Rotherham and were triangulated to draw overall themes and ideas. This report has been produced to affect change within Rotherham's CAMHS.

The findings from the three methodologies were derived from thematic analysis using frequency of comment/ideas as an indicator of priority.

Survey

The results from the survey have been analysed. The survey opened on the 1st April 2014 closed on the 1st May 2014.

Participants were asked to indicate if they; strongly agree, agree, not sure, disagree or strongly disagree, with predetermined statements. The statements were formulated by the reference group, made up of six parents of children who had/have contact with CAMHS. Each of the members described their family's journey. From these six experiences themes and 'I' statements were formed for the survey.

The statements used, refer to the following areas

- Child and Family centred approach
- Communication,
- Appointments
- Long term support,
- Contact with staff,

At the end of the survey people were asked to complete 'free text' spaces to give qualitative data. The free text section asked people to tell us any further comments they would like to make.

Public events

The parent reference group designed and planned two public events. The events were held at Springwell Gardens on the Monday 7th April and the Saturday 12th April 2014. Open invitations to the event, were advertised publicly for families and children to attend who had experiences and had views of the RDaSH CAMHS over the last two years. Participants were invited via the survey sent out to people on the Healthwatch Rotherham database, social media and website. Healthwatch also contacted people who have used the NHS Advocacy service.

Attendees to the events were supported by one of the reference group members to enable them to raise their views based on the themes below.

- Child and Family centred approach
- Communication
- Appointments
- Long term support
- Contact with staff
- Complaints

The Healthwatch Database

The Healthwatch Rotherham database holds a list of over 1,000 members who wish to have their views and opinions heard and/or want to be informed of changes in health and social care in Rotherham. We also hold comments which citizens of Rotherham have made in relation to services by which they have been affected.

The comments collected by Healthwatch Rotherham staff and volunteers have been collected since July 2013. The comments are from conversations with the public at events and members of the public visiting the Healthwatch office in the town centre These comments are from none lead conversations.

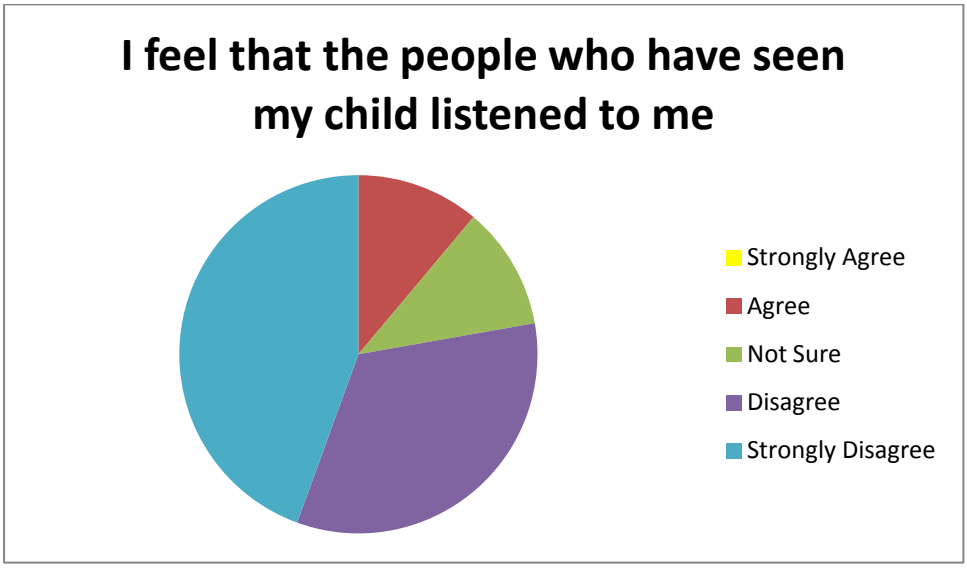
In addition to the comments collected from the public, the database collects information from national surveys, patient opinion, and the local media. All comments collected are in relation to Rotherham services.

Results

Survey

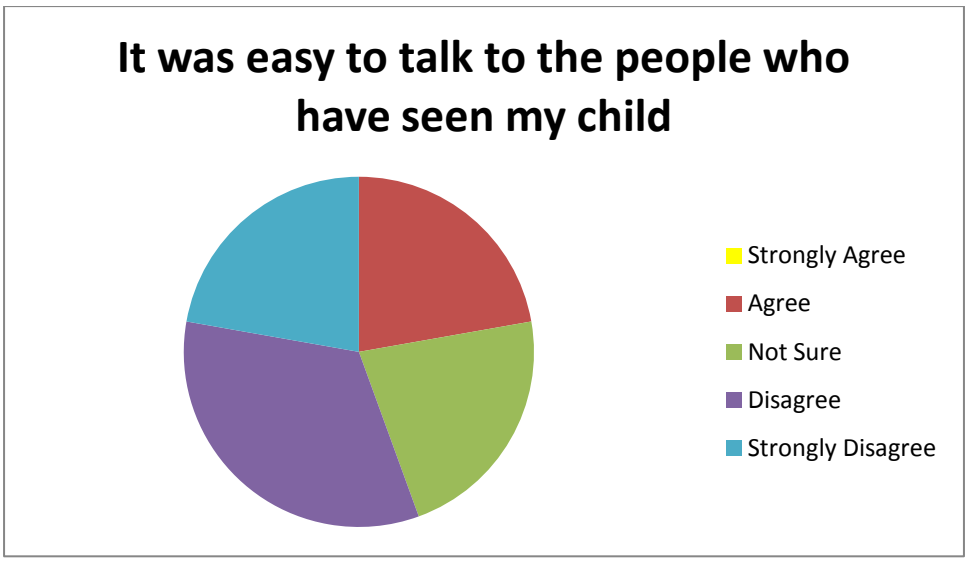
In total 12 people completed the CAMHS Survey between the 1st April 2014 and 1st May 2014.

Statement 1:



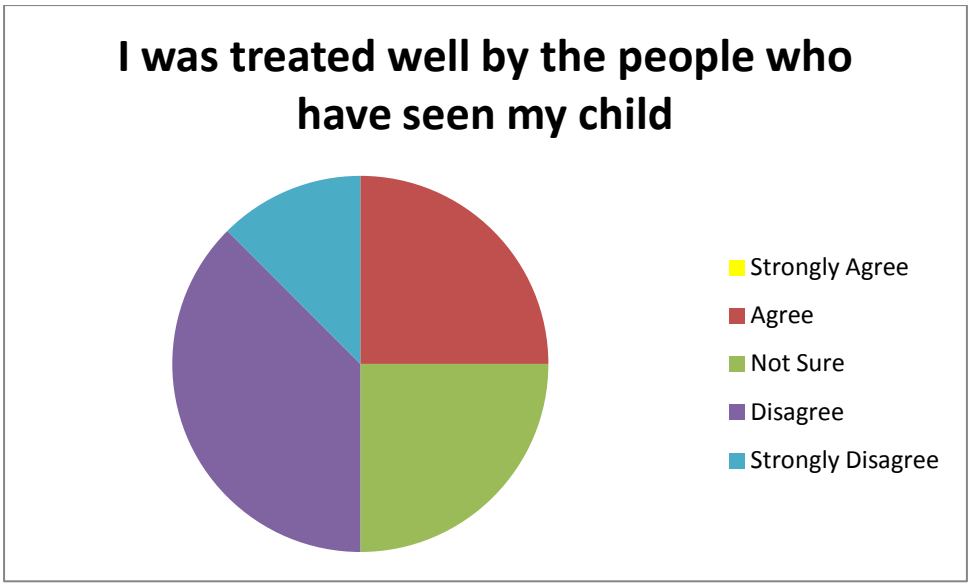
The result show that the majority of people disagreed or strongly disagreed with this statement.

Statement 2:



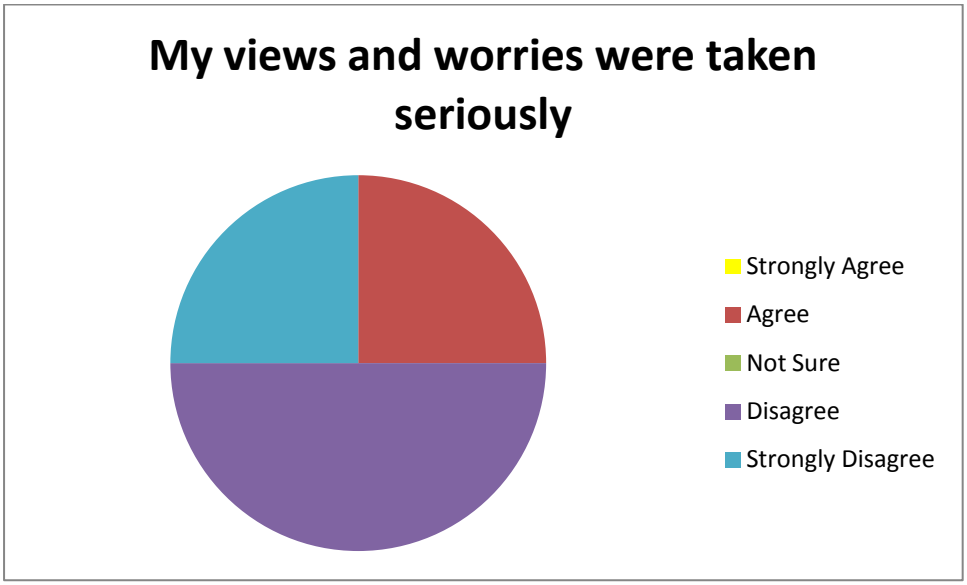
The results show that the majority of people either disagreed or strongly disagreed with the statement.

