



Public Health
England

Protecting and improving the nation's health

2014 Autism Self-Assessment Framework

Final Questions

This copy of the questions is for reference only. It cannot be used as a method for returning the answers to the learning disabilities observatory.

For details about sending data to the observatory see

www.ihal.org.uk/autsag201415

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Introduction

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

6

Bassetlaw CCG, Mansfield and Ashfield CCG, Newark and Sherwood CCG, Nottingham West CCG, Nottingham North East CCG, Rushcliffe CCG.

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

We are working with the East Midlands Local Authority Group to share good practise and have held joint conferences for GPs and CJS. We have shared some of the specialist training across authorities and are currently working with Nottingham City on a joint training plan.

Planning

Question 1: Who is the joint commissioner/senior manager responsible for services for adults with autism? Please provide their name and contact details and who they report to.

Cath Cameron Jones e mail: cathcameron-jones@nottscc.gov.uk 0115 9773135. Reports to Cherry Dunk Strategic Commissioning Group Manager

Question 2: What is the name of the post for the joint commissioner/senior manager of responsible for services for adults with autism?

Commissioning Manager

Question 3: What are the responsibilities of the joint commissioner/senior manager of responsible for services for adults with autism?

Responsible primarily for Learning Disability and Autism Social Care Services including the strategic planning of services, development and procurement of services according to need as identified in the JSNA, joint working with Health and working towards the implementation of the National Autism Strategy.

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Question 4: Is Autism included in the local JSNA?

We have scored ourselves: GREEN (YES)

<http://www.nottinghaminsight.org.uk/d/100777/Download/Health-and-Social-Care/County-JSNA-Library/JSNA-Topics-and-Summaries/County-JSNA---Children-and-young-people-chapter/>

<http://www.nottinghaminsight.org.uk/d/101304/Download/Health-and-Social-Care/County-JSNA-Library/JSNA-Topics-and-Summaries/County-JSNA---Adults-and-vulnerable-adults-chapter/>

Nottinghamshire JSNA is divided into sections. The children's section does look at the prevalence of ASD and the adults section has a specific chapter on Autism from 18+. The adults section is currently being refreshed and will include specific information on the needs of people coming through transitions when looking at the needs for future services of adults with Autism.

Question 5: Have you now started to collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?

Red: data recorded on adults with autism is sparse and collected in an ad hoc way

We have scored ourselves: Amber: Current data recorded annually but there are gaps identified in statutory health and/or social care services data. Some data sharing exists between services

Green: An established data collection and sharing policy inclusive of primary care, health provision, adult social care, schools or local education authority and voluntary sector care providers is in place and used regularly.

Information on people accessing social care is recorded and collated however the new way of classifying service user primary need means that we lost some data around autism as the service user group went from autism or Asperger's to learning disability or mental health as an automatic transfer and the 'health conditions box' was not automatically completed which has meant this is now being done manually at review so will only be captured for those with a service. We have mitigated this issue to some extent as the Asperger's team collate data around referrals and the outcome of that referral. However, for people with autism supported

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by other teams (mental health, older people, and learning disability) this will not identify their autism. MiQuest data suggests that 4887 patients diagnosed as having Asperger's are registered with a county GP and data is collated about people with Asperger's accessing community mental health services.

Question 6 : Do you collect data on the total number of people currently known to social care services with a diagnosis of autism (whether new or long-standing) meeting eligibility criteria for social care (irrespective of whether they receive any)

Yes

The community care assessment includes an assessment of FACS eligibility and reports to show how many people are FACS eligible can be run. However, there are a few glitches with this information currently because of the way we have changed our forms over the last 12 months and are currently updating again to meet the Care Act requirements - this issue is being addressed. In addition the issues relating to changes in PSN identified in the last question apply. - Therefore the figures below are FACS eligible people who are in receipt of service so may be slightly lower than the number of FACS eligible people in total. We can no longer separately identify those with mental health issues as this is the default 'primary support need' for people with Asperger's (as oppose to people with autism and a learning disability) because there is no other suitable primary need category.

The total number of people meeting social care eligibility criteria with autism?

377

The number of people meeting social care eligibility criteria with autism who also have learning disabilities?

174

The number of people meeting social care eligibility criteria with autism who also have mental health problems?

Unable to provide data

The numbers assessed as having autism but not meeting eligibility criteria?

Unable to provide data

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Question 7: Does your Local Joint Strategic Commissioning Plan reflect local data and needs of people with autism?

