

Minutes of the meeting of Children and young people scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 16 April 2018 at 10.15 am

Present: Councillor CA Gandy (Chairman)
Councillor FM Norman (Vice-Chairman)

Councillors: Mr P Burbidge, ACR Chappell, Mrs A Fisher, Mr A James, MT McEvelly, A Seldon and SD Williams

Co-optees Mr P Burbidge, Mrs A Fisher, and Mr A James,

In attendance: Councillors EJ Swinglehurst (Cabinet Member)

Officers: C Baird, Director of Children's Wellbeing (DCW), - S Vickers, Interim Director for Adults and Wellbeing (IDAW), J Gorman, Commissioning Officer, Adults' Services, - C Jones, Strategic Business Intelligence Manager, L Knight, Head of Additional Needs (HAN), L Tyler, Adult Social Care Commissioning Manager (ASCCM), J Coleman - Democratic Services Manager and Statutory Scrutiny Officer

40. APOLOGIES FOR ABSENCE

Apologies were received from Councillors CR Butler and JF Johnson and from Mr P Sell.

The Chairman welcomed all in attendance including witnesses for the autism strategy.

The Chairman reported that Councillor Butler had recently been appointed to the Committee but had unfortunately been unable to attend on this occasion.

She thanked Councillor JA Hyde for her work on the committee.

41. NAMED SUBSTITUTES

Councillor SD Williams substituted for Councillor CR Butler.

42. DECLARATIONS OF INTEREST

None.

43. MINUTES

The Chairman reported a minor amendment to the minutes.

RESOLVED: That the minutes of the meeting held on 5 February 2018, as amended, be agreed as a correct record.

44. QUESTIONS FROM MEMBERS OF THE PUBLIC

A copy of the public question and answer is appended to the minutes.

45. QUESTIONS FROM MEMBERS OF THE COUNCIL

None.

46. AUTISM STRATEGY FOR HEREFORDSHIRE 2018-2021

The Committee was invited to preview the draft autism strategy before it was presented to the cabinet for approval, and asked to agree recommendations for consideration during the finalisation of the strategy.

The Chairman welcomed all in attendance including witnesses for the autism strategy.

The HAN gave a presentation, as included with the agenda papers. The ACCSM added that the strategy was in draft. Work was ongoing to develop support services in conjunction with the CCG.

The following witnesses were then invited to speak: Debbie Hobbs, Branch Chair, National Autistic Society – Herefordshire Branch, Nikki Pitt, Chair of the Herefordshire Autism Partnership Board and Jade Brooks, Deputy Director of Operations, Herefordshire Clinical Commissioning Group (CCG).

In summary they made the following principal observations:

Debbie Hobbs (DH)

She requested that the action plan be amended to contain 6 monthly outcomes over the three year life of the strategy to bring it in line with the national strategy. She also outlined the work of the branch and the aim to address the issues that were brought daily to their attention.

Nikki Pitt (NP)

She commented on behalf of the Board and also as a person on the autistic spectrum herself whose son also had autism. She outlined the work of the Board and highlighted the role it might play in relation to contributing to the delivery of the strategy and monitoring progress against the action plan, noting that some actions were the responsibility of the Board itself.

Jade Brooks (JB)

She reported that the CCG supported the strategy and the action plan and was mindful of the accountability to the Partnership Board. She commented that it was important

that the strategy was not seen simply as a diagnostic assessment process but rather that it involved ensuring a wider awareness of all staff and the general public of the health inequalities experienced by those with autism.

Adults and Wellbeing

The IDAW commented on the work being undertaken within the directorate that linked to the strategy. He remarked that there had been a change in approach to focus on need rather than diagnosis enabling teams to offer more effective support.

Discussion

In the committee's discussion the following principal points were made:

