

Herefordshire Autism Strategy



2019 to 2022

An all age strategy for Herefordshire

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Executive Summary

Welcome to **Herefordshire's Autism Strategy**, which is an **all age strategy**, meaning that it is relevant to children, young people as well as adults with autism and their families. This document sets out the long term plans of Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG) and partners both with and on behalf of people with autism and their family carers. The Autism Partnership Board has played a key role in developing and co-producing this strategy.

The council has a statutory responsibility to ensure the well-being and safety of all vulnerable adults across a wide range of living activities and the CCG has a statutory responsibility to ensure the provision of universal and specialist health care in order to improve the health of the whole community. As part of these overarching responsibilities and as commissioning organisations committed to a healthier, wealthier and more inclusive Herefordshire, we want to work together to ensure that we help to support Herefordshire to be a place that universally welcomes and celebrates people with autism.

This strategy embraces the spirit of co-production which ensures that despite the context of very challenging public finances both nationally and locally, the strategy presents an opportunity for individuals and organisations to change their practices and “think autism”. Many of the required changes involve doing things differently and by doing this collectively this presents opportunities and energy. As providers and commissioners the challenge is to do more with less; to work with communities to support them to be more inclusive; to learn from others; use technology intelligently; make better use of universal services; working collaboratively across the independent and voluntary sectors; and, with the wider community wherever possible. This can only be done through increased awareness of the needs of people with autism and making reasonable adjustments part of our everyday business as usual.

Another key strand linked to raising awareness is recognition of the importance of a formal diagnosis. It is recognised that a diagnosis will not necessarily mean access to services, as this is dependent upon eligibility of social care need. One priority linked to awareness of autism is to ensure Herefordshire offers access to improved local diagnostic pathways for both children and adults.

The strategy recognises that we are at the start of a journey, and whilst progress has been made since the Autism Act and Herefordshire's first Autism Strategy in 2014, there is still some way to go to make the necessary and reasonable adjustments and to improve awareness across the sector. Commissioning is not exclusive to the council or the National Health Service, the approach set out in this strategy is intended to guide and support future actions at all levels and by organisations and communities.

Finally, recognising the role of the council and clinical commissioning group in enabling health and wellbeing for the whole population of Herefordshire, we want to make sure that we are accountable in our ambition to enable good quality services, opportunities and resources for all Herefordshire citizens now and in the future. The variability and the lack of reliability of baseline data sets a challenge in making sure that we can evidence that services are improving, and an ambition of the strategy is to ensure we start to capture data across the system to measure our progress. We currently recognise that the data available is variable depending upon the respective needs and conditions that individual residents have and it is the case that for those with autism that this is not fully understood. As such we need to establish and inform an evidence base of current and projected future

needs and this is an ambition of this strategy. This will inform how we develop services that are appropriate and relevant and equally provide a basis for how we can measure improvements for those with autism.

This strategy has been co-produced, and the fundamental ethos of engagement, feedback and co-production underpins many aspects of the strategy. This recognises the value of experts by experience and the insight carers can offer. We look forward to working with you all to make these outcomes a reality for people with autism across the county of Herefordshire.

Insert the signatures of sponsoring individuals from Council and CCG.

Include the Partnership board here



Introduction

There are a number of strategic themes underpinning the strategy that have been developed and agreed by the Autism Partnership Board, building on the successes of the **2014-2018 Autism Strategy for Herefordshire**, Herefordshire's first autism strategy.

Along with the Council's Preparing for Adulthood Protocol this strategy also includes young people aged 14 to 25 preparing for adulthood. The work in this phase of a young person's life is crucial in achieving successful outcomes and taking on the rights, opportunities and responsibilities of adult life.

This strategy describes the vision, aims and outcomes for people with autism who live in the county. The strategy seeks to shape the local approach in implementing the requirements of the National Autism Strategy '**Fulfilling and Rewarding Lives**' (2010), the **Think Autism Strategy (2014)**, the **Adult Autism Strategy: Statutory Guidance (2015)** and the **Think Autism Strategy Government Refresh (2018)**. This last one is an adult focussed strategy but applies to young people transitioning into adulthood. Locally there is also cross over with this strategy to recent strategies including **Herefordshire's Learning Disability Strategy (2018-28)** for people with a learning disability who have autism as well as **Herefordshire Children and Young Peoples Plan (2015-18)** and the CCG's **Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan (2015 -20)**.

Definition:

Autism is a life-long disability which affects the lives of people with autism and their families. The following definition of autism is taken from NICE clinical guideline 170 issued in August 2013:

"The term autism describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours, often with a lifelong impact. In addition to these features, children and young people with autism frequently experience a range of cognitive, learning, language, medical, emotional and behavioural problems, including: a need for routine; difficulty in understanding other people, including their intentions, feelings and perspectives; sleeping and eating disturbances; and mental health problems such as anxiety, depression, problems with attention, self-injurious behaviour and other challenging, sometimes aggressive behaviour. These features may substantially impact on the quality of life of the individual, and their family or carer, and lead to social vulnerability."

The guidance states:

"Autism spectrum disorders are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders Fifth