Yes

The JSNA contains information about likely numbers of people in Nottinghamshire with Autism based on national prevalence rates and also numbers known to Social care and relates this to employment. A health needs assessment was carried out in 2010 which also references local numbers. Currently joint commissioning plans concentrate on training, diagnosis requirements, transition and keeping people out of long stay hospital highlighted as priorities in the Health and wellbeing strategy.

What data collection sources do you use?

We have scored ourselves: Amber – collection of limited data sources

Numbers are available in the JSNA and autism health needs assessment which can be found at: <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx> and www.nottinghaminsight.org.uk/d/66640 Health Needs Assessment for Adults and Older Children with Autism

Question 8: 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: None or minimal engagement with the LA in planning and implementation.

We have scored ourselves: Amber: Representative from CCG and / or the support service sits on autism partnership board or alternative and is in regular liaison with the LA about planning and implementation.

Green: CCG are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level.

There is an integrated commissioning group which covers mental health, autism and learning disabilities which includes the Chief operating officer from Newark and Sherwood CCGs who leads on mental health for the other county CCGs, Adult social care strategic director, commissioners from health and social care and public health. CCG commissioners are part of the Learning Disability and Autism Partnership Board in Nottinghamshire. The Health and Wellbeing strategy looks at joint priorities across health and social care include actions around Autism.

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Question 9: How have you and your partners engaged people with autism and their carers in planning?

Red: Minimal autism engagement work has taken place.

We have scored ourselves: Amber: Some autism specific consultation work has taken place. Autism Partnership Group is regularly attended by one person with autism and one parent/carer who are meaningfully involved.

Green: A variety of mechanisms are being used so a cross section of people on the autistic spectrum is meaningfully engaged in the planning and implementation of the Adult Autism Strategy. People with autism are thoroughly involved in the Autism Partnership Group.

Nottinghamshire has a very robust learning disability partnership board with representation from providers, carers, service users, police, health and social care. Last year we renamed this 'Learning Disability and Autism Partnership Board' and now also have carer, service user and provider representation from the autism community. In addition, we have recently engaged a training and involvement officer who will be responsible for widening the engagement agenda outside of the partnership board as we do appreciate that this is not the vehicle for everyone and that we need to reach out into the community for wider representation.

Question 10: Have reasonable adjustments been made to general council services to improve access and support for people with autism?

Type of question: RAG

We have scored ourselves: Red: Only anecdotal examples.

Amber: There is a clear council policy covering reasonable adjustments to statutory and other wider public services which make specific reference to autism

Green: Clear council policy as in Amber and evidence of widespread implementation in relation to needs of people with autism.

Autism awareness training has been made available to customer services staff and reception staff to improve access to services for people with Autism. The council's employment support service specifically works with people with Autism. General disability equality is included in all equality impact assessments and strategic planning but there is no specific mention of Autism.

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Question 11: In your area have reasonable adjustments been promoted to enable people with autism to access public services?

Red: There is little evidence of reasonable adjustments in wider public services, to improve access for people with autism.

We have scored ourselves: Amber: There are some examples of reasonable adjustments being made to public services to improve access for people with autism, across a small range of services.

Green: There is evidence of implementation of reasonable adjustments for people with autism in a wide range of publicly provided and commercial public services

Question 12: How do your transition processes from Children's services to Adult services take into account the particular needs of young people with autism?

Red: No consideration of the needs of young people with autism: no data collection; no analysis of need; no training in young people's services.

Amber: Transition process triggered by parental request. Training in some but not all services designed for use by young people, and data collection on young people with autism and/education health and care (EHC) plans.

We have scored ourselves: Green: Transition process automatic. Training inclusive of young people's services. Analysis of the needs of population of young people, including those without education health and care (EHC) plans and specialist commissioning where necessary and the appropriate reasonable adjustments made.

How many children with autism are currently identified and receiving assistance in the transition ages (14 to 17) in the year to the end of March 2014?

60

How many children with autism have been through the transition process in the year to the end of March 2014?

15

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Question 13: How does your planning take into account the particular needs of older people with autism?

Red: No consideration of the needs of older people with autism: no data collection; no analysis of need; no training in older people's services.

We have scored ourselves: Amber: Training in some but not all services designed for use by older people, and data collection on people over-65 with autism.

