

Autism Partnership Meeting
17th August 2021 10am-11am
Meeting Venue: Zoom

Attendees:

Valerie Fitch	Chair / Person on the Autistic Spectrum
Laura Ferguson	Herefordshire Council
John Gorman	Herefordshire Council
Richard Keble	Herefordshire and Worcestershire CCG
Paul Choppen	Herefordshire Council
Mary Simpson	Healthwatch
Rebecca Ashton	Person on the Autistic Spectrum
Rob Gorle	ACSYLE
Gill Gorle	ACSYLE

Apologies

James Baker	Hereford Make
Jenny Dalloway	Herefordshire and Worcestershire CCG
Debbie Hobbs	Herefordshire NAS

Introduction

Valerie introduced herself and asked John to go through the actions from the previous board meeting and subsequent planning meeting.

Previous Minutes, Matters Arising and Actions

8th June – Meeting

Autism Awareness Staff Training-Ruth had drawn up a business case but no training programme had been set up. Ruth was planning on attending the Oliver McGowan training (LD & Autism) in April 2022 to see whether it could be part of the staff training programme.

Action 1 - Richard said there is NHS funding to train council and health staff. He suggested he pull together leads from health and social care to discuss what training is currently being provided, whether addition training may need to be purchased and how the Oliver McGowan training fits in.

Rob and Gill Gorle said they could provide information on training that's currently available.

NAS lack of involvement STP LD & A Board meetings - Laura and John raised this issue with Paul Smith after the previous Board meeting and were told NAS's direct involvement may hinder a level playing field for providers as there may well be funding to be bid for. NAS will have the opportunity to be involved in other ways such as through sub groups.

LD and A 3 Year Plan funding – Valerie had previously raised a query regarding the drop in the additional funding in year 2 compared with that of year 1 and 3 year funding. Valerie said this

point had been raised and discussed at a previous STP LD and A Board meeting, with the explanation being that additional funding would be needed for set up in year 1 and a big push in year 3.

NAS - Debbie had previously said the NAS Policy team had invited the Board to contribute to their work and that she would find out what the mechanism for this would be.

Action 2 - Due to Debbie being in another meeting Paul would put this on the agenda of the next meeting.

Landau - sign up for "We see you" disability confident employers' campaign - Laura hosted a meeting with Landau, corporate HR, Hoople, a member from the equality team and Alexa. They discussed the added value of the Council signing up to the campaign as it is already signed up to the DWP's Disability confident employer campaign. The group has decided to put together a working group to work on a proposal to the Council's management board on becoming an exemplar employer. The working group will look to see how jobs roles could be made more suitable for disabled people.

Appendix B documents savings - Mary had previously raised some concerns about savings proposed in this document regarding the review of complex care plans. Laura has spoken to Karen Capewell (Interim Service Manager, Operations) who said they are looking at packages of care that could be totally or in part funded by the CCG rather than social care. Laura wanted to allay fears that the reviews were about reducing individuals packages of care. Karen Capewell is happy to come to a future meeting to discuss if required.

Action 3 - Paul to invite Karen to a future Board meeting if the agenda is not too packed.

Structure and frequency of future Board meetings - Valerie discussed the three main points that she, Laura, John and Paul discussed:

- Communication with Worcestershire's Autism Partnership Board and the STP (now called ICS, see below) - Richard intimated his issues to Valerie regarding attending both Worcestershire's and Herefordshire's Autism Partnership Boards regularly. He also wanted both Boards to merge or work more closely together and collaborate on some shared objectives.

After a discussion it was agreed that both Autism Partnership Boards would not merge. Valerie would liaise with Bernadette the Chair of Worcestershire's Autism Partnership Board about aligning our Board meetings to within one week of each other. The chairs and leads of both boards would meet on a regular basis to discuss anything that needs to be fed back to the STP as well as collaborating on some shared objectives.

- LD and Autism 3 year Plan funding streams feedback - Richard had asked Paul to collate feedback to three questions on three areas of funding including: Support for Advocacy (Representative Group Advocacy), Autism Training and Low Stimulus Environments. Paul fed back responses to Richard.
- Valerie sought the opinion of the Taskforce Group regarding committing to the objectives and recommendations set out in the National Autism strategy for Autistic Children, Young People and Adults: 2021 to 2026.

Action 4 - Valerie will liaise with Laura about the responses from the Taskforce Group before putting a piece forward at the next meeting on how the Autism Partnership Board go forward and comply with the strategies recommendations.

Valerie did mention that at the planning meeting we had initially set out to discuss what the Board had achieved however there wasn't enough time.

Police Reports – Valerie Fitch

Valerie reported that the police have had issues compiling the autism hate crime reports. Valerie had received one report from June of a person being harassed by three youths. The individual's support worker was in attendance and the police are currently gathering the support workers testimony to identify the three youths.

