



To: **Members of the Protecting the Most  
Vulnerable Policy Committee**

Professor Steven Broomhead  
Chief Executive

**Councillors:**

**CLlr M Smith - Chair**

**CLlr M Creaghan - Deputy Chair**

**CLlrs D Bennett, K Buckley, H Cooksey, R Knowles,  
S Krizanac, K Morris and G Welborn**

Town Hall  
Sankey Street  
Warrington  
WA1 1UH

**10 September 2018**

**Protecting The Most Vulnerable Policy Committee**

**Tuesday 18 September 2018 at 6.30pm**

**Council Chamber, Town Hall, Sankey Street, Warrington, WA1 1UH**

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**A G E N D A**

**Part 1**

Items during the consideration of which the meeting is expected to be open to members of the public (including the press) subject to any statutory right of exclusion.

- | <b>Item</b>   | <b>Page<br/>Number</b> |
|---|------------------------|
| <b>1. <u>Apologies for Absence</u></b>  |                        |
| To record any apologies received.   |                        |
| <b>2. <u>Code of Conduct - Declarations of Interest<br/>Relevant Authorities (Disclosable Pecuniary Interests) Regulations<br/>2012</u></b> |                        |

Members are reminded of their responsibility to declare any disclosable pecuniary or non-pecuniary interest which they have in any item of business on the agenda no later than when the item is reached.

- 3. Minutes**
- To confirm the minutes of the meeting held on 19 June 2018 as a correct record. 3 - 12
- 4. Green Paper for Adult Social Care**
- To consider a report by Catherine Jones, Operational Director, Adult Social Care, on behalf of Steve Peddie, Executive Director Families and Wellbeing, on the Green Paper for Adult Social Care. 13 - 32
- 5. Support for Children and Young People on the Autistic Spectrum**
- To consider a report by Paula Worthington, Assistant Director, Early Help, Education and SEND, on behalf of Steve Peddie, Executive Director Families and Wellbeing, on Support for Children and Young People on the Autistic Spectrum. 33 - 42
- 6. Update on Current Issues**
- To receive a verbal update, as appropriate, on any significant developments or issues of interest in relation to the Committee's core work programme themes of Adults and Children's Services, Health and Wellbeing and Social Inequality.
- 7. Work Programme 2018/19**
- To consider a report on behalf of Councillor Matt Smith, Chair of the Committee, on the approved Work Programme 2018/19. 43 - 50
- 8. Schedule of Meetings for 2018/19**
- To note the schedule of meetings for the remainder of 2018/19, as follows:-
- 11 December 2018
  - 19 February 2019
  - 2 April 2019

## **Part 2**

Items of a "confidential or other special nature" during which it is likely that the meeting will not be open to the public and press as there would be a disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.

**NIL**

**PROTECTING THE MOST VULNERABLE  
POLICY COMMITTEE  
19 June 2018**

**Present:** Councillor M Smith (Chairman)  
Councillors: D Bennett, K Buckley, M Creaghan, H Cooksey, R Knowles,  
S Krizanac, K Morris and G Welborn

**Also in Attendance:** Councillor P Wright, Executive Board Member - Statutory  
Health and Adult Social Care

**PTMV1 Apologies for Absence**

There were no apologies for absence received.

**PTMV2 Code of Conduct - Declarations of Interest**

There were no declarations of interest submitted.

**PTMV3 Minutes**

Decision,

That the minutes of the meeting held on 3 April 2018 be agreed as a correct record.

With the permission of the Committee the following Agenda item was taken next.

**PTMV4 Update on the Work of the Transforming Care Partnership for Cheshire and Merseyside**

The Committee considered a report by Mike Alsop, Head of Integrated Commissioning (WBC) and Margi Butler, Mental Health and Learning Difficulties Commissioner (NHS Warrington CCG), on behalf of Steve Peddie, Executive Director Families and Wellbeing, providing an update on the activities and work programmes underway as part of the Cheshire and Merseyside Transforming Care Fund. Mr Alsop, Ms Butler and Mr Peddie were all in attendance and Mr Alsop and Ms Butler jointly delivered a presentation on the matter.

Transforming care was all about improving health and care services so that more people with a learning disability and /or autism, including those with challenging behaviors and mental health conditions, could live in the community, with the right support, and close to home.

The report provided an overview of the Transforming Care Programme and specific considerations for Warrington, as well as a detailed Appendix from the Partnership which outlined performance by workstream at Quarter 4 in 2017/18 across the sub-region. Key elements were highlighted in a presentation which included information on the following:-

- Introduction and background;
- Overview of the Transforming Care Partnership;
- Graphs showing adult and child in-patient admissions and discharges for 2017/18;
- Key Strengths in Warrington; and
- Next steps for the Transforming Care Partnership.

Members asked a number of questions and, where responses were given, these are also recorded as follows:-

- What was the forensic support referred to in the report and presentation? - *Response:* Forensic support was currently provided at Mersey Care Whalley (formerly Calderstones). The hospital was a medium secure facility for people with offending behaviour who were not convicted, but who were possibly not fit to plead. However, the facility was due to close in the near future.
- Were the service areas being addressed by the Transforming Care Partnership across the full spectrum of learning disabilities? - *Response:* the Partnership considered services for those with challenging behaviour at the severe end of the spectrum, but not physical disabilities. A lot of people had behavioural issues due to other conditions, such as a brain injury or Asperger's Syndrome. Accordingly, it was useful to work across the Cheshire and Mersey footprint. There were targets to reduce numbers in in-patient settings. Warrington was already within the target set and other authorities/CCGs were looking at this area for best practice. Supported accommodation was good in Warrington and that had been recognised nationally.
- What were the numbers of out of borough service users? Was it more cost effective to place them out of the area, rather than deliver expensive provision in-borough - *Response:* For Warrington, there were only three people (with differing conditions) out of the area in specialist hospital facilities. They were reviewed regularly and pathways had now been identified for them to return, with stepped down provision, to locally identified places. Across Cheshire and Merseyside there might be up to 15, or so, similar individuals. Other less complex cases might be placed with local providers. For example, there were around 8 people in the Byron Ward at Hollins Park Hospital. The top 50 service users with the highest needs took a significant proportion of the available funding for social care. There were around 600 service users with a learning disability severe enough to receive adult social care services and around 2,000 with a mild learning disability. Generally there would be less than 10 service users with significant needs whose care was managed via the dynamic risk Register. Support could also be provided via crisis and out of hours services.
- Was supported accommodation for single occupants or for multiple occupants? - *Response:* Provision included both types of accommodation. Recently a bungalow had been purchased for use by four individuals who had previously been placed out of borough. The initiative had actually saved money. There was a lot of supported accommodation across the Borough and around 93% of service users were in supported accommodation, although not always in the least costly accommodation. There were still some high cost placements being supported.
- The in-patient performance appeared to be relatively static in Warrington. Were the targets being reached, or were the Mid and North Mersey figures skewing the overall performance? - *Response:* Warrington had access to four beds, but had

decommissioned 2 beds. In fact, there were no patients currently in the two beds, however, it was necessary to leave some provision available.

- In respect of the high level risk to the programme identified at Appendix 2 to the Quarterly Performance report about the risk that unpaid workers did not have the right skills, what was being done to skill them up? - *Response:* This action had not yet commenced. However, a presentation had been made to the Programme Board at its last meeting by Health Education England (HEE). The Board was considering how it would train volunteers, parents and carers.

Decision,

To note the report on the work of the Transforming Care Partnership for Cheshire and Merseyside and the Update Report as to Progress at Quarter 4 2017/18.

**PTMV5 Better Care Fund**

The Committee considered a report and presentation by Mike Alsop, Head of Integrated Commissioning, on behalf of Steve Peddie, Executive Director Families and Wellbeing, on how the Better Care Fund was contributing to better integrated working. Mr Alsop and Mr Peddie were both in attendance and highlighted the main issues.

The Better Care Fund (BCF) introduced in 2013 was a programme spanning both NHS and local government which sought to join-up health and care services so that people could manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF had been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

Since its inception, the BCF had enabled initiatives to deliver real improvements in the integration of local health and social care systems right across the country. The BCF encouraged integration by requiring Clinical Commissioning Groups (CCGs) and Local Authorities to enter into pooled budgets arrangements and agree an integrated spending plan.

The 2015 Spending Review had set out the Government's intention that, by 2020, health and social care would be more fully integrated across England. BCF plans for 2017-19 had set out how Warrington CCG and the Council were working towards fuller integration and better co-ordinated care, both within the BCF and in wider services.

