

HEALTH SCRUTINY COMMITTEE

**Minutes of the meeting of the Health Scrutiny Committee held on Wednesday,
14th March 2012 at 6.00 p.m. in the Civic Offices, Telford, Shropshire**

PRESENT:

Councillors D. White (Chairman), V. Fletcher, J. Seymour, C. Turley. Scrutiny Co-optees, D. Davies, J. Gulliver, R. Shaw.

Also Present: Cllrs. G. Green, J. Greenaway (Children & Young People Scrutiny Committee); Kate Race, Development Manager Autism West Midlands; Jessica Cook, Research Manager Autism West Midlands; Michael Bennett, Lead Joint Commissioning and Contracting Manager; Sara Heath, Autonomy Shropshire; Karen Kalinowski, Assistant Director Care & Support; Richard Smith, Access & Enablement Manager; Stephanie Jones, Scrutiny Group Specialist.

HSC-17 MINUTES

RESOLVED - The minutes of the previous meeting held on 14th November 2011 be agreed as an accurate reflection of the meeting and signed by the Chairman.

HSC-18 APOLOGIES FOR ABSENCE

Cllr. J. Loveridge

HSC-19 DECLARATIONS OF INTEREST

None

HSC-20 AUTISM WEST MIDLANDS AND AUTISM STATUTORY GUIDANCE

Kate Race, Development Manager, and Jessica Cook, Research Manager, briefed members on the work of Autism West Midlands. A briefing note on the Autism Statutory Guidance issued in 2010 had been circulated to members.

Autism West Midlands (AWM) is a registered charity providing specialist autism care and support to people in the West Midlands and works with nationally and regionally to support the development and implementation of Autism strategies.

Autism Spectrum Conditions (ASC) are very complex and range from high functioning conditions to a requirement for full-time, one-to-one support. The Autism Act 2009 was the first disability specific legislation. The statutory guidance issued in 2010 set out clear guidelines for local authorities and health bodies and aimed to close gaps in services. AWM was working to address issues in several key areas:

- Training – awareness training for health and social care workers and for other staff in key roles e.g. GPs, practice managers and receptionists, police etc. Specialist training for assessors so they ask the right questions to diagnose conditions and assess needs.
- Diagnosis and assessment – there is an issue with autism going undiagnosed or misdiagnosed so that individuals do not access support or are directed to the wrong kind of support which is not in their interests and can be unnecessarily costly

for the authority. There was a lack practitioners in the region qualified to diagnose autism – only 2 in the West Midlands. AWM and Birmingham University are working to secure funding for a regional Autism Diagnostic and Assessment Centre, drawing on experts and qualified professionals from across the region, to provide pre- and post-diagnosis support. Further updates on this would be provided to members.

- Employment – work with partners and businesses to help people with autism – especially Aspergers and higher functioning conditions – into work. 85% of adults diagnosed with autism are not in full-time paid employment.
- Transition – training transition teams to ensure young people are referred for assessment once they reach adulthood. Many individuals are not diagnosed until adulthood and miss out on key stages of support.
- Criminal justice system – a disproportionate number of people end up in the criminal justice system because of autism linked behaviour. Awareness training is being given to the police to help them recognise the condition and deal with individuals appropriately. In some areas people carry “Attention!” cards to let the authorities know they have been diagnosed with autism.
- Data gathering – work with Birmingham City Council to map provision and identify which individuals are accessing different types of support so that outcomes can be monitored over time. The data recorded will inform future commissioning and service configuration decisions.

A Regional Autism Implementation Board made up of 14 West Midlands Authorities, including Telford & Wrekin, meets quarterly to share information and ideas. The Board had flagged up employment as a key issue.

The key message was that early identification of ASC and the right preventative support leads to better outcomes for the individual and can save the authority money.

Following the presentation there was further questioning and discussion about various points. The following further information was given:

- Start-up funding for the regional diagnostic and assessment centre was being agreed and it was hoped the centre would be open within 12 months. Commissioning leads had been supportive and there had been discussions about releasing experts to the centre to pool expertise. Work was being done to show the cost-benefit of diagnosis and early intervention support. The centre would be a research facility and models were being developed for authorities to do their own research. There would be sign-posting to other services. Alternative sources of funding were being looked at but funding remained an issue with cuts to public health budgets. Local authorities would be able to buy into the service – further information about services would be provided.
- Members raised the issue of ASC not being recognised or diagnosed in school so that children with autistic linked behaviour are labelled as naughty and disruptive and miss out on the right support. The Autism Act does not cover children. AWM was lobbying for this to be changed in future. There was a need for more awareness training with teachers and GPs and to have clear referral paths.
- A member asked whether there were people who choose not to have a diagnosis

and what is being done to help them. KR replied that decisions about diagnosis remain a personal choice and this has to be respected. There was a far greater number who do want a diagnosis but cannot get one and therefore cannot access support and this was one of the reasons for the diagnostic and assessment centre.

