



# 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?

5

### Comment

*Hardwick CCG are the lead for the other four locality CCG's within Derby City and Derbyshire. Derby works with the Hardwick lead who liaises with the other 4 CCG's. The Harwick Representative chairs the Joint Autism Board which includes health commissioners.*

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?

*Primarily via the Joint Autism Board which has membership from city and county adult social care and health commissioners and providers. We also work via the East Midlands regional autism group on a regular basis and connect with other local authorities to compare pathways and best practice.*

## 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.

*The lead for Derby is Trevor Wright, Strategic Commissioning Manager for Younger Adults (trevor.wright@derby.gov.uk 01332 642751). He is the lead commissioner for all adult learning disability and autism services, reporting to a the Head of Service within the Adult Social Care Integrated Commissioning Team. Links are also made to the equivalent managers in the operational assessment teams.*

4. Is Autism included in the local JSNA?

☐ Red  
☒ Amber  
☐ Green

### Comment

*Autism is included with the Learning Disability section and. A 2013 autism specific survey will be used to enlarge the JSNA at its next refresh and to ensure that Autism specific information is differentiated from general Learning Disability information as will a recently published Public Health information instigated by the Joint Commissioning Board.*

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

- ☐ Red  
☒ Amber  
☐ Green

#### Comment

*Yes. Information is provided by the Diagnostic Centre and improved read codes will be used by GP's from 2014. More in depth recording will also be achievable when the current local authority client database is replaced in 2014. There is an overall difficulty in data collection from partner agencies and of people with no diagnosis or eligible social care needs.*

### 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?

102

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

102

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

0

#### Comment

*The information is collected by the authority but it is recognised that this could be improved as the data quality is predetermined by the client record system with Learning Disability as the primary need recorded. This is due for replacement and so improved collection and reporting is anticipated from 2014/15/*

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

- ☒ Yes  
☐ No

If yes, how is this demonstrated?

*It can be demonstrated by the allocation of funds via the Joint Commissioning Board in 2012/13. The priorities identified by the JCB, i.e. voluntary sector support agencies and an autism specific counselling service were prioritised for funding. The plan is currently being reviewed by the JCB for 2014.*

### 8. What data collection sources do you use?

- ☐ Red  
☐ Red/Amber  
☐ Amber  
☒ Amber/Green  
☐ Green

#### Comment

*Local Authority data. GP data. Diagnostic Centre data. Data collection and collation on autism is a challenge for all agencies. The JCB collates known information when it can and makes efforts to commission new data reports to better inform commissioning priorities when resources allow.*

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**

*Hardwick CCG act as the lead for the four other local CCG's and a senior CCG commissioning representative chairs the Joint Autism Board. The Board benefits from a collaborative approach from all the contributing agencies and functions to identify, co-ordinate and monitor commissioning activities.*

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.**

*A 2013 survey of the needs of people with autism and their carers.  
 Pre survey consultation with users and carers on how best to conduct the survey  
 User / Carer Representation on the Joint Co-ordination Board  
 Liaison with the city and county Learning Disability Partnership Boards  
 Consultation with local groups on funding priorities for city and county which we aim to improve in 2014.*

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 distribution of top tips material to GP practices  
 Autism specific shows in cinemas and theatres  
 Support for local self organised groups  
 Diagnosed individuals being able to bypass normal screening processes  
 General awareness training to as wide a range of staff as resources allow which will facilitate reasonable adjustments for people with autism  
 Standard application of corporate equalities policy and procedure*

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.**

*There is an agreed process in place which is automatic when individuals and families are known to Children and Young Peoples Services and are likely to require support in adulthood. Parents / carers may need to make a specific request where individuals are not previously known.*

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

- ☐ Red  
☒ Amber  
☐ Green

**Comment**

*Yes and training has been provided to staff from both younger adults and older peoples teams with sensory integration training provided to health staff. Planning will be improved when the outcomes of the 2013 Autism survey have been presented to the Autism JCB and when priorities for action have been included in the 2014 commissioning plan.*

**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.

*It has with a range of sessions from half day briefings and one and two day courses. Staff from contact, learning disability, mental health and older peoples teams have attended. Advocates have been involved in training to health staff and the 2014 training plan review will consider how best to further involve them more in future plans.*

**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**

*Mant staff have attended autism awareness courses and dates for specialist training are booked for October 2013. Autism training on older people in mental health teams  
 Sensory Integration training has been provided for health trust. These courses focus on the communication and environmental adjustments required.*

**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.**

*A successful East Midlands GP conference was held in 2013 and there is a GP on the Autism JCB.  
 Distribution of Top Tips material for all GP practices is being organised for late 2013.  
 Liaison with CCG's and GP's would be better facilitated if there were national directives and/or incentives to drive engagement.*

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

- ☒ Yes  
☐ No

Please comment further on any developments and challenges.

*Local CJS conference planned for October 15th 2013 and City and County leads from CJS have responded positively to date  
Training provided to Derbyshire Constabulary and Probation  
Link to Prisons Service via lead Nurse from the Diagnostic Unit*

*A major challenge is to identify the strategic lead for this work and clarity about who needs to be involved.*

## Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- ☐ Red  
☒ Amber  
☐ Green

Please provide further comment.