Green: Training inclusive of older people's services. Analysis of the needs of population of older people inclusive of autism and specialist commissioning where necessary and the appropriate reasonable adjustments made.

Question 14: How do your planning and implementation of the strategy take into account the particular needs of women with autism?

We have not specifically concentrated on the needs of women with Autism in our planning. Asperger's team data shows that we have referrals to the team at a ratio of 1:4 female to males which is in line with national estimates, although recent research is indicating that this may be an under representation. The role out of wider training around Autism awareness across health and social care may help to ensure that this is more readily recognised in women.

Question 15: How do your planning and implementation of the strategy take into account the particular needs of people who have autism in BME communities?

In the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic Groups. There is no evidence available nationally which indicates autism prevalence is higher in some ethnic groups than others so we would assume approximately 1% of people with Autism are from a BME background. Currently social care is working with 23 people who describe themselves as from BME communities who have autism and a learning disability. The Asperger's Team have reported that since 2008 there have worked with only two people describing themselves as from BME communities. Although numbers are low, we are committed to ensuring services are accessible across all communities in line with the principles of public service: we focus on individual need through person centred planning and we are striving to ensure that we get representation from the autistic community across all community groups.

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Training

Question 1: Have you got a multi-agency autism training plan?

No. Nottinghamshire's Training and Involvement officer is now working on a multi-agency training plan, using the three tiered approach as recommended in the National Autism Strategy, across Nottingham City and Nottinghamshire County CCGs and local authorities. The 'Autism Learning and Development Strategy' will identify how health and social care staff will be trained and include plans to engage the private sector and other statutory services such as the police and district councils. The priority identified in the H&W strategy for 15/16 is to roll-out this training programme. We also offer training places to other authorities whenever possible.

This training plan will build on the training already delivered in Nottinghamshire via e-learning to the mental health trust and face to face awareness training and specialist day long courses offered to social care staff. In the past year we have offered out places to Milton Keynes and to Nottingham city council on the specialist training courses.

Question 2: Is autism awareness training being/been made available to all staff working in health and social care?

Red: Historical workforce training data available from statutory organisations on request.
Not yet devised an autism training plan/strategy.

We have scored ourselves: Amber: Client facing staff identified as a priority. Good range of local autism training that meets NICE guidelines - and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion.

Green: Focus on all staff. Staff in children's services specifically included. Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address. Autism training plan/strategy published.

Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers.

We are currently managing a new project (a Dept. of Health funded Innovation Project) which is focused on training people with autism to become confident Experts by Experience so that they can deliver face to face training to our staff and staff in other organisations alongside co-presenters from various training agencies. It is now our intention to ensure that all courses delivered to professionals ranging from the autism awareness introductory level and above always include contributions from people on the autistic spectrum to ensure their

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perspective as recipients of services is routinely acknowledged and incorporated in staff learning programmes. Self-Advocates have also been asked to help us contribute to the design one of our introductory e-learning packages which will be offered to staff as part of the overall induction to the Equality Duty of the authority and Equal Opportunities training. Advocates are invited to attend our training courses.

Question 3: Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

Red: No specific training is being offered

We have scored ourselves: Amber: At least 50% of assessors have attended specialist autism training.

Green: More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, i.e. applying FACs, NHS Community Care Act.

There are currently 388 social workers and community care officers currently working in Adult Social Care and Public Protection in Nottinghamshire. This year we have already trained 72 and have booked a further 25 delegates. Last year we trained 267 people in total of which a large proportion were staff which carry out assessments. We have also trained our customer service staff in order to ensure that referrals to teams which are responsible for community care assessments are conducted appropriately and directed to the appropriate team in the authority. The Autism Learning and Development Strategy in Development will acknowledge the importance of keeping social worker and community care assessor knowledge current and that courses for community care assessors are repeated at regular intervals and that they are themselves refreshed as to content so that they take account of the implications of the imminent Care Act.

Question 4: Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development?

CCGs in Nottinghamshire do not commission primary health care this is under the remit of NHS England - no specific requirement has been made for GPs to undertake training around Autism. However, in Secondary healthcare basic awareness training has been developed as an e-learning module and rolled out over the whole healthcare trust available to all 8000 employees following positive evaluation from 585 staff who accessed it as a pilot. Staff in the MH Trust has been specifically targeted for this training (it was a CQUIN in 2013/14) with positive evaluations. The trust also delivers training via the speech and language therapists

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on how to support people on the autism spectrum and 2 days specifically about Asperger's. There is a Training plan in place and this is being led by health colleagues based in Nottingham city healthcare trust which will feed into the multiagency training plan. The multi-agency training plan needs to further address the needs of GPs and the Hospital Trusts.

