

BARNSELY METROPOLITAN BOROUGH COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

10th FEBRUARY 2015

20. **Present:** Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Clarke, Davies, M. Dyson, Franklin, Frost, Hayward, Johnson, Mathers, Mitchell, Morgan, Sim, Sixsmith, Spence and Unsworth together with co-opted members Pauline Gould and W.A. Haigh.

Apologies for absence were received from Ms K. Morritt in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

21. **Declarations of pecuniary and non-pecuniary interest**

Councillors G. Carr, Sixsmith, Wilson and Unsworth declared that they are members of the Corporate Parenting Panel.

22. **Smoking in Barnsley – 12 months on following the work of the Scrutiny Task and Finish Group (TFG).**

Julia Burrows, Director of Public Health, Helen Chambers, Health Protection Principal (Acting) , Carl Hickman, Public Health Principal, Helen Hickson, Public Health Intelligence Analyst, Simon Frow, Head of Regulatory Services, Anne Smith, Public Health Midwife, Rachel Foster, Community Services Manager and Cllr Margaret Bruff, People (Safeguarding) Spokesperson were welcomed to the meeting and invited to give an overview of Barnsley's performance in relation to reducing smoking prevalence in Barnsley, following up the work of the Reducing Health Inequalities TFG.

Helen Chambers gave an overview of work over the last twelve months. It was highlighted that smoking causes 20% of deaths in Barnsley, also that the government want to stop the promotion of tobacco, by introducing plain packaging; make tobacco less affordable; regulate tobacco products effectively; help smokers quit; reduce exposure to second-hand smoke; and use communications effectively.

It was noted that smoking related illnesses cost social care approximately £3.5 million. Adult smoking rates are falling and have been for many years. Children and young people rates are falling at a faster rate. However smoking rates have declined less rapidly among lower socio-economic groups. Children and Young People are heavily influenced by adult role models; by exposure to smoking both in the world around them, in films and in the media. Children are three times as likely to start smoking if their parents smoke. Cheap tobacco makes it easier for children to smoke. If they can't afford full price cigarettes; Illegal tobacco undermines the effectiveness of taxation on prevalence reduction.

Finally, it was highlighted that the Standardised (plain) cigarette packaging introduction in Australia is working well, both in terms of reducing uptake by Children and Young People and smokers not enjoying smoking as much as they did with the branded packs.

Members proceeded to ask the following questions:

- (i) In Copy C, Public Health (PH) has provided a good response to the TFG's recommendation 5 and working with other agencies. As a result of the strong links between smoking prevalence and lower socio-economic groups, there is a specific suggestion of working with the Credit Union however there is no mention of working with them in the PH response. Please can you advise of progress with this?

The Stop Smoking Service (SSS) have not yet tackled this. The service works with Sure Start etc. through Voluntary Action Barnsley, the Youth Service and Youth Offending Team. Job Centre Plus etc. Further work also needs to be done with Food Banks and we need to action working with the Credit Union.

- (ii) Are we using care pathway intervention to get the message out to GPs/Nurses to direct people to smoking cessation services?

SSSs link to all GP practices and have a contract to provide LES (Local Enhanced Service) workers, therefore, all GP Practice Nurses and members of the team know about pathways, for example for long term condition such as COPD and refer patients to relevant services.

- (iii) The document 'Smoking in Barnsley: Key Facts' shows data in a helpful format. Why can't we use this methodology across the country, particularly so we can compare Barnsley with other areas?

It was advised that the only data which can be compared with other areas is the national data taken from the Integrated Household Survey. It is based on a sample of around 250,000 adults in England aged 18 and over. For Barnsley the figures are based on around 1700 (1%) adults aged 18 and over. Locally we also gather data which is based on 95% of GP Practices' records which is much more robust in terms of providing us with information however, this cannot be compared nationally.

- (iv) Do you think smoking is being driven underground, for example people seem more likely to deny it now if they were surveyed?

It was suggested that there has always been an element of this but particularly now it is seen as 'less normal' to be a smoker. The data is a synthetic estimate however it is the best information we have to go on.

- (v) The reduction in young people smoking is evident in the data is positive however do we know why the number of girls smoking is twice as much as boys and what is being done in schools regarding this?

