

Overview and Scrutiny Performance Board
Wednesday, 28 February 2018, County Hall, Worcester -
10.00 am

Minutes

Present:

Mr C J Bloore (Chairman), Mrs E A Eyre (Vice Chairman),
Mr A A J Adams, Mrs J A Brunner, Mr P Middlebrough,
Mrs F M Oborski, Mr C B Taylor and Mr P A Tuthill

Also attended:

Mr A I Hardman, Deputy Leader and Cabinet Member for
Adult Social Care
Dr K A Pollock, Cabinet Member with responsibility for
Economy and Infrastructure
Mr J H Smith, Cabinet Member with responsibility for
Health and Wellbeing
Stephanie Courts, Children's Clinical Service Manager,
Worcestershire Health and Care NHS Trust
Sally-Anne Osborne, SDU Lead for Children Young
People & Families & Specialist Primary Care,
Worcestershire Health and Care NHS Trust

Philippa Coleman (Interim Lead Commissioner,
Children's Community Health Commissioning Team,
Children, Families and Communities Directorate),
Sheena Jones (Democratic Governance and Scrutiny
Manager) and Samantha Morris (Overview and Scrutiny
Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 30 January
2018 (previously circulated).

(A copy of documents A will be attached to the signed
Minutes).

**1021 Apologies and
Welcome**

The Chairman welcomed everyone to the Meeting.

No apologies from Members were received.

An apology was received from Sarah Wilkins, Interim
Assistant Director for Early Help and Commissioning.

**1022 Declaration of
Interest and of**

None.

	any Party Whip	
1023	Public Participation	None.
1024	Confirmation of the Minutes of the Previous Meeting	The Minutes of the Meeting held on 30 January 2018 were agreed as a correct record and signed by the Chairman.
1025	Assessment of Children and Young People who may have Autism	<p>In attendance for the discussion were:</p> <p>Philippa Coleman, Interim Lead Commissioner, Children's Community Health Commissioning Team, Children, Families and Communities Directorate Stephanie Courts, Children's Clinical Service Manager, Worcestershire Health and Care NHS Trust Sally-Anne Osborne, SDU Lead for Children Young People & Families & Specialist Primary Care, Worcestershire Health and Care NHS Trust</p> <p>A Notice of Motion from Council on 9 November 2017 was referred to the Board. It noted the length of time it could take in Worcestershire from referral to a diagnosis of autism and also the high demand for the Umbrella Pathway. The Board was asked to consider the outcomes of the recent review of the assessment and diagnostic pathway for children and young people who it was considered were, or may be, on the autistic spectrum.</p> <p>Following the Review, a report to the Integrated Commissioning Executive Officers Group (ICEOG), which included representatives from the County Council and the Worcestershire Clinical Commissioning Group's, was made in January 2018. It agreed measures to manage the demand of the Pathway.</p> <p>The Review included recommendations to ensure that appropriate referrals were made to and accepted on the Umbrella Pathway. Only when other possible causes had been addressed, appropriate support provided and there was a strong indication of possible ASD should a referral be made. This should ensure that the Pathway would be completed in a more timely way for those children who needed it.</p> <p>The National Institute for Health and Care Excellence (NICE) guidance indicated that an autism diagnostic assessment should be started within 3 months of a</p>

referral to the Autism Team; however there was no recommended maximum timescale for completion of the process. The Umbrella Pathway currently complied with this standard in Worcestershire but the whole process could take months to complete and varied on a case by case basis. In most cases, the full assessment process could take about twelve months.

During the discussion, the following main points were made:

- As the assessments were multi-disciplinary and staff were integrated into various teams, it was difficult to quantify whether there was sufficient staffing capacity to cope with the number of assessments coming or likely to be coming through the system
- A year or in some cases more than a year to obtain an ASD diagnosis was a very long time for families to wait
- Nationally and locally there had been an increase in the number of referrals for ASD assessment. In 2016, the average number of referrals was 20, currently there could be 100+ a month, whereas the expected number of referrals was 40
- There was an increased emphasis on early intervention and a graduated response, which over time should reduce the number of full ASD assessments enabling them to be carried out in a more timely and efficient way for those who actually needed them
- It was unknown what the waiting times were for referrals in other authorities. Not all authorities had a formal assessment process in place, but waiting times were known to be a widespread problem
- There was a concern about the average age that a child received an ASD diagnosis on the basis that the sooner the diagnosis the likelihood of better outcomes for the child. The Board were advised that the age of diagnosis wasn't currently monitored, but anecdotally there didn't seem to be a peak in any one age group.
- The Umbrella Pathway dealt with referrals relating to school age children and pre-school children were referred to the Child Development Teams
- A Member suggested that it was important not to jump to an ASD diagnosis, which could label a child for life. There were instances where parents believed that an ASD diagnosis was the way forward in order to access extra support or the

benefit associated with the diagnosis. This however, didn't address the need for other support services for example behaviour support

