6.00 pm at the

Civic Offices, St Nicholas Way, Sutton, SM1 1EA

To all members of the Health and Wellbeing Board:-

Chair: Councillor Ruth Dombey
Vice-Chairs David Williams, Councillor Colin Stears and Dr Brendan Hudson
Members: Councillors Wendy Mathys and Jane Pascoe
Niall Bolger (Chief Executive)
Tolis Vouyioukas (Strategic Director, People Services)
Dr Nicola Lang (Director of Public Health)
Dr Chris Elliott (Sutton Clinical Commissioning Group)
Jonathan Bates (Sutton Clinical Commissioning Group)
Peter Flavell, (Sutton Healthwatch)
Susanna Bennett, (Voluntary and Community Sector)
Rachael MacLeod, (Voluntary and Community Sector)
Jane Clegg,( NHS England)

Niall Bolger
Chief Executive
Civic Offices
St Nicholas Way
SUTTON
SM1 1EA

2 October 2015

Enquiries to: Angela Guest, Senior Business Support Officer (Democratic Services),
020 8770 5122
angela.guest@sutton.gov.uk

Copies of reports are available in large print on request
AGENDA

1. APOLOGIES FOR ABSENCE

2. MINUTES OF THE PREVIOUS MEETING (Pages 5 - 8)

Minutes of the meeting held on 8 June 2015 to be approved.


Note: The Board are requested to develop a governance arrangement and agree an action plan. Representatives from Advocacy for All and the Speak Up Partnership will make a presentation to the Board.

Kim Carey, Interim Executive Head of Adult Social Care.

4. DEMENTIA ACTION ALLIANCE (Pages 35 - 40)

Note: This report seeks the support of the Board. There will also be a presentation.

Nicola Zimmerman, Alzheimer’s Society and Adrian Davey, Sutton Clinical Commission Group.

5. HEALTHWATCH ANNUAL REPORT (Pages 41 - 66)

Note: This item is for information.

Peter Flavell, Healthwatch Sutton

6. BCF UPDATE (Pages 67 - 72)

Note: This item is for information.

Megan Milmine, Sutton Clinical Commissioning Group.

7. AUTISM STRATEGY – STATUTORY GUIDANCE FOR LOCAL AUTHORITIES AND NHS ORGANISATIONS TO SUPPORT THE IMPLEMENTATION OF THE ADULT AUTISM STRATEGY (Pages 73 - 152)

Note: This report is for decision and further action.

Kim Carey, Interim Executive Head of Adult Social Care.
8. **SUTTON CLINICAL COMMISSIONING GROUP - FILM PRESENTATION**

   **Note:** This is for information.

   There will be a 10 minute video produced for the Sutton Clinical Commissioning Group Annual General Meeting.

   Dr Brendan Hudson, Sutton Clinical Commissioning Group.

9. **GP SURGERY - ACCESS PROJECT**

   **Note:** This item is for information.

   David Williams will introduce the recent Healthwatch report into GP surgery access. The link to this report is given below:  
   http://www.healthwatchsutton.org.uk/?q=gp-access

10. **URGENT BUSINESS**
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CIVIC OFFICES, SUTTON
GROUND FLOOR MEETING ROOMS

FIRE PRECAUTIONS

If there is a FIRE in the building the fire alarm will sound. Leave the building immediately by the most direct route, either back through reception or the fire exit into Lower Square. Take your coat and any bags with you. Assemble in the car park in front of the Holiday Inn.
Reminder – Declaration of Interests

Members should consider the following interests and whether they have any they should declare.

Disclosable Pecuniary Interests

Where you have a Disclosable Pecuniary Interest in any business of the Authority at this meeting and you have either declared it beforehand in the Register of Members’ Interests or to the Monitoring Officer for entry in the Register you must state at this meeting that you have such an interest and then withdraw from the room or chamber where the meeting is being held whilst that business is considered.

Where you have a Disclosable Pecuniary Interest in any business of the Authority at this meeting and have not previously declared it you must declare the nature of that interest at this meeting and then withdraw from the room or chamber where the meeting is being held whilst that business is considered.

Other Pecuniary and Non-Pecuniary Interests

Where you have any other pecuniary or non-pecuniary interest in any business at this meeting you must declare that interest, but may continue to speak and vote on the matter. However, if the interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest then you should declare the interest and withdraw from the room or chamber where the meeting is being held whilst that business is considered.

Further information on these matters can be found in the Council’s Code of Conduct and Constitution. If you are in any doubt as to whether you have an interest you should seek advice before the committee meeting from Alexa Coates.

If, during the course of the committee meeting, you consider you may have an interest you should always declare it.
MEMBERS: Councillor Ruth Dombey (Chair), David Williams (Vice-Chair), Councillor Colin Stears (Vice-Chair) and Dr Brendan Hudson (Vice-Chair) and Councillors Wendy Mathys, Jane Pascoe and Jonathan Bates, Susanna Bennett, Niall Bolger, Chris Elliot, Lang and Rachael MacLeod

1. APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

Apologies for absence were received from Jane Clegg, Tolis Vouyioukas, Peter Flavell and David Jobbins.

