HEALTH SELECT COMMISSION

Date and Time :- **Thursday 9 July 2020 at 2.00 p.m.**

Venue:- **Virtual Meeting on Microsoft Teams**

Membership:- **Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), Short, John Turner, Vjestica, Walsh, Williams**

Co-opted Members – Robert Parkin, Rotherham Speak Up

This meeting will be webcast live and will be available to view via the Council's website. The items which will be discussed are described on the agenda below and there are reports attached which give more details**.**

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

3. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Minutes of the previous meeting held on 4 June 2020 (Pages 1 - 19)

To consider and approve the minutes of the previous meeting held on 4 June 2020 as a true and correct record of the proceedings.

6. Communications

For Discussion/Decision

7. Director of Public Health Annual Report (Pages 20 - 62)

Teresa Roche, Director of Public Health to present a report which focuses on the first 1001 days; from conception to a child's second birthday.

8. Health Select Commission Work Programme 2020-21 (Pages 63 - 70)

For Monitoring/Information

9. Introduction to new Healthwatch

Lesley Cooper, Healthwatch Manager will introduce the new service and key issues for 2020-21.

10. Briefing - Follow up to scrutiny of Rotherham Loneliness and Suicide Prevention and Self Harm Action Plans (Pages 71 - 73)

11. Briefing - Information for Health Select Commission from previous scrutiny (Pages 74 - 76)

12. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

13. Date and time of next meeting

The next meeting of the Health Select Commission will be a virtual meeting held on Thursday 10 September 2020 commencing at 2pm.

Sharon Kemp.

SHARON KEMP
Chief Executive

HEALTH SELECT COMMISSION
Thursday, 4th June, 2020

Present:- Councillor Keenan (in the Chair); Councillors Albiston, The Mayor (Councillor Jenny Andrews), Bird, Brookes, Cooksey, R. Elliott, Ellis, Jarvis, Short, John Turner, Vjestica, Walsh and Williams.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

72. DECLARATIONS OF INTEREST

There were no declarations of interest in respect of any of the items of business on the agenda.

73. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business that would require the exclusion of the press or public from the meeting.

74. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

No questions had been received from members of the public or press in respect of matters on the agenda for the meeting.

75. MINUTES OF THE PREVIOUS MEETING HELD ON 20 FEBRUARY 2020

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 20 February 2020.

Resolved:- That the minutes of the previous meeting held on 20 February 2020 be agreed as a correct record.

76. COMMUNICATIONS

Information Pack
Contained within the information pack circulated to Members were:-

- Briefing on Urgent Dental Care
- Briefing on COVID-19 from Andrew Cash
- Link to Health and Wellbeing Board papers
    - final draft Rotherham Integrated Health and Social Care Place Plan
    - final draft Rotherham Loneliness Plan
    - Quarter 3 Rotherham Integrated Health and Social Care Place Plan Performance Report.
- Fitter, Better, Sooner – patient weight management/smoking cessation prior to elective surgery.

Members were requested to submit any comments or questions on these items to the Governance Advisor.

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

No date had been agreed for the next meeting but the Joint Committee would resume to consider possible changes to gluten free prescribing, which had previously been deferred.

77. ADULTS 65+ RESIDENTIAL AND NURSING CARE HOMES - QUALITY REVIEW

Cllr Roche, Cabinet Member for Adult Care and Health introduced the item and confirmed that Rotherham care homes, of which only two were Council homes, were now rated third best in Yorkshire. This was positive progress although room for further improvement still existed. Undeniably Covid-19 had had an impact on care homes in Rotherham and he stated his thanks and admiration for staff working in care homes and said that thoughts were with those who had lost a loved one or family member.

Presentation

Context

- 36 Care Homes (Adults 65+) including 2 in-house
- 2 market exits since 2018 Greasbrough Nursing and Residential Home (contract termination-poor quality) Clifton Meadows (business decision)
- 3 market entries - Jubilee - Greasbrough, Roche Abbey - Maltby, Clifton Meadows - Clifton
- Significant bed capacity - 1849 (including in-house/temporary beds)
- 483 Vacant – 26% on 22nd May 2020 (164 in general residential, 92 in general nursing, 171 in dementia residential and 56 in dementia nursing)

Current Position

- Only 48% placements funded by the Council
- 22% of beds occupied by self-funding residents – still support from Council
- 30% from out of borough
- 50% charge a top up fee (10% in 2015/16)
- Demographic is changing, with the average age entering care increasing to 85 years (83 in 2015/16).
- The average length of stay is 2-3 years (3-4 years in 2015/16).
- Increase occupancy in Nursing type provision (90% occupancy) - people living longer - complex needs
- Market expansion in nursing beds 92 beds and 20 temporary (Covid-19)
- 11% increase in vacancy factor since Covid-19

Challenges to Care Homes due to Covid-19

Initial challenges at the start of the pandemic:
- Implementation of the 3 hour discharge process from hospital
- lack of testing for staff and residents
- high rates of staff absence
- lack of Personal Protective Equipment (PPE)
- care home deaths not being captured in the national data
- digesting and responding to frequently changing guidance regarding outbreaks, PPE use and infection control – support from RMBC

Challenges now are:
- implementing the new testing regime
- high levels of voids
- limited self funder market
- longer term financial viability of care homes
- ensuring that support extends beyond older people (current national guidance limits primary action to this group) – learning disability, neuro-rehab and mental health

Additional Support due to Covid-19

- Named Council lead officer - Contract Compliance Team and Public Health Officers
- Clinical lead - GP - Community Health Team
- Clinical Contract Quality Officer – Care Home Liaison Service (NHSRFT)
- Staff testing
- Whole home testing for staff and residents
- Supply of PPE – now improved through supply chains but some concerns re costs plus Council some stock with which able to assist providers
- Council's website - bespoke section for providers i.e. web form to request PPE/information/support/resources
- Rotherham Skills Academy to meet their immediate recruitment and training needs for adult social care workers (to go live in two weeks)
- CQC - Emergency Support Framework - collaboration
- Training package based on Public Health England guidance for PPE, Infection Prevention and Control and Covid-19 swabbing/testing
- Sheffield University provided 35 sim enabled phones to enable video calling – residents/family
- Multi-disciplinary team clinicians/Public Health/commissioning video conferencing
- "Listening Ear" service – bereavement support
- Payment £15,000 to support additional expenditure incurred as a result of Covid-19
- £100,000 contingency fund
- Infection Control Fund – £2.3m grant for all CQC registered care homes in the borough (all age - 84 in total)

Whole Care Home Testing

- 10 May 2020 - the national digital portal was launched to support all care homes to be tested by June 2020.
- The Director of Public Health, CCG Chief Nurse and the Director of Adult Care Services were tasked with supporting testing across Rotherham.
- Care home testing will be prioritised according to risk i.e. where there is an outbreak or where staff absence is problematic.
- All older people's care homes across Rotherham will be included regardless of the source of their funding.
- The Director of Public Health will be referring care homes to NHS England for testing on a weekly basis as per NHS England's directive.
- Local needs will be captured via a daily tracker.
- An evidence-based methodology informs who is prioritised for testing and support:
  - size of the care home
  - numbers of staff
  - whether the care home is nursing or residential
  - current staff sickness rates
  - current bed occupancy
  - current infection rates and presence of Covid 19
  - testing already undertaken of residents and staff (if this is the case)
  - geographical areas to take advantage of mutual aid where possible

CQC ratings

3 slides showed current ratings for care homes in Rotherham and an improving trend. Contract Compliance Officers remained vigilant on ones rated as requiring improvement, which all had action plans. Escalation if needed would include health partners in a multi-disciplinary approach.

CQC data - Access to care

- Percentage change in residential home services - Rotherham figures indicate a 5% or greater decrease in the number of people accessing residential care
- Percentage change in nursing home services - Rotherham figures indicate a 1% or greater decrease in the number of people accessing nursing care
- Percentage change in residential home beds - Rotherham figures indicate a 5% or greater decrease in the number of residential care beds available
- Percentage change in nursing home beds - Rotherham figures indicate the number of nursing beds remains stable

The Care Home of the Future

- Care home market is essential where it is not appropriate or safe for a person to remain in their own home.

- Shift in market to facilitate hospital admission avoidance, discharge and flow to contribute to managing year-round pressures/demand through the provision of intermediate care, reablement and winter pressure beds from the independent sector.
- To develop more effective community multi-disciplinary working to support people to be at home for longer (or following hospital discharge), based on the philosophy of 'Home First'
- Prevention and early intervention with a recovery model of reablement and rehabilitation for all age groups

Approach to Quality

- Healthwatch - Citizens Advice Rotherham and District
- RMBC - Public Mental Health and Emotional Wellbeing COVID 19.
- TRFT - Patient Experience Group.
- Rotherham Safeguarding Adults Board.
- Health & Wellbeing Board.
- Rotherham Advocacy Service – Absolute Advocacy: canvas independent views on health and social care in addition to advocacy
- Meet people 1:1 group sessions, surgeries, attend events, use social media and technology.

Quality Strategy
Making it Real - people with care, treatment and support needs:

- Six themes to reflect the most important elements of personalised care and support.
- 'I statements' that describe what good looks like from an individual perspective.
- 'We statements' that express what organisations should be doing to make sure people's actual experience of care and support lives up to the I statements.

Members explored the following themes after hearing the presentation.

Stability regarding testing
The Strategic Director was the lead for the South Yorkshire Local Resilience Forum cell and confirmed that although testing remained challenging plenty of capacity for testing existed across the system, with two routes available. Pillar 1 was via Rotherham Hospital where a pathway had been established early on for Council and provider staff and Pillar 2 via Doncaster Airport where staff could make their own referral. Confusion existed with regard to the pathways, compounded by mobilisation of units managed by the military, such as the one at New York Stadium for a few days. Testing and home testing kits were available for staff who had difficulty in driving to the hospital or other sites.

Testing was mainly self-testing by a throat swab, with only hospital tests undertaken by a clinician. A high number of false tests were recorded and people had to be assisted in how to do them correctly. An additional challenge was how the virus worked as people could still have bacteria in

the back of their throat after two weeks, showing a positive test but no longer infectious. This led to dilemmas about how safe people felt in being in a particular environment.

NHS England (NHSE) input was in regard of testing care homes one by one, which was also a challenge. Some care homes had been proactive and this issue was prioritised weekly depending on what was happening in a care home.

Access to testing for residents and staff with the rollout to all care homes

A return for 29 May 2020 had to confirm that every care home had been offered testing and Rotherham had included mental health and learning disability even though the list was confined to older people. It was because the belief was that anyone who lived in a care home should have access to testing. Issues existed around capacity to consent to a test or refusal. There was a process as a deprivation existed in doing something physically to someone who was quite poorly and potentially did not understand what was happening. Challenges for providers with people with dementia type illnesses were around testing, social distancing, PPE, residents staying in their own room if needing to self -isolate and also decisions made for people on end of life care who may have chosen to remain in the care home rather than going to ICU for ventilation. It remained important to have that personalised care.

Testing for older people was approximately over four weeks to cover all services. Officers looked at what had been carried out and then prioritised care homes where people were receiving nursing care or had symptoms of dementia, and on levels of infection in the home, which were then referred to the Department of Health for the testing to be undertaken. Several care homes had registered themselves on the on-line portal and the Council had referred around half the older people's care homes and were monitoring when the tests were carried out and the results. Learning disability care home testing was imminent once the go ahead was given, plus under 65s and mental health, so there would be no further delay as people were anxious about it.

Infection control

It could not be said that this had stabilised as there were a number of unknowns with regard to the virus and things emerging daily. Work was taking place with the Director of Public Health and Community Physician and PPE training included videos of how to put on and remove PPE correctly. Transmission was possible through staff and monitoring was in place regarding the percentage of staff who had tested positive or who were self-isolating with symptoms or because family members showed symptoms, and this would endure.

Preparedness for another spike or second wave

Assurance was sought that officers were confident the system was geared up to deal with another wave. There had been a lot of learning

and a document developed for scenario testing and how things would be done differently if it started up again. Partners were in a strong position but the caveat was that it would be different again next time; it had hit the most vulnerable and those with certain conditions and by default sadly the people in the care homes would also have changed. The system was as prepared as possible but there were unknown aspects.

Discharge from hospital for convalescents to care homes

Learning at all levels was continuing and as always with the benefit of hindsight and acquired knowledge some things would have been done differently. Preparatory work had been carried out for going forward due to concern about potential outbreaks. A plan would be going to Elected Members in the coming weeks. Planning was underway for activity whether it could be small outbreaks in care homes, communities or more widely. There were still many unknowns and the knowledge had changed over the last few months.

The Local Authority as a system had to respond by 29 May 2020 with its care home plan, with formal feedback expected the following week. There would be further work to do but initial feedback had been positive which officers felt should give confidence to Elected Members about what had been done with plans in place very early before many counterparts.

Multi-agency group meetings took place several times a week, including learning disability and mental health, and staff were proactively monitoring against all data to identify any trends and issues in care homes and contacting them where any issues were identified.

Pre-discharge testing at the hospital

Verification was sought on whether people were only discharged following a negative test and if there had been problems linked to this. Learning, guidance and challenges had been almost daily and care home meetings took place seven days a week in the first two months of Covid-19. Changes were made to the guidance part way through and when it stated that people had to be tested before discharge Rotherham Hospital enacted testing straight away. 20 beds were quickly commissioned in one care home to have a Covid-19 positive pathway for people who were unwell, with reference to the Mary Seacole initiative mentioned below.

One challenge was the length of time people may be asymptomatic, possibly for several days, which led to a changed approach on staffing, delivery and to work with care homes to get them to consider that pre-time before symptoms. The time frame initially was one of a three week potential virus but some patients were in critical care and having ventilation for three weeks.

Nursing homes and isolation

Members questioned the degree to which nursing homes had created internal Covid-19 wards or sections to isolate residents and protect staff and other residents. Much depended on the size and layout of the care

home and some had set up specific areas, whereas in others it was self-isolation in the person's room. Where possible "hot and cold" sites were set up and care homes had been supported and given advice on how best to do it in their own specific environment.

On staffing there had been a degree of pragmatism and staff turnover was high, and there were issues with using agency staff. Separate staffing teams had been set up in care homes (and in RMBC) to balance this off. It was difficult initially when test results were not coming back fast but Rotherham Hospital was doing them quickly and becoming more rapid.

Care for people with disabilities

Assurance was given that if anyone had care and support needs, regardless of their age or impairment, they would be assessed in the same way as before the pandemic. The reablement team were still going out and working with people, with the appropriate PPE.

Safe staffing levels in care homes

Acknowledging some of the problems with staffing, Members probed into whether regular updates on staffing levels were provided and if there had been any concerns about the safety of residents, especially in more complex cases with a higher ratio of staff to residents.

Martin Hopkins' staff were in daily, regular contact with all the care homes and the relationships and trust were there to share relevant information both ways. Care homes recognised that the Council needed to understand their staffing ratios and concerns in order to support them. Each care home had a linked member from the Commissioning Team who acted as their conduit. The team facilitated the move of a staff member from one care home with extra capacity to another that had a staffing shortage. Officers confirmed they had not yet reached a stage of being unduly concerned about staff sickness absence levels but if the trajectory at the start of the pandemic had continued then there would have been. Above 25% would lead to problems, and at times it had been close to this in some establishments, but higher numbers of staff were now back in the workplace, with absence levels therefore much lower.

In response to a question as to whether the staff to resident ratio had ever been out of guidance, it was pointed out that the Registered Manager in a care home was the legal entity regarding safe operation. Data was collected on staff and the reasons for absence, on staff who had tested positive and more recently on staff who had been tested for the virus, including in RMBC care homes. Questions would be asked of any home that had a high degree of staff absence. All contingency plans had been reviewed and approved, modelled on staffing reductions at 25%, 30% and 50%, as in RMBC at the start of the pandemic. A categoric yes or no could not be given but significant monitoring took place and contingency plans were enacted very early. Officers had also spoken with homes about not sharing agency staff because of the transmission risk.

Financial support for care homes
Members asked if this meant care homes would now say they were in a better financial situation, given the impact of a vacancy rate around 26%.

