

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

	<p>Covid-19 this has been suspended for the time being.</p> <p>No feedback to date on the School Effectiveness Service survey results regarding primary and secondary schools in relation to sex and relationship education.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>2.8 Rotherham Integrated Health and Social Care Place Plan The points raised by HSC were noted but no update yet.</p> <p>2.7 Social and Emotional Mental Health Strategy and Mental Health Trailblazer No update yet on suggestions made by Health Select Commission.</p>
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.