

4 March 2019**Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,
SAFEGUARDING AND ACCESS****AUTISM JOINT STRATEGIC NEEDS ASSESSMENT AND SELF
ASSESSMENT FRAMEWORK ACTIONS****Purpose of the Report**

1. To provide the Committee with an update regarding the Autism Joint Strategic Needs Assessment (JSNA) and Self Assessment Framework and inform the Committee of the main issues raised by the Health and Wellbeing Board.
2. To seek the support of the Adult Social Care and Public Health Committee for the development of a local Autism Strategy and resultant action plan based on the requirements identified through the completion of the Self Assessment Framework and evidence contained within the Autism JSNA.

Information

3. The annual Self Assessment Framework (SAF) return for Autism was submitted on 10th December 2018. This is an annual survey carried out by Public Health England to assess progress and delivery against the Autism Act and accompanying national Statutory Guidance.
4. As in previous years the questions required Nottinghamshire partners to rate how well they are meeting key areas of service provision as identified within the Statutory Guidance using a combination of yes/no answers and rating against a red (falling short of statutory requirements), amber (room for improvement) or green (meeting statutory requirements) rating scale.
5. Carers and service users were asked for their input into the return alongside partners within the Council, Clinical Commissioning Groups (CCGs), District and Borough Councils, the police, advocacy services, transport and leisure services and higher education institutions.
6. When compared to the previous return it can be seen that Nottinghamshire is strong in many areas of delivery against the Autism Statutory Guidance including:
 - data collection within the Council itself

- the development of an autism-specific JSNA chapter
- the inclusion of autism within the Market Position Statement
- the different approaches to information provision within the County (e.g. through the Customer Services Centre and the NottsHelpYourself website) and the broad nature of this
- the inclusion of all age ranges in autism plans rather than ceasing services at age 65 years
- the availability of autism awareness training to all Council employees (although take-up is relatively low as it is not yet mandatory)
- the inclusion of people with autism in the design and delivery of training
- Nottinghamshire is already NICE (National Institute for Health & Care Excellence) compliant with regards to waiting times for assessment for diagnosis
- the diagnostic pathway is integrated
- the Asperger's team and the targeted work they carry out
- work being carried out within communities including leisure and coproduction groups to ensure that they are "autism friendly" spaces
- carers of autistic people are offered carers assessments
- the newly developed Housing with Support strategy specifically talks about the needs of autistic adults
- the support carried out by the iWorks team to assist people into, and maintain, work.

7. However there are still areas that require further improvement and these are reflected in the findings and recommendations contained within the autism JSNA chapter which was approved at the Health and Wellbeing Board on 9th January 2019. The areas in which improvement is required are:

- having a local autism strategy and delivery plan
- the implementation of an Autism Board with an autistic chair (currently there is under-representation by Autistic Adults at the Learning Disability and Autism Partnership Board)
- greater involvement of people with autism in the planning and design of services (the development of the board would assist with this)
- the development of a joint commissioner role
- adjustments being made to general council services and those of external community based organisations to accommodate the needs of autistic people including the need for, and implementation of, an accessibility policy
- enabling automatic assessments to people at transition from children's to adult services
- reasonable adjustments and easy access to health services (including primary care, secondary care and mental health)
- the development of a multi-agency training plan and specific training programmes with regards to communication and sensory issues
- closer working with the criminal justice system to develop training and report accurate hate crime statistics around autism
- staff training across all organisations (health and social care) including specific training around working with women, older adults and BME (Black and Minority Ethnic) communities. Training is also required around the impact and presentation of autism when carrying out Mental Capacity Act assessments and the impact, and support of, sensory needs

- a simpler diagnostic and post-diagnostic pathway and availability of support for adults requiring an autism diagnosis in line with the NHS 10-Year plan.
8. In order to improve the SAF rating and implement the actions recommended in the JSNA it is proposed that individual task and finish groups be established to take this work forward. Some of this work has already begun through discussions with Children's Services to look at the transitions process and with the Police Disability Advisory Group and the Safer Nottinghamshire Partnership Board to harness closer working relationships with Criminal Justice System partners.
 9. Many of the actions require close working relationships with colleagues from Health and whilst it is proposed that this work be carried out through the Integrated Autism, Learning Disability and Mental Health Steering Group, frequent staff changes within the CCGs has delayed actions to date.
 10. Feedback from the Health and Wellbeing Board on 9th January included five main areas:
 - the evidence-based outcomes achieved by the Asperger's team was commended as a model of good practice, particularly in relation to the prevention of more costly and longer term social care and health interventions
 - the requirement to fully cost actions to address identified needs before progressing any plan
 - the Chair of the Board clarified the purpose of the JSNA as distinct from a business plan
 - the absence of an NHS funded diagnostic service was acknowledged as a priority for the future, as was the requirement for pre and post diagnostic support. Progress towards a diagnostic service should be the responsibility of the Integrated Autism, Learning Disability and Mental Health Steering Group as well as the Integrated Care System (ICS)
 - the Health and Wellbeing Board supported the JSNA and recommended that the Healthy and Sustainable Places Coordination Group would assist in developing the action plan (where required). The Board requested that an update be delivered in six months against the recommended actions.

