



Agenda

Meeting: Health and Wellbeing Board

Venue: The Grand Meeting Room, County Hall, Northallerton, DL7 8AD
(See location plan overleaf)

Date: Tuesday 1 April 2014 at 1.30 pm

Business

1. **Minutes of the meeting held on 5 February 2014.**

(Pages 1 to 6)

2. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services (*contact details below*) no later than midday on Thursday 27 March 2014 three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

3. **Better Care Fund** - Documents produced for this meeting by the NYCC Corporate Director – Health & Adult Services.

- Covering Report

(Pages 7 to 10)

- Final Plan Submission

(To be circulated and published on the County Council's website on Thursday 27 March 2014)

4. **Interim Strategy To Meet The Needs of Adults With Autism In North Yorkshire 2014/15** – Report of the NYCC Corporate Director Health & Adult Services
(Pages 11 to 52)
5. **Adults Autism Self-Assessment Exercise 2013** - Report of the NYCC Corporate Director Health & Adult Services.
(Pages 53 to 71)
5. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

Carole Dunn
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

Date: 24 March 2014

Notes:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

The relevant Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (b) **Emergency Procedures for Meetings**

Fire

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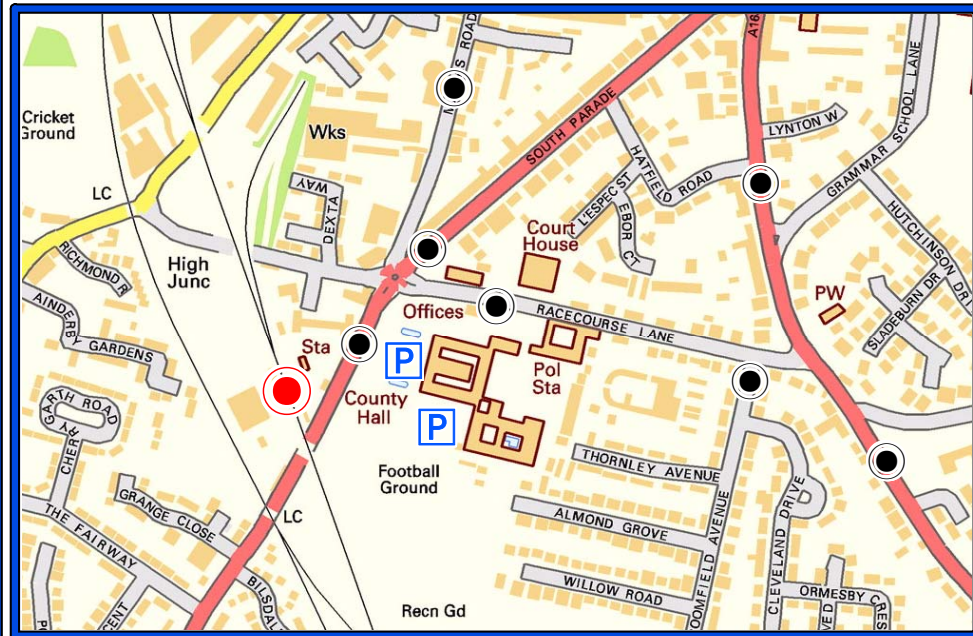
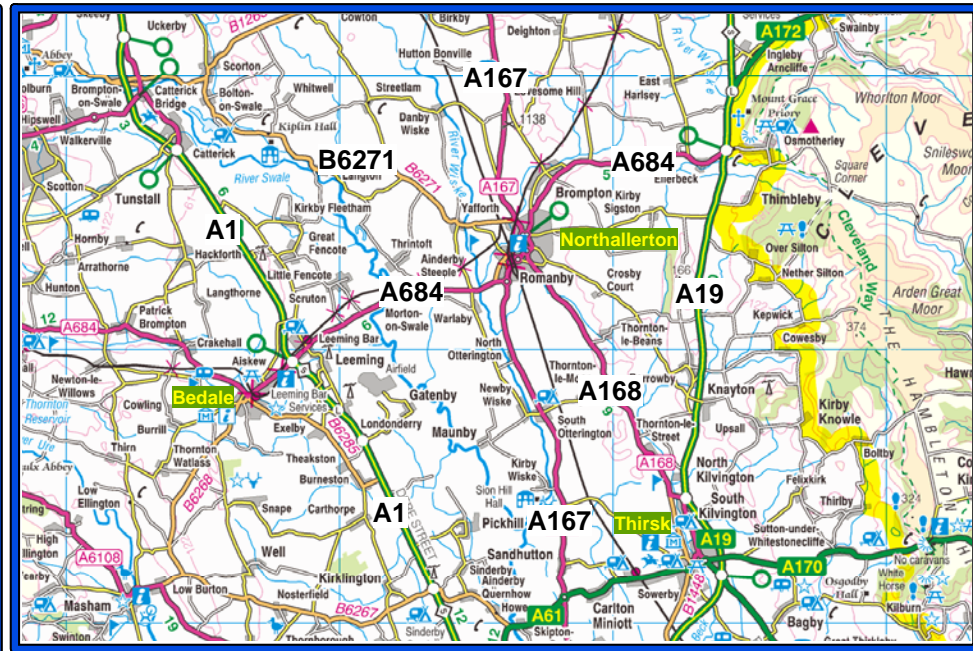
North Yorkshire Health and Wellbeing Board

Membership

County Councillors (3)		
1	HALL, Tony	Executive Member for Children and Young People's Services
2	WOOD, Clare (Chairman)	Executive Member for Adult Social Care and Health Integration
3	MACKENZIE, Don	Executive Member for Public Health and Prevention
Elected Member District Council Representative (1)		
4	BLACKIE, John	Richmondshire District Council Leader
Local Authority Officers (4)		
5	FLINTON, Richard	North Yorkshire County Council Chief Executive
6	WEBB, Richard	North Yorkshire County Council Corporate Director, Health and Adult Services (Statutory)
7	DWYER, Peter	North Yorkshire County Council Corporate Director, Children and Young People's Service (Statutory)
8	WAGGOT, Janet	Chief Officer District Council Representative
9	Dr. SARGEANT, Lincoln	North Yorkshire County Council Director of Public Health
Clinical Commissioning Group (5)		
10	Dr. RENWICK, Colin	Airedale, Wharfedale & Craven CCG
11	Dr. PLEYDELL, Vicky	Hambleton, Richmondshire & Whitby CCG
12	BLOOR, Amanda (Vice-Chairman)	Harrogate & Rural District CCG
13	Dr. HAYES, Mark	Vale of York CCG
14	COX, Simon	Scarborough and Ryedale CCG
Other Members (4)		
15	LONG, Chris	NHS Commissioning Board
16	WEBSTER, Duncan OBE	Chairman, HealthWatch
17	BIRD Alex	Voluntary Sector Representative
Co-opted Members (2) – Voting		
18	BARKLEY, Martin	Mental Health Trust Representative (Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust – Mental Health Services)
19	ORD, Richard	Acute Hospital Representative (Chief Executive Harrogate and District NHS Foundation Trust)(Interim Appointment)
Substitute Members		
	COULTHARD, Adele	Tees, Esk and Wear Valley NHS Foundation Trust
	ITA, David	Healthwatch
	VACANCY	Harrogate Hospital

Notes:

1. The Health and Wellbeing Board is exempt from the requirements as to political balance set out in Sections 15-16, Schedule 1 Local Government Housing Act 1989
2. The Councillor Membership of the Board is nominated by the Leader of the Council. In the event that the number of portfolio holders responsible for health and well related issues increases, the additional portfolio holders will also be a Member of the Board.
3. All members of the Health and Wellbeing Board or any sub committees of the Health and Wellbeing Board are voting Members unless the Council decides otherwise.



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North
Yorkshire County Council

North Yorkshire Health and Well-being Board

**Minutes of the meeting held on Wednesday, 5 February 2014 at 2.00 pm at
County Hall, Northallerton.**

Present:-

Board Members	Constituent Organisation
<u>Elected Members</u>	
County Councillor Tony Hall	North Yorkshire County Council Portfolio Holder for Children and Young People's Services
County Councillor Clare Wood (Chair)	North Yorkshire County Council Portfolio Holder for Health and Adult Services
County Councillor Don Mackenzie	North Yorkshire County Council Portfolio Holder for Public Health and Prevention
Councillor John Blackie	Elected Member - District Council Leader – Richmondshire District Council
<u>Local Authority Officers</u>	
Pete Dwyer	North Yorkshire County Council Corporate Director – Children & Young People's Service
Richard Flinton	Chief Executive – North Yorkshire County Council
Sally Burton	North Yorkshire County Council Interim Corporate Director – Health & Adult Services
Janet Waggott	Chief Officer District Council Chief Executive – Ryedale District Council
Dr Lincoln Sargeant	Director of Public Health North Yorkshire
<u>Clinical Commissioning Groups</u>	
Dr Colin Renwick	Wharfedale and Airedale CCG
Amanda Bloor (Vice Chair)	Harrogate & Rural District CCG
Dr Vicky Pleydell	Hambleton, Richmondshire and Whitby CCG
Simon Cox	Scarborough & Ryedale CCG
Dr Mark Hayes	Vale of York CCG
<u>Other Members</u>	
Alex Bird	Voluntary Sector (North Yorkshire and York Forum)
Chris Long	NHS England
Duncan Webster	Healthwatch
Richard Ord	Acute Hospital Representative (Chief Executive Harrogate and District NHS Foundation Trust)
Martin Barkley	Mental Health Representative (Chief Executive) Tees Esk & Wear Valleys NHS Foundation Trust

In attendance:-

County Councillors:- Jim Clark (Chairman Scrutiny of Health Committee), John Clark, Carl Les and Shelagh Marshall (Older People's Champion)..

Tony Vardy (Assistant Director North Yorkshire County Council Transformation & Integration) and Keith Cheesman Programme Manager Health & Integration

Janet Probert (Director of Partnerships Commissioning Unit)

Jane Wilkinson (NYCC Legal & Democratic Services)

Helen Edwards and Martin Feekins (NYCC Communications)

Five members of the public

Copies of all documents considered are in the Minute Book

38. Minutes

Resolved–

That the Minutes of the meeting held on the 29 November 2013 be approved as an accurate record of the meeting subject to the following amendments and be signed by the Chairman:-

Min No 34 – Integration Transformation Fund third paragraph, the figure of £3.8m be amended to read £38m.

39. Public Questions or Statements

There were no questions or statements from members of the public.

40. Better Care Fund (formerly Integration Transformation Fund)

Considered –

The report of the NYCC Interim Assistant Director – Health & Adult Services updating the Board on the requirements for implementation of the Better Care Fund (BCF). The BCF is a government pool of £3.8bn for 2015/16 that aimed to move care from hospital to the community and to improve integration between health and social care funding. In North Yorkshire the fund was about £39.8m.

The Chairman commented that North Yorkshire had one of the most complex health and social care systems in the country. The situation had been further complicated by the latest guidance issued by central government which had revised sign off

arrangements for final plans. Draft plans were now required to be submitted on 14 February 2014 and final plans on 4 April 2014.

The Board received a presentation from Sally Burton NYCC Interim Corporate Director – Health & Adult Services in which she described work undertaken across North Yorkshire. She highlighted several key themes that had been identified for the health and social care community. It was proposed that the North Yorkshire plan set out a collaborative approach centred on the needs of individuals and their carers. In common with many areas of the Country, North Yorkshire was not yet in a position to present to the Board its draft plan. The Board was therefore invited to agree the priorities and performance measures described in the presentation that would then be used create and implement the draft Better Care Fund plan. A copy of the presentation slides used is in the Minute Book. The Board agreed the following principals for inclusion in the draft plan:-

- Integrate care around people rather than organisations
- The use of evidence-based initiatives to promote health
- To plan services that promote the patient's home, as the default place for care delivery
- Commission services with the underpinning ethos of "No health without mental health"
- Ensure common procedures for individual care needs assessment
- Pool resources across health and social care wherever possible to support joint services.

The Board was advised that about £10m of the local funding would be performance related, based on national measures and conditions. The Board was invited to agree its local metric and it was suggested that this should be a reduction in injuries caused by falls and a 5% reduction in avoidable emergency hospital admissions. Reasons given for selection of this metric were that other Boards were likely to choose it and that the data was easy to capture and could be linked to wider work on prevention. Board Members expressed support for the priorities and performance measure outlined in the presentation but said that greater clarification was needed of the context surrounding the local metric as not all falls resulted in a hospital admission. The baseline for data collection needed to be clear as currently a number of definitions were used nationally to define a fall. Current data collection systems were not sensitive to subjective terms such as 'avoidable falls'. The Board debated the target to be attached to the local metric and agreed that a figure of 5% would achieve the correct balance between being suitably ambitious yet realistic.

It was noted that negotiations were still on-going regarding funding of the Better Care Fund. A series of imminent meetings were scheduled when it was hoped agreement would be reached. Whilst recognising that those discussions would be difficult Board Members were supportive in principal and optimistic that agreement could be reached without having to resort to arbitration.

