Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 16 April 2026

ADDENDA

6. Chair's Update (Pages 3 - 20)

The Chair will provide a verbal update on relevant issues since the last meeting.

A request for information has been submitted on behalf of the Oxfordshire Joint Health Overview and Scrutiny Committee seeking assurance regarding the timeliness and oversight of Learning from Lives and Deaths of people with a learning disability and autistic people (LeDeR) reviews. The request was for a brief written update from the Integrated Care Board to the Committee covering:

1. Current performance against NHS England LeDeR Key Performance Indicators (including completion timescales) and the current backlog position.
2. Governance and accountability: where LeDeR sits in Oxfordshire/Thames Valley quality governance; and how learning/actions are tracked to completion.
3. Capacity and resilience of the LeDeR function (local area contact/reviewer capacity; Quality Assurance arrangements).
4. Recovery actions and milestones for bringing timeliness back on track (if applicable), and evidence of impact from learning.

The Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee (BOB JHOSC) convened its last meeting on 17 March 2026. Given the establishment of a new Thames Valley Integrated Care Board (ICB) with a new geography, a proposal will be submitted to all the local authorities within the new ICB boundaries to formally dissolve the BOB JHOSC and to establish a new Thames Valley JHOSC.

A letter was sent to the Chief Executive and Chair of Oxford University Hospitals NHS Foundation Trust on behalf of the Committee in relation to maternity services. The letter includes a request for clarification regarding errors in the data submitted in the report to the Committee on maternity services. This letter can be found in the agenda papers for this item.

A HOSC report containing recommendations on maternity services was submitted on behalf of the Committee to Oxford Health NHS Foundation Trust. This can be found in the agenda papers for this item.

A HOSC report containing recommendations on the Oxfordshire Learning Disability Plan was submitted on behalf of the Committee to system partners. This can be found in the addenda papers for this item.

Given that there remains one vacant cooptee post on the Committee, a formal recruitment exercise will be initiated, with the aim of recruiting a third co-optee member of the Committee by the next meeting in June.

The Committee is recommended to **NOTE** the Chair's update having raised any relevant questions.

9. Update on the development of the All-Age Autism Strategy (Pages 21 - 70)

Karen Fuller (Director of Adult Social Care, Oxfordshire County Council) has been invited to present a report on the ongoing development of an All-Age Autism Strategy for Oxfordshire.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

PLEASE NOTE: The report for this item is to follow and will be published as an addenda.

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC):

Oxfordshire Learning Disability Plan

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- Karen Fuller (Director of Adult Social Care).
- Bhavna Taank (Head of Joint Commissioning - Live Well).
- Clair Taylor (My Life My Choice Project Co-ordinator).
- Alex Wheeler (Senior Joint Commissioning Officer).

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report on the Oxfordshire learning disability plan for adults during its public meeting on 29 January 2026.

2. The Committee would like to thank Bhavna Taank (Head of Joint Commissioning - Live Well); Clair Taylor (My Life My Choice Project Co-ordinator); and Alex Wheeler (Senior Joint Commissioning Officer).
for attending the meeting and answering questions from the Committee.

3. The topic of adult learning disabilities is of significant interest and concern to the HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by Oxfordshire County Council and its NHS partners to improve services for adults with learning disabilities. The Committee is also aware of some of the health challenges affiliated with learning disabilities.

4. Upon commissioning the report for this item, some of the insights the Committee sought to receive were as follows:

   - The nature of this plan and its development.

   - The role of coproduction in the development of the plan.

   - Whether the plan will be continually reviewed, and of so are there timescales and intervals for this?

   - The input from lived experience in the plan’s design and planned implementation.

   - The governance surrounding the plan’s implementation and the role of key system partners in developing the plan.

- The role of the voluntary sector in the context of the plan's development and in the provision of services for adults with learning disabilities.

SUMMARY

5. During the 29 January 2026 meeting, the Director of Adult Social Care highlighted the strong foundations of co-production that had shaped the plan and emphasised the positive atmosphere surrounding its development. It was noted that the plan had recently been discussed at Cabinet, where its formal signing and subsequent media coverage had been warmly received, reflecting a strong endorsement of the work undertaken.

6. The My Life My Choice Expert by Experience that was present in the meeting described the empowerment gained through the co-production process and illustrated how lived experience had helped frame the plan's priorities. It was also explained that the plan aligned closely with both local frameworks and wider national policy.

7. The discussion moved into the structure of future reviews, and Officers explained that although the plan had originally been designed for formal reviews at three-, five- and seven-year points, this structure had been amended following feedback gathered through the World Café engagement event. People with learning disabilities had expressed a preference for an earlier review to ensure timely reflection and the ability to respond more dynamically to changing needs.

8. Discussion then shifted to system-wide commitments, particularly in relation to the pact signed between Oxfordshire County Council and My Life My Choice. Officers confirmed that the Council took pride in having signed the pact, which contained practical commitments shaped directly through lived experience. These included promoting access to work, supporting good housing and facilitating independence. Some commitments, such as improving recruitment into social care, were already being advanced through joint work with advocacy groups. However, Officers recognised that wider system commitments, including those shared across health, social care and voluntary organisations, required further development. They highlighted the goal of strengthening integration between health and care and ensuring that commissioning decisions, service planning and housing alignment were conducted transparently and in line with the needs of people with learning disabilities.

9. The early priorities for addressing inequalities were then discussed in detail. Officers explained that the initial focus within the first one to three years would be on the most significant and well-evidenced inequalities disproportionately affecting people with learning disabilities. These included poorer access to healthcare, higher prevalence of co-existing conditions such as epilepsy and sensory impairments, and persistent barriers experienced by people from ethnic minority communities. They emphasised the importance of improving access to and quality of annual health checks, addressing disparities in life expectancy and tackling negative experiences within NHS settings. Subgroups

had already begun examining data relating to dentistry, pain management, health checks and wider health inequalities to establish baseline measures. Officers confirmed that KPIs were being developed and would continue to evolve as new insights and lived-experience contributions emerged.

10. System-wide collaboration was also explored in the discussion, with officers emphasising that the Learning Disability Plan had been developed jointly across health, social care and the voluntary sector. This collaborative approach created valuable opportunities to improve pathways such as annual health checks, early intervention and community support. Officers highlighted the role of joint commissioning teams, which operated across organisational boundaries and allowed for better alignment of priorities and monitoring. The Learning Disability Improvement Board would review progress, enabling system partners and experts by experience to challenge inconsistencies and identify any gaps in delivery. Officers reiterated that consistent improvement, particularly in areas such as epilepsy management or the avoidance of unnecessary hospital admissions, depended on strong, integrated governance, shared data and the sustained use of lived experience to inform decisions.

11. Further emphasis in the discussion was placed on ensuring that adults with learning disabilities felt genuinely empowered when seeking employment, particularly where employment might affect their benefits. Officers explained that empowerment formed a central principle of the plan and that a wide range of existing support, including workplace coaching, advocacy services and detailed benefits advice, helped to ensure people made informed, confident decisions. They described how advocacy organisations offered travel training, peer support and guidance tailored to individual needs, while social care teams regularly assisted with navigating the benefits system as part of transition planning. This approach was designed to ensure people felt supported and informed throughout their employment journey.

KEY POINTS OF OBSERVATION:

12. This section highlights four key observations and points that the Committee has in relation to the Oxfordshire Learning Disability Plan (and adult learning disability services more broadly). These four key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

    Event to share progress and good practice on learning disabilities: The Oxfordshire Learning Disability Plan is explicitly designed as a ten-year framework, underpinned by regular review points, dynamic workplans, and sustained involvement of people with lived experience, families, carers, voluntary organisations and statutory partners. Within this context, an anniversary event is not a symbolic or celebratory gesture alone, but a practical mechanism for accountability, learning, system leadership and cultural change.

The Committee understands that the Oxfordshire Learning Disability Plan was developed through extensive engagement and consultation, including open focus groups, self-advocacy groups, and a World Café–style event that brought together people with learning disabilities, families and professionals in a shared learning environment (as set out in Annex 4 of the report submitted to the Committee for this item). This approach aligns strongly with national expectations that learning disability strategies should be co-produced and should continue to involve people with lived experience throughout delivery, not merely at the design stage. National guidance from NHS England and the Department of Health and Social Care emphasises that sustained engagement is essential to reducing health inequalities and improving outcomes for people with learning disabilities, particularly in relation to prevention, access to services and community-based support[1].

An anniversary event offers a structured opportunity to return to the people who helped shape the Plan and demonstrate how their input has influenced real-world change. Research on public sector accountability suggests that visible, participatory review moments strengthen trust between institutions and communities, particularly where strategies relate to marginalised groups. One particular study on public accountability highlights that accountability is most effective when it is dialogic rather than purely report-based, enabling shared reflection rather than one-way performance reporting[2]. An anniversary event creates precisely such a dialogic space, allowing partners to present progress while also hearing challenge, reflection and lived experience perspectives.

The Committee understands that from a system-leadership perspective, the Oxfordshire Learning Disability Plan is explicitly delivered at “place” level, drawing together Oxfordshire County Council, NHS partners, district councils, voluntary organisations and provider organisations under the oversight of the Learning Disability Improvement Board. Place-based working, as promoted through Integrated Care Systems, relies on shared ownership, mutual learning and alignment across organisations. National evaluations (including from the King’s Fund) of place-based approaches in health and social care have found that learning events and shared reflective spaces are critical to sustaining collaboration over time, particularly in complex systems where no single organisation has full control[3].

---

[1] https://www.england.nhs.uk/learning-disabilities

[2] https://academic.oup.com/book/7082

[3] https://www.kingsfund.org.uk/insight-and-analysis/reports/place-based-systems-of-care

An anniversary event can help provide a focal point for this shared ownership. It allows partners to step outside routine governance meetings and consider the cumulative impact of their work across themes such as “Having a Good Life”, “Health and Wellbeing”, “Having a Place to Live” and “Homes not Hospitals”, which are set out in *Annex 1 – Oxfordshire Learning Disability Plan 2025–2035*. Importantly, it also supports the cross-cutting priorities identified in the Plan, including workforce development, transitions, equality and assistive technology, by enabling learning to be shared across thematic boundaries rather than remaining siloed within individual sub-groups.

There is also a strong quality-improvement rationale for such an event. The dynamic workplans in *Annex 2* of the report submitted to the Committee for this item repeatedly emphasise the importance of sharing good practice, learning from what is “good now”, and spreading effective approaches across services. For example, Theme One explicitly identifies the need to “share areas of good practice with others to develop services”. An anniversary event offers a structured mechanism to do this at scale, allowing providers, professionals and experts by experience to showcase initiatives that have improved outcomes, reduced inequalities or enhanced inclusion. Several studies on improvements to health an care services in the United Kingdom consistently show that peer-to-peer learning and storytelling are powerful drivers of change, often more effective than written guidance alone[4].

Examples from other areas of the country reinforce this argument. In Greater Manchester, annual learning disability partnership events have been used to bring together local authorities, NHS organisations, providers and self-advocates to review progress against the Greater Manchester Learning Disability Strategy, share practice on employment, health checks and community inclusion, and set shared priorities for the year ahead[5]. Evaluations of this approach have highlighted improved consistency across localities and stronger relationships between statutory and voluntary sector partners. Similarly, West Yorkshire Integrated Care Board has supported annual learning disability and autism conferences focused on progress against Building the Right Support, enabling local learning to inform system-wide commissioning and service redesign[6].

There is also a clear link between anniversary events and workforce development. The Oxfordshire Learning Disability Plan and the associated Physical Health Strategy for Oxfordshire place significant emphasis on training, reasonable adjustments, and the involvement of

---

[4] https://www.health.org.uk/publications/quality-improvement-made-simple
[5] https://www.gmhsc.org.uk/learning-disability-and-autism
[6] https://www.wypartnership.co.uk/our-priorities/learning-disability-and-autism

experts by experience in educating professionals. Academic research shows that narrative-based learning, where staff hear directly from people with lived experience, can significantly improve attitudes, confidence and practice among health and social care professionals[7]. An anniversary event provides a natural platform for such learning, reinforcing the Plan's commitment to co-production and strengths-based approaches.

Finally, the recommendation for an event to share progress and good practice also aligns strongly with the ethical and legal foundations underpinning the Plan. The Care Act 2014 places a duty on local authorities to promote individual wellbeing and to involve people in decisions that affect them[8]. An anniversary event is a tangible expression of this duty, demonstrating that people with learning disabilities are not merely subjects of policy but active partners in shaping and reviewing it. It also supports the Human Rights–based emphasis on participation, dignity and respect that runs throughout the Oxfordshire Learning Disability Plan.