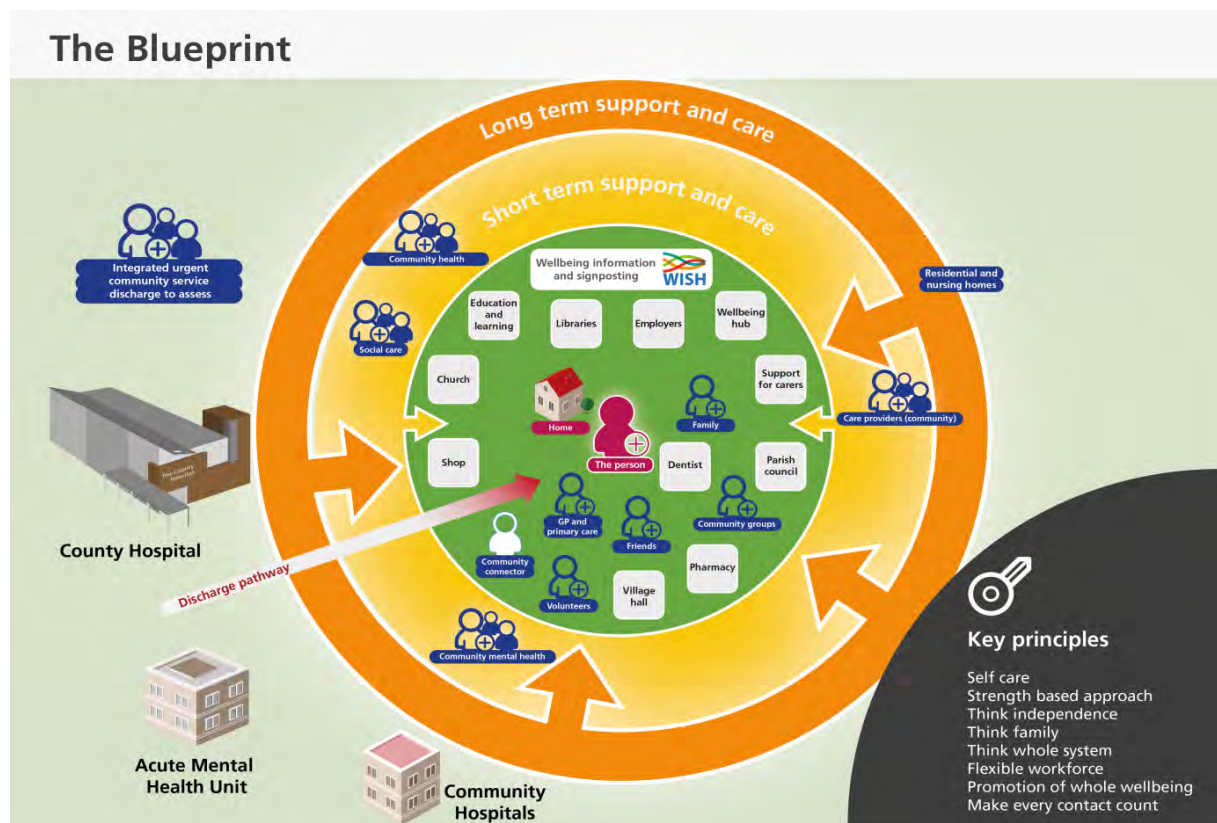
Edition (DSM-V) and have a significant impact on function. Both these diagnostic classification systems use the term 'pervasive developmental disorder', which encompasses autism, Asperger's syndrome and atypical autism (or 'pervasive developmental disorder not otherwise specified'). For a diagnosis of autism to be made, there must be impairments present and an impact on the person's adaptive function."

Autism is neither a learning disability nor a mental health problem, although mental health problems can be more common among people with autism and it is estimated that one in three adults with a learning disability also have autism.

We believe that people with autism have many skills, talents and aspirations, enabling them to have an active role in our shared communities. Through better understanding of each other's differences and actively seeking to make reasonable adjustments this will ensure all can contribute to economic growth through employment and training. We want to make sure that people with autism can live as independent a life as possible and remain as safe as possible with the best chance of long-term good health and wellbeing.

Delivering Locally:

Adults' Wellbeing, and Herefordshire CCG are working to the 'Blueprint' (see below diagram) which focuses on the key principles and a whole system of support networks surrounding each individual. This will include family and community and will not rely on formal services where they are not needed. Where eligible needs are unmet, statutory services will be available to meet assessed need to ensure that the person's health and wellbeing remains the central focus.



The local community has the capacity to assist people to meet their needs and aspirations. This will be achieved by seeking to ensure that services are focussed on maintaining the independence of the person, and their carer, whilst bolstering their strengths by:

- *facilitating access to the community;*
- *meeting any unmet needs to ensure the person, and carer, can have fulfilled lives within their communities where possible; and,*
- *for young people, enabling them to lead lives of their own and access the opportunities available to other children.*

Engaged and supportive communities enable people to stay healthy and actively involved for longer, reducing the need for targeted services.

The above approach has been adopted to enable people to receive appropriate information and support in a timely manner which enables them to retain/regain as much control over their lives as quickly as possible and avoid or delay the need for formal care.

1. The National Context

1.1 This strategy has been written in response to national policy developments relating to autism care, including the **National Autism Plan for Children (2003)**, **The Autism Act (2009)**, the **National Autism Strategy 'Fulfilling and Rewarding Lives' (2010)**, **National Autism Strategy (2009)** and the **Adult Autism Strategy: Statutory Guidance (2015)** and the **Think Autism Strategy Refresh (2018)**.

1.2 In addition the **Special Education Needs and Disability Code of Practice (2014)** provides statutory guidance in relation to Children and Young People aged 0-25 years and **guidelines published by NICE (The National Institute for Health and Care Excellence)**.

1.3 **The Autism Strategy (refresh in April 2018)** overarching objectives are to reducing the gap in life expectancy for people with autism and to enable them to play a full role in society. This is signified by the following 5 domains:-

The DOH 5 Domains

Domain 1: Lead: DH

Measuring, Understanding & Reporting needs of people with autism

- GPs aware of patient's condition (establishment of Autism Register)
- Awareness of diagnosis waiting times and post diagnostic outcomes (indicators in MHSDS), focus to include older people, under diagnosis of women & children)
- Widespread interpretation of social care return data to support autism strategy
- Research conducted into causes of life expectancy gap, and best interventions to address these, benchmarking what are effective mental health interventions for people with autism

Levers:

- Mental Health Services Data set
- Autism Act/Statutory Guidance
- NHS and Social Care outcomes frameworks

Domain 2: Lead: DH/HEE

Workforce Development

- Health and care staff, and staff in organisations with public facing responsibilities, who provide general support to autistic adults have appropriate knowledge of the condition
- Health and care staff, and staff in organisations with public facing responsibilities, who have a direct impact on, and make decisions about, the lives of autistic adults have appropriate specialist knowledge of the condition

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- DH workforce policy enacted through the 2012 Health and Social Care act
- NHS Mandate
- Equalities Act

Domain 3: Lead: NHSE

Health, Care and Wellbeing

- Timely access to adult autism diagnosis
- Timely and appropriate mental health support
- Widespread use of tailored communication methods and recognition of sensory, communication and environmental needs
- Preventative support in line with Care Act 2014

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- 2014 Child and Families Act
- 2012 Health and Social Care Act (NHSE's oversight of commissioning)
- NHS Mandate
- Equalities Act

Domain 4: Lead: DWP

Specific Support

- Specific support available to people within criminal justice system
- Appropriate support to identify and follow aspirations when transitioning from education
- Easy access to, and positive experience of, employment and benefits pathways
- Support is provided to people with Autism to help them retain employment, and support them in their work setting
- Easy access to public transport

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- 2014 Child and Families Act
- MoJ/HO statutory powers over CPS, Youth Justice Board, NOMS, NPCC
- DWP Autism Strategy Action Plan
- Equalities Act

Domain 5 Lead: ADASS

Participation in Local Community

- Reasonable adjustments enable people to access public services
- Participation in local planning and H&WB strategy implementation
- Access to an appropriate range of accommodation options
- Successful transition of people preparing for adulthood across education, health, employment and social care spheres (participation in employment considered in needs assessments and care and planning process takes account of work opportunities)

Levers:

- 2014 Care Act
- Autism Act/Statutory Guidance
- 2014 Child and Families Act
- HWBs and JSNA
- Equalities Act

1.4. **The National Autism Strategy** vision is for '***all adults with autism are able to live fulfilling and rewarding lives within a society that values and understands them. It believes that people can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.***' This vision is grounded firmly within an equality and human rights approach. It is based on the fundamental principle that adults and children on the autism spectrum have the same rights as everyone else, and that they should be able to access services and participate in society on an equal basis.

