



CABINET

7.30 pm	Wednesday 28 September 2022	Council Chamber - Town Hall
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Members 9: Quorum 3

(Leader of the Council), Chairman

	Cabinet Member responsibility:
Councillor Keith Darvill	Lead Member for Climate Change
Councillor Gillian Ford	Lead Member for Adults and Health
Councillor Oscar Ford	Lead Member for Children and Young People
Councillor Paul McGeary	Lead Member for Housing
Councillor Paul Middleton	Lead Member for Corporate, Culture and Leisure Services
Councillor Ray Morgon	Leader of the Council
Councillor Barry Mugglestone	Lead Member for Environment
Councillor Christopher Wilkins	Lead Member for Finance and Transformation
Councillor Graham Williamson	Lead Member for Development and Regeneration

Zena Smith
Democratic and Election Services Manager

For information about the meeting please contact:
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e-mail: luke.phimister@onesource.co.uk



Please note that this meeting will be webcast.
Members of the public who do not wish to appear
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Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.

Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.

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Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

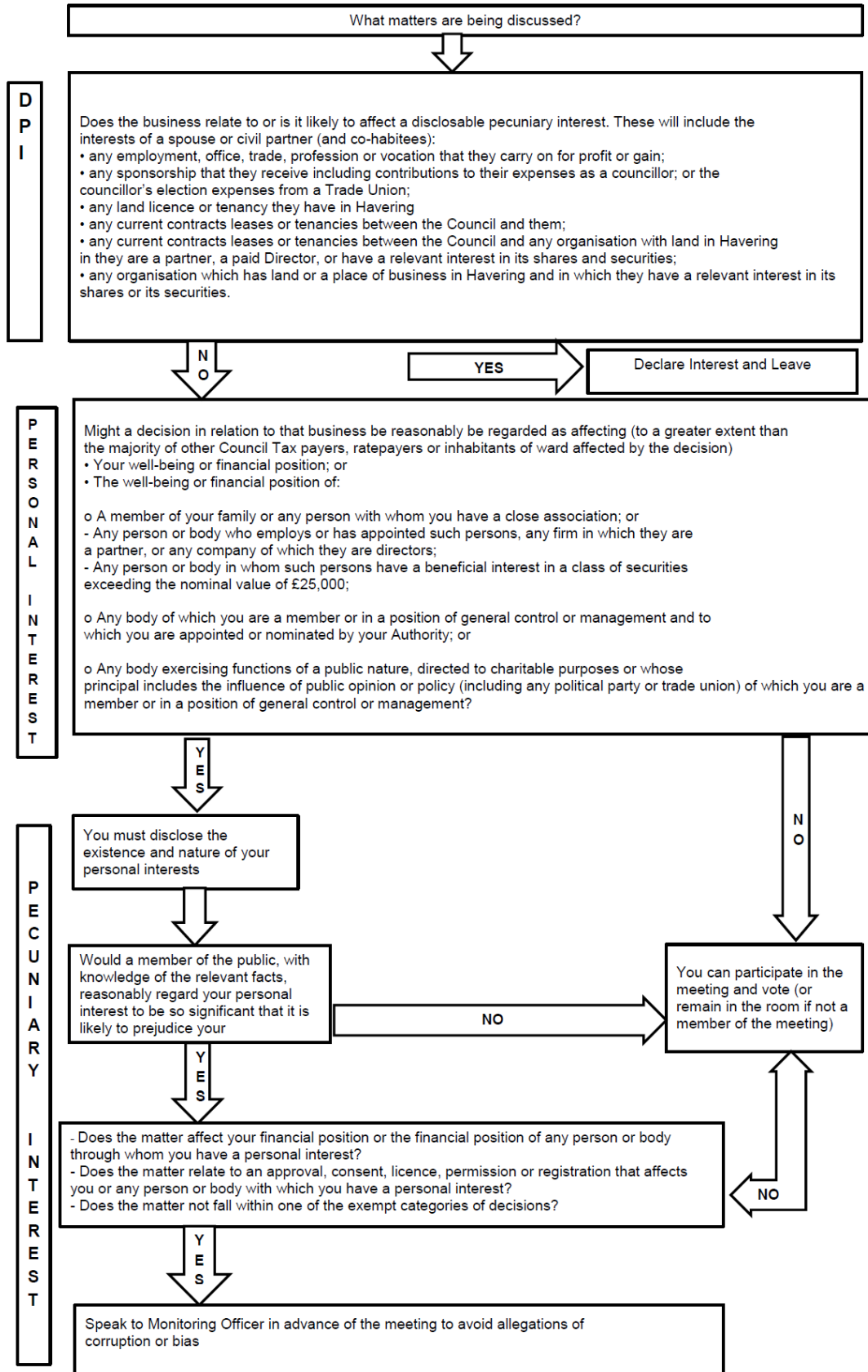
- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

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Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA

1 ANNOUNCEMENTS

On behalf of the Chairman, there will be an announcement about the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(if any) - receive

3 DISCLOSURES OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the minutes of the meeting held on 6th July 2022 and to authorise the Chairman to sign them.

5 JULY FINANCE REVIEW 2022/23 (Pages 5 - 44)

Report attached

6 ALL AGE AUTISM STRATEGY 2022-2025 (Pages 45 - 148)

Report and appendices attached

7 REMOVAL OF PARKING RELATED COVID19 SUPPORT MEASURES (Pages 149 - 156)

Report and appendix attached



MINUTES OF A CABINET MEETING
Council Chamber - Town Hall
Wednesday, 6 July 2022
(19:30-19:52)

Present:

(Leader of the Council), Chairman
Councillor Ray Morgon

Councillor Keith Darvill

Councillor Gillian Ford

Councillor Oscar Ford

Councillor Paul McGearry

Councillor Paul Middleton

Councillor Ray Morgon

Councillor Barry Mugglestone

Councillor Christopher Wilkins

Councillor Graham Williamson

Cabinet Member responsibility:

Lead Member for Climate Change

Lead Member for Adults and Health

Lead Member for Children's
Services

Lead Member for Housing

Lead Member for Corporate, Culture
and Leisure Services

Leader of the Council

Lead Member for Environment

Lead Member for Finance and
Transformation

Lead Member for Development and
Regeneration

No apologies were received for absence.

16 ANNOUNCEMENTS

17 APOLOGIES FOR ABSENCE

There were no apologies for absence.

18 DISCLOSURES OF INTEREST

There were no declarations of interest.

19 MINUTES

The minutes of the meeting of 16 February 2022, were agreed as a true record of the same and the Chair was authorised to sign them.

20 **ESTABLISHING THE HAVERING BOROUGH PARTNERSHIP AND INTEGRATED CARE BOARD**

Cabinet considered the Establishing the Havering Borough Partnership and Integrated Care Board – Governance Arrangements report.

It was explained that the Integrated Care Systems (ICSs) were now in place across the country. Havering formed part of the North East London (NEL) ICS. A key element of ICSs were Place Based Partnerships, which had been formed in each borough in NEL. The Havering Borough Partnership (HBP) brought together partners from across the health and social care system to plan and deliver services for local residents.

Following the passage of the Health and Social Care Act 2022, from 1st July 2022, the NEL Clinical Commissioning Group (CCG) ceased to exist, and had created a statutory Integrated Care Board (ICB), that brought the NHS together to improve population health and care, which would delegate functions that were best addressed locally to Place Based Partnerships. A Place Based Committee of the ICB had been established in each Place in NEL, with associated governance processes put in place.

The following were agreed:

- **Note** the formal establishment of NHS North East London Integrated Care Board (ICB) and associated Committees of the ICB on 1st July 2022.
- **Note** that the appointment of NEL representative Councillors and officers to the ICB and its associated Committees, had not yet been agreed, and Cabinet would be updated in due course. Should a Havering Council officer be nominated, such an appointment would be made under existing officer delegations within part 3 of the Council's constitution.
- **Note** the appointment by the Leader of the following political representative from Havering to the Integrated Care Partnership Board as a political appointment to an outside body: Councillor Gillian Ford, Cabinet Member for Adults and Health.
- **Endorse** the appointment of the Chief Executive of the Council, as the Havering Placed Based Committee's (a committee of the ICB, not the council) Lead Accountable Officer, and that this appointment had been made under existing officer delegations within part 3 of the Council's constitution.
- **Note** the intention to review the relationship of the Havering Health & Wellbeing Board and the Place Based Partnership Committee, as well as the council's health scrutiny functions
- **Note** the establishment of the ICS Executive Committee to support the ICB, which would have representative senior officers from NEL constituent authorities, although these were yet to be determined. Cabinet would be updated in due course.

- **Note** that an update would be provided to Cabinet no later than October 2022.

21 **CONTRACT AWARD - HOMECARE LIGHT TOUCH FRAMEWORK**

Cabinet considered the Contract Award – Homecare Light Touch Framework report.

It was explained that approval was being sought from Cabinet for successful homecare providers to join the Council's new Homecare Light Touch Framework following a competitive tendering exercise.

Fifteen (15) Providers were described and it was recommended that they join the Framework from 1 August 2022.

Furthermore, the Homecare Light Touch Framework would commence from 1 August 2022 to 31 July 2026.

It was agreed that the new Homecare Light Touch framework for the placement of packages of homecare in Havering to the successful tenderers listed in the attached exempt appendix A would be awarded.

Chairman

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CABINET

Subject Heading:

Update report on the Council's financial position and Medium Term Financial Strategy

Cabinet Member:

Councillor Chris Wilkins (Cabinet Member for Finance and transformation)

SLT Lead:

Dave McNamara
Section 151 Officer

Report Author and contact details:

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Policy context:

The report provides an update on the Financial position of the Council including the Period 3 revenue monitoring position, the latest medium term financial strategy and proposals for consultation on the 23/24 budget

Financial summary:

This report includes:

- the current national funding outlook
- a summary of the Council's current financial situation
- the approach to setting the Council's 23/24 budget and MTFS for the following years
- proposed arrangements for budget consultation

Is this a Key Decision?

Yes – Significant effect on more than two wards

1. EXECUTIVE SUMMARY

1.1 This report provides an update on the financial position of the Council. The report contains the following sections

- Revenue and Capital Monitoring Position Period 3 2022/23
- Update on the Medium Term Financial Strategy 2023-2027
- Proposals for Public Consultation on the 2023/24 Council Budget

1.2 The financial position of the Council is acute.

In summary:

- The 2021-22 outturn was a service overspend of £20m. This was partially mitigated by one-off Government COVID support of £8.1m
- The revenue monitor for 2022/23 at period 3 shows a forecast service overspend of £19m
- The General Fund non earmarked balances as at 31st March 2022 are £11m
- The current Medium Term Financial Strategy (MTFS) shows an imbalance between expected funding and forecast funding levels of £70m over a 5 year period.

1.3 Havering remains a low-cost council providing good services with high value for money. The Council is funded through Council Tax; a proportion of Business Rates (NNDR) it collects; locally raised income and Government Grant. The impact of the pandemic, and reduction in Government grant has created a situation whereby increasing spending pressures are not being matched by increases in resources.

1.4 This situation is compounded by the cost of living crisis where high rates of inflation are placing pressure on staffing costs and contracts, particularly those that rely upon high levels of staff such as social care. The Council has added £9.7m of growth into its plans for inflation in 2023/24 but there is a risk that even this high figure will not be enough if rates continue to rise. Rising interest rates will also increase the revenue cost of borrowing for the capital programme.

1.5 It should be noted that 70% of the Council's net revenue budget of £173m is spent on Adult and Children Services. The Council is required to provide these services by law and as a result the increased demand in these services significantly restricts the choice the Council has in service provision in other areas.

1.6 This is the most uncertain time for financial planning within Local Government, and at the moment Government advice would appear to be outdated. There have been no official announcements on future funding to supplement the data provided in the 2021 Spending Review. It is widely expected that more funding will be provided for Social Care but until the Government makes its intentions clear the planning process needs to identify alternatives should this funding not be forthcoming.

- 1.7 Although acute, the position is manageable but will necessitate significant reduction in the cost of services which are currently being delivered as well as requiring other efficiency and service changes.
- 1.8 It should be noted that the Council is highly dependent on Council Tax to fund its services. The Government uses Core Spending Power as a measure to show the increase the Council has to fund its net revenue budget. 71% of Havering's Core Spending power is financed by Council Tax. The Government's funding models assume Council Tax as a funding mechanism which means authorities with a high dependency on Council Tax are forced to increase Council Tax as the only mechanism to fund increasing social care demand. To be clear the Government's funding model assumes this. The table below shows Havering's Core Spending Power for 2022/23

<u>Havering Core Spending Power</u>	<u>2022-23</u>
	<u>(M)</u>
Council Tax	139.6
Retained Business Rates	36.0
Underindexation Grant	2.8
New Homes Bonus	0.3
Social Care Funding	16.0
22-23 Services Grant	2.4
Lower Tier Services Grant	0.3
Core Spending Power	<u>197.4</u>

- 1.9 Havering residents have also been directly penalised through the Government's decision to part fund social care by a precept on Council Tax. The level of grant provided for Adult Social Care to each authority is determined partly by that authority's ability to raise revenue through council tax.

To exemplify this a band D resident in Havering will pay an extra £16 per year for a 1% precept whereas a residents in other boroughs will pay as low as £5 through their historical lower Council Tax level. The Government then equalises this loss of income by giving those boroughs additional grant compared to Havering. The net result of this is that Havering residents have to fund a much higher proportion of the cost of Adult Social Care through Council Tax than their equivalents in boroughs with historically lower Council Tax levels. This is profoundly unfair and Havering has lobbied hard to the Government to change this part of the formula.

- 1.10 Havering like many other boroughs are faced with a tough financial position which will require difficult decisions in order to balance the budget. Some other authorities have taken significant risk in their borrowing strategy with the aim of generating income to resolve their financial issues. Whilst seeking to generate additional income taking this type of risk will not be part of the Council's borrowing strategy. Havering will not take such risks with public financing and will only take decisions on capital investment where the viability of projects has been thoroughly evaluated.

- 1.11 This report firstly gives some background on the current financial position then sets out the current revenue monitoring position as at Period 3 and the Medium Term Financial strategy for 2023/27. The report also shows the areas that the Council plans to consult on in order to balance the 2023/24 budget

2. Recommendations

- 2.1 Cabinet are asked to note the revenue and Capital financial positions at Period 3 and the action plans being taken by services to reduce the overspend (section 4)
- 2.2 Cabinet are asked to note the Medium Term Financial Strategy and agree the budget timetable set out in section 5
- 2.3 Cabinet are asked to agree the Public Consultation process set out in section 6

3. BACKGROUND

- 3.1 The combined effects of the recovery from the COVID pandemic and the current economic crisis has placed significant pressure on the Council's finances. In March 2022 the Council set a balanced budget for 2022/23 but since then the combined effect of increased demand in Social Care, rising costs and inflation have caused the Council to project a significant overspend in the current year.

In setting the 2022/23 budget the Council projected future demand in both Childrens and Adult Social Care and added over £15m of additional funding in these areas. Demand and the complexity of case particularly in childrens services however has continued to rise throughout 2022 outstripping the budget provision and resulting in the projected pressures set out in Section 4 of this report.

The global economic crisis has caused increased costs across virtually all Council services. The Council continues to work hard to minimise the cost of services it procures but inevitably rising inflation has put pressure on the Council's budget and resulted in overspends. Departments are currently reviewing all budgets to ensure both that spend is minimised where possible and efficiencies are developed to contain and reduce costs.

- 3.2 As part of the budget setting process in March 2022 the Council was presented with a medium term financial strategy setting out the potential pressures the Council is likely to face over the next four years and the likely financial gap which will need to be closed either by savings or tax increases.

The Medium Term Financial Strategy is a live document and is updated through the year as parameters such as demographic and inflationary pressures change. The Council has a robust planning process and senior officers and cabinet members have been presented with the changes to the plan through the summer in order to develop plans to balance the budget in future years.

The process to set a balanced budget for 23/24 is probably the most difficult challenge Havering and indeed many other authorities have ever faced. Section 5 of this report sets out the process undertaken to balance the budget and sets out the challenges ahead including a timetable up to the full Council

3.3 Challenges to setting the 23/24 budget

- a. Backdrop of a significant service overspend in 2021/22
- b. Historic Underfunding from Central Government
- c. Uncertainty in future central funding
- d. The Global crisis - Spiralling Inflation and Energy costs
- e. Increased demand and complexity for Childrens Social Care
- f. Adult Social Care Demographics
- g. Potential additional costs of Fair cost of care above currently planned Government Funding

3.3.1 The 2021-22 Revenue Outturn Position

During 2021/22 Havering started to experience the significant increase in demand for its services which is now shown in both the revenue monitoring position and the medium term financial gap. The year also had continued costs from the COVID pandemic which were largely covered by one off Government Grant.

The table below sets out the reported position at year end

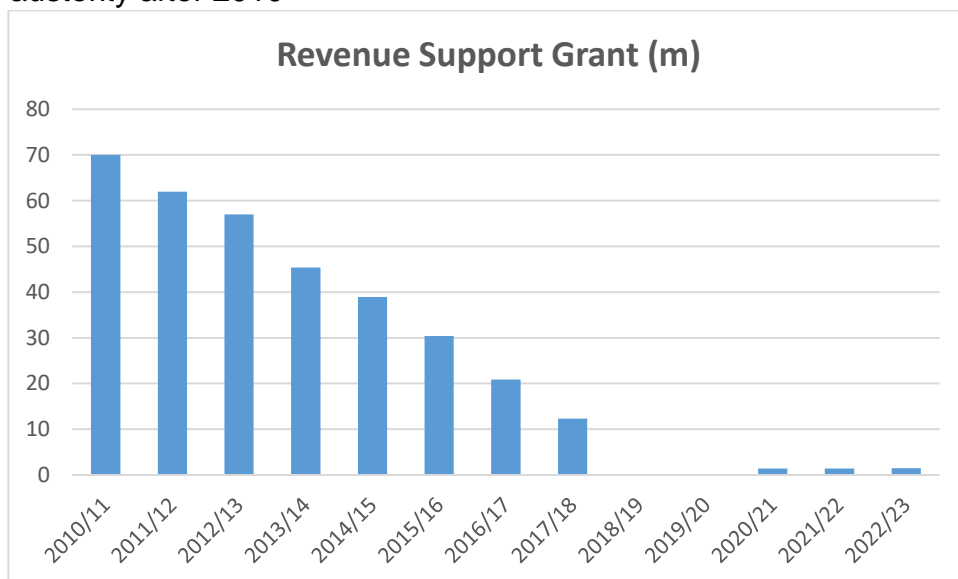
Financial Position	£m
COVID Expenditure for the year	1.597
Income loss for the year	6.919
Gap in 2021/22 MTFs savings delivery	5.278
Business As Usual Net Position	5.908
Total Pressures	19.702
Government Support (COVID)	(8.239)
Corporate	(3.469)
Overspend	7.994

It should be noted that the Outturn included £8m of planned contributions to general balances so the level of general reserves remained at £11m. The Council recognised the service pressures shown above in its medium term financial strategy last winter and added significant growth into both the Children's and Adults budget. This however has proved to be insufficient to meet the combined effect of demographics and sharply increasing inflation as is explained later in this report

3.3.2 Historical underfunding from Central Government

Local Government received reductions in funding over a decade of austerity from 2010. During this time Havering's central grant (Revenue Support Grant) was cut from over £70m in 2010 to just £1.5m today. Havering worked tremendously hard to make savings and efficiencies to offset this reduction but the latest increases in demographic pressures have placed frontline services at risk.

The graph below shows how Revenue Support grant has reduced through the period of austerity after 2010



During the same period the dependency on Council Tax to fund the net revenue budget has increased from 47% in 2010/11 to 71% in 2022/23. This is a reflection of the both the reduction in the grant and the Government's policy to fund Adult Social Care from Council Tax through a precept each year

Havering also suffered significantly through the Government's decision to freeze the distribution formula between authorities since 2013/14. Havering has experienced disproportionate growth in demand in Social Care since 2013 and as a result the failure to amend the apportionment formula has cost Havering grant in every year since.

The Government have recently produced updated apportionment data for Adult Social Care as part of a consultation paper on the distribution of fair cost of care funding. This formula if implemented would give Havering £2.8m more funding through the Adult Social Care Grant alone over the last four years as shown in the table below.

Adult Social Care Grant	Haverings Actual Social Care Grant	Haverings grant if the RNF Element had used the new formula	Extra Grant if the RNF Element had used the new formula
	(M)	(M)	(M)
2019/20	1.7	1.9	0.2
2020/21	5.5	6.2	0.7
2021/22	6	6.8	0.8
2022/23	8.5	9.6	1.1
			2.8

Clearly having produced this updated data there is a very strong argument that the Government should use the formula at least in the allocation of the Adult Social Care Grant for future years. Havering has and continues to lobby the Government to use updated data in the next funding settlement.

The Census shows further increases to Havering's population. Havering is lobbying hard for this new data to be included in future settlements but there is a significant risk that the census data will not be used for at least 2-3 years as was the case with the last census

As stated Havering's central grant has been cut significantly since 2010. The result of this is an increased dependency on Council Tax to fund services as Government grant reduces. In the same period there has been exponential growth in demand for both Childrens and Adult Services. This has squeezed the funding available for other services.

3.3.3 Uncertainty of Future Central Funding

In 2021 the Government announced a three year spending review which provided Government Departments financial control totals over those three years. In normal circumstances this announcement would have provided some stability and a strong indication of future funding over that three year period. The destabilisation of the economy following the war in Ukraine has resulted in the cost of living and inflation spiralling to levels far higher than the assumptions in the Spending Review.

The Government have yet to provide assurance that additional funding will be made available leaving authorities no alternative but to prepare for the reality of high inflation in their plans. This report sets out the significant impact on Havering's finances but also shows the robust action the Council has taken in exceptionally difficult circumstances.

The 2022/23 settlement also included £822m of funding for local authorities through a services grant which the then secretary of state made clear would be a one off distribution and potentially be allocated in other ways in 2023/24. This funding will remain in local government but the Government as yet have provided no indication of how they intend to distribute it.

The Government are also still committed to a number of reviews in the future including:

1. The Fair Funding Review
2. Business Rate Reform
3. Fair Cost of Care

It is expected that the first two reviews will be again delayed as there has been no consultation on any proposals. The fair cost of care proposals however are a key Government policy and local authorities continue to prepare for implementation. Extensive modelling of the potential impact has been undertaken and the widely accepted view is the funding currently set aside by the Government is significantly understating the full costs.

Havering expects the scheme to cost £8m over and above the current anticipated grant by 2027. This has been built into the medium term financial strategy but is one of the reasons for an increase in funding gap since the plan was last presented in February. This is a national problem that needs to be fully addressed if the Government are to implement their proposals

In our current modelling we have assumed 346 self funders receiving homecare and have assumed 348 privately funded beds in the borough based on care home survey results. We expect approximately 1000 unpaid carers to come forward for an assessment and we estimate 80% of eligible self funders will come forward for an assessment.

3.3.4 The Global crisis - Spiralling Inflation and Energy costs

The last nine months have seen record increases in energy costs together with large rises in the cost of living. These additional costs are placing huge pressures not only on the Council budget but on its providers aswell.

The Government is expected to provide support through the winter to help mitigate these pressures but until this is properly worked through Council's have no alternative but to identify alternative ways to balance the cost of inflation.

Costs are rising rapidly not only in energy but on all commissioning areas. This impacts particularly on social care and leisure facilities where high usage of energy is unavoidable. The medium term financial strategy set out in section 5 of this report assumes inflation stabilises after a spike in 2023 in line with current economic forecasts.

3.3.5 Increased Complexity and Demand for Childrens Social Care

Demand and Complexity for Children services has risen sharply over the last two years. This will be due to many factors including the aftermath of the COVID pandemic and the current economic crisis but the result is a large increase in cost through increased demand for the service.

Growth had been expected as these numbers started to come through a year ago and the Council prudently added £5m of growth to the Children's budget for 2022/23 to mitigate this. The reality however is that the increase in demand and costs has outstripped this growth causing a pressure both in 2022/23 and ongoing into the 2023-27 medium term financial strategy.

This increase in demand is partially explained by the following facts:

- In recent years the 0-4 age group in Havering has seen the second highest growth rate of all authorities in the country
- There are now more under 19's in the borough than Over 60's
- Rates of contact at the front door has increased from 8,000 referrals in 2018 to over 14,000 in 2022
- The number of care leavers in the borough has risen from 189 in 2018 to over 300 presently. This includes 50 unaccompanied Asylum Seekers
- The number of Education and Health Care Plans issued has increased by 40% over the last 4 years

The Complexity of cases has also risen in the same period increasing unit costs of provision

- Requests of behavioural support services are up 52%
- Contacts concerning mental health are up 50%
- Contacts concerning domestic abuse are up 20%
- Contacts concerning neglect are up 15%

3.3.6 Adult Social Care increased Demographics and costs

Demographic pressures in Adult Social Care continue to rise causing a pressure on the Council's budget despite significant funding being added to the Adult budget in 2022/23.

The ongoing pressures are caused by;

- High cost transition places as children reach adulthood. The department is working hard to develop longer term solutions for these clients but the initial unit cost as they reach adulthood is high
- Increased numbers of people with mental health needs
- Increased cost of providers through the inflationary impact of the current economic crisis
- High demand at the front door with over 1,500 calls a month an increase from about 1,200 in 2020
- Numbers of people requiring home care continues to rise

3.3.7 Public Health funding

The amount of funding the Council receives for Public Health priorities has increased with inflation in recent years. Whilst any increase is welcome these increases are

inadequate to fully fund the public health objectives and aims of the Council. This shortfall in funding will become more acute in 22/23 and future years due to sharply rising inflation and costs

4. REVENUE MONITORING POSITION – PERIOD 3

4.1 This section sets out the monitoring position for the Council for 2022/23 based on figures to period three (30th June). All departments are working hard to reduce the current overspend through a series of actions which are set out in paragraph 5.2.1

4.2 The table below shows the net service budgets, forecast outturn and variances.

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A3000B-Public Health Total	(1.650)	(1.650)	(1.650)	0.000
A4000B-Childrens Total	46.496	47.004	53.811	6.807
A4600B-Adults Total	72.523	71.978	76.333	4.355
A5000B-Neighbourhoods Total	11.514	11.514	14.455	2.941
A5500B-Regeneration Programme Delivery Total	1.262	1.262	1.117	(0.145)
A5700B-Housing Total	3.883	3.883	4.124	0.241
A7000B-oneSource Shared Total	1.895	2.306	4.751	2.445
A8000B-oneSource Non-Shared LBH Total	0.361	0.140	1.306	1.166
A9000B-Chief Operating Officer Total	4.891	4.978	5.320	0.342
Service Total	141.175	141.414	159.565	18.151
Corporate Total	31.735	31.496	32.496	1.000
Overall Total	172.910	172.910	192.061	19.151

This section also reviews the Corporate budget position, including Treasury and the Collection Fund.