Learning Disability and Autism 3 Year Plan - Richard Keble

Richard explained that the STP (Sustainability and Transformation Programme Board is now renamed the ICS LD & A Programme and Assurance Board (Integrated Care System Learning Disability and Autism Programme Assurance Board). The Board is meeting at the end of August to agree the new governance structure. Richard asked members of the Board to email him if they had any feedback or issues with the new governance structure.

Support for Advocacy - Richard Keble

Richard said the CCG had put some money in the budget for advocacy support for autistic people to participate in service development. Valerie raised issues about the youth aspect needing to be better represented along with questioning whether the Board truly represented the varying multitude of personas on the autistic spectrum. Mary raised the point that post pandemic money may be needed for room hire, refreshments and travel expenses.

Laura took the opportunity to query with Richard the lack of advocacy support from Speak Easy Now for residents in Herefordshire who have a learning disability. Richard said he was aware of the issue and that funding should be available to extend the service to include participants from Herefordshire as well as Worcestershire.

Action 5 - Laura to chase this up.

Low Stimulus GP Environments – Richard Keeble

Richard said that they were aiming to have one clinical/appointment space in every primary care network/ GP practice.

Richard talked though the four main roles and opportunities for autistic people to participate with people being remunerated for their involvement. The four main phases and four main roles are:

1. Phase 1/Role 1 : Preparatory work - developing guidance by commenting on and contributing to the guidelines and checklists.
2. Phase 2/Role 2 : Developing and Re-imagining sites - assessing potential sites.
3. Phase 3/Role 3 : Training Staff-contribute to training materials, make sure criticism of the sensory environment is taken seriously and advise staff on reasonable adjustments that can be made.
4. Phase 4/Role 4: Evaluating Impact - contribute to the evaluation tools.

Applications will have until the 30th of September to apply. More details on these roles can be found in the document attached.

Valerie has also added some points below that Richard clarified about the job roles and intended applicants:

1. Please note that only autistic people (including self-diagnosed autistic people) should apply. If an autistic person does not have speech or has other disabilities, which would mean they need someone who is not autistic to be with them, they should state this on the Expression of Interest form.
2. The Expression of Interest form – please do not be put off by the form. Some flexibility regarding filling in this form will be allowed. What is needed is an expression of interest.
3. Also, the detail of what is required to do these jobs is not necessarily written in stone – things may change once the deadline for applicants is passed. The main thing is to get the expression of interest in. This is a real opportunity for us to make a difference.

Post Diagnostic Services for Autistic People - Richard Keble

Richard said the CCG was looking to develop a service that could be accessed after a diagnosis aimed initially at anyone from the age 14+. They aim to develop the specification for the services at a workshop in the autumn with input from both Worcestershire's and Herefordshire's Autism Partnership Boards. Richard mentioned there may be paid roles involved once the specification has been drawn up. Richard will send more details in due course.

A.O.B

- a) James wanted members to know that Hereford Make's Autism Awareness Training will be on Monday, 6 December from 13:30 – 16:30
- b) Mary Simpson- the Introduction to Reasonable Adjustments and MECC Plus disability infographics and resources are on the [Talk Community website](#).
- c) Rebecca Ashton - has set up Brightside CIC with her business partner. The aim is to provide mental health and wellbeing services for autistic people that are run by autistic professionals. Initially they will be providing counselling, art and music therapy and hope to expand to include life skills, peer support, independence skills, signposting and a women support group. They also hope to find a place for people to exhibit and sell their art they create in their art therapy sessions. They are just awaiting funding to start the pilot project.

Next Meeting

Valerie suggested that our next board meeting should be on **Tuesday the 26th of October**. This was to help us align our meetings more closely with Worcestershire's Autism Partnership Board meetings which will meet around the 20th of October and to bring items forward to the meeting of the chairs and leads of both Autism Partnership Boards which will be meeting on the 2nd of November so they can be passed onto the ISC LD and Autism Programme and Assurance Board.

Valerie thanked everyone for attending and apologised for the rushed meeting due to time constraints.

Agreed the next meeting would take place on Tuesday 26th October at 10.30 a.m. until 12.30 p.m.

Actions

Richard	Action 1	To pull together the health and social care leads to discuss what Autism Awareness training can be provided to NHS and Council Staff.
Paul	Action 2	To add Debbie to clarify the feedback mechanism regarding the Board contributing to the NAS Policy team to the next agenda.
	Action 3	To invite Karen Capewell to a future meeting to discuss the review of complex care packages including re-allocation of funding with CCG
Valerie and Laura	Action 4	To Liaise about the Taskforce groups' feedback regarding the recommendations outlined in the National Autism strategy for Autistic Children, Young People and Adults.
Laura	Action 5	To chase Richard about extending the Speak Easy Now service (LD) to Herefordshire – (out of scope of this meeting)

Low Stimulus Environments – Job Roles

The Project:

To establish one clinical / appointment space in each Primary Care Network (PCN) across Herefordshire & Worcestershire (up to 15 in total) which is a low stimulus environment but which can also be sensory modulated to personalise the environment to meet need.