Other Options Considered

11. Continue with Autism Awareness training being accessed on an ad-hoc basis by individual staff members; however this does not provide consistency of knowledge and awareness across teams and staff groups.
12. Develop individual team or building-based policies around accessibility; however this would not provide a consistent approach across Council services.

Reason/s for Recommendation/s

13. The development of a cross-agency Autism Strategy and implementation plan is in line with national autism guidance. By having engagement and sign-off for the strategy by all key stakeholders, closer working relationships can be forged to take forward the cross-agency recommendations and actions outlined in the SAF and JSNA. An update on progress against this has been requested by the Health and Wellbeing Board at its meeting in September 2019.

14. Currently only 44% of Nottinghamshire County Council employees have accessed the Autism Awareness e-learning. In order to achieve an Amber rating in the next SAF return this figure would need to increase to at least 50%.
15. The Social Care Institute for Excellence (SCIE) is currently developing training criteria which will be released in April 2019 which will form part of the assessment criteria for the next SAF. The likely areas of focus will be around areas of health inequalities including women, BME communities and older people.
16. Although a policy is available around accessible communication needs there is currently no policy around accessibility to Council buildings and facilities. As no policy is in existence a Red rating is currently recorded in the SAF return. By developing a corporate policy around all accessibility needs (including the needs of those with hidden disabilities) and implementing small changes (e.g. the use of quiet spaces and lower level lighting) the SAF rating would increase to Green upon the next return.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

18. Greater data collection and information sharing by the Council and its partners may have data protection issues; however the information is required in order to gain an accurate picture of need and appropriate information sharing protocols will be utilised in line with current policy.

Financial Implications

19. The implementation of mandatory training and the development of a corporate accessibility policy will have no financial implications as resources already exist. The implementation of the accessibility policy may have some financial implications however existing resources should be utilised wherever possible (e.g. the use of existing meeting rooms as quiet spaces, the turning off of overhead lights and/or the use of lamps).
20. There is a need to develop specific training around women, BME groups and older people as well as around the sensory needs of people with autism. A training budget is available for this and the most cost-effective option will be considered when developing these training programmes including the development of such programmes internally or by purchasing from external providers.
21. The implementation of a diagnostic service and pre and post diagnostic support is the responsibility of NHS partners.

Human Resources Implications

22. There would be an implication of approximately two hours per staff member by having mandatory Autism Awareness training.

Implications for Service Users

23. By providing all staff members with Autism Awareness training all Council employees will have some knowledge and skills when working with Autistic people.
24. The development of specific training around individual groups and needs will enable frontline staff to work more effectively with service users from these groups.
25. Having a corporate accessibility policy, and the implementation of this, will enable Autistic services users (and those with other physical and hidden disabilities) to access the Council's services and give them and staff confidence to support them in an environment that is suited to their needs.
26. Working more closely with health will enable more accurate data collection and assessment of population need to ensure that services meet the requirements of those who need them in the future.

RECOMMENDATION/S

- 1) That Committee supports the development of a local Autism Strategy and resultant action plan based on the requirements identified through the completion of the Self Assessment Framework and evidence contained within the Autism Joint Strategic Needs Assessment (including the need for a Council-wide accessibility policy, the role out of training, improved data collection and sharing mechanisms plus the development of a clear diagnostic pathway). Any additional resources identified in the action plan will be brought back to Committee for approval.

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Constitutional Comments (AK 20/02/19)

27. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under their terms of reference. Any policy developed on Council wide accessibility will need to go to Policy Committee for approval.

Financial Comments (DG 19/02/19)

28. The financial implications are contained within paragraphs 19-21 of 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.

[Autism SAF 2018 \(unpublished\)](#)

[Adult Autism JSNA](#)

Approval of refreshed JSNA Chapter – Autism: report to Health and Wellbeing Board on 9 January 2019

Electoral Division(s) and Member(s) Affected

All.

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