*Funding was allocated in 2013 to increase the capacity of the Diagnostic service and provide an additional facility in county.*

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

Month (Numerical, e.g. January 01)

4

Year (Four figures, e.g. 2013)

2012

Comment

*The pathway was improved and additional diagnostic capacity implemented as a result of discussions at the JCB. Resources are being sought to increase diagnostic capacity and then extend the post diagnostic pathway in 2014.*

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

Please report the total number of weeks

50

Comment

*Demand currently exceeds supply although this is in part because of the improved distribution of information on Autism and diagnostic pathways and therefore additional numbers being referred. This is under review by the JCB.*

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

30

Comment

*The numbers entering the diagnostic pathway is increasing as a result of the additional capacity introduced in 2012 and because of work to raise awareness of the referral routes.*

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

- ☒ Yes  
☐ No

## Comment

*The CCG's are responsive and supportive with Hardwick CCG lead on Autism behalf of the other four CCG's and chair the Joint Commissioning Board. An overall collaborative approach is agreed amongst key social care and health partners.*

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

*There is an integrated Diagnostic Unit and pathway across city and county but local services then vary on the pathway according to locality or the nature of the specialist service required.*

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?

*On diagnosis (only with patient consent) a nominated social care lead receives an automatic notification of an individual's diagnosis so triggering the CCA. Normal screening processes are therefore bypassed as per the Autism Act. Further support then depends upon whether the referred individual is FACS eligible.*

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

*A range of support is available depending upon need and eligibility and personal budgets are offered wherever possible. Those eligible may choose to access a managed service. A wider range of local Support Groups exist alongside a specialist Relate service, generic local disability support groups, a local disability advice and advocacy groups, NAS national and local, specialist residential care, specialist domiciliary care.*

## 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

35

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

0

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

35

**Comment**

*Information is collected by the authority but is recognised as being limited, requiring more drop down boxes to better define the clients needs. The client data base is due for replacement and improved reporting is expected from 2014/15.*

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**

*The First Contact Team in Derby City Council Adults Health and Housing. Team members have accessed awareness training, will attend specialist training in 2013 and are provided with updates about local services for people with autism to enable them to signpost on where appropriate.*

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**

*An automatic referral for a CCA to the First Contact team is made on diagnosis and by passes standard screening procedures. Further support is then dependent upon FACs eligibility. Where eligible, support is available depending on the assessed need and whether the individual is previously known to a specialist team.*

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**

*Training is open to advocates within the independent sector.  
 There is no autism specific service but the contracts for advocacy services include autism.*

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**

*Yes, generic advocacy and specialist learning disability and mental health advocacy can be accessed. Access will be arranged when the customer requires and consents to the involvement of an advocate. Those assessed as lacking capacity can access IMCA and IMHA.*

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.

*Low level support is available through Relate, Generic Disability Groups, NAS locally and nationally, council universal services and local self organised groups. However, we are aware that there are some gaps in provision and the recent survey of people with autism and their carers will help identify priorities for JCB attention.*

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

*Good information is provided at diagnosis and staff will ensure that users and carers are made aware of the national resources available and of information which is provided by local disability and autism groups. People with autism and their carers or families comment that they may not always be able to access generic information at the point of need.*

## Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- ☐ Red  
☒ Amber  
☐ Green

Comment

*Yes and autism has been a strong feature of the discussion about future provision that take place in the joint housing:social care implementation groups centred on Ordinary Lives and Winterbourne for example. The strategy would benefit from better data on autism demographics and housing needs.*

## Employment

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

- ☐ Red  
☒ Amber  
☐ Green

Comment

*There is a specialist social care team (I Want To Work) dedicated to the promotion of employment of people with learning disabilities and autism and it is a major element of the transitions process. Opportunities to sample work experience are promoted, job clubs are available at libraries and individuals are supported into employment. the Adult Learning Service also supports disabled people wishing to access employment.*

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

- ☐ Red  
☒ Amber  
☐ Green

Comment

*Yes. All transitions are required to have an employment focus and Chldrens and Young People and Adult Social Care include employment in transitions planning. Providers such as the local T2 project also have a strong employment focus and links are made with local colleges and adult learning.*

## 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

*Engaement with CJS leads is improving and links have been established in 2013. CJS leads have helped with the ciculation of information for the October 15th CJS and Autsim Conference for example. This will extend the recently established links between health and social care and CJS agencies and key individuals.*

## 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

1227356

Comment

*My name is CL. I am 20 years old and go to Transition 2 college 3 days a week. On my days off I go to Enabled Art and work with Derby Theatre. My personal budget has helped me to find out what I enjoy doing and become more independent making my own choices. I use my budget to pay Kirsty to take me out. Ki is my personal assistant. I Like going shopping with K and making my own choices, buying my own clothes and paying for them. We have been to Nottingham, Birmingham and Meadowhall. I have become more confident. I have chosen to have a tattoo and to get my hair coloured. I am now better with managing my money . I save up and decide how I want to spend it. I also go to a night club once a month and I go to the youth forum. I would like to have my personal assistant working with me in the future so I can try out more different opportunities.*

#### Self-advocate story two

Question number

Comment

#### Self-advocate story three

Question number

Comment

#### Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

**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

Month

Year