In summary, the recommendation that partners at place consider an anniversary event to share progress and good practice is grounded in the design of the Oxfordshire Learning Disability Plan itself, supported by national policy, reinforced by academic evidence, and validated by practice in other areas of the country. Such an event would strengthen accountability, support continuous improvement, embed co-production, and sustain momentum over the life of a ten-year strategy. For these reasons, it represents a proportionate, practical and strategically sound recommendation from the Oxfordshire Joint Health Overview and Scrutiny Committee.

Recommendation 1: *That partners at place consider an anniversary event to share progress and good practice.*

Importance of outcome measures for the strategy and deliverables: The Committee understands that the Oxfordshire Learning Disability Plan 2025–2035 is explicitly designed as a ten-year strategy, supported by dynamic work plans, thematic sub-groups and oversight by the Learning Disability Improvement Board (as set out in Annex 1 of the report submitted for this item). It spans four substantial thematic areas—Having a Good Life, Health and Wellbeing, Having a Place to Live, and Homes not Hospitals—supported by cross-cutting priorities such as workforce development, transitions and equality. The breadth of this scope makes it essential that outcomes, rather than simply activities, are clearly articulated and monitored. Academic literature on long-term

---

[7] https://www.sciencedirect.com/science/article/pii/S1755458620300413

[8] https://www.legislation.gov.uk/ukpga/2014/23/contents

public service strategies consistently emphasises that clarity around outcomes is a prerequisite for accountability, particularly where delivery responsibilities sit across multiple organisations rather than within a single accountable body[9].

The dynamic work plans contained in Annex 2 of the report submitted to the Committee already demonstrate a strong commitment to specifying actions and indicative measures of success, such as improved access to health checks, increased community opportunities, and reductions in inappropriate hospital admissions. However, the Committee rightly seeks to ensure that these are further developed into a coherent outcomes framework that allows progress to be assessed in the round. This aligns with national guidance on outcomes-based commissioning and service evaluation, which stresses the importance of distinguishing between outputs (what has been done) and outcomes (what has changed for people)[10].

Preparing such outcome measures specifically for scrutiny by the Committee in 2027 is also well-judged in temporal terms. The Plan itself anticipates formal review points at years three, five and seven, recognising that a ten-year strategy must remain adaptable to changing needs, system pressures and policy context. A scrutiny review in 2027 therefore coincides with an important early milestone: far enough into implementation for meaningful patterns to emerge, but early enough for learning to inform subsequent phases of delivery. Research into adaptive governance highlights that early formative evaluation points are critical in long-term programmes, as they allow systems to course-correct before approaches become embedded and hard to change[11].

In addition, the Committee is recommending that partners at place level provide a statement on their respective roles and contributions to learning disability services. This is particularly significant in the context of integrated care and place-based working. The Oxfordshire Learning Disability Plan is not owned or delivered by a single organisation; rather, it depends on coordinated action by Oxfordshire County Council, NHS organisations, district councils, voluntary and community sector partners, and commissioned providers. National policy on Integrated Care Systems emphasises that successful place-based delivery requires clarity of roles alongside flexibility, and an honest assessment of interdependencies[12].

---

[9] https://academic.oup.com/book/7082

[10] https://www.gov.uk/government/publications/outcomes-based-commissioning

[11] https://www.tandfonline.com/doi/full/10.1080/14719037.2017.1340508

[12] https://www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-systems-explained

A collective partner statement supports this by making explicit how responsibility is distributed across the system. It also mitigates a common risk in multi-agency strategies, whereby accountability becomes diffuse and progress is difficult to attribute. Academic studies of collaborative governance consistently identify role ambiguity as a barrier to effective collaboration, particularly in complex systems serving people with multiple needs[13]. By requiring partners to articulate their contributions, the recommendation strengthens transparency without undermining the collaborative ethos of the Plan.

Crucially, the as part of its recommendation, the Committee would like such a statement to go beyond formal role descriptions to include reflection on what has supported and hindered collaboration in practice. This element aligns strongly with the learning-oriented approach embedded in the Oxfordshire Learning Disability Plan, which repeatedly emphasises sharing good practice and learning from challenges. Annex 4 of the report submitted to the Committee demonstrates that people with learning disabilities and their families value honesty about where services work well and where they do not. Extending this honesty to system-level collaboration supports a culture of improvement rather than blame.

Evidence from other areas of the country supports the value of such reflective partner statements. In Greater Manchester, periodic system reviews of learning disability and autism programmes have included partner reflections on collaboration, particularly in relation to Building the Right Support and Homes not Hospitals initiatives. These reflections have been used to identify systemic barriers, such as workforce shortages and data-sharing constraints, and to inform subsequent commissioning and service redesign[14]. Similarly, West Yorkshire has used joint system statements to accompany scrutiny and assurance reports, explicitly identifying enablers and barriers to partnership working as part of its learning disability improvement programme[15].

From a scrutiny perspective, this recommendation also strengthens the JHOSC's ability to exercise its statutory role under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations. Effective scrutiny depends not only on data, but on narrative context that explains why progress has or has not been achieved. Studies of health scrutiny have found that committees are most effective when they are able to scrutinise system behaviour and relationships, rather than focusing solely on performance indicators in isolation[16]. A

---

[13] https://onlinelibrary.wiley.com/doi/10.1111/j.1540-6210.2006.00620.x
[14] https://www.gmhsc.org.uk/learning-disability-and-autism/
[15] https://www.wypartnership.co.uk/our-priorities/learning-disability-and-autism
[16] https://www.health.org.uk/publications/reports/effective-health-scrutiny

partner statement on collaboration provides this contextual lens, enabling the JHOSC to make informed, proportionate recommendations.

Finally, the recommendation has a clear ethical dimension. The Care Act 2014 requires local authorities and partners to promote wellbeing and to involve people meaningfully in decisions affecting their lives[17]. Outcome measures grounded in lived experience, combined with honest system-level reflection, can help ensure that the Learning Disability Plan remains focused on real improvements in people's lives rather than just procedural compliance. Preparing these materials for scrutiny in 2027 reinforces the principle that long-term strategies must remain accountable not only to governance bodies, but ultimately to the communities they serve.

Recommendation 2: *For outcome measures to be developed on all due deliverables, and for this to be prepared for scrutiny by the JHOSC in 2027. It is recommended that there is a statement from all partners at place level on their roles and contributions to LD services, and on what has supported and hindered collaboration.*

Improving the quality of annual health reviews: Annual health reviews and checks are a critical mechanism through which the health system seeks to identify unmet needs, prevent avoidable deterioration and address the significant life expectancy gap experienced by people with learning disabilities. National data consistently shows that people with learning disabilities experience markedly poorer physical and mental health outcomes than the general population, with women dying on average 23 years younger and men 20 years younger, largely from preventable or treatable conditions[18]. Within Oxfordshire, the Learning Disability Physical Health Strategy explicitly recognises these inequalities and identifies annual health checks as a core tool for early identification and intervention (as set out in Annex 3 of the report submitted to the Committee).

However, research and inspection evidence demonstrate that the effectiveness of annual reviews depends not simply on completion rates, but on their quality, consistency and person-centredness. Studies of annual health checks for people with learning disabilities have shown that while uptake has improved nationally, variability in quality remains significant, with some reviews becoming overly transactional or clinically narrow, failing to address wider determinants of health, mental wellbeing, or reasonable adjustments[19]. The Committee is recommending that people with Learning Disabilities, paid and unpaid carers, and health staff undertaking annual reviews are empowered to improve the quality of annual reviews. This therefore reflects an understanding that improving

---

[17] https://www.mencap.org.uk/advice-and-support/social-care/care-act

[18] https://leder.nhs.uk/images/aflreport2324/action-from-learning-report-22-24/

[19] https://www.kingsfund.org.uk/insight-and-analysis/blogs/annual-health-checks-learning-disability

quality requires empowerment across the whole system, including those receiving reviews, those supporting them, and those delivering them.

The Oxfordshire Learning Disability Plan places strong emphasis on people being treated as experts in their own lives, with their voices shaping care and support. This is reinforced throughout Annex 1 of the report submitted to the Committee, which highlights person-centred and strengths-based approaches as core principles. Empowering people with learning disabilities to influence the quality of their annual reviews aligns directly with these principles. Academic literature on shared decision-making and patient empowerment consistently shows that when individuals are supported to understand the purpose of reviews, prepare for them, and express what matters to them, reviews are more likely to result in meaningful actions and sustained improvements[20].

Paid and unpaid carers also play a pivotal role in the effectiveness of annual reviews. Carers often hold crucial knowledge about changes in behaviour, communication, physical health and emotional wellbeing, particularly for people with profound and multiple learning disabilities. The Oxfordshire Physical Health Strategy acknowledges the importance of carer involvement in identifying deterioration and supporting proactive care planning. Empowering carers to contribute confidently and systematically to annual reviews helps to ensure that reviews capture real-world experiences rather than isolated clinical snapshots. Research on carer involvement demonstrates that structured carer input improves continuity of care and reduces the risk of missed diagnoses or inappropriate treatment[21].

Health staff undertaking annual reviews, particularly in primary care, are also central to improving quality. While annual health checks are a contractual requirement within the GP contract, evidence from the Learning from Lives and Deaths (LeDeR) programme indicates that variability in staff training, confidence and understanding of reasonable adjustments continues to affect the quality of interactions and outcomes[22]. Empowerment in this context is not about increasing burden, but about equipping staff with the tools, training and specialist support needed to undertake reviews well, including adequate time, accessible resources and clarity about follow-up actions. This aligns with the Oxfordshire Plan's commitment to joint training and co-delivery with Experts by Experience, particularly under Theme Two: Health and Wellbeing.

---

[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6492310

[21] https://www.sciencedirect.com/science/article/pii/S0149718917303667

[22] https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-deaths/

Practice from other areas around the country reinforces the value of this tri-partite empowerment approach. In Cornwall, for example, GP practices have worked alongside people with learning disabilities and local advocacy organisations to co-design annual health check templates and preparatory materials, resulting in improved patient satisfaction and more actionable outcomes[23]. Similarly, in Greater Manchester, system partners have supported training programmes that bring together GPs, carers and self-advocates to explore what "good" looks like in an annual review, drawing on lived experience to improve practice and confidence[24].

Academic studies of quality improvement in primary care underline that improvements are most sustainable when they are co-produced with those who use services and those who deliver them. One study in the British Medical Journal described effective healthcare improvement as the "co-production of health", requiring active partnership between patients, families and professionals rather than unilateral professional control[25]. The JHOSC recommendation reflects this evidence base by explicitly recognising that quality is jointly created and therefore jointly improvable.

This recommendation also has important equity implications. People with learning disabilities may experience communication barriers, diagnostic overshadowing and reduced access to reasonable adjustments during reviews. Empowerment initiatives—such as accessible preparation materials, health passports and supported decision-making—help to mitigate these barriers and support compliance with the Equality Act 2010 and the duty to make reasonable adjustments[26]. The Oxfordshire Learning Disability Plan explicitly commits to improving access and fairness within health services, and empowering participants in annual reviews is a practical expression of this commitment.

In essence, the recommendation that people with learning disabilities, paid and unpaid carers, and health staff undertaking annual reviews are empowered to improve the quality of those reviews is firmly grounded in the nature of the Oxfordshire Learning Disability Plan, is supported by national policy, is reinforced by academic research, and validated by practice elsewhere in the country. It recognises that annual reviews are a critical intervention point in reducing health inequalities, and that their effectiveness depends on genuine partnership, shared knowledge and mutual empowerment. The Oxfordshire JHOSC promotes a model of

---

[23] https://www.cornwall.gov.uk/health-and-social-care/learning-disability/
[24] https://www.gmhsc.org.uk/learning-disability-and-autism/
[25] https://qualitysafety.bmj.com/content/25/7/509
[26] https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-guidance

care that is preventative, person-centred, and capable of delivering sustained improvements over the life of the ten-year Plan.

Recommendation 3: *That people with Learning Disabilities, paid and unpaid carers, and health staff undertaking annual reviews are empowered to improve the quality of annual reviews.*

Further Engagement with People with Learning Disabilities, Autism and Epilepsy, and the Timely Involvement of Voluntary Sector Organisations: The recommendation that there be further engagement with people with learning disabilities, autism and epilepsy, and that relevant voluntary sector organisations—alongside their experts by lived experience—are engaged in a timely way, reflects a core concern of the Committee. This is that preventable harm, avoidable or prolonged hospital admissions, and early deaths continue to arise where systems fail to listen early enough, learn systematically, or act collaboratively across organisational boundaries. Within the context of the Oxfordshire Learning Disability Plan 2025–2035, this recommendation reinforces the centrality of lived experience, early prevention and community-based practice in improving outcomes.