The grants had been well received but as seen in the national media provider associations and some providers had made representations about longer term funding requirements and also referenced the financial climate over the last ten years. Fee uplifts has been provided in Rotherham and officers worked within the budget available to support the establishment but divergent views on the level of funding were expected. In terms of Government pandemic monies, the Council had sought to support care homes, not only in a direct non-cashable way, but also through direct contact and support from staff and health colleagues. Support from the named GP for each care home had been appreciated by the sector. Further potential funding was not known at this stage.

Care home entry
As the trend showed later entry into care homes and shorter stays, the question was asked if this indicated successfully supporting people at home for longer. It was confirmed that part of the overall plan for Adult Care had been to reduce the number of care home residents by supporting people to live more independently at home for longer and overall numbers had fallen from 1,200 to around 800 in the last few years. Sadly, some of the change was attributable to Covid-19.

Surprisingly, across Yorkshire and Humber expected demand for social care support had been lower than anticipated until a slight recent increase. In part this was because family members who had been furloughed had been in a position to provide support at home where unable to do so before, including for domiciliary care, but that was beginning to change. Uncertainty existed regarding the trend and it would be monitored but Rotherham was no different to elsewhere in South Yorkshire.

In terms of 30% of placements being out of borough and whether this had fluctuated with the crisis, this was data from March when the update had been due originally. It had not really been collected recently with the focus elsewhere but the assumption was that the position would have shifted.

Government guidance
Members recognised that this presented a major challenge as it was announced at night and expected to be implemented from the next day with health and care partners having no prior knowledge of what would be announced. PPE guidance had been very complicated from the start in terms of understanding when to use and when not to use PPE. Some of this had been driven by distribution lines and some by still developing an understanding of transmission rates. Staff had not used repellent goggles and visors before.

Audit trail

Assurance was sought that the Council had clear timelines and data to marry up activity with Government guidance as issued or changed. Care homes had action plans and logs for older people 65+, learning disability and mental health. Every time a change was made in our approach, a clear audit trail of everything done was in place to give assurance to ourselves, Members and anyone else who might ask and to show the decision-making on changes to the approaches. Cllr Roche verified the robust and thorough audit trail and detailed information provided with sitrep and surveillance data and confirmed that everything was formally minuted to provide additional assurance on this point.

Probing further beyond RMBC data, Members asked about data on what others did and where and when the problems/issues had occurred. As it sounded very reactive to Government announcements, a follow up point was whether there had been scope to do what we thought was right for our local circumstances. Assurance was given that what was done was from a Rotherham perspective and with staff having good knowledge of our local provider market this facilitated knowing where to deploy extra resource. It was a question of interpretation of the guidance and was very evidence based. Nursing staff dedicated to care homes had been involved in all the training and the continuity and local deployment was integral to how this was managed and what was right for an individual care home.

Care home deaths

Officers were asked if they had data on deaths in local care homes over the last three months and how this compared with the number of expected deaths for the period. Originally figures reported nationally were only for hospital deaths from Covid-19 but that had changed to include all deaths. Sadly, people had potentially died from Covid-19 before much was known about it. This information was part of the Public Health data surveillance captured through the local and the South Yorkshire surveillance cells. An update could be provided at the next Health Select meeting when the Director of Public Health would be able to attend and provide a full picture and set the context of collecting different data at different times.

Community confidence

Members were concerned with regard to the challenge of instilling confidence in people if they had to go in a care home and felt fearful. This was acknowledged as a concern for Adult Social Care, whether for respite or long term support. A South Yorkshire-wide communications plan for care homes was under development as it was the same for all local authorities to help people understand that care homes were as safe as they could make them. PPE supplies were better now and wearing masks had become more of the norm for staff. Another concern was in the case of carer breakdown.

Care Home of the future and integration of health and social care
Attention was drawn to the Mary Seacole initiative for hospitals for rehabilitation and recovery which echoed the past in terms of convalescent hospitals and could be similar to a small community hospital. Recovery time from Covid-19 was longer than anticipated but it was not yet clear if there would be one in South Yorkshire or Rotherham. People did recover better at home in their own environment and it was the intention that people returned home once they recovered.

A video from NHSE through the Care Home group showed the recovery of people from Covid-19. It was a good message but one flaw to report back was that people giving care from less than 2 metres distance were not wearing PPE.

Members were positive about the approach to quality but commented that it was dependent upon people's willingness to give their opinions. This prompted a further question on capturing the service user voice in care homes, including in the care home of the future, as this had been an issue explored at the previous care home update.

Business as usual was not taking place and no Care Quality Commission (CQC) inspections were being undertaken. As the regulator, the CQC was the body to test out the voice of the user and knew what they would expect to see and hear in care homes, with a framework for how would undertake their inspection regime. Martin Hopkins' team would normally also go out and talk to people about how it feels and moving forward would have to look at how that was captured in a different way. Multi-disciplinary input provided a good sense from residents of what was happening and staff learning too was a part.

The new Healthwatch contract commenced from 1 April 2020 at what was obviously a difficult time but had done well using digital resources to make connections with people. More could be done to develop capturing the resident voice and feeding back on quality and the new contract would help to strengthen what had been happening before.

Under the Quality Matters agenda the "I/We" statements would inform what good looked like and the new contract for advocacy would support people to be heard, including those living in care homes. Surgeries and one-to-one meetings would take place, using the voluntary and community sector to have that contact. For issues in particular care homes letters had gone out and people have been reassured that the Council retained an oversight during this period of Covid-19 lockdown. Officers were asking care homes about their preparations for when lockdown was lifted and measures to recover and restore so relatives would be able to visit.

CQC
Having touched on CQC earlier, more detail was requested regarding what was happening with the CQC and if extra assurance was needed

from our side. Officers had met with Julia Gordon, CQC inspection manager for the area and discussed any pertinent issues in relation to any individual care home and the sitrep data. The Contract Compliance team also had good links with the CQC inspectors. CQC were putting in place an emergency support framework for contact with care homes and would undertake a mini assessment of the situation which Contract Compliance officers could view and any issues could be dealt with through this link. Dialogue took place with colleagues in district nursing and the hospice services who were regularly going into care homes, so a good discussion network was in place providing oversight.

Quality Board

The Chair asked how the work of the Quality Board been progressing, especially Quality Matters and the Leadership Academy, prior to the pandemic. The Quality Board membership comprised a range of partners and was a good forum for sharing intelligence. Initial discussion had focused more at a micro level around individual establishments but was moving forward towards becoming more strategic. The aspirations for implementing Quality Matters remained but it was in its infancy and had not progressed as quickly due to the pandemic.

Quality Matters was more of a national or regional approach with CQC Skills for Care and Think Local Act Personal (TLAP). Common data sets were being looked at for monitoring across services and meeting the reporting requirements of the various bodies. Ideas for improvements in monitoring quality had been put forward, which included leadership. Data capture and collation systems had also been explored, including systems available commercially. The advocacy service was involved in monitoring quality and improved relationships had developed across health partners in terms of their work on enhanced health in care homes.

Registered Manager turnover

Members highlighted the importance of having good managers in post in these difficult times and inquired if the longstanding issue of Registered Manager turnover had been addressed. The Leadership Academy/Registered Managers had been discussed with the Learning and Development team and would be picked up when things were stepped down in relation to Covid-19.

Intermediate care/reablement

As this was a key element in service transformation the question was raised as to whether it would be able to progress alongside the work in care homes with what was happening regarding staffing and capacity with Covid-19. The work had been paused for now with staff doing different things but later in June or in July the integrated place plan would be reviewed and priorities redefined for the remainder of this year and ones to carry forward to next, so a further update could follow in August.

Officers were thanked for their good, informative presentation, comprehensive answers and attendance at the virtual meeting.

Resolved:

1) To note the information provided in the presentation.

2) To receive a detailed presentation of the surveillance data at a future meeting.

3) To have a further update, to include intermediate care and reablement, after August.

4) That HSC record its thanks formally to staff for their work and dedication during the Covid-19 pandemic.

78. LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

The Cabinet Member introduced this item by talking about the change in emphasis around the significant problem of obesity in Rotherham. Previous focus had been on Tier 3 and when people had already become obese, whereas now the attention was on earlier interventions and joined up thinking across all services, linked to the wider determinants of health. The plan was a living document and any suggestions from Health Select could be incorporated.

Kate Green from Public Health confirmed that the Council had adopted and signed the declaration in January 2020. Not all actions had been carried out but it set out a clear statement of intent, including to influence policy, service delivery and partners to work towards healthy weight being the norm in Rotherham. Work had paused due to Covid-19 and the original timeline would be reviewed but it would form part of the recovery. The table in the appendix would be updated as the original commitments had been reviewed and amended.

Robin Ireland from Food Active delivered the following presentation.

- The impact of obesity
- Statistics showing prevalence of obesity linked to deprivation and excess weight among children
- The background to the Healthy Weight Declaration (HWD)
- The 14 Commitments
- Examples from elsewhere – Blackpool/Cheshire West and Chester
- The Partner Pledge (Cheshire West and Chester Council) - contains a set of commitments which organisations pledge to work towards to impact on the health and wellbeing of their staff, clients and the wider community and aims to support the actions of the Council's Declaration.
- The NHS Declaration - provides NHS organisations with an opportunity to state their commitment to supporting patients and staff to achieve a healthy weight

Covid – 19 and Healthy Weight

- WHO has highlighted non-communicable diseases (NCDs) as a risk factor for becoming seriously ill with COVID-19
- Obesity may be a risk factor for developing more severe Covid-19 complications, requiring hospitalisation and critical care.
- Obesity is commonly associated with decreased immune function = greater risk
- Emerging evidence suggests men with obesity are more at risk
- As obesity class increases, the risk of mortality increases. More than double with BMI of over 40 – independent of co-morbidities.
- People with obesity may be of lower socioeconomic status, race/ethnicity, poorer diets etc – implications on metabolic affects.
- Affects access to/availability of treatment for obesity – particularly those who have experienced weight stigma and may feel a sense of guilt for using NHS resources.

Food Active – a North West Response

- A collaborative programme launched by the North West Directors of Public Health in November 2013 to tackle increasing levels of obesity.
- Focusing on population-level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.
- Less victim blaming, more environment framing

What are the Local Authority Declarations for?

- **Strategic leadership**: creates an opportunity for senior officers and politicians to affirm their commitment to an issue
- **Local awareness**: shines a light on importance of key activities internally and externally
- **Driving activity**: a tool for staff to use to create opportunities for local working

Review and Refresh of the HWD

The commitments

We consulted with current adoptees of the HWD and ran a small task and finish group.

- the standard commitments have increased in number from 14 to 16
- a small number of new commitments have been introduced - covering climate change, place-based approaches, partnerships, and a wider whole-systems approach to obesity
- some of the commitments have been amalgamated
- revision to some of the wording
- the commitments are now listed under key themes

Supporting materials

The revised HWD is due to be launched in early July and will be supported by a range of materials and resources including:

- Updated evidence briefing that underpins the commitments – this reflects the outputs of the consultation in a little more detail,

specifically linking through to the current policy context and new evidence.
- Updated support pack and Monitoring & Evaluation (M&E) Framework
- New Audit Tool (lighter touch M&E tool)
- HWD communications guidance (with specific reference to weight stigma)
- Briefings from cross-council communication
- A series of posters, infographics and social media assets
- New branding (no more scales)

What is in the LA gift
- Planning and licencing
- Activities/businesses on local authority premises
- Leading by example, setting the tone
- Influencing partners, e.g. via the Health and Wellbeing Board
- Advocacy
- Campaigns

Members welcomed this positive initiative and asked whether any metrics had been developed in the North West to measure the effectiveness of this type of initiative or if Food Active could suggest any suitable metrics.

A monitoring and evaluation system was under development with the intention of looking at the different parts of the commitments and which worked well to enable sharing and comparison between local authorities. Some quick wins were possible but other issues such as vending machines were proving to be difficult to tackle. Food Active also worked with Public Health England and linked in with their work. The overarching aim was to reduce obesity, which would take a while to turn around, and to see changes in the results of the National Child Measurement Programme.

Local evaluation would take place but it was difficult to capture and would take time to come through. The intention would be to use the Food Active tool in Rotherham and as the action plan was developed to consider how that could be monitored to gauge success. Comparison with other areas would be undertaken, together with a review of good practice from local authorities who had already adopted the declaration.

It was clarified that the information pack would not include dietary advice or diet sheets as the emphasis was on policies and what the Council could put in place before people became overweight. The focus was directed towards work at population level rather than individual level. Nevertheless, the declaration would form part of a much wider plan around healthy weight in Rotherham. The other facet would be the weight management services through Get Healthy Rotherham who provided support and advice for people to lose weight in terms of healthy eating and exercise. Both aspects were necessary, working together and Get Healthy Rotherham was up and running providing advice by telephone

and working mainly on a one-to-one basis.

Commitment 1 was considered a laudable aim to encourage healthier options and portion sizes but Members felt that in Rotherham this should be about providing people with options rather than compulsion. Particularly given the previous experience and media coverage of a school that changed its food offer radically in a move that proved very unpopular with students and their families.

The problem was that most of the widely promoted options were the unhealthy ones. Another approach would be more by stealth though removing some of the unhealthy options or introducing smaller portions. Changes had to be managed carefully and discussed with people.

Cllr Roche confirmed that a previous attempt to impose restrictions on new takeaways opening near schools had been overturned but through work with Planning it was hoped to be more successful the second time. Other councils had had some success in this area and learning from their approaches would be helpful.

Members highlighted that knowing how to present things to children and families was important. With this in mind they inquired if there been progress in introducing this type of planning into the system overall rather than actions by individual schools i.e. to infiltrate them gradually and respectfully.

It was more difficult to influence schools, especially now with academies but dialogue was taking place with education staff regarding engagement with schools. A number of schools did buy into the School Improvement Service and that was a potential means of engaging about what was on offer. The Schools Catering Service had already revisited its offer, including an audit of desserts which led to the removal of a number with a high sugar content. Secondary schools were more difficult and it was also a question of engaging with young people to see what options they would like. At a session with Rotherham Youth Cabinet young people said they would like healthier options and asked about options available for students who had free school meals or who were on a limited budget who might go for the most filling options rather than the healthiest choices.

Experience of working with populations that might have major cultural differences, with some possibly experiencing greater disadvantages, was highlighted. These were acknowledged as issues to pick up and work on with schools and where Members could feed in any thoughts or ideas.

Regarding takeaways, Members inquired as to how receptive local businesses might be to making the suggested changes, especially in the current economic climate. This workstream had not really started fully but there were thoughts of linking in with Environmental Health, potentially when they inspected fast food premises. It was about offering healthier alternatives, considering portion sizes, especially when aimed at children,

and how food was cooked, not removing everything and would be on a voluntary basis. At this stage it was difficult to gauge how receptive they might be to change and it would be a challenge.

Robin Ireland confirmed that it could be done, with good practice to learn from but needed resources. Salt content was a major concern in much takeaway food and sometimes it was a question of training or advice for businesses on how things could be done differently and more healthily, as fast food did not have to be unhealthy. Blackburn with Darwen Council were engaged in a Trailblazer project working with their takeaways and this was not purely about removal or reduction of unhealthy options but also promotion of healthy ones. Blackpool had a healthier takeaways scheme which was promoted on the Council website.

With regard to Commitment 10 – supporting the health and wellbeing of LA staff - Members wondered whether this could include more of the therapeutic and mental health side as well as diet and exercise as it presented a good opportunity for significant cultural change.

Some activity on small things had taken place, such as encouraging people to use the stairs but scope existed to do more. Two officers in Public Health led on the work and more could be done potentially with Human Resources on policy, procedures and culture to encourage healthier choices and how to make them easier to access. It was also a question of how to support staff working at home to look after both their physical and mental health. Information and resources were available on the intranet and internet and staff were signposted to these. Any other suggestions from Members were welcomed.

It was recognised that various good initiatives were included but that some issues needed to be addressed more at the national level. Officers were asked about garnering other local authorities nearby to influence and wield pressure nationally.