Statement 3:



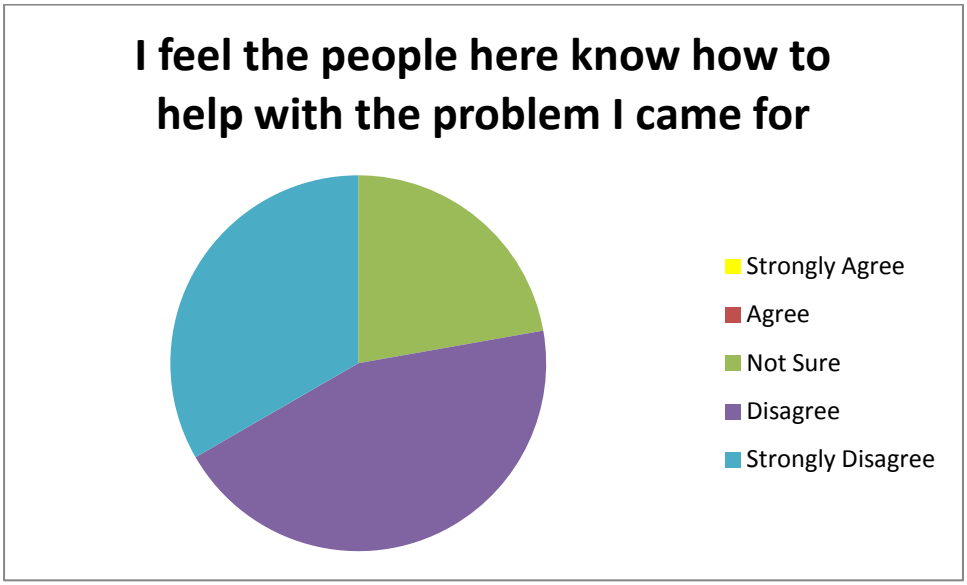
The results show that half of all people commenting on this statement either disagreed or strongly disagreed. A quarter of the people agreed, the rest were not sure.

Statement 4:



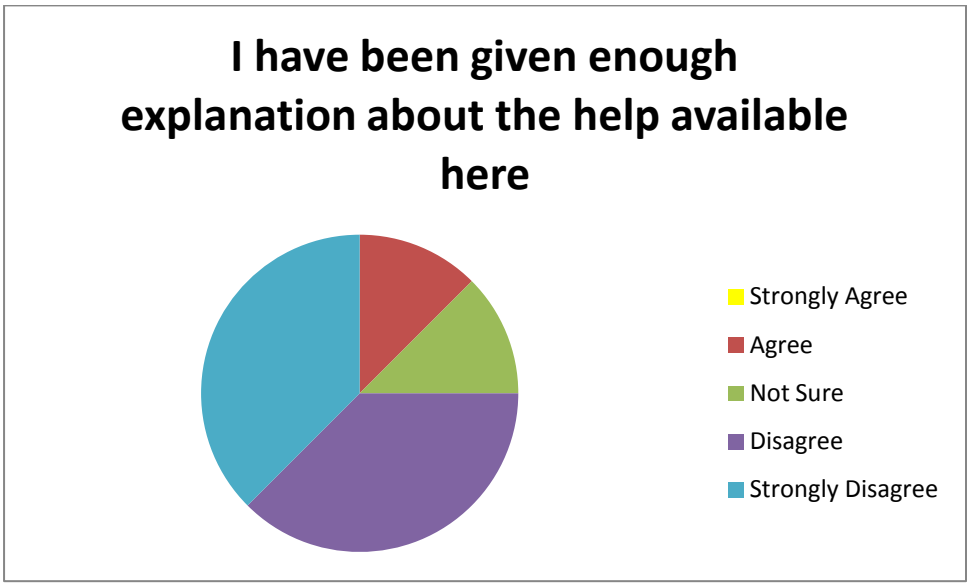
The results show that half of the people disagreed, a quarter strongly disagreed the other quarter agreed that their views and worries were taken seriously.

Statement 5:



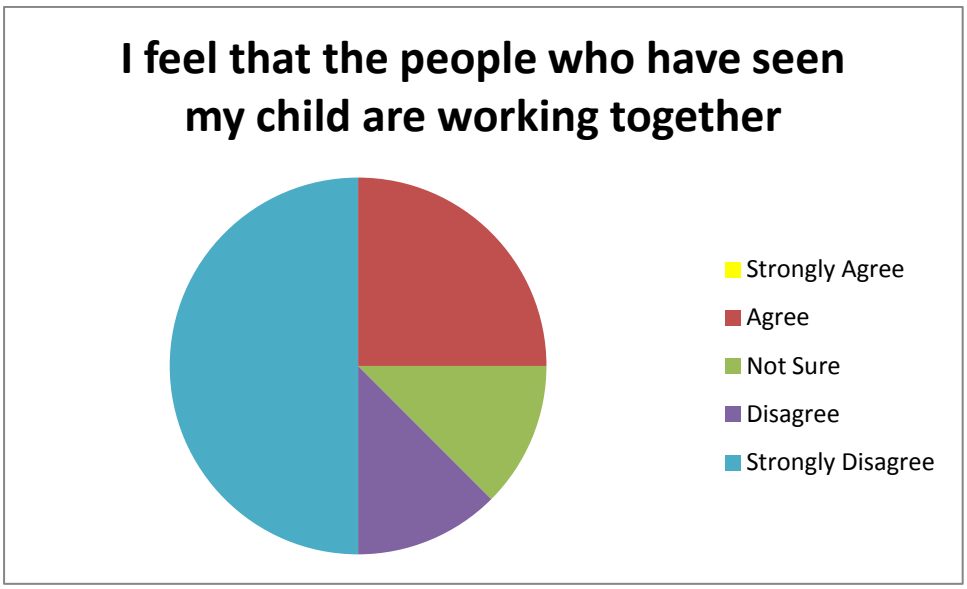
The results here show that the majority of the people disagreed with this statement

Statement 6:



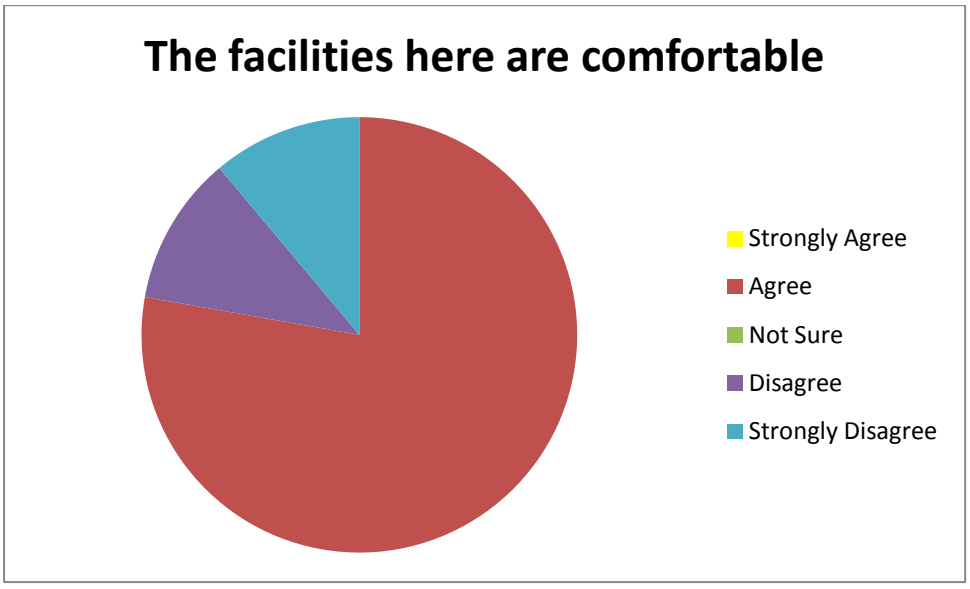
The results here show that three quarters of the people either disagreed or disagreed strongly with this statement.