- Anecdotal evidence suggested that some schools advised parents to request an ASD referral for assessment in order to access support, however in some cases the children should be getting appropriate support from other avenues and didn't necessarily need an ASD referral
- It was questioned how the varying length of time for cases between referral and diagnosis was dealt with and monitored. For example in November and December 2017, the time varied from 79 days to 721 days with 379 days being the average. In 2017, the average Pathway took 327 days. It was confirmed that monitoring did take place and exception reporting on those cases which had been in the system over 12 months
- It was noted that there was a spike in referrals from December 2016 when they were around 20 per month to 100 per month in February/March 2017. Officers suggested that this could be as a result of a combination of things: national publicity, the 'A Word' TV Programme and an increased number of referrals from GP's and Community Paediatricians possibly as a result of the system being made more open
- In order that referrals for assessment were more manageable, they needed to be triaged appropriately, so guidance was being given to GP's, SENCO's and other referrers about this
- When a referral for the Umbrella Pathway assessment was rejected, parents were quite often devastated. This shouldn't mean however that just because a referral hadn't been accepted on the Umbrella Pathway that they couldn't access appropriate support for their child's difficulties, they should be signposted to appropriate support via their GP.
- In order to avoid raising expectations, prior to making a decision to accept a referral, additional information was now routinely requested
- Officers confirmed that other than referrals via Patient Advice and Liaison Service (PALS), there hadn't been any analysis to understand the effect on families of a referral being rejected from the Umbrella Pathway
- In response to the question about whether schools were using Pupil Premium funding effectively to support children's needs, the Board were advised that a response from Babcock Prime as

commissioners for education support would be sought

- Although no targets had been set, it was anticipated that there would be an increase in the number of children going through the Umbrella Pathway resulting with a diagnosis of ASD
- If a child went through the Umbrella Pathway but was not diagnosed with ASD, a report would still be shared with the family and their referrer (with their permission) and recommendations for appropriate support would be made
- It was hoped that by more appropriately meeting children's needs, families should be able to access appropriate support more quickly without needing an ASD referral as a trigger for this support
- If it became apparent that a referrer was regularly making inappropriate referrals, contact would be made with them to advise on the referral process
- It was confirmed that all referrals to the Umbrella Pathway were made with parental consent
- For those children with elective home education, it was confirmed that there was equal access to the Umbrella Pathway
- There was a concern that for those children who were receiving elective home education and received a late diagnosis of ASD it would result in them being educated by the medical education team
- The biggest issue with the Umbrella Pathway was ensuring that the right children were accessing it and that early intervention and a graduated approach to support was provided as soon as possible. This it was hoped would result only the children who needed an ASD assessment being referred to the Umbrella Pathway. Gathering appropriate information early on in the process would also help triage and to speed up the process
- There was an acknowledgement if a parent didn't receive the expected diagnosis of ASD in order to access appropriate support for their child, their despair and devastation was probably as a result of an unmet need which needed to be addressed
- It was acknowledged that the effectiveness of the Umbrella Pathway was dependent on the effectiveness of other pathways
- Mechanisms were now in place to enable families going through the Umbrella Pathway to check on the progress of their assessment. Leaflets had

been produced detailing the process but essentially contact could be made through an Administration Team at any time throughout their assessment journey and if they needed to speak to a professional then messages could be passed on. Contact could also be made via PALS

- In terms of how Councillors could help when they were in contact with schools, it was suggested that many schools were doing a fantastic job of appropriately supporting children and their families, but if Councillors became aware of any unmet needs and pressures they could ask schools how they would wish to be supported. This could then be referred back to the Commissioning Management Team rather than the clinicians who needed to be concentrating on supporting children and their families.

During the discussion some information was requested and some suggested comments were made for the Cabinet Member with Responsibility (CMR) for Children and Families.

Information requested:

- Waiting times for assessment in other local authorities
- The number of referrals for assessment which took over one year to complete
- Whether schools were using Pupil Premium funding effectively to appropriately support children's needs (Babcock Prime)
- The number of children who had received a late diagnosis of ASD and as a result were being educated by the medical education team
- What support was available for parents who electively home educate due to their children's SEND
- Average number of days taken to be assessed over a rolling 12 month period.

Comments for the CMR:

The Board during its discussion felt that it would be helpful if

- The age group of when ASD diagnosis was undertaken could be monitored
- Some analysis could be carried out of the effect on the family of a referral being rejected from the Umbrella Pathway for an ASD Assessment; and

- The outcome of referrals to the Umbrella Pathway could be monitored, especially as a way of measuring impact of changes made following the recent review.

In addition, it was agreed that the Children and Families Overview and Scrutiny Panel look would add the SEND Strategy and behaviour support to its Work Programme.

The Chairman thanked everyone for the useful discussion.

1026 Scrutiny Proposal: Abbey Bridge Tendering, Monitoring and Delivery Processes

At its last meeting, the Board agreed that the Chairman (and couple of other Councillors) would carry out a short scrutiny looking at lessons learned from Evesham Abbey Bridge project delays ensuring that links were made with the Audit and Governance Committee to avoid duplication and that a scrutiny proposal confirming the terms of reference would be considered at this meeting.

The proposal attached to the Agenda suggested Terms of Reference:

To investigate the project planning, tendering and project management processes used by the Council to deliver the Abbey Bridge project.