Question 5: Criminal Justice services: Do staff in the local police service engage in autism awareness training?

No

No specific autism training is received as part of standard training. Generic training around vulnerable people, specifically learning disability and mental health may refer to people with Autism and a new e-learning module around mental capacity does specifically refer to autism.

Question 6: Criminal Justice services: Do staff in the local court services engage in autism awareness training?

No

Question 7: Criminal Justice services: Do staff in the local probation service engage in autism awareness training?

No

Diagnosis led by the local NHS Commissioner

Question 1: Have you got an established local autism diagnostic pathway?

Red: No local diagnosis service planned or established. No clear transparent pathway to obtaining a diagnosis for Adults identified and only ad-hoc spot purchasing of out of area services. NICE guidelines are not being followed.

We have scored ourselves: Amber: Local diagnosis pathway established or in process of implementation / sign off but unclear referral route. A transparent but out of locality diagnostic pathway is in place. Some NICE guidelines are being applied.

Green: A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait for referral to diagnostic service is within three months. NICE guidelines are implemented within the model

Does the pathway meet people with autism's needs regardless of whether or not the person meets LD criteria?

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GP currently refer patients to the Community Mental Health Teams who receive general mental health support. If a patient presents with complex needs a request can be made to the City Asperger's team for a diagnosis, following diagnosis they will also be offered 2 X follow up group appointments. This is funded on an individual request. All young people within education will receive an Education Health and Social Care Plan. This plan supports patients through transition to the age of 24 year old. Following transition there is no specialist health service for patients with a diagnosis of Asperger's, ADHD and Autism only support via social care. Post diagnostic support is not always available. The need for a dedicated health resource for patient with Asperger's has been identified and an Option Paper has been drafted to be presented at the next Integrated Commissioners meeting.

Question 2: If you have got an established local autism diagnostic pathway, when was the pathway put in place?

December 2012

County GP's can refer for a general psychiatric assessment if a diagnosis is expected. Consultant psychiatrists then request funding for an assessment by the City Asperger's service, - this request is for an assessment only.

Question 3: In the year to the end of March 2014, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?

One patient was referred to a Sheffield service under patient choice

Question 4: In weeks, how long is the average wait between referral and assessment? (Note, this should include all people referred irrespective of prioritisation streams)

8 weeks

Question 5: How many people have been referred for an assessment but have yet to receive a diagnosis?

All patients received a diagnosis

Question 6: In the year to the end of March 2014 how many people have received a diagnosis of an autistic spectrum condition?

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20

This is based on the number of request received for funding

Question 7: How many of the people receiving a diagnosis in the year to end March 2014 had moved on to appropriate services by end September 2014?

1

We have only received one request for treatment

Question 8: How would you describe the local diagnostic pathway, i.e. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

Integrated / Specialist

There is no specialist team for diagnostic assessment of autism in adults with a learning disability. Referrals are sent in the first instance to the local psychiatrist, clinical psychologist or speech and language therapist. Ideally assessments are then undertaken in a multidisciplinary context. For autism without a learning disability the GP refers to a Consultant Psychiatrist - the referral route is through adult mental health services so this would not include access to SALT or neuro-developmental services.

Question 9: In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a Community Care Assessment (or re-assessment if the person has already had a current community care assessment)?

No

Question 10: Can people diagnosed with autism access post diagnostic specific or reasonably adjusted psychology assessments?

We have scored ourselves Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

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Question 11: Can people diagnosed with autism access post diagnostic specific or reasonably adjusted speech and language therapy assessments?

We have scored ourselves Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Question 12: Can people diagnosed with autism access post diagnostic specific or reasonably adjusted occupational therapy assessments?

We have scored ourselves Red: Availability patchy or mainly generic services, with a small number of reasonably adjusted services.

Amber: Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services.

Green: All services are reasonably adjusted to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary.

Question 13: Is post-diagnostic adjustment support available with local clinical psychology or other services?