It is this approach and vision that Herefordshire Council and the Herefordshire CCG have used to develop this strategy for adults and children on the autism spectrum in Herefordshire.

1.5. The **Transforming Care Programme (TCP)** is a national programme which is focussed on improving health and care services for those people with a learning disability and/or autism who display behaviours that challenge and as a consequence may be at risk of being admitted to a specialist hospital.

The Transforming Care Programme aims to prevent unnecessary admissions to hospital by working together to find solutions that will enable people to remain in the community. Where a person with a learning disability and/or autism is admitted to a specialist hospital the admission will be kept under close scrutiny by way of Care and Treatment Reviews (CTR) or in the case of a child or young person with Care Education and Treatment Reviews (CETR). Agencies will work together to ensure any admission to specialist hospital to manage challenging behaviours will be kept as short as possible.

1.6. Since **the Children and Families Act 2014**, and the **Autism Act 2009**, successive Governments have charged local partnerships with improving awareness and understanding of autism, developing clear and consistent pathways for diagnosis and care, and supporting adults with autism into work. In April 2018, the Department of Health & Social Care refreshed arrangements overseeing the implementation of the autism strategy, creating five Task and Finish Groups to coordinate the delivery of relevant objectives and track progress.

1.7. Data collection and analysis is a national challenge due to limited capturing and recording of data of known people with autism, often data is also collated under differing parameters across agencies, and the lack of data sharing protocols compounds this issue. This is now becoming increasingly recognised as a barrier in understanding the scale of the issue and how best to approach and deliver changes, as well as monitoring performance and successes. This is signified by the DOH creating a working group around the domain of data.

1.8 Further progress is required to better identify, understand and meet the needs of people with autism. The latest self-assessment findings in June, 2017 reveal just 4% of councils rated themselves highest for the collection of data for planning and commissioning. Despite being crucial to underpinning independence, just over a third of councils rated themselves highest concerning the needs of young people during the transition process. Only 9% of councils rated themselves as high in making reasonable adjustments to general services to improve access and support for people with autism. This strategy recognises that in order to measure progress of the identified outcomes in Herefordshire we must start by capturing data in regard to what is happening now.

1.9. The **Learning Disabilities Mortality Review (LeDeR)** Programme is a national programme that focuses on both adults and children with a learning disability, and/or autism. It is recognised that often these individuals have poorer physical and mental health than other people. The Programme aims to review all deaths from the ages of four upwards to understand how people lived and what were the details leading up to their death.

Research tells us that people with autism die an average of 18 years earlier than the general population, and people with autism and a learning disability as much as 30 years earlier. Also autistic adults without a learning disability are nine times more likely to die from a suicide than the rest of the population (Autistica study 2015).

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. It is being implemented at the time of considerable spotlight on the deaths of patients in the NHS, and the introduction of the national Learning from Deaths framework in England in 2017.

2. Local Context

2.1. This strategy begins to explore the concept that for local government and the NHS the relationships with people with autism should be different. Unlike other vulnerable groups known who generally have shorter periods of need around specific issues, adults with autism and their families, have long term needs and need to enter into a different relationship to get the support they need. An exception to this can be found within childrens education provision for some groups e.g. SEND .It may be in the person's best interest to remain in close contact with services such as education, social care provision and the NHS for whole lifetimes, from childhood through to old age. People are more likely to require support across a wide range of life issues, such as education, housing, healthcare, and employment. Also people with autism have a role to play in helping services to learn and grow. This already extends to co-producing plans, raising awareness, working together to make improvements and to hold organisations to account. The role of the Autism Partnership Board is key to this.

2.2. The strategic themes underpinning the strategy were co-produced by commissioners and the Autism Partnership Board during the summer/autumn of 2017 and during 2018. They build on the themes within the first autism strategy for Herefordshire published in 2014.

2.3. **Key successes** of the **2014-18 Autism Strategy** include:-

- **Herefordshire Autism Partnership Board (APB)**
From 2014-18 the APB has been led by an independent Chair who is on the autistic spectrum. The Board continues to attract a wide membership including people with autism, carers, education, health and care professionals, commissioners, and a range of third sector partners. The strategic priorities reflect the existing local strategy position and the revised national strategy which have been adopted by members of the APB.

- **Production of an awareness raising film about autism**

The film was a result of a joint project between the Rural Media Company and the Autism Partnership Board. <https://www.ruralmedia.co.uk/charity/projects/action-autism>. The film has been shown around the county to a wide variety of audiences helping to raise awareness of autism amongst the wider population. Raising awareness amongst the population as a whole is an ongoing objective of this revised strategy.

- **Raised awareness to all ranks of local Police Officers**

The Partnership Board, through its chair, has worked very closely with West Mercia Police and the Local Independent Advisory Group (LIAG) to raise awareness of autism with all ranks of officers. To expand the knowledge within the Criminal Justice System is a key objective of this revised strategy.

- **Training sessions for GP's and health professionals**

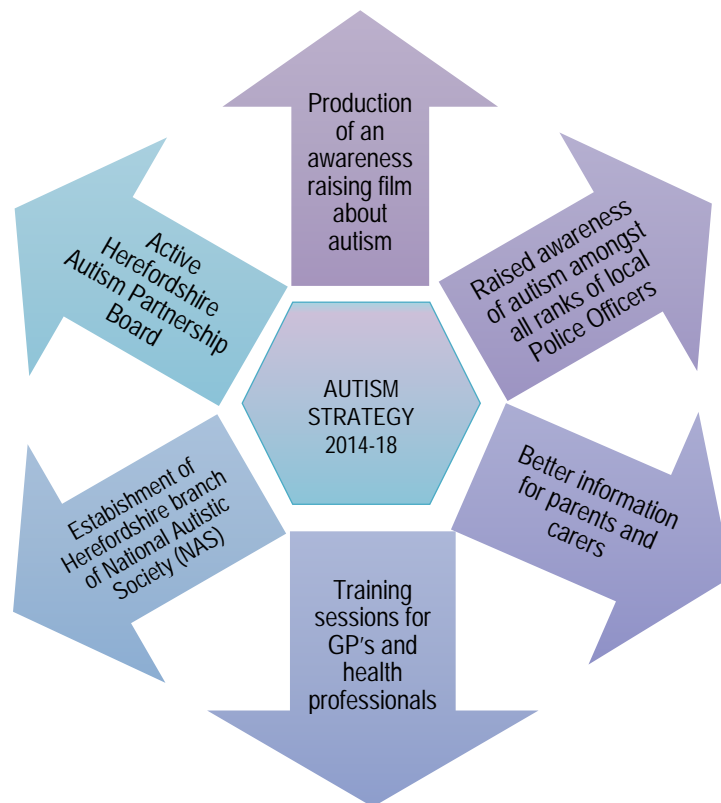
In 2016 members of the Board, together with Healthwatch Herefordshire, presented a training and awareness session around the diagnostic pathway to GPs at an in-service training event. This led to a number of training sessions being held at individual GP surgeries across the county. The continued raising of awareness amongst health professionals is a key objective of this revised strategy.

