

To: Councillor Mpofu-Coles (Chair)
Councillors Gavin, Ballsdon, Cresswell,
Davies, Dennis, Ennis, Hoskin, Keane,
Khan, Kitchingham, McEwan, O'Connell,
Robinson and Sultan

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5 July 2022

Your contact is: Jemma Durkan - Committee Services

**NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION
COMMITTEE 13 JULY 2022**

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on **Wednesday, 13 July 2022 at 6.30 pm** in the **Council Chambers, Civic Offices, Reading**. The Agenda for the meeting is set out below.

AGENDA

Page No

1. DECLARATIONS OF INTEREST

Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.

2. MINUTES

5 - 12

3. PETITIONS

Petitions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.

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5. DECISION BOOK REFERENCES

To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.

- 6. ROYAL BERKSHIRE NHS FOUNDATION TRUST - DRAFT STRATEGY** 13 - 36
- Andrew Statham, Director of Strategy, Improvement and Partnerships, Royal Berkshire NHS Foundation Trust, and Matthew Hayward, Deputy Director, Royal Berkshire NHS Foundation Trust, will attend the meeting to present the Royal Berkshire NHS Foundation Trust Draft Strategy.
- 7. CARE QUALITY COMMISSION - ADULT SOCIAL CARE ASSURANCE FOR 2023** 37 - 40
- A report providing the Committee outlining the introduction of a new assurance regime for Local Authority Adult Social Care Services which is due to be introduced from 2023.
- 8. ADULT SOCIAL CARE LIBERTY PROTECTION SAFEGUARDS** 41 - 44
- A report outlining the legislative changes which are due to be implemented in relation to people who lack capacity to consent to their care needs being met.
- 9. DELIVERING OUR 'HOME FIRST' APPROACH DURING COVID** 45 - 54
- A report providing the Committee with an update on the Council's offer around supporting residents back home from hospital and the support to local acute and community hospitals during the Covid pandemic.
- 10. CONSULTATION PLAN FOR READING'S ALL AGE AUTISM STRATEGY** 55 - 112
- A report asking the Committee for approval to go out to consultation on Reading's All Age Autism Strategy 2022-2026 with the aim to improve the lives of autistic children, adults and parent carers in Reading.

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Agenda Item 2

ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE MEETING MINUTES - 31 MARCH 2022

Present: Councillors James (Chair), Carnell, Ennis, Mpofu-Coles, Pearce, Robinson, D Singh, Sokale and Terry.

Apologies: Councillors Absolom, O'Connell and Williams.

30. MINUTES

The Minutes of the meeting held on 19 January 2022 were confirmed as a correct record and signed by the Chair.

31. QUESTIONS

A question on the following matter was submitted by Councillor White.

Question	Subject	Reply
Councillor White	Covid and Child and Adolescent Mental Health Services	Councillor Terry

32. MINUTES OF OTHER BODIES

The Minutes of the following meetings were submitted:

- Health and Wellbeing Board - 8 October 2021 and 21 January 2022.

33. BUILDING BERKSHIRE TOGETHER - ROYAL BERKSHIRE HOSPITAL REDEVELOPMENT PROGRAMME

The Committee received a verbal update from Alison Foster, Programme Director, Building Berkshire Together on the progress of the plans to redevelop the Royal Berkshire Hospital.

Alison explained that the programme for the redevelopment of the Royal Berkshire Hospital had begun in 2019. This was a three-step process to access resources for a new hospital from the HM Treasury and a strategic case for change had been submitted in 2020. This provided three preferred options, two to develop on the current site and one for off site development. Following this an outline business case for the options appraisal process and then a full business case for the procurement and contracting of the build would be submitted. The construction stage was expected to be during 2025 to 2030. However, costs for the current cohort were escalating and other cohorts had been paused so a review of costs could be undertaken during 2022. Consideration was being given to the impact of changes of working since the pandemic particularly around digitalisation. Also, a Green Plan had been developed for a zero net carbon impact by 2040 or earlier. It was noted that it was unlikely that the top-level investment requested would be provided and the review would consider efficiencies and alternative options for development.

It was reported that the estimated costs of the two options to redevelop the hospital onsite were £750 to £950m. Following a desktop exercise, the cost of the offsite development was estimated to be least £1.2bln. The pressures on funding would mean that the

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programme would consider a new wing at the current site. There were currently considerable issues onsite such as the pressures on the acute areas such as accident and emergency and a backlog of maintenance costs of £200m.

Recruitment for the Building Berkshire Together programme had taken place in July 2021 and work on the project with the local community would be undertaken over the next 5 years. A range of engagement events were taking place in person and online to help develop a model for co-production. The current funding bid to the Treasury had been submitted in May 2021 and a decision was expected during the Summer 2022.

It was suggested that people across councils and communities could come together to support and lobby the government for funding. It was noted that if the lower range of the preferred option for funding was provided this would meet and address issues onsite but less funding would impact services.

In response to a question regarding the offsite development outside Reading it was confirmed that three site options had been considered as a desktop exercise and transport links were considered as part of this exercise. However, clarity of the higher funding would be required before going ahead with this option and current services would need to be maintained.

Resolved - That Alison be thanked for her presentation.

34. AUTISM PARTNERSHIP BOARD - UPDATE

The Director of Adult Social Care and Health Services submitted a report updating the Committee on work being undertaken by the Autism Partnership Board with community partners to improve the lives of children and adults with autism in Reading.

The Assistant Director for Operations, Sunny Mehmi explained that the national Autism Strategy had first been written in 2009 and updated 2010 and 2014. The latest Autism Strategy was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021-2016'. The Reading Autism Partnership Board was launched in January 2019 to develop and implement the local Autism strategy and actions in response to the national Autism Strategy. The aim of the partnership was for statutory and voluntary partners, users, and carers to help develop a strategy for Reading. However, due to the Covid pandemic the work had been delayed. Since September 2021 the board had met monthly to fast track the work of the Strategy. The terms of reference and membership had been revised and a clear timeframe to develop the strategy had been established. The aim was for the draft Strategy to be submitted for consultation by June 2022 and following feedback and amendments the final draft and action plan would be presented to the Committee in September 2022.

The Autism Partnership Board had agreed that two task and finish groups would undertake projects on behalf of the Board. One would collect national and local datasets to identify an evidence-based needs assessment and help inform the priorities. The other would develop an Engagement Strategy to bring together views of children, adults, and their families to help shape and inform the new Strategy. Work was also being undertaken with charities to make sure that Autistic service users were represented on the Partnership

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Board. There was a clear timeframe to deliver the new Strategy and action plan over six months to a year.

It was suggested that once work with the task and finish groups had been completed that the Committee considered the terms of reference and findings from partner agencies and services users. It was noted that engagement work and the Strategy would cover all users and support would be provided to include and engage the input of different types of people with different types of autism.

The Strategy would be co-produced with the health community and the Partnership Board. It was noted that parents at the Avenue School were being consulted on the new Strategy. Work had been undertaken to develop the Strategy since January 2022 and it was confirmed that the draft would be available in June 2022. Work would also be undertaken to consider unmet needs of people yet to be diagnosed, those already diagnosed, and supporting families, to direct where resources could be reconfigured or diverted.

The Committee thanked Sunny for the report.

Resolved -

- (1) That the National Autism Strategy be noted;**
- (2) That the workplan for the Autism Partnership Board and progress in the development of the Reading Autism Strategy be noted.**

35. ADULT SOCIAL CARE ANNUAL PERFORMANCE REPORT

The Director of Adult Social Care and Health Services presented a report providing an overview of performance of Adult Social Care in Reading for 2020-21 against similar councils and an action plan to address two key areas of development.

The Assistant Director for Safeguarding, Quality, Performance and Practice, Jo Lappin provided a presentation on the report. The key areas were based on performance against the national Adult Social Care Outcomes Framework (ASCOF) and measured against the Corporate Plan, services plans and directorate plans. It was noted that the objective was to support people in their own homes with help they need to retain independence.

The following main points were noted:

- It had been an unusual year during the pandemic and some plans had been changed in response to priorities.
- There had been an increase in the number of people who received reablement/rehabilitation services.
- There had been an increase in Safeguarding concern referrals from partner agencies.
- An increase in support for carers.
- 78% of people had been given support and signposted to other help in the community via the Advice and Wellbeing hub.
- Adult Social Care was measured nationally against short and long-term services. Also, via an annual Adult Social Care survey, Safeguarding Adults, Carers survey and

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Deprivation of Liberty Safeguards (DoLS), which was a specific statutory responsibility.

- ASCOF measured four key areas: Enhancing quality of life for people with care and support needs; delaying and reducing the need for care and support; ensuring that people have a positive experience of care and support; safeguarding adults whose circumstances made them vulnerable and protecting them from avoidable harm.
- An area of focus was to only use residential or nursing homes when essential and to support people at home. This area was specifically focussed on younger people.
- There had been an increase in Direct Payments and this continued to be an area of priority.

The Committee thanked officers, carers, and front-line staff in Adult Social Care in supporting vulnerable adults in Reading.

Resolved -

- (1) That the performance of Adult Social Care in Reading for 2020-21 against similar Councils, the South East and the national Adult Social Care Outcomes Framework (ASCOF) indicators, be noted.
- (2) That the associated Action Plan to address two key areas of development be endorsed.

36. BERKSHIRE WEST SAFEGUARDING PARTNERSHIP ADULTS BOARD ANNUAL REPORT

The Director of Adult Social Care and Health Services presented a report updating the Committee on the Safeguarding Adults Partnership Board annual report for 2020/21. It was noted that Reading was the one of the partner agencies that contributed to the annual report with West Berkshire and Wokingham. The submission by Reading Borough Council was appended to the report.

The Assistant Director for Safeguarding, Quality, Performance and Practice, Jo Lappin explained that it had been a challenging year for safeguarding services in Reading and nationally. Safeguarding services had been prioritised during the pandemic and there had been an increase in referrals.

The areas of focus for the coming year included reviewing the criteria for safeguarding referrals to support partners; the customer contact centre would become a single point of contact for adult services; supporting new legislation for Liberty, Protection and Safeguards; and continuing work with people who self-neglect.

Resolved - That the report be noted.

37. NEW DIRECTIONS

The Committee received a report from the Adult Learning and Skills Manager and Principal of New Directions College, Andrea Wood, providing an update on the work of college. The New Directions College was the Council's adult and community education service.

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The report provided information on the work of the college and new initiatives including work undertaken with Reading UK CIC for the Government's Kickstart Scheme. Funding had also been secured to work with Ways into Work to deliver education and skills to support adults with special educational needs and disabilities.

Andrea requested to attend the Committee on an annual basis to provide an update on the service.

It was noted that the service had been delivered by Reading Borough Council since 1958 and had a significant impact on residents. Positive feedback showed that there were high satisfaction rates to the service with positive responses.

The Committee thanked Andrea for the update.

Resolved - That the report be noted.

38. GROWING UP IN READING

The Executive Director of Children's Services - Education, Early Help and Social Care, Brighter Futures for Children (BFfC) submitted a report on the activity developed by BFfCn, partners and the Council regarding the 'Growing Up in Reading' report.

Vicky Rhodes, Director of Early Help and Prevention, BFfC, presented the report and highlighted the main activities following the participation of over 700 young people in research carried out by a Youth Social Actions Team, supported by Reading Voluntary Action (RVA) and the University of Reading Participation Lab.

The key priorities identified were as follows:

- Strengthening communication and publicity of the current youth offer; this would include promotion of the offer via a range of platforms to attract young people including the use of social media and an Instagram page.
- Identifying capacity/resource to co-ordinate and develop the youth offer; RBC Housing department had recruited a small team of youth workers to provide youth work in identified areas and support community groups to develop local youth clubs. Following confirmation of the extension of the Holiday Activity Fund from the Government providers for holiday activities for Easter 2022 had been completed. These would include specialist camps for children with special education needs and disabilities.
- Working together to secure further funding to develop Reading's youth offer with a focus on social inclusion and diversity. Following a series of focus groups, it was agreed that the clinical commissioning group would provide a larger response across Berkshire West. Discussions were being undertaken with RVA on the best way to allocate the £10k across local voluntary groups.

The next steps would include a bid for national Transformation Funding for Family Hubs. There were no timescales confirmed, however, work continued to be undertaken with local partners in preparation for the bid. The next round of Youth Investment Fund would offer the opportunity for youth support in Church, Norcot, Southcote and Whitley wards.

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A range of opportunities for local people to have a voice in Reading included a No. 5 Young Ambassadors 'Restart Youth' report on mental health services. Also, the development of a broader young people's forum to bring together a range of existing groups to support engagement, particularly through the One Reading Children and Young People's Partnership Board.

It was reported that early discussions were taking place with young people and the voluntary and community sector on setting up a youth hub in Reading.

It was noted that mapping had highlighted gaps regarding activities for young people in different cultural communities. However, youth work with the voluntary sector was being undertaken to resource activities and enable accessibility for all groups.

It was suggested that the term BAME did not reflect the diverse cultures and communities in Reading. Also, discussions were taking place with BfFC in supporting and meeting the needs of mixed heritage children in the community.

Resolved - That the responses progressed by Brighter Futures for Children in collaboration with Council and key partners to the 'Growing Up in Reading' report be noted.

39. CHILDCARE SUFFICIENCY ASSESSMENT 2021-2022

The Executive Director of Children's Services - Education, Early Help and Social Care, BfFC, submitted a report on the main findings of the Childcare Sufficiency Assessment (CSA) for 2021/22. The annual report provided information for parents, childcare providers and Brighter Futures for Children on childcare needs, the local market and future school places demand.

The main findings included the following:

- There were no sufficiency issues in Reading relating to the childcare provision for 0- to 5-year-olds.
- Over 97% of providers were judged good or outstanding by Ofsted.
- There were a good range of childcare providers across all ages.
- The town centre and Whitley had been identified as areas for future growth.
- Information drawn from the providers and parents' surveys support planning for the forthcoming year.
- Future focus would be on childminders and retaining current childminders.
- Work would continue with parents and providers on the impact of COVID.
- Promotion would continue with the uptake of the funded places for 2-year-olds, this was currently at its highest level of 73%.
- As parents return to the workplace future sufficiency would be monitored due to the current low birth rate and changes in parents working patterns due to COVID.

It was noted that take up of the 30 free hours of childcare was important for children to progress. Concern was raised regarding the costs and finance required for maintained nurseries and that sufficient funding should be provided.

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Resolved - That the Reading Childcare Sufficiency Assessment 2021-22 be noted and endorsed.

(Members of the Committee thanked the Chair of the Adult Social Care, Children's Services and Education Committee, the Lead Councillor for Education and other members and officers were thanked for their contributions over the years.)

(The meeting commenced at 6.30 pm and closed at 8.07pm).

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READING BOROUGH COUNCIL

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	13 JULY 2022	AGENDA ITEM:	6
TITLE:	ROYAL BERKSHIRE NHS FOUNDATION TRUST (RBFT) - OUR STRATEGY		
LEAD COUNCILLOR:	COUNCILLOR MCEWAN	PORTFOLIO:	EDUCATION AND PUBLIC HEALTH
SERVICE:	HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	ANDREW STATHAM	TEL:	
JOB TITLE:	DIRECTOR OF STRATEGY, IMPROVEMENT AND PARTNERSHIPS	E-MAIL:	

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Throughout 2021/22 we have recognised the need to review and update our Trust Strategy and the supporting strategies in order to ensure they remain stretching, achievable and relevant to the context, challenges and opportunities of the organisation, our patients and staff.
- 1.2 The purpose of this report is to present the Committee with a draft of the text of our revised Trust strategy for comment and feedback ahead of final publication by RBFT. The Committee should note that the draft has yet to be professionally designed (this work is in progress).
- 1.3 Appendix 1: Draft of Our Strategy

2. RECOMMENDED ACTION

- 2.1 The Committee is asked to comment as to whether the content of the draft sets out the principle aims, objectives and activities that it might expect the RBFT to engage in over the next 5 years and beyond.

3. THE PROPOSAL

3.1 Current Position

- (a) The purpose of our strategy review has been to:
 - (i) Reflect changing conditions at the local, regional and national level
 - (ii) Adapt language to capture insight from engagement with staff and stakeholders, ensuring our strategy continues to resonate with our community
 - (iii) Set the direction of travel towards the new hospital encompassing how we work and what services we provide, as well as the physical infrastructure

- (iv) Increase the focus and clarity on the actions we will take to achieve our objectives and how we will monitor our progress
 - (v) Simplify the message and enhance the look and feel to aid communication and understanding and to keep us ahead of the pack
 - (vi) Acknowledge and celebrate our successes to date and where we want to move on or course-correct
- (b) We have used six inputs in developing our strategy refresh
- (i) Staff views from What Matters, a comprehensive staff engagement exercise conducted throughout 2021
 - (ii) Team views from our business planning and the process of developing our new Clinical Services Strategy (published 30 March 2022)
 - (iii) Management input through our Executive Management Committees, Operational Management Team and discussions around each of our Strategic Objectives
 - (iv) Views of partners through bilateral conversations
 - (v) Engagement with patient leaders and governors
 - (vi) Review of national policies and literature and the strategies of peers
- (c) A draft of the text of the revised Trust strategy is provided at Appendix 1.
- (d) The Committee will note that:
- (i) We have decided to drop the Vision 2025 title to the strategy, instead giving emphasis to our vision statement “working together to deliver outstanding care for our community” as this provides greater clarity on how we want people to respond to our strategy.
 - (ii) We have made subtle changes to our five strategic objectives, this includes:
 - (a) Adding emphasis of inclusion and equality through both strategic objectives 1 & 2
 - (b) Expanding our focus on partnerships beyond NHS partners in strategic objective 3
 - (c) Focusing on improvement rather than transformation in strategic objective 4
 - (d) Expanding our sustainability objective to encompass our impact on the environment
 - (iii) We have NOT changed our vision statement or our CARE values as these resonate with staff and stakeholders
 - (iv) We have set out a strong link from the strategy to our continuous quality improvement journey
 - (v) The draft is yet to undergo professional design which is in progress
 - (vi) We expect to be able to set clear measures for each of the three goals across our five strategic objectives; these are currently being developed and agreed internally
 - (vii) The strategy document is to include an opening letter from the Chairman and CEO which will be drafted following a discussion to capture their views and will reflect feedback received during public engagement

- (e) As with Vision 2025, we will be updating our supporting strategies (people, finance, R&D, estates, quality and improvement) throughout 22/23 to set out more detail on how we will deliver on our main strategy.
- (f) The Committee is asked to COMMENT as to whether the content of the draft sets of the principle aims objectives and activities that the RBFT might be expected to engage in over the next 5 years and beyond

4. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

4.1 This document is applicable to all of the following priorities

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

5. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

N/A

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

N/A

7. EQUALITY IMPACT ASSESSMENT

N/A

8. LEGAL IMPLICATIONS

N/A

9. FINANCIAL IMPLICATIONS

N/A

10. BACKGROUND PAPERS

N/A

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Our Strategy

Working together to deliver
outstanding care for our community

ROYAL BERKSHIRE FOUNDATION TRUST

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DRAFT

Why do we need a new strategy?

Our Vision 2025 strategy has served our patients and our organisation well since 2018. It has helped us steer a course through considerable uncertainty, prioritising work and providing outstanding care to our community, with huge support from our staff.

However, a great deal has changed since we launched Vision 2025, including:

- Delivery of a large proportion of the agenda we originally set out
- The introduction of the Health and Social Care Act, and the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) which places a new emphasis on collaborative working at place and scale
- The Royal Berkshire Hospital site named as one of 40 hospitals to be redeveloped as part of the government's New Hospital Programme
- Technological development creating new opportunities to change service delivery, often with improved outcomes, enhanced experience and lower costs.
- The COVID pandemic which placed unprecedented pressures on our staff and organisation and will continue to do so as we work through the backlog of elective care and support staff to recover from the physical and mental well-being effects of their experience
- An increased focus on the role of healthcare organisations in reducing inequality, promoting social mobility and integration and tackling climate change

These local and national drivers required us to review whether our strategy was the right one to steer us through the next five years. Engagement with staff, patients and stakeholders has highlighted the need to refresh our strategy to reflect the environment we were operating in and our ambition for our services, our staff, our patients and our community.

This new strategy builds on the foundations of Vision 2025. We expect much of it will feel familiar to patients and staff, including our vision statement, our CARE values and the framework we set out of five strategic objectives and enabling strategies. But there are important differences, and there are six objectives we are seeking to achieve in refreshing our strategy:

- 1) Reflect changing conditions at the local, regional and national level
- 2) Adapt language to capture insight from engagement with staff and stakeholders, ensuring our strategy continues to resonate with our community
- 3) Set the direction of travel towards the new hospital encompassing how we work and what services we provide, as well as the physical infrastructure
- 4) Increase the focus and clarity on the actions we will take to achieve our objectives and how we will monitor our progress
- 5) Simplify the message and enhance the look and feel to aid communication and understanding and to keep us ahead of the pack
- 6) Acknowledge and celebrate our successes to date and where we want to move on or course-correct

Who we are

The Royal Berkshire NHS Foundation Trust is the main provider of hospital services for people from Reading and its surrounding towns and villages across Berkshire, Oxfordshire and Hampshire. We serve over 600,000 people within our catchment area and provide specialist services for a broader population.



We employ more than 7,000 staff from 39 different nationalities, and each year we are responsible for over £500m of NHS resources.

As a champion of integration between primary, community, social, mental health, secondary and tertiary health care services, we are committed to working with our partners in the NHS, local government and beyond. We are actively involved in research and development which supports our high-quality work and benefits both patients and staff. We offer great careers for doctors, nurses, midwives and other professions like health care assistants, housekeepers and administrative staff.

A year at RBFT

- 4,876 births
- 128,226 ED attendances
- 33,197 ED patients admitted
- 525,000 face to face outpatient appointments
- 155,000 virtual outpatient appointments
- 43,000 non elective admissions
- 70,000 day admissions
- 39,000 day case admissions
- 12,000 other admissions
- 20,000 video consultations (patients rated them, on average 4.4 out of 5)
- 16,665 patients asked for appointment changes

Our achievements

Over the last five years we have achieved a great deal as Trust, a few highlights include:

Provide the highest quality care

- We improved and maintained our CQC rating from “Requires Improvement” to “Good” and all our core services are now ranked either “Good” or “Outstanding”
- We consistently rank as one of the highest performing Trust’s against core access and satisfaction standards including patient experience surveys, friends and families tests and waiting time standards
- We have transformed our outpatient services, with nearly 20% of our appointments being delivered remotely by telephone or video consultation. We have also introduced patient initiated follow up (allowing patients to access follow up appointments as their condition requires rather than being set on a rigid timetable) and advice and guidance services, enhancing the speed at which we can provide patients and partners in primary care the information they need to manage their health needs
- We are the first hospital in Thames Valley to use AI software in Stroke diagnosis and in March we celebrate two years of trail blazing AI in our Emergency Department (ED), and we became one of the first hospitals in the world trialling Augmented Reality (AR) HoloLens technology to target prostate cancer led by the same team who a couple of years ago carried out the European first study in new treatment for chronic pain from osteoarthritis
- In 2021/2 we delivered 8 million Covid PCR tests from our Lighthouse Laboratory at Bracknell which we built and mobilised in less than 6 months

Invest in our people and live out our values

- We have invested in learning and development, establishing an award-winning BA in Healthcare Management; two cohorts of emerging leaders from across a wide range of professions have now completed this programme and another three cohorts are currently completing their studies
- We have established staff networks for a wide range of disadvantaged and often excluded groups including staff from BAME backgrounds, those intensifying as LGBTQI, and those with disabilities
- Through our “Route to Recruit” programme we have offered employment opportunities to more than 80 young adults with Special Educational Needs or Disabilities
- Our “What Matters” programme engaged with over 3,000 members of staff to develop our Behaviours Framework based on the Trust values of Compassionate, Aspirational, Resourceful and Excellent (CARE) and understand how we can best support staff through the Covid recovery period
- Our staff survey responses in each of the last three years have put us in the top 10% of Trusts in the UK

Drive the development of integrated services

- We have worked with our partners in primary and community care to introduce the Integrated MSK service, which provides access to a wide range of conservative treatment to patients with knee and hip pain as alternatives and complements to surgery
- Our teams have significantly increased the number of outpatient services we deliver from Townlands Memorial Hospital, Bracknell Healthspace and West Berkshire Community Hospital bringing care closer to home for our patients
- We were one of the first hospitals in the country to establish a Long Covid Clinic which has received more than 1,100 referrals and seen 700 patients
- Our **virtual wards**, which grew from the Triage Into the Community for Covid-19 pathway (TICC-19), have managed around 900 patients and today we have more than 70 patients being cared for on a virtual ward, some receiving the new anti-viral nMAB infusion treatment

Cultivate a culture of innovation and improvement

- Our digital hospital programme has transformed the way we operate, enhancing safety, quality and productivity
 - All our inpatient and out-patient records have been converted to digital, removing 65,000 paper records from circulation across the Trust, improving the reliability of our records, enabling us to bring care closer to home and eliminating cancellations due to a lack of availability of records
 - All our letters to GPs and patients are now available electronically. Last year 45% of patients viewed their letters digitally, in 2017 this was 0%.
 - e-Consent has enabled patients to view standardised, consistent documentary evidence relating to the benefits and risk of their procedure in their own time, helping them to make informed choices.
 - Robotic process automation has automatically processed 6000 eRS referrals a month, creating encounters within EPR in near real time. This has saved over 500 staff hours a month, reduced errors, and releases time to focus on patients.
 - 2300 staff now have remote access to Trust systems enabling them to work from any one of our sites and from home.
- We have established and strengthened partnerships with the University of Reading (UoR) to enhance our education, training and research agenda. Through the UoR partnership six of our departments Radiology Cardiology, Emergency, Intensive Care, Renal and Acute Stroke have achieved **University Department of Excellence Awards**, in recognition of excellence in clinical outcomes, collaborative research, and staff development. We have also supported 38 pioneering research studies across a wide range of specialties in the Trust.
- We are consistently ranked in the top five most research active District General Hospital in the country and have been nationally recognised for our contribution to research during the Covid pandemic.

Achieve long-term financial sustainability

- We have consistently delivered on our financial targets as a Trust, which has allowed us to generate cash surpluses to support the renewal of our infrastructure and equipment.
- We have invested over £100m of capital including
 - Expanding our cancer, renal and diagnostic services at our hospitals in Bracknell, Henley and West Berkshire
 - Renewal of all four of our linear accelerators used to deliver radiotherapy services
 - Replacement of our MRI and CT machines at the Royal Berkshire Hospital
 - Providing new homes for our pathology, ENT and community paediatrics teams
 - Replacing failing electrical and water infrastructure and replacing our heating system at the RBH site, which combined have contributed significant financial savings and a XX% reduction in our carbon footprint.

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Our strategic framework & values

Our strategic framework is organised into five strategic objectives, each of which are supported by three goals, a range of enabling activities and a set of metrics that we will use to assess our progress. Together with our CARE values and supporting strategies, this framework will support us in delivering our strategy and in achieving our mission.

In the pages that follow we set out our goals, enablers and metrics for each of our strategic priorities.

Our values

Compassionate: All our relationships are based on empathy, respect, integrity and dignity. In every interaction and communication, we treat colleagues, patients and their families with care and understanding.

Aspirational: We strive to continuously improve, to be the very best that we can be – as individuals and as an organisation.

Resourceful: We live within our means. We respond to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways.

Excellent: We commit to excellence in everything that we do – placing patient safety and quality at our heart. We learn from mistakes, we do what we say we are going to do while holding ourselves and colleagues to the highest standards.

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Strategic Objective One: Provide the highest quality care for all

Safety and quality for every patient is our top priority. We will continuously improve so that all our services are outstanding for every patient every day.