For this to be effective in practice, there also needs to be guidelines on promoting a total sensory experience, including awareness level training for staff.

Project Steps:

Phase 1: Preparatory Work

- Develop guidelines for setting up a low stimulus environment, including the ‘terms of engagement’ with GP practices
- Develop a ‘checklist’ to assess any proposed space based on National Institute for Clinical Excellence (NICE) guidance
- Develop staff guidance so that the person has a total sensory experience

Phase 2: Identifying and Re-imagining Sites

- PCN identifies the most suitable site
- Site is assessed against the checklist and changes / solutions recommended
- CCG agrees with GP Practice what changes / equipment it will fund
- GP Practice implements changes

Phase 3: Training staff

- Develop a brief sensory integration awareness training tool (on-line / video)
- GP ensures all staff have been trained

Phase 4: Evaluation of Impact

- Develop a patient experience evaluation tool
- Obtain and collate views of patients

To undertake the work, we want to **co-produce** this with autistic people. There are therefore 4 available role types, one for each phase.

Role 1 – Phase 1: Preparatory Work

You need to be willing and able, with support as required, to comment on and contribute to guidelines and checklists. In particular, this will mean making sure the language is clear; that we have thought about all sensory barriers and solutions someone might experience; and, that the guidance for staff is advising them on what will be most helpful. You are not expected to write the guidance. All of this can be done virtually – there will be no requirement for face-to-face contact or meetings.

Estimated time: 15 hours

Role 2 – Phase 2: Identifying and Re-Imagining Sites

You will be asked to carry out, with support as required, assessments of potential sites using the checklist, and be able to give clear feedback on what needs to change. You will not need to know about sensory adaptations – we will have a specialist Occupational Therapist (OT) to do this – but you may need to advise and comment on suggested improvements. You will need to be confident enough to go into a surgery, accompanied by someone you do not know particularly well (eg the Practice Manager); be confident enough to ask straightforward questions; and be organised and able to record clearly on the checklist what you have found. Support will be provided and you will be prepared beforehand.

We will need at least 3 people for these roles – one for Herefordshire, two for Worcestershire (North / South). Each ‘re-imagining’ will take approximately 6 hours in total. There are 15 sites potentially, so that’s 90 hours in total – approximately 30 hours per person. Sometimes it is easier to do these things in pairs, so we will also consider having two people to assess each site.

Role 3 – Phase 3: Training Staff

You need to be willing and able, with support as required, to comment on and contribute to training materials. In particular, you will need to advise on whether the message about the impact of a poorly adapted sensory environment is properly conveyed; and, that the message is clear about how staff should make reasonable adjustments when interacting with all patients. You are not expected to write the training materials; however, you can make as large contribution as you like, including making a video. Most of this can be done virtually; there will be a requirement for some face-to-face contact or meetings, but this will be limited to a few people. You will not have to deliver training yourself (unless you want to).

Estimated time: 15 hours. If you agree to also provide training and/or make a video this will increase.

Role 4 – Phase 4: Evaluation

You need to be willing and able, with support as required, to comment on and contribute to evaluation tools. At this stage, there are a number of ways of doing this – from a questionnaire to telephone interviews. You can shape whatever tools you think are most effective. Most of this can be done virtually; however, there is the option for you to interview some people.

Estimated time: 10 hours to prepare the evaluation, plus whatever time is agreed to undertake any direct interviews, where appropriate.

Notes on Roles:

- All roles will be remunerated (‘paid’). How this will happen, will depend on your circumstances, which we will discuss with you. The rate will be equivalent of £10 per hour.
- You can offer to undertake more than one role (for example Roles 1 and 3 are similar)
- More than one person can undertake each role, so long as the number of people makes the task manageable.
- Applicants must be autistic and must not be directly employed by either Council or by the NHS.
- All final decisions on aspects of the Project, including appointments, will be made by the Project Sponsor and Herefordshire & Worcestershire Clinical Commissioning Group.

How to Apply.

If you interested in one of the Roles above, please complete the following expression of interest:

Expression of Interest

Name	
Contact details including email and telephone number	
Current employment status	

Please confirm the following by ticking the box:

I confirm I am autistic	
I confirm I am not directly employed by Herefordshire Council, Worcestershire County Council, or by any NHS organisation operating in Herefordshire & Worcestershire.	
I confirm I am willing for the CCG to undertake a Disclosure and Barring Service (DBS) check and I understand that I may be disqualified if the Disclosure identifies any criminal conviction which the CCG considers makes me unsuitable for the role.	
I confirm I am willing to be interviewed	

I am interested in the following roles (you may tick more than one):

Role 1 – Preparatory Work	
Role 2 – Identifying and Re-Imagining Sites	
Role 3 – Training Staff	
Role 4 – Evaluation	

Please provide the name and contact details of two people who are willing to provide you with a reference to undertake the roles.