- **Establishment of a Herefordshire branch of the National Autistic Society (NAS)**

The Partnership Board was supportive of and acted as an advisor in setting up the local branch of the National Autistic Society (NAS). The branch has been very active in promoting local and national initiatives. It has also played an important role in offering advice and support to parents of children with autism. Supporting parents and carers is a key objective of this revised strategy.

- **Improved information for parents and carers**

A body of information was created on the Council website for children, young people with Special Educational Needs and Disabilities (SEND) and their families (The Local Offer). https://www.herefordshire.gov.uk/info/200228/local_offer. This is currently being reviewed and transferred onto the Wellbeing, Information and Signposting (WISH) database in order to make it more accessible and used more frequently. <https://www.wisherefordshire.org/children-and-families/>. Also Herefordshire Carers Support assist carers to navigate the system for information.



2.4. In addition, a countywide engagement exercise on the draft priorities of the strategy was commissioned by the APB and conducted during the summer of 2017. The engagement was primarily aimed at people with autism and was conducted via an on line survey, a hard copy questionnaire and face to face meetings.

2.5. The National Autistic Society (NAS) have also conducted several surveys and engagement sessions during the lifetime of the original Herefordshire strategy including surveys on educational provision, the Herefordshire offer to people with autism, and wider engagement to inform the development of this strategy.

2.6. Throughout the development of the strategy the priorities were also consulted upon with a range of health professionals, Council and CCG commissioners and representative organisations from the voluntary sector. Their views and feedback are reflected in the principles that guide this strategy. Herefordshire's priorities also link to the national drivers and will be able to inform the future self-assessments surveys.

2.7. Herefordshire has an established and committed Autism Partnership Board and will build on the successes already achieved to continue to strive towards achieving the aspirations of the autism community in Herefordshire to build a cohesive inclusive community.

2.8. Autism will be reflected through the work programme of the Sustainable Transformation Programme (STP). This includes both the work programme for the TCP and the LeDeR review. The STP currently has an adult focus but Herefordshire and Worcestershire are extending their remit to include children and young people.

2.9. Herefordshire is engaged in the LeDeR programme and staff across both health and social care are trained to undertake local mortality reviews across all age groups, and take

appropriate action to apply learning and drive changes in practice across the Herefordshire and Worcestershire footprint.

2.10. Herefordshire is committed to the personalisation agenda and is actively promoting individualised support and personal budgets. Personalisation is seen as a positive way forward for people with autism as this will offer opportunities to shape the kind of support they need, empowering them to have more choice and control over how their needs are met. This is why the council responds to the needs of individuals and not their diagnosis ensuring that whoever they are they will be supported to build on what they can do for themselves and have support where needed. Schools across the county were offered training on person-centred planning in 2015 and as a result, a number of schools adopted this approach.

2.11. There is a very small number of children who the local authority supports that enter care under section 20 of the Children's Act 1989, This recognizes the extreme challenges families face in providing the high level of complex support and the role of the local authority to support the child and their families who retain parental responsibility but require essential support from the local authority.

2.12. Herefordshire is implementing Making Every Contact Count (MECC). This is an initiative that encourages health and social care staff to use the opportunities arising during their routine interactions with patients and customers to have brief conversations on how they might make positive improvements to their health or wellbeing. Evidence suggests that adoption of the MECC approaches across health and care could potentially have a significant impact on the health of our population.

2.13. Herefordshire retains a focus on eight high impact areas of change to support local health and care systems to reduce delayed transfers of care. These are set out as follows:-

Change 1 - Early Discharge Planning.

Change 2 - Systems to Monitor Patient Flow.

Change 3 - Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.

Change 4 - Home First/Discharge to Access.

Change 5 – Seven day services

Change 6 - Trusted Assessors.

Change 7 - Focus on Choice.

Change 8 - Enhancing Health in Care Homes.

2.14. Herefordshire captures limited data in relation to people with autism, this is indicative of a wider national issue. This is due to a number of reasons:-

- There is currently no national driver to capture this data, but indicators from the department of health suggest this will change in the near future.
- Not all people with autism are known to the local authority, as they do not seek support from the local authority or have eligible adult social care needs.
- Autism is often not the primary diagnosis within social care and so the council will not record the prevalence of autism in a reportable format.
- General Practitioners (GP) surgeries operate a system where the diagnosis of autism is captured on the patient record, but only 0.4% of patients are captured (where we know the national average is 1%).
- There is a low diagnosis rate in Herefordshire compared to the national average. The diagnosis rate in Children in Herefordshire is 0.81% of the population, in comparison to the national average of 1% of the population.

- Not all people with autism consent to this being an indicator on their primary health record.
- There are instances where some organisations are counting the similar data differently, leading to inaccurate data sets.

This means that there is a limited baseline with which to evidence changes and improvements.

In order to measure the success and impact of the strategy Herefordshire will need to make some changes across the whole system to capture key data and then evaluate performance to ensure better outcomes for people with autism.

3. Demographics

Adults

3.1. It is estimated that more than half a million people in England have autism. This is equivalent to more than one per cent of the population and similar to the number of people that have dementia. Historically, four times as many males as females are diagnosed with autism, however this is being challenged and it is thought that this ratio could be as little as 2:1. It is the statutory duty of Herefordshire Council and Herefordshire Clinical Commissioning Group, through the Health and Wellbeing Board, to produce a joint strategic needs assessment (JSNA) of the health and social care needs of the local area. The JSNA should provide the basis for service planning and commissioning decisions by the local authority and health organisations. (Herefordshire JSNA 2016).
https://factsandfigures.herefordshire.gov.uk/media/47888/understanding_herefordshire-jsna_2016.pdf

3.2. Autism is estimated to cost the UK economy £32 billion a year, more than cancer, stroke and heart disease combined, with the majority due to loss of earnings (Westminster Commission on autism, 2017). People with autism moreover face barriers in accessing appropriate and timely healthcare services. Indeed, 74% of people with autism feel that they receive worse healthcare than their neurotypical counterparts, whilst 88% do not think health professionals understand their needs.

3.3. The Office of National Statistics estimates that the UK population grew to 65.1 million in 2015. It is projected that the population will grow steadily, passing 70 million people in 2026. Therefore we can expect the population of people with autism to rise proportionately, which in turn will have an impact on the demand for support and services that people on the autism spectrum will require in the future.