Our aims

1.1: We will enhance the patient experience

Outstanding care focuses as much on the way patients and their families experience the care they receive as it does on effectively treating a symptom. People who walk through our doors must be confident that in addition to receiving the best possible care, they will be treated with respect, understanding and empathy, and be informed and involved and supported in decision making. To do this we will:

- Live out our CARE values in everything we do to treat patients with compassion, integrity and dignity
- Continue to embrace innovation in technology and new models of care to better support patients with their conditions in the most suitable environment possible, whether that is on site, in the community, or at home through virtual or in-person care
- Invest in the built and digital environments in which our patients experience care, for instance by advancing our estate work with Building Berkshire Together and our virtual capabilities through the Digital Hospital programme
- Eliminate backlogs in elective care and other excessive waits by developing new ways of working, pursuing new roles, and increasing collaboration with our system partners
- Improve our communications with patients, their carers, and with colleagues providing onward care in primary, community and social care settings. This will include reviewing how we communicate with people whose first language is not English, those not familiar with medical terms and those whose comfort with and access to digital channels is limited

1.2: We will achieve optimal outcomes

We will be relentless in our drive to prevent disease, manage conditions, address acute needs and consistently meet and exceed national standards and expectations. To achieve this, we will:

- Organise our services around pathways that are more explicitly wrapped around the patient journey, are delivered by highly trained multidisciplinary teams and are designed to deliver the right level of care, in the right place, at the right time
- Commit to adopting a Getting it Right First Time (GIRFT) approach across all our pathways
- Expand our capacity to focus on prevention and supporting people to live well
- Expand access to our services and tailor them so that all patients benefit from an equal opportunity to improve their wellbeing, regardless of their background
- Work with colleagues across the system to drive a coordinated approach to population health, leveraging opportunities in data science
- Continue to grow our activity in research, clinical trials and innovation
- Personalise care to individual needs by harnessing the power of digital innovation
- Promote a culture of continuous quality improvement

1.3: We will minimise harm

Patient safety is critical to our mission, our licence to operate and our ability to continue serving our community. It honours the trust patients place in us when they are most vulnerable, as well as the public's trust that we steward valuable public funds and resources with integrity. To do this we will:

- Reduce medical errors, adverse events and unwarranted variation, with support from investment into advanced analytics
- Foster a culture of openness, learning and development where we are willing and comfortable to speak up and identify issues early, address them and learn from them
- Promote transparency and accountability by tracking and reporting on the quality of and improvements made to the services we deliver
- Commit to organisational excellence in how our teams are led, how they function, behave and collaborate, and how they steward resources

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Strategic Objective Two: Invest in our people and live out our values

We will recruit, support, motivate and develop our people to become the best and most inclusive place to work in the NHS.

Our aims

2.1: We will recruit, retain and develop our people to their highest potential.

To provide the best care, we need to be a place where people want to come to start and develop their careers across all disciplines. This means providing a warm welcome to staff, offering opportunities for career-long learning and fostering a supportive environment where all staff can fulfil their potential. To do this we will:

- Bolster our attractiveness as an employer by reviewing our offer to staff and our reward package
- Overhaul our recruitment and appraisal processes to align with our values, drive inclusion and to support and nurture talent
- Nurture a culture of feedback, appreciation and recognition so that staff at all levels feel confident they will be recognised for their contribution
- Work with our partners to multiply opportunities for students, apprentices and trainees to join and gain experience across different areas of our Trust
- Expand opportunities for our experienced staff to develop and broaden their experience
- Leverage our 'leadership way' to attract and develop the most promising leaders and deliver representative leadership structures
- Build a collaborative programme with our system partners for temporary staff to support different areas of the system, improving workforce flexibility and system resiliency amidst an environment of continued staffing shortages
- Invest in staff health and wellbeing in the form of our new health and wellbeing centre and a wider programme to support staff to recover from the pandemic and manage the challenges that working in healthcare can bring

2.2: We will foster an inclusive and supportive culture that connects all staff with our purpose and empowers them to live out our values every day.

Achieving our vision statement of “working together to deliver outstanding care for our community”, and our purpose of improving the health and wellbeing of the communities we serve, requires every one of our staff to connect with our mission and model behaviours that support each other to listen, learn, improve and perform. To do this we will:

- Embed our CARE values across everything we do to ensure that we are compassionate, aspirational, resourceful and excellent in how we care for our patients and how we treat each other
- Build programmes with a 'listen first' approach underpinned by our What Matters staff engagement campaign
- Foster a just, safe and civil culture promoting an environment where everyone feels comfortable in suggesting how we could learn and improve

- Nurture an inclusive culture that involves, empowers and motivates our people to deliver excellence for our patients
- Ensure our efforts across recruitment and development focus on equality, diversity and inclusion, doing the same in collaboration with our partners across the system
- Commit to ensure everyone is provided an equal opportunity to thrive within our organisation, growing diversity across all levels to reflect the community we serve

2.3: We will prepare our workforce for tomorrow.

People in our community are living longer, but frequently with an increasing number of complex physical, social and mental health needs. While expanding, the healthcare workforce is not growing fast enough to keep pace with the needs of the population and many areas are experiencing shortages. The impact of the pandemic and the UK's exit from the single market are likely to add further challenges.

To adapt to these needs, we aim to develop an agile, skilled and digitally enabled workforce aligned to pathways of care and the needs of our patients. To do this we will:

- Adopt multidisciplinary models of work and learning, cross-training our workforce to improve its flexibility and adaptability
- Invest in developing new roles and skills that support our shift towards prevention and management of chronic conditions, working in joint programmes with our partners across the system
- Enhance our clinical training and education portfolios in partnership with the University of Reading and other institutions
- Develop a culture of continuous quality improvement that builds skills across the organisation so that every team is enabled to get better every day
- Develop and deploy digital solutions that enable staff to work to the top of their potential and reduce the administrative burden
- Optimise our e-rostering solutions to ensure effective deployment of staff
- Develop digital literacy and data science skills across our workforce.
- Invest in our estate, digital infrastructure, and equipment so that the resources we use drive the best quality and outcomes
- Strengthen the integration of our workforce, business and budgetary planning to improve our adaptability to an ever-shifting landscape

Strategic Objective Three: Deliver in partnership

We will work with partners locally and regionally to bring care closer to home, provide a seamless service for patients and support improvements in wellness and prevention.

Our aims

3.1: We will work together with our partners to promote wellbeing and prevention—working to prevent the onset of disease and support those living with long-term conditions to stay well.

Thanks to the success of the NHS and medical research, people are living longer. However, this brings new challenges, with more people living with complex physical, social and mental health needs. Meeting these needs in a sustainable way requires us to rethink the way we support those in our community, placing more emphasis on prevention, wellbeing and collaboration. To do this we will:

- Work with our partners across the NHS and local government to build a relationship with people throughout their lives, focusing as much on prevention and supporting those with long-term conditions as we do on responding to periods of crisis and emergency
- Work with partners in general practice, mental health and public health to make the most of every interaction we have with patients, raise awareness around the risk factors for chronic disease and promote healthy choices for the mind and body
- Invest the knowledge and expertise of our clinical teams into prevention and education initiatives, sharing learning and insight with primary care networks and community partners
- Strengthen our ability to detect and take care of health issues early, provide tools and information for people to co-manage their health care and invest in diagnostics capacity and digital tools to help keep people out of hospital
- Collaborate with partners across the system to address the social determinants of health and tackle factors that drive inequalities in outcomes

3.2: We will proactively drive the development of integrated pathways of care that cross boundaries, are joined up, are led by the right provider and deliver seamless transitions in care for a “one NHS” experience of care.

We know that people’s health needs do not begin and end within our walls, but too often patients experience NHS services operating in silos that hinder continuity of care. We are committed to overcoming organisational boundaries to improve outcomes and experience for our patients and their carers. To do this we will:

- Work with our partners to coordinate care in such a way that patients can’t tell where primary care ends and secondary care begins, improving our coordination and efficiency to help keep care close to people’s homes, avoid unnecessary trips to hospital and improve access to services
- Work with our partners to build integrated pathways that direct patients to the right setting for their care at the right time
- Ensure seamless hand-offs and facilitate appropriate communication and flow of information between our systems

- Ensure that resources follow the patient and are directed to the place where they bring most value—so if patients can be managed more effectively outside the hospital, the resources are in place to support this

3.3: We will work with partners to improve access to care for all patients.

In addition to establishing integrated pathways and improving well-being, we will ensure people can access care as easily, conveniently and in as timely a manner as possible. The pandemic has led to a backlog of unmet need for urgent and elective care and has enhanced our learning around supporting people within our community, which means we need to improve and transform many of our services. To do this we will:

- Improve access to on-site services by making greater use of our sites in Newbury, Bracknell, Windsor and Henley-on-Thames, and co-locating some services with partners in community settings, GP practices and other settings such as drop-in centres.
- Invest in the expansion of our digital hospital programme, increasing the cross-boundary pathways using tools like patient portals, virtual wards, remote monitoring, video consults and mobile applications for care plan management
- Work with our partners in primary care and community care to develop an advanced, coordinated and digitally-enabled model of in-home care delivery so people receive care in their own homes when it is safer and more appropriate to do so
- Commit to learning from and applying best practice—locally, nationally and internationally to enhance quality and productivity
- Engage with patients, their representatives and community leaders to understand how we support vulnerable and excluded groups to access our services and understand advice from our clinical teams
- Collaborate with partners across the Thames Valley to identify ways to enhance capacity of our services and deploy new investment for maximum benefit

Strategic Objective Four: Cultivate innovation and improvement

We will encourage the development and adoption of advancements in medical practice and technology to enhance outcomes and experiences for our patients and staff.

Our aims

4.1: We will improve care through insights that inform clinical and operational decision-making.

As developments in medical science and data analysis continue to accelerate and converge, so has our responsibility to harness the power of our data to benefit patients and improve services. We aspire to strengthen our position as a key participant in world-leading research and innovation. To do this we will:

- Leverage our relationships with system partners (University of Reading, public health partners, life sciences sector) to increase opportunities for patients and staff to take part in cutting-edge research, trials and observational studies
- Expand our research across such fields as clinical science, health services delivery, health economics, public health and health policy
- Support team across the Trust to launch, progress and act on results from clinical research
- Develop our data science capabilities across descriptive, diagnostic, predictive and prescriptive analytics, building expertise in artificial intelligence (AI) and intelligent automation (IA)
- Develop timely and explainable decision support that integrates into our Electronic Patient Record (EPR) and is aligned to pathways to enhance and personalise care
- Build capabilities to produce real-time insights around our performance (e.g., dashboards fed by EPR) in support of our continuous quality improvement initiatives
- Use system-level patient data analytics more effectively to inform and improve population health management

4.2: We will unlock new and better ways for our staff to deliver care and for our patients to co-manage their health

With technology increasingly becoming a critical component to all our services, we must do more to close the gap between innovation and implementation. We aspire to be an early adopter of the most promising tools, techniques and practices arising from internal and external innovation. To do this we will:

- Leverage our Digital Hospital programme to expand the ways patients can access care virtually
- Curate and deploy a suite of tools and solutions to help patients adopt healthy behaviours, manage conditions and plan their care
- Leverage EPR to integrate new technologies that allow clinical teams to deliver care in revolutionary new ways (e.g., by enabling use of augmented reality in surgical procedures)

- Drive the interoperability and integration of clinical systems across the region, supporting effective distributed care, integrated pathways and population health management
- Mature our approach to supporting internal innovation and adopting external innovation by expanding the work of the RBFT Innovation Group, focusing on making it easier for staff to progress ideas that show promise and streamlining the path to contracting and implementing external innovation

4.3: We will transform the user experience of digitally-enabled care for both patients and staff

Digital systems unlock incredible value and efficiency, but significant user experience issues for patients and staff often prevent them delivering their full potential. We can also do more to leverage digital tools to drive improvements in the overall experience of care. To do this we will:

- Bring 'quality of life' improvements to patient-facing digital services, focusing on simplicity, accessibility and ease of use (e.g., booking and check-in, communication with provider, eConsent forms)
- Expand efforts to engage with those who may feel 'digitally excluded', offering alternative resources as well as training where desired, ensuring that the digitisation of our care does not become a barrier to access
- Bring 'quality of life' improvements to staff-facing services, focusing on areas such as optimising and automating processes to reduce wasted time, expanding EPR functionality, improving links between our data systems, optimising the integrity of our data and addressing the backlog in EPR change requests
- Leverage emerging capabilities in artificial intelligence and intelligent automation to optimise pathways, free up time for staff to spend on clinical activities and streamline the patient journey
- Drive digital literacy across our workforce, enabling staff to work to the top of their potential in an increasingly digitised environment

Strategic Objective Five: Achieve long-term sustainability

Using resources efficiently and responsibly allows the Trust to invest in developing and improving services for patients, look after our environment and renew the infrastructure supporting our operations.

Our aims

5.1: We will live within our means

As an anchor institution in the community, we have a responsibility to ensure we steward public resources sustainably so we can continue delivering life-changing care for generations to come. This will require a sharp focus on maintaining financial surplus, supporting system delivery and generating resources to support capital investment. To do this we will:

- Continue to prioritise our Finance Matters programme which has already delivered success in its first three years with productivity gains and reductions in waste and unwarranted variation across services
- Invest in and support transformation initiatives across the Trust and beyond to increase efficiency and productivity, and further minimise waste
- Strengthen the process we have to ensure that we spend money efficiently and effectively, securing the best value for our patients in all our decisions
- Identify alternative sources of income (commercial arrangements, private patients, sponsorships)
- Drive participation in provider collaboratives that optimise the use of the system's resources and improve efficiencies for all participants
- Continue to engage with system partners to maintain a strong financial position locally and regionally
- Refresh our long-term financial model

5.2: We will minimise our impact on the environment

Pollution is recognised to increase mortality as it is a leading factor in many long-term conditions including chronic obstructive pulmonary disease, asthma and lung cancer. Our ambition is to be proactive in preventing the onset of such conditions, and, given our significant footprint of facilities across the region, we have an opportunity to make a positive impact on our communities health by minimising our environmental impact. To do this we will:

- Deliver our Green Plan which outlines steps we are taking to deliver a 7% reduction in carbon emissions year-on-year until 2030
- Work with regional partners to coordinate and progress plans to reduce our carbon footprint at a system level
- Collaborate with other anchor institutions and co-create with our communities to enable greater engagement and pace

5.3: We will upgrade our infrastructure in line with our ambitions

To sustain delivery of our vision over the long term, we must plan for regular investment in, and maintenance of, the infrastructure underpinning service delivery. We want our estate, equipment and digital infrastructure to keep pace with advances in clinical practice so they are key drivers of quality, efficiency and productivity—rather than hindrances. To do this we will:

- Undertake a major modernisation of our buildings through the Building Berkshire Together redevelopment programme, involving major investment over the next decade
- Reduce the backlog of essential maintenance on existing buildings whilst progressing the main hospital rebuild so that the built environment is not adversely affected by the redevelopment programme
- Make strategic capital investments and develop a delivery plan that ensures our equipment, digital hospital and essential IT systems are fit for the present and future

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Delivering on our strategy

How we will measure success

Our strategy does not begin and end with the publication of this document. We will maintain a strong focus on the execution of our plans across each strategic objective. To do this we will:

1. Translate our ambitions into a set of measures that will accurately reflect our progress
2. Identify the target score for each measure and map out how long it will take to achieve
3. Regularly track and report on progress towards these targets, monitoring actual performance against planned performance so we can identify areas needing more focus and attention
4. Validate this system as we make progress against our targets, by seeking subjective feedback from patients, governors and staff on our performance against each strategic objective and ambitions—this will give an indication of the accuracy of our system and whether our efforts are translating into ‘felt’ improvements
5. Adjust our measures in response either to the subjective feedback, achievement of our targets or changing conditions.

Better every day

Delivering on our ambition requires us to change how we work inside the Trust and with our partners across the health and care system. We are committed to fostering a culture of continuous quality improvement that builds on the agility, innovation and transformation shown by our staff during the pandemic. We will enable and equip staff in every area of the Trust to manage and improve the quality of care to patients and deliver patient experiences and outcomes that are “outstanding every day, everywhere”. We will use simple processes that can be built into everyone’s working day so staff can drive small improvements to quality and cost that collectively make a large difference.

For issues requiring a more concentrated focus, we will continue to implement a standardised approach to rapid evidence-based improvements for staff and patients. These events focus on internal process improvement, working with multi-disciplinary teams to understand the root cause of issues, removing barriers to improvement and measuring the impact of interventions made both on a proactive and reactive basis.

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Agenda Item 7

READING BOROUGH COUNCIL

EXECUTIVE DIRECTOR OF SOCIAL CARE & HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	13 JULY 2022		
TITLE:	ADULT SOCIAL CARE REPORT - INTRODUCTION OF ASSURANCE SYSTEM IN ADULT SOCIAL CARE BY THE CARE QUALITY COMMISSION		
LEAD COUNCILLOR:	COUNCILLOR ENNIS	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JO LAPPIN	TEL:	Ext: 73976
JOB TITLE:	ASSISTANT DIRECTOR	E-MAIL:	Joanne.lappin@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report outlines the introduction of a new assurance regime for Local Authority Adult Social Care Services which is due to be introduced from 2023. This will expand the remit of the Care Quality Commission (CQC) to oversee the quality and performance of both Local Authorities and Integrated Care Systems (ICS) alongside the existing inspection responsibilities they hold for providers of regulated activity.
- 1.2 As part of the wider reforms to health and social care the government announced in February 2021 that a new duty would be introduced through the Health and Care Bill, in which the CQC will become responsible for assessing the delivery of adult social care duties by Local Authorities.
- 1.3 The new system will now come into effect in April 2023 and will put Adult Social Care services on a similar basis to Children's Services, in which local authorities are subject to regular inspection by Ofsted and government intervention if they are deemed 'inadequate'.
- 1.4 CQC annual assessments of Local Authorities were ceased in 2010, since then Councils have worked together to support their own performance through sector-led improvement programmes, in partnership with bodies such as the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

2. RECOMMENDED ACTION

- 2.1 That the Adult Social Care, Children's Services and Education Committee:
 - a) Note the new system which will come into effect in April 2023
 - b) Endorse the preparation and planning underway in DACHs.

3. CONTEXT

- 3.1 Although full details are still emerging of the new system, CQC published their first iteration of the ICS/LA approaches and methodologies in January 2022. This has since been followed by co-production engagement workshops with key stakeholder groups including with Local Authorities.

- 3.2 There is now a period of detailed piloting of the methodologies underway with pilot sites, with an anticipated agreement of the approaches and methodologies by CQC Executives in July 2022. It is then expected that the Department for Health & Social Care (DHSC) will agree the final approach in August 2022.
- 3.3 CQC will commence their ICS/LA baselining in April 2023. It is expected that CQC will move away from inspections as being the only source of making judgements as they will rely on various data sources that measure quality, risk and performance. Physical visits will be used when they are the best means of gathering evidence.
- 3.4 Running alongside the CQC assessment responsibilities there are plans to introduce a new power for the Health and Social Care Secretary to intervene when it is considered that a Local Authority is failing to meet its duties.
- 3.5 The new CQC framework will assess providers, Local Authorities and Integrated Care Systems using a set of consistent themes.
- **How Local Authorities work with people** - this includes assessing needs (including for carers), supporting people to live healthier lives, prevention, wellbeing, information, and advice.
 - **How Local Authorities provide support** - this includes market shaping, commissioning, workforce equality, integration and partnership working
 - **How Local Authorities ensure safety within the system** - this includes safeguarding, safe system and continuity of care
 - **Leadership capability within Local Authorities** - this includes capable and compassionate leaders, learning, improvement, and innovation

4. PLANNING AND PREPARATION

4.1 DACHS is preparing for the new system in the following ways:

- Oversight will be by all members of DMT
- DMT have completed a self-assessment across all areas of commissioning and delivery to identify key areas of priority
- There continues to be strong engagement with regional and national events to keep abreast of developments and new information as it emerges
- An experienced Project Manager has been released from the Transformation Team to oversee all activity that will be required
- Workshops are being planned with managers to assess the service across the themes published by CQC which will result in the development a workplan
- Engagement events will follow with staff
- The monitoring of the workplan will be via the Care & Quality Board, which will report to DMT

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 This work contributes to the Corporate Plan Priority 3: To protect and enhance the lives of vulnerable adults and children, by ensuring appropriate oversight of Adult Social Care performance.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 6.1 There are no new environment or climate implications anticipated.

7 COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 Extensive engagement will need to be undertaken and information made available to a wide range of stakeholders who will need to be aware of the new system.

8. EQUALITY IMPACT ASSESSMENT

The contents of this report are for information only and is not considered to impact on equality as there are no service changes proposed at this time.

9. LEGAL IMPLICATIONS

- 9.1 There are no legal implications of this report at this time, though these will need to be monitored.

10. FINANCIAL IMPLICATIONS

- 10.1 There are no financial implications of this report at this time, as project resource has been secured from within the service, though any financial implications will need to be kept under review.

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READING BOROUGH COUNCIL

EXECUTIVE DIRECTOR OF SOCIAL CARE & HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	13 JULY 2022		
TITLE:	ADULT SOCIAL CARE LIBERTY PROTECTION SAFEGUARDS		
LEAD COUNCILLOR:	COUNCILLOR ENNIS	PORTFOLIO:	ADULT SOCIAL CARE HEALTH, WELLBEING & SPORT
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JO LAPPIN	TEL:	Ext: 73976
JOB TITLE:	ASSISTANT DIRECTOR	E-MAIL:	Joanne.lappin@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report outlines the legislative changes which are due to be implemented in relation to people who lack capacity to consent to their care needs being met.
- 1.2 The current arrangements under the Deprivation of Liberty Safeguards (Mental Capacity Act 2005) are due to be replaced by new legislation in the form of Liberty Protection Safeguards (LPS). The implementation date is yet to be confirmed but the Code of Practice and Regulations have been laid before Parliament and are currently subject to consultation.
- 1.3 This will be one of the most significant legislative changes affecting social care services since the introduction of the Care Act in 2014.

2. RECOMMENDED ACTION

- 2.1 That the Adult Social Care, Children's Services and Education Committee:
 - 2.2 a) Note the legislative changes proposed.
 - b) Endorse the planning and preparation in the Council to ensure compliance with the new legal framework.

3. BACKGROUND

- 3.1 The Deprivation of Liberty Safeguards (DoLS) were introduced to provide a legal framework to prevent breaches of the European Convention on Human Rights (ECHR). In line with the ECHR any deprivation of liberty must be in accordance with a 'procedure prescribed by law'. The DoLS arrangements therefore provide legal protection for those vulnerable people who are, or who may become, deprived of their liberty within the meaning of Article 5 of the ECHR, in a hospital or care home, whether placed under private or public arrangements.
- 3.2 The safeguards apply to adults 18 and over and exist to provide a proper legal process and suitable protection in those circumstances where a deprivation of liberty appears to be unavoidable, in a person's best interests.

- 3.3 The safeguards provide for deprivation of liberty to be made lawful through ‘standard’ and ‘urgent’ authorisation processes, designed to prevent arbitrary decisions to deprive a person of their liberty and a right to challenge authorisation decisions.
- 3.4 The current process is that a managing authority (a hospital or care home) must seek authorisation from a supervisory body (local authority) in order to be able to lawfully deprive someone of their liberty. Before giving such an authorisation, the supervisory body must be satisfied that the person has a mental disorder and lacks capacity to decide about their care and treatment.
- 3.5 In 2014 a judgement in the Supreme Court known as the ‘Cheshire West’ judgement set a new ‘acid test’ which led to many more people being found to be deprived of their liberty. To be deprived of their liberty an adult lacking capacity to consent to their care needs being met must be subject to both continuous supervision and control and not being able to leave.
- 3.6 As a result, tens of thousands more care home residents and people in hospitals fall within this definition.
- 3.7 This has had a significant impact on resources across the sector, particularly for local authorities in their role as Supervisory Body.

4. KEY CHANGES

- 4.1 The intention of LPS is to provide a simplified process which is based more around usual care and support planning processes and only involves specialist assessment in particular circumstances.
- 4.2 The following table provides a summary of the key changes:

Deprivation of Liberty Safeguards (present arrangements)	Liberty Protection Safeguards (new arrangements)
<ul style="list-style-type: none"> • Applies in care homes and hospitals 	<ul style="list-style-type: none"> • Applies in any setting
<ul style="list-style-type: none"> • Applies from age 18 	<ul style="list-style-type: none"> • Applies from age 16
<ul style="list-style-type: none"> • Applies to one specific setting only 	<ul style="list-style-type: none"> • Can include several settings
<ul style="list-style-type: none"> • Care home or hospital identify the acid test is met 	<ul style="list-style-type: none"> • Frontline staff / anyone involved where the acid test is met
<ul style="list-style-type: none"> • 6 assessments 	<ul style="list-style-type: none"> • 3 assessments
<ul style="list-style-type: none"> • Assessments only valid for up to 12 months 	<ul style="list-style-type: none"> • Some assessments can be reused
<ul style="list-style-type: none"> • Specialist assessors 	<ul style="list-style-type: none"> • Front line staff
<ul style="list-style-type: none"> • Lasts for up to 12 months 	<ul style="list-style-type: none"> • Lasts for up to 12 months x 2 then up to 3 years
<ul style="list-style-type: none"> • Does not include transport 	<ul style="list-style-type: none"> • Includes transport

- 4.3 There will be 3 Responsible Bodies who will act as decision makers, these will be extended to NHS Commissioners and Hospital Managers.

5. PLANNING AND PREPARATION

- 5.1 Reading Borough Council have been preparing for the legislative changes through engagement with national and regional events, in collaboration with neighbouring local authorities and partner agencies. There is an existing regional DoLS forum, which has held several sessions for practitioners and managers.
- 5.2 Sessions have been arranged with expert barristers and solicitors, who have provided presentations and training materials.
- 5.3 An extensive training programme has been rolled out across Adult Social Care to ensure all staff have a substantial knowledge of the application of the Mental Capacity Act, which is the foundation for the Liberty Protection Safeguards.
- 5.4 Reading will be submitting a response to the national consultation, together with colleagues from the Legal Team. Feedback on the consultation is being encouraged and promoted widely across all staff groups.
- 5.5 An implementation plan will be overseen by the Council's Adults, Care and Quality Board. This will include a revision to pathways, processes and documentation, once the final Code of Practice is published and an implementation date confirmed.
- 5.6 Co-ordination will be overseen by the DoLS Team and the incumbent Principal Social Worker (to commence in her role in June 2022).

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 This report contributes to the Corporate Plan Priority 3: To protect and enhance the lives of vulnerable adults and children, by ensuring appropriate oversight of Adult Social Care performance.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 6.1 There are no expected environmental or climate issues.

7 COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 Th Council will take the opportunity to make partners aware of the new changes, at forums involving the voluntary and community sector.

8. EQUALITY IMPACT ASSESSMENT

The contents of this report are for information only at this stage, an equality impact assessment will be completed on confirmation of the final details.

9. LEGAL IMPLICATIONS

- 9.1 There are legal implications in respect of core statutory duties, as RBC will need to comply with the new legal responsibilities.

10. FINANCIAL IMPLICATIONS

- 10.1 There are no specific financial implications at this time, from the information available to date costs are expected to be absorbed within existing budgets.

