



# 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?

2

### Comment

*Durham Dales, Easington and Sedgfield CCG and North Durham CCG are both working on the implementation of the Adult Autism Strategy in County Durham.*

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 work closely together with Darlington Borough Council as a shared Autism Service Development Group and we are also active members of the North East Autism Consortium, which involves partnership working with all North East authorities.*

## Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes  
 No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

*The lead officer for the council is David Shipman, Strategic Commissioning Manager (david.shipman@durham.gov.uk / Tel: 03000 267 391). He reports to the Head of Commissioning and Corporate Director, Children and Adults Services. He is responsible for commissioning of learning disability, mental health and housing related support services.*

*The lead officer for CCGs is Donna Owens (email: Donna.Owens@nhs.net). She reports to both CCGs and the North of England Commissioning Support Unit. She is responsible for commissioning learning disability services on behalf of the CCGs.*

4. Is Autism included in the local JSNA?

- Red  
 Amber  
 Green

### Comment

*Autism information was included in the 2011-12 JSNA for County Durham. It is currently being reviewed and refreshed for 2012-13 and information will be updated accordingly.*

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

- Red  
 Amber  
 Green

#### Comment

*Information is gathered by health lead officer and shared with relevant stakeholders.*

### 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?

268

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

228

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

34

#### Comment

*These figures have been compiled from the local authority database (SSID) and the health trust database (PARIS) and have been cross-referenced to ensure no double counting. These figures are correct as at 30-9-2013.*

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

- Yes  
 No

If yes, how is this demonstrated?

*Commissioning priorities for both learning disability and mental health include service developments for people with autism.*

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

- Red  
 Red/Amber  
 Amber  
 Amber/Green  
 Green

#### Comment

*Further work is to be done in 2014 to improve links between the council and voluntary sector data sources.*

### 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**

*CCGs representatives are active participants in the LD Partnership Board, the MH Partnership Board, the LD/MH Joint Commissioning Group and the Joint Health and Wellbeing Board. Autism Act implementation is being taken forward through these channels.*

**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.**

*People with Autism and their carers have helped shape a range of individual packages and the newly commissioning short break and respite service.*

**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.**

*Reasonable adjustments have been made at leisure centres in Bishop Auckland and Spennymoor. Leisure Centre staff received training from the council's in-house Support and Recovery Service.*

**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.**

*The Transition process is automatic, as outlined by the shared Transition Protocol. A Transitions Team is in place to support children with disabilities moving into Adults Services. The Transition Protocol applies to all children and young people.*

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

- Red  
 Amber  
 Green

**Comment**

*Awareness of this issue was raised at a recent validation event. Further work will be carried out as part of the local action plan.*

**Training****14. Have you got a multi-agency autism training plan?**

- Yes  
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red  
 Amber  
 Green

**Comment:** Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

*Self-advocates are included in the design of training and have a role as trainers, both face-to-face and on video/other recorded media.*

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**

*All mental health and learning disability teams have received autism training to enhance their approach and communication during assessments.*

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.**

*The Health Facilitation Team deliver training to individual GP and primary care practitioners. Further work is required to ensure comprehensive engagement in this training.*

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

- Yes  
 No

**Please comment further on any developments and challenges.**

*Criminal Justice Service staff have been involved in multi-agency training programmes delivered by the specialist autism provider, ESPA. Training has also been provided to the British Transport Police. A programme which has been delivered via Northumbria Police and Probation is to be considered for suitability in County Durham.*

## Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red  
 Amber  
 Green

**Please provide further comment.**

*The Local Diagnostic Pathway is established and is funded within core budgets.*

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

Month (Numerical, e.g. January 01)

10

Year (Four figures, e.g. 2013)

2011

Comment

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

Please report the total number of weeks

6

Comment

*First appointments in secondary care are within the Trust directive timescales of 6 weeks, and within the tertiary service of 6 weeks from referral.*

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

Comment

*There is no completion of the pathway other than discharge. Assessments take several months depending on the need of the individual, but support and intervention is initiated at first contact where required.*

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

- Yes  
 No

Comment

*The Pathway was initially established on a temporary basis by the outgoing PCT, following a pilot in 2008. This has now been consolidated by the CCGs.*

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

*A specialist diagnostic and assessment service, led by a Psychiatrist, is in place.*

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?

