

# Agenda

## Children and young people scrutiny committee

Date: **Monday 16 April 2018**

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Time: **10.15 am**

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Place: **The Council Chamber - The Shire Hall, St. Peter's  
Square, Hereford, HR1 2HX**

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Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format, please call Matthew Evans, Democratic Services Officer on 01432 383690 or e-mail [matthew.evans@herefordshire.gov.uk](mailto:matthew.evans@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the meeting of the Children and young people scrutiny committee

## Membership

**Chairman**                    **Councillor CA Gandy**  
**Vice-Chairman**           **Councillor FM Norman**

**Councillor CR Butler**  
**Councillor ACR Chappell**  
**Councillor JF Johnson**  
**Councillor MT McEvelly**  
**Councillor A Seldon**

## Co-opted members

Mr P Burbidge

Mrs A Fisher

Mr A James

Mr P Sell

Archdiocese of Cardiff

Parent Governor Representative: Primary Schools

Parent Governor Representative

The Diocese of Hereford

## Agenda

	Pages
<p><b>1. APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence</p>	
<p><b>2. NAMED SUBSTITUTES</b></p> <p>To receive details of members nominated to attend the meeting in place of a member of the committee.</p>	
<p><b>3. DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest from members in respect of items on the agenda.</p>	
<p><b>4. MINUTES</b></p> <p>To approve and sign the minutes of the meeting on 5 February 2018.</p>	5 - 12
<p><b>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive any written questions from members of the public.  <i>Deadline for receipt of questions is 5:00pm on Wednesday 11 April.</i>  <i>Accepted questions will be published as a supplement prior to the meeting.</i>  <i>Please submit questions to: <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>.</i></p>	
<p><b>6. QUESTIONS FROM MEMBERS OF THE COUNCIL</b></p> <p>To receive any written questions from members of the council.  <i>Deadline for receipt of questions is 5:00pm on Wednesday 11 April.</i>  <i>Accepted questions will be published as a supplement prior to the meeting.</i>  <i>Please submit questions to: <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>.</i></p>	
<p><b>7. AUTISM STRATEGY FOR HEREFORDSHIRE 2018-2021</b></p> <p>To preview the draft autism strategy before it is presented to the cabinet for approval. The committee is asked to agree recommendations and comments to submit to the cabinet member health and wellbeing for consideration during the finalisation of the strategy.</p>	13 - 54
<p><b>8. LGA SAFEGUARDING PEER REVIEW FEEDBACK</b></p> <p>To receive a presentation (attached) on the outcomes of the LGA Safeguarding Peer Review and to consider any additions to the committee's work programme resulting from the issues raised.</p>	55 - 70
<p><b>9. WORK PROGRAMME 2018/19</b></p> <p>To consider and agree the attached draft work programme for 2018/19, including a proposal for a task and finish group and the recommendations tracker.</p>	71 - 88
<p><b>10. MEETING DATES 2018/19</b></p> <p>To note the following meeting dates of the committee during 2018/19 (all meetings to start at 10.15 a.m. in Committee Room 1) :</p> <p>14 May 2018            16 July 2018            17 September 2018</p>	

19 November 2018  
18 February 2019  
25 March 2019

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**Minutes of the meeting of Children and young people scrutiny committee held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 5 February 2018 at 2.00 pm**

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

**Councillors:** ACR Chappell Mrs A Fisher, JA Hyde, Mr A James, JF Johnson, MT McEvilly and A Seldon

**Co-optees:** Mrs A Fisher and Mr A James

**In attendance:** Councillor JG Lester

**Officers:** C Baird, J Coleman, M Evans, JG Lester and A Scott and R Watson.

**31. CHAIRMAN'S INTRODUCTION AND APOLOGIES**

The Chairman welcomed Councillor Chappell to the committee and thanked Councillor Lloyd-Hayes for the work she had undertaken since the formation of the committee in May 2017.

The Chairman also noted that this was Adam Scott's last meeting and thanks were extended to Mr Scott for his work with the committee.

The Chairman welcomed the co-optees to the meeting and explained that an informal meeting would be arranged shortly with them to discuss work with the scrutiny committee.

Apologies for the meeting were received from Mr Sell.

**32. DECLARATIONS OF INTEREST**

Councillor A Seldon declared a non-pecuniary interest in agenda item no. 7, School Examination Performance, as a governor at St Peter's School in Bromyard.

Councillor MT McEvilly declared a non-pecuniary interest in agenda item no.7, School Examination Performance, as a part time teacher.

Councillor FM Norman declared a non-pecuniary interest in agenda item no. 7, School Examination Performance and agenda item no. 8, Children and Young People's Plan as a member of the Corporate Parenting Panel.

**33. MINUTES**

**RESOLVED: That the minutes of the meeting on 4 December 2017 are agreed as a correct record.**

**34. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 7 - 8)**

A copy of the public question and written answer together with supplementary question and answer is attached to the minutes as appendix 1.

**35. QUESTIONS FROM MEMBERS OF THE COUNCIL**

None.

**36. SCHOOL EXAMINATION PERFORMANCE**

The committee received a report by the Director for Children's Wellbeing concerning school examination performance from summer 2017. Lisa Fraser, Head of Learning and Achievement (HLA) introduced the report and provided a presentation on statistics around attainment. During the presentation she advised the committee that the school improvement service at the council relied on limited resource and was concerned with statutory functions primarily. Significant advancement in attainment had occurred in phonics for which commendation from the minister had been received. Challenges remained in key stage 2 mathematics with performance below the national average. Areas of development included work around vulnerable groups; performance of free school meals pupils, in particular, was mixed with outcomes varying from top to bottom quartile depending on the assessment indicator.

The committee made the comments below in the discussion that followed:

- The distinction between Ofsted ratings and the position of a school in the attainment league tables was queried. *The HLA explained that Ofsted took a holistic approach to assessing schools; the approach of the school improvement service was based on driving improvement through assessment of attainment.*
- It was noted that there was a significant gender gap in attainment in early years education and it was queried how it was proposed that this gap would be reduced? *There was a gender attainment gap which reflected national data. However, both boys and girls performed at a higher level than their peers. Girls' achievement was in the top 5 local authorities nationally; boys' achievement ranked in the second quartile.*
- What targets were in place to diminish the gap to the performance of disadvantaged pupils? *Herefordshire Council's Learning and Achievement Team intend to issue schools with targets focussing on the attainment of disadvantaged pupils.*
- The sum of £561,000 from the DfE was welcomed but it was queried whether the Council could have secured more funding. *The amount secured was a significant sum of money for Herefordshire but the Council would not be deterred from applying for additional pots of money to support teaching.*
- In light of the attainment of pupils at key stage 2 mathematics the small schools maths project was raised. It was noted that the project currently involved a small number of schools and it was queried what opportunities there were to roll-out the project to other schools. *If the programme was successful the approach*

would be disseminated across the county, it was noted that in order to move up a quartile in attainment only a small number of children were required to make improvements to their attainment.

- The effect of small cohorts on attainment and position in quartiles was raised. It was queried what analysis was undertaken to explain poor performance resulting from small cohorts. *It was acknowledged that some cohorts were very small and annual risk assessments were conducted on schools felt to be at risk. The issues surrounding attainment at schools identified at risk of poor performance were often deeper than small cohorts alone.*
- The receipt of set exam papers and course materials, close to the date of exams and SATs from the DfE affected attainment. Such issues compounded problems in attainment for less able pupils.
- The resources available to the school improvement service were raised. *The equivalent FTE in the service was 1.6. The Director for Children's Wellbeing explained that a significant reduction in funding for the service had led to a change in focus and the brokering of support for schools from leading headteachers across the county and beyond.*
- It was queried whether a breakdown in the statistics around NEETs in the county could be provided to include indicators around rural/urban/market towns/gender/traveller community. A briefing note was requested to also focus on the new data system for the analysis of statistics around NEETs. *Officers would look into the practicalities of producing such statistics.*
- Issues concerning assessment of attainment and safeguarding in respect of home schooling were raised. It was felt that the absence of regulation concerning home schooling posed a potential risk to vulnerable children. The lack of a statutory role for local authorities to monitor the provision of home schooling could result in a child receiving a poor education and could undermine safeguarding responsibilities. The lack of any requirement to register a child as home-schooled along with the absence of data relating to the number of home-schooled children was felt to be troubling. It was proposed that the committee write to the government to outline its concerns.
- The admission of children with mild special education needs (SEN) to specialist schools rather than mainstream schools was raised and whether this affected their education and life experiences detrimentally. The reliance on specialist schools could detract from the ability of mainstream schools to make provision for SEN and undermine inclusion. The prospect of a task and finish group on the topic was raised which could be looked at again after the committee had considered the Autism Strategy at its next meeting. *The Director Children's Wellbeing explained that the Council makes the decision on placements for pupils with EHC Plans, through consultation involving consideration of parental preference. Children could be placed in an appropriate school which could be an SEN school or mainstream establishment and detailed evidence would need to be considered in coming to a view on whether children were placed appropriately.*
- It was queried how many schools were subject to monitoring arrangements. *Any school considered inadequate or requiring improvement was potentially subject to monitoring arrangements. Currently four secondary schools and academies were subject to monitoring arrangements.*
- Statistics concerning Ofsted inspections indicated that 28% of pupils were at schools judged to be inadequate or requiring improvement. *This was attributable in large part to the Ofsted rating of a single secondary school in the county. In terms of regional and national statistics this was a relatively high proportion of children not at good and outstanding secondary schools. The cabinet member young people and children's wellbeing commented that the statistics concerning the number of primary schools deemed good or outstanding was cause for pride.*
- The committee asked about work with the Regional Schools Commissioner (RSC) and academies. A briefing note on the RSC was requested to provide

detail of where there was an overlap with the Council in terms of responsibility for school improvement. *It was confirmed that regular meetings would take place with the Commissioner to exchange detail of what actions were being undertaken in respect of school improvement. The distinction was drawn that academies were responsible for improving the school performance and the council was responsible for improving pupil performance.*

- The Chairman explained to the committee that following a request that she had raised it had been arranged that the executive summaries from Ofsted inspections would be circulated as part of the member ward update.

**Resolved – that the committee:**

- 1) Recognises positive attainment in a number of areas of school examination performance but in particular in the field of phonics;**
- 2) Requests a briefing note on the current level of NEETs, the new data recording system and a breakdown of statistics to include indicators around rural/urban/market towns/gender/traveller community;**
- 3) Requests a briefing note on the role of the Regional Schools Commissioner and a focus on areas of overlap with the Council; and**
- 4) Agrees to write to government to express concern regarding the lack of regulation and monitoring in respect of home schooling. The correspondence should include reference to the potential impacts of home schooling upon the educational achievements of children and safeguarding responsibilities of the Council.**

Mrs Fisher and Councillor JF Johnson left the meeting at 15.23.

### **37. CHILDREN AND YOUNG PEOPLE'S PLAN**

The committee received a report from the Director Children's Wellbeing concerning the production of the children and young people's plan. There was a presentation by Richard Watson, Children's Joint Commissioning Manager and Amanda Price, Children's Commissioning and Contracts Lead. The committee was asked to consider the approach to the production of the new version of the plan and propose priorities for inclusion. The plan would include a review of the previous three years of the existing plan and would provide a strategic link to other existing documents such as the Health and Wellbeing Strategy. It was anticipated that a draft plan would be developed by April and consultation would be undertaken with schools and youth groups. An early version of the plan would be shared with the committee for consideration.

The committee made the comments below in the discussion that followed:

- The early engagement activity and feedback appeared to be from children in urban areas of Herefordshire. It was questioned how engagement would take account of children from rural area to ensure a fully representative plan of the county was produced. *It was confirmed that the early engagement was conducted in the market towns but schools throughout the county would be visited in February including those in rural areas.*
- It was hoped that the plan would complement other initiatives in Herefordshire including the Youth Project developed by Leominster Town Council.



- The committee queried what examples there were of projects involving the positive involvement of children and families and what the impact had been. *The children's commissioning and contracts lead explained that parents had been involved in: the recommissioning of disability services; the development of the mental health plan; and that it was intended that they would be closely involved in the development of the children's and young people plan.*
- How the plan would engage partners and ensure that they were committed to the priorities was raised. Youth safety and the role of West Mercia police force was raised in particular. *Part of the role of the Plan was to engage partners and seek to influence the role they can play in fulfilling its objective/priorities. The cabinet member young people and children's wellbeing explained that it was intended that partners would adopt the plan and feel an ownership for it. In respect of West Mercia police and youth safety it was felt that this was of greater concern to community safety.*
- Detail was requested regarding the legal status of the plan. *The Director Children's Wellbeing explained that it was not a statutory requirement but the plan formed part of the policy framework at the council and through engagement with key partners it would be adopted by local organisations such as the CCG.*
- The provision of transport and youth facilities were key issues which should be included in the plan. *It was confirmed that an element of the plan would focus on the aspirations of young people for Herefordshire.*
- The committee queried those areas of the existing plan to which it was difficult to apply quantifiable measures. The notion of proxy measures was queried. *It was confirmed that certain areas of the previous plan were updated with regular data but in other areas it was very difficult to produce evidence to assess the success of priorities. Proxy measures relied on evidence and data not directly related to a key priority but which provided a general context in which indications of progress could be analysed.*

**RESOLVED - that the committee:**

- 1) Supports the inclusion of: obesity; dental health; mental health and wellbeing; transport; and youth facilities as key areas of focus for the plan;**
- 2) Supports the implementation of a robust monitoring framework for the new version of the Plan; and**
- 3) Asks for the draft Plan to be presented to the committee ahead of consideration at Cabinet and full Council.**

**38. WORK PROGRAMME REVIEW**

The committee received and noted the work programme for the remainder of 2017/18. The chairman explained that there would be six meetings of the committee in 2018/19 in order to allow for more draft executive decisions to be considered at committee before going to Cabinet.