The Disabled Facilities Grant (DFG) was allocated through the BCF. That was to encourage strategic thinking about the use of home adaptations, use of technologies to support people to live in their homes for longer, and to take a joined up approach to improving outcomes across health, social care and housing. In Warrington, the approach included utilising some of the DFG funding to rapidly deal with inaccessible housing and the need to quickly discharge people from hospital.

Locally, a Section 75 (NHS Act 2006) Agreement had been developed in 2013 between Warrington Borough Council and Warrington Clinical Commissioning Group for the pooled budget arrangement which currently stood at approximately £32m for 2018/19. A number of initial BCF schemes had been established and had been in place since the inception of the BCF. That included a pooled budget arrangement for all intermediate care, reablement and hospital discharge services and a pooled budget for jointly funded complex packages of care supporting individuals in the community to remain at home. By way of example, the pooled budget for complex care, as discussed in the previous item (Minute PTMV4), was around £13M.

The report provided further information on the main elements of integrated working to date which included:-

- A pooled budget for complex packages of care;
- The development of a single integrated out of hospital care offer; and
- Supporting adult social care in meeting its obligations under the Care Act 2014.

Announced in the 2015 Spending Review, the Improved Better Care Fund (iBCF) had subsequently been introduced in 2017/18. It built on the early successes of the BCF and comprised additional monies which were aimed at further integration of services via pooled budget arrangements. iBCF Initiatives developed from this additional funding along with existing BCF monies were aimed at preventing hospital admissions and reducing delayed transfers of care. Three specific areas for expenditure of the iBCF were mandated in the iBCF Planning Guidance. That the monies must:-

- Meet Adult Social Care Needs;
- Reduce pressures on the NHS, including supporting people to be discharged from hospital when they are ready; and
- Ensure that the local social care market was supported.

The allocation of iBCF monies for Warrington was as follows:-

	<b>iBCF</b>
	<b>£</b>
2017-18	3,337,564
2018-19	4,364,284
2019-20	5,201,529

The report also provided information on work undertaken to reduce pressures on the NHS, in particular, supporting people to be discharged from hospital when they were ready. A number of specific schemes had been identified and were being mobilised to avoid hospital admission and reduce delayed discharge in Warrington, as follows:-

- Expansion of the Reablement Service;
- Development of a CareCall Response Service;
- Increased capacity in Hospital Discharge Team and A&E (Social Worker Roles);
- Extension to existing Red Cross Supported Discharge Service;

- Development of a Frailty Assessment Unit;
- Development of a Rapid Intervention Service;
- Development of a Trusted Assessor Model (Care Homes);
- Collaborative Cluster Project (supporting the development of Out of Hospital Services); and
- Development of an Information and Advice system (online).

There were two main challenges facing Warrington in terms of improving performance against delayed transfers of care:-

- Good quality and sustainable provider market to support demand; and
- Good quality and timely data regarding delayed transfers of care.

In terms of local governance arrangements, the BCF Steering Group reported to and made recommendations to the Integrated Commissioning and Transformation Board (ICTB). The ICTB was a decision making Board in relation to the pooled funds of the Better Care Fund.

The Better Care Fund Steering Group also aligned closely with the governance arrangements for Warrington Together (Warrington's Health and Social Care Partnership) which oversaw integration at the whole system level. The Warrington Together Service Re-design Group had oversight of the BCF/iBCF schemes and their prioritisation and ensured that the appropriate resources were aligned to the schemes to enable delivery. That included enabler groups which had been established to support the delivery of key projects, such as Workforce, Estates, IT and Finance/Performance Enabler Groups.

Members raised a number of issues and any responses given are also indicated, as follows:-

- Sometimes Police were deployed to deal with incidents involving people with mental health issues who were in care homes. Police might also be dispatched to deal with people who were not currently in care. Often those individuals were taken to the YMCA. Was funding available through BCF to tackle those types of incidents. Residents tended to blame the Council for any such incidents, particularly following adverse publicity in the media, since the full story was not always available. How could the reputation of the Council be safeguarded in those instances? - *Response:* The matter did not fall directly within the remit of the BCF programme. In the case of the former scenario, often the individuals were not Warrington residents and were placed within the Borough from elsewhere without the Council's knowledge. The Council did liaise with the care providers about any specific issues. The issue of adverse publicity was difficult to resolve. Private hospitals and care homes could be set up for both children and adults in Warrington, without any oversight by the Council. Such premises would need to be registered with and inspected by the Care Quality Commission (CQC) and operate according to set standards. Some individuals placed there might not be from Warrington. Most of the placements were successful, but inevitably there could be occasional incidents. Councillors should contact the Executive Director, Families and Wellbeing, if they had any specific concerns and he would contact the relevant care provider. The authority had a good knowledge of the children's settings in the area, but the landscape for adult care was

more complex. Intelligence was provided from the Planning Service, but that system did not always pick up care premises if there had been no application for 'change of use'.

- The report referred to an increasing number of delays of transfer of care, sometimes because of patient and family choice to remain in hospital. The report highlighted that personal choice and availability could not be guaranteed at the point of leaving hospital. Was that due to the complexity of the patient's needs, or simply an unrealistic choice being made by the family? - *Response:* The rates of delayed discharges were increasing. Sometimes people chose to remain in hospital. Sometimes, for patients with dementia, there was no family available to input into the process, leading to further deterioration of the patient in hospital. Sometimes patients wanted a residential home in a particular area, but there might be no vacancies, although there would be sufficient places across the Borough. The answer might be to educate families in relation to their expectations, as discharges were often just to an interim placement. Sometimes patients were waiting for a package of care to be commissioned. For example 8 visits per day with 2 carers could be difficult to source.
- In the light of the ageing population and the increase in the numbers of people with complex needs, how was it that average cost of care was being reduced by around 30%? - *Response:* The Joint Funding Panel reviewed cases frequently and cases could be de-escalated more quickly. The average costs were beginning to creep upwards again, but that was against a background of the total number of service users increasing by 200%.
- Paragraph 6.6 of the report referred to plans to integrate hospital discharge staff into a single team, working within a co-located workspace. What was the timescale for delivery of the integrated team? - *Response:* The plans were currently being worked on and it was hoped to be able to complete the change within three to six months, as the matter was considered to be urgent. The staff already worked together, but needed a site to co-locate. The hospital site was challenging, as some members of the team were on wards and others were in offices.

Decision,

To note the report on the how the Better Care Fund was contributing to better integrated working.

**PTMV6 Closing the Achievement Gap for Children and Young People from Disadvantaged Backgrounds**

The Committee considered a report and presentation from Hilary Smith, Head of Education Services and Special Educational Needs and Disabilities (SEND), on behalf of Steve Peddie, Executive Director Families and Wellbeing, regarding closing the achievement gap. Ms Smith and Mr Peddie were both in attendance and highlighted the main features of the report.

This report provided members with the current position in relation to social mobility of young people in Warrington and the steps taken to address the attainment gap. It provided

an update on reports presented to Building Stronger Communities (BSC) Policy Committee in March 2018 and prior to that, to BSC in January 2017.

The report gave an in-depth review around early years and also highlighted the continuing good progress in primary schools and the improvements that were now being seeing in secondary education in the most deprived wards, including Bewsey, Dallam, Orford and Poulton North. The improvements in the secondary phase, were largely because of highly effective collaboration that had developed in recent years between the primary schools in those wards and Beamont Collegiate Academy (BCA), the local secondary school which was now having an impact. The data showed that in addition to doing well at primary schools, children continued to make good progress at secondary level.

In addition to school performance it was important to consider post 16 education and to maintain an understanding of the numbers of young people not in education, employment or training (NEET), and the Post 16 destinations and employability.

It was also important to note the situation for vulnerable children across all key stages and additional efforts being made to ensure vulnerable children did not get left behind.

The presentation included further information on the following:-

- Warrington Baseline;
- National Policy Recommendations 2015;
- National Focus 2017;
- Social Mobility Commission Recommendations;
- DfE Response – December 2017;
- Warrington Context and Approach;
- Early Years:-
  - Challenge 1 – Ensuring more disadvantaged children were able to experience a language rich early environment (including a collaboration with Chester University);
  - Challenge 2 – Improving the availability and take up of high quality early years provision by disadvantaged children and in challenging areas;
  - Challenge 3 – Improving the quality of early years provision in challenging areas by spreading best practice;
- Primary education;
- Secondary education;
- Employment and Employability; and
- Careers Strategy.

Overall, Warrington performed well, but the social mobility and attainment gap remained a key issue. The Council was seeing green shoots in some areas of the town and would build on that success. Focus in early years education would include the research project with the University of Chester and focus on communication, language and literacy. In primary and secondary education, effective school leaders would be used to develop a model of best practice for transition with a focus on the attainment gap. The Council would also ensure a good understanding of local opportunity through delivery of a new Careers Strategy.

