

Agenda

Health and Well-Being Board

Tuesday, 12 May 2015, 2.00 pm
County Hall, Worcester

Supplement – Late Items

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Health and Well-Being Board

Tuesday, 12 May 2015, 2.00 pm, Council Chamber, County Hall

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Date of Issue: Thursday, 30 April 2015

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Document Details: Worcestershire's All-Age Autism Strategy

Status: Final version

Date: 24/04/15

Contact: Martin Heuter

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Foreword

I am pleased to introduce the Worcestershire Autism Strategy, which sets out the ambitions of partners in Health and Social Care to support children and adults with autism and their carers.

We have an ambitious vision for Worcestershire, which includes expanding on the national vision, to help people with autism fulfil their potential and lead fulfilling and rewarding lives. We want to build on our understanding of our communities and services to deliver the best possible experience for people living with autism. We are also aware that many children and adults and their carers find support in communities and community groups and we intend to support this self help approach to complement professional services.

We recognise that transition into adult services is often a very difficult time for those with an autism spectrum disorder. It is critical that improvements are made to enable a more seamless service, so that children and young people feel sufficiently supported as they progress through the life journey into adulthood and have continuing opportunities to access support if they need it, depend on mainstream public services to treat them fairly as individuals and help make the most of their talents. With this in mind we took the decision to develop an all-age autism strategy and we welcome as many public services, partner organisations and members of the community as possible to be involved in the delivery of the action plan.

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Worcestershire's All-Age Autism Strategy 2015 to 2018

I would like to thank the members of our Autism Strategy Partnership Group, consisting of adults with autism, their carers and professionals in public sector organisations, who have helped develop this strategy. I hope that the implementation of this strategy will be very much driven by this group and routed in our ambitions set out above.

Councillor Marcus Hart

Chair of Worcestershire Health and Well Being Board

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1. Vision

Based on the vision within the national autism strategy – *Fulfilling and Rewarding Lives* - our vision is that:

All children, young people and adults with autism are able to live fulfilling and rewarding lives within a society which accepts and understands them. They can get a diagnosis and access support if they need it, and they can expect mainstream public services to treat them as individuals, helping them make the most of their talents.

1. This Strategy adopts a lifelong approach to supporting people with autism spectrum conditions, linking adult services with services for children and young people and their families.
2. Through its implementation, more people will have the opportunity to be diagnosed and able to access to support if they need it. Newly diagnosed children will be supported by appropriate education, health and social care services with supported transition to appropriate adult services. Effective transition systems will enable a

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seamless experience for those people with autism spectrum conditions who need support to have fulfilling and rewarding lives.

2. Background

2.1 Definition

For the purpose of this strategy, autism is defined as:

3. "A lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them"

Source: National Autistic Society

4. Autism is known as a spectrum condition because of the wide range of ways in which it presents itself in different people. There are different terms that individual people and groups prefer to use, including people with autism or on the autism spectrum, autistic spectrum disorder, neuro-diversity and pervasive developmental disorder. For consistency, autism spectrum conditions is a term we will use throughout this strategy.

There is more information about autism and how it affects people's lives in the Appendices, Section 6.

2.2 Why does Worcestershire need an Autism Strategy?

5. This Strategy is for children, young people, and adults with autism spectrum conditions, their families and carers.
6. The National Guidance "Implementing 'Fulfilling and Rewarding Lives 2010'" requires local councils and their partners to have in place plans in relation to the provision of services to people with autism as they move from being children to adults; in addition Local planning and leadership in relation to the provision of services for adults with Autism. The Worcestershire Autism Strategy therefore outlines the vision to transform services for children, young people and adults with autism spectrum conditions in Worcestershire to meet these requirements. It describes the key priorities to improve the lives of people with autism spectrum conditions, securing better outcomes through improved services, knowledge and understanding of autism.
7. The Strategy is based on the commitments in Worcestershire's Health and Well Being Strategy
 - to ensure fair access to health services for people with learning disabilities and communities with poor health outcomes, and
 - to ensure that people have access to clear and concise information about how to manage common physical and mental health problems and that they are signposted to appropriate services where they require further advice or support

in order that Worcestershire residents are healthier, live longer and have a better quality of life.

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8. It also responds to the national challenge by government to ensure that people with autism spectrum conditions have access to the right kind of support in mainstream services, and in condition specific services.
9. It takes into account relevant national legislation and guidance, including the ***Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015.***
10. This strategy has been developed with the Worcestershire Autism Partnership Group during 2014 and consulted on in early 2015. The group consists of adults with autism spectrum conditions, family carers, key professionals in Health and Social Care including clinicians and voluntary sector representatives. The membership of this group will be reviewed to include children's services and key stakeholders.

2.3 Aims

The Strategy aims to:

11. Set out the objectives and outcomes for autism services and support in Worcestershire in line with the national strategy in response to the requirements set out in legislation, including Fulfilling and Rewarding Lives
12. Provide a framework of how to monitor and evidence quality of service, to ensure it supports the achievement of national and local targets and performance indicators and supports effective commissioning of services.
13. Outline an action plan of how work will be taken forward in the next 3 years in key priority areas. The final action plan will clarify what actions we need to take, what success looks like and the timescale for each action.

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Worcestershire's All-Age Autism Strategy 2015 to 2018

14. Illustrate a shared understanding of the needs of people with autism spectrum conditions, the impact it can have on people's lives and how to use available resources in the most efficient way to improve the outcomes for people with autism spectrum conditions
15. Ensure that all staff and agencies working with people with autism spectrum conditions who may be at risk are aware of Worcestershire's safeguarding policies and procedures
16. Provide the strategic direction for education, health and social care organisations that support children, young people and adults with autism spectrum conditions.
17. Based on our vision, National Guidance and requirements of key legislation, identify key priorities which over the lifetime of this strategy will be developed and delivered. These are linked to an action plan to ensure that outcomes are clearly identified to improve access to high quality education, health, social care and housing services and employment opportunities

3. What we know

18. Effective planning for services requires good information to inform decision making. It is recognised that this is limited in Worcestershire and improvement in this area is one of the key priorities of this strategy.

What is known is:

19. The majority of children with autism spectrum conditions in Worcestershire are educated in mainstream settings - some are placed in specialist base provision and 25% are in special schools provision
20. 20% of the total places commissioned by the Council in out of area placements are for children and young people with autism spectrum conditions
21. Approximately 1% of the adult population in Worcestershire live with autism spectrum conditions, or 3,350 adults. This figure is not expected to rise over the coming years.
22. According to data from the National Autistic Society, between 44% and 52% of people with autism spectrum conditions have a learning disability.
23. Only 15% of adults with autism spectrum conditions are in employment
24. At least one in three adults with autism spectrum conditions is experiencing severe mental health difficulties due to a lack of support.

4. Priorities

25. The key priorities will be linked to an action plan to ensure that outcomes are clearly identified

Priority 1: We will have a clear pathway for diagnosis and support for children, young people and adults with autism spectrum conditions.

Priority 2: We will identify gaps in knowledge and understanding and make sure that all organisations can access high quality awareness raising and training.

Priority 3: We will improve transition planning to include a Transition Toolkit with details of access to a range of services and that can offer support for young people and adults in their decision making.

Priority 4: We will work with providers of education, employment and training opportunities to make sure they understand the needs of people with autism spectrum conditions and support them appropriately.

Priority 5: We will make sure that people with autism spectrum conditions are supported to make the most of their talents as they progress to more independent living. We will make sure that children, young people and adults with autism spectrum conditions have access to all universal and health and social care services.

Worcestershire's All-Age Autism Strategy 2015 to 2018

Priority 6: We will improve our data collection which will be used to inform future planning and commissioning of services, including condition specific services.

Priority 7: We will ensure that parents, carers, children and young people and adults are fully engaged in consultation and service review as part of our commitment to improved outcomes and quality of life for people with autism spectrum conditions. We will make sure that the needs and potential vulnerability of children, young people and adults with autism have been considered by all agencies in the partnership in the planning and delivery of their services.

Priority 8: We will promote the use of support groups in local communities and ensure they can access information about local services that are available.

4.1

Priority 1: The pathway for diagnosis and support

26. Identification of a possible autism spectrum condition is the essential first step to effective support, even before a formal diagnosis. We recognise that diagnosis is not a goal in itself but part of the integrated process which should lead to people with autism spectrum conditions being able to access the services and support they need. This Strategy will ensure there is a clear and consistent pathway in all areas. We aim to support people with autism spectrum conditions to receive a diagnosis at the earliest opportunity.
27. The majority of people who are diagnosed with autism spectrum conditions receive their diagnosis as children. Worcestershire will continue to encourage early identification of potential autism spectrum conditions in childhood and improve the transition from children's to adult services. This should support a reduction in the numbers of people with autism spectrum conditions who reach adulthood without a diagnosis.
28. However it is not unusual for adults to be referred for an assessment of an autism spectrum condition: Currently there are routes for achieving an assessment and diagnosis but these routes are not widely known or consistent across the county, especially for adults. A new pathway for support and assessment is currently being developed and this will also include information and advice available to people with autism spectrum conditions to ensure they understand what is available to them. Onward referrals to other services and signposting for support also need to be widely promoted.

29. It is important that needs are identified as soon as possible so that they can be met in the most appropriate way. The assessment over time may indicate an autism spectrum condition, but early support to meet the individual's identified needs should not be dependent on a diagnosis of autism. However, a diagnosis may signpost to the most appropriate source of information and support. Effective support requires a clear understanding of the individual's needs and strengths. On appearance of need an adult with autism will be entitled to a social care assessment. This is explained in section 4.5.2.
30. Services for people with autism spectrum conditions will aim to ensure that support needs are clearly explained and relevant information is given following assessment and, where appropriate, diagnosis. Information is needed for children, young people and adults, their families and carers.

For the diagnostic pathway I want to see a robust, multidisciplinary approach (comment by Autism practitioner)

31. Parents and carers of children and young people receiving assessment through the Umbrella Pathway receive an information pack which contains autism awareness and local services information.
32. Early Help supports families with children aged 0 to 19, and up to 25 for those with special educational needs and disability. Services are there to help families with a range of issues and aim to nip problems in the bud before they get worse. They are also there to offer support for families who have just finished working with

social care services. The Early Help Hub can be used as a single point of contact for professionals and families to request the support of an early help service.

A huge need, as I see it, is around raising awareness and understanding amongst everyone – professionals and the general public – because potential employers and others are put off by what they believe and by what they don't understand and professionals often don't understand as much as they think they do. (Comment by Children's practitioner)

4.2

Priority 2: Awareness raising and training

33. We aim to provide training to health, social care and partner organisation staff, including housing and criminal justice, over the next 3 years. This is to ensure that professionals who come into contact with children, young people and adults with autism spectrum conditions have the right skills and expertise to support them.
34. Those who are most likely to have contact with children and young people and adults with autism spectrum conditions will be prioritised, but as a minimum, training to raise awareness of autism spectrum conditions will be implemented across all levels of staff.

Every teacher/care worker should be aware (comment by carer)

35. Feedback from parents, carers, pupils and professionals is clear – all staff working with people with autism spectrum conditions should have access to at least basic information and training and this is a key priority for this strategy.

Worcestershire's All-Age Autism Strategy 2015 to 2018

36. Worcestershire County Council is already working with the Autism Education Trust (AET), a national body funded by the Department for Education, to promote and support effective practice for people with autism spectrum conditions.
37. Worcestershire is the first local area in the country to become an associate member of a Regional Hub. Schools are currently subscribing to Level 1 and Level 2 of the training on offer via AET which is delivered to whole school staff. There are plans to develop a Level 3 offer, a programme for all schools to use the National Autism Standards and Competencies and programmes for Early Years and Post 16 providers. This training can be offered to other providers and organisations to ensure they understand and can meet the needs of people with autism spectrum conditions in a respectful and appropriate way.
38. Fulfilling and Rewarding Lives (December 2010) says that increasing awareness and understanding of autism is fundamental towards improving services for adults with autism spectrum conditions.