HSC-21 TELFORD & WREKIN ALL AGE AUTISTIC SPECTRUM CONDITIONS STRATEGY

Michael Bennett, Lead Joint Commissioning and Contracting Manager, gave a presentation highlighting the key elements of the Telford & Wrekin All Age Autism Spectrum Conditions Strategy as circulated to members. The presentation summarised the local context, key priorities for adults and children, the self-assessment and progress to date. Key priorities had been identified as training and needs analysis.

Addressing concerns about the loss of the Aspergers' Senior Practitioner post, members were informed that the rationale in the new structure was to embed skills and knowledge across the team to provide a more consistent approach across the service. The specialist post had been extended to transfer skills during the transition and was involved in staff training. A skills audit had identified two members of staff with Autism degrees who would become part of a virtual team. The Council had commissioned training for all front-line staff. Champions had been identified across the Council to raise awareness and transfer knowledge to other service areas such as housing, employment etc.

The Evaluating Progress self assessment framework had been used to measure progress against 7 quality outcomes for adults and had also been applied to children. A number of gaps in service had been identified and were shown in section 11 of the Strategy. The development of pathways and the need to do more work with parents and teachers had also been flagged up.

It was emphasised that although there had been progress, this work was in the very early stages and it would take time for the new structure to bed-in and for the plans to be implemented. Some non-recurring development funding had been identified for this year, but no new money was available and the service must be delivered within existing resources.

The Draft Strategy was out for consultation and once finalised would go to the Council's Cabinet and full Council for ratification.

Following the presentation there was further questioning and discussion. Members were particularly concerned about children and young people with autistic conditions who are not diagnosed and are not eligible for support. Members heard from a parent of a child with autism who was present at the meeting about the difficulties parents face in getting a diagnosis. In this particular case, support had only been put in place when the parent had pushed the case to a tribunal. There was also concern that young people disappear out of the system at 16+ and without the necessary support could reappear later in hospital, mental health services or the criminal justice system. The following points were made in response:

- The Young People Transition & Enablement team had been moved from CYP to adult services to align the service with adult care. This included the old 16+ team which supports care leavers. Workshops were being held to develop clear transition pathways from CYP through to adult services.
- It was recognised that schools have a key role to play in recognising autistic conditions so that children can be diagnosed and statemented and are not labelled as naughty and disruptive. Children with autistic conditions may have different behaviour which leads to bullying and harassment. The transition team was working with Deputy Heads to reach into schools and identify a champion in each school. The intention was to work with teachers and parents to map the needs of children down to age 14. The Autism Act did not cover education and the legislation made this challenging. The transition team was taking an enabling approach to put the right support in place for the long term. Members suggested that governors could provide another route into schools and could play a monitoring role.
- An audit had flagged up the need for more training with the probation service and magistrates and this was happening in Telford & Wrekin and Shropshire.
- It was acknowledged that low level preventative services can make a big difference and are cost effective, and that voluntary groups have their own energy. However, funding was an issue as there was no new money for autism and from the commissioner's point of view voluntary groups did not have the required governance or accountability structures to enable them to access public money. Support could be provided to help voluntary groups to become formally established.
- Sara Heath from Autonomy commented that there is a diagnostic service in Telford & Wrekin but that it is not specifically commissioned. There are clinicians with a good understanding of autism but there is an issue with capacity.
- There had been some slippage on the Implementation Plan because the lead officer had left, but the vacancy had now been filled and it was hoped that most actions could be pulled back on track although there may be some that would be behind. The plan would be updated.

HSC-22 AUTONOMY SHROPSHIRE

Sara Heath presented members with information about Autonomy Shropshire. Autonomy was an independent voluntary self-help and social group for young people and adults with Asperger's Syndrome (AS) and high functioning autism spectrum conditions (HFCs). The group was set up about 8 years ago and was run by Sara and her son who had been diagnosed with autism age 14. The group was not for adults with learning difficulties who were eligible for support and filled a gap in provision for people who were not eligible.

AS was complex and not well-understood. Characteristics are poor communication and social skills, rigid thought patterns and behaviour, sometimes associated with alcohol problems, but often with special talents and potential. This made it a challenge motivating people to attend social events and they would only return if they really got what they wanted.