Further meetings of the working group were also planned to agree the detail of the priorities outlined in the presentation. In the light of changing guidance surrounding sign off arrangements for the BCF advice had been sought from the County Council's head of legal services. Each CCG had to submit draft plans to NHS England on 14 February 2014 and it was proposed that these be co-signed by the County Councils Corporate Director for Health & Adult Services. Work would then continue to refine the plans and a special meeting of the Board held prior to the deadline for final submissions on 4 April 2014. Board members endorsed this approach.

The Chairman commended the progress that had been achieved and the efforts of all those involved. Assurances were given that once the final plan was agreed monies would be available to communicate its content to the public.

Resolved –

That the targets for nationally provided performance metrics are suitably ambitious for North Yorkshire and accepted by the Board.

That “falls” is endorsed by the Health & Well Being Board as the local performance metric for North Yorkshire.

That draft Better Care Fund plans for each Clinical Commissioning Group in North Yorkshire are approved by CCG Accountable Officers and the NYCC Corporate Director of Health & Adult Services subject to ensuring that they meet national requirements.

That the issues identified at the meeting today and in the intervening period are addressed at a workshop held in late February 2014.

That an extra meeting of the Health and Well Being Board is held in late March 2014 at which the final submission of the Better Care Fund will be signed off by the Board.

41. Winterbourne Concordat

Considered –

The report of Director of Partnerships Commissioning Unit informing the Board of the progress made over the last six months toward ensuring the requirements of the Winterbourne Concordat are being met in North Yorkshire.

The report was introduced by Janet Probert, Director of Partnerships Commissioning Unit who in response to questions agreed to circulate Members with information about the timescale for commissioning Advocacy services after the meeting.

The Board noted the significant progress achieved by the Strategic Implementation Group surrounding the assessment and review of individuals. The Board was advised that the frequency of a follow-up visit was dependent upon an individuals' needs. All individuals received a minimum of one visit per annum but this was contrasted to some people who were visited on a monthly basis.

The Board requested a further progress report in six months.

Resolved –

That the content of the report is noted

That a further update report be referred to the Board in six months.

42. North Yorkshire Clinical Commissioning Groups High Level Strategic Plans

The Board received a brief presentation from North Yorkshire Clinical Commissioning Groups, district councils and voluntary organisations setting out their refreshed strategic plans. They gave an overview of the direction of their organisations for the next two to five years in order to demonstrate to the Board how services would be able to respond locally to individual needs. A copy of the presentation slides is in the Minute Book.

At previous meetings Clinical Commissioning Groups had presented their high level strategies to the Board as part of the formal authorisation process.

Common themes emerged from Clinical Commissioning Group presentations among them the need to centre integrated care on the patient; sharing data; delivery of care through community hubs and the need to address issues around isolation and loneliness.

District councils outlined how their services were able to support health improvements, for example through improving housing opportunities, driving a strong local economy; promoting a safe healthy feelgood sense of place; proving leisure facilities to extend opportunities for all and by advocating continued provision of local access to quality healthcare services.

Alex Bird, voluntary sector representative said that the county's 5000 voluntary organisations formed a vibrant sector that could address many of the issues raised. The Chairman said that the voluntary sector was key to realising the council's vision for the future of services in the county and that discussions between the parties would ensue.

A Member said he was aware of pressures surrounding mental health admissions and sought further information and/or clarification.

In response Martin Barkley said that the figures for Nov and Dec 2013 had seen a decrease in the number of admissions but that it was too early to say if this was an emerging theme. The number of available in-patient beds was not the issue the key question was why admission rates in North Yorkshire were so much higher than average (up to 250%) as compared to other parts of the country. An independent organisation had been commissioned to carry out research and would investigate support levels given to existing patients, admission rates in rural areas and the effectiveness of a crisis centre.

Resolved –

1. That the on-going process of engagement and information over the last 12 months on North Yorkshire Clinical Commissioning Groups and NYCC Health and Adult Service plans, specifically their alignment with the Health & Well Being Strategy is noted.
2. That the Health & Well Being Board endorses the strong local engagement in plan development and delivery.
3. That the strategic requirement of strong health systems is noted and the Board supports the high level content of each Clinical Commissioning Group strategy.
4. That a report on mental health be added to the Board's Work Programme and be referred to the September meeting.

43. Business for Future Meetings

Members were invited to comment upon and approve the content of the Board's future work programme.

Resolved –

That the work programme be received and agreed as printed.

That a special meeting of the Board be arranged to consider:-

- Better Care Fund
- Autism Strategy/Self Assessment

The meeting concluded at 4.30pm

JW/JD



NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

THE BETTER CARE FUND

1 APRIL 2014

1. Purpose

- 1.1 This paper introduces the North Yorkshire Better Care Fund (BCF) Submission.
- 1.2 The BCF must be submitted to NHS England on 4th April 2014 having been approved by the Health and Wellbeing Board and this paper seeks that approval.
- 1.3 To update the Health and Wellbeing Board on the national and local position regarding Better Care Fund.
- 1.4 To set the scene for a presentation at the Health and Wellbeing Board which will explain the key themes, the metrics and the governance arrangements.

2. Background

- 2.1 The Government has created a £3.8bn pooled budget for 2015/16 intended to help move care from hospital into the community and improve integration between Health and Social Care. This consists mainly of existing funding within the health and social care system.
- 2.2 In 2014/15 the existing NHS Transfer arrangements will continue and nationally an additional £200m (locally £2.02m) will be added to help LAs prepare for the implementation of the BCF and make early progress on the implementation of the Care Bill.
- 2.3 In 2015/16, existing transfer arrangements cease and CCGs are required to allocate a proportion of their budget to the fund. In North Yorkshire this some is £38m.
- 2.4 Disabled Facilities Grant (DFG) funding will be added for 2015/16 but with the stipulation that it is passed directly to Districts. In North Yorkshire we plan to work with Districts to ensure we are optimising our support to people who need support with housing such as adaptations, equipment and technology.

- 2.5 The fund contains capital and revenue, some of which is to provide for the transitional support needed by LAs in preparing for the Care and Support Bill.
- 2.6 Approximately £10m of the local funding will be performance related based on the National Conditions and National Measures.
- 2.7 Health and Well Being Boards are required to ensure that plans are suitably ambitious and to sign them off before submission. A single plan is required for the ‘footprint’ of the North Yorkshire Health and Well Being Board.
- 2.8 A draft plan was submitted on 14th February and the final plan will be submitted on 4th April.
- 2.9 The February Health and Wellbeing Board discussed performance targets and these have changed as we have undertaken more modelling of the targets and received feedback from NHS England.
- 2.10 One of the tensions in producing the final plan has been the need to combine suitable ambition for reducing the use of acute care with recognition that levels of demand continue to rise, especially demand related to frailty and an aging population.
- 2.11 The draft plans were evaluated by NHS England in collaboration with Peer Reviewers from ADASS. To date we have received some informal commentary and have been in dialogue with NHS England about the detail of the proposed performance metrics and commentary on the schemes. The following table sets out the main feedback issues:

Ensure that NHS Providers fully understand the impact on their services.	NHS Providers are present at all CCG locality meetings and at the Integrated Commissioning Board and HWB. CCGs are involved in contract negotiations with Trusts and implications are being discussed. It should also be noted that Trusts are involved in pilots and evaluations.
Ensure that Mental Health Services are protected and developed.	A number of specific schemes relate to Mental Health in reach, dementia services, Improving Access to Psychological Therapies (IAPT) and integrating Mental Health Specialists into Multi-Disciplinary Teams. The Prevention strategy also focuses heavily on emotional wellbeing linked to social isolation and loneliness.
Be more explicit about how the resources	We have strengthened this section of the

<p>allocated to protect Social Care will benefit the system and add health benefit to North Yorkshire residents.</p>	<p>plan and described that this money is set against the major transformation programme underway in Adult Services. However we also have been clear that the guidance is that the transferred resources are there to ensure the maintenance of core social care services.</p>
<p>Reduce avoidable emergency admissions by a higher level than we had targeted.</p>	<p>We have set the target in line with what CCGs and the Council believe can be achieved within the timescales for measuring progress. This is difficult as the template does not allow us to measure success by reducing the current trajectory. We have questions about how realistic this expectation is.</p>
<p>Reduce delayed transfers of care by a higher level than we had targeted.</p>	<p>North Yorkshire is already a high performer in this area and we have responded by setting a target which we feel is realistic given the high baseline performance. The national 'scoring' is based on the % level of improvement and doesn't recognise that good performers may have less scope for improvement.</p>
<p>Increase the % of people who remain at home 91 days after a reablement package.</p>	<p>Our current performance is very good at over 85% and we believe that to seek to increase this runs the risk of creating a perverse incentive of not trying to reable people with highly complex needs. We ARE planning that more people will benefit from reablement overall but do not think it is realistic to raise the targets for the numbers remaining at home after 91days.</p>
<p>Set a mid year target for reducing falls.</p>	<p>We have explained to NHSE that this data is only collected annually and as the incidence of falls has seasonal variations we feel that simply splitting the year is not an accurate predictor.</p>
<p>Ensure there is capacity at Integrated Commissioning Board (ICB) to deliver the programme of work.</p>	<p>The ICB is a countywide group and will ensure that each locality has the capacity needed. In addition we have identified resources to fund infrastructure such as the Information Management and Technology (IM&T) Programme, Communications and additional project management.</p>

3. Key themes from the North Yorkshire Better Care Fund Plan

3.1 The plan describes our collective ambition to be an exemplar system for Health and Social Care in a complex rural environment. It explains how we will invest the fund to:

- Improve self-help and independence for North Yorkshire residents
- Invest in Primary Care and Community Services
- Create a sustainable system by protecting Adult Social Care and by working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

3.2 It also describes how we will deliver the national requirements to;

- Protect Social Care Services
- Provide 7 day services to support discharges and prevent avoidable admissions
- Enable data sharing
- Enable joint assessments and accountable lead professionals

3.3 The submission also describes;

- How the Council and the NHS have engaged with the public and with providers about priorities.
- The Performance metrics to be used
- The Governance arrangements for the fund
- Activity we will undertake in 2014-15 to support the full implementation of the plan in 2015-16

4. Recommendations

4.1 That the North Yorkshire Better Care Fund Plan is approved by the Health and Wellbeing Board.

4.2 That the Health and Wellbeing Board agrees to receive quarterly reports on progress from the Integrated Commissioning Board.

Richard Webb
Corporate Director, Health and Adult Services

Report Prepared by:
Sally Burton, Health and Adult Services

24 March 2014

North Yorkshire County Council**Health and Wellbeing Board****1 April 2014****Interim strategy to meet the needs of adults with autism in North Yorkshire
2014/15****Report of the Corporate Director – Health and Adult Services****1.0 Purpose of report**

This report seeks to gain the Board's approval and sign-off of the interim strategy for meeting the needs of adults with autism in North Yorkshire 2014-15. The strategy has been agreed within HAS and the Partnership Commissioning Unit.

2.0 Issues

- 2.1 The interim strategy has been produced in response to the requirements of the national autism strategy "Fulfilling and Rewarding Lives" (2010); the CYPS strategy for children and young people with autism (2012); four consultation events in North Yorkshire commissioned from the National Autistic Society (NAS) in late 2012, and further consultation carried out by HAS and the PCU between November 2013 and February 2014.
- 2.2 This strategy, which has followed the format of the CYPS strategy, describes the situation in North Yorkshire as it is now, and how we intend to move forward, taking into account the drivers outlined above. It is an interim strategy because agreement has been reached with CYPS that we will work towards one strategy for all people with autism in North Yorkshire to be published in April 2015.
- 2.3 The consultation held between November 2013 and February 2014 gave an opportunity for people with autism and their families and carers, and any other people with an interest, to comment on the draft strategy. There were six consultation events held in Harrogate, Selby, Scarborough, Skipton, Northallerton and Whitby. Low numbers of people attended the events, with Harrogate being the best attended (19 attendees). There were 10 responses via the online consultation questionnaire. There were three separate submissions by email.

- 2.4 The feedback, both from the events and the online responses was useful and constructive. Respondents acknowledged that historically there has been a lack of awareness and knowledge about autism from both health and social care staff, but that this is gradually improving. There was recognition that there needs to be a local diagnostic pathway for autism, and that it is imperative that there are both targeted services or quality signposting on receipt of a diagnosis. Mental health was a major area of feedback, particularly with regard to knowledge of autism amongst specialist mental health staff and the requirement to make reasonable adjustments in their working practices for people with autism and mental health issues. As a result of this feedback, input around mental health has been strengthened within the strategy. The lead for mental health services at NYCC is now a member of the Steering Group and an Approved Mental Health Practitioner (AMHP) sits on our Learning and Development Group.
- 2.5 On the whole there was agreement that the strategy would improve the current situation and provide a springboard for the development of the long term strategy for all people with autism in North Yorkshire which will be published in April 2015.