The Oxfordshire Learning Disability Plan is explicit in its commitment to co-production and meaningful involvement of people with lived experience, families, carers and voluntary sector organisations. As set out in Annex 1 of the report submitted to the Committee, the Plan was developed through extensive engagement, including focus groups, self-advocacy groups and a World Café–style event, ensuring that lived experience informed both priorities and design. However, the Plan also recognises—implicitly through its emphasis on dynamic work plans and iterative review—that engagement must be sustained throughout delivery, not confined to strategy development. The JHOSC recommendation rightly highlights the need to extend and deepen this engagement, particularly in relation to people with learning disabilities, autism and epilepsy, whose health risks and care pathways often intersect but are not always addressed in an integrated way.

The significance of epilepsy in this context warrants particular attention. Epilepsy is substantially more prevalent among people with learning disabilities and autistic people than in the general population, and it is a known contributor to premature mortality, including sudden unexpected death in epilepsy (SUDEP). National evidence indicates that people with learning disabilities and epilepsy are at significantly higher risk of avoidable deaths, often linked to gaps in coordination, lack of specialist input, or insufficient understanding of risk factors across services[27]. The Learning Disability Physical Health Strategy for Oxfordshire explicitly

---

[27] https://www.nhs.uk/conditions/epilepsy/epilepsy-and-learning-disabilities

references learning from the LeDeR programme, which has repeatedly identified epilepsy and seizure management as areas where better coordination and earlier intervention could have prevented harm[28].

Further engagement with people who have lived experience of learning disability, autism and epilepsy is therefore not simply desirable, but essential to effective prevention. Academic research demonstrates that people and families often hold early warning signs of deterioration—changes in behaviour, seizure patterns, communication or mood—that predate crises or admissions, but that these signals are frequently overlooked in fragmented systems[29]. Structured and ongoing engagement enables systems to capture this experiential knowledge and translate it into safer, more responsive care pathways.

The recommendation also highlights the critical role of voluntary sector organisations, particularly those rooted in lived experience. Organisations such as epilepsy charities, autism advocacy groups and learning disability self-advocacy networks often operate closest to individuals and families, providing peer support, education, early advice and navigation through complex systems. The Oxfordshire Learning Disability Plan already acknowledges the contribution of organisations such as My Life My Choice and Oxfordshire Family Support Network in engagement, advocacy and community development. The JHOSC recommendation builds on this by emphasising the importance of timely engagement, ensuring that voluntary sector expertise informs service design and prevention strategies from the outset rather than retrospectively.

Evidence from across England supports this approach. In Leicestershire and Rutland, systematic involvement of epilepsy charities and learning disability advocacy groups within local "communities of practice" has strengthened professional understanding of epilepsy risk, improved care coordination and contributed to reductions in avoidable admissions[30]. Similarly, in Greater Manchester, voluntary sector-led communities of practice on learning disability, autism and mental health have been used to share learning from serious incidents and LeDeR reviews, enabling frontline professionals to adapt practice and improve early intervention[31].

The concept of communities of practice is particularly relevant to this recommendation. Communities of practice bring together practitioners, people with lived experience and voluntary sector organisations to learn collectively, share tacit knowledge and improve practice over time.

---

[28] https://leder.nhs.uk/learning-from-lives-and-deaths/
[29] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30888-2/fulltext
[30] https://www.nhslrutland.co.uk/learning-disability
[31] https://www.gmhsc.org.uk/learning-disability-and-autism

Academic literature suggests that communities of practice are especially effective in complex fields such as learning disability and epilepsy care, where challenges cut across professional boundaries and clinical guidelines alone are insufficient to drive change[32]. By engaging voluntary sector organisations and experts by lived experience, these communities can ground professional learning in real-world experience and support cultural change alongside technical improvement.

Preventing avoidable and prolonged hospital admissions is a recurring priority within the Oxfordshire Learning Disability Plan, particularly under Theme Four: Homes not Hospitals. The Plan aligns with national policy on Building the Right Support, which emphasises community-based provision, early intervention and shared responsibility across system partners to prevent unnecessary inpatient care[33]. Engagement with people with learning disabilities, autism and epilepsy—and with voluntary sector partners who understand the daily realities of managing risk in the community—is fundamental to making this ambition real. Research on avoidable admissions consistently highlights that breakdowns in communication, lack of continuity and failure to understand individual triggers are key drivers of crisis and admission[34].

The recommendation is also closely linked to the prevention of early deaths. LeDeR reviews have repeatedly demonstrated that many premature deaths among people with learning disabilities were potentially avoidable, with contributory factors including poor coordination, inadequate adjustments, and missed opportunities for escalation or intervention[35]. Engaging voluntary sector organisations with expertise in epilepsy, autism and learning disability enables systems to move beyond retrospective learning towards proactive prevention, embedding lessons into everyday practice through shared learning and peer support.

The Committee notes with concern the latest research on learning disability and epilepsy deaths over a ten year period which finds that people die on average at 56 years (36 for some ethnic minorities), some seven years younger than people with learning disability with any other condition[36]. LeDeR reports have consistently found a lack of appreciation and management of epilepsy risk. People with a learning disability who also have epilepsy account for 40% of all emergency admissions for

---

[32] https://onlinelibrary.wiley.com/doi/10.1002/casp.1719

[33] https://www.england.nhs.uk/learning-disabilities/care/building-the-right-support

[34] https://bmjopen.bmj.com/content/9/9/e030456

[35] https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-deaths

[36] Shanar R, Epilepsy-related premature mortality in adults with intellectual disability in England: a population-based analysis 2026 JNNP 97, issue 4

ambulatory care sensitive conditions for people with a learning disability and are more likely to be placed in out of county settings[37].

This recommendation being made by the Committee is against the backdrop of a previous JHOSC report to Oxfordshire County Council's Cabinet in 2024 and recommendations accepted by Oxfordshire County Council in 2025. Recommendations were accepted across the whole system because of the shared recognition of the vast impact of new national requirements for two specialist clinicians to sign off an epilepsy medication commonly used for treatment of the most dangerous seizure types which was experienced on top of a service which was already very overstretched with long waiting lists. The ICB Impact report predicted a wide range of harms including increased deaths. The South-East region has found rising deaths since the introduction of the new requirements.

The aforementioned JHOSC report to Cabinet and system partners shared learning from the Midlands where an independent regional report into the death of Clive Treacey had identified system wide failures in his care before his sudden death in a residential setting as well as systemic errors in the investigation of his death which was erroneously investigated as cardiac with his epilepsy ignored. Since then, the Midlands review has led to coproduction of new guidance for commissioners and providers of care which incorporates an evidence-based safety checklist piloted in Cornwall since 2016 which has reduced risks and deaths.

In Lincolnshire, advanced clinical practitioners in general practice have used the guidance and person-centred checklist in a proactive review of people with learning disability with epilepsy as part of a reasonable adjustment (as people with epilepsy and learning disability and carers are likely to be unaware and from September 2026 reasonable adjustments will be mandatory) and used this to liaise with the epilepsy nurse specialist for modification of treatment. The Primary Care Network (PCN) has planned a training to support annual reviews across the locality.

From a governance and scrutiny perspective, the recommendation being made by the Committee supports the JHOSC's role in promoting system learning rather than reactive assurance. Timely engagement with voluntary sector partners and lived experience experts helps ensure that strategies and action plans are informed by real risks and practical solutions, reducing the likelihood of repeated failings. It also aligns with the Care Act 2014's emphasis on wellbeing, prevention and participation,

---

[37] Jaydeokar S, Out of borough placements for people with learning disabilities 2004

reinforcing the duty to involve individuals and communities in shaping services that affect them[38].

Therefore, the recommendation for further engagement with people with learning disabilities, autism and epilepsy, and for the timely involvement of voluntary sector organisations and experts by lived experience, is both necessary and evidence-based. It responds to well-documented risks around avoidable admissions and early deaths, aligns with the Oxfordshire Learning Disability Plan's principles of co-production and prevention, and reflects national learning from LeDeR, Building the Right Support and integrated care policy. By strengthening communities of practice and embedding lived experience at the heart of prevention, Oxfordshire is better placed to deliver safer, more responsive care and to realise the long-term ambitions of its ten-year Learning Disability Plan.

Recommendation 4: *For there to be further engagement with people with a Learning Disability/autism and epilepsy, and that relevant voluntary sector organisations (with their experts by lived experience) are engaged with in a timely way; with a view to understanding what they can contribute to communities of practice and prevention of avoidable and long admissions to hospital and early deaths.*

Legal Implications

13. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.

14. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

15. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

---

[38] https://www.mencap.org.uk/advice-and-support/social-care/care-act).

16. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – (Chair)
District Councillor Dorothy Walker (Deputy Chair)
Councillor Ron Batstone
Councillor Gareth Epps
Councillor Emma Garnett
District Councillor Katharine Keats-Rohan
District Councillor Elizabeth Poskitt
District Councillor Val Shaw
City Councillor Louise Upton
Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

April 2026

Oxfordshire Joint Health Overview Scrutiny Committee – 16 April 2026

An All-Age Autism Strategy for Oxfordshire

Report by Karen Fuller

RECOMMENDATION

1. **Oxford Joint Health Overview Scrutiny Committee is RECOMMENDED to**

    a. agree to the content and principles outlined in the draft Oxfordshire All-Age Autism Strategy 2026.
    b. Note that the implementation plan for the draft Strategy continues to be developed through a co-produced approach
    c. Note that the financial implications of the draft Strategy have not yet been confirmed and will need to be assured prior to finalisation as part of the approval process
    d. Endorse the progression of the strategy and implementation plan for finalisation and approval at Oxfordshire Health and Wellbeing board in July 2026.

Executive Summary

2. The draft Oxfordshire All-Age Autism Strategy 2026 has been developed and shaped through wide public consultation and co-production with autistic individuals, families, professionals, and experts by experience. It was developed in response to national policy statutory requirements and local evidence and needs assessment.

    a. The draft Strategy aims to address key issues for people living with autism such as long waits for diagnosis, fragmented and overstretched services, limited awareness, barriers to education, employment, and community life, and inconsistent understanding of autism across sectors. A needs analysis in 2024 and 2025 confirmed continued health inequalities, lack of coordination between services, and challenges for families and autistic adults navigating available support.

    b. To create meaningful change, commitments include reducing diagnostic waits, expanding employment pathways, strengthening education and SEND practices, ensuring reasonable adjustments, preventing unnecessary hospital admissions, and improving housing and transitions. The draft Strategy has been developed and will need to be delivered through strong partnerships between Oxfordshire County Council, the NHS, education providers, voluntary groups, and organisations representing autistic people and families.

c. Oversight of the development of the draft Strategy has been provided by a countywide Autism Improvement Board co-chaired by the Head of Joint Commissioning – Live Well and an Expert-by-Experience, which brings together autistic people, health, education, social care, and community stakeholders.

d. Central to the draft Strategy is the recognition that effective progress requires long-term commitment, cultural transformation, and collective responsibility from all sectors involved in supporting autistic people in Oxfordshire. This is a co-produced draft Strategy where the voice of the autistic individual has been heard. It has been developed over several months with involvement from over 200 professionals, autistic individuals, experts by experience, family members and leaders within their field.

3. The draft Strategy is Annexe 1 to this report. It sets out the key principles developed by the Autism Improvement Board and those 6 priority areas that have been identified that will evidence its impact:

   a. **Community awareness:** Promoting understanding and acceptance of autism throughout Oxfordshire, reducing stigma and building inclusive, welcoming environments for all.
   b. **Supporting autistic children and young people in education, and positive transition to adulthood:** Ensuring autistic people can access the right learning pathways and are supported with the opportunities, adjustments and environments needed to thrive in education.
   a. **Health and care needs:** Providing responsive, person-centred health and social care that reflects the unique strengths, experiences and needs of autistic people across their lives.
   b. **Autism Assessment and Support:** Providing accessible pathways for diagnosis/confirmation. Ensuring clear, concise and concrete information is available to support autistic people and their families.
   c. **Housing and employment:** Providing information for employers to ensure autistic people can access opportunities, adjustments and are supported in environments to thrive in employment. Increasing knowledge and support for autistic people to have sustainable housing, to maintain tenancies, exit homelessness and have a safe home environment.
   d. **Criminal Justice system:** Autistic people will be supported through the criminal justice system, by providing early identification for support.

4. The Autism Improvement Board has created working groups to develop these priorities and identify next steps which will form the draft Strategy implementation plan.

5. The final draft Strategy and implementation plan will be presented to Oxfordshire Health & Wellbeing Board for approval and adoption in July 2026.

Background

6. The draft Oxfordshire All-Age Autism Strategy 2026 has been developed in response to national policy statutory requirements, alongside understanding of local needs, and evidence of poorer outcomes for autistic people. The national strategy for autistic children, young people and adults [National strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK] sets out expectations for all local areas to improve support, reduce inequalities, and ensure more consistent pathways across health, education and social care. Locally, there is long-standing recognition of significant gaps, particularly in relation to diagnosis waiting times, fragmented support, accessibility of services, and inconsistent community awareness, which has been demonstrated through a needs assessment exercise through Social Care in Excellence (SCIE). Earlier transformation programmes and pooled-budget arrangements established the foundations for joint commissioning and a more integrated approaches between social care and health.

