

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

AUTISM SELF ASSESSMENT FRAMEWORK

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 This report outlines the final submission of the National Autism Self Assessment Framework (SAF) and provides the Health and Wellbeing Board with evidence for local planning, health needs assessment strategy development and to support local implementation work.

2. BACKGROUND INFORMATION

- 2.1 The Adult Autism Strategy *Fulfilling and Rewarding Lives* was published in 2010. It is an essential step towards realising the Government's long-term vision for transforming the lives of and outcomes for adults with autism.
- 2.2 The 2010 Adult Autism Strategy has five areas for action aimed at improving the lives of adults with autism:
- Increasing awareness and understanding of autism;
 - Developing a clear, consistent pathway for diagnosis of autism;
 - Improving access for adults with autism to services and support;
 - Helping adults with autism into work; and
 - Enabling local partners to develop relevant services.
- 2.3 On 2 August 2013 the Department of Health announced that a second national exercise to evaluate the progress of the Adult Autism Strategy was to be carried out. The purpose of the self assessment is to: Assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy and provide evidence of examples of good progress made that can be shared and of remaining challenges.
- 2.4 Locally the Clinical Commissioning Group has the lead for strategy development and delivery of the Autism Strategy for the Autism Partnership Board. The local authority led the submission of the Autism SAF.

3. OPTIONS FOR CONSIDERATION

- 3.1 Members can support the findings of the Autism SAF, be assured of the progress that is being achieved and remaining challengers in North Lincolnshire.

- 3.2 There is no current alternative option that will deliver the actions required in the agreed timescale.

4. ANALYSIS OF OPTIONS

- 4.1 For 17 questions there is a RAG rating system with scoring criteria for that question. North Lincolnshire rated 4 as green for, CCG engagement, engagement of people with Autism in planning, training for staff carrying out statutory assessments and transition process taking into account employment. None are red and 13 are amber.
- 4.2 For 13 questions there is a Yes or No answer required. North Lincolnshire answered 9 as Yes. The 4 as No are for, working with other Local Authorities on the strategy, CCG leading development of diagnostic pathway, a diagnosis automatically triggers an offer of a Community Care Assessment and a single identifiable contact point for autism-friendly information and signposting.
- 4.3 The submission included 5 Self-advocate stories. The examples of good practice show where actions (in relation to specific SAF questions) have made a positive impact on individuals.
- 4.4 A summary of the Strategy Action Plan is attached. Timescales will be established to increase the ongoing self-assessment to show more greens and Yes's within the life of the strategy.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 There are no direct resource implications associated with this report.

Further areas of development highlighted through the SAF and resource implication will need to be considered as part of the specific action planning include:

- Training for staff working in Older People Services.
- Data collection to fulfil the statutory requirements for the Equalities and Classifications Framework.
- A point of contact for information and advice for people with Autism and their families.
- Specifically target awareness training for staff at Department of Work and Pensions locally.
- A clear date of May 2014 to review the diagnostic pathway and seek to publish a recognised pathway for people with autism to access a community care assessment and other support available.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 6.1 Not applicable

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 7.1 In June 2011 two stakeholder events were held, the first one was aimed at people with Autism and their carers / supporters to enable them to participate in a way they would feel comfortable with. This was facilitated by health and social care professionals with 1:1 support and space available for people with Autism needing time away from the event. Alongside this, people with autism were also given the opportunity to contribute by email, telephone or 1:1 outside of the events.
- 7.2 Extra ordinary Autism Partnership Board was called on 25th September 2013 to review and agree the submission.
- 7.3 The people with autism told us:
- 'I've read the submission and have nothing to add'.
 - In their experience the ratings were reasonable.
 - They did not know about the Adult Autism Strategy.
 - Confidence is important in understanding the adult world.
 - Accessing public transport, wanting to get a job and understanding money are important issues.
 - Wouldn't change anything I was very happy with the support I got.
 - I feel things need changing except being able to see development worker more to support to other groups - even though my worker has been flexible and changed their days off. I have a good rapport with my development worker.

8. RECOMMENDATIONS

- 8.1 The HWB notes the Autism SAF and the areas of positive achievements in North Lincolnshire.
- 8.2 The HWB notes the Action Plan and acknowledges that the Integrated Commissioning Partnership (ICP) is responsible for the ongoing monitoring against the plan and that the ICP will assure a joint approach that builds on the work through the North Lincolnshire Autism Partnership.
- 8.3 The HWB receives annual reports on progress, as appropriate.
- 8.4 The JSNA to adequately represent people with Autism.
- 8.5 The Autism Partnership to consider what should happen to continue to make progress and what barriers could be resolved.