4.3 Revenue Monitoring Background

The 2022/23 budget was a difficult budget round and in order to set a balanced budget the Council had to include over £15m of savings proposals. The budget did however allow for significant demand led growth in the Social Care budgets with the aim that these funds would enable services to manage demand and stay within budget.

The period three position identifies significant areas of risk to the budget and services are forming action plans in order to contain overspends. The pressures however are largely caused by external factors such as additional demographics, rising inflation and fuel costs which the Council has no real control over.

The extent of the potential service pressures in this report is significant and early decisive management action is being taken to curtail costs. The Council currently has £11m in general balances and failure to contain these overspends will have a significant effect on that figure. It is hoped that the service led action plans to contain spend will stabilise the

budget position but this will be kept under close review and the S151 officer and Chief Executive will take any steps needed if necessary to secure and safeguard the Council's finances

The savings proposals built into the budget are challenging but staff are working hard to deliver them. This will be closely reviewed in future monitoring reports.

4.4 Current Variances by Department

This section sets out the service reported position at the end of June and the directorates view on the potential outturn position from all known information. The paragraphs below set out departmental commentary on the current variances.

4.4.1 Public Health Directorate

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A3100C-Public Health	(1.650)	(1.650)	(1.650)	0.000
A3105C-Public Health - Non Grant Expenditure	0.000	0.000	0.000	0.000
A3000B-Public Health Total	(1.650)	(1.650)	(1.650)	0.000

The position for the Public Health Directorate is reporting a balanced position. Public Health spending is based on an annual grant from the Government which is allocated to meet various strategic health aims and targets each year. The Council also has a Public Health Reserve which will be utilised if there are any minor overspends in this area.

4.4.2 Children's Directorate

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A4100C-Learning & Achievement	11.030	11.029	16.777	5.748
A4200C-Childrens Services *	33.856	34.356	35.147	0.791
A4250C-Safeguarding - Quality and Assurance	1.610	1.620	1.887	0.267
A4000B-Childrens Total	46.496	47.004	53.811	6.807

Children's services is forecasting an overspend of £6.8m. These figures include £5m growth allocated as part of the 2022/23 budget round.

*The variance shown on the Children's Services row in the table above does not reflect the true extent of pressures in this division because the full growth budget (£5m) is currently sitting in this area and needs to be spread over the other two rows. The true pressure areas are shown below.

The areas of pressures are:

LAC Placements	£4.281m
CWD Placements & Short Breaks	£2.521m
SEN Transport	£2.735m
UASC 18+	£0.525m
Children's Centres	£0.570m
Staffing	£2.103m
Sub-total	£12.735m
Growth to be apportioned	(£5.000m)
Savings already identified	(£0.928m)
P3 pressure	£6.807m

Learning and Achievement

- Looked after Children (LAC) placements have already increased in numbers above projections in the first two months of the year. It was originally hoped that the increased trend was a temporary peak but the latest data indicates it is not. The forecast assumes an overall increase in expenditure of 25% over 2021/22 levels based on current client data and projections.
- The data on SEN transport and CWD indicate increased client numbers and more needs that are complex. The forecast assumes an overall increase in expenditure of 15% for transport and 25% for CWD over 2021/22 levels based on client data and projections.

Children's Services

- Dependency on agency is rising in Social Care despite significant efforts to recruit and retain permanent staff
- Unaccompanied Asylum Seeker Children (UASC) 18+ cases are increasing and the costs of these clients exceed the Governments weekly allowance.

The Directorate has undertaken a Zero Based Budget exercise, which has informed the above forecast. As part of this review, the service has looked closely at activities that can be controlled further to avoid cost or reduced in order to alleviate the financial pressure. This exercise has resulted in a reduction in the predicted overspend of £0.928m through the service realigning budget to the overspending areas and through the release of some one-off grant funding. These savings are already incorporated into the overspend figures reported above.

The Directorate is proactively implementing a workforce strategy in an effort to recruit and retain higher levels of permanent staff to reduce caseloads and expensive agency costs.

4.4.3 Adults Directorate

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A4600C-Adult Services Total	6.970	7.627	8.094	0.467
A4610C-ASC Business Management Total	12.479	2.666	3.143	0.477
A4620C-ASC Integrated Services Total	53.075	61.685	65.096	3.411
A4600B-Adults Total	72.523	71.978	76.333	4.355

ASC Integrated Services (£3.411m projected overspend)

The biggest contributors to the period three pressure are demographic pressures totalling £2.741m broken down into Physical Support Client Budget £1.941m. Support with Memory & Cognition £0.516m and Support for Social Isolation £0.360m. Learning Disabilities budget is projecting an overspend of £0.654m in addition mainly due to Direct Payments to Clients, Residential and Supported Leaving.

The remainder of this service are projecting an underspend of c£0.060m, bringing the forecast to year end of £3.411m. It should be noted this includes £1m of contingency held to cover social care potential pressure for the remainder of the year. The service continues to work hard to contain this overspend.

The forecast position would have improved by £2.1m if the promised health funding would have materialised as intended. It should be noted that the forecast does however include the delivery of £3.366m of budget savings.

Adult Services (£0.467m projected overspend)

The budget pressure in this area relates to:

Adult Safeguarding £0.194m, mostly due to staffing budget pressures, reflecting the demand for the service.

Mental Health budget £0.165m, due to social care needs such as Supported Accommodation, Nursing and Residential.

Other variances relating to additional equipment costs in Physical Disabilities and loss of income across the various client areas resulting in a £0.109m pressure

ASC Business Management (£0.477m projected overspend)

The main pressure in this area is the staffing budget, which reflects the pressure to provide front line services to the client cohort.

The latest activity data has showed that since start of the financial year we have provided services to 3,013 service users of which 2,745 are still receiving services. Since start of

the year, 216 service users have started getting social care services on long-term basis and 181 are not getting services any longer, living a net 35 increase in client numbers. The net cost due to starters and leavers was £0.703m but was offset by other favourable client care package movements (£0.265m), leaving a net increase of £0.438k.

We are still seeing a high demand at the front door, which has increased from same period last year. We are receiving just over 1,500 calls a month. This will be looked at in more detail in future months in terms of what we are diverting and signposting elsewhere.

- Homecare – The main headline is that new starters are costing more than leavers, due to case complexity. There is still a significant demand from hospital, including 32 out of 77 new cases, 17 of which relate to hospital or packages following reablement. Community cases reflect people getting frailer and carers unable to cope.

The increases in numbers to homecare continues to drive the budget. People are experiencing issues with post hospital transfers, which is a real driver for the increase in packages.

- Nursing – In nursing in the first quarter there are more leavers than starters. There has been a reduction in costs by £72k by ceasing two 1:1 support packages. The 1:1 packages will all be reviewed in the coming weeks.

- Residential: Period 3 saw additional placements being made, but also 16 leavers. A new emerging theme is we are getting requests from families paying 3rd party top ups stating they can no longer pay given the current climate. These are being addressed on an individual basis, but it is a clear emerging pressure.

It should be noted that the full year savings targets are assumed to be achieved by year-end at this point - this will be tracked through the year.

4.4.4 Neighbourhoods

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A2300C-Public Realm Total	8.254	8.254	11.093	2.839
A2310C-Civil Protection Total	3.338	3.338	3.428	0.090
A2350C-Bereavement and Registration Services Total	(2.631)	(2.631)	(2.712)	(0.081)
A2860C-Planning Total	1.196	1.196	1.455	0.259
A2900C-Business Support - Neighbourhoods Total	1.359	1.359	1.189	(0.170)
A5000B-Neighbourhoods Total	11.514	11.514	14.455	2.941

At period three Neighbourhoods has identified potential pressures of £2.941m across its services. The service is developing action plans to try and contain these pressures. It should be noted that some of the pressures still relate to the legacy of the lockdowns as services build back to previous levels

The main pressure areas are:

Public Realm

In year costs of £0.9m relating to the deferral of the integrated Public Realm Contract work to 22/23, which was paused when the nation went into lock down in 2020.

Parking is currently projecting a pressure of £0.7m. Parking Services are in the process of delivering the prior year and in year MTFs savings relating to the expansion of the CCTV network, of course as is always the case with parking or moving traffic enforcement the intention of the scheme is to generate compliance but for budgeting purposes.

Highways currently anticipate a £1.3m pressure due to reduced external works for TFL funded projects as a result of reduced anticipated income, Management have started implementing plans to mitigate these pressures, including reducing spend on: minor operational adjustments, structures and schemes budgets.

Planning

There is a potential budget pressure of £0.3m in planning for unbudgeted legal costs in relation to an upcoming Public Inquiry.

Civil Protection

There are also potential budget pressures of £0.1m across Civil Protection through agency costs and the delayed implementation of the Street trading policy. The service are reviewing all areas and hope to mitigate the pressure using alternative ways to transport staff around the borough, progress with the Street trading policy implementation and deleting vacant posts.

The forecast position includes Directorate underspends of £0.5m. It should be noted that it also includes the delivery of £0.547m of budget savings

4.4.5 Regeneration Programme Delivery

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A2850C-Regeneration Total	1.262	1.262	1.117	(0.145)
A5500B-Regeneration Programme Delivery Total	1.262	1.262	1.117	(0.145)

Regeneration

Regeneration are reporting an underspend position of (£0.145m) on revenue at Period 3. This is mainly due to reduction in project management and business development costs.

4.4.6 Housing General Fund

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A4300C-Housing Services (GF) Total	3.883	3.883	4.124	0.241
A5700B-Housing Total	3.883	3.883	4.124	0.241

Housing General Fund

The Housing Services (GF) is projecting a £241k overspend. This is due to the Private Housing Investment for settled homes (PHISH) (£100k) saving and Price Per Property (£102k) saving, which are not deliverable. Mercury Land Holdings (MLH) have pulled out of the PHISH project to deliver extra units of accommodation and the reducing PSL stock levels and lack of interest from Landlords has made the Price per property saving unachievable. There is a £129k overspend due to homeless demand pressures and the cost of living crisis, in addition to a £170k pressure resulting from the Ukrainian Refugee households being ineligible for full Universal Credit, due to being benefit capped. Some of the overspend is currently being absorbed by the Homeless Prevention Grant.

There are also work underway to avoid the use of Bed and Breakfast accommodation by using the allocations scheme, as there is a strong risk that hotel costs could spiral.

4.4.7 OneSource Shared

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A7100C-oS Finance Total	(0.063)	(0.027)	0.122	0.149
A7131C-Procurement Total	0.006	0.004	0.143	0.139
A7200C-oS Business Services Total	(0.035)	0.109	0.347	0.238
A7300C-oS Exchequer & Transactional Services Total	1.970	2.000	2.844	0.844
A7500C-oS Legal & Governance Total	0.026	0.189	0.264	0.075
A7600C-oS ICT Services Total	(0.073)	(0.050)	0.852	0.902
A7700C-oS Asset Management Services Total	0.044	0.067	0.163	0.096
A7800C-oS Strategic & Operational HR Total	0.020	0.014	0.016	0.002
A7000B-oneSource Shared Total	1.895	2.306	4.751	2.445

Finance

The projected finance overspend is due additional fusion projects required in 2022/23 (£0.3m)

ICT Services

ICT Services is forecasting an overspend of £0.9m. This is due to the increased cost of Microsoft Enterprise Licences since 2018/19 of £0.4m plus slippage on savings of £0.5m (£0.2m for 22/23 and £0.3m prior year).

This service is undertaking a full review and when savings initiatives are developed and implemented this forecasted overspend will reduce accordingly, however, it is not clear at this stage in the financial year how much benefit, if any, will be seen in 22/23.

Exchequer and Transactional Services

The Exchequer and Transactional Service is forecasting an overspend of £0.8m which relates to an anticipated £1m income shortfall relating to Enforcement Services, offset in part by £0.2m of vacancy management savings. The pressure within the Enforcement Service reflects the income target having recently been increased by over £0.8m (£0.3m in 21/22 and £0.5m in 22/23) whilst the level of income has not increased at the same rate. A contract delivered on behalf of another London Borough has recently ended resulting in a reduction in income. The service continually aims to increase income and as and when new contracts are secured, or caseloads increase, the income forecast will be updated accordingly.

Procurement

Procurement is forecasting an overspend of £0.1m relating to interim posts that are being retained in order to support the delivery of the council's main procurement projects. This work is anticipated to deliver savings in contractual costs.

4.4.8 OneSource Non-Shared

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A5200C-Exchequer Services Total	(1.396)	(1.606)	(1.580)	0.026
A5350C-Business Services Total	0.002	0.002	0.000	(0.002)
A5750C-oS non Shared Finance Total	0.933	1.083	1.100	0.017
A5800C-Asset Management Total	(1.264)	(1.450)	(0.363)	1.087
A5850C-Strategic HR & OD Total	0.012	0.091	0.163	0.072
A5900C-Legal & Democratic Svs Total	2.096	2.041	1.958	(0.083)
A5950C-ICT Services Total	(0.022)	(0.022)	0.028	0.050
A8000B-oneSource Non-Shared LBH Total	0.361	0.140	1.306	1.166

The forecasted overspend for oneSource non-shared is £1.166m, which largely relates to pressures that have emerged within Asset Management.

Asset Management

There is a combination of pressure points within the Service which have contributed to the £1.2m forecasted overspend:

- The budget contains a savings target originally included in the 2021/22 budget in relation to the decant of Mercury House office accommodation as a result of increased working from home since the pandemic. However, despite work being

underway to vacate Mercury House, the full £0.6m saving will not be achieved in 22/23 whilst some residual occupation continues. The forecasted partial in-year delivery of £0.2m relates to some reduced running costs, NNDR exemptions and rental income (relating to River Chambers).

- Passenger Transport Service (PTS) have lost a number of external income generating routes, therefore an income shortfall is being reported of £0.1m. They continue to bid for new business, and as and when successful, the forecast will be updated accordingly.
- Commercial property is forecasting an income shortfall of £0.3m, due to commercial rents and Romford Market. The income target for the commercial rent roll was increased during budget setting of £0.2m, but the corresponding income is yet to be delivered.
- Corporate Landlord is projecting an overspend on building repairs and maintenance costs of £0.3m; the service will continue to review the prioritisation of works, the ability to capitalise spend and the costs paid for repairs and maintenance contracts with a view to improving the forecasted overspend.
- There were other minor variances across a number of other areas totalling £0.1m

Facilities Management budgets are at risk of reporting pressures relating to rising energy costs, The Council has a corporate contingent budget which will be allocated if necessary to mitigate this cost.

4.4.9 Chief Operating Officer

Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Forecast Variance to Budget £'m
A2100C-Customer and Communications Total	1.214	1.255	1.404	0.149
A2600C-Policy, Performance and Community Total	3.119	3.164	3.164	0.000
A3150C-Joint Commissioning Unit Total	0.040	0.040	0.040	(0.000)
A5300C-Transformation Agenda Total	0.519	0.519	0.712	0.193
A9000B-Chief Operating Officer Total	4.891	4.978	5.320	0.342

The Chief Operating Officer directorate is forecasting an overspend of £0.3m,

Customer and Communications

There are continuing income shortfalls in relation to the Council's leisure contract with SLM. The Council is monitoring the position closely through regular recovery meetings with SLM, but it is widely recognised that the pandemic has had a significant impact on the leisure industry. The rising cost of energy is also a concern, but again, is being closely monitored.

Havering Music School is experiencing a £0.2m shortfall of income largely due to a decline in pupil numbers and reduced school uptake. The Music School is seeing the impact on families who are weighing up the cost of living versus continuing with music lessons. The service are working hard to attract new pupils and increase school uptake by prioritising Marketing with the Council’s internal communication team and Traded Services unit. Additionally, further costs may be incurred such as hall hire due to rising inflation however at present, this is contained within existing budgets.

There are underspends of £0.1m in other areas within Customer and Communication Service.

Transformation Agenda

Transformation Service is forecasting unachieved prior year savings of £0.2m in relation to Digital Platform for delivery of the CRM and D365 project.

4.5 ACHIEVEMENT OF SAVINGS

In setting the 2022/23 budget the Council identified £15.028m of savings proposals which would need to be delivered in order to balance the budget. These proposals were partially offset by a £3.0m budget provision recognising that potentially some proposals might not be fully realised. Delivery of these savings is absolutely key to achieving a balanced position for 2022/23 and Departments are working collectively to achieve that aim wherever possible. Below is a list of the departmental savings currently reported as unachievable.

Unachieved Savings

Directorate	2022/23 MTFS Description	2022/23 MTFS Ref	2022/23 MTFS Variance	2022/23 Theme	2022/23 RAG Rating
A5700B : Housing	PSL MLH Leasing Scheme	Ref.063	50,000	Communities	red
A5700B : Housing	Introduce price per property repairs service for PSLs.	Ref.061	102,000	Communities	red
A7000B : oneSource Shared	ICT Restructure	Ref.081	150,000	Opportunities	red
A7000B : oneSource Shared	Increased income through providing enforcement services to other boroughs	Ref.082	450,000	Opportunities	red
			752,000		

Staffing Savings

The Council is fundamentally reviewing its staff base and structures to modernise services and improve efficiency. Significant savings are on track to be achieved in

2022/23 although further work is needed to establish whether the full target of £7m will be reached.

The main initiatives to identify post savings are:

- A voluntary release scheme. This will allow the Council to release a number of individuals and make staffing savings through restructure and reorganisation of services. The process is well underway and the posts that will be able to be released will be confirmed in the next few weeks. It is anticipated this will deliver a significant saving in 2022/23 with a full year effect in 2023/24
- The Council is reviewing all agency placements with the aim of significantly reducing the need for these more expensive costs. The review will identify where recruitment to permanent posts can take place and if the agency placement is project based look at other means to deliver that project to minimise the level of agency cover required. It is accepted that in some difficult to recruit areas such as social care there will always be an element of agency costs but those services are doing everything they can to promote and encourage permanent recruitment.
- The Council is looking at its Target operating model (TOM) and staffing structures to flatten management structures and reduce management costs where possible and also to restructure service provision to deliver more efficient outcomes
- The Council is also reviewing all current vacant posts to establish if those roles are required or if the services can reconfigure to continue to deliver outcomes without the need for recruitment

4.6 CORPORATE BUDGETS AND CONTINGENCY

The Council holds a central contingency of £1m each year. This is held for unforeseen events and the Council would only use this as a last resort if no other funding is available. The provision set aside for unachieved savings has also been added to this table.

The Council also holds a number of budgets centrally mostly pending allocation to departments. These budgets are reviewed, on a monthly basis, by the Section 151 Officer, as part of the monitoring cycle.

Corporate Budgets

Corporate Funding 2022/23			
	Revised Budget	Estimated Spend	Forecast (Under)/ Over spend
Base Budgets	£m	£m	£m
Corporate Budget (overspend relates to balance of corporate savings yet to be achieved)	15.370	19.370	4.000
Corporate Contingency	1.000	1.000	0
Provision for energy increases (to be allocated)	1.500	0	(1.500)
Treasury Management/Corporate adjustments	0.000	(1.500)	(1.500)
Corporate Budget Fund	17.870	18.870	1.000

(Note the contingency is currently being held to mitigate unforeseen future pressures but if unutilised will be released later in the year to improve the bottom line)

The Collection Fund

The Council continues to collect both Council Tax and Business Rates income where chargeable. Council Tax collection over the current year is strong despite the effects of the pandemic and at this stage is on target for the collection rates set in the budget.

Treasury Management Forecast

The Council sets its treasury budgets based on the assumed Capital programme and forecasted level of cash balances each year. There are fluctuations on these budgets due to slippage and changes to the Capital programme, prevailing interest rates and borrowing decisions and the level of cash balances held by the Council.

Slippage in the Capital programme and current cash balances of over £100m has meant that there has been no General Fund external borrowing to date in 2022/23. It should be noted that the Council is reliant on internal borrowing to fund its CFR as further borrowing is likely to be necessary in 2022/23 and interests are rising. The Council remains in regular contact with its treasury advisors to determine the most appropriate time to undertake any external borrowing.

The Council has also benefitted from increased interest receivable from its deposits. At the time the budget was set interest rates were extremely low and therefore the budget was set to reflect this. Rates have now risen which has increased the yield on cash deposits.

These factors have resulted in a forecasted underspend on the treasury budget of £1.5m. This underspend could potentially increase depending on prevailing interest rates and the speed of the Capital programme

4.7 EARMARKED AND GENERAL RESERVES

The Council holds general balances to mitigate against unforeseen risks. At the end of 2021/22 General Fund Balances stood at £10.942m. The Council has planned contributions to general balances in 2022/23 of £2m. There is however a current year overspend and Council will do everything it can to identify efficiencies in order to reduce this to minimise the impact on general balances.

In 2019 as part of the budget process the Council identified and agreed that balances should be increased to £20m over the next few years to properly reflect both the size of the authority and also the current risks it faces. This remains a priority for the authority and the Council still has this target as a strategic aim despite the current year overspend. The budget for 2023/24 contains further planned contributions so even if the current year overspend results in a lower than planned level of balances it is expected that this position will be recovered in future years.

The Council holds General Fund Earmarked Reserves which totalled £59.633m at the end of 2021/22. These reserves have varying levels of flexibility in terms of what they can be used for.

Earmarked reserves are one-off funding which are held for specific purposes such as insurance, redundancy costs, business rates, health and safety and planned revenue contributions to capital. The Council reviews the need for these reserves on a regular basis and where possible funds can be released for general purposes. These funds however can only be used once and so will not close the medium term financial gap shown in section 5 of this report.

4.8 CAPITAL MONITORING 1ST QUARTER

The Capital programme for 2022/23 through to 2026/27 was agreed at Council in February 2022. Since then slippage from 2021/22 has been added as per the capital outturn report and there have been some additions to the programme resulting in a summary programme as set out in the table below.

Summary of Existing Approved Capital Programme	Previous Years Budget	2022/23 Budget	2023/24 Budget	2024/25 to 2026/27	Total Budget
	£m	£m	£m	£m	£m
Adults Services Adults Services	4.790 4.790	5.743 5.743	1.618 1.618	0.000 0.000	12.150 12.150
Customer Communications & Transformation Chief Operating Officer	28.191 3.182 31.373	7.583 10.816 18.399	3.959 6.462 10.421	0.603 6.440 7.043	40.336 26.900 67.236
Children's Services Learning & Achievement Service Children's Services	0.254 0.512 0.766	2.373 1.072 3.446	0.891 1.229 2.120	0.000 0.000 0.000	3.518 2.813 6.331

Summary of Existing Approved Capital Programme	Previous Years Budget	2022/23 Budget	2023/24 Budget	2024/25 to 2026/27	Total Budget
	£m	£m	£m	£m	£m
Housing Services Housing Services	211.995 211.995	298.820 298.820	180.971 180.971	552.404 552.404	1,244.19 1,244.191
Bereavement Services	6.138	1.572	0.000	0.000	7.710
Environment	36.530	28.358	3.470	0.750	69.108
Civil Protection	0.151	3.599	0.000	0.000	3.750
Neighbourhoods	42.818	33.530	3.470	0.750	80.568
Asset Management	33.219	24.964	13.534	21.730	93.448
ICT Services	4.231	8.898	3.980	5.020	22.130
Finance	0.000	7.291	0.000	0.000	7.291
OneSource	37.451	41.153	17.514	26.750	122.868
Regeneration	29.308	195.642	198.106	42.024	465.079
Regeneration	29.308	195.642	198.106	42.024	465.079
Grand Total	358.500	596.732	414.221	628.970	1,998.423

Financing of the Capital Programme

The Council finances its capital expenditure through a combination of resources both internal and externally generated. Each funding stream is considered in terms of risk and affordability in the short and long term. The current and future climates have a significant influence on capital funding decisions. As a result planned disposals and borrowing costs are kept under regular review to ensure timing maximises any potential receipts or reduces borrowing costs.

Excluding previous years spend (totalling £358.500m shown for information above) the total programme for 2022/23 and beyond is £1,639.922m and for information purposes is funded as set out in the following table.

Financing	2022/23 Financing Budgets	2023/24 Financing Budgets	2024/25 to 2026/27 Financing Budgets	Total Financing Budgets
	£m	£m	£m	£m
Capital Receipts	129.388	108.021	0	237.408
HRA Specific Capital Receipts	72.457	98.111	286.042	456.610
Revenue & Reserves	6.138	0.300	0.967	7.405
Grants and Other Contributions	35.225	17.140	22.584	74.948
Borrowing	353.524	190.649	319.377	863.550
Total Financing	596.732	414.221	628.970	1,639.922

Capital Achievements as at 30th June 2022

Capital expenditure as at the 30th June is £25.280m to date. Notable achievements so far for 2022/23 are as follows:

- £11.48m on the 12 estates project to improve housing across the borough
- £4.46m spent on enhancing and increasing our existing housing stock
- £1.578m on improving the quality of our roads and infrastructure
- £1.210m on improving and refurbishing the Town Hall

The table below sets out the latest forecast spend for the Capital programme in 2022/23. Further detail on the variances shown in this table can be found at **Appendix A**

Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Adults Services	5.743	2.311	(3.431)
OneSource	41.153	19.561	(21.593)
Neighbourhoods	33.530	33.326	(0.204)
Regeneration Programme	195.642	53.335	(142.307)
Childrens Services	3.446	2.063	(1.383)
Chief Operating Officer	18.399	10.370	(8.028)
Housing Services	298.820	182.511	(116.310)
Total	596.732	303.477	(293.255)

5 MEDIUM TERM FINANCIAL STRATEGY (MTFS) UPDATE

5.1 MTFS Update

The 2022/23 Council Tax setting report in March also contained the latest Medium Term Financial Strategy setting out the pressures the Council is likely to face over the next four years. This is a live document which is updated throughout the year to take account of changes to funding, new and emerging pressures and any other assumptions which could affect the budget for 2023/24 and beyond.

There are a number of factors including the current economic crisis which has created significant pressure on the Councils budget which in turn has made it increasingly difficult to set a robust and balanced budget.

These factors include:

- The continued impact of a decade of grant cuts since 2010

- Grant lost through the Government's decision to not update the funding formula since 2013/14
- Significant increases in demand and complexity across Social Care Groups
- The impact of spiralling inflation and energy costs

In March 2022 the Council set a balanced budget for 2022/23 which included a medium term financial strategy setting out a gap before savings of £35m over the next three years. It became apparent at a very early stage that whilst the medium term financial strategy had allowed for significant demographics and inflationary growth, this was insufficient to cover the rapidly changing pressures the Council is facing.

