HEALTH SELECT COMMISSION
Thursday, 16th June, 2016

Present:- Councillor Sansome (in the Chair); Councillors Andrews, Brookes, Cusworth, Elliott, Ellis, Fenwick-Green, Ireland, Marles, Marriott and Williams.

Councillor Jarvis attended the meeting as an observer.

Apologies for absence:- Apologies were received from Councillors Albiston, Elliot and John Turner.

1. DECLARATIONS OF INTEREST

The following Declarations of Interest were made at the meeting:-

Councillor Andrews (non-pecuniary) – Mental Health Nurse working in the private sector

Councillor Cusworth (non-pecuniary) – Volunteer Teaching Assistant at Swinton Brookfield School

Councillor R. Elliott (non-pecuniary) – Volunteer at Rockingham J. and I. School

Councillor Marles (non-pecuniary) – relative works in Adult Social Care

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

3. COMMUNICATIONS

Children's Surgery and Anaesthesia Services and Hyper-Acute Stroke Services

The Chairman reported that at the Joint Health Overview and Health Scrutiny Committee (OSC) held in Sheffield on 23rd May, the Terms of Reference for the OSC were agreed. Members had received a presentation from NHS England on the outcomes of their pre-consultation work with the public and the communications and engagement plans for when the options were out for consultation from September.

There was a further meeting on 8th August when the OSC would receive detailed information on the possible options for both Services.

Resolved:- That the Commissioners Working Together Programme (CWTP) be included as a standard agenda item.

Improving Lives Select Commission
Due to the crossover in work between this Select Commission and Improving Lives, a standard agenda item of "updates" would be included on future agendas to enable feedback from the Members who sat on both Commissions (Councillors Albiston, Cusworth, J. Elliot and Marriott). The Improving Lives Select Commission had not met since the last meeting of this Commission.

4. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the previous meeting held on 14th April, 2016.

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

(2). That with regard to the Access to GPs Review:-

(a) that the action taken, with the majority of the actions either now completed or incorporated within the Interim GP Strategy, be noted;

(b) that a further update be received from the Clinical Commissioning Group in 2017 on the outcomes measures once the GP Strategy had had time to embed.

(3) That with regard to the Urinary Incontinence Review:-

(a) the response to the Review and progress to date be noted;

(b) that information be submitted regarding the training roll out and when the website had been completed so that the Review could be signed off as complete.

(4) That with regard to the draft Carers Strategy:-

(a) the monitoring of the implementation of the action plan be included in the work programme of this Select Commission;

(b) that the Select Commission have the opportunity to comment on the final draft including the action plan prior to sign off.

(5) That with regard to the CAMHS Review:-

(a) that a further progress report be submitted in 6 months;

(b) that the outcomes of the Voice and Influence Review be submitted to this Select Commission and the Youth Cabinet.

Arising from Minute No.9 (CAMHS Review), it was reported that the staff recruitment was due to be completed by the end of June. There would then be further work and consultation on developing the care pathways which would involve consultation with stakeholders.

Within the Public Health Annual Report there were sections on CAMHS going forward and emphasis for the future which required the restructuring to take place and, therefore, implications if it slowed down. It was important that the Select Commission were kept up-to-date with progress.

5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, and Anna Clack, Public Health Specialist, gave the following powerpoint presentation:-

Starting and Growing Well
Introduction/Background

- Independent annual report – statutory requirement
- Focus - pre-natal, childhood and young people's health
- Tackles key health issues
- Highlights areas to improve outcomes
- First report in a series planned to look at the life course

Aim

- To raise awareness and seek Directorate support to harness everyone's role in delivering a 'child centred Borough' by achieving the ambitions set out in the report

Children's Health in Rotherham

- Life expectancy at birth for a baby born in the 10 least deprived areas was 9.5 years longer than for a baby born in the most deprived areas
- Children in the most deprived areas were twice as likely to be disabled and more than twice as likely to live in a home where someone smoked
- http:/fingertips.phe.org.uk/profile/child-health:profies/data#pages/1/gid/1938132948/pat/6/E12000003/att/102/are/E08000018

Children's Voice

- We value the contribution of children and young people to our work and this report has been informed by a range of local consultations and surveys including:-
  The Rotherham Lifestyle Survey 2015
  Rotherham Post-16 Survey 2014
  Rotherham Youth Cabinet and Rotherham Youth Parliament Consultations

Key Recommendations

- 8 key recommendations that focus on
  - Integrated services and care pathways to maximise health outcomes
  - Partners working together to maximise opportunities for training
  - Improving mental health and wellbeing including timely access to Mental Health Services

- Tackling overweight and obesity
- Integrating the Health and Wellbeing Board and Children and Young People's Board
- Review the need for a poverty strategy

Our Ambition

- The report is a call to action for all stakeholders in Rotherham to share our knowledge, skills and expertise in a commitment to working in partnership to improve the health of our children and young people
- The report sets out ambitions to be achieved over the next year