Referee One	Referee Two

Please state, using no more than 2 pages of A4, why you would like the role (s). Please include any relevant previous experience and what skills you have that will help you carry out the role(s).

Please state any reasonable adjustments you will need the CCG and other partners to make and any other support you may need. This information will not be used to disqualify you from a role, but will help us plan how to interview you if your expression of interest is successful.

Any Reasonable Adjustments	
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If you have any queries about this Expression of Interest, please contact Richard Keble at richard.keble@nhs.net

Please return your Expression of Interest to Richard Keble at richard.keble@nhs.net by 30 September 2021. Interviews will be held during October and we would like you to start co-producing with us as soon as possible after that.

Thank you

Governance of Learning Disability and Autism Agenda

Definition of Governance:

Governance refers to structures and processes that are designed to ensure accountability, transparency, responsiveness, rule of law, stability, equity and inclusiveness, empowerment, and broad-based participation. In other words, it refers to the way in which things are organised and overseen to ensure that what we said we would do, actually happens, and that this happens in a fair and inclusive way and that action is taken to put right things that are going wrong.

National Perspective:

NHSE has established 3 inter-linked but discrete workstreams over the past few years, which the CCG (and evolving ICS) is required to deliver on. These are:

- LeDeR (Learning Disability Mortality Reviews) Programme
- Transforming Care Programme (TCP)
- Learning Disability and Autism (LDA) 3 Year Plan / Road Map

All 3 workstreams require formal written reporting to NHSE periodically (usually at least quarterly) and require the designated system Senior Responsible Officer (SRO) and/or named programme lead to personally report to NHSE via regional meetings / forums.

Of these workstreams, the LDA 3 Year Plan / Roadmap starts to pull together the strategic threads of the NHS LDA agenda. This is primarily achieved by including all previous disparate funding streams into one investment stream (Service Development Fund), distributed via the CCG, and the key performance trajectories for LeDeR and TCP.

However, the actual reporting of these national workstreams still remains separate for the time-being: for example, the SROs / Programme Leads for LeDeR and TCP are still required to account separately for these programmes; a separate LeDeR local strategy is required to be produced by the ICS for September; the LDA Plan will be reported quarterly from October.

Current local arrangements:

Local arrangements reflect the national position.

Herefordshire and Worcestershire LeDeR Steering Group with place-based Learning into Action Sub-Groups. SRO is Lisa Levy, Director of Nursing and Quality, CCG and the Chair and Programme Lead is Rachael Skinner, Associate Director for Nursing and Quality

Herefordshire and Worcestershire Transforming Care Programme Board. SRO and Chair is Lisa Levy, Director of Nursing and Quality, CCG; Programme Lead is Caroline Kirby, Complex Needs Commissioner, CCG.

Herefordshire and Worcestershire STP/ICS LDA Programme Board. Chair is Paul Smith, Interim Director of Adult Services, Herefordshire Council; Programme Lead is Jenny Dalloway, Commissioning Lead for MH, LD and CYP, CCG. NB There is no named SRO.

All three 'boards' have representation from: NHS providers; both Councils, operational and commissioning; clinical representation; Expert by Experience representation; family carer representation. Primary Care is represented on LDA Programme Board and LeDeR Steering Group; NHSE are represented on the TCP Board; Safeguarding Boards are represented on LeDeR Steering Group. There is significant overlap in membership and participation.

There is no system-led Programme Board or similar to oversee the strategic development of autism services. This is not surprising given the absence of any national programme and the fact local services, especially for adults, is under-developed.

In addition to formal governance Boards, there are Partnership Boards for LD and Autism in both Herefordshire and Worcestershire (4 in total). These are supported by the local Councils and are chaired or co-chaired by an Expert by Experience. These partnerships have developed largely out of local government-driven agendas: in the case of LD, the origins are the Valuing People programme; for autism, it is the Autism Act 2009 and associated guidance. All the Boards have representation from CCG, Trust, voluntary sector, Councils as well as experts by experience and family carers. Broadly, their role is to scrutinise and comment on work programmes, provide expert advice and lived experience to inform service development and advocate on behalf of the populations they represent. All the Boards take an active role in the development of the LD and Autism Strategies for their local area.