DIRECTOR OF PEOPLE, NLC AND CHIEF OFFICER, CCG

Civic Centre
Ashby Road
Scunthorpe
North Lincolnshire

Health Place
Wrawby Road
Brigg
North Lincolnshire

Author: Maria Oades

Date: October 2013

Background Papers used in the preparation of this report:

1. Autism Self Assessment
2. Autism Strategy Action Plan Summary below

Moving Forward: sharing the journey

Joint North Lincolnshire Autism Commissioning and Implementation Strategy

IMPLEMENTATION PLAN SUMMARY

DIAGNOSIS AND CARE PATHWAYS: NL APB WORKSTREAM 1

1. Increasing capacity around diagnosis
2. Ensuring a diagnosis is recognised as a reason for a community care assessment or reassessment
3. Providing relevant information to adults with autism and their family or carers at the point of diagnosis to help them understand the condition and access local support.
4. Enabling adults with autism to benefit from personalisation of social care
5. Improving transition planning to give people with autism the right start in their adult life.
6. Identifying and promoting service models that are proven to make a positive difference for adults with autism

TRAINING AND WORKFORCE DEVELOPMENT: NL APB WORKSTREAM 2

- 1. Improving autism awareness training for all frontline public service staff, in line with the needs of their job.**
- 2. Developing specialist training for staff in health and social care**
- 3. Reiterating the Disability Discrimination Act requirement for services to make reasonable adjustments for adults with autism. Note: Also to include the Equality Act, 2010**
- 4. Increasing awareness and understanding of autism within businesses and the general public (2010:16, First Year Delivery Plan)**

NOTE: this is to be undertaken by Government and not the remit of this workstream. It is recognised that awareness will be raised by the activities of this workstream and that of the Autism Boards, however, this will not be monitored or assessed by this workstream

EMPLOYMENT STRATEGIC GROUP (CROSS CARE) : NL APB WORKSTREAM 3

Will incorporate Learning Disability Partnership Board & Mental Health Employment Sub Group and other vulnerable groups

- 1. Ensuring adults across all care sectors benefit from wider employment initiatives**
- 2. Reforming existing provision**
- 3. Developing new approaches that will better support adults with autism**

LEADERSHIP AND GOVERNANCE: NLAPB WORKSTREAM 4

- 1. Putting the needs of adults with autism on the map in every area**
- 2. Enabling adults with autism to benefit from personalisation of social care**



Public Health England

Autism Self Assessment Framework 2013

Progress summary

This summary sheet shows progress in registering and completing the Self-Assessment in Local Authority areas in England. This page shows an overall summary. Subsequent pages show the position for each Local Authority.

Registered: Local authorities start by registering a primary contact. This shows the proportion of areas which that have registered in each region and by each area.

Progress: This shows the proportion of answered questions that all respondents should answer. Questions that are not expected to be answered by the deadline are those which begin with "If..." and the date of the Health and Well Being Board meeting that the results will be discussed. To achieve a high percentage extensive comments need to be made.

Finished: This shows when registered contacts have confirmed that the two requirements for the process to be complete have been met.

Region	Registered	Progress	Finished
North East	100%	91%	92%
North West	100%	88%	91%
Yorkshire and The Humber	100%	79%	93%
East Midlands	100%	81%	89%
West Midlands	100%	86%	93%
East of England	100%	83%	91%
London	88%	64%	70%
South East	100%	85%	89%
South West	100%	72%	81%

Area Name	Registered	Progress	Finished
North East			
County Durham Ua	Yes	95%	Yes
Darlington Ua	Yes	86%	Yes
Gateshead	Yes	96%	Yes
Hartlepool Ua	Yes	97%	Yes
Middlesbrough Ua	Yes	97%	Yes
Newcastle Upon Tyne	Yes	92%	Yes
North Tyneside	Yes	95%	Yes
Northumberland Ua	Yes	95%	Yes
Redcar & Cleveland Ua	Yes	78%	Yes
South Tyneside	Yes	78%	No
Stockton-On-Tees Ua	Yes	92%	Yes
Sunderland	Yes	86%	Yes
North West			
Blackburn With Darwen Ua	Yes	81%	Yes
Blackpool Ua	Yes	70%	No
Bolton	Yes	90%	Yes
Bury	Yes	99%	Yes
Cheshire East Ua	Yes	95%	Yes
Cheshire West And Chester Ua	Yes	86%	Yes
Cumbria	Yes	92%	Yes
Halton Ua	Yes	96%	Yes
Knowsley	Yes	84%	Yes
Lancashire	Yes	97%	Yes
Liverpool	Yes	99%	Yes
Manchester	Yes	77%	Yes
Oldham	Yes	78%	No
Rochdale	Yes	95%	Yes
Salford	Yes	86%	Yes
Sefton	Yes	99%	Yes
St Helens	Yes	94%	Yes
Stockport	Yes	90%	Yes
Tameside	Yes	86%	Yes
Trafford	Yes	82%	Yes
Warrington Ua	Yes	87%	Yes
Wigan	Yes	71%	Yes
Wirral	Yes	84%	Yes