Chapter 1 – Pregnancy, Birth and the Early Years

- Healthy Pregnancy – reducing the number of low birth weight babies (less than 2.5kg) and babies born pre-term (before 37 weeks)
- Maternal Nutrition and Vitamin D – enhancing the Healthy Start Scheme vitamin distribution to eligible mothers and children
- Smoking in Pregnancy – working with the CCG to mandate carbon monoxide screening for all pregnant women and to ensure access to specialist Stop Smoking support
- Alcohol in Pregnancy – a single consistent message 'no alcohol equals no risk'
- Sudden Infant Death Syndrome – development of Rotherham Joint Safe Sleeping Guidelines to reduce the risk of SIDS
- Breastfeeding – the Rotherham Foundation Trust achieving Stage 3 Unicef Baby Friendly Initiative by 2017

So What Factor?

- Smoking in pregnancy
- Working with the Rotherham CCG to mandate carbon monoxide testing for all pregnant women
  - The use of carbon monoxide testing at 36 weeks gestation provided a much more accurate picture of local rates of smoking during pregnancy
  - Having more accurate data would enable services to target interventions and tailor advice to reduce Venous Thromboembolism (VTE), still births and Sudden Unexpected Death in Infancy

Chapter 2 – Support for more vulnerable families

- Perinatal Mental Health – specialist perinatal mental health clinician and health visiting identification following a robust care pathway
- Domestic Abuse – commissioned services to have robust training, raising the issue/asking the question to be mandated as part of anti-natal care contracts, creating environments so people can disclose
- Teenage Pregnancy – ensuring teenage parents are registered and accessing children's centres (Early Help Support)
- Unintentional and Deliberate Injury – in-depth review and analysis of data and trends to target preventative advice, support and equipment

- Early Years and School Readiness – Early Years and Child Care Services work together to ensure the assessment completed by Health Visiting Teams and the 2 year old progress check were integrated

So What Factor

- Unintentional and Deliberate Injury
  - Early investigations looking at local trend data in 2014/15 showed:-
    A high number of accidental poisoning incidents among 0-4 year olds in Rotherham
    A concerning number of incidents involving contact with heat and hot substance among 0-4 year olds
    A significant proportion of children falling down stairs
- Rotherham Public Health are going to work with the Early Help Service and Health Visiting Teams to prioritise accident prevention and scope access to home safety equipment

Chapter 3 – Primary School Years

- Nutrition (food and drink) – reducing sugar
- Overweight and obesity – development of a Healthy Weight Action Plan
- Physical activity – increasing participation for young people aged over 5 through partnership initiatives and the Rotherham Get Active campaign
- Oral Health – Health practitioners and frontline staff promoting fluoride varnish and dental attendance
- Immunisation – to ensure the benefits of the HPV vaccine were communicated and to ensure a high uptake

So What Factor?

- Overweight and obesity
  - Development of a Healthy Weight Action Plan would ensure:-
    A whole system approach making being a healthy weight 'everyone's' business
    All services fully engaging with the healthy weight agenda
    Cross cutting priority delivery interventions including more walking to school initiatives, accessible green space and reducing the number of takeaways around Rotherham schools

Chapter 4 – Secondary School Years

- Emotional Health and Wellbeing – development of a workforce development strategy and partners to support Rotherham Youth Cabinet to address mental and emotional health and wellbeing
- Self-Harm – Rotherham self-harm guidance to be distributed and in use in schools, colleges, health centres and youth centres and training to be provided to frontline staff
- Health related behaviours: Tobacco – Rotherham schools to review smokefree policies to ensure they were in line with current Legislation

- Health-related Behaviours: Drugs and alcohol – every school and college to provide consistent substance misuse education that promotes resilience. Improving intelligence from young people and frontline agencies on emerging drug trends
- Health-related Behaviours – Sexual Health – Head Teachers and School Governing Bodies to fully support a 'gold standard' delivery of sexual health initiatives and education in schools. Review Sexual Health Service provision across Rotherham

So What Factor?

- Sexual Health
- 'Gold standard' sexual health initiatives in Schools
  Create opportunities for young people to learn how to identify and be part of a 'healthy' relationship(s). They should also be more aware of what constitutes good sexual health and have increased knowledge about contraception and sexually transmitted infections (STI) testing
- Review of Sexual Health Services
  Better and more efficient access to services for our young people. Opening times to better fit when young people want to use the clinics and making sure they were east to get to

Chapter 5 – Late Adolescence

- Employment and Training – partners to strengthen the universal offer to support children and young people at transitions. Information sharing with partners and Job Centre Plus must by more systematic
- Road Safety – continued rolling introduction of 20 mph zones across Rotherham and the Crucial Crew programme to be delivered to all Key Stage 2 children across Rotherham
- Suicide – implementation of the actions in the Rotherham Suicide Prevention and Self-Harm Action Plan. Suicide prevention training will form part of the emerging Workforce Development Strategy

So What Factor?