The Assistant Director Safeguarding and Family Support updated the committee on the regional adoption agency; Adoption Central England (ACE). Herefordshire Council had applied to become part of the agency in 2017 but consideration of this application had been delayed due to the general election and change in the responsible government minister. Adoption Central England would become a legal entity in February 2018 consisting of those authorities and partners who had been formally admitted. Herefordshire Council along with Birmingham Social care were awaiting a decision to formally join the agency which was likely to occur in May 2018. Until that time a request

had been sent to the board of ACE to request that the council is granted observer status at board meetings to ensure that arrangements can be undertaken to prepare the council and its services for the potential of admission to ACE later in the year.

The Chairman raised the establishment of a scrutiny panel to receive updates and scrutinise progress against the objective of reducing the number of looked after children and realising those savings recently agreed as part of the revenue budget 2018/19. Councillor CA Gandy and Councillor A Seldon were appointed to the Panel.

**Resolved – that the committee appoints Councillor CA Gandy and Councillor A Seldon to form the scrutiny panel to examine performance against the objective to reduce the number of looked after children.**

### **39. DATE OF NEXT MEETING**

The date of the next meeting was 16 April at 10.15 a.m.

The meeting ended at 16:25

**Chairman**

## Appendix 1 - Question from members of the public and responses

Question Number	Questioner	Question	Question to
PQ 1	Dr Selfe, Leominster	Can the scrutiny committee make detail available as to how the Local Offer and the SEN service meets the obligations contained in the Children and Families Act s3(57) and will it commit to scrutinise arrangements, as part of its work programme, for the independent support service ahead of proposed government funding taking effect in April 2019?	Chairman of Children and Young People Scrutiny Committee
<p><b>Chairman's response</b></p> <p>The obligations contained in the Children and Families Act s 3(57) covers the resolution of disputes between the Local Authority and parents and carers. The Council's SEN Team refer to the Special Educational Needs and Disability Information, Advice and Service (SENDIAS) in their standard letters to parents and carers and offer this service as the means of resolving disputes. The Council's Local Offer can be found through the Council Website search facility. This also provides information about SENDIAS. The Council is currently in the process of reviewing its information, advice and dispute resolution arrangements to ensure that they meet national expectations.</p> <p>The Independent Support Service is a service commissioned nationally through one of the Government's delivery partners. As such it is beyond the remit of Herefordshire Council's Scrutiny Committee. Our understanding is that there will be new national arrangements commissioned for the period April 2018-March 2020.</p> <p>It was explained that there was an opportunity to meet with Les Knight, Head of Additional Needs, to discuss the matter.</p>			
<p><b>Supplementary Question</b></p> <p>Over 1,000 children in Herefordshire are subject to Education Health and Care Plans which are very difficult and complex for already beleaguered parents who need help and advice. SENDIAS at the Council is staffed by one part time employee and cannot be considered independent as the employee is a Herefordshire Council member of staff. What would be the provision in the interim between funding ceasing for the service in March and new government funding in April 2019.</p>			
<p><b>Response to supplementary question ( provided by the Director Children's Wellbeing)</b></p> <p>The Council had information that the new service would be in effect from 2018 not 2019. It was suggested that this was a matter which could be looked into with Les Knight. In respect of the independence of the member of staff involved in SENDIAS it was noted that although employed through the Council the individual was independent of the special educational needs service; this was a further issue which could be explored with Mr Knight.</p>			





<b>Meeting:</b>	<b>Children and young people scrutiny committee</b>
<b>Meeting date:</b>	<b>Monday 16 April 2018</b>
<b>Title of report:</b>	<b>Herefordshire Autism Strategy</b>
<b>Report by:</b>	<b>Head of additional needs and Adults wellbeing commissioning manager</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health and social care services for people with Autism, and to make reports and recommendations on these matters. The committee identified the strategy as part of its work programme and requested the draft strategy was presented for preview.

The purpose of the report is to provide an overview of the autism strategy with a particular focus on children and young people and the actions required to improve services for those in the county on the autism spectrum. There are existing separate diagnostic pathways for both Children and Adults.

## Recommendation(s)

**That - the committee reviews those elements of the draft Autism strategy for Herefordshire 2018-2021 relating to children and young people and determines any recommendations it wishes to make to the executive or health commissioners which may enhance the effectiveness of the strategy.**

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Further information on the subject of this report is available from  
Les Knight Head of additional needs/Laura Tyler Adults wellbeing commissioning manager

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## Alternative options

None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

## Key considerations

1. It is estimated that 1.1% of the national adult population have autism (the 2007 Adult Psychiatric Morbidity Survey). For Herefordshire, this would mean that approximately 2,000 people would fall within the autism spectrum. A recent study of the incidence of autism in children was estimated at 1% (Baron-Cohen et al; 2018).
2. Autism is a life-long disability which affects the lives of people with autism and their families. It can differ in terms of impact and severity, with some people at the mild end who are not formally diagnosed or not requiring formal support to people with moderate to severe autism and can also include learning disabilities. This can often require support with aspects of their daily living, including some who may require 24 hour support. Some people on the autism spectrum prefer to identify themselves as 'neurologically atypical' rather than being 'autistic'.
3. Good practice, as defined by national NICE Guidelines require that local areas define the process of diagnosing autism by means of a multi-professional diagnostic pathway. For children age up to the age of 10, a multi-disciplinary assessment is co-ordinated through the child development centre in Hereford. For children over the age of 10, the multi-disciplinary assessment is co-ordinated by the CAMHS Service at the Linden Centre in Hereford. The adult diagnostic pathway is co-ordinated through a regional centre in Bristol. The descriptions of these pathways have been drafted but now require multi-agency agreement.
4. The Council and the Clinical Commissioning Group (CCG) currently individually commission a number of different services for children and young people with autism as well as adults with learning disabilities and autism.
  - For children and young people, these services include specialist schools and resource bases attached to a school, outreach to mainstream schools, speech and language and occupational therapy, independent travel training and other specialised help.
  - Services commissioned by adults include residential care homes, supported living, day opportunities as well as out-of-area special beds; nursing care and domiciliary care.
5. These services are commissioned from specialist providers across the education sector, the NHS and from the voluntary, independent and not-for-profit sectors as well as directly provided by the Council. Services for adults primarily focus on those adults with a learning disability who may also have autism. Herefordshire has not historically commissioned specialist services for adults with autism. Services have focussed on those who have the greatest difficulty in living independently. Although people with autism may have significant impairments that require support in certain aspects of living, most do not require the same level or type of support as those with significant learning difficulties.
6. The council has a duty to provide 'sufficient and suitable' educational provision to meet the needs of the population and to keep this under review. This includes provision to meet the

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needs of children and young people with autism. The continuum of educational provision is as follows:

- The majority of children with autism attend a mainstream early years setting, school or college. These educational settings make reasonable adjustment for disability and provide support and intervention up to the value of £6k per child. Additional top-up tariff funding is provided for those with education, health and care plans;
  - Specialist advice from the Early Years Advisers and the Autism Outreach Team from Hampton Dene Primary School.
  - Early years specialist Communication and Social Interaction (COSI) Group at the Child Development Centre (CDC), Hereford for those in their pre-school year.
  - Specialist resource bases at Hampton Dene Primary and The Bridge at the Bishop of Hereford Bluecoat School including specialist speech and language therapy support.
  - Local special school places for those children with severe and complex learning difficulties including autism.
  - For a very small number of children where we are not able to meet need locally, out of county placements (38 week day placements or 52 week residential placements) are made.
7. The provision has been kept under review with an additional group being added at the CDC COSI group in 2016 and an additional small KS1 class for autism at Hampton Dene resource base in 2015. Engagement with individual parents and an NAS parent group has indicated that this pattern of provision for some children with autism might not be fully meeting their needs. A full review of educational provision for those with autism will be an action within the autism strategy and will be cross-referenced in the schools capital investment strategy. A further aspect of making appropriate educational provision is the level of knowledge and expertise of the staff. It is intended that the delivery of additional high quality professional development with a focus on autism is a further action within the strategic action plan.
8. Children and young people diagnosed with autism do not automatically meet the criteria for an assessment of need for a service by the Children with Disabilities (CWD) social care team. However, where there is evidence of severe and complex need or multiple needs that include autism, children and their families would be eligible for an assessment. Those who do not meet the eligibility criteria for the CWD team might be assessed by other social care or early help teams if their needs suggest that is necessary
9. The council and the CCG additionally commission a range of health and wellbeing services for the wider population with the expectation they make reasonable adjustments to enable better access by people with autism. This includes services such as social housing, leisure services, public transport, primary healthcare, adult education, acute healthcare and other services across the NHS and council, plus the voluntary and private/independent sectors .
10. The degree to which reasonable adjustments are made currently vary from service to service. Members of the Partnership Board have, on an ongoing basis, been working with services such as the Police and GPs to raise awareness of autism and to highlight where reasonable adjustments to service provision of procedures might be made. A key theme of this revised strategy is to improve the level of awareness amongst all professionals and providers and to work with them to identify and make reasonable adjustments.
11. The Wellbeing Information and Signposting for Herefordshire (WISH) service has been remodelled and contains information for children, young people and adults with autism along

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Further information on the subject of this report is available from  
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with their families. The information is available on the WISH website and will continue to be updated and added to as services are developed or additional information is identified. Organisations providing support may add their details to the resource register on the WISH website free of charge. Some of the content has been co-produced with the Autism Partnership Board and through other forms of engagement. WISH now incorporates the 'Local Offer' of information which is a statutory requirement for councils as defined in the Special Educational Needs (SEN) Information Regulations (2014) and described in the Special Educational Need and Disability (SEND) Code of Practice (2014).

12. The council has a growing role in market shaping and influencing community activity to increase their potential to offer opportunities for peoples with autism. A growing, but still small, number of people with autism directly commission their own services by using their personal budget in the form of a direct payment. A small number of families of children with complex needs that include autism have made the choice to take a direct payment in lieu of a commissioned service which offers the family a short break.
13. This legislation and guidance seeks to create real changes in the lives of people with autism through changes to service design and the commissioning culture. The combined aim of these changes is to enable people with autism to have greater choice over how and by whom they are supported, how they are educated, where and with whom they live, access to paid work and real training, have a real social role, improve long-term health and have ordinary expectations about relationships, families and being part of a community.
14. The council has worked with the CCG and partners across the autistic community in the county to co-produce a comprehensive outcome-focused Autism Strategy. The aim of the strategy is to jointly consider the delivery of opportunities by a wide range of parties. The timetable for the strategy is to be considered for approval by cabinet on the 10 May 2018 and to also be ratified by the CCG governance board on the 22 May 2018.
15. The Autism Strategy for 2018-21:
  - a. Sets out the outcomes and actions required for the individual and the wider autism community, linking them to guidance, legislation and to the wider strategic aims of the council and the clinical commissioning group;
  - b. Ensures that all commissioned activity for and with people with autism is aligned to the health and wellbeing blueprint for adult social care, the council's aim of keeping all children safe and giving them the best start in life, and with the NHS's long-term commitment to ensure reasonable adjustments are made in both primary and acute health services.

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Further information on the subject of this report is available from  
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16. The strategy is 'all-age' meaning that it is relevant to children, young people as well as adults with autism and their families. The outcomes include:
- Making sure that everyone is as healthy and well as they can be;
  - Making sure that everyone has access to appropriate educational provision so they can fulfil their potential as learners;
  - Making sure families and unpaid carers get the help and support they need;
  - Making sure that everyone can access transport, high quality housing and suitable employment opportunities;
  - Making sure that we are all safe in our communities.
17. The strategic themes have been developed and agreed by the Autism Partnership Board building on the themes of the first Autism Strategy for Herefordshire, originally published in 2014. The 2014 strategy focused on both adults and children with ASD and set out to deliver the following outcomes;
- Increasing awareness and understanding for those who provide services to people with ASD.
  - Improved identification and diagnosis of ASD in children and adults, leading to assessment of needs for relevant services.
  - Improved transition planning in relation to the provision of services to people with ASD as they move from being children to adults.
  - Local planning and leadership in relation to the provision of services for adults and children with ASD.
  - Support for parents, families and carers.
  - Appropriate support for people with ASD in the criminal justice system.
  - Getting the right housing and housing related support for those with ASD
  - Helping people with ASD into employment and training.
18. The new draft strategy 2018-2021 (Appendix 1) outlines what has been achieved in the 2014-17 strategy. It is intended that the Autism Partnership Board takes the lead on monitoring of the 2018-21 action plan and reviews the work delivered across the county by a range of partners. The action plan, which is organised by strategic theme, identifies actions through information gained from joint strategic needs assessment (JSNA; see page 31), the children's integrated needs assessment and engagement with a range of service users, their families and practitioners. Details of the finding from the engagements can be found in appendix 3 of the strategy. It also contains detailed impact measures by which the strategy can be baselined and subsequent progress measured (Appendix 2).
19. The Partnership Board meets on a quarterly basis and is well attended. It is chaired by someone who is autistic and its membership is made up of people with autism, their families and carers, the CCG, the police, 2Gether, service providers as well as council representation from both adults and children's directorates.
20. It will be the role of the board to report to the Joint Commissioning Board on progress being made and to widely communicate the strategy to key partners.

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Further information on the subject of this report is available from  
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## Community impact

21. The long-term nature of many of Herefordshire Council's responsibilities mean that we should define and plan outcomes and that these should be sustainable. The council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make to ensure intended outcomes are achieved. The council needs robust decision-making mechanisms to ensure our outcomes can be achieved in a way that provides the best use of resources while still enable efficient and effective operations.
22. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
23. The committee's considerations should have regard to what improves services for children and young people across Herefordshire. In doing so, the committee will wish to go beyond the pure data on process performance in order to consider the impact on the wellbeing of people with autism in Herefordshire and their experience of commissioned services in line with the corporate plan priorities, the health and wellbeing strategy and the children and young people plan.