Statement 7:



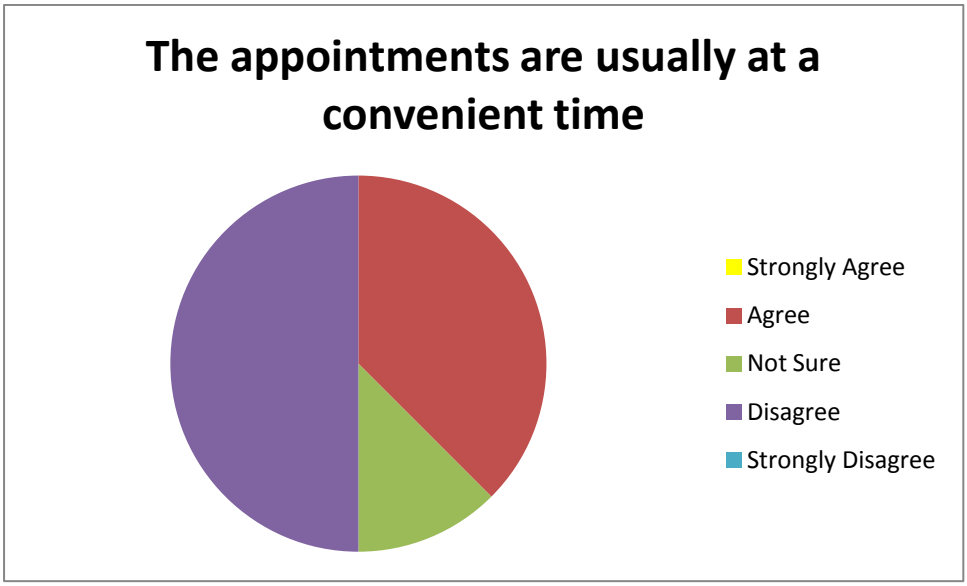
This statement shows that half the people commenting on this statement strongly disagreed, however a quarter were in agreement.

Statement 8:



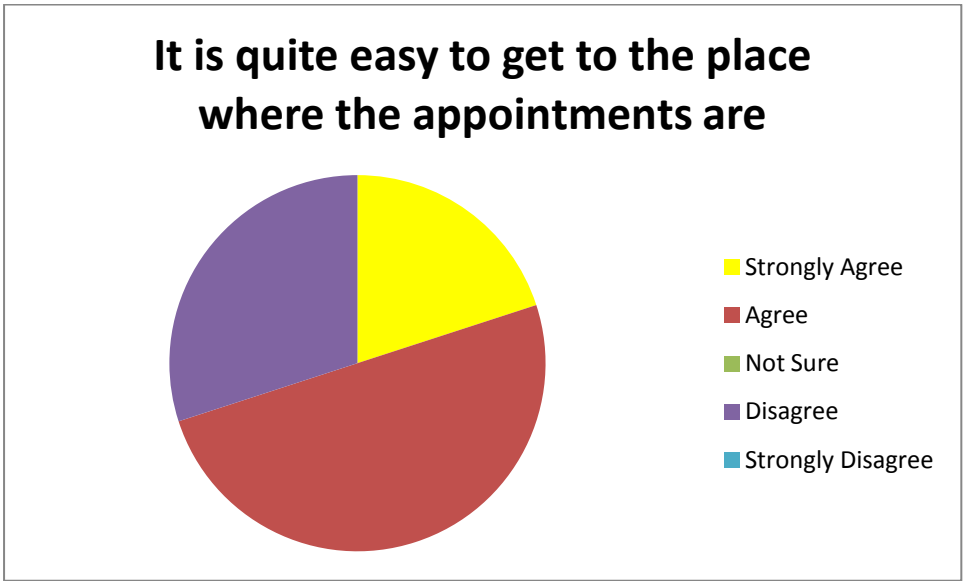
This shows that a majority of people commenting on this statement were in agreement

Statement 9:



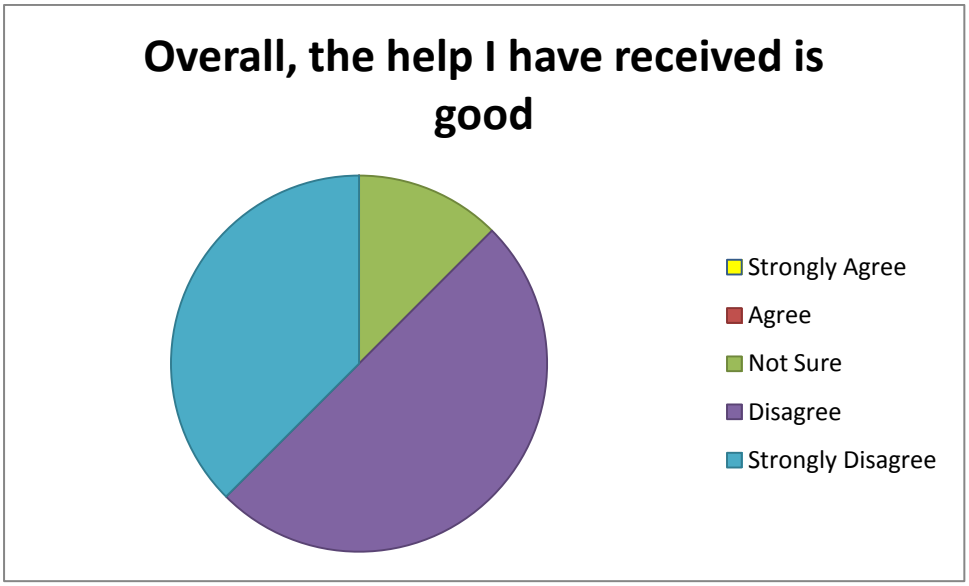
In this statement, half of the people commenting, disagreed, although over a quarter were in agreement

Statement 10:



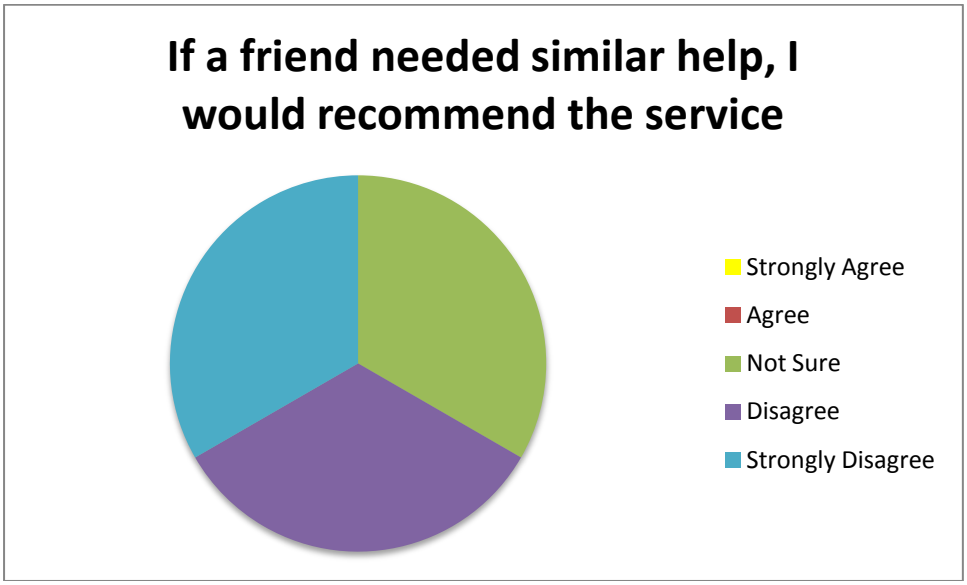
This statement shows there is an equal split in the numbers agreeing and disagreeing

Statement 11:



A majority of people disagreed with this statement

Statement 12



The majority of people disagree with this statement, over a third were not sure.

Summary of the free text

The participants of the survey were asked ‘any other comments you would like to make’. 7 people added free text comments. The data collected indicates that people do not feel listened to or understood by CAMHS. They find the services are difficult to access. Time delays in seeing families and lack of crisis planning leave families feeling unsupported. Discharge from services is inadequately planned leaving people unsure what is happening.

‘My daughter self-harms and I need to know how to handle it, I don’t feel I know enough about what to do.’

Summary

In almost all of the scenarios presented above and the free text it can be concluded that there is a high level of dissatisfaction with the service provided by CAMHS, with two exceptions, Statement 8, “facilities here are comfortable”, this relates to the surroundings in which people find themselves whilst visiting CAHMS, and for which a large majority of people gave a positive response. Statement 9 “it is quite easy to get to the place where the appointments are” again, this drew a positive response. However, in all other statements, which relate to interpersonal contact and quality of contact the majority of people were unable to agree with the sentiments expressed in those statements and it is in these areas that issues exist.

Public Events

The public events were held at Springwell Gardens in Rotherham over two days. 15 parents/carers and 2 CAMHS service users attended providing 134 comments. The attendees were asked to comment on 6 topics.

- Child and Family centred approach
- Communication
- Appointments
- Long term support
- Contact with staff
- Complaints

Each attendee was asked to state their issues, suggestions and positive experiences based on these topics. The comments received have been summarised.

Child and Family Centred Approach

Issues

The attendees do not feel they or their child is central to the service's approach.