The revenue monitoring position set out in section 4 of this report shows how significantly pressures have increased since the budget was set 6 months ago. In recognition of the ongoing nature of the current gap in 2022/23 the Council has taken the prudent decision to include additional funding for demographics and inflation in the 2023/24 budget. This has increased the level of savings required but is a necessary and prudent step to reflect the current financial position. Services continue to work hard to identify efficiencies to mitigate the current position and this will be updated again before budget setting in February

Officers have acted quickly and robustly to develop an action plan to both mitigate the in-year overspend and to develop a set of options to balance the 2023/24 budget. The options set out in this report include some difficult choices but unless the Government is forthcoming with desperately needed additional funding the Council will have no alternative but to agree the majority of the proposals.

There will be a public consultation exercise on the budget to allow all views to be taken on board in setting the budget. Further details of this are set out in section 6 of this report

The Medium Term Financial Strategy presented to Council in March 2022 has been updated to take account of the following changes:

- The Ongoing impact of the 2022/23 revenue monitoring position
- Updated demographic pressures taking account of the latest projections of future demand
- Updated provisions for pay and price inflation
- Updates to assumptions to the level of Central Government Funding
- Update to treasury management assumptions financing the capital programme
- Updates to Corporate pressures such as levies
- Inclusion of potential pressures relating to the shortfall in government funding for market cost of care
- Updates to savings proposals

These updates are included in the table below which sets out the financial gap before new savings proposals are applied.

Financial Gap	2023/24	2024/25	2025/26	2026/27	4 Year Plan
	£m	£m	£m	£m	£m
Corporate Pressures	7.0	7.7	5.4	2.9	23.1
Demographic Pressures	10.0	4.7	4.7	4.7	24.1
Inflationary Pressures	9.7	5.3	4.8	4.8	24.7
Changes to External Funding	-1.9	0.2	6.3	0.0	4.6
Previously agreed savings	-2.0	-1.8	-1.6	-1.6	-6.9
LATEST GAP	23.0	16.1	19.6	10.8	69.5

The extent of the financial gap has been apparent since early summer and the Council has taken swift and robust action to produce a plan to close this gap.

5.2 Actions taken to close the budget gap

5.2.1 Action to mitigate the 2022/23 in year position

The initial focus has been on the 2022/23 overspend identifying both one-off reductions in costs and developing longer term actions in order to mitigate the causes of the spend. This process is expected to reduce the 2022/23 overspend considerably but it is inevitable for the reasons set out earlier in this report that there are underlying ongoing pressures and these have now been built into the figures in the table above.

- All overspends were reviewed and challenged to identify any non-recurrent spend which could be funded from reserves
- All use of consultancy was reviewed by senior management
- All new one-off projects were put on hold
- Major contracts approaching expiry were reviewed
- Managers reviewed all vacancies to explore the possibility of different working opportunities
- One Source to produce a new service model in partnership with Newham
- All non essential spend to be curtailed
- Review of the revenue implications of the Capital programme to take account of the latest forecast spend and use of internal borrowing
- Review of all packages in Social Care to ensure the packages best meet both client needs whilst reducing cost where possible

5.2.2 Lobbying Government over Funding

The Council will continue to lobby central government at every opportunity about the inadequacy of central funding for Havering and also more generally the need to fully fund the impact of the current increases in inflation and cost of living generally.

Havering has had its revenue support grant cut from over £70m in 2010 to just £1.5m currently due to a combination of austerity and failure of the Government to update their

distribution formula. The Government has recently published options on updated formulae for Adult Social Care and this alone has exemplified that Havering has been underfunded by an increasing amount running into millions since 2013.

There is national concern that the Government set the funding level for local government for 2023/24 as part of the last spending review crucially before the current economic crisis. The funding for local government was therefore based on low inflation and low interest rates which provide amounts which are now totally inadequate to meet the inflationary demands authorities are facing. Havering like other Councils are professional organisations that have to plan for the reality of the current and potential future levels of inflation. There is no such certainty from central government at present and until further funding is forthcoming options such as the savings listed in this report will need to be considered as the only means to balance the budget

5.2.3 Development of Savings Options to close the budget

It was clear from an early stage that all Departments would need to find ways of reducing their budget for future years. Departments were asked to present options including but not limited to:

- Actions to limit the future need for demographic growth
- Reviews of all services to identify efficiencies and new ways of working
- Review of all income streams to confirm appropriate rates are charged
- Review of all contracts
- Identification of savings proposals either by stopping non statutory services or reducing staff through restructures
- Review of all Capital programme items

The Council also is looking at wider pieces of work including the development of a new target operating model to better reflect service provision following austerity and the COVID pandemic.

Each department presented their conclusions to portfolio cabinet members in a series of strategic meetings in August. The outcome of these meetings is a set of proposals which are shown in the table below. These proposals will form the basis of the budget consultation paper.

Category	Proposals	Total benefit over 4 years
Improving our Business Efficiency	Review of services including:	£5.9m
	Reducing Agency Costs through Permanent Recruitment	
	Restructure of services to drive out efficiencies	
	Review and deletion of vacant Posts	
	Reduction in running costs	
	Re-application of existing grants	
Changing how we fund and Provide Services	Rationalisation of management structures	£21.1m
	Changing the way we provide services including:	
	Review of service provision in Children services including increasing the number of internal fosterers and reviewing passenger transport to reduce reliance on expensive taxis.	
	Strategic review of commissioning across all areas increasing the number of Housing placements available to reduce reliance on external support	
	Review of options for service provision across Neighbourhoods including waste collection and parking services	
	Continuation of Better Living improving outcomes for Adults	
Increasing our Income	Targetted reviews of placements to ensure that all placements fully align with client needs	£2.0m
	Review of income streams to the Council including:	
	Review of fees and charges across Neighbourhood services to ensure fees and charges are fair competitive and reasonable but also reflect current market conditions	
Reducing or Stopping Services	Review of parking charges across the borough to ensure charges are fair competitive and reasonable but also reflect current market conditions	£2.4m
	Reduction in the level of Service provision in the following areas:	
	Early Help and Youth Services	
	Reduction in support to the voluntary sector and employment and skills funding	
	Reprovide the provision of toilets for the public across the Council	
	Reduction in the number of school crossing patrols and floral displays across the borough	

These proposals present the changes that could be needed if the budget position does not improve and the Government is not forthcoming with additional new funding. The situation remains fluid and if social care demand were to plateau or the Government were to provide much needed additional support to combat inflation and the cost of living then the Council would be able to choose which of these proposals were adopted.

These proposals are expected to significantly close the gap both for 2023/24 and across the four year financial strategy.

The Council also has other options which it will consider to close the remaining gap including:

- Identification of one off spend currently in the budget which could be funded by re-directing earmarked reserves
- Further reviews of the Capital Programme to determine if any schemes can be stopped or delayed to reduce financing costs
- Increase Council Tax: The Council only ever increases Council Tax as a last resort to balance the budget but it should be noted that the Governments funding models all assume that local taxation is increased.
- Adult Social Care precept: It is likely that the Government will continue to use local taxation as a method to fund demand in Social Care. If this is the case this will be announced in December as part of the provisional local government settlement

5.2.4 Budget Timetable

The proposed timetable for setting the budget is shown in the table below

Action	Timeline
Cabinet report updating the budget position	Sep-22
Budget Consultation	Oct22 - Dec 22
Development of Business cases for savings proposals	Oct22 - Dec 22
Local Government Finance Settlement	Dec-22
Overview and Scrutiny to review budget and savings proposals	Jan-23
Budget and MTFS Presented to Cabinet	Feb-23
Full Council to set Council Tax for 2023/24	Feb-23

6.0 BUDGET CONSULTATION

The Council places great importance on the budget consultation process as a key opportunity to present to the public and key stakeholders the budget position and key choices the Council faces in the coming months.

It is proposed that the consultation on next year's budget is opened in early October and runs for 12 weeks. All the views received during this period will be put together and presented to cabinet members to inform their decision making. There will be an Overview and Scrutiny meeting specifically on the budget in the early part of 2023 which will include the outcomes from the consultation

The Council will aim to reach as many people as possible through the consultation process in order to receive views from all sectors of the community. This will include engagement with business rate payers

The Consultation Paper will firstly explain the Council's current financial position including the key cost drivers that are driving the budget. The paper will then present a

series of savings and efficiency options based on the table above for consideration and comment.

7.0 CONCLUSION

This report sets out the extremely difficult financial position Havering is facing. Many other authorities are in a similar position and the Government will need to act decisively to stop authorities being forced to issue S114 notices. It is hoped the Government recognises the impact of the current economic crisis and spiralling inflation in the forthcoming financial settlement in December

With no certainty in additional funding from central Government Havering has acted robustly to develop a set of proposals which are expected to significantly close the financial gap for 2023/24. These proposals will be consulted on through the autumn and the outcome of this process will enable decision making to set the budget in February 2023. Some of the decisions will be difficult but the current financial position dictates no alternatives unless further funding is forthcoming from central government.

The Council is totally committed to balancing the 2023/24 budget and will do this in a fully professional way. This process will not place the Council's finances at risk and all decisions will be taken with the long term stability of the Council in mind.

This report recommends that the Council notes the current revenue monitoring position and approves the proposed Consultation process set out in section 6

8.0 REASONS AND OPTIONS

Reasons for the decision:

The Council has an obligation to consult on its budget proposals by law. This report sets out the proposed method to be used for the 2023/24 budget and MTFs. The Council strongly values the opinion of its residents and key stakeholders and welcomes their input into the budget process.

Other options considered:

N/A

9.0 IMPLICATIONS AND RISKS

9.1 Financial Implications and Risks

The financial implications of the Council's MTFs and revenue monitoring position are the subject of this report and are therefore set out in the body of this report. The consultation process set out in this report will be used to inform decision making on the budget.

9.2 Legal Implications and Risks

The Council is required by section S151 of the Local Government Act 1972 to make

arrangements for the proper administration of its financial affairs.

Under S28 of the Local Government Act 2003, a local authority must review its budget calculations from time to time during the financial year and take appropriate action if there is any deterioration in its financial position. The proposals set out in this report aim to address the Council's current position.

In accordance with section 3 of the Local Government Act 1999, a local authority has a duty . "to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness." (This is "the best value duty".) The monitoring of the financial position assists the Council in meeting that duty. As part of that process it must consult tax payers, those who use or are likely to use services and others who may have an interest in an area where the Council carries out its functions.

The budget consultation and approval process is separate from individual decisions which may need to be taken for example in relation to service delivery; these may require a separate consultation process and equality impact assessment before a final decision is taken.

Where consultation is undertaken it must comply with the 'Gunning' principles; namely it must be undertaken at a formative stage, sufficient information should be provided to enable feedback, adequate time should be given for consideration of responses and the feedback should be taken into account in any decision taken. It is intended that the budget consultation will comply with these obligations.

9.3 Human Resource Implications and Risks

The Council continues to work closely with its staff and with Trades Unions to ensure that the effects on staff of the savings required have been managed in an efficient and compassionate manner. All savings proposals or changes to the funding regime that impact on staff numbers, will be managed in accordance with both statutory requirements and the Council's Managing Organisational Change & Redundancy policy and associated guidance.

9.4 Equalities and Social Inclusion Implications and Risks

Havering has a diverse community made up of many different groups and individuals. The Council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

All front line proposals relating to the Medium Term Financial Strategy for the period 2023/24 to 2026/27 will be subject to an Equality and Health Impact Analysis or assessment, which will be developed following the consultation process for inclusion in the further reports to Cabinet before the budget is finalised in February 2023. This will further highlight where the MTFS has the potential to positively impact on health and wellbeing of residents through targeted provision of services, and where any identified negative impacts may be mitigated.

10.0 BACKGROUND PAPERS

None

APPENDIX A: 2022/23 Capital Programme Variances

This Appendix sets out the Period 3 position for the Council's capital programme for the 2022/23 financial year. The table below firstly shows the projected position at Period 3

Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Adults Services	5.743	2.311	(3.431)
OneSource	41.153	19.561	(21.593)
Neighbourhoods	33.530	33.326	(0.204)
Regeneration Programme	195.642	53.335	(142.307)
Childrens Services	3.446	2.063	(1.383)
Chief Operating Officer	18.399	10.370	(8.028)
Housing Services	298.820	182.511	(116.310)
Total	596.732	303.477	(293.255)

The forecast expenditure for 2022/23 is £303.477m with actual expenditure at the end of Period 3 of £25.280m. Whilst most project budgets are on track to be spent over the full MTFS period there are a number of projects where expenditure has slipped back into future years, the explanations for the main programmes that contribute towards the slippage provided below:

Adult Services

Programme Area /Service/ Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Adults - DFG	4.631	1.200	(3.431)
Adults - Other	1.111	1.111	0.000
Adults Services	5.743	2.311	(3.431)
Adults Services	5.743	2.311	(3.431)

Adults - DFG – Slippage of £3.431m

The Dedicated Facilities Grant slippage is due to the lack of activity in applications and adaptations, however demand is slowly increasing after the disruptions of the pandemic. Recent recruitment has added to the DFG team which will help to maximise spend in this area.

OneSource

Programme Area /Service/ Directorate	Budget 2022/23	2022/23 Forecast Period 3	2022/23 Variance
	£m	£m	£m
Asset Management - Other	4.411	1.333	(3.078)
Corporate Buildings	3.535	2.912	(0.623)
Health & Safety	0.302	0.237	(0.065)
Pre Sale Expenses	0.133	0.119	(0.014)
Schools Building Maintenance	6.315	3.227	(3.088)
Schools Expansions	8.116	2.681	(5.434)
Vehicle Replacement	2.153	0.153	(2.000)
Asset Management	24.964	10.662	(14.302)
ICT Infrastructure	8.898	8.898	0.000
ICT Services	8.898	8.898	0.000
Contingency	0.691	0.000	(0.691)
Internal Leasing	6.600	0.000	(6.600)
Finance	7.291	0.000	(7.291)
OneSource	41.153	19.561	(21.593)

Asset Management - Other – Slippage of £3.078m

Most of the slippage £2.946m relates to the planned acquisition of Hornchurch Police Station. This project is currently on hold awaiting a decision by the Met Police.

Corporate Buildings – Slippage of £0.623m

£0.527m of the slippage relates to the Central Expansion Depot scheme. This project is currently on hold.

School Buildings Maintenance – Slippage of £3.088m

This slippage is made up of a number of schemes that have been delayed, these works are now planned to commence later in the year.

School Expansions – Slippage of £5.434m

The Schools expansions slippage comprises of a number of schemes, which have been deferred and awaiting decisions. Any underspends within School Expansions Programme will be moved back to the unallocated expansions pot and subsequently used to fund additional projects.

Vehicle Replacement – Slippage of £2.000m

The slippage of £2.000m relates to the procurement 29 vehicles for Passenger Services scheme. The tender exercise has just commenced to replace these vehicles with the aim to award at end of September 2022. The expenditure will not be incurred in the current financial year. It is expected that the vehicles will be delivered in July 2023 due to the long lead times.

Finance

The Contingency budget is used for projects that are allocated as and when required. The budget is allocated to services by the Section 151 Officer. The Internal Leasing

budget is used to purchase vehicles that would otherwise have been leased by a service. The service repays the purchase cost over the life of the asset thus replenishing the budget for future purchases.

Expenditure is not shown against these programme areas as the budget is allocated to existing or new schemes across all directorates.

Neighbourhoods

Programme Area /Service/ Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Public Protection	3.599	3.599	0.000
Civil Protection	3.599	3.599	0.000
Cemeteries and Crematorium	1.572	1.572	0.000
Bereavement Services - Cemeteries and Crematorium	1.572	1.572	0.000
Environment - Other	8.220	8.220	0.000
Environment - TFL	0.002	0.002	0.000
Grounds Maintenance	0.250	0.100	(0.150)
Environment - Highways	16.934	16.884	(0.050)
Environment - Parking	0.405	0.405	0.000
Environment - Parks	2.548	2.544	(0.004)
Environment	28.358	28.154	(0.204)
Neighbourhoods	33.530	33.326	(0.204)

There were no significant slippage variances from programmes within Neighbourhoods that required explanation.

Regeneration

Programme Area /Service/ Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Mercury Land Holdings	93.657	30.514	(63.143)
Rainham & Beam Park	25.419	19.046	(6.373)
Regeneration - Other	73.277	3.375	(69.902)
Regeneration - TFL	3.288	0.400	(2.888)
Regeneration	195.642	53.335	(142.307)
Regeneration	195.642	53.335	(142.307)

Mercury Land Holdings – Slippage of £63.143m

The main elements of the slippage are discussed below –

£35.525m of the slippage relates to the Waterloo scheme. The capital forecast was adjusted at Period 3 in accordance with current programme. Negotiations are taking place between MLH and the Havering Waters Regeneration JV to agree a PRS allocation for the Waterloo scheme between phases 2-5. Forecast has been moved back to reflect possible spend in later phases of work.

£19.500m of the slippage relates to the MLH Rainham Joint Venture. This project is not proceeding due to viability challenges. The budget will be reallocated in the Mercury Land Holdings Business Plan update.

£7.993m of the slippage relates to the Roneo Corner project. This has been slightly delayed by the developer. MLH are currently negotiating the particulars of the scheme, anticipated to start in 2022/23.

Rainham & Beam Park – Slippage of £6.373m

The Rainham & Beam Park CPO budget is in place to evidence adequate financial support being in place for scheme delivery at a CPO. Assessment is currently being carried out on planning, programme and financial impact of the delay to the GLA delivering Beam Park Station.

Regeneration - Other – Slippage of £69.902

The slippage of £69.902m relates to the Provision for Future Regeneration Opportunities project. Future Regeneration Opportunities budget could be drawn down in accordance with an approved business case, no planned expenditure at present in 2022/23.

Regeneration – TfL – Slippage of £2.888m

The slippage of £2.888m relates to the Beam Parkway Major Scheme, which is part funded by TfL. The estimated spend for 2022/23 is for consultancy costs for the scheme. No further funding has been confirmed by TfL, scope and other funding options are being explored, before the scheme can progress further.

Children’s Services

Programme Area /Service/ Directorate	Budget 2022/23	2022/23 Forecast Period 3	2022/23 Variance
	£m	£m	£m
Learning & Achievement - Other	0.022	0.000	(0.022)
Schools - leasing	1.051	1.051	0.000
Learning & Achievement Service	1.072	1.051	(0.022)
Childrens Services - Other	2.373	1.013	(1.361)
Childrens Services	2.373	1.013	(1.361)
Childrens Services	3.446	2.063	(1.383)

Children Services - Other – Slippage of £1.361m

The majority of the slippage relates to the build of Children’s Residential provisions in the Borough. There continues to be a delay to the overall build programme.

Chief Operating Officer

Programme Area /Service/ Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Leisure Other	6.830	4.950	(1.880)
Leisure SLM	0.415	0.415	0.000
Libraries	0.337	0.272	(0.066)
Customer, Communication & Culture	7.583	5.638	(1.945)
Transformation	10.816	4.733	(6.083)
Transformation	10.816	4.733	(6.083)
Chief Operating Officer	18.399	10.370	(8.028)

Leisure Other – Slippage of £1.880m

The slippage of £1.880m relates to the new leisure centre in Rainham. The start of construction was delayed due to addressing planning considerations. The change of forecast is due to a later start on site and a re-profiling of spend for the duration of the project.

Transformation – Slippage of £6.083m

The main elements of the slippage are discussed below –

£1.821m of the slippage relates to the Organisational Data Capability. The digital portfolio has recently been reshaped and all activities are now under review, with new resource being on boarded to scope out deliverables and associated plans and costs. The 2022/23 programme provisionally includes a BI and Reporting Project and the creation of a new Data Strategy, which will provide a road map of subsequent projects.

£1.241m of the slippage relates to Platforms & Integration programme. The digital portfolio has recently been reshaped and all activities are now under review, with new resource being on boarded to scope out deliverables and associated plans and costs. This programme provisionally includes the Alloy Implementation, Civica APP Replacement, a Cyber Security/Business Continuity project and Application Risk Management Review and a new Digital Strategy.

£1.112m of the slippage relates to the CRM budget. The CRM System 2022/23 forecast based on Project Manager's indicative plan and estimate. The remainder of budget will be rolled over to 2023/24.

£0.793m of the slippage relate to the Smart Working Plus budget. The programme was placed on hold early in 2022 with various initiatives being split and funded across other services. (For example to Asset Management within OneSource directorate). The programme is now being restarted with a new project team. High level estimates have

been created, but still require detailed scope, planning, costs etc. The position will be clearer in Period 6 when work has been completed.

Housing Services

Programme Area /Service/ Directorate	Budget 2022/23 £m	2022/23 Forecast Period 3 £m	2022/23 Variance £m
Bridge Close Acquisitions	36.103	34.576	(1.527)
Bridge Close Regeneration	8.342	1.003	(7.338)
HRA	46.061	45.871	(0.190)
HRA Regeneration	137.527	76.984	(60.543)
HRA Stock Adjustments	70.789	24.077	(46.712)
Housing Services	298.820	182.511	(116.310)
Housing Services	298.820	182.511	(116.310)

Bridge Close Acquisitions – Slippage of £1.527m

£1.527m of the slippage relates to the Acquisitions budget. The forecast reflects planned commercial acquisitions under private treaty in 2022/23 plus £10.000m allowance for further acquisitions coming forward, £60,000 per month for drawdowns for average creditors fees plus £350,000 redesign fees forthcoming due to changes in design to reflect fire regulations update.

Bridge Close Regeneration – Slippage of £7.338m

£7.338m of the slippage relates to the Forward Funding Bridge Close budget. The budget reflects Council direct costs for the Bridge Close scheme; forecast includes allowance for staff capitalisation costs for regeneration, provision for insurances and council legal advice plus a contingency of £0.500m in year for unforeseen costs, which will reduce down at each period it is not utilised.

HRA Regeneration – Slippage of £60.543m

The main elements of the slippage are discussed below

£19.815m of the slippage relates to the 12 Estates - Partner Loan budget. Projections have been adjusted in line with JV partner cash flow forecast, with £0.750m contingency allowed for the year.

£15.050m of the slippage relates to the Vacant Possession budget. This budget funds the remainder of the work required to achieve vacant possession on the 12 Estates sites.

£12.117m of the slippage relates to the 12 Estates Affordable Housing Programme. Projections have been revised in line with JV partner cash flows for active schemes, NNP and SSS. Waterloo construction will not begin until 2023/24 and intermediate costs will be picked up through demolition contract and PCSA budget.

£11.848m of the slippage relates to 12 Estates Phase 1 Forward Funding. Projections have been revised in line with JV partner cash flows for active schemes, NNP and SSS. Allowance made in 2023/24 forecast for £6.000m for completion of SSS and £15.000m for activity on Waterloo phase 1 construction.

£5.482m of the slippage relates to The Bund - Affordable Housing scheme. This project is not currently proceeding due to viability challenges.

£4.721m of the slippage relates to 12 Estates - Tenant Compensation. The reduction in the number to regeneration decant moves has contributed to the low forecast. This is not expected to change over the coming years.

HRA Stock Adjustments – Slippage of £46.712m

The main elements of the slippage are discussed below

£20.955m of the slippage relates to the HRA Acquisition Fund - Affordable Housing. The scheme has not progressed as quickly as expected due to lack of resources and external market forces.

£14.752m of the slippage relates to the Affordable Housing budget. The slippage is due to delays with negotiations, however projects are now moving forward with progress on St Georges scheme and Quarles scheme.

£11.005m of the slippage relates to the Hostel re-provision - Building of a new hostel budget. Allowance have been made in the 2022/23 forecast for progression to RIBA Stage 4, ready for detailed design with a new partner/contractor plus usual council fees for EA fees, Planning & capitalisation of project management costs.

STAFF CONTACTS

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Robert South Acting Director Children's Services (including Learning & Achievement)	01708 434412
David McNamara Interim Section 151 Officer	01708 433754



CABINET

Subject Heading:

All Age Autsim Strategy

Cabinet Member:

Councillor Gillian Ford

Councillor Oscar Ford

SLT Lead:

Barbara Nicholls / Robert South

Report Author and contact details:

Georgina Shapley

Senior Commissioner and Project Manager

Georgina.shapley@havering.gov.uk

Policy context:

State briefly how the decision relates to the relevant policies of the Council

Financial summary:

There are no financial implications

Is this a Key Decision?

Yes

(c) Significant effect on two or more Wards

When should this matter be reviewed?

The action plan will be subjected to an annual review and a progress report to be published.

Reviewing OSC:

State the OSC (or OSCs) that will be responsible for reviewing the decision if called-in or once implemented

The subject matter of this report deals with the following Council Objectives

Communities making Havering

[X]

Places making Havering

[X]

Opportunities making Havering

[X]

Connections making Havering

[X]

SUMMARY

This report summaries the findings from the public consultation of the all-age autism strategy.

RECOMMENDATIONS

The cabinet is recommended to:

1. Review the changes made to the all age autism strategy as a result of the public consultation
2. Approval of the publication of the final all-age autism strategy.

REPORT DETAIL

1. The Consultation

The consultation was developed on Havering's digital consultation platform; Havering Citizen Space and was open from 3rd July 2019 – 16th September 2019. The following questions were developed on Citizen Space which allowed members of the public to comment on the draft strategy.

- *Are the priorities identified in the strategy relevant and if not what should be added/amended?*
- *Are the actions set out in the action plan appropriate and if not what additions /amendments*
- *Are there any additional areas that should be included within the Strategy and if so what?*
- *Is having an all-age strategy the most effective way to achieve the vision set out in this strategy? Please provide any alternative suggestions.*
- *Should this strategy apply to everyone with autism, including people with a learning disability? If not what alternative suggestions do you have?*
- *What is the best way to make sure that the strategy is implemented? Do you think that the Partnership Board can do this effectively?*
- *Are there any other comments that you would wish to make on the Draft Strategy not covered by your responses above?*

Easy read versions of the strategy and the action plan were produced by Sycamore Trust and used throughout the consultation.