7. The draft Strategy is grounded in neuro-affirmative, rights-based and strength-focused principles. It commits to:

    a. Co-production at all stages
    b. Trauma-aware practice
    c. Removing environmental barriers rather than expecting autistic people to change
    d. Using respectful, neuro-affirming language
    e. Moving away from functioning labels and deficit-based models
    This approach recognises autism as a lifelong identity and emphasises autonomy, safety, belonging and dignity.

8. The needs analysis undertaken by SCIE during 2024 and 2025 confirmed issues around health inequalities, lack of coordination across services, and barriers to participation in education, employment and community life. Engagement with families and autistic adults also highlighted challenges navigating support, a lack of timely information, and variable understanding of autism across all sectors.

9. The draft Strategy identifies six priority areas for improvement across the lifespan:

    a. Community awareness
    b. Housing and employment
    c. Health and social care
    d. CYP/Education-centred support
    e. Diagnosis
    f. Criminal justice systems

10. Autistic people and families across Oxfordshire consistently highlight systemic issues:

   a. Long waits, unclear pathways and inconsistent communication around diagnosis
   b. Limited community understanding and persistent stigma or misconceptions
   c. Overstretched or fragmented education, health and social care systems
   d. Barriers to employment and risk of exclusion from the workforce
   e. Poor accessibility in healthcare and inconsistent use of reasonable adjustments
   f. Transitions (e.g. to adulthood or between services) that are poorly co-ordinated, these challenges create avoidable distress, crises led pathways and unequal outcomes.

11. The draft Strategy will aim to address these identified barriers by addressing the priority areas for improvement through agreed measurable improvement plans.

12. Development of the draft Strategy has highlighted that community awareness of autism remains low, with stigma persisting, and that co-production and autistic representation in shaping services remains insufficient. It has also highlighted that poor support during life transitions increases vulnerability.

13. The draft Strategy has been developed and will be delivered as a partnership between Oxfordshire County Council, local NHS partners, education, children's services, the voluntary and community sector, and groups representing autistic people, carers and families.

14. Co-production has been central throughout development. Engagement activities have included:

    a. Targeted engagement and wide public consultation, including surveys, events and the needs assessment led to the first draft of the strategy being reviewed and further developed
    b. A countywide event was held on the 4th of December 2025 to review the first draft, which had more than 100 participants, providing detailed feedback on priorities, lived experience, and barriers to support.
    c. Ongoing involvement through fortnightly working groups, which consist of autistic adults, families, carers, professionals (including children and adult services) and provider organisations. Weekly review sessions have been held to further refine the strategy, which includes the positive re-enforcement of the language, structure and accessibility of the strategy.

15. Feedback from the autistic community via the engagement activity highlighted above has consistently highlighted the need for clearer pathways, improved communication, a stronger focus on community inclusion, and more practical guidance for organisations and the workforce.

16. An Autism Improvement Board has been established and is held bi-monthly, including autistic people, experts by experience, health, education and care partners. The Board is developing implementation approaches through task-and-finish groups and will provide assurance for delivery of the strategy. This board is co-chaired between the Head of Joint Commissioning (Live Well) and an expert-by-experience. This approach emphasises:

   a. Transparent monitoring of progress, wait times and service quality
   b. Evidence-informed priorities and shared leadership
   c. Stronger joint working across health, education, social care and community sectors
   d. Workforce training and confidence building
   e. Use of lived experience and data to drive continuous improvement

17. The draft Strategy acknowledges that meaningful change requires long-term commitment, cultural transformation, and collective responsibility across the whole county.

18. The Improvement Board has established a set of thematic task-and-finish groups to lead on each workstream with representation from the autistic community, carers, family members, community and voluntary partners, children's social care, adults social care and health. These working groups will support the Improvement Board to develop an implementation plan for the draft Strategy which will highlight deliverables, timelines and any resource or policy barriers that need to be considered in the implementation.

19. The development of the draft Strategy has several key dependencies that will need to be considered to as part of assurance for effective implementation of the workstreams:

   a. Local Government Reorganisation
   b. The Thames Valley Integrated Care Board operating model
   c. The development and implementation of NHS neighbourhood models of care
   d. The development and implementation of the SEND Reform Plan in 2026
   e. The Oxford City-led consultation on the Oxfordshire Homelessness Strategy
   f. The County Council-led Connect to Work programme
   g. Oxfordshire Carers Strategy

20. These dependencies together with resource challenges across the wider system in terms of planning and delivery will be considered as part of the development of the implementation plan. There are opportunities to build the draft All Age Autism Strategy into these dependent structures and planning and delivery programmes.

21. The ambition of the draft Strategy is to be a system-wide plan and that has been endorsed through the system wide co-production of the Strategy to date. The implementation plan will identify those requirements of the partners which will need to be considered and adopted by partners as part of individual organisational plans

22. Partner organisations will be asked to confirm their commitment to the actions set out in the implementation plan prior to finalisation of the Strategy. The All-Age Autism Strategy will be presented for agreement and adoption at the Oxfordshire Health & Wellbeing Board in July 2026.

Corporate Policies and Priorities

23. The Oxfordshire all-age autism strategy 2026 will help Oxfordshire County Council achieve priorities of the council's Strategic Plan:

    a. Tackling inequalities in Oxfordshire
    b. Prioritise the health and wellbeing of residents
    c. Support carers and the social care system

24. Oxfordshire County Council has a general responsibility when exercising its functions under the Care Act 2014 in respect of an individual, to promote that individual's 'well-being', as defined by Section 1 of the Act.

25. In doing so the local authority must have regard to several general principles set out in S1(3) of the Act which includes for example, the importance of beginning with the assumption that the individual is best placed to judge his or her well-being. By encouraging engagement in its consultation and the development of the all-age autism strategy 2026, Oxfordshire County Council is endeavouring to ensure that the recipients of services are able to contribute to decision making in a meaningful way.

26. The Act further requires that the authority meets the assessed eligible needs of those with care and support needs in its area, in the way that best promotes that individual's well-being and prevents or reduces the need for care and support. It is anticipated that the development of this strategy will ensure that the Council meets those statutory responsibilities in an effective and person-centred way.

Financial Implications

27. At this stage in the development of the draft strategy the financial implications have not been modelled. This will be vital to ensure that fully informed decisions can be made on the implementation. As part of the development of the final strategy and delivery plan further work will be completed to provide financial implications.

    a. Comments checked by: Thomas James, Head of Financial Services, thomas.james@oxfordshire.gov.uk

Legal Implications

28. The draft Oxfordshire All-Age Autism Strategy 2026 sets out the council's response to the National Strategy for Autistic Children, Young People and Adults: 2021–2026, issued pursuant to the Autism Act 2009 and supporting statutory Guidance.

29. Oxfordshire's Strategy details how the council will exercise its responsibilities under relevant legislation, (such as the Care Act 2014, Children and Families Act 2014 and wider equality duties), with its partners, to provide a clear, lawful and

coordinated framework to meet the needs of autistic children, young people and adults, in its area.

a. Comments checked by: Janice White, Principal Solicitor, ASC, SEND and Education Janice.white@oxfordshire.gov.uk

Staff Implications

30. There are no staff implications with this All-Age Autism strategy 2026 for the Council.

Equality & Inclusion Implications

31. An Equality Impact Assessment has been completed for the Oxfordshire all-age autism strategy 2026 (Appendix 2) and approved by the Deputy Director Joint Commissioning HESC. Regular reviews will be carried out to ensure that the Plan continues to promote inclusivity and ensures equality is considered in all parts of life for people with a learning disability.

Sustainability Implications

32. The All-Age Autism Strategy 2026 does not have any sustainability implications it is no way will impact on the ability of the council to meet climate or ecological commitments.

Risk Management

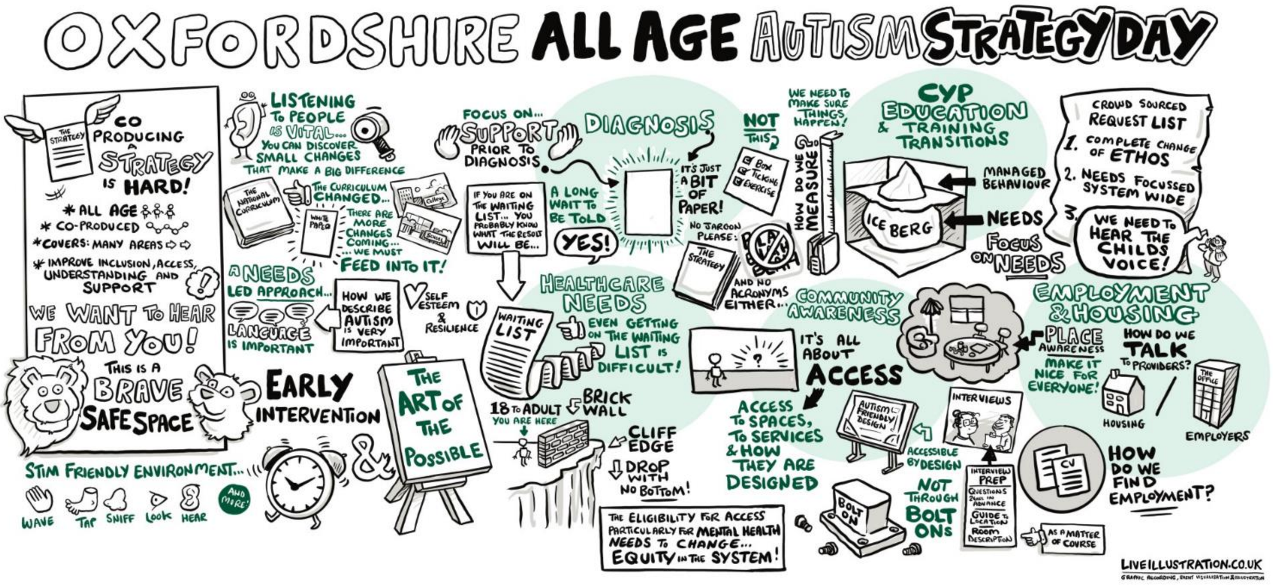
33. The Oxfordshire All Age Autism Strategy outlines the challenges for autistic people, including delays and inconsistencies in diagnosis, fragmented education and support systems, barriers to employment, overrepresentation among the homeless, difficulties in accessing health and social care, ongoing stigma, inconsistent use of neuro-affirming language, and inadequate support during life transitions. These risks are distributed across the health and care system and across several different providers. For the Council these risks will be clarified and mitigated through the development of an implementation plan which will be considered and approved by the Directors of Adult Services and Children, Education and Families prior to approval of the draft Strategy and recommendation to Oxfordshire Health & Wellbeing Board.

Consultations/Communication

34. A Data Protection Impact Assessment was carried out prior to the engagement stage of the Oxfordshire All-Age Autism Strategy.

a. The council’s Engagement and Consultation Team has been actively involved in the development of the Oxfordshire All-Age Autism Strategy 2026. Consultation phases of the plan have been carefully planned to ensure wider engagement with the public during the consultation period and wide co-production opportunities, prior to the proposed publication of the final Oxfordshire All-Age Autism Strategy 2026.

b. A formal consultation for the strategy has been completed via Let's Talk Oxfordshire platform, and meetings held with Key Stakeholders. We had more than 100 online responses from that survey, we held 7 in person sessions across 4 different sites and a mixture of times these were attended by a mixture of autistic individuals or those that represented or worked with autistic people. We had a further event that was held on the 4th of December in Oxford that those that attended felt set new standards for inclusive events including a quiet space, fiddle equipment and a comprehensive pre attendance pack including images of what to expect.



NAME
Karen Fuller, Director of Adult Social Care

Annex: *Annex 1: Draft Oxfordshire All-Age Autism Strategy March 2026*
Annex 2: Equality Impact Assessment

Background papers: NIL

[Other Documents:] NIL

Contact Officer: Derek Gravett-Smith (Strategic Commissioner, Live Well)
derek.gravett-smith@oxfordshire.gov.uk

April 2026

Oxfordshire All Age Autism Strategy 2026

Introduction

Welcome to Oxfordshire’s All-Age Autism Strategy.

This is a partnership strategy, jointly developed and owned by organisations, services and communities across Oxfordshire. It has been co-produced with autistic people and shaped through collaboration between:

- Oxfordshire County Council
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust (OUH)
- Oxfordshire Parent Carers Forum
- Autism Champions
- Response
- Experts by Experience

Every partner has played a role in developing this strategy. Autistic people, parent carers and other experts by experience will continue to contribute through co-production shaping, guiding and influencing this work.

Who this strategy is for

This strategy is for everyone.

Autistic people are part of every community in Oxfordshire in families, education settings, workplaces, neighbourhoods, public services and community groups. Creating an inclusive county is a shared responsibility, and this strategy provides direction for all of us.