- Suicide
  Rotherham Suicide and Self-Ham Action Plan – The Rotherham Suicide and Self Harm Community Response Plan (2015) provided a co-ordinated approach to postvention support
- Suicide prevention training as part of Workforce Development Strategy
  Staff felt better equipped to support young people who may be in distress and/or expressing thoughts of suicide
  Children and young people received timely and appropriate support when bereaved by suicide or sudden death
- Social market campaign
  Comprehensive and reliable information on a variety of mental/emotional health topics including self-help guidance for young people, parents/carers and practitioners (My Mind Matters)

Chapter 6 – Cross cutting projects/transformation

- Child and Adolescent Mental Health Services - Schools taking part in a 'whole school' pilot approach to emotional health and wellbeing and mental health to share their learning with their school cluster group. Further CAMHS Transformation funding to have a strong focus on early intervention and prevention
- Special Educational Needs and Disabilities - The development of a joint SEND Education, Health and Social Care Assessment Hub

So What Factor?

- Public Health were supporting the Child and Adolescent Mental Health Services (CAMHS) Transformation and were leading the area of work relating to early intervention and prevention and workforce development
- The 'whole School' project to improve the emotional wellbeing and mental health of children
  Improve resilience, took a holistic approach to welfare and enabled children and young people to manage their emotional wellbeing and mental health in order to allow them to learn, develop and fulfil their potential

Update on the 2014 Director of Public Health Annual Report

- A full breakdown on the achievement following last year's Director of Public Health Annual Report were included at the back of the report including:-
  The published 2015 Health and Wellbeing Strategy
  The continued commissioning of NHS Health Checks

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

- How was Public Health engaging with schools? The Authority should be proactive with the schools that had indicated they were to transfer to academies and discussing with the Governing Bodies
  Engaging schools in a systematic way was extremely challenging. Meetings had taken place with Early Help and with CYPS Directorate Leadership Team as to how to engage further with schools. Work was taking place through the Healthy Schools Lead. Health issues could be explored at the CYP Partnership (which had Head Teachers' representatives) and at Head Teachers meetings. There were some great relationships and examples of good practice drawn from other areas and within the Borough but creating consistency was challenging

  A discussion was also to take place with the Strategic Director about the 0-19's and how to move forward with a systematic approach between Public Health/CYPS/schools. It may be the Elected Members who were School Governors could influence their Governing Bodies to understand the schools' role in health improvement with the community they served.

- Was Public Health able to access the information contained within the schools?
  Public Health attended meetings within schools for a range of issues some of which were discussed in the annual report. In the past the local level data has been provided to schools on the key health issues and interventions that schools could engage with or put in place to contribute to improved health outcomes. Specific data either came from local data that was submitted to Public Health or national data

  The national Public Health Outcomes Framework (PHOF) provided health data relating to specific health targets/measures. This data could be used and analysed to provide schools with an overview of the health issues related to their communities. Local data also came from GPs/Health Visiting/Midwifery/School Nurse records and the Lifestyle Survey

Chapter 1

- Do we know the impact E-smoking has to babies in pregnancy?
  This was an area being researched and further evidence was emerging all the time. Many people were using e-cigarettes as a safer alternative to smoking yet little was known about how safe e-cigarettes were

- It states that the number of deaths from SIDS had increased from 2012/13. What had the figure gone up to?
  The number of deaths were small and prone to fluctuation (five or six cases p.a.) so an increase by one or two cases meant a large percentage change. What had been noticed was that when there had been safer sleep interventions and a training programme for frontline staff, the number of deaths reduced in the following year. However, over time those interventions and messages got lost and the death rates appeared to increase again. The plan was to provide a rolling programme of sleep safe training to Health, Social Care, Early Help Teams. It was hoped to also offer awareness sessions to other key frontline services including South Yorkshire Police, South Yorkshire Fire and Rescue to ensure a consistent message was given to families across the Borough.

  The Child Death Overview Panel reviewed all child deaths in the Borough and part of the SIDs and safe sleep work was a key action plan to roll out and ensure the message remained on people's radar. It was not just a case of doing a paper assessment but for agencies to go into the homes and see where people put babies to sleep to ensure a full assessment. It was quite a simple but important and effective checklist. It was key to some of the work that would be carried out going forward

- There was a perception amongst health professionals of the increase of Vitamin D deficiency in Rotherham. How would the robust pathway be implemented when there was no data and why was there no data?
  Public Health used proxy measures from other areas such as Bradford who had received funding to carry out additional research and also from talking to health professionals. Additional blood tests could be carried out in order to obtain a baseline but the focus should be on increasing Vitamin D across the population rather than carrying out blood testing. Rotherham midwives would be proactive and talk about the importance of maternal vitamins, including Vitamin D. It was hoped to find ways of working more proactively with Children Centres particularly targeted work on maternal vitamin D on and promoting that at every opportunity. Midwives would be discussing it face-to-face with Mums