A communication plan/strategy was developed outlining the key stakeholders and business partners. An email was developed which provided the purpose/background to the strategy and a direct link to the consultation was disseminated to the following partners/stakeholders;

People and Families	Partners
In Receipt of services	Culture and Leisure - Gerri Scott
In Education / Employment Setting which currently support users	Housing-
Barking & Dagenham College	Employment Agencies- Havering Works
Havering 6th Form College	Education - Trevor Cook
Havering College	Community Safety - Diane Egan
National Star College	Police- Diane Weeler
NCC Redbridge	Transport - Passenger Travel Service
NCC Tower Hamlets/St Johns	Workforce Development-
Oakwood Court College	Social Care Academy- Kate Dempsey
Priors Court	Emergency Duty Team- Redbridge Anna Poltark / Waltham Forest/Barking and Dagenham
St Elizabeth's College	Havering Sports - Darrell Braiden
St Johns - Brighton	Youth Offending Service- Gary Jones
Treloar's	Havering Living Magazine-
Cambian Lufton College	
Havering Adult College	
JFK School	ASC Operational Staff
South Essex	Adults
RAGS	Children's
Myplace	Commissioning
HAD- Havering Adults with Dis	Business Units
Sycamore Trust	
Avelon Centre	Strategic
DABD	CCG
FIG	SLT
Help not Hospital	BHRUT
Rose Project - Avelon	NELFT
Havering Imago	
Extra Care	Health Acute / Community
Age UK	NELFT
Health Watch	CCG
Advocacy for All	CAMHS
Heather Court	BHRUT
Great Charter Close	

Peabody	VSO
Havering LD Supported Accommodation Service	Specific to this group
Havering MIND	Wider support to Adults / Young People / Carers
Corbets Tey	
Ravensbourne	
Carers Hub	
Positive Parents	
Shared Lives	
Neave Crescent	
6 Peel Way	
Reapton Drive	
Providers OOB	
Residential Placements	
Placements	
Sapphire Leisure Centre	
Access Able	
Active Homecare Providers	
Wider Community	

In addition to the stakeholders identified above, the consultation was published in **Havering Living Magazine, Local Offer, Schools Portal (before and after school summer holidays)**. Letters were produced and distributed to all children on the school transport service. Special schools and Mainstream schools were informed of the consultation and encouraged to publish this in their newsletters. An email notification was sent to all the carers registered with the Carers Hub.

A poster (**Appendix A**) was designed to attract the attention of members of the public; these posters were distributed to the following venues; The Autism Hub, Sapphire Leisure Centre, Jacks Café, and Vue Cinema.

Havering's social media platforms were also utilised and the posters were circulated regularly during the consultation period.

Due to the nature of the strategy, we needed to hold workshops with parents and carers to ensure everyone was allowed to provide their feedback on the draft strategy. We held two events;

Positive Parents

A workshop was held with Positive Parents on Wednesday 17th July 2019 at First Step. The workshop consisted of a presentation (**Appendix B**) and the specific consultation questions were discussed. 12 parent/carers attended the event and voiced their concerns regarding autism in Havering generally. It was clear that the

majority of the parents/carers agreed that there is a lack of understanding of autism in mainstream Havering schools. Members of Positive Parents also voiced their concerns on the following areas;

- Lack of short breaks provisions
- Support for families following diagnosis
- Lack of empathy from health care professionals
- Lack of autism awareness training provided in mainstream schools, GPs.

A copy of their responses has been provided in **Appendix C**. During the event, it was fed-back that consultation events should be less formal, for example; parents would prefer table discussions with commissioners, instead of formal presentations.

Overall, the members of this group had little confidence in the Local Authority achieving any of the actions outlined in the plan; they acknowledged the ambition of the strategy and hoped funding would be made available to achieve these plans.

Parent Group – Sycamore Trust

Following on from the feedback provided at the workshop held at Positive Parents. An informal discussion took place with the parents at the parent group held at The Autism Hub with Sycamore Trust on Friday 13th September 2019. Four parents and The Hub manager were present and although parent numbers attending were low, their views were valuable. Parents echoed the views collected from the previous event.

One mother told us the difficulties she has experienced with the teachers and staff within her child's mainstream school. The mother felt this was mainly due to the lack of understanding and autism awareness training that is provided in mainstream schools.

The parents present used the opportunity to provide personal experiences on the diagnostic pathway and the struggles to get a diagnosis for their child, which led to further issues when applying for Education Health and Care Plans.

Havering Young Advisors

Havering Young Advisors (YAH) is a group of young people aged 12-25, who live in the borough and have a disability. The group researches to find out what young people with disabilities think about their lives; they do this using various techniques such as questionnaires and group discussions, which can help the local authority in shaping future services.

The YAH has provided a report, (**Appendix D**) that outlines the key findings concerning both the all-age autism and learning disabilities strategies. They created a range of accessible, large format/ pictorial, easy read, and fun questionnaires to obtain views from young people in Havering ranging from ages 12-25 and targeted the following groups:

- Schools
 - Forest School Academy formerly known as Dycorts School
 - Corbets Tey

- Havering College
 - Ardleigh Green
 - Quarles Campus
 - Rainham Campus

- Positive Parents
- Havering Association for People with Disabilities (HAD)
- Havering Association for the Support of People with Learning Disabilities and their Carers (HAVCARE)
- Havering Disabled Sports Association
- Romford Autistic Group Support (RAGS)
- St Peter's Church
- Havering Museum
- Havering Library
- Autism Hub
- BHR Hospitals NHS Trust
- Dance and Drama Classes
- Friends
- Families/Relatives

125 hard copies of the questionnaires were sent and 96 responses were received. 23 of the responses could not be included because the returned documents were difficult to understand.

2. Analysis

Citizen Space Analysis

34 responses were received through Citizen Space and the majority of these responses were completed by a relative or a friend of the person receiving care. A breakdown has been in Appendix A

REASONS AND OPTIONS

Reasons for the decision:

The draft all-age autism strategy was consulted on in 2018, due to COVID-19 the Joint Commissioning Unit was required to undertake the role of PECC (Provider Emergency Command Centre). As a result, all projects were placed on hold, including the finalisation of the strategy.

The National All Age Autism strategy has now been published, this has been reviewed and the following service areas have been added to the local strategy; Youth Justice System.

We have considered the consultation responses and made significant changes to the action plan, updated areas that are no longer in service, or programmes which have ended. The strategy is now in its final version and we are seeking approval to publish, taking the implementation approach outlined below:

I. Implementation approach

Following the finalisation of the strategy, the strategy should be implemented in two stages;

Stage 1:

Implement the action plan with resources currently available.

Stage 2:

To identify the actions from the plan that are new initiatives and require funding. These will then be developed accordingly.

II. Launch Event

The final recommendation is to host a 'Launch Event' for the final strategy. This event aims to allow residents of Havering to have the opportunity to communicate with those that are responsible for accomplishing the strategy.

Other options considered:

Consult on the changes made to the strategy, this option was explored by the Autism Partnership Board, however, it was rejected as the publication of this strategy has already experienced a significant delay due to COVID-19 impact.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are two stages of implementing the All Age Autism strategy and a number of partners involved. Each partner manages its own financial implications. The first stage, covered by this paper, does not have any financial implications for any of the partners, including LB of Havering. There will be no change to the level of provision due to this paper.

It is envisaged there will be financial implications due to stage two of implementing the strategy, which will be presented via a different paper.

Legal implications and risks:

The Local Authority has various duties under the Children Act 1989, Care Act 2014, Children and Families Act 2014 and the Autism Act 2009 in relation to people with autism. There is no specific duty to have a local Autism strategy. However, there is a national Adult Autism Strategy and the Government has issued guidance, "Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy"

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf

The implementation of a local Autism Strategy appears to be consistent with the legislation and guidance.

Whenever a Local Authority consults on a matter it must do so meaningfully which means that it must consult at a time when proposals are in the formative stage, it must give sufficient time and information to consultees and must conscientiously take the results of the consultation into account before making any final decisions.

The results of the consultation are set out in the appendices and Cabinet must pay careful attention to this before making any final decisions. Whilst it is not clear what changes have been made to the draft Strategy during the consultation process Cabinet must consider whether any further changes are necessary in the light of the consultees comments.

Implementation of the strategy may engage some statutory duties and legal advice will be available to the Local Authority as and when the need arises.

Human Resources implications and risks:

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Health and Wellbeing implications and Risks

- **An individual's behaviour and lifestyle such as smoking, diet, exercise, alcohol consumption, or self-care**

Postive impact – dedicated support from partners identified in the action plan

- **Mental health and wellbeing**

Postive impact – dedicated support from partners identified in the action plan

- **Access to and quality of education or other training opportunities**

Postive impact – dedicated support from partners identified in the action plan

- **Employment, income, opportunities for economic development**

Postive impact – dedicated support from partners identified in the action plan

- **Access to green space, sports facilities, and opportunities to be active**

Postive impact – dedicated support from partners identified in the action plan

- **Quality availability and affordability of homes and housing,**

Postive impact – dedicated support from partners identified in the action plan

- **Opportunity to interact socially with other people, social isolation, community support networks and being able to live independently**

Postive impact – dedicated support from partners identified in the action plan

- **Ability to access health and social care services**

Postive impact – dedicated support from partners identified in the action plan

- **Transport, and connections to places within or between the Borough**

Postive impact – dedicated support from partners identified in the action plan

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS
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Postive impact – dedicated support from partners identified in the action plan

BACKGROUND PAPERS

There is a statutory obligation to list papers relied on in the preparation of the report, unless:

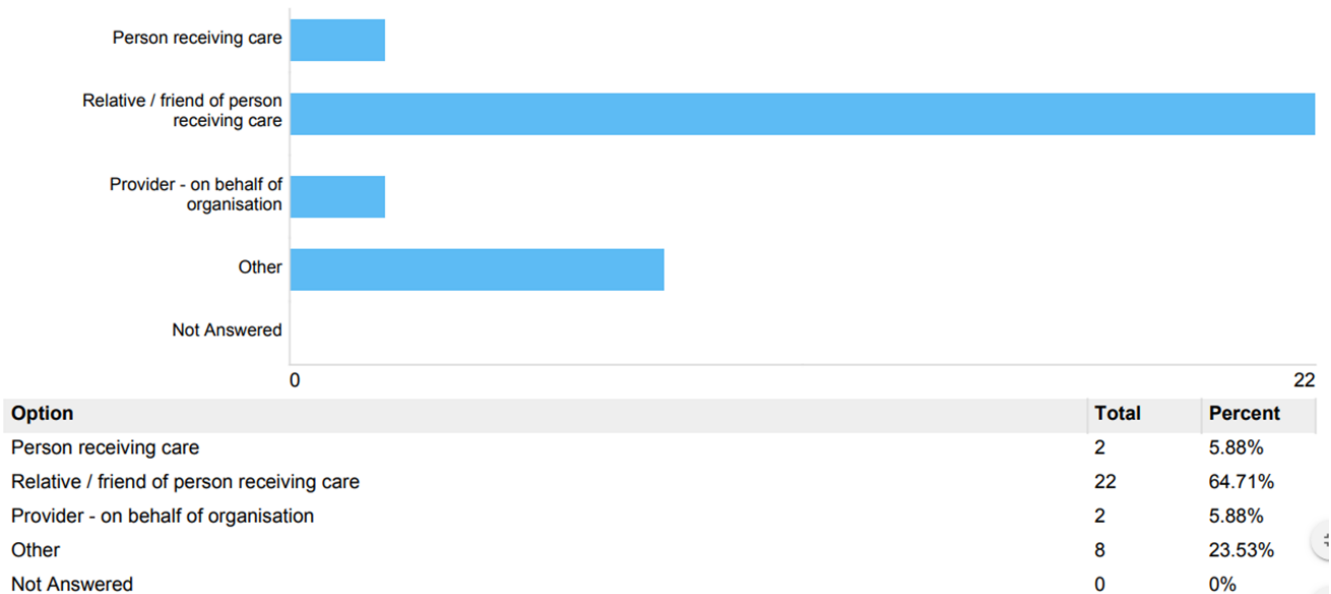
- 1 It is an exempt report***
- 2 Papers relied upon are already in the public domain as “published papers”. This can include: books, magazines and newspapers; Government publications; Council publications (including previous reports and minutes of meetings)***

If in doubt, please seek advice from Committee Administration

1. Analysis

Citizen Space Analysis

34 responses were received through Citizen Space and the majority of these responses were completed by a relative or a friend of the person receiving care. A breakdown has been in Appendix A



The other respondents included; Former Special Educational Needs Coordinator (SENCO) council employee, a local charity, kinship carer, Barking Havering and Redbridge Clinical Commissioning Group (BHR CCG), a person interested in the welfare of people with autism, and a person with Asperger's

Are the priorities identified in the strategy relevant and if not what should be added/amended?

There were 31 responses to this part of the question.

Approximately 90% of the respondents said the priorities identified in the strategy were relevant. Respondents have suggested the following key areas are absent from the strategy and should be covered in further detail;

- Direct payment funding
- Mental Health –the link between Autism and Mental Health and the service available for people with a Mental Health Diagnosis.
- Police and Criminal Justice System
- Universal Services – robust information to be provided on the universal services that are available locally.
- Training for front line staff
- Increase the number of supported living provisions within the borough
- Blue badge consideration for Autism as a hidden disability
- The education section is missing from the strategy.

Are the actions set out in the action plan appropriate and if not what additions /amendments?

There were 22 responses to this part of the question.

The majority of the responses that were received suggested the following;

- The actions need should be **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-based (SMART).
- Training- the action plan refers to training, however, it is not clear what specific training is required for individual groups.
- Identify individual roles of those responsible for achieving the action plan
- The current action plan is mainly focused on children and young people, responses have been received that actions specifically for adults with autism should be included
- Diagnostic pathways to be clarified

Are there any additional areas that should be included within the strategy and if so what?

There were 24 responses to this part of the question.

- Transition between schools, particularly primary to secondary should be planned and provision in mainstream schools should be improved.
- Additional provisions within mainstream schools, such as quiet rooms, or sensory rooms, for children to be able to access if needed. A respondent explained further, *'Often children with high functioning Autism do not fit easily into a category as they don't have learning disabilities and often don't have behavioural issues but suffer anxiety and need a quiet space.'*

The strategy mentions 'missed diagnosis' in girls, it has been suggested that there needs to be more information on autism in girls, the following response was received; *'This is a serious problem that needs to be addressed. There is no point training people in Autism Awareness if you do not cover this important issue too. Girls can present differently to boys. They often mask and camouflage their behaviour because they have learnt what they need to do to fit in. Playing this role leaves them anxious and exhausted. They feel failure and rejection most days. They internalise their anxieties only letting it out when they get home and feel safe.'*

This respondent went on to comment; *'Even the diagnostic panel in Havering do not recognise the differences High Functioning girls can present with. This is where the autism education needs to start, with the teams diagnosing children.'*

Further responses stated:

- Interlinks with Mental Health
- Aftercare plan for parents and families following diagnosis.

- The Autism Hub currently focuses on young adults with autism and there should be more targeted support for children with autism. As a general point this respondent went onto say that all services should be more inclusive.
- Expansion of existing special schools and development of new special schools within borough
- Improved communication plan across partners (health and education)
- A number of responses have highlighted that the education element of this strategy is missing.

Is having an all age strategy the most effective way to achieve the vision set out in this strategy? Please provide any alternative suggestions.

There were 24 responses to this part of the question.

Several responses have agreed that having an all-age approach will be effective because; this approach will reduce the transitional gap that often occurs from children to adult services and will encourage a cohesive seamless approach. This should also encourage the correct level of communication between partners. In addition, it has also been requested that the 'transition to adulthood' phase should be focused on

A respondent also suggested that the all-age approach would allow parents and carers to have a better understanding and overview of plans and the variance between children and adult services.

Although the majority of the responses have been positive about this question, there have been some comments as to why the all-age approach is not suitable.

There is a minority (2 respondents) view that children and adult strategies should be viewed separately. Further responses state that *'it is important to consider the differences in the offer of services and that the action plan should reflect this'*.

In addition to this, the lack of funding was mentioned several times; particularly that funding should be allocated independently to each service area.

Should this strategy apply to everyone with autism, including people with learning disability? If not what alternative suggestions do you have?

There were 25 responses to this part of the question.

The responses to this question varied as some respondents agreed that the strategy should apply to everyone with autism, including people with a learning disability. The reasons for these agreements were;

- People will feel the approach is inclusive
- There will be a pathway for both autism and learning disabilities.
- There will be fewer barriers to go through
- Most respondents suggested that learning disabilities and autism are likely to be diagnosed together.

However, some respondents disagreed and felt that the two strategies should remain separate. The reasons given for this were;

- It was strongly felt that the focus of this strategy should remain on autism
- It was also felt that overall learning disabilities are catered for effectively within the borough and services are available to provide the required support.
- High functioning autistic adults are often missed and have limited services and support available to them. There is a view that by covering both learning disabilities and autism these individuals will experience further issues when seeking support services.

What is the best way to make sure that the strategy is implemented? Do you think that the Partnership Board can do this effectively?

There were 22 responses to this part of the question.

100% of the respondents in this category believed the Autism Partnership Board will be able to effectively implement the strategy, however, the success will only be possible if the following steps are taken;

- Ensure individuals are named as owners in the action plan
- *'The partnership board needs to have a wide membership. It needs to be able to ensure that elected councillors fully implement the strategy.'*
- *'One such check can be participation at a regular open meeting within the town hall where the partnership board can hold an open meeting which can be attended by anyone living in Havering.'*
- Encourage publicity of the board developments via social media, Romford recorder, etc.

Funding has been mentioned on several occasions,

- *'They will need full council backing and funds need to be available to implement the plan.'*
- *'Funding will be the main issue here'*

Are there any other comments that you would wish to make on the Draft Strategy not covered by your responses above?

There were 19 responses to this part of the question.

The following responses have been extracted from the consultation:

- *'Blue badges are given to people with autism even if they do not get pip, as long as they have medical report not from GP but a specialist who diagnosed the person'*
- *'It needs to be easier for Adults who suspect they have autism to get a referral for diagnosis. Many parents suspect they have autism after their child is diagnosed and it would be helpful if they had a safe space to share their suspicions and be referred for diagnosis if appropriate. As parents of an*

autistic child, we had zero support following diagnosis. I didn't even know there was support available.

- *'Please involve parents and children we are the professionals of their care. Ask us anything someone will answer. Well done for this it's just the beginning.'*
- *'Please invest in more inclusive approach in the borough. More events, training and presentations within businesses and local schools.'*
- *'It's a recurring pattern now for Havering to focus on people with autism. There are people with other disabilities in the borough and it is about time strategies were discussed to support everyone and not just the largest groups of people. Havering seems to forget the smaller groups of disabilities, which is extremely detrimental to these people's futures.'*
- *'As I read through the draft I strongly agree with a little bit more communication between the school and parents and more involvement of the parents would be good as the children are often not capable to talk about their day at school. Maybe better coordination of all this by SENDCo, also raising awareness at the individual school. The other one I struggle with is the short breaks, which is not meeting with the demand now at Havering. There is very little on offer! With more children, being diagnosed in future and better information given demand will be even higher.'*
- *Talks given by professionals such as a clinical psychologist who has interest in a certain area for example how to use special interest of autistic people constructively or just simply understanding why and how they react differently to neuro-typical people would also be welcome I guess. I am pleased that something is being done about this...*

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**All Age
Autism Strategy
2022 -2025**

June 2022

CONTENTS

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 8. **Priorities**
-
- Appendix 1. Action plan**

1. KEY PRINCIPLES

1.1 This is the first Havering all age autism strategy for people with autism and their families. Although previous strategies relating to autism have been written and previous pieces of work have been undertaken regarding areas that impact on some people with autism, there has not been an overarching strategy that relates to people across all ages with autism.

1.2 A key part of the strategy and its overall vision is to seek to ensure that Havering becomes an autism inclusive borough where people with autism have the same opportunities as everyone else.

1.3 In order to enable this there are a number of key principles which are central to the strategy and will help to make the strategy real:

- People with autism and their families and carers are at the centre of everything we do.
- Focus on people's strengths to overcome barriers
- Guidance, information and support is easily available
- The right support at the right time
- Increased awareness of autism across Havering
- Living in your community and being included
- Delivering the actions outlined in the strategy will require action and leadership from all stakeholders

1.4 This strategy sets out our plan to achieve our vision for Havering and takes a life-course approach, encompassing children, young people and adults with autism, and taking into consideration the needs of families and carers. It recognises autism affects people in different ways and touches many aspects of their lives. As such, we have taken a holistic view; our ambition is to work in partnership to address the wide range of areas in which residents with autism might be supported, including in health services, education, preparing for adulthood, employment, independent living and the criminal justice system.

1.5 This strategy is being developed in parallel to a number of other strategies that impact upon the lives of children, young people and adults with autism and their families. The main strategies are:

- High Needs Strategy 2017- 2022.
- Carers Strategy
- Emerging Supported Housing Strategy
- Havering's Draft Joint Commissioning Strategy

1.6 Havering's Joint Commissioning Strategy sets out the key principles for commissioning of social care within Havering but its principles equally apply to this strategy also. It is based on 3 strategic goals:

- Prevention
- Personalisation
- Integration and Partnerships

1.7 The goals are underpinned by a number of key principles

- Outcome based commissioning – ensuring that there are very clear and measurable outcomes for people, even if they are as ‘simple’ as a person having real friends
- Financial management – commissioned services need to ensure that they provide best value for the Council and that good partnerships are developed with providers to ensure this
- Co-design and coproduction – actively listening to, engaging with, people with disabilities and their families and ensuring they are central to designing a strategy and implementing it
- Innovation, improvement and change (Transformation) – demographics and the financial pressures faced by Havering are such that there is a stark choice to make. Continuing doing the same with less money and increased pressure or seeking to do things differently, actively learning from other authorities and utilising principles of positive risk taking.

1.8 Key to the plan is the vision of ‘*Helping young and old fulfil their potential through high-achieving schools and by supporting people to live safe, healthy and independent lives*’. The plan sets out 4 outcomes:

- Giving children the best start in life and helping them achieve at school
- The needs of our most vulnerable residents are identified and met
- Havering residents are healthy and active
- Families and communities look after themselves and each other

1.9 This strategy sets out a number of key themes together with a high level action plan which Havering wishes to prioritise over the next 3 years:

- Planning
- Involvement, information and access
- Health Care
- Employment
- Training and Awareness
- Housing
- Improved Pathways
- Transport, keeping safe and life skills
- Justice Service

NEXT STEPS

1.10 This is the final strategy following a formal 12 week consultation period with people with autism and their families. However in line with the key principles outlined above, it will be required to be reviewed annually, with a range of people, stakeholders, partners and most importantly adults, children and young people with autism and their families

1.11 For the strategy to be delivered effectively, it requires ownership and involvement at senior levels within a range of partner organisations – e.g. the Council, NEL ICS,

NELFT. Many of the priorities are not within the gift of any one organisation (or even part of) to deliver and require joint ownership and leadership. Action Plan work streams have been finalised in consultation with action leads and will be reported on annually.

DRAFT

2. Why An Autism Strategy

- 2.1 Autism is a condition that affects approximately 1% of the population; the numbers of people affected by it are not dissimilar to the numbers of people with dementia (*Think Autism 2014*). The Department of Health in 2010 (*Fulfilling and Rewarding Lives; the strategy for adults with autism in England*) indicated that it is a source of social, economic and health inequality in England.
- 2.2 Havering launched their Corporate Plan setting out its plans for the next twelve months on how Havering can be made an even better borough for people to live in making specific reference to people with autism and Havering's desire to improve the lives of people with autism.
- 2.3 The recently published NHS 10 year plan, setting out its plans for the next 10 years indicated that supporting people on the autism spectrum or with learning disabilities is one of the 4 clinical priority areas it needs to concentrate on and to deliver better clinical services and support.
- 2.4 Nationally the Government published the National all age Autism Strategy in 2022
- 2.5 A strategy sets out an organisation's vision for specific groups of people, how it intends to achieve that vision and who has a part in achieving that vision. A Strategy is also a live piece of work and requires ownership from all the relevant stakeholders.
- 2.6 Echoing the voice of many parents and people with autism, and themes which Government have acknowledged, autism is a condition for life. A key challenge which disparate strategies face is that they may not always support people's seamless pathway through life and their need for support at various stages in their lives.
- 2.7 Havering has taken the view that it needs to develop an all age strategy for people with autism. Its reasons for doing so are in line with the Government's thinking, there is a need to:
- join up health, care and education services to address autistic children's needs holistically
 - develop diagnostic services to diagnose autism earlier, in line with clinical guidance
 - improve the transition between children and adult services so that no young people miss out, and ending inappropriate reliance on inpatient hospital care
 - improve understanding of autism and all its profiles, including recently identified forms such as pathological demand avoidance (PDA)
- 2.8 Additionally people with autism make it very clear that although on occasions they need additional support and access to people (staff) that are aware of their condition, they also wish to lead lives that are the same as the rest of the population.
- 2.9 Traditionally autism both within adults and children has been seen as being a specialist area requiring input from (often) specialist health, education and social care provision. The reality is very different, in respect of both NHS and Local Authority provision, a person with autism is as likely (or more likely) to require support from and come into contact with day to day services e.g. Library staff, front line staff in housing, Town Hall receptionists, receptionists in health centres, GPs, staff in A&E than with specialist staff within social and health care. Whilst this strategy looks at some of the

areas that relate to the need for specialist input and provision, it also highlights the fact that this is not a strategy relating solely to social care or specific areas of health care, but it is a Havering wide strategy that needs to be supported by all public services in Havering.

DRAFT

3. What is autism

3.1 Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people.

3.2 Autism occurs early in a person's development, it is neither a learning disability nor a mental health problem although mental health problems are more common among people with autism and it is estimated that one in three of adults with a learning disability also have autism.

3.3 Autism is a relatively 'modern' diagnosis; the term 'autism' only came into common clinical use in the 1960s and whilst most diagnosis now occurs in childhood many adults remain undiagnosed. Getting a diagnosis can be a crucial milestone for people with autism; many have felt different and unable to "fit in" for all of their lives.

3.4 Autism is a disorder which affects how a person makes sense of the world, processes information and relates to other people. It is known as a spectrum disorder or spectrum condition because the difficulties it causes can range from mild to severe, and these affect people both to different degrees and in different ways. Nonetheless, all people with autism share three areas of difficulty; often referred to as "the triad of impairments", (Wing and Gould, 1971):

- Social communication - difficulty using and understanding verbal and non-verbal communication, such as gestures, facial expressions and tone of voice
- Social interaction - problems in recognising and understanding other people's feelings and managing their own; and
- Social imagination - problems in understanding and predicting other people's intentions and behaviour and imagining situations beyond their own experiences.

3.5 People with autism may experience over or under-sensitivity to sounds, touch, tastes, smells, light or colours. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder, a learning disability or dyspraxia.

3.6 As a result of interaction between the three main areas of difficulty, sensory issues and the environment, people with autism may experience:

- increased anxiety levels
- a need for routines, sometimes having a compulsive nature
- difficulties in transitioning to a new activity
- difficulties generalising skills learnt in one situation to another
- focussed and/or committed interests
- the ability to be highly focussed when on a specific task
- difficulties with self-awareness, understanding and expressing their own needs

3.7 Autism affects people in different ways; some can live independently without any additional support, while others require a lifetime of specialist care. The needs of adults with autism thus vary widely. A significant proportion of adults with autism across the whole autistic spectrum experience social and economic exclusion. Improving access to local support and services is important to develop the skills and independence of adults with autism in Havering.