It is for everyone involved in supporting, working with or designing services, environments or opportunities for autistic people.

It is also for wider communities because inclusion does not sit only within services. It sits in workplaces, leisure settings, places of worship, arts and cultural venues, public spaces, transport, friendship groups and everyday interactions.

This strategy invites the whole of Oxfordshire to help build a county where autistic people feel a strong sense of belonging and are supported to live the lives they choose.

Our shared vision for Oxfordshire

Our vision is a county where autistic people of all ages:

1. Are respected, understood and valued
2. Can access the right support without unnecessary barriers
3. Experience genuine belonging in their education settings, workplaces and communities
4. Feel safe, listened to, believed and empowered
5. Are supported to thrive, grow and live with autonomy
6. Have their strengths recognised and their contributions celebrated
7. Shape the decisions, services and environments that affect their lives

Achieving this vision requires sustained commitment and meaningful change across all services and communities. We will focus on early understanding, inclusive education, meaningful employment opportunities, and supportive networks for families. Our commitment is to create communities and services that recognise neurodivergence as a natural and valuable part of human diversity, and to ensure autistic people can flourish and reach their full potential.

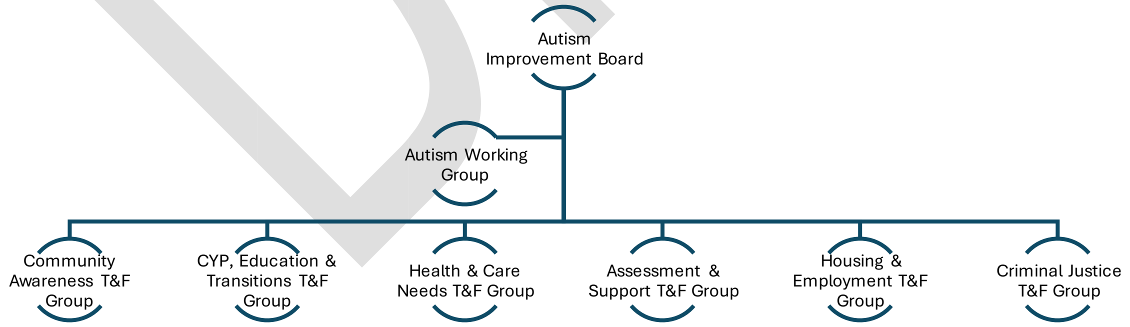
This strategy identifies six priority areas and the actions we will take to strengthen support, increase inclusion and improve outcomes for autistic people.

How will this be delivered?

This strategy will focus on six priority areas, each area will have 'We Will' statements, these are the pledges we make to the community. The 'We Will' statements may seem vague or broad; however, they are intentionally written this way to cover different and multiple actions.

To accompany this strategy document, an action plan has been created, each area is a heading and each 'We Will' statement is a subheading.

Below is the governance structure for the strategy and action plan:



The Autism Improvement Board - made up of experts by experience, professional representatives, service providers and system partners. This meeting is hosted by Oxfordshire County Council commissioners and co-chaired with an elected expert by experience.

Each area will have a task and finish group, that will include experts by experience and professionals. Each task and finish group will be responsible for delivering elements of the action plan and reporting progress to various channels.

Our Six Priority Areas

1. **Community awareness:** Promoting understanding and acceptance of autism throughout Oxfordshire, reducing stigma and building inclusive, welcoming environments for all.
2. **Supporting autistic children and young people in education, and positive transition to adulthood:** Ensuring autistic people can access the right learning pathways and are supported with the opportunities, adjustments and environments needed to thrive in education.
3. **Health and care needs:** Providing responsive, person-centred health and social care that reflects the unique strengths, experiences and needs of autistic people across their lives.
4. **Autism Assessment and Support:** Providing accessible pathways for diagnosis/confirmation. Ensuring clear, concise and concrete information is available to support autistic people and their families.
5. **Housing and employment:** Providing information for employers to ensure autistic people can access opportunities, adjustments and are supported in environments to thrive in employment. Increasing knowledge and support for autistic people to have sustainable housing, to maintain tenancies, exit homelessness and have a safe home environment.
6. **Criminal Justice system:** Autistic people will be supported through the criminal justice system, by providing early identification for support.

The following principles provide the foundation for this strategy and will be embedded throughout each area. They reflect our shared commitment to co-production, strengths-based approaches, sharing consistent and reliable information, and upholding the rights and dignity of autistic people of all ages.

- **Co-production:** Working in partnership with autistic people at every stage of planning, delivery and review.
- **Strength-based approaches:** Building on individual abilities and interests rather than focusing on perceived deficits.
- **Autism informed training:** Working with autistic people to create training/learning materials that are relevant to the autistic experience to create meaning change within the workforce.
- **Consistent information:** Providing consistent, reliable and concrete information, that is relevant to the whole system, in a centralised place for professionals, autistic people and their families to access easily when needed.
- **Rights and dignity:** Upholding the human rights of autistic people and challenging stigma, discrimination and harmful practices.
- **Shared learning and best practices:** Working together across the whole system, inclusive of Health, Social Care, Education, Criminal Justice and Voluntary Sector. Sharing experiences and best practices to enhance the lives of those who encounter services.

By embedding these principles, and working across Oxfordshire as a committed collective, we aim to create a culture that not only supports autistic people to thrive but also celebrates neurodivergence as an asset to our communities.

Being Autistic

Autism is described as a neurodevelopmental identity and a distinct way of experiencing and processing the world. It looks different for every autistic person, with each individual having their own unique sensory experiences, communication styles, patterns of thinking, movement and interests. Autism is an integral part of who a person is throughout their life and should be recognised, respected and supported as such.

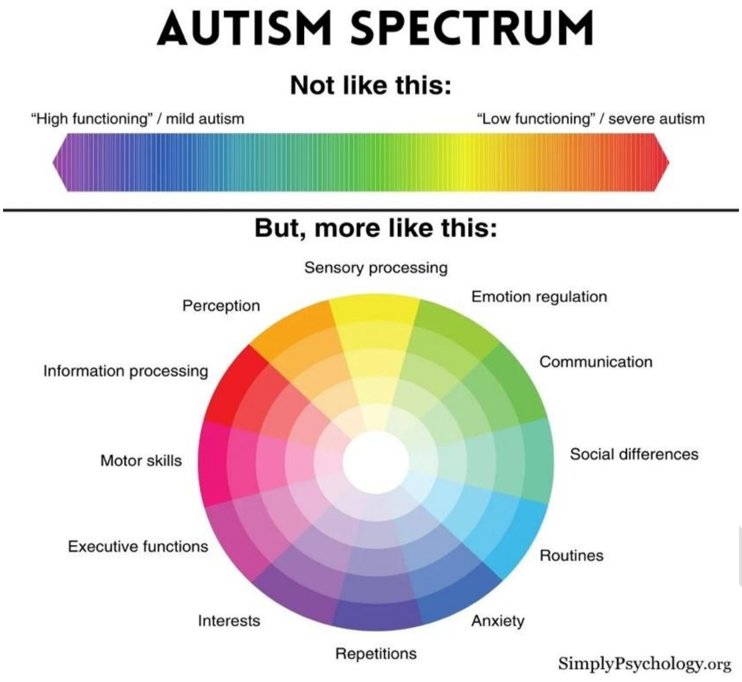
Understanding the autistic experience *(this can be referred to as the autism spectrum)*

Autism is often described as a spectrum, but it is sometimes misunderstood as a straight line from “mild” to “severe”. This is inaccurate and can lead to unhelpful assumptions about ability or support needs.

The autism wheel (see below) offers a more accurate and respectful way of understanding autistic experience. It illustrates that autistic people have varied strengths, support needs and intensities of experience across multiple areas, such as:

- sensory processing
- communication
- perception
- motor skills
- executive functioning
- emotion regulation
- routines
- interests
- anxiety
- information processing

This approach reflects that autistic people are not “more” or “less” autistic — they have individual profiles that can change over time and across different environments.



How we talk about Autism

It is important to recognise that the phrase *"we are all on the spectrum"* is unhelpful. While everyone has sensory preferences or communication differences, autism is a distinct neurotype, a specific way the brain processes information and experiences the world. Saying that everyone is "a bit autistic" can unintentionally minimise autistic people's lived experiences, mask real support needs, and blur the unique identity and culture of the autistic community. Autistic people have a recognisable pattern of strengths, challenges and neurological differences that should be understood in their own right, not diluted or generalised.

Functioning labels

Terms such as *high-functioning* or *low-functioning* are outdated and potentially harmful. They oversimplify complex experiences, mask support needs, and make assumptions based on outward behaviour. Instead, this strategy uses strengths-based and needs-based language, recognising that context and environment heavily influence how much support a person requires.

Terminology and neuro-affirming language

Language shapes how autistic people are understood. This strategy uses neuro-affirming language, recognising autism as an important part of identity. Many autistic people prefer identity first language, such as *"autistic person"*, rather than *"person with autism"*, because autism is not separate from who they are. However, language is personal and no single approach is right for everyone.

Examples of neuro-affirming language include:

- **Autistic person** rather than *person with autism*
- **Support needs** instead of *high- or low-functioning*
- **Communication style** instead of *communication deficit*

- **Intense interests / deep focus** rather than *obsessions*
- **Distress behaviour / unmet need** instead of *challenging behaviour*

Some older diagnostic terms, such as Asperger's syndrome, are no longer used in the UK. People who previously received this diagnosis are autistic, and their identity and preferred terminology remain valid and must be respected.

A Neuro-Affirmative Approach

This strategy is grounded in neuro-affirmative practice, recognising autistic ways of being as valid and meaningful. Being neuro-affirmative means:

- respecting autistic communication and sensory experiences
- adapting environments rather than expecting autistic people to mask or change
- valuing autistic strengths, passions and perspectives
- recognising that distress often arises from unmet needs or inaccessible systems — not autism itself

It also involves promoting autonomy and agency. Autistic people must be listened to, believed and involved in decisions about their lives. When autistic people identify barriers, we must act to remove or reduce them. By embracing neurodiversity and adopting neuro-affirming practice, we create environments where autistic people can feel safe, understood and supported to flourish.

Co-occurring experiences

Autistic people may also experience other health-related or neurodevelopmental needs alongside autism. These are not caused by autism but can influence wellbeing. They may include:

- **ADHD and other forms of neurodivergence**: Differences in attention, focus, energy levels or processing that may overlap with or mask autistic traits.
- **Anxiety, depression and autistic burnout**: Emotional or physical exhaustion caused by long-term stress, masking, or unmet support needs.
- **Epilepsy**: Seizure conditions that occur more frequently in autistic people and may require ongoing medical support.
- **Gastrointestinal conditions**: Issues such as chronic constipation, irritable bowel syndrome, reflux or abdominal pain, which are widely reported within the autistic community.
- **Learning difficulties (e.g., dyslexia, dyscalculia)**: Specific differences in reading, writing or number processing.
- **Learning disabilities**: Differences in intellectual ability and adaptive functioning which may require additional support in daily life.
- **Hypermobility and Ehlers–Danlos syndromes (EDS)**: Conditions affecting joints, flexibility, pain, fatigue and mobility.
- **Hormonal and endocrine-related experiences**: Differences or difficulties related to menstruation, pregnancy, menopause or other hormonal changes that may affect sensory, emotional or physical wellbeing.
- **ARFID, RSD, PDA profiles**:
  - **ARFID (Avoidant/Restrictive Food Intake Disorder):** A pattern of eating linked to sensory, interoceptive or anxiety-related differences, where certain foods or textures feel overwhelming or unsafe.
  - **RSD (Rejection Sensitive Dysphoria):** Intense emotional or physical responses to real or perceived rejection, criticism or disappointment.

- **PDA (Pathological Demand Avoidance / Persistent Drive for Autonomy):** A profile within the autism spectrum characterised by high anxiety around everyday demands and a strong need for autonomy and control.
- **Sleep regulation differences**: Differences in sleep patterns or the ability to fall asleep or stay asleep, often linked to sensory or neurological factors.

Recognising these co-occurring experiences is essential for designing services and supports that are holistic, responsive and person-centred.

Oxfordshire’s Autistic Community

Oxfordshire is home to a vibrant and diverse autistic community. In 2021, the county’s population was 725,314, with around one in five residents identifying as disabled. National prevalence estimates suggest that up to 5% of the population may be autistic, which would equate to approximately 37,500 autistic people living in Oxfordshire.
This figure is based on national prevalence research rather than local diagnostic rates, and estimates vary depending on the methods used.

The 2023 Joint Strategic Needs Assessment (JSNA) recorded around 2,600 autistic pupils in Oxfordshire schools — a 9% increase from previous years. This rise reflects improved identification and awareness, as well as growing recognition of autistic strengths and needs within education settings.