3.4. There is currently no overall register of adults on the autism spectrum in the county. The National Autistic Society has published estimates of the prevalence of autism in the UK which note that although the figures for the prevalence of autism cannot be precisely fixed, it appears that a rate of around 1 in 100 is a best estimate of the prevalence in children. A prevalence rate of around 1% would mean that the number of people with autism in Herefordshire can be estimated at around 1,860 including approximately 380 children age 0-18. This though is only an estimate. Accurate figures have continued to be difficult to source and it is one of the ambitions of this strategy to engage with various

health professionals across the county to enable an accurate and reliable figure of the incidence and geographic location of the autistic population of Herefordshire.

Generally the incidence of diagnosis amongst males is higher than that in females, however, figures vary from study to study. For a detailed look at what studies have been conducted please see the National Autistic Society (NAS) website at: <https://www.autism.org.uk/about/what-is/gender.aspx>

3.5. NAS conducted a survey in May 2018 to seek people's views on the services and supports they would wish to see in Herefordshire.

Fifty six people responded to the survey and the key findings are as follows:-

- The majority of returns (52%) were from the 35-54 age group, the second largest cohort responding was the 18-24 years age group (22%).
- 78% of respondents thought the quality of support available for people with autism in Herefordshire was either poor, or very poor. Only 10% thought the quality of support was good or very good.
- 46% of respondents thought that Herefordshire offered poor or very poor choice of support, whilst only 6% thought that the choice of support was good or very good.
- Only 17% of respondents reported that they had used local services for people with autism in Herefordshire.
- When asked what services and support people with autism would like to see 84% said they would like social groups, followed by 58% looking for activity related groups.
- Qualitative data collected via the survey revealed that people would like to see specific support to assist people into employment, and also "drop ins" run by people with autism with the opportunity to increase social networks. Also appropriate health support and a local diagnostic pathway was a repeat theme.
- Carers reported difficulty in seeking the opportunity to connect with others, and would value support to do this.
- Evidence was that those people with high functioning autism didn't feel their support needs were recognized.
- Other considerations people would like to see were around their making reasonable adjustments to accommodate their sensory needs within universal services for example autism friendly shopping times which were quieter or had reduced sensory stimulations.

3.6. Data from Herefordshire GP practices indicate that in March 2017 there were 718 patients recorded as having autism (0.4 per cent of all patients, and 0.6 less than the national average).

3.7. The total adult social care adult wellbeing budget (net) for 2017/18 was £51,897 million. In 2017/18 there were 2,567 customers in receipt of long term support packages from a total of 7,221 people who were supported by adult social care in the year.

3.8. The collection of data relating to numbers of people with autism is not mandated, and as a result is not routinely centrally collected or held. This is nationally recognised and a key driver for Domain 1, in improving the quality of information available to ensure that we can recognise improvements made across the whole system by valid baseline data. This requires a whole system approach to improve and collect this information at source and share centrally.

3.9. It is important to acknowledge the challenges around data collection. The current estimate may be different from the actual number of people on the autism spectrum and many may not want to disclose their diagnosis for a number of reasons. Some people with autism may not come to the attention of the council or NHS due to:

- Ability to live independently without support of funded services with the support of natural networks, in particular those without accompanying learning disabilities.
- Not meeting the eligibility criteria for services such as those who have borderline learning disabilities.
- Inability to access services where there is no formal diagnosis of autism.
- Autism being a secondary diagnosis.
- Their wishing to be not 'labelled' as different to the rest of their peer group.
- Parent Carers continuing to look after their autistic offspring who still live at home.

Children

3.10. Data taken from the annual spring school census of the children in the local school system in Herefordshire demonstrates an increase in the number of children identified as having a primary special educational need (SEN) type of autism each year. Between 2015 and 2016 this number rose from 162 to 178, an increase of 9.8%. The following year 2016 to 2017 this figure increased to 201 which was a growth of 12.9%.

(Note: the school census data does not equate to the entire child population. It only currently counts children in maintained schools and academies. Pupils within the private or independent sector are not included nor are those who are elective home education.) The total number of electively home educated children is 173 (July 2018). The number with SEN is 26 children. Of these 26, eight have a diagnosis of autism and two more are suspected to be on the autism spectrum. Within the 26 children with SEN, the number of children with an Education, Health and Care Plan is 10. Of these, three have a primary need of autism.

3.11. In the spring 2017 school census 201 children were identified with a primary need of autism by their schools. A further 53 children were identified as having secondary SEN need type of autism. In total, this is 4.9% of children with special educational needs (SEN) in Herefordshire. There is no guarantee that all of those identified by the school census necessarily had a diagnosis. From those children identified with autism: 26% were attending special schools; 48% were in mainstream secondary schools; and; 26% were in primary schools. Of the 26% in special schools (52 children) 73% were primary age and 27% secondary age. Earlier diagnosis affects the age profile of the autism cohort.

3.12. In 2017 across England, 26.9% of children with an ECHP plan were identified with autism as a primary need compared to 15.5% in Herefordshire (source: DfE statistical first release Jan 2017). There is a threshold for a statutory assessment which for most children leads to an Education, Health and Care Plan (EHCP). This threshold is where children have 'significantly greater difficulty in learning than their peers'. A full account of eligibility for statutory assessment along with the process is included in the national SEND Code of Practice.

3.13. In primary schools the national average incidence of autism in England in 2017 was 6.7% of pupils compared 2.3% in Herefordshire (source: DfE statistical first release Jan 2017). This includes children and young people with an EHCP.

3.14. In secondary schools the national average incidence of autism in England in 2017 was 8.8% of pupils compared to 6.5% in Herefordshire (source: DfE statistical first release Jan 2017). This includes children and young people with an EHC Plan. These figures indicate that other areas diagnose earlier than Herefordshire given that there is less of a gap between local and national for the secondary age-range. It does not necessarily mean that there are fewer children with ASD in Herefordshire.

3.15. The Herefordshire **Joint Strategic Needs Assessment, JSNA (2018)**, found that children with autism are more likely to experience bullying, be excluded from school and have lower levels of educational attainment compared to their peers. Fewer than one in four school leavers with autism stay in further or higher education. Some access special support in mainstream school, and some attend specialist schools (see 4.5 below).

4. Resources

4.1. Given the expected rise in the size and age profile of the general population over the coming years it is clear that demand for services within the county will continue to grow across all sectors of care. As central government funding decreases this will present additional challenges for public bodies and commissioners, and so a different way of working is required to embed the values and ambitions of the strategy into community life.

4.2. One of the biggest assets are the people who make up the autism community, through their talents, ideas and abilities. Success is more likely to be achieved when all individuals and statutory bodies work together to highlight where there are gaps in provision and identify solutions, to make the best use of the resources across the system. External sources of funding will also be investigated to see whether funding through grants or other payments might be obtained.

4.3. Universal services and key partner organisations will need to join up their approach and work even smarter in delivering services which address the priorities and key issues facing people with autism and their families. It will be important that where funding does exist, everyone involved with delivering or commissioning services work together to ensure that services purchased are as efficient and effective as they can be and address universal needs and aspirations.