'The strategies/therapy used/offered did not take into account my daughter's communication difficulties....CAMHS refused to adapt the therapy or change it'

They feel they are not listened to, judged and felt blamed for the problems they and their child were/are experiencing.

'feel criticised as a single parent. Being told by CAMHS** 'he has no male role model that could be the problem**'...'

The attendees do not feel central to the care planning or able to contribute in the CAMHS process.

'...everything is to suit CAMHS, child and family have to 'fit in', with their way'

The attendees do not feel their whole needs as a family or other stresses are considered or acknowledged.

'I am a carer for my father....''CAMHS don't consider the impact of the child's behaviour on the rest of the family members'

Positives

There were no positive comments on this topic.

Suggestions

- Staff training to enable them to adapt how their services are delivered, increasing individual care/treatment plans and flexible working.
- To work with the whole family throughout the CAMHS processes, acknowledging their strengths and needs.

Communication

Issues

Attendees felt CAMHS fails to communicate with, the child, the family, other services, and between CAMHS workers.

The most common noted frustration is the back dating of letters, parents receiving letters dated months before they receive them in the post. This leads to confusion and being the last to know.

A large number of the comments people made suggested that the families do not believe that agreed actions are carried out in a timely manner, leaving the families to chase up workers and pull together care plans.

'they rely on parents to coordinate everything' 'parents have to chase up. They don't contact you, all one sided'

Attendees told us they do not know what to do in an emergency and they are not informed of discharge from the service. The families told us they were not involved in the discharge planning.

'Discharges, what do I do in an emergency? This is not communicated to parents'

The attendees also commented what they view as poor communication between staff in CAMHS and other agencies. The families feel they have to repeat information at appointments because it was not recorded the first time. This leads to wasted appointments and frustration from the child and family.

Suggestions

- The attendees would like to see an improvement in communication suggesting that care/action planning is agreed by all and that actions are completed.

Appointments

Issues

The attendees told us of the long wait for appointments for both routine and emergencies. Attendees feel they have to chase up the service to ensure they get an appointment.

'I waited a year between appointments'...'long wait for appointment letters'

They told us of the constant changing of appointments at short notice.

'Changed last minute without notification'

The access to appointments was raised as an issue, appointments running late and problems getting the child to the appointment.

'If a child is school refusal they find it near impossible to access appointments. You miss 3 then you have to be re referred'

Positives

There was no positives recorded for this topic

Suggestions

- The attendees suggested that there be a standard time frame to be seen within. They suggest if a GP refers when there is a crisis then to be seen within a week.
- They also suggest that appointments to be booked with the family.

Long term Support

Issues

The most common issues the attendees told us was the lack of discharge planning, crisis planning and clarity of what action was going to be taken.

'No long term support planning, no signposting, and discharge without any meeting with family'... 'police became involved due to child's behaviour. I then called CAMHS who told me my child had been discharged. I had not been told anything. Nothing given to me in writing. No warning.'

Overwhelmingly the attendees told us they had been discharged at some point in there contact with CAMHS and had not been told.

Positives

There were no positive comments on this topic

Suggestions

- A CAMHS Board which has parent/carer members
- Not to discharge without crisis planning
- Not to discharge without parents/carers being involved
- To allow self referral to CAMHS within12 months of discharge
- Long term support groups both child friendly and for parents

Contact with staff

Issues

The attendees told us that they feel judged, not listened to and blamed for the problems they and their children are experiencing.

'staff question motives for wanting a diagnosis for child'.. .'.... belittle us'..' staff don't listen, always blaming issues on parenting'..' staff can be patronising,

The attendees told us they don't feel confident in the staff knowledge and experience in working with them and their children.

'***too many case workers involved not qualified to deal with'... 'little understanding...'..'staff not knowledgeable about issues...'***

The attendees expressed they do not feel valued or part of the processes. They feel they are excluded from being able to be part of the processes.

'...if we know something won't work with our children, we are being negative'...'parents disabilities are not taken into account...'

Positive

- Staff encourage parents to complain
- The manager is proactive in contacting parents

Suggestions

- To work with the parents/carers acknowledging their strengths
- Use terms and words are easy to understand
- For staff to explain who they are and what qualifications/skills they have

Complaints

Issues

The attendees told us they were not clear how to make a complaint. They feel that the service does not make it easy to make a complaint.

'passed from pillar to post'

When parents have tried to make a complaint the service has not acknowledged this.

'made complaints but these have never been acknowledged'

Positives

There were not positive comments on this topic

Suggestions

- Make it clear how to complain
- For all staff to record, log all types of complaint, verbally and by letter

Summary

The attendees do not feel part of CAMHS processes, including care planning, crisis planning and discharge. The do not feel listened to or valued, their strengths and knowledge of the child are not acknowledged. They do feel blamed for the problems they and their child are experiencing, judged and alienated throughout their contact with CAMHS. The attendees believe they have a lot they can offer to CAMHS as a whole service and as part of their child's care. They require clarity on how the service is delivered and what they can expect. They have difficulties in accessing support, with long waiting times and appointments being cancelled at short notice. They told us that complaints were difficult to make and not acknowledged, although staff advise people to make them.

Database

Since July 2013 to April 2014, Healthwatch Rotherham has received a number of comments regarding the Child and Adolescent Mental Health Services (CAMHS) in Rotherham. Those comments are listed within this report. 20 Unique comments were received during this period.

The comments received are from family members of the service users. Comments received come via telephone calls received , people visiting the Healthwatch Rotherham Shop or from outreach engagement events.

The comments received are grouped together around some main themes

- Appointments
- Long term support,
- Contact with staff,
- Complaints

Appointments

"Been trying to get referred from CAMHS to adult mental health since October 2013. Now been the the reason her daughter has to go to doctors for referral and not CAMHS. Believe she should have been told this last year not this week.
Been chasing around for medication while in this transition process from child to adult mental health services.
If it had not been for help from Rotherham college, she fears daughter might have self harmed herself again."

"A guest using mental health services has been waiting over a year for a secondary assessment."

Long term Support

"I am very frustrated and disappointed with the lack of provision for my son who has been diagnosed with autism by CAHMS but there is no treatment and no where to go. The consultant has refused to refer my my son outside of the area where further treatment support is available. I have spoken with my GP who agrees that my son should be referred. I don't know where to go or what to do"

"3 years ago my daughter was referred to CAHMS by the GP assessment for autism recently my daughter started to self harm and I went back to CAMHS saying "please you need to do something"

My daughter was reassessed 3 x 45 sessions where no background

information i.e her Dad has aspergers syndrome, was requested and CAHMS discharged my daughter.

"Son has recently been the subject of an assessment by Rotherham CAMHS Being kept out of the decision making process by the various services involved and she was distinctly unhappy that both CAMHS and her Social Worker had, according to her, paid little attention to her views about xxx behaviour in the home."

"Getting help after diagnosis for child .Got diagnosed but had to go on internet to get more information, was given diagnosis over the phone "attachment and bonding" because CAMHS would not see her because of behaviour.
Was told to go to school to get a further referral - but child is doing well at school"

Unhappy with the service offered over the past three years a feels that the service is not fit for purpose and that there is no consistency"

Contact with Staff

"Some camhs staff give impression they don't seem interested"

Complaints

"There are many parents of children with autism and other mental health problems on the Facebook who she knows who do not have good things to say about CAMHS. They all feel there is a lack of help once diagnosis is given. There is no help and people fear making complaints in case they require CAMHS to help and there is no other place to go."

"***Over the last 13 months I have rang on numerous occasions to complain to no avail but I didn't keep a record of these days. Most recently though after the mother of all breakdowns I telephoned on 10th to yet again complain at the ridiculous amount of time we have been in system and the fact that the mental health issues were being overlooked. I spoke to the duty manager, who said he would ring back with an appointment, but never bothered. On 11th I put the complaint in writing and actually delivered it myself to camhs so I know it got there. On 19th had to visit my own gp with X as still no response from camhs. The gp said would ring camhs to tell them that there were mental health issues which also needed addressing and tell camhs to ring me. I did receive a phone call from one of the workers that day just to say there was nothing he could do right then but would ring in the morning. On morning of 20th received another call from xxx to say that as I felt the mental health issues needed addressing would offer an appointment however will not be offering one until 1st xx and it***

would be within 3 weeks appointment. I questioned him on the fact that the duty manager the previous week had said she would ring with an appointment to be told no record of that. I asked him if I could speak to a duty manager to be told no one on site he was acting as a duty manager but wasn't one?I said that the service was unacceptable and asked to speak with whoever the complaint I sent in last week should have gone to. He said there was no record of any complaint, there was no one in to deal with complaints and he could not advise me on who should be dealing with it anyway.He then told me to ring the switchboard, which I did to find out he was stood in the same room as them and was then advised that xxxx was on site who apparently deals with complaints and that she would ring me back. Again she hasn't bothered to ring me. Its completely unacceptable treatment."