It is important to note that school-based identification suggests higher prevalence within the local pupil population, and prevalence across the wider community is likely to be significantly higher than the 5% national estimate.

This strategy also recognises the wider context of neurodiversity, which describes the many natural variations in how people think, learn, communicate and experience the world. National estimates suggest that around 1 in 10 people in the UK are neurodivergent (Embracing Complexity Coalition, 2019). Autism is one part of this wider neurodivergent community.

Autistic individuals, carers and families in Oxfordshire shared the following strengths when asked what they value most about themselves and their community. These are captured in the image below:

On the following pages, you will find the six themes, shaped by the feedback received from autistic people and families, along with the “We will” commitments that show how we will respond.

1. Community awareness of Autism

Autistic people and their families describe a lack of visibility, understanding and acceptance within their local communities. This is often because public awareness campaigns and professional training can feel tokenistic or disconnected from real experience.

Public campaigns play an important role in reducing stigma. Although awareness of autism is now very high, understanding remains limited. Research shows that while 99.5% of people have heard of autism, misconceptions persist: more than one-third of UK residents still mistakenly believe autism is a learning disability, and 30% are unsure whether autism can be cured (Autism Alliance, 2024). These gaps in understanding reinforce negative stereotypes and highlight the need for targeted, accessible information shaped by autistic expertise.

Building genuine community awareness involves valuing diverse communication styles, recognising sensory needs, and respecting identity and language choices. It also means recognising and accepting autistic behaviours — such as stimming/movement, communication differences or seeking space, as valid human expressions, not behaviours to be managed or corrected. This shift in mindset is essential for creating environments where autistic people feel safe to be themselves.

Active allyship is also crucial. Allyship means individuals and organisations choosing to stand alongside autistic people: listening to autistic-led expertise, challenging misinformation and stereotypes, advocating for accessibility, and modelling inclusive behaviour. It is not a one-off action but an ongoing commitment to learning, reflection and meaningful change. True allyship helps create communities where autistic people feel genuinely seen, heard, respected and supported.

A truly autism-aware community makes inclusion visible in everyday life — from the way events are planned and public spaces designed, to how schools, services and community groups respond with empathy, flexibility and curiosity. This theme sets a clear expectation for cultural change, rooted in partnership, authenticity and accountability.

Personal experiences

"Empathy and understanding comes from people knowing each other in meaningful ways, NOT by segregation."

We will:

Create a co-produced charter for local businesses, organisations and individuals to sign up to which:

Builds understanding through authentic resources by:

- Providing autism-informed resources that is trauma aware evidence-based and co-produced with autistic people.
- Ensuring regular, high-quality and practical guidance is easily accessible.
- Promoting approaches that are trauma-informed, curiosity-led and authentic.

Centre autistic voices and increase visibility by:

- Amplifying autistic voices by letting people tell their own stories.
- Co-produce campaigns, events and communications with autistic people so a wide range of experiences are represented.

Strengthen connection and share learning by:

- Establishing a central website for resources
- Identifying and promoting best practice examples and guides of inclusion.

Commit to accountability and impact by:

- Organisations signed up to the charter are accountable for supporting meaningful change and will have an appointed autism champion.
- Measuring the impact of the charter using learning, data and feedback from autistic people and families via the Oxfordshire autism website.
- Using the learning and data from the charter to influence policy and practice.

2. Supporting autistic children and young people in Education, and positive transition to Adulthood

Every autistic child and young person should thrive in education and in later life. Families, and professionals describe systems that feel fragmented, overstretched, and not yet equipped to recognise or respond to the full range of autistic experience. While many settings want to be inclusive, they often lack the resources, training and flexibility needed to make this happen consistently.

This is not only about supporting autistic people but about creating environments that meet every learner where they are, leading with curiosity and accepting differences. When education systems respond early, communicate openly, and value individual difference, barriers are reduced, wellbeing improves, and young people are better equipped for the future. A diagnosis should never be a gateway to support; help should be needs-led and proactive.

There is a need for stronger accountability across the system, ensuring that every part works together with clear responsibilities, consistent standards and a shared commitment to improving outcomes. Families have emphasised the importance of early identification, high-quality and consistent autism-informed practice, and well-co-ordinated transitions into adulthood.

In practice, this means ensuring that:

- **Signs of support needs are recognised early**, without waiting for escalating difficulties or a diagnosis.
- **Families, children and young people are involved from the start**, with open communication and shared decision making.
- **All staff receive regular, practical autism informed training**, developed with autistic people and their families, where possible, focusing on communication differences, sensory needs and reasonable adjustments.
- **Education settings, health teams and social care are jointly responsible** for meeting statutory duties and delivering agreed actions, with transparent monitoring
- **Young people are prepared for life, not only exams,** including emotional wellbeing, independence, relationships and meaningful employment.
- **Transitions into adulthood are planned early**, with clear pathways into further education, employment, independent living and community life.

Delivering this requires sustained investment, honest communication, and genuine coproduction. It also requires celebrating good practice, building shared understanding, and recognising that small, practical adjustments can make a significant difference.

Personal experiences
“I was Made to feel "naughty" despite not being so”

“Loved school and learning. In gifted and talented programs. Completed year 6 curriculum a year early because I was so advanced. Felt so happy to be successful”

We will:

Build inclusion into every education setting by:
- Making inclusion a shared responsibility
- Ensuring education settings are accountable for reasonable adjustments and inclusive practice, supported by the whole system to ensure a wide range of resources and knowledge are available.
- Providing timely, needs led support — including early identification and flexible interventions.

Equip staff with knowledge and confidence by:
- Investing in high quality, autism informed training that is co-produced with autistic people and families ensuring that leads to meaningful changes in practice
- Learn from best practice locally and nationally, including our local area partnership SEND improvement work to strengthen consistent practice.

Transitions: support at every stage by:
- Strengthening planning and communication at every transition point.

- Developing coordinated pathways into further education, employment, training and community opportunities.
- Provide varied opportunities for young people to participate in planning for their future and to advocate for themselves, setting up every young person to thrive for life and to be as independent as possible

Improving services and support for children with SEND and their families by:

- Working together across the SEND local area partnership to progress our improvement journey
- Exploring early help and multidisciplinary approaches that build shared understanding between children and young people, their families and other professionals
- Learning from best practice and evidence to shape future SEND and Inclusion strategy and services.

Innovate, evaluate and be accountable by:

- Exploring evidence-based tools and technologies that support learning and communication alongside relational practice
- Monitoring progress through listening to lived experience, outcomes and other feedback.
- Expecting partners to demonstrate how their work contributes to inclusion, wellbeing and successful preparation for adult life.

3. Health and Care needs (community and inpatient support)

Autistic people, like anyone else, may need to access physical or mental health support at different points in their lives. However, autistic people are much more likely to experience mental health difficulties, often because of navigating environments and systems that are not yet designed with neurodivergent people in mind. These challenges are not caused by autism itself but by external factors such as sensory stress, communication barriers, stigma, trauma, and prolonged unmet need.

Research shows that a significant proportion of autistic people have a diagnosed mental health condition, yet many experience difficulties accessing services (One in three autistic adults unable to access healthcare for potentially life threatening conditions - BSMS Young Ambassadors content gallery).

Too often, support is offered only when someone reaches crisis. Autistic people are at higher risk of suicide than non-autistic people, up to 66% of autistic adults had thought about suicide during their lifetime, and up to 35% had planned or attempted suicide. This is due to several factors, including mental health distress/problems, social isolation, unemployment, the need to mask their true self/identity, difficulty in describing how they feel (Alexithymia), repetitive thoughts and lack of support. (Suicide and Autism, a National Crisis. Autistic people and suicidality)

Autistic people and their families report that they are not taken seriously when raising concerns about their physical or mental health, with symptoms dismissed, misinterpreted, or attributed solely to being autistic. Along with many health services not being accessible, due to sensory environments causing overwhelm, unpredictable waiting areas, and appointment systems reliant on rapid communication or telephone use. These barriers can prevent people from seeking help early, lead to unmet health needs and contribute to poorer outcomes.

To improve outcomes, service remits must be reviewed to address the challenges autistic people face by recognising sensory and communication needs, adapting environments and processes, prioritising early help, and ensuring staff have the confidence and tools to provide autism-informed care.

Tools such as care plans, health passports and hospital passports are designed to support communication, highlight reasonable adjustments and keep autistic people safe. Making personalised plans visible, understood and routinely applied is essential for safe and person-centred healthcare.

Co-ordination across health, education and social care, smoother transitions between child and adult services, and clear accountability for delivering reasonable adjustments are required to improve experiences and outcomes for autistic people. To embed these changes, genuine co-production with autistic people and their families is needed, to shape services, feedback on what works, and develop solutions.

Personal experiences

“Worried about physical health”

“Worried about perimenopause & menopause”

“Pregnancy is the first time I felt "other". Anxiety and depression, I am still on antidepressants years later. I wanted to ‘get it right’.”

We will:

Train for change

- Enhance the understanding and confidence of health and social care staff by delivering high-quality, autism-informed training.

Accessible adjustments

- Ensure reasonable adjustments are not only identified but consistently implemented, reviewed and personalised.
- Embed adjustments into planning new services/pathways e.g. lighting, IT infrastructure.

Commission with accountability

- Embed autism competence within commissioning practice by requiring all providers to demonstrate autism-informed approaches and a clear understanding of the autistic population.
- Set clear expectations around service access and inclusion for autistic people within contracts, and monitor delivery to ensure practice is inclusive, safe and meets agreed standards.

Increase awareness and meaningful use of health passports

- Promote, support and monitor the meaningful use of health passports across all health and care settings, that are written by or with the person and their care givers.

Support before crisis

- Strengthen collaboration across organisations to develop and maintain preventative pathways.

Recognising transitions

- Improve understanding of the impact of different life changes, such as, puberty, ageing and menopause for autistic people.

4. Autism Assessment and Support

A diagnosis or confirmation can be deeply meaningful to some people, offering understanding, validation, identity, and a way to access the right support. For some, it brings relief; it can help make sense of experiences they have carried for years.

Autistic people and their families across Oxfordshire describe long waits, unclear pathways and inconsistent support when seeking an autism assessment. This experience can be confusing and distressing, especially when people are left without information, guidance or communication while they wait.

The assessment pathway must be transparent and supportive from the very beginning, ensuring consistent and concrete information is shared with all. As well as learning from feedback to continually improve services, quality monitoring will take place additional to the organisations that provide autism assessments being regulated and registered with CQC and/or OFSTED.

Personal experiences

Collective experiences:

“Support and empowerment for teaching staff to highlight early signs as parents may not be aware of autism”

“Clear and consistent information and communication is needed to make the assessment process easier for autistic people and their families”

These lived experiences will help ensure our actions are grounded in what matters most to autistic people.

We know that achieving real improvement will require sustainable funding, clear responsibilities and strong collaborative working across health, education, social care, the voluntary sector and wider services. The system must shift towards early understanding and proactive support at every stage.

Everyone seeking assessment, undergoing diagnosis or accessing post-diagnostic support should experience:

- empathy and respect
- timely, accessible information
- consistent communication
- practical support that meets their needs
- pathways that are clear, coordinated and person-centred

This applies equally to adults, children, young people and families.

We will:

Improve pathways for assessment and support by:

- Effectively using resources to increase support whilst waiting for an assessment and post-diagnostic support
- Developing an accessible, co-produced assessment and support pathway that reflects the lived experiences of autistic people and families.
- Ensuring emotional support, advice and reasonable adjustments are available, with transparent processes to access.
- Collecting and using regular feedback from autistic people, families and advocates to understand service quality, accessibility and timeliness.

Embed a needs-led approach by:

- Working across education, health and social care so decisions are holistic and needs-led, not based on diagnostic labels.

Provide clear communication by:

- Providing clear, consistent, concrete information at every stage — from referral through assessment to post-diagnostic support.

Strengthen training and workforce development by:

- Enhance the diagnostic workforce:

5. Employment and Housing

Employment is an important part of life for many autistic people. It can offer independence, purpose, routine, and the opportunity to use strengths and talents. However, autistic people often face barriers long before they reach the workplace. These may begin in childhood and include misunderstanding in school, limited access to appropriate careers advice, sensory challenges in education and work settings, or recruitment practices that prioritise social performance over ability.

Many autistic people say they want to work but struggle to find employers who understand their needs or who recognise the value they bring. This is not due to a lack of willingness or capability, but because systems, workplaces and recruitment processes are often not designed with neurodiversity in mind.

Employment: what the research tells us

The Buckland Review of Autism Employment (2024) gathered views from autistic people, employers, organisations and specialist support groups to understand how autistic people are recruited, supported and progressed at work. It identified significant barriers and made recommendations aimed at increasing autistic employment.