4.4. It will be for individual partners to identify and implement reasonable adjustments and awareness raising in order to support the autism community. Where appropriate, it will be for the APB and other local groups to help partners identify where these efforts might be best targeted.

4.5. Education funding is provided from the Dedicated Schools Grant (DSG). All schools have a notional amount within their delegated funding to support lower levels of SEND including children with autism. For those with more severe needs, provision is funded from the High Needs Block of the DSG. This funds the following provision for children with Education, Health and Care Plans:

- top-up tariff funding for those attending mainstream schools;
- the specialist resource bases at Hampton Dene and The Bridge at the Bishop of Hereford Bluecoat School including specialist speech and language therapy support;
- local special school places for those children with severe and complex learning difficulties including autism;

- for a very small number of children where needs cannot be met locally, out of county placements are made (38 week day placements or 52 week residential placements).

4.6. The High Needs Block also funds autism outreach to mainstream schools provided on behalf of the Council by Hampton Dene Primary School, and speech and language therapy services which are autism specific.

4.7. Adults and children with eligible social care needs are identified following assessment and any individuals who meet the threshold for support will receive either a Direct Payment or commissioned services to meet their needs. The thresholds which determine eligibility are not determined by diagnosis of autism. It is important to note that eligible needs are identified through an assessment of need and a holistic approach is taken to delivering support through natural networks and communities. It is only then, that unmet needs are met through formal services.

4.8. To determine eligible needs for adults the Care Act 2014 sets out a list of statutory outcomes that need to be considered (in conjunction with the national eligibility criteria) and is ascertained through a social work assessment of individual eligible needs <http://www.legislation.gov.uk/ukdsi/2014/9780111124185>

4.9. Eligibility for social care needs for children is set by the standards in the Childrens Act 1989 and established by a social work assessment against referral criteria. <https://www.wisherefordshire.org/children-and-families/childrens-social-care/social-care-for-disabled-children/disabled-childrens-social-care-referral-criteria/>

4.10. To date recording of needs does not include any reference to autism in a reportable format. The strategy will help identify ways to improve this going forwards, so the numbers of children and adults receiving financial support to meet eligible social care needs with autism can be identified. The government are also looking to improve this activity nationally.

4.11. To address this effectively and equitably, the role of the council and the CCG will be to:

- ensure that the wider autism community is engaged in the ongoing process of shaping services and opportunities, rather than merely consulting them and their families at the beginning before telling them what we've done at the end. Each implementation plan will be developed in consultation with the Autism Partnership Board, who will advise on the level and method of engagement that is needed;
- co-produce plans that don't go rapidly out of date and that look at the longer term outcomes rather than what can be delivered within the lifetime of the current budget cycle. By engaging the wider communities skill, experience and imagination to create diverse, economically robust and high quality services that achieve excellent, well-directed outcomes over a lifetime;
- place greater emphasis on delivering changes that have a measurable and positive lifelong impact on people with autism, drawing on Herefordshire's blueprint for adult social care and on the framework of government policies affecting health and social care for people with autism. In doing so, commissioning organisations must also develop an understanding of the ways in which an empowered, engaged and

included autism population can add to the diversity, well-being and economy of the county.

5. Herefordshire's Priorities

Herefordshire's priorities have been co-produced to ensure that the themes identified through engagement and learning can be brought together to drive positive change.

Whilst the national priorities under the Government refresh use different headings for the five DOH domains (see page 8), it is recognised that there are three distinct differences:-

- Herefordshire has developed an all age strategy. The government strategy only relates to adults. This allows the local strategy to build in opportunities that support people with autism across an all age pathway and for opportunities for children to be considered across all priorities.
- The national strategy considers data as a separate domain. Herefordshire strategy considers data across all of its priorities in order to embed increased emphasis upon data collection to both establish a baseline, understand the story the data is telling us, and to measure progress.
- The national strategy considers workforce development as a separate domain. Herefordshire have opted to build workforce development across all priorities, as it considers that awareness is a key theme of each of the priorities and to delivering positive changes.

Priority 1: Health and Wellbeing

How does this Herefordshire priority relate to the Department of Health national domain?

The DOH **Domain 3 Health - Care and Wellbeing** lists the following as key outcomes:-

- a) timely access to adult autism diagnosis;
- b) timely and appropriate mental health support;
- c) widespread use of tailored communication methods and recognition of sensory, communication and environmental needs as well as preventative support in line with the Care Act 2014.

These outcomes are reflected within the outcomes identified by the Herefordshire Autism Partnership Board.

The current position in Herefordshire:

- a) A key issue for many people with autism in Herefordshire is the need for a local easily accessed diagnosis process. Currently a publically funded diagnosis is only available out of county. A locally based service would reduce the need for people to travel and make services more easily accessible.
- b) GP access is another issue that people have reported as often being difficult. Appointments need to be timed with consideration to the person's needs, to enable patients to access services as easily as possible. Some people have also reported that health services, including GP surgeries, could be made more autism friendly and this strategy will seek to increase the use of reasonable adjustments in the provision of services.
- c) Recording of data is not standard and in measuring any performance improvements this means measuring progress is more difficult.
- d) The provision of reliable information about health services and healthy lifestyles is another area that people have reported could be improved. Herefordshire does not currently have a unified or systematic approach in seeking best practice ways to deliver services or create environments which are autism friendly.
- e) Another area cited for improvement are mental health pathways for people with autism, where the treatments are targeted and appropriate and not generalised.

Herefordshire and Worcestershire are working together through the Sustainable Transformation Partnership (STP). The partnership is a collaborative between all local health and care organisations working across the area, supported by voluntary sector and Health watch representatives.

Current plans set out a direction of travel for the next three years. Priorities include:-

- doing more to prevent illness and encouraging people to live healthier lives;
- encouraging people to self-care or self-manage more of the routine aspects of their conditions;
- improving access to GP appointments;
- improving community services which care for people at home, including making better use of technology;
- changing the role of community hospitals so more care and treatment is available closer to home;
- easier access to emergency/urgent care;
- making acute and specialist services more sustainable.

There is a specific work stream under the STP that covers autism and learning disability with the aim of improving services for these cohorts to deliver the Transforming Care agenda. Aiming to create services which prevent hospital admissions, maintain health and wellbeing and promote and optimise independence.

In addition, over the last twelve months a new local Making Every Contact Count (MECC) training package has been developed, this includes both face to face and e-learning. MECC will be rolled out via the Healthy Living network, and will now move into implementation stages.

A local delivery plan links some of the key themes of this strategy, incorporating areas from the eight high impact areas and enables implementation to be cross cutting across health and social care to deliver greater impact.

What do we want to change?