Positive

Young person talked about the loss of his dad to alcoholism and that he felt that services had let his dad down as they kept telling him to control his drinking and only have one, he said that his dad was never able to just have one. The young person is receiving help to stop smoking which he said has increased since he lost his dad. He also has good support from CAHMS and feels that he is becoming more able to deal with his issues.

Summary

The comments collected since July 2013 indicates that people are unclear about what CAMHS provides. There are problems with long waiting times for initial and follow up appointments and difficulties in access to the service. People believe there is a lack of communication between CAMHS and other services, with failures to pass on information about what CAMHS is or is not doing to support a child and the family's needs. The people using CAMHS do not feel listened to or involved in the CAMHS processes. Complaints are not acknowledged or dealt with in a timely manner. CAMHS is providing support to children to effect change but this is not consistent.

Findings

The findings of this report are drawn from the three methodologies applied to investigate the current culture of RDaSH CAMHS. The main themes of comment were.

- Child and Family centred approach
- Communication,
- Appointments
- Long term support,
- Contact with staff,
- Complaints

In each of these themes a high level of dissatisfaction was expressed. All three methodologies highlighted that

- Parents/carers do not feel listened to
- Parents/cares feel blamed for the problems they and their child are experiencing
- Parents/carers do not feel included or able to participate
- There is no clarity on what people can expect from CAMHS and what services they provide
- People find it difficult to make a complaint
- Complaints are not handled consistently or in a timely manner.
- Waiting times to be seen are too long leaving families feeling unsupported
- Discharge from services does not always include families and they are unaware they have been discharged
- There is no crisis planning leaving families feeling unsupported and not sure what to do.

Ideas and practical solutions

The results of each of the methodologies highlight the frustration of not being included or listened to. This indicates that they feel they have something to offer the service but their skills are not being utilised. The people who attended the public events have provided some suggestions to how CAMHS could be improved.

Child and Family Centred approach

- Staff training to enable them to adapt how their services are delivered, increasing individual care/treatment plans and flexible working.
- To work with the whole family throughout the CAMHS processes, acknowledging their strengths and needs.

Communication

- The attendees would like to see an improvement in communication suggesting that care/action planning is agreed by all and that actions are completed.

Appointments

- The attendees suggested that there be a standard time frame to be seen within. They suggest if a GP refers when there is a crisis then to be seen within a week.
- They also suggest that appointments to be booked with the family.

Long term support

- A CAMHS Board which has parent/carer members
- Not to discharge without crisis planning
- Not to discharge without parents/carers being involved
- To allow self referral to CAMHS within12 months of discharge
- Long term support groups both child friendly and for parents

Contact with staff

- To work with the parents/carers acknowledging their strengths
- Use terms and words are easy to understand
- For staff to explain who they are and what qualifications/skills they have

Complaints

- Make it clear how to complain
- For all staff to record, log all types of complaint, verbally and by letter

The suggestions which have been made, try to address governance and practical issues within CAMHS. They have not addressed all areas of dissatisfaction. The suggestions made indicate that the families desire collaborative governance within the service and to be empowered to work with CAMHS to resolve their individual child and family problems.

RDaSH CAMHS Response

Rotherham Doncaster and South Humber NHS Foundation Trust

June 2014

Our Response to the Rotherham Healthwatch report regarding Children & Young People's Mental Health Services

We are extremely sorry about the experiences the parents and carers that assisted with report have received from RDASH CAMHS. As an organisation and a CAMHs service we take your recommendations seriously and wish to work in partnership with you to improve the service we offer to ensure families, children and young people have a positive experience of our service in the future.

We are currently in the process of delivering a quality improvement plan within the service and will strengthen the plan to reflect the concerns and recommendations highlighted to ensure that parents, children and young people and carers in the future receive a more welcoming and positive experience of CAMHS.

The work that Rotherham Healthwatch have carried out will help us shape the required improvements and we would like to assure the parents and families that their feedback is extremely valuable. We share the hopes and aspirations of the contributors of the report and aim to make the suggested improvements to ensure the service in the future is inclusive, holistic, and family-centred.

We are pleased with the positive feedback regarding are facilities at Kimberworth Place. However the findings within the report are disappointing, especially as they are the collective views of parents and carers who contributed to the report. This feedback is of serious concern to the organisation as it deters from our Trust values and does not reflect the competencies we expect of our staff and the services we deliver.

Improvements Underway

Work is already underway to improve services. Examples of the work we have completed over the last 6 months include the following:

- All CAMHs staff members have received refresher training in a child and family centred approach. Work continues to make sure that this improves the experience of all families, children and young people. This will be monitored through personal service user feedback after each clinical session and the use of 'experience of services' feedback questionnaires that we have made widely available in the reception area of Kimberworth Place. The actions we take to address the feedback received from feedback will be on display in the

waiting area to ensure families, children and young people can see that their views are important and have been acted upon.

- To improve communication, we have recently completed an audit of letters, including discharge letters and have identified this as an area of improvement in terms of the information contained in them.

- To improve access, in agreement with our commissioners, the CAMHS service is working towards a 3 week wait from referral to assessment unless an urgent appointment is required, when the child or young person will be seen on the same day.

- The service has recently introduced Self-referral for young people 14-18 years. The service is accessed via Youth Start and young people have access to a CAMHS clinician.

- Once discharged, children who require further support or the need to re-access the service can contact the duty team to discuss concerns, additional support and re-referral back into CAMHS. This is a new and ongoing piece of work and we would wish to work with families to establish how this may address the concerns regarding self-referral back to CAMHS within12 months of discharge.

- We treat each complaint as an opportunity to learn, we are undertaking a detailed piece of work to ensure all complaints are treated in a timely, sensitive and constructive way.

In addition, we have also been working with our partners in Rotherham to develop the Emotional Well Being & Mental Health Strategy for Children & Young People. The Strategy has been produced to support the Local Authority, commissioners and service providers to improve the emotional health and wellbeing of children and young people and our involvement in this will help us to focus the improvements we are undertaking on the areas that will have most impact for children, young people and their families.

We recognise that the work we have underway will need to continue to deliver the improvements needed. We will consider the findings, ideas and practical solutions in this report and further develop our actions to include these. We would welcome the opportunity to work with Rotherham Healthwatch, the families and young people who have contributed to this report and partner agencies to improve our services.

Christine Bain
Chief Executive
Rotherham Doncaster & South Humber NHS FT

Rotherham Metropolitan Borough Council
Where Everyone Matters

Emotional Wellbeing & Mental Health Strategy for Children & Young People – 2014-19

Paul Theaker – Operational Commissioner, RMBC
Ruth Fletcher-Brown – Public Health Specialist, RMBC

Rotherham Metropolitan Borough Council
Where Everyone Matters

CAMHS Commissioning

- More providers than just RDaSH
- More Commissioners than just Rotherham CCG.

CAMHS Tiered Model of Provision.

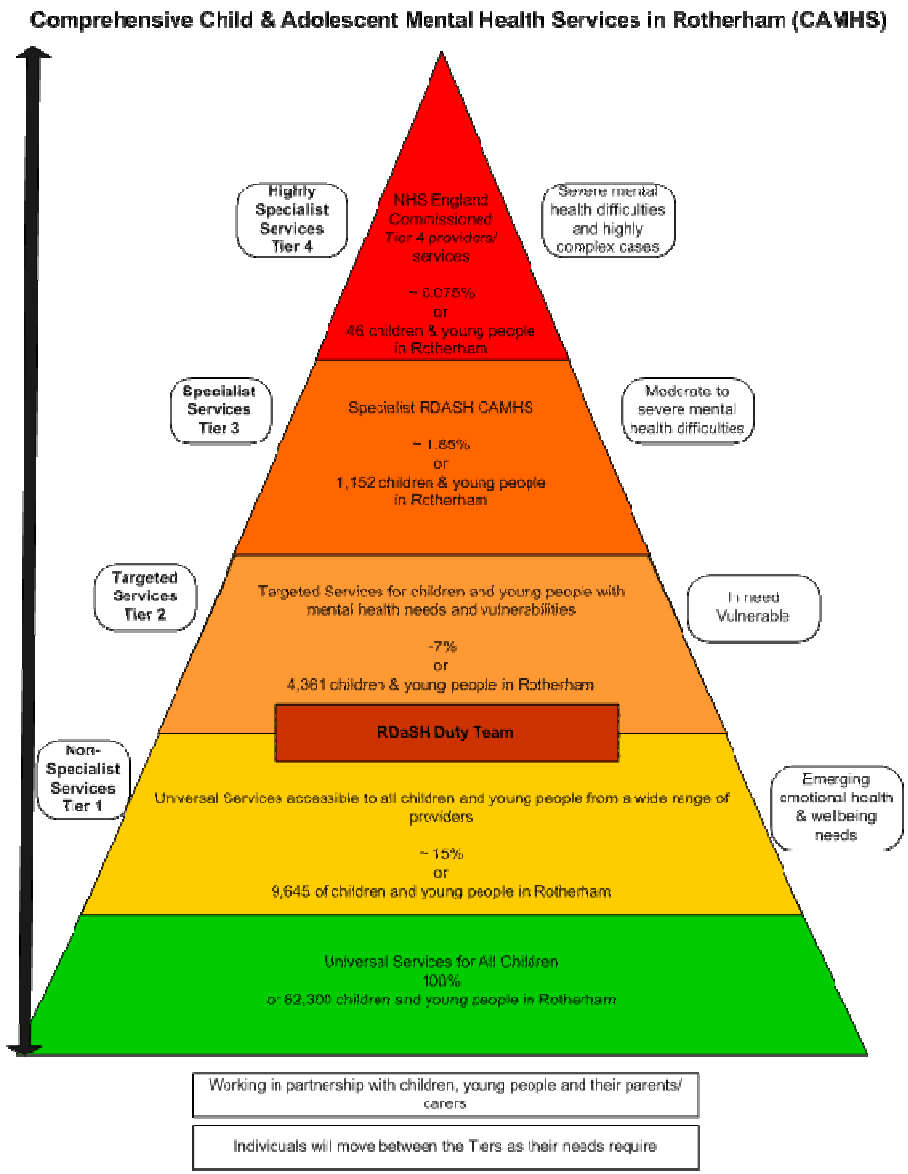
Rotherham Metropolitan Borough Council
Where Everyone Matters