The group were informed that girls have always started smoking younger than boys. Girls go through puberty earlier and therefore take risks earlier than boys including smoking. As older smokers die from smoking related diseases, the tobacco industry needs to recruit young people to ensure continued revenue. Schools are a good place to start in trying to stop young people from smoking

however young people are heavily influenced by parental smoking, siblings and the media.

- (vi) The 'Qdos Creates' production on smoking focused on a child with asthma and smoking in pregnancy, could we use the production in primary school to target younger children to understand the impact rather than just in academies when it may be too late?

It was advised that when there was more funding available theatre pieces were produced specifically for schools. Those who are School Governors could suggest that funding is used in schools to run such productions or workshops e.g. through Pupil Premium funds and it can be used for the benefit of all children. 'Qdos Creates' are keen to work around smoking prevention in schools.

- (vii) Midwives use a 'Carbon Monoxide (CO) monitor' on pregnant women to assess if they have been smoking during pregnancy rather than just taking the maternal word for it which is a good scheme, can you advise how long this has been in place?

Members were informed that CO monitoring of pregnant women in Barnsley has been taking place now for around 7 years; however they are not done everywhere nationally. In Barnsley, when they use the CO monitor they explain the risks to the pregnant woman of smoking and what harm it can do not only to themselves but also to their unborn baby. This also enables them to check if there may be a faulty gas boiler etc. in the home.

- (viii) In reference to the responses on page 3 of copy C, have you implemented an agreement with e.g. pharmacies and GPs and has this been evaluated?

The SSS stated that there is an enhanced service in place through GPs and Pharmacies and also work with schools and the voluntary and community sectors. Where there are hard to reach groups we also use non-medical professionals to try and access these groups. Periodically, all of this work is reviewed.

It was advised that there is a big concern with regards to electronic cigarettes. A lot of people are now using electronic cigarettes rather than using patches or chewing gum to quit smoking. In localities where smoking prevalence is high but we are not having high numbers of people accessing quit services, we try and target these services to find out why.

- (ix) Can you advise where and when both the Health Trainer Service and SSS are available?

Members were informed that the SSS specifically provides smoking support whereas the Health Trainer Service is a more holistic approach. The SSS works closely with Health Trainers and has trained some of them to intermediate level. All services are accessible across the Borough, we will send out a list to Members of times and locations they are available. During pregnancy, there can sometimes be the offer of home visits or a place of choice to discuss smoking support so that childcare is not a barrier to accessing the service as a number of the women already have children.

- (x) The services for pregnant women sound very good, could we get young people to access this service prior to pregnancy?

The group were informed that using midwives time to work with young people would be a very expensive approach. Research has shown that SSS intervention is not as effective with young people as they are with adults.

(xi) Is there any data available on the long terms effects of using e-cigarettes?

The committee were informed that there has been an increase in the use of e-cigarettes. Minor studies have shown that there could be harm to user's lungs however anything you inhale into your lungs that you shouldn't may cause harm. However e-cigarettes are likely to be many times less harmful than tobacco products and don't contain the carcinogens that tobacco products do. They are not regulated currently so contents of e-cigarettes will vary.

(xii) Is it a problem that e-cigarettes are not regulated?

It will be better when they are regulated and more research is available. E-cigarettes should be seen as harm reduction as it is better than people smoking but e-cigs are still hard to give up. Use of nicotine patches and chewing gum is better but for some people these don't work. We would rather people weren't addicted to anything but it is better if we can get smokers to use something that is less harmful to them. It is hard for us to give advice when we don't know the facts in terms of e-cigarettes; also as they are not regulated we do not know the nicotine content of them.

(xiii) How much would it cost to pay for the 'Qdos Creates' production to perform in our local areas as we could fund this through our Ward Alliances?

It was explained to members that the 'Qdos Creates' performance would cost around £800 per session. The session includes a 15 minute performance, a workshop including a question/answer session. It would cost more if we were to hire a hall for them however all of our secondary schools have fantastic facilities to hold a performance like this. Information will be sent to members regarding holding the performance in their wards.

(xiv) Does giving people incentives not to smoke work e.g. shopping vouchers?

It was advised that currently there isn't strong evidence regarding incentives. It has been done in America but it was very expensive. We did pilot a scheme in Barnsley several years ago with pregnant women having shopping vouchers and a 'buddy' as support. We found it was the support of the 'buddy' and not the shopping vouchers which was the best intervention.