The Governance Challenge

Current arrangements have evolved to reflect the changing agenda. However, current arrangements present some challenges:

- NHS workstreams being organised on a Herefordshire and Worcestershire system-wide basis whilst each local area needing to retain its identity and meet needs of local communities
- No effective governance for the development of autism services
- Duplication of resource and effort with Board members attending similar meetings with increasingly converging or similar agendas
- No single view and accountability for the agenda, with the risk that things are missed
- Growing expectation from NHSE that there is greater strategic integration (for example, the March LeDeR policy states: “Ensure LeDeR governance is an integral part of ICS governance and quality reporting arrangements and is not stand-alone.”)
- Partnership Boards, and in particular the co-production opportunity this presents, becoming marginalised as the national agenda becomes more focused on the ICS as system leader.

Proposals:

In light of the above, it is proposed to re-model the existing formal governance arrangements for the Learning Disability and Autism agenda to achieve the following principles of good governance (from the United Nations):

- Accountability
- Ensuring all actions are lawful
- Equitable and inclusive
- Enables participation
- Responsive to participants, events and in dealing with failures
- Efficient and effective
- Transparent (nothing is hidden)

- Consensus Orientated (organisations do not act on their own)

The following arrangements are proposed:

ICS LDA Programme Assurance Board which oversees the total LDA agenda from a joint Herefordshire and Worcestershire perspective. This Board to have senior representation and the following objectives:

- Seek assurance that the various programmes of work are achieving the stated objectives, outputs and outcomes
- Monitor, review and challenge key outcome metrics on the performance dashboard
- Listen and respond to the views of people with a lived experience and family carers
- Enable resolution of strategic and operational challenges where these are hampering progress
- Take overall responsibility for the 3 Year LDA Plan
- Report progress to the ICS Executive Group

Membership of the Board to include:

- A senior officer from Worcestershire County Council Adult Services
- A senior officer from Worcestershire Children First
- A senior officer from Herefordshire Council Adult Services
- A senior officer from Herefordshire Council Children's Services
- SRO for LeDeR
- SRO for TCP
- Chair of the ICS Autism Programme Board
- A senior officer from H&W Health and Care NHS Trust with responsibility for MH
- A senior officer from H&W Health and Care NHS Trust with responsibility for LD
- A senior officer from H&W Health and Care NHS Trust with responsibility for CYP
- A GP representative
- A MH clinical lead
- A LD clinical lead
- A public health representative from Worcestershire County Council
- A public health representative from Herefordshire Council
- Representation from people with a lived experience of LD with appropriate support
- Representation from people with a lived experience of autism with appropriate support
- Representation from family carers
- NHSE representative

The Board would meet quarterly

Reporting to the Board would be two Programme Boards

- ICS LDA Tackling Health Inequalities Programme Board
- ICS Autism Programme Board

The ICS LDA Tackling Health Inequalities Programme Board would combine the current functions of the LeDeR Steering Group and Transforming Care Programme Board, as well as the LD Annual Health Check work programme. This is because of the inter-dependencies of these programmes, well as the significant cross-over of roles of those people working on these programmes; in short, a physically and mentally healthy person is less likely to die prematurely and/or need in-patient psychiatric care.

The terms of objectives of this group would be:

- Ensure the agreed NHS trajectories for the LDA Plan are achieved (in-patients in locked hospitals; AHCs for LD; LeDeR reviews)
- Ensure all LeDeR reviews are completed to a high quality and in a timely way, including development of the appropriate workforce
- Guide the implementation of the programme of local reviews of deaths of people with learning disabilities.
- Receive regular updates from the LeDeR Local Area Contact about the progress and themed findings of reviews.
- Agree the key benchmarks or indicators from which progress and impact of the LeDeR programme will be evaluated, and re-prioritise or modify these benchmarks in response to emerging local themes following the completion and reporting of reviews.
- Agree priority recommendations, based on the themes of reviews and contributory factors that have the potential to make the greatest impact, and develop a LeDeR health improvement strategy and plan of action.
- Ensure the service development objectives of the LD AHC work programme are achieved (for 2021/22 these are principally: training and development programme; sensory modulated environments; reasonable adjustment flag early adopter pilot)
- Ensure the service development objectives of the 'Admission Avoidance to Locked Hospitals' work programme (TCP) are achieved (for 2021/22, these are principally: expansion of the Enhanced Care Service – reach and quality; establishment of a community forensic service; delivery of increased respite care for CYP; CYP key worker service)

Membership of the ICS LDA Tackling Health Inequalities Programme Board would be:

- LeDeR Local Area Contact / SRO
- Programme Lead for LeDeR
- SRO and/or Programme Lead for TCP
- HWCCG LeDeR Clinical Lead