Members asked a number of questions and received responses as follows:-

- In relation to early years performance, how did class sizes affect attainment? - *Response:* Usually it was the quality of the teacher that was the key rather than the issue of class sizes. The challenge was to deliver good teaching and to use the Pupil Premium funding wisely.
- Were the challenging lifestyles of parents factored into the Council's approach to closing the gap, as often it was the family circumstances, rather than the school's delivery of education, which was the key determinant of levels of attainment? - *Response:* Other Officers from the Families and Wellbeing Directorate could speak passionately about the good work that children's centres were delivering. Parents were seen as a valuable resource. Accordingly, the two agendas were naturally being brought together.
- Paragraph 4.1.3 of the report mentioned children's centres and the development of home learning. However, there was a sense that the organisation did not invest in those activities, as there was pressure to provide a quick fix to attainment issues. The Sure Start Programme was a good example of a useful initiative that relied on engaging with the right parents. However, there was some evidence to show that parents from outside of deprived areas, who were not the target service users, were in fact the ones who took up those opportunities. - *Response:* The new Head of Service was looking into that matter and would work closely with the schools to identify target parents and families. Officers could provide further details about Children's Centres and the Complex Families Programme, if Members wished to receive more information on the topic, as that was a broader subject.
- In one school the Special Educational Needs Co-ordinator (SENCO) had arranged for the ADHD Foundation to come into school to provide some training. That training had then been cascaded to parents and had significantly improved their skills and self-esteem. It had helped to remove any feelings that they might have held that there was something wrong with themselves as parents. Getting parents into schools was important. - *Response:* That was a key element of the inclusion strategy.
- How did the authority tackle the disadvantages experienced by families from other ethnic origins or with English as a second language (ESL)? - *Response:* The numbers of ESL pupils was very small, so the experience in Warrington was limited, when compared to the large support teams employed in the Liverpool and Manchester areas. Nevertheless, numbers in Warrington were starting to rise. The numbers were still insufficient to warrant a dedicated team in Warrington, but the authority could consider buying in services, from say Bury, to deliver the service and for the Council to learn from and to grow its own service. The use of parents could also be harnessed. For example, there might be Polish staff employed in the school meals service, who might wish to become teaching assistants.
- There appeared to be much positive planning and good practice going on, but extraneous factors, such as difficult lives, poverty, mental health issues and other pressures, could make the whole landscape difficult. Wider information at the transition points in education, ie. starting school and transferring to secondary school, would be useful. - *Response:* The Council would monitor what was working

and making a difference, in order to try to build capacity and make it sustainable. A bid had been submitted for £700k to support a school-led Key Stage 2/3 transition project across three clusters of primary schools, each linked to a secondary school. The project should produce some valuable insight. Overall, Warrington had a small 'family of schools', within which most leaders knew each other and which enabled the Borough to 'punch above its weight'.

The Chairman and other Members congratulated the Officers on an excellent report and on the really good work taking place. It was hoped that the bid for the transition project above would be successful.

Decision,

- (1) To note the excellent progress that has been made in relation to education performance of all children across Warrington including those in the most deprived wards.
- (2) To note the extensive activity that continues to be delivered to support all young people to access opportunity in the town, including targeted activity to support vulnerable groups.
- (3) To endorse activities in wards to support social mobility from early years right through to post 16 destinations and employability initiatives, in partnership with schools, colleges, training providers and local businesses.
- (4) To support the Neighbourhood Team initiatives to improve social mobility and family circumstances in Warrington, the benefits of which accrued to the whole of the Borough.

**PTMV7 Work Programme 2018/19**

The Committee considered a report of the Chairman, providing a draft Work Programme for 2018/19. Mr Joinson, Principal Democratic Services Officer, was in attendance to provide support.

The Work Programme included the following proposed topics, as well as the items considered at today's meeting:-

- Social Care Task Group (to look at the quality of care in Warrington);
- Social Care Green paper;
- Recommissioning domiciliary care;
- Support for children and young people on the autism spectrum;
- Mental health and young people;
- Air pollution;
- Facilities for homeless people (including a review of day time provision);
- Issues arising from the Homeless Reduction Act 2017 (implemented in April 2018);
- Impact of the welfare and tax reforms; and

- Updates on current issues (standing item at every meeting).

Decision,

To approve the final Work Programme 2018/19, based upon the draft presented.

**PTMV8 Schedule of Meetings for 2018/19**

Decision,

To note the schedule of meetings remaining for 2018/19, as follows:-

- 18 September 2018;
- 11 December 2018;
- 19 February 2019; and
- 2 April 2019.

# WARRINGTON BOROUGH COUNCIL

## PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 18<sup>th</sup> SEPTEMBER 2018

**Report of the:** Steve Peddie, Executive Director Families and Wellbeing  
**Report Author:** Catherine Jones, Operational Director, Adult Social Care  
**Contact Details:** Email Address: **Telephone:** 4251  
Catherine.Jones@warrington.gov.uk

**Ward Members:** All

**TITLE OF REPORT: GREEN PAPER FOR ADULT SOCIAL CARE**

### 1.0 PURPOSE

- 1.1 This report summarises the situation regarding the proposed green paper on Adult Social Care, which was scheduled to be delivered by the Government this summer. The Green Paper is now promised for delivery sometime in the autumn of 2018.
- 1.2 Following a number of influential national commentaries the Local Government Association (LGA) has published its own 'green paper' to stimulate public comment. Launched by the Conservative Chair of the LGA's community and wellbeing board, the LGA green paper is intended to be non-political. Launched as 'The Lives We Want to Lead', the paper is, nevertheless, billed as 'a nationwide consultation to kick-start a desperately-needed debate on how to pay for adult social care and rescue the services caring for older and disabled people from collapse'<sup>1</sup>.
- 1.3 The focus for this policy committee meeting is therefore on a presentation of the main features of the LGA green paper. This is a major, 8-week consultation and policy committee members' comments can be fed back through the consultation process, which ends on Wednesday 26<sup>th</sup> September. You can also have your own say on: <https://futureofadultsocialcare.co.uk/the-green-paper/have-your-say/>

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<sup>1</sup> <https://www.local.gov.uk/about/news/lga-launches-own-green-paper-adult-social-care-reaches-breaking-point>

## 2.0 BACKGROUND

- 2.1 The government committed itself to reviewing the crisis-ridden funding of social care with a new green paper shortly before Theresa May called the last general election and in November 2017 the then First Secretary of State and Minister for the Cabinet Office, Damian Green, announced that the government would publish a green paper on care and support for older people by summer 2018. The paper, he said, would set out plans for how government proposes to improve care and support for older people and tackle the challenge of an ageing population. As people are living longer and the population ages, the government recognised the need to reach a long-term, sustainable solution to providing the care older people need. As part of this work the government began a process of engagement in advance of the green paper, taking on a range of views from independent experts, stakeholders and users to shape the long-term reforms that would be proposed in the green paper.
- 2.2 Then Secretary of State for Health, Jeremy Hunt said at the time: “we are committed to reforming social care to ensure we can guarantee everyone dignity and security in old age. It is important we consider a wide variety of views on the future of the social care system – as our ageing population continues to grow it is absolutely vital that we get this right.”
- 2.3 However, by June 2018 Jeremy Hunt finally declared what had been suspected - that the green paper would not now appear before the summer recess. Reaction in the care sector was one of weary resignation, particularly in the context of the NHS’s 70th birthday and along with it an extra £20bn a year in real terms by 2023-24 (in return for a new 10-year plan for the service). Jeremy Hunt, by then Health and Social Care Secretary, suggested that matters around social care would be considered in the context of the following year’s spending review, and for implementation in 2020. The policy green paper was then deferred to the autumn.
- 2.4 Announcing the further delay, Jeremy Hunt said: “whilst the long-term funding profile of the social care system will not be settled until the spending review, we will publish the social care green paper ahead of that. However, because we want to integrate plans for social care with the new NHS plan, it does not make sense to publish it before the NHS plan has even been drafted. So we now intend to publish the social care green paper in the autumn around the same time as the NHS plan.”
- 2.5 Colin Angel, policy and campaigns director at the UK Homecare Association, representing domiciliary care providers, probably summed up the views of the sector in saying, “probably better if it’s a stronger document, with coherent proposals for the public, but suggests that [the Department of Health and Social Care] haven’t got their ducks in a row just four weeks before intended publication.”
- 2.6 Pressure is now building on ministers to announce an interim funding package for social care in the autumn budget, with council Directors of Adult Services warning that provision is on the verge of collapse in some areas. The Association of Directors of Adult Social Services wrote to ministers in June with an unprecedented offer to guarantee “line of sight” on the outcomes of any funding boost; in other words, to vouch for use of cash by its members and help avoid it being siphoned off to other council budgets. For £1bn, the Association said, it could support 50,000 older and disabled people to continue living at home.
- 2.7 To summarise the challenge for ministers and policy-makers, using the words of Peter Beresford – policy advisor and service user – “we now have arguably the most

inefficient, cost-ineffective and personally damaging social care system in Europe. Fewer and fewer people are getting support; those who do tend to get less support. It is having major destructive effects on the NHS and makes any short-term difficulty affecting an older person a crisis for them, their loved ones and local services. It is difficult to see how the much vaunted goal of “integration” with health will ever be achieved so long as it is a residual, means-tested service”.