11. BACKGROUND INFORMATION

- 11.1 [Mental Capacity \(Amendment\) Act 2019: Liberty Protection Safeguards \(LPS\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/mental-capacity-amendment-act-2019-liberty-protection-safeguards)

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR SOCIAL CARE AND HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	13 JULY 2022		
TITLE:	DELIVERING OUR 'HOME FIRST' APPROACH DURING COVID		
LEAD COUNCILLOR:	CLLR JOHN ENNIS	PORTFOLIO:	DIRECTORATE OF ADULT CARE & HEALTH SERVICES
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
LEAD OFFICER:	SUNNY MEHMI	TEL:	0118 937 4586
JOB TITLE:	ASSISTANT DIRECTOR	E-MAIL:	Sunny.mehmi@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an update on the Council's offer around supporting residents back home from hospital and our support to our local acute and community hospitals (excluding the Mental Health inpatient hospital) during the Covid pandemic. This report also provides assurance that Adult Social Care is working with health partners to ensure ongoing timely discharge from hospital post pandemic

2. RECOMMENDED ACTION

- 2.1 That Adults, Children and Education Committee note the report

3. POLICY CONTEXT

3.1 National Context:

- 3.1.1 From the outset of the COVID-19 crisis it was felt that the demand for acute hospital beds would be in high demand and thus the optimisation of flow out of the hospital would be a priority. In March 2020 as part of the Government's response to COVID, legislation was introduced with immediate effect that changed the timescales and approaches associated with hospital discharge focussing on a "Home First Discharge to Assess (D2A) Operational Model". These changes have undergone further adaptation since their initial implementation and are now the expected ongoing Hospital Discharge and Community Support model as set out in the Government's Policy and Operating model published on 31st March 2022.
- 3.1.2 In order to support this new discharge policy, the Government introduced a national Hospital Discharge Fund in March 2020 to cover the additional costs to the community health and social care system of supporting hospital discharge:

- For the period 1 March 2020 – 30 June 2021, eligible costs would be reimbursed from the NHS for the period up to 6 weeks post discharge
- For the period 1 July 2021 – 31 March 2022, eligible costs would be reimbursed from the NHS for the period up to 4 weeks post discharge
- After 31 March 2022, the NHS post discharge funding would cease

3.1.3 The NHS Discharge to Assess guidance changed the terminology used for patients who would not have normally been discharged or who would have been delayed once being classed as 'medically fit for discharge'. This term was changed to 'medically optimised for discharge'(MOFD) and indicated that the patient's care and assessment of need can safely be continued in a non-acute setting. However, some of those patients were identified as having further care needs (referred to as Pathway 1), some of which were complex (referred to as Pathway 3), at point of discharge, this enabled the assessment, once MOFD, to take place outside of hospital, at home or in another suitable setting, where necessary.

3.1.4 The additional Discharge to Assess funding has allowed Adult Social Care to stabilise the patient at home or in another setting based on their immediate needs, to reassess and where possible to reduce the care package to a sustainable, least restrictive level and support discharge of patients who are self-funders, which in the past have blocked acute beds.

3.2 Local Context

3.2.1 In response to the new guidance, Reading stood up a range of provisions and arrangements to deliver the new discharge requirements.

3.2.2 Reading already offered 4 independent living flats at Charles Clore Court which added capacity and flexibility to meet pressure now, and in the future which supports both a timely hospital discharge process alongside the ability to use the flats for people who might otherwise be admitted into a hospital bed, but don't have acute needs.

3.2.3 In the first phase of the Pandemic additional bedded capacity was commissioned at Riverview Nursing Home of 10 beds, as well as short term urgent bed capacity at the Holiday Inn up to 20 beds. Reading Borough Council acknowledged the pressures caused by the unprecedented numbers of patients requiring discharge over the initial Covid pandemic period. There were a cohort of patients who could not go directly home during the Pandemic. Positive feedback was received from system partners, service users and staff, regarding the short-term discharge arrangements service located within the Holiday Inn.

3.2.4 With the learning from the Holiday Inn model and 3-month interim funding from Berkshire West Clinical Commissioning Group, we piloted a future model of discharge to assess and admission avoidance for Reading. In January 2022, a temporary Discharge Service at Huntley Place was opened, as a new resource to support people with home care needs, on discharge Pathway 1, who are unable to go directly home from hospital because they are waiting for care provision or changes to their home environment before discharge.

3.2.5 Huntley Place Discharge to Assess was set up as an evolution of the Holiday Inn and care home or nursing home placement, it was a service to support people who require temporary access to care and support. The number of beds and associated level of care was scalable depending on the need. The service was set up with a reablement ethos,

with a view to right-sizing packages of care and supporting a positive risk assessment approach for discharges home.

3.2.6 See appendix A for further information on Huntley Place

3.2.7 In addition to bedded capacity Adult Social Care were able to increase capacity across the 'Home First' pathway i.e. Social Workers, Occupational Therapists, and Care Assessors working in the hospital, supporting the discharge to the patient's home or care home, and undertaking the assessment in the community, rather than in the hospital setting. Adult Social Care have been able to offer extended hours in the weekday evenings and weekends. All this has resulted in reduced length of stay in the hospital and hospital flow during very difficult covid and winter pressures.

4. Current Position

4.1 Reading's HomeFirst Pathway

4.1.1 Reading has succeeded in stepping up the additional capacity at pace to respond to the new guidance and has made significant improvements in the length of stay of patients who were previously significantly delayed in hospital. However, delivering the Government expectations around Home First – which is that 95% of patients go straight home from hospital has been challenging, in Reading the figure is 87%.

4.1.2 In 2019/20, 9.4% of Reading based patients had a length of stay (LoS) over 14 days and 4.7% had a length of stay over 21 days. However, in 2021/22, to date, the 14 day LoS has increased to 9.6% and the 21 day LoS has increased to 4.9%. These percentages for Reading have continued to be consistently lower than the National averages however, which for 2021/22 were 11.8% for 14 days and 6.2% for 21 days. The increase in LoS is possibly a reflection of the complexity of cases in hospital.

4.1.3 There is a strong over reliance on bedded support and it has been estimated that to achieve the 95% expectation, approximately 2 patients a week would need to move from being admitted to a Discharge to Assess bed to being discharged straight home with the necessary health and care support around them to enable this. This estimate does not account for any additional growth in discharge numbers/demand.

4.1.4 Increased costs of onward care which have been shown to be primarily linked to increased levels of complexity and dependence, but also potentially the over-reliance on beds which could mean that their capacity for reablement and independence is not being maximised. Patients are leaving hospital at a much earlier stage in their recovery than in previous hospital discharge models, thus increasing the likely levels of complexity on discharge.

4.1.5 Based on our reviews of placements, placing patients in a temporary care home setting post discharge does not deliver good outcomes and in the majority of cases has resulted in the patient remaining in that setting, therefore Reading Borough Council will continue to work with system partners to adopt a home first approach.

4.2 Alternative Options Considered and Rejected

4.2.1 The following alternative options have been considered and discarded:

- Do nothing is not an option for the reasons outlined in 4.1.3 - 4.1.5 above. The current over-reliance on bed-based care does not meet the Government's

expectations of Home First, does not offer best outcomes for local residents and is not sustainable in the long term

- Reverting back to the previous model of discharge where assessment back home was not the norm and people's long term care needs were assessed whilst still in hospital is also not an option because this would not comply with the Government's Discharge requirements and increased hospitalisation increases rapidity of deterioration and the potential for higher long term care costs.

4.3 Next Steps

4.3.1 From 1st May 2022, Reading Borough Council will be continuing their discharge to assess services, as per pre COVID, these include:

- Adult Social Care will work closely with ward staff to determine the patient's care needs on discharge, and work with the multidisciplinary team in triage calls to decide which pathway is most appropriate for the patient.
- ASC and Ward staff will work jointly in the patients discharge pathway to remove any barriers to a timely hospital discharge i.e. such as potential delays in the provision of specialist equipment or environmental adjustments (i.e. bariatric equipment, hoarding etc.) so that effective multi-agency planning can take place as early as possible.
- The 4 x Discharge to Assess (D2A) Pathway 1 Step-down/Step-up beds will be continued at Charles Clore Court, dependent on availability, and whether service users meet the criteria for this setting.
- ASC will ensure assessments for complex patients, pathway 3 cohort, will be undertaken on the wards rather than in the community or D2A care facility, these include assessments for patients who require care placements, require high levels of home care packages of care and/or, have any safeguarding or home environmental issues.
- The use of 1:1 support in care homes provided under D2A would need greater oversight and if there are any health needs a Continuing Healthcare assessment or joint funding application will need to be made.
- People who would normally fund their own care will be identified in hospital and supported to make informed choices about their care arrangements. If they require a Care Act assessment, and an ability to regain skills and confidence in the interim period, they will be given the option to go through the reablement pathway the same as any resident. However, it will be made clear that reablement is up to 6 weeks and after the reablement offer residents will be required to fund their own care arrangements or receive support to commission their care.
- For patients who are identified as Local Authority funded, and potentially having a primary health care need, RBC staff will complete a Continuing Healthcare Checklist on the ward, once this has been accepted by the Clinical Commissioning Group as a positive check list, discharge planning will take place with commencement of a Care Act Assessment and Mental Capacity and Best Interest decisions as required, the Multidisciplinary Team for the Continuing Healthcare will take place in the community post discharge. For patients who are found to be eligible for NHS Continuing Healthcare having a primary care need, the cost of the placement will be back dated to the date the check list was accepted, in line with the National Framework

- For Private funders who are not requesting a Care Act Assessment and Local Authority support, it would be expected that arrangements would be made by the ward or Clinical Commissioning Group if the person or family request a check list to be complete prior to discharge, were required Adult Social Care can offer information and advice
- For Fast Track patients, these will be referred to the Clinical Commissioning Group by the palliative team prior to discharge, irrelevant of funding stream (private or Local Authority)
- RBC hospital discharge to assess staff will provide a full service from Monday to Friday, 9am – 5pm. In addition, social work and manager on call support from 9.00 – 1.00 p.m. on Saturdays only.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Home First pathway ensures that Strategic Aims set out in the Reading Borough Council Corporate Plan are met:

Thriving Communities

- Prioritising the needs of the most marginalised groups and the most vulnerable adults and children in our communities.

5.2 Furthermore the following ambitions are realised through the action plan of the Autism Partnership Board

- To promote equality, social inclusion and a safe and healthy environment for all
- Contributions to Community Safety, Health and Wellbeing of residents.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There is no environmental or climate implications arising from this report as there are no changes to services.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 There has not been any formal community engagement regarding this work, however, we have been working in close partnership with community health, acute and Clinical Commissioning Group to develop the ongoing Discharge to Assess pathway.

8. EQUALITY IMPACT ASSESSMENT

8.1 As there are no planned changes to services an Equality Impact Assessment is not required

9. LEGAL IMPLICATIONS

9.1 The National Hospital Discharge Guidance – 31st March 2022 sets out guidance for local authorities and NHS bodies to work with partners to improve the discharge pathway.

- 9.2. In addition, the Care Act 2014 set out the Council legal requirement to support residents for care and support needs on discharge from hospital.

10. FINANCIAL IMPLICATIONS

- 10.1 Reverting back to pre-covid pathway should enable Reading Borough Council ensure care packages offer reablement and independence in line with the ethos of the Care Act 2014.

11. BACKGROUND PAPERS

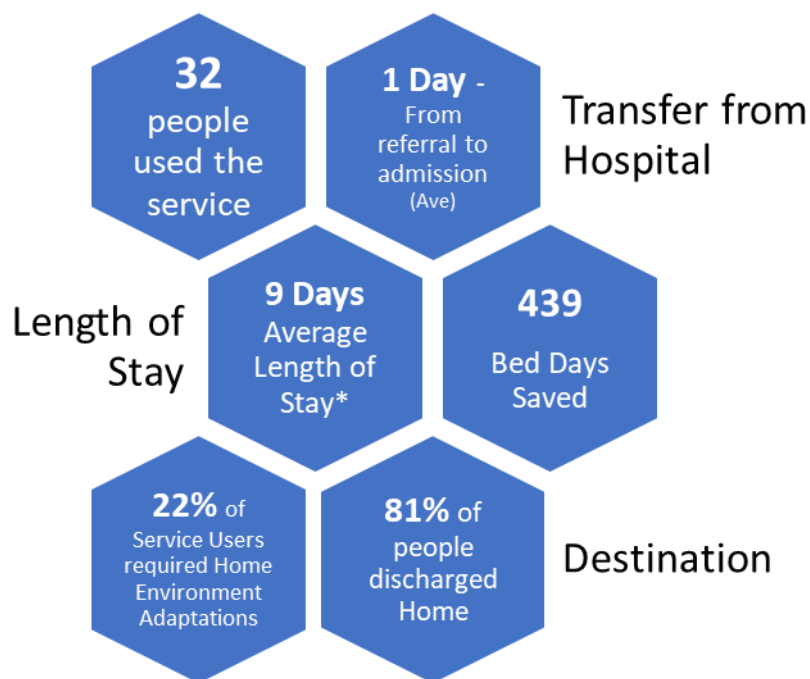
- 11.1 The National Hospital Discharge Guidance – 31st March 2022 ([Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](#))

- 11.2 Care Act 2014¹

¹ [Care Act 2014 \(legislation.gov.uk\)](#)

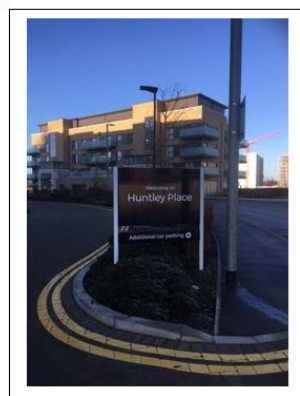
Appendix 1: Huntley Place – Discharge to Assess (Extra Care)

The additional discharge to assess beds opened at Huntley Place in January 2022 to support hospital discharge over the winter period has been a great success. The service was made available for 11 weeks and it was clear that strong, therapy led, leadership was the key to the effectiveness of the service, coupled with the collaborative nature with the accommodation and care providers. Members, from the different service providers engaged in the project, all agreed that it felt like a “one team approach” and that they were all in it together. One member stated that “freeing up hospital beds has a massive impact and could in fact contribute to saving lives” as a result of freeing up much needed hospital beds, when patients are ready to leave but just need some extra care and therapy to enable them to return home. The impact of timely hospital discharge is on the flow, and the discharges to Huntley Place released bed capacity at point of need within the acute hospital setting and contributed to preventing ambulance delays at the front door.



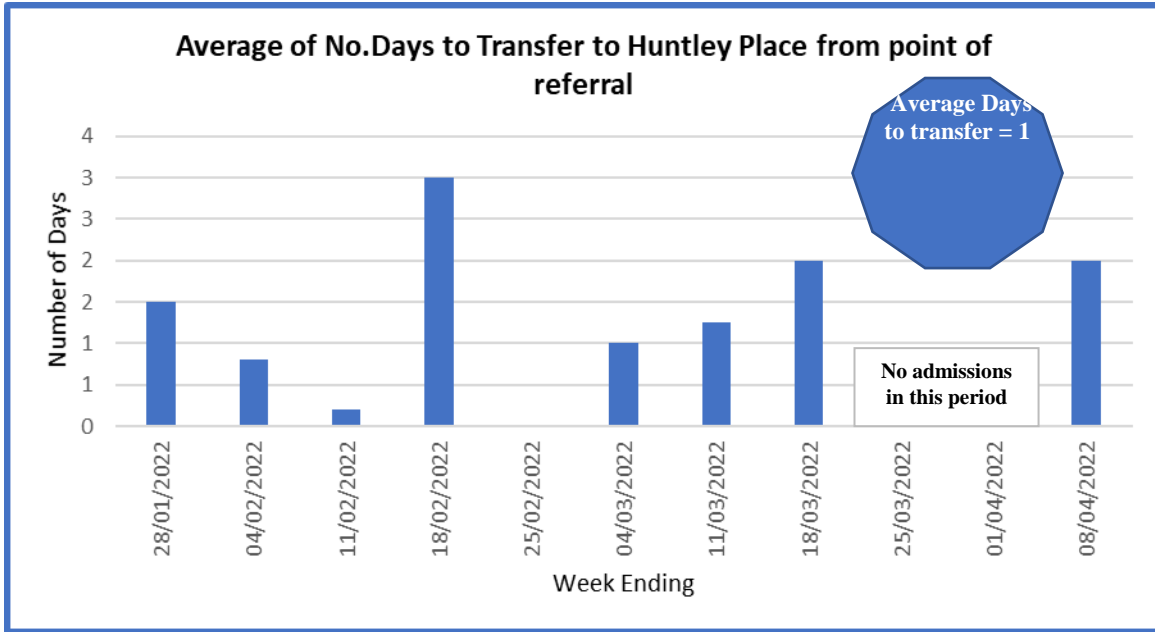
(*excl.

complex cases with environmental issues to be resolved before returning home. The average length of stay for all service users was 13 days).

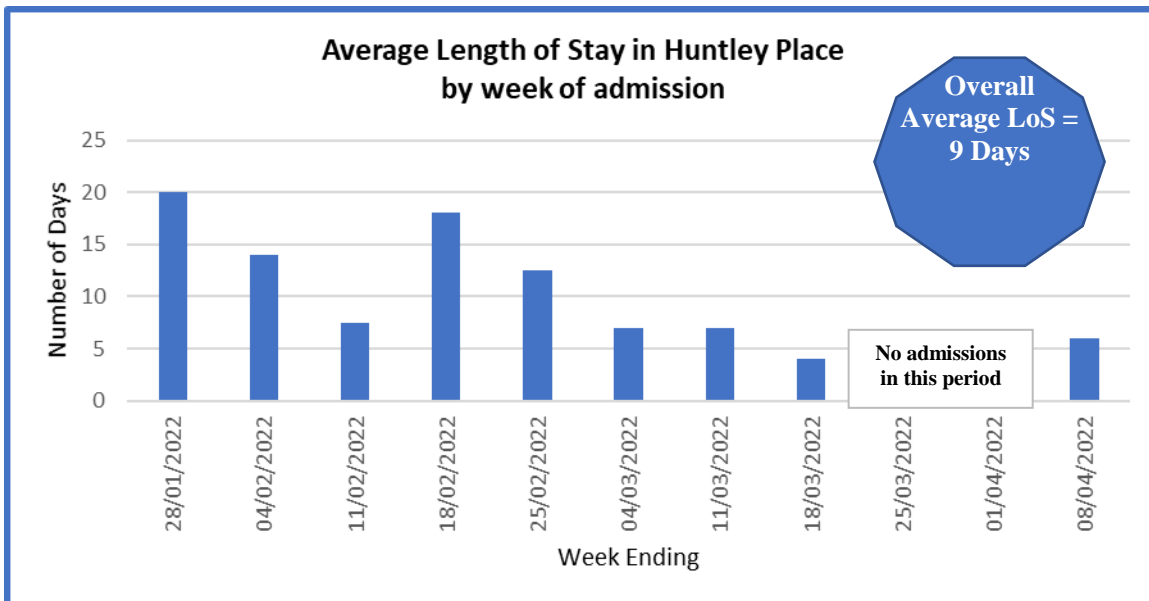


Charts and Statistics

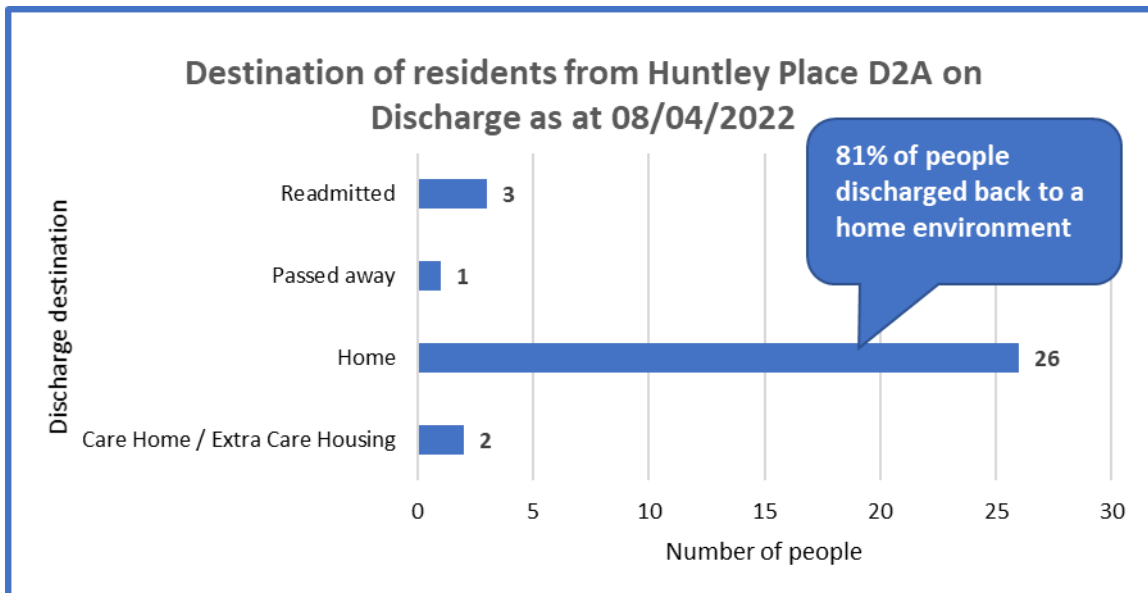
Transfers into Huntley Place, once a referral had been made to them was on average no longer than 1 day.



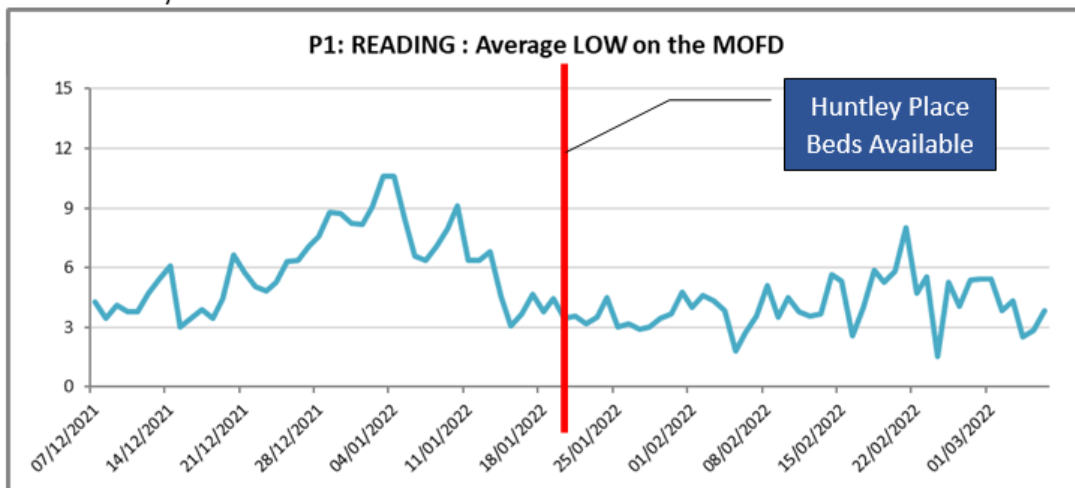
The average length of stay was 9 days. **Note:** This excludes 4 people who had much more complex needs and required significant home adaptations. If those people are included the average length of stay was 13 days.



81% of Service Users returned home following a short stay at Huntley Place, with strength-based therapy led support that enabled them to regain independence.



There has been a positive impact on hospital discharge flow since the implementation of the D2A beds at Huntley Place (latest data available from Rapid Community Discharge service):



Source: RCD Dashboard 23/03/2022.

	Total No. of bed days in HP	Cost per bed day (HP)	National Ave Cost Hospital Bed	Cost difference per bed day	Total
Bed costs and Benefits *(see note)	439	£273.64	£400	£126.36	£55,470.36

Note: *£245 is the bed cost used by RBFT to calculate savings (when beds are not closed to admissions), which is less than the cost of the bed at Huntley Place. However the primary saving was on hospital bed days (439) saved and delivery of a therapy led service to reduce likelihood of deconditioning. The impact of timely hospital discharge is on the flow, the discharges to Huntley Place released bed capacity at point of need within the acute hospital setting and contributed to preventing ambulance delays at the front door. 22% of those bed days saved, were for people who Members from the different service providers all agreed that it felt like a “one team approach” and that they were all in it together. were unable to be discharge directly home, due to unsuitable home environments, where adaptations were required.

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READING BOROUGH COUNCIL

REPORT BY EXECUTIVE DIRECTOR SOCIAL CARE AND HEALTH

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	13 JULY 2022		
TITLE:	CONSULTATION PLAN FOR READING'S ALL AGE AUTISM STRATEGY		
LEAD COUNCILLOR:	CLLR. JOHN ENNIS	PORTFOLIO:	DIRECTORATE OF ADULT CARE & HEALTH SERVICES
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGH WIDE
LEAD OFFICER:	SUNNY MEHMI	TEL:	0118 937 4586
JOB TITLE:	ASSISTANT DIRECTOR – OPERATIONS	E-MAIL:	Sunny.mehmi@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to request permission from the Committee to go out to consultation on Reading's All Age Autism Strategy 2022 – 2026 with the aim to improve the lives of autistic children, adults and parent carers in Reading.

2. RECOMMENDED ACTION

- 2.1 That the ACE Committee note the draft of Reading's All Age Autism Strategy
- 2.2 That the ACE Committee note the consultation plan for the development of the Reading's Autism Strategy and provide permission to go out to consultation.

3. POLICY CONTEXT

3.1 National Context

- 3.1.1 The Autism Act 2009 set out the requirements for local authorities and NHS bodies to work with local partners to improve services and support autistic people. The Act put a duty on Government to produce and regularly review an 'Autism Strategy' to meet the needs of adults with autism in England. The latest Autism Strategy was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021 to 2026. This strategy enables us to align the national priorities in conjunction with local demands and needs of those residents in Reading with autism.

3.2 Local Context

Background - How the strategy was shaped

3.2.1 Public and partner engagement has been a core element of developing Reading's Autism Strategy (2022-2026), see Appendix 1, including autistic people and their families and carers, third sector and voluntary organisations and professionals from across Reading. Engagement and coproduction (though limited in its scope by resources) took place via a mixture of interviews, workshops, surveys, forums, existing local groups, targeted outreach to groups and feedback sessions. This insight was used to inform and shape the strategy, and to test emerging findings, recommendations, priorities, and vision development. This strategy was developed through two phases from November 2021 to May 2022.

Phase 1: defining the current state and needs

- Reviewing strategic documents, current level of provision and support
- Determining population health need
- Stakeholder engagement and consultation
- Development of an Autism Needs Assessment

The aim of this phase was to understand the existing challenges and identify potential future opportunities for improvement to inform the development of the strategy.

3.2.3 As part of the initial engagement, participation and input from autistic people and those who support them was actively sought through a series of focus groups, workshops, and a needs analysis survey. We received views and contributions from 227 people from the surveys and the focus groups. Previous stakeholder engagement feedback from children and young people, and their parents and carers from the previous two years was also included.

Phase 2: Prioritisation, vision and strategy development

- Co-development of a local vision and key aspirations
- Production of a long list of priorities and action areas
- Prioritisation process: criteria to review the priorities against to produce a shorter list e.g., what will have the greatest impact, can realistically be delivered locally
- Strategy development and testing with autistic people, their families, and those who support them including systems to ensure the strategy and focus reflected identified needs, was fit for purpose and adequately ambitious.

Seven selected priorities have been used as the basis for the draft strategy:

- Improving awareness, understanding and acceptance of autism
- Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
- Increasing employment, vocation and training opportunities autistic people
- Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
- Housing and supporting independent living
- Keeping safe and the criminal justice system
- Supporting families and carers of autistic people

4. Current Position

4.1 Next Steps – Consultation plan on the proposed draft strategy and priorities

- 4.1.1 The development of Reading's All Age Autism Strategy 2022 - 2026 is being co-ordinated by Reading's Autism Partnership Board, and an online survey on the proposed priorities and draft strategy will be hosted on Reading's local authority website.
- 4.1.2 With such a high level of engagement already as part of the needs assessment development process, there is good reason to believe that autistic people's top priorities have been robustly identified. A draft strategy and supporting plans are in development on this basis. However, to have a thorough review of the work and content of the strategy and priorities to date, there will be a formal consultation on the draft strategy and priorities after which the strategy will be finalised and an action plan developed.
- 4.1.3 The proposal is therefore that there will be a formal public consultation on the draft strategy and priorities running for 60 days from 15th July 2022 to the 15th September 2022. This extended period is solely due to the summer break and education sector being closed. As before, an online survey will be hosted by Reading Borough Council. See Appendix 2 for proposed content. The Communications teams in Reading will be asked to publish and promote the link. The feedback will be used to clarify aims and so help with the Strategy and Action Plan development.
- 4.1.4 Whilst there has been a request by the Autism Partnership Board to progress the Strategy and Action Plan on the basis of the consultation and work already completed, it is important that we have a public consultation on the Autism Strategy and overall, there is appreciation by community partners of the further opportunity to comment on the full strategy.
- 4.1.5 The Consultation Plan is outlined in section 7 below.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The formation of the Autism Board alongside key partners across the Health, Educational and Voluntary sector ensure that Strategic Aims set out in the Reading Borough Council Corporate Plan are met:

Thriving Communities

- Committed to tackling inequality in our society, to ensure everyone has an equal chance to thrive whatever their economic, social, cultural, ethnic or religious background.
- Prioritising the needs of the most marginalised groups and the most vulnerable adults and children in our communities.
- Tackling the effects of the pandemic, such as increased unemployment, long term health problems, mental health issues and social isolation.