Food Active was a member of the Obesity Health Alliance, therefore by working with them Rotherham added to how Food Active contributed at a wider level. Issues such as promotion of unhealthy products during the pandemic could only be dealt with nationally and Food Active felt they should advocate strongly against junk food marketing. Learning and links across Yorkshire and Humber, including all the Directors of Public Health, and mutual support from Councils all contributed towards this.

Regarding linking this work to the Neighbourhood Strategy and ward plans, this was viewed as something to work on, including consideration of how to engage communities and ask them what they would like to see the Council doing to support them to make these healthier choices. Most ward plans had identified health as an issue so another area where support from Members would be crucial.

Officers were thanked for their interesting and informative presentation.

Resolved:-

1) To note the information provided about the declaration and that the Council formally adopted this on 20 January 2020.

2) To schedule the updated plan to come back to the Select Commission at an appropriate time.

79. INITIAL WORK PROGRAMME ITEMS FOR 2020-21

Janet Spurling, Governance Advisor introduced an initial draft of the Health Select Commission's work programme for 2020-21 for discussion. The work programme needed to address key policy and performance agendas, with a clear emphasis on adding value, leading to improved outcomes for the people of Rotherham. It should also be focused on issues that Scrutiny would be able to influence.

Central to the work programme would be transformation of health and social care services, a longstanding and continuing focus for Scrutiny over several years. NHS provider performance would be scrutinised through the Quality Reports and updates in respect of particular service areas. Adult Care and Public Health Outcome Frameworks enabled progress in Rotherham to be gauged year on year and benchmarked nationally and regionally. Addressing health inequalities in the borough, through health and social care strategies and plans, and by looking at the wider determinants of health, was an issue that the Select Commission had frequently highlighted and would continue to explore. In addition, the work programme would have to take account of the response to and recovery from the Covid-19 pandemic.

The initial work programme in Appendix 1 reflected agenda items on which the Health Select Commission had requested progress reports for 2020-21 in order to scrutinise the impact of recent service or policy changes, such as Ophthalmology Services. It also included items delegated from the Overview and Scrutiny Management Board for monitoring, such as the impact of implementation of the new Home Care and Support Services Contract.

More direct public involvement in scrutiny work was acknowledged as an area to develop further and HSC expected to see qualitative evidence of the impact of service changes and transformation, in addition to the quantitative data and metrics.

Key priorities in the work programme would include:

- Intermediate Care and Reablement
- Depression and Mental Health
- Support for Carers
- Covid-19 Response and Recovery
- Respiratory Services

- Residential and Nursing Care Homes

It was noted that membership of the Quality Sub-groups for each of the NHS Trust Providers would be based on the previous year's membership to retain the knowledge developed by Members of those health partners' services.

Following discussion, it was agreed to undertake a spotlight review of issues arising from the impact of Covid-19 on adult and older people's mental health later in the year, linking in with the preliminary information on prevalence of depression scrutinised the previous year.

The Chair proposed that the meeting in July should be a standard formal meeting if items could be brought forward, with scrutiny of issues arising from the Covid-19 pandemic considered in a separate in-depth workshop session, with the outcomes reported back at the meeting in September.

Resolved:-

1) That the initial work programme be noted with the priorities agreed for 2020-21 as discussed.

2) That the July meeting be a formal meeting to include agenda items that could be brought forward.

3) That a workshop session be arranged in July for scrutiny of issues arising from the Covid-19 pandemic.

80. BRIEFING - FOLLOW UP TO SCRUTINY OF ROTHERHAM LONELINESS AND SUICIDE PREVENTION AND SELF HARM ACTION PLANS

The Chair announced this item would be deferred until the next meeting.

81. BRIEFING - INFORMATION FOR HEALTH SELECT COMMISSION FROM PREVIOUS SCRUTINY

The Chair announced this item would be deferred until the next meeting.

82. URGENT BUSINESS

The Chair advised that there were no matters of urgent business to discuss at the meeting.

83. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday 9 July 2020, commencing at 2.00 p.m. as a virtual meeting.

Public Health Annual Report 2019

The First 1001 Days

Annual Report of the Director of Public Health

- Statutory duty to write independent report on health and wellbeing of local population
- The annual report continues to be one of the ways in which DPH can highlight specific issues that will improve the health and wellbeing of the population of Rotherham
- 2018 previous Annual Report focussed on ‘What keeps us happy and well in Rotherham?’

Progress on recommendations from last year (2018)

1) Re-launch of JSNA
2) Raising awareness/training mental health
3) Workforce development and training as part of the Thriving Neighbourhoods strategy
4) Support the expansion of the offer of social prescribing
5) All partners to continue to support the 'Working Win'
6) Rotherham launch of the South Yorkshire BeWell@Work Award
7) Interactive artwork at the Rotherham Show

2019 Annual Report - Focus of Report

- The First 1001 Days – A legacy for life
- Key Influencers on the First 1001 Days
- Preparing for Parenthood
- Pregnancy
- The First 2 Years of Life, including showcasing what we are doing in Rotherham

Rotherham 'Influencers on health' model, based on Dahlgren and Whitehead 1991

The First 1001 Days – Window of Opportunity

- Between conception and a child's second birthday
- Critical to life-long health and wellbeing
- Not every baby has the same opportunities in Rotherham
- Impact of parental behaviours
- Wider societal influences e.g. living in areas with polluted air

Recommendations

In Rotherham we will develop, jointly with all stakeholders and partners, a clear and ambitious plan to improve support for children, parents and families in the first 1001 days; key actions are outlined below.

What we can do together

Work in a partnership with our services to improve the health and wellbeing of families and their young children. In particular have a focus on:

1. Reduction in Smoking in Pregnancy rates
2. Improve diet and nutrition
3. Promote physical activity
4. Increase breastfeeding prevalence
5. Increase Ages and Stages Questionnaire -3
6. Improve air pollution
7. Support offered by Public Health Commissioned Services

Any questions?

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	9th July 2020
	LEAD OFFICER:	Teresa Roche, Director of Public Health Tel: 01709 255845, 07788 386974 E-mail: Teresa.roche@rotherham.gov.uk
	TITLE:	2019 Annual Report of the Director of Public Health

1. Background

1.1 Directors of Public Health (DsPH) in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and as such can be powerful both in talking to the community and also to support fellow professionals in across the Council and partner organisations.

2. Key Issues

2.1 For 2019's Annual Report, I have chosen to return to one of the most important areas of the life course, namely the period of life between conception and a child's second birthday, the so-called "1001 Critical Days".

2.2 Evidence shows that the first 1001 days is critical to life-long health and wellbeing. Importantly, it is not only a significant time for the child, but also incredibly relevant to parents and would be parents. It is difficult to reverse negative consequences beyond 1001 days.

2.3 However, we know from the science that not every baby born in Rotherham has the same opportunities as their peers for a healthy and fulfilled life. This can be caused by several parental behaviours such as smoking and drinking alcohol during pregnancy, not eating a balanced diet and taking little exercise. And the well-being of the family can be influenced by wider determinants of health, including socio-economic, environment, Income and inequality

2.4 The first 1001 days are a time of unique potential and vulnerability. During this time so many health and developmental advantages and disadvantages are laid down with lifelong consequences for an individual's life chances.

2.5 The report has also been an opportunity to showcase some of the steps that services across Rotherham are doing and planning, with the aim of laying the foundations for lifelong health for Rotherham's next generation and enabling them to realise their full potential. It includes input from RMBC Early Years, 0-19 Integrated Public Health Nursing Service and Breast-Feeding support.

2.6	Early public investment in the first 1001 days sets the foundation for greater societal return on such investment, help to reduce inequalities, and can hopefully lessen expensive interventions that would have potentially been required later in life.
3. Key Actions and Timelines	
3.1	The report concludes with recommendations that we should consider first 1001 days as an opportunity to work with families to improve their 'health and wellbeing' and reduce inequalities, building on the good practice which is happening within Rotherham.
4. Recommendations	
4.1	HSC members are requested to work jointly with all stakeholders and partners, to develop a clear and ambitious plan to improve support for children, parents and families in the first 1001 days. A lot is happening already, but the following areas continue to need your support: 1. Reduction in Smoking in Pregnancy rates 2. Improve diet and nutrition 3. Promote physical activity 4. Increase breastfeeding prevalence 5. Increase Ages and Stages Questionnaire -3 6. Improve air pollution 7. Referrals to Public Health Commissioned Services, Get Healthy Rotherham, Drug and Alcohol Services, as well as supporting Early Years and 0-19 Integrated PH Nursing

THE FIRST 1001 DAYS

Director of Public Health Annual Report 2019

www.rotherham.gov.uk

Rotherham Metropolitan Borough Council

CONTENTS

FOREWORD

The annual Director of Public Health report continues to be one of the ways in which I can highlight specific issues that will improve the health and wellbeing of the population of Rotherham. Last year I chose to ask you, the people of Rotherham, what it means to you to be healthy, happy and well and outlined the plans that we had to address some of the challenges in this area.

This year I have chosen to return to one of the most important areas of the life course, namely the period of life between conception and a child's second birthday, the so-called '1001 Critical Day'.

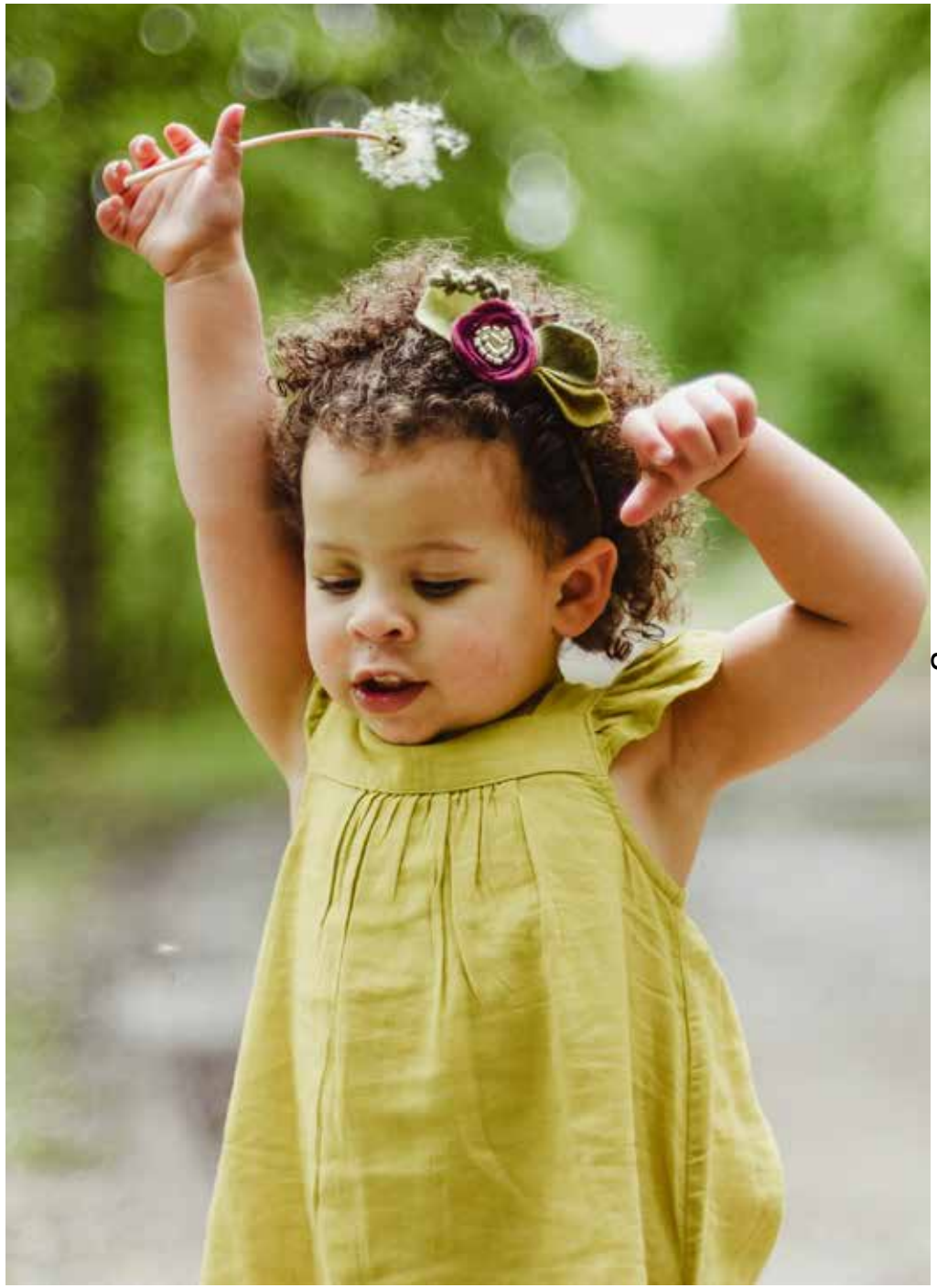
Evidence shows that the first 1001 days is critical to lifelong health and wellbeing. Importantly, it is not only a significant time for the child, but also incredibly relevant to parents and would be parents.

With it being acknowledged that early public investment sets the foundation for greater societal return on such investment, by paying attention to this important area now, and reducing inequalities, we can hopefully lessen expensive interventions that would have potentially been required later in life.

I hope that this report helps to showcase some of the steps that services across Rotherham are doing and planning, with the aim of laying the foundations for lifelong health for our next generation and enabling them to realise their full potential.

https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf

Teresa Roche,
Director of Public Health,
Rotherham Metropolitan Borough Council



EXECUTIVE SUMMARY

This year's Director of Public Health annual report focusses on the period of life between conception and a child's second birthday (around 1001 days). This is because evidence shows that experiences during this period can have lifelong consequences for health and wellbeing, and the growing understanding that some of these consequences are difficult to reverse beyond this age.

It is generally acknowledged that the earlier the public investment within the life course, the greater the societal return on such investment, owing to the prevention of conditions in later life that require more expensive intervention.

This report will consider how conditions affecting the mother before and during pregnancy affect her unborn baby and the importance of the support of partners or significant family members/friends. It will also set out the critical importance of conditions, behaviours and opportunities once the baby is born, while the brain is experiencing its greatest period of growth.

Key messages:

- Failing to invest in the wellbeing of women and children in the first 1001 days can have a cost to the economy of billions of pounds in reduced productivity and increased health costs.
- How well or how poorly mothers and children are nourished and cared for during this time can profoundly affect a child's ability to grow, learn and thrive.
- The first 1001 days are increasingly understood to be the most critical phase of every human life, when the foundations for their lifelong health are built.
- Investment in public health is essential to ensure that people's chances for a healthy and fulfilling life are not unfairly held back by the circumstances that surround the start of their life, over which they have no control.

Areas in which investment can make a significant difference to child development include:

NUTRITION AND DIET

During pregnancy the child's brain is principally influenced by the mother's health and nutrition, and any exposures to toxins. Advice should be that a healthy diet (it is important that expectant mothers eat well) and being physically active will benefit both the child and the mother during pregnancy and will also help her to achieve a healthy weight after giving birth.

Rotherham's low breastfeeding rates are an obvious incentive for change, and a real opportunity to address a key health inequality. The benefits to both child and mother may go beyond nutrition and include attachment, immunity protection, and even protection against various forms of cancer.

PREPARING FOR PARENTHOOD

Being well prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better of chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby.

Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

PROMOTION OF HEALTHY LIFESTYLE BEHAVIOURS

In addition to good nutrition and diet, smoking, alcohol, drug use, and weight are all modifiable lifestyle behaviours that can have an impact on the outcome of a pregnancy and the health of the newborn child. Primary care and antenatal settings in Rotherham, together with midwives, provide opportunities to offer advice to pregnant mothers and their partners about healthy nutrition, physical activity, and health behaviour choices during pregnancy.

MENTAL HEALTH PROMOTION

Maternal mental health is a major public health issue and one that is now being made a national priority. Specialist perinatal community services are being rolled out across England, including a new service for Rotherham, Doncaster and Sheffield.

THE FIRST TWO YEARS OF LIFE

Rotherham is striving for high-quality early years settings, through offering its Healthy Foundations accreditation. High-quality childcare should be understood to be more than simply providing a safe place for children but should also include the provision of nurturing relationships and stimulating environments.