Yes

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Care and support

Question 1 - Of those adults who were assessed as being eligible for adult social care services

how many are in receipt of a personal budget

377

How many have of those have a diagnosis of Autism but not learning disability

203

How many of those have both a diagnosis of Autism AND Learning Disability

174

Question 2: 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

There is a single point of access via the council's customer service centre, where staff has had specific autism training. A script has since been produced by our Asperger's team manager to enable staff to appropriately signpost to the local offer and triage referrals to the relevant teams. It is intended to test the effectiveness of this with some mystery shopping in the coming year. We have online information called infoscript which allows people to find out about what services are available for those with Autism and those affected by it in Nottinghamshire. Signposting and advice is also available from housing related support services so do not require FACs eligibility. These services offer help and support for people who are trying to maintain their own tenancy assisting with all aspects of independent living by developing relevant skills e.g. cooking, money management, and neighbour relations. There are also a range of community services offering help advice and social activities.

Question 3: 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

Nottinghamshire County Council has a specialist Asperger's Team to whom referral are made through the customer service centre. They undertake signposting and referrals to reablement services as well as community care assessments.

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Question 4: Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

Type of question: RAG
Red: No programme in place.

Amber: Programme in place, not all advocates are covered.

We have scored ourselves: Green: Programme in place, all advocates are covered.

Nottinghamshire has a single contract for advocacy across with POhWER All Advocates in both POhWER and Age UK, whom they subcontract none statutory advocacy to, have had Autism Awareness training, some of which is delivered by The National Autistic Society. All new advocates are expected to complete the general modules of the National Advocacy Qualification within 1 year of joining POhWER and are assessed on wider issues using their NVQ -A bespoke training programme has been developed to ensure that staff have the skills and knowledge to support clients from all sections of society; on-going training covering areas such as mental health, learning disabilities, autism and working with people who challenge, working with people who hear voices, working with people with physical and sensory needs. Services are tailored to the needs of the individual and all advocates are trained to use a variety of communication methods.

Question 5: 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 appropriately trained advocate?

Red: No autism specific advocacy service available

Amber: Yes. Local advocacy services are working at becoming autism-aware.

We have scored ourselves: Green: Yes. There are mechanisms in place to ensure that all advocates working with adults with autism have received specialist autism training.

All people living in Nottinghamshire have access to advocates through the joint Health and Social care contract. This also covers IMCA and IMHA. All advocates are trained to work with people who cannot instructor may lack capacity. When supporting clients in non-instructed mode, advocates are trained to look out for the following: expressions of mood and feelings; sensory activities, use of sound, touch, hearing, taste and smell; body language, gestures and vocalisations, interactions with others; relationship to the environment

Question 6: Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

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Yes

The customer services centre can guide people towards none statutory services. Signposting and advice and support is also available from housing related support services which do not require FACs eligibility. These services offer help and support for people who are trying to maintain their own tenancy, assisting with all aspects of independent living by developing relevant skills, for example cooking, money management, and neighbour relations. There is also a range of community services which offer help, advice and social activities

Question 7: How would you assess the level of information about local support across the area being accessible to people with autism?

Red: Information about support services for people with autism is either seriously incomplete or not easily accessible.

We have scored ourselves: Amber: There is a moderate level of information available about support services for people with autism which is either incomplete or not readily accessible to people with autism.

Green: There is readily accessible information available on all relevant support services available for people with autism.

The Asperger's information prescription site 'Infoscript' holds up to date information and we are working with a service user group to ensure that it remains relevant and accessible to the public. Infoscript displays useful information on services for people with a learning disability as well as autism. There are future plans to alter the site in order to encompass the additional requirements of the Care Act and there are plans to rename it and re launch it in a few months time. It will be renamed and there will be a specific area of the website allocated specifically to Autism/Asperger's.

Question 8: Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?

Red: Carers assessments are not consistently routinely offered

Amber: Where carers are identified in the course of assessments of people with autism, they are routinely offered carers assessments

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We have scored ourselves: Green: Upon assessment of people with autism carers are routinely identified and offered a carers assessment. Carers can also self-identify and request a carer's assessment. Information about how to obtain a carers assessment is clearly available.

We are planning to put carer's assessments on line and re-tendering our existing carer's contracts to ensure there is a universal service to offer all carers, regardless of service user group, support, help and advice.

Housing & Accommodation

Question 1: Does the local housing strategy specifically identify Autism?

Red: Needs of people with Autism (as distinct from needs of people with other disabilities) not specifically mentioned in housing strategy]

We have scored ourselves: Amber: Suggest: Housing requirements of people with autism receive explicit consideration but not to level described in Green rating]

Green: Comprehensive range of types of housing need for people with autism considered including estimates of numbers of placements required in each category]

Nottinghamshire County Council has a Learning Disability and autism housing strategy. The district strategies include planning for the needs of all people with disabilities but do not specifically mention autism.