3.8 Their condition can be overlooked or missed by healthcare, education, and social care professionals, which create barriers to accessing the support and services they need to live independently. In addition, people with autism are more likely to have coexisting mental and physical disorders, and other developmental disorders. Some may have contact with the criminal justice system, as either victims of crime or offenders and it is important that their needs are recognised

3.9 Asperger Syndrome (AS) or High Functioning Autism¹ (HFA) is a condition within the autism spectrum and is the term commonly used to describe people with autism who have no additional learning disability. It is often difficult to tell if someone has the condition as their level of intellectual ability can often disguise the level of their disability. People with AS/HFA are potentially amongst the most vulnerable and socially excluded in society and are likely to experience difficulties with obtaining and sustaining employment, completing further education, living independently, forming relationships, securing and keeping accommodation or making friends. They are also more vulnerable to exploitation due to their lack of social insight and mental health problems, particularly anxiety, depression and higher suicide rates.

3.10 Neurodiversity is a movement that wants to change the way we think about autism. It rejects the idea that autism is a disorder and sees it instead as a neurological difference; one with a unique way of thinking and experiencing the world.

3.11 The movement focuses on celebrating neurological diversity and championing the different world-views and skills that autistic, dyslexic, bipolar, and other neurodiverse people have.

3.12 The National All Age Autism Strategy encourages people to see autism as a variation of the human experience;

- Autistic people should receive more equal treatment.
- People should have a greater understanding that those with autism may have different needs and ways of coping.
- Society should allow for autistic differences and create more equal opportunities.
- Society shouldn't try to make autistic people 'fit' into society, but have society accommodate for them.

The action plan has been developed with this in mind, ensuring the points raised above are addressed.

¹ HFA – Higher Functioning Autism will be used to describe people with an IQ of 70 or above. This will include those with Asperger's Syndrome (AS) although in the literature this is sometimes a separate category.

4. Numbers of people

4.1 There are no definitive numbers regarding the numbers of people with autism, either adults or children. Any information about the possible number of autistic people in the community is based on epidemiological surveys (i.e. studies of distinct and identifiable populations). It is normally estimated that approximately 1% of the population of the UK has some form of autism; figures that are specific to Havering are indicated below. (Studies in other parts of the world may give different percentages – this is likely due to a range of factors, different diagnostic criteria, diagnostic switching, service availability and awareness of autism among professionals and the public)

4.2 The National Autistic Society's web site (<https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>) offers some interesting data and facts about autism:

- 34% of children on the autism spectrum say that the worst thing about being at school is being picked on
- 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them
- 17% of autistic children have been suspended from school; 48% of these had been suspended three or more times; 4% had been expelled from one or more schools
- Seventy per cent of autistic adults say that they are not getting the help they need from social services. Seventy per cent of autistic adults also told us that with more support they would feel less isolated
- At least one in three autistic adults are experiencing severe mental health difficulties due to a lack of support.
- Only 16% of autistic adults in the UK are in full-time paid employment, and only 32% are in some kind of paid work.
- Only 10% of autistic adults receive employment support but 53% say they want it
- Around a third of people with a learning disability may also be autistic
- Between 44% - 52% of autistic people may have a learning disability
- Between 48% - 56% of autistic people do not have a learning disability
- Five times as many males as females are diagnosed with autism. There is increasing evidence that there is a significant under diagnosis of autism in females

4.3

The numbers of people in Havering with autism is derived from a number of sources:

- Havering's Joint Strategic Needs Assessment (JSNA)
- National prevalence figures
- Data from adult and children's social care
- The Schools Census
- Data submitted to Public Health England as part of the 2018 Autism Self-Assessment

PREVALENCE

4.4 The following table, from the Projecting Adult Needs and Service Information System (PANSI) indicates the predicted numbers of adults aged 18+ who have autism in Havering and indicates an expected increase in numbers in coming years;(this table includes people with learning disability)

People aged 18-64 predicted to have autistic spectrum disorders, by age projected to 2035					
	2017	2020	2025	2030	2035
People aged 18-24 predicted to have autistic spectrum disorders	205	195	198	231	251
People aged 25-34 predicted to have autistic spectrum disorders	335	347	346	334	350
People aged 35-44 predicted to have autistic spectrum disorders	309	330	366	386	385
People aged 45-54 predicted to have autistic spectrum disorders	335	327	325	354	390
People aged 55-64 predicted to have autistic spectrum disorders	296	315	327	323	325
People aged 65-74 predicted to have autistic spectrum disorders	229	235	246	277	294
People aged 75 and over predicted to have autistic spectrum disorders	190	202	243	269	307
Total population aged 18 +	1,899	1,951	2,051	2,174	2,302

4.5 Whilst the equivalent of PANSI does not exist for Children and Young People, using figures from the most up to date version of the JSNA (January 2019) predicting Havering's growth in population and the 1% prevalence figure the predictive numbers of young people with autism in Havering is shown below:

Children and Young People aged 0-17 predicted to have autism spectrum disorders				
	2018	2023	2028	2033
CYP aged 0-4 predicted to have ASD	1,760	1870	1910	1850
CYP aged 5-10 predicted to have ASD	2,030	2280	2430	2410
CYP aged 11-17 predicted to have ASD	2,060	2490	2820	2950
Total	5,850	6640	7160	7210

ADULT FIGURES

4.6 The table below shows (for 2017/18 and most recent figures for 2018/19) the numbers of adults who were in contact with Adult Social Care

2017/18	2018/19
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	18-64	65+	18-64	65+
Known to LD Team	828	97	810	87
LD In Receipt of Services	528	68	539	63
Recorded Health Condition of Autism	48	0	49	0
Autism in Receipt of Services	41	0	39	0
Autism not LD	11	0	18	0
Autism not LD in Receipt of Services	11	0	11	0

(Data from 2019 unavailable due to COVID)

4.7 Figures from NELFT for 2018/19 (up to 13.3.19) regarding the diagnostic pathway for adults, indicate the following:

Referrals received during 1 st April to 13/3/19	61
Clients who were screened at second level screening for not meeting the assessment criteria:	5
Clients Signposted for other assessments due to mental health issues	6
Clients who are on the current waiting list:	26
Clients who have received a diagnosis of ASD	17 (4 of them from previous year)
Clients who did not receives a positive diagnosis of ASD:	3
Clients who are ongoing assessment:	10

4.8 In 2017/18, the average waiting time between referral and assessment was 28 weeks. However the wait from referral to initial diagnosis is largely within the NICE Guidelines of less than 3 months, but it can vary due to the return of screening questionnaires from people. The average waiting time between referral and return of second stage screening assessment is around 7 weeks

CHILDREN AND YOUNG PEOPLE

4.9 There is broader range of data in respect of children and young people and a better understanding of it:

4.10 The JSNA (2018) indicates the following:

- There is increasing demand for specialist help and schooling for children with autism (ASD)
- Increases of 40% were seen in children with autism between 2012 and 2015, numbers for ASD in the primary school population are expected to double over a 5-year period (from 2015 to 2020)

4.11 The School Census data for 2018 indicates a total of 456 children from nursery age to 18+ with a diagnosis of autism. However this number may be higher as the High Needs Review highlighted that some schools record pupils with autism as SEMH (social, emotional and mental health). This is due to some overlap in behaviours between the two categories. Current data also suggests that there are 217 children and young people aged 0-18 who are known to have autism and have an Education Health & Care Plan (EHCP).

4.12 Current data from Children's Social Care indicates the following numbers currently known to social care

CYP aged 5-10	38
CYP aged 11-15	45
CYP aged 16+	36
Total	119

4.13 Work was undertaken over the summer of 2018, to develop a Housing Strategy as part of the TCP work. This looked at a limited cohort of adults and young people i.e. those who may be at risk of being admitted to hospital. Whilst therefore the data was not reflective of the overall picture and some assumptions were made i.e. it only included those children who attracts significant additional costs within the schools system (above £16,000 per annum) or attend specialist schools in and out of the borough. This analysis indicated:

- 6 x 19 year olds in specialist schools 5 of whom have an autism as part of their diagnosis.
- 11 x 18 year olds in specialist schools 2 of whom have an autism as part of their diagnosis.
- 7 x 17 year olds in specialist schools 4 of whom have an autism as part of their diagnosis.
- 13 x 16 year olds in specialist schools 7 of whom have an autism as part of their diagnosis.
- 13 x 15 year olds in specialist schools 7 of whom have an autism as part of their diagnosis.
- 17 x 14 year olds in specialist schools 11 of whom have an autism as part of their diagnosis.
- 13 x 13 year olds in specialist schools 10 of whom have an autism as part of their diagnosis.
- 17 x 12 year olds in specialist schools 16 of whom have an autism as part of their diagnosis

ANALYSIS

4.14 Although the prevalence figures appear high, other work suggests that if anything the reality suggests they should be higher – this is due to a number of factors, including probable under reporting in females.

4.15 The way in which people with autism manage their lives is different, therefore it would be unrealistic to expect that any borough knew everyone with Some people on the autism spectrum may not wish it to be known that they have autism; others may not consider that it impacts on them enough to seek out any specialist help or support; others may have just developed their own coping mechanisms to get through life.

4.16 There appears to be more people presenting themselves to voluntary sector services than to adult social care; also there appears to be more Children and Young People known to schools than there is to children's social care. This is not surprising given that adults and children and young people may not always meet the eligibility criteria for social care; people may find it easier to contact a non-statutory agency,

4.17 However the data in respect of learning disabilities is of concern and suggests a recording issue. The National Autistic Society suggests that between 44% - 52% of autistic people may have a learning disability. The data above suggests that just approximately 8% of people are receiving a service from the Community Learning Disability Team and just over 5.4% who are known to them are recorded to have autism. This clearly suggests a recording issue. Whilst it is reasonable to expect that staff within the CLDT should be more aware of autism than staff elsewhere in social care, the need for improve recording equally applies to all social care staff.

4.18 Children's services have recently introduced guidance for schools regarding completion of data sets for the School Census, in order to ensure that they complete the data sets appropriately and that they provide the most accurate data. This is due to some children and young people with autism being wrongly recorded as SEMH.

4.19 Within both adult and children's services it appears evident that there is room for improvement of how autism is reported and recorded.

5. National Policy

NATIONAL AUTISM STRATEGY

5.1 A National Autism Strategy for Adults Fulfilling and Rewarding Lives was published in (2010) This had five main areas for development:

- Increasing awareness and understanding of autism
- Developing pathways for diagnosis and personalised needs assessment
- Improving access to support services in the local community
- Helping people with autism into work
- Enabling local partners to plan and develop appropriate services

5.2 Following a review of the strategy in 2014, the Government published an update 'Think Autism' and statutory guidance in 2015; this added 3 new initiatives

- Autism Aware Communities - Think Autism community awareness projects to be established in local communities with pledges/awards for local organisations to work towards

- The establishment of an Autism Innovation Fund which will provide funding to promote innovative local services and projects, particularly for lower-level preventative support;
- Better data collection and more joined up advice and information services - including social care staff recording someone's condition as autism, and a commitment to make it easier for people with ASC to find information online about how their local authorities are performing.

THE TRANSFORMING CARE PROGRAMME (TCP)

5.3 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.

5.4 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.

5.5 Locally, the work of the TCP is led by CCG and its work is supervised by a local implementation board that consists of representatives from the CCG, NELFT, NHS England, The 3 Boroughs (Barking and Dagenham, Redbridge and Havering) and a patient by experience.

NHS PLAN

5.6 The NHS published its 10 year plan earlier this year. Supporting people with autism or learning disabilities is one of the clinical priorities identified within the plan. The plan makes particular reference to a number of initiatives regarding people with autism. There has been some media coverage recently about the numbers of young people who have been detained in specialist hospitals and indications from the TCP programme suggest that there are increasing numbers of young people who are being detained in hospital when they should not be; this is clearly reflected in some of the contents of the NHS plan. The key issues relating to autism within the plan are:

- Renewed focus on reducing waiting times for diagnostic and specialist services for CYP
- By 2023/2024 a 'digital flag' will exist in the NHS patient record for all people with a known Learning Disability or autism
- Learning Disability and autism awareness training will be mandatory for all NHS staff

Special Educational Needs and Disability and Childrens and Families Act 2014

5.7 Part 3 of the Act concentrates on how the Act helps children and young people with special educational needs or a disability (SEND). The aim is to give good support to children and young people with special educational needs or a disability, and their families. The Act helps children with disabilities even if they don't have special educational needs. Under the Act, councils have to find out which children and young

people in their area might have special educational needs, and which have a disability. The SEND Code of Practice provides statutory guidance relating to this part of the Act. It specifically requires:

- A clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels.
- A stronger focus on high aspirations and on improving outcomes for children and young people.
- For children and young people with more complex needs, a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) which replace statements and Learning Difficulty Assessments (LDAs).
- A greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood
- That Local Authorities publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN [Special Educational Needs] or have a disability, including those who do not have an Education, Health and Care (EHC) Plan

NATIONAL INSTITUTE OF HEALTH & CARE EXCELLENCE (NICE) GUIDELINES

5.8 The National Institute of Health and Care Excellence (NICE) provides national guidance on health and care, including advice, information, and quality standards to guide the development of best practice in service delivery.

5.9 The NICE autism pathway brings together all NICE evidence, guidance, quality statements, and other information relating to health and care support for children, young people and adults with autism. It recommends the following:

- service organisation and delivery of care should be led by a multi-agency strategy group;
- assessment and support should be delivered by specialised children and young people and adult autism teams, which consist of professionals from a range of disciplines;
- partnership working for delivering high-quality and comprehensive local services and support.

5.10 The NICE guidance contains general principles of care for children and young people and adults including: access for all; fully informed decisions made jointly between professionals, patients, and their families and carers; care delivered by skilled and trained staff; and physical environments designed or adapted to minimise their negative impact. It highlights how smooth transition from young people's to adult services requires advanced planning and a coordinated approach between the two services.

5.11 NICE quality statements are concise, prioritised statements designed to drive measurable improvements. The NICE autism quality standard comprises eight quality statements relevant to the care of CYP and adults with autism. The quality statements are not mandatory (required by law), but are designed to form the basis of local audit criteria to support continuous quality improvement, and should be measured using locally collected data. The key issues within the quality statements are:

- Diagnostic assessments should be commenced within 3 months of a referral

- As well as a diagnostic assessment. People should be assessed for any coexisting physical health and mental health problems
- A personalised plan should be developed and implemented in partnership between themselves, their family and the autism team
- People with autism are offered a named key worker to co-ordinate the care and support detailed in their personalised plan
- People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism
- People with autism are not prescribed medication to address the core features of autism.
- People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.
- People with autism and behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour

DRAFT

6. Local Issues

6.1 This strategy has been developed as a result of ongoing work including inspections that have taken place over the past couple of years. There has been involvement of people with autism and their families through:

- **The CQC/Ofsted inspection**
- **High Needs Review**
- **The Autism Partnership Board**
- **Preparation for the Autism Self Assessment in 2018**

Additionally in depth consultation is currently taking place with young people through the support of Young Advisers Havering.

6.2 The themes identified in this strategy have emerged from the work undertaken in Havering in recent years and are in line with the priorities identified both within the NHS 10 year plan and the priorities for Government's review of the National Autism Strategy. Some key actions will be influenced by the emerging national picture and will include the plans of NHS partners for implementing work relating autism as identified within the NHS 10 year plan.

OFSTED/CQC INSPECTION

6.3 Ofsted and the Care Quality Commission conducted a joint inspection of SEND provision in Havering early in 2018 to judge its effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection made some reference to autism but some of some of the wider issues highlighted have been echoed elsewhere in discussions relating to autism:

Things Havering does well:

- Arrangements to identify the needs of children and young people who have SEN and/or disabilities have improved and services are having a substantial impact on the outcomes for children and young people
- There is a broad range of training for staff that is matched to the needs of children and young people identified in school. This includes , for example training in autism spectrum disorder – as a result skills and expertise of practitioners is improving
- Havering has established a young advisers group, to find out what young people who have disabilities think about their lives. This helps Havering to better understand what is important to young people who have disabilities in Havering

However the inspection also identified a number of areas which require development/improvement:

- Co-production is not strong enough. As a result, parents feel they have little input into the support provided for their children. They lack confidence in decisions about the commissioning of new services. Some parent groups view consultation meetings with the local area as 'tick-box' exercises. As a result, parents are losing confidence in the process.
- The contribution that social care professionals make to EHC plans is limited. This means that EHC plans provide only a partial picture of children's and

young people's needs. However, the process for producing EHC plans has improved. Outcomes are more incisive and the plans identify more clearly what support is to be put in place.

- The local offer is not used effectively enough. This is because typically parents and young people are not aware of its existence, despite consultation. As leaders recognise, the extent of the consultation needs to be broadened considerably.
- Some parents and carers of children and young people who have autistic spectrum disorder have articulated their concerns about a lack of post-diagnosis support. This is not compliant with guidelines and results in children and young people having identified needs which remain unmet.
- Havering is not aspirational enough about the future outcomes of children and young people. For example, there is no strategy to support young adults into employment

HIGH NEEDS REVIEW AND STRATEGY

6.4 Havering launched its Strategy for Children and Young People with Special Educational Needs and Disabilities in December 2015, following the introduction of the Children and Families Act 2014. The strategy recognised that Havering is experiencing increasing demand on its SEND services due to rising numbers of children and young people in the borough with SEND, as well as a rise in the complexity of needs amongst those with SEND. The strategy was reviewed in 2017. The review highlighted areas of good practice and area that may require improvement/further development:

6.5 Things Havering does well:

- Most early years' settings are managing to support young children effectively, despite the pressures on staffing and funding and early years practitioners are committed to ongoing development of their skills and knowledge to support the needs of children with SEND
- Havering College are already offering a range of supported internships and new post-16 and post-19 provisions have been established which are supporting young people to prepare for and move into their adult lives
- There are some areas of excellent practice in supporting pupils with SEND, across all our provision – mainstream, ARPs and special Schools, on the whole, they are managing to support pupils effectively, despite the pressures on budgets
- The education service has a dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements
- There are a number of mental health initiatives underway across all age groups, but particularly focussed on early years.
- A number of new ARPs are being developed in primary and secondary school for pupils with ASD and a new free special school is expected to open in 2020/21 which will be for pupils with complex ASD and/or SEMH.

6.6 The Review also identified areas for improvement and development

- Havering's data collection is not as robust as it could be and we are putting in place a number of measures to ensure we record data more accurately. We

want to be able to predict needs and levels of need; e.g. at the moment we may be able to predict numbers of children with ASD but not the complexity of their ASD.

- Additional resources are required to better support early identification and intervention for under-5s with a diagnosis of ASD. We have already increased the funding to early years' settings for children with additional needs which will help in ensuring appropriate support is in place. .
- Primary school ARPs specifically for pupils with ASD are a priority. Since the publication of the High Needs Strategy, we have been able to develop two new primary school ARPs for children with ASD, providing a total of 24 additional places. Further ARPs are currently in discussion.
- In post-16 provision we need to develop a wider offer, particularly at lower academic levels, with more opportunities for work-based learning leading to (ideally paid) employment.

AUTISM SELF ASSESSMENT (SAF) 2018 - Adults

6.7 There is a national review every 2 years of local areas implementation of the national autism strategy. The most recent SAF was submitted in December 2018. Members of the Autism Partnership Board, colleagues in the NHS, the Autism Steering Group (a group of adults with autism supported by Sycamore Trust) were actively involved in preparing material for the submission. Discussions were also had with some carers and families; although the SAF did not specifically concentrate on carers issues or issues relating to children and young people some wider views were shared. The process did provide the opportunity to consider what works well and what areas need further development/improvement:

What works well:

- Havering's Partnership Board and involvement of adults with autism (but need to appoint a person with autism as co-chair)
- Post diagnostic support for people with learning disabilities (but not for adults more generally)
- Some data is kept and used for planning
- Some good preventative and low level support for people who don't meet eligibility under the Care Act 2014
- Good examples of work undertaken within acute hospitals
- Some positive local innovations
 - Development of shared lives model of support
 - Development of a framework to ensure sufficient Supported Housing for vulnerable young people and adults. Some emerging evidence of cross borough work
 - The Havering Autism Hub
 - Funding for NELFT linked to Transforming Care Programme (TCP) work to avoid admission of people to hospital with autism

The following areas were identified as requiring improvement and/or further development:

- A need for more consistent recording of data in Havering
- The need for more consideration in public services to be made regarding reasonable adjustments
- Transition processes and clearer pathways for young people moving into adulthood

- Planning for specific populations in Havering
- Better recording of hate crime
- Lack of an overall Havering wide training plan, uptake of training by certain groups and awareness of autism
- Pathways for diagnosis not widely known and in some cases long waits for diagnosis
- Post diagnostic support for people/signposting for those not meeting eligibility under the Care Act 2014
- Consideration of and support for Carers needs and accessible information
- Difficulty to engage all stakeholders in Havering – autism still seen as an issue for social care and education and specialist health services
- Some employment initiatives evident but at a very early stage
- Inconsistent reference to employment in EHCP plans
- Families feeling excluded from planning
- Access to housing and housing advice

Whilst not specific areas picked up by the SAF, other issues felt locally by people and families needing further attention are:

- Community Safety, anti -bullying work and teaching people life skills to avoid being intimidated and becoming victims of coercion and control
- Transport issues – partially linked to safety but also linked to life skills and increased independence

6.8 Not only do the local issues, from a number of sources, indicate some common themes emerging locally, they are very much in line with the national themes as indicated both in the NHS 10 year plan and the Government's review of the National Autism Strategy e.g.:

- Need for better information and signposting
- Smoother and clearer pathways for people
- Improved waiting times for diagnosis and support
- Better and more effective recording

6.9 Section 8 indicates the key priority areas which this strategy seeks to address and contains a very high level action plan. A more detailed action plan will be developed during and as a result of the wider consultation recommended by this initial draft strategy.

7. CURRENT PROVISION AND SUPPORT

ADULTS

- 7.1 Social care support for adults is determined by whether or not they meet eligibility criteria in respect of the Care Act, a key determinant is not the condition a person has, but how that condition impacts and affects them. With this in mind, Havering does not provide dedicated social work support in respect of autism per se.
- 7.2 Not all adults with autism will necessarily meet eligibility criteria under the Care Act, nor be assessed as requiring specialist support. But people with autism do need to feel assured that they know where and how to get advice should they need it and that they are dealt with, in whatever part of the Council and Public Sector, by people who have an awareness of autism and its possible implications for them in their day to day lives
- 7.3 The needs of people with both learning disability and autism who meet Care Act eligibility criteria are met via the learning disability team. For other adults with autism, if they meet the current eligibility criteria for social care their needs may be met through one of the locality teams, the mental health teams or hospital based services.
- 7.4 In terms of preventative and community based support, there are 3 areas of investment, *The Sycamore Trust*, *The Carers Hub* and *Peabody Here to Help* scheme.
- 7.5 In respect of the voluntary sector prevention contract for people with autism and learning difficulties, Havering currently funds £40k p.a. for peer support and £40k for social inclusion, a key element of this investment is demonstrated through the work of the Autism Hub in Liberty Mall. This funds the following activities:
- Autism ambassadors – people with autism who seek to provide awareness training to businesses and community bodies within Havering
 - Peer support – through the Hub, people with autism are able to provide peer support to people with autism, a female group has been established and an online forum virtual group has been established
 - The Autism Hub is the focus for a number of activities and initiatives within Havering, e.g. access to information technology and internet, sign posting, a quiet space, general awareness, base for peer and support groups, family and parent support
- 7.6 Havering currently funds the Carers Hub. The Carers Hub receives £180.4k per annum; a specific amount (£36.9k) is allocated to specific user groups, mental health, dementia etc. Learning Disability and Autism are considered as one within this. The Hub provides support to carers in respect of a range of issues e.g. advocacy, emotional and telephone support, general advice, training activities and social activities.
- 7.7 The Information and Advice provision is a generic service which offers free, short term support to people aged over 16 who need help to develop their independent living skills. They provide general information, advice and guidance and in some cases ongoing support for either 3 or 6 months.

CHILDREN AND YOUNG PEOPLE

- 7.8 A range of support and provision is available to children and young people and their families, through education, social care, and commissioned services, although much of it is within the overarching support provided to children and young people with disabilities.
- 7.9 Short breaks, which both allow children and young people to have fun and develop independent skills and their parents to have a break from caring responsibilities, are provided through the local offer. This is not specific for children and young people with autism and is part of the overall offer for children and young people with disabilities; however the use of Direct Payments does allow families to purchase their support directly.
- 7.10 Families of children and young people with autism are able to access the core offer of support. This is for children and young people with SEND assessed as having needs that cannot be met through universal services/activities. The core offer consists of 100 hours per year and can be used to access a range of commissioned provision e.g. weekday/evening clubs, holiday clubs and weekend clubs or Direct Payments, which can also be spent on non-commissioned services and therefore widens the choice for families and allows more flexibility than commissioned services.
- 7.11 Alternatively, families can opt for the enhanced short breaks offer. This is for children, young people and their families or carers who feel they need a higher level of short breaks with extra specialist care. A short breaks assessment is required to access this level of support. This offer may include personal care support, overnight stays, increased specialist short breaks in term-time and the school holidays pending the recommendations of the short breaks assessment
- 7.12 Havering commissions such provision from a range of providers (both via a framework and some spot purchasing). The Local Offer is available on Havering's web site, which sets out the process for applying for short breaks and who the short breaks providers are. There are no dedicated autism providers from whom Havering currently commissions provision
- 7.13 In addition to provision available through the local offer, support is available to parents through Positive Parents, who are able to provide information to families, provide a forum where families concerns and views are listened to and who are involved in strategic planning of resources and services – but this is across all disabilities. RAGS (Romford Autistic Group Support) are also a parent led group who provide a support network for families with a family member who is either diagnosed with autism or are awaiting a diagnosis.
- 7.14 Additional support for families is made available through either the Children and Disabilities (CAD) 0-5, and 5-19 teams which are multi-disciplinary teams consisting of social workers, psychologists and specialist educational staff who can and do provide a range of specialist support to children with autism and to their families.
- 7.15 Within education and early years, there is dedicated nursery provision for young children who are on the pathway to diagnosis, specialist and dedicated provision is available within a range of schools. A dedicated free school for pupils with autism is due to open in 2021/22.

LOCAL DEVELOPMENTS

7.16 A review of two of the diagnostic pathways for children and young people (5-11, and 11-18 the 0-5 pathway is well established and is well defined) is due to start. At the time of writing, the terms of reference and the extent of this review are being finalised, but it is anticipated that this will result in a far more integrated offer for children young people and their families. A pre-diagnostic group has been established to prepare families and young people for the diagnosis and some of the processes involved. This review by NELFT ties in with the issues identified within this strategy. It is anticipated that by the time the final strategy is complete, there will be both further clarity on the outcome of that review and also there may be further more detailed indications from NHS England regarding the diagnostic issue identified in the 10 year plan

7.17 As part of the TCP work, an analysis of the future housing requirements for people identified as part of the TCP cohort was completed which provided some useful data relating to young people and adults both within (and potentially within) the TCP cohort. This identified some of the numbers of young people with autism who may require housing.