Area Name	Registered	Progress	Finished
Yorkshire and The Humber			
Barnsley	Yes	82%	Yes
Bradford	Yes	82%	Yes
Calderdale	Yes	84%	Yes
Doncaster	Yes	91%	Yes
East Riding Of Yorkshire Ua	Yes	89%	Yes
Kingston Upon Hull, City Of Ua	Yes	66%	Yes
Kirklees	Yes	92%	Yes
Leeds	Yes	96%	Yes
North East Lincolnshire Ua	Yes	80%	Yes
North Lincolnshire Ua	Yes	99%	Yes
North Yorkshire	Yes	0%	No
Rotherham	Yes	89%	Yes
Sheffield	Yes	87%	Yes
Wakefield	Yes	82%	Yes
York Ua	Yes	72%	Yes
East Midlands			
Derby Ua	Yes	89%	Yes
Derbyshire	Yes	90%	Yes
Leicester Ua	Yes	100%	Yes
Leicestershire	Yes	94%	Yes
Lincolnshire	Yes	87%	Yes
Northamptonshire	Yes	0%	No
Nottingham Ua	Yes	87%	Yes
Nottinghamshire	Yes	87%	Yes
Rutland Ua	Yes	92%	Yes
West Midlands			
Birmingham	Yes	92%	Yes
Coventry	Yes	89%	Yes
Dudley	Yes	95%	Yes
Herefordshire Ua	Yes	78%	Yes
Sandwell	Yes	72%	Yes
Shropshire Ua	Yes	78%	No
Solihull	Yes	95%	Yes
Staffordshire	Yes	86%	Yes
Stoke-On-Trent Ua	Yes	81%	Yes
Telford And Wrekin Ua	Yes	95%	Yes
Walsall	Yes	81%	Yes
Warwickshire	Yes	95%	Yes
Wolverhampton	Yes	81%	Yes
Worcestershire	Yes	87%	Yes

Area Name	Registered	Progress	Finished
East of England			
Bedford Ua	Yes	100%	Yes
Cambridgeshire	Yes	77%	Yes
Central Bedfordshire Ua	Yes	94%	Yes
Essex	Yes	80%	Yes
Hertfordshire	Yes	82%	Yes
Luton Ua	Yes	85%	Yes
Norfolk	Yes	82%	Yes
Peterborough Ua	Yes	82%	Yes
Southend Ua	Yes	63%	No
Suffolk	Yes	96%	Yes
Thurrock Ua	Yes	73%	Yes
London			
Barking & Dagenham	Yes	99%	Yes
Barnet	Yes	65%	Yes
Bexley	Yes	90%	Yes
Brent	Yes	0%	No
Bromley	No	0%	No
Camden	Yes	87%	Yes
City Of London	Yes	72%	Yes
Croydon	No	0%	No
Ealing	Yes	90%	Yes
Enfield	Yes	85%	No
Greenwich	Yes	82%	Yes
Hackney	Yes	0%	No
Hammersmith & Fulham	Yes	82%	Yes
Haringey	Yes	91%	Yes
Harrow	Yes	92%	Yes
Havering	Yes	90%	Yes
Hillingdon	Yes	0%	No
Hounslow	No	0%	No
Islington	Yes	92%	Yes
Kensington & Chelsea	Yes	85%	Yes
Kingston Upon Thames	Yes	90%	Yes
Lambeth	Yes	80%	Yes
Lewisham	Yes	81%	Yes
Merton	Yes	76%	Yes
Newham	Yes	84%	Yes
Redbridge	Yes	87%	Yes
Richmond Upon Thames	Yes	92%	Yes
Southwark	No	0%	No
Sutton	Yes	82%	Yes
Tower Hamlets	Yes	81%	No
Waltham Forest	Yes	0%	No
Wandsworth	Yes	78%	Yes
Westminster	Yes	82%	Yes

Area Name	Registered	Progress	Finished
South East			
Bracknell Forest Ua	Yes	90%	Yes
Brighton And Hove Ua	Yes	91%	Yes
Buckinghamshire	Yes	85%	Yes
East Sussex	Yes	85%	Yes
Hampshire	Yes	86%	Yes
Isle Of Wight Ua	Yes	94%	Yes
Kent	Yes	87%	Yes
Medway Ua	Yes	71%	Yes
Milton Keynes Ua	Yes	87%	Yes
Oxfordshire	Yes	76%	No
Portsmouth Ua	Yes	80%	Yes
Reading Ua	Yes	77%	Yes
Slough Ua	Yes	82%	Yes
Southampton Ua	Yes	96%	Yes
Surrey	Yes	96%	No
West Berkshire Ua	Yes	73%	Yes
West Sussex	Yes	86%	Yes
Windsor And Maidenhead Ua	Yes	94%	Yes
Wokingham Ua	Yes	87%	Yes
South West			
Bath & North East Somerset Ua	Yes	81%	Yes
Bournemouth Ua	Yes	85%	Yes
Bristol, City Of Ua	Yes	86%	Yes
Cornwall Ua	Yes	0%	No
Devon	Yes	0%	No
Dorset	Yes	90%	Yes
Gloucestershire	Yes	87%	Yes
Isles Of Scilly Ua	Yes	34%	No
North Somerset Ua	Yes	80%	Yes
Plymouth Ua	Yes	82%	Yes
Poole Ua	Yes	85%	Yes
Somerset	Yes	89%	Yes
South Gloucestershire Ua	Yes	90%	Yes
Swindon Ua	Yes	92%	Yes
Torbay Ua	Yes	85%	Yes
Wiltshire Ua	Yes	87%	Yes



Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

North Lincolnshire Clinical Commissioning Group.

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- Yes
 No

If yes, how are you doing this?