- CCG Primary Care Lead for AHC workstream
- Worcestershire Acute Hospitals NHS Trust Mortality Lead
- Wye Valley NHS Trust Mortality Lead
- Worcestershire Health and Care NHS Trust Mortality Lead
- Primary Care/ CCG GP Quality Lead
- Lead GP for LD
- A representative from Worcestershire Health and Care NHS Trust Learning Disability Services
- A representative from Worcestershire Health and Care NHS Trust CAMH Service
- A representative from Worcestershire Health and Care NHS Trust MH Services
- A public health representative from Worcestershire County Council
- A public health representative from Herefordshire Council
- A Safeguarding Adult Board or Child Death Overview Panel representative from either local area
- NHSE representative
- Representation from people with a lived experience of LD with appropriate support
- Representation from people with a lived experience of autism with appropriate support

Reporting to this Board would be the following workstreams, terms of reference and membership to be decided and agreed by the Board

- LeDeR Learning into Action Sub Group
- Transforming Care Operational Group
- LD AHC Working Group

These groups will ensure active engagement and participation of people with lived experience and family carers to enable co-production of service developments.

Given the breath of the agenda and the need to evidence a clear line of sight in each agenda to NHSE, each ICS LDA Tackling Health Inequalities Programme Board will be structured as follows:

- Matters which jointly effect LeDeR, AHCs and Transforming Care
- LeDeR specific matters
- Transforming Care matters
- LD AHC matters

ICS Developing Services for Autistic People Programme Board's objectives will be:

- Ensure that waiting lists of autism diagnoses for CYP and adults is less than 18 weeks
- Seek assurance that autism is included and addressed appropriately and proportionately in SEND plans in both Councils

- Oversee the development and revision of the adult autism pathway for Herefordshire and for Worcestershire
- Ensure the service development objectives of the LDA 3 Year Plan for autism are achieved (for 2021/22 these are principally: training and development programme; autism support service; post-diagnostic 14-25 year old pilot)
- Develop an ICS wide response and action plan from the National Autism Strategy
- Seek assurance that autism is included and addressed appropriately and proportionately in the ICS Tackling Health Inequalities Programme Board

Membership of the Board will be:

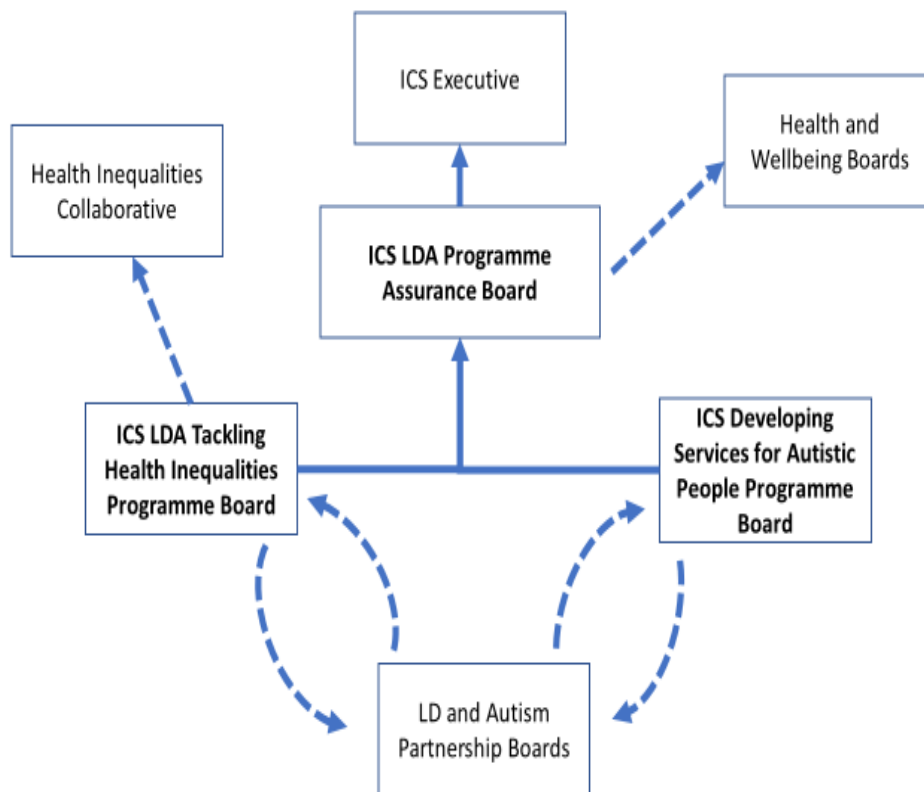
- A representative from Worcestershire Health and Care NHS Trust
- CCG commissioning lead
- LDA Plan Programme Lead
- A representative from local commissioned providers of autism services
- A representative from VCS providers of autism services
- A representative from Worcestershire County Council Adult Services
- A representative from Herefordshire Council Adult Services
- A representative from Worcestershire Children's First
- A representative from Herefordshire Council Children's Services
- A representative from the ICS Tackling Health Inequalities Programme Board
- A representative with lived experience, with support where required, from the Worcestershire APB
- A representative with lived experience, with support where required, from the Herefordshire APB
- A representative from family carers for Worcestershire
- A representative from family carers for Herefordshire