Rotherham's Children's Centres, Early Years and the 0–19 Integrated Public Health Nursing Service (IPHNS) represent a key vehicle for addressing inequality, provided they reach those families with the most need and are effective in influencing the home learning environment and the parents' skills for being the primary educators for their child.

The first 1001 days offer a unique opportunity to influence future health states of the Rotherham population. Investing at this stage of life should bring huge social benefits and considerable savings in the long term. The effects of any investment may still be apparent in future generations.

INTRODUCTION

WHY 1001 DAYS?

This year's Director of Public Health annual report is focusing on the period of life between conception and a child's second birthday (around 1001 days). This is because of the growing body of evidence which shows that experiences during this period can have lifelong consequences for health and wellbeing, and the growing understanding that some of these consequences are difficult to reverse beyond this age.

It is generally acknowledged that the earlier the public investment within the life course, the greater the societal return on such investment, owing to the prevention of conditions in later life that require more expensive intervention.

Failing to invest in the wellbeing of women and children in the first 1001 days can have a cost to the economy of billions of pounds in reduced productivity and increased health costs.

'Investment in public health is essential to ensure that people's chances for a healthy and fulfilling life are not unfairly held back by the circumstances that surround the start of their life, over which they have no control'[1].

Unsurprisingly, some leading economists have called for greater investments in the nutrition and wellbeing of parents, babies, and infants as one of the best ways to increase prosperity for all.

1001 DAYS – A WINDOW OF OPPORTUNITY

The first 1001 days are a time of unique potential and vulnerability. During this time so many health and developmental advantages and disadvantages are laid down with lifelong consequences for an individual's life chances. How well or how poorly mothers and children are nourished and cared for during this time can profoundly affect a child's ability to grow, learn and thrive. Moreover, a baby growing-up in a supportive environment, within a strong loving partnership with a committed other(s), can have a huge impact on their wellbeing.

The first 1001 days are increasingly understood to be the most critical phase of every human life, when the foundations for their lifelong health are built.

However, we know from the science that not every baby born in Rotherham has the same opportunities as their peers for a healthy and fulfilled life. This can be caused by several parental behaviours such as smoking and drinking alcohol during pregnancy, not eating a balanced diet and taking little exercise.

Therefore, there is not only an economic motivation for investing in the earliest stage of life, there is also a health equity imperative. Investment in public health is essential to ensure that people's chances for a healthy and fulfilling life are not unfairly held back by the circumstances that surround the start of their life, over which they have no control.

As an example, maternal nutrition through pregnancy and choices for feeding and weaning in the earliest parts of a child's life play a fundamental role in development and the potential to thrive. Poor nutrition in the first 1001 days can set-up an irreversible disadvantage in the development of a child's brain and other organs, and can set the stage for later obesity, diabetes, and other chronic diseases which can lead to a lifetime of health problems[2].

This report will consider how conditions affecting the mother before and during pregnancy can also affect her unborn baby. It will set-out the critical importance of conditions, behaviours, and opportunities once the baby is born, while the brain is experiencing its greatest period of growth. It will also take into consideration whether even the conditions our grandparents experienced in the first 1001 days of their lives may exert an influence on our own health expectations and vulnerabilities to disease.

Finally, whilst the home environment is the key setting within which the first 1001 days plays out, there are some key settings provided through public investment that also play an important role, and indeed a number of services that reach into that home environment that can support or enable a better first 1001 days. The report will include case studies of some of the assets that Rotherham already has in this respect.

CHAPTER ONE
THE FIRST 1001 DAYS – A LEGACY FOR LIFE

David Barker, a physician and epidemiologist, is a key figure in the growing understanding of the foetal origins of adult disease. His hypothesis is that the conditions in which the foetus develops have profound consequences for lifetime health[3]. This does not undermine the importance of lifestyle factors for avoiding chronic disease, but rather that vulnerabilities to such disease are set up at the earliest possible stages of life, which might mean one individual may find themselves far more dependent than another on maintaining a good lifestyle for continued health.

Importantly, this theory is not just about brain development. There are phases during pregnancy when the major organs are formed, where the nutrition of the foetus is of critical importance. With the exception of the brain, liver and immune system, which remain 'plastic' after birth, the structure of all the organs is laid down in the foetus, within narrow time windows of foetal growth, meaning that the conditions at those times can have lifelong consequences.

In recent times, the diet of the UK has been characterised by an abundance of high-sugar and high-fat food, which evidence suggests may also be having health impacts on the unborn baby. In this respect, it is not just low birth weights that are associated with later health risks; babies are at risk of obesity in later life both when they are born too small and too large[4].

Beyond nutrition the mother can ingest other substances that can affect the unborn child. Smoking during pregnancy and alcohol or other forms of substance misuse are the most obvious, but there is also now evidence that living in areas with polluted air may be having some effect on the unborn child[5].

THE FIRST TWO YEARS OF LIFE

Nutrition

The critical 1001 days enters a new phase once a child is born, and one of the very first things that will happen within the healthcare context is that the infant will be weighed and measured. Growth patterns from this point onwards will continue to be measured during early life and have similar significance to growth in the womb, both of which can affect later life outcomes.

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks[6].

The earliest nutrition a newborn child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breastmilk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment[7].

The types and quantities of food given to an infant, and how these are prepared and administered (e.g. spoon-feeding versus self-feeding) are all likely to be important for setting up eating preferences and habits, which might have a lifelong impact, through a complex mixture of microbiological, nutritional, social and psychological influences[8].

Attachment

Early on, infants seek closeness and safety through attachment to others, and are likely to form secure attachments where their primary caregiver responds appropriately to their needs. For this reason, parenting styles in the first 1001 days are seen as critically important to establishing a secure attachment which in turn benefits the child later in life[6].

Most of the research considers the maternal role in this context, but there is also evidence that increased and enhanced paternal engagement is linked to positive outcomes including better levels of cognitive and social performance and academic achievement[9].

Brain development

Brain growth following birth is rapid, growing from 25 % of its adult weight at birth to 75 % by age two[1]. This is mirrored over the same period by the attainment of significant developmental milestones, as gross and fine motor skills develop, and cognitive and sensory skills develop, enabling the infant to move from being a newborn, entirely dependent on its parent for survival, to becoming an increasing independent toddler.

During pregnancy the child's brain is principally influenced by the mother's health and nutrition, and any exposures to toxins. Following birth, brain growth is rapid, as is the creation of connections between brain cells. A newborn's brain is highly receptive to external stimuli and creates such connections at an astonishing rate in response – more than one million connections per second are created during the first eighteen months of life.

Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all the learning, health and behaviour that follow[10].

CHAPTER TWO
KEY INFLUENCERS ON THE FIRST 1001 DAYS

SOCIOECONOMIC

Socioeconomic circumstances play a very important role in influencing the conditions and circumstances that affect every child during the first 1001 days.

For young children it is clearly not only material wealth that matters. The 'ecological perspective' on child development locates a child's wellbeing in the context of the family, friendship networks, early childcare settings and the neighbourhood, rather than solely in the context of material wealth.

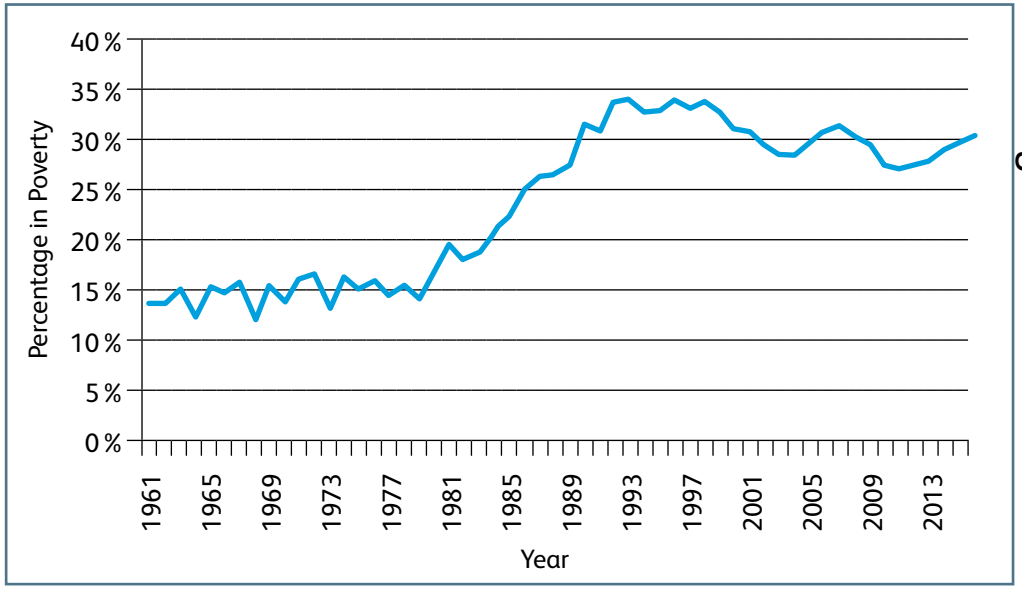
Parenting styles are affected by income and employment stresses; some harmful personal behaviours by parents might be seen as coping strategies (e.g. smoking and drinking); housing conditions are likely to be poorer and may have a direct negative health effect on a child (e.g. cold, damp homes), or may have a constraining effect on a child's stimulation or capacity to learn; harmful environmental exposure may also be more prevalent in less affluent neighbourhoods (e.g. proximity to traffic causing more polluted air).

INCOME AND INEQUALITY

Income inequality is correlated with so many social and economic factors that impinge on the health of a child and its parents during the first 1001 days. Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures.

Child poverty in the UK has doubled since 1960 as shown in Fig 1:

Fig 1: The doubling of child poverty in the UK since 1960:



The Joseph Rowntree Foundation has looked at impacts of poverty on parenting. Poor families are more likely to have non-traditional family structures (such as lone parenting); be headed by a teenage parent; have a sick or disabled child; have a child (or children) under five; and to have many children. The parental stresses of living in low income may also predispose towards less nurturing parenting styles[11].

Addressing the inequality is a key priority for Rotherham, where the Council vision speaks of building 'a town where opportunity is extended to everyone, where people can grow, flourish and prosper, and where no one is left behind', and the **Health and Wellbeing Strategy** is underpinned by a commitment to reduce health inequalities.

ENVIRONMENT

Air quality

Air pollution is the largest environmental risk to the public's health, and there is growing evidence that it may even be causing damage both before and during pregnancy.

Research has previously found an increased risk of miscarriage from long-term exposure to dirty air, and more recent research has pointed to an increased risk arising from short-term increases in exposure to nitrogen dioxide (NO_2), a very common contaminant, produced by internal combustion engines[12].

The mechanism by which unborn children are affected by polluted air is not certain, but other recent research has shown that air pollution particles can cross to the foetal side of the placenta[13].

Rotherham is taking actions to address areas of high concentration of NO_2, for example, through measures to restrict traffic speeds, but there will always be some pollutants in the air. There are opportunities for individuals to make a difference, both with respect to their contribution to air pollution, and in what they can do to reduce exposure, such as avoiding busy roads, where concentrations are likely to be higher.

Housing

Children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes, and children in deprived areas are nine times less likely to have access to green space and places to play[14].

Poor housing is cited as an example of social stress that can act against the ability of parents to provide a secure, healthy, nurturing environment during the early years of a child's life. This in turn can adversely affect a child's health, for a child's home environment exerts an important influence over their future health and development[15].

Opportunities

Primary schools are locations where there are likely to be a number of pregnant mothers, as well as infant and baby siblings, of children at school. Bans on idling of car engines or the provision safe walking routes to school, away from busy roads and preferably with vegetation to screen out pollutants, could give opportunities to provide cleaner air in those locations.

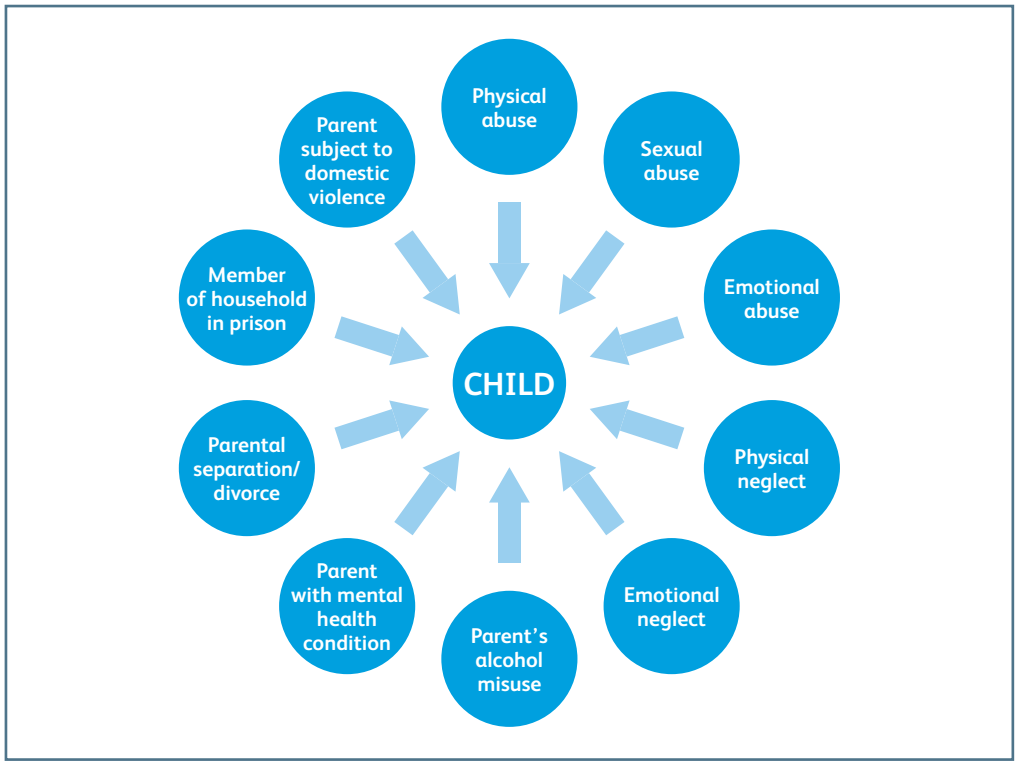
Advice on cheaper energy suppliers and home improvements for more efficient heating and insulation could also be targeted to young family households.

HEALTH BEHAVIOURS

Adverse Childhood Experiences (ACE)

Research has demonstrated an association between traumatic experience in childhood with health and social problems across the lifespan[16].

Fig 2: Ten Types of Adverse Experiences



Felitti and Anda defined ten types of adverse experience (shown in Fig 2 above), and their findings were that the number of experiences was a key predictor of the likely long-term impact. For example, individuals from the study who had faced four or more categories of ACEs were twice as likely to be diagnosed with cancer compared with individuals who hadn't experienced childhood adversity[14].

As a social determinant of health, ACEs sit firmly within the context of social inequalities, since higher levels of poverty and unemployment tend to correlate with greater prevalence of traumatic experiences during childhood[17].

CHAPTER THREE
PREPARING FOR PARENTHOOD

Children born into secure families that respond to their physical and emotional needs are more likely to grow-up to achieve well academically and to enjoy a healthier and more financially secure adult life. Furthermore, they are more likely to give their own children the same good start in life.

The health of a would-be parent, even before the start of the 1001 days, is an important factor in giving every child the best start in life. Being well-prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family.