During the co-production of the strategy the Autism Partnership Board undertook engagement where the following aspirations were identified:-

- *local diagnosis pathways in place to enable people to be diagnosed and, where appropriate, to access suitable services in a timely manner;*
- *a greater awareness amongst health professionals of the need to make reasonable adjustments in their services in a timely manner, for example adapting CBT, adapted services for depression and anxiety or providing behavioural activation to meet the needs of people with autism;*
- *autism is included within all relevant Health, CCG and Council plans;*
- *improved recording of autism within GP patient records;*
- *wider recognition of the relevant therapies to support autism with mental health concerns;*
- *ensure that feedback is captured and is used to both evaluate and inform future practices.*

Priority 2: Education

How does this relate to the national domain?

Education does not appear as a discrete Department of Health Domain. This is because the national autism strategy is for adults. Herefordshire's strategy is an all age strategy and sees the pathway from child to adulthood as crucial and wants to close any gaps which may exist as a result of transitioning from child to adult services. This is why education is also included as a priority.

The current position in Herefordshire:

Parents have told us that there is a continuing need for schools to be more aware of autism and how to help pupils attend and progress with their lessons. Although many people have expressed their satisfaction with the services provided for young people in education there is still room for improvement in making the process of getting support more easily and quicker. In addition, some people have said that the provision of information and support in general could be improved. The process of transitioning from school into adulthood is also seen as an important phase that needs to be fully supported and planned and there needs to be a range of choices and opportunities available for school leavers.

There are gaps in the data for independent and private schools in Herefordshire which impacts on the wider data set and, therefore, limits the understanding of children with autism.

What do we want to change?

The following aspirations are identified and will be achieved through the delivery plan linked to the strategy:-

- *improved awareness of autism amongst all education professionals;*
- *autism is considered within all Health, CCG and Council plans for children and young people;*
- *young people aged 14 – 25, with a diagnosis of autism, and parent/ carers, have easier access to appropriate information, advice and support.*

Priority 3: Training, Further Education, Employment and Housing

How does this relates to the national domain?

A number of our priorities taken together relate to meeting the requirements of these Department of Health domains. Within the national strategy this links well to **DOH Domain 5 - Participation in Local community and DOH Domain 4 - Specific Support.**

- Herefordshire's priorities for further education, housing, employment (and indirectly transport to enable access across the county), will enable us to ensure that through targeting the priority areas, we improve the opportunities available to people to promote ordinary life chances, support human rights and provide confidence and opportunities to support individuals to take steps towards building the lives they aspire to;
- we will also ensure that reasonable adjustments are made to enable people to access public services;
- that there is access to an appropriate range of accommodation options;
- that there is a successful transition of people preparing for adulthood across education, health, employment and social care spheres;
- that there is active participation in local planning and Health and Wellbeing strategy implementation.

The current position in Herefordshire:

Housing: the availability of autism friendly housing is an issue that was raised during engagement with people with autism. They told us that there needs to be a greater range of housing options across a wider geographic area and developments needs to consider creating autistic friendly environments.

Employment: people have told us that there are additional barriers into employment for people with autism. People would like more opportunities to enter the employment market and that the provision of advice and information by local agencies needs to be improved.

Transport: accessing public transport can be difficult for people with autism. More autism aware and autism friendly services need to be developed and provided across the county.

Further education: people have told us that there needs to be a greater range of choice for young people wishing to access further education opportunities within the county. This would allow them to remain living with their families whilst continuing their studies.

What do we want to change?

The following aspirations are identified and will be achieved through the delivery plan linked to the strategy:-

- *improved awareness of autism amongst all professionals and partner organisations providing services to people;*
- *greater involvement of the autistic community in the planning and execution of decisions that directly affect them;*
- *a set of best practice standards are shared with partner organisations to promote better ways of working which will benefit people with autism (as well as other vulnerable groups);*
- *autism is considered within the plans and strategies of partner organisations;*
- *reasonable adjustments, both existing and those yet to be developed and implemented, need to be standard practice to ensure housing, transport and employment are accessible to people with autism.*

Priority 4 :Keeping Safe

How this does relates to the national domain?

In order to achieve the **DOH national domain 5 - Participation in Local Communities**, we need to overcome the additional barriers in order to be capable of attending and able to participate. Many people with autism report they don't feel safe or confident, this is a national issue.

The current position in Herefordshire:

The number of Hate Crime offences and incidents recordings were up by 74% from April 2016 to April 2017. Within these figures were ten offences in relation to disability which is an increase of seven over the previous year. There are a number of approaches which have been adopted to tackle this issue.

- West Mercia Police have introduced the Herbert Protocol, which is a national scheme. The Herbert Protocol asks the next of kin of vulnerable people to compile useful information about that person in the event the vulnerable person goes missing. This information can be things such as phone numbers, medication, photographs and places where, if they had previously gone missing, they had been found. It is a simple risk reduction tool to be used in the event of a person with autism, dementia or other vulnerability going missing. It consists of a form that contains vital information about a person at risk that can be passed to the police if the person is reported missing.
- The Code of Arrest means that the police don't arrest a person if other options are more appropriate. As awareness of autism grows in Herefordshire, so will the responses from the Police service in the increased understanding of the impact of autism. The National Autistic Society have produced good practice guidelines for police staff, and local awareness training has been delivered to some staff in West Mercia Police (W.M.P).
- West Mercia Police have started to draw up new risk assessment plans to look at what support is needed for the victims of Hate Crimes.
- Prevent is one of the elements of the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. People with autism can be susceptible to this type of indoctrination. It has three specific strategic objectives to:-
 1. to respond to the ideological challenge of terrorism and the threat faced from those who promote it;
 2. to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
 3. to work with sectors and institutions where there are risks of radicalisation that need to be addressed.

What do we want to change?

- *We need to improve awareness within the autism community of community safety.*
- *Improved awareness of autism amongst all professionals providing universal services to support them to make reasonable adjustments.*
- *Mechanism to enable the autistic community to influence and educate others in regard to planning and execution of decisions that directly affect them.*
- *Where appropriate, autism is included within the plans and strategies of partner organisations, with a key focus on the police service and the criminal justice system.*

Priority 5 : Support for Families and Unpaid Carers

How does this relates to the national domain?

Support for carers and families is not a specific Department of Health domain. However, the Herefordshire Autism Partnership Board has identified it as an important local priority. The Autism Partnership Board recognises the vital role many families and carers play in advocating and supporting their loved ones to achieve.

The current position in Herefordshire

The role played by families and unpaid carers is widely seen as a key support of local services. The provision of good quality reliable information is regarded as being an important help to carers to enable them to access support and services. Access to effective advocacy and support networks is also seen as important as is the provision of social opportunities to provide respite to parents and carers. Herefordshire is starting from a good place from the current carer services and supports in place from local organisations but recognises there is more it can do to ensure people have access to the information they need.

WISH Wellbeing Information and signposting for Herefordshire is an online resource to source information. The local National Autistic Society (NAS) branch also works on behalf of the autistic community in Herefordshire and provide signposting and resources, presentations and training as well as facilitating adult and youth groups. Herefordshire Carers Support also provide signposting and support for all carers who have a role to play in supporting a family member or loved one who is on the autism spectrum.