<u>Commissioners</u>

NHS England

Rotherham CCG

RMBC



<u>Providers</u>

Private Sector

RDaSH CAMHS
(Sheffield Health & Social Care, Nottinghamshire Healthcare)

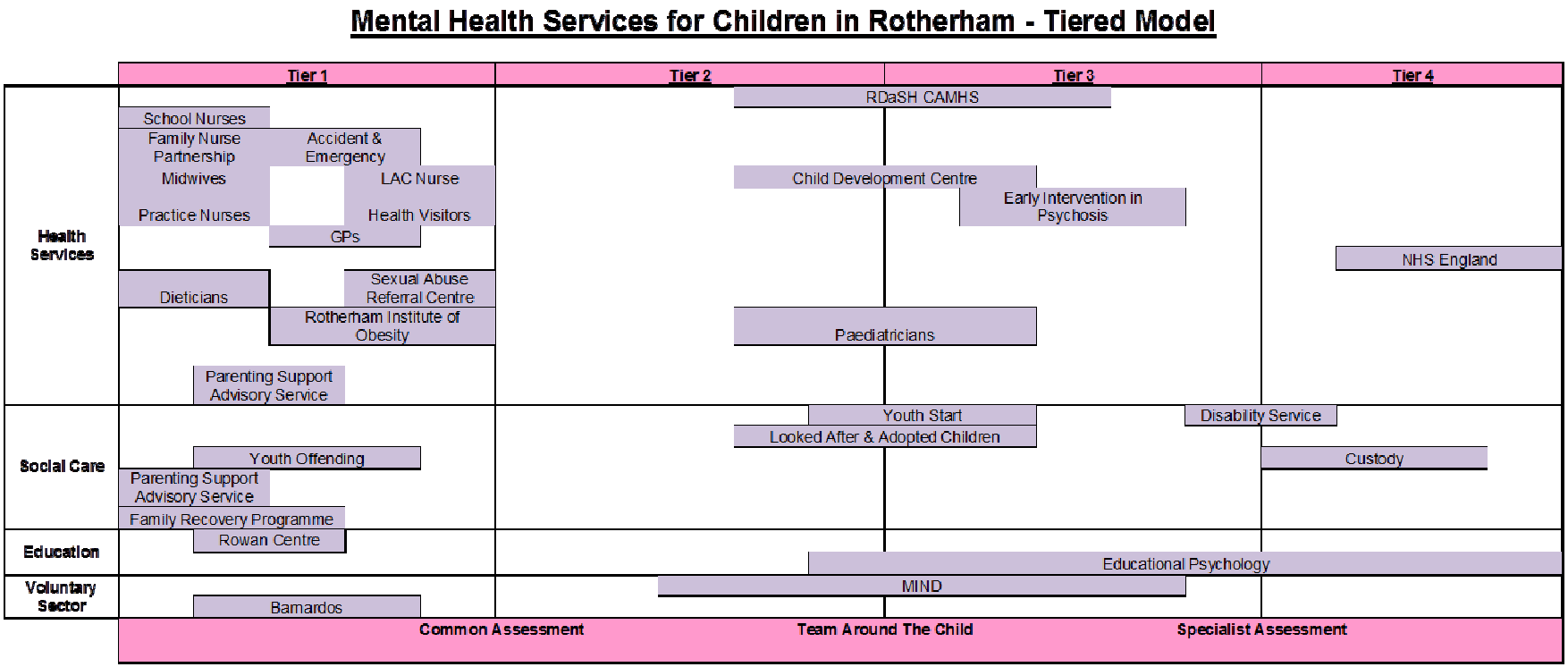
RMBC

Voluntary Sector

GPs, RFT.

Rotherham Metropolitan Borough Council
Where Everyone Matters

Where key services fit in the Tiered model.



Background

- May/June 2013 – Issues with RDaSH CAMHS service
- ‘Contract Query’ process – Oct. 2013
- GP Surveys – Sep & Dec 2013, May 2014
- Universal Workers Survey, Jan 2014
- ‘Top Tips’, Directory of Services, locality workers, GP events & IYSS conference

Universal ‘Top Tips’ & Directory of Services

Guidance for Universal Workers and targeted workers on Referral of Children & Young People with Emotional Wellbeing Issues

Referrals to Universal Services and Routine CAMHS and Urgent CAMHS referrals.

Issue	Symptoms/presenting problems	Refer to:-
Behavioural Difficulties	• Poor behaviour at Home only	Evidence Based Parenting Programme. For under 5s please contact Health Visiting Team in the first instance
	• Poor behaviour at School only	School (Learning mentor) Integrated Youth Support Service
	• Severe behaviour in both home & School	Discuss with Health Visitor first. Child Development Centre (CDC) for under 5 years, CAMHS (Routine) for over 5 years.
Eating Disorders	• Eating Issues (Low Level) – Will only eat certain foods	Health Visitor if under 5 or GP if over 5
	• Anorexia: evidence of self induced weight loss and/or fear of fatness • Rapid and sustained weight loss • If BMI under 17 • Bulimia: Persistent binge & purge behaviour. • BMI may be normal	CAMHS (Routine) & also GP (for physical assessment)
	• If BMI under 14.	CAMHS (Urgent)
	• Obesity	Rotherham Institute for Obesity (RIO)
Anxiety Disorders	• Worrying about specific situations	School Nurse, School (learning mentor etc), Youthstart, MIND
	• Severe, persistent anxiety. • Panic attacks. • Attachment disorders • Severe and disabling phobia where it is impacting on a young person day to day life and ability to function s (Social and specific phobias).	CAMHS (Routine)
Mood Disorder or Depression (Refer if symptoms present for at least 2 weeks)	• Low mood, not impacting on daily life and no risk evident (no suicidal thoughts or self harm)	School (learning mentor pastoral support), Youth Start, MIND, School Nurse
	• Persistent low mood. • Physical symptoms – poor sleep (or early wakening) or loss of appetite and weight • Cognitive symptoms inc. pervasive negative thoughts • Loss of interest/Social isolation/withdrawal seen at home and school. • Suicidal thoughts without planned intent (discuss urgency of referral with team)	CAMHS (Routine)
	• Suicidal thoughts with planned intent REFER URGENTLY. • Suicidal thoughts without planned intent (discuss urgency of referral with team) • Previous attempts to end life	CAMHS (Urgent)
Post Traumatic Stress Disorder – Symptoms Following an event very traumatic to the	• Avoidance of reminders of the traumatic event. • Persistent anxiety. • Repeated enactment of reminders of the traumatic event. • Intrusive thoughts and memories – e.g. nightmares. • Sleep disturbance. • Hypervigilance.	CAMHS (Routine)

Emotional Wellbeing Services for Children & Young People Living in Rotherham Directory of Services for GP use

The following services are available for direct GP referral, unless where indicated.

The services are characterised by ‘Levels’ of need as below:-

UNIVERSAL – **Primary preventative services aimed at addressing the needs of all children.**
VULNERABLE – **Selective primary preventative services aimed at children with special needs.**
COMPLEX – **Secondary prevention services to support children with multiple needs.**
ACUTE – **Tertiary help or prevention services for children in need of immediate care and protection.**

The Rotherham NHS
NHS Foundation Trust

School Nurses

School Nurses – Age range 5 – 16 years
Services provided at UNIVERSAL and VULNERABLE levels
Professional and self referral
- Tier 1 Support

Health Visitors

Health Visitors - Age range 0 – 5 years
Service provided at UNIVERSAL level
Professional and self referral
- Tier 1 Support
- Early Attachment Service

N.B.
Health Visitors and School Nursing services are based in teams. They can be contacted by mobile numbers (not to be given out) or the landlines by area, as detailed in **Appendix 1**.
These landlines are DUTY telephone numbers and are for professional queries only. They are manned at certain times during the day, by professionals (see appendix 1). Parents should phone central admin on 01709 423333, Mon-Fri 8.30am to 5pm.