3.0 Policy Implications

- 3.1 This strategy will drive the work on autism for the forthcoming 12 month period. During that time an all-age strategy to meet the needs of people with autism in North Yorkshire will be developed with Children and Young People's Services. This will be published in April 2015.

4.0 Financial Implications

- 4.1 No additional resources have been made available by the Government to implement the autism strategy, so any developments will need to be within existing resources. Knowledge and understanding of autism is still evolving; a prevalence rate of 1% has been used, but this is increasingly considered an underestimate. Data would indicate that the number of new diagnoses within Children and Young People's Services will have increased by between 15-30% by 2015. The needs of this group of people will be passed onto HAS as children move into adulthood.

5.0 Legal Implications

- 5.1 The national strategy for adults with autism in England, 'Fulfilling and Rewarding Lives' (2010), gave the NHS, local authorities and other partners statutory duties with regard to improving the lives of those living with autism. The national autism strategy set out a clear directive for change to ensure that those with autism are included in society and supported to lead full and rewarding lives.

6.0 Consultation Undertaken and Responses

- 6.1 The consultation undertaken is detailed at point 2 above.

7.0 Impact on Other Services/Organisations

- 7.1 The NHS and other public sector organisations are key partners in the implementation of this strategy. It is vital that all partners are committed to the actions assigned to them within the strategy.

8.0 Risk Management Implications

- 8.1 This is a highly political issue with powerful lobbying bodies such as the National Autistic Society (NAS) heavily influencing Parliament. The strategy helps to meet statutory duties around autism for the Health and Wellbeing Board. There would be strong challenges from national and local bodies and individuals should this project not be delivered.

9.0 Equalities Implications

- 9.1 It is acknowledged nationally that women and girls are often under-diagnosed with autism and therefore prevalence rates for women and girls are probably lower than they would otherwise be. One of the actions for the strategy is to carry out research into this area and the findings will feed into the longer term strategy for all people with autism in North Yorkshire to be published in 2015.

10.0 Recommendation

That the Health and Wellbeing Board approve the content of the interim strategy in its current form for online publication in April 2014.

Richard Webb
Corporate Director – Health and Adult Services

Author of report – Sally Ritchie, Development Officer (Autism Strategy)

Background Documents – *Interim strategy for meeting the needs of adults with autism in North Yorkshire 2014/15*

Interim strategy for meeting the needs of adults with autism in North Yorkshire

2014 - 2015

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DRAFT

Chapter 1 - Introduction

This is an interim strategy for meeting the needs of adults with autism in North Yorkshire. There is also a strategy for meeting the needs of children and young people with autism in North Yorkshire, which can be found by clicking on this link:

<http://cyps.northyorks.gov.uk/index.aspx?articleid=15825>

The interim strategy for adults with autism covers the period from April 2014 until March 2015. At that time a new long term joint strategy will be published that describes how the needs of children, young people, adults and older people with autism will be met.

Vision statement

The partner organisations in North Yorkshire that have collaborated to produce this strategy share the vision of 'Fulfilling and Rewarding Lives'¹, that:

'All adults with autism should be able to live fulfilling and rewarding lives within a society that accepts and understands them. That they are able to get a diagnosis and access support if they need it, and that they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

Why this strategy has been produced

For several years there has been a strong message from central government and people within the autism communities that there is a need for local services to meet the needs of young people and adults with autism.

The national strategy for adults with autism in England, 'Fulfilling and Rewarding Lives' (2010)², gave the NHS, local authorities and other partners statutory duties with regard to improving the lives of those living with autism. The national autism strategy set out a clear directive for change to ensure that those with autism are included in society and supported to lead full and rewarding lives.

It is essential to ensure that work continues to raise awareness of autism and improve services for adults with autism in North Yorkshire. This strategy responds to the requirements of the national strategy and describes the on-going and planned future work to develop local services for adults with autism.

As part of the improvement of planning services for people with autism by social and health care commissioners, this strategy for meeting the needs of adults with autism in North Yorkshire 2014/15 will be cross-referenced with the new North Yorkshire Mental Health strategy, to be published in 2014.

(1) & (2) Department of Health (2010) Fulfilling and Rewarding Lives. The strategy for adults with autism in England HMSO

Overall objective of strategy

The strategy will shape North Yorkshire's priorities in delivering improved services and outcomes for adults living with autism in the county.

This interim strategy for meeting the needs of adults with autism has been developed as a joint strategy between North Yorkshire County Council's Health and Adult Services (HAS) and the Partnerships Commissioning Unit (PCU) on behalf of the four Clinical Commissioning Groups (CCGs) that operate within North Yorkshire. North Yorkshire's boundaries also extend into parts of the county administered by Airedale, Wharfedale and Craven CCG and Cumbria CCG. Senior colleagues from the former are supportive in principle, but have yet to ratify through their governance structure.

A joint strategy ensures that there is more effective, tangible support for adults with autism and reinforces the enormous potential benefits that can result from collaboration.

It is important that people with autism have the same access to services as their peers without autism. However these services must be provided with reasonable adjustments to take into account the particular needs of people with autism. People who may have autism and mental health problems should have access to an autism diagnosis assessment to ensure that they receive the correct treatment and care they may be in need of.

A joint strategy offers us a much better chance of succeeding in our ambitions by working together as agencies, with families and carers, and with the voluntary and community sector. Together, we are determined to work together to improve services for adults with autism.

Signatures of:

Corporate Director of Health and Adult Services

Director of Partnerships and Vulnerable Adults, Partnerships Commissioning Unit on behalf of the following CCGs:

- **Hambleton/Richmondshire/Whitby**
- **Harrogate**
- **Scarborough/Ryedale**
- **Vale of York**

Chair of Health and Wellbeing Board

paragraph from the NAS and signature

The National Autistic Society (NAS) is the UK's leading charity for people affected by autism and exists to champion the rights of all people living with autism in the UK.

We want a world where all people living with autism enjoy the same rights and opportunities as other people.

Autism is a complex condition that requires a broad range of services and support to meet the individual needs of people affected by the condition. Good practice highlights the benefits of joint planning and commissioning of services and all services working together with a clear strategy that reflects the needs and priorities of the local area.

Good practice also sees people with autism, their carers and families at the heart of any strategy and it is essential that their views are obtained and used to assess the success of its implementation. This strategy demonstrates a commitment by North Yorkshire to improve the lives of people affected by autism. We are confident it will make a positive difference to the lives of people living with the condition across the county.

Scope of strategy

This strategy concerns adults with autism from 18 years of age, and their families and carers. It recognises that there is a range of severity of need.

The strategy has been informed by a number of national priorities and best-practice models. It links closely with the strategy for autism for children and young people with autism in North Yorkshire which was published in 2012.

Chapter 2 - Aims and principles

This is a plan laying out the joint commissioning intentions of the Partnership Commissioning Unit and Health and Adult Services.

Our aims, in accordance with national recommendations, are to develop structures and support in North Yorkshire by:

1. Increasing awareness and understanding of autism among frontline professionals;
2. Developing a clear, consistent pathway for diagnosis in every area;
3. Improving access for adults with autism to the services and support they need;
4. Helping adults with autism into work; and
5. Enabling local partners to plan and develop appropriate services for adults with autism

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Chapter 3 - Knowing about autism

In line with the national autism strategy, North Yorkshire has chosen to use the word autism as an umbrella term to include all conditions on the autistic spectrum. These include autism, autistic spectrum disorder, autistic spectrum condition, Kanner's syndrome, Asperger syndrome, high functioning autism, Rett Syndrome, childhood disintegrative disorder, pervasive development disorder not otherwise specified (PDD-NOS), and neuro-diversity.

'Fulfilling and Rewarding Lives'³: defines autism as

'A lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them'

The extent to which an individual is affected varies from person to person. People with autism can have a wide variety of support needs and each individual with autism can have areas where they function well and other areas where they may need support (we use the term autistic spectrum to describe this). Therefore some people are able to live independently, are able to interact well and be relatively unsupported while others may require specialist support.

Whilst people with autism vary greatly along this spectrum there are three main areas, known as the triad of impairments, which are common to all people with autism.

They are:

Social communication – problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice.

Social interaction – problems in recognising and understanding other people's feelings and managing their own.

Social imagination – problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine.

Many people with autism prefer routine and structure and may find change exceptionally difficult to deal with. It is also possible for them to experience some form of sensory sensitivity either hypersensitivity or hyposensitivity, for example to sounds, touch, taste, smells, light or colour.

Asperger syndrome is often referred to as high functioning autism due to the fact that people with Asperger syndrome often have good verbal/language skills and are often of average or above average intelligence. Their ability to speak fluently often masks the substantial difficulties they have with communication, which can leave them highly vulnerable and at risk of social exclusion.

Autism is a disability which was recognised by the Equality Act of 2010. However, autism is not a mental health condition or a learning disability, although it is estimated that around 50% of those with autism also have a learning disability and 71% of those with autism may experience a mental health problem.

3) Department of Health (2010) Fulfilling and Rewarding Lives - the strategy for adults with autism in England HMSO

It is generally recognised that there are more males than females with autism (1.8% men compared to 0.2% women).

A number of theories have been put forward for these gender differences. Due to the male gender bias, girls are less likely to be identified with autism, even when their symptoms are equally severe. Many girls are never referred for diagnosis and are missed from the statistics. This may be due in part to the different manifestations of behaviour in autism as seen in girls and women compared with boys and men.

National context and prevalence

Autism is much more common than many people think. NAS estimates that there are 535,000 people in the UK with autism. If their families are included, autism touches the lives of over two million people every day.

NAS has reported a 61% increase in autism cases between 2005 and 2010. Recent studies have reported increased prevalence and the condition is now thought to occur in at least one per cent of people.

We also know that there is an increase in the numbers of people who have complex learning needs where autism co-exists with another difficulty. What remains unclear is whether the actual prevalence of autism is on the rise, or whether the increasing numbers of people with autism is the result of broadening or improved diagnosis. What is evident is an increasing demand for diagnostic services for people of all ages in health services and an increase in the overall volume of referrals to the teams that support these people. There is also recognition that many people will require support from a range of services at various points, including primary and secondary mental health services. Primary mental health services, such as GPs, usually treat milder mental health problems. Secondary mental health services provide specialist care for people with more severe problems. Their services can be based in hospitals or in the community, and range from psychological therapy through to very specialised medical and training services.

Local context and prevalence

Knowledge and understanding of autism is still evolving. Therefore, the numbers of people with autism in North Yorkshire are not yet fully documented and knowledge and evidence of how to support people is still developing.

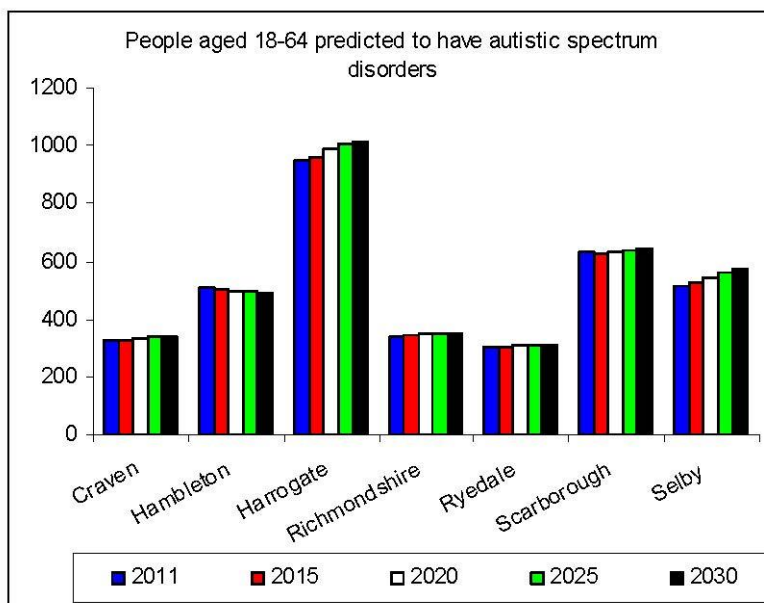
The 2005 Office of National Statistics survey found a prevalence rate of 0.9% for autism spectrum disorders. NAS recommends using a prevalence rate of one per cent, although this is increasingly considered an underestimate.

At a prevalence rate of one per cent, with a 0-19 years population of around 132,000, we would expect to see approximately 69 new diagnoses per annum from this age group in North Yorkshire. This puts huge pressure on all diagnostic, educational and support services. This is supported by data from Children and Young People Services who indicate an overall increase of between 15-

30% of people being diagnosed with autism by 2015. The needs of this cohort of people will be passed on to adult services as children age.

Based on predicted adult population changes there is a small decrease in the number of people aged 18-64 predicted to have autistic spectrum disorders in North Yorkshire. The predicted decrease is from 3,565 (3,213 male, 352 female) in 2012 to 3,499 (3,155 male, 344 female) in 2030, a 2% decrease⁴ (see graph below). This detailed information for people between 18 and 65 is not available for people over 65. However, we know that there are 157,100 people over 65 in North Yorkshire. Using a prevalence rate of 1% would mean that we could expect there to be 1,571 people over 65 with autism in North Yorkshire.