Parents often need support and training both in what autism is and in strategies to use at home that is consistent with those in school. (Comment by practitioner in Autism services)

- 39. Health and social care staff in Worcestershire already have access to some training in Worcestershire. Social care staff who are working directly with children and young people with autism spectrum conditions are required to undertake specialist training and other staff may access this training on a needs led basis. However, there are currently no workplace plans or training programmes in place to ensure this is a basic requirement for all who may have direct contact with adults with autism spectrum conditions. This is a key priority for this strategy.
- 40. The core aims of the awareness training will be that staff groups are able to identify potential signs of autism spectrum conditions and understand how to make the necessary reasonable adjustments in the behaviour, communication and services for people who may have autism spectrum conditions.

Training to include front line police and housing services (comment by local District Council)

- 41. More specialised training should be undertaken by staff who hold key roles in assessment and support planning, and we will make sure this is available for organisations to access.

Image to be inserted

4.3

Priority 3: Securing successful and seamless transitions

42. Wherever possible, the Worcestershire Autism Partnership Group will work on influencing other organisations, providers and public services to develop their understanding of autism spectrum conditions, to make reasonable adjustments to better support people, and in particular, to help people experience successful and seamless transitions between services and placements.
43. People with autism spectrum conditions can find change very difficult and are often unable to visualise what life might be like in the future. Transitions can happen at all ages, and the transition from children's to adult services can be a particularly traumatic time for young people and their families, often associated with high levels of anxiety. Becoming an adult can be daunting for any young person. The aim of the strategy is to enable support to prepare for adulthood to be accessed through ordinarily available services as well as specialist services where this is needed.
44. Some children will not require the same level of service when they are an adult, and some will require more. The level of service will be determined by an assessment of need. We aim to have a clear pathway for those young people who may require more specialist support from social care services as adults.
45. Social workers are linked with schools to identify children as early as possible who may need this additional support and to plan the transition with the young person and their family.

46. A "Transition Toolkit" for children and young people with autism spectrum conditions (both for Early Years and school age) has been produced and used to support successful transitions. Each child and young person going through transition has a plan and providers of early years, schools and post 16 provision have access to the toolkit. This will be reviewed as a priority and include information that would support successful transition for adults with autism spectrum conditions.

4.4

Priority 4: Improving access to education and employment

47. 'Fulfilling and Rewarding Lives' (March 2010) says that the ability to get, and keep, a job and then to progress in work is the best route out of poverty, and is a central part of social inclusion.
48. Nationally only 15% of adults with a diagnosis of autism spectrum conditions are in employment (*Redman, S et al (2009) Don't Write me off: Make the system fair for people with autism. London. NAS*) Success in employment starts by ensuring that children and young people have their needs identified and met in school. Work experience opportunities should be matched to a young person's strengths and interests, and awareness training for work experience providers will support successful placements.
49. Training should include reasonable adjustments that should be considered as part of placement arrangements and providers need to access awareness raising and training if placements are to be successful. Adults with autism spectrum conditions often need support with building skills and overcoming barriers to work and Worcestershire wants to help people with autism spectrum conditions make the most of their talents by getting the same opportunities to employment as everyone else. This will include working with some employers in order to raise their understanding of autism and what reasonable adjustments they can make.

*Providing suitable school and college places for all types of autism is necessary. There is a shortage in County. Proper provision is needed, with properly trained staff, whether in mainstream/base/independent or some 'in between' situation.
(Comment by Carer)*

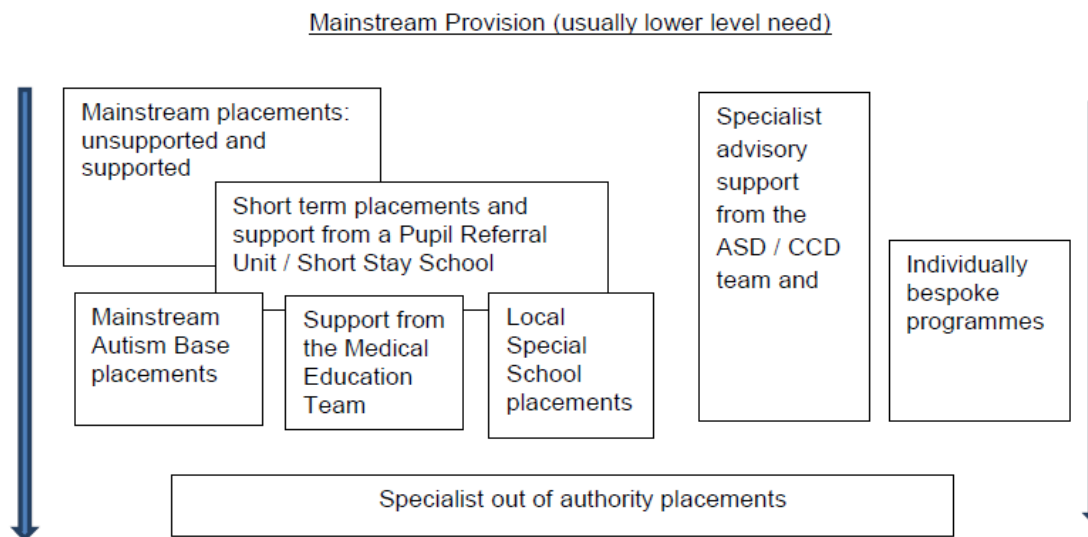
50. Young people with autism spectrum conditions need to be supported through education in order to maximise their potential and gain the qualifications they are capable of. Educational settings need to make reasonable adjustments to reduce barriers in completing courses, attaining qualifications and the social aspect of college life.

Get the various stakeholders together and discuss not only the needs, but also the positives of employing someone with ASC. (Comment by Autism Practitioner)

51. Worcestershire is committed to continuing to develop a continuum of educational provision that recognises different levels of specialism, experience and expertise in provider settings, and enables specialist advice and support to be made available.
52. Worcestershire's educational provision for its pupils with autism spectrum conditions is set out in Diagram 1.

Worcestershire's All-Age Autism Strategy 2015 to 2018

Diagram 1: The structure of educational provision for pupils on the autism spectrum in Worcestershire.



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53. For young people with an Education, Health and Care Plan, transition reviews in school from Year 9 onwards should support planning for further education, employment or training. This will include apprenticeships and supported internships.

Worcestershire's All-Age Autism Strategy 2015 to 2018

54. Currently there are developments across both mental health and learning disabilities services regarding employment support and the aim is to ensure that adults with autism spectrum conditions are fully included in any developments as this strategy is implemented.

To improve outcomes we need to focus on high quality educational provision, including an attitude shift to a 'can do' or 'can adapt the environment/differentiate' approach (comment by Autism practitioner)

4.5

Priority 5: Independent Living - Improving access to universal, health, social care and housing services

55. Fulfilling and Rewarding Lives (March 2010) says that adults with autism spectrum conditions should be able to expect public services to treat them fairly as individuals.
56. All people with autism spectrum conditions are entitled to be able to live fulfilling and rewarding lives within a society that accepts and understands them. Worcestershire Autism Partnership Group and in turn this Strategy, will focus on making it easier for adults with autism spectrum conditions to feel more included.
57. Autism specific services and support have a role to play in helping people cope with everyday situations in the community. We aim to develop partnerships with other agencies to build on the current local support services in Worcestershire, including housing, employment services and the Criminal Justice System.
58. Many people with autism spectrum conditions already support each other through meeting other people in the same situation, often reducing the need for professionally run and organised services. We will ensure that information is available on our website "Your Life Your Choice" about community based, self help support groups to complement professionally run services.

4.5.1 Accommodation

59. A focus of Fulfilling and Rewarding Lives is to make it easier for adults with autism spectrum conditions to access mainstream housing services and understand the options available to them, including the financial help they may be entitled to. Worcestershire Autism Partnership Group will work with housing providers and local authorities to provide information on housing need and to ensure a seamless transaction into the appropriate accommodation with the correct advice and support packages in place .
60. Some adults with autism spectrum conditions are reluctant to see a GP or other health professional either because of the lack of understanding amongst staff or the inappropriate facilities and communication methods. Health services need to be able to respond appropriately so that people with autism spectrum conditions are encouraged to seek advice before needing to access support in a crisis or with an acute health problem.
61. Children and young people with diagnosed autism spectrum conditions will be known to Community Paediatricians and usually the Umbrella Pathway. Transition from children's to adult services can cause anxiety if effective systems for information sharing are not in place.

4.5.2 Social care

62. Not all children and young people with autism spectrum conditions will need a social care service. Some services can be accessed without needing a referral to social care. These are published through the Local Offer. They include services such as community short breaks, play schemes and out-of-school clubs, support groups and advice on benefits.
63. Some children and young people with autism spectrum conditions will access social care services, which may include specialist respite care, and they may have a direct payment to meet care needs. The direct payment may help to fund domiciliary care, support workers or bespoke need.
64. We recognise that for a very few children with very special needs they will require care in specialist provision.
65. Families for children and young people may also use a personal budget to develop their own package of support.
66. The criteria to access social care services is set out in Worcestershire Safeguarding Children's Board Thresholds Guidance and the Eligibility/Threshold Criteria for Children with Disabilities and Young Adults Teams
67. The National Guidance 2015 stipulates that all adults with a diagnosis of autism spectrum condition are entitled to a Social Care Assessment. This is underpinned by the Care Act 2014 which states that any adult who appears to have care and support needs has to be offered a social care assessment. However, this will not

guarantee an offer of long term social care support. Any offer of social care support will be based on the criteria in the Care Act 2014.

68. For adults who may be Care Act eligible, they will be offered an assessment from adult social care teams and additionally information on carers' assessments will be made available. The assessment will be person centred and holistic resulting in a care plan which clearly identifies the outcomes for the person and the support required to achieve those outcomes.
69. Adults with autism spectrum conditions who are eligible for adult social care support will receive a personal budget and will be enabled to benefit from the use of this personal budget as a Direct Payment should they wish to.
70. Where people are not Care Act eligible, they will be signposted to information about autism spectrum conditions and about sources of support which will be available on the *Your Life Your Choice* website and other places.
71. These will include local autism support services, voluntary groups, national autism representative groups and the 'Living with Autism' section on the NHS Choices website.

"Reasonable adjustments were made during the assessment to enable my son to participate: short sessions, with breaks, simplified language and time taken to understand the adjustments my son needed before talking to him." User view of service

4.6

Priority 6: Local planning

72. Fulfilling and Rewarding Lives (March 2010) is clear that change needs to be driven locally, through strong local leadership. The key to this is local partners coming together in one place to discuss priorities and challenges together, and how this might be done will need to be determined locally.
73. For adults, Worcestershire currently has an Autism Partnership Group, which includes a range of stakeholders who are committed to meet regularly to address the priorities included in the Action Plan that supports this strategy. The aim of the group is to set the direction of improved services for people with autism spectrum conditions and ensure improvements happen. The group has been instrumental in developing the adult's element of this strategy and determining the actions required to deliver the strategy. The membership of this group should be reviewed as a priority to ensure all services, including Children's Services stakeholder groups are represented in the delivery of this all age strategy.
74. The Strategy also aims to develop the partnership between Clinical Commissioning Groups and Worcestershire County Council so that services which are relevant to the needs of the local population can be commissioned.
75. Improved local autism data will better inform future commissioning and support the development of the Joint Strategic Needs Assessment. We will use national research, school and Local Authority produced data together with data from local services and organisations. This will ensure that, for all people with autism spectrum conditions, the right services are delivered in the right way to those who need them and by the best possible provider.

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county council

4.7

Priority 7: Listening to children, young people and adults, and their carers

76. Without listening to the views of those with autism spectrum conditions and their carers we will not be able to plan and evaluate services. We will encourage providers to request feedback about the services they are offering from children, young people and adults and will act on this feedback.
77. The Worcestershire Autism Partnership Group and specific working groups will be key to local engagement and consultation.
78. However, we recognise that we need to go beyond this group of representatives in order to listen to everyone's views. We will therefore develop new and utilise existing approaches to engage with as many children, young people and adults and their carers as possible and will engage with existing community based organisations.
79. We will also engage with schools, including those with specialist base provision and specialist providers to make sure the views of pupils are heard and influence this Strategy. We will ask children and young people to tell us the best way of communicating with them.