**There is a more radical option which is to merge and reform the existing APBs in H&W, with additional membership as indicated above, into this Board. The primary advantage of this is to include all existing APB membership and to ensure that both local areas have a definite voice.*

Role of LDPBs and APBs:

These Boards will operate as stakeholder groups to advise, support and challenge the development of the workstreams. This will include raising issues and themes. To facilitate this role, each Programme Board will report quarterly to the LDPBs and APBs. There is nothing in this recommendation to prevent these groups also having their own agreed and negotiated work programme.

Programme Map:



ICS LDA Programme Governance Proposals

Introduction:

- This is for discussion and consultation
- This has been written because we think that the landscape and agenda is changing and we need to strengthen our governance

What does Governance mean?

“Governance refers to structures and processes that are designed to ensure accountability, transparency, responsiveness, rule of law, stability, equity and inclusiveness, empowerment, and broad-based participation. In other words, it refers to the way in which things are organised and overseen.”

It is important because it is how we, together:

- ensure that what we said we would do, actually happens;
- that this happens in a fair and inclusive way; and
- that action is taken to put right things that are going wrong.

National Governance arrangements

For this agenda, there are 3 main arrangements:

- LeDeR Programme
- Transforming Care Programme
- LDA 3 Year Plan / Roadmap

NHSE want these to come together under one arrangement, but we still have to account for each separately.

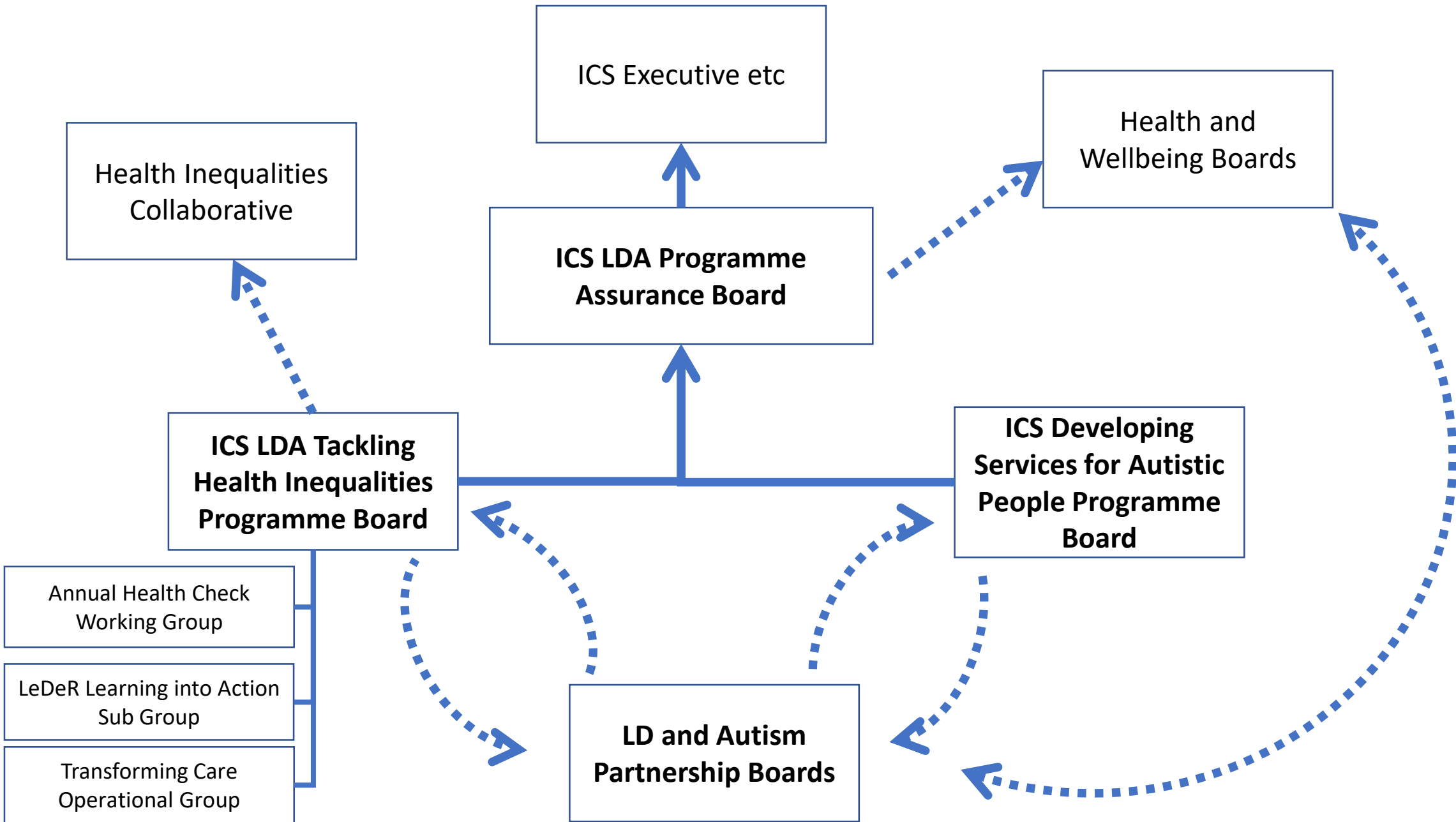
No specific autism governance arrangements / programmes