Family Nurse Partnership

Age range parents under 19 years. Women under 19 years and first pregnancy
Service provided at VULNERABLE Level.
Professional referral
- Tier 1 Support as part of Family Nurse Programme

Telephone 01709 255804

Review date April 2015 June 2014

CAMHS Referral Guidelines - Important information to include when referring to the RDaSH CAMHS Service.

It is preferable that referrals to the CAMHS service are made using the designated referral form. Alternatively, referrals can also be made by letter or fax.

Whichever method is used it is essential that the following information is included as a minimum. The referral should also include a Common Assessment Framework form (if available).

Basic information

- Child’s name, date of birth, address and telephone number (telephone number will support effective triaging, gaining consent to signpost onwards to other agencies and is **essential** for urgent cases). A lack of telephone contact will delay in decision making and care provided.
- Surnames of parents/ carers if different to the child
- Who has parental responsibility? - is the child ‘looked after’, what is the child’s legal status?
- GP details
- School details
- Consent from the child and/or parent (including consent to contact other agencies)

Reason for referral

- What are the specific difficulties that you want our service to address?
- Length of time that the problems have been present
- Is the problem specific or more generalised?
- Your understanding of the problems/ issues involved
- Risks identified

Further helpful information

- Who else is living at home? Details of separated parents if relevant
- Other professionals involved
- Previous contact with mental health services or social services. What was the outcome? Was it seen as helpful/ unhelpful?
- Any other things that have been tried
- Details of protective factors (coping strategies, support network etc)
- Any relevant background information, such as family history, significant life events and/ or developmental factors.

Rotherham Metropolitan Borough Council
Where Everyone Matters

CAMHS Strategy

- Draft format
- Informed by National Guidance & local feedback
- Formalisation of some on-going work
- From issues raised by families, carers, referrers & services

Draft Recommendations

- Ensure patient/parents/carers input into developing services
- Develop multi-agency care pathways
- Develop family focussed services which are easily accessible and delivered in appropriate locations
- Best value for money for the people of Rotherham
- Flexible working times - not restricted to normal operating hours
- Appropriate training and support for staff

Rotherham Metropolitan Borough Council
Where Everyone Matters

Draft Recommendations (cont.)

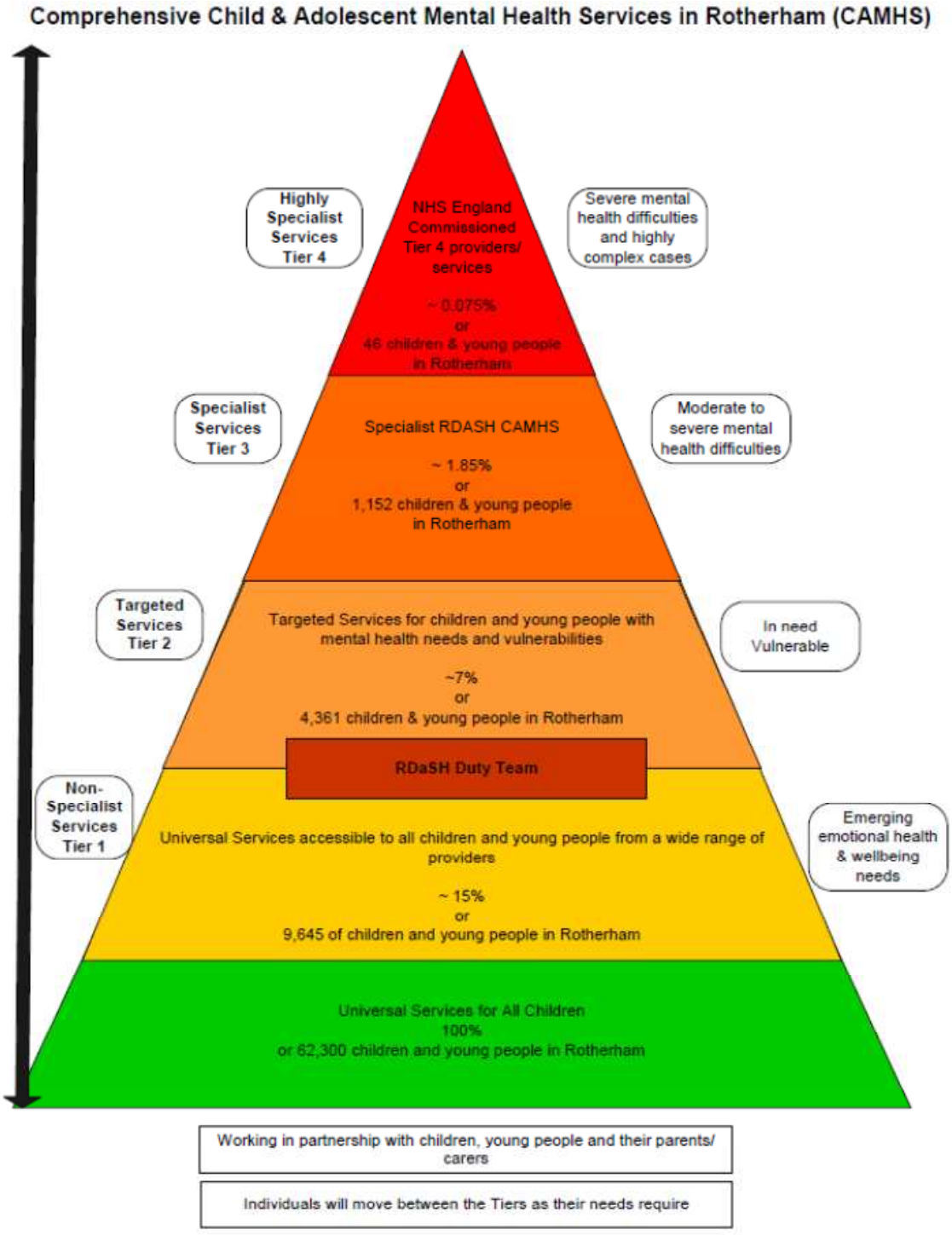
- Transition from child and adolescent mental health services to adult services
- Multi-agency single point of access (SPA) to mental health services
- Services that demonstrate Improved outcomes for children and young people
- Promote the prevention of mental ill-health
- Reduce the stigma of mental illness
- Reduce waiting times and improve access

Rotherham Metropolitan Borough Council
Where Everyone Matters

Next Steps

- Engagement of parents, carers & young people
- Finalisation of Strategy
- Continuing joint commissioner/provider improvement work
- Opportunities for engagement
- Pathways Event

Overview of Child and Adolescent Mental Health Services in Rotherham

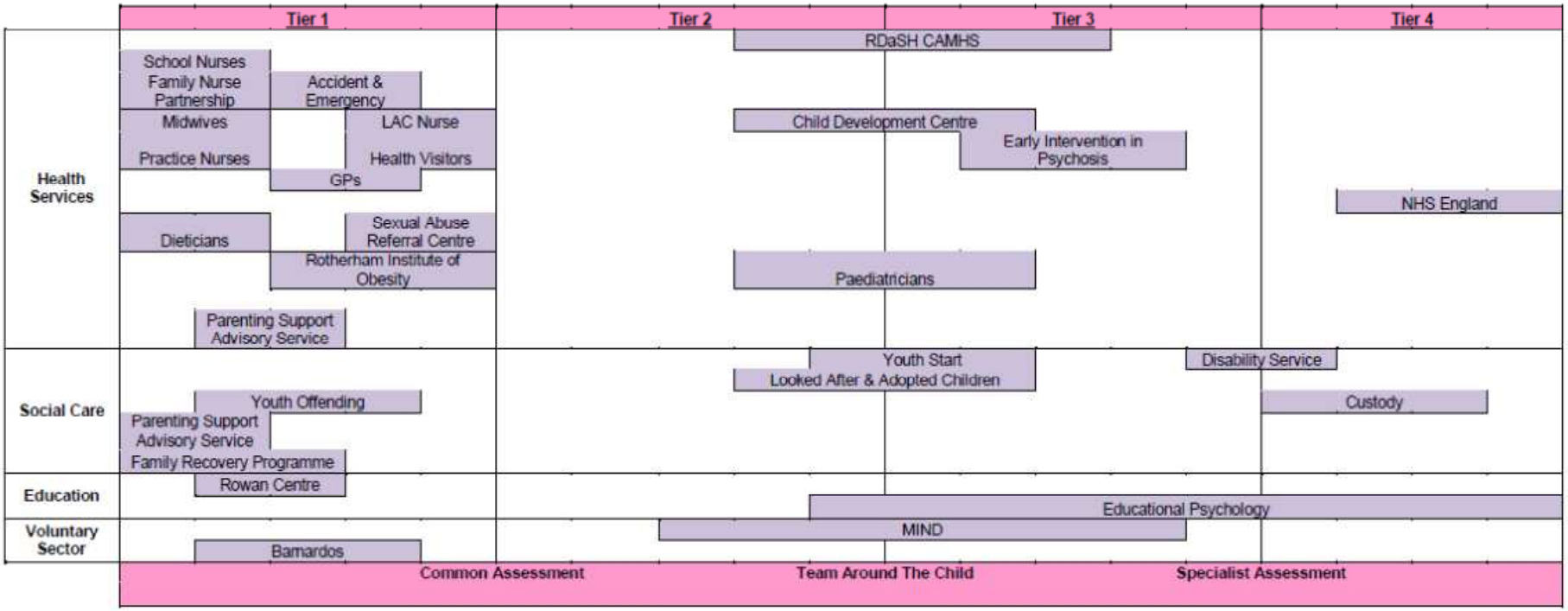


Kurtz Z. Treating Children Well London: Mental Health Foundation, 1996.

