Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), 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.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: All-Age Autism Strategy

Lead Cabinet Member(s) or Responsible Person:

- Karen Fuller (Director of Adult Social Care, Oxfordshire County Council).
- Ian Bottomley (Deputy Director, Integrated Commissioning).
- Bhavna Taank (Head of Joint Commissioning [Life Course] – Live Well)
- Dan Leveson (Director for Places and Communities- Thames Valley ICB).

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Thursday 2nd July 2026.

Response to report:

This is a draft response and could be subject to changes as required ahead of the deadline to respond of the 2nd of July

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. That the role, authority and escalation mechanisms of the Autism Improvement Board are clearly articulated in the final strategy and/or implementation plan, including: how partner organisations are held to account for delivery of agreed actions; how under performance or delay will be escalated; and how assurance will be reported to the Health and Wellbeing Board and shared with scrutiny.	Accepted	The role, authority and escalation mechanisms of the Autism Improvement Board (please be aware that the name of this board may change but the function will stay the same) will be clearly set out through the Board's TOR. The TOR are being co-designed with the Board as part of the year 1 project plan. The current working documents describe the Board's main forum for strategic oversight of autism improvement. The Board is co-chaired by the Head of Joint Commissioning (Live Well) and an expert by experience. There are thematic task and finish groups supporting development and delivery of the strategy which report into the board. The year 1 project plan will review and refine the Board's TOR and: • Define escalation routes from the sub-groups into the Board and/or within partner organisations • Establish reporting templates into the Board • Establish formal progress updates to the Board. Health and Wellbeing board will be asked in July to hold system wide responsibility for development and delivery of the Strategy with the Director of Adult Services, OCC as the SRO. Reports on progress will be received by the Board and any issues with performance or delay escalated to the DASS on behalf of the Health

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		and Wellbeing Board. Board updates will be shared with nominated senior officers in partner organisations.
2. That co production principles are explicitly embedded in delivery, not only strategy development, including: a clear role for autistic people (of all ages) and experts by experience (from the entire community) in shaping priorities, sequencing actions and reviewing progress within the implementation plan; and clarity on how lived experience feedback will directly influence commissioning, service redesign and system decisions.	Accepted	Co-Design will be embedded in the development of the strategy and in its implementation, delivery, review and improvement. Whilst there have been pockets of Co-production due to the statutory nature of the strategy and elements of delivery this is a co-designed process. The strategy has set out within it that Autistic people, parent carers and experts by experience will continue to shape, guide and influence the work. The year 1 project plan will translate this into delivery through membership of experts by experience in the workstream, task and finish groups and co-design of the priorities, design and implementation approach for each workstream. The Autism Improvement Board is designed to ensure representation of people with lived experience of autism at system level, and TOR for task and finish groups emphasise that lived experience should inform priority-setting, sequencing of actions, performance review and continuous improvement. This provides a route for lived experience feedback to influence commissioning, service redesign and wider system decisions rather than being limited to strategy development alone.
3. That financial modelling for the All-Age Autism Strategy is developed as much as is possible, including: any budgets/funding pots and partner organisations in scope; the balance between new investment and reconfiguration of existing resources;	Partly Accepted	Financial modelling of the costs and impact of the Strategy is only partly developed at this stage. The assumption of system partners is set out in the Strategy that there are no direct new financial commitments attached to adoption of the Strategy itself and that costs of delivery should be met from within the existing pooled budget between the council and the ICB. The development of the Strategy has identified that some priority areas may create resource implications over time, for example

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and the affordability and sustainability of priority commitments.		around digital information infrastructure, training, and strengthened specialist support for autistic individuals. These areas will need further development within the implementation plan and, if they require new investment will need to be funded from savings identified elsewhere. The year 1 project plan takes a pragmatic approach by focusing first on governance, baselines, pathway mapping, data, and targeted improvement work, which should allow the system to clarify which actions can be delivered through reconfiguration of existing resources and where future business cases should be developed to identify resource requirements and where these might be found. The final implementation plan will make explicit which budgets and contracts are in scope, where existing resources might be aligned to the aims of the Strategy, and where there are affordability and sustainability issues that need to be resolved as part of the implementation.
4. For a clear outcomes and performance framework to be developed. It is recommended that any outcomes and performance frameworks include diagnostic waiting times and access to support while waiting; consistency and effectiveness of reasonable adjustments across services; experiences of transitions; and lived experience and qualitative outcomes, not solely access metrics.	Accepted	An outcome and performance framework will be co-designed within the year 1 project plan. A draft document includes commitments to: • Confirm baseline indicators and data sources • Develop a year 1 milestones implementation dashboard • Agree a reporting cycle • Create a baseline reporting templates for sub-groups The draft document provides a framework for further development through co-design that goes beyond simple activity reporting. In line with concerns raised by HOSC and reflecting evidence set out in the Strategy and SCIE report, the framework will include:

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		• Diagnostic waiting times • Use of support while waiting • Assessment of consistency and effectiveness of reasonable adjustments across services • Experience of transition between children's and adult pathways and across services • Lived experience and qualitative outcomes alongside quantitative access measures. The draft implementation document also emphasises the use of feedback and data together to shape year two priorities, which support a more meaningful and improvement-focused framework.
5. For system partners to work toward the development a children's version of the Autism Strategy.	Accepted	Work is already moving in this direction. The Strategy is described throughout as all-age and jointly owned across adults' and children's services, with children's partners involved in development and delivery. The latest draft year 1 implementation plan goes further by including a specific action to create a children-friendly version of the Autism Strategy, led through children's colleagues, alongside production of a more accessible all-age version. This means the recommendation for system partners to work toward a children's version is consistent with current implementation planning and can be reflected as an active commitment within the final document rather than a future aspiration only.