- 5.2 Furthermore the following ambitions are realised through the work plan of the Board and draft Autism Strategy.

- To promote equality, social inclusion and a safe and healthy environment for all
- Contributions to Community Safety, Health and Wellbeing of residents with autism.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 There is no environmental or climate implications arising from this report.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 **Why are we consulting?** - We have used the feedback from the engagement that took place between November 2021 and March 2022 to identify key priority areas. Throughout April 2022 and May 2022 engagement with various forums, and the Autism Steering group has facilitated the creation of a draft Reading All Age Autism Strategy 2022 - 2026, and we have incorporated what people have said would make a difference to autistic people into the vision for the next 4 years. We are now planning to seek views on the draft strategy and identified priority areas to help us identify if the vision outlined in the strategy meets identified expectations.

7.2 Autistic children, adults and their families have been and will continue to be engaged through the work of the Board and development of the strategy. The Board currently benefits from the representation of various community groups and a steering group to engage and co-produce the Autism Strategy has been formed. This will contribute towards the success of the Board and the implementation of the Strategy.

7.3 **When are we planning on consulting?** - This consultation will run for 60 days from 15th July 2022 to the 15th September 2022. This extended period is solely due to the summer break and education sector being closed

7.4 **What will happen next?** - Feedback from this consultation will help us refine and confirm the vision outlined in the strategy which will be submitted to the Adult Social Care, Children's and Education Committee for approval and then Reading's Health and Wellbeing Board. The plan is for the final strategy to be published in Autumn 2022.

8. EQUALITY IMPACT ASSESSMENT

8.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is
- prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.2 See Appendix 3 for the full Equality Impact Assessment, this EIA will continue to be updated throughout the consultation period.

9. LEGAL IMPLICATIONS

9.1 There are no duties for the Local Authority regarding the Autism Board however there is a requirement to carry out / implement the Government's Autism Strategy 2021 on a local level. We need to refer to the Care Act duties to ensure that we are clear about assessment and eligibility.

10. FINANCIAL IMPLICATIONS

- 10.1 There are currently no identified budget implications regarding the development of implementation plans for the strategy. The care and support needs of people who require social care are met as per our legal duties.

There is an expectation of a small cost in developing an easy read version of the strategy.

11. BACKGROUND PAPERS

- 11.1 The Autism Strategy was published in July 2021: 'The national strategy for autistic children, young people and adults: 2021 to 2026'¹.
- 11.2 The draft All Age Autism Strategy for Reading 2022 to 2026. – Appendix 1
- 11.3 The consultation structure – Appendix 2
- 11.4 The Equality Impact Assessment – Appendix 3

¹ [National strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026)

Reading's All Age Autism Strategy 2022 – 2026



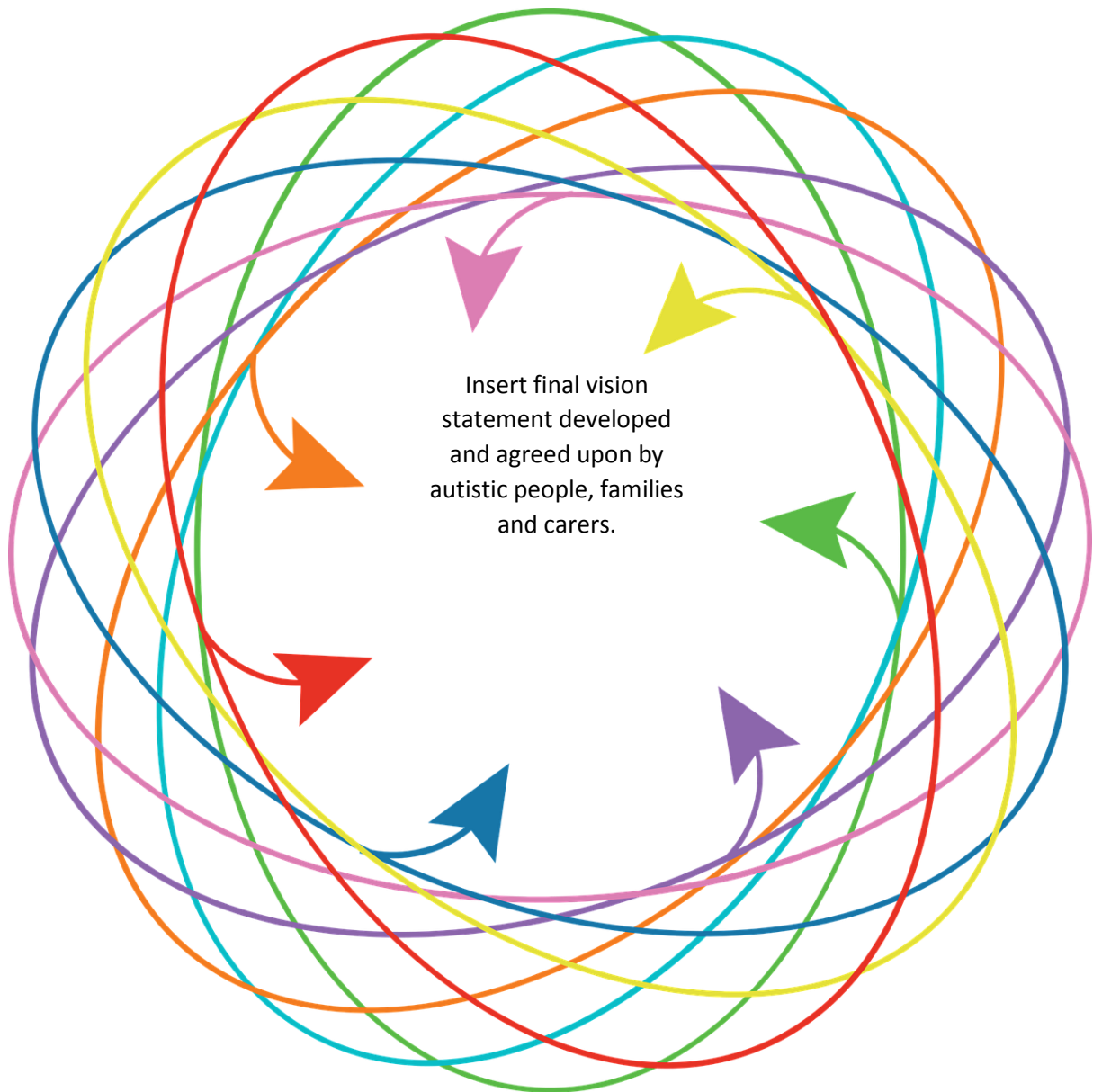
Reading
Borough Council

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Berkshire West
Clinical Commissioning Group

OUR VISION



The evidence base for this strategy sits within the All-Age Autism Needs Assessment and the two documents are intended to complement each other.



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1 Introduction

Autism is a national priority. This Strategy has been brought together by a Steering group made up of autistic people, carers, professionals working with autistic people, members of the Autism Board and multidisciplinary professionals from across Reading’s system to highlight our joint ambitions.

Those engaged throughout the development of this strategy

<ul style="list-style-type: none">• Autistic people, parents, carers• Brighter Futures for Children• Berkshire West Hub• Reading Borough Council, Public Health Officers• Reading Borough Council, Public Health Analyst• Berkshire West Public Health• Autism Berkshire / Parenting Special Children• Reading Mencap• Thames Valley Police• Berkshire Health Foundation Trust (BHFT)• Healthwatch Reading• Reading Families Forum• Talkback CAMEO	<ul style="list-style-type: none">• Liaison and Diversion Service• Probation Service• Youth Offending Service• The Department for Work and Pensions (DWP)• Job Centre• New Directions• Other Employments related organisations• Special United group• Reading Autistic Families Together (RAFT)• Compass Recovery College - Autistic adults• Reading Families Forum - Attendees• Autism Berkshire - Parents/Carers• Engine Shed Session - Children/Young people
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Our ambition is to have a whole systems approach to ensure Reading is a more inclusive place to live and that autistic people can get the right support they need when they need it. This strategy and associated plans are for all autistic people in Reading, including those who support them.

2 What is Autism?

Autisms is a lifelong difference in brain functioning that affects how people perceive, communicate, and interact with and experience the world around them and others.² It is recognised as a difference, not a medical condition requiring a “cure”.³ Different terminology is used to describe autism, including autism spectrum disorder (ASD), autism spectrum condition (ASC) and Asperger’s (or Asperger syndrome). Autism is not a learning disability, although various reports indicate that approximately 60-70% of autistic people have a learning disability⁴ compared to 2.16% of neurotypical adult people⁵. As we understand more about autism and its impact on people, the definition could evolve further. There is growing support for the Neurodiversity Paradigm, which frames all neurodivergence (such as autism, attention deficit hyperactivity disorder [ADHD] and dyslexia) as a positive and creative concept to be embraced rather than ‘pathologised’.⁶

Reading strongly advocates for the importance of neurodiversity, describing autism as **a difference and not a deficit**, seeking to maximise the opportunities for neurodiverse children and young people.^{7 8}

How does autism present?

Autism varies widely and is often referred to as a spectrum condition, because of the range of ways it can impact on people and the different level of support they may need across their lives.

² National Autistic Society (2020). What is Autism? [online] Autism.org.uk. Available at: <https://www.autism.org.uk/advice-and-guidance/what-is-autism>.

³ NHS (2019). What Is autism? [online] NHS. Available at: <https://www.nhs.uk/conditions/autism/what-is-autism/> [Accessed Dec. 2021].

⁴ NICE (2018). Context | Learning disabilities and behaviour that challenges: service design and delivery | Guidance | [online] Available at: <https://www.nice.org.uk/guidance/ng93/chapter/Context>.

⁵ Public Health England (2016). Learning Disabilities Observatory. People with learning disabilities in England 2015: Main report.

⁶ Autism UK (2020). Neurodiversity. [online] Available at: <https://autisticuk.org/neurodiversity/> [Accessed Dec. 2021].

⁷ Brighter Futures for Children (2021). A growth approach to autism. [online] Brighter Futures for Children. Available at: <https://brighterfuturesforchildren.org/professionals/school-standards-services/school-standards-service-a-growth-approach-to-autism/>

⁸ NICE (2011). Context | Autism spectrum disorder in under 19s: recognition, referral and diagnosis | Guidance | NICE. [online] www.nice.org.uk. Available at: <https://www.nice.org.uk/guidance/cg128/chapter/Context>.



Some common challenges experienced by autistic people include:

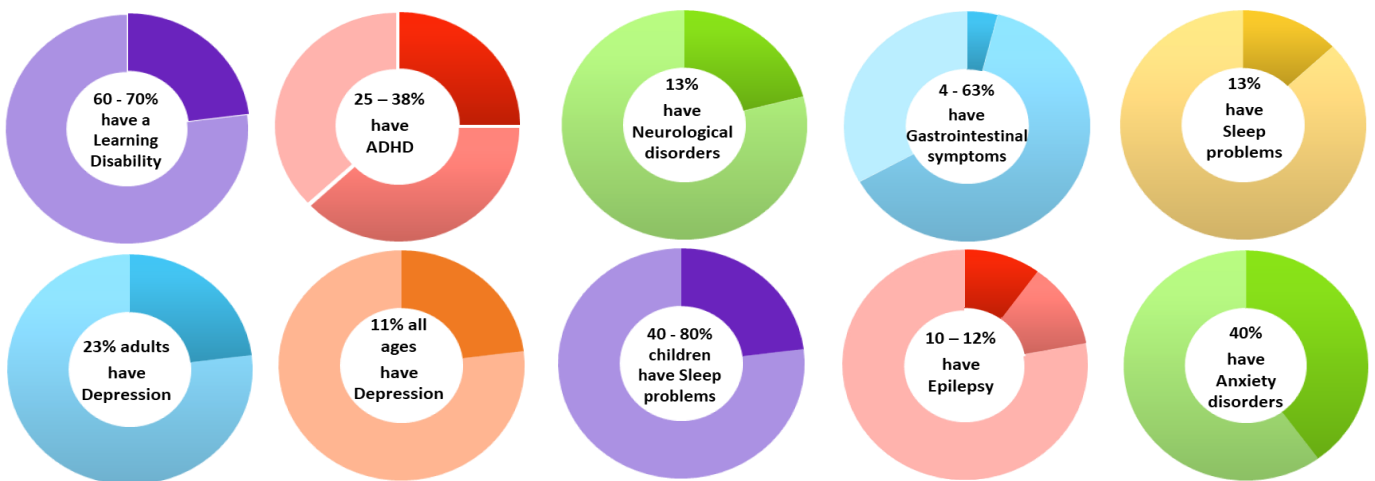
- Social communication and social interaction (including verbal and non-verbal communications; navigating the social world)
- Repetitive and restrictive behaviour (coping with unpredictability and change)
- Over or under-sensitivity to sensory stimuli (reaction to sound, touch, taste, etc.)
- Highly focussed interests or hobbies (may lead to neglect of other aspects of the person's life)
- Extreme anxiety (particularly in social situations or when facing change)
- Meltdowns and shutdowns (can be very intense and exhausting for the person)²

The causes of autism are unknown. It does not result from diet, bad parenting or vaccines. People are born with it, and it is common for signs of autism to present themselves from a very young age.

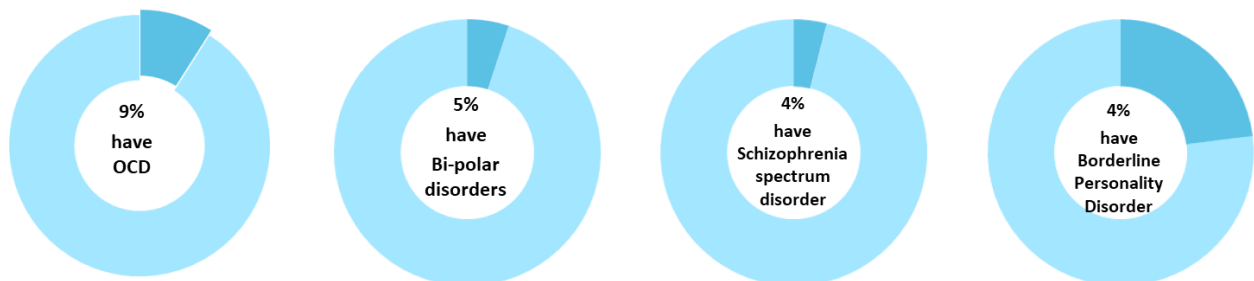
2.1 Co-occurring conditions

Autistic people often have **co-occurring conditions**, including dyslexia, dyspraxia, epilepsy, depression, anxiety, ADHD and behaviours such as difficulty sleeping and self-harm. The frequency of co-occurring conditions, means autism is less likely to be diagnosed, leading to inequalities in access to health services and care.⁹

Recent studies have shown that approximately 70% of autistic people also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that has an impact on daily life. A learning disability occurs in approximately 50% of young autistic people.⁹



Other less common disorders



⁹ WHO (2017). Autism Spectrum Disorders. Available at: <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>.



Eating disorders	Autistic women are much more likely to develop anorexia than non-autistic women. 1 in 5 women with anorexia are autistic.
Post-Traumatic Stress Disorder (PTSD)	PTSD is a mental health condition that can affect anyone. It can develop after a single traumatic event – one that is distressing or stressful. It can also be triggered by repeated trauma e.g., abuse or bullying.
Disruptive, impulse-control, and conduct disorder	12%
Migraine/headache (children)	7%

Caring and supporting an autistic person can be demanding but also rewarding. Demands on families providing ongoing care and support without breaks can be significant. Societal attitudes to autism and the level of support provided by local and national authorities are important factors determining the quality of life of autistic people. Autism often has an impact on education and employment opportunities. Autistic people are often subject to bullying, stigma, discrimination, and human rights violations⁹.

Support needs

Some autistic people can live independent lives, but others may face additional challenges and require extra care and support. Amongst those that do, the type and level of support needed will vary considerably. Some autistic people need full time care, others will benefit from a small amount of support to help with certain activities or situations. Support aims to enable autistic people to live their lives in the way they choose.¹⁰ Although a diagnosis of autism is not always necessary to access groups and some services, for many people, being diagnosed with autism helps to ensure they are able to receive the right support, including adjustments at work or school, and helps them to make sense of their experiences and some of the challenges they face.¹¹

Autism over the life course

Under 19 years

Core autism behaviours are typically present in early childhood, but features are not always apparent until the circumstances of the child or young person change, e.g., when the child goes to nursery or primary school or moves to secondary school. In some cases, autism may not be diagnosed until much later in life.¹² When autism is diagnosed, families, carers and the child or young person themselves can experience a variety of emotions, shock, and concern about the implications for the future. Some may also have a profound sense of relief that others agree with their observations and concerns. According to NICE guidance, autistic children and young people should have full access to health and social care services, co-ordinated and managed through local specialist community-based multidisciplinary teams, including professionals from health, mental health, learning disability, education and social care services.^{12 13}

Later life

Evidence regarding older autistic adults over the age of 50, from 2010 to mid-2019 suggests that, in general, there appears to be a positive impact, and relief, from receiving a diagnosis in adulthood ‘with adults gaining a new understanding and re-interpretation of their life experiences’^{13 14}

¹⁰ National Autistic Society. Available at: [Varying support needs \(autism.org.uk\)](http://www.autism.org.uk/support-needs)

¹¹ National Autistic Society. Available at: [Adults \(autism.org.uk\)](http://www.autism.org.uk/adults)

¹² National Institute of Neurological Disorders and Stroke (NINDS) (2019). Autism Spectrum Disorder Information Page. [online] Available at: <https://www.ninds.nih.gov/Disorders/All-Disorders/Autism-Spectrum-Disorder-Information-Page>.

¹³ NICE (2013). Overview | Autism spectrum disorder in under 19s: support and management | Guidance | NICE. [online] Nice.org.uk. Available at: <https://www.nice.org.uk/guidance/cg170>.

¹⁴ Sonido, M., Arnold, S., Higgins, J. and Hwang, Y.I.J. (2020). Autism in Later Life: What Is Known and What Is Needed? Current Developmental Disorders Reports, 7(2), pp.69–77.



Older autistic adults may experience greater or different challenges in several areas as they approach and experience later life, when compared to the general population e.g.,

- higher rates of some common health conditions,
- impact on cognitive functioning that is different,
- most studies consistently report higher lifetime rates of 'psychiatric comorbidity' and possibly higher rates of suicidal ideation.¹⁴

More research is needed to improve our understanding of older autistic peoples' experiences of employment, social support and connectedness, use of transport and healthcare. Studies indicate that carers of autistic people can feel anxieties about the future of the autistic person they care for, for instance, where they would live, what support would be available, and the impact on quality of life. These concerns vary depending on the different carer groups: sibling, parent or spouse.

This strategy aims to ensure actions are implemented that will benefit all autistic people in Reading whether they have a diagnosis or not.

3 Why a Reading Autism Strategy is needed

The **National Strategy for autistic children, young people and adults, 2021**¹⁵ places a statutory duty on local authorities working in partnership with the NHS, the voluntary sector, and autistic people to implement actions in relation to the provision of services for autistic people.

Our strategy will align with the commitments in relevant best practice guidance and other national policies, including the NHS Long Term Plan 2019 which pledges to *"do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives."*¹⁶

The Autism Act (2009) highlights the need for the development and regular review of an autism strategy to make provision to meet the needs of autistic adults. Autistic people, their families, carers and professionals that support them, have told us they experience many barriers in getting their needs met. This strategy is a plan that clearly states what the goals and priorities are and actions to be taken. A better understanding, acceptance and culture shift in Reading will help address many of these barriers. This strategy will be for 5 years from 2022 – 2027.

The strategy actions will need to be embedded in organisations including the wider community to ensure its sustainability, and ability to develop as needs change.

Autism inequalities and barriers to support

Despite autism being a national priority, autistic people are disproportionately affected in various areas. Compared to non-autistic people, common inequalities experienced by autistic people include reduced access to public services and spaces, a gap in employment opportunities^{17 18}, poorer health outcomes, increased likelihood to report a lower quality of life¹⁹ and social isolation, which also impacts health^{20 21}. Action to prevent further widening these gaps is vital.

¹⁵ Department of Health and Social Care and Department for Education (2021). The national strategy for autistic children, young people and adults: 2021 to 2026. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>.

¹⁶ NHS (2019a). NHS Long Term Plan. [online] Available at: <https://www.longtermplan.nhs.uk/online-version/>.

¹⁷ Office for National Statistics (2021). Outcomes for disabled people in the UK - Office for National Statistics. [online] www.ons.gov.uk. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020>.

¹⁸ Allen M & Coney K (2018). What Happens Next? 2018: A report on the first destinations of 2016 disabled graduates. The Association of Graduate Careers Advisory Services.

¹⁹ Mason D, et al. (2018) Predictors of Quality of Life for Autistic Adults. *Autism Res* 11(8), 1138-1147.

²⁰ Ryzewska, E, et al. (2019) General health of adults with autism spectrum disorders – A whole country population cross-sectional study. *Research in Autism Spectrum Disorders* 60, 59-66.

²¹ Westminster Commission on Autism (2016). *A Spectrum of Obstacles: An inquiry into access to healthcare for autistic people.*



Autistic people are more likely to die early from factors like suicide, cardiovascular disease and mental health problems. It is more likely for autistic people to require hospital care or use emergency services than non-autistic people. Many children are diagnosed late; especially girls, resulting in a gender gap, with higher prevalence reported in males than females (ratio of 3:1). Racial, ethnic, and socioeconomic disparities associated with autism also exist.

Existing challenges experienced by autistic people have been exacerbated by the COVID pandemic such as worsening of mental health conditions, avoidable inpatient admissions, loneliness and barriers to accessing public spaces. The employment and training market was also disrupted. There continues to be insufficient knowledge of how to make reasonable adjustments to existing services, poor access to mainstream services, alongside limited day opportunities, challenges experienced by families and carers particularly seldom heard groups and challenges within education settings. However, the pandemic also led to increased awareness and understanding of challenges experienced in people’s lives, in particular, autistic people and their families, evidenced by the [Left Stranded report](#)²² and other research findings. Knowledge and awareness of autism, the needs of the local population, and insights by autistic people and their families, need to be the basis of commissioning decisions.

Although autism diagnosis rates for adults have improved, waiting times for diagnosis continue to be very long for many, worse than previous years and exceeding the 13-week NICE recommended timescale. Factors that exacerbate long waiting times, include growing waiting lists linked to increasing autism public awareness leading to increased referrals, so, increasing demand on services. This has been heightened by the pandemic, stopping or slowing down some local assessment processes. Longer waits can also be a result of delays in diagnostic pathways resulting from workforce pressures. Despite many challenges in Reading, service development accelerated in terms of digital solutions (provided by Berkshire Healthcare and external providers). The service adapted well, and staff quickly embraced new ways of working and became skilled in online delivery and making greater use of technology.

This strategy and its implementation plans will aim to join up all relevant Reading partners to work collaboratively to break down barriers, tackle inequalities autistic people face and implement the changes we want and need to ensure better outcomes for autistic people.

4 What we have been told

Autistic people, families, carers and professionals supporting autistic people

As well as the key areas addressed in “Why a Reading autism strategy is needed”, we sought insights and feedback from people with lived experience including autistic people, families, carers and professionals supporting autistic people. They were engaged in relation to topics that covered diagnosis, health, family/carer support, social experience, transport, local services, education, work, training and housing. This supported us to identify needs and better understand where change is required, and the requirement of this key strategy.

Table 1. Stakeholder engagement summary

Theme	Feedback/Unmet needs and gaps
Pre/Post diagnosis support	<ul style="list-style-type: none"> • Reduce waiting times • Provide interim support and clear information about what services are available • Support and awareness amongst parents are not uniform or equitable • Whole family assessment of needs to address specific concerns at home, school, workplace • More collaboration between CAHMS, schools and families • Improved communication with CAHMS, including updates on position within the waiting list and pre assessment information

²² National Autistic Society (2020a). Left stranded: The impact of coronavirus on autistic people and their families in the UK. [online] Available at: <https://pearsfoundation.org.uk/wp-content/uploads/Left-Stranded-Report-Autism-Covid-2020.pdf> [Accessed Jan. 2021].



	<ul style="list-style-type: none"> Publicise Berkshire West Autism and ADHD Support Service even more and information on BHFT website – this is in the new SEND guide for parents. Ensure schools are reminded of the support available to share with parents Leaflet for those on the waiting list for an assessment would be helpful explaining where to get support, including social care, Engine Shed and the Berkshire West Autism and ADHD Support Service.
Transport	<ul style="list-style-type: none"> More awareness training of bus drivers and transport staff about how to meet the needs of autistic people. “autistic people need access to bus passes with extra support needs printed on it, even if it has to be paid for – preloaded with ‘x’ amount of trips”/“temporary blue badge scheme” School transport is not always appropriate for autistic children.
Housing	<ul style="list-style-type: none"> Consideration of the autistic child’s needs to occur when providing and assessing for housing Consideration of the surrounding of environment when housing autistic people, including being close to transport routes, local amenities and support network Develop clear strategy for providing supported accommodation for autistic adults to ensure that are safe and reliable options for autistic adults that ensure their health. Ensure this information is communicated to young people and families
Local health services	<ul style="list-style-type: none"> Accessing and getting reasonable adjustments, particularly at the GP Surgery. e.g., increased time in healthcare appointments to process information and ask questions, reduced reliance on phone calls. Annual Health Checks being should be made available for all autistic people. Better awareness of what autism is and the environmental/sensory impact on autistic people within healthcare settings. Mental health support is a priority Specialist support and pathways needed to address complex health concerns Training for hospital staff in responding to autistic adults and children Develop support for children and young people who are fearful of medical procedures and needles. Develop more support for autistic children and young people with restrictive diets incl. Avoidant/restrictive food intake disorder (ARFID)
Local (community) services	<ul style="list-style-type: none"> Every day services may not be accessible to autistic people, adjustments may be needed, for example ‘autistic hours’ in supermarkets More local knowledge and insights needed about what is available Invest into activities and services adapted or adjusted to meet the needs of autistic people More trained support workers to run activities in the community Adjust environments where activities/services are delivered from to minimise sensory impact Need a range of activities covering the full spectrum including for ‘higher functioning autistic adults’
Education	<ul style="list-style-type: none"> Behaviour within schools can be misunderstood, leading to unnecessary exclusions and potentially risk of entering the criminal justice system Need for improved understanding, awareness and compassion within the Education sector Schools may not implement their EHCP plans and policies Insufficient support and signposting after completing school or to enter into employment Support in schools not adequate and specifically autism orientated, including limited access to support from Occupational Therapist (OT)/Speech and language therapist Bullying within schools is common and can result in autistic children missing school
Social Experience	<ul style="list-style-type: none"> Bullying and exclusion from social events is common and a significant problem for autistic children. There needs to be more inclusion and training for sports clubs. There is a limited range of activities for autistic children, young people and adults.
Employment	<ul style="list-style-type: none"> Improved understanding and guidelines for employers around autism, including reasonable adjustments. Improved support and employment assistance for those over 25. Support for autistic young people to enter the workplace.
Family & Carer Support	<ul style="list-style-type: none"> Increase capacity for support by statutory health and care services and voluntary sector and community sector services to parents and carers. Facilitate access to breaks for families and carers. Improve communication to keep parents informed of progress or additional services available For primary school age children, better child-care provision and activities during half-term and school holidays or weekend clubs are needed Support to get into employment and find suitable housing Funding for ‘more staff who assess children for autism’ ‘Trauma support for siblings and family dynamics observations to ease the parenting task’ Facilitate access to a carer’s assessment Family protection planning



Training	<ul style="list-style-type: none"> • Universal support needed for all carers of autistic people
	<ul style="list-style-type: none"> • Awareness raising sessions to support autistic people for: healthcare and education professionals, businesses, employers, statutory professions, about: <ul style="list-style-type: none"> ○ What autism is and is not ○ How to meet the needs of autistic people ○ What local health services are available ○ What local (community) services are available • Build upon existing training resources such as Autism Education Trust (AET) • Need to increase capacity in mainstream schools for more autism trained specialist staff

Our Ambitions

- An understanding and supportive society to empower autistic children, young people and adults to live fulfilling lives.
- Maximising life chances and opportunities and empowering autistic people to meet their potential.
- For all those living with autism to have equal access to life chances.
- A culture that promotes neurodiversity and to create environments that meet the needs of autistic people and empowers everyone to reach their potential.
- Greater awareness of the impact of autism on risk and need for people sentenced by the courts.
- Culture change towards acceptance of difference which reduces barriers.
- Doing WITH rather than doing TO and enabling and celebrating strengths while fostering independence and for services to reflect what autistic people and their families say they need.
- Schools, staff, students to have a good understanding, awareness and respect of autism.
- Environmental respect, integrating rather than segregating and improving autistic lives in Reading.
- For autistic people to be proud, independent and be able to give back to society
- Understanding and tailored support and communication so that autistic people can live their life to the fullest, throughout their life span.
- For all autistic people in Reading to feel supported, included, integrated and be enabled to live their best and healthiest lives through awareness and support across the life course.
- Understanding, recognition and support to make life better for autistic people.
- Through understanding, awareness and acceptance of autism, autistic people can become integrated as part of society and gain employment and confidence.