### **3.0 THE LGA GREEN PAPER**

- 3.1 In July 2018 The Local Government Association launched its own ‘green paper’ for adult social care and wellbeing. ‘The lives we want to lead’ notes that ‘future quality is precarious as the system struggles with increasingly complex demand, access and cost. The efforts of staff have largely ensured that quality of care has been maintained – but staff resilience is not inexhaustible, and some services have begun to deteriorate in quality. With the complexity of demand increasing across all sectors, the entire health and social care system is at full stretch.’
- 3.2 The above reflections on the national position have resonance in Warrington, albeit the Council works closely with health commissioners and the market and has commonly found ways to mitigate and manage market pressures and risk.
- 3.3 The launch of ‘The lives we want to lead’ noted that since 2010 councils have had to bridge a £6 billion funding shortfall just to keep the adult social care system going. In addition the LGA estimates that adult social care services face a £3.5 billion funding gap by 2025, just to maintain existing standards of care, while latest figures show that councils in England receive 1.8 million new requests for adult social care a year – the equivalent of nearly 5,000 a day. Short-term cash injections have not prevented care providers reluctantly closing their operations or returning contracts to councils and less choice and availability to a rising number of people with care needs. This is increasing the strain on an already-overstretched workforce and unpaid carers, and leading to more people not having their care needs met.
- 3.4 ‘Increased spend on adult social care – which now accounts for nearly 40 per cent of total council budgets [it is 44% of Warrington Council’s budget and 63% of our Council tax] - is threatening the future of other vital council services, such as parks, leisure centres and libraries, which help to keep people well and from needing care and support and hospital treatment’.
- 3.5 The LGA eight-week consultation therefore sets out options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis. Possible solutions to paying for adult social care in the long-term outlined in the consultation include:
- Increasing income tax for taxpayers of all ages – a 1p rise on the basic rate could raise £4.4 billion in 2024/25
  - Increasing national insurance – a 1p rise could raise £10.4 billion in 2024/25
  - A Social Care Premium - charging the over-40s and working pensioners an earmarked contribution (such as an addition to National Insurance or another mechanism). If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25.
  - Means testing universal benefits, such as winter fuel allowance and free TV licences, could raise £1.9 billion in 2024/25
  - Allowing councils to increase council tax – a 1 per cent rise would generate £285 million in 2024/25

- 3.6 The consultation - the biggest launched by the LGA – is seeking the views of people and organisations from across society on how best to pay for care and support for adults of all ages and their unpaid carers, and aims to make the public a central part of the debate. The LGA will respond to the findings in the autumn to inform and influence the Government’s green paper and spending plans. The LGA green paper - alongside funding issues – also seeks to start a much-needed debate about how to shift the overall emphasis of our care and health system so that it focuses far more on preventative, community-based personalised care, which helps maximise people’s health, wellbeing and independence and alleviates pressure on the NHS.
- 3.7 To quote Izzi Seccombe, Chair of the LGA's community and wellbeing board “adult social care and support matters. We must fund it for the long-term so that people of all ages can be supported to live the life they want to live. Building a better society means ensuring that everyone receives the care they need to lead a good life: well, independent and at home for as long as possible. This process must start now.”
- 3.8 A briefing on the LGA Green Paper is included at Appendix 1, in the format of PowerPoint presentation slides.

**4.0 RECOMMENDATION**

- 4.1 That the policy committee receives the report and notes its contents for information, discussion and comment.
- 4.2 The LGA green paper consultation is still open now at: <https://futureofadultsocialcare.co.uk/the-green-paper/have-your-say/>

**5.0. BACKGROUND PAPERS**

Nil

**Contacts for Background Papers:**

Name	E-mail	Telephone
N/A	N/A	N/A

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# LGA Green Paper for adult social care and wellbeing

## **‘The lives we want to lead’**

### Briefing

## September 2018



# Background to LGA Green Paper

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Publication of long awaited Government Policy Green Paper on reform of care and support of older people in England - delayed to Autumn 2018 to align with the NHS plan. (already deferred since last year.)

LGA have responded with their own Green Paper.



# What is the LGA Green Paper seeking to achieve?

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To gather views on the issues and concerns surrounding adult social care and lay the ground to **secure sustainable long-term funding** so people now and in the future can get the care and support they need

The consultation will run from 31 July to 26 September and a response will be published in the autumn.



# What is the LGA Green Paper seeking to achieve?

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It deliberately steers clear of pushing particular solutions.

Articulates why the debate is so important, the scale of the challenge and the sorts of questions that need to be tackled.

LGA to produce further report in autumn to reflect consultation findings with the aim of shaping the Government's own Green Paper



# Who is the Green Paper aimed at?

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People who use services and their carers

Local and national politicians

Professionals involved in the commissioning and delivery of care and health

Public

*Everyone - we cannot move forward without knowing our level of ambition and what we are willing to pay to achieve it*



# Content of the LGA Green Paper

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Chapter 1 – sets the tone for the rest of the document starting with the voice of the people who use services

Chapter 2 – recognises people require different support to fulfil their ambitions, defines Wellbeing and the role of public private and independent organisations in supporting this



# Content of the LGA Green Paper

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Chapter 3 – sets out the case for change – why social care matters, the scale and consequence of underfunding

Chapter 4 – explores a series of options for changing the system and how to pay for it

Chapter 5 – considers wider changes we need across care and health to bring about a greater focus on community based person centred prevention



# Content of the LGA Green Paper

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Chapter 6 – explores the relationship between social care and health and how the new NHS funding can be used to maximum impact

Focus in this presentation is on the case for change and options explored in the paper



# Setting the scene – the case for change (1)

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Adult social care and support matters to individuals, our communities, our NHS and our economy

The **local dimension** of social care matters because it ensures the service is accountable to local people

Despite a challenging financial environment, social care has delivered – it has **improved and innovated**

While diversity of local care and support is the positive result of a health and care system that is responsive to the diversity of the community it serves, **unwarranted variation in quality, access and outcome is not acceptable**. Local government is committed to addressing this and is best equipped to lead improvement.



# Setting the scene – the case for change (2)

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Significant **reductions to councils' funding** from national government is jeopardising the impact local government can have in communities across the country

