

HEALTH SELECT COMMISSION
12th July, 2012

Present:- Councillor Steele (in the Chair); Councillors Barron, Beaumont, Beck, Dalton, Goulty, Kaye, Middleton, Roche and Wootton, Victoria Farnsworth (Speak-Up) and Robert Parkin (Speak-Up).

Councillor Wyatt was in attendance at the invitation of the Chairman.

Apologies for absence were received from Councillors Burton, Hoddinott and Jim Richardson.

10. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

11. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

12. COMMUNICATIONS

(1) Kate Green, Policy Officer, reported that at a Joint Committee of Primary Care Trusts on 4th July, 2012, it had been approved that from 2014 the Children's Congenital Cardiac Service would be run from Newcastle, Liverpool, Bristol, Southampton and 2 in London; Leeds had not been included.

As a result of the decision, the Chair of the Regional Overview Scrutiny Committee had sent a letter to the Joint Committee expressing concern at the way the 4th July meeting had been managed administratively.

Any further developments would be reported to the Select Commission.

(2) The Chairman reported that the Select Commission had been requested to undertake a review of Council Residential Homes as a matter of urgency.

Resolved:- That Councillors Barron, Beaumont, Beck and Goulty and Robert Parkin form the Review Group.

13. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 31st May, 2012, were noted.

14. HEALTH AND WELLBEING BOARD

Councillor Wyatt, Cabinet Member for Health and Wellbeing, gave the following update:-

- Minutes of the Obesity Strategy Group were to be submitted to the Board in future
- It was hoped to hold a national Obesity conference in Rotherham in the New Year

15. JOINT HEALTH AND WELLBEING STRATEGY FOR ROTHERHAM

Councillor Wyatt, Cabinet Member for Health and Wellbeing, gave the following powerpoint presentation:-

What are Health and Wellbeing Strategies

- Sets the strategic priorities for collective action for the Health and Wellbeing Board to improve health and wellbeing of local people
- Based on intelligence from the Joint Strategic Needs Assessment and other local knowledge
- Supports Health and Wellbeing Boards to tackle the wider determinants of health and wellbeing – such as housing and education
- Enables commissioners to plan and commission integrated services that met the needs of their whole local community
- Service providers, commissioners and local voluntary and community organisations would all have an important role to play in identifying and acting upon local priorities

Why we need a Strategy

- Health inequalities in Rotherham worse than England average
- Deprivation higher than average and increasing
- Evidence showed bigger impact on health for those living in deprivation

What People Told Us

- Health Inequalities Summit 2011
- Comprehensive consultation with local people – they told us
- Families felt many challenges in their daily lives
- People felt trapped in poverty
- Young people had poor skills for life
- Culture of dependency had become the norm
- There were low aspirations across the Borough
- Many felt discriminated against, isolated and unsafe
- There was little common identity in Rotherham
- There was hugely untapped resources in using the skills of local people to help others

The Big Issues

- Joint Strategic Needs Assessment along with the outcomes of the summit had highlighted the 'Big Issues' that we would commit to tackle
- These were divided into 4 life stages:
 - Starting Well (age 0-3)
 - Developing Well (age 4-24)
 - Living and Working Well (25-64)
 - Ageing Well (age 65+)

What we did

- Engaged with a wide range of stakeholders
 - To agree the 5 'strategic' priorities
 - To agree the intended outcomes for each priority area
 - Consider appropriate actions needed to achieve the outcomes

Our Priorities

- Prevention and Early Intervention
- Aspirations and Expectations
- Dependence to Independence
- Healthy Lifestyles
- Long Term Conditions
- Poverty

How we will do it

- An agreed set of actions for the next 3 years that would bring about step changes to reduce health inequalities in Rotherham
- Lead professionals for each strategic priority to be accountable for delivering actions

What Next

- Strategy would be used to develop commissioning plans for all health and wellbeing partner agencies
- Performance Management Framework would be in place to ensure the Strategy succeeded
- Annual reviewing of the Strategy to ensure we stay on the right track
- Getting feedback on the Strategy; its priorities and actions, as part of a wider consultation exercise
- Responses would be sought through the website and a Voluntary Action Rotherham even on 24th July