5 National Context

Legislation, policy context and guidance

Autism is a priority nationally as evidenced in various national legislation, strategies and policies.

[The Autism Act \(2009\)](#)



- places a duty on the Government to produce and regularly review an autism strategy to meet the needs of autistic adults in England.
- places a duty on the Government to produce statutory guidance for local authorities to implement the strategy locally.
- places a duty on local authorities and NHS bodies to follow the national Strategy and make provision for meeting the needs of autistic adults.

The current **National strategy for autistic children, young people and adults, 2021** sets out the vision across six priority areas to transform the lives of all autistic people and their families over a 5-year period, from 2021-2026:

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education and supporting positive transitions into adulthood



- Supporting more autistic people into employment:
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

The strategy also highlights specific actions for national government and local authorities working in partnership with the NHS, the voluntary sector, and autistic people to achieve this vision.

Associated Guidance and Best Practice

National Institute for Clinical Excellence (NICE) guidelines

The NICE autism pathway draws together all NICE guidance, evidence, quality statements, and additional information relating to health and care support for autistic people of all ages.

Children:

- NICE. Autism spectrum disorder in under 19s: support and management (CG170) 2013.¹³
- NICE. Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG128) 2011⁸

Adults:

- NICE. Autism spectrum disorder in adults: diagnosis and management (CG142) 2012²³

These set out best practice expectations relating to reducing waiting lists, meeting the referral to diagnosis timescales, CCG commissioning of assessment and diagnostic services.

- **Statutory guidance for Local Authorities and NHS organisations (Department of Health, 2015)** sets out how the Adult Autism Strategy should be implemented.
- **The NHS Long Term Plan 2019** commits to “do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives.”¹⁶
- **Skills for Care, the National Development Team for Inclusion and the National Autistic Society** is a guide to help commissioners to identify local demand and develop the right service and support for autistic people.

Additional legislation, policy and national guidance relevant to meeting the needs of autistic children, adults and their families

- ✓ The Chronically Sick and Disabled Persons Act 1970
- ✓ The Children’s Act 1989
- ✓ Health and Social Care Act 2012
- ✓ Children and Families Act 2014
- ✓ [The Care Act 2014](#)
- ✓ [The SEND Code of Practice 2014](#) – how local areas should respond to different levels of need in the context of SEND through designations of SEN/D* Support and statutory Education, Health and Care Planning (EHCP) processes.
- ✓ [Transforming Care](#)
- ✓ Equality Act 2010
- ✓ Human Rights Act 1998
- ✓ Mental Health Act 1983
- ✓ The Mental Capacity Act 2005



Autism Act 2009



Equality Act 2010



Care Act 2014

²³ NICE (2012). Overview | Autism spectrum disorder in adults: diagnosis and management | Guidance | NICE. [online] Nice.org.uk. Available at: <https://www.nice.org.uk/Guidance/CG142>.



5.1 Our Local plans and strategies

The **Berkshire West Health and Wellbeing Strategy 2021-2030** has been adopted which sets out how local authorities, the Clinical Commissioning Group and partners will work together to support local people to live healthier and happier lives. The jointly agreed five priorities are:

1. **Reduce the differences in health between different groups of people.**
2. **Support individuals at high risk of bad health outcomes to live healthy lives.**
3. **Help children and families in early years.**
4. **Promote good mental health and wellbeing for all children and young people.**
5. **Promote good mental health and wellbeing for all adults.**

Autistic people are recognised in this strategy as being one of the groups at risk of having poorer health, including poorer mental health.

Reading Borough Council's 2021 Corporate Plan is built around three themes:

- Healthy environment
- Thriving communities
- Inclusive economy

Autistic people and their families will benefit from local commitments to make Reading a town which supports health and healthy choices, made up of communities which celebrate diversity and are aware of, understand and accept everyone, and plans to improve access to education, training and work which enhances wellbeing.

Brighter Futures for Children (BFfC)²⁴ leads on [Reading's Special Educational Needs and Disabilities \(SEND\) Strategy 2022-27](#), delivered through seven strands:

- **Strand 1:** Improving communication
- **Strand 2:** Early intervention through to specialist provision
- **Strand 3:** Consistent approaches to emotional wellbeing
- **Strand 4:** Preparing for adulthood
- **Strand 5:** Support for families / short breaks
- **Strand 6:** Capital and School Places
- **Strand 7:** Funding and finance

The strategy aims to make SEND, including autism, everybody's business by embedding it in the practice of those that work with children, young people and families. The aspiration is to improve outcomes for children and young people by focusing on working together to deliver support in the right place at the right time, foster independence, and ensure their emotional, social and physical health needs are met. Additionally, to have access to universal and specialist services "to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough".

The Growth Approach to Autism in Reading⁷

Reading is adopting a growth approach to autism because the number of autistic children and young people is growing and both children and their families tell us that their experiences in education, and with other public services, still need to be improved. As in the Growth Approach to Autism in Reading, the shared view of autism is that:

Autism should be a difference not a deficit. We advocate for the importance of neurodiversity in our society because diversity gives strength to an organisation, to our communities, and the world we live in. Diversity results in better performance, quality of working environment, and life. Neurodiversity is important to understand and support because children and young people who are not neuro-typical have a lot to contribute and it is our job to make sure they get the opportunity to do so. This is not only because it makes their world better but because it makes our world better.

²⁴ BFfC are a company limited by guarantee, wholly owned by Reading Borough Council, but run by an independent Board of Directors.



5.2 National Prevalence

The prevalence of autism in the UK population aged 5 years and over is 1.1%^{25 26}, equating to about 700,000 children and adults. If their families and carers are included, autism is part of daily life for 3.7 million people². Autism was once considered to be an uncommon developmental disorder but recent studies have reported increased prevalence.⁸ Autism prevalence was found to be higher in men (2%) than women (0.3%).

Several recent studies, along with anecdotal evidence, have come up with varying male/female ratios. Whatever the true ratio, clinical referrals to a specialist diagnostic centre have been reported to see a steady increase in the number of females referred. Due to the male gender bias, females are less likely to be identified as autistic. Many females are never referred for diagnosis and may be missed from the statistics. There is a growing consensus amongst practitioners and academics that the real figures for male/female ratios are broadly equal and as we learn more about how autism presents in females and clinical understanding is updated, we will see increased and earlier diagnoses. Having a diagnosis can be the starting point in providing appropriate support for autistic girls and women, including accessing a community of peers. Prevalence estimates are summarised by gender below.

Table 2: Summary of estimated National Autism prevalence

Population group	Estimated Autism prevalence
Adult males	2%
Adult females	0.3%
Adult males – no learning disability	1.8%
Adult females – no learning disability	0.2%
Adult males – with a learning disability	36.3%
Adult females – with a learning disability	29.9%
Boys	1.9%
Girls	0.4%
Children with special educational needs	13.9%
Children with no special educational needs	0.1%

[Estimating the Prevalence of Autism Spectrum Conditions in Adults/Mental Health of Children and Young People, 2017](#)²⁵

6 Local Context

6.1 How the strategy was shaped

Development has been supported by a range of key stakeholders, including autistic people and their families and carers, third sector and voluntary organisations and professionals from across the Reading system (see **Introduction**, page 4). Engagement and coproduction (though limited in its scope by resources) took place via a mixture of interviews, workshops, surveys, forums, existing local groups, and feedback sessions. This insight was used to inform and shape the strategy, and to test emerging findings, recommendations, priorities, and vision development. We are extremely thankful to all contributors and partners, expressly to autistic people, families and carers who helped shape this strategy, welcomed us to their groups, responded to our surveys and attended workshops. This strategy was developed through two phases from November 2021 to May 2022.

²⁵ NHS Digital (2018). Mental Health of Children and Young People in England, 2017 [PAS]. Autism spectrum, eating and other less common disorders. - NHS Digital [online]. Available at: [MHCYP 2017 Less Common Disorders.pdf \(digital.nhs.uk\)](#)

²⁶ NHS Digital (2012). Estimating the Prevalence of Autism Spectrum Conditions in Adults - Extending the 2007 Adult Psychiatric Morbidity Survey. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adult-psychiatric-morbidity-survey>.



Phase 1: defining the current state and needs

- Reviewing strategic documents, current level of provision and support
- Determining population health need
- Stakeholder engagement and consultation
- Development of an Autism Needs Assessment

The main aim for this phase was to understand the existing challenges and identify potential future opportunities for improvement to inform the development of the strategy.

Phase 2: Prioritisation, vision and strategy development

- Co-development of a local vision and key aspirations
- Production of a long list of priorities and action areas
- Prioritisation process: criteria to review the priorities against to produce a shorter list e.g., for focus in the first year/few years of strategy.
- Strategy development and testing with autistic people, their families, and those who support them including systems to ensure the strategy and focus reflected identified needs, was fit for purpose and adequately ambitious.

Next steps

Phase 3: Delivery

Upon deciding how the strategy will be taken forward to ensure the best approach for best outcomes for Reading’s population, the next phase of delivery will begin.

Autism Strategy Development Process

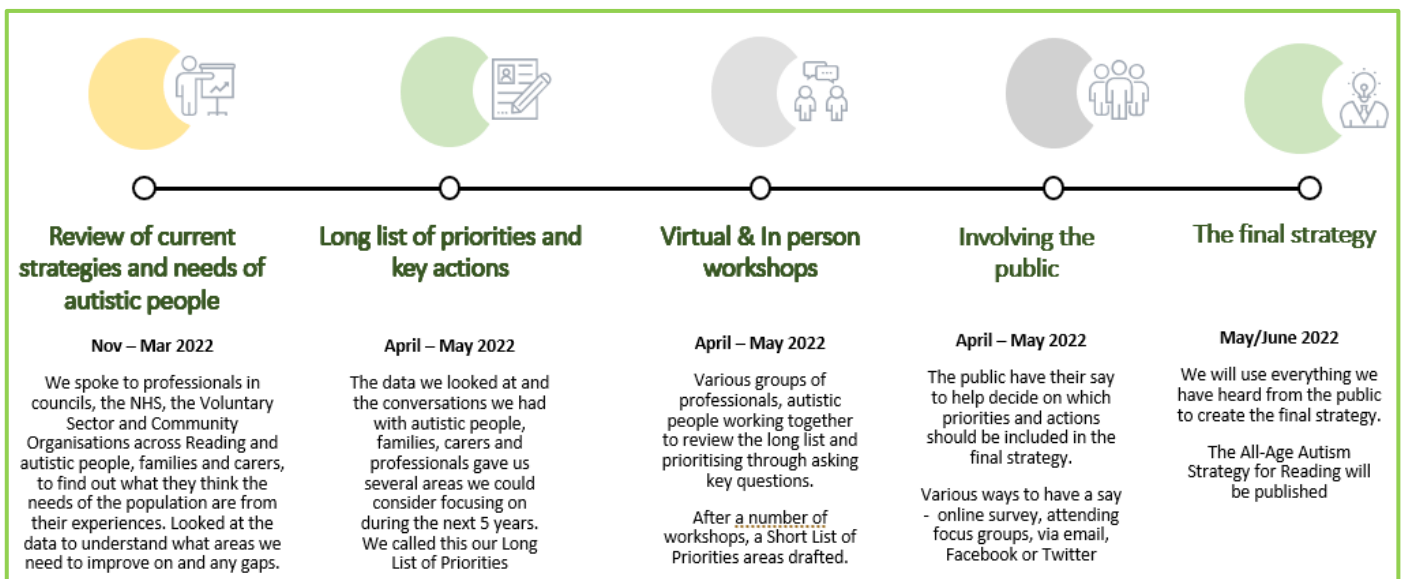


Figure 1. Autism strategy development process timeline

7 Autism in Reading – Local Profile and Needs analysis

7.1 Local Numbers of Autistic People

Based on national estimates, there are approximately **1,707 autistic** people in Reading, including **353** school aged children. The exact local number could be larger or smaller.



Strategy document

Table 3: Estimated number of autistic adults and children in Reading

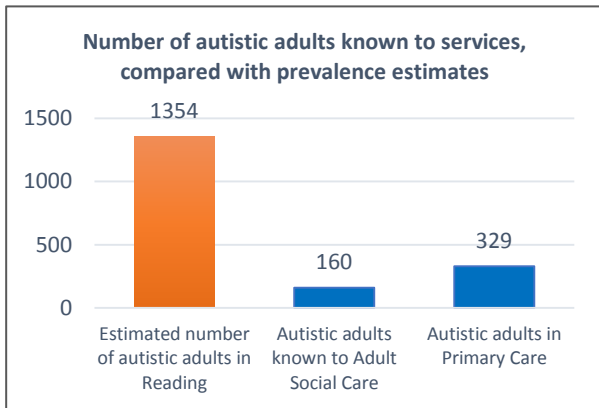


	National Prevalence	Reading Population	Reading Estimated number
Males aged 18+	2.0%	62,467	1,249
Females aged 18+	0.3%	60,616	182
Total aged 18+	1.1%	123,083	1,354
Boys aged 5-10	2.5%	6,761	168
Boys aged 11-16	1.8%	5,887	104
Boys aged 17-19	1.0%	2,864	27
Girls aged 5-10	0.4%	6,390	25
Girls aged 11-16	0.7%	4,669	31
Girls aged 17-19	-	2,870	-
Total aged 5-19	1.2%	29,441	353

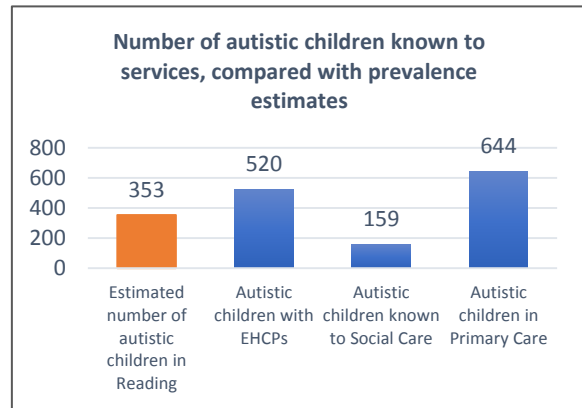
NHS Digital Mental Health Prevalence Survey Estimates applied to Office for National Statistics mid-2020 population estimates

7.1.1 Estimated number known to services (children and adults)

Estimated numbers of autistic people known to Reading services equated to **489** adults (18+). **520** children had an EHCPs with autism noted as the primary need. **159** children aged 5-16+ years were known to children’s social care in 2021 (children who met eligibility criteria for a social care service). **644** children had a diagnosis of autism recorded by their GP which suggests that more children in Reading are diagnosed with autism than average, but fewer adults.



Source - Health services (Connected Care/Frimley ICS Insights Dashboard) an social care



Source - Service/source data – Schools, Children’s social care and Health services (Connected Care/Frimley ICS Insights Dashboard). NB. Primary care date using John Hopkins ACG coding

Figure 2. Estimates number of autistic children and adults know to services

7.1.2 Estimated number not known to services

Table 4. Estimated number of autistic adults in Reading by narrow age groups (using ONS population estimates 2020) compared to number of Reading residents diagnosed with ASD recorded in primary care data (snapshot from March 2022)

Age group	Estimated number	Number recorded in primary care data	Difference
18-24	193	151	42
25-34	272	152	120
35-44	244	42	202
45-54	209	42	167
55-64	163	16	147
65-74	105	x	105
75+	87	0	87

Source: PANSI/POPPI and Connected Care (Frimley ICS) (number under 10 suppressed)



Assessment Referrals: On average approximately **1865** autism assessment referrals are made each year to Berkshire Healthcare NHS Foundation Trust.

2019/20 – 1775 people	2020/21 – 1955 people	2021/22 - in quarter 1, there were approximately 775 people in Reading, referred for an autism assessment and are awaiting a diagnosis.
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Local data indicates that in Reading, generally referrals for autism assessments have been increasing from 2019/20 – 2021/22 and with each quarter. Most new referrals into Berkshire Health NHS Foundation Trust for suspected autism in 2019/20, received a first appointment after **more than 26 weeks** with a small proportion of referrals receiving their first appointment within **13 weeks or less** and between **13 weeks and 26 weeks**. An improvement can be seen in 2020/21 with a larger proportion of referrals being seen within **13 weeks or less** and between **13 weeks and 26 weeks**, compared to 2019/20.

Autistic children, young people, and adults in Social Care in Reading

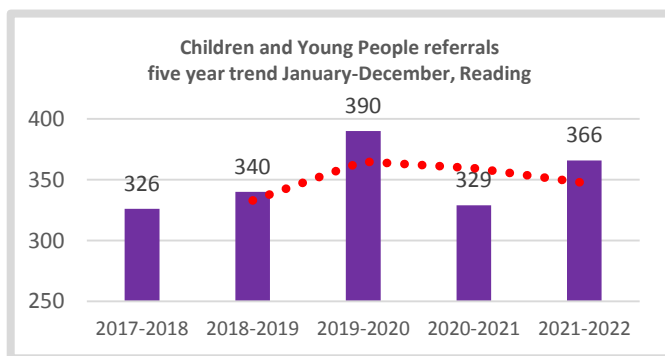
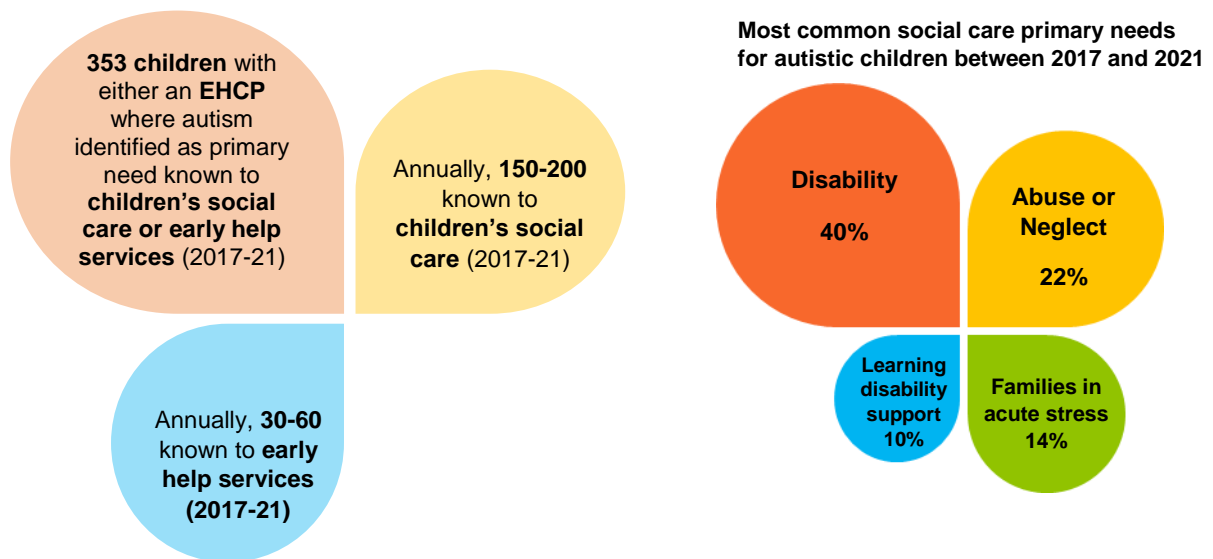


Figure 4. Children and young people referral, 5 year trend for Autism, 2017/18 – 2021/22, Reading

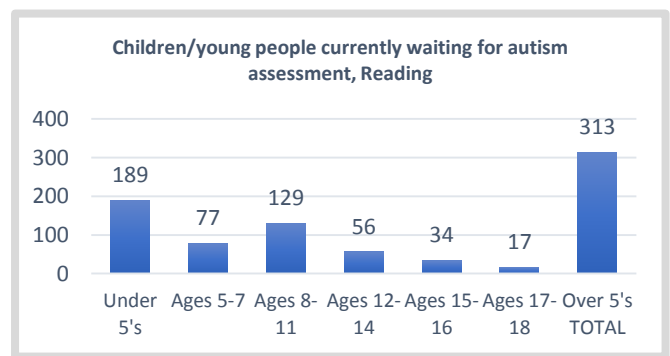


Figure 4. Children and young people currently waiting for autism assessment, Reading, (as at March 2022)

Autistic Adults / People aged 18 and over in Reading

Adult Social Care (ASC)

- Considering the small numbers involved, there has been a relatively steady proportion of referrals, assessments and reviews yearly of autistic adults in ASC.
- 160** autistic people currently known to ASC in Reading. 75% are male and 24% are female.



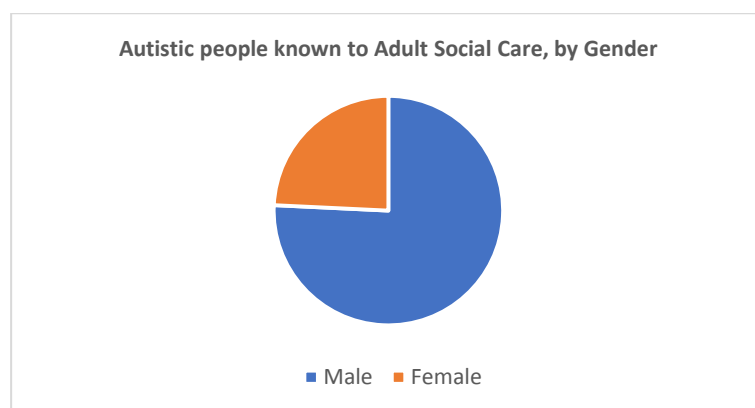


Figure 5. Autistic people known to Adult Social Care, by Gender

Lack of data in ASC is challenging and may relate to small numbers of autistic people using the system. Mandatory and more detailed recording such as whether autism is a primary reason for using the system would aid confidence in the quality of the limited data available.

7.1.3 Projections

Prevalence estimates and population projections suggest that the number of autistic people could increase to 383 (CYP – aged 5-19) and then decline up to 2040. They suggest a corresponding increase in 18-24 year olds from 2025 (205) and in 25-34 year olds from 2030 (257). The number of autistic people aged 65 and older is predicted to increase by 44% between 2020 (192) and 2040 (277).

Table 5. People aged 18-64 predicted to have autistic spectrum disorders projected to 2024

Age group	Number of people predicted to have autistic spectrum disorders in Reading				
	2020	2025	2030	2035	2040
18-24	193	205	231	235	217
25-34	272	265	257	270	292
35-44	244	227	218	214	206
45-54	209	207	201	193	186
55-64	163	176	176	176	172
Total population aged 18-64 predicted to have autistic spectrum disorders	1,081	1,080	1,083	1,088	1,073

Source: [Projecting Adult Needs and Service Information](#)

Table 6. People aged 65+ predicted to have autistic spectrum disorders, by age and gender, Reading, projected to 2024

Age group	Number of people predicted to have autistic spectrum disorders in Reading				
	2020	2025	2030	2035	2040
65-74	105	113	129	139	141
75+	87	97	105	119	136
Total population aged 65+ predicted to have autistic spectrum disorders	192	210	234	258	277

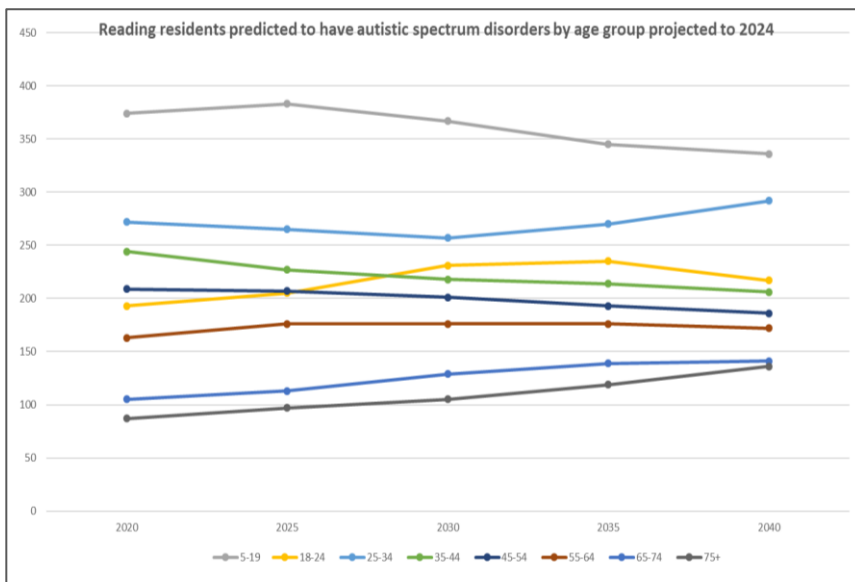
Source: POPPI

Table 7. Number of children and young people predicted to have autistic spectrum disorders in Reading

Age group	Number of children and young people predicted to have autistic spectrum disorders in Reading				
	2020	2025	2030	2035	2040
Children and young people aged 5-19	374	383	367	345	336

Source: NHS Digital Mental Health Prevalence Survey Estimates applied to ONS population projections (2018-based)





Predictions suggest the number of autistic children and young people will likely continue to increase until 2025 and then decline. They suggest a corresponding increase in 18–24-year-olds from 2025 and in 25-34 year olds from 2030. The number of autistic people aged 65 and older is predicted to increase by 44% between 2020 and 2040.