- Rotherham was significantly adrift from the national breastfeeding average statistics. What was Rotherham's approach to improve the situation?
  Rotherham had historically struggled to increase breastfeeding rates in line with national average as there was a prevalent bottle feeding culture. Areas that had improved their breastfeeding rates had adopted the Unicef Baby Friendly Initiative (BFI), a low level criteria, evidence based approach to make sure that everyone was skilled-up e.g. Health professionals to support women, and that women were aware and fully informed about the benefits of breastfeeding to make an informed choice. Rotherham had struggled adopting the initiative in the past. There was now a Community Breastfeeding Co-ordinator to deliver this agenda (available to all Community Health Nursing Teams and Children's Centres) as well as a Hospital Breastfeeding Co-ordinator. Rotherham did have a heavy bottle feeding culture and that had to be addressed by all partners. There was also Rotherham Breast Buddy Peer Support Service, a volunteer service that operated very effectively in Rotherham doing a significant amount of work in raising awareness of breastfeeding

- The Authority needed to be much more proactive and opportunistic of anything happening nationally with regard to breastfeeding
  There was a much more proactive approach between the Council and Health Communications Teams particularly when there were national campaigns

- Rotherham was to take the consistent approach of 'No Alcohol equals No Risk" message with regard to alcohol in pregnancy. Was there any evidence/arguments that you relied upon to make it the better advice you followed?
  It was felt that the safest message was to say 'no alcohol equals no risk' as some people were more susceptible to FASD than others and there was no way of testing or measuring the risk. From a foetal developmental point of view, it was much safer to advise no alcohol. Areas that had adopted this approach had found it much clearer for all

women to adopt this message rather than thinking they could have the odd drink. There were cases where just a small amount a week had resulted in harm.

- Was there any specific data in Rotherham on how the Authority compared with the national average with regard to Foetal Alcohol Syndrome Disorder (FASD)?
  FASD was very difficult to diagnose as like many syndromes and disorders there was a spectrum of severity from mild to more pronounced/severe and in some cases it was difficult to distinguish FASD from other conditions and disorders. FASD testing was a complex process

- What measures were required to make breastfeeding more acceptable in public places?
  Public Health had historically run some promotional campaigns about breastfeeding in public and there was a breastfeeding friendly award that a number of local businesses and cafes had signed up to. Women could find out via the Council's website all the public places that had signed up to the scheme. However, there was still work to be done, to be picked up through the Rotherham Breast Buddies Service

- Was there a clear definition of the situation with breastfeeding in areas of deprivation across the Borough and whether that coincided with health problems later in life?

  The PHOF could provide health profiles that identified the top key health issues that affected different areas in the Borough. Health profiles had been used in school catchment areas and Children's Centres. Equally the Public Health analyst could provide information based on the specific super output areas and areas of inequality across the Borough. These provided a guide to the main health concerns and could be shared with the Select Commission together with a number of websites that could provide very specific health data by area

  After the meeting further information was provided:
  We have not tracked locally to see if low levels of breastfeeding have impacted on health. However national data on the benefits of breastfeeding in the long term has a very strong evidence base. Breast feeding has many benefits for mother and baby. It is known that breastfeeding reduces the risk of some breast cancers and ovarian cancer. For baby it protects against SIDS, gastroenteritis, Type I and Type II diabetes and obesity.

Chapter 2

- What work has been done in the local area with regard to pornography and its damaging impact on young people and on their views of a sexual relationship?
  There had been a number of national campaigns and TV advertising that had raised this issue and provided advice and helplines. There had also been local school initiatives that had aimed to educate young people about healthy relationships as part of local school education provision around healthy relationships and sexual relationships. National data had been aggregated to the local population to give an idea of what the situation looks like locally. There were a number of organisations, including the NSPCC, that went into schools to educate on this issue as well as a local volunteer group

- With regard to domestic abuse within couples, did the prosecution have to be taken by the person who had been abused or could the Hospital/Police prosecute without their consent?
  A prosecution would be based on the evidence to the Crown Prosecution Service but it was possible that if Services had their suspicions it could potentially contribute to a decision whether to prosecute. There were occasions when the Police had sufficient evidence despite the fact that a woman did not feel confident to proceed with prosecution

- How can you encourage primary schools to deliver sexual education to Y5 and Y6 aged children?
  It was not mandated nationally that schools provide sexual and relationships education. It was a case of working with schools and the CYPS Service to persuade them of its importance. The influences that the Local Authority had over schools had changed. The desire would be for the Government to revisit the issue and make certain key areas mandatory that needed be covered. Currently some schools held a couple of awareness days a year which was probably not the most effective way of engaging with children young people

  Primary schools were still very good at their offer; obviously there were still inconsistencies across the Borough but a lot of that was with regard to training need and confidence of staff in getting the message across. Recently the issue had been put back to the Education Department stating that they needed to mandate this issue. The Personal Social and Health Education Union had submitted to say that this subject area needed to be mandated but it had been refused again and similarly for Sexual Relation and Health Education