The findings show a clear inequality:

- Only **3 in 10** autistic adults are in employment

- Compared with **5 in 10** disabled adults overall
- And **8 in 10** non-disabled adults

It is also important to note that many people go through life unaware they are autistic. Employers therefore need practices that are inclusive and accessible regardless of diagnostic status.

Supporting autistic people into employment

Supporting autistic people into meaningful and sustainable work requires personalised support, inclusive workplaces and greater understanding. Approaches that can help include:

- **Job coaching and mentorship**: personalised support to navigate workplace expectations, build confidence and develop skills.
- **Workplace accommodations**: adjustments such as flexible hours, sensory-friendly spaces, predictable routines and clear written communication.
- **Specialist training programmes**: including supported internships, skill development and volunteer opportunities.
- **Inclusive recruitment**: accessible interviews, work trials, advance questions, and initiatives such as Autism @ Work.
- **Supportive organisations**: access to autism charities, employment support services and vocational rehabilitation.
- **Workplace awareness**: training for managers and colleagues to reduce stigma and foster supportive, inclusive cultures.

The Get Oxfordshire Working Plan mgConvert2PDF.aspx highlights how support would be best utilised across systems and tackle inequalities in the workforce. Connect to Work Connect To Work | Enterprise Oxfordshire is a programme set up to support those with a disability into work and to sustain those positions.

Self-employment

There are initiatives and information widely available relating to autistic people and employment. There is significantly less information focusing on autistic people that choose self-employment. For some autistic people, self-employment is a much more suitable and sustainable option, for the following reasons:

- Autistic people often have unique and specialist skills
- Self-employment can lead to greater confidence and self-esteem
- Self-employment can mean that some of the common challenges in working for and alongside others can be avoided.

Housing

Housing can look different for everyone; it will vary based on a person's needs and preferences. In Oxfordshire the District Councils provide social housing, those who are eligible can access additional support with the process of obtaining and maintaining a tenancy. Supported Living is an option for autistic people that require support (and are care act eligible) but want to have their own home in the community, since June 2023 Oxfordshire County Council have had The Live Well Supported Services Framework, which currently has 53 Support Providers on, ensuring a range of expertise.

The Housing Needs Assessment was published in September 2024, which is a report of research undertaken by the Housing Learning & Improvement Network (LIN) for Oxfordshire County Council to provide a Specialist and Supported Housing Needs Assessment. The council has commissioned the Housing LIN to undertake an assessment of the future need, over the next 10-20 years, for specialist and supported housing and accommodation.

Autistic people and homelessness

Emerging research shows that autistic people are more likely to experience homelessness. Studies suggest that autistic people are disproportionately represented in homeless populations, yet many remain undiagnosed and unsupported.

Homelessness can make it significantly harder to access an autism assessment. Without regular contact with services or the ability to provide developmental history, many autistic people cannot obtain a diagnosis — which may then prevent them from accessing the support needed to leave homelessness.

A London study of 106 homeless adults found that 12.3% met diagnostic criteria for autism yet only one person in the entire sample had a previous diagnosis. This highlights the need for earlier identification, accessible assessments, and joined-up support between housing, health and social care.

Personal experiences

“Being able to move out and live alone meant I could set my own routine without expectations from others. But lack of affordable housing meant renting in a house share where it became difficult managing conflicts with housemates.”

“No support. I don't "apply" as needing support because it looks like I'm fully independent. Burnout led to mental health crises, suicide attempts, breakdown of relationships, forced to move home with parents because I couldn't live alone. Completely lost all of my independence.”

We will:

Strengthen employment support for autistic people

- Access to job coaching and personalised guidance
- Mapping out clear pathways into work; including supported internships, volunteering and skill development
- Access to apprenticeship opportunities.

Review and improve recruitment and employment processes across all partner organisations with experts by experience

- Review policies, procedures and workplace environments to remove barriers for autistic jobseekers and employees.
- Create/share toolkits and evidence-based approaches to improve accessibility, recruitment, onboarding and workplace culture.

- Educate employers about workplace accommodations/adjustments, offering practical guidance and training for employers, managers and colleagues to build confidence, reduce stigma and support autistic staff effectively.

Strengthen collaboration between employment, education, community organisations and support services

- Ensuring autistic people receive consistent support during key transitions into adulthood and throughout their working lives.

Work with housing providers and related services

- Ensure policies, communication, and support pathways are accessible, flexible and responsive to the needs of autistic people.
- Ensure information on housing options are easy to access and transparent in eligibility criteria.

Develop approaches that identify and support autistic people at risk of homelessness earlier

- Ensuring autistic people can access assessments, support/advocacy and accommodation without unnecessary barriers.

6. Criminal Justice System

What do we mean by Criminal Justice System? When we talk about the Criminal Justice System, we mean the system of law enforcement. The below bullet points include some examples of people you may meet, places you may need to attend and things you may need to do, (this list is not exhaustive):

- Police officers, solicitors, barristers, jury members, clerks, police administrators, responsible adults, advocates, emergency call handlers, hospital staff, prison officers, Mental health workers, Approved Mental Health Practitioners (AMHP), social workers, forensic teams etc.
- Police stations, custody suites, court buildings, Section 136 place of safety, secure hospitals, prisons.
- Police interviews, police stop & searches, trials in court and capacity assessments.

This section may not apply to all, however, there is evidence to indicate that autistic people may be over-represented as people who come into contact with the criminal and youth justice systems, as victims, witnesses or defendants. We know from the APPGA inquiry that they often have poor experiences of these systems, there are many reasons for this, including poor understanding of autism among professionals as well as challenges with getting adjustments they need to engage in processes.

Further findings from the APPGA inquiry have highlighted that autistic people often find prison environments overwhelming because they can be noisy, brightly lit and cause sensory distress. The inquiry found that prison staff do not always understand people's needs or miss those who may be undiagnosed. Additionally, autistic people in the criminal justice system often struggle to access support or the health and social care services they may need, including support they may require on leaving custody, making transitions back into the community more challenging.

Adjustments must be made to processes and recognised early on, to support autistic people to process the situation and engage with the system. Adjustments should not be dependent on proof of a diagnosis, based on the principle 'innocent until proven guilty' autistic people should not have to prove themselves autistic to access basic adaptations that will enable their participation, ease overwhelm and anxiety and prepare them for a safe transition back in to the community.

If other areas in this strategy are implemented correctly around the systemic changes, autistic people encountering the criminal justice system could be significantly reduced. By providing early identification, diagnosis or confirmation, appropriate and active support in all areas, there would likely be a reduction in offending rates as people's needs would be met.

We will:

Understand the experience of the Criminal Justice System for autistic people by:

- Identifying the autistic population that are currently involved with the Criminal Justice System locally.
- Understanding what existing provisions and support services there are within Oxfordshire and out of county
- Work systemwide to ensure that local priorities, strategies and commissioning intensions are aligned to meet the needs of potential and actual young offenders with autism.

Provide resources and support for the Criminal Justice System by:

- Introducing autism champions within services
- Upskilling staff knowledge of autism
- Ensuring a neurodivergent specialist is embedded within the teams or available to teams working with those on county lines and directly with autistic people.
- Improving autistic people's access to adjustments and support and help make environments like prisons and probation services more autism friendly.
- Driving better access to health and social care services for those in contact with the criminal and youth justice systems, including the support they may need as they leave custody.

Autism Strategy Glossary

(Including additional relevant terms from the Oxfordshire SEND Local Offer glossary)

Core Terms

Access to Work

A government scheme offering financial and practical support to help disabled people, including autistic adults, start or stay in work. It can fund job coaching, assistive technology, communication support at interviews, or help with travel where public transport is difficult.

Advocacy

Advocacy can be a formal service provided by a specialist service provider (the council does commission advocacy services, please check the website for the current provider details). Advocacy can also be informal support that is provided by a friend or family member helping to get a person's point of view across and their preferences taken into consideration when making decisions.

Alternative Provision (AP)

Education arranged for children and young people who cannot attend mainstream school full-time. This may be due to anxiety, exclusion, medical needs or other reasons. Many autistic children experience AP at some point, making inclusion and early support essential.

Attention Deficit Hyperactivity Disorder (ADHD)

A neurodevelopmental condition that can co-occur with autism. It affects focus, impulse control and activity levels. Many autistic people also identify as AuDHD.

Autism Spectrum Condition (ASC) / Autism Spectrum Disorder (ASD)

Clinical diagnostic terms used in health services to describe autism. Although widely used in clinical pathways, many autistic people find “disorder” language unhelpful. This strategy uses **identity-first, neuro-affirming language**, recognising autism as part of a person’s identity.

Child and Adolescent Mental Health Services (CAMHS)

NHS services that assess and support children and young people with mental health needs. CAMHS plays a major role in supporting autistic young people, including through neurodevelopmental assessments.

Dynamic Support Register (DSR)

A health and social care register identifying autistic people and people with learning disabilities at risk of admission to a mental health hospital. The aim is early planning and support to prevent crises and reduce avoidable hospital stays.

Education, Health and Care Plan (EHCP)

A legally binding plan for children and young people aged 0–25 who need more support than is normally available in their setting. It sets out the individual's needs and the provision required to meet them across education, health and social care.

Education, Health and Care Needs Assessment (EHCNA)

An assessment carried out by the Local Authority to determine whether a child or young person needs an EHCP. It gathers information from professionals, the family and the child or young person themselves.

Education Other Than at School (EOTAS)

Education provided somewhere other than a school when attending a setting is not appropriate. This can be significant for autistic children whose needs cannot be met in school environments.

Graduated Approach

The cycle of "assess, plan, do, review" used by education settings to identify needs and provide support. It is a cornerstone of early support for autistic pupils in mainstream schools.

Joint Strategic Needs Assessment (JSNA)

A local assessment of current and future health and wellbeing needs in Oxfordshire. Data on autistic children, young people and adults inform planning and priority setting for this strategy.

Neurodevelopmental

Refers to the way a person's brain develops and functions, influencing how they think, learn, communicate, move and experience the world. Neurodevelopmental differences, such as autism, ADHD or developmental coordination disorder, begin in childhood and continue throughout life. These differences are part of a person's neurology and are not the result of parenting, environment or behaviour.

Neurodevelopmental Diagnostic Clinic (NDC)

A specialist NHS clinic (often within CAMHS) that assesses for autism, ADHD and other neurodevelopmental conditions.

Ordinarily Available Toolkit (OAT)

Guidance setting out the support mainstream schools should typically provide for children and young people with SEND, including autistic pupils, *without* the need for an EHCP. It describes inclusive practice expected of all settings.

Reasonable Adjustments

Legal duties requiring organisations—including schools, health services and employers—to remove barriers that prevent disabled people, including autistic individuals, from accessing services. Examples include flexible appointments, sensory-friendly environments and clear written information.

SEND Transformation Programme

Oxfordshire’s improvement programme following the Ofsted/CQC inspection, aimed at strengthening early identification, improving coordination, and ensuring consistent, inclusive, needs-led support for children and young people with SEND, including autistic children.

Strategic Improvement and Assurance Board (SIAB)

Oxfordshire’s SEND board responsible for overseeing improvement and holding the Local Area Partnership to account. It monitors delivery of action plans, including those linked to this Autism Strategy.

Autism Improvement Board

A dedicated board within Oxfordshire’s Local Area Partnership that oversees the delivery of the All-Age Autism Strategy. It brings together autistic people, families, the Local Area Partnership, education, health, social care and community partners to monitor progress, drive system-wide improvement, and ensure accountability for actions that support autistic children, young people and adults.

Thematic Terms

Community Awareness

Actions to build public understanding, reduce stigma and promote acceptance of autistic people across community spaces, workplaces and services.

Education

Support, inclusion and reasonable adjustments for autistic children and young people in early years settings, schools, colleges and higher education.

Employment

Programmes and support that help autistic people access, secure and sustain meaningful work, including job coaching, supported internships and workplace adjustments.

Health and Care Needs

Physical and mental health support for autistic people across primary care, community services, acute hospitals and mental health settings.

Housing

Support to access safe, appropriate housing options, including supported living, social housing and independent accommodation.

Inequalities

Differences in access, outcomes or experiences faced by autistic people due to systemic, social or environmental barriers.

SEND (Special Educational Needs and Disabilities)

Support for children and young people with additional needs as outlined in the Children and Families Act 2014 and SEND Code of Practice.

Transitions

Key life stages such as moving between schools, entering adulthood, starting work or accessing adult services. Effective transitions planning is essential for autistic people

---

Process & Engagement Terms

Action Plan

A detailed plan setting out actions, timelines, responsibilities and measures used to deliver the Autism Strategy.

Co-production

Working *with* autistic people, families and carers as equal partners throughout design, decisionmaking and delivery. This strategy has been co-produced.

Consultation

Gathering views and feedback from autistic people, families, practitioners, communities and partners to shape decisions.

Experts by Experience

Autistic people and carers who share their lived experience to shape strategy, services and decision-making.