"Some providers are great for benefits advice and securing the right pip payments. They are great for providing groups and social care assessments and advice and do have a great understanding which is needed. They are great advocates" User of Autism Service

4.8

Priority 8: Supporting community based organisations and groups

80. We recognise that many people find support in their everyday lives through friends, families and community organisations, and often do so in a very satisfactory way.
81. We will therefore encourage the development of these groups and discuss ways of supporting them in their often informal but highly effective way of offering support. We will ensure that the experiences reported to these groups are shared with our more formal services to ensure that there is ongoing learning about the needs and aspirations of children, young people and adults with autism spectrum conditions.
82. We will ensure that local groups and community based organisations are encouraged to include details of their work in Worcestershire's Local Offer and the *Your Life Your Choice* websites.

5. Outcomes and action planning

83. The following table outlines what we intend to achieve in Worcestershire over the lifetime of this strategy. An annual action plan will be developed by the Worcestershire Autism Partnership Group, with revised membership that includes children's services and stakeholders, following the approval of the strategy in the early summer of 2015.

	Priority	How we will achieve this	How we will measure progress
1	The pathway for diagnosis and support	<p>We will commission high quality assessment, support and diagnostic services for children, young people and adults.</p> <p>We will ensure that all children, young people and adults can have a diagnosis if they need it.</p>	<p>Monitor outcomes for children, young people and adults from data and qualitative feedback from providers, clinicians and users</p>

	Priority	How we will achieve this	How we will measure progress
2	Awareness raising and training	We will build on existing training already available for professionals working with children, young people and adults across all partner organisations. We will develop training provision for carers as part of a carer specific training programme developed as part of the Carers Strategy	Availability of training for all target groups Take up of training for all health, social care, education, employment and other providers such as housing, criminal justice system Feedback from partner organisations Feedback from participants in training courses
3	Securing successful and seamless transitions	We will continue to develop arrangements for young people transitioning into adulthood to ensure that nobody is left without support in this crucial time. We will seek best practice	Monitor development of arrangements Seek ongoing feedback from young people and their carers about how arrangements work. Monitor the number of

	Priority	How we will achieve this	How we will measure progress
		advice from clinicians and other local authorities to ensure that users in Worcestershire have the best possible support. We will work with the Young Adults team in the Council to support developments	young people who are supported through suitable transitions arrangements
4	Improving access to education and employment	Ongoing awareness training for schools, colleges and employers; Schools, colleges and employers are represented on the Autism Strategy Partnership Group to help shape support in their respective host organisations.	Monitor outcomes for children, young people and adults from data and qualitative feedback from providers, clinicians and users, particularly in terms of education, employment and training, as indicators of positive destinations

	Priority	How we will achieve this	How we will measure progress
5	Independent Living – Improving access to universal, health, social care and housing services	<p>We will work with our partners to ensure that their planning reflects the aims and aspirations of this strategy.</p> <p>We will work with District Councils to further develop the availability of autism friendly housing.</p> <p>We will work with all partners to ensure that all people with autism spectrum conditions have access to services that support their independence.</p> <p>We will require all commissioned providers of information and advice services are autism aware and can signpost people to</p>	<p>Monitor outcomes for young people and adults from data and qualitative feedback from providers, particularly in terms of health indicators and housing.</p> <p>Monitor training outcomes including access and quality</p>

	Priority	How we will achieve this	How we will measure progress
		<p>the right services. We will work with partners to ensure that their key staff are autism aware. We will work with key partners to ensure that all health and social care staff have access to – where necessary – specialist autism training</p>	
6	Local planning	<p>We will work with all partners to ensure that we gather data about children, young people and adults are accurate and available. We will include autism in our Joint Strategic Needs Assessment. We will use all available</p>	<p>Monitoring data returned to commissioners JSNA adjusted for 2015/16 onwards to reflect available data. Work with other local authorities to ensure that comparable data sets are available.</p>

	Priority	How we will achieve this	How we will measure progress
		data to continue to plan local services according to demand	Data is used to project future demand on services.
7	Listening to children, young people and adults, and their carers	<p>We will review the composition of the Worcestershire Autism Partnership Group.</p> <p>We will engage with more community groups and organisations to be able to listen to their views and experiences.</p> <p>We will develop more inclusive approaches to listen to the views of children, young people and adults with autism spectrum conditions.</p> <p>We will work towards better</p>	<p>Ongoing monitoring of composition of Worcestershire Autism Partnership Group.</p> <p>Number of conversations held with other, community based organisations.</p> <p>Views gathered from particular groups and how their views are reflected in the implementation of this strategy.</p>

	Priority	How we will achieve this	How we will measure progress
		<p>inclusivity, in particular girls and young women and people from minority communities.</p> <p>We will engage with clinicians about the suitability of existing services and how to maximise the potential of existing clinical services.</p>	
8	Supporting community based organisations and groups	<p>We will engage with more community groups and organisations to be able to ensure their services are included in the Local Offer and the <i>Your Life, Your Choice</i> websites</p>	<p>Number of groups that are offering services for people with autism spectrum conditions or demonstrating awareness of the needs of people with autism spectrum conditions</p>

6. Appendices

6.1 Appendix A

Autism and the use of terminology

84. Autism is known as a spectrum because of the range of difficulties it causes and because children, young people and adults can experience those difficulties along a range from mild to severe. Many people with autism are able to live with minimal specialist support; others need a lifetime of specialist services to maximise independence, control and choice.
85. Asperger's Syndrome is an autism spectrum condition. People with Asperger Syndrome are often of average or above average intelligence. Such people have fewer difficulties with communication but may still have difficulties with understanding and processing language, and do not usually have the accompanying learning disabilities.
86. Although some people with autism specific conditions may develop mental health problems, often as a result of lack of support and because of social isolation and exclusion, autism specific conditions are neither a mental health condition nor a learning disability.



Worcestershire's All-Age Autism Strategy 2015 to 2018

87. The Autism Education Trust's National Autism Standards (2012) describe autism spectrum conditions as 'a neurological difference in brain development that has a marked effect on how a person develops'. It highlights four areas of difference:

- Understanding the social interactive style and emotional expression of other people
- Understanding and using communication and language
- How information is processed
- The way sensory information is processed

88. Understanding the impact of these differences on how people learn and make sense of their environment is critical for all agencies in planning and developing the right provision and services in the right places.

- The characteristics of autism spectrum conditions vary from one person to another. As a result of interaction between the areas of difference, people with autism spectrum conditions may have:
 - Increased anxiety levels
 - Need for routines, sometimes having a compulsive nature
 - Difficulty in transitioning to a new activity



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- Difficulties generalising skills learnt in one situation to another
- Special interests
- The ability to be highly focused when on a specific task
- Difficulties with self-awareness, understanding and expressing their own needs
- Under or over sensory sensitivity

6.2 Appendix B

Legislation and statutory guidance

89. In recent years there have been a number of national developments relating to people with autism spectrum conditions. This provides context for this strategy and its key priorities.
90. The strategy will reflect the different statutory duties for services that support children, young people and adults and ensure smooth transition for people who use the services:
- Care Act 2014 and associated guidance and regulations
 - Autism Act 2009
 - "Fulfilling and Rewarding Lives: the strategy for adults with autism in England", March 2010 and associated statutory guidance for local authorities and NHS organisations to support implementation of the strategy published in December 2010
 - Improving access to social care for autism (2011) guidelines from the Social Care Institute for Excellence (SCIE)
 - Equality Act 2010

91. Legislation and Statutory Frameworks for Children and Young People, including parent carers:

- Children and Families Act 2014;
- Special Educational Needs and Disability (SEND) Code of Practice (0-25) 2014;
- Aiming High for Disabled Children;
- Children Act 1989 and associated guidance and regulations
- Children Act 2004 and associated guidance and regulations
- Equality Act 2010 and associated guidance and regulations

92. Fulfilling and Rewarding Lives sets out the duties for Local Authorities and the NHS locally (source: National Autistic Society 2014):

- Provide autism awareness training for all staff
- Must provide specialist autism training for key staff, such as GPs and community care assessors
- Cannot refuse a community care assessment for adults with autism based solely on IQ
- Must appoint an autism lead in their area
- Must develop a clear pathway for diagnosis and assessment for adults with autism
- Need to commission services based on adequate population data.

6.3 Appendix C

Overview of National Context

Children and Young People and their Parent/Carers:

- The SEND Code of Practice (2014) now covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN. It requires:
 - A clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels.
 - A stronger focus on high aspirations and on improving outcomes for children and young people.
 - For children and young people with more complex needs, a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) which replace statements and Learning Difficulty Assessments (LDAs).
 - A greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.
-
- The Children Act 1989 places a duty on the local authority to provide services for all children in need, including children with a disability. A child is in need when their health or welfare may be significantly impaired without additional services.
 - The local authority is required to keep a register of children in the county with a disability, although registration is voluntary.

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- All children with a disability who may be in need are entitled to assessment.
- The Children Act 2004 places a duty on all statutory agencies to co-operate in the safeguarding of children and in meeting their needs.
- The Aiming High for Disabled Children programme was introduced to transform services for disabled children and local authorities in England were given money to fund new short-break services for disabled children, including children and young people with autism spectrum conditions.
- The Equality Act 2010 - The Equality Act 2010 prohibits discrimination against people with the protected characteristics that are specified in the Act. Disability is one of the specified protected characteristics. Protection from discrimination for disabled people applies to disabled people in a range of circumstances, covering the provision of goods, facilities and services, the exercise of public functions, premises, work, education, and associations.

Adults and their Carers:

93. The Care Act 2014 includes duties to promote wellbeing when carrying out any of their care and support functions in respect of an individual.
94. ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support and to establish and maintain an information and advice service in

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their area. The information and advice service must cover the needs of all its population, not just those who are in receipt of care or support which is arranged or funded by the local authority.

95. The Autism Act (2009) placed a duty on the Government to produce a National Strategy. The Act was in response to an identified gap in provision for people with autism spectrum conditions. It specified that a national strategy was to be in place by April 2010.
96. The strategy "**Fulfilling and Rewarding Lives: the strategy for adults with autism in England**" was published in March 2010, with statutory guidance for local authorities and NHS organisations published in March 2015 to support implementation of the strategy published in December 2010. As a result, a range of national policies, mainly directed at adults with autism spectrum conditions has emerged.
97. The 2014 update by the Government has identified 15 priority challenges for action as follows:

An equal part of my local community

- I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
- I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
- I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.

Worcestershire's All-Age Autism Strategy 2015 to 2018

- I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
- I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
- I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

The right support at the right time during my lifetime

- I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
- I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
- I want staff in health and social care services to understand that I have autism and how this affects me.
- I want to know that my family can get help and support when they need it.
- I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
- I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
- If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.

Worcestershire's All-Age Autism Strategy 2015 to 2018

- Developing my skills and independence and working to the best of my ability
- I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
- I want support to get a job and support from my employer to help me keep it.

98. *Supporting people with autism through adulthood* (June 2009) is a report which looks at the range of services available for adults with autism spectrum conditions and their carers in England. Their main findings indicate that people with autism spectrum conditions may use a very wide range of public services, but that the data available on the number of people with autism using services is limited. Despite limitations the report states that there are two key areas where the effectiveness of existing services can be improved.

They are:

- Better strategy and planning, based on good information and raising levels of knowledge
- Awareness of the nature of autism and the potential needs of people with autism spectrum conditions
- Improving access to social care for autism (2011) guidelines from the Social Care Institute for Excellence (SCIE) give a number of key recommendations for practice, including:
- Greater understanding of autism among the social care workforce

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- Better awareness of autism in the social care sector can help people get a diagnosis of autism and get timely and appropriate support when they are diagnosed
- Staff supporting people with autism spectrum conditions need to make adjustments in how they work, plan and communicate with people with autism spectrum conditions and with each other, so that services can be more accessible
- Managers and commissioners of services also need to be flexible, creative and collaborative in how they meet the needs of people with autism spectrum conditions.
- Good support is vital when people with autism spectrum conditions experience significant life changes
- Frontline and senior staff need to work with people with autism spectrum conditions to enable them and their families to make the most of personalisation
- Support with social interaction and practical everyday living tasks can address some of needs people with autism spectrum conditions commonly have at relatively low cost
- Multidisciplinary specialist autism services can provide good outcomes for people with autism spectrum conditions. Professionals should offer carers support in their own right and work in partnership with them to provide the best possible assessment and service provision.



.4 Appendix D

99. Current arrangements for the identification and assessment of autism spectrum conditions

For children and young people:

- A process is in place for the diagnosis of autism spectrum conditions in pre-school and school age children and young people.
- Assessment for potential autism spectrum conditions in Worcestershire, is set within the wider assessment of neuro-developmental difficulties and called the Umbrella Pathway. This has been developed to provide assessment and support process for all children and young people presenting with neuro-developmental difficulties.
- The pathway provides a multi-disciplinary and multi-professional service involving health social care and education services, with a clear entry point, an assessment process, diagnostic pathway and support for children and young people.
- This includes those receiving a diagnosis at the end of the process and those where no specific diagnosis is reached but on-going care and support are signposted.
- When the assessment has been completed, parent or carers are offered a face to face meeting to share and discuss diagnostic outcomes. They are also provided with information on autism spectrum conditions and local services that are available. Information is also available on Worcestershire's Local Offer website which can be accessed at www.worcestershirelocaloffer.org.uk

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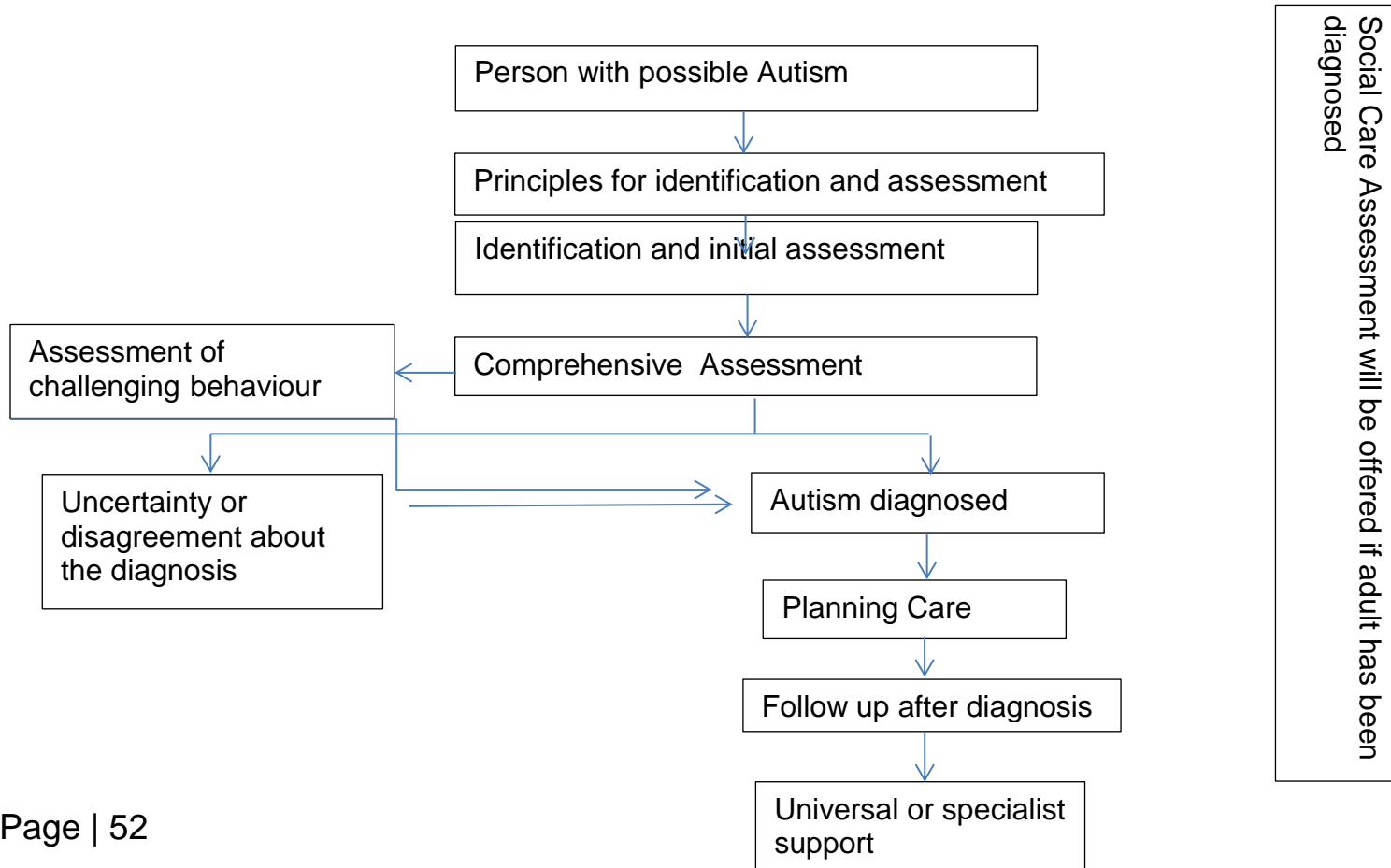
Worcestershire's All-Age Autism Strategy 2015 to 2018

- The Action Plan associated with this strategy will seek to develop this, and will include the need to review the pathway as a priority within this strategy and reflect the need for an all age pathway, review the assessment process in line with the SEND Code of Practice for children and young people 0-25 years of age, and equality of access to provision to ensure consistency of practice and service available to people with autism wherever they may live in Worcestershire. Effective data sharing will also support the commissioning of appropriate, high quality provision.

For adults:

- 'Fulfilling and Rewarding Lives' states that diagnosis is not compulsory.
- Some adults who exhibit the characteristics of autism will not want to be referred for a formal diagnosis but will still be entitled to a needs assessment under the Care Act 2014.
- A diagnosis however is not a guarantee of support and services; it is a reason for assessment of need.

Identification and assessment of autism in adults



Useful information and websites

100. For specific information about Autism:

www.autism.org.uk

[Think Autism - Fulfilling and Rewarding Lives](#)

[Care Act 2014 – Draft Statutory Guidance](#)

[Worcestershire's Local Offer website](#)

[Your Life Your Choice – where to find help and support locally](#)

[Worcestershire County Council Early Help \[www.worcestershire.gov.uk/homepage/104/early_help_hub\]\(http://www.worcestershire.gov.uk/homepage/104/early_help_hub\)](http://www.worcestershire.gov.uk/homepage/104/early_help_hub)

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Worcestershire Health and Well-being Board

Worcestershire Carers Strategy 2015-2020

Carers at the Heart of Worcestershire's Families and Communities

image

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Contents

	Foreword (Richard Harling?)
Section 1	Our vision for carers in Worcestershire
Section 2	The local and national context of this strategy
Section 3	What we have achieved
Section 4	Priorities
Section 5	Outcomes – what we want to achieve
Section 6	Carers telling their stories
Section 7	Appendices

Foreword

I am pleased to present this update to our Carers Strategy "Carers at the heart of Worcestershire's Families and Communities" which we launched in 2009.

Through joint working with partners in Health, Social Care, the voluntary and community sector and of course carers themselves we have developed support services both in the community and provided by professionals since the original strategy was launched. Given future financial constraints this joint working will be vital if we are ensure that resources are effectively used and deliver value for money.

The strategy before you builds on these successes and also responds to the changes in legislation for both local councils and the NHS. Our vision remains and continues to be that carers are and remain at the heart of Worcestershire's Families and Communities, are able to continue to care for family members and friends whilst being able to lead a life outside caring.

We are aware that there are a number of young people who care for their family members. We are committed to support these young people and ensure that they can grow up with their peers, accessing education, training and employment without their caring role having a negative impact on their social and educational development.

Nationally carers have been recognised even more than before and have seen this recognition reflected in the Care Act 2014, as well as in the NHS Forward View 2015. In Worcestershire we have been able to continue to support carers and enabling them to support each other and access universal services to help them to maintain a life outside caring, to continue to care and where necessary find professional support if they need it.

The commissioning of new and re-designed services will provide more equitable support for carers across the county, and all front line health and social staff involved in supporting patients and service users will be tasked with ensuring that the needs and aspirations of carers are considered at all times.

I look forward to see the impact this strategy and the associated actions will have and thank all carers in Worcestershire for the tremendous commitment they show on a daily basis and commit to offering them the support they deserve.

Councillor Marcus Hart, Chair of Health and Well Being Board

SECTION 1: Our vision for carers in Worcestershire

Introduction

1. Health and social care services are changing and the role unpaid carers have played and continue to play is vital. The most recent estimate of the value of the care provided by informal carers is £119 billion¹ nationally, the equivalent of funding of the whole NHS. In the current economic climate this support is more valuable than ever and it is therefore vital that carers continue to have access to information, advice and support. In this document we are referring to unpaid carers when we say 'carers'.
2. This strategy has been developed as a framework for a holistic approach to supporting carers which builds on, and contributes to, key developments related to carers within other strategies and the re-organisation of health and social care services. It provides a clear guide to the commissioning and provision of services that will support and enable carers to continue in their caring responsibilities and participate in family and community life.

Our vision is that

3. Adult, parent and young carers will be recognised and valued by the wider community and statutory agencies in Worcestershire for the support and care they provide to vulnerable adults, children and young people. They will receive appropriate support where necessary to help them provide care safely and maintain a balance between their caring responsibilities and a life outside caring. We will assist them in achieving their potential, maintaining mental and physical health and wellbeing, access and remain in education, training and employment and support them to be as independent as possible.

Image or quote by carer

4. This strategy is written for adult, parent and young carers and professionals in the health and social care system and beyond. It will spell out Worcestershire's commitment to carers over the next 5 years, how we will work towards achieving these commitments and how we will establish what we have achieved.

¹ Carers UK, 2011

5. We know that many people who care for a relative or friend may not recognise themselves a carer and many people in the public may not understand the term "carer". We are therefore using the definitions for this strategy which are most commonly used:

Clause 10 (3) of the **Care Act 2014** defines a carer as:

“an adult who provides or intends to provide care for another adult (“adult needing care”).

Another definition is included in "**Recognised, Valued and Supported: Next Steps for the Carers Strategy, 2010**" which defines a carer as:

"A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner, a child or friend who is ill, frail, disabled or has mental health or substance misuse problems"

6. The second definition is wider than the Care Act definition and also includes:

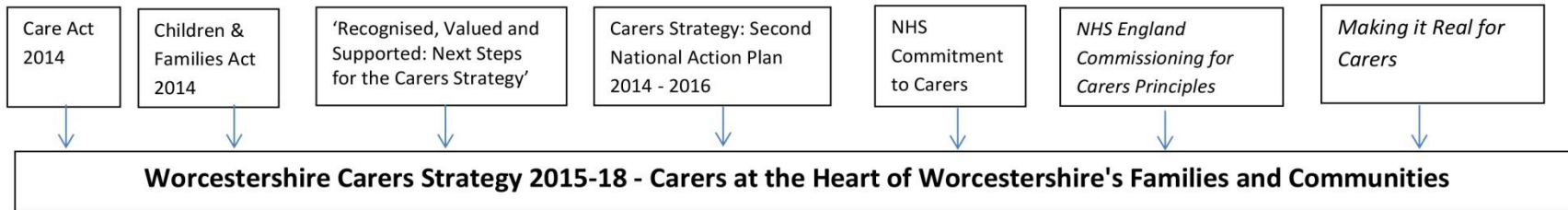
Adult carers: any adult who provides care to another adult, but who is not under contract to do so or as part of voluntary work. Care includes providing assistance to enable someone to carry out basic care activities, access necessary facilities or services, or engage in work, education, training or volunteering.

Young carers: any young person under the age of 18 who is in some way affected by the need to take physical, practical and/or emotional responsibility for the care of another person, often taking on a level of responsibility that is inappropriate to their age or development

Parent Carers: any parent of a disabled child or young person up to the age of 19 who provides substantial and regular care beyond that which would usually be expected for a similarly aged child.

All of the above also mean that someone who works in a paid capacity for a care agency is **not** a carer for the purposes of this strategy.

Our 3 Year Strategy on a page



Worcestershire's Guiding Principles to support the Strategy

Principles/values

- Focus on carer
- Recognition and respect
- Involvement in decision
- Caring safely

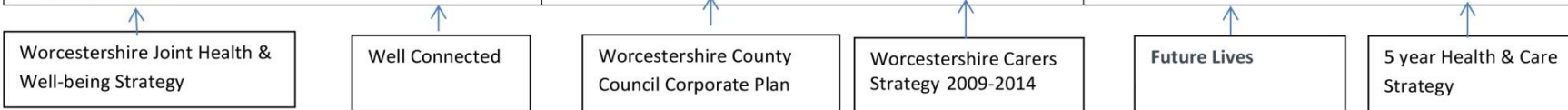
- Equitable support for all
- Personalised support
- Co-ordinated services
- A life of their own
- Co-production

Challenges & Risks

- A complex Health and Social Care system
- The pace of change
- Limited Resources
- Increasing number of carers and complexity of caring arrangements
- Demographic pressure – more people to be cared for, carers getting older, financial pressure on carers

The outcomes we want to achieve

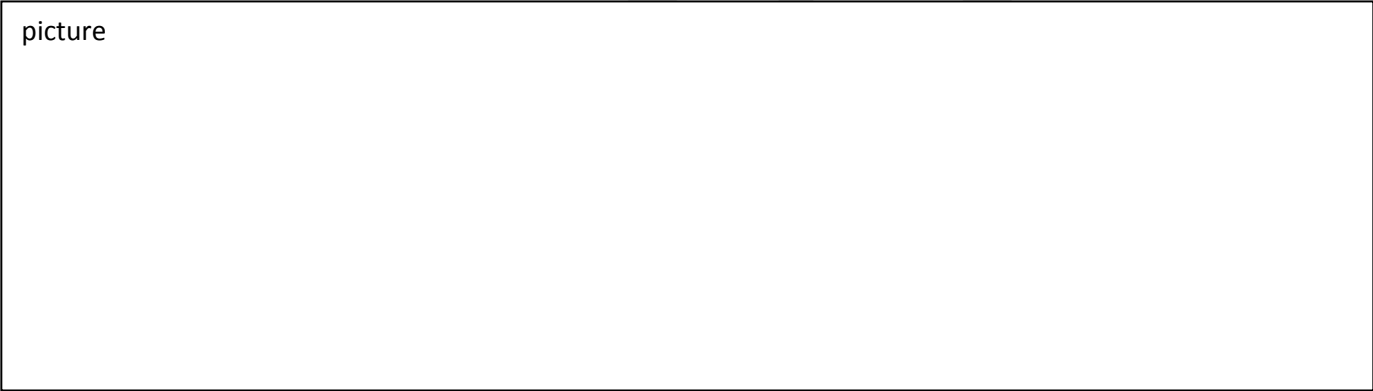
<p>Recognised and Valued:</p> <ul style="list-style-type: none"> • I am recognised and respected in my role as a carer • I feel confident that there is a support available • I feel able to care safely • The caring I do is appropriate to my age and capabilities • I understand how to access support • I am involved & can influence the assessment of my needs and aspirations • Any services I receive meet my needs and aspirations • I am able to have a say in how services are designed and delivered 	<p>A life of my own:</p> <ul style="list-style-type: none"> • I feel able to achieve a balance between my caring role and my personal life • I feel connected to others in the community • I know how to maximise my income to meet basic needs and am not forced into financial hardship as a result of my caring role • I feel able to fully participate in education or training and enter or re-enter the employment market when I wish • I can remain in (suitable) employment if I wish to 	<p>Supported to be mentally & physically well:</p> <ul style="list-style-type: none"> • I am able to maintain my physical health and emotional wellbeing • I am able to manage stress • I feel confident to fulfil my role as a carer • I am able to maintain a dignified relationship with the person I care for • I am able to maintain relationships that are important to me
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SECTION 2: The local and national context of this strategy

7. Health and Social Care is changing, not only in Worcestershire. Since the original Carers Strategy was published in 2010, we have seen many changes at national and local level. The Care Act 2014 came into force in April 2015 bringing with it huge changes for people who need social care, their carers and the providers of services. The NHS Forward View 2015 puts an emphasis on NHS organisations to identify young and adult carers to ensure they receive the support they receive. Alongside this, the Government is committed to greater integration of health and social care, reflected in the Better Care Fund which makes specific provision for pooling funding for carers (and service users). Furthermore, the Children and Families Act 2014 includes changes to section 17 of the 1989 Children Act that coincide with the implementation of the Care Act and clarifies the law relating to Parent Carers and Young carers.

picture



8. At the same time money will continue to be tight, with less money available to support an increasing number of people who need support, be it because of their age, disabilities or other reasons. We will therefore be looking for new ways of making the best use of the money available and ways of people supporting each other in their local communities.
9. Although the Care Act 2014 gives local authorities the power to charge for carer focussed services, in Worcestershire we make a commitment not to do so in 2015/16. Carers will be consulted before any change is made in this policy.
10. Worcestershire is responding to these challenges by:
 - Continuing to integrate health and social care services, through the Well Connected programme and as a national Pioneer. As part of the County Council's Future Lives programme we have been developing approaches to promote well-being and independence of

adults and carers and reform adult social care so that it allows greater choice and control, meets the requirements of the Care Act, and is sustainable within the funding available.

- Building on the successful work with partners to ensure early identification of carers for example in GP practices, schools or colleges, signposting carers to the right services at an early stage through the Carers Well Check service and supporting carers in community health and Acute Settings.

11. This Strategy is set in the context of this changed environment and will attempt to respond in a realistic yet imaginative and creative way to face the challenges ahead.

picture

The ***NHS Forward View 2015*** states that

"... when people do need health services, patients will gain far greater control of their own care – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities."

Picture or quote from carers

12. The **Care Act 2014** for the first time gives adult carers and young carers who are moving into adulthood the same rights to assessment and support as the persons they care for. It includes duties for:
- **Well-being:** the Care Act gives local authorities the duty to consider in all its actions the well-being of adult carers and young carers who are moving from being a young person to becoming an adult. It requires the local authority to provide information, advice and support to ensure that carers' wellbeing is promoted. Each carer will have different needs and aspirations and all service providers and commissioners will work towards reflecting this in all their actions. Research has clearly identified a link between caring and deteriorating health and the negative impact this is having on those members of our communities who are providing this care, including a significant proportion of children and young people. Considered in purely economic terms we need to ensure that we invest in this resource; in human terms we need to ensure that informal young, adult and parent carers are supported and ensure their well-being and protect carers' health and economic opportunities.
 - **Information and advice:** local authorities have to provide relevant information and advice in an accessible way so that adult carers and young carers who are moving from being a young person to becoming an adult can find out about how to look after themselves as well as finding out about support and care available from adult social care services.
 - **Prevention:** local authorities have a duty to meet the needs of adult carers and young carers who are moving from being a young person to becoming an adult to reduce their support needs by maintaining independence and good health and promoting wellbeing. All partners will work with carers to identify the resources already available to them in their family and community networks and put support in place to complement these where necessary. This will work in different ways, through whole population approaches and through individual approaches. An associated commissioning plan and action plan will explain the approach in more detail and how achievements will be measured.
 - **Assessments:** carers assessments under the Care Act 2014 will consider the impact of caring on the carer and what needs to happen to secure carers' general health and wellbeing, making best use of available resources and support in the community.
 - **Meeting support and care needs:** there is now an entitlement for support for those carers who are eligible.

13. In addition, the new provisions of the **Children and Families Act 2014** include

- The right to an assessment of needs for support for all young carers under 18 regardless of whom they care for, what they provide or how often they provide it.
- A duty on local authorities to undertake such an assessment on request or the identification of need.
- A duty on local authorities to assess a parent carer or a young carer if it appears they may have needs for support, or if they request an assessment, where the local authority are satisfied that they may provide or arrange for the provision of services under section 17 of the Children Act 1989. The parent carers' needs assessment must have regard to the wellbeing of the parent carer (as included in the Care Act) and the need to safeguard and promote the welfare of the disabled child cared for, and any other child for whom the parent carer has parental responsibility.
- A requirement that local authorities must be proactive in identifying young carers and give consideration as to whether they are a "child in need".
- Making links between adults' and children's legislation to enable the assessment of a young carer to be aligned with the assessment of the person they care for with the aim of assessing the impact of the cared for persons needs on the well-being, welfare, education and development of the young carer (i.e. preventing inappropriate caring) and supporting their independence and achievement.

There are links to websites and more information about carer relevant legislation and strategies in the appendix which readers may find useful.

The local picture

14. According to the national Census (2011) there are currently 63,685 adult carers and 3,490 (2011 Census) young carers in Worcestershire. Whilst many of these carers are able to support themselves through family, friends and informal networks, we recognise that carers at all times need to know where to find support from e.g. the Council, their GP or other public bodies and how to access this support. For more detailed information by District please refer to the Appendix.
15. Over the next 30 years, the number of carers will increase by around 60%. The number of people over 85 in the UK, the age group most likely to need care, is expected to increase by over 50% over the next decade.

- Carer support organisations and Worcestershire County Council are in contact with some 9,000 carers and our commissioned support organisation for young carers is working with over 260 young people. All of these numbers have been increasing every year. Worcestershire County Council undertook 5,389 carers assessments in 2013/14 and this number has remained stable with 5,384 in 2014/15.
- Once a carer contacts either the County Council or any of our partners there is a clear process (we call this a pathway) for assessment, signposting to appropriate services and – where necessary – accessing council funded support; this includes a process that reduces waiting times for carers.
- Carers are involved in key discussions through consultative groups with both the Council, the Clinical Commissioning Groups, the Health and Care Trust and the Acute Trust..
- Worcestershire Health and Care Trust and Acute Trust both have carer's policies/strategies which have been developed after substantial consultation with carers.
- Young Carers have a voice through the Young Carers Focus Group and they are actively involved in consultation and representation about the particular circumstances and needs of young carers. In June 2014 and April 2015, they organised a conferences to inform and inspire local stakeholders.
- A Memorandum of Understanding between the County Council's Directorates of Adult Services and Health and Children's Services is in development to ensure strategic and operational joint working so that young people with caring responsibilities and those looked after by parent carers are able to make a successful transition into adulthood with the information, advice and support that is appropriate to their needs. Alongside this, referral and response pathways are also being updated to ensure that young and young adult carers are effectively identified and enabled to receive the support they need.

picture

SECTION 3: What we have achieved in Worcestershire

16. Since the previous Carers Strategy was launched in 2010 carers, commissioners and providers of services have been developing services and approaches which demonstrate the good working relationship between all partners and the imagination and determination everyone put in to support carers in Worcestershire.

We have developed with partners engagement and consultation mechanisms to improve the way we seek the views of carers

GPs and other health professionals can refer directly to a GP Carer Support Advisor once a carer is identified

We have developed a Carers pathway together with Worcestershire Association of Carers, making access to carers assessment easier and speedier

Despite ongoing pressures on public budgets we have maintained budgets for carers support

Comprehensive information, advice and support service for carers in place

We have pooled budgets with the Clinical Commissioning Groups and the County Council to make commissioning of services simpler and more effective

SECTION 4: Priorities for carers

17. The development and implementation of this Strategy is based on the following priorities that have been agreed with carers and carers' representatives.

Focus on carer outcomes – the desired outcomes of carers should inform decision making and any services provided.

Involvement in decision making – carers should be recognised as 'expert care partners' and actively engaged by health and social care professionals in the statutory and voluntary sectors wherever feasible in discussions about the provision of services for patients and service users.

Recognition and respect – the vital role of carers in complementing statutory health and social care services means that carers should receive recognition and respect for their contribution, both from statutory agencies and the wider community.

Caring safely – there should be support available where necessary for carers to help them provide care safely and ensure that they and the people they care for are safeguarded.

Equitable support for all – the needs and aspirations of carers, whatever the reason for their caring responsibility or whatever their personal circumstances may be, should be equally addressed.

Co-production – all partners are committed to working collaboratively with carers and their support organisations.

Co-ordinated services – organisations that provide services for carers and patients or service users should work together to ensure that outcomes for carers are met.

A life of their own – carers have a right to their own life and their personal needs and aspirations should be considered to help them maintain a balance between their caring responsibilities and a life outside caring.

Personalised support – any services carers receive should be tailored to meet their individual needs and aspirations.

SECTION 5: Outcomes – *what do we want to achieve?*

18. The outcomes in the original version of the strategy were reviewed by carers in March 2014, and were found to be appropriate. Consequently they have been retained in this refreshed strategy. These national and local outcomes will be used to develop a framework to evaluate the impact of support for carers.
19. The views of carers themselves will be key in determining whether or not these outcomes have been achieved. Their views will be sought to assess the effectiveness of support services, and the extent to which key agencies and front line services consider their needs and aspirations. Based on existing consultative groups and other approaches we will continue to discuss with carers the most appropriate way of listening to their views. Carers will tell commissioners and providers how successful they feel the implementation of this strategy has been.
20. A detailed action plan will be developed with carers and will be updated on an annual basis We will work with the Carers Consultative Group (or its carer-led successor) to monitor and review the success of this strategy and receive a report by this group on an annual basis.

The strategy will be reviewed on a regular basis with all stakeholders and carers in particular.

Recognised and Valued	How we will achieve this	How we will measure success
<ul style="list-style-type: none"> • I am recognised and respected in my role as a carer • I feel confident that there is a support available • I feel able to care safely • The caring I do is appropriate to my age and capabilities • I understand how to access support • I am involved & can influence the assessment of my needs and aspirations • Any services I receive meet my needs and aspirations • I am able to have a say in how services 	<ul style="list-style-type: none"> • Face to Face carers assessments that focus on the individual • Engagement and consultation with carers includes at all stages • Relevant consultative carer groups are in place and regular feedback to WCC, CCGs and Health and Well Being Board is ensured • Health and Social Care professionals are Carer Aware • Support services for young carers are in place; schools and colleges have the awareness (carer aware training online training online) to support young carers 	<ul style="list-style-type: none"> - Carers feedback surveys - Support services asking carers what they think about the services available to them - Number of carers assessments completed - Numbers of carers reviews and support plans completed - Reports from commissioned providers

are designed and delivered	<ul style="list-style-type: none"> - Your Life Your Choice website (and other online resources such as http://yss.org.uk/young-carers/) clearly explain the carers pathways and what universal, commissioned and WCC provided is available - Commissioned services are in place to provide information, advice and support for carers 	
A life of my own:		
<ul style="list-style-type: none"> - I feel able to achieve balance between my caring role and my personal life - I feel part of my community - I know how to make the most of income available to me and am not forced into financial hardship as a result of my caring role - I feel able to fully participate in education or training and enter or re-enter the employment market when I wish - I can remain in (suitable) employment if I wish to 	<ul style="list-style-type: none"> - Support will be made available to all carers - Funded social care will be made available through a carers personal budget - Support can be provided the person with care needs to help Relevant training is made available to include information about financial matters - Professionals and organisations coming into contact with carers will be trained in carers issues. This will be through direct training or Carer aware campaign. - Young Carers at risk of becoming NEET (not in education employment or training) receive appropriate information, advice and guidance 	<ul style="list-style-type: none"> - Carers feedback surveys - Commissioned services feed back about carers views - Number of carers assessments
Supported to be mentally & physically well		
<ul style="list-style-type: none"> - I am able to maintain my physical health and emotional wellbeing - I am able to manage stress - I feel confident to fulfil my role as a carer - I am able to maintain a dignified relationship with the person I care for - I am able to maintain relationships that are important to me - We have effective plans in place to 	<ul style="list-style-type: none"> - Personalised support will be provided to all carers. - Some areas of provision will be provided through a carers personal budget where this is required. - relevant training (e.g. how to manage stress, caring with confidence) and local carer support groups to be in place - carers support and replacement care are 	<ul style="list-style-type: none"> - Carers feedback surveys - Commissioned services feed back about carers views - Number of carers assessments - ...as above and numbers of carers support plans completed - monitoring reports from provider

ensure staff, people who use services and their carers are aware of and understand the advocacy offer we are developing and how this meets our responsibilities under the Care Act.	available to carers where they need and qualify for it <ul style="list-style-type: none"> - GPs and other Health professionals will make adjustments to carers in their day to day practice - Effective support in place for independent advocacy where a carer needs this 	
Staying safe		
<ul style="list-style-type: none"> - I am able to care safely and maintain the safety of the person of the person I care for and receive support for this. 	<ul style="list-style-type: none"> - Safeguarding procedures are in place and are accessible to carers 	<ul style="list-style-type: none"> - Monitoring reports from Worcestershire County Council and providers - Carers feedback surveys to include safeguarding issues.

Cross Cutting themes

21. Safeguarding

Safeguarding is a cross cutting theme across all carer outcomes. The Council and its partners will co-operate in safeguarding the welfare of vulnerable adults and children as set out in the Care Act 2014 and the Children Act 1989. This means that we will ensure that carers know how to raise concerns about the person they are caring for or themselves, and that carers are supported appropriately in the event of any allegations made against them.

SECTION 6: Carers telling their stories

Carers telling their stories

To be added

SECTION 7

Appendices

22. National and local outcomes

National Outcomes from National Carers Strategy 2014-16	Local Outcomes
Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.	<ul style="list-style-type: none"> • I am recognised and respected in my role as a carer • I feel confident that there is a support available • I feel able to care safely • The caring I do is appropriate to my age and capabilities • I understand how to access support • I am involved & can influence the assessment of my needs and aspirations • Any services I receive meet my needs and aspirations
Carers will be able to have a life of their own alongside their caring role. Carers will be supported so that they can achieve a good quality of life and are not forced into financial hardship by their caring role.	<ul style="list-style-type: none"> • I feel able to achieve a balance between my caring role and my personal life • I feel connected to others in the community • I know how to maximise my income to meet basic needs • I feel able to fully participate in education or training and enter or re-enter the employment market when I wish
Carers will be supported to stay mentally and physically well and treated with dignity.	<ul style="list-style-type: none"> • My physical health and emotional wellbeing has been maintained • I am able to manage stress • I feel confident to fulfil my role as a carer • I am able to maintain a dignified relationship with the person I care for

23. Important links and websites

National

- 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' (HM Government, 2010) setting out the current government's commitment to working with carers <https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>
- Carers Strategy: the Second National Action Plan 2014 to 2016 identifies key actions to be taken by Government between 2014 and 2016 with four priorities: identification and recognition, realising and releasing potential, a life alongside caring and supporting carers to stay healthy https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368478/Carers_Strategy_-_Second_National_Action_Plan_2014_-_2016.pdf
- NHS England's Commitment to Carers – May 2014 sets out the key areas where the NHS will support carers, including raising the profile of carers, education, training and information and well-coordinated care. www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf
- Care Act 2014 and Statutory Guidance "... putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation" <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- Children & Families Act 2014 links young carers into the overall carers discussion, including the preparation for adulthood, choice and control for young carers and the regard for young carers' health and well being. <http://www.legislation.gov.uk/ukpga/2014/6/section/97/enacted>

Local

- Five Year Health and Care Strategy for Worcestershire sets out the strategic direction for the three Clinical Commissioning Groups and the Council in Worcestershire www.wyreforestccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid...
- Future Lives is Worcestershire County Council's major change programme in Adult Social Care http://www.worcestershire.gov.uk/info/20073/future_lives_change_programme
- Worcestershire Joint Health & Well Being Strategy www.worcestershirepartnership.org.uk/.../Joint-Health-and-Wellbeing-Strategy-2013-16.pdf
- Worcestershire Carers Strategy 2009-2014: this is the original Carers Strategy in Worcestershire which is being refreshed with the current document http://www.worcestershire.gov.uk/downloads/file/4364/carers_strategy
- Worcestershire Carers Charter 2010. This charter states the commitments by public sector providers to support carers [see Appendix]
- Worcestershire Carers Survey (2013) – this survey confirms the aspirations and needs of carers which reflect those identified at a national level.
- Improving access to training, knowledge and skills to support carers in their caring role (2014, ADASS WM) – a survey undertaken into the training needs and requirements of carers to ensure they can have the confidence and skills to continue to care.

- Joint Strategic Needs Assessment update September 2014: includes information about the current and projected monitor health and social care needs of the local population.
- Your Life Your Choice www.ylyc.worcestershire.gov.uk
- Worcestershire Local Offer www.worcestershirelocaloffer.org.uk

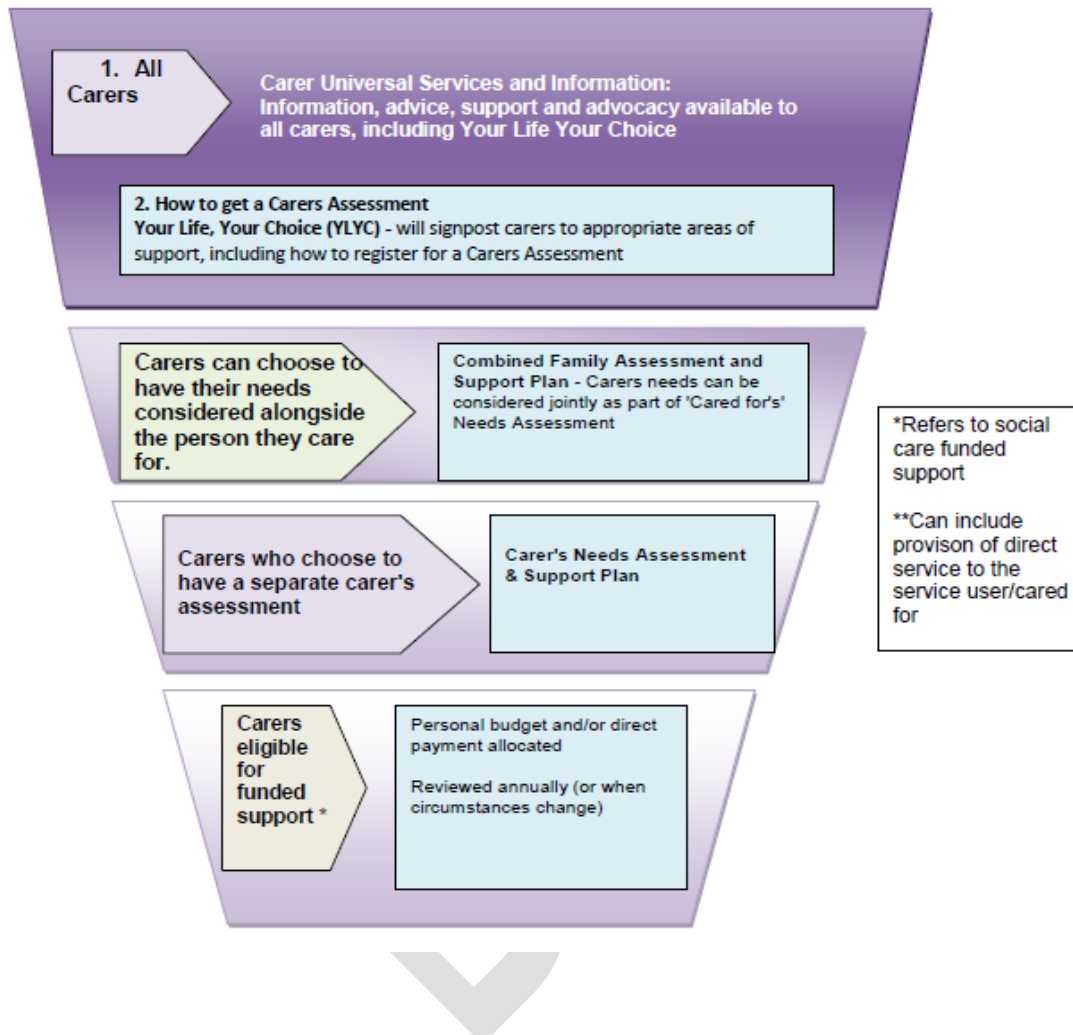
24. Breakdown by Worcestershire Districts

Adult carers broken down by district (2011 census):

District	Population of Districts (all ages)	Total number of people providing unpaid care	% of district populations providing unpaid care	Those providing 50 hrs/wk or more of unpaid care
Worcester	98,768	9,648	9.8%	2,075
Bromsgrove	93,637	11,201	12%	2,174
Malvern Hills	74,631	9,390	12.6%	1,847
Redditch	98,768	8,889	10.6%	2,154
Wychavon	116,944	13,434	11.5%	2,791
Wyre Forest	97,975	11,123	11.4%	2,677