  Video gaming was a huge problematic issue with regard to explicit content. Significant work had been undertaken by RMBC officers ~~on~~ working with parents and educating them on what was involved in the computer games as they were not aware of the sexual and violent content of the games. A fantastic video clip had been produced that really got the message over which was being promoted to

parents/families and community groups and school were embracing it as well

- What was the future of the Family Nursing programme in Rotherham? It was understood it was being decommissioned in Doncaster, Barnsley and Sheffield
  The 0-19 programme was out to tender at the moment. Rotherham had included the objectives of the Family Nurse Partnership within the tender but the tender did not tie in providers so that they had to buy the licence for the Family Nurse Partnership. The outcomes and learning were still included as requirements of the specification. This approach attempted to address the key advantages of the Partnership within the specification but to free the provider up, from the point of view of efficiencies, of not having to buy the licence. This was different to what other areas had done

- Do you think that would impact on the good results that it had been having?
  At this stage it was too early to say. It may provide an opportunity for bigger caseloads but may enable groups that perhaps did not meet the FNP threshold criteria. It could offer better support for a larger proportion of the population and it might mean freeing up Health staff from other Health teams to offer that level of support

- What work had been done to try and close the gaps between boys and girls in the development stages when leaving Foundation and going into Y1 and the children in receipt of free school meals and priorities to improve that?
  Feedback would be provided

Chapter 3

- Given the levels of deprivation within the Borough it was disappointing that there was not 100% take up of Free School Meals in Primary schools

- Children were allowed to choose what they ate for their School meal. Did any monitoring take place of the children's choices?
  The School Meals Service would be able to provide the information. The children did have a choice and often would choose the same meal as their friends.

  In terms of the take up of Free School Meals, there was a stigma attached to accessing them. In secondary schools it was less of a problem as they tended to operate a card system

- Was it not time cooking from scratch was introduced to secondary aged children?
  It was again a case of whether it was a mandated part of the curriculum. There were also issues for the schools regarding resources and space in schools with some not having a kitchen and

having the meals brought in. There had been a number of rolling skills interventions delivered across the Borough e.g. 'Let's Get Cooking' adopted by some schools. For the more vulnerable families, Family Support Workers had provided cooking skills support as part of their support interventions

- What was being done to improve uptake of Free School Meals especially at the universal level? Was there anything where people went into school and told the children about the nutritional value of food and to encourage them to make healthy choices?
  There was nothing universal but there were trainers in the Dietetics Service that conducted training for teaching and support staff in schools; to go out to all schools would be quite a challenge for any professional group so this work was mainly targeted. The Healthy Schools Service did have a resource pack for schools on healthy eating that could be delivered as part of the curriculum and there were resources that schools could access and that were promoted. It was acknowledged that there could be closer working with the School Meals Service

- There were some excellent examples of good practice. A local school promoted healthy eating and had a cooking club. They invited parents to school dinners. All the menus were sent home every week so parents could be involved with influencing choice
  Anston Greenlands had a "Let's get Cooking" programme and had received funding through this national initiative to deliver it. The funding had ended but the School had maintained the legacy. A number of schools offered taster days as quite often parents remembered schools meals from their own school days and assumed that they were still the same

- Sugar labelling was incredibly important. People's food habits had changed and people had less time. There was a national campaign to introduce really clear labelling. Could Rotherham get behind the national campaign?
  Across the Yorkshire and Humber region this was something that was being looked at as a partnership and having local action plans to address this very specific issue

  The Public Health Responsibility Deal – the Government had decided to make this voluntary rather than statutory and something that Directors of Public Health were still pushing i.e. did some need to be made mandatory. Debate was still taking place within Central Government and on the agenda when discussions were held with Ministers

- Was there any information as to whether Academies met the national school food standards?
  The information included Academies as it related to who was providing the service for School Meals and generally many local

Academies had continued to choose the services provided by the Local Authority

- If a pizza restaurant closed would it be able to re-open as a fast food takeaway?
  This was considered by the Licensing Section. It was hoped to prevent further approvals but it was difficult

- Who was the Primary School/PE Officer?
  This was a new post with the postholder newly recruited. Details would be forwarded

- It was very sad to see the statistic of Rotherham being 10 times worse than the national average for its 5 year olds with regard to decay and missing fillings
  Recent figures showed an improved picture of a decrease from 44% to 28.9% for 2014/15 of children (aged under 5 years) with 1 or more decayed/missing teeth/filled teeth. This brought Rotherham more in line with the national average. The validity of the data was being investigated to ascertain why it was significantly different from previous years. It could be the fact that a lot of schools and Early Help providers (namely Children's Centres) had done significant work on sugars in food and drink with families. Also the Oral Health Team had done a significant amount of staff training and rolling out interventions such as tooth brushing clubs