TEENAGE PREGNANCY

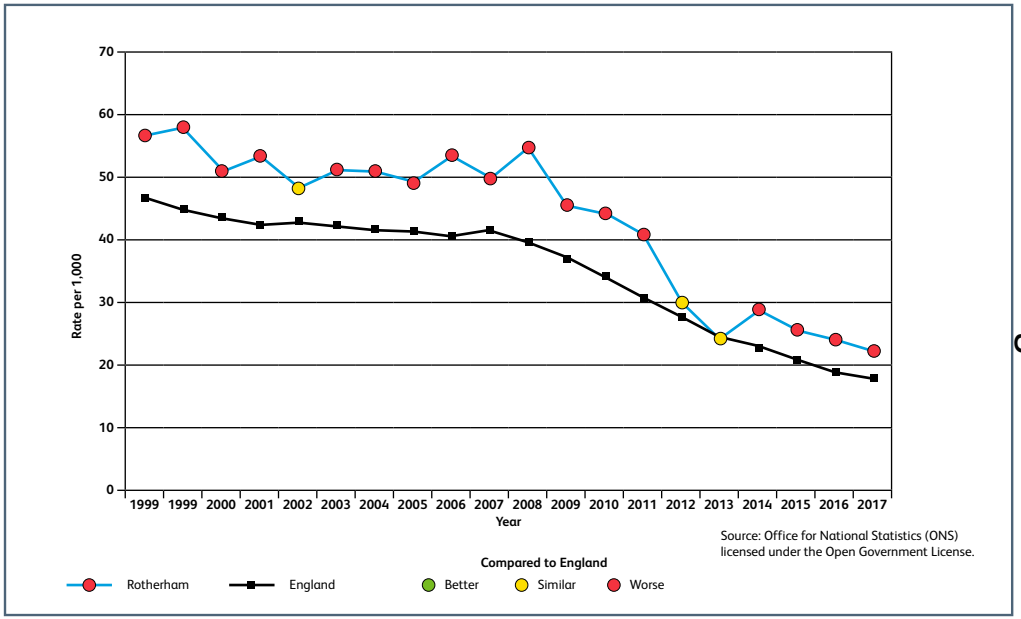
Teenage pregnancy rates are generally higher amongst the most deprived and socially excluded young people. Although being a teenage mum can be a positive experience for some, evidence suggests that it can contribute to some negative long-term outcomes[18].

Becoming a mother under the age of twenty does not necessarily present health risks, and indeed a woman's fertility naturally declines with age. However, social factors, including the period of formal education and the age of independence from parents and becoming economically active mean that there is some social stigma attached to teenage pregnancy, and there is likely to be an economic impact associated with starting a family at this age. It is also more likely that teenage pregnancy represents an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health[19].

It should be noted that across the country there has been a steep drop in rates of teenage pregnancies in recent years. There are a range of theories about what might explain this dramatic decline, and it seems likely that it is associated with a few related social changes and some specific policy interventions, including education and access to comprehensive sexual health services.

Rotherham has not missed out on this steep decline (a 60% reduction in the under 18 conception rates between 1998 and 2017) but remains in a comparatively poor position when compared to the region and to England.

Fig 3: Rates of teenage conceptions (per 1,000) in Rotherham and England



A programme of good quality sex and relationship education can have beneficial effects in terms of sexual health behaviour (e.g. by delaying onset of sexual activity, reducing the number of partners and increasing knowledge about methods and availability of contraception).

Whilst the proportion of Year 10 (age 14-15) Rotherham children saying that they have had sexual intercourse has generally been going down in recent years, there is also some evidence that those who are sexually active are more likely to have had sex after taking drugs or alcohol, and less likely to have used contraception **(The Rotherham Voice of the Child Lifestyle Survey 2019**).

FITNESS FOR PREGNANCY

Evidence shows that women who are healthier in pre-pregnancy have a better of chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby[20 21].

Smoking, alcohol, drug use, weight and diet are all modifiable lifestyle behaviours that can have an impact on the outcome of a pregnancy. Whilst there may be an increasing awareness of the need to modify smoking and alcohol behaviours in preparation for pregnancy, there is still a low level of awareness of the importance of good diet and nutrition and the potential problems that are associated with obesity in pregnancy[22].

DIET AND WEIGHT

In Great Britain, the latest figures show that for the first time more than half (50.4%) of women with a recorded Body Mass Index (BMI) at their first midwife appointment were overweight or obese, with 22% of women classified as obese at the start of a pregnancy (BMI>=30)[23]. Furthermore, about a third of women gain too much weight during pregnancy, and this is more likely in those classified as overweight or obese. However, if a pregnant woman is obese, this will have an influence on her health and the health of her unborn child, so it is more important, where possible, to help obese and overweight women lose weight before they become pregnant.

Fig 4: Risks associated with maternal obesity[24]

Risks to mother	Risks to foetus/child
Maternal death or severe morbidity	Stillbirth
Cardiac disease	Neonatal death
Miscarriage	Congenital abnormalities
Pre-eclampsia	Prematurity
Gestational diabetes	Lower breastfeeding rates
Increased risk of Caesarean Section	Increased risk of obesity and metabolic disorders in childhood

Women are advised to take a supplement of 400 micrograms of folic acid each day, from before pregnancy and for the first 12 weeks once pregnant, to help reduce the risk of conditions like cerebral palsy, highlighting another potential advantage of a planned pregnancy.

SMOKING AND ALCOHOL

Smoking and alcohol use by parents prior to conception can make it more difficult to conceive.

Smoking is known to impact negatively on male and female fertility. Smoking by men intending to become fathers not only affects their semen in terms of lower sperm counts and lower motility but is also likely to expose their partner to second-hand smoke, with consequent impacts on female fertility[25].

The influence of alcohol on male and female fertility is not comprehensively understood, but reducing alcohol consumption when trying to conceive is sensible advice[26]. Official guidance recommends that couples abstain from alcohol in this situation.

OPPORTUNITIES

From September 2020 there will be compulsory relationship education in all primary schools, and compulsory sex and relationship education in all secondary schools, as well as compulsory health education. This presents opportunities to raise awareness of the importance of pre-pregnancy health, including diet and nutrition and healthy lifestyle behaviours when planning pregnancy, as well as advice on the importance of planning for pregnancy.

Evidence suggests that where people receive advice from health professionals, they are more likely to make changes to their behaviour before pregnancy, so there are likely to be opportunities to make every related contact count, for example when young people attend a sexual health clinic[27].

Women who receive counselling prior to pregnancy are three times more likely to quit smoking before conceiving than those that don't[28].

Sensible preconception advice to men would be to quit smoking three months before attempting to conceive, as sperm take about this length of time to mature.

CHAPTER FOUR
PREGNANCY

Once a woman becomes pregnant, her unborn baby's nutrition and development is dependent on her own health and lifestyle behaviours, and that of her partners or support networks. Poor nutrition during pregnancy may influence the growth of key anatomical features in a way that can increase the risk of future health problems.

Pregnancy is also an opportunity, as a strong motivator for behaviour change, with potential benefits to the unborn child, the mother, partners/support networks, any future pregnancies, and even for future generations.

COMMUNICABLE DISEASES

Some communicable diseases also present a higher risk in pregnancy. For this reason, in the UK all pregnant women are offered the seasonal flu vaccine and the whooping cough vaccine and may be advised to have the hepatitis B vaccine if at risk. In Rotherham about eight in ten women take up the whooping cough vaccine, better than the England average. Provisional data from Public Health England (PHE) shows 45.1 % of Rotherham women who were pregnant received the seasonal flu vaccination in monthly data 1 September 2019 to 29 February 2020 (cumulative uptake); England was 43.7 % in comparison[29].

SMOKING IN PREGNANCY

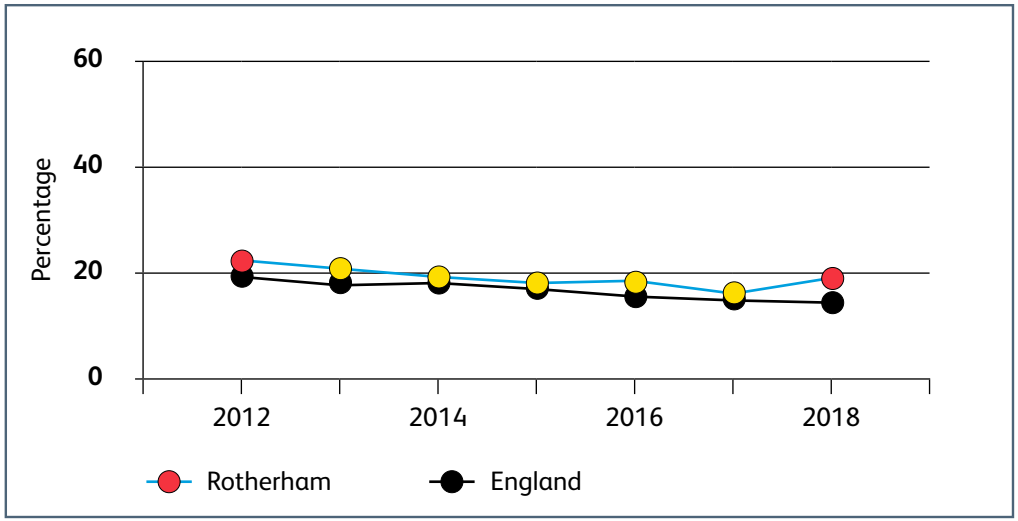
Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely[30]. Smoking in pregnancy creates an additional potential harm to the growing foetus, as toxins present in tobacco smoke can cross the placenta. Smoking also reduces the amount of oxygen that can reach the baby, which can restrict growth – babies born to smoking mothers tend to weigh less at birth[31].

Smoking in pregnancy risks are shown in the diagram below:

Fig 5: Smoking in Pregnancy – Health Matters PHE

In Rotherham 18.9 % of adults were current smokers in 2018 (Annual Population Survey - APS). This has been in general decline since 2012, but with an apparent upturn in 2018, and has remained worse than the England proportion (14.4 %) and the regional one (16.7 %).

Fig 6: Smoking Prevalence in adults (18+) – Current Smokers (APS) for Rotherham



It is obviously preferable if women manage to quit smoking in preparation for becoming pregnant but stopping smoking at any point in the pregnancy is a positive action with some benefit for both mother and child. In Rotherham there is a dedicated small team, the Stop Smoking in Pregnancy Service (SSPS), who work with pregnant mothers who smoke, helping them to make informed choices about their smoking habit, and to offer support to help them adopt a healthier lifestyle during pregnancy.

Fig 7: Smoking Risk Perception Tool - Stop Smoking in Pregnancy Service (Rotherham NHS Foundation Trust)

The service comprises of two (full-time) Smoking in Pregnancy midwives, two (part-time) Stop Smoking in Pregnancy advisors, and one (part-time) administration support, based at Greenoaks.

The service developed a revolutionary pathway to engage and motivate women and their partners, which has had a huge effect in reducing the percentage of mums smoking during pregnancy.

This pathway has been embraced by both Newcastle University and Teesside University, calling it 'The Risk Perception Tool'. The universities developed a package incorporating a tool called babyClear© which is now used widely across the UK.

A key requirement of the Risk Perception Tool is for all pregnant women to have routine Carbon Monoxide monitoring tests at every visit and for an 'opt-out' system for referrals into the Stop Smoking Service.

A Smoking in Pregnancy midwife will see all pregnant smokers attending Greenoaks to support them to stop smoking, using their expertise and a personalised approach, supported by visual aids and dispelling any potential myths.

Women are supported to stop smoking by initially seven weeks of face-to-face support, then monthly visits throughout pregnancy and at least once post-natal. This results in the team forming close relationships with mothers and their families, providing a unique insight into their lifestyle choices. It also offers the opportunity for appropriate signposting to the multidisciplinary team or the 0-19 IPHNS for either pregnancy related or health issues such as mental health and social care.

"The issue is that many mums feel guilty about their smoking habits and don't want to admit to smoking. It's our job to let them know the full extent of the risks they are taking and benefits of stopping smoking so that they can make an informed decision. In many cases women know that smoking is not healthy but are not always aware of the risks and the impact of it''.

Wendy Griffith, Smoking in Pregnancy lead midwife.

The Smoking in Pregnancy service makes use of some innovative risk perception methods (see Fig 7), which includes working with parental partners who smoke and promoting smoke-free homes. The number of women who smoke in pregnancy in Rotherham is high when compared regionally and nationally. However, the service has had some recent success in reducing the proportion of women smoking in pregnancy and has managed to meet its target of fewer than 18%.

Unfortunately, this still means that a minimum of around 500 babies are born each year in Rotherham to mothers who smoked during pregnancy. Furthermore, a systematic review from 2016 suggests that as many as 43% of women who did manage to quit in pregnancy have restarted smoking by six months after giving birth, giving rise to further risks to the health of both mother and child at such a critical phase[32].

NUTRITION DURING PREGNANCY

Studies have shown the risks to foetal development associated with under-nutrition during pregnancy, and it is important that expectant mothers eat well. However, it is also true overeating can have adverse consequences, but the concept of 'eating for two' may still be ingrained culturally.

Dispelling the myth about eating for two is important, but it is also important that women are advised not to lose weight during pregnancy, as this may harm the health of the unborn child. There are currently no evidence-based UK guidelines on recommended weight-gain ranges during pregnancy[33]. Therefore, the advice should be that a healthy diet and being physically active will benefit both the child and the mother during pregnancy and help her to achieve a healthy weight after giving birth.

Women are also given advice about foodstuffs to avoid during pregnancy, mostly owing to increased risks of infection. These are set out comprehensively on the NHS website **www.nhs.uk/conditions/pregnancy-and-baby/foods-to-avoid-pregnant/**. Whilst a well-balanced diet should ensure most essential nutrients are obtained during pregnancy, supplements of folic acid and vitamin D are also advised for pregnant women.

The NHS website also has a very good guide to a healthy diet in pregnancy, **www.nhs.uk/conditions/pregnancy-and-baby/healthy-pregnancy-diet/**, which includes advice on vitamins, supplements and other nutrition, and also links to the Healthy Start programme. Eligibility for free Healthy Start vouchers can be checked via a postcode search and then the vitamins can be collected from a range of children's centres and pharmacies in Rotherham. However, uptake has not been high in Rotherham, and a new approach is now being trialled by the Acute Trust to try to ensure that all mothers seen by health visitors are given the vitamins.

PHYSICAL ACTIVITY FOR PREGNANT WOMEN

With respect to physical activity, 30 minutes a day of moderate-intensity activity is beneficial, but women who have not routinely exercised prior to becoming pregnant should start slowly. The diagram below shows an ideal approach:

Fig 8: Physical Activity for Pregnant Women[34]

ALCOHOL IN PREGNANCY

The Chief Medical Officers for the UK recommend that if you are pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. When a pregnant woman drinks, alcohol passes from the blood through the placenta and to the baby. A baby's liver is one of the last organs to develop and does not mature until the later stages of pregnancy. The baby cannot process alcohol as well as the mother can, and too much exposure to alcohol can seriously affect their development.

Drinking alcohol, especially in the first three months of pregnancy, increases the risk of miscarriage, premature birth and your baby having a low birthweight. Drinking after the first three months of pregnancy could affect the baby after they are born. Drinking heavily throughout pregnancy can cause the baby to develop a serious condition called Foetal Alcohol Syndrome (FAS). Symptoms include poor growth, distinct facial features, learning and behavioural problems[35].

The NHS website has a good guide on the impact of drinking during pregnancy **www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugs-pregnant/**

OPPORTUNITIES

Since influenza infections have been shown to increase among smokers compared to non-smokers (and are more often severe)[36], the smoking in pregnancy service offers an opportunity to increase the uptake of the flu vaccine by pregnant women in a targeted way. Rotherham's community midwives and outpatient clinics (Greenoaks) already check the vaccination status of pregnant women and offer the flu vaccine as appropriate but will look at opportunities to strengthen the advice for smokers.

Primary care and antenatal settings, and midwives, provide opportunities to offer advice to pregnant mothers and their partners about healthy nutrition, physical activity, and health behaviour choices during pregnancy. Schools, through their Personal, Social and Health Education (PSHE) sessions and the upcoming compulsory Relationships and Sex Education (RSE) teaching, provide an opportunity to influence the next generation of parents, both male and female, and to remove the culturally persistent concept of 'eating for two'.

CHAPTER FIVE
THE FIRST 2 YEARS OF LIFE

EDUCATION

Before the age of two, children will likely spend a lot of time at home, however, most parents then face a choice (often driven by a financial imperative) of whether/when to re-enter employment and how to ensure their child is properly cared for.

Research on early childhood education in the UK does provide evidence of benefit from high-quality early childhood education[37] but has largely considered such provision for children aged three to five.