(xv) On page 7 of Copy C it references social marketing campaigns used in some of our secondary schools, is there an option for other schools to engage with this and how much would it cost?

The committee was advised that the offer went to all 12 secondary schools but only 6 engaged with the programme. We found some schools hard to engage with. We need to evaluate the pilot and if other schools are interested we can look at re-running the programme but this will be down to whether there is funding available.

- (iii) Do we really know what's going into e-cigs and carry out e.g. spot checks on them? We have spent a lot of time looking at illicit tobacco but do we need to be considering e-cigarettes?

It was highlighted that Trading Standards have done some work with regards to e-cigarettes. However, we have very little information regarding what actually goes into them and until we have legislation there's little action we can take. We are aware that e-cigarettes are being imported from abroad; as these are not made properly they can be extremely dangerous in terms of causing fires when charging them etc. We are awaiting further research and Trading Standards and Public Health will be working together to share information once this is available.

- (xvi) Paragraph 2.13 of Copy B highlights the new combined 'Be Well Barnsley' service, however notes that there is reduced finance. Please can you advise what the impact of this is likely to be?

The group was informed that there is a large budget reduction, [£700,000] with regards to the lifestyle services budget which is likely to result in the reach of the services being reduced. We are however looking at the service working differently under the new contract and we need to consider the recent changes e.g. increased use in e-cigarettes and downturn in national advertising with regards to smoking. We will also need to work closely with Area Councils to implement the new service. We recognise that an integrated lifestyle service is required as often e.g. those that smoke also tend to undertake other risky behaviours. The new service will work more holistically and support people with a range of lifestyle factors including weight management, increasing physical activity and emotional resilience. It was also highlighted that through an integrated service there is a risk of losing the specialism of some services e.g. the SSS.

The Chair thanked the witnesses for attending and recommended that everyone continues to support and promote the use of these services.

23. Corporate Parenting Panel (CPP) Annual Report

Rachel Dickinson, Executive Director for Children, Young People and Families, Mel John-Ross, Service Director, Social Care and Safeguarding, Michelle Whiting, Interim Head of children in Care and Cllr Margaret Bruff, Cabinet Spokesperson – People (Safeguarding) were welcomed to the meeting and were invited to give an overview of the Corporate Parenting Panel Annual Report.

Members proceeded to ask the following questions:

- (i) On page 9 of Copy E, it highlights that Ofsted noted there are a number of things we could do better, therefore what are we doing to respond to this?

It was advised that we are already doing better, but want to do better still. We were classed as 'inadequate', however after 23 months we have been re-assessed and are now classed as 'requires improvement'. The strength in our approach to making improvements is by Officers and Members working together. We have helped Members to be more familiar with the CPP and to better understand the papers and reports as previously not enough had been done to support them. We also need to ensure that the voices of children in care feed into the CPP.

- (ii) How have the recommendations of the Munro review as highlighted on page 1, paragraph 2.2 of Copy E been incorporated in our work?

The group was informed that one of our strengths has been our approach to improve. We have got a continuous improvement plan which is owned by our partners in our Children's Trust and on our Safeguarding Children's Board. This work should help to improve the outcomes for our children and we need to ensure we continue to improve our practice and the leadership of our practice.

- (iii) Do you feel that we have learnt sufficiently from our Ofsted report?

It was explained that the department have made a lot of progress since the inspection and are continuing to work hard to make further improvements within available resources. Staff are committed, open to learning and are challenging performance. The service has a rigorous process where performance is challenged on a weekly basis and where practice is reflected on and improved as a result. It was highlighted that turning an authority round from inadequate usually takes 3-5 years. We recognise that we have made good progress but still have further to go. Our service improvement framework has been held up as a good example of a tight and robust framework.

It is also important to note that all Members are Corporate Parents and are responsible for our Looked After Children (LAC). A lot of time has gone into developing training session for Members of the CPP and attendance at these has been good as we need to ensure that appropriate challenge of performance is being made.

- (iv) In what ways are we improving and how can Members help with this process?

It was advised that there has been a significant improvement in performance and we have also put on some development sessions for members to attend to help them understand more in terms of the data and to enable them to challenge this more. We also create a work programme so that it is easier for Members to review for topics covered as well as prepare for those that are planned. All these elements help members to exercise their 'pushy-parent' responsibilities on the CPP. The corporate performance report in relation to LAC also acts as a vehicle to monitor service performance.