## Equality duty

24. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
25. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation. In order to meet the requirements a-c the strategy will focus on raising awareness and understanding of autism, this will help to support people into employment, and accessing mainstream services

## Resource implications

26. There are no direct resource implications arising from this report. The resource implications of any recommendations made by the committee will inform the commissioner responses.

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## Legal implications

27. The council is under a legal duty to produce an autism strategy for adults. This requirement is detailed in the Adult Autism Strategy: Statutory Guidance (2015).
28. With regard to children and young people the Children and Families Act 2014 provides that councils are under a duty to make educational provision for young people with special educational needs and disabilities up to age 25.
29. The work of the council and the CCG in relation to adults is directed by a range of legislation such as the National Autism Plan for Children (2003), The Autism Act (2009), the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010), the Equality Act 2010, National Autism Strategy (2010) and the Adult Autism Strategy: Statutory Guidance (2015). The Special Education Needs and Disability Code of Practice (2014) provides statutory guidance in relation to Children and Young People aged 0-25 years.
30. The council is under a legal duty to provide an overview and scrutiny function in accordance with Section 9 of the Local Government Act 2000.
31. The remit of scrutiny committees is set out in part 3 Section 4 of the constitution. Paragraph 2.6.7 provides that scrutiny committees have the power to scrutinise the services provided by organisations outside the council eg NHS services, under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
32. Scrutiny functions are outlined in Section 4 paragraph 3.4.1 of the constitution, including at paragraph 3.4.2(g) the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement —
  - (i) in the physical and mental health of the people of England, and
  - (ii) in the prevention, diagnosis and treatment of physical and mental illness.
33. Paragraph 4.5.5 of the Constitution provides for co-option and voting rights stating that education co-optees may vote on items relating to education, Therefore education co-optees on Children and Young People Scrutiny Committee are entitled to vote on this item as it relates to education.

## Risk management

34. There is a reputational risk to the council if the scrutiny function does not operate effectively.
35. The council needs to have an autism strategy to ensure it is fulfilling its statutory function and it will ensure that the needs of people with autism are raised across all stakeholders and the general public.

---

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36.

Risk / opportunity	Mitigation
Performance management could be focused on process measures that are not reflective of the wellbeing and experience of the person.	The committee seeks to focus its attention on matters of direct relevance to people with autism living in Herefordshire and ensure performance measures reflect these within the action plan.

## Consultees

37. A wide range of partner organisations have been consulted on in the development of the draft strategy:

- Herefordshire CCG
- West Mercia Police
- Herefordshire Carers
- Hereford Disability United
- National Autistic Society – Hereford Branch
- Herefordshire Autism Partnership Board
- Herefordshire Healthwatch
- Herefordshire Council Childrens Wellbeing
- Herefordshire Council Adults Wellbeing

38. A public facing engagement exercise was conducted during the summer of 2017. It was aimed at people with autism and their families and carers, although it was open for anyone to respond to. It was available as a hard copy paper version or on line through the Herefordshire NAS website. People were also asked a series of specific questions dealing with the priority areas to help the Autism Board identify which were the key areas of development needed to be addressed by the strategy and action plan. In total 60 responses were received. 49 were through the website, 11 were hard copy responses, further information can be found in appendix 3 of the strategy.

## Appendices

Appendix 1: The Herefordshire Autism Strategy 2018-2021

Appendix 2: Autism presentation for scrutiny.

## Background papers

None identified.

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Further information on the subject of this report is available from  
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# HEREFORDSHIRE AUTISM STRATEGY

## 2018 - 2021

*An all-age strategy for Herefordshire, co-produced by the Autism  
Partnership Board*

# The Herefordshire Autism Strategy 2018-21

Draft – version 2.0 (post childrens scrutiny pre meet 4<sup>th</sup> April)

## Acknowledgements

The authors of this strategy would like to thank all of the members of the Autism Partnership Board, volunteers and voluntary sector organisations, providers and many others for their input to the development of this strategy.

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# The Herefordshire Autism Strategy 2018-21

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## Executive Summary

The Autism Strategy for Herefordshire is a strategy by Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG), developed in partnership with the Herefordshire Autism Partnership Board. It describes the vision, aims and outcomes for people with Autism Spectrum Disorders (ASD) who live in the county. It also seeks to shape the local approach in implementing the requirements of the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010), the Think Autism Strategy (2014) and the Adult Autism Strategy: Statutory Guidance (2015)

This strategy is 'all-age' meaning that it is relevant to children, young people as well as adults with autism and their families. The outcomes we are looking to achieve are:

- Making sure that everyone is as healthy and well as they can be,
- Making sure that everyone has access to appropriate educational provision so they can fulfil their potential as learners,
- Making sure that families and unpaid carers get the help and support they need,
- Making sure that everyone can access transport, high quality housing and suitable employment opportunities,
- Making sure that we are all safe in our communities.

There are a number of strategic themes underpinning the strategy that have been developed and agreed by the Autism Partnership Board, building on the themes of the first Autism Strategy for Herefordshire, originally published in 2014.

These underpinning themes are:

- Increasing the awareness and understanding of everyone that comes into contact with, or provides services to, children, young people and adults with autism,
- Ensure that autism is included in all relevant planning and strategies and that this is worked on collaboratively with people with autism and their families,
- Ensure compliance with relevant legislation,
- Ensure that all decisions are based on high quality evidence and intelligence.

## 1. Introduction

The strategy has been written in response to national policy developments relating to autism care, such as the National Autism Plan for Children (2003), The Autism Act (2009), the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010), National Autism Strategy (2010) and the Adult Autism Strategy: Statutory Guidance (2015). The Special Education Needs and Disability Code of Practice (2014) provides statutory guidance in relation to Children and Young People aged 0-25 years. The strategy also follows guidelines published by NICE (The National Institute for Health and Care Excellence)

The vision in the National Autism Strategy is that *'all adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'* This vision is grounded firmly within an equality and human rights approach. It is based on the fundamental principle that adults and children on the autism spectrum have the same rights as everyone else, and that they should be able to access services and participate in society on an equal basis.

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It is this approach and vision that Herefordshire Council and the Herefordshire Clinical Commissioning Group (CCG) have used to develop this strategy for adults and children on the autism spectrum in Herefordshire.

## 2. Definition of autism

Autism is a life-long disability which affects the lives of people with autism and their families. The following definition of autism is taken from NICE clinical guideline 170 issued in August 2013;

*“The term autism describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours, often with a lifelong impact. In addition to these features, children and young people with autism frequently experience a range of cognitive, learning, language, medical, emotional and behavioural problems, including: a need for routine; difficulty in understanding other people, including their intentions, feelings and perspectives; sleeping and eating disturbances; and mental health problems such as anxiety, depression, problems with attention, self-injurious behaviour and other challenging, sometimes aggressive behaviour. These features may substantially impact on the quality of life of the individual, and their family or carer, and lead to social vulnerability.”*

The guidance states;

*“Autism spectrum disorders are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) and have a significant impact on function. Both these diagnostic classification systems use the term 'pervasive developmental disorder', which encompasses autism, Asperger's syndrome and atypical autism (or 'pervasive developmental disorder not otherwise specified'). For a diagnosis of autism to be made, there must be impairments present and an impact on the person's adaptive function.”*

## 3. Local context

The strategy is structured around an approach that involves stakeholders and organisations in the development and design of services. This includes:

- The involvement of stakeholders in policy and goal-setting,
- Helping develop networks and alliances between the stakeholders,
- Developing a culture of learning from each other,
- Sharing resources,
- Sharing skills and competencies,
- Developing links between the Autism Strategy and other strategies, for example the Carers Strategy, the Learning Disability Strategy and the Joint Strategic Needs Assessment (JSNA),
- Ensuring that the needs of people with autism are recognised in key service developments.



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The strategic themes underpinning the strategy were co-produced by commissioners and the Autism Partnership Board during the summer of 2017. They build on the themes within the first autism strategy for Herefordshire published in 2014.

In addition, a countywide engagement exercise on the draft priorities of the strategy was commissioned by the Autism Partnership Board and conducted during the summer of 2017. The engagement was primarily aimed at people with autism and was conducted via an on line survey, a hard copy questionnaire and face to face meetings. (see appendix 3).

A further separate survey into Herefordshire's educational provision was conducted in autumn 2017 by the National Autistic Society (NAS). This had 35 respondents and it supported the views expressed in the earlier engagement commissioned by the Autism Partnership Board.

The priorities were also consulted upon with a range of health professionals, Council and CCG commissioners and representative organisations from the voluntary sector. Their views and feedback are reflected in the principles that guide this strategy.

## **4. Demographics and need**

### **The National Picture**

The Office of National Statistics estimates that the UK population grew to 65.1 million in 2015. It is projected that the population will grow steadily, passing 70 million people in 2026. Therefore we can expect the population of people with autism to rise accordingly, which in turn will have an impact on the demand for support and services that people on the autism spectrum will require in the future.

The Government has previously stated that the number of people with severe learning disabilities in the community may increase over the next 15 years, due to increased life expectancy, as well as a growing number of children with complex and multiple disabilities now surviving into adulthood.

### **Local demographics**

For the purposes of this strategy an estimate of the size of the population on the autism spectrum in Herefordshire has been calculated from information on the general population and from research which indicates the percentage of people who are likely to be on the autistic spectrum in a given local area.

However, it is important to acknowledge that these estimate may be different from the actual number of people on the autism spectrum. This is for a number of reasons;

Some people on the autism spectrum may not come to the attention of the Local Authority or NHS due to:

- Their ability to live independently without the support of locally funded services with the support of families and friends, in particular those without accompanying learning disabilities,
- Not meeting the eligibility criteria for services such as those who have borderline learning disabilities,
- Inability to access services where there is no formal diagnosis of autism,
- Autism being a secondary diagnosis,
- Their wishing to be not 'labelled' as different to the rest of their peer group.

## What do we know?

### Adults

There is currently no overall register of adults on the autism spectrum in the county. The National Autistic Society has published estimates of the prevalence of autism in the UK which note that although the figures for the prevalence of autism (ASD) cannot be precisely fixed, it appears that a rate of around 1 in 100 is a best estimate of the prevalence in children. A prevalence rate of around 1% would mean that the number of people with autism in Herefordshire can be estimated at around 1,860 including approximately 380 children age 0-18. This though is only an estimate. Accurate figures have continued to be impossible to source and it is one of the ambitions of this strategy to engage with various health professionals across the county to enable an accurate and reliable figure of the incidence and geographic location of the autistic population of Herefordshire. Generally the incidence of diagnosis amongst males is higher than that in females however figures vary from study to study. For a detailed look at what studies have been conducted please see the National Autism Society (NAS) website at <http://www.autism.org.uk/about/what-is/gender.aspx>

### Children

Data taken from the school census shows that;

- As at spring term 2015 there were 162 children diagnosed with autism in the local school system,
- As at spring term 2016 there were 178 children diagnosed with autism in the local school system,
- As at spring term 2017 there were 201 children diagnosed with autism in the local school system.

Of the children diagnosed with autism in the 2017 figure, 53 were attending special schools, 96 were in mainstream secondary schools and 52 were in primary schools (although some of these do attend specialist resourced provision for autism. 16 primary and 8 secondary places are currently commissioned).

Note: the school census data does not equate to the entire child population. It only covers children in maintained schools and academies. Pupils within the private or independent sector are not included nor are those who are educated at home.

## 5. How the strategy fits into the wider Health and Well Being picture for Herefordshire

The Herefordshire Health and Wellbeing Strategy, adopted in 2014, underlines how Herefordshire aims to be a vibrant county where good health and wellbeing is matched with a strong and growing economy. Within this overarching health and wellbeing strategy our vision for people with autism is that they are recognised and valued, are able to keep well and are able to live their own life.

It is the council's ambition that, where possible, people in Herefordshire are enabled to live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it. This ambition is based on the belief that people are supported in their community through family, friends, community groups and that this, supported by good information will enable them to live as fulfilling a life as possible.

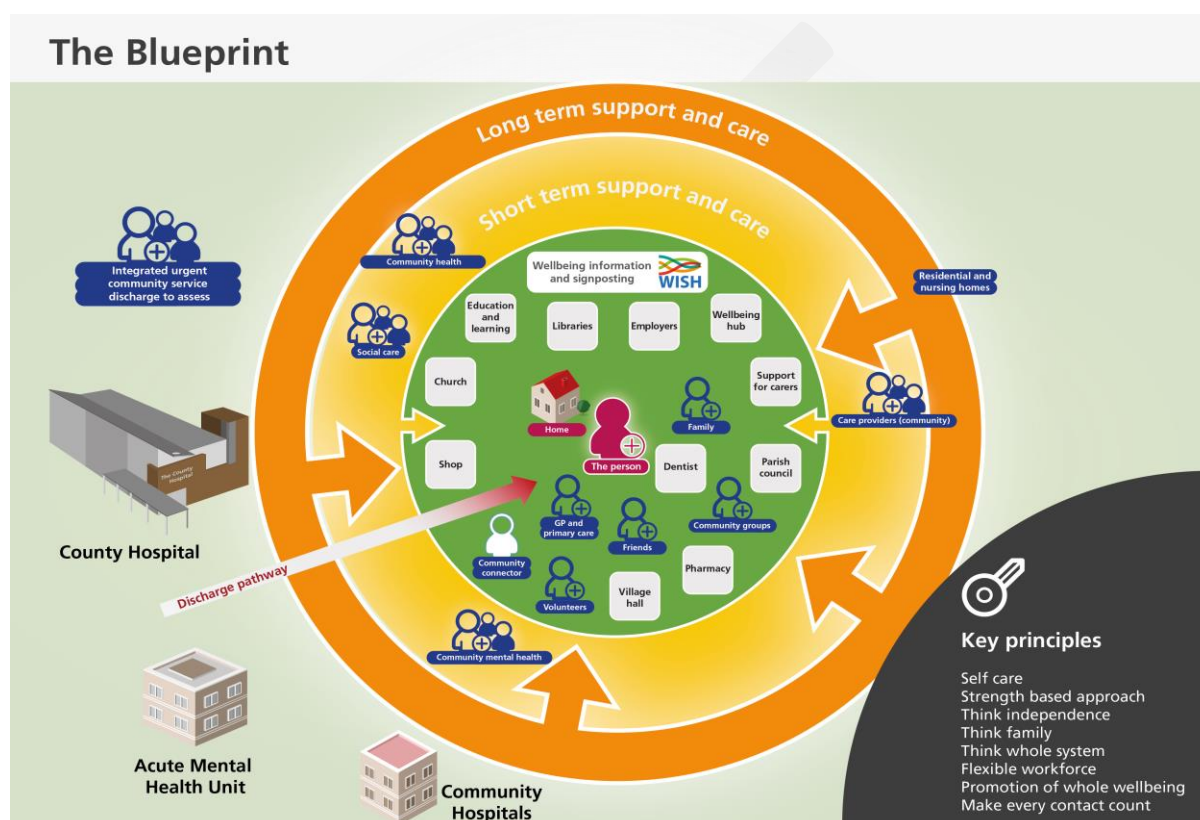
Herefordshire is committed to the personalisation agenda and is actively promoting individualised support and personal budgets. Personalisation is seen as a positive way forward for people with ASD as this will offer opportunities to shape the kind of support they need, empowering them to have more choice and control over how their needs are met.