- It was suggested that that the action plan should include milestones to allow progress towards achieving outcomes to be effectively monitored to ensure that the action plan was on track. The ACCSM agreed that this would be a sound approach.
- In response to a question about the achievability of action plan priority 4 – action d – ‘Develop and enhance opportunities to local employment services’, the ACCSM commented that further work needed to be undertaken on this aspect including how the council could support training and employment.
- It was asked what impact the increase in autism, as recorded in the school censuses, had upon commissioned places in the school system?
The HAN replied that the vast majority of pupils would have their needs met in mainstream schools so the recorded increase in autism would not necessarily generate a corresponding increase in specialist placements. The action plan provided for a review of provision to establish if the historic pattern of provision was sufficient to meet need.
He added that, as had been mentioned in relation to adult wellbeing services, the service now responded to need not diagnosis.
JB commented that the increase was due both to new forms of autism on the autistic spectrum disorder and also to better assessment and access to assessment and increased awareness. There was more work to be done on accessing assessment services. She noted that the number of adults coming forward for a diagnosis had increased in recent years reinforcing the extent to which awareness had been raised.
- A question was asked about statistics on admissions to hospital for individuals with autism, the average length of stay and training given to ward staff.
JB commented that, generally speaking, more vulnerable people had a longer length of stay. This could involve factors such as availability of care support or ability to self-care upon being discharged. Regarding admissions to the children's ward paediatric nurses and medical staff all received autism awareness training. A number of staff specialised in the matter and were autism champions. The hospital had a plan to develop this aspect over the next 3 years.
- In response to a question about arrangements in hospital to address issues that could arise where someone was faced with a completely new situation she reported that a group of young people were children and young people ambassadors and they had been looking at these sorts of matters on the wards. Part of the solution was communication and spending a little bit more time with people to understand their concerns and discuss options with them.
DH explained how the hospital passport for autism and other special needs worked. Needs were noted down in the passport, there was then a preliminary visit to hospital at which people could familiarise themselves with their surroundings and an explanation of what was to be expected was given. Work was therefore underway on this issue but there was more to be done. She confirmed that the same approach applied in dental surgeries.

- A question was asked about the diagnosis of adults with autism and the impact on resources of increased diagnosis of both adults and children. The IDCW replied that the health service would be responsible for diagnosis of adults because that would often carry with it the provision of health services. In terms of social care the focus would be on eligibility for care under the Care Act and supporting eligible assessed needs. There was a county-wide service for those with more complex needs. This did not rely on a diagnosis but focused on support to meet needs. There was work to be done in opening up the range of support available for adults.

JB stated that the assessment process for adults was lengthy and specialised. There wasn't currently a good pathway for adults. The strategy provided for this to be reviewed.

Adjustments to enable people to live their lives following diagnosis was another area that needed to be improved locally and again involved raising awareness.
- Noting the lengthy assessment process for adults it was asked how well equipped the council was to identify children with autism.

The HAN commented that there was a fairly robust diagnostic process in place for children. A multidisciplinary team had been established some 7 years ago in accordance with NICE guidance. Updating took place as new guidance was issued. The better diagnosis in place for children the more the diagnosis of adults should reduce.

In relation to records of autism JB commented that all GP surgeries and the out of hours service were required to code autism. The CCG was auditing this aspect and offering support. There was still a gap with those in adulthood or slightly older. Part of the process involved ensuring that this was actively followed up by GPs when someone changed surgery or moved into an area. Coding linked through to annual health checks and should transfer into secondary care. However, at the moment primary and secondary care records did not link across the NHS. This made the autism passport quite critical in clearly articulating needs. The proposed strategy did identify the importance of joining records together.
- It was asked what could be done to make council buildings more autism friendly and what should be avoided.

DH gave an example of a recently refurbished supermarket where issues of too bright lighting, too much noise, and narrow aisles had created an unsympathetic setting. She also referred to an autism quiet hour in October 2017 operated by businesses in part of the City which it was proposed to repeat this year.

She also commented on work with Halo in Leominster where there was an autism quiet time once a month, an autism swim every 6 weeks. The Branch had facilitated autism awareness training. All staff were now ambassadors.

The Branch was not funded so everything was dependent on volunteers time. It seemed to be the case that the onus was on establishments to invite the branch to provide advice.

A member asked what scope there was for the council to prompt a wider strategic approach across Halo centres as a whole. It was noted that the Branch would welcome this.
- The possibility of the Branch being a consultee for certain planning applications was raised.
- It was asked what role local councillors could potentially undertake in raising awareness within communities. DH noted a lack of take up in schools of an autism awareness week as one initiative that could have benefitted from such support.
- It was suggested that there was a financial disincentive for primary schools to initiate assessments for special needs at key stage 2 given that there was a

requirement on primary schools to themselves fund the first £6k of funding where a child was identified with special needs.

It was also asked how the cost of translating the strategy into action would be funded.

The DCW commented that these issues related to assumptions within the National Funding Formula that school budgets contained funding to meet needs and it was therefore only when need was above a certain level that additional external funding could be considered. The Autism Strategy contained activity that would enable schools to develop knowledge and understanding of autism and learn from research and local practice. He supported the points that had been made about identifying and measuring specific outcomes.

The HAN added that it was important to note that awareness, knowledge and training of staff in schools was important in addressing a range of needs and preventing a problem occurring.