*Anybody receiving a diagnosis of autism receives a letter informing them that they are entitled to a Community Care Assessment.*

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

*One to one support in the community is available through a range of voluntary sector providers for mental health and learning disability.*

*Post-diagnosis workshops for carers and service users are provided by a local autism service (ESPA).*

*In 2014 the council will be commissioning a multi-agency post-diagnosis support service.*

## 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

182

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

4

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

178

### Comment

*Data has been collected from the local authority database (SSID) and the health trust (PARIS) and cross-referenced to ensure accuracy. Data is correct as at 30-9-2013.*

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

*Social Care Direct is the single point of contact for social care and the Durham Information Guide (DIG) is an online directory of services across County Durham and the North East. The council's front of house customer service points also offer a wide advice and information service and have received autism awareness training.*

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**

*Community Care Assessments for people without a learning disability is provided by the integrated mental health 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**

*Autism training requirements are built into contract specifications for 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**

*Advocacy services can provide advocates who have received specialist training. There have been no instances where the service has been unable to meet need.*

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.**

*Individual support in the community for people with non-FACS eligible autism is provided by the council's in-house Support & Recovery Service and a local voluntary sector provider (Stonham). They offer practical advice and support for up to 2 years and will network with other services for additional specialist input.*

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**

*Accessible information is available via the Durham Information Guide (DIG) on a wide range of services.*

## [Housing & Accommodation](#)

34. Does your local housing strategy specifically identify Autism?

- Red  
 Amber  
 Green

**Comment**

*Detailed work on specialist autism provision is done through a Housing Strategy Sub-group linked to the LD and MH Partnership Boards. Development of accommodation options for people with autism has been a priority in County Durham and has involved partnership working between DCC and a number of registered social landlords.*

## Employment

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

- Red  
 Amber  
 Green

**Comment**

*Specialist support to employers is delivered through two local providers (Mental Health Matters and Shaw Trust). Job Centre Plus staff have been provided with specialist autism training. A numbers of autism providers have worked with individual service users to make them work-ready via work experience, placements and volunteering, however a co-herent employment pathway is still to be achieved which reflects the challenges of autism and the current employment climate in the North East.*

*The DCC in-house supported employment service, WorkAble Solutions, unfortunately was terminated due to financial pressures.*

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

- Red  
 Amber  
 Green

**Comment**

*Transition Plans require a focus on the development of independence and work related skills wherever possible. A wide range of day care providers and local colleges offer skills training in areas such as gardening, woodwork and catering. Currently these lead to volunteering and work placement opportunities but actual employment has only been achieved by a small number of individuals.*

## 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**

*Training has been provided for Magistrates Courts, Probation and Custody Sergeants delivered by a local autism provider (ESPA). Engagement with CJS partners will be consolidated through the new Joint Health and Wellbeing Board and will be a feature of the next autism action plan for County Durham.*

## 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**

12



## Comment

*\*PLEASE NOTE THAT PERMISSION WILL BE REQUIRED TO PUBLISH OR SHARE WIDER THESE STORIES\**

*A is a young man who has ASC and this results in him displaying severe challenging behaviour. When he was approaching the age of 18 he needed to move on from a children's service. His school placement was in jeopardy as a result of his behaviour and the children's provider was supporting him in the classroom to minimise the impact of this on others. The Children's social worker, transitions worker and the Service Improvement Team worked to develop a new service for A that would meet his needs. A suitable property was found and the Commissioning Department tendered for an appropriate support provider to work with A. Two compatible service users were identified to move with A - they both lived with him in the children's service and both needed to move on to adult services. A was gradually introduced to staff over a period of months as part of his transitional plan. He was supported to become a tenant within the property and staff worked with him to choose his own furniture for his bedroom. His bedroom was decorated to suit his taste.*

*Since his move, staff report that he has decreased his dependence on staff and increased his independence. He has developed his life and social skills. He now willingly completes domestic duties such as cleaning his own dishes and vacuuming. He puts his own laundry into the washing machine and switches it on. He loves to be in the kitchen and has begun to bake cookies, which staff report has been a great start to developing his cooking skills and confidence further. He goes shopping to Aldi on a Thursday and is now able to access the cinema, which staff describe as a fantastic achievement, and something he really enjoys.*

## Self-advocate story two

## Question number

11

## Comment

*P is a young man with ASC and challenging behaviour who lived in a children's service with AW. He also needed to move into an adult service and a bespoke service was developed for him and AW. P had a past history of placement breakdowns due to his challenging behaviour and his aggression was so severe he required 5 staff to manage this at one point. The Children's social worker, transitions worker and the Service Improvement Team worked, together with P's family, to develop a new service for P that would meet his needs. A suitable property was found and the Commissioning Department tendered for an appropriate support provider to work with P.*