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The Blueprint for accessing social care (see below) illustrates how people habitually use their own families and community as the norm for support and they do not want to become reliant upon services to assist them. However, where needs and aspirations are unmet, statutory services will be used to facilitate access to the community and ensure that the person's health and wellbeing remains the central focus.

**Note; this diagram is for information only. It will be updated prior to publication of the strategy.**



The local social care system is designed to assist people to meet their needs and aspirations. This will be achieved by seeking to ensure that services are focussed on maintaining the independence of the person, and their carer, while bolstering the strengths by:

- Facilitating access to the community
- Meeting any unmet needs to ensure the person, and carer, can have fulfilled lives within their communities where possible
- For young people, enabling them to lead lives of their own and access the opportunities available to other children.

## Transforming Care

Transforming care is all about improving health and care services so that people with a learning disability and/or autism can live in the community with the right support, and close to home. People with a learning disability and/or autism who display behaviour that challenges have the same rights as other people to access a range of public services that enables them to lead good and

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meaningful lives. Just like everyone else, they should be able to engage in meaningful activities and have opportunities to learn, contribute, and build friendships and relationships. This will improve their quality of life and can reduce behaviour that challenges.

This will mean that fewer people will need to go into hospital for their care and beds should be closed so people can live near home with the right support. Herefordshire Clinical Commissioning Group (CCG) supports this agenda and works closely to support identified individuals out of more secure hospital settings to more local supported facilities which supports the individual to live in a safe and enabling environment

## 6. The Resources

Given the expected rise in the size and age profile of the general population over the coming years it is clear that demand for services within the county will continue to grow across all sectors of care.

It is also clear that, given the current and expected finances of the country as a whole, national funding will not be increased to meet this.

Going forward therefore, we will need to ensure that all resources that we do have at our disposal are used to maximum effect. One of our biggest assets will be the people who make up the Autism Community within the county and it will be for us all to work together with statutory bodies to highlight where there are gaps in provision and to identify how these needs can be met using the resources we have, together with the talents and abilities of the people of Herefordshire. External sources of funding will also be investigated to see whether funding through grants or other payments might be obtained.

Universal services and key partner organisations will need to join up their thinking and work smarter in terms of delivering services which address the priorities and key issues facing people with autism and their families. It will be important that where funding does exist, everyone involved with delivering or commissioning services work together to ensure that services purchased are as efficient and effective as they can be.

It will be for individual partners to identify and implement the reasonable adjustments and awareness raising that they need to make in order to help the Autism Community. Where appropriate, it will be for the Partnership Board and other local groups to help partners identify where these efforts might be best targeted.

Education funding is provided from the Dedicated Schools Grant (DSG). All schools have a notional amount within their delegated funding to support lower levels of SEND including children with autism. For those with more severe needs, provision is funded from the High Needs Block of the DSG. This funds the following provision for children with Education, Health and Care Plans:

- Top-up tariff funding for those attending mainstream schools;
- The specialist resource bases at Hampton Dene and The Bridge at the Bishop of Hereford Bluecoat School including specialist speech and language therapy support..
- Local special school places for those children with severe and complex learning difficulties including autism
- For a very small number of children where we are not able to meet need locally, out of county placements (38 week day placements or 52 week residential placements)

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The High Needs Block also funds autism outreach to mainstream schools provided on behalf of the Council by Hampton Dene Primary School.

## 7. What has been achieved so far?

The first Herefordshire autism strategy was published in 2014. The key achievements since then include:

- The establishment of an active Autism Partnership Board. The Board is chaired by an independent Chair who is also on the autistic spectrum. The Board attracts a wide membership including people with autism, carers, education, health and care professionals, commissioners, and a range of third sector partners,
- The development of strong partnership working and vision. The strategic themes of this revised strategy were written by members of the Autism Partnership Board,
- The drafting of an adult Diagnostic Pathway by the CCG.  
*The implementation of this pathway is a key objective of this revised strategy,*
- The re-drafting of a children's diagnostic and support pathway by the Council, CCG, 2gether MH Trust and WVT,  
*The implementation of this pathway is a key objective of this revised strategy.*
- An increased awareness of autism amongst health professionals and GPs. In 2016 members of the Board, together with Healthwatch Herefordshire, presented a training and awareness session to GPs at an in-service training event. This led to a number of training sessions being held at individual GP surgeries across the county,  
*The continued raising of awareness amongst health professionals is a key objective of this revised strategy,*
- A revised joint transition protocol has been drafted,  
*The full implementation of this protocol is a key objective of this revised strategy,*
- A body of information was created on the Council website for children, young people with Special Educational Needs and Disabilities (SEND) and their families (The Local Offer). This is currently being reviewed and transferred onto the Wellbeing, Information and Signposting (WISH) database in order to make it more accessible and used more frequently,
- Improved coding by GPs on patient records of the incidence of autism. The Board has recognised the importance of improving data collection to get better intelligence of the autistic population in the county,  
*The continued improvement of data collection, particularly by GPs, is a key objective of this revised strategy in line with guidance NM153 issued in August 2017 by the National Institute for Health and Care Excellence (NICE),*
- The joint production of an awareness raising film about autism. The film was a result of a joint project between the Rural Media Company and the Autism Partnership Board. The film has been shown around the county to a wide variety of audiences helping to raise awareness of autism amongst the wider population,

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*Raising awareness amongst the population as whole is an ongoing objective of this strategy,*

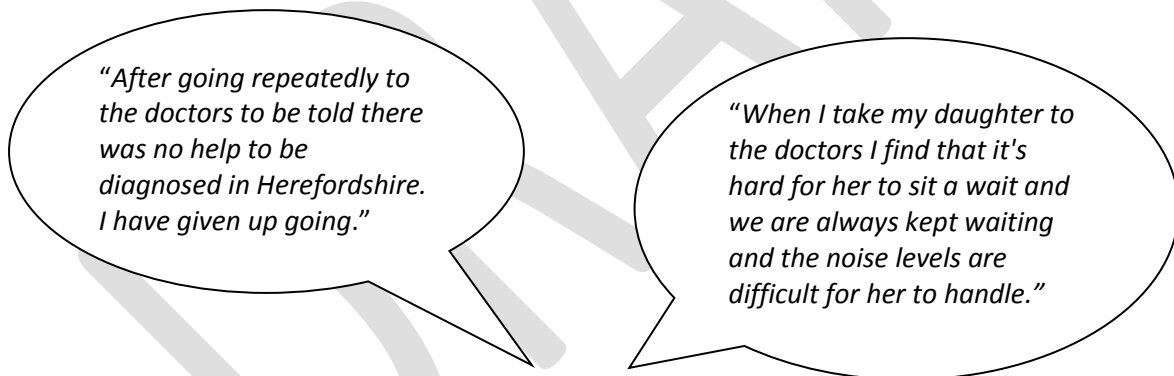
- Autism included within the Joint Strategic Needs Assessment for the county,
- The Partnership Board was a crucial partner in setting up the local branch of the National Autistic Society (NAS). The branch has been very active in promoting local and national initiatives. It has also played an important role in offering advice and support to parents of children with autism,  
*Supporting parents and carers is a key objective of this revised strategy,*
- The Partnership Board, through its chair, has worked very closely with West Mercia Police and the Local Independent Advisory Group (LIAG) on raising awareness of autism with all ranks of officers,  
*The continued raising of awareness within the Criminal Justice System is a key objective of this revised strategy,*

## 8. What next?

The Strategy contains a number of actions and these contribute to strategic themes and outcomes. Which are outlined below;

### Improved health and wellbeing

When we asked people about health services this is the sort of thing they told us:



(For more comments please see appendix 3 – “What have people told us?”)

As a result of our engagement work we have identified the following outcomes we want to achieve:

- Local diagnosis pathways are in place to enable people to be diagnosed and, where appropriate, to access suitable services in a timely manner,
- Improved awareness of autism amongst all health professionals providing services to people with autism,
- Autism is included within all relevant Health, CCG and Council plans,
- Improved recording of autism within GP patient records.

### **Making sure that everyone has access to appropriate educational provision so they can fulfil their potential as learners:**

When we asked people about learning services this is the sort of thing they told us:

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*“All school staff need more training on autism as I'm finding that they don't understand me”*

*“ASD awareness in general needs to be greatly improved upon”.*

(For more comments please see appendix 3 – “What have people told us?”)

As a result of our engagement work we have identified the following outcomes we want to achieve:

- Improved awareness of autism amongst all education professionals,
- Where appropriate, autism is included within all Health, CCG and Council plans for children and young people,
- Young people aged 14 – 18, with a diagnosis of autism, and parent/ carers, have easier access to appropriate information, advice and support.

### **Making sure that families and unpaid carers get the help and support they need:**

When we asked people about help for carers and families this is the sort of thing they told us:

*“There is not enough support for unpaid carers”*

*“There is very little support available to carers. Need to look for this yourself as information is not routinely given.”*

(For more comments please see appendix 3 – “What have people told us?”)

As a result of our engagement work we have identified the following outcomes we want to achieve;

- Improved access to information and advice so that the right support can be identified and provided effectively
- Improved quality of information for Carers and Families so that the right support can be identified and provided effectively
- Improved standards of self-advocacy
- Improved services for people with Autism and their carers

### **Making sure that everyone can access transport, high quality housing and suitable employment opportunities;**

When we asked people about transport, housing and employment this is the sort of thing they told us;

*“While I am happy where I live my adult son still lives at home as there is nowhere for him to move to which would accommodate his needs”*

*“My son will not tolerate public transport because of the smells and sensory overload”*

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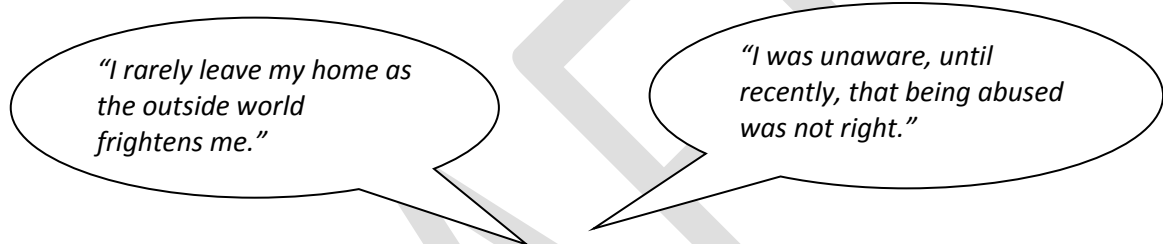
(For more comments please see appendix 3 – “What have people told us?”)

As a result of our engagement work we have identified the following outcomes we want to achieve:

- Improved awareness of autism amongst all professionals providing services to people with autism,
- Greater involvement of the autistic community in the planning and execution of decisions that directly affect them,
- Where appropriate, autism is included within the plans and strategies of partner organisations,
- More autism friendly services such as housing, transport and employment are available.

### **Making sure that we are all safe in our communities:**

When we asked people about being safe this is the sort of thing they told us:



(For more comments please see appendix 3 – “What have people told us?”)

As a result of our engagement work we have identified the following outcomes we want to achieve;

- Where appropriate, autism is included within the plans and strategies of partner organisations,
- Improved awareness of autism amongst all agencies providing services to people with autism,
- Improved awareness within the autism community of community safety.

How we intend to achieve these outcomes is described below in the Strategy Action Plan.



## 9. How we will review and develop this strategy

This strategy is intended to be updated on an on-going basis throughout its lifetime.

It will be the role of the Autism Partnership Board to monitor progress on the actions within the Action Plan (see page 15).

Based on the Action Plan the Board will draw up a programme of work to monitor progress against the actions within the plan. This programme of work will be considered at each of the Board's quarterly meetings. The responsible organisations named within the plan will be required to explain progress against their respective actions so that the action plan can be updated on an on-going basis.

The Board will also ensure that the views and experiences of the autistic community are sought and considered.

There will also be a formal review of progress against the action plan on an annual basis.

### Engagement

We will use a variety of methods to gather the views of the people we are trying to help through this strategy. We will work with partners to ask people what they think about what we do, how well we are doing to meet our aims, how our work is benefitting people and what it is we can do better to achieve our goals.

Our Partnership Board meetings will continue to be open to all who wish to attend and contribute.

Key to our engagement work will be the council's WISH website [[link to engagement section on website](#)]. We will develop an autism specific section within WISH where we can disseminate news and gather views.

Key partners in engagement will include, the Council, the CCG, Healthwatch, Herefordshire Carers Support, Herefordshire NAS and West Mercia Police.