Question 2: Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?

No

District Councils are responsible for housing in Nottinghamshire. There is currently no training undertaken around autism but it is hoped that District engagement through the multi-agency training plan can address this.

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Employment

Question 1: How have you promoted in your area the employment of people on the Autistic Spectrum?

Red: No work in this area has been provided or minimal information not applied to the local area specific to Autism. Local employment support services are not trained in autism or consider the support needs of the individual taking into account their autism. Local job centres are not engaged.

Amber: Autism awareness is delivered to employers on an individual basis. Local employment support services include Autism. Some contact made with local job centres.

We have scored ourselves: Green: Autism is included within the Employment or worklessness Strategy for the Council / or included in a disability employment strategy. Focused Autism trained Employment support. Proactive engagement with local employers specifically about employment people with autism including retaining work. Engagement of the local job centre in supporting reasonable adjustments in the workplace via Access to work.

Our in-house employment support service has a specific employment strategy for people with learning disabilities and or Autism. Staff from I-work, the Council's in-house supported employment service for people with learning disabilities and autism, has been trained in specific autism approaches and support. I-work engage with employers by helping them with reasonable adjustments, training them and their staff on disability and autism awareness, supporting them with employee issues and helping people with autism retain their jobs. The team works in partnership with the local Job Centres using Access to Work regularly to support people paid into work and co-hosted an event with a local job centre to engage with local employers and employment service providers, working together with large employers to access employment opportunities. I-work support individuals in transition within the benefits system and job applications and interviews as well as preparing people to work with building skills and helping with travel training.

Question 2: Do autism transition processes to adult services have an employment focus?

Red: Transition plans do not include specific reference to employment or continued learning.

We have scored ourselves Amber: Transition plans include reference to employment/activity opportunities.

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Green: Transition plans include detailed reference to employment, access to further development in relation to individual's future aspirations, choice and opportunities available.

The Transition Team use an assessment tool that has two sections focused on Work and Employment and also continued learning to establish whether the young person is able to access and maintain work or continued education or if they would require support to do this. Schools and colleges are incorporating employment in their transitions planning and referrals are often received by I-work directly from education establishments.

(NOT INCLUDED IN ANSWER – EHC plans do not specifically refer to employment and therefore inclusion depends on individual and also person completing EHC)

Criminal Justice System (CJS)

Question 1: Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?

Red: Minimal or no engagement with the criminal justice services

We have scored ourselves Amber:

- discussions between local authority adult social care services and criminal justice service agencies are continuing;
- representatives from criminal justice service agencies sit on autism partnership board or alternative

Green: As amber, but in addition,

- people with autism are included in the development of local criminal justice diversion schemes
- representative from criminal justice services agencies regularly attend meetings of the autism partnership board or alternative
- There is evidence of joint working such as alert cards or similar schemes in operation.

A representative from the police regularly attends the partnership board and other partners sit on the Health and wellbeing Board. Links have been made with youth offending and probation around transitions, discussions regarding training are beginning to happen and there is a willingness to make closer links around this agenda.

Question 2: Is access to an appropriate adult service available for people on the Autistic Spectrum in custody suites and nominated 'places of safety'.

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Red: There is not reliable access to an appropriate Adult service

We have scored ourselves: Amber: Yes, but appropriate adults do not necessarily have autism awareness training

Green: Yes and these have all had autism awareness training

Local good practice

Question 1: What are you doing different because of Think Autism – the update to the 2010 Adult Autism Strategy?

We have recently employed an Autism Training and Engagement Officer to take forward the training agenda across social care but also to link with health, district councils, criminal justice system and the private and voluntary sector to further autism awareness. The officer is also helping to develop a network of people with autism who we can consult with about Autism specific agenda which will form a subgroup of the Learning Disability and Autism partnership board and help drive the agenda forward.

Question 2: If you wish, describe briefly (up to 1500 characters) ONE initiative of your Council, relating to the provision of care for people with Autism, which you think has been successful.