Not at this point. North Lincolnshire is co terminus with North Lincolnshire Clinical Commissioning Group and we work together in an integrated partnership through the Health and Well-being Board.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes
 No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Locally the Clinical Commissioning Group has the lead for joint commissioning and delivery of the Autism Strategy. North Yorkshire and Humber Commissioning Support Unit supports the delivery of the strategy. The delivery manager works closely with the key point of contact in the local authority and reports on progress to the Director of Commissioning, North Lincolnshire Clinical Commissioning Group, Autism Partnership Board and the Integrated Commissioning Partnership of the Health and Well-being Board. Local Authority's point of contact is, Assistant Director Prevention and Commissioning who reports to, Director of People, North Lincolnshire Council.

With in the Health and Well being Board governance arrangements the Integrated Commissioning Partnership discussed and contributed to this self assessment at a meeting on 24 September 2013 will review the final submission in October and agree the full report that will go to the Health and Well being Board at the meeting on 10 December 2013.

North Lincolnshire Lead:

Rachel Craven,
Delivery Manager,
North Yorkshire and Humber Commissioning Support Unit,
Health House,
Grange Park Lane,
Willerby,
Hull.
HU10 6DT
rachelcraven@nhs.net

4. Is Autism included in the local JSNA?

- Red
 Amber
 Green

Comment

Yes

The 2012/13 evidence base includes a section on the numbers of children and adults with Autism and Aspergers known to Education, Mental Health and Adult Social Services. This information is compared with likely prevalence and incidence in the child and adult population. The JSNA contains a summary of outputs from the stakeholder consultation 2011 which preceded the publication of the local autism strategy May 2012.

This section is being revisited and refreshed with partners for the 2013/14 JSNA. This is due to be published early 2014 and will again include an evidence base section on children and adults in the community with Autistic Spectrum Disorder.

Further the current JSNA identifies the development of care pathways for people with Autistic Spectrum Disorder as a key priority.

5. Have you started to collect data on people with a diagnosis of autism?

- Red
 Amber
 Green

Comment

There is consistent collection of data of adults and children with Autism, linked to the assessment, treatment and interventions with individual people.

A project has been initiated to review how the local authority fulfils its statutory requirements for the Equalities and Classifications Framework. This will ensure the systematic collation and reporting on Autism for the future.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- Yes
 No

If yes, what is

the total number of people?

80

the number who are also identified as having a learning disability?

43

the number who are identified as also having mental health problems?

18

Comment

These people are known cases to the Community Team Physical Disabilities, Community Team Learning Disabilities and Continuing Health Care Team.

6 people with learning disability have a confirmed diagnosis of Autism.

16 of the 43 people with a learning disability have a severe learning disability and their associated behaviours suggest co occurring Autism. In the absence of a confirmed diagnosis a person centred planning approach assures their needs are met.

21 of the 43 people with a learning disability have complex care needs and these are met in specialist placements, funded via health and social services.

4 of the 18 people with mental health are detained under the Mental Health Act in out of area placements.

2 of the 18 people with mental health are supported under section 117 of the Mental Health Act

We are aware of at least 46 people placed in North Lincolnshire by other Local Authorities and/or Clinical Commissioning Groups who are registered with our local Primary Care Services and are not included in North Lincolnshires numbers.

7. Does your commissioning plan reflect local data and needs of people with autism?

Yes

No

If yes, how is this demonstrated?

It is demonstrated through the use of demographic information in the commissioning plan. This refers to the estimated population of Autism Spectrum Disorders in North Lincolnshire as well as the UK.

The commissioning plan identifies the need for

Better identification of people with Autism Spectrum Disorders

Better use of the developed Autism Diagnostic Pathway.

A more consistent approach to the recording of people with Autism Spectrum Disorders particularly where there is dual diagnosis.

An action plan is in place to support these areas of development and progress is to be reported to the Autism Partnership Board and the Integrated Commissioning Partnership.

8. What data collection sources do you use?

Red

Red/Amber

Amber

Amber/Green

Green

Comment

Data collection sources include numbers of children and adults with a diagnosis known to children and adults' services, (education, social care and mental health) as well as national incidence and prevalence data. We have identified an opportunity of improving our data collection through young adults leaving fulltime education, which will ensure we have a systematic way of counting people who do not come to the attention of Adult Social Services or the NHS as adults. The implementation of the Autism Diagnostic Pathway will help us move to a much more systematic process of recording diagnosis and collecting data, thus reducing our reliance on national incidence and prevalence data.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- Red
 Amber
 Green

Comment

Yes, it is a joint strategy with North Lincolnshire Clinical Commissioning Group and North Lincolnshire Council and regularly reports to the Integrated Commissioning Partnership, which reports are made to the Health and Well-being Board and the Autism Partnership Board.

The Integrated Commissioning Partnership is chaired by the Chief Officer of the North Lincolnshire Clinical Commissioning Group and the vice chair is the Director of People for North Lincolnshire Council.

10. How have you and your partners engaged people with autism and their carers in planning?

- Red
 Amber
 Green

Please give an example to demonstrate your score.

At a STRATEGIC level, there was involvement of people with Autism, parents and carers to develop the strategy. In June 2011 two stakeholder events were held, the first one was aimed at people with Autism and their carers / supporters to enable them to participate in a way they would feel comfortable with. This was facilitated by health and social care professionals with 1:1 support and 'time out' space being available. Alongside this, people with autism were also given the opportunity to contribute by email, telephone or 1:1 outside of the events. As part of the consultation process linked to this self assessment the people with Autism told us that our strategy was good but that we needed to do more to share the strategy with more people with Autism. As part of our work to develop a single point of contact for people with Autism we will include information about our strategy.