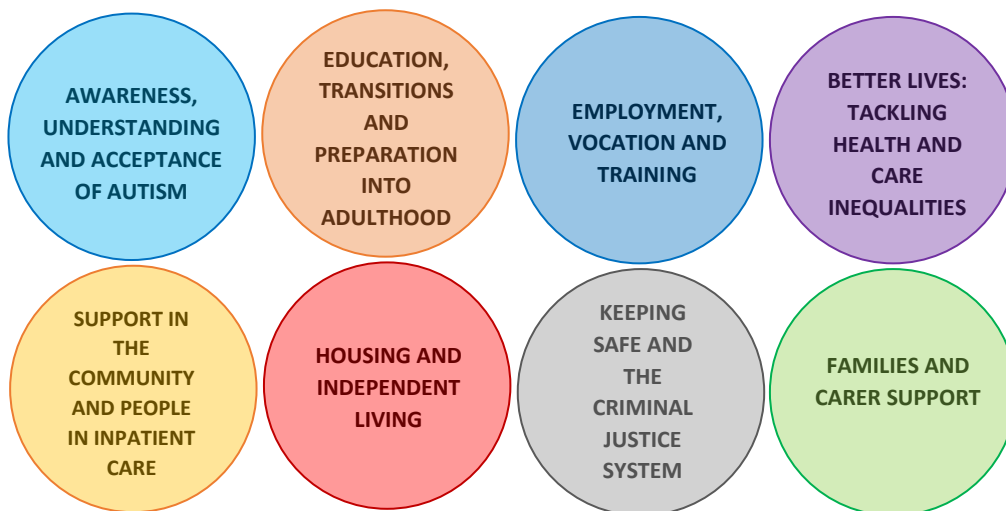
Figure 6. Reading residents predicted to have autism by age group projected to 2024

Priorities

This All-Age Autism Strategy for Reading and identified priority areas have been informed by the All-Age Autism Needs Assessment and what autistic people and their families, carers and those working with autistic people have told us. Below details the identified priorities, and support offers currently in place, work in progress requiring further development and our identified key future plans.

Fundamental to all the planned actions is the requirement that the needs of autistic people are understood, and ongoing training implemented throughout the system to support this. Strengthening the planning of pathways, coordination of different policies and strategies, e.g., The Health and Wellbeing Strategy, SEND Strategy and Growth Approach to Autism, among others, will be key.

Our priorities include:



These priorities will need to evolve through collaboration and as the strategy implementation plan develops.





Aligns with Reading's SEND Strategy - Strand 1: Improving communication

What we know nationally

The national autism strategy puts emphasis on working towards meaningfully improving public understanding and acceptance of autism, and ensuring autistic people feel less isolated/lonely and feel more included in their communities. The long-term goal is for more public sector services, businesses, and organisations to be more autism inclusive.

What we know in Reading

Ensuring that autistic people can enjoy fulfilling lives in Reading depends on improving awareness, understanding and acceptance across a wide range of services and within the local area as a whole. Children's centres, schools, youth services, GPs and other health services, and voluntary and community organisations and activities – all play their part in helping families to identify the signs of autism and access diagnosis, and with developing strategies to support autistic people and ensuring that they can access support and opportunities. Universal services also play a key role for autistic adults. Emergency services, transport providers, health services such as hospitals, leisure services and other statutory services like the Job Centre must make reasonable adjustments to ensure that autistic people can access and benefit from their services.

Within Reading's Brighter Futures for Children's Autism Advisory Service, families that receive a diagnosis of Autism for their child are supported. The Autism Advisor works with various staff and organisations to raise awareness, understanding and support autistic people and their families. Training uptake is monitored and recorded. Specific training is provided to staff who carry out statutory assessments on how to make adjustments in their approach and communication for autistic people. This training is available to staff in Adult Social Care, Children and Young People's Social Care, the Child and Adolescent Mental Health Service (CAMHS), and the NHS Neurodisability Team. Training and awareness delivery can take place through Family Involvements, Seminars, Staff Consultations, Home Visits, Virtual Visits and Parent Training through the Living with Autism 6-week course.

Autism training in schools varies depending on each individual school. The Reading Autism Education Trust (AET) training hub has been recently established which all schools can now access. This will ensure all schools have access to the same training to ensure consistency across Reading. Schools will be asked to embed the AET standards & competencies to help ensure a cultural of change is encourage.

Berkshire Healthcare offer **referral packs** providing information on all sources of family support to ensure families access this as soon as possible including provision of **a letter for school to emphasise need for needs-led support. Comprehensive online resource provision** with help and advice on a wide range of developmental, emotional/mental health concerns.

Co-produced training courses such as the [Psychological Perspectives in Education and Primary care \(PPEPcare\)](#) is commissioned by the CCG for delivery to health, education, social care and other agencies which equips settings to provide needs led support.

Royal Berkshire Hospital has been accepted by National Autistic Society as a pilot site for **Oliver McGowan Mandatory training**. A training programme of Positive Behavioural Support for people with learning disability and or autism and behaviour that challenges is being rolled out to key staff in health, social care, education, support providers, the voluntary sector and family carers during 21/22.

Berkshire West Autism and ADHD Support service provide a [leaflet](#) on the service and the support available which provides advice, support and workshops/courses/activities for families, autistic children and young people aged 5 to 25 who may or may not have ADHD or are waiting for assessment.



For parents and carers, training and awareness support available includes:

- [Home Visits](#) – in-depth one-to-one discussion online or face-to-face with parents and carers
- [ADHD advice workshops](#): An Introduction to ADHD; Anxiety and ADHD; Managing ADHD Behaviours
- [Autism advice workshops](#): Understanding More About Autism; Sensory Differences; and Supporting Behaviour
- [Teen Life](#), a NAS course for parents and carers of autistic children aged 10 to 16
- [Additional workshops/webinars](#) for parents and carers cover: Autism and Girls, with autism advocate Carly Jones MBE, Emotional Regulation, Food Refusal, Sleep Difficulties, Transitions to Adulthood

Support for children and young people includes:

- [Tailored interventions](#), based on individual need, for children aged 5 to 7
- [Social interaction skills groups](#) for children/young people 8-16, to develop confidence and emotional wellbeing
- [SocialEyes](#), a NAS course for autistic 17 to 25-year-olds, looking at further social interaction skills and strategies to boost wellbeing and independence

Adult Social Care – Berkshire Health NHS Foundation Trust runs an Autism Spectrum Condition Service for people suspected of having Autism. Post-diagnosis, autistic people are offered a ‘**Being Me**’ course to help understand autism.

Although various training has been developed and delivered, there is a need to address gaps and for a comprehensive multi-agency autism training plan, raising awareness and facilitating access especially for seldom heard autistic groups.

What is important to Reading people

Through our engagement with autistic people, parent carers and supporting services and professionals across Reading, key areas highlighted included:

Education

- Behaviour within schools can be misunderstood resulting in inappropriate disciplinary action. “Behaviour of others...teachers is key, compassion and understanding are very important.”
- Training is needed for both teachers and other children on autism. Free, as an incentive for schools to upskill on best practice.
- Build upon existing training resources such as Autism Education Trust (AET)
- Need to increase capacity in mainstream schools for more autism trained specialist staff
- Differing interpretations of meeting need, understanding of autism, is still low

Social Experience

- Bullying and exclusion from social events is common and a significant problem for autistic children.
- There needs to be more inclusion and training for sports clubs
- Better awareness of what autism is and environmental/sensory impact on autistic people

Employment

- Better understanding, awareness, and acceptance of autism by employers and guidelines around autism would be beneficial
- Reasonable adjustments for autistic employees need to be improved
- There can be a lack of support or employment assistance those over 25 years
- There needs to be self-esteem building to get into the workplace

Pre and Post Diagnosis Support

- Support and awareness of autism amongst parents is not equitable
- Needs to be more understanding, awareness and compassion for autistic children across the education sector.



- Some parents are educated, “strong parents” and they can fight and push for their children, however, consideration needs to be made about others who may have social issues, deprived, unaware; language barriers...the system is not equitable.
- There needs to be more general awareness, to help break social isolation
- Post diagnosis support is not clear and there is limited information between referral and assessment for autism.

Transport

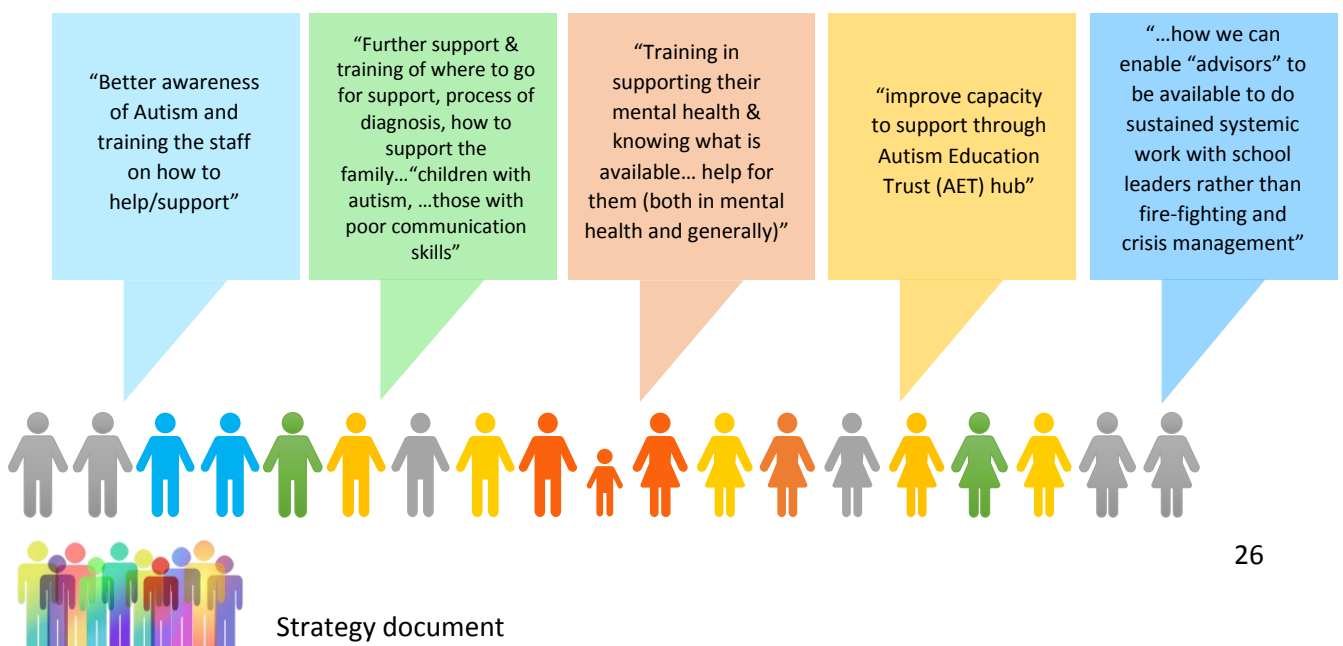
- Training for transport staff, and better awareness of autism is key to improving services
- Autism awareness has gone up significantly, but resources have gone down significantly, which was a big concern.
- Support to navigate information, advice and guidance on a wide range of topics
- A variety of services are available but more local knowledge and insights needed about what is available
- Positive feedback received for local services provided by the VCS

Training

- Awareness raising sessions to support autistic people for: healthcare and education professionals, businesses, employers, statutory professions, about:
 - What autism is and is not
 - How to meet the needs of autistic people
 - What local health services are available
 - What local (community) services are available
- Training for social care teams about parent carer needs assessments, disability legislation and clear pathways to support parents experiencing aggression or destructive behaviour from their autistic child. Families want their concerns and the impact it has on them acknowledged, honesty, and a clear system in place to support them, drawing on best practice.
- All professionals to ensure families have the SEND guide and know about the Local Offer and parent carer needs assessments
- Criteria for Community Team for People with Learning Disabilities (CTPLD) and children’s social care are updated and publicised with parents and professionals.

We asked professionals if they had received sufficient support and training to help them support autistic people in their role. The majority responded agreeably (70%), however a substantial 28% said they hadn’t.

Overall, more training or awareness raising/refresher courses would be welcomed, with an acknowledgement that hands on experience and learning to see autistic people as “individuals and not a series of conditions” are key.



WHAT WE AIM TO DO AS A PARTNERSHIP

Planning	<ul style="list-style-type: none">• Expand Autism Board to improve representation (autistic adults, with lived experience of being diagnosed with autism in childhood, work and training providers, criminal justice diversion services, and more voluntary sector partners).• Develop data collection and analysis to give a fuller picture of the autistic population in Reading.• Improve transitions planning for autistic children and young people.• Create opportunities for more regular and informal engagement (coffee mornings, autism forums)• Review pathways to ensure these recognise specific needs of older autistic adults, women with autism, autistic people from ethnically diverse backgrounds.
Training	<ul style="list-style-type: none">• Multiagency training and awareness raising about autism across a range of systems (healthcare, education professionals, businesses, employers, statutory professions) including meeting needs of autistic people, local service provision.• Develop a comprehensive multi-agency training plan, all to be aware of safeguarding & have a person-centred approach and understanding of need.• Develop specific training on the needs of older autistic adults (65+ years)• Develop specific autism training suitable for staff in courts and probation services• Employment - Improved understanding and guidelines for employers, including reasonable adjustments.
Promotion	<ul style="list-style-type: none">• Use multiple methods of raising awareness of existing pre and post diagnostic support provision and making it clear and easy to find, to aid proactive identification of people awaiting diagnosis, crisis prevention and prevention of avoidable admissions into inpatient mental health settings, making it easier to find and engage with the appropriate support, offered throughout the life course.
Social Experience	<ul style="list-style-type: none">• Tackle bullying within schools (zero tolerance), isolation and inappropriate exclusions. Training for clubs.



PRIORITY 2 – IMPROVING SUPPORT AND ACCESS TO EDUCATION AND SUPPORTING POSITIVE TRANSITIONS AND PREPARING FOR ADULTHOOD

Aligns with Reading's SEND Strategy - Strand 4: Preparing for adulthood & Strand 6: Capital and School Places

What we know nationally

- 6 in 10 young people, and 7 in 10 parents, say that the main thing that would make school better for them is having a teacher who understands autism.
- Fewer than 5 in 10 teachers said they are confident about supporting an autistic child.
- Autistic children are twice as likely to be excluded from school.

What we know in Reading

Many autistic young people have reported being bullied and/or isolated from their peers and struggling for schools and colleges to take this seriously. Many have reported anxiety preventing them from attending school or attending full-time.

- [A joint inspection of Reading by Ofsted and the Care Quality Commission](#) judged Reading's SEND local offer to be amongst the strengths of the partnership, identifying that families had widespread awareness of the online resource and that the local offer team were effective in following up contacts to ensure needs were met. The Local Offer team have also won a national award.
- Approximately 2% of children in mainstream primary and secondary schools in Reading have had autism identified as a primary need, compared to a national rate of 1.44%. So the average number of autistic children attending non-selective secondary schools in Reading is 19, with up to 30 attending the largest schools, and to 7 autistic children attending each primary school in Reading, including up to 14 children in the largest primary schools. This proportion has increased over the last five years. Some local experts believe that schools with a good reputation for supporting



autistic children may be more attractive to families, as a result a higher number of autistic pupils than average may attend those schools.

- Most autistic children are educated in mainstream schools. Numbers of autistic children in mainstream schools has increased steadily over the last five years and may be expected to continue to increase. Although this in part reflects that the total number of pupils in schools has also increased, prevalence of autism in the under 25 population in Reading also increased from around 7 per 1,000 in 2017 to 9 per 1,000 in 2020
- Numbers of Reading EHCPs where autism is recorded as the primary need have increased and have consistently represented around 35% of all EHCPs each year; slightly higher than nationally (27% of children with EHCPs in 2017).
- 2,725 EHCPs were funded between 2017 and 2022. Reading has a higher rate of EHCPs than the national average and its statistical neighbours.
- Percentage of all children in Reading who received a permanent exclusion fell from 0.153% in 2016/17 to 0.06% in 2019/20 (15 exclusions in a school year), now in line with national averages and Reading's statistical neighbours (higher than the South-east average).
- There are currently 402 places at Reading schools with special provision. These include 301 places in dedicated special schools. Some schools support autistic children well, but this is not consistent across schools.

What is important to Reading people

Education and School life

- Need for improved understanding, awareness and compassion within the Education sector
- Schools may not implement their EHCP plans and policies
- Insufficient support and signposting after completing school or to enter into employment
- Support in schools not adequate and specifically autism orientated, including limited access to support from Occupational Therapist (OT)/Speech and language therapist
- Bullying within schools is common and can result in autistic children missing school

'shockingly bad – I'm of the generation where ADHD/ASD wasn't a thing – It was just naughty children, so I never got any help.', and 'depressing - I didn't enjoy it, I was always being bullied'.

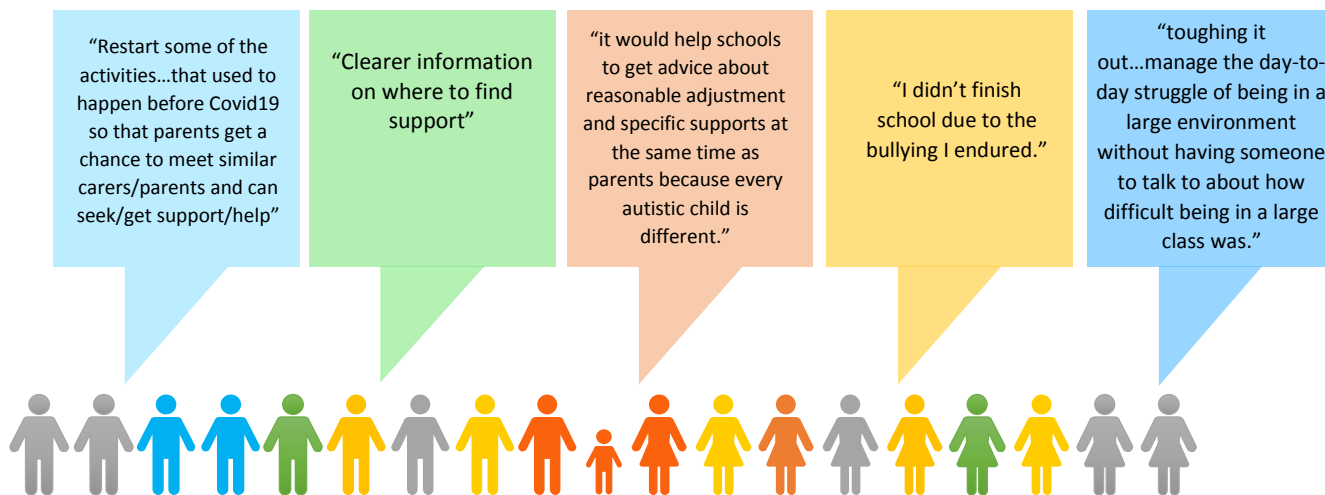
'My school never recognised my issues and dismissed me when I was struggling. I was told to 'stop being anxious' constantly.'

'My experiences at school will always have an impact on me throughout my life. I can't just forget what the teachers used to say about my autism'

Several autistic people shared similar experiences of “bullying” and being “pulled out of school” due to mental health, “pressure of school as well as how they were treated by some of their teachers”. Instead of being offered to “tell what you can do”, they were “always told instead what they cannot do”, ‘making finding a job harder’.

- Professionals expressed that “early identification and support of Education and Health Care Plan (EHCP) in place before entry to school would support children to thrive”.
- Statutory services such as “teachers, social services, medics, counsellors, the police” and Employers... “all need to learn about autism without intellectual disability”
- “Mental health support needs urgent attention” for autistic people including “more financial support for disabled people”
- Parent carers reported ‘access to special needs school can be improved’ and ‘need universally accessible public services (starting with a suitable education for my child), and professionals who discharge their statutory duties according to the law





Priority 2b – Supporting Transition and Preparation for Adulthood

Aligns with Reading’s SEND Strategy - Strand 4: Preparing for adulthood & Strand 6: Capital and School Places

What we know nationally

Guidance and best practice

[NICE guidance](#) on transition from children’s to adult services covers the period before, during and after a young person moves from children’s to adults health or social care services, and how this transition should be managed and services work together to support a good transition. The guidance recommends that transitions should take place not by a rigid age threshold, but at a time of relative stability for the young person. This is also supported by the NHS Long Term Plan that commits to offering person centred and age-appropriate care for health needs, rather than basing transitions solely upon age. Supporting smooth transition to adult services for young people going through the diagnostic pathway and ensuring data collection and audit of the pathway takes place (CG128)⁸ is a key guideline.

Transition to adult services

- Provide information about adult services to the young person and their parents/carers, including their right to a social care assessment at 18 years of age
- Involve the young person in discussing and planning
- Train staff in autism awareness and skills in managing autism including the importance of key transition points, such as changing schools or health or social care services
- For those who are 16 years and older with complex and severe needs, a care programme approach (CPA) is recommended as an aid to transfer between services

A recent study reported that young autistic ethnic minority groups from lower income backgrounds were less likely to receive health care transition services, participate in transition planning meetings, enrol in postsecondary education, find good employment after school or live independently compared to their autistic Caucasian higher income counterparts.

What we know in Reading

Moving on to further education, training or work is an important time for autistic young people. While there are several options available in Reading, person-centred support is important to help autistic young people to find the right opportunity. More internships, apprenticeships and meaningful work experience for young people would enhance prospects for autistic people. Within Reading, Children’s Transitions to Adult Social Care services is outlined in the [Preparing for Adulthood Policy \(2019\)](#) which aims to ensure that young people and adults have appropriate support as they move into adulthood, and there are no gaps in the delivery of services. The strategy complements the Preparing for Adult Pathway. The Preparing for Adulthood Panel has responsibility for co-ordinating identification and monitoring of the children and young people who may or will require services as they transition into adulthood. Reading Mencap provide the Preparing for Adulthood service funded by Reading Borough Council that support young people and adults (16-25) and their



families in preparing for adulthood. A Transitions Family Adviser offers an independent, outreach, information, advice and support service to guide young people and their families through the complexities of becoming an adult, to manage the changes in social care, benefits, housing, health, education, employment and financial management.

As of February 2022:

- **37%** of young people open to Preparing for Adulthood (PFA) have a primary or secondary diagnosis of Autism
- **33 %** of young people open to Preparing for Adulthood (PFA) have a diagnosis of a learning disability and Autism

Youth Offending Service (YOS) - Young people transitioning from YOS will involve Adult Probation Services from age 17. Dependent on needs, the transfer may occur at age 18 but could be later.

Healthcare transitions - Within Berkshire Healthcare Children, Young People and Family Services, for young people with long term health conditions, transitions should begin at the age of 14, with the transition usually occurring between the ages of 16 and 19. The child or young person and their families should receive the following to support with their transition to adult care services²⁷:

- A named transition co-ordinator
- Received information on the adult service(s) they're transitioning to
- Completed a transition health care plan and received a discharge summary

WHAT WE AIM TO DO AS A PARTNERSHIP

Culture change	<ul style="list-style-type: none"> • In addition to awareness raising in schools, additional measures to be implemented including zero tolerance policies for bullying, • Autistic champions in schools, and regular whole school and class discussions. • Autism focussed support in schools incl. access to support from Occupational Therapist/Speech and language therapists • Ensure schools are reminded of the support available that they share with parents (resources shared to use inclusive language). • Person-centred support to help autistic young people to find the right opportunity.
Transitions & Diagnosis	<ul style="list-style-type: none"> • Strongly encourage schools share information they receive about local support and activities – need to ensure this information is shared with all children/families with additional needs. • Ensuring school transport is appropriate for autistic children through training for drivers and escorts to know the needs of the autistic children and how best to communicate with them, so provide better assistance. Liaise with relevant Transport teams. • Autistic children and young people are supported to ensure better outcomes throughout their education by schools making reasonable adjustments and a commitment to address bullying towards autistic children. • Increased support and signposting after completing school e.g., to enter employment (more choice, employment opportunities, work experience etc). • Effective planning for adulthood including social care after turning 18 and when finishing school/college, if later. • Improve transitions planning for all (education/social care/health) children and adult services – more work to be done so Young People and family are provided with robust information to support. • Supporting people into adulthood through volunteering opportunities • More internships, apprenticeships and meaningful work experience for young people which enhance prospects for autistic people. • Supporting smooth transition to adult services for young people going through the diagnostic pathway and ensuring data collection and audit of the pathway takes place (CG128)⁸

²⁷ Berkshire Healthcare NHS Foundation Trust (2022). Transition to Adult Services | Children Young People and Families Online Resource. Children Young People and Families Online Resource. Available at: <https://www.berkshirehealthcare.nhs.uk/5940>.





PRIORITY 3 – INCREASING EMPLOYMENT, VOCATION AND TRAINING OPPORTUNITIES AUTISTIC PEOPLE

Aligns with the Joint Health & Wellbeing Strategy – Priority 1. Reduce the differences in health between different groups of people

What we know nationally

Training and Employment

- The National Autism Strategy, Equality Act 2010, Care Act 2014, Care and Families Act 2014 and the NHS Long Term Plan 2019 emphasise the importance of facilitating access to education, training and employment opportunities and sustained support, including skills development to empower people to independence wherever possible.
- Approximately 10-15% of autistic adults nationally are in full-time employment and overall, 22% of autistic adults (16-64 years) are in employment (any form).
- Disabled people with autism (21.7%) were among those disabled people with the lowest employment rate and compared to 81% of non-disabled people, showing a significant employment gap for autistic people.

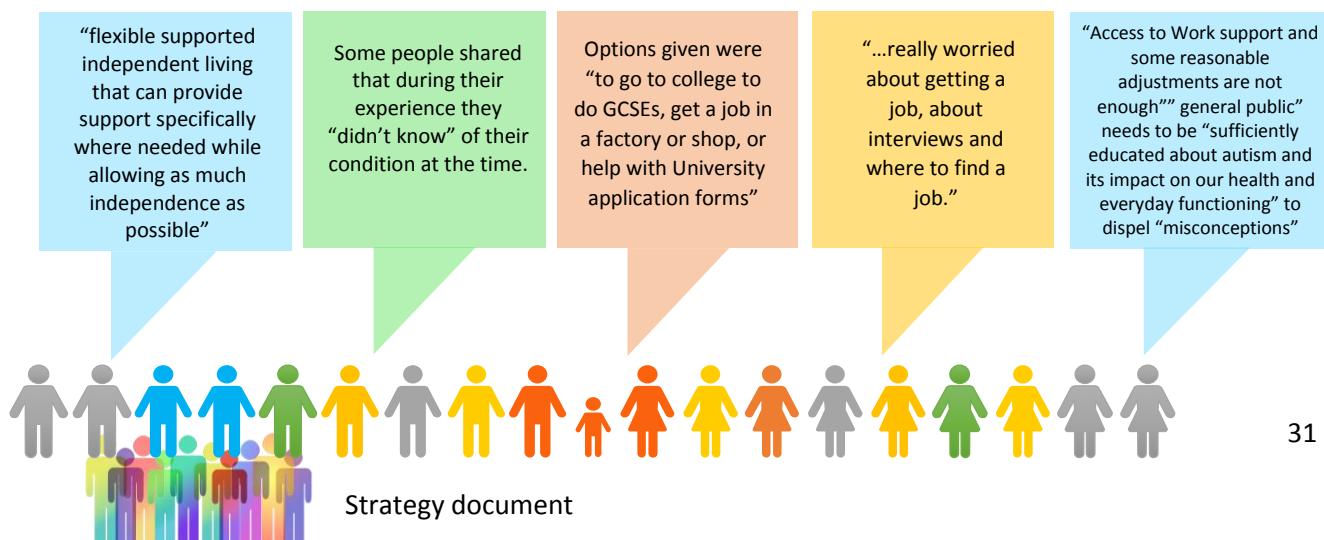
What we know in Reading

- Barriers for autistic adults wanting to be in employment include absence of effective transition from education; absence of reasonable adjustments at interview and in workplaces; unsuitable HR practices and recruitment methods; lack of employer awareness and difficulties accessing support to get into work or when in work.
- Positive changes are recognised in improved access to services, but further work is required.
- There are limited employment support options available for people over 25 years
- The gap between training and employment support needs bridging
- Remove the current cliff edge when young people enter employment after 18+
- Support provision for late diagnosis for people already in employment is needed
- Employers need organisations to go to for support and training

What is important to Reading people

Training and Employment

- Many autistic people want to work, are able to and would value support and awareness of pathways and available opportunities for employment.
- Improved understanding, acceptance, and guidelines for employers around autism, including reasonable adjustments and support for autistic young people to enter the workplace
- Improved support and employment assistance for those over 25.