- Clarification was sought on the difference between a needs assessment and a diagnosis.
The DCW commented that diagnosis could be an important point in formally recognising the issues a person was facing but it did not provide an understanding of the level of support that was then needed in a range of settings and circumstances. NP commented that at one time help could not be provided until there had been a diagnosis and she gave a personal example. In some cases needs could provide evidence for a diagnosis. Awareness training for teachers was very important in this context. Examining the issue from the point of need was therefore important, moving
- A question was asked about Action plan – priority 2 – action a – and whether there was any further information available on the wider review of children and young people's therapy services including when the review due to report.
- The HAN commented that he understood that the review would be completed within the next financial year. Both the CCG and Council commissioned this care so it was seeking to establish if better value could be obtained by rationalising this commissioning. An aim was also to reduce waiting lists.
- It was also asked in relation to Action plan – priority 2 – action c how the development of the children's diagnosis and support pathway would ensure easier access for parents to educational support for their children. The NAS survey results (page 22 of the Strategy/page 42 of the agenda papers) showed significant dissatisfaction with the process to get educational support for children.
- The HAN stated that any information gained in the diagnostic process would inform the education health and care plan in which information could be compiled and retained. With parental consent this could then be shared.
- NP commented on the length of time (18 months) she had had to wait for a diagnosis for her two sons for physical therapy and occupational therapy and how this all formed part of the whole diagnosis pathway. It was therefore pleasing that these aspects were being considered.
- The cabinet member – children and young people thanked the Committee and witnesses for the welcome insight they had provided. She supported the proposed inclusion of milestones in the strategy and highlighted the importance of the integrated and seamless delivery of services, including in the transition phase between childhood and adulthood, and managing cross border issues. Embedding awareness and training across services including for example the planning service was also an important aspect. There had been improvement and learning but there was scope for more.
- It was asked if there was any learning from other authorities in relation to the use of technology. The ASCCM commented that AWB was examining best practice from other authorities across a range of services to support people to live at home. The

autism strategy could have regard to this work. She also confirmed that regard was had to the WISH website.

The witnesses were offered the opportunity to sum up. NP commented that there was still a need for diagnosis especially in adults and outlined her personal experience and the sort of difficulties that she had overcome.

RESOLVED:

- That
- (a) the significant successes achieved in the first Herefordshire autism strategy published in 2014 be recognised;**
 - (b) the outcomes identified by the strategy and the means in the action plan to achieve these ends be supported but noting that the committee would like to see more detailed milestones;**
 - (c) it be requested that as the action plan evolves, additional base line data is included in the action plan to ensure tangible and quantifiable measures of performance and success, particularly in respect of improving diagnosis rates;**
 - (d) the executive be asked to investigate the development of a system/process to ensure an accurate picture of the incidence of autism across Herefordshire can be produced;**
 - (e) efforts to improve diagnosis rates and the recording of autism within GP patient records be supported and Herefordshire Clinical Commissioning Group asked to take this initiative forward as a matter of priority;**
 - (f) the executive be asked to take steps to work more closely with independent and private schools in Herefordshire to share data regarding enrolled autistic pupils to enable the production of comprehensive statistics of pupils in the county with autism;**
 - (g) the executive be asked to consider methods to promote employment at the council to people with autism;**
 - (h) the executive be asked to consider contacting key local organisations, such as Halo leisure, to ensure they promote autism-friendly service provision;**
 - (i) the executive be asked to ensure that the Herefordshire branch of the National Autistic Society and the Hereford Autism Partnership are consultees during the planning process to ensure that new housing and public access buildings have autism-friendly design considerations;**
 - (j) the executive be asked to investigate proposals to ensure that new and existing council buildings and facilities are autism-friendly; and**
 - (k) the executive be asked to consider autistic-awareness training for new members of staff and elected members of the Council and ensure that all members are able to disseminate good practices within their local communities.**

The DCW gave a presentation, as included with the agenda papers, on the draft findings of the Local Government Association (LGA) Safeguarding Peer Review. He indicated that the formal letter setting out the findings would be provided to the Committee.

The committee was invited to consider any additions to the committee's work programme resulting from the issues raised.