Autonomy provides advice and support, mentoring and advocacy, a telephone help line, a bi-monthly newsletter, a website with a photo-gallery, regular social activities and outings such as pubs, folk evenings, bowling, chess and board games.

There were around 185 members across Shropshire and Telford and Wrekin and membership was increasing. The Telford pub socials attracted upward of 20 each month, and upward of 15 in Shrewsbury.

Activities helped members to learn communication and social skills and appropriate behaviour, engendered a sense of community and, importantly, enabled people to make friends. Most people with AS live with their parents and the group provided respite for carers knowing their child is safe, happy and enjoying themselves. The social events also helped to increase the public's understanding about AS – incidents which were interpreted as inappropriate behaviour could be explained as AS linked.

The low level support provided was key to enabling people to live fulfilling lives and preventing them from slipping into mental health services or into the criminal justice system.

Autonomy Plus+ Training had been set up as a social enterprise which drew on the skills and experience within the group to provide training in autism and AS. This included professional training and personal insights into living with the condition. Trainers were charged out at the going rate and the profit was used to fund social activities so they could remain free of charge to members.

The annual budget was less than £2,000 which came from grants, donations and training. A grant from Shropshire Council had been used to fund Autonomy for Women.

The group was developing pre- and post-diagnostic support. Pre- diagnostic assessments were offered in Telford and Wrekin, but the services were embryonic and there was less provision than in Shropshire.

Members considered all the information that had been provided, and agreed a number of recommendations relating to the Autism Strategy and Action Plan.

RECOMMENDED

- **That the CYP Scrutiny Committee should look at the children's autism strategy in more detail.**
- **That commissioners should look at what support, financial or otherwise, could be provided to voluntary organisations to help them deliver low level support services.**

- **That commissioners should look at utilising low level support providers to help give staff appropriate hands-on training.**
- **That autism mapping and needs analysis information gathered must feed into the Joint Strategic Needs Assessment.**
- **That a progress report will be brought back to the Health Scrutiny Committee within 12 months of the meeting in March 2012.**

HSC-23 FORWARD PLAN

Members noted the date of the next meeting on 1st May which would be to look at the Health & Wellbeing Board, HealthWatch and the transition of Public Health. The Chairman of the Telford & Wrekin Clinical Commissioning Board would also be invited.

Members discussed scrutiny of Quality Accounts. All NHS Trusts and Foundation Trusts are required to publish annual Quality Accounts and have a duty to consult with Scrutiny Committees. There were four Quality Accounts relevant to the Telford & Wrekin Health Scrutiny Committee: the Shrewsbury & Telford NHS Hospital Trust (SaTH), the Community Trust, the West Midlands Ambulance Service (WMAS) and the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). Each organisation has their own timetable for consulting on the Quality Accounts, but the drafts were due out for consultation from April onwards, prior to publication in June. Members agreed that scrutiny of all Quality Accounts would require a large amount of time and resource and therefore prioritised the work as follows:

- Sub-group meetings would be set up to look at the SaTH and Community Trust draft Quality Accounts and to formulate a response.
- The SSSFT draft Quality Account would be circulated to members to decide whether a response would be made.
- The Committee had no overriding concerns about the WMAS and would therefore not respond to the Quality Accounts.

The Chairman drew the members' attention to a discussion at the West Midlands Regional Health Scrutiny Chairs' meeting which he had attended the previous day. It had been reported that a CfPS Health Accountability meeting had been held on 12th March to look at the role of scrutiny in the new health arrangements, and what should be included in the regulations and guidance from the Bill. The Chairman from Warwickshire Council had attended the meeting to represent the West Midlands network. A response had been drafted and individual authorities were asked to consider and support the comments which would then be submitted to the CfPS and Department of Health on behalf of the West Midlands network authorities. The response would be to inform the draft regulations and guidance which would then go out for consultation.

The comments from the meeting were tabled and discussed. Members supported the comments and agreed that the Scrutiny Officer would confirm with that the Telford & Wrekin Health Scrutiny Committee supported the submission of the response.

Cllr. Fletcher brought up a suggestion which she had made at the previous Scrutiny Management Board meeting to look at Ophthalmology Services. Problems had come to her attention with very long waiting times at the clinic with no refreshments, issues with transport, and a recent press report about claims that waiting times had led to people going blind. Members agreed that this should be referred to the Joint Health Overview & Scrutiny Committee to look into.

RESOLVED

- **That the Committee support the West Midlands Health Scrutiny network response to the scrutiny regulations and guidance from the Health & Social Care Bill.**
- **That Ophthalmology Services be referred to the Joint Health Overview & Scrutiny Committee for investigation.**

The meeting ended at 8.40 p.m.

Chairman:

Date: