

Children and Families Overview and Scrutiny Panel

Wednesday, 25 September 2019, County Hall, Worcester - 10.00 am

Minutes

Present:

Mrs F M Oborski (Chairman), Mrs J A Potter (Vice Chairman), Ms P Agar, Mr T Baker-Price, Mr B Clayton and Mr S J Mackay

Also attended:

Mr A C Roberts, Cabinet Member with Responsibility for Children and Families

Stephanie Courts, Children's Clinical Service Manager, Worcestershire Health and Care NHS Trust
Jenny Dalloway, Worcestershire County Council
Sue Harris, Worcestershire Health and Care NHS Trust
Sally-Anne Osborne, Worcestershire Health and Care NHS Trust
Morag Edmondson, Healthwatch

Dr Kath Cobain, Interim Director of Public Health
Dr Catherine Driscoll (Director of Children, Families and Communities)
Debbie Herbert (Lead Commissioner)
Samantha Morris (Scrutiny Co-ordinator)
Alyson Grice (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for item 4 Update on the Assessment Pathway for Children and Young People who may have Autism (circulated after the Meeting).

(Copies of documents A and B will be attached to the signed Minutes).

398 Apologies and Welcome

Apologies were received from Ms R L Dent, Mr P M McDonald, Ms T L Onslow and from the Cabinet Member with responsibility for Health and Wellbeing, Mr J H Smith.

399 Declaration of Interest and of any Party Whip

Agenda Item 4 - Update on the Assessment Pathway for Children and Young People who may have Autism

400 Public Participation

Mr S J Mackay declared an interest in that a close relative who had autism was a Looked After Child in another local authority.

None.

401 Update on the Assessment Pathway for Children and Young People who may have Autism

Attending for this item were:

Kath Cobain, Interim Director of Public Health, WCC
Stephanie Courts, Worcestershire Health and Care NHS Trust

Jenny Dalloway, Worcestershire NHS Clinical Commissioning Groups

Sue Harris, Worcestershire Health and Care NHS Trust
Sally-Anne Osbourne, Worcestershire Health and Care NHS Trust

Colleagues had been invited to provide an update on the assessment and diagnostic pathway for children and young people who it was considered were, or may be, on the autistic spectrum. This pathway was known in Worcestershire as the Umbrella Pathway.

The responsibilities of partners were confirmed. The Worcestershire NHS Health and Care Trust (WHCT) was the provider of the service, Worcestershire County Council (WCC) was the commissioner, and funding was provided by the Clinical Commissioning Groups (CCGs).

It was confirmed that the expectation was that support would be provided to families once children were on the pathway.

Members were provided with a presentation and the following main points were made:

- The performance of the service had previously been considered by the Overview and Scrutiny Performance Board in May 2019. At that time, the Board had considered that not enough progress had been made and had requested that the Business Case should be considered by the Children and Families O&S Panel as soon as it was available.
- Since then, the service had been working closely with the Local Authority in relation to the SEND graduated response, which clearly laid out the expectations of all partners and the need to work together.

- This need for partnership working was also a key feature of the NHS Long Term Plan which aimed to stabilise systemic changes.
- The backlog of cases was due to the number of pupils being referred onto the pathway. One aim was to identify those children whose needs were less complex and 'fast track' them through the system. This would not be possible for all cases and would depend on the complexities of the child and their family situation.
- The aim was to reduce the backlog by increasing the number of diagnostic meetings.
- Longer term support for children with exceptional needs, including 1-to-1 work, would need to be done in partnership with education colleagues. An example of exceptional need would be a child or young person who was unable to attend school because of anxiety.
- Anxiety workshops had been held recently, delivered by a facilitator with lived experience and these had received positive feedback. Those attending could also be signposted to other support.
- The referral process had been reviewed and now included parental and school questionnaires at the referral stage, additional information which would help at the planning meeting.
- Although it was acknowledged that all cases were complex, those judged to be more straightforward could be fast tracked. The aim was to hold a clinic with two professionals to identify those cases to be fast tracked.
- Diagnostic meetings were multi-disciplinary. These were not attended by parents and may involve discussion of more than one child. The resulting reports were usually shared within two weeks.
- The aim was to implement enhanced referrals in October 2019. Good communications would be key to ensure that referrers understood the additional information that was needed. There was also a need to recruit additional staff. It was important that the clinic had the right professionals in the right setting.
- It was envisaged that from April 2020 no one would spend more than 6 months on the pathway, with exception reporting in place if a case went over this.
- It was confirmed that there were two levels of investment. Firstly, there was investment to clear

the backlog of cases. By April 2020 the waiting time from referral to the start of the pathway would be no more than 15 weeks. Secondly, there would be ongoing sustainable investment once the backlog was cleared to continue to find opportunities to reduce waiting times, something that was not a simple process.