7.18 Further work has been done to develop housing locally. Through a Supported Housing Programme the Council is developing of a number of buildings and associated care and support services across children's and adult social care. By developing services in borough this will allow the Council greater control over costs and quality and increase the ability to place vulnerable children and adults closer to family and community networks. Four projects are being developed as follows:

- A residential care unit for 6 children with disabilities (with potential for short breaks facilities) – new build scheme
- Supported housing scheme for 6 young adults with disabilities and additional complex needs – new build scheme
- Utilising 2 existing Council properties to create 2x semi-independent accommodation schemes for 12 young people leaving care
- Semi-independent accommodation scheme for 12 young people leaving care – new build scheme

Further work coming out of the Supported Housing Programme has identified the future accommodation needs for the next 5 years for looked after children, care leavers, and children and adults with disabilities. This will enable further work across social care and housing to maximise opportunities within the extensive regeneration programme underway in Havering.

7.19 Although the education service has a dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements the High Needs Review identified that Havering needs to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental Health Needs (SEMH); from early years, through school and into adulthood. There are currently Additional Resourced Provision (ARPs) in six schools, supporting pupils with autistic spectrum disorder (ASD) and communication needs, complex needs and hearing impairment. We know, from feedback from schools and from parents, as well as from our own data, there are

not enough of these. These six schools are keen to support other schools to develop ARPs across the borough in both primary and secondary phases. A new Primary Additional Resourced Provision for ASD is opening in 2019 with a further 2 more in primary and 1 in secondary planned for 2020. There is also a new Special Free school being planned for 2021.

DRAFT

8. KEY PRIORITIES

8.1 This section sets out, at a high level, the key priorities which this strategy will address. The priorities are based on what is known locally about how people with autism and families of children and young people would like their lives to be improved.

The priorities are set out below under key themes:

- Planning
- Involvement, information and access
- Health Care
- Employment
- Training and Awareness
- Housing
- Improved Pathways
- Transport, keeping safe and life skills

Under each of the priorities there are some initial key actions and areas for improvement/development. The attached action plan contains more detail but is currently a high level action plan.

PLANNING

8.2 Planning includes not just issues relating to how Havering plans services, but also issues relating to improved recording of data so that we can improve what we do and better understand the needs of people in Havering with autism. It also includes governance for the oversight of the implementation of the strategy.

- Better and more consistent recording of autism within adult and children's social care
- More effective use of data to inform planning
- To better plan for key identified populations e.g. women, over 65s
- Ensure there are effective governance arrangements for overseeing implementation of the strategy
- Ensuring effective partnerships are in place
- Building on current work other partners are or will be doing e.g. review of diagnostic pathways and a roll out of mandatory training within the NHS

INVOLVEMENT, INFORMATION and ACCESS

8.3 Families and people have indicated they want and need better and clearer information, e.g. some families have indicated they need to know more about the Local Offer, or diagnostic pathways. Other people have also indicated that they find it difficult to know who to go to for advice and find it difficult to navigate their way around the Council's telephone system

- Ensure people and families are fully involved at all levels in both individual planning and planning for wider service developments
- Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services and autism friendly facilities in the community e.g. autism shopping events etc
- More effective use of social media to keep people informed
- Ensuring all public bodies to consider how people with autism may better access their service

HEALTH CARE

8.4 Feedback from people locally is that they wait a long time for diagnosis and that they don't always find it easy to find out how to get a diagnosis; these are issues which are highlighted within the NHS Plan. Other people indicate that there doesn't seem to be a comprehensive approach taken to follow up post diagnosis. Many people acknowledge that there has been some good work in Havering resulting in people with autism getting a better service in some parts of mainstream health care, but people also feel there are other areas where things could improve.

- Improved diagnostic pathways
- Pre and post diagnostic support
- Information and accessibility
- Waiting times
- Access to health care

EMPLOYMENT

8.5 Many adults have indicated the challenges they face in getting into the job market and the lack of advice and information; families have spoken about the challenges their children face in sometimes getting professionals to properly consider employment. People have also spoken about the need for improved pathways that may support young adults who wish to consider employment.

- Improved pathways and support around employment for young adults and young people
- More consistent reference to employment in EHCPs
- Better advice and support available to adults who want to access employment
- Using Havering Works to develop more effective advice and support systems and to engage with employers across Havering
- Development of the number of supported internships in place – work underway with Havering College and Corbets Tey @ The Avelon/ Routes 4 Life

STAFF TRAINING AND AWARENESS

8.6 Evidence used in the 2018 SAF indicates that there is an inconsistent approach to training and awareness across the public sector in Havering. In some sectors, it is felt that having staff who have at least awareness training would make it easier for people to access services as they feel they would be talking to people who understood some of the challenges they face around communication. Additionally the NHS plan indicates that awareness training will be mandatory for all NHS staff.

- Ensuring staff are appropriately trained and/or have awareness training
- Ensuring awareness training is available to staff across the public sector
- Working with Havering Social Care Academy to ensure appropriate training is targeted at social care staff, and the wider Council
- Ensuring education staff have appropriate autism awareness training

HOUSING/ACCOMMODATION

8.7 Most children and young people live with families; those who do not, live in provision that is commissioned either as a result of their specialist educational needs or their social care needs; it is important for those children and young people that such accommodation and its staffing is able to support children and young people with

autism and have received appropriate training around both autism and ways to best support people with autism e.g. Positive Behavioural Support (PBS).

8.8 Some younger vulnerable adults and other vulnerable adults may require more specialist housing where they can receive support in relation to life skills as a result of their needs as assessed by under the Care Act. Other adults may merely require to be better supported through the process of successfully applying for public sector or private housing

- Ensuring staff in housing agencies have autism awareness training
- Development of supported housing strategies
- Ensuring staff in 'specialist provision are suitably trained and providers use PBS techniques

IMPROVED PATHWAYS

8.9 Preparation for adulthood is key to enabling young adults and their families to adjust to their moving into new forms of education and training and into possibly a different approach to social care than they may have been used to as children and young people. In order to facilitate this, it is important that there are good and clear pathways for young people. This also applies to ensuring that young people moving into post 16 provision and education receive appropriate and timely information.

8.10 It is acknowledged that a number of young people may not receive the amount of support (or indeed any formal support) upon their reaching the age of 18; although they may have met the criteria for care from Children's social care, they will not meet the criteria for adult social care. For some young people and their families this can come as a surprise and they may not where to go for support; it is important that for such young people and their families they are clear as to where they may be able to receive appropriate support and advice

- Improved pathways for young people moving into adult services who meet social care eligibility criteria
- Improved/better signposting and information for families and young people in children's services who will not meet eligibility criteria for adult social care
- Clearer pathways and advice for young people moving into post 16 provision and education
- Preparation for adulthood

TRANSPORT AND KEEPING SAFE

8.11 Being able to travel independently is a very important life skill that encourages people to be independent and supports them in accessing community facilities and making and maintaining friendships. But this does not merely mean people being taught skills about knowing which e.g. bus or train to get, but is as much about people feeling safe going about their daily business and not being susceptible to bullying and other forms of coercion .

- Extend membership of partnership board to community safety and Metropolitan Police
- Raise awareness of transport providers
- Evaluate work of Routes 4 life
- Travel training

DRAFT

All Age Autism Strategy: Action Plan

Key for status:

Not on track		In progress		On track		Completed	
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Workstream 1:	Autism Partnership Board
Workstream Lead(s):	Snr Commissioner / Sam Saunders
Report from:	Georgina Shapley
Date:	08/06/2022

Objective				
<ul style="list-style-type: none"> To produce final strategy by Autumn 2019 To determine the most effective governance arrangements for implementing the strategy To strengthen Partnership Board 				
WS number	Key action	Target date	Update	Status
1.1	To hold a series of consultation events between late April and July 2019	September 2019	<ul style="list-style-type: none"> Consultation completed Briefing paper completed. COVID has had an impact on finalising the Strategy. <input type="checkbox"/>	Completed

1.2	Ensure materials and consultation are as accessible as possible	April 2019	<ul style="list-style-type: none"> All documents were made available in easy read format Final Strategy to be available in easy read version 	On Track
1.3	LBH and CCG to consider if current governance arrangements i.e. HWB Board and Autism Partnership Board are robust enough to lead and ensure implementation of strategy			
1.4	Review terms of reference of Autism Partnership Board (APB)			On Track
1.5	Extend membership of the board in line with the aims of this strategy		<ul style="list-style-type: none"> Stakeholder analysis completed May 2022 Email confirmation from stakeholders of commitment to APB 	On Track
1.6	Appoint a person with autism as deputy chair			

Workstream 2:	Children and Adults with Disabilities
Workstream Lead(s):	

Report from:	
Date:	

Objective				
<ul style="list-style-type: none"> • Improved pathways for young people moving into adult services who meet social care eligibility criteria • To work with children and young people and their families • Improved/better signposting and information for families and young people in children's services who will not meet eligibility criteria for adult social care • Improve Local Offer • Preparation for adulthood 				
WS number	Key action	Target date	Update	Status
1.1	Ensure young people are identified in a timely manner to ensure good Adult Social Care assessments are made	On-going	To be Led by CAD Social Care and P4A manager – Anita Sangha	
1.2	To Refresh the transition strategy in partnership with parents and young people	2022/23	Head of CAD – Caroline Penfold	
1.3	Information is provided to families and young people at an early stage, supported by written Handbook, giving clear information on what is available on all 4 pathways included with P4A.	Sept 2022	Karen Porter – CAD P4A Lead	
1.4				

	Work with schools to develop their understanding of employment pathways		Lisa Harvey – Assessment and Placement team manager and P4A education strand workers	
1.5	To continue to embed recommendations of LUMOS project (support for young people with ASD/Mental Health and Challenging behaviour): Life story work, engagement with young people and their families. Multi agency coordination, strong CETR process, appropriate and skilled support available.	On-going	To be Led by CAD social Care and P4A manager – Anita Sangha	
1.6	Ensure such young people (and their families) are identified and advised at an early stage		Led by education support managers, 0-5, 5-19.	
1.7	Communicate better with young people, and their parents, about what is possible for their future and how each young person may get there		Training and support for education and social care staff linked to lifestory work, led by CAD managers	
1.8	Provide clear communication about available options for young people at age 20/21 years+, including support and services which are not education-based		To be Led by CAD social Care and P4A manager – Anita Sangha and Assessment and Placement Team manager - Lisa Harvey	

1.9	Work with post16/19 education providers to support the development of their offer		Assessment and Placement TM – Lisa Harvey and P4A education strand case officers	
1.10	Develop health pathways and processes for young people aged18-25 with healthcare needs		To be developed by NELFT and CCG and CAD social Care Team Manager	
1.11	Develop a SEND moving on event for young people		CAD social Care and education TMs.	

Workstream 4:	Clinical Commissioning Group
Workstream Lead(s):	Ronan Fox / Pippa Ward
Report from:	
Date:	

Objective

<ul style="list-style-type: none"> • To determine most effective governance arrangements for implementing the strategy • People and families are fully involved at all levels in both individual planning and planning for wider service developments • Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services) • Improved information about local services (e.g. sports leisure, cultural, community) • Ensuring all public bodies consider how people with autism may better access their service • Improved diagnostic pathways • Access to health care • Ensure properly trained staff and increased awareness 				
WS number	Key action	Target date	Update	Status
1.1	LBH and CCG to consider if current governance arrangements i.e. HWB Board and Autism Partnership Board are robust enough to lead and ensure implementation of strategy			
1.2	Enable improved access to the Local Offer			
1.3	Ensure leaflet racks in all public buildings are properly stocked with up to date material			
1.4	Ensure information material provided by public sector bodies is accessible and up to date			

1.5	work with autism ambassadors to assess access to services			
1.6	improve information about availability of diagnostic pathways			
1.7	consider commissioning pre and post diagnostic support services			
1.8	Implementation of mandatory awareness training for all NHS staff as per NHS Plan			

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Workstream 5:	Employment
Workstream Lead(s):	Havering Works
Report from:	

Date:

Objective				
• Better access to employment opportunities				
WS number	Key action	Target date	Update	Status
1.1	Havering works to develop links with local employers			<input type="checkbox"/>
1.2	Havering works to link with specialist services to ensure increased awareness of their support			
1.3	Explore use of social value clause in contracts to encourage the Council's providers to create employment opportunities			
1.4	Explore opportunities presented in Joint Venture Schemes for supported employment/internships			
1.5				

	EHCPs from Year 9 onwards should focus on Preparing for Adulthood outcomes across the 4 pathways			
1.6	Development of a wider offer of work opportunities including work experience and supported internships to be developed across the borough			
1.7	More effective and targeted use of modern apprenticeships and intern schemes for young adults with autism			
1.8	Schools to be supported to do more work with young people around the 4 pathways to adulthood in both pre- and post-16 provision			

DRAFT

Workstream 6:	Housing
Workstream Lead(s):	Katri Wilson
Report from:	
Date:	

Objective				
<ul style="list-style-type: none"> • Ensure People with autism have access to appropriate help and support whilst applying for public sector housing • Ensure appropriate young people are identified for the supported housing schemes currently in developmental stage • 				
WS number	Key action	Target date	Update	Status
1.1	To work with LBH Housing to ensure an agreed number of front line staff have autism awareness training		<ul style="list-style-type: none"> • Supported Housing Strategy 2022- 2025 	Completed
1.3	Consider young people with autism in the cohort for the supported housing schemes under development (taking into account relevant eligibility criteria)		<ul style="list-style-type: none"> • Supported Housing Strategy 2022- 2025 	Completed
1.4	Use the data from the needs analysis undertaken regarding housing to inform more effective		<ul style="list-style-type: none"> • Supported Housing Strategy 2022- 2025 	Completed

	planning of housing for people with autism			
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DRAFT

Workstream 7:	NELFT/CAHMS
Workstream Lead(s):	Bini Thomas
Report from:	
Date:	

Objective				
<ul style="list-style-type: none"> • Improved diagnostic pathways • Access to health care • Ensure properly trained staff and increased awareness 				
WS number	Key action	Target date	Update	Status
				<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 15px; height: 15px; background-color: red;"></div> <div style="width: 15px; height: 15px; background-color: yellow;"></div> <div style="width: 15px; height: 15px; background-color: green;"></div> <div style="width: 15px; height: 15px; background-color: blue;"></div> </div>

1.1	Improve information about availability of diagnostic pathways			
1.2	Consider commissioning pre and post diagnostic support services			
1.3	Reduce waiting times			

Workstream 8:	Havering Learning and Development
Workstream Lead(s):	Learning and Development Officer
Report from:	
Date:	

Objective				
<ul style="list-style-type: none"> • Ensure properly trained staff and increased awareness 				
WS number	Key action	Target date	Update	Status

1.1	Contribute to national consultation regarding training			
1.2	Work with Havering Social Care Academy to ensure appropriate training is targeted at social care staff			
1.3	Making autism awareness training mandatory for all new LBH staff			
1.4	To roll out the range of training on offer to support staff, in the local authority and schools and colleges, in understanding, developing and promoting supported employment			

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Workstream 9:	Autism Ambassadors / Sycamore Trust
Workstream Lead(s):	Autism Hub / Sycamore Trust
Report from:	
Date:	

Objective
<ul style="list-style-type: none"> • People with autism can use public transport safely • Ensuring all public bodies consider how people with autism may better access their service • Ensure properly trained staff and increased awareness • Ensure People with autism have access to appropriate help and support whilst applying for public sector housing

<ul style="list-style-type: none"> • Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services) • Improved information about local services (e.g. sports leisure, cultural, community) 				
WS number	Key action	Target date	Update	Status
				<div style="display: inline-block; width: 15px; height: 15px; background-color: red; border: 1px solid black;"></div> <div style="display: inline-block; width: 15px; height: 15px; background-color: yellow; border: 1px solid black;"></div> <div style="display: inline-block; width: 15px; height: 15px; background-color: green; border: 1px solid black;"></div> <div style="display: inline-block; width: 15px; height: 15px; background-color: blue; border: 1px solid black;"></div>
1.1	Support work carried out with TfL and local bus providers to raise awareness of autism			
1.2	Promote and signpost information for the travel training programme			
1.3	Support initiatives with specialist transport providers			
1.4	Encourage all RSL's operating in Havering to ensure that agreed number of front line staff have awareness training Support Havering Works to develop their understanding of employment pathways			
1.5	Support and guide LBH Housing to ensure an agreed number of front line staff have autism awareness training			
1.6	Support and guide Havering Social Care Academy to ensure			

	appropriate training is targeted at social care staff			
1.7	Ensure leaflet racks in all public buildings are properly stocked with up to date material by Autism Ambassadors			
1.8	Ensure leaflets etc are up to date about the range of support and services available in the Autism Hub			

Workstream 10 :	Criminal and Youth Justice System
Workstream Lead(s):	Justine Wilson-Darke
Report from:	
Date:	

Objective				
<ul style="list-style-type: none"> Improvement in autistic people’s experiences of coming into contact with the criminal and youth justice systems, by ensuring that all staff understand autism and how to support autistic people. Improving understanding of autism across the criminal and youth justice systems Improving access to services for autistic people in touch with the criminal and youth justice systems 				
WS number	Key action	Target date	Update	Status
1.1			<input type="checkbox"/>	

	Utilise the National Toolkit for frontline staff on neurodiversity developed by Government			
1.2	Work with MET police to ensure front line staff are trained			
1.3	Work closely with Health and justice partners to improve access to assessments and referrals for support for autistic people in contact with the criminal youth system.			

DRAFT

All Age
Autism Strategy
(Draft)
2019 -2022

March 2019

CONTENTS

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- 8. Priorities**
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Appendix 1. Action plan

1. KEY PRINCIPLES

- 1.1 This is the first draft of an all age autism strategy for people with autism and their families. Although previous strategies relating to autism have been written and previous pieces of work have been undertaken regarding areas that impact on some people with autism, there has not been an overarching strategy that relates to people across all ages with autism.
- 1.2 A key part of the strategy and its overall vision is to seek to ensure that Havering becomes an autism inclusive borough where people with autism have the same opportunities as everyone else.
- 1.3 In order to enable this there are a number of key principles which are central to the strategy and will help to make the strategy real:
- People with autism and their families and carers are at the centre of everything we do.
 - Focus on people's strengths to overcome barriers
 - Guidance, information and support is easily available
 - The right support at the right time
 - Increased awareness of autism across Havering
 - Living in your community and being included
 - Delivering the actions outlined in the strategy will require action and leadership from all stakeholders
- 1.4 This strategy sets out our plan to achieve our vision for Havering and takes a life-course approach, encompassing children, young people and adults with autism, and taking into consideration the needs of families and carers. It recognises autism affects people in different ways and touches many aspects of their lives. As such, we have taken a holistic view; our ambition is to work in partnership to address the wide range of areas in which residents with autism might be supported, including in health services, education, preparing for adulthood, employment, independent living and the criminal justice system.
- 1.5 This strategy is being developed in parallel to a number of other strategies that impact upon the lives of children, young people and adults with autism and their families. The main strategies are:
- High Needs Strategy 2017- 2022.
 - Carers Strategy
 - Emerging Supported Housing Strategy
 - The Emerging all age Learning Disability Strategy
 - Havering's Draft Joint Commissioning Strategy
- 1.6 Havering's Joint Commissioning Strategy sets out the key principles for commissioning of social care within Havering but its principles equally apply to this strategy also. It is based on 3 strategic goals:
- Prevention
 - Personalisation

- Integration and Partnerships

1.7 The goals are underpinned by a number of key principles

- Outcome based commissioning – ensuring that there are very clear and measurable outcomes for people, even if they are as ‘simple’ as a person having real friends
- Financial management – commissioned services need to ensure that they provide best value for the Council and that good partnerships are developed with providers to ensure this
- Co-design and coproduction – actively listening to, engaging with, people with disabilities and their families and ensuring they are central to designing a strategy and implementing it
- Innovation, improvement and change (Transformation) – demographics and the financial pressures faced by Havering are such that there is a stark choice to make. Continuing doing the same with less money and increased pressure or seeking to do things differently, actively learning from other authorities and utilising principles of positive risk taking.

1.8 Havering has just published its Corporate Plan for 2019/20. It sets out Havering’s plans for the next twelve months on how Havering can be an even better borough that is: **Cleaner, Safer, Prouder Together**. The plan is based on 4 themes:

- Opportunities
- Communities
- Places
- Connections

1.9 Key to the plan is the vision of ‘*Helping young and old fulfil their potential through high-achieving schools and by supporting people to live safe, healthy and independent lives*’. The plan sets out 4 outcomes:

- Giving children the best start in life and helping them achieve at school
- The needs of our most vulnerable residents are identified and met
- Havering residents are healthy and active
- Families and communities look after themselves and each other

1.10 This strategy sets out a number of key themes together with a high level action plan which Havering wishes to prioritise over the next 3 years:

- Planning
- Involvement, information and access
- Health Care
- Employment
- Training and Awareness
- Housing
- Improved Pathways
- Transport, keeping safe and life skills

NEXT STEPS

1.11 This is a draft strategy and has had some input from people with autism and their families. However in line with the key principles outlined above, it will require further and more detailed consultation with a range of people, stakeholders, partners and most importantly adults, children and young people with autism and their families

1.12 For the strategy to be delivered effectively, it requires ownership and involvement at senior levels within a range of partner organisations – e.g. the Council, the CCG, NELFT. Many of the priorities are not within the gift of any one organisation (or even part of) to deliver and require joint ownership and leadership. How best to achieve this will form part of the consultation

1.13 The following timetable is anticipated:

April to July – Consultation
July to September – Rewrite
October – Sign off by relevant partners
November - Launch

2. Why An Autism Strategy

- 2.1 Autism is a condition that affects approximately 1% of the population; the numbers of people affected by it are not dissimilar to the numbers of people with dementia (*Think Autism 2014*). The Department of Health in 2010 (*Fulfilling and Rewarding Lives; the strategy for adults with autism in England*) indicated that it is a source of social, economic and health inequality in England.
- 2.2 Havering's recently launched Draft Corporate Plan setting out its plans for the next twelve months on how Havering can be made an even better borough for people to live in makes specific reference to people with autism and Havering's desire to improve the lives of people with autism.
- 2.3 The recently published NHS 10 year plan, setting out its plans for the next 10 years indicated that supporting people on the autism spectrum or with learning disabilities is one of the 4 clinical priority areas it needs to concentrate on and to deliver better clinical services and support.
- 2.4 Nationally the Government published a National Strategy for Autism in 2010, albeit exclusively for adults, although late in 2018, it announced its intentions to launch a National all age Strategy in Autumn 2019. Havering produced an adults strategy in 2018, and a High Needs Strategy for children in 2017
- 2.5 A strategy sets out an organisation's vision for specific groups of people, how it intends to achieve that vision and who has a part in achieving that vision. A Strategy is also a live piece of work and requires ownership from all the relevant stakeholders.
- 2.6 Echoing the voice of many parents and people with autism, and themes which Government have acknowledged, autism is a condition for life, children become adults. A key challenge which disparate strategies face is that they may not always support people's seamless pathway through life and their need for support at various stages in their lives.
- 2.7 Havering has taken the view that it needs to develop an all age strategy for people with autism. Its reasons for doing so are in line with the Government's thinking, there is a need to:
- join up health, care and education services to address autistic children's needs holistically
 - develop diagnostic services to diagnose autism earlier, in line with clinical guidance
 - improve the transition between children and adult services so that no young people miss out, and ending inappropriate reliance on inpatient hospital care
 - improve understanding of autism and all its profiles, including recently identified forms such as pathological demand avoidance (PDA)
- 2.8 Additionally people with autism make it very clear that although on occasions they need additional support and access to people (staff) that are aware of their condition, they also wish to lead lives that are the same as the rest of the population.
- 2.9 Traditionally autism both within adults and children has been seen as being a specialist area requiring input from (often) specialist health, education and social care provision. The reality is very different, in respect of both NHS and Local Authority provision, a person with autism is as likely (or more likely) to require support from and come into contact with day to day

services e.g. Library staff, front line staff in housing, Town Hall receptionists, receptionists in health centres, GPs, staff in A&E than with specialist staff within social and health care. Whilst this strategy looks at some of the areas that relate to the need for specialist input and provision, it also highlights the fact that this is not a strategy relating solely to social care or specific areas of health care, but it is a Havering wide strategy that needs to be supported by all public services in Havering.

3. What is autism

3.1 Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people.

3.2 Autism occurs early in a person's development, it is neither a learning disability nor a mental health problem although mental health problems are more common among people with autism and it is estimated that one in three of adults with a learning disability also have autism.

3.3 Autism is a relatively 'modern' diagnosis; the term 'autism' only came into common clinical use in the 1960s and whilst most diagnosis now occurs in childhood many adults remain undiagnosed. Getting a diagnosis can be a crucial milestone for people with autism; many have felt different and unable to "fit in" for all of their lives.

3.4 Autism is a disorder which affects how a person makes sense of the world, processes information and relates to other people. It is known as a spectrum disorder or spectrum condition because the difficulties it causes can range from mild to severe, and these affect people both to different degrees and in different ways. Nonetheless, all people with autism share three areas of difficulty; often referred to as "the triad of impairments", (Wing and Gould, 19791):

- Social communication - difficulty using and understanding verbal and non-verbal communication, such as gestures, facial expressions and tone of voice
- Social interaction - problems in recognising and understanding other people's feelings and managing their own; and
- Social imagination - problems in understanding and predicting other people's intentions and behaviour and imagining situations beyond their own experiences.

3.5 People with autism may experience over or under-sensitivity to sounds, touch, tastes, smells, light or colours. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder, a learning disability or dyspraxia.

3.6 As a result of interaction between the three main areas of difficulty, sensory issues and the environment, people with autism may experience:

- increased anxiety levels
- a need for routines, sometimes having a compulsive nature
- difficulties in transitioning to a new activity
- difficulties generalising skills learnt in one situation to another
- focussed and/or committed interests
- the ability to be highly focussed when on a specific task
- difficulties with self-awareness, understanding and expressing their own needs

3.7 Autism affects people in different ways; some can live independently without any additional support, while others require a lifetime of specialist care. The needs of adults with autism thus vary widely. A significant proportion of adults with autism across the whole autistic spectrum experience social and economic exclusion. Improving access to local support and services is important to develop the skills and independence of adults with autism in Havering.