In this context, high-quality childcare should be understood to be more than simply providing a safe place for children but should also include the provision of nurturing relationships and stimulating environments. The development of an infant's executive function (a group of skills that helps children focus on multiple streams of information simultaneously) can be stimulated through something as simple as a game of peekaboo . Play England, The Playwork Foundation and The International Play Association England joined forces in 2019 to develop 'A Manifesto for Play: Policy Proposals for Children's Play in England'[39]. (See link; **www.playengland.org.uk/a-manifesto-for-play-2/**)

It was a call for political parties to include in their Manifestos:

Leadership – create a Cabinet Minister for children with responsibility for play

Legislation – make planning for play a statutory duty

Investment – more and better play opportunities, spaces and services for children including play in parks and public spaces, playgrounds, housing, play streets, after school and holiday play schemes, adventure playgrounds and schools

Delivering for play – investment in quality support and training for professionals.

Whatever quality of early years support is provided by practitioners, parents inevitably exert a greater influence on their child's development in the earliest stages of life. A positive early years home learning environment can provide many benefits for the improved cognitive, social, and physical development of children.

What happens in our early years settings, especially our children's centres, and the extent to which they can reach those parents most in need and to positively influence how they interact with their children at home is a key consideration for a good 1001 days experience for Rotherham's most disadvantaged young children.

ROTHERHAM'S POSITION

Rotherham is striving for high-quality early years settings, through offering its Healthy Foundations accreditation. The aim is for settings to self-evaluate against certain criteria and to attain standards to achieve accreditation.

Fig 9: Healthy Foundations Case Study

Healthy Foundations is an accreditation scheme, offered by Rotherham Council, to encourage 'healthy' early years settings in Rotherham. Introduced in 2017, the accreditation is available to any private sector childcare service, including nurseries and childminders, who look after children from 0 to five years old.

This locally developed accreditation scheme has a range of benefits. For childminders and other care givers, it allows them to gain a recognised award which gives them the skills to implement into their own practice.

Healthy Foundations covers six elements over three stages: bronze, silver and gold. To get the accreditation, each childcare provider must complete each element. At the end of the course, a panel decides whether to award accreditation to the Provider based on evidence given at each element.

BRONZE

Whole setting approach and ethos

Healthy eating and oral health

SILVER

Exercise, movement, rest and sleep

Emotional health and wellbeing

GOLD

Managing behaviour and independence

Personal, social and emotional d (PSED)

Managing dangers and risks

Safe and healthy environment

CHILDREN CENTRES AND EARLY HELP

Children's centres in Rotherham offer a wide range of provision to support children in reaching early years milestones and being 'school ready' when they enter mainstream education.

The Sure Start programme was introduced to provide 'under one roof' services for young children and their families. In 2016, this ethos was broadened to a whole family approach and children's centres were a key component in the development of an effective early help offer, which integrated a range of services into one Early Help & Family Engagement Service. The now well-established integrated service supports children from birth to nineteen years old, families, and has a specific focus on the first 1001 days focus with the following interventions:

TRIPLE P – POSITIVE PARENTING PROGRAMME SERIES

A parenting and family support system designed to prevent, as well as treat, behavioural and emotional problems in young children through to teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their full potential.

Triple P draws on social learning, cognitive behavioural and developmental theory as well as research into risk factors associated with the development of social and behavioural problems in children. It aims to equip parents with the skills and confidence that they need to be self-sufficient and to be able to manage family issues by themselves and without ongoing support. Whilst it is almost universally successful in improving behavioural problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct. Triple P is delivered in four formats:

- **Triple P 0-12**
- **Triple P Teen**
- **Triple P Online**
- **Triple P Stepping Stones** (for parents who have a child with disabilities)

FAMILY LINKS – THE NURTURING PROGRAMME

The Nurturing Programme is a ten-week programme for parents with children from birth to eight years old that aims to improve the emotional health of both adults and children whilst strengthening family relationships. It is a cognitive-relational programme, providing parents with new skills in listening and communicating with their children and developing an understanding of behaviour in the context of relationships. It is based upon four constructs or building blocks: self-awareness, appropriate expectations, positive discipline and empathy.

SLEEP TIGHT

This five-week course designed by the Children's Sleep Charity, helps parents understand the impact of poor sleep on behaviour. The programme supports families to implement creative and evidence-based methods of improving sleep patterns in young children. Areas covered include diet, environment, physical and mental health and routines to help both parents and children have a better night's sleep.

CARING DADS

This is a sixteen-week validated programme for men who have abused or neglected their children or exposed them to domestic violence. The goals of the Caring Dad's group are to improve the fathers' relationship with their child and family and to help them to better understand children's developments and needs. Some of the topics explore:

- Recognising unhealthy, hurtful, abusive and neglectful behaviours
- Effect on children of exposure to the abuse of their mother
- States of child development – what to expect
- Problem-solving in difficult situations and managing frustration
- Alternatives to punishment
- Rebuilding and healing

PARENTS AS PARTNERS

The Parents as Partners programme is a validated, group work programme for parents who are struggling with conflict and stress in their parenting and relationships. It explores the whole family dynamic and has proven results in helping:

- Improve parental relationships and communication (whether living together or apart)
- Strengthens the family relationship and improves the child's wellbeing and success
- Helps parents to manage the challenges and stress of family life
- Reduces conflict in the relationship

As well as group interventions the service, through its children's centres, delivers a range of interventions that seek to engage children and families in positive activities that will assist child development and support positive outcomes. Examples of this are baby massage groups (see Fig 10), stay and play interventions, and cook and taste sessions.

The Family Support element of the service supports children and families with additional and/or complex needs through a comprehensive assessment and plan (Early Help Assessment) which then identifies the specific need and offers intensive support.

Fig 10: Baby Massage Intervention: Case Study

As part of Rotherham Council's Early Help offer, baby massage classes help parents and care givers to bond with their babies.

The Council's Early Help Outreach and Engagement Worker for the South Locality, Fran Dawson, explains the benefits of baby massaging classes.

"Baby massage is delivered as a four -week rolling programme offered across the Borough. The service supports babies aged between six weeks and six months. Between April 2019 and December 2019, one locality worked with 110 babies and 117 care givers, including 11 male care givers.

Parents and babies that are invited to the classes are identified by health visitors. We have a range of parents who come along; some need that extra support, whilst others just want to have social interaction with other parents in their area.

In my locality there are six members of staff that deliver this programme. Usually, classes are no bigger than eight attendees which means a maximum of eight babies and their care givers, but one-to-one support can be given in the home if the family need this.

The classes are not only a great way for partners, family members and carers to bond with the baby, the intervention also helps to improve sleep patterns and reduce colic. We encourage positive interactions between parent and child, promoting early speech and language development by enabling parents to become familiar with using baby-speak.

Baby massage helps with baby brain development which is linked to the attachment with their care giver. The service makes sure that parents, guardians and grandparents have everything that they need to continue using baby massage at home as during the class, it's not always the best time to attempt a massage, especially if baby is fussy or sleeping.

My locality has had a fantastic response to the classes. Parents are always telling us how much of a positive impact the classes have had on their child's routine and health, whilst also helping to develop the parent's confidence at the same time. From the baby massage class, we then

recommend that parents use our other services, including our stay and play toddler groups, which enables us to continue giving parents and babies the support and socialisation that they need."

Positive impacts of baby massage:

- Research shows increases bond/attachment between care giver and baby
- Tummy strokes help to reduce colic
- Helps to reduce postnatal depression through peer support and creating friendship groups
- Encourages carers to access support from Practitioners for other needs as well as allowing identification of causes for concern, for both care giver and baby much earlier in the development of a problem
- Attendees become more confident in handling their child and better at recognising their baby's needs
- Improved positive interaction with their baby
- Improved sleep for their baby by supporting families with building basic routines

THE ROTHERHAM 0-19 INTEGRATED PUBLIC HEALTH NURSING SERVICE

The Rotherham 0-19 Integrated Public Health Nursing Service (IPHNS) offers a variety of services to the children and families of Rotherham to support them in achieving optimum health outcomes for their children.

The health visitors, school nurses and nursery nurses within the service contribute to the delivery of the Healthy Child Programme. All mothers in Rotherham are offered an antenatal contact and following the birth of their babies, a new birth visit and a six to eight week visit. During these contacts, key public health measures are explored including, breastfeeding, positive attachment, safe sleep, smoking cessation and home safety. Further assessments are carried out by the wider team at appropriate times. The two-year assessment is carried out where possible within the child's educational setting to ensure a holistic assessment is completed.

The service offers 'Well Baby' clinics where parents can book to see a health professional to explore and discuss any concerns they may have regarding their child's health or development. All localities also receive regular introducing solid food sessions which are carried out in groups to introduce weaning and a healthy diet.

Where additional needs are identified, either by the family or other professionals, an evidence-based targeted programme of support will be offered to the family by our practitioners in partnership with other agencies when required. The service also works with families where there may be safeguarding concerns and contribute to the wider planning to support these families when they need it the most.

LOOKED AFTER CHILDREN (LAC) NURSING SERVICE

The LAC Nursing Service was established in September 2019. The team support the health needs of all the looked after children across the Borough. Each child has a named practitioner who will support them on their journey and complete their health assessments reviews, as well as offer regular input and support when required.

EARLY ATTACHMENT SERVICE

The Early Attachment Service offers a targeted service to parents in Rotherham. The service offers families one-to-one support where there may be concerns around attachment issues. The specialist work they offer includes numerous evidence-based programmes including The Solihull Approach **https://solihullapproachparenting.com/quick-guide-to-the-solihull-approach/** and Video Interactive Guidance **www.videointeractionguidance.net/aboutvig**. All first-time parents in Rotherham are also offered a six-week group session during the antenatal period with a specific focus on attachment.

YOUNG PARENTS SERVICE

The Young Parents Service offers the Healthy Child Programme to all parents under 20 years old across Rotherham. This group receive a targeted increased offer to meet their individual needs as teenage parents. The nurses in the team have specialist skills to engage and optimise the outcomes for these families where possible. The service will work with the families up to the age of one or if an additional need is identified until their babies turn two. The families are then transferred back to the 0-19 IPHNS.

HEALTH IMPROVEMENT TEAM (HIT)

The HIT offers a variety of training in several settings. These include tooth brushing clubs, training for schools on dental care, weaning advice and support as well as maintaining an active Facebook page for our families.

BREAST FEEDING SUPPORT

An Infant Feeding Co-ordinator for the 0-19 IPHNS has been in post from August 2019 to develop, promote, support breastfeeding and to drive improvements in infant feeding practices. A staff training programme has been developed to increase staff skills, knowledge and confidence in supporting parents with infant feeding and parent/infant relationship building. An audit programme will monitor standards and evidence improvements across the service. Rotherham are currently working towards meeting the stage two assessment criteria for UNICEF UK Baby Friendly Initiative accreditation. The Service:

- Continues to support the Breast Buddies™ service, working in collaboration with Rotherham Early Help Children's Centres, by training mothers with breastfeeding experience to provide support for new, expectant and breastfeeding mothers. A proportion of outreach and engagement workers have completed breastfeeding training and can offer the same support as a Breast Buddy™ in any group, one-to-one or over the phone.
- Is commissioned to train 20 volunteers per year and is on track to meet the target.

Fig 11: Breast Buddies Case Study – October 2019

Below is a case study of a Breast Buddies™ personal journey which perfectly illustrates the value of a peer support service:

"I was breastfeeding for around six months when I became aware of the Breast Buddies TM training course. I was shocked to find that the UK's breastfeeding rates were low and in Rotherham were below the UK average. I had heard that eight in ten women stop breast feeding before they would have liked to, and this inspired me to search for a course to enable me to support local women with their breastfeeding journeys.

I found the Breast Buddies Facebook page with details of the course and where I could support Mums. I completed the Breast Buddies training course in July 2018 and began volunteering at the Dinnington and Arnold Children's Centres every week where I supported many mothers with breast feeding. I was able to provide support with positioning and attachment, common breastfeeding challenges and feeding whilst out in the community. Most mothers needed emotional support and reassurance. Mothers with little or no experience of breast feeding were desperate for someone who understood what it is like to be a breastfeeding mother in a bottle-feeding culture.

I found many mothers also came to me for evidence-based information around breast feeding and for support on continuing breastfeeding following their return to work. I was able to give them information around expressing milk, milk storage and their rights as a breast-feeding woman returning to work. This gave them the confidence to continue their breast-feeding journey for as long as they wanted.

Working in the weigh and stay sessions provided an opportunity to normalise breast feeding by making it visible in the wider community and presenting breastfeeding as a realistic and relevant choice for local parents.

I volunteered for around twelve months in Rotherham Children's Centres and realised that this is what I wanted to do as a career. I explored other volunteering opportunities and started to work for both the Rotherham and Sheffield peer support services. Six months later I was successful

in applying for a paid post in Sheffield and have been working as an Infant Feeding Peer Support Worker since September 2019. I get real job satisfaction in my new role, where I continue to develop my breastfeeding support skills and knowledge to help women overcome the many barriers they face. Breastfeeding my baby and then embarking on my volunteering journey has enabled me to change my career and I have enjoyed every part of it."

ABOUT BREASTFEEDING

Breastfeeding can reduce the chances of a child becoming obese by up to 25%; breastfed babies have lower rates of: gastroenteritis, respiratory infections, allergies, ear infections and tooth decay.

Overall, the UK's breastfeeding rates are regarded by UNICEF as low compared to other countries, with eight out of ten mothers stopping breastfeeding earlier than they want to, and with as few as 1% of mothers exclusively breastfeeding at six months (as recommended by the World Health Organisation (WHO)[40].

Breastfeeding rates present an opportunity for Rotherham to enhance the life chances of its newborn population at the first stage of the life course, and to reduce the social gradient in health outcomes.

The WHO recognises that while breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices"[41]. The House of Commons Health and Social Care Committee[42] also supports this in finding that consistent support provision is a key deciding factor in mothers being able to breastfeed for as long as they wish.

The number of women being supported to continue breastfeeding to the six weeks point in Rotherham has increased from 30.4% in 2018/2019 to 32.8% 2019/2020, a rise of 2.4% and well above target. This is the most significant increase in the 6-week breastfeeding rate in recent years and can be attributed to several initiatives across the NHS Trust.

As part of the NHS Long Term Plan[43] Rotherham's maternity services have introduced two midwifery continuity of carer teams, with a third planned for May 2020. There is considerable evidence[44] identifying the benefits of this model of care for mothers and babies that included positive personalised experiences, whilst in terms of clinical experience there was evidence of improved breastfeeding initiation and prevalence[45]. Together with other initiatives, such as The Rotherham NHS Foundation Trust's (TRFT) maternity and neonatal services working towards UNICEF Baby Friendly Initiative accreditation, breastfeeding initiation rates have risen.

Fig 12: Rotherham's Annual Breastfeeding Initiation Rates -TRFT

Year	Breastfeeding initiation
2016-2017	58%
2017-2018	59%
2018-2019	67%
2019-2020	68%

In addition, Rotherham's maternity and 0-19 IPHNS have worked collaboratively to strengthen and widen access to the specialist breastfeeding clinics supporting mothers experiencing complex breastfeeding challenges. Furthermore, Local Maternity Systems (LMS) funding has been secured to sustain and improve the service.

Plans are in place to increase the breastfeeding peer support workers in order to improve the quality of the first breast feed and to get the breastfeeding journey off to a good start. In addition, paid community breastfeeding support workers are being considered. It is the intention to gain accreditation in the Baby Friendly Initiative within the next 12 to 18 months.

INTRODUCING SOLID FOODS

The World Health Organisation (WHO) advises the introduction of food other than breast milk from six months of age. Evidence on how to introduce solid foods, such as rate, types of food to introduce, self-feeding versus spoon feeding, is not conclusive. What is clear is that it is a crucial time in a child's early life, marking the beginning of another phase of rapid change, and one that is likely to be associated with the development of food preferences and eating behaviours that might extend into later childhood and even into adolescence and adulthood.

Introducing solid foods is a crucial time in an infant's life, and it can be associated with the development of food preferences, eating behaviours and body weight in childhood and beyond. There is some tentative evidence, for example, that fussy eaters are more likely to be infants who received non-milk foods before the age of four months, but the science and guidance is still developing.

The fact that the science is not settled adds weight to the need for healthcare professionals and others in professional support roles to keep their knowledge up to date, and to keep up our understanding of practices in Rotherham, through good monitoring and recording methods.