*P moved 12 months ago into his new home in the centre of the local community. He had a long transition to ensure new staff got to know him well and he settled quickly with very few problems. Since his move, staff report that P has developed his life and social skills. His parents regularly comment to them about his willingness to partake in domestic duties such as cleaning his own dishes and vacuuming. He now puts his own laundry into the washing machine and switches it on. P loves to be in the kitchen on a Thursday night and has made a corned beef pie from scratch. Staff report that he really enjoys this structured activity and gains a lot of confidence and a great sense of achievement from this. He goes shopping to Tesco every Monday and, like A, has become well known in the local community through visiting the corner shop most days. Staff report that people ask after him if they go into the shop when they are not at work and they say that they feel both young men have a real presence in the community and are well liked. Like A, P goes to the cinema and this is a great achievement for him.*

*Finally, staff have made very good links with a local optician who is working flexibly with both P and A to familiarise them with the service to ensure that they can cope when they visit for appointments.*

## Self-advocate story three

## Question number

34

## Comment

*D moved from a residential learning disability hospital into the community ten years ago as part of the reprovision of the local learning disabilities hospital. His family were included throughout the reprovision process. He has ASC and challenging behaviour which includes self-harm and high pitched screeching. Whilst in hospital his self-harming behaviour was so severe that he damaged the sight in one of his eyes and required an operation to prevent blindness. His screeching and extremely unpredictable behaviour made it difficult for him to access ordinary everyday facilities. His distress on a day to day basis was quite severe and made it difficult for him to reach his full potential. Attempts to take him out were largely unsuccessful as he would drop to the floor and refuse to move, putting himself and staff at risk from traffic.*

*D now lives in his own bungalow in a residential area of the county. Since moving into a bespoke service in the community D has made excellent progress. He has not needed staff to use physical interventions to prevent him harming himself or others. He rarely self-harms (occasionally tapping his head); and staff described him as happy and settled. He no longer makes noises indicating distress and now accesses the community on a frequent basis. He enjoys going to the cinema and bowling. His physical health has improved as he will now go for long walks, something he would not do when he was in hospital. He can now use public transport and enjoys going to social events. He goes shopping to Tesco and can now sit in a pub and enjoy a meal. He now involves himself in small domestic task such as setting the table and carrying his dirty clothes to the laundry and putting them in the washing machine. His personal skills have also developed and he now dresses himself. Staff describe him as a different man to the one they knew when he was in hospital.*

## Self-advocate story four

## Question number

25

## Comment

*The following is an extract from information provided by the mother of a service user with severe ASC and challenging behaviour. The names have been changed to respect confidentiality.*

*S's needs were met well in Durham until his teenage years, when unfortunately he developed epilepsy, which greatly impacted on his mental health. Consequentially, he was admitted to XXX Hospital (L D Residential Hospital) and needed an Educational Tribunal for Specialist Autistic Residential Services in Sunderland.*

*His adult transition assessment included assessment by the 'Coming Home Team' for a placement in Durham; after some initial scepticism by ourselves the following months led to an extensive assessment of S's very complex needs by the team, who worked in partnership with XXX (Independent Sector Specialist Autism Provider) to develop a placement which addressed and supported him to have his needs met; thus the team supported and helped him to successfully achieve his goals happily, and extend his enjoyment of the world around him safely.*

*S is extremely sensory-sensitive, thus his placement is within a rural environment, and he has his own flat, which also provides him with security due to having tenancy rights. S's care team have extensive understanding of his complex needs and how to support him to have a happy supportive environment; he is very challenging but also can be very happy, cheeky and full of fun!*

*The joy and sense of achievement as parents is seeing S happily enjoying activities and a life-style which was previously so difficult for him; examples of the activities he can now enjoy include the following:*

*Sharing visits with his family in his cosy home, and seeing him safe and happy.*

*Sharing birthday BBQ's with S in his garden.*

*Sharing a Christmas meal out with all the young people from the house and their parents.*

*Sharing part of Christmas day with him, with his flat festively-decorated, and seeing S enjoying himself.*

*Knowing he can go along to a disco and enjoy having a dance with his carers as mates, not just carers.*

*Seeing him cope with holidays away with his carers, again as more than just carers.*

*We feel the above was only achievable with the initial and extremely detailed assessment of S's needs from the 'Coming Home Team', then setting up a placement from there to meet those needs with an organization which has the expertise and skills to address them.*

*Yours sincerely,*

*Mr X. and Mrs Y.*

## Self-advocate story five

Question number

Comment

**This marks the end of principal data collection.**

**Can you confirm that the two requirements for the process to be complete have been met?**

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

Yes

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the [ministerial letter](#) of 5th August 2013?

Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

**Please note** modifications to comment text or additional stories entered after this point will not be used in the final report.

**What was the date of the meeting of the Health and Well Being Board that this was discussed?**

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year