  Public Health had a new Oral Health Strategy and the Service Specification for the Oral Health Team been refreshed. Due to capacity, work had had to be targeted and this had meant that the Service was not universally promoted. Universal Health Services such as the Health Visiting Service had tooth brushing packs which were distributed as part of the early weaning contacts and parents were given a toothbrush and toothpaste suitable for their child's age

- Was there still a relationship with RUFC and the Rugby Club in terms of sport?
  There was a co-ordinated approach with the Rugby Club which had a range of interventions and initiatives. The Rugby and Football Clubs had some really fantastic facilities and alternative education programmes

  Could the School Dentist be reintroduced?
  It would be quite difficult to do that on a local level. Families were encouraged to visit dentists with the onus upon them to access the services on the high street

Chapter 4

- The report stated that Rotherham was making good progress on the delivery of CAMHS Transformation Plan. When was it expected to see the waiting list reduce?
  Part of the review was to look at the whole provision i.e. from the universal offer provided by Health Visiting and School Nurses Services. There was a lot of work to do across the pathway to make sure children and young people are identified as early as possible to ensure support was put in place that was robust and effective. Waiting lists remained a concern and RDaSH CAMHS were working on this issue

- How many years of funding did the Theatre in Education initiative have?
  Potential funding pots would become available which the Service could access

  58% of young people were obtaining alcohol from family with their knowledge. Did that include the legal amounts of ½ lager with a meal?
  Feedback from families indicated that they would rather provide their children with alcohol (in some instances) to have influence over what and how much they were drinking. It would be a combination of whether children accessed it from family with consent and also inclusion of legal consumption at family meal times. The information was from the Lifestyle Survey so it was not unpicked to provide this level of detail. It was not thought the question of how much alcohol they obtained without parents' knowledge was asked within the Survey

Chapter 5

- There had been a number of suicides/attempted suicides in the Wickersley area. CAMHS had been found to be lacking and there was concern about the restructure and what it would deliver; when you had someone who was self-harming and suicidal a 3 week delay in accessing help was not acceptable. It was felt that the Select Commission should be kept updated/monitor progress

  After trying to talk to Rotherham School Heads about their response to suicide for approximately two years, Rotherham Public Health and Educational Psychology have run one training session informing them of Rotherham Suicide and Self Harm Community Response Plan, the support which was available and their responsibilities. Only one-third of schools attended the session in April and another session had been scheduled for September 2016

  The majority of people who died by suicide in Rotherham and nationally were middle aged men and a new programme was to commence shortly.

After the meeting further information was provided:
During the period 2011 to 2014 there were two deaths of young people to suicide in the Wickersley area and a serious suicide attempt as highlighted in 'An Independent Review of Actions Taken Following a Group of Suicide Events in Rotherham' 2015. Partners who worked together on this at the time had to do so in the absence of any national guidance. Local guidance was written at this time. This guidance document was called the Rotherham Suicide and Self Harm Community Response Plan

RDaSH CAMHS were involved in providing support. Those people interviewed for the Independent report felt that the response given by CAMHS and Social Workers at the time was excellent. However, there have been concerns generally about the waiting times for young people to be seen by RDaSH CAMHS

RDaSH CAMHS were now at the end of their re-organisation process and had had a recruitment drive with most staff now in post. The new structure had Locality Workers who would be responsible for a number of secondary and primary schools. They would be a point of contact for schools providing support and consultation

- Concerns were raised about self-harm. Did a Mental Health Nurse go into school very regularly to support the School Nurse? What assessments did they use and what treatments did they receive when they progressed forward for treatment?
  It would depend upon the individual case presented but it would be a combination of cognitive behavioural therapy and counselling. Young people through the CAMHS Services would have a designated Mental Health Worker who would provide key work and may support the School Nurse if a partnership approach was taken and agreed. School Nurses were generally there to support young people but to refer them on and support them while waiting for more specialised services

  It was important that communities, the public and all partners learned about early warning signs. There was Mental Health first aid training and youth mental health first aid training to train community lay members, Health staff as well and other stakeholders

- Did they look at family history and higher risk of suicide and mental health problems?
  Yes it was included in the assessment process. A pathway had been put in place, in the cases of someone who had been bereaved by suicide, there was a significant action partnership approach in place to ensure that person received ongoing monitoring

  It was also noted that with many people there were no advance signs that they were at risk of dying by suicide. It was important that young people and children were encouraged to express their feelings

Chapter 6
Written questions had been received from a Select Commission Member who had submitted their apologies. These would be forwarded to Terri Roche and Anna Clack and ensure that the answers be circulated.