As part of this Members also need to talk to our LAC so that they can understand service performance from their perspective. Tomorrow a meeting between the CPP, Children's Scrutiny and the Care4Us Council has been arranged to facilitate this.

- (v) We have created a scheme to ensure some of the Council's Apprenticeships are reserved specifically for LAC, do you think we have expanded this enough?

The group was informed that we had been applauded for this scheme by Ofsted. The difficulty we have is that often our LAC do not have the GCSE grades in order to go straight onto an apprenticeship, therefore we need to ensure they can access traineeships.

- (vi) It is good to hear that we are making progress, when should we expect to see our Ofsted rating as 'good' in all categories?

It was highlighted that we need to aim for this to be the case when Ofsted return in 2.5 years and continue to work hard to make improvements as the bar is rightly being raised all the time.

- (vii) We've got a number of LAC in placements outside the Borough and conversely a number of LAC from other areas in our Children's Homes, are we clear about these numbers and what is being done for these young people?

It was explained that there are 125 LAC placed in Barnsley from outside the borough which we act as Corporate Aunts/Uncles for. We are also informed if a private home is operating in the Borough. We are also usually informed by other Local Authorities if they place a child in our area but this is not in 100% of cases. Work is being done nationally to improve this and locally we keep an eye on our admissions systems and providers of children's homes to minimise the vulnerability of children.

- (viii) Ofsted undertake inspections of homes to give them licences to operate, do we have little control of this?

It was confirmed that Ofsted inspect and re-inspect homes and we have no control over this. However, we have a good relationship with providers and if we had concerns over them we would alert Ofsted.

- (ix) Is there a link between us seeing a decrease in the number of foster carers in Barnsley but an increase in the number of adopters and how successful is our recruitment?

The group was informed that the service has a robust recruitment plan and we have managed to recruit a number of foster carers and adopters. We have considered what works well e.g. radio adverts and open evenings in the Town Hall and have continued to run with these programs. We have also started using social media e.g. through local football clubs.

There has been a reduction in our number of foster carers as some have become adopters and others have taken out Guardianship Orders, however we've got significant numbers coming through the system.

- (x) How much focus is put on the retention of foster carers and not just recruitment, particularly as word of mouth is a good way of recruiting other foster carers?

The group were informed that foster carers who are already in our borough are very enthusiastic about the service we provide. However, we can't just rely on word of mouth to try and engage with people. We're also trying to encourage professional foster carers e.g. with a police/nursing background to deal with more challenging children and young people.

- (xi) As everyone is advertising for foster carers in the area should we not be expecting foster carers themselves to recruit at least 1 person per year?

It was highlighted that we do a lot of work to recruit foster carers and through word of mouth we know that our foster carers have promoted our services which have

resulted in people specifically choosing to foster in Barnsley. In order to retain carers we have revised our progression and allowance scheme which is now more fair and transparent and allows for career progression.

It is also important to hear the voice of our children in care as customers of our services as well as foster carers. We have enabled this through the CPP and by having a foster carer on our foster care board. This has meant that these opportunities to feed through information are routine rather than just ad-hoc at celebration evenings.

(xii) Are our processes effective in matching placements?

The group were informed that our assessment and approval processes for placements are significant and rigorous. We know that the matching process can take a long time and there are areas which we still need to speed up this process. We need to ensure we are providing good supportive care for our young people which is why the CPP is so important.

The Chair thanked the witnesses for their contributions and recommended that the CPP annual report is brought to Overview and Scrutiny on a yearly basis.

22. Minutes of the meeting held on 2nd December 2014

Minutes of the meeting held on 2nd December 2014 were approved as a true and accurate record.

ACTIONS:

- a) SSS to continue to make links with other services/agencies, in particular the Credit Union and Food Banks.
- b) Public Health to distribute a list of times and venues to access both the Health Trainer Service and SSS.
- c) Information to be provided to Members on the costs and how to arrange for the 'Qdos Creates' performance on smoking to be delivered in their localities.
- d) CPP Annual Report to be brought to Overview and Scrutiny on a yearly basis to provide a progress update and review of performance.