2. DECLARATIONS OF INTEREST

There were no declarations.

3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting held on 9 March 2015 were approved as a correct record and signed by the Chair.

4. BETTER CARE FUND - UPDATE

The Board considered an update report on the Better Care Fund (BCF) and implementation. Following receipt of full approval for the Sutton BCF plan by NHS England in January 2015, as reported to the Health and Wellbeing Board in March, a Section 75 Agreement has been put in place between the London Borough of Sutton and Sutton Clinical Commissioning Group and the focus has been on the implementation plan for 2015/16. It was reported that NHS England now required quarterly reports and this did not necessarily fit with the Board’s meeting dates and therefore delegated authority for sign off was being sought.

Councillor Pascoe raised an issue of the disjointed budgets and provision of care on and following discharge. For example the NHS had one budget and provided equipment on discharge and once assessed the Council had another budget for other equipment which was confusing.

It was agreed that barriers to streamlining process needed to be removed and Dr Elliott reported that some work had already been undertaken and that the One Sutton Commissioning collaborative could look into it and provide a report to the Board.

Resolved:

1) That future NHS England quarterly Better Care Fund returns, which require sign off by the Health and Wellbeing Board, are sent to Board members, with ten days notice, for comment outside of full Health and Wellbeing Board meetings as the quarterly submission cycle does not align with Health and Wellbeing Board meetings. Sign off would then be delegated to the Strategic Director, People, in consultation with the Chair and the Vice Chair, Dr Brendan Hudson.
2) To note that in order to achieve the first quarter submission date of 29 May 2015 the Chair of the Health and Wellbeing Board and the Chief Executive of the Council have agreed to delegate sign off to the Strategic Director, People, in accordance with Council governance processes; the CCG’s governance processes will require sign-off by the CCG Chair who is Vice Chair of the Health and Wellbeing Board.

3) To note that the Section 75 Agreement for the Better Care Fund between the London Borough of Sutton and the Sutton Clinical Commissioning Group was completed in March 2015.

4) To note that work has commenced on the implementation work to deliver the Better Care Fund Plan.

5) To request that the One Sutton Commissioning collaborative present a report to the HWBB in 6-12 months regarding streamlining the process/budgets for the equipment provision on and after discharge and the potential for a shop front.

5. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Board noted an update report that informed the Health and Wellbeing Board about the publication of the Joint Strategic Needs Assessment. The publication of the Joint Strategic Needs Assessment empowers the Health and Wellbeing Board to consider local approaches to fast food, alcohol, tobacco and other public health related issues.

Resolved:

That the Board take a collaborative approach to prevention that will reduce inequalities, underpin health improvement and reduce the burden of disease was agreed.

6. CURRENT STATUS OF THE TRANSFER OF COMMISSIONING RESPONSIBILITIES OF 0-5 YEARS CHILDREN’S SERVICES FROM NHS ENGLAND TO LONDON BOROUGH OF SUTTON

A report that summarised the current status regarding the transfer of responsibility and finances on 1 October 2015 under the Health and Social Care Act (2012) for Health Visiting and Family Nurse Partnership (FNP) from NHS England (NHSE) to the London Borough of Sutton (LBS) was considered by the Health and Wellbeing Board (HWBB).

In response to a Member query about where health visitors would be based when children’s centres were being closed it was stated that health visitors were once based at GP practices but now they were geographically linked. This was of some concern to GPs as it was a breaking of the ties and not knowing who to go to.

With regard to the cuts in funding for public health it was reported that £200m funding had been made available for the country but it was uncertain what the impact would be for Sutton. Once the Chief Executive was aware of the impact on Sutton he would apprise members of the Board.
Resolved:

1) To note that the financial offer was not sufficient to cover costs and would be supported by the Public Health Grant if required. The financial position would be reviewed regularly in-year.

2) To request that a further monitoring report on the progress of the negotiation with NHSE be prepared for HWBB in autumn 2015, in respect of the baseline funding, to ensure that sufficient funding be secured or costs are brought in line with funding. This report would be produced quarterly thereafter until a satisfactory situation to have sufficient funding to cover the cost was secured.

3) To note that the Council cannot refuse to receive the transfer of functions, as this is a statutory transfer under the Health and Social Care Act 2012. LBS must make the necessary provisions to be able to discharge the new functions and can only make reasonable best effort to ensure adequate funding is provided in order to deliver the ensuing services.

4) That health visitor service location and provision be reviewed at a future meeting and to put this on the forward plan.