Discussion ensued on the presentation with the following comments made:-

- Very difficult to change a person's habits - lifelong learning and life time engagement
- Real challenge in saying it was a 3 year Strategy. Behind every priority there would be action plans, ownership and other workstreams
- Young people were leaving school with qualifications but unable to find work
 - had to match training to need
- Life time Strategy
- The importance of housing should be stressed - involvement with the current Housing Strategy consultation
- High levels of depression and anxiety and stress related mental health issues
- Understood the need in Year One to co-ordinate a planned shift of resources from high dependency services to early intervention and prevention but there needed to be a back up plan to ensure that no-one was lost during the transition
- Discussion required on transport to get people to work
- The Strategy and the 11 Deprived Areas would work closely together
- Need to ensure the strategic partnerships and the issues were adopted in the document
- Year One would be changing the culture of services and then in Year Two see Community Champions

- Understanding of community assets was as much about people as well as services

Resolved:- (1) That the Joint Health and Wellbeing Strategy and the process by which it had been developed be noted.

(2) That the priorities and actions set out in the Strategy be supported.

(3) That a progress report be submitted in 12 months.

16. **AUTISTIC SPECTRUM DISORDER**

Stephen Mulligan, Principal Educational Psychologist, submitted a report on the work of the Autism Spectrum Conditions (ASC) Strategy Group.

The Strategy Group had defined its work into 4 broad areas of activity:-

- Services and provision around ASC
- Continued professional development
- Diagnosis and assessment procedures
- Involvement and parents/ child's voice and influence

The purpose of the work was to raise the attainment and improve lifelong experiences of children and young people with ASC. In order to do so effectively, children and families must be listened to and ensure their voice had influence on policy.

Recent work had highlighted a number of issues:-

- At the moment approximately 1:60 in the 0-19 age range had a diagnosis of ASC – well above the regional and national range (1,246 as at June, 2012)
- Rotherham families had said:-
Need to support families and children at home more
Schools not always well enough informed about ASC
Need to develop trust and confidence at times of educational transition
- Schools needed additional support to develop teaching skills and learning objectives
- All strategic developments relating to services for ASC children and families should be in greater partnership
- ASC Strategy Group had a clear remit and established terms of reference within the DfE response to the Green Paper
- Police of Children's Services and Adult Services relating to ASC should be closer aligned.

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

- Demand Avoidance - Presently this was not recognised in Rotherham but was in other communities e.g. Nottingham. There were some members of the local community who had been diagnosed with pathological Demand Avoidance (DA). This was when a young person, when asked to do any particular instruction, had a very quick escalating response and said no. It was very challenging behaviour. An issue for ASC was communication so interventions were by a number of communication pathways. In DA, intervention was by a more behavioural approach and understanding that was the challenge for parents and school leaders
- Person Centred Reviews - something that had been developing in Rotherham for the last 4 years very successfully - engaging with families and young people to ensure their outcomes were actually closely aligned to their needs. It had started with the Specialist Schools - Hilltop, Kelford and Newman, and then into other schools with children with learning difficulties. Training had been carried out with the Robert Ogden School to improve their services to the children of Rotherham
- Young people understanding their condition was a huge step in helping them function in society
- Parents said that schools were not always well informed about Special Educational Needs
- There were a large number of young people who were being supported in school without a need for a Statement of Special Educational Needs but had learning programmes, teaching assistants, good staff, families etc.

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

(2) That further work take place on:-

(a) closer alignment with health in an attempt to achieve increased compatibility with CYPS/Health records;

(b) work to review and monitor the Identification, Assessment and Intervention Plans relating to Autism Spectrum Condition (ASC);

(c) revisit the eligibility criteria for the Children's Disability Team and Adult Services.

(3) That the Review Group consist of Councillors Beaumont, Dalton, Kaye, Roche and Wootton.

17. ADULT CONGENITAL HEART DISEASE SERVICES REVIEW.

Kate Green, Policy and Scrutiny Officer, reported that the NHS had undertaken a national review of services for people with congenital heart disease. The report submitted outlined how the review had been undertaken and a proposed model for improving the way in which services were delivered.

The NHS was seeking feedback on the document and their proposed model by 27th July, 2012.

Next year the NHS would produce and publicise options for the way forward on which there would be a formal consultation process.

Resolved:- That any comments on the proposed model be forwarded to Kate Green and a response submitted in accordance with the 27th July, 2012, deadline.

18. DATE AND TIME OF FUTURE MEETING:-

Resolved:- That a further meeting be held on 13th September, 2012, commencing at 9.30 a.m. in the Rotherham Town Hall.