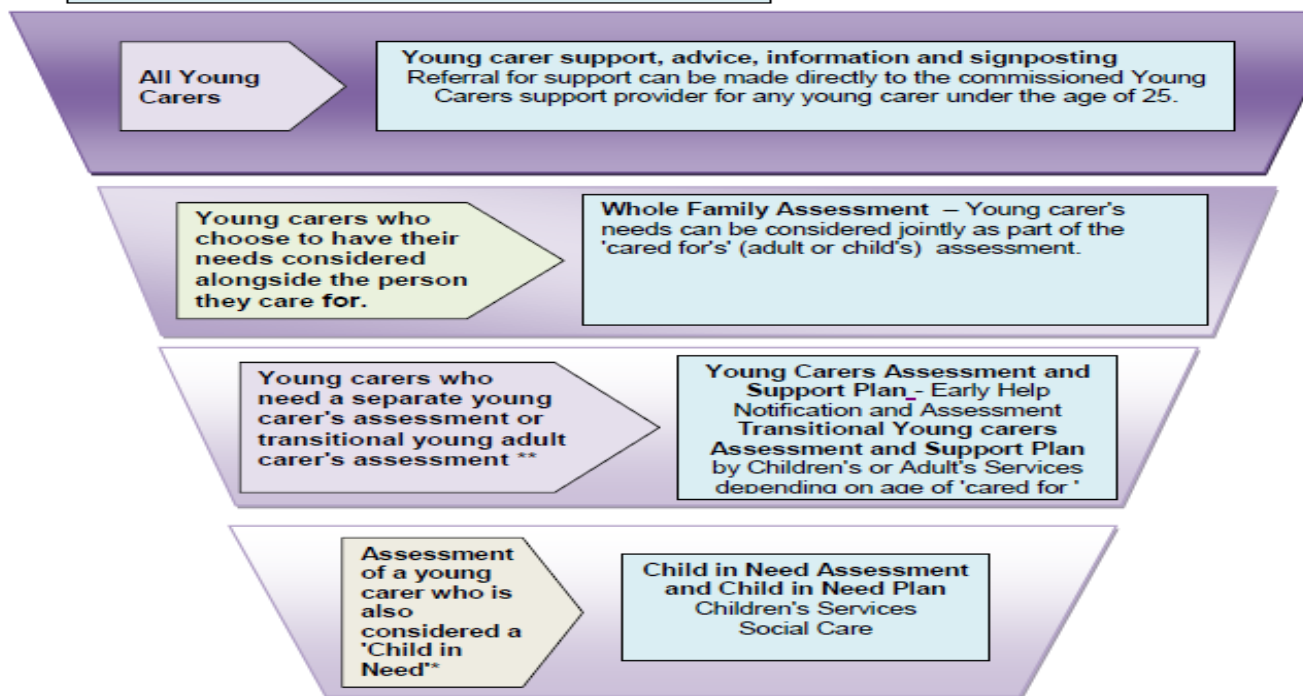
25. The Carers Assessment Process

CARERS PATHWAY



Young Carers Pathway (in two images)

YOUNG CARERS PATHWAY



Notes

*Child in need: Section 17 of the Children Act 1989 defines a child as being in need in law if:

- He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA;
- His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA;
- He or she has a disability.

Development can mean physical, intellectual, emotional, social or behavioural development. Health can be physical or mental health.

**Transitional Young Carers Assessment - This must be offered to any young carer who is likely to have needs for support after becoming 18 and should take place at a ‘point of significant benefit’ (assuming this will be roughly between the ages of 16-18), in order to consider what that post 18 support might be. If the young carer is caring for an adult, this will need to be undertaken by worker undertaking assessment of adult with care needs. If the young carer is caring for a child, this will be undertaken by Children’s Services

26. Useful organisations for carers

- Worcestershire Association of Carers WAC www.carersworcestershire.gov.uk
- Stroke Association www.stroke.org.uk/LifeAfterStrokeCentre
- Citizens Advice Bureaux www.cabwhabac.org.uk/
- YSS www.yss.org.uk/young-carers
- Worcestershire Parent and Carers Community www.parentcarers.org.uk

27. Action Plan

(this will be developed once the strategy has been approved)

DRAFT

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Better Care Fund 2014/15 update and 2015/16 plan

Agenda item 12

Date	12 May 2015																
Board Sponsor	Dr. Richard Harling, Director of Adult Services and Health																
Author	Frances Martin and Christopher Bird																
Relevance of paper	<p>Priorities</p> <table><tr><td>Older people & long term conditions</td><td>Yes</td></tr><tr><td>Mental health & well-being</td><td>Yes</td></tr><tr><td>Obesity</td><td>No</td></tr><tr><td>Alcohol</td><td>No</td></tr><tr><td>Other (specify below)</td><td>No</td></tr></table> <p>Groups of particular interest</p> <table><tr><td>Children & young people</td><td>No</td></tr><tr><td>Communities & groups with poor health outcomes</td><td>No</td></tr><tr><td>People with learning disabilities</td><td>No</td></tr></table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	No	Communities & groups with poor health outcomes	No	People with learning disabilities	No
Older people & long term conditions	Yes																
Mental health & well-being	Yes																
Obesity	No																
Alcohol	No																
Other (specify below)	No																
Children & young people	No																
Communities & groups with poor health outcomes	No																
People with learning disabilities	No																
Item for	Information and assurance																
Recommendation	<ol style="list-style-type: none">1. That the Health and Well-being Board (HWB) is asked to:<ol style="list-style-type: none">a) Note the outturn position of the 2014/15 Better Care Fund (BCF).b) Agree the proposal to reimburse the 2014/15 CCG overspend arising as a result of Systems Resilience Group (SRG) decisions with a reduction in the 2015/16 BCF Winter Pressures allocation.c) Note the finance implications of the recently released BCF operationalisation guidance, including the requirement for the Board to sign off quarterly monitoring reports.d) Approve the proposal that the quarterly BCF returns can be signed off by HWB Chairman rather than full board.																

e) Approve the proposal to retain 3.5% target in non-elective admissions reduction in the BCF plan.

Background

2. The total budget for the 2014/15 BCF was £10.929m. On 22nd July 2014 it was reported to the Board that the Better Care Fund was forecast to significantly overspend, driven by increased demand for the 'client areas' of Urgent and Unplanned Placements (UUPS), Plaster of Paris placements (PoPs), and Discharge to Assess beds (DtA). An action was agreed to reduce the 2014/15 Winter Pressures BCF budget from £1.2m to £700k, and to earmark the £500k as a contingency should the BCF outturn in an overspent position.
3. The BCF plan for 2015/16 was submitted to NHS England in September 2014 and marked as 'Approved' by NHS England in October. The plan included a breakdown of schemes with budgets totaling £37.193m, and specified a target reduction in non-elective admissions of 3.5%. Subsequent amendments to the plan have gone through the Integrated Commissioning Executive Officers Group (ICEOG) and HWB.

BCF 2014/15

4. The latest Budget Monitoring position reported for the 2014/15 BCF is Period 12 final outturn report. The summary table is attached to this report as Appendix A. Measures put in place since July have greatly improved the BCF financial position from the £700k overspend that was forecast at that time, and at year-end the outturn is a £164k overspend, before the application of the £500k contingency. **Once the contingency is taken into account, the BCF position moves to break-even, with unspent contingency of £336k remaining.**
5. Any unspent contingency in the BCF was to be utilised to fund various items of winter expenditure, incurred by the CCGs. This was discussed at the March 2015 ICEOG. SW CCG have compiled a breakdown of these items, which is attached as Appendix B. The total cost of winter pressures schemes is £1,569k.
6. The budget for Winter Pressures in the BCF is £700k, plus the £336k contingency, giving a total BCF resource for Winter Pressures of £1,036k. meaning that £533k of the winter spend is unfunded. This overspend position has arisen due to SRG commissioning unfunded schemes over winter, such as extra Community Hospital beds, in order to manage capacity and demand issues.

BCF 2015/16

BCF Operationalisation Guidance

7. **As stated in paragraph 6 above, £1,036k is available from the 2014/15 BCF, meaning that £533k requires funding. It is proposed that this is met from reserves, specifically the Well-Connected and Pooled Budget Risk Reserves, and that this is reimbursed from the 2015/16 BCF (paragraph 9)**
8. Since the submission of the BCF plan in 2014, there have been two amendments agreed by Board. To recap, these are:
 - a. The £522k listed in the BCF plan as 'South Worcestershire Practice-based Social Workers' is instead being deployed towards 'SW Palliative Care'.
 - b. The £865k listed in the BCF plan as 'Demographic Pressures in Domiciliary Care' is being used to increase the BCF funding for Resource Centres. This move makes Howbury and The Grange fully-funded by BCF from 2015/16.
 - c. These amendments to the plan were presented to the Board on 3rd March 2015, as part of the S75 report.
9. As a result of the CCG overspend as per paragraph 6; a further amendment to the plan is required in order to reimburse reserves held by WCC for the SRG overspend. **HWB are asked to approve a reduction in the Winter Pressures scheme budget, from £700k down to £167k.** This represents a risk to the CCGs as it reduces the resource for winter in 2015/16. ICEOG will closely monitor expenditure during the year and explore all opportunities to increase flexibility for winter funding.
10. NHSE have released operationalisation guidance for the 2015/16 BCF. The guidance paper and cover letter are attached as Appendices C and D.
11. NHS England can intervene to withhold, recover, or direct the usage of any amount of the revenue portion of the BCF, if the conditions of the BCF are not met. These conditions include (but are not limited to):
 - a. *That the funds are paid by the CCGs into a S75 pooled fund.*
 - b. *That there are expenditure plans for the BCF agreed by the CCGs and LA, and that these plans are agreed by NHS England*
 - c. *The inclusion in the plan, and meeting of any performance targets relating to the BCF schemes*
12. Worcestershire currently meets these conditions for the BCF.
13. The funding flow of the BCF is established in the guidance. A full diagram is attached as Appendix E. It

shows that the capital elements of the BCF (Disabled Facilities Grant and Social Care Capital Grant) will be paid directly to the local authority, whereas the revenue elements flow through the CCGs into the S75.

14. The Disabled Facilities grant is paid to WCC by the DCLG. The grant amount for 2015/16 is £2.358m. WCC then distributes to the District Councils, in amounts already dictated by DCLG. However the County Council must ensure that the grant is being spent in line with grant conditions.
15. The 2015/16 Social Care Capital Grant amount for Worcestershire is £1.328m. This comprises £828k for Social Care capital projects and £500k for capital spend relating to Care Act implementation.
16. The guidance states that the monitoring of delivery, accounting and audit of the BCF should be included in the local S75 agreement.
17. The Board can request regular monitoring information from the CCGs and LA, as well as any partnership groups (e.g. ICEOG).
18. Quarterly and annual reports on the BCF are required by NHS England. These are to be submitted in a standard format on a template provided. **HWB is required to sign off these monitoring reports before submission. The first return is due on 29th May 2015 for the period January to March 2015.**
19. The quarterly returns comprise the income and expenditure position of the BCF, as well as quarterly data on the metrics that were part of the BCF plan, including non-elective admissions. **Given the tight timescales in getting this data ready for the submission deadlines, it is proposed that Chairman have delegated authority for signing off the quarterly returns, and that they are then reported at the next Board meeting.**
20. It is acknowledged in the guidance that the target reduction in non-elective admissions may have changed since the BCF plan was submitted in September. An extract from the current BCF plan, showing the targeted reduction in admissions and the estimated financial value of these admissions (£2.657m) is included as Appendix F.
21. The board has the opportunity to realign the BCF target (currently 3.5%) in consideration of revised baselines,

actual activity in the year to date, and progress with contract negotiations with providers.

