



**Autism Partnership Board**

**Minutes**

**Wednesday 3 December 2014**

<b>Members in attendance:</b>	
Zita Calkin	Joint Commissioning Manager
Debi Game	Bucks Service User and Carer Organisation (SUCO)
Olga Hamer	FACT Bucks
<b>Others in attendance:</b>	
Paulette Hunn	Bucks County Council
Clare Price	Bucks County Council
Gail Prince	Special School Representative
Debbie Richards	Buckinghamshire CCGs
Dr Eleanor Rowsell	Oxford Health
Marcia Smith	Bucks County Council
Stephen Stych	Bucks County Council



No	Item
1	<b>Environment Check</b>
2	<p><b>Minutes and Matters Arising</b></p> <p>Item 4 – Carers Bucks/Young Carers  Questions about the issue of young carers and depression are to be taken back to the young carer managers for comments and feedback.  <p style="text-align: right;"><b>Action: Ann Whiteley/Debi Game</b></p> <p>Children and Young People Autism Working Group  The first meeting is taking place on 28 January 2015, 2pm, the venue is to be confirmed.  <p style="text-align: right;"><b>Action: Suzy Paylor</b></p> <p>A list of objectives and outcomes for the working group is to be circulated to Board members.  <p style="text-align: right;"><b>Action: Suzy Paylor</b></p> <p>Clarification is to be obtained of the membership and scope of the Working Group, whether CAHMS have involvement, Terms of Reference, details of the meeting on the 28 January and how the working group will align with the Autism Partnership Board.  <p style="text-align: right;"><b>Action: Suzy Paylor</b></p> <p>Suzie Paylor is to be invited to the February meeting of the Autism Partnership Board to give an update on the working group.  <p style="text-align: right;"><b>Action: Zita Calkin/DSO</b></p> <p>The possibility of completing a survey in conjunction with GRASP to address concerns about professional understanding of autism is to be discussed.  <p style="text-align: right;"><b>Action: Olga Hamer/Stephen Stych</b></p> </p></p></p></p></p></p>

### **3 Contract Monitoring of services in Buckinghamshire**

Marcia Smith, Service Manager Performance, was welcomed to the meeting.

A copy of the Contract Monitoring template was circulated for information.

Marcia explained that when she took over the management of the contract function 3 years ago, there were areas that needed both significant improvement and significant additional resourcing. At that time, a number of officers had left the Authority, leaving only two officers in post. There are currently eleven officers in post due to recognition of the importance and benefits for clients, families, the authority and providers in having really strong contract management systems in place.

It is critically important to have a robust contract monitoring process in place. The Authority has approximately 690 separate providers. Some are single providers with one established contract, some providers have multiple establishments. The contracts have an approximate value of £112million per annum.

There are four categories for providers/contracts; platinum, gold, silver and bronze

#### *Platinum*

These contracts are £1million plus and are high risk, high value. The Council has 22 of platinum contracts. There are also High Value Gold Contracts which have a value of up to £1million. Examples of these contracts are POhWER, an organisation that provides of advocacy services and assistance with Direct Payments and Apetito, a meals provider for care homes.

#### *Silver*

These are low cost, high risk contracts. Bucks County Council does not currently have any silver contracts.

#### *Bronze*

These are low cost, low risk contracts.

Work has taken place to make the relationship with providers stronger. Involvement from the provider is needed to make efficiencies and generate savings.

The Contract Monitoring template has just been revised and updated. The front sheet of the template identifies the information that needs to be gathered before a visit.

Up until a year ago the process for contract monitoring was to arrange a visit with a provider. The visit could take 4-5 hours as a lot of the time was spent gathering information from the office such as staff training records, employment references, immigration documentation, carers rotas and care plans. As a result of this, less time was spent in communal rooms watching the interchange between staff.

The CQC monitoring report is looked at before a visit takes place and talks take place with the safeguarding team. This helps to identify any specific areas that need to be concentrated on during the visit.

Most of the contract monitoring visits are announced. Providers now receive a form prior to a contract monitoring visit advising which documents are required. This enables the contract manager to spend more time during the actual visit talking to residents, staff and observing interaction and relationships between both. If the documents are not available during the visit, this is recorded. The officer sits with the manager to identify any concerns. Training and support are put in to address any concerns. A copy of the completed form is sent to the manager. Improvement plans with clear timescales are given. The action taken needs to be evidenced.