Members made a number of suggestions, summarised below:

- Links with Area Assemblies, including on good practice
- Focus on outcome reporting not processes/actions
- Capitalise on national campaigns and TV advertisements to get key messages out locally, including in The Advertiser, and by tailoring materials to Rotherham e.g. re breastfeeding, impact of pornography
- Being more proactive with schools when they are first talking about becoming academies, getting in early to influence their governing bodies and maintaining an ongoing relationship once they had left LA control
- Checking what schools did to encourage students to make healthy choices for meals/challenge what they select
- Success stories from young people to share with their peers e.g. weight loss
- Share good practice from Anston Greenlands regarding school meals
- Food labelling for sugar and spoons of sugar – scope for a possible local initiative? (Members made the link to the oral health statistics)
- Focus on issues where Rotherham is significantly below national averages
- Raise awareness with targeted schools on available resources for oral health
- Try to achieve 100% take up of free school meals in primaries

Resolved:- (1) That the Select Commission note the report.

(2) That the Select Commission support the recommendations in the report and seek further feedback on the progress made in the detailed action plan.

(3) That a response be supplied to the outstanding issues raised at the meeting.

(4) That the Council lobby the Government regarding mandatory PHSE/sex and relationships education and seek to influence the South Yorkshire and Humber Directors of Public Health Forum to lobby the Government on these issues.

6. ADULT SOCIAL CARE - PROVISIONAL YEAR END PERFORMANCE REPORT FOR 2015/16

Nathan Atkinson, Assistant Director Strategic Commissioning, and Scott Clayton, Interim Performance and Quality Team Manager, presented the Adult Social Care provisional year end performance report for 2015/16.

It was important to note that 2015/16 had been a transitional year where the Directorate had been seeking to change the existing customer journey and business processes in order to improve the customer experience and deliver better personalised outcomes. The results over the performance areas included in the report to date had been positive showing improvements in many Indicator areas.

19 of the 22 ASCOF measures were showing improvement which included 100% (7 of 7) User Survey measure results. 50% (11 of 22) 2015/16 targets were being met including 71% (5 of 7) User Survey.

2015/16 was also the second year of the new national Short and Long Term (SALT) reporting annual return and the Council's initial draft year-end figures provided a useful first insight to Adult Social Care performance. However, they were subject to change following national ratification of local partner data (RDaSH Mental Health performance) and Health partner submissions.

Discussion ensued on the report and appendix. The following issues were raised/clarified:-

- There had been a lot of Senior Management change. What was your approach and how were you going to manage the basic performance during the change that was only half way through?
  It had been made clear that the programme of change had been set and any new appointment would have to follow that direction of travel. The strategic direction that had been set was very sound and a sensible approach. The development plan was an operational model so it was imperative that the 2 were brought together and ensure there was continued performance. The measures contained within the report were national measures and there was a mandatory requirement to provide that information which tended to focus on the basics of the business that could not be lost sight of

  The report compared last year's performance with the previous year's and showed that 86% of the measures had showed some improvement. Although some of the improvement was very small it was reflective of what the programme acknowledged in terms of change and the need to be able to sustain performance. Whilst showing improvement, only 50% had managed to hit their target. This would be fed into this year's target setting

- What is your top priority?
  The top priorities were the safety and quality of services for Rotherham residents. In terms of performance measures, the priority would be permanent admissions to residential care for people aged 18-64. There was a much higher number of people in residential settings in Rotherham than other parts of the country where there was more focus on supported living community/based setting. It was a big challenge for the Service to maintain the direction of travel contained within the Strategy to move people away from the very traditional model of provision which was not always appropriate for everybody

- What had been the main services which had seen an increase in requests and how had the increased demand been met?
  There was no information but it would be forwarded.

  However, it was indicative of what the Service area were saying. Historically there had been very high numbers of people contacting the Service and, once they went through into the assessment and referral process, had a support package and at that point became long term and stayed with the Service. It was the intention to change that and where possible signpost/direct clients to other ways of having their needs met so that less people were brought into long term services or alternatively, in terms of trying the short term maximisation of independence e.g. enabling, being more successful to turn support for those people around quickly and negate the Council having to put long term packages of support in to maintain their independence

- What where the issues around funding for Continuing Health Care (CHC) and was it not something that could be addressed through the Better Care Fund and pooled budgets for Adult Social Care and Health?
  Whilst there had been a higher number of admissions than in recent years, it was still relatively low. The target had been 18 and there had been 29 but analysis had identified that when clients' funding streams were reviewed, the CHC was not being continued 100%; once that funding arrangement dropped below 100% the Council had to pick up some of the funding arrangement. From the Indicator point of view that person may well have been in that permanent admission for some time and not necessarily at the point that the funding ceased but had to be counted as a new admission

  The Service was now trying to ensure attendance at the reviews and where possible, if the need was still there, trying to secure the continued funding and, therefore, averting the need for the Council to contribute to the support package

- The rankings gave relative positions but how wide was the gap percentage wise for some Indicators where Rotherham was lowly ranked and where it was ranked first? It would be helpful to see both ranking and percentage score for each local authority?