22. BCF plans should continue to represent ambitious stretch targets that aim to accelerate progress on reducing non-elective admissions. It is therefore expected that the target included in the BCF plan may be higher than operational planning assumptions. A difference between these does not mean that the BCF target needs to be amended.
23. If the Board wish to amend the target within 2 percentage points of the assumptions made in operational plans, no further central review is required and HWB can amend.
24. However, if the Board wish to amend the target by a greater amount than 2 percentage points, the revised target would be subject to approval by NHS England.
25. There is no reduction in admissions detailed in the 2015/16 contract with Worcestershire Acute Trust (WAT). Therefore the HWB should be aware that there is a 3.5% difference between the BCF target and the contract with the provider.
26. However the contract with WAT is a Payment by Results contract, therefore if BCF schemes are successful in reducing admissions by the 3.5% target or more, the performance-related BCF fund becomes available
27. The Board should also be aware that if the 3.5% reduction in non-elective admissions is not achieved, then the performance-related BCF fund will not be released to the Board to spend on local health initiatives
28. **It is recommended that the 3.5% target in the BCF plan not be changed at this time. The Board are asked to approve this.**

Appendices

Appendix A – BCF Budget Monitoring Outturn Summary

Appendix B – SRG Budget Monitoring Outturn Summary

Appendix C – BCF Operationalisation Guidance Cover Letter

Appendix D – BCF Operationalisation Guidance document

Appendix E - Funding flow diagram for 2015/16 BCF

Appendix F – 3.5% reduction in admissions (extract from 2015/16 BCF plan)

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Budget Monitoring Statement No. 12 12 months to 31st March 2015
Social Care in Support of Health (100% of year)

Scheme	Annual Budget	Annual Outturn	Annual Variance	Change In Variance	Reasons for change in projection
	1	2+3 =4	4-1		
UUPs placements	500,000	651,132	151,132	24,850	Increased client activity in P12
PoP Placements	442,000	505,483	63,483	3,543	Increased client activity in P12
DtA	667,500	789,607	122,107	44,962	Increased client activity in P12
Pivotell	40,000	37,327	-2,673	2,733	Increased client activity in P12
Enhanced Interim Packages of Care	92,800	197,742	104,942	23,911	Increased client activity in P12
Dementia/RMNs in Intermediate Care	310,000	310,000	0	0	
Timberdine Nursing and Rehabilitation Unit	1,805,000	1,798,942	-6,058	54,083	Increased equip (£15k), GP cover, (£15k), staffing & agency costs (£20k)
WHASCAS Extension	220,700	220,700	0	0	
Health Support for Step-down	61,200	27,581	-33,619	-12,419	Delay in start of scheme
Therapy Support to Resource Centres and WICU	128,000	111,107	-16,893	1,107	Variance in final recharge actuals
SPOA/Rapid Response Nurses	235,400	207,649	-27,751	-351	Variance in final recharge actuals
Discharge after dark	85,000	83,629	-1,371	0	
Night sitters	50,000	50,362	362	0	
Reimbursement of 1314 Overspend	219,972	122,746	-97,226	-254	Difference in rounding
Resource Centres	1,000,000	1,000,000	0	0	
Home Care	1,000,000	1,000,000	0	0	
Stroke rehabilitation	220,000	220,000	0	0	
WCC Domiciliary	1,120,000	1,120,000	0	0	
WHASCAS Extension	131,300	131,300	0	0	
ICES: 24 hr fast-track delivery	57,000	57,000	0	0	
Urgent and Unplanned Dom Care	141,400	141,400	0	0	
Rapid Response Social Work Team	665,000	572,122	-92,878	-995	Recoding of some non-pay costs
ASWC: Comm Hosps	118,500	118,500	0	0	
ASWC: Resource Centres	79,800	79,800	0	0	
ASWC: Step-down	38,780	38,780	0	0	
ICES	300,000	300,000	0	0	
Miscode	0	0	0	0	
Miscode	0	0	0	0	
Recurrent Schemes	9,729,353	9,892,910	163,558	141,170	
Winter Pressures					
Winter Pressures County-wide	1,200,000	577,763	-622,237	-117,132	
Winter Pressures AWP	0	0	0	0	
Winter Pressures WHACT	0	0	0	0	
Winter Pressures CCGs	0	-105,320	-105,320	0	
Winter Pressures WCC	0	250,086	250,086	117,131	
Winter Pressures WCC	0	-22,080	-22,080	0	
Recurrent Schemes	1,200,000	700,449	-499,551	0	
BCF expenditure	10,929,353	10,593,359	-335,993	141,170	
BCF Income - Main Allocation	-10,929,352	-10,929,532	-180	-180	
TOTAL	0	-336,173	-336,173	140,990	

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SRG 1 - 14/15				
Scheme	Provider	Budget	Forecast Out-turn	Actual
Sub-Acute Care (Silver Assessment Unit)	WAT	1,000,000	1,000,000	1,000,000
Patient Flow Centre (October to March 15)				
Patient Flow	WH&CT	200,000	229,324	259,033
	WCC		55,987	55,927
Patient Flow - IT Support	WAT			97,901
	Various IT			29,366
	Optimum Health Management			2,500
Urgent Care Centre - SWCCG	SWCCG	200,000	200,000	200,000
Primary Care Access - WFCCG	WFCCG	80,000	80,000	80,000
Clinical Navigation Unit - R&BCCG	R&BCCG	120,000	120,000	120,000
Pathway 1 (Discharge to Assess at Home)	WH&CT	750,000	265,581	268,617
	WCC		638,489	638,489
Pathway 3 (Discharge to Care Homes for CHC Assessment)	WCC	400,000	229,225	229,164
Pathway 3 (Discharge to Care Homes for CHC Assessment (Dementia))	WCC	350,000	66,907	66,907
Pathway 3 - Spot Purchases - Dementia	WCC		55,993	55,993
Pathway 3 - Spot Purchases - Non Dementia	WCC		44,430	44,430
Pathway 3 - Medical Costs	SW/WFCCG		22,526	
Pathway 3 - Medical Costs	R&B		37,800	37,800
Pathway 3 - Medical Costs	SW/WF CCG		14,481	24,622
Pathway 3 - Medical Costs	R&B CCG		8,045	8,045
Pathway 3 - Client for Dementia (North)	WCC		98,800	
Recharge over-spend to BCF				(118,793)
		3,100,000	3,167,588	3,100,000

Better Care Fund 14/15					
Scheme	Provider	Budget	Forecast Out-turn	Actual	Recharge to WCC
Communications Strategy	SWCCG	25,000	25,000	24,975	(24,975)
OOHS Capacity	Harmoni (Diane Spreadborough) - £30k /South Doc - £20k	50,000	50,000		0
PTS Capacity	WMAS	162,158	162,158	226,557	(226,557)
Single Point of Referral Months 1-6	WHCT	0	0	68,778	(68,778)
Single Point of Referral Months 7-12	WHCT	69,000	69,000		0
Client Beds	WHCT		148,700	210,286	(210,286)
Additional CH Beds	WHCT		250,000	454,553	(454,553)
Additional CH Beds - received 10th April	WHCT			(41,723)	41,723
PFC Accommodation costs				10,609	(10,609)
Red Cross	Red Cross		10,006	10,280	(10,280)
GPs MIU	CCG		9,300	5,640	(5,640)
Pathway 1.5 beds	WCC		27,000	27,000	(27,000)
Add Pathway 1.5 beds				29,960	
HCA Pathway 1	WHCT		5,329	6,033	(6,033)
SRG Overspend	SWCCG		118,798	118,798	(118,798)
Discharge Pathways	Platform 4 Consulting			14,634	(14,634)
Reserves					0
Reserves (UPPs, POPS, Pathway 3 Beds)	Chris Bird Leads/confirm position	500,000			0
CCG Schemes					0
SWCCG	CCGs to Invoice the Council	201,421	201,421	201,421	(201,421)
R&BCCG	CCGs to Invoice the Council	120,852	120,852	120,852	(120,852)
WFCCG	CCGs to Invoice the Council	80,568	80,568	80,568	(80,568)
		1,208,999	1,278,132	1,569,221	(1,539,261)

Already accounted for in BCF Monitoring:

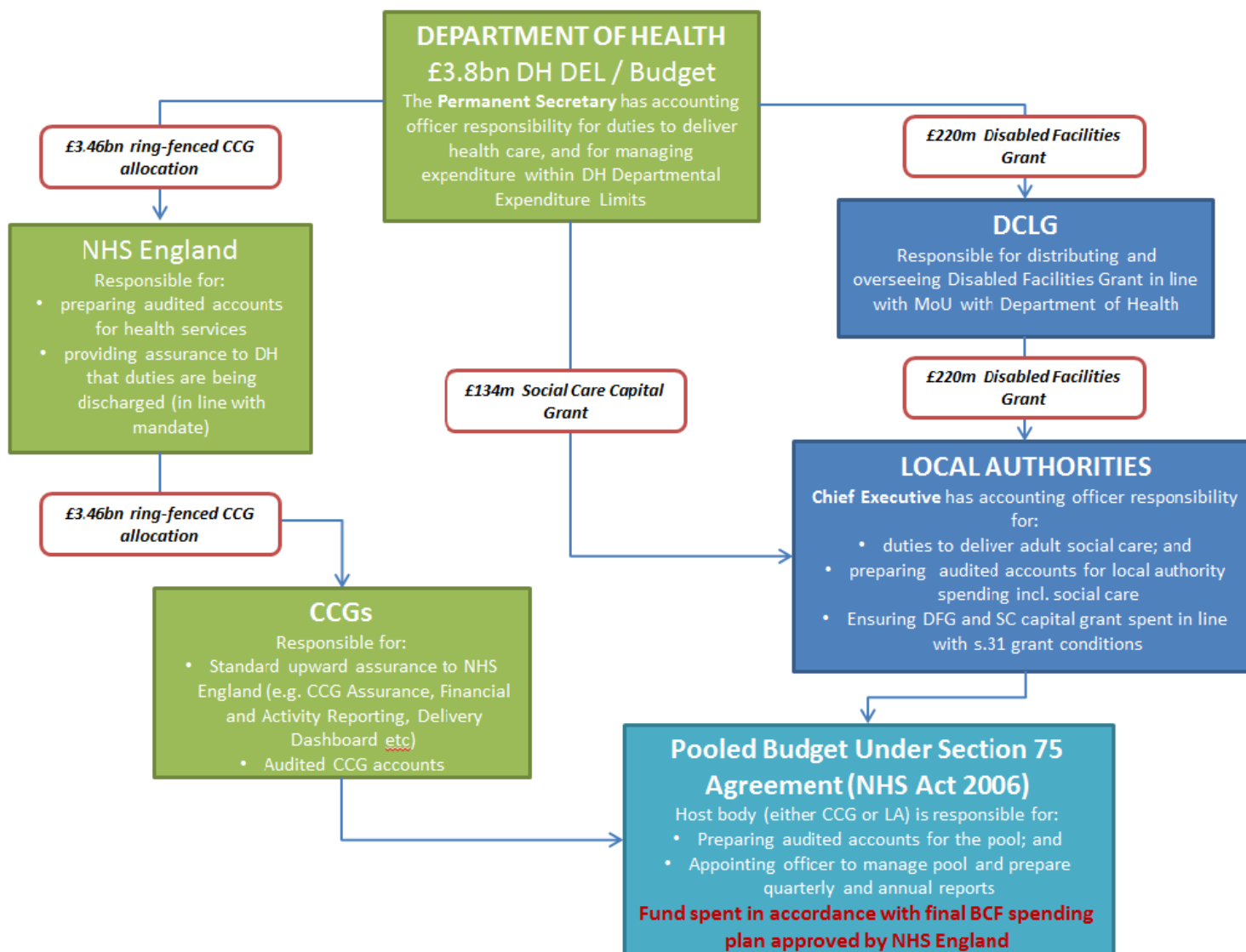
already paid 494,580
not yet paid, but forecast 205,869

Balance of £1,569,221 to be brought in: 868,772

Current BCF position: (336,173) underspend
New BCF position: 532,599 overspend

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Appendix E – Funding flow diagram for 2015/16 Better Care Fund



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Health and Wellbeing Board Payment for Performance

There is no need to enter any data on this sheet. All values will be populated from entries elsewhere in the template

Worcestershire

1. Reduction in non elective activity

Baseline of Non Elective Activity (Q4 13/14 - Q3 14/15)	50,941
Change in Non Elective Activity	-1,783
% Change in Non Elective Activity	-3.5%

2. Calculation of Performance and NHS Commissioned Ringfenced Funds

Figures in £

Financial Value of Non Elective Saving/ Performance Fund	2,656,670
Combined total of Performance and Ringfenced Funds	9,684,104
Ringfenced Fund	7,027,434
Value of NHS Commissioned Services	22,381,000
Shortfall of Contribution to NHS Commissioned Services	0

2015/16 Quarterly Breakdown of P4P

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Cumulative Quarterly Baseline of Non Elective Activity	12,906	25,399	37,665	50,941
Cumulative Change in Non Elective Activity	-452	-889	-1,318	-1,783
Cumulative % Change in Non Elective Activity	-0.9%	-1.7%	-2.6%	-3.5%
Financial Value of Non Elective Saving/ Performance Fund (£)	673,480	651,130	639,210	692,850

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