The NHS website sets out appropriate advice at **www.nhs.uk/conditions/pregnancy-and-baby/solid-foods-weaning/**

MENTAL HEALTH

As many as one in five women develop a mental health problem during pregnancy or in the first year after their baby is born. Maternal mental health is a major public health issue and one that is now being made a national priority, and specialist perinatal community services are being rolled out across England, including a new service for Rotherham, Doncaster and Sheffield.

Maternal depression is shown to be a risk factor for the emotional and cognitive development of the child[46]. Less attention has been given to the effects on the child arising from maternal anxiety, but a recent systematic review has found that both prenatal and postnatal anxiety can have a small adverse effect on emotional outcomes for the child[47].

OPPORTUNITIES

Two years is a key age for both the Early Years Foundation Stage (EYFS) and for the Healthy Child Programme. There is an opportunity to improve our understanding of the health and development of the Rotherham population at the end of the 1001 days, and how this information is shared, to enable our frontline professionals to work in the most integrated and family-centred way as possible.

The Ages and Stages Questionnaire (ASQ3) is a key tool used to collect information about our children at the end of the 1001 days. It collects information about levels of development in communication skills, gross motor skills, fine motor skills, problem-solving skills, and personal-social skills. We have an opportunity in Rotherham to improve the recording of this key measure, and to become better informed as a result about our children's development and respond accordingly.

Recording the weight and percentile position of each child at the two to two-and-a-half-year review would also provide an invaluable benchmark and ongoing piece of information. It may well be that by the time the National Child Measurement Programme (NCMP) programme measures weight, early nutritional programming has already taken place, and it is more difficult to bring about sustainable behaviour change.

Rotherham's low breastfeeding rates are an obvious incentive for change, and a real opportunity to address a key health inequality. The benefits of breastfeeding to both child and mother may go beyond nutrition and include attachment, immunity protection and protection from long term conditions and diseases, including some forms of cancer.

Rotherham's Early Help Children's Centres and 0-19 IPHNS represent a key vehicle for addressing inequality, provided they reach those families with the most need and are effective in influencing the home learning environment and the parents' skills for being the primary educators for the period of their child's greatest brain development.

SUMMARY AND RECOMMENDATIONS

The 'First 1001 Days' offer a unique opportunity to influence future health states of the Rotherham population. It is a phase of extremely rapid development, which can set the pattern for the rest of a person's life, even setting up their likelihood of being predisposed to chronic disease.

Investing at this stage of life should bring huge social benefits and considerable savings in the long term. The effects of any investment may still be apparent in future generations.

The influences on the first 1001 days range from the social, economic and environmental conditions into which people are born, to the lifestyle choices and nurturing and educational styles of parents, and there is a link between all of these.

When considering the first 1001 days inevitably we are discussing a critical point at which two generations intersect, and how the health behaviours of one influence the other. There is growing evidence, however, that the influences from the mother's own first 1001 days (and indeed the father's) may be passed on, which offers an opportunity for benefits to be multiplied across generations.

At the life course level, there are distinct phases of development and influence, from conception and pregnancy to newborn life and into infancy and toddlerhood. There are even influences that precede the conception with respect to the preparedness for parenthood with respect to health behaviours and planning for pregnancy.

At the individual level, the lifestyle and health behaviour choices of both parents are important for the health of their child, and both should be supported to make good choices. It is important to avoid the assumption that it is only the mother's health and lifestyle that is relevant. A father who smokes, for example, increases the risk of adverse health conditions in their children.

The theory of the foetal origin of adult disease largely describes nutrition as the key consideration, and this is reflected in one of the key recommendations of the report. There has been much success in reducing smoking across our population in recent decades, but rates in Rotherham are still comparatively high, and we now know that there can be impacts on the unborn child from maternal smoking (and passive smoking from the father) during pregnancy, so this should be a key focus to give all our children a fair start to life. Once a child is born, brain development is rapid, and in the first two years of life when the parents are the primary educators, there is an opportunity for targeted support from services to improve the skills of the parents, especially those in the most economically disadvantaged circumstances.

KEY RECOMMENDATIONS

There are many opportunities to influence the conditions that influence the health of the population during this critical life phase, and not all of them are covered in this report. Key pragmatic recommendations are picked out below that cover the key phases of the first 1001 days.

RECOMMENDATIONS

In Rotherham we will develop, jointly with all stakeholders and partners, a clear and ambitious plan to improve support for children, parents and families in the first 1001 days; key actions are outlined below.

Smoking in Pregnancy	Continue partnership working between Public Health, TRFT, CCG and ICS to reduce the prevalence of women smoking at time of delivery to 16 % or less by end of 2022.
Diet and Nutrition	Develop a local 'Healthy Weight for All' Plan to promote healthy weight and reduce obesity across all ages, by all NHS partners and Council.
	Adopt the Local Authority Declaration on Healthy Weight to create healthy environments for local people.
Physical Activity	Develop local plan by the Rotherham Activity Partnership (RAP) to encourage the population of Rotherham to be more engaged in physical activity.
	NHS partners to promote physical activity within clinical services.
Breast Feeding	Increase breastfeeding prevalence at 6-8 weeks, with the continued partnership working with Public Health, TRFT, CCG and ICS outlined in the report and offering the necessary support.
ASQ-3	TRFT to increase the proportion of children aged 2 to 2.5 years receiving Ages and Stages Questionnaires - 3 (ASQ) as part of the Healthy Child Programme or integrated review.
Air Pollution	Cross Council working to continue taking actions to address areas of high concentration of NO2 e.g. through measures to restrict traffic speeds.
Get Healthy Rotherham (GHR) Public Health Commissioned Service	GHR will continue to support the 1001 days agenda.
	Weight management support offer in partnership with Slimming World.
	Quit smoking service, for non-pregnant women.
	Provide brief interventions to individuals identified as having high levels of alcohol consumption.

PROGRESS FROM 2018 ANNUAL REPORT RECOMMENDATIONS

Last year's annual report hoped to inspire the people of Rotherham, Councillors, Council colleagues and partner organisations to:

- Consider 'health and wellbeing' in the wider context of being influenced by everything around us.
- Seek first to understand what is 'strong' in our communities and what assets we can build on together to support the health and wellbeing of our residents.

The table below highlights the progress made with the recommendations

What we will do	Progress
Lead the development of the re-launch of the Rotherham Joint Strategic Needs Assessment to give clearer insight into the interplay of the factors that influence health and better capturing the assets and strengths of our communities.	The newly refreshed **Joint Strategic Needs Assessment website** has been shared with partners across the Borough. It is based on the 'influencers on health' model to show the breadth of factors influencing health and to provide a comprehensive coverage of health and wellbeing data. The JSNA is developed and overseen by a multiagency steering group, chaired by a Public Health Consultant. Further work is planned with the voluntary sector to gather more 'community voice' to give context to the data.
All partners should continue to raise awareness of the '5 ways to wellbeing' and the issue of loneliness, such as through collaborative campaigns and Making Every Contact Count training and embedding into contracted service contract delivery. This will include safe talk and mental first aid training for Rotherham staff groups, Councillors and voluntary sector community organisations and targeted suicide prevention training and work in South and Central wards, and a men's mental health football group.	The training to local employers through the BeWell@Work includes the Five Ways to Wellbeing messages. The Five Ways messages have been used by organisations to help people think about their own mental wellbeing and that of others through communications on social media and promotion of different events/activities. They have also been used to help everyone understand how we can work together to address loneliness. The first round of mental health and wellbeing grants to men's groups was launched in 2018. These groups led on work to tackle the issues which can cause men to be at risk of suicide. Many of the groups focused on tackling loneliness and all were encouraged to promote Five Ways to Wellbeing messages. Also, SafeTALK and Mental Health First Aid training has been undertaken. Suicide prevention training was delivered in the central wards to a range of frontline staff and community members. A men's football and mental health group was run by Rotherham Community Sports Trust; this combined football followed by different workshops on mental health topics for men.

What we will do	Progress
Public Health will support a programme of workforce development and training as part of the Thriving Neighbourhoods strategy, to improve skills and understanding around asset-based working.	Thriving Neighbourhoods recruited local sports workers to enhance sports participation in the community. The Joint Strategic Needs Assessment was presented at a Members' seminar which Neighbourhood officers also attended. A wider voluntary sector event also took place in order to promote the use of evidence and intelligence to support a localised approach to asset-based working. Training has been provided by Public Health for the Neighbourhoods team on Mental Health Awareness.
Partners should work together to enable the local community and voluntary sector to support the expansion of the offer of social prescribing as described in the NHS long term plan. This should build on the learning from the newly launched South area multi-agency group work and pilot work on loneliness. The role of voluntary sector organisations such as (REMA and Rotherfed) and Voluntary Action Rotherham and their volunteer centre **www.varotherham.org.uk/volunteering/** will be vital in supporting local community organisations and building their capacity and sustaining local based community activity.	Social prescribing is one of the priorities for the Primary Clinical Networks who have overseen the new employment of link workers who are managed by Voluntary Action Rotherham. The link workers are supporting the most vulnerable in Rotherham, and offer a holistic approach to a patient's needs, and when appropriate, signpost to services.
All partners to continue to support the 'Working Win' pilot to support those with mental or physical health conditions to remain in work or gain employment and consider sustainability of this approach.	The Working Win project was supported and promoted by all Rotherham partners. It was led by the Rotherham Local Integration Board. The Local Integration Board coordinated good working practices across all stakeholders. Just over 6,000 people across South Yorkshire were recruited as trial participants enabling the randomised control trial to be of significance. The national evaluation report is awaited which will determine the future of the programme. Sheffield City Region are involved in the continuation of the Working Win model as part of the Local Economic Plan. In Rotherham the people placed in control for the trial were 642 and treatment also 642 (1284 participants in total for Rotherham).

What we will do	Progress
All partners to encourage local workplaces to commit to improving the health and wellbeing of their staff through the Rotherham launch of the South Yorkshire BeWell@Work Award.	In order to support the BeWell@Work scheme, businesses have been offered training in the following areas: • Make Every Contact Count (362) • 5 Ways to Wellbeing (numbers unknown) • Alcohol Awareness (47) • Mental Health Awareness (50) • Sleep Awareness (10) • Health Champion Training (74) • Dementia Awareness (102) Figures in brackets show how many individuals have undertaken the training within the last 12 months. Currently engaged with 32 businesses who are either working towards accreditation or have been accredited in the past year, 15 of these are schools.
Public Health will work with a community arts organisation to create an interactive artwork at the Rotherham Show based on this report, stimulating more people to get involved in thinking about what keeps them healthy, happy and well.	Rotherham Open Arts Renaissance (ROAR) were commissioned to support Public Health in hosting a stall at the Rotherham Show as part of the Diversity Festival. Lots of families and residents came to the stall and discussed the wide range of things they do to keep healthy and considered other ways they could increase the ways they regularly incorporate the 'five ways to wellbeing' into their daily lives. 350 cards were completed and displayed over the weekend to describe some of the activities people do. The insight from this information will be shared through the Joint Strategic Needs Assessment website.

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Agenda Item 8

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	9 July 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Health Select Commission - Work Programme for 2020-21

1. Background

1.1 Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving.

1.2 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.

1.3 Addressing health inequalities that exist in the borough, through health and social care strategies and plans, and through looking at the wider determinants of health should be an overarching principle.

1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the HSC in the Council Constitution.

2. Key Issues

2.1 The work programme needs to address key policy and performance agendas, with a clear emphasis on adding value by leading to improved outcomes for the people of Rotherham. It should also be focused on issues that Scrutiny will be able to influence.

2.2 Following discussion at the meeting held on 4 June 2020, an updated work programme is included at Appendix 1 for Members to consider and approve. It reflects agenda items:

- prioritised by HSC for 2020-21
- on which HSC has requested progress reports for 2020-21 in order to scrutinise the impact of recent service or policy changes
- delegated from the Overview and Scrutiny Management Board for monitoring

2.3	Overall priorities for HSC this year include: • Covid-19 response and recovery • Adult Social Care – development and performance • Depression and Mental Health – all ages • Healthy Weight • Carers • Health Inequalities (underpins other work areas in addition to specific work in September regarding Marmot: Ten Years On)
2.4	The work programme for the rest of the year will take account of the response to and recovery from the Covid-19 pandemic, following the scrutiny of Care Homes in June. This will include not only the immediate response to the pandemic and any lessons learned across services and partners but also broader implications for services and for patients and service users. For example, the impact of any delays in transformational work; costs and budgets; and capacity to meet potential increased demand for services such as respiratory and mental health in the coming months. As many services are being delivered very differently at present as a result of the pandemic, it also presents an opportunity to reconsider how things might be done in the future, rather than an automatic resumption to former ways.
2.5	The Commission will continue to employ various approaches in its scrutiny work, including workshops, sub-groups and visits to supplement reports, presentations and quantitative information. Qualitative information in the form of customer/service user, carer and patient engagement, feedback and experience should also form an integral part of scrutiny.
3. Key Actions and Timelines	
3.1	The attached work programme is a comprehensive one for 2020-21 but there are additional items to be considered for potential inclusion, together with a number of unknowns in relation to timescales for the Quality Reports and for the work programme for the Joint Health Overview and Scrutiny Committee. These issues and any urgent matters which may arise would necessitate a review and reprioritisation of the work programme during the year.
3.2	Appendix 2 sets out the proposed membership for the Quality Subgroups for Rotherham NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust, based on last year's membership, for approval.
3.3	Members are requested to express an interest to be involved in the sub-group for Yorkshire Ambulance Service. This did not meet last year, although a broader discussion with HSC took place on a number of concerns raised with the Trust, which has prompted further work for 2020-21, in addition to the annual Quality Report.
3.4	HSC Members are also asked to confirm if they wish to be part of the sub-group to scrutinise Adult Social Care Outcomes Framework performance. Present membership of the latter is included in Appendix 2 for information.
4. Recommendations	
4.1	That the Health Select Commission approve the work programme for 2020-21 as set out in Appendix 1.
4.2	That the proposed membership for the Rotherham NHS Foundation Trust and

	Rotherham, Doncaster and South Humber NHS Foundation Trust quality sub-groups be confirmed, subject to any Membership changes agreed at Council on 22 July 2020.
4.3	That Members inform the Governance Advisor if they wish to be included in either of the remaining sub-groups for Yorkshire Ambulance Service and/or Adult Social Care Outcomes Framework.
4.4	To note that should any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

Appendix 1 **Health Select Commission Work Programme 2020-21**

Meeting Date	Agenda Item and Expectations
4 June 2020	**LA Declaration on Healthy Weight** - Opportunity for Health Select Commission to input ideas for stakeholders and potential actions to develop against the commitments in the declaration.
	Adults 65+ Nursing and Residential Care Homes – Quality Review (follows previous scrutiny work on this issue) - Progress with Development of Quality Strategy and work of Quality Board to drive up standards. - Additional content in light of Covid-19 pandemic - overview of health and social care system support for care homes - Identification of any further scrutiny work on care homes
	Initial Work Programme Items - For discussion and to agree key priorities for 2020-21
9 July 2020	**Director of Public Health Annual Report** - Focus on first 1001 days from conception to second birthday
	Work Programme 2020-21 - To agree final version and confirm sub-group membership
	Healthwatch - Introduction to new service and key issues
	Briefing - response to recommendations from scrutiny of Loneliness Plan and Suicide Prevention Plan To show where HSC has influenced the plans **(was scheduled for March and then deferred from June)**
	Briefing – information requested from previous scrutiny (deferred from June) For information to close off issues from 2019-20
16 July 2020	**Workshop - scrutiny of Covid-19 pandemic response and recovery**
10 Sept 2020	**Local Response to Marmot Review 10 Years On (Briefing paper already shared)** - Health inequalities and wider determinants of health - HWBB looking at this on 16 Sept so opportunity for HSC to feed in to inform this work
	Carers (identified by ASCOF performance sub-group) - HSC has expressed concerns regarding slow progress in developing carer offer - assurance on progress
	Adult Care and Public Health Update – Care Homes and Surveillance Data – Covid-19 - Follow up work from June
	Outcomes from workshop on Covid-19 to report back