A pilot scheme using NHS Flo Simple Telehealth was created in partnership with Nottinghamshire NHS Trust. 10 service users with Asperger's were selected. Daily or weekly text message reminders were sent to them to provide prompts to enable the individual to independently undertake their daily routines. This proved very successful and the Team won a Nottinghamshire NHS award for 'The most creative use of Assistive Technology 2014'. Initially the FLO messages focused on providing mealtime prompts and would alert a carer if no response was made by the service user within 3 days therefore providing a back-up system using existing informal support network. As the text messages are worded in a way that asks if an individual has undertaken a task it enables them to respond with a yes or no which can then be easily monitored by FLO lead to analyse the effectiveness and reminder prompts can be sent at an agreed time for none or negative responses. The scheme was then widened to enable prompts with all aspects of daily routines FLO will now be offered to all individuals with Asperger's who are referred to the Team as a matter of routine.. As the text messages are worded in a way that asks if an individual has undertaken a task it enables them to respond with a yes or no which can then be easily monitored by FLO lead to analyse the effectiveness and reminder prompts can be sent at an agreed time for none or negative responses

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Question 3: Describe briefly (up to 1500 characters) the initiative of your Council, relating to the provision of care for people with Autism, which people with Autism in your area think has been most successful and helpful.

Nottinghamshire County Council has a specialist Asperger's team set up in 2008. As part of the reorganisation of care management services for younger disabled adults forming part of their budget cuts 2014-16 it was proposed that services to people with Asperger's would be re-provided through the mental health teams but as a result of the public consultation it became obvious that this was a highly valued service by people with Autism. Muriel Weisz, chair of Nottinghamshire County Council's adult social care and health committee, said: "It has been clear from the feedback that we have received from families who have benefited from the Asperger's team's work that there is a risk that we could lose valuable specialist knowledge by disbanding it." The team has managed 650 referrals from December 2008 to December 2014 and is also been a source of advice for other councils setting up specialist teams.

Question 4 How is your council planning to spend your Section 31 capital grant of £18,500?

An Occupational Therapist has been out to survey a number of properties to look at reasonable adjustments to make them more accessible for people with Autism. The main agenda is to ensure we have training venues which can be used to deliver Autism awareness training by people on the spectrum and therefore need to be autism friendly. This will also allow us to 'lead by example'. However, we also have two other venues which are currently being surveyed, Brook farm, a service offering employment opportunities and also the base of our i-work team and a venue where our mental health co-production services are based. The main issue at all of the venues is lighting which is old fashioned florescent strip lighting which can be difficult for people on the Spectrum. Changes to lighting, and where required floor coverings will be undertaken in these venues.

Optional Self-advocate accounts of experience

Accounts of experiences by self-advocate stories. Up to 3 stories may be added. These should be only direct accounts provided by self-advocates of experiences they have had requiring or using services. They may be descriptions of good or bad experiences. They need to be short - less than 2000 characters in total. They should not identify any actual people or organisations. For example you should replace names of work schemes with [Work Scheme] etc. All submitted accounts meeting these specifications will be published in full subject only to editing to ensure they are anonymised. Publication will group them in the

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section headings of the questionnaire so ideally you should specify which section they relate to (although obviously some may relate to more than one section).

Question 56.01 Self-Advocate Account 1

Type of Question: LongComment

Specify the section to which this relates

Question 56.02 Comment: Section to which Self-Advocate Account 1 relates

Type of Question: Comment

Specify the section to which this relates

Question 56.03 Self-Advocate Account 2

Type of Question: LongComment

Specify the section to which this relates

Question 56..04 Comment: Section to which Self-Advocate Account 2 relates

Type of Question: Comment

Specify the section to which this relates

Question 56..05 Self-Advocate Account 3

Type of Question: LongComment

Specify the section to which this relates

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12. Completion details

Which of the following types of partner were involved in the completion of this self-assessment?

60.01	Local authority adult social services	Yes
60.02	Local authority Dept of Children's services	Yes
60.03	Local education authority	No
60.04	Health and wellbeing board	Yes
60.05	Local authority public health department	No
60.06	Clinical Commissioning Group	Yes
60.07	Primary Healthcare providers	Yes
60.08	Secondary Healthcare providers	Yes
60.09	Employment service	No
60.10	Police	Yes
60.11	Probation service	Yes
60.12	Court service	Yes
60.13	Local charitable / voluntary / self advocacy / interest groups	Yes
60.14	People on the autism spectrum	Yes/No
60.15	Informal carers, family, friends of people on the autistic spectrum	Yes/No

Sign off

61.01	Director of Adult Social Services	Enter name
61.02	CCG Chief Operating Officer	Enter name