Part of the visit was used to identify if staff understood safeguarding and DoLS training. The Care Quality Commission has carried out inspections and has advised that there is no evidence that the learning from training is being applied. As a result of these findings, contract monitoring visits now include discussions with staff about the training they have undertaken, the learning gained and what changes have been undertaken in practice. This is to enable an understanding of

the impact of the training and the change. Where appropriate, talks also take place with residents about any changes they have noticed in the care home setting as well as family members.

In terms of observations, the atmosphere can vary depending on the time of day the visit takes place and the staff on duty. A health check can be commissioned to follow up any specific concerns.

During a visit, contract managers can also based on their overall knowledge and experience identify “intangible” concerns, A ‘watching brief’ would then take place to build up a profile of the provider. Discussions would also take place with other functions or professionals to confirm the view or feeling. The aim is to try to address any concerns as early as possible.

In terms of policies, staff related documents are important and this is highlighted by the number of overseas staff. This includes Disclosure Barring Service (DBS) checks, references which can be verified etc. The provider must have has current, colour photos of staff on individual case files.

Depending on the outcome of a visit, the use of a provider can be suspended. New clients would not be placed with the provider until all of the concerns have been addressed  
A review could also take place of all the existing residents  
There could also be involvement from the CQC if the concerns are great. In order for the suspension to be lifted, the specified training has to be undertaken and evidence provided of this being done.

The intelligence about a provider is shared with the Care Quality Commission (CQC). Meetings also take place with health colleagues, CCGs and the safeguarding team.

Healthwatch are currently training volunteers to run ‘Enter and View’ an initiative where trained volunteers visit care homes and hospitals to speak to residents about the care they are receiving. The results of the visits are given a Red, Amber, Green status and are recorded in the officer summary section

of the contract. Depending on the outcomes, a Quality and Care team could be commissioned to carry out a visit. The QIC team is led by Rachel Daly and currently has 11 officers, although not all full time. Part of the QIC team is to upskill staff to improve the quality of the care of residents in care homes. 208 workshops have taken place which were attended by 1675 members of staff.

During discussions, the following questions were asked.

**Does this process also apply to Buckinghamshire Care?**

Although Buckinghamshire Care is Local Authority Trading Company (LATC) owned by Bucks County Council, they operate as an independent platinum provider and as such they are subject to the same scrutiny and regime as other providers.

**If organisations are training to be autism specific, are there checks taking place to ensure training is being undertaken?** Yes checks are taking place to ensure that the correct training and level of training is in place as well as there being the right staff operating at a certain level.

**If a particular provider is commissioned to provide a service specific to autism, would this be included in the contract?** If the service was autism specific, staff training would be looked at closely to ensure that they are fit for the role. The organisation needs to be aware when new staff join the same training standards need to be applied.

**Are areas of concern being picked up?** Three years ago it could almost be guaranteed that a provider was not visited because of a lack of resources. Now providers will almost certainly be visited. Any concerns are followed through to identify the facts. An example is receiving a report that domiciliary care workers were living in sheds. The provider was contacted, home addresses given, council tax records checked etc. and staff details were requested.

**There have been concerns in the media about the level of training received by overseas staff providing domiciliary care or care home care.** A lot of overseas workers in a caring

role have a lot more training than the indigenous population. They take lower skilled jobs in the UK. There have been occasions where there have been language concerns in relation to the use of medical charts and support plans. The particular provider was approached about the possible provision of language classes. Some of our older Asian residents don't speak English but concern has not been raised that the carers who visit them cannot speak their language. There should be equity in this consideration, and communication can also be about how you greet clients, the tone you use, the care and respect you show. Staff induction is very important. New staff could be helped to settle into the workplace by shadowing an existing member of staff.

**Who identifies the people who are spoken to during a Contract Monitoring visit?** The Contract Monitoring team identifies who they would like to speak with during a visit. This could be as a result of a safeguarding alert in which case this would be done very overtly. Managers do not know who we would like to talk to before a visit takes place. During the visit, we identify the staff we would like to talk to in response to what we see or hear before or during a visit.

**In terms of the collation of information, how transparent is this process with the public bearing in mind commercial sensitivities?** The Contract Monitoring forms are not shared. During a recent review of 80plus residents in two care homes, all of the service users, next of kin and family members were sent a letter advising them that a review was being undertaken. A letter advising the findings and outcomes will be sent and face to face meetings as required.