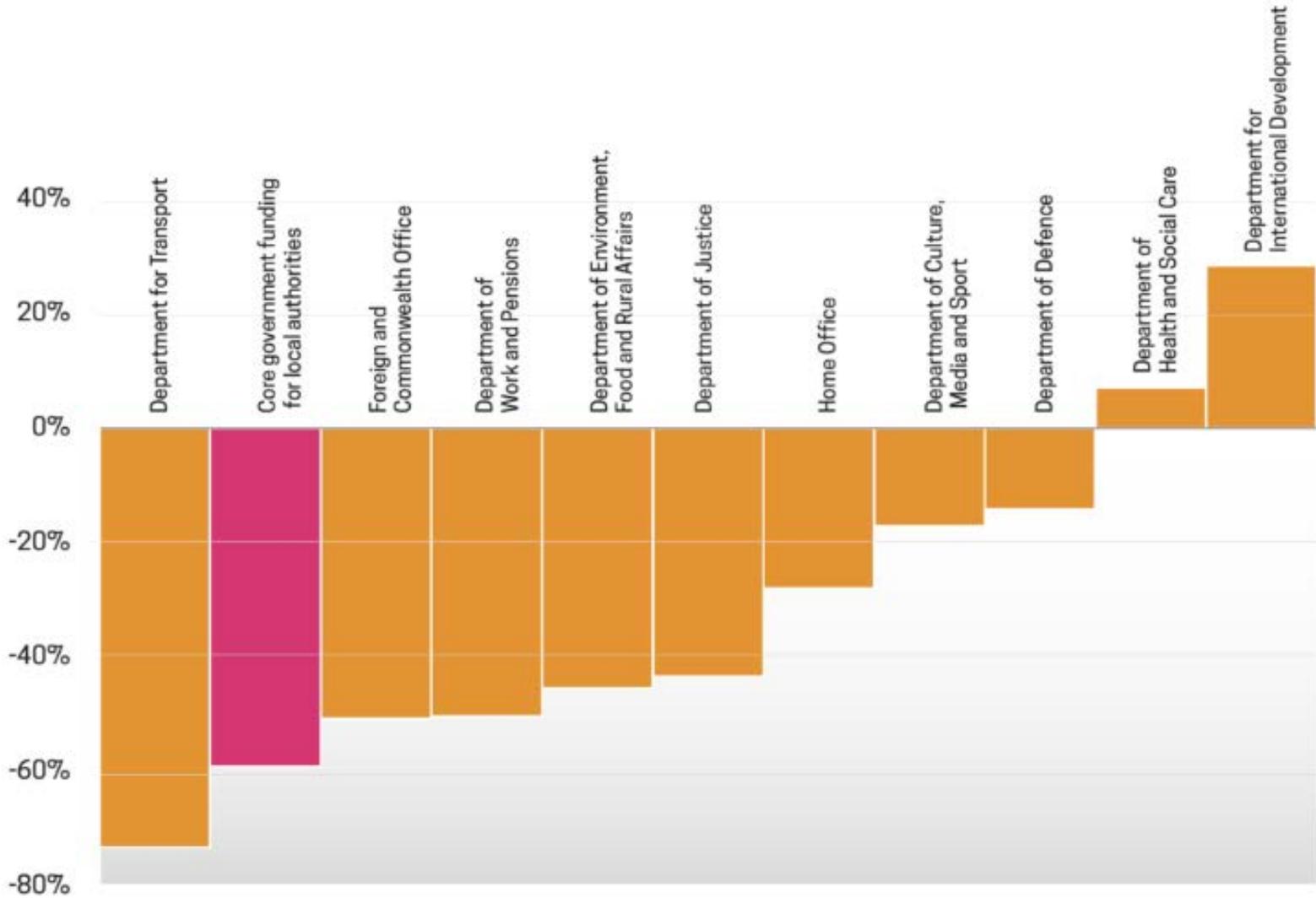
In particular, the scale of **funding pressures** within adult social care threatens progress made to date and now risks people's wellbeing and outcomes and the stability of the wider system

There are continuing **recruitment and retention** challenges in the adult social care workforce

**The Care Act** remains the right legal basis for social care but funding pressures are threatening the spirit and letter of the law



# REAL TERMS CHANGE TO REVENUE FUNDING 2010-20 PERCENTAGES



# The options for change

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Social care is becoming a **greater public priority**, with the public and politicians (local & national) supporting greater funding for social care

People find the social care **system complex and confusing**, it is hard to understand, particularly for those facing the immediate pressures of requiring care.

People **worry about the costs** of social care but are not making preparation for them and the rules are not clear

People want a greater sense of **fairness** within social care

There are a number of options for making social care better, but making these changes will require **more funding**. There are different ways of raising this

**Cross-party consensus** or cooperation must be sought to secure a workable long-term solution



# The options for more funding....

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Previous proposals.....

Means testing universal benefits such as TV licences, winter fuel payments

Social Care Premium – an earmarked contribution from individuals and employers

1% on income tax

1% on national insurance

1% on council tax

Charge for accommodation costs in continuing health care

Other potential options? Proposes options tested in relation to wellbeing impact, fairness, sustainability, sufficiency, clarity and transparency.



# Adult social care, wider wellbeing and the NHS

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Tackling the full extent of future demand requires a **shift in focus** and a far greater emphasis on prevention and early intervention

Our care model must change so that people experience it as a **seamless package of care and support** to address their specific needs and aspirations, helping them to live independent and fulfilling lives.

Local government provides vital **local leadership and democratic accountability**. This must be harnessed, particularly through strengthened health and wellbeing boards, to address the democratic deficit in the NHS



# Adult social care, wider wellbeing and the NHS

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Council and health leaders are also best placed to **drive improvement at the local level**. The LGA, working with national partners, is committed to supporting local areas to improve and spread good practice.

Extracting maximum value from the new NHS funding requires priorities to be set at the **local level**, with minimum top-down influence from government and the NHS nationally



# Next Steps

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Opportunities for individual and organisational response

30 consultation questions

All details at: [www.futureofadultsocialcare.co.uk](http://www.futureofadultsocialcare.co.uk)

Options for feedback:

- To complete the consultation, visit '[have your say](#)' and submit your views via the online form.
- submit via email, please use: [socialcareconversation@local.gov.uk](mailto:socialcareconversation@local.gov.uk)
- If you are responding as an individual there is also an option to answer the questions in the '[Summary Green Paper](#)' section which are primarily focussed on gathering experience-based evidence and opinions.



<b>WARRINGTON BOROUGH COUNCIL</b>		
<b>PROTECTING THE MOST VULNERABLE POLICY COMMITTEE –</b>		
<b>18<sup>th</sup> SEPTEMBER 2018</b>		
<b>Report of the:</b>	Steve Peddie – Executive Director, Families and Wellbeing	
<b>Report Author:</b>	Paula Worthington – Assistant Director, Early Help, Education and SEND	
<b>Contact Details:</b>	<b>Email</b> <b>Address:</b> <a href="mailto:pworthington@warrington.gov.uk">pworthington@warrington.gov.uk</a>	<b>Telephone:</b> 01925 442967
<b>Ward Members:</b>	All	

**TITLE: SUPPORT FOR CHILDREN AND YOUNG PEOPLE ON THE AUTISTIC SPECTRUM****1.0 PURPOSE**

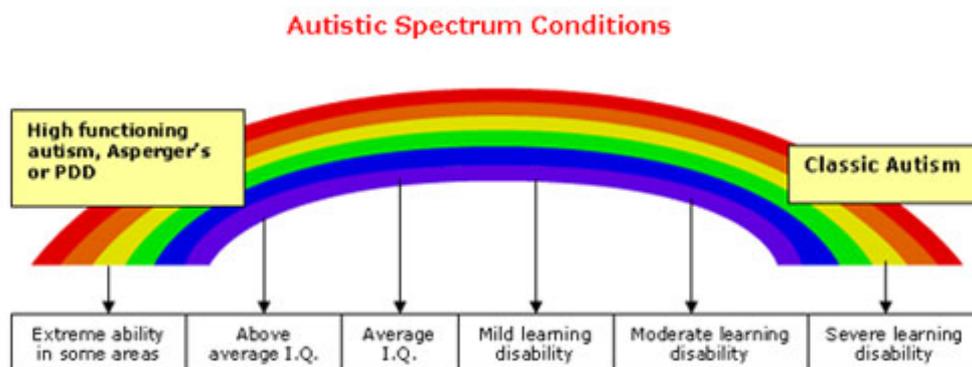
- 1.1 This report sets out the local offer, the gaps in services and the key priorities for partners to support better outcomes for children and young people with Autistic Spectrum Conditions.

**2.0 DEFINITION - WHAT IS AUTISM?**

- 2.1 The National Autistic Society defines Autism as:

**“A lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people see, hear and feel the world differently to other people”.**

- 2.2 Autism is a spectrum condition and it is important to understand that, although all autistic people share certain difficulties, autism will affect them in different ways. Some people with an Autism Spectrum Condition also have learning difficulties, though some have no intellectual impairment; some will have mental health needs or other conditions resulting in them needing different levels of support and others will not



2.3 The National Autistic Society states that:

**“All people on the autism spectrum learn and develop. With the right sort of support all can be helped to live a more fulfilling life of their own choosing”** and we believe that children and young people with autism need to be helped to achieve the outcomes we want for all children – to enjoy life and achieve, to stay safe and healthy, to be a part of family and community life and to have access to learning and eventually work.

### 3.0 BACKGROUND

3.1 Getting the right support for children and young people with Autism Spectrum Conditions is crucial. The Children and Families Act 2014 was designed to ensure that all children and young people with special educational needs and/or disabilities (SEND) receive the help and support they need at the right time. The Act introduced wide ranging reforms to the system including:

- Extending support for school aged children to all children and young people from birth to the age of 25
- Replacing Statements of Special Educational Needs with Education, Health and Care Plans
- Bringing education, health and care services together in a coordinated plan around the needs of the individual child
- Introducing a 'local offer' in every area setting out the services that are available for children and young people with SEND.

3.2 The Integrated SEND Strategy 2018/21 supports the local authority and its partners to fulfil its statutory duties under the Children and Families Act 2014 and sets out Warrington's plans for how all organisations will work together to improve outcomes for all children and young people with learning difficulties and disabilities, including those with Autism Spectrum Conditions.

3.3 Warrington has an Autism Strategy for adults in line with the requirements of the Autism Act 2009 which was developed in accordance with objectives of the national strategy for autism, “Fulfilling and Rewarding Lives”. Many of the aspirations of the adults strategy are also relevant to children and in particular those areas around ‘raising awareness and understanding’ and ‘diagnosis and support’. The strategy for adults is about to be refreshed and it is proposed that a single age strategy for autism will replace it.