Current local arrangements

- Herefordshire and Worcestershire LeDeR Steering Group with place-based Learning into Action Sub-Groups.
- Herefordshire and Worcestershire Transforming Care Programme Board.
- Herefordshire and Worcestershire ICS LDA Programme Board.
- Plus we have an Autism Partnership Board and a Learning Disability Partnership Board in each local area

Our challenges

- NHS workstreams being organised on a Herefordshire and Worcestershire Integrated Care System-wide basis whilst each local area needing to retain its identity and meet needs of local communities (**balancing system with place**)
- **No effective governance for the development of autism services**
- **Duplication of resource and effort** with Board members attending similar meetings with increasingly converging or similar agendas
- **Need a single view and accountability for the agenda**, with the risk that things are missed
- Growing expectation from NHSE that there is **greater strategic integration**
- **Risk of Partnership Boards becoming marginalised** as the national agenda becomes more focused on the ICS as system leader.



ICS LDA Programme Assurance Board Role:

- Seek assurance that the various programmes of work are achieving the stated objectives, outputs and outcomes
- Monitor, review and challenge key outcome metrics on the performance dashboard
- Listen and respond to the views of people with a lived experience and family carers
- Enable resolution of strategic and operational challenges where these are hampering progress
- Take overall responsibility for the 3 Year LDA Plan
- Report progress to the ICS Executive Group

ICS LDA Tackling Health Inequalities Programme Board Role:

- Ensure the agreed NHS trajectories for the LDA Plan are achieved (in-patients; AHCs for LD; LeDeR reviews)
- Ensure all LeDeR reviews are completed to a high quality & in a timely way, including development of workforce
- Guide the implementation of the programme of local reviews of deaths of people with learning disabilities.
- Receive regular updates from the LeDeR Local Area Contact about the progress and themed findings of reviews.
- Agree the key benchmarks or indicators from which progress and impact of the LeDeR programme will be evaluated
- Agree priority recommendations, based on the themes of reviews and contributory factors that have the potential to make the greatest impact, and develop a LeDeR health improvement strategy and plan of action.
- Ensure the service development objectives of the LD AHC work programme are achieved
- Ensure the service development objectives of the 'Admission Avoidance to Locked Hospitals' programme are achieved

ICS Developing Services for Autistic People Programme Board

- Ensure that waiting lists of autism diagnoses for CYP and adults is less than 18 weeks
- Seek assurance that autism is included and addressed appropriately and proportionately in SEND plans in both Councils
- Oversee the development and revision of the adult autism pathway for Herefordshire and for Worcestershire
- Ensure the service development objectives of the LDA 3 Year Plan for autism are achieved (for 2021/22 these are principally: training and development programme; autism support service; post-diagnostic 14-25 year old pilot)
- Develop an ICS wide response and action plan from the National Autism Strategy
- Seek assurance that autism is included and addressed appropriately and proportionately in the ICS Tackling Health Inequalities Programme Board

Role of Partnership Boards

- Operate as stakeholder groups to advise, support and challenge the development of the workstreams. This will include raising issues and themes.
- To facilitate this role, each Programme Board will report quarterly to the LDPBs and APBs.
- There is nothing in this recommendation to prevent these groups also having their own agreed and negotiated work programme.

It is also worth considering how the two Autism Partnership Boards could work together in light of the new National Autism Strategy

LDA Champion role

- CCG is required to appoint a system leader for 2021/22 to support and advise current system leadership team on issues relating to LD and Autism, and to champion the agenda
- This would be a part-time role similar to what a non-executive director does
- Proposal, awaiting NHSE agreement, is this is an external appointment with particular expertise and passion around autism – this is because we believe our system is stronger for LD and this is our big gap
- The ‘market’ will be limited, so we will need to explore options and approaches before recruitment.

Consultation:

- LDA Programme Board will consult on this with all stakeholders over the next 3 weeks (ending 21 July)
- Offer to meet with groups in interim to discuss
- Final proposal for agreement at next meeting (28 July)