WHAT WE AIM TO DO AS A PARTNERSHIP

- Work, volunteering and training**
- Increase volunteering opportunities
 - Improve options for young people to increase current opportunities
 - Develop a clear pathway through school, from school, in further and higher education and into vocational training and work opportunities
 - Further develop and promote Elevate project for autistic young adults
 - Enable and address specific needs of autistic adults through Reading's Economic COVID Recovery Plan
 - Peer mentorship/championship training
 - Increase understanding of barriers faced with the benefits system and support to overcome these including
 - Support to get into employment and during employment
 - Work with partners and local employers to increase employment opportunities and job support for all autistic adults of working age.
 - Improved understanding and guidelines for employers, including reasonable adjustments both during recruitment and in employment.
 - Improved support & employment assistance for those over 25
 - Support for autistic young people to enter the workplace
 - Organisational members of the Autism Board will seek and promote their recognition as employers of people with disabilities, leading by example when approaching commercial/ industry partners.



PRIORITY 4 – BETTER LIVES FOR AUTISTIC PEOPLE – TACKLING HEALTH AND CARE INEQUALITIES

Aligns with Reading's SEND Strategy - Strand 2: Early intervention through to specialist provision & Strand 3: Consistent approaches to emotional wellbeing

Aligns with the Joint Health & Wellbeing Strategy – All priorities

What we know nationally

Autism inequalities and barriers to support

- Inequalities experienced by autistic people include reduced access to public services and spaces, the gap in employment opportunities, poorer health outcomes, increased likelihood to report lower quality of life and social isolation.
- Contributory factors to inequalities in health include challenging communication in inaccessible environments, reduced likelihood to understand signs of poor-health, barriers to NHS service access when needed, uncertainty which brings on anxiety, sensory variances, different responses to pain and difficulty identifying own emotions.
- Early identification, improvements in diagnostic pathways for all ages and reductions in assessment waiting times are key to timely diagnosis and appropriate access to support. This enables autistic people and those supporting them to better understand their needs.
- Many children are diagnosed late; girls are particularly affected as signs of autism are frequently not recognised, resulting in delays in diagnosis until adolescence or adulthood.
- There is a gender gap in the prevalence of autism, with higher prevalence reported in males than females which may result from underdiagnosis of autism in females.
- Autistic people have a lower life expectancy (16-year gap) and are more likely to require hospital care or use emergency services than non-autistic people.
- Improving health and care staff's understanding of autism is crucial in enabling progress on reducing health inequalities for autistic people.
- It is suspected that 'detection bias' relating to socioeconomic status means diagnosis may be less likely in children from lower socioeconomic status households and with parents with lower educational attainment levels.



- Racial, ethnic, and socioeconomic disparities associated with autism exist throughout many service areas including access to early assessment, diagnosis, and therapeutic interventions.

What we know in Reading

Diagnosis

- The autism assessment process can be complex and very long, with waiting times for initial assessment being up to two years for children and similar or longer for adults.
- Many report unsupported waiting periods and a lack of awareness of the support that can be accessed during this time.
- Multi-disciplinary autism diagnosis assessments may not always be achieved.
- Varied support is available for both autistic children and adults including at pre-diagnostic and post-diagnostic stages, tailored to needs. Suitable support after diagnosis is vital. In education settings, additional dedicated autism support would help address this current gap.
- Within Reading's Brighter Futures for Children there is one Autism Advisor who supports all families in Reading that receive a diagnosis of Autism for their child.
- In Berkshire autism assessment referrals increased from 1209 in 2016/17 to 2045 in 2021/22.

At a **Health** level, there is scope for ensuring that waiting times for assessments are reduced. Work is ongoing and staff have already started being recruited to increase capacity. Importance of raising awareness of pre and post diagnostic support is key and consideration of a communication protocol during the pre-assessment to diagnosis journey (balanced against need to improve waiting times).

Specialist Care and support

- Various support is available in Reading for autistic children and adults, though there may be an emphasis and reliance on support offered by peers.
- Demand for support for children and young people who develop mental health needs may increase.
- Easily accessible information and clarity about services available is needed.
- There is scope for improvement in continuity, clarity, and openness in communication about service provision to autistic people.

What is important to Reading people

Local health services

- Better awareness of what autism is and the environmental/sensory impact on autistic people within healthcare settings.
- Access to mental health services for autistic people need to be improved and a priority.
- Specialist support and pathways needed to address complex health concerns
- Training for hospital staff and GPs about autism, mental health and in responding to autistic adults and children including what other support services are available in the community.

Diagnosis

Autistic children and young people reported that the waiting time for a diagnosis is very long – “The waiting time was very long, this is the main problem, it is 1-2 years. It should be 3-6 months at the latest.” A young person also mentioned that they don't like meeting strangers, so they said the diagnosis process was 'not easy'

“My son was tested at five years old but I was told that he clearly wasn't autistic as he can speak, I waited 3.5 years for his ADHD diagnosis and now we're waiting once again for his autism assessment, it's been over two years...I don't know how much longer I'll have to wait.”

Accessibility of health services



- Healthcare services are reported not to be accessible for autistic people
- Reasonable adjustments at the GP surgery and when contacting the surgery are needed “having a different GP each time – start over and over again”.
- “It almost helps when you child has a secondary issue as you are at least kept in the system and get supported – because you can’t see autism, you don’t get much support”.
- “After a huge wait and you finally get to see someone – the quality of support varies – we had an excellent SALT, poor on ADHD side who told us to research and choose the medication for our son. How would we know – they were the specialist. There is disparity between level of care”

Assessment and diagnosis

People reported varied experiences, some with positive and others with less positive experiences. Some reported that they “found the **process inadequate**, clearly aimed at children, not adults” ... “repeatedly referred to irrelevant mental health services” and “GP needed to write several times to get referral through”. One experience reported it “took around 6 months” to get the diagnosis and assessment done and that “it was very efficient”. However, there was “absolutely no **pre-diagnosis** for adults” and **post-diagnosis** support. 48% reported “there is no useful” support available for adults. Some reported the process they went through where various health professionals doubted that they were autistic. “been tested for multiple different disorders but never autism” whilst being transferred between CAMHS and Berkshire Adolescent Unit over a period of 4 years.

The experience of going private was “clear and concise”, “quick” and people felt “looked after”.

“With the amazing work at RBH after his first diagnosis of cerebral palsy and regular appointments for therapy and consultations picking up on the autism and getting a diagnosis was an easy process”.

Suggestions made:

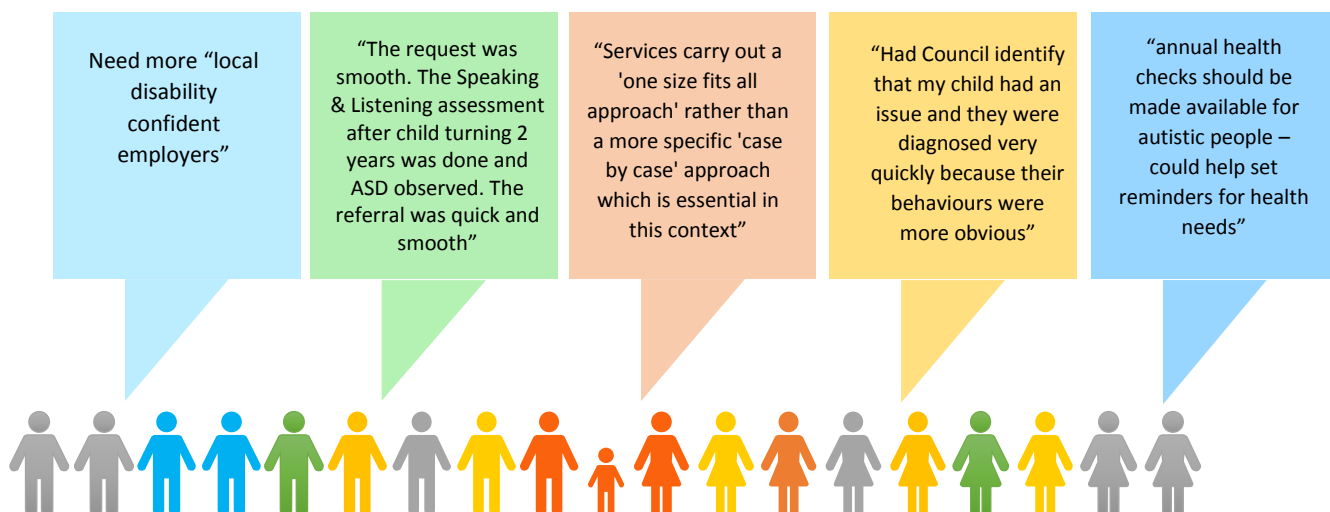
- Review appointments systems to make more easily accessible for autistic people – “It is hard to use a phone”; “Too much reliance on phone calls”; “many autistic people find it difficult, so need an alternative means of messaging”; “I can’t face making the phone call [for an appointment]”
- Consider the needs of autistic people with lower levels of need who may be more independent, so that they are not “completely forgotten with little to no support”
- CAMHS could “issue a letter saying [to parents they] are on the list at present there are 40 people in front of you rough time is 18 months etc. If a parent, or school, does not return all the paperwork or it is lost a person can come off the list with no one knowing – again a confirmation letter would help. It would be useful for school to be copied in where possible, perhaps ask for consent early on to keep schools informed and then copies of the letters could go to them – particularly if meetings have not been followed up”
- Specialist setting funding and training needed for children who are “waiting for a special school place” while in mainstream school with “a specialist teacher” who can provide “specialist support”
- The voice of some parents who are not able to be “strong advocates for their children” “may get overlooked and not heard”
- Accessibility of information: “information about services needs to be visual and easy for parents to digest and understand”

There is scope for clearer sign posting to existing groups and services including peer support, and the provision of updates to those on waiting lists (e.g., via websites) to ensure they do not “feel forgotten”.

Post diagnosis support

- Post diagnosis support from the Autism Adviser, the Berkshire West Autism and ADHD Support Service, Reading Mencap Family Advisers and their adult services, Stepping Forward, TalkBack, The Engine Shed and RAFT are all well regarded by parent carers. are also well regarded.
- “would have liked help with managing anxiety and what was happening next”. One young person had been to Auticulate and it had really helped. They were very nice and helped with social conversations.





WHAT WE AIM TO DO AS A PARTNERSHIP

Diagnosis	<ul style="list-style-type: none"> • Reduce waiting times between referral and assessment for adults in line with NICE guidance (13 weeks). • Reduce waiting times between diagnosis and connection to appropriate support
Pre/Post diagnosis support	<ul style="list-style-type: none"> • Early diagnosis - Funding for 'more staff who assess children for autism' • Improved access and adjustments for everyday services to increase accessibility to autistic people • Improved communication with CAHMS, including updates on position on the waiting list and pre assessment information • Publicise the Berkshire West Autism and ADHD Support Service more and information on BHFT website – the new SEND guide for parents. • Ongoing provision of interim support and clear information about what services are available • Increased promotion/awareness of existing support. • Develop the local offer of community and universal services [for older autistic people, more non-competitive peer group activities] for autistic people to be connected to appropriate support more quickly following diagnosis.
Specialist care & support	<ul style="list-style-type: none"> • Improve access to psychological therapies for autistic children, young people and adults • Develop local market for community services offering support for autistic people • Reasonable adjustment implemented to increase access to health care. • Autistic adults enjoy good physical and mental health • Quality support around education, health (including mental health) and social care to facilitate timely, accessible support.
Local health services	<ul style="list-style-type: none"> • Develop specialist support and housing options for autistic people. • Development of commissioning intentions to ensure commissioners have clear oversight to work towards improving local health outcomes • Pilot Autism Health Checks for autistic people to identify autistic people's needs earlier and improve their physical and mental health. • Equality of access to mental health support • Specialist support and pathways to address complex health concerns (fearful of medical procedures and needles, restrictive diets incl. Avoidant/restrictive food intake disorder). • Tackle inequalities and barriers to support • Improve knowledge sharing between health and social care professionals, commissioners and providers to improve awareness of local support which people can access following diagnosis.





What we know nationally

Good practice - Interventions

- For CYP**
 - Play-based strategies to increase joint attention, engagement and communication
- For adults**
 - Group based social learning programme focused on improving social interaction, or individual delivered for people who find groups difficult. Includes modelling, [peer] feedback, discussion and decision-making, rules, strategies for dealing with socially difficult situations. Interventions focused on life skills/activities of daily living e.g. leisure activity programme (no LD or mild/moderate).
- Transport**
 - The National Autism Strategy highlights transport as a key enabler in helping autistic people become active members of society, through access to employment, leisure, and community activities.
 - Many autistic people favour driving, walking and cycling as alternatives to using public transport which can sometimes be noisy, crowded and an uncomfortable experience.
- Inpatient health settings**
 - Autism prevalence within adult inpatient mental health settings autism prevalence is estimated to be 2.4-9.9%²⁸ while autistic people account for 1 in 100 people.

What we know in Reading

Support groups

There are several groups that support autistic children, young people and adults through social and leisure activities, or by helping autistic people to access education and employment. Services providing support to autistic people in Reading have fed back that services are relying on a crisis response for autistic people of all ages. Quality support around education, health (including mental health) and social care have an important role. They emphasise the need for timely, accessible support.

Transport

- The Reading Transport Strategy 2036 outlines some actions that can be applied to an 'autism-inclusive' approach for this autism strategy.
- Reading Buses have worked closely with local charities such as Autism Berkshire, to implement a driver training course for staff learn about the needs of autistic people.
- BfFC offer School Transport contracts to companies that have applied to go on the framework and trained escorts are provided as required.
- Readibus is the specialist service used for School Transport, mostly for wheelchair users but provide 6 buses for the Avenue School – and an ambulance for the most complex needs pupils.
- There are 23 companies in Reading operating routes on the School Transport scheme.
- Around 540 pupils are on the School Transport scheme. Those who are autistic is unknown.

²⁸ Tromans S, Chester V, Kiani R, Alexander R, Brughna T. (2018) The Prevalence of Autism Spectrum Disorders in Adult Psychiatric Inpatients: A Systematic Review. Clin Pract Epidemiol Ment Health. 14:177-187.



What is important to Reading people

Local (community) services

- Need a range of activities covering the full spectrum including those without significant support needs who live more independently.

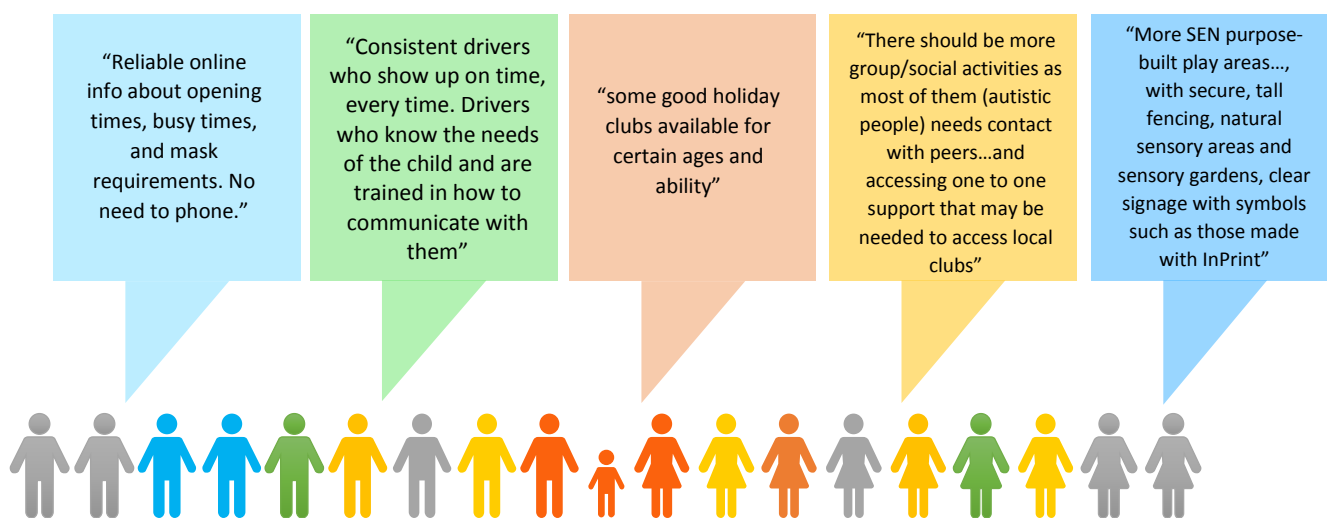
Transport

- School transport is not always appropriate for autistic children.
- When asked what needs to be done to improve on the experience of using transport services, some suggestions such as included:
 - *“less roads more trains”*
 - *“better cycling integration”*
 - *“additional support of getting driving licence for people with anxiety and sensory difficulties”*
 - *“temporary blue badge scheme”*
 - *“joined up national transport strategy”*

Social Experience

- There is a limited range of activities for autistic children, young people and adults.
- Many of the activities that are for young people are very good but limited and often they reach capacity very quickly e.g., Make Sense Theatre, Chance to dance.
- Young people have expressed they're not interested in competitive activities that require performing - saying they want to spend time with other autistic children.
- Activities like Holiday Clubs are difficult to access due to “not enough support personnel available”. Families where both parents are working find the situation “hard”.

A gap in provision was identified for autistic adults who have received a late diagnosis “and who have different support needs to those who have grown up knowing why they are different” or who are “without learning disabilities”. Local services for autistic adults who have “worked” or “lived independently” are reported “non-existent”.




WHAT WE AIM TO DO AS A PARTNERSHIP

Support groups, services

- More trained support workers to run activities in the community
- Availability of activities (across all ages), more social opportunities and social enterprise projects run by local people with lived experience.



&	<ul style="list-style-type: none"> • Training to adapt holiday clubs to be more inclusive and suit the needs of the autistic person • More funding needed for Autism Advisory service to employ additional Autism Advisors. • Encourage cafes/shops to clearly indicate to their customers that they can support people who are neuro-diverse and how they should let their staff know that adjustments are required. • Zero tolerance for bullying and prevent inappropriate exclusion from social events • Groups for non-men, groups for adults especially social clubs for diverse interests in spaces appropriate for autistic people due to noise and sensory stimulation (i.e. light, noise, volume of music) • Provision for autistic adults who received a late diagnosis and have different support needs to those who have had earlier diagnosis or who are without learning disabilities – an identified gap. • Local services for autistic adults who have “worked” or “lived independently.”
Training	
Local Services	<ul style="list-style-type: none"> • More social activities as most of autistic people need contact with peers and access to one to one support and local clubs. • Adjustments needed for everyday services to increase accessibility to autistic people. • Invest to adjust environments and into activities and services adapted or adjusted to meet the needs of autistic people and to minimise sensory impact. • More trained support workers to run activities in the community • Need a range of activities covering the full spectrum including for autistic people with less complex needs.
Transport	<ul style="list-style-type: none"> • Training for bus driver, taxi drivers and escorts to know the needs of the autistic person and are trained in how to best to meet these needs and communicate with them. • Additional support of getting driving licence for people with anxiety and sensory difficulties
Health	<ul style="list-style-type: none"> • Action to tackle the over representation of autistic young people in mental health beds. • Investigation and action to address the expected high prevalence of autistic adults in inpatient mental health settings.



PRIORITY 6 – HOUSING AND INDEPENDENT LIVING

What we know nationally

The National Strategy for Autistic Adults, Young People and Children: 2021-26 **Error! Bookmark not defined.** prioritises housing as an area for improvement, to be achieved through activities including:

- Support for keyworkers for children and young people with complex needs in inpatient mental health settings, and those at risk of being admitted to these settings.
- Increasing the provision of supported housing, enabling more people to access adaptations to their homes and reforming the social care system so it is fit for purpose.
- 10% of the homes built via the new [Affordable Homes Programme](#) will be supported housing by 2026.
- Work with the National Body for Home Improvement Agencies to offer support to local authority DFG teams and work with autism charities to raise autistic people’s awareness of how the DFG can support autistic people.

There is no one size fits all solution for housing for autistic people. This should be based on individual needs²⁹. In an absence of a needs led approach and appropriate support, autistic people may be faced

²⁹ NHS England, LGA and ADASS (2016). Building the right home: Guidance for commissioners of health and care services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges. Available at: [NHS England report template cobranded-supporting partners](#)



with specific difficulties, and a higher risk of homelessness. Lessening barriers within the housing sector is of utmost importance to improve independence, wellbeing and quality of life.

NHS England's 'Building the right home' emphasises that alongside physical adaptations within homes, geographical considerations should be made, particularly where there are sensory needs, e.g., housing away from noisy streets, bright lights and considering triggers which could exist in the surrounding area²⁹. Needs of the autistic person that may be linked to the proximity of established sources of support.

What we know in Reading

Locally, the number of autistic people that live within social housing is unknown, as it is not routinely monitored within the housing allocation and sign-up process. There is no specific pathway for autistic people within the housing system, rather, individual needs are considered throughout the process and support referrals made or adaptations may be made to homes. Considerations such as whether it is suitable for children to share bedrooms and space allocated accordingly, may be one such consideration. The Disabled Facilities Grant (DFG) is available for Homeowners, Private Tenants or Housing Association Tenants for adaptations to the home with the aim of making adaptations to live more independently. Within Reading, the DFG is predominantly awarded to young men aged 18-19 years old, and the service has been utilised to make adaptations for autistic people.

The homelessness service reports low numbers of autistic people presenting in need to the service, however, some individuals are placed in emergency accommodation such as bed and breakfasts due to lack of alternative temporary accommodation. This accommodation is often unsuitable for autistic people's needs and can result in disruptive behaviour and exacerbate vulnerabilities.

- Housing services within RBC do not have access to support in relation to autistic people that approach for homelessness assistance that don't meet the criteria for adult social care.
- Lack of emergency housing options within adult social care and not meeting social care thresholds, may result in autistic people being placed in inappropriate accommodation unsuitable for needs.
- Some behaviours may lead to people being unsuitable for general needs accommodation. Accommodation options for this small number are very limited and are likely to lead to chaotic lifestyles, potentially resulting in rent arrears, eviction and homelessness.
- Training for front-line housing staff is needed to better understand autistic people's needs.
- Clarity is needed on where autism sits within the adult social care and housing pathways
- Adult social care delivering safe accommodation options that are available for those with specific needs through a safe, easily accessible emergency account would be highly beneficial.

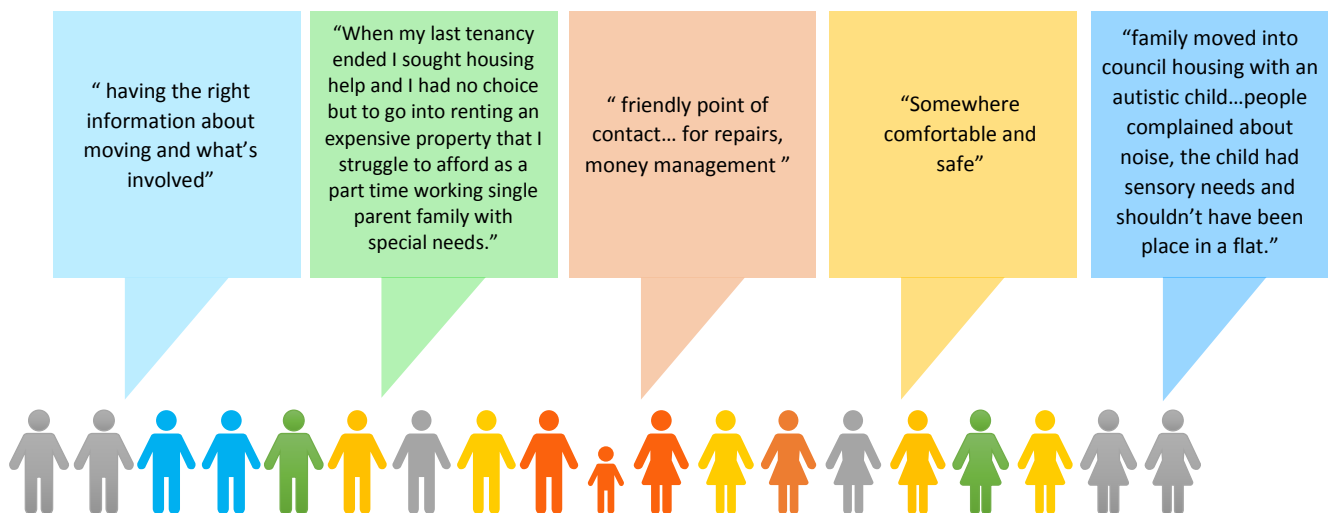
What is important to Reading people

Families and young people tell us that it is difficult to find information about what options are available and to obtain reliable support for a young person and adult in accommodation away from their family carers. Many parent carers provide an enormous amount of support to keep their autistic adult healthy and safe, sometimes at a cost to their physical and emotional health.

We asked autistic people and their families what is important to them about housing and what good housing should look like. Some of the responses are detailed below:

- The importance of feeling safe within their home - *'I don't want to move out of my parent's house, I like being there. I feel comfortable.'*
- Maintaining their environment - *'I like everything to stay the same and I don't want to move.'*
- An ideal home was described as being *"tidy"*, with a *"garden, lots of rooms and no noise from neighbours"*, in a *"quiet and safe area"* with *"easy access to shops (with small wheelchair access) and green spaces"* or *"basic necessities"*. The home would be *"well insulated, easy to ventilate"*, in easy reach of support such as 'housing officer', 'parents.' *"On a main bus route"* for regular bus schedules.
- For someone who needs *"help with household chores"*, *"supported living would be ideal"* or *"moving to a retirement place early"*.





WHAT WE AIM TO DO AS A PARTNERSHIP

- Accommodation**
 - Improved data to help inform future commissioning of adapted / specialist housing.
 - Autistic adults supported to access suitable accommodation
 - Include housing-related staff and providers in autism training plans
 - Address the specific needs of autistic adults in future housing and homelessness strategies
 - Make best use of existing specialist housing
- Independent Living**
 - Improve transitions planning to support independent living
 - Needs led housing provision for autistic people
 - Develop a clear shared strategy for provision of supported accommodation for autistic adults (safe and support health).
 - Plan to increase investment in aids, adaptations and new technologies which support independent living
 - Develop innovative models of accommodation with agile care and support options including reablement.
- Training**
 - More trained support workers to run activities in the community
 - Availability of activities (across all ages)

PRIORITY 7 – KEEPING SAFE AND THE CRIMINAL JUSTICE SYSTEM

What we know nationally

There is evidence that autistic people often have challenging, poor experiences when they encounter the Criminal Justice System (CJS). Reasons cited include a lack of awareness, confidence and understanding amongst CJS staff and challenges surrounding adjustments required for autistic people to engage in processes.³⁰ It is the responsibility of local authorities under the Care Act, to assess all resident's needs, inclusive of those in prisons and ensuring that adequate support systems are in place for them. The National Autistic Society states that autistic people are more likely to be witnesses and victims of crime than offenders. Most evidence indicates overrepresentation of autistic people within the CJS.

³⁰ S.B. Helverschou, K. Steindal, J.A. Nøttestad, P. Howlin. Personal experiences of the Criminal Justice System by individuals with autism spectrum disorders. *Autism*, 22 (4) (2018), pp. 460-468, 10.1177/1362361316685554



What we know in Reading

- Stigma and misconceptions associated with autism and ADHD exist which many officers still believe, however, awareness within the police is improving.
- CJS buildings are not designed in a way that is easily adaptable, however, some changes are possible with minimal effort and cost e.g., lighting / wall colours.
- Police are trained to deal with 'behaviour', which could lead to unnecessary arrests and inappropriate use of force. Training planned for 2022, aims to address this and provide officers with information to help them to assess behaviour differently.
- Reading police often have no one to refer people to except CAHMS and Adult Social Services.
- Health partners highlighted a lack of appropriate provision within the community post secure system, and that cultural and linguistic needs may not be met within custody.
- The CJS is not required to record autism as a condition. Where data was available, a limited analysis of the prevalence of autistic people in Reading was possible.
- Services do not systematically screen for autism nor routinely hold or aggregate clinically reliable data or information on autism prevalence in their data systems which would be required to inform future strategies and direction.
- There is evidence of autism training available in Reading, however, no standard or mandatory consistent training or delivery across the CJS.