## **4.0 INTRODUCTION**

### **4.1 Our Vision**

4.1.1 In line with the Integrated SEND Strategy our vision is for children and young with SEND to:

- Do their best at nursery, school and college
- Find employment
- Lead happy fulfilled lives
- Have greater control over the support they receive
- Feel valued.

### **4.2 Our Aims**

4.2.1 In order for our children and young people with Autistic Spectrum Conditions to achieve the best possible outcomes, our ambition is that they and their families are able to easily access services which meet their needs. Families will feel well supported through the diagnostic pathway and will receive advice and signposting about the services which are available to them.

4.2.2 Families will have confidence that educational settings have a good understanding of autism and can meet their children's needs. There will be a clear pathway to services to support transition to adult services, apprenticeships and adult education.

4.2.3 Parents and carers of children and young people with autism will be able to access information and training and all staff working within Warrington (and their partner agencies) who work with children will be able to demonstrate a good understanding of autism and the support that they can provide to young people and their families.

4.2.4 Warrington partners will be supported by a clear strategy developed in consultation with parents and carers and children and young people.

## **5.0 THE CONTEXT**

### **5.1 The Incidence of Autism Nationally**

5.1.1 There are around 700,000 people (one in one hundred) in the UK living with autism and the National Autistic Society estimates that, including their families, autism touches the lives of 2.8 million people every day.

5.1.2 A survey in 2011 commissioned by the National Autistic Society on the experiences of children with autism in the English education system found that:

- 34% of autistic children said that the worst thing about being at school is being picked on
- 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them

- 17% of autistic children have been suspended from school - 48% of these had been suspended three or more times and 4% had been expelled from one or more schools.

## **5.2 The Incidence of Autism Locally**

- 5.2.1 Based on the national prevalence rate, it is estimated that there are 629 children and young people aged 0 to 25 years with an Autistic Spectrum Condition living in Warrington.
- 5.2.2 As of January 2018 there were 335 pupils in Warrington schools recorded as having a primary need of an Autistic Spectrum Disorder (combined number of pupils with SEN Support and Education, Health and Care Plans in primary, secondary and special schools). The proportion of pupils recorded as having an Autistic Spectrum Disorder as a primary need has increased 40% since 2014; this equates to 96 more pupils diagnosed with autism in Warrington schools in the past four years.
- 5.2.3 In Warrington, we respond to individual need, and recognise that between Health and Education, there are some children and young people who are autistic with a 'demand avoidant' profile. Whilst not officially recognised as a diagnosis, many professionals call this Pathological Demand Avoidance (PDA) and professionals across agencies in Warrington recognise and support these specific needs. PDA is a developmental disorder which is distinct from autism but falls under the spectrum. Individuals with PDA share difficulties with others on the autism spectrum in social aspects of interaction, communication and imagination. However, the central difficulty for people with PDA is the way they are driven to avoid demands and expectations

## **6.0 THE LOCAL OFFER**

### **6.1 Local Referral Pathway for Diagnosis - children and young people aged under 18 years**

- 6.1.1 In Warrington there is one referral pathway for a child or young person to receive a diagnosis of Autism. The referral pathway begins with concerns being raised by the parent/carer, health professional, specialist teachers or educational specialists. Referral forms, ideally completed by all of the above professionals to gain a full picture of the issues facing a child, are sent to Warrington's Community Paediatric Medical Service based at the Child Development Centre and are then reviewed by a panel of professionals.
- 6.1.2 The Panel comprises multi-disciplinary staff, including an educational psychologist, Speech, Language and Communication staff, Learning Disability staff, Consultant Paediatrician, Occupational Therapist and Child and Adolescent Mental Health Services staff. The Panel decides whether an assessment would be appropriate for the child (based on the information provided within the referral forms) and if so, the child is referred on for further assessment. The further assessments are reviewed and a decision is made by the Panel as to whether the child is on the autistic spectrum. Health and education professionals ensure that appropriate services and support are in place for that child and that parents are signposted to support services.
- 6.1.3 Anecdotal evidence suggests that there are inconsistencies in the diagnostic pathway for children living in Warrington, i.e. some children are diagnosed very early in their lives and

some wait several years. This issue is compounded by pressure from some parents and carers who believe that a diagnosis will give them access to services that they would not ordinarily receive without one.

- 6.1.4 New provision is about to be commissioned for children and young people with neurodevelopmental conditions in Warrington. The aim of the project is to provide support, guidance and training to children, young people, their families and professionals focussing on three key areas – pre, during and post assessment (and diagnosis) for children and young people with neurodevelopmental conditions, specifically Autistic Spectrum Conditions, Attention Deficit Hyperactivity Disorder and Sensory Processing Disorder. This will increase awareness of all the options and wider support that may be available, complimenting existing services, and will lead to smoother transition to putting services in place and speeding up the diagnosis pathway. It will also give parents/carers the opportunity to support each other and share experiences. This is currently out to tender and has been jointly developed by education, health and social care professionals.

## **6.2 Early Years Provision**

- 6.2.1 There are no specialist Early Years settings for children with autism in Warrington. However, Sandy Lane Nursery and Forest School does have places available for children with SEND, including autism spectrum disorders and has developed specialist expertise in this area.
- 6.2.2 The Early Years Outreach support currently commissioned out of our maintained nursery school supports social communication difficulties and those who may be on the autism diagnostic pathway.
- 6.2.3 Portage services (a home-visiting educational service for pre-school children with SEND and their families) offer integrated play seminars, as well as specific sensory seminars for children aged 0-5 years with ASC. They also provide support in the home. There is also a Portage Outreach Educational Psychologist (EP) in the early years.

## **6.3 School Placements**

- 6.3.1 There is a range of educational provision available locally for pupils with autism aged 4 to 16 years. The majority of these pupils attend mainstream primary and secondary schools, including a number of pupils attending Designated Provisions (DPs) attached to mainstream schools. Warrington currently commissions 70 ASD specific places – 8 in Key Stage 1, 24 in Key Stage 2 and 38 in Key Stage 3/4.
- 6.3.2 Warrington also has three local special schools - one of which addresses the needs of children and young people with Social Emotional and Mental Health needs. Some children attend out of borough provision in specialist settings due to a lack of specialist places locally. This is a concern as children and young people are separated from their local community and peer group.
- 6.3.2 A priority is to ensure Warrington has sufficient provision going forward and it is intended to commission a further special school in Warrington through the Department for Education's

Free School application process. If successful, Warrington will set up a competitive process to select an appropriate school sponsor.

- 6.3.4 A small number of children and young people with Autism are also being electively home educated by their parents. An annual visit is undertaken by the Children Missing Education Service to check that these children and young people are receiving a suitable education. Where parents refuse to comply, a report is requested in line with our statutory responsibilities. School attendance orders have been issued in cases where we have found that the quality of education is not satisfactory. No children in need or subject to a child protection plan are currently electively home educated.
- 6.3.5 For post-16 students, there is a sixth form college attached to two of the special schools. A general FE College and Sixth Form College both accommodate young people with Autistic Spectrum Conditions. A small number of schools also have sixth form provision.
- 6.3.6 Children and young people living in Warrington with SEN Support needs and an Education, Health and Care Plan and a primary need of Autistic Spectrum Disorder are placed in the following provision:
- 314 in mainstream schools
  - 73 in designated provision
  - 102 in special schools
  - 10 in independent provision
  - 5 in elective home education

#### **6.4 Sensory Support**

- 6.4.1 There is a gap in Occupational Therapy for children and young people with Autistic Spectrum Conditions, specifically around the development of 'Sensory Diets'. A sensory diet has nothing to do with food. It's a carefully designed series of physical activities and accommodations tailored to give each child the sensory input she needs. Sensory diets can be used as part of sensory integration therapy. Completing a sensory diet routine can help children and young people get into a 'just right' or 'regulated' state, which can help them pay attention in school, learn new skills and socialise with other children.
- 6.4.2 Whilst there is a contract in place with Bridgewater Health Trust, there have been issues with the recruitment of an Occupational Therapist to provide this offer which has led to schools and the local authority to commission consultant Occupational Therapists. This is a key vulnerability for the council and its partners and there is a risk that parents and carers could pursue redress through the SEND Tribunal in cases where we fail to address the sensory support needs of children and young people. The CCG, local authority and school leaders are working together to look at a different way of commissioning this support going forward.