**Ofsted information is available on school standards.**

**In terms of support for family members going into care, would it be possible for benchmarking of support provided by other care homes for family members who go into care. Is there possible scope for this to be included in the contracts Bucks County Council has? Day opportunities are not regulated. This is a very valid point which can be taken back to the leadership team for legal advice and can be reported back on.**

**Action: Marcia Smith**

	<p><b>There is also the issue of the gap in the benchmarking of Direct Payments (DP) and Personal Budgets (PB).</b> This is one of the biggest challenges. An individual takes control of DP and PB so there is no contractual role with the provider (BCC). This is one reason why the use of a broker is encouraged. The issue of whether more could be done in terms of the provision of information about non-regulated care is to be looked into.</p> <p style="text-align: right;"><b>Action: Marcia Smith</b></p>
<p><b>4</b></p>	<p><b>Update on the Care Act</b></p> <p>This item was deferred for discussion at the February meeting. The Care Act presentation is to be circulated to members of the Board.</p> <p style="text-align: right;"><b>Action: DSO</b></p>
<p><b>5</b></p>	<p><b>Update on Bucks Joint Autism Plan</b></p> <p>Zita Calkin gave the following update.</p> <p><i>Membership of the Autism Partnership Board /Project Board</i>  The decision was taken to amalgamate the meetings of the Autism Partnership Board and Autism Project Board as there was some duplication of membership and work taking place in terms of the Autism strategy and action plan.</p> <p>Further discussion needs to take place about membership of the Board. Involvement is needed from service users, carers and professionals.</p> <p>The Terms of Reference for the Autism Partnership Board and Autism Project Board are to be amalgamated and circulated to Board members.</p> <p style="text-align: right;"><b>Action: Zita/DSO</b></p> <p>An email was sent to members of the Board advising the following;</p> <p>In terms of an update on the National Autism Strategy and</p>



## Joint Autism Strategy

- The current Joint Autism Strategy for Buckinghamshire was written in January 2014; the National Health and Social Care Autism Self-Assessment, submitted in November 2013 was used as the baseline for this strategy – i.e. actions were focused on the main areas of weakness.
- The government then published an update to the National Autism Strategy in April 2014, with an indication that guidance to local authorities and health will be sent out in December 2014.
- Another Autism Health and Social Care Self-Assessment will be required before the end of the year (details have not been published yet)
- The outcomes of the Self-Assessment and the new guidance around the updated National Strategy will inform a refresh of the local plans.

## **6 Update on the Buckinghamshire Autism Training Plan**

Paulette Hunn referred to the training plan which was emailed to members of the partnership board for comments as it would be helpful to have feedback on the document.

A meeting of the National Autism Worker Leads is due to take place shortly. Buckinghamshire is ahead of the game in terms of having a three tier training programme. A colleague in Northants would like to meet to discuss the possibility of sharing the training plan.

### *E-learning*

The aim is for the website to be interactive and accessible to staff, parents and professionals. Lisa Burridge and Richard Maguire have given feedback about the website. Each module of the e-learning programme will be like a jigsaw piece.

The E-Learning tool will probably sit on the BCC public website. It will have links to other areas i.e. reference books. The tool is aimed at broader universal services not staff.

The next steps are the agreement of the training plan by members of the Autism Partnership Board and to decide if the plan should be sent to anyone else for comment.

Zita explained that Oxford Health has been given funding to provide a new autism diagnostic service for adults. This service started in September 2014 and is being run from the Whiteleaf Centre, Aylesbury. Twenty referrals have been received so far. The majority of the referrals sit in the following two areas;

- Those in their 20's, have left school, have not had a diagnosis and are struggling in everyday life
- Those in their 40's have struggled with a lot of issues such as employment and relationships due to undiagnosed autism/Aspergers.

A meeting is taking place next week to discuss the referrals received.

A diagram giving an overview of the Autism Pathway is to be circulated.

**Action: Zita Calkin/DSO**

During the update, the following questions were asked and comments made.

**When will the E-learning tool be operational?** We would like volunteers to give feedback about the E-learning tool. Suggestions for volunteers are welcomed.

**When the tool has been developed, will it be used internally by Bucks County Council staff?** The E-Learning tool will be in the public domain.