Meeting Date	Agenda Item and Expectations
Sept/Oct	**Workshop – Adult mental health** - Explore issues arising from impact of Covid-19 on adult and older people's mental health and how these are being addressed - Depression - following consideration of initial data on prevalence of depression by ward/GP in 2019-20 HSC determined to look at this in more depth in 2020-21 to unpick the overall statistics - possible links with Covid-19 such as bereavement, financial pressures, impact of isolation
22 Oct 2020	**Ophthalmology at RCHC** - Assurance that transfer of outpatient services from Rotherham Hospital has proceeded as expected
	Respiratory Services - Update on final model - Ensuring effective new service, better cost effectiveness and more patients able to access it - as set out in initial plans - Opportunity to explore any post Covid-19 impact
	Transformation of Primary Care - GPs and Development of Primary Care Networks (PCNs) - Emerged from scrutiny of Integrated Place Plan – new ways of working for practices - Impact for patients of the new models - Opportunity to explore any post Covid-19 impact
	Outcomes from workshop on Adult Mental Health to report back (Or December meeting depending on timing)
Nov/Dec	**Quality Sub-group Rotherham Hospital (TRFT)** - Progress on Quality priorities (national and local) and implementation of Safe & Sound Framework - CQC action plan progress
	Quality Sub-group Rotherham Doncaster and South Humber (RDaSH) - Progress on Quality priorities (national and local) and Rotherham Safety Dashboard data
	Quality Sub-group Yorkshire Ambulance Service - HSC agreed further questions to raise with them despite response to queries submitted via CCG last year.
Nov/Dec	**Performance sub-group - Adult Social Care Outcomes Framework** - Year-end measures and benchmarking data enabling comparison with previous year's performance and with other LAs
10 Dec 2020	**Gambling** - examination of Public Health data on the impact of gambling on people's wellbeing (recommendation from pre-decision scrutiny at OSMB on Gambling Act 2005 - Statement of Licensing Policy)
	Mental Health Trailblazer in schools - Opportunity to check the difference the pilot is making for young people – outcomes - Potential for young people's feedback or case studies (anonymous)

Meeting Date	Agenda Item and Expectations
	Child and Adolescent Mental Health Services (CAMHS) update - Focus on mental health side rather than neurodevelopmental - Opportunity to probe into interface between CAMHS and trailblazer – pathways, referrals, outcomes, ensuring all levels of presenting need are met - Explore issues arising from impact of Covid-19 on Children and Young People's mental health as with adults
Jan 2021	***Space for sub-group if required for any issues that emerge***
4 Feb 2021	**Learning Disability Transformation** (was scheduled for March 2020) - Impact of work to date for people with learning disability and their families - Next phase
	LA Declaration on Healthy Weight - Follow up requested from June in light of changes to commitments
	Home Care and Support Services (referred from OSMB) - Assurance on service delivery after a year of the new contract being in place – outcomes, experience, impact
25 March 2021	**Autism Strategy and Pathway** - Further update requested to monitor progress on implementation - Results of the on-line diagnosis pilot with Healios to be reported back. - Past concerns have been long waiting times for assessment/diagnosis and provision of post-diagnostic support - Assurance that focus is on all ages
	Adult Care Update - Intermediate Care/Reablement (originally planned for September 2020) - Requested update a year on from implementation to monitor progress and assess impact - Assurance around workforce issues and the staffing profile and any difficulties in particular areas
March/ April	**Quality Sub-group Rotherham Hospital (TRFT)** ** Assumes working to usual timescales - Final draft quality report 2020-21 circulated for consideration and comment, including on local quality priorities 2021-22. - *Follow up action:* HSC to submit statement for inclusion in the published accounts.
	Quality Sub-group Rotherham Doncaster and South Humber (RDaSH) As above
	Quality Sub-group Yorkshire Ambulance Service As above

Reducing Inequalities ⟷ ***Voice and Influence*** ⟷ ***Holistic Approaches***

Other Issues for Consideration/Scheduling	
1	• **Adult Care, Housing and Public Health Market Position Statement** – scrutiny of issues in relation to mental health data for MPS and input into development of mental health pathway (recommendation from OSMB)
2	• **Drug and Alcohol Treatment and Recovery Service** - follow up on pathway developments for joint work with mental health, including inclusion of domestic abuse requested (could also have further monitoring report following previous spotlight, seeking assurance about meeting performance targets challenges of service exits and opportunity to look at outcome of CQC re-inspection)
3	• **Maternity Services** - some data due for March outstanding (possible wider update on meeting Better Births guidance and development of hosted network as part of Hospital Services Programme as Rotherham lead)
4	• **Rotherham Integrated Health and Social Care Place Plan** - refresh and reprioritisation will take place in light of Covid-19 - exception reporting as reports to Place Board/Health and Wellbeing Board - particular workstreams or priorities within plan will be covered such as community care, mental health, learning disability ,neurodevelopmental
5	• **Transition from Children's to Adult Services** - potential to revisit with joint work with ILSC again , links to other agenda items around social care/mental health etc.
6	• **HSC input into work of Joint Health Overview and Scrutiny Committee**
7	• **Quality Reports** – The Rotherham NHS Foundation Trust (TRFT) – Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) – Yorkshire Ambulance Service (YAS) * Due to Covid-19 Quality Reports for 2019-20 have been delayed, new timescales tbc together with any knock on impact on timescales for Quality Reports for 2020-21.

Appendix 2

Draft membership of NHS Quality and Performance Sub-groups

	RDaSH	**Rotherham Hospital**		**ASCOF Performance**
Chair	**Cllr Keenan**	**Cllr R Elliott**		**Cllr Keenan**
Members	Cllr Andrews	Cllr Albiston		Cllr Bird
	Cllr Ellis	Cllr Bird		Cllr R Elliott
	Cllr Jarvis	Cllr Cooksey		Cllr Jarvis
	Cllr Short	Cllr Keenan		Cllr Short
	Cllr John Turner	Cllr Vjestica		
	Cllr Walsh	Cllr Williams		

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	4 June 2020
	LEAD OFFICER:	Ruth Fletcher-Brown Public Health Specialist, ACH&PH 255867
	TITLE:	Follow up to scrutiny of Rotherham Loneliness Action Plan 2020 – 2022 and Rotherham Suicide Prevention and Self Harm Action Plan 2019 - 2021

1. Background

1.1 **Rotherham Loneliness Action Plan 2020 – 2022**

Loneliness is a priority within the Health and Wellbeing Board Strategy (Aim 4) and a priority within the refreshed Place Plan.

- In order to tackle loneliness and promote good social connections a response is required from individuals, communities, statutory partners, voluntary and community sector and local businesses.
- The draft action plan went to all partners of the Health and Wellbeing Board for consultation during January and February 2020.
- Final action plan went to the Health and Wellbeing Board (H&WbB) in March 2020.

1.2 **Rotherham Suicide Prevention and Self Harm Action Plan**

Rotherham takes suicide prevention seriously. Suicide Prevention is in the refreshed Place Plan and is part of Aim 2 of the Health and Wellbeing Board Strategy.

- Following the symposium on 6th June 2019, with input from Professor Nav Kapur, Head of Research at the Centre for Suicide Prevention at Manchester University, the Rotherham action plan was refreshed.
- The refreshed plan went to the H&WbB in November 2019 for approval.

1.3 This paper provides a response to the feedback and recommendations made when the Health Select Commission (HSC) scrutinised the two plans.

2. Key Issues

2.1 **Rotherham Loneliness Action Plan 2020 – 2022** (discussed at HSC in February 2020)

1 Referencing of research sources needed to be clearer.

The action plan has been updated following the period of consultation and incorporated feedback.

2 Ensure a link to Carers Strategy.

The action plan will link to other supporting strategies and action plans, for example, Thriving Neighbourhoods, Rotherham Carers Strategy and the Rotherham Suicide Prevention and Self Harm action plan.

3 Report back on progress with detailed examples (to link into agreed reporting)

Annual updates on progress will be to the H&WbB.

4 Better links to schools – including Trailblazer

Partners implementing the action plan will look to work with schools in Rotherham to address loneliness amongst young people.

2.2 **Rotherham Suicide Prevention and Self Harm Action Plan 2019 – 2021** (discussed by HSC in October 2019)

1 To consider presenting the information about the local picture (pages 8 and 9 of the draft plan) in a different way so it was clearer, as it was hard to understand fully.

The action plan was updated following a period of consultation and incorporated the feedback.

2 To ensure all foster carers and social workers have information and contact details for mental health services.

Partner organisations working on the implementation of the action plan will look to ensure that information on support and services continues to be provided to attendees on suicide prevention training, through the Be the One website and accompanying resources, this includes foster carers.

3 For foster carers to be considered as a potential cohort for youth mental health first aid training and other relevant training due to the mental health needs of many young people who were fostered.

Training information is promoted across Children and Young People's Service (CYPS) including practitioners who work with foster carers. Self-Harm awareness sessions are being promoted to carers and parents. Further funding may be secured for mental health and suicide prevention training in the new financial year. Future courses will be promoted to foster carers.

4 For letters from RMBC in relation to finances/debt to include the phone number of counselling services, near the top of the letter not at the bottom.

In Revenues, Benefits and Payments**,** contact details for the Citizens Advice Bureau, National Debt Line and Step Change are included on debt letters and another contact detail could be added. However, these details are on the back of each letter, referred to on the front, and to move these onto the front would be difficult for many of their letters. Housing were happy to look at the letter template but did include information for multiple support agencies on the letter.

	5 To check that autism was being addressed both strategically and within staff training. Suicide prevention and self-harm awareness training sessions are promoted to Learning Disability services. Discussions are taking place to see if a trainer from Learning Disability can attend Cohort 2 of the Train the Trainer self- harm awareness course. The autism strategy action plan makes the following commitments: - Under Promoting Healthy Lifestyles for children and young people with autism - commitment that Rotherham's suicide prevention programme includes autistic people by June 2022. - Under Living Well: To raise awareness of the risk of suicide for autistic people through the campaign 'Be the One'. *6 Train the trainer training/awareness raising should include a focus on Lesbian, Gay. Bisexual and Trans (LGB&T) people as a specific cohort.* The Youth Mental Health First Aid covers vulnerable groups including LGBT young people. Links to helpful websites are included on the Be the One website.
3. Key Actions and Timelines	
3.1	Annual updates will be given to the Health and Wellbeing Board on the implementation of the Rotherham Suicide Prevention and Self Harm Action Plan and the Rotherham Loneliness Action Plan.
3.2	Issues are escalated as and when required to the Mental Health and Learning Disability Transformation Group, which reports to the Place Board.
4. Recommendations	
4.1	Health Select Commission to note progress with recommendations made previously on the Rotherham Suicide Prevention and Self Harm Action Plan and the Rotherham Loneliness Action Plan.

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	4 June 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Information for Health Select Commission from previous scrutiny

1. Background

1.1 During the last few months the Health Select Commission made various requests for information or suggested ideas for service improvements. This paper brings updates on these issues together in one document.

2. Key Issues

2.1 **Maternity Services**

Statistics were requested in relation to breastfeeding and smoking cessation in pregnancy and provided by Public Health. Data for the most recent full year and for the most recent quarter with quarterly data available is shown below. The England average is included for comparison.

1. Baby's first feed breastmilk – Rotherham 2018/19 = 59.6% (England 67.4%)

   (Data on breastfeeding at delivery/breastfeeding initiation is no longer available. This has been replaced with 'Baby's first feed as breastmilk')
   Source: Maternity Services Dataset (MSDS), NHS Digital.

2. Breastfeeding at 6-8 weeks – Rotherham 2017/18** = 30.4% (England 43.1%)

   (2018/19 data not published due to not meeting data quality requirement of 95% of infants where breastfeeding status is recorded – Rotherham 2018/19 = 93.8% recorded)

   Latest published data - Quarter 2 2019/20 (experimental data) = 31.2% (England 48.1%)

   (Based on aggregate figure of those local authorities passing stage 1 validation [around half])
   Source: Public Health England

3. Smoking status at time of delivery – Rotherham 2018/19 = 17.9% (England 10.6%)

   Latest published data – Quarter 3 2019/20 (provisional) = 15.8% (England 10.5%)

4. Women known to be smokers at time of delivery - Rotherham 2018/19 = 445

   Source: Calculated by Public Health England from Smoking Status at Time of Delivery Return, NHS Digital

2.2 **Drug and Alcohol Treatment and Recovery Services**

Members had explored the inclusion of domestic abuse within the joint mental health/substance misuse pathway given the links between the three issues. The resulting recommendation was:

To be updated on pathway developments to include wider issues such as domestic abuse.

At present no further update as the mental health pathway was in the process of being reviewed when the pandemic broke and has not really been able to progress.

2.3 **Primary Care**

At the last update on Primary Care, as not all surgeries seemed to offer appointments at the hubs, Members suggested that surgeries could play a recorded message when people were holding on the phone alerting them to the option to go elsewhere.

It would be cost prohibitive for the company to do this and in addition they only cover 2/3 of practices, therefore the Clinical Commissioning Group (CCG) had asked all the practices to consider putting the message on themselves as it is free to do so. The CCG will remind the practices again.

2.4 **Respiratory consultation**

More detail was sought regarding the breakdown of responses as it was reported that 773 people accessed the survey but only 443 fully completed responses were received, giving a 57% completion rate.

It had proved difficult for the team to ascertain just how partially completed the surveys were due to how the information was saved. However, 57% was seen as a positive response rate as a 10-15% return is seen as good, generally. The more engaged with a subject someone is, the more likely they are to respond, so it was likely people with more severe respiratory conditions or those unhappy with current services responded. The following link provides more general information on survey responses: https://www.surveygizmo.com/resources/blog/survey-response-rates/

In terms of numbers – how many? how valid? and what is statistically significant? – this depends on the potential audience which is not known for definite. More information is available on: https://www.surveymonkey.com/curiosity/how-many-people-do-i-need-to-take-my-survey/ This shows that, for example, if your target population (i.e. those with respiratory problems) is 100,000, then a response rate of 1,100 would be statistically valid to a +/-3% error; with 400 responses, it would be valid to +/-5%. Once you get past 200-300 responses, regardless of your population size, it does not add that much to how solid the results are.

2.5 **Sexual Health Strategy**

Feedback from Scrutiny had been for the strategy group to consider developing a broader and SMART range of performance indicators to measure success (i.e. not only regarding infection control). Discussions have taken place about how the group needed more focus around prevention and how to broaden the focus from infection control. The next stage would be to look at some indicators to reflect this and start to have a change in format to the group. However, as most members of the group were now working on

	Covid-19 this has been suspended for the time being. No feedback to date on the School Effectiveness Service survey results regarding primary and secondary schools in relation to sex and relationship education. From scrutiny of budget saving proposals in 2018, HSC had sought assurance that there would be no detrimental impact from ceasing the Sunday service from April 2019. Rotherham was unique as the only area in Yorkshire and Humber to run a clinic on a Sunday. As all the services are running very differently currently it was impossible to see a direct impact of closing the Sunday clinic. However, verbal feedback from the service (before lockdown) showed they were seeing an increase in people using other, alternative clinics that they had put in place (in particular with MESMAC in the town centre) and that they had not received any complaints regarding the Sunday clinic.
2.6	**Suicide Prevention and Self Harm Plan** Although this is subject to a separate briefing, when the outcomes of the workshop session were reported back in January 2020 a further query was raised by Health Select regarding any potential correlation between unemployment or casual work and suicide and whether any thought had been given to training job centre staff to look out for signs. Officers confirmed that the Department of Work and Pensions did have a script about suicide since the introduction of universal credit but this would need to be looked at further. Conversations were taking place about future training delivery in the context of face-to-face training being unlikely for a while.
2.8	**Rotherham Integrated Health and Social Care Place Plan** The points raised by HSC were noted but no update yet.
2.7	**Social and Emotional Mental Health Strategy and Mental Health Trailblazer** No update yet on suggestions made by Health Select Commission.
3. Key Actions and Timelines	
3.1	Health Select Commission will be able to revisit any outstanding issues as appropriate during its work programme in 2020-2021.
4. Recommendations	
4.1	Health Select Commission to note the information contained in this briefing.