The overall prevalence might also be a slightly low estimate. The forecasts use a prevalence rate for autism of 1.0% of the adult population in England (men 1.8%, women 0.2%), based on studies published in 2007. A more recent study (2012) suggests the rates may be nearer 1.1 % (men 2%, women 0.3%)⁵.



4) Projecting Adult Needs and Service Information. Available at www.pansi.org.uk. Accessed 26/09/2013

5) The Health and Social Care Information Centre, 2012. Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey. Available at <http://www.ic.nhs.uk/statistics-and-data-collections/mentalhealth/mental-health-surveys/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adultpsychiatric-morbidity-survey>. Accessed 26/09/2013.

Some very able people with autism may never come to the attention of services because they have developed strategies to overcome difficulties with communication and social interaction, and found fulfilling employment that suits their particular talents. Other people with autism may be able intellectually, but have need of support from services, because the degree of impairment they experience hampers their chances of employment and achieving independence. Traditionally people with both a learning disability and autism have accessed and been well supported by both health and social care in North Yorkshire.

North Yorkshire has a relatively low incidence of diversity in population as the Black and Minority Ethnic (BME) communities amount to approximately 8% of the total population. This compares to the national average of 17%. The largest ethnic group in the county is of Asian or Asian British background.

There is limited research around ethnicity and autism which has given an inconsistent picture as to whether autism is more prevalent or frequently diagnosed in particular ethnic groups.

The NAS Black and Minority Ethnic Communities Project and other information collated for a recent NAS report has highlighted that some minority ethnic communities have a limited understanding of autism and that the condition is perceived differently by some communities. This point needs to be considered as it is likely to have implications for how families, carers and professionals respond to autism and how likely and easy an individual may find it to access treatment and support.

Religious belief is not a factor in terms of prevalence but should be taken into account in ensuring culturally appropriate support is provided.

The health and social care commissioning partnership are committed to taking an integrated approach to the commissioning and delivery of support for the public, in particular for autism.

Chapter 4 – Autism policy framework

National Context

The following documents are driving both the national and local work in relation to autism. They are presented in date order (earliest first) and their key messages are outlined briefly below.

✓ **I Exist: The Message from Adults with Autism in England (2008)**⁶

This report highlighted the problems experienced by adults with autism, in their own words, and examined the changes needed to transform their lives.

✓ **Valuing People Now: A New Three Year Strategy for People with Learning Disabilities (2009)**⁷

The document is a refresh of the Valuing People strategy and vision, which focused on rights, independence, choice and inclusion.

Following on from Valuing People Now, the Government published 'Valuing Employment Now' (2009). This strategy aims to redress the inequality of people with learning disabilities within the workplace. It sets a clear target of 48% of people with learning disabilities in paid work by 2025.

✓ **Supporting people with autism through adulthood (2009)**⁸

This report identified the range of services available for adults with autism and their carers in England. The main findings indicated that people with autism may use a very wide range of public services, but that the data available on the number of people with autism using services is limited. Despite limitations the report stated that there are two key areas where the effectiveness of existing services can be improved. These are:

- Better strategy and planning, based on good information and raising levels of knowledge
- Awareness of the nature of autism and the potential needs of autistic people

The report also suggests that there is scope for better targeted support for people with high functioning autism and Asperger syndrome and indicated that, whilst financial investment in services would be necessary, identifying and supporting just 4% of those with high functioning autism in the population could result in them becoming cost neutral over time. The report goes on to suggest that increasing identification to 6% could result in potential savings of £38 million; an 8% identification rate could result in savings of £67 million.

6) National Autistic Society (2008) [I Exist: The Message from Adults with Autism in England](#) National Autistic Society, London

7) Department of Health (2009) [Valuing People Now: A New Three Year Strategy for People with Learning Disabilities](#) HMSO

8) National Audit Office (2009) [Supporting people with autism through adulthood](#) HMSO

✓The Autism Act (2009)⁹

The Autism Act was passed in 2009. This was a landmark document as it was the first single disability specific piece of legislation and it placed a number of obligations on a range of public bodies to improve opportunities for people with autism.

It also placed a duty on the Secretary of State to publish a strategy and also required them to issue guidance to NHS bodies, NHS foundation trusts and local authorities on implementing the strategy. The Act places a duty on local authorities and NHS bodies to act under the guidance.

✓Fulfilling and Rewarding Lives. The strategy for adults with autism in England (2010)¹⁰

Stemming from the Autism Act and published in 2010, the strategy sets out the vision for those with autism and gives a narrower range of areas and clear direction in terms of how public services must transform to better address the needs of adults with autism. It focuses on five outcomes of activity

- Outcome 1 Increase awareness and understanding of autism among frontline professionals
- Outcome 2 Developing a clear, consistent pathway for diagnosis in every area which is followed by the offer of a personalised needs assessment
- Outcome 3 Improving access to services and support which adults with autism need to live independently within the community
- Outcome 4 Helping adults with autism into work
- Outcome 5 Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

For individuals with autism this means:

- Having a right to receive an assessment of social care need from Health and Adult Services
- Getting the same opportunities for education and further education as everyone else
- Being supported to get a job and stay in work
- Being able to choose where to live just like anyone else
- Having relationships and social networks
- Having their health care needs properly met in a way which is appropriate for someone with autism

9) Department of Health (2009) Autism Act HMSO

10) Department of Health (2010) Fulfilling and Rewarding Lives. The strategy for adults with autism in England HMSO

- Being safe from hate crime and discrimination
- Living in a society where people understand, respect and accommodate difference, and
- Receiving support to live as independently as appropriate
(Fulfilling and Rewarding Lives, p13)

✓Implementing Fulfilling and Rewarding Lives. Statutory guidance for Local Authorities and NHS organisations to support implementation of the autism strategy (2010)¹¹

Following on from the strategy document, Fulfilling and Rewarding Lives, this document provides the statutory national guidance which NHS bodies and local authorities must follow.

The national guidance in support of the Autism Act covers the following key areas:

- Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services
- Training of staff who provide services to adults with autism
- Planning in relation to the provision of services to people with autism as they move from being children to adults
- Local planning and leadership in relation to the provision of services for adults with autism

✓No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (2011)¹²

A Department of Health cross-government strategy which set out key objectives to improve the mental and physical wellbeing of people in the UK, including the objective for more people to have good mental health in the UK.

✓Improving access to social care for autism (2011)¹³

These guidelines from the Social Care Institute for Excellence (SCIE) give a number of key recommendations for practice, including:

- Greater understanding of autism among the social care workforce. Enabling individuals and their families to gain the most from personalisation. Better awareness of autism in the social care sector, enabling individuals to obtain a diagnosis of autism in a timely manner and also appropriate support when they are diagnosed.
- Staff supporting people with autism need to make adjustments in how they work, plan, and communicate with people with autism and with each other, so that universal services can be more accessible to people with autism
- Managers and commissioners of services also need to be flexible, creative and collaborative in how they meet the needs of people with autism. People with autism whose behaviour challenges services and those with Asperger syndrome or high functioning autism in particular need better access to services.

- Good support is vital when people with autism experience significant life changes.
- Support with social interaction and practical everyday living tasks can address some of the needs people with autism commonly have at a relatively low cost.
- Multidisciplinary specialist autism services can provide good outcomes for people with autism.
- Professionals should offer carers support in their own right and work in partnership with them to provide the best possible assessment and service provision.

✓ **NICE Guideline 142, Autism: recognition, referral, diagnosis and management of adults on the autism spectrum (2012)**¹⁴

This guideline covers the care provided by primary, community, secondary, tertiary and other health and social care professionals who have direct contact with, and make decisions concerning the care of, adults with autism.

✓ **NHS Standard Contract (2014/15)**¹⁵

The Standard Contract requires that all service providers must demonstrate how they are making reasonable adjustments for people with autism.

✓ **Mental Health Crisis Care Concordat (2014)**¹⁶

This sets out national objectives to ensure that there is an effective response from services to people who require assistance urgently, including those with mental health problems and other co-occurring conditions including autism.

Local context

To ensure a consistent approach across health and social care this strategy for meeting the needs of adults with autism in North Yorkshire also needs to be linked to other local strategies including the following:

- One Council Vision
- North Yorkshire Health and Wellbeing Plan
- North Yorkshire Prevention Plan
- NHS North Yorkshire and York and North Yorkshire County Council Joint Strategic Needs Assessment
- Strategy for meeting the needs of children and young people with autism in North Yorkshire
- Getting a life not a service, Learning Disability Strategy
- North Yorkshire Mental Health and Wellbeing Strategy 2014-2018

- Equal Lives Physical Disability strategy
- Supporting People Five Year Strategy
- Adults Commissioning Strategy
- NHS North Yorkshire and York Transforming Primary and Community Services Strategy
- North Yorkshire Joint Carers Strategy
- North Yorkshire and York Dementia Strategy

All of these strategies are available to view on the North Yorkshire County Council website at www.northyorks.gov.uk

11) Department of Health (2010) Implementing Fulfilling and Rewarding Lives HMSO

12) Department of Health (2011) No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages HMSO

13) Social Care Institute for Excellence (2011) Improving access to social care for adults with autism SCIE

14) NICE clinical guidelines (2012) Autism: recognition, referral, diagnosis and management of adults on the autism spectrum
www.guidance.nice.org.uk/cg142

15) NHS Standard Contract (2014/15) www.commissioningboard.nhs.uk/nhs-standard-contract

16) Department of Health (2014) Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis HMSO

Chapter 5 - Engagement and consultation

In order to formulate this interim strategy, our first priority was to engage with adults and young people living in North Yorkshire who are affected by autism. We wanted to gather their views, opinions and experiences on what was working well for them, and what areas they would like to see improve. The aim of engaging with people with autism and their families was to identify priority areas of development for this strategy.

NAS were commissioned to carry out four face to face engagement events across North Yorkshire and also to conduct an online questionnaire survey with individuals who have autism, their carers and families. The consultation was carried out in December 2012.

The engagement focused on the five key outcome areas described by Fulfilling and Rewarding Lives (2010):

- Increasing awareness and understanding of autism
- Developing a clear, consistent pathway for diagnosis of autism
- Improving access for adults with autism to the services and support they need to live independently within the community
- Helping adults with autism into work.
- Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities

It was important that to take into account the views of young adults who in time would be moving into using services for adults. Therefore the events were targeted at individuals aged 14+ years. Engagement events took place in Selby, Harrogate, Scarborough and Northallerton. A total of 72 individuals attended the engagement events and 62 online questionnaire surveys were completed.

The findings of this work are discussed within the section entitled 'Moving Forward' and are broken down into the five key outcome areas as detailed above. The feedback from the events was used as the starting point for the development of this strategy, and many of the actions identified originate from comments made during the events. A full report with findings is available on request.

The draft version of this strategy was consulted upon between December 2013 and February 2014. There were six consultation events in Harrogate, Selby, Scarborough, Skipton, Northallerton and Whitby. People were also given the opportunity to comment via an online questionnaire or by submitting their feedback by letter or email. There was a positive response to the draft strategy and feedback received was considered and, where appropriate, fed into the final strategy. This included strengthening references around mental health services, publicising information about the work of the Steering Group on the website, and working with the Carers Forum to look at the support available to carers of people with autism.

Chapter 6 - Current provision

It is important to note that North Yorkshire is already providing services and support to people with autism and their carers and this is described below using the five key outcome areas described in 'Fulfilling and Rewarding Lives'.

1. Increasing awareness and understanding of autism

A basic introductory e-learning package on autism is mandatory for Health and Adult Services social care staff. This package was rolled out in January 2014 and replaces a previous online training module that was completed by 85% of staff.

North Yorkshire County Council has engaged in further training and development of a group of staff, including people working in secondary mental health services, from around the County to become Autism Champions. These staff are likely to come into regular contact with people with autism. They will cascade this training and knowledge to colleagues in their teams and provide advice and guidance to colleagues working with people with autism.

The Royal College of General Practitioners has a free e-learning package available to GPs, 'Autism in General Practice'. Currently, it is not known how many GPs in North Yorkshire have undertaken this training.

Providers of statutory health services are in the process of developing a training model which will be implemented across their services.

North Yorkshire County Council social care services currently have one provider in-house service in the Scarborough area which has achieved NAS accreditation status. This accreditation has been in place since 2001. Accreditation enables providers to deliver appropriate, quality services to individuals with autism within a base-line standard, with an acknowledgement of the services' excellence and best practice. A total of 17 North Yorkshire provider services have registered to work towards NAS accreditation by 2016.

We are aware that some independent sector providers have undertaken autism training, however, this training is currently not audited.