**Schools need to be made aware of the training plan**

**In terms of outlining training for each year, what**

**resources did you use?** Paulette explained that the education guidelines for autism include what training should take place in schools and that she has also drawn on her own knowledge.

**Is it possible for the training plan to include information about the typical presentation of autism i.e. 'naughty children'?** There needs to be understanding and awareness of how autism can present.

**Parents need to be supported. At the Autism event, there was a big demand for a road map.**

**7 Update and review of the Action Plan and overview of the Autism Strategy**

Zita Calkin gave the following update.

***Action Plan***

This document needs to be updated. The four aims/objectives are;

- Increasing awareness and understanding of Autism
- Access to diagnosis and assessment
- Access to services and support
- Improving planning so we can develop the services people with Autism need.

Ann Whiteley reported that an Autism event facilitated by Carers Bucks, took place at the Oculus, Aylesbury. This was a very inspiring event for all those involved. Examples of feedback received are;

- More information is wanted for 13-16 years olds' with autism. Transition is a time of worry and anxiety.
- Requests were received for another event – two day if possible
- Ros and Richard were very good speakers
- It was good to hear personal experience from the speakers
- It was felt that Autism was explained well
- The development of a core group to train professionals was

suggested

- In terms of the professional understanding of Autism, parents said they would like to skill up professionals to deal with Autism and share how they deal with autism. Parents feel that professionals are listening but they are not being heard.

It was evident from the feedback that the expectations for the day were realised.

Feedback from the event is to be circulated to Board members.

**Action: Ann Whiteley/DSO**

### ***The Autism Strategy***

The original National Strategy was published in 2010 and was entitled 'Full and Rewarding Lives'. This was the statutory guidance on which the Local Strategy was based.

The National Strategy was updated in 2014 as 'Think Autism'. This statutory guidance is currently being consulted on. The closing date for the consultation is the 19 December 2014. The revised document should be published early 2015 for implementation by Local Authorities and Health. The revised strategy takes into account the CCGs not the PCT and the implementation of the Care Act.

An Autism Self-Assessment needs to take place. This document is due to be published shortly and has to be submitted by the end of March 2015. The Self- Assessment includes areas such as diagnosis and transitions support. The Autism Partnership Board will be asked to feed into this piece of work.

The Autism Local Plans in Bucks will then be refreshed to include mapping of existing autism services, the progress made, and clarification of figures and accuracy of data.

### ***Training/Funding***

- The application for money from the Innovation Fund was unsuccessful

- A NHS Training bid has been submitted. A response is awaited.
- Funding of £20,000 has been secured for use around prevention.
- A discussion has taken place with Autism Oxford about those who do not access services.
- Money has been received from training to carry out e-learning.
- A meeting is taking place discuss possible Government funding of £18,500. A statement of how the money can be used needs to be submitted. This is capital money which has to be used to build or develop services i.e. communication/signposting, website or process. The money needs to be spent in this financial year

During the update, the following questions were asked.

**Does the feedback about training for professionals relate to any particular area or profession?** A large number of attendees said they hadn't heard of the organisation Back to Base before they attended the event. Transitions need to be involved in the review of options available at school. The Connexions Officer didn't know about Back to Base.

The possibility of holding an event aimed at younger children with autism is to be discussed. A proposal for an event is to be drafted.

**Clare Price/Debbie Richards/Zita Calkin**

Bucks Care is to be invited to attend the February meeting of the Autism Partnership Board.

**Action: DSO**

**8 Next Steps/Key Actions**

Going forward next steps/key actions include;

- Self-assessment for Autism
- Updating the local strategy – this includes the commissioning intentions where gaps/needs have been

	<p>identified</p> <ul style="list-style-type: none"><li>• Updating and prioritising the action plan – the agreement of who takes ownership of the actions and a timescale</li><li>• Making sure work is taking place with adults is aligned with the immense work being implemented in C&amp;YP services.</li></ul>
<b>9</b>	<p><b>Date of the Next Meeting</b></p> <p>The next meeting of the Board will take place on Wednesday 11 February 2015, 10am, Mezzanine 1, County Hall, Aylesbury.</p> <p><i>Meeting dates for 2015</i></p> <p>15 April    14 Oct 24 June    9 Dec 2 Sept</p>

**Chairman**