At a SERVICE level, there was involvement at stakeholder events held in May 2012 (Strategy Launch event), where approximately 3 people with Autism and 10 parents / carers attended. In April 2013 a Provider Conference involved 6 people with Autism and 19 parents / carers, to give them the opportunity to identify their issues and inform how the service can be improved to address their issues and set out areas for development.

At an INDIVIDUAL level, people with Autism are actively involved in their assessment and involved in determining an outcome based plan. Where required independent advocacy support is available and there is evidence of it being used. People with Autism have told us that Person Centred Planning is being used and is making a difference in their lives.

On an ongoing basis we have the Autism Partnership Board, which holds the North Lincolnshire Clinical Commissioning Group and North Lincolnshire Council to account for the delivery of the strategy. Membership includes:

*People with Autism
Parent / carers and their representatives
Statutory health and social care organisations
Providers of services to people with Autism including Independent sector
Third sector organisations, including Carers Support Services
Advocacy representatives
Education
Children's services
Children's services commissioner (Health)
GP
Humberside Probation Trust
Humberside Police
Strategic housing
The Centre of Excellence (NLC)*

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- Red
 Amber
 Green

Please give an example.

The North Lincolnshire Clinical Commissioning Group and North Lincolnshire Council have policies to ensure they are meeting the requirements of the Equality Act 2010. As part of the Autism Strategy Action Plan an e-learning module has been developed to specifically raise the awareness of staff working within these organisation to better equip them to work and interact with people with Autism. A roll out plan is being developed and commitment for delivery across the Autism Partnership is being pursued. This first module was developed with people with Autism. In addition the Council has developed training and reference material (for council employees and volunteers) around customer service and disability equality and confidence. Meeting the specific needs of customers with Autism is covered in the training and resources.

As part of the Direct Enhance Service arrangement all GPs have had learning disability awareness training that has included autism. A number of GP practices have had specific and specialist autism training, as have pharmacy, leisure, Ambulance and Police Services and the Acute Liaison Officer working between North Lincolnshire and Goole NHS Foundation Trust and Rotherham and Doncaster South Humber NHS Foundation Trust.

There is evidence of changed behaviour on the part of these services that has included shortened waiting times linked to targeted appointment times first appointment / last appointment. A number of Voluntary Sector providers have facilitated access to everyday activities such as film club night opportunities

People with Autism have indicated that an area for further development is the awareness and under standing of staff in the Department of Work and Pensions. This will be a matter for action for the Autism Partnership Board.

12. Do you have a Transition process in place from Children's social services to Adult social services?

- Yes
 No

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

All children who have a statement of Special Educational Needs are subject to Annual Reviews. In Year nine a Transition plan is completed. This enables the young person, family, carers and professionals to plan how best to meet the individual's aspirations and identified needs and begin the formal discussions regarding transition to adulthood. This is an automatic process and it is the responsibility of the Head Teacher of the school to ensure that Annual Reviews are held in a timely manner.

A Transition post is co-located within the Integrated Service for Disabled Children and is funded by Adult Services, therefore enabling all referrals to be made direct to appropriate service.

Young people with complex needs are identified and Adults Social Services are made aware of both individual and collective need at 14 years of age. Discussions take place with Adult Social Services from Year 9 if the young person is likely to meet the Fair Access to Care (FACS) criteria on reaching adulthood.

If it is unlikely that the young person will meet the FACS criteria on achieving adulthood, the young person continues to be supported by Information, Advice and Guidance (IAG) Officers, the school and the Transitions Officer as appropriate dependent upon the level of assessed and presenting need. If the young person has a range of needs, then consideration will be given as to whether an Early Help Assessment (formerly Common Assessment Framework) and Early Help Offer meetings are required in order to formalise a team around the young person and his / her family. Some young people may transfer to the Adults Prevention Service on reaching adulthood if they are assessed as being in need of ongoing lower level support that does not meet the FACS criteria.

Part of the plan for any young person looks at future employment needs and what each individual needs to do to be successful in employment. At 17 years old support (Raising Participation Age) is offered to find voluntary placements and work opportunities etc. When an employment or voluntary opportunity is identified training and support is provided to the employing organisation to increase the likelihood the placement is successful.

The Universal Prevention Team - Adults also receive referrals direct from people with autism or their carers. Any one accessing the service is provided with the appropriate advice guidance and support detailed in a support plan. The focus of the support is based on the aspirations of the individual. If the focus is on employment a plan will be put in place to support this aspiration. The allocated team member will support the individual as required, for example helping access to volunteer activities in preparation for work.

13. Does your planning consider the particular needs of older people with Autism?

- Red
 Amber
 Green

Comment

The strategy is focussed on all adults including those with Autism. It is recognized that further work is needed in Older People Services to raise their awareness and skill levels. As part of the project identified in answer to question 5 the need to include Older Peoples Service has been identified.