2. Developing a clear, consistent pathway for diagnosis of autism

The current health diagnostic pathway within North Yorkshire requires further development. The assessment of adults for autism is currently commissioned by CCGs in North Yorkshire through spot purchasing arrangements.

If a diagnosis is required a request is made from the person's GP or Community Mental Health Trust to the Partnership Commissioning Unit to fund an assessment from available services, these include services in Sheffield and Teesside.

Tees Esk Wear Valley Mental Health Foundation Trust (TEWV) provides a limited diagnosis service in the Northallerton and Scarborough areas.

3. Improving access for adults with autism to the services and support they need to live independently within the community

In June 2009 a joint transition protocol supporting young adults with autism moving from Children and Young People's services to Health and Adult services was implemented. Assessments are now completed by a team of social care staff who specialise in carrying out this transition work. This was highlighted as an area where people experienced considerable difficulty. Work is on-going to improve this process.

Work began in 2012 on developing a housing strategy for North Yorkshire, by working together with all partners to increase and develop a flexible range of housing, care and support options.

North Yorkshire County Council provides services within a self-directed framework. This places people at the centre of assessing their own needs and deciding how they can be met. Self-directed support is available to all individuals who are eligible under current Fair Access to Care Services criteria for social care support. This has often involved effective joint working between Adult Social Care staff and Community Mental Health Teams countywide, in cases where there is an acknowledged dual-diagnosis.

4. Helping adults with autism into work

Jobcentre Plus (JCP) is part of the Department for Work and Pensions. It provides services that support people of working age from welfare into work, and helps employers to fill their vacancies.

Disability Employment Advisers (DEAs) are available to support people who have disabilities, including people with autism. DEAs will act as advocates for customers who experience difficulties in speaking/communicating with employers. Also, through its Flexible Support Fund, (geographical limits apply) or through Access to Work, JCP can procure additional specialist support for customers to help them in moving into employment as required. Clients can also get support through Access to Work if a mentor or support is required when they first start work.

DEAs can also provide advice on Work Choice, a programme aimed at helping severely disabled people to find and retain employment. Work Choice is tailored to meet the client's individual needs and focuses on helping them achieve their full potential and move towards being more independent. Work Choice also ensures employers get the support they need to employ more disabled people.

DEAs actively market their clients with local employers and encourage employers to apply for Disability Symbol status - showing positive approaches to recruiting clients with health or disability issues.

DEA training covers a wide range of conditions including autism and advisers undertake autism specific training. JCP Work Physiologists support advisers. Mental Health Co-ordinators also support the delivery and accessibility of services to people with experience of mental health problems. The national strategy for adults with autism states all new and existing Disability Employment Advisers (DEAs) will have autism training.

North Yorkshire County Council's Health and Adult Services offer a Supported Employment service which includes support for people with autism. These staff are based in both adult social care teams as well as integrated mental health teams countywide and have training to enable them to support people with autism to gain and retain employment.

Supported Employment staff work with employers to advise on reasonable adjustments in the workplace. The Supported Employment service is undertaking the NAS Autism Accreditation process alongside 16 other North Yorkshire Health and Adult Services.

5. Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities

As previously stated, the number of adults with autism living within North Yorkshire is based upon local prevalence data, which is extrapolated from national rates.

However, more accurate data is available for children, and with the implementation of the Child Autism Diagnostic pathway this will become increasingly accurate as time progresses.

In 2012, for the first time, the Joint Strategic Needs Assessment (JSNA) included a section on autism. This needs further development to enable us to collate comprehensive data on the local population of people with autism and their needs and will require regular updating.

Social care staff based in mental health settings have often been the catalyst for helping people with co-occurring autism and mental health issues to access appropriate services and support.

Chapter 7 - The work of the North Yorkshire Steering Group for adults with autism

This group was established in 2012 in response to the guidance contained in **Implementing Fulfilling and Rewarding Lives. Statutory guidance for Local Authorities and NHS organisations to support implementation of the autism strategy (2010)**. This advised local authorities to put in place local planning and leadership in relation to the provision of services for adults with autism.

The North Yorkshire Steering Group is chaired jointly by senior managers from North Yorkshire County Council and the NHS. It reports to the North Yorkshire Health and Wellbeing Board. Members include senior managers from within the NHS Partnership Commissioning Unit, NYCC Health and Adult Services and the Children and Young People's Service, Clinical Commissioning Groups and NHS Foundation Trusts. A representative from the National Autistic Society also sits on the group. A list of members of the Steering Group and notes from the meetings can be found at www.nypartnerships.org.uk. The work of the group focuses on:

- the production of this interim North Yorkshire strategy for meeting the needs of adults with autism;
- mapping existing needs and services and linking these to the Joint Strategic Needs Assessment;
- improved identification and diagnosis of autism in adults; and
- training multi agency staff that provide services to adults with autism

The Steering Group has several sub groups which meet to work on various projects, such as training and the creation of a diagnostic pathway. The groups operate on a task and finish basis, reporting in to the Steering Group. The groups are disbanded on completion of projects.

People with autism, their families and carers have contributed to the work of the Steering Group, providing their feedback and views on the development of this interim strategy. Going forward it is imperative that people with autism, their families and carers are involved at the earliest stage in the implementation of the strategy. Therefore, during 2014 a reference group will be created composed of people with autism, their families and carers, alongside officers within the Partnership Commissioning Unit and Health and Adult Services to provide information and guidance on implementing the strategy. We will listen to people's preferences and views as to the best format for this reference group so that the most involvement and input from people is possible. The reference group will be a key forum for taking forward the long term strategy for people of all ages with autism. Work will start on this from April 2014.

Chapter 8 - Moving forward

This section of the North Yorkshire strategy for meeting the needs of adults with autism is divided into the five key outcomes of 'Fulfilling and Rewarding Lives' and outlines the following:

- The national view of the actions that need to take place in this specific area;
- The key messages from people who attended the North Yorkshire engagement events described on the following pages and from people who completed the online questionnaires;
- North Yorkshire's proposals for how we intend to fulfil the expectations of both the Government and people with autism and their families in the local area. We call these our 'priority actions'.

It should be noted that the priority actions in this document relate to this one year strategy (2014-15) for meeting the needs of adults with autism. From April 2015 new priority actions for children, young people, adults and older people will be produced within a joint strategy.

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Increasing awareness and understanding of autism

National view of actions that should take place in this area

Many of the difficulties that adults with autism experience are as a result of poor understanding of autism and its impact, both in the wider community and also amongst professional staff who work within the community, for example:

- Social care workers such as social care assessors, customer advisers and managers
- Health service practitioners such as GPs and community nurses
- Further education professionals such as lecturers and learning support staff
- Professionals who support people into work such as supported employment officers, Connexions and Job Centre Plus
- The criminal justice system, e.g. police officers and prison officers

The national strategy and guidance makes plain the need to ensure frontline staff are trained appropriately. This training should provide:

- General autism awareness training, which should ultimately be available for everyone working in health and social care
- Specialised training for staff working in key roles – such as GPs, those responsible for conducting community care assessments and those in leadership roles locally.
- Training should reflect the actual situations staff work in.

The core aims of training should be that staff are able to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services for people who have a diagnosis or display characteristics of autism.

Feedback on this issue from 2012 engagement events

1. Raising awareness amongst professionals working with people with autism

Findings within the NAS engagement report indicate that approximately 70% of those who took part either in the engagement events or the online survey felt that social care and health service staff did not have a good understanding of autism. Particular concern was raised about the lack of awareness amongst local GPs.

2. Women and girls with autism

A specific reference was made to the lack of awareness by GPs about the needs of women and girls on the autism spectrum. This lack of awareness is supported by national findings as discussed on page 7 of this strategy.

3. Health and social care staff

Individuals stated that they had experienced inflexible ways of working from health and social care staff, and that reasonable adjustment had not taken place to take account of their autism as a spectrum condition within both health and social care settings.

4. Training for frontline staff

The value and need for mandatory and standardised training for social care and health staff was identified. Respondents felt that if this could be developed and in part delivered by people who have autism, to include real life stories, then this would be viewed as proactive and inclusive.

5. Provision of information

The desire for information for carers and family members post diagnosis and condition management information for newly diagnosed individuals was expressed as a need.

6. Training for other staff in the public sector

In addition to health and social care staff, the engagement events and online questionnaires highlighted the view that training would also be beneficial for other sector service providers, such as job centre staff, district council and housing providers, the criminal justice system, emergency services and universal services. This could be achieved with the rolling out of an online e-learning tool.

Increasing awareness and understanding of autism

Actions for 2014 – 2015

Raise awareness and understanding of autism amongst adult social care and health staff as well as other frontline staff in the public sector via the following actions:

- Exploring research around women and girls with autism to better understand the needs of this cohort. This research will be carried out in 2014 and the findings will inform the development of the joint strategy for children, young people, adults and older people with autism to be published in 2015.
- The Partnership Commissioning Unit will liaise with local area teams to promote the Royal College of General Practitioners' online autism awareness e-learning tool 'Autism in General Practice' to GP practices and to monitor uptake of this e-learning opportunity.
- Extending the use of a new online e-learning package designed to raise awareness of autism from January 2014. Initially this was piloted and rolled out with North Yorkshire County Council staff, but it is anticipated that other public sector staff will be able to use the tool from April 2014. Training for health and social care staff will include the necessity of making reasonable adjustments to take account of people's autism. This training will take place on a continuing basis throughout 2014/15.
- Working in partnership with people with autism, where possible, to develop and deliver appropriate training for frontline staff. This work will begin in 2014.
- Raising the profile of autism within secondary mental health services via Autism champions in each locality across the county.

Developing a clear, consistent pathway for diagnosis of autism

National view of actions that should take place in this area

The Social Care Institute for Excellence guidance on autism acknowledges that getting a diagnosis of autism in adulthood, in some instances, can lead to discrimination. However, this guidance also identified the following key benefits:

- A diagnosis helps explain to the person, their family and friends and the wider public what has previously been unknown or misunderstood.
- A diagnosis can help shape an improved support package, as long as this is not done in a mechanistic way.
- A diagnosis avoids the problems of misdiagnosis, as faced by many people with autism, e.g. individuals wrongly thought to have a mental health problem.
- A diagnosis can assist with accessing services and benefits.

National guidance demonstrates a need for:

- A clear local pathway for diagnosis of autism, from initial referral through to assessment of needs, should be in place.
- A diagnosis alone is not enough: the fundamental change needed is that diagnosis leads to a person-centred assessment of need, in line with the NHS and Community Care Act 1990.
- A diagnosis of autism should be recognised as a reason for assessment; it should also be a catalyst for a carer's assessment.
- The end goal is that all NHS practitioners will be able to identify potential signs of autism, so they can refer for clinical diagnosis if necessary, but more importantly so they can understand how to adapt their behaviour, and particularly their communication, when a patient either has been diagnosed with autism or displays signs of autism.
- When a person has previously had a needs assessment, and is then diagnosed as having autism, this should be recognised as a potential reason for reassessment.

Feedback on this issue from 2012 engagement events

90% of those who took part in the engagement events had a formal diagnosis of autism, of these, 58% had received this diagnosis under the age of 18.

1. Lack of knowledge of diagnostic services

People who attended the events highlighted the lack of knowledge of GPs about how to access diagnostic services.

“GP was unable to find anyone who could diagnose me on the NHS so paid for myself privately (£1000).”

2. Location of diagnostic centres

People who attended the events expressed concerns about the distances needed to travel to access a diagnostic service.

“The whole process was horrific and it was a great problem to have to travel 60 miles each way to Sheffield”.

People were also worried about the length of time it took to get a diagnosis due to waiting lists.

“Initially I was told that I’d be ‘assessed’ in Harrogate and then probably be referred to somewhere like Sheffield....and that the process could take anything up to 4 years. Can you imagine how frustrating that is?”

3. Lack of post diagnostic support.

Approximately 43% of those who had received a diagnosis had received no post diagnostic support. Of those who had received support attendees commented that they found the most benefit having flexible access to a psychotherapist, and access to an Asperger support group.

4. Referring for a social care assessment.

The research also demonstrated a gap following diagnosis in then referring onto social care for an assessment of need, one attendee expressed the view that:

“Personalised needs assessments do not exist for adults with Asperger syndrome!”

5. Health Support

The research asked people to express what support provided by health would be most useful. 83% responded that having advice and information with signposting to other services would be the most useful. Other high scoring areas were counselling, support groups, psychology, occupational therapy, speech and language therapy and psychiatry.

Feedback evidenced that where a person had the need for support from psychological services, but had no formal diagnosis of a mental health condition or a learning disability,

then they frequently were not able to access support, until their mental health had deteriorated to such an extent that they then received support from mental health services.