Monitoring and Evaluation

How we track progress, measure outcomes and assess the impact of the strategy over time.

Local Area Partnership (LAP)

The partnership responsible for SEND in Oxfordshire, made up of:

• **Oxfordshire County Council** • **NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)** which includes **Oxford Health NHS Foundation Trust** and **Oxford University Hospitals NHS Foundation Trust (OUH)** • **Oxfordshire Parent Carers Forum (OxPCF)**, representing parent carer voices • **Education leaders, schools and settings** • **SEND Youth Forum representatives**

The LAP jointly plans, delivers and monitors services for autistic children, young people and adults.

Further Reading and Resources

This strategy is supported by a broad range of evidence, research and lived-experience-led insight.
The resources below offer additional information on autism, neurodiversity, co-production, inclusive practice, and the design of supportive services.

Understanding Autism and Neurodiversity

- **National Autistic Society – What is Autism?** https://www.autism.org.uk/advice-and-guidance/what-is-autism
- **Autistic UK – Neurodiversity and Language Guidance** https://autisticuk.org
- **National Development Team for Inclusion (NDTi) – Autism and Neurodiversity Resources** https://www.ndti.org.uk
- **The Spectrum Wheel – Accessible Explanation (Simply Psychology)** https://www.simplypsychology.org/autism-spectrum.html
- **Devon County Council – Autism Wheel Tool** https://www.devon.gov.uk
- **The Art of Autism – 'Understanding the Spectrum' Comic** https://the-art-of-autism.com/understanding-the-spectrum-a-comic-strip-explanation/

Neuro-affirming Practice

- **The Neurodiversity Podcast** https://www.neurodiversitypodcast.com
- **Neurodivergent Insights – Neurodiversity Education** https://www.neurodivergentinsights.com
- **AASPIRE Healthcare Toolkit (Autistic Adults)** https://autismandhealth.org
- **British Psychological Society – Autism Position Statements & Guidance** https://www.bps.org.uk

Policy, Reviews and National Guidance

- **The Buckland Review of Autism Employment (2024)** https://www.gov.uk/government/publications/buckland-review-of-autism-employment
- **National Autism Strategy for England (2021–2026)** https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-peopleand-adults-2021-to-2026
- **NHS Long Term Plan – Autism and Learning Disability** https://www.longtermplan.nhs.uk
- **SEND and Alternative Provision Improvement Plan (DfE)** https://www.gov.uk/government/publications/send-and-ap-improvement-plan

Education and Inclusion

- **Ambitious about Autism – Education Resources** https://www.ambitiousaboutautism.org.uk
- **Autism Education Trust (AET) – Inclusive Practice Frameworks** https://www.autismeducationtrust.org.uk
- **Council for Disabled Children – Participation & Inclusion** https://councilfordisabledchildren.org.uk

Employment

- **Autism @ Work – Inclusive Employment Frameworks** https://disabilityin.org/autism-at-work-roundtable
- **Job Accommodation Network – Workplace Adjustments Guidance** https://askjan.org
- **BASE (British Association for Supported Employment)** https://www.base-uk.org

Health and Wellbeing

- **NICE Guidelines on Autism (Children, Young People and Adults)** https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behaviouralconditions/autism
- **Autistica – Autism Research and Health Insights** https://www.autistica.org.uk
- **Mind – Neurodiversity and Mental Health** https://www.mind.org.uk

Local Support in Oxfordshire

- **Oxfordshire Parent Carers Forum (OxPCF)** https://oxpcf.org.uk
- **Autism Champions** https://www.autismchampions.co.uk
- **Response – Mental Health and Autism Services** https://www.response.org.uk
- **Oxfordshire SEND Local Offer** https://www.oxfordshire.gov.uk/residents/children-education-and-families/special-educationalneeds-and-disability-local-offer
- **SENDIASS Oxfordshire – Information, Advice and Support Service** https://sendiass-oxfordshire.org.uk
- **AFSO** https://www.afso.org.uk
- **Oxfordshire SEND Improvement** https://www.oxfordshire.gov.uk/children-and-families/oxfordshire-send-local-offer/sendstrategy/send-improvement

- **OxFSN**
- **Carers Oxfordshire**
- **Oxfordshire MIND**
- **Oxfordshire Youth**

OXFORDSHIRE
COUNTY COUNCIL

Oxfordshire County Council

Equalities Impact Assessment

All Age Autism Strategy

10/02/2026

Contents

Section 1: Summary details 3

Section 2: Detail of proposal.................... 4

Section 3: Impact Assessment - Protected Characteristics 6

Section 3: Impact Assessment - Additional Community Impacts....................11

Section 3: Impact Assessment - Additional Wider Impacts....................13

Section 4: Review 15

Section 1: Summary details

Directorate and Service Area	HESC – Children's & Adults
What is being assessed (e.g. name of policy, procedure, project, service or proposed service change).	Oxfordshire All Age Autism Strategy
Is this a new or existing function or policy?	Current Strategy is outdated and due updating.
Summary of assessment Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment).	Developing an Autism Strategy to reflect the population need, co-designing with local organisations and experts by experience. Possible impacts are: The strategy may not cover all eventualities, we will mitigate this by being broad and inclusive when writing the final version and being transparent with stakeholders, ensuring we consulted with a wide range of people. Stakeholders may not feel they have been thoroughly included in the process, we will mitigate this by undertaking detailed stakeholder mapping and keeping a record of actions taken to be inclusive. Access to engagement/content/material, due to personal circumstances such as their network, limited access to the internet, those whose first language is not English. We will mitigate this by approaching a variety of community groups, providing content in alternative formats.
Completed By	Ruby Sweetman, Commissioning Officer, Live Well.
Authorised By	

Date of Assessment	10/02/2026

Section 2: Detail of proposal

Context / Background Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.	The current Autism strategy for Oxfordshire is outdated, 2013-17. The purpose of developing a new strategy is to co-design with local organisations and experts by experience. It is not the intention to have a commissioning strategy, but rather a document to inform actions for an inclusive society. This will mean actions for statutory services, third sector, businesses, and local people.
Proposals Explain the detail of the proposals, including why this has been decided as the best course of action.	Developing the new strategy with the view for it to be an inclusive document is a different approach to previous documents, it ensures that this strategy will serve Oxfordshire residents to Live Well in the community, by knowing how and where to access advice/support/services. Co-designing an autism strategy has been agreed as the best course of action because this is a shared responsibility to enhance the lives of Autistic people and their families, it is imperative that this is done right. There are nationally led objectives to incorporate, therefore, co-production was not an option.
Evidence / Intelligence List and explain any data, consultation outcomes, research	Consultations with local stakeholders including, voluntary sector organisations, experts by experience, public sector organisations. Data collection (limited available due to how autism is reported). Engagement sessions & surveys to be carried out.

findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact on different individuals, communities or groups and our ability to deliver our climate commitments.	
Alternatives considered / rejected Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.	The current strategy is outdated and doing nothing was not an option as well as having national objectives to incorporate within a local strategy, commissioners have had extensive conversation with experts by experience (both autistic people and parents/carers of autistic people). A common theme has been identified that families feel there is no joined up or collaborative working around services for autism, therefore, co-designing a new strategy with stakeholders and designing it in a way that allocates actions for statutory services, third sector, businesses, and local people alike is the most impactful way to deliver this strategy.

Section 3: Impact Assessment - Protected Characteristics

Protected Characteristic	**No Impact**	**Positive**	**Negative**	**Description of Impact**	**Any actions or mitigation to reduce negative impacts**	**Action owner*** (*Job Title, Organisation)	**Timescale and monitoring arrangements**
Age	☐	☒	☐	People of all ages can be impacted by autism and an all-age strategy will reduce the inequalities by ensuring that people of all ages can access the support/services/advice laid out within the strategy.	Ensure that the strategy is available in various formats and accessible.		
Disability	☐	☒	☐	People of all abilities can be impacted by autism and this strategy will reduce the inequalities by ensuring that people of all abilities can access the support/services/advice laid out within the strategy, in various formats that are inclusive.	Ensure that the strategy is available in various formats and accessible.		

Gender Reassignment	☐	☒	☐	People of all genders are impacted by autism and this strategy will be inclusive to all, whilst ensuring that people of all genders can access the support/services/advice laid out within the strategy.	Ensure that strategy is inclusive of gender reassignment and considerate with language used. Work with partners that demonstrate inclusivity towards protected characteristics.		
Marriage & Civil Partnership	☒	☐	☐	This strategy should not impact marriage & civil partnerships.	Monitor engagement and consultation with stakeholders as this could change.		
Pregnancy & Maternity	☐	☒	☐	This strategy may impact pregnancy & maternity for autistic people, by ensuing reasonable adjustments are made to support autistic parents through the pregnancy milestones and for maternity care.	Work closely with health partners to include aspects of pregnancy and maternity care in the strategy.		

Race	☐	☒	☐	People from all racial and cultural backgrounds can be impacted by autism and this strategy can reduce the inequalities by ensuring that people from all cultures can access the support/services/advice laid out within the strategy.	Ensure that the strategy is available in various formats and accessible. Work with partners from different communities to spread awareness of the strategy.		
Sex	☐	☒	☐	People of all genders are impacted by autism and this strategy will be inclusive to all, whilst ensuring that people of all genders can access the support/services/advice laid out within the strategy.	Ensure that strategy is inclusive of sexes.		
Sexual Orientation	☐	☒	☐	People of any sexual orientation are impacted by autism and this strategy will be inclusive to all, whilst ensuring that everyone can access the support/services/advice laid out within the strategy.	Ensure that strategy is inclusive of sexual orientation.		

Religion or Belief	☐	☒	☐	People from all religions and backgrounds can be impacted by autism and this strategy can reduce the inequalities by ensuring that people from all cultures can access the support/services/advice laid out within the strategy, regardless of their beliefs.	Work with partners from different communities to spread awareness of the strategy.		

Section 3: Impact Assessment - Additional Community Impacts

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
Rural communities	☐	☒	☐	Some autistic people may find travel from rural communities difficult when using public transport. The strategy should increase awareness of the challenges faced by autistic people and help to open up alternative routes.	Make adjustments to meetings or appointments where possible, provide travel guidance. Offer online alternatives.		
Armed Forces	☐	☒	☐	People from all backgrounds can be impacted by autism, Oxfordshire has armed forces bases within the county and in surrounding counties, there are likely to be families that have moved into the area and are joining Oxfordshire services.	Work with partners to have a pathway for these families to access.		
Carers	☐	☒	☐	Carers (parents) can also be greatly impacted by autism and this strategy can ensure that carers from all areas can access the support/services/advice laid	Work with partners from different communities to spread awareness of the strategy. Make adjustments to meetings or appointments where possible. Offer online		

Additional community impacts	No Impact	Positive	Negative	Description of impact	Any actions or mitigation to reduce negative impacts	Action owner (*Job Title, Organisation)	Timescale and monitoring arrangements
				out within the strategy as it is there to support their needs also as a parent/carer.	alternatives as this may work around caring responsibilities.		
Areas of deprivation	☐	☒	☐	People from all backgrounds can be impacted by autism and this strategy can reduce the inequalities by ensuring that people from all areas can access the support/services/advice laid out within the strategy, regardless of their social situation.	Work with partners from different communities to spread awareness of the strategy.		

Section 3: Impact Assessment - Additional Wider Impacts

Additional Wider Impacts	No Impact	Positive	Negative	Description of Impact	Any actions or mitigation to reduce negative impacts	**Action owner*** (*Job Title, Organisation)	Timescale and monitoring arrangements
Staff	☐	☒	☐	Oxfordshire CC staff will have a recent document, developed with stakeholders to use to support autistic people in situations that may arise in their life.	Clear communications to go out internally. Excellent engagement with stakeholders when pulling the document together.		
Other Council Services	☐	☒	☐	Services will have a recent document, developed with stakeholders to use to support autistic people in situations that may arise in their life.	Clear communications to go out internally & externally. Excellent engagement with stakeholders when pulling the document together.		
Providers	☐	☒	☐	Providers will have a recent document, developed with stakeholders to use to support autistic people in situations that may arise in their life.	Clear communications to go out externally. Excellent engagement with stakeholders when pulling the document together.		

Additional Wider Impacts	**No Impact**	**Positive**	**Negative**	**Description of Impact**	**Any actions or mitigation to reduce negative impacts**	**Action owner*** (*Job Title, Organisation)	**Timescale and monitoring arrangements**
Social Value [1]	☐	☒	☐	This will impact on the population of Oxfordshire in a positive way as it will add empowerment into aspects of their lives, it will give clear information, how to access services, who to contact and how to get involved in local groups & projects.	Excellent engagement with stakeholders when pulling the document together.		

---

[1] If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area

Section 4: Review

Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.

Review Date	**10/02/2027**
Person Responsible for Review	**HESC Live Well commissioning team**
Authorised By	

This page is intentionally left blank