Training

14. Have you got a multi-agency autism training plan?

- Yes
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red
 Amber
 Green

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

The Multi-Agency Training plan has identified three levels of training need, (universal, targeted and specialist) and staff from Health and Social Care access a level of training commensurate with their duties. The existing universal level e-learning module has been developed in partnership with people with Autism. The priority has been on raising awareness of staff in universal service. The e-learning module has been completed and work is ongoing to develop modules for use at targeted and specialist levels with in the life of the local Autism Strategy.

A specific area for development has been in relation to employment placement organisations that have specifically requested the e-learning module to help them work with organisations offering work placements to people with Autism. These organisations recognise this training will ensure more of the placements have a successful outcome.

In addition, staff working with people with Autism have had the opportunity to attend face to face sessions led by people with Autism, sharing their experience. These have been enhanced by contributions from specialists in their field of Autism. The self-advocates have been particularly powerful in supporting staff to change their practice.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- Red
 Amber
 Green

Comments

Yes, training has been provided for all teams responsible for statutory assessment. This specialist training to facilitate their assessment roles and fulfil the statutory requirements will have been completed by the end of November 2013.

All assessors for the diagnostic pathway were trained by October 2012.

People with Autism have told us that they have positive experiences of our services.

The Community Team Physical Disabilities training is provided by Options Group (which is a specialist provider and member of the local Autism Partnership Board) and is taking place on 15th November 2013. This training is for staff who complete assessments and links with the requirements of the Autism Bill "Understanding Sensory Issues and Support Positive Behaviour" and Assessment of Need and Support in the Community. Plans to include Older People's Services will be developed by the end of this financial year.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

The Clinical Commissioning Group have appointed a GP Clinical Lead for Mental Health Services, who sits as a member of the Clinical Commissioning Group Board of Governance and as the clinical representative on the Autism Partnership Board

The Clinical Commissioning Group has sponsored dedicated GP training as part of their Workforce Development plans. In the financial year 2014/2015 there will be Mental Health training, which will specifically include Autism

In addition some GPs have been involved in specific training.

18. Have local Criminal Justice services engaged in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

*The local police division in the North Lincolnshire Council area, as part of their commitment to the Autism Partnership Board and to expedite the roll out of the universal level training, has additionally commissioned Options group (specialist provider and member of the local Autism Partnership Board) to provide training for their staff.
There have been approx 80 Police officers and approx 48 PCSO (Police Community Support Officers) who have attended training so far.*

Humberside Probation Trust has also purchased an e-learning package to increase staff awareness of Autism.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

There is an established diagnostic pathway for assessment of adults for Autistic Spectrum Disorder. It includes early identification via person or family carer, GP, Secondary / Tertiary healthcare, A&E Liaison and Adult Social Services, Mental Health inpatient or community treatment team. A referral to Adult Social Services can be made if support is required whilst diagnostic assessment process is ongoing. A diagnosis of co occurring learning disability will determine a specific pathway. The pathway has improved accessibility to a formal assessment process, with support and advice for the individual, family and carers. This has been possible through the provision of Autism training to staff with in the case management teams.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

5

Year (Four figures, e.g. 2013)

2012

Comment

It was developed in 2011 - 2012 and was launched at the Autism Strategy launch event May 2012, with copies of the pathway circulated to all attendees and other key stakeholders including GPs.

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

12

Comment

The average wait time for diagnostic services for Autism within the Mental Health service is approximately 12 weeks with a maximum wait of 16 weeks. Where a more urgent time frame needs to be met people can be seen more quickly. In the context of people with a co-occurring learning disability the waiting time for the more specialist service is longer although the numbers are fewer.

22. How many people have completed the pathway in the last year?

39

Comment

39 people have been referred and completed the pathway. Of these 33 have been assessed in the Mental Health Service and a further 6 within the Learning Disabilities Service, (from July 2012 - August 2013).

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- Yes
 No

Comment

Guided by the Autism Partnership Board it was agreed an Autism Diagnostic Pathway was required and the Mental Health / Learning Disability NHS Foundation Trust took the lead with in a sub group of the strategy planning infrastructure.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis
 b. Specialist autism specific service

Please comment further

Senior clinical practitioners with in the mainstream statutory services have been trained in Autism diagnostic services.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- Yes
 No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

Based on the outcome of the diagnosis, the pathway describes three possible routes, 1 and 2 are post-diagnostic routes for Mental Health and 3 is for Learning Disabilities.

1. Discharge to Primary Care
2. Refer to appropriate treatment Team AND request Asperger's Assessment
 Intensive Community Therapies
 Community Therapies
 Recovery
 Inpatient Teams
 Home Treatment
 Community Team - Physical Disabilities
3. Multi Disability Team review initiated, involving the service users and relevant social services, Speech and Language Therapy and health professionals and family / carers.
 Consent, Mental Capacity Assessment and Best Interest protocols followed.
 The Autism Partnership Board has made a commitment to review the pathway on an annual basis. The second review is due May 2014.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Post diagnostic support is available to help the individual and their family to understand and cope with the outcome of a diagnosis of autism. Those with a learning disability will be managed with in the Fair Access to Care criteria, those with out a learning disability, who meet the Fair Access to Care criteria will access services with support from the appropriate team (Community Team Learning Disabilities or Community Team Physical Disabilities) and those who do not meet the Fair Access to Care criteria will be signposted to the Universal Prevention - Adults.