#### **6.5 Preparation for Adulthood**

6.5.1 There is a programme of work commissioned by the SEND Improvement Board aimed at improving outcomes in adulthood for children and young people with SEND (including autism). Activity is focused on:

- Improving the local education offer through improved contract monitoring of current provision and ensuring future commissioned places are based on accurate forecasting of need. There is an urgent need to ensure young people can be educated locally where they can maintain links with family, friends and their community;
- Promoting the local offer for young people transitioning to adulthood including information about education, independent living, and employment and participation opportunities in the community through the “Ask Ollie” website which will shortly be relaunched;
- Increasing capacity of the social care transition team from 3 to 6 staff as part of an invest to save initiative to identify the needs of young people earlier on in the transition journey which will afford social care and health authorities more time to commission appropriate support which meets needs and is value for money. One of the key priorities of this service is to keep children and young people in borough (where possible) and reduce the reliance on costly independent placements; and
- Ensuring that all different parts of the system understand the contribution they can make to preparing for adulthood and how this preparation needs to start from early years and not just begin once a young person starts to enter transition.

## **6.6 Workforce Development**

6.6.1 Warrington is the first local area to have joint education/health provision addressing the needs of children and young people with Pathological Demand Avoidance and the Education Psychology Service has facilitated a conference on this issue with professionals working with children and young people with SEND. The Service is planning to roll out specific training to school staff starting in the Autumn Term.

6.6.2 Some staff in the Education Psychology Service are ADOS (Autism Diagnostic Observation Schedule) trained which enables practitioners to undertake clinical assessments and provide diagnoses of children, young people and adults with Autistic Spectrum Conditions.

6.6.3 There is a range of training in place for all professionals including:

- An online Autism awareness training module for Warrington Borough Council staff which is planned to be rolled out to all partners by December 2018
- Disability awareness training for drivers and support staff at Warrington’s Own Buses (Network Warrington)
- Specific training for schools working with children and young people with a primary need of an Autistic Spectrum Disorder delivered by the Education Psychology Service.

6.6.4 An ASD conference will take place in the Autumn Term on multi-agency support for children and young people with Autistic Spectrum Conditions for all professionals.

**7.0 EMERGING PRIORITIES**

7.1 The emerging priorities for children and young people with Autistic Spectrum Conditions are as following:

<p><b>Health</b></p>	<ul style="list-style-type: none"> <li>• The neurodevelopmental pathway for Autistic Spectrum Conditions is developed and embedded</li> <li>• Parents/carers report that they are able to easily access information about the diagnostic process, be clear about how a referral can be made, likely timescales and the process which will be followed</li> <li>• Parents/carers report that they are provided with information before, during and after the diagnostic process and understand the implications of a diagnosis in line with the NICE guidance on referral and diagnosis</li> <li>• Children and young people with an Autism Spectrum Condition and mental health difficulties are able to access timely support including, where appropriate, Child Adolescent Mental Health Services</li> <li>• Families report that they know how to access other health services for their child with an Autism Spectrum Condition, such as Speech and Language Therapy and Occupational Therapy</li> <li>• Families report a positive experience of accessing services for their child with an Autism Spectrum Condition from GPs and hospitals</li> <li>• Children and young people with Autism Spectrum Conditions have access to Occupational Therapy to support their sensory needs.</li> </ul>
<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>• There is sufficient specialist education provision to meet the majority of children and young people needs within their local community</li> <li>• Early years settings and schools have an identified Autism Champion and adopt 'Autism Friendly' approaches such as visual timetables</li> <li>• Early years settings and schools are aware of the siblings of children and young people with Autistic Spectrum Conditions and provide support to those who would benefit from additional support</li> <li>• Parents/carers, children/young people and other key stakeholders are involved in developing a continuum of educational provision to meet the range of needs presented by pupils with Autistic Spectrum Conditions</li> <li>• The educational experiences of children and young people with Autism Spectrum Conditions are improved</li> <li>• Parents/carers report that they are confident that the setting/school/college is meeting their child's educational needs</li> <li>• Young people with Autistic Spectrum Conditions are supported to reach their potential in post-16 education, training and into the world of work.</li> </ul>
<p><b>Workforce development</b></p>	<ul style="list-style-type: none"> <li>• All professionals have access to the online Autism awareness training module</li> <li>• Early years settings and schools have access to appropriate training and support in relation to Autistic Spectrum Conditions</li> <li>• Parents/carers and children/young people with Autistic Spectrum Conditions report that their needs are well understood and addressed appropriately by the professionals working with them</li> <li>• Training is available for coaches and others in community settings in order to help them make adjustments so that sport and other leisure activities in the community are more accessible</li> <li>• A training programme is developed for all professionals to raise awareness and improve practice in relation to attachment, trauma informed and Adverse Childhood Experiences (ACES).</li> </ul>

<p><b>Early Help and Social Care</b></p>	<ul style="list-style-type: none"> <li>• Parents/carers of children and young people with Autistic Spectrum Conditions know where they can find information about services to meet their child’s needs</li> <li>• Parents/carers understand how to request a carer’s assessment and what the threshold is for accessing other support including early help, short breaks and statutory social care services</li> <li>• Parents/carers and young people with Autistic Spectrum Conditions are able to access information about what services are available once they turn 18 years and how the transition process works between children’s and adult’s services.</li> </ul>
<p><b>Leisure and Community Services</b></p>	<ul style="list-style-type: none"> <li>• Information is provided for sports/leisure groups to show what reasonable adjustments could be made to promote access for children and young people with Autistic Spectrum Conditions</li> <li>• There is clear information available via the Local Offer about particular ‘autism friendly’ groups/organisations available to children and families</li> <li>• Leisure services and other stakeholders are informed about the work of youth services which can provide support for young people to attend groups and access extra-curricular activities.</li> </ul>

**8.0 DEVELOPING AN AUTISM STRATEGY FOR WARRINGTON**

8.1 An Autism Strategy is essential for Warrington due to the increase in children and young people presenting with neurodevelopment conditions in Warrington and the gaps in services and support that we have identified. Whilst the needs of children and young people with Autism are distinct and different from those of adults, it is believed that all age Strategy in line with the Health and Wellbeing priorities of Starting Well, Living Well and Ageing Well would provide the direction required to deliver better outcomes for people living with Autistic Spectrum Conditions in Warrington.

8.2 All organisations in Warrington are committed to involving children, young people and Warrington’s Co-production Charter defines the expectations of joint working with parents and carers and children and young people to ensure that their voice is included, on an equal footing, in development of services for children with disabilities and additional needs. In line with these principles the Strategy will be coproduced with parents/carers and children/young people with Autistic Spectrum Conditions and other key stakeholders. This work will provide a range of information about what people feel is working well and what is needed to be improved in relation to children and young people with Autistic Spectrum Conditions.

8.3 There is a strong culture of multi-agency working in Warrington and the key partners involved in developing the Strategy will include:

- Warrington Borough Council (children’s and adult services, and public health)
- NHS provider services and commissioners
- Early years settings, schools and colleges
- Voluntary sector including The National Autistic Society
- Leisure and community services
- Oi listen
- Youth Parliament
- Warrington Parents and Carers Forum.

8.4 The key milestones for the development of the Strategy are:

Key milestone	Timescale
Establish a task and finish group to agree the strategic priorities for people living with Autistic Spectrum Conditions in Warrington	September 2018
Consult with people living in Warrington affected by Autistic Spectrum Conditions	October – November 2018
Draft Strategy for consideration by the Protecting the Most Vulnerable Committee	11 December 2018
Amends and revisions to the Strategy	21 December 2018
Publication of the Strategy	7 January 2019

## 9.0 RECOMMENDATIONS

9.1 This report to the Protecting the Most Vulnerable Committee is intended to assist in the development of a policy which sets out support for children and young people with Autism Spectrum Conditions.

9.2 The Protecting the Most Vulnerable Committee are asked to:

- a) Note the emerging priorities for children and young people with Autistic Spectrum Conditions set out in paragraph 7;
- b) Agree the proposal to establish an all age Autism Strategy to drive forward the improvements required for people living with Autistic Spectrum Conditions in Warrington; and
- c) Note the key milestones and indicative timescales which will support the Strategy to be drafted for consideration by the Committee on the 11 December 2018.

## 10.0 BACKGROUND PAPERS

Nil

**Contacts for Background Papers:**

Name	E-mail	Telephone
N/A	N/A	N/A

# WARRINGTON BOROUGH COUNCIL

## PROTECTING THE MOST VULNERABLE POLICY COMMITTEE – 18 September 2018

**Report of:** Councillor Mike Smith, Chair of the Protecting the Most Vulnerable Policy Committee

**Report Author:** Julian Joinson, Principal Democratic Services Officer

**Contact Details:** **Email Address:** [jjoinson@warrington.gov.uk](mailto:jjoinson@warrington.gov.uk) **Telephone:** (01925) 442112

**Ward Members:** All Wards

**TITLE OF REPORT: WORK PROGRAMME 2018/19 AND MONITORING OF ACTIONS & RECOMMENDATIONS FOR PROTECTING THE MOST VULNERABLE POLICY COMMITTEE**

### 1. PURPOSE

1.1 The purpose of the report is for the Committee to review the Work Programme for 2018/19 and to monitor the actions and recommendations arising from the Committee and any Working Groups.