### Co-Production

To deliver the aims of this strategy and action plan we will be led by the core principles of co-production as described by the Social Care Institute for Excellence – see <https://www.scie.org.uk/publications/guides/guide51/files/guide51.pdf>

These principles will shape how we work together to deliver our activities. The principles we shall work by are as follows;

1. Equality – acknowledging that no one group or person is more important than any other group or person - everyone is equal and everyone has assets to bring to the process.
2. Diversity – acknowledging that diversity and inclusion are important values in the development of our strategy and our work.
3. Accessibility – Ensuring that everyone has the same opportunity to take part in an activity fully, in the way that suits them best.
4. Reciprocity – Ensuring that people receive something back for putting something in by building on people's desire to feel needed and valued.

## Accessing information - WISH

<https://www.wisherefordshire.org/children-and-families/>

WISH (Wellbeing, Information and Signposting for Herefordshire) provides lots of information online, by phone or face to face to support the wellbeing of all adults, children, young people and families across Herefordshire.

**Wellbeing** - WISH has been developed to help you or someone you care for live as safely and independently as possible.

**Information** - It aims to provide you with the information you need to support your wellbeing and ensure your care needs are met.

**Signposting** - Where appropriate WISH will signpost you to other organisations and agencies that can provide support and advice.

**Herefordshire's** online directory- You can use the WISH directory to find organisations, support groups and services, as well as a range of activities that are happening in your local community and across Herefordshire.

## Raising awareness of autism.

Raising awareness of council staff and our partner's staff is central to the success of this strategy.

- We will ensure that autism awareness is included in all induction and development training of all council employed staff.
- We will also ensure that, within the contracts for all commissioned services, there are clear requirements placed upon contractors to ensure that their staff and providers of services are trained in autism awareness.
- We will work with our partners to encourage them to also ensure that their staff are trained in autism awareness and that they also include awareness training within their own contracts for commissioned services.

## Glossary of abbreviations used in the Action Plan

AWB - Adult Well Being

CCG - Clinical Commissioning Group

HC - Herefordshire Council

HCS - Herefordshire Carers Support

LIAG - Local Independent Advisory Group

NAS - Herefordshire (branch of) National Autistic Society

WISH - Well-being, information and Signposting for Herefordshire

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## Appendix 1 – The Action Plan

Specific priority themes	Actions to be taken – what are we going to do?	Who is leading (in bold) <i>Who is contributing (in italics)</i>	Date for completion	What outcomes do we expect our actions to produce? (linked to actions)
35 <b>1. Improved health and wellbeing</b>	a) Review the diagnostic care pathway for adults with Autistic Spectrum Disorders. This will include access to specialist assessments and medication reviews, taking into account accessibility and patient experience.	<b>Deputy Director of Operations (CCG)</b> <i>Who is contributing (in italics)</i>	Dec 18	<b>Outcomes</b> <ul style="list-style-type: none"> <li>Local diagnosis pathways are in place to enable people to be diagnosed and, where appropriate, to access suitable services in a timely manner - actions 1a, 1e.</li> <li>Improved awareness of autism amongst all health professionals providing services to people with autism – actions 1b, 1d.</li> <li>Autism is included within all Health, CCG and Council plans – actions 1b, 1f.</li> <li>Improved recording of autism within GP patient records – action 1c.</li> <li>Children and young people’s mental health services are reviewed – Action 1g.</li> </ul> <b>How will we know we have been successful?</b> <ul style="list-style-type: none"> <li>An increase in diagnosis due to improved access to local services.</li> <li>Improved services, access and information for people with autism and their carers.</li> <li>The autism community feel that their needs are recognised, planned for, and, are effectively addressed.</li> <li>Commissioners have robust data to inform plans and services in the county.</li> </ul>
	b) Ensure that the NHS and other organisations are Making Every Contact Count (MECC) by: <ul style="list-style-type: none"> <li>(i) Training staff in MECC</li> <li>(ii) Enhancing opportunities to promote healthy lifestyles advice for people with autism.</li> </ul>	<b>Director of Public Health (HC)</b>	March 20	
	c) Improve the recording of diagnosis of autism in patient records throughout the NHS, including the primary care register.	<b>Director of Primary Care (CCG)</b>	March 21	
	d) Ensure all health practitioners receive autism awareness training, particularly on the experiences of people with autism and their families. <ul style="list-style-type: none"> <li>Council staff inductions to include autism awareness</li> <li>Partner inductions to include autism awareness</li> <li>Refresher / in service training to include autism awareness</li> </ul>	<i>Workforce Leads (multi-organisations)</i>	March 21  April 19 On going On going	
	e) Ensure that waiting times for referral to assessment and referral to treatment for children and young people awaiting assessment / treatment are in line with national expectations.	<b>Deputy Director of Operations (CCG)</b>	On going	
	f) Promote and encourage the take-up of personal relapse / crisis plans as appropriate for people with Autism in contact with health and social care organisations.	<b>Deputy Director of Operations and Deputy Director of Nursing (CCG)</b>	On going	
	g) Review of children and young people’s mental health services to explore the opportunities for transforming the services to 0-25s. <ul style="list-style-type: none"> <li>Clinical model prepared</li> <li>Agreement to proceed with clinical model</li> <li>Mobilisation</li> </ul>	<b>Deputy Director of Operations (CCG)</b>	June 18  Dec 18 March 19 March 20	

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Specific priority themes	Actions to be taken – what are we going to do?	Who is leading (in bold) <i>Who is contributing (in italics)</i>	Date for completion	What outcomes do we expect our actions to produce? (linked to actions)
<p><b>2. Making sure that everyone has access to appropriate educational provision so they can fulfil their potential as learners</b></p>	<p>a) Review and re-model children and young people’s therapy services in relation to autism across the county so that appropriate levels of service are available and sustainable in Herefordshire (part of a wider review of children and young people’s therapy services) and also meet national criteria / guidelines. To include speech and language therapy and physiotherapy services.</p>	<p><b>Children’s Joint Commissioning Manager (HC &amp; CCG)</b></p>	<p>April 19</p>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved awareness of autism amongst all education professionals – actions 2c, 2d.</li> <li>• Where appropriate, autism is included within all Health, CCG and Council plans for children and young people – actions 2a, 2b.</li> <li>• Young people in transitions, with a diagnosis of autism, and their parent/ carers, have easier access to appropriate information, advice and support – action 2e.</li> </ul> <p><b>How will we know we have been successful?</b></p> <ul style="list-style-type: none"> <li>• Improved satisfaction ratings from parents/carers</li> <li>• Fewer children withdrawn from schools.</li> <li>• Audit of EHC (Education, Health and Care) Plans. demonstrates that need, provision and outcomes are more accurately described.</li> <li>• Greater confidence relating to autism identified by school/setting staff.</li> <li>• Improved client engagement in/satisfaction with the development of information.</li> </ul>
	<p>b) Conduct a needs assessment to identify gaps in educational provision and develop provision to meet the identified needs across the age range and spectrum of needs (allied to the Herefordshire Council Capital Investment Strategy).</p> <p>As part of b) Review, agree and publish the entry criteria and operational procedures for our specialist educational provision for autism (Hampton Dene Primary Learning and Communication Centre and the Bishop of Hereford School ‘The Bridge’).</p>	<p><b>Head of Additional Needs (HC)</b> <i>(supported by head teachers)</i></p>	<p>July 19</p>	
	<p>c) Complete the development of a children’s diagnosis and support pathway including gaining agreement through multi-agency governance arrangements. Embed the pathway into local multi-disciplinary working practices.</p>	<p><b>Children’s joint Commissioning Manager (HC)</b></p>	<p>Dec 18 – sign off Dec 19 – promotion</p>	
	<p>d) Audit and Review the training needs of school/setting staff in relation to autism. Offer targeted training to schools/settings in relation to need identified through survey or Council monitoring.</p>	<p><b>Head of Additional Needs (HC)</b></p>	<p>Audit Dec 2018 March 2021</p>	
	<p>e) Finalisation, publication and sharing widely of a ‘preparing for adulthood’ protocol.</p>	<p><b>Senior Post-16 Advisor (HC)</b></p>	<p>July 18</p>	

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Specific priority themes	Actions to be taken – what are we going to do?	Who is leading (in bold) <i>Who is contributing (in italics)</i>	Date for completion	What outcomes do we expect our actions to produce? (linked to actions)
<b>3. Making sure that families and unpaid carers get the help and support they need</b>	a) •Continue development of family held information records system through use of a multi-media advocacy App (Wiki-ME). •Extend use of App to up to 250 users (to include a group with Autism). •Evaluate success of 2 year App scheme (including for the autism cohort).	<b>Integrated Pathway Development Manager (HC)</b>	Extended trial April 18 April 19  Evaluate from October 18	<b>Outcomes</b> <ul style="list-style-type: none"> <li>• Improved access to information and advice so that the right support can be identified and provided effectively – actions 3b, 3c, 3g, 3h.</li> <li>• Improved quality of information for Carers and Families so that the right support can be identified and provided effectively – actions 3a, 3f, 3h.</li> <li>• Improved standards of self-advocacy – actions 3d, 3e.</li> <li>• Improved services available for people with Autism and their carers – actions 3d, 3e.</li> </ul> <b>How will we know we have been successful?</b> <ul style="list-style-type: none"> <li>• Improved client engagement in/satisfaction with the development of information.</li> <li>• More young people have access to safe social media (Wiki-me evaluation).</li> <li>• Parents/carers and young adults feel supported in a ‘tell us once approach’ (Wiki-me evaluation).</li> <li>• Opportunities are identified to enable the autism community to build their own support networks through fundraising and collaborative working.</li> <li>• People with autism and their carers are able to access information and advocacy more easily through channels such as WISH, NAS and the Herefordshire Carers Support helpline.</li> </ul>
	b) Review the available information for Young Carers, and those families requiring Short Breaks (adults and children) and direct payments. LES TO EDIT	<b>Head of Additional Needs (HC)</b>	On going	
	c) Signpost parents and carers to available sources of support and advice	<i>Herefordshire NAS &amp; WISH</i>	On going	
	d) Help maintain existing, and identify new services and support mechanisms for parents, carers and people on the spectrum.	<i>Herefordshire NAS &amp; WISH</i>	On going	
	e) Identify funding opportunities to enable new services to be developed and expanded	<b>Autism Partnership Board</b>	On going	
	f) Ensure that Council/ CCG’s Carers Strategy includes autism.	<b>Autism Partnership Board</b>	On going	
	g) Ensure all mainstream services ‘Think Carer’ and to ensure that family Carers are identified at the start of care pathways, involving them in decisions and offering support/signpost to specialist support.	<b>Carers Strategy Action Group</b> <i>Herefordshire Carers Support</i>	March 19	
	h) Connect Carers to each other and provide up-to-date and accessible information, advice and resources through a range of methods, e.g. via the Herefordshire Carers Support (HCS) KIT magazine, E-bulletin, website and social media as well as though links to WISH.	<i>HCS, WISH and HC AWB</i>	March 19	
	<i>Note; The Herefordshire Carers Support helpline is 07785 574896            The WISH website can be accessed at <a href="https://www.wisherefordshire.org/">https://www.wisherefordshire.org/</a></i>			

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Specific priority themes	Actions to be taken – what are we going to do?	Who is leading (in bold) <i>Who is contributing (in italics)</i>	Date for completion	What outcomes do we expect our actions to produce? (linked to actions)
<b>4. Making sure that everyone can access transport, high quality housing and suitable employment opportunities</b>	a) Work with the Strategic Housing team to improve access to suitable housing for people with autism including young people in transition.	<b>HC</b> <i>Strategic Housing Team</i>	On going	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved awareness of autism amongst all professionals providing services to people with autism – actions 4b, 4e, 4h, 4i.</li> <li>• Greater involvement of the autistic community in the planning and execution of decisions that directly affect them – actions 4b, 4c, 4g.</li> <li>• Where appropriate, autism is included within the plans and strategies of partner organisations – actions 4a, 4b, 4i.</li> <li>• More autism friendly services such as housing, transport and employment are available – actions 4a, 4b, 4d, 4e, 4f,4h.</li> </ul> <p><b>How will we know we have been successful?</b></p> <ul style="list-style-type: none"> <li>• Increase in the number of supported internships and other training opportunities.</li> <li>• More young people with autism are employed.</li> <li>• People with Autism have greater independence and are able to live within their local communities.</li> <li>• The autism community feel that their needs are recognised, planned for, and, are effectively addressed.</li> <li>• People with Autism are consulted with on plans and strategies that affect their lives.</li> <li>• Autistic people, their families and their carers feel that they have their needs better understood and catered for.</li> </ul>
	b) Work with developers and housing providers to design homes and buildings that are autism friendly.	<b>Housing Team &amp; Planning Team</b>	On going	
	c) Increase the use of technology to enable people with autism, who wish to, to live independently.	<b>Assistive Living and Telecare Team</b>	On going	
	d) Develop and enhance opportunities to local employment services.	<b>HC</b>	March 19	
	e) Work with local transport providers to raise awareness of autism and to make services more autism friendly.	<b>Autism Partnership Board</b> <i>HC Transport team</i>	On going	
	f) Establish new or expand existing education, training and supported employment opportunities for young people preparing for adulthood including the use of supported internships.	<b>Senior Post-16 Advisor</b>	March 21	
	g) Develop transport training provision for people with autism.	<b>Autism Partnership Board</b> <i>Travel Training team</i>	On going	
	h) Contracts for council commissioned transport services to include staff awareness training.	<b>AWB Commissioning</b>	On going	
	i) Ensure where appropriate all contracted services include requirement that ensures staff have an awareness of autism and where appropriate are trained to support people with autism.	<b>AWB Commissioning</b>	On going	
<b>5. Making sure that we are all</b>	a) Raise awareness amongst people with autism of their rights and responsibilities in relation to reporting Hate Crimes.	<b>Community Cohesion Officer</b>	On going	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Where appropriate, autism is included within</li> </ul>

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Specific priority themes	Actions to be taken – what are we going to do?	Who is leading (in bold) <i>Who is contributing (in italics)</i>	Date for completion	What outcomes do we expect our actions to produce? (linked to actions)
safe in our communities		<b>(HC)</b>		the plans and strategies of partner organisations – actions 5b, 5e. • Improved awareness of autism amongst all agencies providing services to people with autism – actions 5b, 5c. • Improved awareness within the autism community of community safety – actions 5a, 5c, 5d, 5e.  <b>How will we know we have been successful?</b> • Improved awareness of services such as ‘Safe Places’. • All new recruits to the local Police Force are trained in autism awareness. • The autism community feel that their needs are recognised, planned for, and, are effectively addressed.
	b) Continue to develop autism awareness training sessions for Police Officers and criminal justice professionals.	<b>Local Independent Advisory Group (LIAG)</b>	On going	
	c) Continue to develop autism appropriate information and training sessions dealing with hate crime, being radicalised, groomed or abused in other ways.	<b>Community Cohesion Officer (HC)</b>	On going	
	d) Continue to promote the Safe Places scheme and to expand the number of Safe Places available across Herefordshire	<b>Herefordshire Mencap</b>	On going	
	e) Promote and encourage the take-up of the Herbert Protocol*. <i>*The Herbert Protocol is a national scheme which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing</i>	<b>Autism Partnership Board</b> <i>West Mercia Police</i>	On going	

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Note: The following cross cutting themes are relevant for all of the above priorities:

- Increasing the awareness and understanding of everyone that comes into contact with, or provides services to, children, young people and adults with autism,
- Ensure that autism is included in all relevant planning and strategies and that, where practicable, these are worked on collaboratively with people with autism and their families,
- Ensure compliance with relevant legislation,
- High quality evidence and intelligence gathering.