Assessment and interventions with people with Autism are designed to enable them to meet goals and aspirations eg use of public transport, education, employment, leisure, keep fit, life skills. Consideration is also given to the use of assistive technology to enhance their quality of life and increase their independence.

There is informal voluntary support for carers of people with Autism plus anecdotal evidence of peer-to-peer support in place. People with Autism have told us that accessing public transport, wanting to get a job and understanding money are important issue for them confirming that our priorities are correct.

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

785

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

9

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

18

Comment

27a this number is as of 27 September 2013.

The numbers in 27b are known to the Community Team Physical Disabilities.

The numbers in 27c are known to the Community Team Learning Disabilities. 2 individuals have a confirmed diagnosis and the remaining 16 people who have a severe learning disability it is their associated behaviours, which suggest a co occurring autism. In the absence of a confirmed diagnosis a person centred planning approach assures their needs are met.

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

Yes

No

If yes, please give details

There is an Adult Services single access point. Once it is established the caller has Autism without a co occurring learning disability, there is an immediate referral to the Community Team Physical Disabilities (who have all had awareness training and will have had specialist training by Nov 2013). Where the caller has learning disabilities the referral goes to Community Team Learning Disabilities.

If the person meets Fair Access to Care criteria they stay with in the Community Teams and if not they are signposted to the Universal Prevention Service - Adults where staff have training in Autism. Cross reference answer 26

There are plans for a single point of contact for people with Autism, to be developed before the end for the financial year. This will use the specialist skills of local independent providers.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

Yes

No

If yes, please give details

There are clear internal policies and procedures for people with autism with out a learning disability to access a community care assessment or other support. See answer 28 for detail.

As part of the Autism Strategy and the Action Plan we will seek to publish our offer to people with Autism with in the next 12 months, so they understand the care and support available. In the context where people have an identified co occurring mental health problem there is a clear pathway of support via Mental Health Services.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- Red
 Amber
 Green

Comment

We use Cloverleaf Advocacy and with in their organisation they have access to a wider network of people who specialise in Autism. Locally there is one person trained.

Cloverleaf has an in house training programme that includes Autism. A person with Autism has said he is very pleased with the impact that advocacy is having on his situation.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red
 Amber
 Green

Comment

In the context where it is judged necessary we have an Independent Mental Capacity Advocacy Service. We also have a Generic Advocacy Service. Both have in-house Autism training packages for their staff.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- Yes
 No

Provide an example of the type of support that is available in your area.

We signpost to Universal Prevention Service - Adults (supports with transport, employment, volunteering, community activities), Leisure Services, Voluntary Action North Lincolnshire, Department of Works and Pension - Disability Advisor, Magic Moments for family support and social activities for teenagers. To support everyday activities the VUE Cinema on last Sunday of the month has showings where there are low lights etc. especially to support people with Autism.

Although the person may not qualify for Fair Access Criteria consideration will be given to the carer and access to carer's assessment facilitated when indicated.

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red
 Amber
 Green

Comment

A section of the FreshStart newsletter is dedicated to activities for people over 16 with a long-term condition. The service is increasingly working with an increasing number of people with Autism. It is becoming apparent that the current menu activities are not attractive to these people with Autism. We are working with individuals to find appropriate and relevant activities with in universal services, eg leisure, museum etc. There is also support to use Connect to Support North Lincolnshire, an E-market place that can be used for information and advice.

This work will be linked to the offer referenced in answer to question 29.

We recognise there is more to be done and we have plans for a single contact point for people with Autism to be in place before the end of the financial year.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

The main housing strategy includes people with autistic spectrum conditions under the general term 'vulnerable people'. Specific actions in relation to people with autism are contained in the action plans that accompany the strategy. Much of the strategy impacts on people with autistic spectrum conditions. A member of the strategic housing team is a member of the Autism Partnership Board.

Our priorities for housing development are

Make it easier to access support and accommodation to prevent or resolve crises

Assist people to adapt their homes to meet their needs

Develop a range of specialist supported housing and move on accommodation

Work in partnership with key stakeholders and local communities to reduce housing and other social inequalities

As we develop specific action plans to support these priorities we will ensure specific action in place to support people with Autism.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- Red
 Amber
 Green

Comment

Job Centre Plus is a member of the Autism Partnership Board and we also have third sector work placement agencies linked in to the Partnership Board through sub group activities. These agencies have used / have access to the e learning module. Cross reference answer to Question 14. In addition the Local Authority has a Supported Employment Strategy. This is currently being refreshed and will include a section on people with Autism, to build on the good work already in place and to identify further developments based on need.

Services currently commissioned by Universal Prevention Adults to support employment are currently being re-commissioned to ensure the balance of the needs of people with mental health, learning disabilities and autism is achieved.

Across Voluntary Action North Lincolnshire / Local Authority / Adult Social Services there are a number of individual success stories and initiatives (see self-advocate stories).

As part of the Local Authority partnership working to support the participation age, specific focus has been developed on young people with needs linked to learning disabilities and / or autism. There is a new initiative in a local college called Supported Internships. The first cohort started in September 2013.

We are engaging with people with direct payments and there is targeted and specific work in place to explore employment both paid and unpaid.