NB Figures and percentages in each Tier are estimates based on national prevalence numbers

Tier	Description	Professionals providing the service include but are not limited to	Function/Service
4	Essential tertiary level services such as day services, highly specialised out-patient teams and in-patient units	Services provided by professionals, usually on the basis of a multi-disciplinary team approach • Child and adolescent psychiatrists • Clinical child psychologists • Nurses (community or inpatient) • Child psychotherapists • Occupational therapists • Speech and language therapists • Art, music and drama therapists Family Therapists	• Child and adolescent inpatient units • Secure forensic units • Eating disorder units • Specialist teams (e.g. for sexual abuse) • Specialist teams for neuro–psychiatric problems
3	Specialised services for more severe, complex or persistent disorders such as depression & eating disorders		Services offered by multi-disciplinary teams: • Assessment and treatment • Assessment for referral to T4 • Contributions to the services, consultation and training at T1 and T2
2	Services provided by professionals with training in mental health	Services provided by professionals, usually on a 1:1 basis • RDaSH CAMHS workers eg social workers, therapists, nurses, doctors, psychologists • IYSS Youth Start • Rotherham & Barnsley Mind • Education psychologists	Child and adolescent mental health services professionals should be able to offer: • Training and consultation to other professionals (who might be in T1) • Consultation to professionals and families • Outreach • Assessment • Therapeutic interventions
1	Services provided by a wide range of commissioned and non-commissioned providers	Services provided by professionals, usually on a 1:1 basis • GPs • Midwives • Health visitors • School nurses • Social workers • Teachers & pastoral support • Integrated Youth Support workers • Education psychologists • Paediatricians • Voluntary services	Child and adolescent mental health services at this level are provided by professionals working in universal services who are in a position to: • Identify mental health problems earlier in their development • Offer general advice • Pursue opportunities for mental health promotion and prevention

Mental Health Services for Children in Rotherham - Tiered Model



ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**11 July 2014**
3.	**Title:**	**Work Programme 2014-15**
4.	**Directorate:**	**Resources** **All wards**

5. Summary

The paper outlines the remit of the Commission and includes the proposed work programme for 2014-15.

6. Recommendations

That Members:

a. Note the Commission's terms of reference and the role of overview and scrutiny as outlined in paragraphs 7.1 and 7.2.

b. Discuss the work programme as attached as Appendix A.

7. Proposals and Details

7.1 Terms of reference

As outlined in the Council's Constitution, the remit of the Health Select Commission is to carry out overview and scrutiny of issues as directed by the Overview and Scrutiny Management Board. These issues shall relate to:

- performing the role of the Council's designated scrutiny body for any issues relating to health and the public health agenda
- health services commissioned for the people of Rotherham (under the powers of health scrutiny as outlined in the Health and Social Care Act 2001)
- partnerships and commissioning arrangements in relation to health and well-being and their governance arrangements
- measures for achieving health improvements and the promotion of wellbeing for Rotherham's adults and children
- measures to address health inequalities
- public health arrangements
- food standards and environmental health
- issues referred to the select commission by Healthwatch Rotherham
- those elements of this scrutiny function relating to NHS England's new review of Congenital Heart Disease services delegated to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

The Health Select Commission will also act as a consultee in respect of those matters of "substantial variation" on which NHS bodies must consult with the Council in relation to its health scrutiny function.

The Commission will lead on the overview and scrutiny of any regional and specialist health service health matters affecting residents of two or more local authorities within Yorkshire and the Humber, and will conduct such overview and scrutiny reviews in accordance with the Protocol for the Yorkshire and Humber Council's Joint Health Scrutiny Select Commission.

7.2 Role of Overview and Scrutiny

The Council's Constitution Part II (8) outlines the role of Overview and Scrutiny. In summary its purpose is to:

Challenge the Council's performance to raise standards and check if Council's services meet people's needs;

- Hold Cabinet Members to account by examining their decisions and proposals outlined In the Forward Plan of Key Decisions;
- Question members of the Cabinet and committees and chief officers about their views on issues and proposals affecting the Borough;
- Ask for information on matters of concern or interest referred to them from individual councillors, Area Assemblies or members of the public;
- Hold detailed investigations or reviews and make recommendations to the Cabinet or full Council on issues which affect the wellbeing of the Borough or community;
- Consider and scrutinise the work of outside bodies;
- Make proposals for new policies as a result of detailed investigations or examining how current policies work.

7.3 Work programme

At its meeting in April 2014, the Select Commission agreed to focus its work around the theme of mental health and wellbeing during the next municipal year. A work programme (attached as Appendix A) has been drawn up prioritising this area but also including other issues suggested for inclusion by scrutiny members.

The work programme includes the broad area of improving health outcomes in Rotherham, which entails progress reports on the Health and Wellbeing Strategy and Public Health Outcomes Framework and will now include the Better Care Fund action plan.

In addition to very specific pieces of work in relation to individual services the overall performance of several health partners is scrutinised through their quality accounts. This will be supplemented by regular update meetings with the Rotherham Foundation Trust which have been set up as agreed at the HSC meeting on 25 June 2014.

Members' views are sought on whether these areas remain a priority for consideration in the work programme for 2014/15 and to determine if there are other areas they wish to scrutinise.

8. Finance

There are no financial implications arising directly from this report. However, recommendations arising from the Commission may have financial implications should they be implemented.

9. Risks and Uncertainties

The development of a clear work programme maximises the potential for Scrutiny to have an impact and mitigates against the risk of using resources with little impact or outcome. It does, however, need to maintain flexibility to allow for uncertainties to be accommodated within the work programme. If additional items are added, the Commission will have to re-prioritise which issues it wishes to scrutinise.

10. Policy and Performance Agenda Implications

The proposed work programme takes on board key policy agendas the Council is currently considering and performance information as and where necessary. The areas identified for future scrutiny should complement the priorities identified in the Corporate Plan.

It is also important to note the changes that have occurred during the last year and the reduction in staffing resources. Any work programme needs to take account of this and look realistically at what can be achieved and where it is best to focus resources and efforts.

11. Background Papers and Consultation

Work Programme Report to OSMB 28 June 2013
Work Programme Update to HSC 17 April 2014

12. Contact:

Janet Spurling, Scrutiny Officer ext. 54421
janet.spurling@rotherham.gov.uk

Appendix A Health Select Commission work programme 2014-15

Overarching theme: Mental Health and Wellbeing

Subject	Proposed work category	Scope
Continence Services	Spotlight review	Aim to find ways for more preventative approaches thus saving resources.
Child and Adolescent Mental Health Services (CAMHS)	Spotlight or Full Review	Work will be scoped on the basis of initial reports, other reviews and research.
Other Mental Health Services	Initial reports with potentially a number of spotlight reviews	Potential areas to scrutinise are: • Transition from CAMHS to Adult services • Adult services • Transition from to Adult to Older People's services • Older People's services Also ensuring: - wider policies support the mental health and wellbeing agenda - support and referral pathways awareness for other professionals/workers
Nurses in Special Schools	Agenda item – presentation and/or report	Follows from presentation and new specification for School Nursing Service.
Commissioning Support Unit - Continuing Health Care	Agenda item - presentation and/or report	Follows from previous work on CHC.
Improving health outcomes in Rotherham	Progress Reports	This is a wide area and includes performance data and updates on: • Health and Wellbeing Strategy • Public Health Outcomes • Better Care Fund
Quality Accounts	Agenda item – presentation and draft report	Scrutiny of annual Quality Accounts health partners are mandated to publish: • The Rotherham Foundation Trust • Rotherham, Doncaster and South Humber NHS Foundation Trust • Yorkshire Ambulance Service
Monitoring previous scrutiny reviews	Progress Reports – 6 month updates or final report as appropriate	Progress on implementing the review recommendations. Includes: • Autism Spectrum Disorder • Residential Care • Hospital Discharges • Childhood Obesity • Support for Carers • Access to GPs