- The autism section of the NHS long term plan referred to the need for waiting times to be improved. The aim was to be meeting best practice by 2021/22.

Members were given an opportunity to ask questions and the following main points were raised:

- In response to a question from the Chairman, it was confirmed that support for children with ADHD (Attention Deficit Hyperactivity Disorder) was provided via referral to the Community Paediatric Department where diagnosis would be made and ongoing support provided including medication if necessary.
- The number of referrals received by calendar year 2016-2018 increased significantly in 2017, reduced in 2018 and increased in 2019. An explanation as to the reasons why was requested. It was suggested that this may be because, although the number of referrals coming in was still high, the number assessed as needing support had gone down. Other cases were referred back to the educational setting. Children would not be accepted onto the pathway if it was not in their best interest to be diagnosed with autism.
- It was noted that there had been a significant rise in referrals since 2016 and the reasons for this were queried. It was suggested that in 2017 in particular, there had been a rise in awareness of autism. At the same time, there had been changes in how support was accessed via the education system.
- A question was asked about how the SEND graduated response was being publicised with schools as one Member who was a school governor was not aware of the development. It was confirmed that the Local Authority was currently looking at how best to communicate with schools. It was agreed that school governors should be included in any communications to schools about the SEND graduated response. It was confirmed that the launch with schools would

be in October.

- In response to a question about recruitment plans, it was confirmed that some additional staff had already been recruited. However, it was acknowledged that there were challenges with recruitment as all organisations were trying to recruit from the same pool of qualified staff. Members were informed about a new recruitment campaign which included the tagline 'Together We Can' which would highlight the overall package offered. The Trust had been as creative as possible looking to upskill existing staff. For example, an Advanced Clinical Practitioner post had been created which, although not a replacement for a Doctor, could take on much of the same work.
- Concern was expressed about the length of waiting times to date as 12 months was a very long time in a child's life.
- It was suggested that some parents may need support to provide initial information for the referral and assessment process. It was confirmed that all families were asked about whether they had additional needs and support would be provided if necessary. Often, parents would work with schools to provide the necessary information.
- With reference to 'dual assessment', it was suggested that two assessments in one day may be stressful for children on the autistic spectrum. It was confirmed that this would involve one professional working with the child and another with the parents. The child would experience one assessment by one or two professionals. This may be in an environment familiar to the child, but this could not be guaranteed. Some Speech and Language assessments had been held on Saturday mornings and this had received positive feedback from parents.
- It was agreed that the Key Performance Indicators (KPIs) for the Assessment Pathway would be shared with the Panel.
- It was confirmed that the proposal would require some staff to move from the Speech and Language Team to the Umbrella Pathway Team. This would involve a request for expressions of interest. If there were no volunteers, there would be a need for management of change. However, Members were reminded that staff were committed to the service and it was not anticipated that this would be an issue.
- It was confirmed that even without any volunteers

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to move teams there would be no delay to the process as it would be possible to deliver assessments from the current structure.

- Members welcomed the idea of a one stop shop for the less complex cases.
- Concern was expressed about the reference in the report to gaps between services. Members were informed that this related to decisions about which was the right service for the child to access. Work was ongoing on a system of triage to ensure referral was to the right service.
- Although Looked After Children were not currently able to access a fast track through the system, it was agreed that this would be considered in the future. This was welcomed as it was suggested that the emotional stress of being taken into care could exacerbate a child's autism.
- It was confirmed that the Business Case had now been approved by CCG commissioners.
- The employment of a Post Diagnosis Facilitator was welcomed as something that would make a difference to families.

In conclusion, the Chairman congratulated colleagues on the improvement in the service and the plans for the future outlined in the Business Case. The Panel requested a further update in the second half of 2020 once the new service model had been implemented.

Attending for this item were:

Catherine Driscoll, Director of Children, Families and Communities, WCC
Sue Harris, Worcestershire Health and Care NHS Trust
Debbie Herbert, Lead Commissioner, WCC
Sally-Anne Osbourne, Worcestershire Health and Care NHS Trust
Andy Roberts, Cabinet Member with Responsibility for Children and Families, WCC

Colleagues had been invited to update the Panel in relation to the future provision of overnight unit-based short breaks for children with disabilities ahead of the discussion at Cabinet on 26 September.

The Chairman of the Panel referred to local press coverage which had suggested that the County Council was closing the Ludlow Road Unit. She pointed out that the County Council did not own the site and so could not be blamed for its closure. Ofsted's requirement that all children should be accommodated in single rooms had

meant that the Unit was no longer financially viable.

By way of introduction, the Cabinet Member with Responsibility for Children and Families reminded the Panel that, at the start of the review process he had met service users and their families, and had made two guarantees:

1. The aim was to provide a sustainable future for the service.
2. He would not react to party politics.

The proposals for the future model of provision included additional investment and improved facilities.