In discussion the following principal points were made:

- It was requested that information be provided to the Committee on referrals to the multi-agency safeguarding hub (MASH) in view of particular concerns about the level of referrals from West Mercia Police, to establish whether the referrals were appropriate, or whether different approaches needed to be considered.
- In relation to the quality of record keeping the DCW commented that some of the issues did include instances where recording had not historically been as good as it could be. However, some records in some areas were currently not as up to date as they needed to be. One of the issues was the workload of some teams meaning that whilst the case work was being carried out there was a time lag in recording it.
- It was asked if more administrative support would assist in improving record keeping and retaining social work staff. The DCW commented that a range of issues including improved use of technology were being explored to make recording easier and simpler.
- The findings were good news and when formally confirmed should be communicated widely.
- In relation to a question about the relationship between schools and social workers, referencing previous concerns expressed about a lack of continuity as a result of turnover of individual social workers, the DCW stated that the review had not commented on this specifically. However, there were comments that a range of partners, which included schools, had a high regard for social workers. The review had also found that there were appropriate arrangements for early help which included the approach by schools. There was still an amount of turnover of social work staff. However, there was a focus on retention, and recruitment to hard to fill experienced social worker posts.
- Further information was sought on the headline findings that there was good support from elected members, and whether areas for improvement had been identified. The DCW commented that the review had found that members had a good understanding of the issues for children in the county and that it was a priority for all councillors, with a corporate plan and investment in place. The review had asked in relation to the early help offer whether there could be more focus on some services to help reduce the need for higher threshold services. This would be beneficial to the children but also to the council given that number of children requiring some services were comparatively high. Some help to address workload pressures would also be good. However, the key message was that there was an awareness of the range of issues involved.
- It was suggested that all members needed to recognise their role as corporate parents. It was important that all members attending training and there was room for improvement in that area.
The cabinet member commented that training was being revised and encouraged attendance.
- The cabinet member welcomed the peer review as a means of seeking how the council could improve its services. The findings were positive overall.
- The DCW agreed to seek further information from the peer review group on what it considered to be good examples of strong links with army families, as referenced in the headline findings, and inform the Civilian and Military Task Group accordingly.

RESOLVED:

- That
- (a) a report be submitted on the referrals to the MASH, in particular those by West Mercia Police, for review by the Committee;
 - (b) it be requested that corporate parent training for all members be made mandatory;
 - (c) progress on actions in the finalised improvement plan is reported to the Committee, at 3, 6 and 12 months to enable it to be monitored; and
 - (d) the Committee's recognition and support of the work of staff in this challenging area be noted.

48. WORK PROGRAMME 2018/19

The Committee reviewed the work programme for 2018/19.

It was noted that a performance report on safeguarding was to be added to the agenda for 14 May. No further additional items were proposed, subject to the inclusion of the matters identified for consideration during discussion of the previous items on the agenda.

In relation to the establishment of a task and finish group on section 20 orders, a minor addition was proposed to ensure that, whilst the task and finish group would be looking to the future, there was an understanding of the judgment by the High Court and how this has been addressed. Expressions of interest in serving on the group were made.

RESOLVED:

- That
- (a) the draft work programme as amended be approved;
 - (b) the draft terms of reference as set out at appendix b to the report for a task and finish group concerning section 20 orders as amended be approved, Councillor Gandy be appointed as Chairman with the membership also to comprise Councillors Chappell, Norman and Seldon with the Liberal Democrat Group to be invited to nominate a fifth member of the group; and
 - (c) the recommendation tracker in appendix c be noted.

49. MEETING DATES 2018/19

RESOLVED: That the following schedule of meeting dates be agreed:

14 May 2018

16 July 2018

17 September 2018

19 November 2018

18 February 2019

25 March 2019

The meeting ended at 12.52 pm

Chairman

Supplement – schedule of questions received for meeting of children and young people scrutiny committee – 16 April 2018

Agenda item no. 5 - Question from members of the public

Question Number	Questioner	Question	Question to
PQ 1	Miss Rosalind Gardner, Hereford	<p>Will the committee consider scrutinising a proposal that the children of high school age that are not being educated in a high school setting be made a priority in education?</p> <p>As they do miss the setting of a school but find it hard, as they do not receive the correct support which has led to them being Home educated and are missing out on the learning of social skills.</p>	Chairman of Children and Young People Scrutiny Committee

Chairman's response

The Children's and Young People Scrutiny Committee have recently debated home education, the choices some parents made, statutory responsibilities of the local authority and the national debate that is taking place at the moment within our considerations of last year's exam results. As Chairman of the Children's and Young People Scrutiny Committee I have written to the government minister expressing the views of committee which I hope will be taken into account. In our debate we did emphasise the importance of education and the need for children to receive the appropriate support whatever setting they are in. Being educated at home through parental choice does place the onus of providing the education on the parent. I do think it is important that views such as the ones Miss Garner expresses are taken into account in the work of officers as they review the approach to High Needs Funding and also exclusions from schools and I will ask Les Knight, the head of additional needs, children's wellbeing to do so.