What do we want to change?

As a result of our engagement work we have identified the following outcomes:

- *clearer access and signposting to relevant information and advice so that the right support can be identified and provided effectively;*
- *identifying technology and tools that can assist in providing the right type of support to make the right reasonable adjustments, as well as improving quality and consistency of information;*
- *improved experiences of universal services through better understanding of what reasonable adjustments can be made through a wider awareness of the requirements of people with autism.*

6. OUTCOMES TABLE

The table below describes the outcomes which the strategy sets out as being required for people with autism in Herefordshire over the lifetime of the strategy, in both the short and medium term.

PRIORITY 1- HEALTH AND WELLBEING Improved health and wellbeing by improving access to high quality services in Herefordshire.

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
CCG	1.1	Existing resources: The CCG provide commissioning resources via the Deputy Director of Operations and	New local adult diagnostic pathway and review of children's diagnostic pathway	Improved pathway and experience of health services	People with autism have their health needs & expectations understood	People with autism be and feel more valued and be better equipped to seek the support they need.
	1.2	Transforming care/LeDeR programme Lead	Making Every Contact Count (MECC)	Improved data quality and intelligence to inform future planning	Families contributions are respected	There will be a positive impact on life expectancy within the autistic community due to prevention, improved practice and healthier lifestyle.
	1.3	Director of Primary Care Director of Public Health STP	Increased promotion and awareness of autism		The time spent in receipt of health care services for people with autism is in line with the rest of the population.	

PRIORITY 2- EDUCATION - Making sure that everyone has access to appropriate educational provision.

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
HC	2.1	CWB Joint commissioning Manager (HC and CCG)	Carry out review of therapy services	Therapy services	Families are able to access services relevant to their children's needs	More positive experiences for children in the education system providing the right support and better life chances
	2.2	Head of Additional Needs (HC)	Training and workforce plans	Market development plan (linked to the Learning Disability Market analysis)		
	2.3	Senior Post 16 advisor (HC)	Preparing for Adulthood protocol	Criteria for specialist provision Preparing for Adulthood protocol		

PRIORITY 3 - Training, Further Education, Employment and Housing - People with autism have more choice and control over their lives and

have improved quality of life.						
Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
HC	3.1	<p>Existing resource:</p> <p>AWB project management time; AWB commissioning time.</p> <p>Joint work with both CWB, Housing & Providers</p>	<p>Identify best practice models and partners to build on existing services</p> <p>Awareness Campaigns</p> <p>Best practice guidance produced and owned locally (Building and environmental design)</p> <p>Engagement with FE colleges</p>	A broader range of opportunities and support into employment, FE and housing options.	Greater expectations for young people with autism to be in settled accommodation, better training opportunities and in employment.	Better life chances and increased independence as more people with autism in settled accommodation, FE and work related opportunities
	3.2					
	3.3					
	3.4					

PRIORITY 4 - Keeping Safe- People with autism feel and keep safe

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 & 2)	MEDIUM-TERM OUTCOMES (Year 3 & 4)
L.I.A.G.	4.1	Local Independent Advisory Group (LIAG) Community Cohesion Officer (HC)	Increase safe places scheme Increased training across the system to include core services, universal and community services.	An increased range of support across a wider range of organisations and a broader geographical area	People with autism have increased confidence to access their own community	Increased independence leading to a better quality of life.
	4.2	Herefordshire Mencap West Mercia Police			The local community will be more welcoming supportive and aware of people with autism	Reduced number of people with autism entering the criminal justice system

PRIORITY 5 - Support for family and unpaid carers- Development of circular systems and processes to improve quality of information provided to carers and families

Lead	Ref no	PRIORITY 1 INPUTS	PRIORITY 1 ACTIVITIES	PLANNED OUTPUTS	SHORT-TERM OUTCOMES (Years 1 &2)	MEDIUM-TERM OUTCOMES (Years 3 & 4)
HC	5.1	Integrated Pathways Dev Manager (HC)	Wiki Me Pilot	Wiki Me support planning and information sharing tool	The development of improved communication systems all round will ensure all feel heard and well supported.	Families and unpaid carers will have better experiences, increased resilience through self-help and feel well supported by their communities
	5.2	Head of Additional Needs (HC)	Commissioning of carers services using best practice guidance			
		AWB Commissioners		Autism friendly universal services providing reasonable adjustments	Information will flow both ways and feedback will influence change.	
	5.3	NAS	Continuing development of WISH		Families and unpaid carers will feel more supported by services	
		HCS				

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Herefordshire Disability United

ACSYL

National Autism Society (Herefordshire Branch)

National Autism Society (Central England)

Herefordshire Clinical Commissioning Group

Healthwatch

2gether

Herefordshire Council Adults Wellbeing Directorate

Herefordshire Council Childrens Wellbeing Directorate

West Mercia Police

Glossary of Terms

ADASS	The Association of Directors of Adult Social Services
APB	Autism Partnership Board
ASD	Autism Spectrum Disorder
AWB	Adult Wellbeing Directorate (Herefordshire Council)
CCG	Clinical Commissioning Group
CLDT	Community Learning Disability Team
CTR	Community Treatment and Review
CWB	Childrens Wellbeing Directorate (Herefordshire Council)
DFE	Department for Education
DPs	Direct Payments
DOH	Department of Health and Social Care
DSG	Dedicated Schools Grant
DWP	Department of Work and Pensions
EHF Plan	Education Health and Care Plan
EMIS	Web based system that allows the sharing of health information.
H&WB	Health and Wellbeing Board
HC	Herefordshire Council
HEE	Health Education England
Herbert Protocol	National scheme to compile useful information to be used in the event of a vulnerable person going missing.
HQIP	Healthcare Quality Improvement Partnership
JCB	Joint Commissioning Board
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
LeDeR	The Learning Disabilities Mortality Review Programme

LIAG	Local Independent Advisory Group
LMHA	Local Market Housing Assessment
MECC	Making every contact count
NAS	National Autistic Society
NHS Digital	The national information and technology partner to the health and social care system
NHSE	NHS England
NICE	The National Institute for Health and Care Excellence
Prevent	Prevent is one of the four elements of CONTEST, the Government's counter-terrorism strategy.
RAG	A RAG status uses the colour of traffic lights (Red, Amber, and Green) to identify progress. Green means no action required. Amber means action is required and red means this is a risk and needs to be escalated.
Section 20	Is the LA's duty to provide a child with somewhere to live if certain conditions are met, however parental responsibility is retained.
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
STP	Sustainability and Transformation Partnership
TCP	Transforming Care Programme
Wiki-ME	Family held information records system
WISH	Wellbeing Information and Signposting for Herefordshire – on line service
WVT	Wye Valley Hospital Trust