Some local services have reported that Black autistic young people they support have reported that they feel they are more frequently and unfairly stopped and searched by police and that this causes distress and anxiety that makes them less likely to leave their homes. It was also noted by partners within the VCS that autistic people have told them they have been targeted by people to transport drugs, which can be a very frightening experience. Families have reported being advised to contact the Police by social care if their autistic child or young person are aggressive to them. However, they have not wanted to do so, and when they have it has not been helpful in resolving the situation.

What is important to Reading people

To prevent offending and support rehabilitation and inappropriate involvement with the CJS, early identification and support to prevent entry into the CJS is vital. Ongoing use of and awareness raising of the Berkshire Autism Alert Cards to appropriate services is encouraged. It is acknowledged that within the CJS the system is improving surrounding autism, as there is greater recognition, less stigma and better access to care, compared to some years ago. However, there are some gaps within the system. Steps to improve this are highlighted below.

PREVENT

Many autistic people are targeted and thus become involved in crime, often not realising they are victims. This could be local criminals preying on the vulnerable up to Organised Crime Groups and or Extremists. Crime types include, but are not exclusive to, Cyber, County Lines, so called "mate crime" and Terrorism. Identifying those most at risk of becoming involved in criminality and working with partners to safeguard those affected is vital. Statutory Partners to include: Local Policing (Reading LPA), Counter Terrorism Policing and Cybercrime units. Areas such as terrorism have existing pathways which in the main are well recognised and known. Reading needs to build on these and ensure people are identified and referred appropriately. Less established, are pathways for intervention for those involved in county lines and other crime types. It is key to ensure that when identified, there are pathways for early intervention and support and processes need to be in place with the Police and other partners to work together to prevent people from becoming embroiled in crime. In effect, using safeguarding principles to provide tailored multi-agency support.

PROTECT

Ensure that as a Local Authority, our staff and partners (including Police) have the appropriate training in place. This, therefore, provides our staff with the appropriate specialist knowledge to be able to recognise when they are dealing with autistic people, to enable them to give the best possible service and understand the referral processes when applicable. Many autistic children are disproportionality excluded from school, meaning they are often home educated or placed in Pupil Referral Units (PRUs). Pupil Referral Units are being targeted by gangs as described in the home office report: [Ending gang violence and Exploitation FINAL.pdf \(publishing.service.gov.uk\)](#) Reading should aim to adopt a multi-agency approach with PRU's in the area to ensure they can provide a multi-agency safeguarding package for children at risk from these gangs. As a local authority we need to challenge more exclusions from school of autistic children and provide a multi-agency response for those at risk of exclusion.

PREPARE

Ensure Reading have multi agency teams ready to provide a support package to those already within the CJS, those who are on the periphery of being involved in crime and those effected by crime whether as an offender, victim or witness. Support Autism Berkshire and Thames Valley Police with the roll out of the Thames Valley Autism Alert card [Thames Valley Autism Alert Card - Autism Berkshire](#). Reading was a pilot area. The membership for Reading must be built upon.

PURSUE

Ensure we have systems in place to enable information/intelligence sharing with Law Enforcement so they can effectively manage their core role of bringing offenders to justice that prey on vulnerable people.



WHAT WE AIM TO DO AS A PARTNERSHIP

- Criminal Justice**
- Increase knowledge of reasonable adjustment to enable appropriate support for autistic people.
 - Develop autism training to meet needs of police & those working in courts and probation service
 - Working with the police and youth justice to make sure they are aware of how to engage with autistic victims and perpetrators of crime to reduce contact with the CJS and the risk of offending and harm.
 - Improve autism practice across every area of prisons and probation with the aim to identifying the specific issues faced by autistic people.
 - Consistent training and data collation, reporting and sharing between agencies to enable CJS staff to know needs of autistic people and make appropriate adjustments.
 - Universal use of a consistent screening tool within the CJS is needed along with an information sharing protocol for information sharing between services.
 - Work with TVP about better documenting hate crime
 - Teach anti-victimisation and personal safety skills
 - Strengthen partnerships and joint working across the CJS and between agencies locally so that autism needs are recognised and met.
 - Implement use of new MHA
 - A dedicated additional resource to support people who are vulnerable.
 - Support autistic people to be able to travel independently
 - Support autistic people with paid employment and fixed activity routines, that they feel safe and confident doing, thus minimising the risk of vulnerabilities being exploited by others.
 - Implement adjustments throughout the CJS to create autism friendly communications and environments.
 - Ongoing support to ensure training provided incorporates social interaction, social communication, sensory processing, restricted and repetitive patterns of behaviours along with practical strategies for working with autistic people.
 - Mainstream services/local organisations to work in partnership with Prevent/Channel to identify those at risk of being drawn into extremism, assess and offer appropriate support plans to suit individual's needs.





PRIORITY 8 – SUPPORTING FAMILIES AND CARERS OF AUTISTIC PEOPLE

Aligns with Reading's SEND Strategy – Strand 5: Support for families / short breaks

What we know nationally

Families and carers of autistic people are often key to people being able to live independently in community settings. However, supporting another person, often for many years, can place a great deal of strain on the carer, especially if the person with autism does not want outside support, or struggle to engage with services or new people.

Caring for an autistic person can be rewarding but also demanding, both mentally and physically, and often isolating. Carers can benefit from training to help them better understand autism, support to plan for the future, peer support from other autism carers, and opportunities to take breaks from caring.

National picture

There are an estimated 3 million family members and carers of autistic people in the UK³¹

Some autistic people will need very little or no support in their everyday lives while others need high levels of care, such as 24-hour support in residential care. The National Strategy for autistic children, young people and adults aims at putting in place effective measures to 'make a difference to autistic people and their families' lives' and for their life to be 'fundamentally better.'

The Government has also pledged to provide support to facilitate engagement, including supporting Parent Carer Forums, to strengthen the engagement of parents and young people in the Special Educational Needs and Disability (SEND) system, the Transforming Care for Children and Young People accelerator programme, and a review of advocacy for families and carers to be able to speak up about the experiences of their loved ones.

The Care Act 2014 has given carers of adults the same rights as those they care for – the right to a carer's assessment and support plan if they have eligible needs and a personal budget, as well as information, advice and guidance on support available or that they are entitled to (e.g., carer's breaks) and how to access this. In Reading this can be provided through social care or the Reading Carers Hub. Under the Children and Families Act 2014, the Council has a duty to assess parent carers on the appearance of need or where an assessment is requested by the parent. The assessment covers the health and wellbeing of the parent carer and the need to safeguard and promote the welfare of the child cared for. The Council must be satisfied that the child and their family come within the scope of the Children's Act 1989.³²

What we know in Reading

- Parents and carers need to be supported and feel supported at the outset even when a formal diagnosis hasn't been made.
- In Reading various voluntary organisations offer pre and post diagnosis support for autistic people and their families. There are various supported activities and short breaks for children, including autism specific activities from Autism Berkshire, Engine Shed and short breaks funded by BFFC.
- Some autistic children also access activities provided by Reading Mencap or The Avenue School Holiday Play Scheme for children with learning disabilities.
- The Berkshire West Autism and ADHD Support Service is commissioned to deliver autism support for families and carers.

³¹ Local Government Association (LGA) (2022). Support for autistic people | Local Government Association. [online] www.local.gov.uk. Available at: <https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/autistic-and-learning-disabilities/autistic#:~:text=It%20is%20estimated%20that%20there>.

³² National Autistic Society (2020b). Carers assessments in England. [online] www.autism.org.uk. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/social-care/social-care-england-carers/carers-assessments>.



- Following an assessment, children with complex needs could be eligible to access overnight and daytime short breaks through Cressingham Short Break Provision. The Whitley Wood respite service is available to autistic adults. These services give families and carers breaks from their caring role.
- Tuvida Carers Hub is commissioned by Reading Borough Council and BFC to provide support to adult carers, information, advice and guidance, respite breaks or crisis support with the Carers Break service.
- Parents and family carers can access the Reading Carers Card, allowing carers to be identified at various local outlets for easier access and targeted support.
- Carers can request a carer's assessment of their needs to identify areas where they need additional support or explore opportunities to improve their health and wellbeing. This could be through allocation of a personal budget specifically for the carer to use for an activity of their choice.
- Autistic adults living apart from family carers struggle to attend medical appointments. This is supported by Mencap but need outstrips demand.
- COVID-19 measures taken to reduce the spread of the virus have limited access to many services, including respite care. These services are now re-opening, but many carers have gone without a break for many months and are in great need of time off to recuperate.

What is important to Reading people

We spoke to Reading parent carers and found that less than 10% of respondents felt supported by statutory health, care services and voluntary community sector services in their caring role.

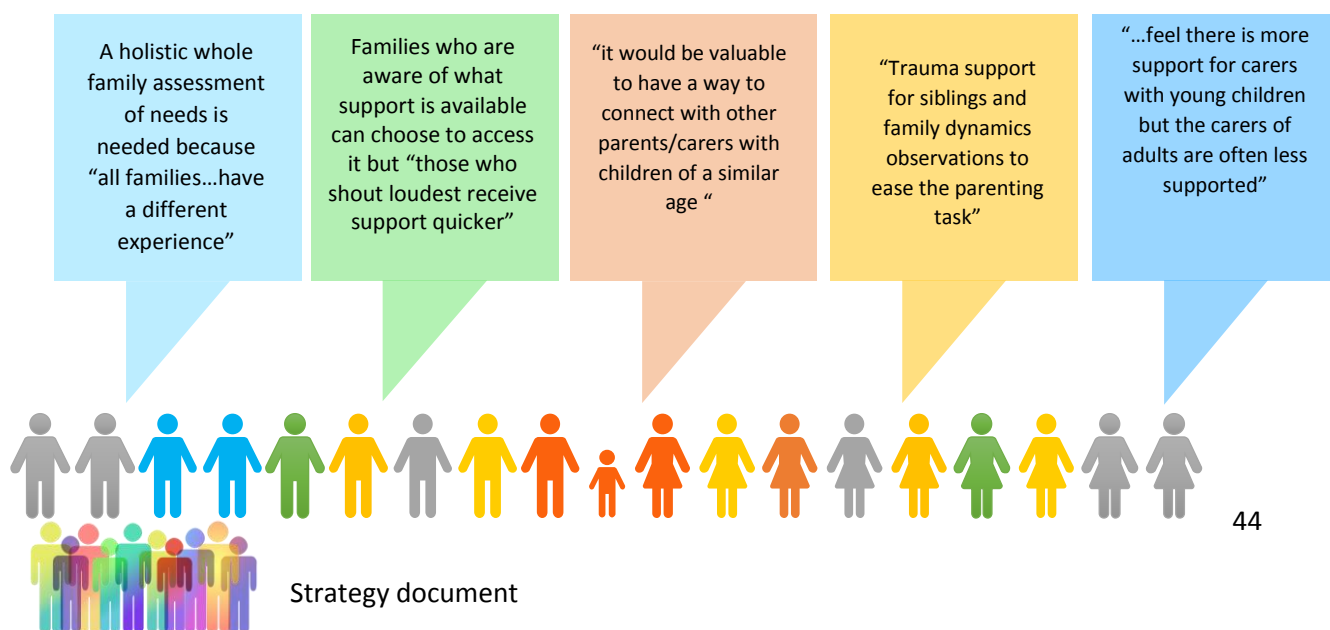
Some needs identified included the below:

- Facilitate access to breaks for families and carers
- Better child-care provision and activities during half-term and school holidays or weekend clubs needed for primary school age children
- Improve communication to keep parents informed of progress or additional services available

Communication and being kept informed are essential aspects raised by parents and carers, *'parents are not always included or kept informed, especially when there are multiple agencies involved'*. *'There needs to be much more coordinated approach to supporting families in how to access information about autism, where to turn to first'*.

Some parents and carers without friends and/or family to help *"do not feel supported in their caring role"*. Concerns were raised about not being able to get a carer's assessment from the commissioned provider. Planning for the protection of the autistic person who needs additional support to live independently was raised as a concern *'We are very concerned about what happens to her if something happened to us, her parents'*.

'...At the moment all the activities are focused on those with learning disability and not autism specific'



WHAT WE AIM TO DO AS A PARTNERSHIP

- Universal support needed for all carers of autistic people in line with NICE guidance and the Care Act 2014 and Children's Act 1989.
- Parent carers and siblings are supported for caring roles in line with NICE guidance and the Care Act 2014 and Children's Act 1989.
- Effective supports are in place if a parent or child is experiencing physical and/or emotional aggression.
- Trauma support for siblings and family dynamics observations to ease the parenting task
- Facilitate access to a carer's assessment and family protection planning
- Increase capacity for support by statutory health and care services and voluntary sector and community sector services to parents and carers.
- Increased facilitation of access to short breaks for families and carers, ensuring there is an offer of more autism friendly short breaks as requested by local families.
- Improve communication to keep parents informed of progress or additional services available.
- Child-care provision and activities during half-term and school holidays or weekend clubs needed for primary school age children
- Whole family assessment of needs to address specific concerns at home, at school, in the workplace.
- Increase take up of family and carer training
- Review provision and commissioning of overnight respite to ensure it meets need and identify resources to increase provision and facilitate respite for autistic people and families.
- Equitable support and awareness towards parent carers, ensuring seldom heard groups are targeted and fully supported.
- Autistic people who are eligible for adult social care support and use direct payments to be supported in finding personal assistants who are able to support their care.
- Increase capacity of people with appropriate expertise in supporting autistic people to tackle inadequate support provision for autistic adults and impacts on their carers and availability of short breaks.
- Ensure autistic children eligible for children's social care can access the help they need.
- Identify and address barriers to accessing care e.g., local experts have reported that autism may not be recorded for children with significant needs and that some marginalised families, often facing significant deprivation & language barriers, are not known to children's social care.

8 Delivering our future priorities

Reading's multi-agency Autism Board must be supported to ensure that key work and insights contribute to timely, appropriate provision of services and resource for Reading's population of autistic people and those that support them.

Local Governance and Monitoring Arrangements

Progress made against the priorities, associated actions and any commissioning intentions set out in this strategy will be formally reported to and monitored by:

- Autism Board
- Health and Wellbeing Board

Using existing networks and partnerships the work included in this strategy's implementation plans will be communicated and updates provided to:

- Autism Board
- SEND Standards Board
- Health and Wellbeing Board
- Community Safety Partnership
- Transitional Care Partnership
- Learning Disability Partnership Board
- Mental Health Forum

The Autism Partnership Board - will lead on co-ordinating the implementation of the strategy through developing implementation plans and measures of success to support priorities across partners to achieve the planned outcomes, provide answerable leadership in partnership with all



partners with the duty, knowledge and desire to improve the lives of autistic people and their families and carers. This board will consist of key stakeholders from across the system including autistic people and family representatives. The board will further define monitoring arrangements.

This strategy and implementation plans are live documents which will be used to monitor progress and work with partners to drive positive outcomes for autistic people and their families. A significant joint effort will be needed. As live working documents, the implementation plans will be updated to reflect any changes to need and develop as the strategy progresses.



Appendix 2 - Consultation plan on the proposed draft for Reading All age Autism Strategy and priorities

Name	Draft for Reading All Age Autism Strategy and priorities
Lead organisation	Reading Borough Council
Who is to be consulted	Autistic children, young people, adults, their families and carers, as well as people working with or supporting autistic people, in a caring capacity or professional role.
Target groups/numbers	<p>A number of key local groups and partnership groups will be approached to enable the voice of autistic people, their families and carers to be captured. However, the consultation will be open to the public online and through an engagement event.</p> <p>The Autism Strategic Group and the Autism Board will ensure what people have said drive the development of the strategy and the implementation of the priorities for the next 4 years. The target groups include:</p> <ul style="list-style-type: none"> • Autistic children • Autistic young people • Autistic adults • Families and carers of autistic people • Autism Berkshire • Parenting Special Children • Talkback • Reading Families Forum • Reading Autistic Families Together (RAFT) • Educational settings • NHS / Berkshire Health Foundation Trust • Department of work and pensions • Brighter Futures for Children <p>Expected numbers: over 200 to be engaged with, including through online consultation and focus groups</p>
Consultation period	15 th July 2022 - 15 th September 2022
Lead officer	Amanda Nyeke, Public Health and Wellbeing Team
RBC Sponsor	Sunny Mehmi, Assistant Director - Adult Social Care
Lead members	John Ennis, Lead Councillor for Adult Social Care
Objectives	<ul style="list-style-type: none"> • To confirm that the priorities identified in the Needs Assessment reflect what we have been told by autistic people, their families, carers and professional supporting them and that they are the ones that the strategy should focus on over the next four years; • or if there are any other areas that need to be considered.
Expected benefits/outcomes	<ul style="list-style-type: none"> • The results of the consultation will confirm the chosen priorities for the strategy and drive the next stage in developing the related implementation plans.
Link to other recent or forthcoming consultations	<ul style="list-style-type: none"> • N/A

<p>Consultation methodology and rationale</p>	<ul style="list-style-type: none"> • The consultation questionnaire will be hosted online, however there will be a public event focusing on engaging with autistic people, their families and carers face to face or in focus groups, using the already established links with key local groups and partners. • Support will be provided for people who prefer to use other methods to contribute their views, such as hard copy version of the consultation questionnaire, via telephone or email or other preferred methods. Additional support will also be made available to complete the questionnaire on request.
<p>Are there any access issues to be addressed?</p>	<ul style="list-style-type: none"> • Where engagement activities are held online, support will be provided to ensure attendees are able to use online platforms (such as TEAMS or ZOOM) or can join the meeting via a telephone line. Where engagement activities are held face to face, additional care will be taken to ensure people taking part are in a safe and accessible environment.
<p>How will the findings be evaluated</p>	<ul style="list-style-type: none"> • The findings from the consultation will be reviewed by the Autism Strategy Steering Group and the Partnership Board. The results will be evaluated based on a scoring percentage method driven by the corporate consultation software Citizen Space.
<p>Communication plan</p>	<p>The consultation on the draft strategy and priorities will run for 60 days from 15th July 2022 to 15th September 2022. The aim is to reach autistic people living in Reading, their families and carers and to key organisations and partners working or supporting autistic people.</p> <p>Focus groups will be held during the consultation period to engage with autistic people, families and carers, as well as professionals who work with or support autistic people.</p> <p>Launch: 15th July 2022</p> <ul style="list-style-type: none"> • Press release • Internal Comms / Social media • Reading Services Guide • Partnership work to spread the word • Public event (online or face to face)
<p>Planned activities</p>	<ul style="list-style-type: none"> • 15th July 2022 <ul style="list-style-type: none"> ○ Press release to launch the consultation ○ Consultation documents and online survey available on RBC website • 15th July - 30th July 2022 <ul style="list-style-type: none"> ○ Message shared via social media ○ Message shared with Autism Board/Autism Strategy Steering Group partners to cascade to their contacts, autistic people, families and carers ○ Internal comms to share online survey with RBC staff members

	<ul style="list-style-type: none"> ○ Brighter Futures for Children Comms leads to cascade message to teams/schools ○ NHS/BHFT Comms leads to cascade message to staff/PCNs • 15th August 2022 <ul style="list-style-type: none"> ○ Reminder message shared with Autism Board/Autism Strategy Steering Group/BFF/NHS/BHFT partners and comms leads to cascade to their contacts, autistic people, families and carers, staff members • 5th September - 15th September <ul style="list-style-type: none"> ○ Focus groups with autistic young people, adults, parents and carers - details to be confirmed • 10th September 2022 RAFT focus group • Week of 5th September 2022 <ul style="list-style-type: none"> ○ Consultation event open to the public (hybrid-online/face to face) - details to be confirmed • An email and phone number will be communicated for any queries <ul style="list-style-type: none"> ○ wellbeing.service@reading.gov.uk ○ 07811026070.
<p>How will confidentiality and Data Protection be ensured?</p>	<p>Under the Under UK General Data Protection Regulations (UK GDPR), the Council has a legal duty to protect any information we collect from residents. The Council uses leading technologies and encryption software to safeguard personal data and keep strict security standards to prevent any unauthorised access to it. The Council does not pass on personal details to any third party unless given permission to do so.</p> <p>Information supplied will be restricted to those with a legitimate need for this information. Access to consultation responses will be restricted to members of the Public Health and Wellbeing Team and other staff engaged in processing and analysing responses. Should an individual response highlight a potential safeguarding issue, this will be referred to the Safeguarding Adults Team to advise.</p>
<p>Will participants be offered any incentives or reward?</p>	<p>No incentive or reward will be offered to participants.</p>
<p>What are the costs?</p>	<p>RBC will commit officer time to this project in the form of:</p> <ul style="list-style-type: none"> • Preparing consultation and communication materials, distributing consultation invitations, arranging and presenting at meetings/forums, responding to ad hoc requests (e.g. translation/alternative formats), analysing consultation responses and collating a consultation report.

Appendix 3 - Equality Impact Assessment (EIA)

For advice on this document please contact Clare Muir on 72119 or email Claire.Muir@reading.gov.uk.

Please contact the Project Management Office at pmo@reading.gov.uk for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed:

Reading's All Age Autism Strategy 2022 - 2026

Directorate:

Directorates of Adult Care and Health Services and Council wide services

Service: **Adult Social Care and Public Health and Wellbeing Team**

Name: **Sunny Mehmi**

Job Title: **Assistant Director: Adult Social Care**

Date of assessment: **07/06/2022**

Version History

Version	Reason	Author	Date	Approved By
1.0	Creation	Amanda Nyeke	07/06/2022	
2.0	Reviewed	Sunny Mehmi	09/06/2022	

Scope your proposal

- **What is the aim of your policy or new service/what changes are you proposing?**

The proposal is to adopt a Reading All Age Autism Strategy for the period 2022-2026 in accordance with The Autism Act 2009 which sets out the requirements for local authorities and NHS bodies to work with local partners to improve services and support autistic people. The Act put a duty on Government to produce and regularly review an 'Autism Strategy' to meet the needs of adults with autism in England. Following the publication of the latest "**The national strategy for autistic children, young people and adults: 2021 to 2026**", Reading has started the development of a local autism strategy. This aligns the national priorities in conjunction with local demands and needs of those autistic residents in Reading.

Reading's All Age Autism Strategy 2022-2026 sets out key priorities across Reading and the services which serve the Reading autistic population, their families and carers.

The Strategy identifies 7 priorities. These are:

1. Improving awareness, understanding and acceptance of autism
 2. Improving support and access to early years, education and supporting positive transitions and preparing for adulthood
 3. Increasing employment, vocation and training opportunities autistic people
 4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care
 5. Housing and supporting independent living
 6. Keeping safe and the criminal justice system
 7. Supporting families and carers of autistic people
-

- **Who will benefit from this proposal and how?**

It is intended to be an important strategy in improving the health, wellbeing and wider outcomes of Reading autistic people, their families and carers;

- **What outcomes does the change aim to achieve and for whom?**

Adopting the 2022-2026 Reading All Age Autism Strategy will give the Autism Partnership Board a focus on the 7 identified priorities (see above), and set a framework for ensuring that plans to address these are monitored effectively and help to:

- Promoting the partnership working and integration of services.
 - To promote equality, social inclusion and a safe and healthy environment for all
 - Contributions to Community Safety, Health and Wellbeing of residents with autism.
-

In turn, the commissioning plans over the next four years should also be driven by and reflect Reading's All Age Autism Strategy 2022-2026 priorities.

The Strategy is aimed at the entire autistic population in Reading including their families and carers and adopting it should co-ordinate efforts to outcomes for any resident potentially affected by the priority issues.

The Autism Partnership Board will drive performance forward in the chosen priority areas as set out in the Strategy. In addition, the Autism Board will continue to work collaboratively and receive reports and monitor strategy action from other local strategic partnerships involved in supporting autistic people and improving health and wellbeing.

Reading's All Age Autism Strategy 2022 - 2026 acknowledges the risks related to climate change but is not designed to address those risks at this point in time. However, the implementation plans will endeavour to include detailed actions wherever relevant to address those risks and the health implications of climate risks.

- **Who are the main stakeholders and what do they want?**

- Current autistic children, young people and adults
- Carers and family of autistic people
- Staff and volunteers across care and support providers in the statutory, private and voluntary sectors that support autistic people.

Assess whether an EqIA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

- **Do you have evidence or reason to believe that some (racial, disability, sex, gender, sexuality, age and religious belief) groups may be affected differently than others?**
- **Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.**

Priority 1 and 4 of the strategy, address raising awareness, acceptance, understanding and reducing the health differences between groups based on the data analysis and consultation we have undergone to ensure all in the population benefit from the strategic aims.

- **Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.**

No

If the answer is **Yes** to any of the above, you need to do an Equality Impact Assessment.

If **No** you **MUST** complete this statement.

An Equality Impact Assessment is not relevant because:



Lead Officer

Sunny Mehmi

Assistant Director: Adult Social Care

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[Consultation manager form - Reading Borough Council Dash](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
<p>Autistic Reading residents, their families, carers and professionals and organisations working with autistic people.</p> <p>Including completion of an All Age Autism Needs Assessment</p>	<p>Engagement and coproduction (though limited in its scope by resources) took place via a mixture of interviews, workshops, surveys, forums, existing local groups, and feedback sessions. This insight was used to inform and shape the strategy, and to test emerging findings, recommendations, priorities, and vision development. We received contributions from 227 people.</p>	<p>15 November 2021 – 31 May 2022</p>
<p>Autistic Reading residents, their families and carers.</p> <p>Organisations across all sectors involved in support for autistic people and promoting or protecting health and wellbeing</p>	<p>A second consultation on the strategy will be carried out to ascertain if the aims and priorities set out in the strategy met people's expectations.</p>	<p>15th July 2022-15th September 2022</p>

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

- Describe how this proposal could impact on racial groups
- Is there a negative impact? No

No negative impact in terms of different racial groups has been identified.

Where take up of other services is disproportionately low for some racial groups which may face particular barriers to access, there will be a focusing of resources on those communities as part of the drive to reduce inequalities.

There is an ongoing need to recognise that cultural norms and barriers such as language may impact on access to support, and the All Age Autism Strategy should be a tool to address this.

Responses to the initial engagement raised the importance of ensuring that information and advice about health and wellbeing and other key information is accessible to all groups.

- **Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)**
 - **Is there a negative impact? No**
-

No negative impact in terms of gender has been identified.

- **Describe how this proposal could impact on Disability**
 - **Is there a negative impact? No**
-

No negative impact in terms of disability has been identified.

- **Describe how this proposal could impact on Sexual orientation (cover civil partnership)**
 - **Is there a negative impact? No**
-

No negative impacts on the grounds of sexual orientation have been identified.

- **Describe how this proposal could impact on age**
 - **Is there a negative impact? No**
-

No negative impacts on the grounds of age have been identified

- Describe how this proposal could impact on Religious belief
 - Is there a negative impact? No
-
-

No negative impact in terms of religion or belief has been identified.

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you MUST assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

No negative impact identified – Go to sign off

- How will you monitor for adverse impact in the future?
-

The long-term impact of adopting Reading's All Age Autism Strategy 2022 - 2026 should be a reduction in health inequalities and improvement in outcomes for autistic people, their families and carers. In order to track progress towards this goal, Action Plans will be developed with progress reports made to the Autism Partnership Board and fed into the Health and Well Being Board.



Lead Officer

Sunny Mehmi

Assistant Director: Adult Social Care

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