Developing a clear, consistent pathway for diagnosis of autism

Actions for 2014/15

- The Partnership Commissioning Unit will review the availability and accessibility of other health services such as counselling, psychology etc. for those with autism and make recommendations to the CCGs to improve access. Signposting to other services such as support for carers and advocacy will also be promoted at diagnosis. This work will take place in 2014.
- The CCGs and NYCC will ensure that any person with more complex needs will receive appropriate care in line with the recommendations and principles of the Winterbourne Concordat Action Plan. This will include robust checks on providers. This work is on-going.
- People requiring health care within York and North Yorkshire will all have a plan in place to ensure they receive appropriate care, where possible within community based settings.
- The Partnership Commissioning Unit will consider a procurement approach for the provision of a diagnostic service for autism in North Yorkshire. This will include the provision of information and signposting following a diagnosis and onward referral to eligible services, depending on the needs of the person. This will be completed during 2014.

Improving access for adults with autism to the services and support they need to live independently within the community

National view of actions that should take place in this area

Improving access to services and support is a longer term goal as it will require a cultural change within public services and in the community.

This section of the national implementation strategy focuses on how local areas can better identify needs, and what structures and processes can best enable those needs to be met. In particular, it looks at the leadership structures locally, which will help drive change. Importantly, it does not pre-empt any decisions about what services should be made available, or how.

- Adults with autism should be able to access personal budgets and direct payments in line with the assessment of their needs.
- A lead commissioner/manager should participate in relevant local and regional strategic planning groups and partnership boards including the proposed Health and Wellbeing Board.
- Local partners may also want to consider establishing a local autism partnership board.
- The Standard Contract for Mental Health and Learning Disabilities explicitly requires service specifications, and therefore service providers, to demonstrate how reasonable adjustments for adults with autism are made.
- Around 70% of children with autism identified through the Special Educational Needs (SEN) system have statements and therefore transition planning must take place. Young people with autism who do not have a statement of SEN may instead have a Health Action Plan.
- Effective transition planning should include career preparation up to age 16 and plans for education, employment, training, transport, housing and leisure from 16 to 19 and beyond. From September 2014 the Education Health and Care plan will replace statements of SEN, and transitions will be extended from age 14 to age 25. This will ensure a clearer and more consistent pathway for young people with autism to prepare for adulthood.
- Young people with autism and their families/carers should always be involved in transition planning. Plans should be individually tailored to the needs and wishes of the individual young person and reviewed and updated each year.

Feedback on this issue from 2012 engagement events

1. Social care assessments

The engagement events carried out by the National Autistic Society in 2012 were also tasked with identifying what services were working well locally and where gaps in service provision exist. Just over 60% of those who completed the online survey had received an assessment from social care, with 80% of these going on to receive services.

Experiences of the social care assessment process varied:

'Due to my daughter having an IQ above 70 and no learning difficulties, there isn't any help or support available: this is not funded'

'Assessments have been done on our daughter over the last 2-3 years, but not very effectively initially due to poor understanding and assessment process'

'We eventually were allocated to a Transitions social worker who was much more helpful, on the third attempt at assessment my daughter was allocated a reasonable personal budget and now we are exploring ways of using it'

2. Housing

Living within the community and also in supported housing with personalised support was seen as very positive, with just under 70% of those who took part living in owner occupier properties. However, concerns were raised where people were living with older parents about what would happen when they passed away.

Attendees wanted a range of living arrangements to be available, and felt that to provide a better quality service housing providers would benefit from autism training. It was felt that this would enable them to identify and prevent potential problems for tenants. The research also identified that:

'It would be enormously helpful for N.Yorkshire to produce a clear housing strategy for autistic adults'

3. Reablement

Approximately 38% of respondents were receiving services from social care. START (Short Term Assessment and Reablement Team) was viewed very positively.

'START helps transition to independent living – it is working well and monitored too'

4. Personal budgets

Personal budgets were working well, and were being used to provide varied support. It was felt that providers were now more aware of personal budgets and were adapting their services accordingly. The report identified that personal budgets were not always accessible to those with Asperger syndrome or high functioning autism.

Personal health budgets have been piloted within Continuing Health Care but will be implemented more widely in 2014/15.

5. Transitions and advocacy

However, two areas which were highlighted which needed improvement were, the perceived lack of advocacy and transitions.

'Transitions managers – useless, they hinder you and deny access to services, only fighters stand a chance – and I'm tired of fighting, I shouldn't need to do this.'

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Improving access for adults with autism to the services and support they need to live independently within the community

Actions for 2014/15

- A new support planning tool, which will be used from 2014, will aid social care assessors and mental health staff by building an autism checklist into the standard assessment. This will enable the development of a personalised support plan to meet identified need.
- Lead commissioners from North Yorkshire County Council and the Partnership Commissioning Unit will link with District Councils on the development of appropriate accommodation for adults with autism.
- The reablement (START) service in North Yorkshire will monitor the number of people with autism who undertake the period of reablement, and the outcomes of this input.
- As part of the North Yorkshire Prevention Strategy, work will continue to maximise the use of personal budgets by adults with autism. North Yorkshire County Council will monitor the uptake of personal budgets by people with autism. Information will be made available on Personal Health Budgets as they are implemented.
- Health and Adult Services and Children and Young People's Services will continue to work together to improve the Transitions process for young people moving into adult services. There is a Transitions Steering Group, a multi agency protocol and action plan in place to aid this improvement.
- Advocacy service specifications will include the requirements for staff to have autism awareness training and have the skills to appropriately support people with autism.
- The Partnership Commissioning Unit will promote autism awareness training and making reasonable adjustments within all CCG commissioned services. Providers will have a responsibility to demonstrate awareness that people with autism may also have a co-existing learning disability or mental health issue.
- Health and Adult Services will work with the Carers Forum on support for carers and people with autism.

Helping adults with autism into work

National view of actions that should take place in this area

Adults with autism are significantly under-represented in the labour market; only 15% of people with autism are in employment. This means that many adults with autism are dependent on benefits, and the under representation also indicates that employers are not benefitting from the skills and talents adults with autism can offer in the workplace. It is clear that more needs to be done to help adults with autism into work.

The national strategy includes:

- ensuring adults with autism benefit from wider employment initiatives
- personalising welfare and engaging employers
- improving existing provision
- developing new approaches that will better support adults with autism.

Feedback on this issue from 2012 engagement events

1. Employment status

Completed online surveys confirmed that just over 70% of respondents were not currently employed. From those that were employed, just over 60% were in full time paid employment and 30% worked in paid part time employment. The remainder worked on a voluntary basis. From the 70% who were not employed, 50% said that they would like to be.

2. Supported Employment Service

Several comments from the research were very positive about the Supported Employment service

'Excellent support from NYCC Supported Employment service'

However, opinion was expressed that the rural geography of North Yorkshire along with difficulty in accessing transport was detrimental to people gaining employment.

3. Job centre

Individuals had also experienced negative experiences whilst attending the job centre.

'Job centre was a disaster to start with. In the end we had to go with him to make sure they had some understanding of his difficulties'

4. Information for employers

The need for employers to have information and awareness on autism was an additional point which was highlighted.

'Employers need training and awareness raising; so do careers advisers'

5. Transition from education to employment

There was a clear interest in the need for support to identify employment strengths and transition from education into employment. Looking at employment in its wider context was also seen as valuable.

'Self-employment needs to be explored, support to start your own business or social enterprise, and on-going support for issues you might face in your first year, a mentor or something like that'.

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Helping adults with autism into work

Actions for 2014/15

- A key priority action of this strategy is to get more people with autism into paid employment.
- The North Yorkshire County Council Supported Employment team plays an important role in gaining paid or voluntary employment for people with autism around North Yorkshire in both adult social care and mental health settings. In order to improve the service further, the Supported Employment team have registered to work towards NAS accreditation status. The timescale for completion of this process is June 2016.
- The Supported Employment lead for North Yorkshire County Council will engage with the Department for Work and Pensions regionally to discuss their targets and objectives for supporting adults with autism into work. This engagement will take place in 2014.
- The Supported Employment team will continue to work with employers to develop their skills and knowledge of the needs of employees with autism (and co-occurring mental health needs, where identified). This will improve the experience of people with autism in the workplace.
- Health and Adult Services and Children and Young People's Services will continue to work together to improve the Transitions process for young people moving into adulthood. This will include moving from education to employment. The Transitions Steering Group has this issue as a key priority and will monitor the outcomes of people with autism as they move into work.

Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities

National view of actions that should take place in this area

Developing appropriate services is a long term responsibility and sits locally. Local partners need to work together to develop relevant services and extend existing ones, to enable adults with autism to be included in society. Obviously this development must reflect the needs, available resources and priorities of the local area. Local partners include:

- Collaborative Commissioning Group
- Health and Well Being Board
- Children and Young People Services
- Elected members
- Police/Fire and Rescue
- Criminal justice system
- Job Centre Plus
- District / Borough Councils
- Social care providers
- Housing and support providers
- Voluntary sector
- Clinical Commissioning Groups
- Community Mental Health Service Providers
- General Hospital Acute Foundation Trusts
- Community health services
- Specialist Commissioning Group (NHS England)
- Opticians
- Dentists

The national strategy includes:

- Prioritising the needs of adults with autism in every area.
- Identifying and promoting service models that are proven to make a positive difference for adults with autism.
- Enabling adults with autism and their families to have greater choice and control over where and how they live.
- Local authorities should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with autism.
- The development of commissioning plans could be led by the Health and Wellbeing Board under its proposed remit to lead the JSNA.
- Adults with autism should be able to access mainstream public services and to be fully included within society. However, specific services and support dedicated to adults with autism can play a pivotal role in enabling them to use mainstream services effectively.

Feedback on this issue from 2012 engagement events

1. Information and universal services

Having access to a 'one stop shop' or 'shop for support type online information – like trip advisor' would be seen as being beneficial, along with local 'preventative services not crisis led services'. Attendees also expressed a view that they would like to see:

'An improvement in universal services so we can access everything just like everyone else.'

'I am not sure what we could have accessed'

2. Types of support

The types of support which were viewed as valuable, in ascending order, focused around:

- one to one support
- social skills training, mentoring, befriending and social groups
- access to advice and information and advocacy
- daily living support
- day activities and employment services
- money management

- access to education
- respite care and support for carers and partners

3. Family support

70% of those who completed the online survey were receiving support from family members. This support came in the form of:

- providing a home
- arranging and accompanying to appointments
- providing transport
- managing paperwork and finances
- ensuring that the person was kept safe and not taken advantage of due to their autism.

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Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities

Actions for 2014/15

We will improve the information available including:

- Co-ordinating information about voluntary and other sector organisations that offer support to people with autism and their families.
- Ensuring information on autism is readily available and accessible through public networks such as libraries and via autism community channels.
This work will take place during 2014.
- Work will take place in 2014 to explore with people with autism how to co-produce options for the best support.
- By December 2014 an online directory of support, advice and services that offer support to people with autism will be added to North Yorkshire County Council's website. This online directory will be shared with people with autism, their carers, the North Yorkshire County Council Customer Services Centre and key organisations such as GP practices and Carers Centres.
- To demonstrate transparency in our actions we will publicise the results of a self assessment exercise on autism carried out in September/October 2013. We will benchmark our performance against that of other local authority areas.

Chapter 9 – Accountability, Performance and Finance Framework

The implementation of the action plan relating to this strategy will be overseen by the North Yorkshire Autism Strategy Steering Group. It will be monitored by the Integrated Commissioning Board, Care and Independence Overview and Scrutiny Committee and Health and Wellbeing Board. The Director of Health and Adult Services will provide a report to the Health and Wellbeing Board in April 2015 so that progress on meeting this interim strategy can be monitored. Looking ahead to the publication of the joint strategy for meeting the needs of all adults with autism in North Yorkshire in April 2015, we are reviewing and disaggregating the current investment in the context of people's needs, to enable us to develop a strategy that will inform commissioning of services to meet the needs of people with autism in North Yorkshire. The Health and Wellbeing Board will consider regular reports on progress on implementing the strategy.

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North Yorkshire County Council

Health and Wellbeing Board

1 April 2014

Report on Adults autism self-assessment exercise 2013

Report of the Corporate Director – Health and Adult Services

1.0 Purpose of report

- 1.1 This report provides the Board with information about the self-assessment exercise regarding the adult autism strategy conducted in Autumn 2013. It provides a comparison between North Yorkshire's performance in 2011 and 2013, and headline information about North Yorkshire's performance in comparison to the other 152 respondents in 2013.