It was suggested that as this was a very technical area, it may be necessary to seek the advice of an independent expert. It was also suggested that as the Audit and Governance Committee was due to consider the matter, it would be helpful to see the report to that committee and if appropriate review the scope to avoid potential duplication.

After discussion, subject to the proposal being amended to include reference to the expert adviser, and linking with the Audit and Governance Committee to avoid duplication, the proposal was agreed.

Councillor Bloore would lead the Scrutiny and Cllrs Adams and Middlebrough would also be members of it. As a first step a meeting would be arranged between Councillors Bloore and Middlebrough with Cllr Nathan Desmond, Chairman of the Audit and Governance Committee, to take into account the audit outcome and if necessary amend the scope.

1027 Member Update and Cabinet

Adult Care and Well-being Overview and Scrutiny Panel

At its next meeting, the Panel was being briefed on

Forward Plan

Replacement Care Services for adults with a learning disability, in particular the planned engagement with service users, carers, staff and stakeholders on options for future provision of replacement care for adults with a learning disability. All Members had been made aware and invited as observers to attend the planned informal meetings with carers around the County.

The Panel would also be looking at Public Health's work on Prevention and on Social Isolation which stemmed from concerns about depression in older people and how social isolation impacted on this. The Vice-Chairman advised that in due course she would be providing a report on Bus Services to the Economy and Environment Overview and Scrutiny Panel which may impact on social isolation too.

The Chairman requested that the Panel Chairman find out more information about Extra Care provision in Worcestershire in view of proposals for potential service changes.

Corporate and Communities Overview and Scrutiny Panel

The Chairman advised that at its March meeting the Panel would be looking at Councillor ICT which had been deferred from its November and January meetings.

Children and Families Overview and Scrutiny Panel

The Chairman of the Panel advised that in respect of the Scrutiny of overnight short breaks for children with disabilities, meetings had been held with parents/carers and visits carried out to the short break units.

Concerns were emerging in respect of the consistency in approach of officers carrying out the one to one meetings with parents/carers of children who took overnight short breaks at the Ludlow Rd Unit. The Chairman referred to the question that she had asked at February's meeting of Council, which was for the CMR for Transformation and Commissioning to give assurance that that there was consistency in approach of officers asking questions during a consultation process, she was given this assurance but nevertheless had concerns that this that this was not the case in this instance. Other concerns were emerging about the emergency provision and increased travel time for those children who were very frail, if they were required to travel further afield. The Task Group were meeting with the Worcestershire Health

and Care NHS Trust (HACT) on 5 March, who it was understood were likely to challenge some of the financial information presented in the 14 December 2017 Cabinet Report. It was further understood that the parents of the Children who attended the Ludlow Rd unit were meeting with CMR and the HACT

Cllr Oborski also referred to the Nascot Lawn High Court ruling which seemed to imply that the Clinical Commissioning Groups (CCG) needed to be involved in funding of overnight short breaks.

The Task Group was due to meet with the CMR shortly.

Health Overview and Scrutiny Committee (HOSC)

At its January meeting, the Committee received an update on the progress of Herefordshire and Worcestershire Sustainability and Transformation Partnership and the CQC requirements for improvement. The Committee was pleased to note that the Trust's recent inspection had shown signs of improvement. Quality of Acute Hospital Services was also discussed. The Committee was also advised that the Department of Health had approved £3m funding for a new link bridge at Worcestershire Royal Hospital.

At its next meeting in March, the Committee would be receiving an update from the Chief Executive of the West Midlands Ambulance Service.

Crime and Disorder

Cllr Paul Middlebrough was looking for a meeting date to discuss the LTP4 Consultation successes; any member of the Board who was interested was welcome to attend the meeting.

The Road Safety Team for Warwickshire and West Mercia had made a presentation to the Health and Well-Being Board on 27 February 2018 in respect of Children's Road Safety and Cllr Middlebrough thought that it would be beneficial for the OSPB to receive a similar presentation and to include the 'Drive' Initiative. It was agreed that Officers would make arrangements for this to happen at a future meeting.

Economy and Environment Overview and Scrutiny Panel

At its January meeting the Panel had considered the Flood Risk Management Annual Report.

Highways England was scheduled to attend 7 March meeting of the Panel which would receive an overview on the work of Highways England including its role and schemes of work. All councillors were invited to attend. The Panel also would also be looking street lighting.

Forward Plan

An updated version of the Forward Plan was circulated at the Meeting.

Extra Care Housing Core Funding – The Vice- Chairman suggested that the increase in extra care housing was releasing properties for families, which would have a knock on effect to the demand for school transport. It was suggested that this was an area which should be added to the Economy and Environment Overview and Scrutiny Panel's Work Programme.

Performance Management

The Chairman reported that he and the Vice-Chairman had met with the Chief Executive to discuss how panels could carry out their role in relation to performance monitoring. He would circulate the note from the meeting to Panel and would in due course work out the practicalities for the Panel Chairmen to start making arrangements for this to happen.

The meeting ended at 12.05 pm

Chairman