## Appendix 2 – Policy Context

### The national policy context

This strategy incorporates the available clinical and policy evidence and the recent policy directions. A range of national policy documents sets out the need to develop services for people on the autism spectrum. The following key policies and reports have influenced how this strategy has been developed:

- National Autism Plan for Children (2003)
- Department of Health Note: Better Services for People with an Autistic Spectrum Disorder (2006)
- Aiming High for Disabled Children – DfES (2007)
- Children and Young Persons Act (2008 - Part 2:25)
- The Bradley Review (2009)
- Valuing people now (2009)
- Supporting people with autism through adulthood (2009)
- Autism Act (2009)
- Adult Autism Strategy ‘Fulfilling and Rewarding Lives’ (2010)
- Autism Good Practice – DH/DfES (2010)
- Equality Act (2010)
- NICE guidance for autism / ADHD (2013)
- Children and Families Act (2014)
- Care Act 2014
- Think autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update (2014)
- Adult autism strategy: statutory guidance (2105)

### National Autism Plan for Children (2003)

The National Autism Plan for Children (NAPC) was published in 2003 under the banner of The National Autistic Society (NAS) in collaboration with the Royal College of Paediatrics and Child Health and the Royal College of Psychiatrist. These guidelines address the following for pre-school and primary school age children with ASD:

- identification,
- assessment,
- diagnosis and,
- access to early interventions.

### Autism Act 2009

The Autism Act 2009 was the first disability specific law to be passed in England and placed a duty upon the Government to produce a strategy by April 2010 for adults on the autism spectrum.

This Act signalled a new commitment to transform the way public services supports people with autism. But, more importantly, it is the stepping stone to drive change for transforming the lives of adults with autism.

Under the Act the Council and the CCG have a responsibility to:

- Provide or commission diagnostic services for children and adults with on the autism spectrum,
- Provide or commission services to identify children and adults on the autism spectrum,
- Provide or commission needs assessments for children and adults on the autism spectrum,
- Plan appropriate services for children and adults on the autism spectrum, as well as planning for young people in transition from Children’s to Adult services,
- Plan training for staff that provide services to children and adults on the autism spectrum,



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- Have local arrangements for leadership regarding service provision for children and adults on the autism spectrum.

## **Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update (2014)**

Of the two most recent policies, the “Think Autism” strategy was published following a review in 2013/4 by the Department of Health of the Autism Strategy (2010). During the review of the Autism Strategy the Department of Health ran a comprehensive exercise to listen and learn about how it was working. Nearly 2,000 people took part in focus groups, conferences and events. More than 1,100 people took part in an online survey. Local authorities worked with partners and local people to complete self-assessment exercises looking at the progress they were making.

*“The Adult autism strategy: statutory guidance”* shows how local authorities and NHS organisations should carry out their responsibilities under the Autism Strategy to develop services that support and meet the needs of people with autism, and their families and carers. It also explains what support people with autism can expect to receive from local authorities and NHS organisations.

### **Local Policy Context**

- The 0 - 25 Local Offer (Part of the Children and Families Bill 2013). This lets parents know what they can expect and what services there are on offer.
- The Children and Young People Partnership Plan (Priority 6 - Children with Disabilities).
- The Joint Carers Strategy 2017-21
- Herefordshire Housing Strategy 2016-20
- Adults Wellbeing Plan 2017-2020

## Appendix 3 – Engagement

A public facing engagement exercise was conducted during the summer of 2017. It was aimed at people with autism and their families and carers although it was open for anyone to respond to. It was available as a hard copy paper version or on line through the Herefordshire NAS website.

We asked people for their views on the key priority areas that had been identified by the Partnership Board (see page 9).

These priorities were:

- Keeping Healthy,
- Education: Children, Young People and Transitions,
- Support for unpaid carers and families,
- Housing, Employment & Transport,
- Being Safe.

People were also asked a series of specific questions dealing with these priority areas to help the Board identify which are the key areas of development needed to be addressed by this strategy and action plan.

In total 60 responses were received. 49 were through the website, 11 were hard copy responses. The highlights of the responses were (by importance\* of priority area as defined by the public):

*\* Note: a disproportionate number of the respondents were parent carers (mostly of school aged children) so education and the needs of carers (not unexpectedly) feature highly. When the views of people with autism (most of these responses were from adults) are separated out, Housing becomes the second most important priority.*

### **Making sure that everyone has access to appropriate educational provision so they can fulfil their potential as learners**

There is a continuing need for schools to be more aware of autism and how to help pupils attend and progress with their lessons. The comments received included:

- “All school staff need more training on autism as I'm finding that they don't understand me”
- “ASD awareness in general needs to be greatly improved upon”.
- “My child mainstream school were not trained enough to help my child. It is only through accessing a specialist provision that she is doing so well. If more staff were trained then she would of been able to manage in mainstream school”

A further separate survey into Herefordshire's educational provision was conducted in autumn 2017 by Herefordshire NAS. This had 35 respondents and it supported the views expressed in the earlier engagement commissioned by the Autism Partnership Board. The results are summarised below:

28 (80%) of the responses related to children aged between 5 and 15. 29 (82%) of responses were male. Most (71%) attend either a mainstream school or an autism-specific unit attached to a mainstream school. The survey was evenly split in response to the question “Does your current education provision meet the needs of your child?” (yes, 18, no 17) however 51% were satisfied or very satisfied with the education provision received as opposed to 31% who were either dissatisfied or very dissatisfied.

There were significant levels of dissatisfaction with issues such as:

- getting educational support for their child – 60% strongly disagreed that it had been an easy process,
- the speed at which special support had been put in place – 66% strongly or somewhat disagreed that it had not been put in place quickly enough,

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- 71% strongly or somewhat disagreed that they had had enough information and support to help understand the options available.

When asked about what improvements to education provision could be made locally the most common responses highlighted the need for more specialised autism provision and places, better trained staff in schools as well as greater awareness of autism in both the teaching profession, other pupils in schools and the general population as a whole.

When asked about what the main concerns parents have about the future many said that they did not think that their child would reach their full potential and that, after leaving education, there would not be sufficient help and support for them into adulthood.

## **Making sure that families and unpaid carers get the help and support they need**

Most responders knew where they could get advice, help and information about autism. The launch within the last 18 months of a local branch of the National Autistic Society has clearly helped several of the responders who mentioned how helpful and supportive the branch has been;

- “Since being put in touch with NAS my life and that of my son has greatly improved and they have introduced me to Hereford Carers and other families in my position”,
- “The ladies from the NAS in Hereford are so kind and I really enjoy going to their groups”,
- “Herefordshire Carers have been brill and so have the local branch of the NAS the council are useless”,

Criticisms of the help available for carers included the lack of a central single point for information:

- “Support (in) one place to ask all things not a lot of different places”,
- “There is very little support available to carers. Need to look for this yourself as information is not routinely given.”

There were many comments regarding the lack of support carers generally:

- “Due to funding cuts at carer support group many vital support not available anymore”,
- “The lack of support available to parents is dismal”,
- “The local Government should help more”,
- “There is not enough support for unpaid carers”.

## **Making sure that everyone can access transport, high quality housing and suitable employment opportunities;**

Housing; Most responders lived in their family home and were happy with where they were living There were however concerns about where children will live once parents cannot look after them:

- “While I am happy where I live my adult son still lives at home as there is nowhere for him to move to which would accommodate his needs”,
- “Don't know whether my son will ever be ready to leave home so will look for more information when the time is right.”

Employment; there were some negative comments regarding the local jobcentre service indicating that an increase in the level and quality of awareness training would be helpful.

Transport; public transport came in for the greatest amount of criticism. This criticism was not directed at the amount or quality of the service but of its perceived unfriendly atmosphere for people with autism; viz:

- “Don't like when we go on the bus as everyone stares at me”,
- “Hate public transport”,
- “My son will not tolerate public transport because of the smells and sensory overload”,

There were also several comments that mentioned how people with autism did not like going out at all

and how hostile they often found the world outside of their homes.

## **Making sure that we are all safe in our communities**

The comments on not liking being outside (see transport above) were reflected also in the responses to questions about being or feeling safe. Just under half of those who responded felt unsafe when out an about. Around two thirds said that they had been victim of hate crimes and / or bullying, one comment in particular; “I was unaware, until recently, that being abused was not right.”

Most comments though mentioned more the problems autistic people have in getting out in a busy, noisy environment and how this can often lead younger people to ‘meltdown’; i.e;

- “I rarely leave my home as the outside world frightens me”,
- We would struggle to be in town as my daughter would seriously have a meltdown if she saw someone looking at her wrongly.”

There were positive comments however;

- “My son has had interaction with emergency services and on the occasion he was extremely poorly the ambulance crew were amazing with him. The day he went to fire station open day the guys there were fantastic showing him all the tools and heavy machinery they use he loved it. Police safety day at our childrens centre they accommodated he was sensitive to loud noises and they warned us before they did the sirens”.

## **Making sure that everyone is as healthy and well as they can be**

Most responders knew where to get information on keeping healthy and healthy lifestyles. The three principal methods for obtaining this information were online, information from GP surgeries and leaflets.

When asked whether “My doctor makes it easy for me to attend appointments” the responders were split almost 50/50. As might be expected it was a more mixed picture when asked about other health professionals making it easy to see them.

A large proportion of the comments on health were about the difficulties in getting appointments with GPs (though this is also a common complaint from the population as a whole). There were also comments about how visits to doctors could be made more autism friendly. One parent told us: “When I take my daughter to the doctors I find that it's hard for her to sit a wait and we are always kept waiting and the noise levels are difficult for her to handle”.

There were also several comments on how local gyms could be more autism friendly by not being so noisy. Getting a diagnosis also emerged as an important issue for people. A typical comment was: “After going repeatedly to the doctors to be told there was no help to be diagnosed in Herefordshire I have given up going”.

## **Consultations with partner organisations and within the Council**

Partner organisations consulted on in the drafting of this strategy include;

- Herefordshire CCG,
- West Mercia Police,
- Herefordshire Carers Support,
- Hereford Disability United,
- National Autistic Society – Hereford Branch,
- Herefordshire Autism Partnership Board,
- Herefordshire Healthwatch,
- Herefordshire Council Childrens Well Being,
- Herefordshire Council Adults Well Being.

Autism  
Children and Young  
People's Scrutiny  
16 April 2018

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# What is Autism?

- Autism is a life-long disability
- It affects the lives of people with autism and their families and carers.
- It is a spectrum condition in terms of impact and severity;
  - <sup>46</sup> - Those with mild autism often need no formal support.
  - Those with severe autism may require 24 hours support with all areas of their health and wellbeing
- There will be people without diagnosis who do have autism

# Legislation and statutory guidance

- The work of the Council and the Clinical Commissioning Group (CCG) is directed by a range of legislation such as;
  - **For adults;** The Autism Act (2009), the National Autism Strategy (2010), The Equality Act (2010) and the Adult Autism Strategy: Statutory Guidance (2015).
  - **For Children;** the National Autism Plan for Children (2003), The Special Education Needs and Disability Code of Practice (2014)
  - We are also directed by overarching legislation such as the Care Act (2014)

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# Autism in Herefordshire

- It is estimated that 1.1% of the national population have autism. For Herefordshire this would mean that approximately 2,000 people would fall within the autism spectrum.
- The council has worked with the CCG and partners and the autism community in the county to co-produce a comprehensive outcome-focused Autism Strategy
- The action plan within the strategy describes how we will create real changes in the lives of people with autism through changes to service design and the commissioning culture.

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# What have people told us?

- When we engaged with the public they have told us things like;
- *“After going repeatedly to the doctors to be told there was no help to be diagnosed in Herefordshire. I have given up going.”*

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- *“All school staff need more training on autism as I'm finding that they don't understand me”*
- *“There is not enough support for unpaid carers”*
- *“I was unaware, until recently, that being abused was not right.”*

# Autism strategy 2018-2021 (1)

The strategy;

- Sets out the outcomes and actions required to achieve change within the statutory guidance framework as well as the wider strategic aims of the council and the clinical commissioning group;
- Ensures that all commissioned activity is aligned to the health and wellbeing blueprint for adult social care, the Council's aim of keeping all children safe and giving them the best start in life and with the NHS's long-term commitment to ensure reasonable adjustments are made in both primary and acute health services.

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# Autism strategy 2018-2021 (2)

- Our strategic themes have been developed and agreed by the Autism Partnership Board, building on the themes of the first Autism Strategy for Herefordshire, originally published in 2014.
- 9 • The action plan identifies actions through information gained from:
  - The joint strategic needs assessment (JSNA);
  - The children's integrated needs assessment (CHINA) and;
  - National benchmarking data;
  - A number of engagement exercises with a range of service users their families, carers and practitioners; and,
  - Discussions with a range of partners such as Herefordshire NAS, Herefordshire Carer Services and West Mercia Police.

# Autism strategy 2018-2021 (3)

- The strategy is 'all-age' meaning that it is relevant to children, young people as well as adults with autism and their families. The outcomes we are looking to achieve are:
  - Everyone is as healthy and well as they can be;
  - Everyone has access to appropriate educational provision so they can fulfil their potential as learners;
  - Families and unpaid carers get the help and support they need;
  - Everyone can access transport, high quality housing and suitable employment opportunities; and,
  - We are all safe in our communities.

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# Our immediate priorities

- Local diagnostic pathways will be in place to enable people to be diagnosed and, where appropriate, to access suitable services in a timely manner
- Review the full range of educational provision for CYP with autism
- Improve awareness of autism amongst all education professionals
- Improve the quality of information for Carers and Families so that the right support can be identified and provided effectively
- Improve awareness within the autism community of community safety.

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# How we will review progress

- The Autism Partnership Board to regularly review progress

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- Full review of progress to be made annually
- Action plan to be updated on a rolling basis

# Herefordshire Council

Safeguarding Children Peer Review

26 February – 1 March

## Summary of feedback

# Primary area of focus

## **Early Help**

(partnership working, assessment, step up/down, Domestic Violence (DV) to Multi-Agency Safeguarding Hub (MASH), Police in MASH)

## **Operational practice**

56 (clarity of purpose, appropriate and timely response, assessment, decision making and management oversight, recording)

## **Edge of care, Looked After Children (LAC) and permanency planning, including leaving care**

(assessment – risk/resilience/needs, prevention – right response – permanency planning, voice, good outcomes (incl. education and health), management oversight/decision making)



## Peer Review

- Peer review is based on the established themes
- Not an inspection – invited in as “critical friends”
- Information is confidential and non attributable
- People to be open and honest

## Process

- Case records review
- Document and data review
- Early thoughts workshop
- Interviews and visits
- Feedback Presentation

# Your Peer Review Team

**Lead Peer Adrian Loades**, Corporate Director of People, London Borough of Redbridge

**Review Manager John Rylance**, Local Government Association

**Member Peer Cllr Dick Madden**, Cabinet Member for Children and Families, Essex County Council

**Officer Peer Jackie Clementson**, Head of Early Help , Hertfordshire County Council

**Officer Peer Andrea Morris**, Locality Director, Devon County Council

**Specialist Peer Wendy Thorogood**, Consultant Nurse & Designated Lead for Safeguarding Children, Dorset CCG

**Specialist Peer Viv Murray** , Consultant, LGA Associate

# Headlines

## **“We saw good practice and solid signs of improvement in all three areas of focus”**

Local Government Association (LGA) provided their assessment on the primary areas of focus and suggestions for Herefordshire to consider. Summary of these contained in the following slides

- Saw progress since LGA carried out the casework review in June 2017
- Impressed with motivation and commitment of staff
- 69 • Positive reports on frontline partnership working e.g. in early help, good range of partners at meetings, good working relationships, mutual high regard across frontline professions
- Social workers are passionate and want to improve outcomes for children
- Good practice in LAC teams
- Virtual school is good
- Good arrangements for Gypsy, Roma and Traveller families
- Voice and participation of young people evident on case files
- Proportionate responses to MASH enquiries, appropriate consent being sought from parents and signposting to suitable support.
- Significant reduction in agency staff

# Headlines

## “Herefordshire is a better place to be”

- Strong regard from partners for frontline staff
- There is an enthusiastic, passionate and committed team, you are joining up early help with early years and good frontline partnership working
- Step down process is reported to be working well. Social workers reported 'smooth' stepdown to Early Help due to the regular co-working with the early help co-ordinator and the closure form from social care sets out actions for further support via Early Help
- Parenting Programmes are co – facilitated with schools and also delivered by Health
- Positive feedback from parents particularly through children’s centres - introduced scoring scales in Early Help Assessments

# Headlines

- Improvements in casework, evident in files, quality of assessments - “When it’s there it’s accurate, factual and concise”
- Improvements to office/working environment, investment in mobile working, co-location viewed as positive and as working well
- Robust clearly planned and monitored business support arrangements
- Professional development encouraged, good feedback about training
- Financial plans and forecasting in place
- Strengthened and developing approach to the commissioning cycle
- More granular evidence of need is required to inform more targeted commissioning of services

# Headlines

- Edge of care LAC permanency - lack of differentiated edge of care service, high numbers of LAC and as a result high demand on resources in the short to medium term.
- 62 • Incoming numbers are moving back towards benchmark but there remains a legacy to deal with, work needed on the plan to address this legacy, need to create a culture of permanency
- Evidence of focus on LAC reduction throughout the organisation

# Headlines

- All leaders are committed to develop and improve services for children and families
- Not yet an outcome focused and child led authority
- Need to sell yourselves and be positive about your advantages
- ⌘ • Open to outside views
- Good support from elected members
- Clear and agreed sense of key priorities for the next stage of improvement within the Head of Service group
- Good relationships with Health and Police
- Herefordshire Safeguarding Children Board (HSCB) is strengthening

# Headlines

**“Complexity of cases is as much an issue as caseload numbers. Workflows and balance of work, caseloads are monitored but can be high”**

**“Some of your outstanding issues are as much about ensuring consistently good social work practice as new provision”**

- Practice as evidenced in casefiles remains inconsistent
- Files do not routinely evidence the good work social workers articulate in interviews
- Recording of management oversight and supervision is inconsistent
- Team manager workload appeared to be very demanding
- Early Help is not clearly understood by social care - with the exception of the assessment teams
- Staff do not always feel involved, team management profile is welcomed but staff feel their ideas are not always listened to, sense of too much going on



# Headlines – Health Summary Findings

- Very good general awareness of safeguarding, good system with integrated leads
- Good leadership within health driving internal safeguarding procedures and examples of integration between police, health and social care on the front line and with wider partners
- Good level of supervision and development across the health service
- <sup>25</sup> Examples shared of young people informing areas of transformation in health
- Looked after children team - tight and efficient system to deliver LAC health assessments - timely and robust up to 16 years
- Six week waiting times met for children to gain access for mental health assessment's
- Good examples of strong links with the army families, good leadership/planning around families with concerns about Fabricated or induced illnesses (FII)

# Summary for suggested actions going forward

- Early Help needs investment if it is going to help manage demand into social work services - there needs to be a whole system approach to investment and impact across Early Help, Children in Need (CIN) and Child Protection (CP)/LAC
- There needs to be a bespoke Outcome Framework for Early Help, designed with partners, that also incorporates the Troubled Families Plan. Cycle of audits instituted, monthly quarterly reports evidence outcomes
- MASH processes for step down to Early Help and step up need review and further work

# Summary for suggested actions going forward

- MASH and Early Help (EH) interface - strengthen and develop more integrated work flows and remits, processes require further development (in conjunction with your partners and the safeguarding board) to ensure effective Working Together arrangements and appropriate referral through to either EH, CIN or CP
- Approach to CIN under developed and unclear. Should be a specific focus for next 6 months.
  - review CIN work being undertaken, develop a narrative of what CIN is for, review policies and practice guidance on CIN cases, review guidance on timescales and trust professional judgement more, review where CIN cases are best held, direct audit capacity to CIN Plans and step downs from CIN, introduce management and performance information on CIN.
- Get on with adopting a social work model; don't underestimate the task
- Focus on retention, career development opportunities – make Herefordshire “the right place for me”
- Social workers looking for thoughtful fixes
- Prioritise and put in place realistic timescales for what you want to move towards

# Health summary – some of the points to consider

- Lack of provision for 16 + service in health
- HSCB - ‘felt things were done to you rather than with partners’
- Audits were completed but felt they lacked evidence of change “the so what question or seeing improvements embedded”
- Therapeutic Intensive Support Service(TISS) 3 year project ended leaving a gap in service provision for early intervention for complex children, young people and families
- In patient stays for children with mental health on acute setting is not a national recognised route can be a significant risk at peak time of pressure

# Next Steps

- LGA to produce a draft letter, to be finalised with the local authority and then issued (usually takes c5 weeks)
- Children's Wellbeing Senior Management Team (SMT) has begun to review initial feedback alongside our current improvement plans.
- We will develop and set out actions with colleagues across the council and partners - what we will do within 3, 6, 12 months building on our current improvement plan.
- Share letter and proposals with partners, including the HSCB, to develop our approach, confirm actions and get on with them
- Communicate what we are doing and update on progress over the next 6 months.





<b>Meeting:</b>	<b>Children and young people scrutiny committee</b>
<b>Meeting date:</b>	<b>16 April 2018</b>
<b>Title of report:</b>	<b>Work programme</b>
<b>Report by:</b>	<b>Governance services</b>

## **Classification**

Open

## **Key decision**

This is not an executive decision.

## **Wards affected**

Countywide

## **Purpose and summary**

To review the committee's work programme.

## **Recommendation(s)**

**THAT:**

- (a) the draft work programme as set out at appendix a to the report be approved, subject to any amendments the committee wishes to make;**
- (b) the committee approves the draft terms of reference in appendix b for a task and finish group concerning section 20 orders and agrees the appointment of a chairman for the group; and**
- (c) the committee notes the recommendation tracker in appendix c.**

## **Alternative options**

- 1 It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

## **Reasons for recommendations**

- 2 The committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes.

## **Key considerations**

### **Draft work programme**

- 3 The work programme needs to focus on the key issues of concern and be manageable allowing for urgent items or matters that have been called-in.
- 4 Should committee members become aware of any issue they think should be considered by the Committee they are invited to discuss the matter with the Chairman and the statutory scrutiny officer.
- 5 The work programme is a draft document ahead of the annual scrutiny work programme workshop on 4 June. The draft work programme is attached as appendix a .

### **Constitutional Matters**

#### **Task and Finish Groups**

- 6 A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.
- 7 The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairman, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least 2 members of the committee, other councillors (nominees to be sought from group leaders) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. In appointing a chairman of a task and finish group the committee will also determine, having regard to the advice of the council's monitoring officer and statutory scrutiny officer, whether the scope of the activity is such as to attract a special responsibility allowance.
- 8 A task and finish group has been proposed to focus on section 20 orders following the High Court judgement. Terms of reference for a task and finish group are attached at appendix b which the committee is asked to approve and appoint a chairman. The terms of reference include the scope of the activity to be undertaken,



the membership, timeframe, desired outcomes and what will not be included in the work.

- 9 The Committee is asked to determine any matters relating to the appointment of a task and finish group and the chairmanship and any special responsibility allowance or undertaking a spotlight review including co-option (see below).

### **Co-option**

- 10 A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed workplan and/or task and finish group membership.
- 11 The Committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

### **Tracking of recommendations made by the committee**

- 12 A schedule of recommendations made in 2017/18 and action in response to date is attached at appendix c.

### **Forward plan**

- 13 The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. The current Forward plan is available to Members through the Councillors' handbook intranet site. Forthcoming key decisions are also available to the public under the forthcoming decisions link on the council's website:

<http://councillors.herefordshire.gov.uk/mqDelegatedDecisions.aspx?&RP=0&K=0&DM=0&HD=0&DS=1&Next=true&H=1&META=mgforthcomingdecisions&V=1>

## **Community impact**

- 14 The topics selected for scrutiny should have regard to what matters to residents.

## **Equality duty**

- 15 The topics selected need to have regard for equality and human rights issues.

## **Financial implications**

- 16 The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

## **Legal implications**

- 17 The council is required to deliver an overview and scrutiny function.

## **Risk management**

- 18 There is a reputational risk to the council if the overview and scrutiny function does

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Further information on the subject of this report is available from  
Governance Services on Tel (01432) 383690

not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

## **Consultees**

- 19 The work programme is reviewed at every committee meeting and during business planning meetings between the Chairman, Vice Chairman, Director of CWB and Statutory Scrutiny Officer.

## **Appendices**

Appendix A – Draft Work Programme 2018/19

Appendix B – Proposed task and finish group scope – section 20 orders

Appendix C – Recommendations tracker

## **Background papers**

- None identified.

**Children and Young People Scrutiny Committee**

**16 April 2018**

**Draft Work Programme 2018/19**

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Meeting date: 14 May 2018		Despatch: 4 May	
Item	Description	Report Author	Comments/Outcome
Child Protection Numbers	To receive an update on numbers currently subject to child protection arrangements.	Jane Hoey	
<b>Briefing</b>	NEETs – current level of NEETs, new data recording system; and breakdown of statistics around rural/urban/market towns/gender/traveller community.	Louise Tanner	
	Regional Schools Commissioner – briefing note on role of the RSC and areas of overlap with the council.	Lisa Fraser	
	Provision of children's rights and advocacy service	Sandra Griffiths	
Meeting date: 16 July 2018		Despatch: 6 July	
Children and Young People Plan	To receive the draft children and young people plan ahead of its presentation to Cabinet and Council.	Richard Watson, Amanda Price	
Implementation of the Corporate Parenting Strategy action plan	To consider the updated action plan to the corporate parenting strategy and receive a performance report against the objectives	Gill Cox	
Adoption Service and Fostering Service annual reports	To receive the annual reports from the adoption and fostering services and consider the outcomes and recommendations. To make recommendations to the cabinet member on the operation of the services during 2018/19.	Gill Cox	
<b>Briefing paper</b>			

Meeting date: 17 September 2018		Despatch: 7 September	
Herefordshire Children's Safeguarding board annual report	To consider the annual report and any recommendations contained within it. To assess if the report provides assurance and make comments and recommendations to the council and cabinet.	Sally Halls	
Implementation of the Children and young people Mental Health Partnership	To receive an update on the Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015 – 2020 including a presentation from the children and young people mental health partnership if appropriate.	Jade Brooks	
Children's wellbeing self-assessment – 2018/19	To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to agree any comments and recommendations to enable the self-assessment to be developed further.	Chris Baird	
<b>Briefing paper</b>			
Meeting date: 19 November 2018 ( <b>Potential alternative venue</b> )		Despatch: 9 November	
Budget and Medium Term Financial Strategy (MTFS)	To seek the views of the committee on the draft medium term financial strategy (MTFS) 2017-21 and the budget proposals for 2017-18 relating to Children's Wellbeing.	Andrew Lovegrove, Josie Rushgrove, Audrey Harris	To include an engagement session with young people, school councils, priorities for the budget.
Meeting date: 18 February 2019		Despatch: 8 February	
Young Carers Service	To consider an update report on progress with the implementation of the young carers service.	John Gorman, Danielle Mussell	
School Examination Performance	To consider school performance of summer 2017 and make recommendations to cabinet on how the effectiveness of the school improvement framework and strategy could be enhanced.	Lisa Fraser	

Meeting date: 25 March 2019		Despatch: 5 March	
Work Programme 2019/20 and meeting dates	To agree the Committee's work programme and meeting dates for 2018/19.	Matt Evans	

**Scrutiny Panel** – a panel of two members of the committee is currently in operation to provide an oversight of progress against the savings proposal to reduce the number of looked after children. Councillors Gandy and Seldon comprise the Panel.

**Task and Finish Groups** – proposal for task and finish group to be presented to this meeting (16 April 2018)

**Business to allocate** – performance report



## Children and Young People Scrutiny Committee

### Section 20 Orders Task and Finish Group – Scoping Document

Title of review	Section 20 Orders Task and Finish Group
Scope	
Reason for enquiry	A judgement by the High Court on 1 February 2018 found that there had been historic failures in Herefordshire Councils use of section 20 orders. The judgement identified specific cases where section 20 of the Children Act 1989 had been incorrectly applied.
Links to the corporate plan	The review contributes to the following objectives contained in the Herefordshire corporate plan and other key plans and strategies: <ul style="list-style-type: none"> <li>• Keep children and young people safe and give them a great start in life; and</li> <li>• Secure better services, quality of life and value for money.</li> </ul>
Summary of the review and terms of reference	Summary:  The review will look at the use of Section 20 orders, the processes in place to ensure their appropriate use and analyse case samples.
	Terms of Reference:  The task and finish group will conduct three meetings. Meetings 1 and 2 will be held in quick succession and meeting 3 will be held three months after the commencement of the task and finish group. The three meetings will be scheduled to enable to task and finish group to: <ul style="list-style-type: none"> <li>• develop an understanding of section 20 orders, including what are section 20 orders and when they are used (Meeting 1);</li> <li>• learn what processes are in place to ensure the appropriate use of section 20 orders (Meeting 2); and</li> <li>• look at case studies and audit findings to ensure processes are being observed and section 20 orders appropriately applied (Meeting 3).</li> </ul> Membership:  The task and finish group will consist of a representative of each political group at the Council. Membership of the group will initially be sought from members on the Children and Young People Scrutiny Committee. Group leaders will be contacted to fill any remaining vacancies following this initial recruitment.
What will NOT be included	<ul style="list-style-type: none"> <li>• Evaluation of the actions of any individual officer at the council under historic admission to care arrangements.</li> </ul>
Potential outcomes	<ul style="list-style-type: none"> <li>• To gain assurance that effective processes are in place to ensure the appropriate use of section 20 orders.</li> </ul>

Key Questions	To consider: <ul style="list-style-type: none"> <li>• What are section 20 orders and when should they be used;</li> <li>• What processes manage the appropriate use of section 20 orders; and</li> <li>• Are the processes being observed and are section 20 orders being appropriately used?</li> </ul>
Cabinet Member	Cabinet member young people and children's wellbeing
Key stakeholders / Consultees	Internal - Children's Wellbeing officers concerned with care arrangements for looked after children and legal officers.
Potential witnesses	None
Research Required	<ul style="list-style-type: none"> <li>• Potential scenarios to assess the appropriateness of section 20 orders</li> <li>• Outcomes of audits and case studies to present to the task and finish group.</li> </ul>
Potential Visits	None
Publicity Requirements	Following the conclusion of the review the task and finish group will report back to the children and young people scrutiny committee.
Outline Timetable (following decision by the children and young people scrutiny committee to commission the review)	
<i>Activity</i>	<i>Timescale</i>
Confirm approach, Terms of Reference, programme of consultation/research/provisional witnesses/meeting dates	Committee meeting – 16 April 2018
Collect detail regarding section 20 orders and develop hypothetical scenarios for circulation to the task and finish group – meeting 1.	By May 2018
Compile information regarding current processes in place at the Council to ensure the appropriate use of section 20 orders – meeting 2.	Mid May 2018
Present outcomes of audit reports concerning the use of section 20 orders – meeting 3.	July 2018
Prepare recommendations – meeting 3.	July 2018
Present final report to Children and Young People Scrutiny Committee	17 September 2018

Group Members	
Chair	
Support Members	
Support Officers	J Coleman M Evans



### Schedule of Children and Young People Scrutiny Committee recommendations made and actions in response

Meeting	item	Recommendations	Action	Status
5 July 2017	Corporate Parenting Strategy 2017 – 2020	<ul style="list-style-type: none"> <li>- The committee welcomes the strategy, supports the priorities identified and agrees to provide a summary of comments and recommendations to the cabinet member;</li> <li>- The committee requests annual performance reports relating to the action plan in the strategy;</li> <li>- The committee provides a forum, where appropriate, for children and young people in care and care leavers to hold their Corporate Parents to account;</li> <li>- The members of the committee facilitate training, with officers, on corporate parenting to all members of Herefordshire Council;</li> <li>- The committee recommends that the cabinet member reviews the measures for success and outcomes sought in the action plan on a regular basis to see whether any measures need to be strengthened;</li> <li>- The committee recommends that procedures are introduced to ensure that significant decisions of the council take account formally of likely implications for looked after children;</li> <li>- The committee recommends that members undertake a mentoring role, where</li> </ul>	<p>Response of executive:</p> <p>The draft strategy was discussed at the children’s scrutiny committee on 5 July 2017; they are supportive of the strategy and associated action plan and have requested that an annual update on its implementation is presented to the committee. The recommendations have been considered by the cabinet member young people and children’s wellbeing and as a consequence children’s scrutiny is referred to in the action plan:</p> <p><a href="#">Corporate Parenting Action Plan 2017-20</a></p>	Action plan implementation update to be scheduled for 16 July 2018.

		<p>appropriate, for looked after children to share skills and experience to help enhance personal development and there is consideration of how this is best facilitated and publicised; and</p> <ul style="list-style-type: none"> <li>- The committee recommends that methods and strategies are investigated to engage partners and businesses in corporate parenting.</li> </ul>		
	Annual reports for the fostering and adoption services	<p>Resolved – that:</p> <ul style="list-style-type: none"> <li>a) the committee notes the annual reports from the adoption and fostering services and agrees to feedback comments to the cabinet member; and</li> <li>b) the adoption and fostering reports are considered as separate agenda items in future years.</li> </ul>	Adoption service and Fostering service annual reports allocated to the draft work programme 2018/19 for committee on 16 July 2016.	Completed
2 October 2017	Commissioning intentions for universal and early help services for children, young people and families	<p>Resolved - That the committee:</p> <p>supports the extension of the family befriending services contracts with the existing providers to the end of March 2018;</p> <p>has significant concerns about the commissioning exercise proposed. The cabinet members for health and wellbeing and young people and children's wellbeing are asked to have regard to the committee's concerns, particularly:</p> <ul style="list-style-type: none"> <li>- i) The reported lack of consultation concerning safeguarding arrangements and engagement</li> </ul>	<p>Response of executive:</p> <p>i) The intention to re-procure health visiting and school nursing services has been in the public domain since August 2016. CCG colleagues have been involved in steps taken thereafter to inform future commissioning intentions. There has been an opportunity to raise any issues or questions regarding procurement, during this time.</p> <p>A generalised concern regarding safeguarding arrangements had been</p>	Completed. Committee may wish to request an update report on the implementation of the contract.

		<p>with the Herefordshire Safeguarding Children's Board;</p> <ul style="list-style-type: none"> <li>- ii) The provision of services in rural areas;</li> <li>- iii) The requirement for additional detail in the report, in particular the contract specification ; and</li> <li>- iv) A reported lack of communication with the CCG.</li> </ul> <p>requests that, before a decision is taken on the proposal, the cabinet members share additional information with the committee, including the contract specification.</p>	<p>raised by the CCG very recently prior to the scrutiny committee meeting and reassurances were provided to the CCG that discussions to understand the detail would be welcome and these have since been initiated.</p> <p>Issues relating to <i>safeguarding</i> commissioning responsibilities are resolvable through further discussion.</p> <p>There is no requirement to present the commissioning proposal to the Herefordshire Safeguarding Children's Board, because the service will be required to adhere to all national and local policies, guidance, standards and procedures.</p> <p>Further discussion and an agreed way forward have been made with the Chair of the Children's Safeguarding Board, including a request to include reference to safeguarding within this paper (see para 7).</p> <p>ii) It is recognised that there are challenges in delivering timely and accessible services across a rural county and this has been reflected in the draft specification. To respond to those challenges, the provider will be required to ensure that access is available via drop-in sessions (which could be held in any community facility or venue), clinics, home visits, telephone contact, texting and other formats appropriate for the families and community. Broadband</p>	
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			<p>coverage across the county is currently 83% (30Mbps) so the provider will need to demonstrate how they will work with families who currently have no access to broadband or where phone signals are not available. The provider will also be expected to be organised around geographical areas/localities and pragmatically structured in line with local children's centre reach areas. The provider will also identify a named public health nurse link to each GP practice, children's centre and school, in order to facilitate local liaison, information-sharing and joint working in the best interests of families.</p> <p>iii) the draft specifications for the commissioning of 0-25 PH Nursing services and family mentoring services, to which have been added the requested additional detail relating to targets and outcomes and key issues outlined in the JSNA, have been made available, by exemption, to council members of the Children's Scrutiny Committee</p> <p>iv) This concern is not accepted and a summary of engagement activity is provided below:</p> <ul style="list-style-type: none"> <li>• Representatives from the CCG have been engaged since August 2016 when CCG requirements were reviewed;</li> <li>• a public online survey was launched</li> </ul>	
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			<p>in November 2016;</p> <ul style="list-style-type: none"> <li>• stakeholder engagement events To which GP and CCG representatives were invited were held during December 2016 through to end of January 2017;</li> <li>• feedback events were held in February 2017;</li> <li>• an early years review/scoping workshop held in May 2017;</li> <li>• Soft market testing was undertaken June/July 2017;</li> <li>• Updates have been provided to a Joint Commissioning Board which includes representatives of the CCG and reports to the CCG Board in August/September 2017;</li> <li>• Engagement/information session with GPs on key principles to be incorporated into the specification, was held in October 2017.and ongoing engagement agreed re implementation arrangements.</li> </ul>	
	Herefordshire safeguarding	Resolved – that:	Update from Chair of HSCB containing <i>Model Initial Parish Action Plan for</i>	Completed

	children's board (HSCB) annual report 2016/17 and business plan 2017/19	a) The annual report and effectiveness of the safeguarding arrangements for children and young people in Herefordshire as assessed by the Board are noted; and b) The strategic priorities identified by the Board are noted.	<i>Promoting a Safer Church</i> and latest detail with reference to work on the role of Parish Councils in safeguarding children.	
	Outcomes of casework peer review	Resolved – that the committee notes the report and offers congratulations to the teams involved in the review for the positive feedback received.		Completed
	Children's Wellbeing self-assessment	Resolved – that the committee notes the draft self-assessment document for the Children's Wellbeing Directorate.		Completed
4 December 2017	Children and Young People Mental Health Partnership	That the committee:  supports the response of the CCG to the task and finish group recommendations;  supports the objectives of the Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015 – 2020; and  requests an update report on the implementation of the plan in 2018.	To determine the timing an update on the implementation of the plan in 2018.	Ongoing
	Children's Wellbeing self-assessment – update	That the Committee:  endorses the self-assessment in its current form; and  agrees that the comments raised by the committee are circulated to the cabinet member.	Excerpt of minutes detailing the discussion sent to the cabinet member for Children and Young People.	Ongoing

5 February 2018	School Examination Performance	<p>Resolved – that the committee:</p> <p>Recognises positive attainment in a number of areas of school examination performance but in particular in the field of phonics;</p> <p>Requests a briefing note on the current level of NEETs, the new data recording system and a breakdown of statistics to include indicators around rural/urban/market towns/gender/traveller community;</p> <p>Requests a briefing note on the role of the Regional Schools Commissioner and a focus on areas of overlap with the Council; and</p> <p>Agrees to write to government to express concern regarding the lack of regulation and monitoring in respect of home schooling. The correspondence should include reference to the potential impacts of home schooling upon the educational achievements of children and safeguarding responsibilities of the Council.</p>	Correspondence sent to Nadhim Zahawi MP, Parliamentary Under Secretary of State for Children and Families. Copied to Jesse Norman MP and Bill Wiggin MP.	
	Children and Young Peoples Plan	<p>Resolved - that the committee:</p> <p>Supports the inclusion of: obesity; dental health; mental health and wellbeing; transport; and youth facilities as key areas of focus for the plan;</p> <p>Supports the implementation of a robust monitoring framework for the new version of the Plan; and</p> <p>Asks for the draft Plan to be presented to the</p>	Allocated to the committee's draft work	Completed

		committee ahead of consideration at Cabinet and full Council.	programme 2018/19 for committee on 16 July 2018.	
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