- 3.8 Their condition can be overlooked or missed by healthcare, education, and social care professionals, which create barriers to accessing the support and services they need to live independently. In addition, people with autism are more likely to have coexisting mental and physical disorders, and other developmental disorders. Some may have contact with the criminal justice system, as either victims of crime or offenders and it is important that their needs are recognised
- 3.9 Autism is a lifelong condition and people may need support and to use services at any time in their life. Those with an ASC who have associated learning disabilities or additional mental ill-health will usually be eligible for formal Social Care support.
- 3.10 Asperger Syndrome (AS) or High Functioning Autism¹ (HFA) is a condition within the autism spectrum and is the term commonly used to describe people with autism who have no additional learning disability. It is often difficult to tell if someone has the condition as their level of intellectual ability can often disguise the level of their disability. People with AS/HFA are potentially amongst the most vulnerable and socially excluded in society and are likely to experience difficulties with obtaining and sustaining employment, completing further education, living independently, forming relationships, securing and keeping accommodation or making friends. They are also more vulnerable to exploitation due to their lack of social insight and mental health problems, particularly anxiety, depression and higher suicide rates.

¹ HFA – Higher Functioning Autism will be used to describe people with an IQ of 70 or above. This will include those with Asperger's Syndrome (AS) although in the literature this is sometimes a separate category.

4. Numbers of people

4.1 There are no definitive numbers regarding the numbers of people with autism, either adults or children. Any information about the possible number of autistic people in the community is based on epidemiological surveys (i.e. studies of distinct and identifiable populations). It is normally reckoned that approximately 1% of the population of the UK has some form of autism; figures that are specific to Havering are indicated below. (But studies in other parts of the world may give different percentages – this is likely due to a range of factors, different diagnostic criteria, diagnostic switching, service availability and awareness of autism among professionals and the public

4.2 The National Autistic Society's web site (<https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>) offers some interesting data and facts about autism

- 34% of children on the autism spectrum say that the worst thing about being at school is being picked on
- 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them
- 17% of autistic children have been suspended from school; 48% of these had been suspended three or more times; 4% had been expelled from one or more schools
- Seventy per cent of autistic adults say that they are not getting the help they need from social services. Seventy per cent of autistic adults also told us that with more support they would feel less isolated
- At least one in three autistic adults are experiencing severe mental health difficulties due to a lack of support.
- Only 16% of autistic adults in the UK are in full-time paid employment, and only 32% are in some kind of paid work.
- only 10% of autistic adults receive employment support but 53% say they want it
- Around a third of people with a learning disability may also be autistic
- Between 44% - 52% of autistic people may have a learning disability
- Between 48% - 56% of autistic people do not have a learning disability
- Five times as many males as females are diagnosed with autism

However there is also increasing and emerging evidence that there is a significant under diagnosis of autism in females so the reality may be that the gender difference (if any may be closer)

4.3 The numbers of people in Havering with autism is derived from a number of sources:

- Havering's Joint Strategic Needs Assessment (JSNA)
- National prevalence figures
- Data from adult and children's social care
- The Schools Census
- Data submitted to Public Health England as part of the 2018 Autism Self-Assessment

PREVALENCE

4.4 The following table, from the Projecting Adult Needs and Service Information System (PANSI) indicates the predicted numbers of adults aged 18+ who have autism in Havering and indicates an expected increase in numbers in coming years;(this table includes people with learning disability)

People aged 18-64 predicted to have autistic spectrum disorders, by age projected to 2035					
	2017	2020	2025	2030	2035
People aged 18-24 predicted to have autistic spectrum disorders	205	195	198	231	251
People aged 25-34 predicted to have autistic spectrum disorders	335	347	346	334	350
People aged 35-44 predicted to have autistic spectrum disorders	309	330	366	386	385
People aged 45-54 predicted to have autistic spectrum disorders	335	327	325	354	390
People aged 55-64 predicted to have autistic spectrum disorders	296	315	327	323	325
People aged 65-74 predicted to have autistic spectrum disorders	229	235	246	277	294
People aged 75 and over predicted to have autistic spectrum disorders	190	202	243	269	307
Total population aged 18 +	1,899	1,951	2,051	2,174	2,302

4.5 Whilst the equivalent of PANSI does not exist for Children and Young People, using figures from the most up to date version of the JSNA (January 2019) predicting Havering's growth in population and the 1% prevalence figure the predictive numbers of young people with autism in Havering is shown below:

Children and Young People aged 0-17 predicted to have autism spectrum disorders				
	2018	2023	2028	2033
CYP aged 0-4 predicted to have ASD	1,760	1870	1910	1850
CYP aged 5-10 predicted to have ASD	2,030	2280	2430	2410
CYP aged 11-17 predicted to have ASD	2,060	2490	2820	2950
Total	5,850	6640	7160	7210

ADULT FIGURES

4.6 The table below shows (for 2017/18 and most recent figures for 2018/19) the numbers of adults who were in contact with Adult Social Care

	2017/18		2018/19	
	18-64	65+	18-64	65+
Known to LD Team	828	97	810	87
LD In Receipt of Services	528	68	539	63
Recorded Health Condition of Autism	48	0	49	0
Autism in Receipt of Services	41	0	39	0
Autism not LD	11	0	18	0
Autism not LD in Receipt of Services	11	0	11	0

4.7 Data from the Sycamore Trust, who are the main provider of low level support and advice for adults with autism in Havering suggests the following numbers:

Adults referred to Sycamore Trust who were not previously known	
April to June 2018	96
July to September 2018	81
October to December 2018	36

4.8 Figures from NELFT for 2018/19 (up to 13.3.19) regarding the diagnostic pathway for adults, indicate the following:

Referrals received during 1 st April to 13/3/19	61
Clients who were screened at second level screening for not meeting the assessment criteria:	5
Clients Signposted for other assessments due to mental health issues	6
Clients who are on the current waiting list:	26
Clients who have received a diagnosis of ASD	17 (4 of them from previous year's caseload)
Clients who did not receive a positive diagnosis of ASD:	3
Clients who are ongoing assessment:	10

4.9 In 2017/18, the average waiting time between referral and assessment was 28 weeks. However the wait from referral to initial diagnosis is largely within the NICE Guidelines of less than 3 months, but it can vary due to the return of screening questionnaires from people.

The average waiting time between referral and return of second stage screening assessment is around 7 weeks

CHILDREN AND YOUNG PEOPLE

4.10 There is broader range of data in respect of children and young people and a better understanding of it:

4.11 The JSNA (2018) indicates the following:

- There is increasing demand for specialist help and schooling for children with autism (ASD)
- Increases of 40% were seen in children with autism between 2012 and 2015, numbers for ASD in the primary school population are expected to double over a 5-year period (from 2015 to 2020)

4.12 The School Census data for 2018 indicates a total of 456 children from nursery age to 18+ with a diagnosis of autism. However this number may be higher as the High Needs Review highlighted that some schools record pupils with autism as SEMH (social, emotional and mental health). This is due to some overlap in behaviours between the two categories. Current data also suggests that there are 217 children and young people aged 0-18 who are known to have autism and have an Education Health & Care Plan (EHCP).

4.13 Current data from Children's Social Care indicates the following numbers currently known to social care

CYP aged 5-10	38
CYP aged 11-15	45
CYP aged 16+	36
Total	119

4.14 Work was undertaken over the summer of 2018, to develop a Housing Strategy as part of the TCP work. This looked at a limited cohort of adults and young people i.e. those who may be at risk of being admitted to hospital. Whilst therefore the data was not reflective of the overall picture and some assumptions were made i.e. it only included those children who attracts significant additional costs within the schools system (above £16,000 per annum) or attend specialist schools in and out of the borough. This analysis indicated:

- 6 x 19 year olds in specialist schools 5 of whom have an autism as part of their diagnosis.
- 11 x 18 year olds in specialist schools 2 of whom have an autism as part of their diagnosis.
- 7 x 17 year olds in specialist schools 4 of whom have an autism as part of their diagnosis.
- 13 x 16 year olds in specialist schools 7 of whom have an autism as part of their diagnosis.
- 13 x 15 year olds in specialist schools 7 of whom have an autism as part of their diagnosis.
- 17 x 14 year olds in specialist schools 11 of whom have an autism as part of their diagnosis.

- 13 x 13 year olds in specialist schools 10 of whom have an autism as part of their diagnosis.
- 17 x 12 year olds in specialist schools 16 of whom have an autism as part of their diagnosis

ANALYSIS

- 4.15 Although the prevalence figures appear high, other work suggests that if anything the reality suggests they should be higher – this is due to a number of factors, including probable under reporting in females.
- 4.16 It would be unrealistic to expect that any borough knew everyone with autism so to expect there to be a 100% relationship between people known and prevalence figures is unlikely. Some people on the autism spectrum may not wish it to be known that they have autism; others may not consider that it impacts on them enough to seek out any specialist help or support; others may have just developed their own coping mechanisms to get through life.
- 4.17 There appears to be more people presenting themselves to Sycamore Trust than to adult social care; also there also appears to be more Children and Young People known to schools than there is to children’s social care. This is not surprising given that adults and children and young people may not always meet the eligibility criteria for social care; people may find it easier to contact a non-statutory agency, especially if they have (as Sycamore Trust do) a presence in Romford’s largest shopping mall; or that they may not know how to navigate their way into social care
- 4.18 However the data in respect of learning disabilities is of concern and suggests a recording issue. The National Autistic Society suggests that between 44% - 52% of autistic people may have a learning disability. The data above suggests that just approximately 8% of people are receiving a service from the Community Learning Disability Team and just over 5.4% who are known to them are recorded to have autism. This clearly suggests a recording issue in some way shape or form. Whilst it is reasonable to expect that staff within the CLDT should be more aware of autism than staff elsewhere in social care, the need for improve recording equally applies to all social care staff.
- 4.19 Children’s services have recently introduced guidance for schools regarding completion of data sets for the School Census, in order to ensure that they complete the data sets appropriately and that they provide the most accurate data. This is due to some children and young people with autism being wrongly recorded as SEMH.
- 4.20 Within both adult and children’s services it appears evident that there is room for improvement of how autism is reported and recorded.

5. National Policy

NATIONAL AUTISM STRATEGY

5.1 A National Autism Strategy for Adults Fulfilling and Rewarding Lives was published in (2010) This had five main areas for development:

- Increasing awareness and understanding of autism
- Developing pathways for diagnosis and personalised needs assessment
- Improving access to support services in the local community
- Helping people with autism into work
- Enabling local partners to plan and develop appropriate services

5.2 Following a review of the strategy in 2014, the Government published an update 'Think Autism' and statutory guidance in 2015; this added 3 new initiatives

- Autism Aware Communities - Think Autism community awareness projects to be established in local communities with pledges/awards for local organisations to work towards
- The establishment of an Autism Innovation Fund which will provide funding to promote innovative local services and projects, particularly for lower-level preventative support;
- Better data collection and more joined up advice and information services - including social care staff recording someone's condition as autism, and a commitment to make it easier for people with ASC to find information online about how their local authorities are performing.

5.3 As part of its ongoing review of the strategy and its implementation, Government decided at the end of 2018, that as part of the current review it would also look at the needs of Children and Young People leading to a new all age strategy to be published in late 2019. The reasons it has given for this are:

- A desire to see young people on the autism spectrum given the same start in life as any other child. Acknowledging that outcomes simply aren't good enough, with too many autistic children falling through the cracks and not getting the care and support they need
- Acknowledgment that with the right support, they can live happy, healthy and independent lives within their own communities, so it's vital we have a national autism strategy that works for both children and adults
- The Government's ambitions for children with autism are exactly the same as for all other children – to do well in school and college, find sustained employment and live happy and fulfilled lives

5.4 The key areas relating to children and young people that the government wishes to consider, and presumably will be key to the new strategy are:

- joining up health, care and education services to address autistic children's needs holistically
- developing diagnostic services to diagnose autism earlier, in line with clinical guidance

- improving the transition between children and adult services so that no young people miss out, and ending inappropriate reliance on inpatient hospital care
- improving understanding of autism and all its profiles, including recently identified forms such as pathological demand avoidance (PDA)

No further information has been published, but it is likely if the timetable is to be met that there will at least a consultation document published in Spring 2019. Whilst the timetable for the refresh of the national strategy is unclear, we do not propose waiting to develop our local strategy. As is indicated in Section 8 the 4 areas that Government has highlighted are areas that locally it has been acknowledged there being a need for improvement

THE TRANSFORMING CARE PROGRAMME (TCP)

5.5 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.

5.6 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.

5.7 Locally, the work of the TCP is led by CCG and its work is supervised by a local implementation board that consists of representatives from the CCG, NELFT, NHS England, The 3 Boroughs (Barking and Dagenham, Redbridge and Havering) and a patient by experience. At the time of writing the TCP Board is considering its remit moving forward, but has identified that it sees autism as one of its priorities. In addition, although still at an early stage, the board has served as an opportunity for the 3 lead commissioners from the 3 boroughs and their CCG colleagues to begin to share data and intelligence across the boroughs and to consider the opportunities for cross borough work.

NHS PLAN

5.8 The NHS published its 10 year plan earlier this year. Supporting people with autism or learning disabilities is one of the clinical priorities identified within the plan. The plan makes particular reference to a number of initiatives regarding people with autism. There has been some media coverage recently about the numbers of young people who have been detained in specialist hospitals and indications from the TCP programme suggest that there are increasing numbers of young people who are being detained in hospital when they should not be; this is clearly reflected in some of the contents of the NHS plan. The key issues relating to autism within the plan are:

- Renewed focus on reducing waiting times for diagnostic and specialist services for CYP
- By 2023/2024 a 'digital flag' will exist in the NHS patient record for all people with a known LD or autism
- LD and autism awareness training will be mandatory for all NHS staff

SEND AND CHILDREN AND FAMILIES ACT 2014

5.9 Part 3 of the Act concentrates on how the Act helps children and young people with special educational needs or a disability. The aim is to give good support to children and young people with special educational needs or a disability, and their families. The Act helps children with disabilities even if they don't have special educational needs. Under the Act, councils have to find out which children and young people in their area might have special educational needs, and which have a disability. The SEND Code of Practice provides statutory guidance relating to this part of the Act. It specifically requires:

- A clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels.
- A stronger focus on high aspirations and on improving outcomes for children and young people.
- For children and young people with more complex needs, a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) which replace statements and Learning Difficulty Assessments (LDAs).
- A greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood
- That Local Authorities publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN [Special Educational Needs] or are disabled, including those who do not have an Education, Health and Care (EHC) Plan

NATIONAL INSTITUTE OF HEALTH & CARE EXCELLENCE (NICE) GUIDELINES

5.10 The National Institute of Health and Care Excellence (NICE) provides national guidance on health and care, including advice, information, and quality standards to guide the development of best practice in service delivery.

5.11 The NICE autism pathway brings together all NICE evidence, guidance, quality statements, and other information relating to health and care support for children, young people and adults with autism. It recommends the following:

- service organisation and delivery of care should be led by a multi-agency strategy group;
- assessment and support should be delivered by specialised children and young people and adult autism teams, which consist of professionals from a range of disciplines;
- partnership working for delivering high-quality and comprehensive local services and support.

5.12 The NICE guidance contains general principles of care for children and young people and adults including: access for all; fully informed decisions made jointly between professionals, patients, and their families and carers; care delivered by skilled and trained staff; and physical environments designed or adapted to minimise their negative impact. It highlights how smooth transition from young people's to adult services requires advanced planning and a coordinated approach between the two services.

5.13 NICE quality statements are concise, prioritised statements designed to drive measurable improvements. The NICE autism quality standard comprises eight quality statements relevant to the care of CYP and adults with autism. The quality statements are not mandatory (required by law), but are designed to form the basis of local audit criteria to support continuous quality improvement, and should be measured using locally collected data. The key issues within the quality statements are:

- Diagnostic assessments should be commenced within 3 months of a referral
- As well as a diagnostic assessment. People should be assessed for any coexisting physical health and mental health problems
- A personalised plan should be developed and implemented in partnership between themselves, their family and the autism team
- People with autism are offered a named key worker to co-ordinate the care and support detailed in their personalised plan
- People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism
- People with autism are not prescribed medication to address the core features of autism.
- People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.
- People with autism and behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour

6. Local Issues

6.1 This strategy has been developed as a result of ongoing work including inspections that have taken place over the past couple of years. There has been involvement of people with autism and their families through:

- **The CQC/Ofsted inspection**
- **High Needs Review**
- **The Autism Partnership board**
- **Preparation for the Autism Self Assessment in 2018**

Additionally in depth consultation is currently taking place with young people through the support of Young Advisers Havering; this is for both this strategy and the emerging all age learning disability strategy. This should be completed late spring. It will be necessary to ensure that a more comprehensive consultation takes place between April of this year and July (this is both to ensure the timescales for publication of the strategy are met and in acknowledgement that it is difficult, especially for families to meaningfully participate in any consultation during the school holidays)

6.2 The themes identified in this strategy have emerged from the work undertaken in Havering in recent years and are in line with the priorities identified both within the NHS 10 year plan and the priorities for Government's review of the National Autism Strategy. Some key actions will be influenced by the emerging national picture and will include the plans of NHS partners for implementing work relating autism as identified within the NHS 10 year plan.

OFSTED/CQC INSPECTION

6.3 Ofsted and the Care Quality Commission conducted a joint inspection of SEND provision in Havering early in 2018 to judge its effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection made some reference to autism but some of the wider issues highlighted have been echoed elsewhere in discussions relating to autism:

Things Havering does well:

- Arrangements to identify the needs of children and young people who have SEN and/or disabilities have improved and services are having a substantial impact on the outcomes for children and young people
- There is a broad range of training for staff that is matched to the needs of children and young people identified in school. This includes , for example training in autism spectrum disorder – as a result skills and expertise of practitioners is improving
- Havering has established a young advisers group, to find out what young people who have disabilities think about their lives. This helps Havering to better understand what is important to young people who have disabilities in Havering

However the inspection also identified a number of areas which require development/improvement

- Co-production is not strong enough. As a result, parents feel they have little input into the support provided for their children. They lack confidence in decisions about the commissioning of new services. Some parent groups view consultation meetings

with the local area as 'tick-box' exercises. As a result, parents are losing confidence in the process.

- The contribution that social care professionals make to EHC plans is limited. This means that EHC plans provide only a partial picture of children's and young people's needs. However, the process for producing EHC plans has improved. Outcomes are more incisive and the plans identify more clearly what support is to be put in place.
- The local offer is not used effectively enough. This is because typically parents and young people are not aware of its existence, despite consultation. As leaders recognise, the extent of the consultation needs to be broadened considerably.
- Some parents and carers of children and young people who have autistic spectrum disorder have articulated their concerns about a lack of post-diagnosis support. This is not compliant with guidelines and results in children and young people having identified needs which remain unmet.
- Havering is not aspirational enough about the future outcomes of children and young people. For example, there is no strategy to support young adults into employment

HIGH NEEDS REVIEW AND STRATEGY

6.4 Havering launched its Strategy for Children and Young People with Special Educational Needs and Disabilities in December 2015, following the introduction of the Children and Families Act 2014. The strategy recognised that Havering is experiencing increasing demand on its SEND services due to rising numbers of children and young people in the borough with SEND, as well as a rise in the complexity of needs amongst those with SEND. The strategy was reviewed in 2017. The review highlighted areas of good practice and area that may require improvement/further development:

6.5 Things Havering does well:

- Most early years' settings are managing to support young children effectively, despite the pressures on staffing and funding and early years practitioners are committed to ongoing development of their skills and knowledge to support the needs of children with SEND
- Havering College are already offering a range of supported internships and new post-16 and post-19 provisions have been established which are supporting young people to prepare for and move into their adult lives
- There are some areas of excellent practice in supporting pupils with SEND, across all our provision – mainstream, ARPs and special Schools, on the whole, are managing to support pupils effectively, despite the pressures on budgets
- The education service has a dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements
- There are a number of mental health initiatives underway across all age groups, but particularly focussed on early years.
- A number of new ARPs are being developed in primary and secondary school for pupils with ASD and a new free special school is expected to open in 2020/21 which will be for pupils with complex ASD and/or SEMH.

6.6 The Review also identified areas for improvement and development

- Havering's data collection is not as robust as it could be and we are putting in place a number of measures to ensure we record data more accurately. We want to be able to predict needs and levels of need; e.g. at the moment we may be able to predict numbers of children with ASD but not the complexity of their ASD.
- Additional resources are required to better support early identification and intervention for under-5s with a diagnosis of ASD. We have already increased the funding to early years' settings for children with additional needs which will help in ensuring appropriate support is in place. .
- Primary school ARPs specifically for pupils with ASD are a priority. Since the publication of the High Needs Strategy, we have been able to develop two new primary school ARPs for children with ASD, providing a total of 24 additional places. Further ARPs are currently in discussion.
- In post-16 provision we need to develop a wider offer, particularly at lower academic levels, with more opportunities for work-based learning leading to (ideally paid) employment.

AUTISM SELF ASSESSMENT (SAF) 2018 - Adults

6.7 There is a national review every 2 years of local areas implementation of the national autism strategy. The most recent SAF was submitted in December 2018. Members of the Autism Partnership Board, colleagues in the NHS, the Autism Steering Group (a group of adults with autism supported by Sycamore Trust) were actively involved in preparing material for the submission. Discussions were also had with some carers and families; although the SAF did not specifically concentrate either carers issues or issues relating to children and young people some wider views were shared. The process did provide the opportunity to consider what works well and what areas need further development/improvement:

What works well:

- Havering's Partnership Board and involvement of adults with autism (but need to appoint a person with autism as co-chair)
- Post diagnostic support for people with learning disabilities (but not for adults more generally)
- Some data is kept and used for planning
- Some good preventative and low level support for people who don't meet eligibility under the Care Act 2014
- Good examples of work done within acute hospitals
- Some positive local innovations
 - Development of shared lives model of support
 - Development of a framework to ensure sufficient Supported Housing for vulnerable young people and adults. Some emerging evidence of cross borough work
 - The Havering Autism Hub
 - Funding for NELFT linked to Transforming Care Programme (TCP) work to avoid admission of people to hospital with autism

The following areas were identified as requiring improvement and/or further development:

- A need for more consistent recording of data in Havering
- The need for more consideration in public services to be made regarding reasonable adjustments

- Transition processes and clearer pathways for young people moving into adulthood
- Planning for specific populations in Havering
- Better recording of hate crime
- Lack of an overall Havering wide training plan, uptake of training by certain groups and awareness of autism
- Pathways for diagnosis not widely known and in some cases long waits for diagnosis
- Post diagnostic support for people/signposting for those not meeting eligibility under the Care Act 2014
- Consideration of and support for Carers needs and accessible information
- Difficulty to engage all stakeholders in Havering – autism still seen as an issue for social care and education and specialist health services
- Some employment initiatives evident but at a very early stage
- Inconsistent reference to employment in EHCP plans
- Families feeling excluded from planning
- Access to housing and housing advice

Whilst not specific areas picked up by the SAF, other issues felt locally by people and families to need further attention are:

- Community Safety, anti -bullying work and teaching people life skills to avoid being intimidated and becoming victims of coercion and control
- Transport issues – partially linked to safety but also linked to life skills and increased independence

6.8 Not only do the local issues, from a number of sources, indicate some common themes emerging locally, they are very much in line with the national themes as indicated both in the NHS 10 year plan and the Government’s review of the National Autism Strategy e.g.:

- Need for better information and signposting
- Smoother and clearer pathways for people
- Improved waiting times for diagnosis and support
- Better and more effective recording

6.9 Section 8 indicates the key priority areas which this strategy seeks to address and contains a very high level action plan. A more detailed action plan will be developed during and as a result of the wider consultation recommended by this initial draft strategy.

7. CURRENT PROVISION AND SUPPORT

ADULTS

- 7.1 Social care support for adults is determined by whether or not they meet eligibility criteria in respect of the Care Act, a key determinant is not the condition a person has, but how that condition impacts and affects them. With this in mind, Havering does not provide dedicated social work support in respect of autism per se.
- 7.2 Not all adults with autism will necessarily meet eligibility criteria for under the Care Act, nor be assessed as requiring specialist support. But people with autism do need to feel assured that they know where and how to get advice should they need it and that they are dealt with, in whatever part of the Council and Public Sector, by people who have an awareness of autism and its possible implications for them in their day to day lives
- 7.3 The needs of people with both learning disability and autism who meet Care Act eligibility criteria are met via the learning disability team. For other adults with autism, if they meet the current eligibility criteria for social care their needs may be met through one of the locality teams, the mental health teams or hospital based services.
- 7.4 In terms of preventative and community based support, there are 3 areas of investment, The Sycamore Trust, The Carers Hub and Peabody Here to Help scheme.
- 7.5 In respect of the Sycamore Trust, Havering currently funds £40k p.a. for peer support and £40k for social inclusion, a key element of this investment is demonstrated through the work of the Autism Hub in Liberty Mall. This funds the following activities:
- Autism ambassadors – people with autism who seek to provide awareness training to businesses and community bodies within Havering
 - Peer support – through the Hub, people with autism are able to provide peer support to people with autism, a female group has been established and an online forum virtual group has been established
 - The Autism Hub is the focus for a number of activities and initiatives within Havering, e.g. access to information technology and internet, sign posting, a quiet space, general awareness, base for peer and support groups, family and parent support
- 7.6 Havering currently funds the Carers Hub. The Carers Hub receives £180.4k per annum; a specific amount (£36.9k) is allocated to specific user groups, mental health, dementia etc. Learning Disability and Autism are considered as one within this. The Hub provides support to carers in respect of a range of issues e.g. advocacy, emotional and telephone support, general advice, training activities and social activities.
- 7.7 The Peabody provision is a generic service which offers free, short term support to people aged over 16 who need help to develop their independent living skills. They provide general information, advice and guidance and in some cases ongoing support for either 3 or 6 months.

CHILDREN AND YOUNG PEOPLE

- 7.8 A range of support and provision is available to children and young people and their families, through education, social care, and commissioned services, although much of it is within the overarching support provided to children and young people with disabilities.
- 7.9 Short breaks, which both allow children and young people to have fun and develop independent skills and their parents to have a break from caring responsibilities, are provided through the local offer. This is not specific for children and young people with autism and is part of the overall offer for children and young people with disabilities; however the use of Direct Payments does allow families to purchase their support directly.
- 7.10 Families of children and young people with autism are able to access the core offer of support. This is for children and young people with SEND assessed as having needs that cannot be met through universal services/activities. The core offer consists of 100 hours per year and can be used to access a range of commissioned provision e.g. weekday/evening clubs, holiday clubs and weekend clubs or Direct Payments, which can also be spent on non-commissioned services and therefore widens the choice for families and allows more flexibility than commissioned services.
- 7.11 Alternatively, families can opt for the enhanced short breaks offer. This is for children, young people and their families or carers who feel they need a higher level of short breaks with extra specialist care. A short breaks assessment is required to access this level of support. This offer may include personal care support, overnight stays, increased specialist short breaks in term-time and the school holidays pending the recommendations of the short breaks assessment
- 7.12 Havering commissions such provision from a range of providers (both via a framework and some spot purchasing). The Local Offer is available on Havering's web site, which sets out the process for applying for short breaks and who the short breaks providers are. There are no dedicated autism providers from whom Havering currently commissions provision
- 7.13 In addition to provision available through the local offer, support is available to parents through Positive Parents, who are able to provide information to families, provide a forum where families concerns and views are listened to and who are involved in strategic planning of resources and services – but this is across all disabilities. RAGS (Romford Autistic Group Support) are also a parent led group who provide a support network for families with a family member who is either diagnosed with autism or are awaiting a diagnosis.
- 7.14 Additional support for families is made available through either the Children and Disabilities (CAD) 0-5, and 5-19 teams which are multi-disciplinary teams consisting of social workers, psychologists and specialist educational staff who can and do provide a range of specialist support to children with autism and to their families.
- 7.15 Within education and early years, there is dedicated nursery provision for young children who are on the pathway to diagnosis, specialist and dedicated provision is available within a range of schools. A dedicated free school for pupils with autism is due to open in 2021/22.