### 2. CONFIDENTIAL OR EXEMPT

2.1 Not applicable

### 3. INTRODUCTION AND BACKGROUND

3.1 The Committee, at its meeting on 19 June 2017, approved a number of themes for its final Work Programme 2018/19, including Adults and Children's Services, Health and Wellbeing and Social Inequality, together with some specific topics for detailed consideration within those broad themes.

3.2 The Work Programme is a living document and may be updated periodically in response to changing priorities and other factors. The current version is attached at **Appendix 1**.

3.3 The report also contains an update on the monitoring of actions, recommendations and referrals for this Committee, at **Appendix 2**.

### 4. WORKING GROUPS

4.1 The Committee has considered the establishment of a Social Care Task Group to look at the quality of social care in Warrington and CQC compliance. The scope of any Working Groups, including their terms of reference, support requirements, resources and timescales will need to be approved by the Committee prior to their formal establishment.

## **5. FINANCIAL CONSIDERATIONS**

- 5.1 When carrying out activity Members are reminded of the general financial climate and the Council's priority for delivering its Vision within the Council's Corporate Strategy 2018-20 of ensuring *"Our resources are well managed and reflect the priorities of residents and stakeholders"*.

## **6. RISK ASSESSMENT**

- 6.1 The following potential risks have been identified: recommendations not accepted by Executive Board, or not acted upon; partners unwilling to engage; insufficient capacity within Directorates to support activity following service redesign; selection of inappropriate topics, which have minimal impact or are undeliverable; capacity within the work programme to deal with matters arising.
- 6.2 Risks are regularly monitored and managed by the Policy Committee Chairs, with the advice and support of relevant officers. Links with the Strategic Partners and Commissioning Team are well established to ensure that the work programme takes account of national and local policy developments and to enable key risks to be identified. Delivery of the Work Programme is routinely monitored.

## **7. EQUALITY AND DIVERSITY/EQUALITY IMPACT ASSESSMENT**

- 7.1 Democratic and Member Services has an up to date Equality Impact Assessment for its policies and services, including supporting the Council's meetings and decision making arrangements.
- 7.2 Equalities issues relating to policies, services and other topics under scrutiny are the responsibility of the individual Directorates concerned. However, the Committee will monitor the compliance by Directorates on equality and diversity issues when carrying out its functions.

## **8. CONSULTATION**

- 8.1 Consultation with Protecting The Most Vulnerable Policy Committee members and officers from relevant Directorates about the Work Programme content is undertaken on a regular basis.

## **9. RECOMMENDATION**

- 9.1 To note the delivery of the Work Programme 2018/19 (**Appendix 1**); and
- 9.2 To note and comment on the Monitoring of Actions, Recommendations and Referrals (**Appendix 2**).

## Protecting the Most Vulnerable Policy Committee Final Work Programme 2018/19

Work Programme Topic	Purpose of the item	Recommendations - What is the Committee being asked to do?	Link to National Policy & Local Context	Lead Officer	Date of Meeting
<b>Theme – Adult and Children’s Services</b>					
Better Care Fund	This item will look at how the better care fund is contributing to better integrated working. It will also take into account NHS bed capacity and the need to reduce delayed transfers of care and length of stay in hospital	To forward the committee’s findings to Executive Board	Integration of health and social care, including reduction of so called ‘bed blocking’	Steve Peddie, Executive Director, Families and Wellbeing	19 June 2018 ✓
Transforming care for people with a learning disability and/or autism	To review Warrington’s progress on a service model for people with a learning disability and/or autism with behavioural and mental health conditions	To forward recommendations to Executive Board	This work stream is part of the Transforming Care Programme	Steve Peddie, Executive Director, Families and Wellbeing	19 June 2018 ✓
Social Care Task Group	This is a working group which will look at the quality of care in Warrington and CQC compliance	Forward findings to Executive Board	The CQC publishes an annual review of the quality of care across the UK. called “State of Care”. The CQC also provides a baseline picture of quality of care through its inspection and rating programme.	Steve Peddie, Executive Director, Families and Wellbeing	Commencing September 2018

Social Care Green Paper	To examine the Government Social Care Green Paper and response from leading national organisations	To forward the committee's findings to Executive Board	The Government is due to publish a green paper on social care in summer 2018. It is expected that this will include proposals for a new social care charging system	Steve Peddie, Executive Director, Families and Wellbeing	18 September 2018
Recommissioning domiciliary care	To examine the delivery of the domiciliary care programme	To forward the committee's findings to Executive Board	Demand for health and social care continues to rise due to an aging population and an increase in the number of people with complex needs.	Steve Peddie, Executive Director, Families and Wellbeing	11 December 2018
<b>Theme – Health and Wellbeing</b>					
Support for children and young people on the autism spectrum	To assist in the development of a policy which sets out support for children and young people on the autism spectrum. An initial overview of the proposed work will be considered in September 2018	To forward recommendations to Executive Board for inclusion in the autism strategy	Further education and employment opportunities can be limited for autistic young people. Evidence suggests that early intervention improves life chances and opportunities.	Steve Peddie, Executive Director, Families and Wellbeing	18 September 2018 & 11 December 2018
Mental Health and Young People	To look at the mental wellbeing of young people. This topic will also look at the impact of social media on the mental wellbeing of young people	To forward the committee's findings to Executive Board	The government has commissioned a parliamentary group to look at the impact of social media on young people. An ONS study found that young people were more likely to be lonely than any other age group.	Steve Peddie, Executive Director, Families and Wellbeing	19 February 2019

Air Pollution	To review the impact of air pollution on health and wellbeing. This topic also links to the Building Stronger Communities Policy Committee and could be a joint work programme topic	To forward the committee's findings to Executive Board	The government published a draft clean air strategy at the end of May 2018 for consultation. The document sets out plans to tackle emissions from a range of sources.	Dr Muna Abdel Aziz, Director of Public Health	2 April 2019
<b>Theme – Social Inequality</b>					
Closing the achievement gap for children and young people from disadvantaged backgrounds	To look at research by Chester University and what actions the council can undertake to improve educational attainment and life opportunities	To submit recommendations to Executive Board	A number of research reports indicate that life opportunities for children/ young people from disadvantaged northern backgrounds are limited and in particular white British boys. Educational attainment is a key factor to future social mobility.	Steve Peddie, Executive Director, Families and Wellbeing	19 June 2018 ✓
Facilities for Homeless People, to include a Review of Day Services for Homeless People	To be confirmed.	To be confirmed	National research shows that homelessness continues to rise due to housing shortages, low wage growth and welfare and tax reforms	Dr Muna Abdel Aziz, Director of Public Health	11 December 2018
Issues arising from the Homelessness Reduction Act which came into effect in April 2018	To review the arrangements in place for homelessness services in relation to standards recommended by the Homelessness PAG	To forward the committee's recommendations to Executive Board	National research shows that homelessness continues to rise due to housing shortages, low wage growth and welfare and tax reforms	Dr Muna Abdel Aziz, Director of Public Health	19 February 2019
Impact of Welfare and Tax Reforms	To look at the impact of welfare and tax reforms on different groups of people in Warrington	To forward the committee's findings to Executive Board	A number of national studies have found that welfare and tax reforms are more likely to impact on some groups of people e.g. disabled people	Dr Muna Abdel Aziz, Director of Public Health	2 April 2019

<b>STANDARD ITEM</b>					
Updates on current issues	To receive updates and scrutinise current issues This will include relevant outside bodies, conferences and children’s homes inspections. The purpose of this item is to keep up to date with future adult and children’s care trends.	To forward any findings (as applicable) to Executive Board	Members sit on a number of outside bodies, information from the boards maybe of interest to the committee. Future social care trends are discussed at major conferences.	Steve Peddie, Executive Director, Families and Wellbeing	Every Meeting

Version 5 – 10/09/18

**Committee Recommendations & Actions**

**2018/19**

Minute No & Date	Recommendation/Action	Referred to & Date	Response/Comments	Progress
Nil	Nil			

**Referrals to the Committee**

**2018/19**

Referred from & Date	Minute Details	Response/Comments	Progress
Nil	Nil		

**Working Group Final Report Recommendations**

**2017/18**

The Committee has established the following Working Groups:-

- Social Care Task Group (to be scoped)

Recommendation	Referred to & Date	Response/Comments	Progress	Review Date
N/A	N/A	N/A	N/A	N/A