2.0 Issues

- 2.1 An initial self-assessment exercise was conducted by Public Health England in 2011 to establish the extent of the task in achieving the aims of the national strategy on autism entitled 'Fulfilling and Rewarding Lives' (2010). This exercise reflected the position as at March 2011, soon after the publication of 'Implementing Fulfilling and Rewarding Lives', statutory guidance for Local Authorities and NHS organisations to support implementation of the autism strategy' (2010). The second self-assessment in 2013 followed the basic format of the first exercise. Its purpose was to:
- Help local authorities and their partners to assess their progress in implementing the strategy
 - Establish how much progress had been made since the baseline survey, reflecting the position as at March 2011
 - Provide examples of good progress and identify remaining challenges
- 2.2 The 2013 exercise ran between August and October 2013. Local authorities reported responses directly onto the Improving Health and Lives (IHaL) Learning Disabilities Observatory website. Local authorities were asked to co-ordinate their local responses, but instructions emphasised the importance of obtaining a multi-agency perspective, reflecting the task of implementing the strategy. They were specifically asked to include liaison with the new NHS Clinical Commissioning Groups.
- 2.3 The self-assessment, which is attached as an Appendix, was completed in partnership with Health, was agreed by the multi-agency Steering Group and

shared with some people with autism and their carers before it was submitted. It has been shared with HAS Executive Members. It covered the following areas:

- Planning;
- Training;
- Diagnosis led by NHS Commissioner;
- Care and Support;
- Housing and Accommodation;
- Employment; and
- The Criminal Justice System

2.4 The returns were analysed by Public Health England and Improving Health and Lives (IHaL) Learning Disabilities Observatory. They have produced a report providing an initial outline view of the responses to coded questions. A fuller report providing regional breakdowns, maps and thematic analysis of comments will follow and will be considered in detail by the Autism Steering Group.

3.0 Findings

3.1 Comparisons between North Yorkshire’s performance between the initial self-assessment exercise in 2011 and the 2013 self-assessment exercise

3.2 The 2011 exercise was structured slightly differently to the 2013 self-assessment so it is not always possible to provide a like-for-like comparison. Similarly, some questions in the 2011 exercise required a ‘RAG’ (red/amber/green) status, where the 2013 version did not, and vice versa. The table below shows comparisons for the questions that were the same or similar in both the 2011 and 2013 self-assessment exercises.

Question	2011 response	2013 response	Comment
Do you know the number of adults with autism in your area?	Green	Yes (no RAG status requested)	We collect data on people with a diagnosis of autism, which is included in the JSNA.
How many adults receive a personal budget?	Amber	177	Personal Budgets are offered wherever possible and appropriate. In some cases this may be taken as a Direct Payment.
Do you have a commissioning plan for people with autism?	Red (no)	Yes (no RAG status requested)	There are a range of commissioning strategies and plans that reflect the data available on the needs of people with autism.
Does your housing	Amber	No (no RAG	This will be taken

Question	2011 response	2013 response	Comment
strategy mention autism?		status requested)	forward through the Chief Officers Housing Group and Supporting People Commissioning Board
Are you engaging with the Criminal Justice System?	Red	Red (as to whether it is engaged as a key partner)	Discussions have taken place about extending the e-learning to Criminal Justice staff. Further engagement around the strategy in general will take place through multi-agency partnerships including the Safeguarding Adults Board.
Have you held consultation events with people with autism in your area?	Amber	Green	Events took place in December 2012, which informed the content of the strategy. There were also a number of events during the consultation period for the strategy.
Is autism contained in your JSNA?	Amber	Green	There is a section in the JSNA focusing on autism. This will be reviewed as part of developing the all age strategy.
Is there a named lead officer for autism in your local authority?	Amber	Green	Anne-Marie Lubanski, Assistant Director, Operations
Have staff been trained to make adjustments to their support and planning for people with autism?	Amber	Green for HAS, Amber for Health	HAS has identified a group of assessment staff as Autism Champions. These staff have received more advanced training and provide support and guidance to other staff. All assessment staff use and autism checklist to help them with support planning. Training is being promoted to primary care, secondary and community staff who

Question	2011 response	2013 response	Comment
			undertake assessments.
Do transition processes consider employment as a key factor?	Amber	Amber	We are improving links between CYPS and HAS so that there is a better sharing of knowledge, and earlier involvement of the Supported Employment Team.

3.3 North Yorkshire has made a demonstrable improvement in its performance between 2011 and 2013 in several areas, including consulting with people with autism in the local area, including autism in our JSNA, having a lead officer for autism, providing training for staff to make reasonable adjustments for people with autism. However, there are areas where further progress still needs to be made, namely engaging with the Criminal Justice System, and considering employment as a key factor within our transition processes.

3.4 North Yorkshire's and other authorities' responses (headline figures)

- a) All 152 upper tier local authorities responded to the exercise
- b) North Yorkshire is in the 8% of authorities working with four or more CCGs
- c) North Yorkshire is in the 99% of authority areas that have a lead commissioner with responsibility for autism
- d) North Yorkshire is in the 56% of authorities that report on autism in their JSNA
- e) North Yorkshire is in the 87% of authorities that report on autism in their commissioning plans
- f) North Yorkshire is in the 63% of authorities that collect data on people with autism using their services
- g) North Yorkshire is in the 60% of authorities that have involved people with autism and their carers in planning the implementation of their strategy
- h) North Yorkshire is in the 61% of authorities that have involved Criminal Justice Services in their training agenda, and 60% who are working to improve their involvement in planning work
- i) North Yorkshire is in the 50% of authorities that have provided specialist autism training to cohorts of staff carrying out statutory assessments
- j) North Yorkshire is in the 65% of authorities that deliver autism awareness training to employers on an individual basis
- k) 59% of authorities have a multiagency training plan. Whilst North Yorkshire does not have one in place at the current time, pursuing multi-agency training opportunities has been identified as a key task within the strategy for 2014/15.

- l) 61% of authorities reported that CCGs and primary care practitioners were involved in the training agenda. In North Yorkshire, workforce planning is considered by the Partnership Commissioning Unit (PCU) on behalf of CCGs.
- m) North Yorkshire is part of the 51% of respondents where further work is needed to establish a local diagnostic pathway. This is a key action for the PCU on behalf of the CCGs within the 2014/15 strategy.
- n) In common with other respondents, North Yorkshire needs to improve the autism-specific training for advocates (47%) and information about local support (74%)

3.5 No detailed comparative data has yet been published so it is not possible to compare North Yorkshire with similar large shire authorities, nor with its neighbouring authorities. On the evidence presented to date it would appear that North Yorkshire is, on the whole, performing at a similar level to other authorities. The areas where further development is required form part of the key actions within the 2014/15 strategy, with progress monitored through the multi-agency Autism Steering Group. If further work is still required, this will be included in the longer term all-age strategy.

4.0 **Policy Implications**

4.1 The self-assessment has informed the development of the interim strategy for meeting the needs of adults with autism in North Yorkshire 2014/15. This strategy will drive the work on autism for the forthcoming 12 month period. During that time an all-age strategy to meet the needs of people with autism in North Yorkshire will be developed with Children and Young People's Services. This will be published in April 2015.

5.0 **Financial Implications**

5.1 No additional resources have been made available by the Government for specific work on autism, so any developments will need to be within existing resources. Knowledge and understanding of autism is still evolving; a prevalence rate of 1% has been used, but this is increasingly considered an underestimate. Data would indicate that the number of new diagnoses within Children and Young People's Services will have increased by between 15-30% by 2015. The needs of this group of people will be passed onto HAS as children move into adulthood.

6.0 **Legal Implications**

6.1 The national strategy for adults with autism in England, 'Fulfilling and Rewarding Lives' (2010), gave the NHS, local authorities and other partners statutory duties with regard to improving the lives of those living with autism. The national autism strategy set out a clear directive for change to ensure that those with autism are included in society and supported to lead full and rewarding lives.

7.0 Impact on Other Services/Organisations

- 7.1 The NHS and other public sector organisations are key partners in the continued improvement in performance in the self-assessment. It is vital that they are fully committed to contributing resources to developing services for autism.

8.0 Risk Management Implications

- 8.1 The profile of the National Strategy remains high, with the National Autistic Society (NAS) lobbying national and local politicians. There would be strong challenges from national and local bodies and individuals should the strategy not be delivered.

9.0 Equalities Implications

- 9.1 It is acknowledged nationally that women and girls are often under-diagnosed with autism and therefore prevalence rates for women and girls are probably lower than they would otherwise be. One of the actions for the strategy is to carry out research into this area and the findings will feed into the longer term strategy for all people with autism in North Yorkshire to be published in 2015.

10.0	Recommendation
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- | | |
|------|--|
| 10.1 | The Health and Wellbeing Board is recommended to note the results of the 2013 self-assessment exercise and to consider a further report once the detailed comparison data has been published by Public Health England later in 2014. |
|------|--|

Richard Webb
Corporate Director – Health and Adult Services

County Hall
Northallerton
19 March 2014

Author of report – Sally Ritchie, Development Officer (Autism Strategy)
Presenter of report – Anne Marie Lubanski, Assistant Director Operations
Background Documents – *North Yorkshire's autism self-assessment 2013*



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?

6

Comment

6 Clinical Commissioning Groups. These are:

* Harrogate and Rural District CCG

* Hambleton, Richmondshire and Whitby CCG

* Scarborough and Ryedale CCG

* Vale of York CCG

* Airedale, Wharfedale and Craven CCG (from North Yorkshire's perspective the only North Yorkshire area covered by this CCG is Craven)

* NHS Cumbria CCG (from North Yorkshire's perspective the only North Yorkshire area covered by this CCG is the town of Bentham in the west of the County)

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?

We are not working directly with other local authorities to implement the North Yorkshire strategy at present. However we are linking with other local authorities in the region to share ideas and learn from best practice. We are part of a regional group of authorities that will be meeting in November 2013 to network and will be using that opportunity to learn from other authorities whose autism strategies are at a more advanced stage.

We are currently working with the Partnership Commissioning Unit on behalf of the CCGs and City of York Council to jointly implement the recommendations of the Winterbourne enquiry.

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.

Anne Marie Lubanski, Assistant Director Operations. Anne Marie Lubanski is the head of adult social care operations at North Yorkshire County Council. She reports to Helen Taylor, the Director of Health and Adult Services (HAS) at North Yorkshire County Council. Anne Marie's email address is annemarie.lubanski@northyorks.gov.uk.

Judith Knapton is Head of Mental Health and Vulnerable Adults for the North Yorkshire Partnerships Commissioning Unit and has responsibility for services for adults with autism. Judith's email address is judith.knapton@nhs.net.

4. Is Autism included in the local JSNA?

- Red
 Amber
 Green

Comment

The North Yorkshire Joint Strategic Needs Assessment (JSNA) has a section focusing on autism which was updated in January 2013. This online document can be updated instantly when changes take place so this section will always reflect current knowledge about autism in North Yorkshire and the work that is taking place. It will be reviewed again in Autumn 2013. The current version of the North Yorkshire JSNA can be accessed via the North Yorkshire County Council website at www.northyorks.gov.uk. The autism section is on page 59 of the JSNA.

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

- Red
 Amber
 Green

Comment

For Health and Adult Services - yes, we have started to collect data on people with a diagnosis of autism. This is divided into two elements for people who are diagnosed with autism and those who have suspected autism but are undiagnosed. This is to recognise the wishes of some people who do not wish to be diagnosed with autism.

From a Health perspective there is work underway to analyse the current Continuing Health Care database to identify autism patients (currently people with autism are under one category of Learning Disability/Autism). Staff are now separating people on the database depending on whether they have autism or learning disabilities, but all previous records need to be changed.

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?

411

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

229

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

6

Comment

From a Health perspective this data is not collected. However those who are jointly funded with the local authority (and therefore would meet the criteria) are recorded. There may be some individuals who are funded for assessment or some treatment that are not jointly funded and not known to social care.

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

- Yes
 No

If yes, how is this demonstrated?

North Yorkshire County Council Health and Adult Services (HAS) has a range of Directorate commissioning strategies and plans that reflect the data available on the needs of people with autism. These will change to reflect the information we have received as a result of our local engagement events where people with autism and their families and carers gave us their views about their needs. Our plans and strategies will also develop as new knowledge becomes available through the work of central Government and national organisations specialising in autism such as the National Autistic Society.

From a Health perspective commissioning plans are not specific to people with autism.

8. What data collection sources do you use?

- Red
 Red/Amber
 Amber
 Amber/Green
 Green

Comment

Health and Adult Services use national prevalence data from the National Autistic Society, Office of National Statistics and PANSI. This in turn feeds the Joint Strategic Needs Assessment (JSNA). Localised data is recorded in terms of people with autism who receive a service and is monitored on the HAS database, the Adults Integrated System (AIS).

From a Health perspective data sources include:

- * Databases held within the Partnerships Commissioning Unit on behalf of the CCGs
- * Continuing Health Care QA database
- * Mental Health and Vulnerable People database
- * Information is also held by the providers of mainstream services for Mental Health and Vulnerable People.

New Information Governance arrangements mean that CCGs cannot handle and store patient identifiable information which makes the collection, storage and sharing of data of this nature to inform planning difficult.

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

The Partnerships Commissioning Unit acts on behalf of the CCGs. The Mental Health and Vulnerable People leads in each CCG are involved by being given the opportunity to comment on the drafts of the strategy and action plan. They will support the implementation of the plans in their areas as appropriate.

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.

