

**8<sup>th</sup> January 2014****Agenda Item: 8****REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****AUTISM SELF ASSESSMENT FRAMEWORK****Purpose of the Report**

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Autism Self-Assessment as reported to the Public Health Observatory in September 2013.

**Information and Advice**

2. Following the Adult Autism Strategy 'Fulfilling and Rewarding Lives' published in 2010, and the statutory guidance for health and social care published later the same year, the Department of Health has placed a responsibility on local authorities and health to work together to deliver the main objectives of the strategy. In August 2013, this self-assessment framework was published through the Public Health Observatory and local authorities were responsible for completing and submitting it by the end of September.
3. As part of this submission, there was a requirement for each Health and Wellbeing Board to discuss the content of the self-assessment before the end of January 2014.
4. The Autism Strategy has five areas for action aimed at improving lives of adults with autism which include the development of specialist autism services as well as enabling access to mainstream services:
  - i. increasing awareness and understanding of autism
  - ii. developing a clear and consistent pathway for diagnosis of autism
  - iii. improving access for adults with autism to services and support
  - iv. helping adults with autism into work; and
  - v. enabling local partners to develop relevant services
5. The self-assessment was made up of a number of questions, some asking for a rating of red, amber or green, some asking for a yes/no answer and some asking for figures or narrative. Of the 17 Red, Amber, Green (RAG) questions Nottinghamshire rated 4 green and 13 amber. Of the 13 Yes/No questions, 11 were answered 'yes' and 2 'no'.
6. The strongest areas were relating to employment support where the local authorities Iworks team have had a specialist Asperger's support worker working alongside the learning disability workers for three years. Whilst this post has come to an end in 2013/14, the

learning has been shared across the lworks team who are still supporting people with autism into work. Employment is also a focus for transitions plans. Advocacy services are available to people with autism and specialist training has been undertaken by them to ensure they can work appropriately with adults with autism. Autism is included as a specific section of the JSNA, separate to learning disability or mental health and this is followed through into commissioning plans and priorities.

7. There were no areas rated red as work has been undertaken in most areas. However, there are a number of areas where focus is needed to ensure the requirements of the National Autism Strategy are met. The main areas were around:
  - a) Diagnosis and post diagnostic support for people with autism but no learning disability (often known as people with Asperger's). The social care service for people with Asperger's has developed significantly over recent years through a specialist service which has enabled the development of knowledge around assessing and supporting people with Asperger's within social care. There is currently a proposal to undertake this work as part of the role of the Community Mental Health Teams in order to manage the increasing demand for the service and ensure that the skills and expertise is spread across the County. Within the health service complex diagnosis can be carried out by specialist referral to Nottingham City or Doncaster but there is a need to consider further post diagnostic support from health for people with Asperger's e.g. speech and language therapy, occupational therapy services, psychology and behavioural support. The diagnostic pathway for people with Asperger's needs further evaluation and review to determine its use and effectiveness.
  - b) Data collection – there is a method of recording Autism on GP databases and in social care. However, the numbers recorded are below the expected prevalence rates, suggesting this is not information consistently recorded. More consistent recording will enable better needs assessments and planning of services.
  - c) Awareness training and some specific targeted training has taken place in social care over the last 12 months. Progress has been made within health services as training was included as a CQUIN target in the Trust's contract and an e-learning module has been developed. However, a more structured training plan is currently being devised and costed across health and social care to address the knowledge gaps for GPs, clinicians and care managers, including imbedding the autism diagnosis pathways.
8. The self-assessment asked a single question about older people with autism – this is not an area excluded in planning but neither is it an area which has been particularly focussed on. There is growing evidence nationally which suggests that many older people have autism but have managed with the support of parents or a spouse. When that support ends, through ill health or death or separation, this can leave the individual very vulnerable. More needs to be done to raise awareness of autism within older people services and ensure people are appropriately supported.
9. The self-assessment also asks about reasonable adjustments within universal services, whilst some examples of this could be evidenced, such as with individual employers, autism awareness needs to be more widespread so that universal services such as housing and

generic council and health services can make reasonable adjustments and ensure equality of opportunity.

## **Statutory and Policy Implications**

10. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) The Board accepts the report and agrees the priorities described above across health and social care for the 2014/15 Autism action plan delivered by the Integrated commissioning Group for Mental Health, Learning Disability and Autism.
  - diagnosis and post diagnostic support pathways,
  - data collection
  - training and
  - awareness raising in older people's services.
- 2) The Board requests all partner organisations to roll out autism awareness training and undertake reasonable adjustments within their organisations to ensure equality of access for people with autism.

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### **Constitutional Comments (SG 11/12/2013)**

11. The Board is the appropriate body to decide the issues set out in the report.

### **Financial Comments (ZKM 11/12/13)**

12. There are no financial implications arising from this report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Nottinghamshire Autism Self-Assessment and easy read version – available from Nottinghamshire learning Disability partnership Board website

<http://www.nottscountypb.org/default.aspx?page=27944>

- Autism self-assessment guidance and RAG rating – available from the Public health observatory website:

<http://www.improvinghealthandlives.org.uk/projects/autism2013>

- Nottinghamshire JSNA – chapter 2, vulnerable and seldom heard groups – available on Nottinghamshire County Council’s website

<http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/>

- Information about Autism – available from National Association Society website among others

<http://www.autism.org.uk/>

#### **Electoral Division(s) and Member(s) Affected**

All