Some of the annual returns had only just been submitted so, whilst Rotherham's performance was known, the performance of the other South Yorkshire and Humber (or the national picture) was not known. The information would be published around October/November and at that time there would be the ability to compare if Rotherham's relatively improved performance was mirrored, keeping pace or falling behind. Once that data had been received a further report would be submitted

- How would the Services manage poor performance as they continued to undergo transformation and change? It was important to be able to identify where poor performance was and how quickly the Service was able to react to make sure the measures were put in place which improved performance as well as communicating to the people within that as to what it was doing?
  Key Performance Indicators should not be relied solely upon but around the more granular intelligence and the information that came out of discussions with the end users of the services/carers/families linking in with the staff. The voluntary sector had a role to play as well in raising issues and challenging the Service. In terms of the performance approach, there was a need to capture as much real time information as possible which gave a retrospective perspective

- On the scoreboard (1) Adult Social Care 18.8% ranked 13, (9) Mental Health Services and Employment 5.27% ranked 14, (12) Service users having enough social care as they would like 46% ranked 13, 26% of services who felt safe 66% ranked 15. Could a response be provided as to how they would improve and what measures would be put in place?
  A written response would be provided

- Concern regarding the method of collating the data and the consultation
  The ASCOF measures were set nationally. It was survey based that all 152 councils were mandated to undertake and technically stipulated how it would be undertaken. In terms of the Council's annual user surveys, they had shown an upswing in terms of satisfaction and overall improvement in those areas but the user perception was a snapshot of that moment in time and did suffer a swing of opinion from the time the survey was conducted

- The Commission would appreciate an overview of the performance measures and targets set for 2016/17
  The priority set for the year end report had been around the national measures but the Service also undertook the setting of 2016/17 targets. Once agreed by the Directorate Leadership Team they would form part of the regular reporting which would run alongside Q1 and national Indicators

- Do you concentrate on the level of complaints that come in or go to Stage 2 as an Indicator?
  Under the current structure, Complaints was a separate team and had its own annual report and regular reporting mechanisms so would not necessarily be included in the Adult Social Care performance report. These were reported to the Overview and Scrutiny Management Board.

Councillor Roche, Cabinet Member, reported that at the last Health and Wellbeing Board there had been a presentation of a national initiative "Sustainability and Transformation Plan". In this area it included South Yorkshire and Bassetlaw. The key aim of the national funding was to reduce hospital admissions. The Select Commission may wish to receive a presentation on the Plan at some point. The Board was very conscious that the Plan did not sufficiently talk about intervention and prevention. The more transformational the Plan was, the more money that could be drawn down. Now was the time for the Council to become involved in persuading partners to put that stress on prevention and intervention to reduce hospital admissions.

Resolved:- (1) That the provisional year end performance results be noted.

(2) That a further report be submitted showing final submitted results and benchmark comparisons against regional and national data.

(3) That a report be submitted on the local measures for the Select Commission's next meeting.

(4) That a response be supplied to the outstanding issues raised at the meeting.

7. MEMBERSHIP OF QUALITY ACCOUNT SUB-GROUPS

Janet Spurling, Scrutiny Officer, reported that, as happened last year, Sub-Groups, to include all Health Select Commission Members, would be established to consider the Quality Accounts for the three NHS Trusts – The Rotherham Foundation Trust, RDaSH and Yorkshire Ambulance Service.

The Chair will lead on TRFT and RDaSH and the Vice-Chair on YAS.

Resolved:- That the Scrutiny Officer circulate an initial draft ensuring a balance of newly elected and longer standing Members, and political and gender balance, across all 3 sub-groups.

8. MEMBERSHIP OF THE HEALTH, WELFARE AND SAFETY PANEL 2016/17

Resolved:- (1) That Councillor Sansome represent the Health Select Commission on the Health, Welfare and Safety Panel for the 2016/17 Municipal Year.

(2) That the appointment of a substitute representative be deferred.

9. RDASH ADULT AND OLDER PEOPLE'S MENTAL HEALTH TRANSFORMATION UPDATE.

The Select Commission noted a report setting out RDaSH's Rotherham Transformation update.

Janet Spurling, Scrutiny Officer, reported that the final decision would probably be made in July and discussions would take place with RDaSH to ascertain which model had been agreed.

10. TIER 4 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES COMMISSIONING.

The Select Commission noted a letter received from NHS England dated 3rd June, 2016, regarding Child and Adolescent Mental Health (CAMHS) Tier 4 Services in Yorkshire and Humber.

11. HEALTH AND WELLBEING BOARD MINUTES

The minutes of the Health and Wellbeing Board held on 13th January and 24th February, 2016, were noted.

12. HEALTHWATCH ROTHERHAM ISSUES

No issues had been raised.

13. DATE, TIME AND VENUE OF THE NEXT MEETING AND FUTURE DATES FOR AGREEMENT

Resolved: - That future meeting dates take place on: -

- 28th July, 2016
- 22nd September
- 27th October
- 1st December