The Lead Commissioner outlined the proposals and made the following main points:

- In June 2019 Cabinet agreed to consult on the proposals and would be considering the results of the consultation on 26 September. The Council's duty to provide short breaks for children with disabilities remained.
- The proposals would see substantial investment in Osbourne Court, Malvern to ensure there was sufficient provision. The proposals also extended provision for adult service users.
- The consultation included an online survey and drop-in sessions. Every family with a child attending Ludlow Road had been contacted personally.
- Members were reminded that the overnight units were not locality based. Instead, each unit served the whole of the County. The proposals meant that 14 of the families currently using Ludlow Road would have a shorter journey whereas two would be further away. Transport support had been discussed with these families.
- In terms of transitions, Officers would work to develop clear plans to meet the needs of the children and families. It was acknowledged that in the short-term change would have an impact, but this was justifiable given the improved facilities.
- It was confirmed that staff at the Providence Road unit would be trained to meet health needs.
- Members were informed that there had been a change in the eligibility criteria for provision at Acorns Hospice, but this change had been absorbed.

The Chairman of the Panel informed Members that she

had attended one of the drop-in meetings that had been held as part of the consultation. She had spoken to parents and carers and, although there was still a degree of anxiety, there was also much more confidence about the proposed changes. Those whose children would continue to receive respite care as adults welcomed the changes, as adult services would also be provided at Osborne Court.

The Chairman of the Panel was grateful to the County Council and the Health and Care Trust for the sensitivity with which they had treated the families of service users. After the initial fear and panic following the original announcement of the changes, more attention had been given to the feelings of the families. She was now confident that the proposals represented a great improvement in provision.

Members were given an opportunity to ask questions and the following main points were raised:

- The Health and Care Trust confirmed that staff from Ludlow Road would be given the opportunity to transfer to other units if they wished to do so. The Trust had also given the commitment that, if staff did not wish to move to another unit, they would be retained within the Trust and would be supported to take on different roles, including accessing training if necessary.
- In response to a question about alternative respite provision, Members were informed that family-based overnight respite provision was in the process of being re-commissioned.
- The Director of Children, Families and Communities reminded Members that Worcestershire had generous bed-based overnight respite when compared to other Councils. However, some families preferred to have support in their own homes and there had been an increase in take up of this type of provision. The aim was to provide a real choice for families.
- A Member asked about whether the potential closure of the Acorns Hospice in Walsall would have an impact on provision in Worcestershire. Members were reminded that Acorns provision was for children with life-limiting conditions. The Director was confident that any change in the situation with Acorns would not have an impact in Worcestershire. Each child's situation would be considered on a case-by-case basis.

403 Work Programme 2019/20

- The Chairman of the Panel welcomed the fact that the families of service users had been involved in planning the décor for the newly refurbished provision at Osbourne Court. She also welcomed the increased investment to help some of the County's most vulnerable children.
- It would be important to make sure that any communications on the new model of delivery (both with families and the wider community) made it clear that the changes did not represent a loss of provision.

In conclusion, the Panel supported the recommendations in the Cabinet report and agreed that it would wish to receive a further report on the service after the new model of delivery had been running for six months, to include levels of parental satisfaction.

The Cabinet Member with Responsibility for Children and Families confirmed that, although the process had stuttered for a while at the start, he was pleased with the outcome. Partnership working had improved and this could now be seen as a model of how to work together with partners.

The Health and Care Trust confirmed this view from an NHS perspective. It had been a very difficult process for the families and staff, but could now be seen as a good example of partnership working. Involving the families and carers in an open and honest way should be a blueprint for future work.

The Panel reviewed its work programme for 2019/20 which had been agreed by Council on 12 September 2019. Members were reminded that:

- A further report on Overnight Unit-based Short Breaks for Children with Disabilities would be requested once the new model of delivery has been running for six months.
- A further report on the Umbrella Pathway would be requested for the second half of 2020 once the new service model had been implemented.
- The Edge of Care Service would be considered in Summer 2020. In the meantime, the Panel asked that the staff structure chart for the Service be circulated to Panel Members.
- Concern was expressed about CAMHS and, in particular, the effectiveness of the out-of-hours service. Members were reminded that HOSC also had a role in Scrutiny of CAMHS and it would be

important to ensure that the issue was considered by the correct scrutiny body, or via joint work.

- It was agreed that the Scrutiny Panel should consider the revised model of Medical Education Provision before the Cabinet discussion. The date of this was to be confirmed.
- Members were reminded that a Joint Targeted Area Inspection was expected soon. This was a very challenging inspection and the current theme was mental health. This was not just CAMHS but would include all partners.
- An update on Worcestershire Children First would be requested in January 2020.
- A request for volunteers to join a scrutiny task group on Children who are educated 'otherwise' would be circulated to all County Councillors.

The meeting ended at 11.30 am

Chairman