36. Do transition processes to adult services have an employment focus?

- Red
 Amber
 Green

Comment

The transition plan, which is introduced in Year nine and is reviewed on a yearly basis, has a section, which focuses on employment. This transition plan is person centred and it is shared with Adult Social Services, which gives continuity. The plan explores individual interests/hobbies and includes discussion about employment and opportunities to gain work experience / employment. All young people in Year nine have a careers interview with Information, Advice and Guidance officer where they are advised on qualifications and given options in relation to vocational as well as academic courses.

Young people aged 17 plus (RPA) are supported by the Transition Service to find voluntary work, work experience and part time working in line with age and understanding. The Transition meeting also enables discussion to establish an expectation that young people will be supported to find work and that reasonable adjustments will be made in order to ensure that young people achieve their true potential and have aspirations to succeed. The training already undertaken with Work placement providers supports successful work placement for young people with Autism. Our commitment will be to plan the placement and identify the areas for skill development so that a tailored approach to work placements can be made. This will ensure there will be individualised working at the young person's pace, providing the right support, delivering in a positive experience.

The Universal Prevention - Adults has a Job Coach who can work with individuals who wish to move into paid employment.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red
 Amber
 Green

Comment

The Autism Partnership Board has the active involvement of Humberside Police and Humberside Probation Trust. The Probation Service representative is actively involved in one of the partnerships sub groups. The local police division has demonstrated their commitment to this strategy by their early commissioning of awareness training.

Plans are in place with the local NHS foundation trust through their diagnostic service, to issue alert cards and with the support of the local police division the roll out will have positive impact.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one). In the comment box provide the story.

Self-advocate story one

Question number

263235

Comment

My support worker Jane has helped me to find things to do and helped me to make those things achievable, step-by-step at my own pace. Trying different things I was comfortable with like repeating bus training and making me lists of "What to do if" to carry around with me. Essentially the main thing is finding me a voluntary position at the Brigg Heritage Centre. Which has improved my confidence to enable me to do public speaking, travel around independently and order my own food and drinks at Costa Coffee. When I was asked, did I ever believe when I started working with Jane, last year, that I would be doing all of these things, made all of these achievements and be feeling so much more confident I answered, No especially the Heritage Centre.

Self-advocate story two

Question number

262935

Comment

Having a personal budget has made a difference to my life. I am much less bored because my days have more structure now. I am not self-harming like I was because I feel more relaxed and my mood is a lot better. I have used my budget to pay for AALPS Outreach Service to take me out and to pay for some help with personal care and meals from Creative Support. I have been able to do a pre-employment course and a drama course. I now work as a volunteer teaching music to Mencap service users twice a week. I am hoping this will lead to a paid job. I have met some new people and have attended social gatherings. I also like to go swimming.

Self-advocate story three

Question number

2635

Comment

I have had a personal budget since June 2013. The budget is the best thing and if I could make it I would give it 10 out of 10. It is super and it has made such a difference to my life. I have used some of my budget to purchase a bike and this has made a difference. I am going to work on a voluntary project and I am thinking of increasing it from 2 days to 3 days after Christmas. My bike enables me to get there. The budget has helped me to increase my social activities. I can use the budget to go down the route that is important to me.

The budget has made such a difference to my life.

Self-advocate story four

Question number

192226

Comment

With the help of my worker from the Community Development team got my diagnosis of Aspergers. I am independent in healthy eating and cooking so my diabetes is better. I have got a routine and skills in looking after my house independently. I was helped to go to social activities independently and this improved my confidence.

I now understand who I am, can cook healthy meals and portion control, look after my house, make new friends which has prevented me being isolated, get out of the house every day and have improved my relationship with my family as they are doing less for me

Wouldn't change anything and I was very happy with the support I got.

Self-advocate story five

Question number

122733

Comment

This is a case study about a young man, 21 years of age, who has a moderate Learning Disability and Autism. He was diagnosed with Autism at an early age and attended the local Learning Disability school. Following this He went to a residential college, out of area, and returned to the Scunthorpe area at the age of nineteen, moving into a supported living accommodation as part of his transition back into the local area. His mother and father remain very supportive and involved in his support and care. He can at times be very insular and unpredictable in his behaviour, which is associated with his Autism. At College He lived semi-independently and responded well to the routine, structure and support provided by College in the learning environment that worked well in relation to his Autism, where routine and structure is very important. There were some initial difficulties with his supported accommodation and returned to live with mum. Since then He has been provided with a personal budget and has now secured supported employment placement through the Mencap Pathway Employment service. He has now secured a private tenancy with the use of Tunstall Telecare to support and maintain his independence. This includes tenancy support via the council's Housing Related Support Services. He has found a personal assistant who has had previous experience of working with people who have a learning disability and Autism and has developed a positive relationship. He was able to find the right personal assistant for him, matching skills and abilities via the council's Find a Personal Assistant, "Connect to Support" website which was very important to him in order that he could get the best support worker. He felt it important that people understood his Autism. Work continues with him, taking into consideration his Autism specific needs, which incorporate "positive risk taking" and time specific interventions that lessen stress and anxiety whilst developing his self confidence and self awareness of how his Autism affects him. At the present time he self reports that he feels what he has now is better than before.

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

Yes

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the [ministerial letter](#) of 5th August 2013?

Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

10

Month

12

Year

2013