North Yorkshire commissioned NAS to carry out four local engagement events for adults with autism and their families and carers. Alongside this there was an online survey for people who could not or did not wish to take part in the events. The events took place in November and December 2012. These events were designed to get feedback about people's experiences with local services to date and their needs regarding services in the future. We will be consulting with people with autism and their families and carers again between November 2013 and January 2014 via local engagement events. These events will focus on the draft interim strategy for meeting the needs of adults with autism in North Yorkshire. We will be asking people for their views on the priorities contained in the draft interim strategy and will be making changes as necessary to the document before it is published in April 2014.

17 of North Yorkshire's provider services are currently undergoing NAS accreditation and will be engaging with people with autism and their carers throughout this process when planning their services in order to provide more appropriate services for people with autism.

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.

We found it very difficult to respond to this question as no specific detail has been requested.

There are examples of individual cases where this is happening. Please refer to the sample self-advocate story at the end of this document. However, further work needs to be done to ensure this is the case for all people with autism.

From a Health perspective no coordinated action has been taken to date. Some services may have made adjustments but this is unknown at present. This is an area that will be included in the internal action plan which will accompany the interim strategy for adults with autism.

Adjustments will be made to everyday services as part of the ongoing NAS accreditation that 17 North Yorkshire provider services are undergoing at present.

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.

As a result of the National Transition Support Programme, North Yorkshire County Council, through the Children's Trust, established a Multi-Agency Transition Steering Group which included adult services representatives. This group developed a multi-agency Transitions Protocol. There is also a Transition Action Plan which has established the following pieces of work:

- * A 'Moving On' transitions pack which will further improve the information young people and their families receive during transitions.
- * Work to set up a new database to support data sharing arrangements between services.
- * Local Transitions Groups - these assess the future needs of statemented young people in their transition from schools and other settings.
- * Personalised Learning Pathways (PLP) - a project to ensure that young people access more local provision specifically designed to meet their individual needs.

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

- Red
 Amber
 Green

Comment

All services provided by Health and Adult Services are for people over the age of 18 and are non-differential. People are not treated any differently because of their age.

North Yorkshire's draft interim strategy for meeting the needs of adults with autism will take into account the recommendations made by the 2013 NAS report, 'Getting On, Growing older with autism'. On an individual basis operational staff take people's age into account when assessing their needs and planning the support and services they require.

From a Health perspective the funding of assessment and treatment and ongoing care, outside of the block contracts with the main Mental Health and Vulnerable People services, is considered on a case by case basis and is tailored to the individual needs of the person.

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.

Health are working with the police and partners on the implementation of a health-based Place of Safety for those detained under s136. Part of this includes the development of a multi-agency training programme for Mental Health/Learning Disabilities/Autism. The biggest barrier appears to be releasing staff to attend the training. A range of options are being considered.

From a local authority perspective there is not as yet a multi-agency autism training plan in place. However internal meetings will be taking place to move this work forward and it is recognised as a priority of the work of the officers with responsibility for autism in both Health and Adult Services and Children and Young People's Services within North Yorkshire County Council.

Answer to question (15) Autism awareness training has been made available for all staff via an e-learning package. This has been deemed mandatory for all staff in Health and Adult Services and currently there is an 85% completion rate. In addition to this we are currently working on the development/provision of a new autism awareness package which will replace the existing one (as the contract for the licences for this expires 31/12/13). The new package, which should be available before the end of December 2013 will be available for all new staff to HAS but we will be working on extending it to other partner organisations and families of people with autism.

N.B. we would like to note that we consider Health and Adult Services' RAG status to be green for (15) but would consider Health's RAG status for the same question to be amber.

From a Health perspective the Royal College of General practitioners has a free e-learning package available to GPs 'Autism in General Practice'. It is unknown how many GPs in North Yorkshire have undertaken this training but the intention is to promote this with practices and monitor uptake.

People with autism have been invited to a workshop for members of the Learning Disability Partnership Board in October 2013 with the intention of providing delegates with first-hand knowledge of their experiences of having autism.

North Yorkshire is working on the development of a virtual forum for people with autism which will provide an opportunity for them to comment on and influence pieces of work as they develop.

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

22 assessment staff have received training to raise their awareness of autism and how they need to consider their approach and communication methods when working with people who have/may have autism. These staff are being supported as 'Autism Champions' within their teams so that they can provide support and guidance to other assessment staff. A further 30 staff will receive the same training in November/December 2013.

To assist with this approach an autism checklist has been devised specifically to be used alongside the current Needs Assessment Questionnaire which is completed by social care staff during assessments with people.

From a Health perspective, see response to Question 15. Training will be promoted to primary care, secondary and community staff that undertake assessments.

N.B. we would like to note that we consider Health and Adult Services' RAG status to be green for (Q16) but would consider Health's RAG status for the same question to be amber.

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.

Workforce planning for autism is to be considered by the Partnerships Commissioning Unit on behalf of the CCGs, as part of future service development plans.

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

- Yes
 No

Please comment further on any developments and challenges.

A representative from the Youth Justice services has been included in discussions regarding the availability of the new e-learning package being developed by Health and Adult Services and is keen for their service to be involved in piloting the new product.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

This is in draft form at present. Some changes have been made to the process that has been in place since 2008 in order to improve governance. Airedale, Wharfedale and Craven have an established local diagnostic pathway. This has become available to the Craven area from 1 April 2013. The pathway was reviewed in 2012 and this has led to the CCG commencing further work to re-develop the local pathway.

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

Month (Numerical, e.g. January 01)

Year (Four figures, e.g. 2013)

Comment

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

Please report the total number of weeks

Comment

Since changes were put in place in June 2013, the estimated average wait is approximately one month from approval from the GP to first appointment with a specialist. More detailed work is needed to monitor this more closely.

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

Comment

51 adults have been funded to undergo assessments between September 2012 and August 2013.

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

- Yes
 No

Comment

The Partnerships Commissioning Unit acting on behalf of the CCGs will take the lead on developing the pathway.

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

In most of North Yorkshire the diagnosis of adults with autism is undertaken by a range of services that are external to the mainstream core services. Each funding request is considered on a case by case basis via a Mental Health and Vulnerable Adults triage panel which meets weekly.

Airedale, Wharfedale and Craven CCG use a specialist autism specific service from the independent sector.

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?

Currently this would only happen if a Community Care Assessment was recommended by the assessing service or if an individual were to request a Community Care Assessment.

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

Following diagnosis recommendations are made to the referrer (usually the GP). A follow up appointment with the GP is made to discuss the outcome of the assessment and what support might be available. The Partnerships and Commissioning Unit will review the availability and accessibility of other health services such as counselling, psychology etc. for those with autism and make recommendations to the CCGs to improve access. Signposting to other services such as support for carers and advocacy will also be promoted after diagnosis. The CCGs and NYCC will ensure that any person with more complex needs will receive appropriate care in line with the recommendations and principles of the Winterbourne Concordat Action Plan.

For social care assessments, a new assessment tool, which will be used from 2014 will aid social care assessors by building an autism checklist into the standard assessment. This will enable the development of a personalised support plan to meet identified need.

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

177

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

49

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

128

Comment

People with autism who have a personal budget: 177 (168 clinically diagnosed, 9 self diagnosed)
 People with autism, no learning disability with a personal budget: 49 (45 clinically diagnosed, 4 self diagnosed)
 People with autism and learning disability with a personal budget: 128 (123 clinically diagnosed, 5 self diagnosed)

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 North Yorkshire County Council Customer Services Centre is the single identifiable contact point for all queries to the County Council. Some staff in the Customer Service Centre are specially trained to deal with social care enquiries and would advise people with autism and their families/carers on services/support available to them as a first point of contact. Two Customer Services Centre officers have been invited to become Autism Champions and will attend initial training plus regular action learning set meetings of the group in order to enhance their knowledge.

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

From first point of contact with Health and Adult Services people follow a recognised pathway of care, the "Customer Journey". Health and Adult Services do not have a specific pathway for people with autism but without a learning disability to access a community care assessment and other support. People would be referred to the Customer Service Centre in the first instance via a self-referral, or a referral from their GP or carer.

From September 2013 all people with autism have moved into adult assessment teams, rather than learning disability specific teams.

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 do not have a training programme for advocates in place as yet. However as training programmes develop they will be extended to include advocates. The initial focus of the North Yorkshire Autism Learning and Development group has been on training for front line staff. Once this is fully in train work will continue on developing training tools for others involved with people with autism. The forthcoming online training package has been designed so it can be completed by a wide range of people, including advocates.

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

Staff are able to signpost people to advocacy services as appropriate.

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.

The Customer Services Centre will provide signposting for self funders to services available for people with autism in North Yorkshire. Support for people with autism will be a key element of North Yorkshire's Prevention Strategy which is currently being developed and will shortly be available for consultation. North Yorkshire County Council has worked with NAS and other organisations through its Innovation Fund to provide a range of services for people not eligible for funding or support from social care.

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

Links to national and local groups for autism are provided on the North Yorkshire Partnership website. North Yorkshire County Council is a partner organisation in the North Yorkshire Care Services Directory which provides details of care organisations in the County. This will become part of an e-marketplace currently in development by Health and Adult Services.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

North Yorkshire's local housing strategy does not specifically identify Autism.

Employment

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

- Red
 Amber
 Green

Comment

NYCC has a Supported Employment (SE) team, who offer a range of services, advice, and information and if needed an individual supported employment plan to people assessed. Staff have all undertaken Autism awareness training. A number of staff have also undertaken further external training to develop a greater understanding of supporting people with Autism in the workplace. The North Yorkshire Autism Implementation worker works closely with the SE staff. She holds regular meetings with staff to advise on appropriate support for individuals either seeking employment or in work and requiring reasonable adjustments. The team have also undertaken extensive workshops with some assessment teams to raise awareness of the role they will play in supporting people with Autism to look for paid employment and/or voluntary opportunities. The team with the Autism Implementation worker have developed a vocational profiling tool which is customised to appropriately assess the vocational pathway for people with Autism.

Employers can be offered support before and after a person with autism starts work, including autism awareness training.

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

- Red
 Amber
 Green

Comment

Within Personalised Learning there is a need to further strengthen relationships with the NYCC Supported Employment team and Department for Work and Pensions (DWP). This is currently underway and it has been agreed that SE team will work alongside Personalised learning from September 2013 in order to share knowledge and to jointly agree what functions would be needed to ensure SE was involved in local pathways from the outset. Research has evidenced that earlier invention by SE teams and/or DWP (Year 9) leads to greater successes in employment once the child leaves school. There may be an in issue of capacity within the SE Team, or a need to refocus resources to ensure greater successful outcomes for young people who are accessing an Employment Pathway and school leavers.

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

Not at present. A representative from the CJS has been involved in the development of our online training tool and we will be seeking further involvement in our planning processes.

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

11

Comment

KP has autism, a complex learning disability and can experience auditory illusions. She has recently been reassessed following the restructure of day services. The reassessment demonstrated that any new care service provision needs to be specialised in autism and work consistently and effectively with her supported living team. KP's new support plan has been developed with her and includes the following actions:

** The new team will be mentored by staff who previously worked with KP to ensure that all protocols and communication systems are consistent.*

** The new team will read all relevant autism specific documentation and KP's safeguarding file.*

** Teams will work together to produce a healthy balanced programme to be personalised to KP's needs and aspirations which incorporate independence training and travel training.*

** The team need to build up to supporting KP to experience different environments with the ultimate goal of supporting her to access various resources, experiences and short break holidays.*

** Clear and consistent communication is in place so that KP is kept up to date at all times. Changes are reported to her and coping strategies and alternative plans are prepared in discussion with her.*

The key to successful transition to the new services is early intervention and sound communication between services.

Self-advocate story two

Question number

35

Comment

AT is a very capable young man with Aspergers. He had been in employment previously, however his anxieties and lack of confidence led him to give up or lose jobs after only a few weeks.

AT had completed a countryside management course at a local agricultural college and his ambition was to work in conservation and countryside management. However he had found the course stressful and was very anxious and depressed when he was referred to NYCC Supported Employment. They worked with him on his vocational profile, identifying his career path and supporting him to reach his goal. They helped him to explore different options looking at conservation volunteering, Countryside Ranger vacancies, or apprenticeships.

With Supported Employment's assistance, AT started applying for voluntary positions on long term placements with nature reserves around the UK. He went for a couple of interviews but was unsuccessful. This didn't deter him and he was eventually invited to an interview with the Yorkshire Wildlife trust on a nature reserve. He was successful in being accepted on their volunteer traineeship placement for a year.

AT was delighted about this opportunity but was worried about how he would cope away from home and with working with people who he didn't know. Supported Employment helped him to explore strategies he could follow when working. He said that he felt he would be able to cope, as it was what he really wanted to do and any difficulties with his anxieties around meeting people and his confidence should increase once he was in the right environment.

AT started on his placement in May 2013 with Supported Employment in the background in case he needed support. He has never looked back. He has moved to the area where he works and is sharing a house with others. He said that he is enjoying the work and is hopeful that there will be a job at the end of his placement.

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

29

Month

11

Year

2013