LOCAL DEVELOPMENTS

7.16 A review of 2 of the diagnostic pathways for children and young people (5-11, and 11-18 the 0-5 pathway is well established and is well defined) is due to start. At the time of writing, the terms of reference and the extent of this review are being finalised, but it is anticipated that this will result in a far more integrated offer for children young people and their families. A pre-diagnostic group has been established to prepare families and young people for the diagnosis and some of the processes involved. This review by NELFT ties in with the issues identified within this strategy. It is anticipated that by the time the final strategy is complete, there will be both further clarity on the outcome of that review and also there may be further more detailed indications from NHS England regarding the diagnostic issue identified in the 10 year plan

7.17 As part of the TCP work, an analysis of the future housing requirements for people identified as part of the TCP cohort was completed which provided some useful data relating to young people and adults both within (and potentially within) the TCP cohort. This identified some of the numbers of young people with autism who may require housing.

7.18 Further work has been done to develop housing locally. Through a Supported Housing Programme the Council is developing of a number of buildings and associated care and support services across children's and adult social care. By developing services in borough this will allow the Council greater control over costs and quality and increase the ability to place vulnerable children and adults closer to family and community networks. Four projects are being developed as follows:

- A residential care unit for 6 children with disabilities (with potential for short breaks facilities) – new build scheme
- Supported housing scheme for 6 young adults with disabilities and additional complex needs – new build scheme
- Utilising 2 existing Council properties to create 2x semi-independent accommodation schemes for 12 young people leaving care
- Semi-independent accommodation scheme for 12 young people leaving care – new build scheme

Further work coming out of the Supported Housing Programme has identified the future accommodation needs for the next 5 years for looked after children, care leavers, and children and adults with disabilities. This will enable further work across social care and housing to maximise opportunities within the extensive regeneration programme underway in Havering.

7.19 As a result of the TCP programme, both locally and nationally, Havering has developed a partnership with LUMOS. LUMOS is an international organisation established by JK Rowling with a mission to end the institutionalisation of children globally by 2050. LUMOS is currently working in collaboration with local government agencies in East London to achieve better outcomes for a small group of children with learning disabilities and/or autism who display behaviour that could be considered as challenging and are living in residential hospital or residential school placements, but for whom with the right support could be living in family-based care or community-based care within their own communities. The work in Havering is still at an early stage of development but it will support maintaining identified children and young people within their own communities and their families.

7.20 Although the education service has a dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements the High Needs Review identified that Havering needs to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental Health Needs (SEMH); from early years, through school and into adulthood. There are currently Additional Resourced Provision (ARPs) in six schools, supporting pupils with autistic spectrum disorder (ASD) and communication needs, complex needs and hearing impairment. We know, from feedback from schools and from parents, as well as from our own data, there are not enough of these. These six schools are keen to support other schools to develop ARPs across the borough in both primary and secondary phases. A new Primary Additional Resourced Provision for ASD is opening in 2019 with a further 2 more in primary and 1 in secondary planned for 2020. There is also a new Special Free school being planned for 2021.

8. KEY PRIORITIES

8.1 This section sets out, at a high level, the key priorities which this strategy will address. The priorities are based on what is known locally about how people with autism and families of children and young people would like their lives to be improved. As indicated previously, although more definite information is awaited regarding the all age National Strategy, there is a synergy between the local priorities identified and those which Government has indicated may well be picked up in the new strategy and the NHS 10 year plan.

The priorities are set out below under key themes:

- Planning
- Involvement, information and access
- Health Care
- Employment
- Training and Awareness
- Housing
- Improved Pathways
- Transport, keeping safe and life skills

Under each of the priorities are some initial key actions and areas for improvement/development. The attached action plan contains more detail but is at this stage a high level action plan.

PLANNING

8.2 Planning includes not just issues relating to how Havering plans services, but also issues relating to improved recording of data so that we can improve what we do and better understand the needs of people in Havering with autism. It also includes governance for the oversight of the implementation of the strategy.

- Better and more consistent recording of autism within adult and children's social care
- More effective use of data to inform planning
- To better plan for key identified populations e.g. women, over 65s
- Ensure there are effective governance arrangements for overseeing implementation of the strategy
- Ensuring effective partnerships are in place
- Building on current work other partners are or will be doing e.g. review of diagnostic pathways, roll out of mandatory training within the NHS

INVOLVEMENT, INFORMATION and ACCESS

8.3 Families and people have indicated they want and need better and clearer information, e.g. some families have indicated they need to know more about the Local Offer, or diagnostic pathways. Other people have also indicated that they find it difficult to know who to go to for advice and find it difficult to navigate their way around the Council's telephone system

- Ensure people and families are fully involved at all levels in both individual planning and planning for wider service developments

- Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services and autism friendly facilities in the community e.g. autism shopping events etc
- More effective use of social media to keep people informed
- Ensuring all public bodies to consider how people with autism may better access their service

HEALTH CARE

8.4 Feedback from people locally is that they wait a long time for diagnosis and that they don't always find it easy to find out about how to get diagnosed; these are issues which are highlighted within the NHS Plan. Other people indicate that there doesn't seem to be a comprehensive approach taken to follow up post diagnosis. Many people acknowledge that there has been some good work in Havering resulting in people with autism getting a better service in some parts of mainstream health care, but people also feel there are other areas where things could improve.

- Improved diagnostic pathways
- Pre and post diagnostic support
- Information and accessibility
- Waiting times
- Access to health care

EMPLOYMENT

8.5 Many adults have indicated the challenges they face in getting into the job market and the lack of advice and information; families have spoken about the challenges their children face in sometimes getting professionals properly consider employment. People have also spoken about there needing to be improved pathways that may support young adults who wish to consider employment.

- Improved pathways and support around employment for young adults and young people
- More consistent reference to employment in EHCPs
- Better advice and support available to adults who want to access employment
- Using Havering Works to develop more effective advice and support systems and to engage with employers across Havering
- Development of the number of supported internships in place – work underway with Havering College and Corbets Tey @ The Avelon/ Routes 4 Life

STAFF TRAINING AND AWARENESS

8.6 Evidence used in the 2018 SAF indicates that there is an inconsistent approach to training and awareness across the public sector in Havering. In some sectors, it is felt that having staff who have at least awareness training would make it easier for people to access services as they feel they would be talking to people who understood some of the challenges they face around communication. Additionally the NHS plan indicates that awareness training will be mandatory for all NHS staff.

- Ensuring staff are appropriately trained and/or have awareness training
- Ensuring awareness training is available to staff across the public sector

- Working with Havering Social Care Academy to ensure appropriate training is targeted at social care staff, and the wider Council

HOUSING/ACCOMMODATION

8.7 Most children and young people live with families; those who do not, live in provision that is commissioned either as a result of their specialist educational needs or their social care needs; it is important for those children and young people that such accommodation and its staffing is able to support children and young people with autism and have received appropriate training around both autism and ways to best support people with autism e.g. Positive Behavioural Support (PBS).

8.8 Some younger vulnerable adults and other vulnerable adults may require more specialist housing where they can receive support in relation to life skills as a result of their needs as assessed by under the Care Act. Other adults may merely require to be better supported through the process of successfully applying for public sector or private housing

- Ensuring staff in housing agencies have autism awareness training
- Development of supported housing strategies
- Ensuring staff in 'specialist provision are suitably trained and providers use PBS techniques

IMPROVED PATHWAYS

8.9 Preparation for adulthood is key to enabling young adults and their families to adjust to their moving into new forms of education and training and into possibly a different approach to social care than they may have been used to as children and young people. In order to facilitate this, it is important that there are good and clear pathways for young people. This also applies to ensuring that young people moving into post 16 provision and education receive appropriate and timely information.

8.10 It is acknowledged that a number of young people may not receive the amount of support (or indeed any formal support) upon their reaching the age of 18; although they may have met the criteria for care from Children's social care, they will not meet the criteria for adult social care. For some young people and their families this can come as a surprise and they may not know where to go for support; it is important that for such young people and their families they are clear as to where they may be able to receive appropriate support and advice

- Improved pathways for young people moving into adult services who meet social care eligibility criteria
- Improved/better signposting and information for families and young people in children's services who will not meet eligibility criteria for adult social care
- Clearer pathways and advice for young people moving into post 16 provision and education
- Preparation for adulthood

TRANSPORT AND KEEPING SAFE

8.11 Being able to travel independently is a very important life skill, that encourages people to be independent and supports them in accessing community facilities and making and maintaining friendships. But this does not merely mean people being taught skills about knowing which e.g. bus or train to get, but is as much about people feeling safe going about their daily business and not being susceptible to bullying and other forms of coercion .

- Extend membership of partnership board to community safety and Metropolitan Police
- Raise awareness of transport providers
- Evaluate work of Routes 4 life
- Travel training

9. Key Questions for Consultation

9.1 A consultation period of 3 months is recommended. Although there has been some engagement with people in drawing up this draft strategy, it has been limited and has in the main only included people who attend current forums e.g. the Autism Partnership Board. Wider consultation is needed in order to ensure that some of the key issues highlighted are indeed those that are important to people.

9.2 During consultation, the following questions should be asked:

- Are the priorities identified in the strategy relevant and if not what should be added/amended?
- Are the actions set out in the action plan appropriate and if not what additions /amendments
- Are there any additional areas that should be included within the Strategy and if so what?
- Is having an all age strategy the most effective way to achieve the vision set out in this strategy? Please provide any alternative suggestions.
- Should this strategy apply to everyone with autism, including people with learning disability? If not what alternative suggestions do you have?
- What is the best way to make sure that the strategy is implemented? Do you think that the Partnership Board can do this effectively?
- Are there any other comments that you would wish to make on the Draft Strategy not covered by your responses above?

ACTION PLAN

1.Planning - ensuring more effective planning for people with autism and clear leadership for implementation of strategy					
Action no	Objective	Action	Organisation responsible	Timescale	Benefits
1.1	To produce final strategy by autumn 2019	a) To hold series of consultation events between late April and July 2019	LBH	July 2019	Publication of an agreed strategy to improve lives of people with autism
		b) Ensure materials and consultation are as accessible as possible	LBH	July 2019	
1.2	To determine most effective governance arrangements for implementing the strategy	LBH and CCG to consider if current governance arrangements i.e. HWB Board and Autism Partnership Board are robust enough to lead and ensure implementation of strategy	LBH/CCG	July 2019	Appropriate leadership and ownership of the Strategy and its implementation
1.3	To strengthen Partnership Board	a)review terms of reference of Autism Partnership Board	LBH	July 2019	Membership of the Partnership Board reflects all the stakeholders
		b)extend membership of the board in line with the aims of this strategy	LBH		
		c) Appoint a person with autism as deputy chair	LBH		
1.4	Ensure more effective recording of autism within Children’s Services and	a) To consider making the recording of a	LBH	Ongoing	More accurate data will enable more effective

	Adult's Social Care	secondary health condition e.g. a compulsory recording field in social care			planning of services
		b) Guidance has been disseminated to schools to improve the accuracy of school census data.	LBH	Ongoing	
		c) New EHCPs will now record the child's sub-category of need as well as the broad category to improve data accuracy	LBH	Ongoing	
1.5	To better record hate crime and other incidences of criminal activity affecting people with autism				To enable strategies to be developed to ensure safety of people with autism
2. Involvement, Information and Access – ensuring people and families are appropriately involved at all levels in planning and service design					
Action no	Objective	Action	Organisation responsible	Timescale	Benefits
2.1	People and families are fully involved at all levels in both individual planning and planning for wider service developments		LBH/CCG		
2.2	Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services)	a) Enable improved access to the Local Offer	LBH/CCG		Families and people will have appropriate information about services and support available to them
		b) Ensure leaflets etc are up to date about the range of support and services available			

		c) Ensure leaflet racks in all public buildings are properly stocked with up to date material			
		d) explore more effective use of social media to communicate with people			
2.3	Improved information about local services (e.g. sports leisure, cultural, community)	a) Ensure information material provided by public sector bodies is accessible and up to date	LBH/CCG		People will be able to better access community based facilities
		b)Explore use of social media to communicate information to people			
2.4	Ensuring all public bodies consider how people with autism may better access their service	a)work with autism ambassadors to assess access to services	LBH/CCG		People with autism and their families will be able to use public services more effectively
3. Health Care					
3.1	Improved diagnostic pathways	a)undertake review of current diagnostic pathways	CCG		Improved diagnostic service
		b)improve information about availability of diagnostic pathways	CCG/NELFT/CAMHS		
		c)reduce waiting times	CCG/NELFT/CAMHS		
		d)consider commissioning pre and post diagnostic support services	CCG/NELFT/CAMHS		

		e)ensure more effective links between diagnostic pathway and Adult Social Care	LBH (ASC)		
3.2	Access to health care	a)Implementation of digital flag as per NHS Plan	CCG		Equity of access in relation to health care
		b)Implementation of mandatory awareness training for all NHS staff as per NHS Plan	CCG		
4. Employment					
4.1	Better access to employment opportunities	a)Having works to develop links with local employers	LBH		Increased opportunities for employment for people with autism
		b)Having works to link with specialist services to ensure increased awareness of their support	LBH		
		c)Explore use of social value clause in contracts to encourage the Council's providers to create employment opportunities	LBH		
		d)Explore opportunities presented in Joint Venture Schemes for supported employment/internships			
		e) EHCPs from Year 9 onwards should focus on Preparing for Adulthood outcomes across the 4 pathways	LBH		

		f) development of a wider offer of work opportunities including work experience and supported internships to be developed across the borough	LBH		
		g) more effective and targeted use of modern apprenticeships and intern schemes for young adults with autism	LBH Other partners also		
		h) schools to be supported to do more work with young people around the 4 pathways to adulthood in both pre- and post-16 provision	LBH Other partners also		
5. Training					
5.1	Ensure properly trained staff and increased awareness	a)Implementation of mandatory awareness training for all NHS staff as per NHS Plan	CCG		People with autism will feel confident that staff they are speaking to have appropriate understanding of their condition and how it may affect them
		b)contribute to national consultation regarding training	LBH	ongoing	
		c)work with Havering Social Care Academy to ensure appropriate training is targeted at social care staff	LBH		

		d) making autism awareness training mandatory for all new LBH staff	LBH		
		e)to roll out the range of training on offer to support staff, in the local authority and schools and colleges, in understanding, developing and promoting supported employment			
6. Housing					
6.1	Ensure People with autism have access to appropriate help and support whilst applying for public sector housing	a)to work with LBH Housing to ensure an agreed number of front line staff have autism awareness training	LBH		People with autism will have better access to public sector housing
		b)encourage all RSL's operating in Havering to ensure that agreed number of front line staff have awareness training	LBH		
6.2	Ensure appropriate young people are identified for the supported housing schemes currently in developmental stage	a)consider young people with autism in the cohort for the supported housing schemes under development (taking into account relevant eligibility criteria)	LBH	ongoing	Young adults with autism will benefit from living in supported housing and developing appropriate life skills with
		b)Use the data from the needs analysis undertaken regarding			

		housing to inform more effective planning of housing for people with autism			
7. Improved Pathways					
7.1	Improved pathways for young people moving into adult services who meet social care eligibility criteria	a)Ensure young people are identified in a timely manner to ensure good assessments are made	LBH (CAD)		Families and young people are identified soon enough to ensure a care assessment is made in a timely and effective manner
		b)development of a robust transition strategy in partnership with parents and young people	LBH (CAD/ASC)	Dec 2019	
		c)Information is provided to families and young people at an early stage	LBH (CAD)		
		d)work with schools to develop their understanding of employment pathways	LBH (CAD)		
7.2	To work with children and young people and their families	a)work closely with LUMOS to ensure work to maintain children and young people in their communities			Young people are kept out of residential and/or institutional care
7.3	Improved/better signposting and information for families and young people in children's services who will not meet eligibility criteria for adult social care	a)Ensure such young people(and their families) are identified and advised at an early stage	LBH (CAD)		Young people and families have sufficient information to enable them to make informed choices as to where and how to access low level support

		b)Develop information material for young people and their families	LBH(CAD)		
7.4	Improve Local Offer	a)Include clear information on what is available for all four pathways to adulthood	LBH (CAD)		Providing more effective information to families and young adults
		b) Communicate better with young people, and their parents, about what is possible for their future and how each young person may get there	LBH (CAD)		
		c)Provide clear communication about available options for young people at age 20/21 years+, including support and services which are not education-based	LBH (CAD)		
7.5	Preparation for adulthood	a)work with post16/19 providers to support the development of their offer	LBH		Young adults and their families will be prepared for adulthood
		b)Develop health pathways and processes for young people aged18-25 with healthcare needs	LBH		
		c)develop a SEND	LBH		

		moving on event for young people			
8. Transport, Keeping Safe and Life Skills					
8.1	People with autism can use public transport safely	a)work with TfL and local bus providers to raise awareness of autism	Autism Ambassadors/LBH		A increased number of people with autism are able to travel independently and safely
8.2		b) promote and develop the travel training programme	LBH		
		c) work with specialist transport providers e.g DABD	LBH		
8.3	People with autism feel safe in their community	a)invite Community Safety Manager to join Partnership Board	LBH	May 2019	People with autism feel their concerns about being safe will be heard and suitable advice given
		b)Invite Metropolitan Police to join Partnership Board	LBH	May 2019	
8.4	Young people with autism have appropriate life skills	a)to seek to continue and extend the Routes 4 Life provision			



CABINET

Subject Heading:

Removal of Parking Related Covid19 Support Measures

Cabinet Member:

Councillor Barry Mugglestone

SLT Lead:

Barry Francis

Director of Neighbourhoods

Report Author and contact details:

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Parking Manager

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Policy context:

Parking Strategy and Parking Operational Plan

Financial summary:

Removal of the Covid19 parking related support measures will reinstate income streams that were impacted as a result of the measures introduced. It is estimated this will be in the region of £1.000m per full financial year

Is this a Key Decision?

Yes. Significant effect on two or more Wards

When should this matter be reviewed?

Annually

Reviewing OSC:

Places Overview & Scrutiny Sub
Committee

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

SUMMARY

As part of the Councils response to the Covid19 pandemic, and the support to help recovery, a decision was made on 14th October 2020 to offer one hour free parking at all on-street Pay & Display locations in the borough. At the same time a further decision was made to offer a 20% discount in all Council car parks where payment is made via the cashless payment service (smart phone app).

The report can be viewed at the following link: [Decision - Paid for parking charges and Havering Hero permit | The London Borough Of Havering.](#)

The decisions to remove or reduce parking charges were made to support residents, businesses, visitors and key workers during and recovering from the consequence of the Covid-19 pandemic. As there are no longer any Covid19 restrictions in place this reports seeks to revert back to business as usual, pre Covid19.

RECOMMENDATIONS

It is recommended that the following measures are removed:

- The removal of the 20% discount in all Council Car Parks where payment is made via the cashless app;
- The removal of the one hour free on-street parking at all Pay & Display locations borough wide;
- To resume a charge of £1.50 for 0-1 hour parking at all on-street Pay & Display locations (which is consistent with pre-existing levels and car park tariffs).

REPORT DETAIL

Parking management is an important public service, which provides benefits to residents and businesses, motorists and the wider community. Those benefits include

- Contributing and supporting wider transport objectives such as reducing congestion, network efficiency.
- Encouraging active travel (walking and cycling) and public transport use
- Road safety
- Improving air quality and contributing to the Councils response to address climate change
- and helping to ensure access to goods and services. This is vital to ensure “turnover” in areas close to shops and availability to parking to support local traders

It is therefore important to re-establish normal paid for parking arrangements. This will help discourage short car journeys which contribute negatively to climate change and to free up valuable parking places to support local businesses with passing trade.

Provision for those who need to drive is maintained and Blue Badge holders will continue to be able to park free of charge (for up to three hours) in Council car parks and parking bays (as well as disabled bays and on yellow lines)

REASONS AND OPTIONS

The reasons setting out the decision are explained above.

Analysis has shown that parking (and driver behaviour) patterns have not returned to pre pandemic levels. The Council’s data shows that approximately one million on-street parking sessions were activated (either utilising the free one hour or paying for parking for over one hour and up to 3 hour sessions) in 2021/22. The removal of the free hour will likely lead to a reduction in parking sessions overall and for the purposes of analysis a figure of 30-40% reduction is assumed.

Now that the vast majority of payment received for parking is made via the cashless app (over 75%) many residents are now familiar with the app and use it regularly. Accordingly, it is not expected that the removal of the 20% discount in car parks for using the app will lead to any appreciable difference to the levels of use.

Appendix A (attached to this report) summarises the analysis and forecast financial impact as a result of this decision.

In summary it is forecast that £1.000m income per full financial year will be reinstated to the parking account as a result of removing the covid19 support measures

Reasons for the decision:

The Council needs to re-establish paid for parking in order to move back to Business as Usual with the removal of Covid restrictions and a return to normal daily life.

Other options considered:

To continue the one-hour free on-street parking and 20% discount. This option is not contributing positively to Climate Change or encouraging active travel. These options were introduced in order to support residents and businesses during Covid-19 and were made at a time when the use of public transport was advised against, except for essential business / travel. It is no longer considered necessary with the removal of all Covid restrictions.

IMPLICATIONS AND RISKS

Financial implications and risks:

The financial risk to the Council so far this year is significant due to the impact of free parking currently offered across the borough.

There has been a significant impact on revenue ordinarily achieved through the Parking account which will continue to be monitored and tracked going forward. Government funding for the financial impacts of COVID 19 have stopped.

It is anticipated that an increase in income of up to £0.771m in a full year could be achieved if we assume a return to a charge of £1.50 for 0-1hour parking, on-street, with a 40% reduction in transactions, based on transactions to end June 2022 for this financial year.

Based on current data and pricing arrangement, including the 20% discount, it is estimated the Council would receive £1.2m in income from cashless transactions per full year. Therefore by removing the 20% discount from car park cashless transactions we would expect to see a further increase in income of £0.240m per full year.

Legal implications and risks:

The Council as Highway and Traffic Authority has the power to restrict and regulate traffic under the Road Traffic Regulation Act 1984 (“RTRA 1984”). The RTRA 1984 includes provision for the variation of off-street and on-street parking charges under sections 35C and 46A respectively.

There is no statutory requirement for the Council to consult on proposals to vary parking charges. However, the Council must publish notice of variation prior to any variation coming into force.

In making a variation to parking charges the Council should ensure that the statutory procedures set out in Part V of the Local Authorities Traffic Orders (Procedure) (England & Wales) Regulations 1996 (SI 1996/2489) are complied with.

Section 122 RTRA 1984 imposes a general duty on local authorities when exercising functions under the RTRA. It provides, insofar as is material, to secure the expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking facilities on and off the highway. This statutory duty must be balanced with any concerns received over the implementation of the proposals.

Human Resources implications and risks:

There are no HR implications or risks arising directly as a result of this decision.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: ‘Protected characteristics’ are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

An EQHIA has not been carried out as these changes will affect all members of the public including those with disabilities or those with additional needs but assurance is given that Disabled persons will not be disadvantaged.

Health and Wellbeing implications and Risks

The council has a statutory duty to keep traffic moving and this must be adhered to. The removal of free short stay parking will discourage some motorists from making short journeys, by car, to local businesses thus contributing to Climate Change.

BACKGROUND PAPERS

On 14th October 2020 a decision was made to offer one free parking at all on-street Pay & Display locations. The report can be viewed at [Decision - Paid for parking charges and Havering Hero permit | The London Borough Of Havering](#). The same report detailed a decision to offer a 20% discount in all Council car parks where payment is made via the cashless service.

OTHER ITEMS

Appendix A.. – On and Off Street Analysis including Cashless (2021/22 and 2022/23)

**ON STREET TOTAL SESSIONS FORECAST
BASED ON PREVIOUS ACTIVITY 22/23**

	April	May	June	July	August	September	October	November	December	January	February	March	Total	Profile %	
1hr or less	72,530	70,782	70,749	87,937		82,064	83,917	84,400	84,468	75,981	67,764	69,566	83,169	933,326	88.54%
1hr to 2hr	6,318	6,586	6,265	7,153		6,704	6,942	6,939	7,241	6,302	6,320	6,692	7,977	81,439	7.73%
2hr to 3hr	3,135	3,199	2,992	3,409		3,198	3,320	3,315	3,491	3,016	3,099	3,302	3,933	39,410	3.74%
Total:	81,983	80,567	80,006	98,499		91,967	94,179	94,654	95,200	85,299	77,183	79,560	95,078	1,054,175	100.00%

Assume

£1.50 per hour	Actual Sessions 22/23, to end June	214,061.00
£2.50 per hour	Forecast sessions assuming 40% reduction	128,436.60
£3.50 per hour	Annual Projection	513,746.40
40% drop in business for first hour (2 and 3 no change)	Annual expected income following removal of free 1 hour and assumed reduction	<u>770,619.60</u>

	Apr-22	May-22	Jun-22	Jul-22	TOTAL	Forecast
516180-CAR PARKING FEES - OFF STREET INCOME						
0000-No Account	11,356.75	30,212.20	19,965.20	26,638.86	88,173.01	
6176-Cashless Transactions	129,410.90	123,218.90	128,388.60	120,613.50	501,631.90	
Grand Total	140,767.65	153,431.10	148,353.80	147,252.36	589,804.91	1,769,414.73
6176-Cashless Transactions	129,410.90	123,218.90	128,388.60	120,613.50	501,631.90	
20% VAT	(25,882.18)	(24,643.78)	(25,677.72)	(24,122.70)	(100,326.38)	
Net Position	103,528.72	98,575.12	102,710.88	96,490.80	401,305.52	1,203,916.56
Cashless Income to date (April - Jul)	401,305.52					
Annual Cashless Forecast income	1,203,916.56					
Additional 20%	240,783.31					

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