7. SUTTON CCG QUALITY PREMIUM 2015/16

The HWBB considered a report that set out the measures for 2015/16 and the levels of improvement the Clinical Commission Group (CCG) is to achieve in order to qualify for the Quality Premium funding. The Quality Premium guidance for 2015/16, published on 27th April 2015 (see full guidance at http://www.england.nhs.uk/ccg-ois/qual-prem/) is comprised of six elements:

- Reducing potential years of lives lost
- Urgent and emergency care
- Mental health
- Improving antibiotic prescribing
- Local measure 1
- Local measure 2

CCGs have some choice in the composition of the metrics for urgent and emergency care, mental health and the two local measures. Descriptions of the choice available are contained in this report, along with the recommendations of NHS Sutton CCG Executive Committee. CCGs are required to agree the metrics chosen with their Health and Wellbeing Board.

It was reported that any Quality Premium funding would be paid as additional funding at the end of the year and the Executive Committee would consider how to invest that funding the following year. It was also reported that there was profession capacity to deliver the improvements.

Resolved:

1) That the metrics recommended by NHS Sutton CCG Executive Committee for inclusion in the 2015/16 Quality Premium with a target of 5% as the level of
progress required in order to trigger the reward for local measure achievement in c) and d) below, were agreed:

a) Urgent and emergency care - 
Increase in non-elective patients being discharged at weekends or bank holidays,

b) Mental health - 
Reduction in the number of breaches of the 4 hour A&E target for those with mental health-related needs, together with a defined improvement in the coding of patients attending A&E,

c) Local measure 1
Improving functional ability in people with long-term conditions:
People with COPD & Medical Research Council Dyspnoea scale ≤3 referred to pulmonary rehabilitation programme
Increase referrals by 5% in 2015/16 compared to 2014/15

d) Local measure 2
Improving functional ability in people with long-term conditions:
People with diabetes diagnosed less than one year referred to structured education
Increase referrals by 5% in 2015/16 compared to 2014/15

8. SUTTON CCG INVESTMENT PLAN 2015/2016 AND PLAN ON A PAGE

Sutton Clinical Commissioning Group were required to produce an annual response to NHS England’s 2015/16 operating framework. The HWBB considered a report from the Sutton Clinical Commissioning Group (CCG) sets out the final submissions for the Operating Plan 2015/16 including the associated ‘Plan on a page’, financial overview and narrative supporting the submission to date.

The Chair stated that she was pleased to see the inclusion of more Admiral Nurses and requested details of the outcomes of the pilot project.

A correction to the published report was given. The last sentence of the first paragraph under section 9 - Reducing health inequalities, should read ‘The remainder, smoking cessation, is the responsibility of the Local Authority.

Resolved:

1) To note the report.

2) To request that outcomes of the Admiral Nurse project be shared.

The meeting ended at 7.20 pm

Chair: ......................................................
Date: ......................................................
1. **Summary**

1.1 The governance guidance of the Learning Disability (LD) Joint Health and Social Care Self Assessment Framework (JHSCSAF) requires that the Health and Wellbeing Board is aware of the content of the self-assessment report and that action for improvement was meant to have been in place by the end of March 2015.

1.2 This report informs the Health and Wellbeing Board of the outcomes of this assessment as reported to National Public Health’s Observatory; Improving Health and Lives, (IHaL) on the 30th January 2015.

1.3 The focus is to agree a plan of action to secure improvement in 2015 – 2016.

2. **Recommendations**

2.1 Health and Wellbeing Board is recommended to:

- Note the final outcomes of the LD Joint Health and Social Care Self Assessment Framework.
- Agree the plan of action as detailed in section 6 on page 13 of this report.
- Establish a governance arrangement and structure to oversee development and delivery of improvement plans across local health and social care.

3. **Background**

3.1 The Joint Health and Social Care Self-Assessment Framework (JHSCSAF) replaces the Valuing People Now Self-Assessment which was primarily undertaken by Social Care and the Learning Disability Health Self-Assessment, primarily undertaken by Health.
The JHSCSAF is the single nationally validated tool to provide assurance to NHS England, Department of Health and Association of Directors of Social Services (ADASS) that:

- Health and Social care services across England are effectively commissioned using evidence based data sets and target use of scarce resources to areas where priorities are most needed.
- Essential levers are in place for the improvement of health and social care services for people with LD.
- Local areas are making progress with ensuring that the provision of public services for people with LD is improving.

3.2 This year’s self-assessment was completed on behalf of both, Sutton Council and Sutton Clinical Commissioning Group with extensive consultation with stakeholders;

- LD Self Advocate Group (Speak Up Sutton)
- LD Carers Group
- LD Social Care Service Providers,
- Sutton Clinical Commissioning Group
- NHS England (London South East)
- LD GP Lead
- Public Health
- Social Services and Social Care Commissioning
- Environment and Neighbourhood teams, including Transport, Leisure, Parks
- Sutton Safer Partnership
- Data and Intelligence Team
- Epsom and St Helier University Hospital NHS Trust
- Royal Marsden Foundation Trust including Sutton and Community Health Services
- South London and St Georges Mental Health NHS Trust
- Sutton Clinical Health Team for People with LD

3.3 The governance and assurance guidance of the LD JHSCSAF requires each locality to sign off the report before submission to IHaL as a fair and accurate recording of current commissioning and service provision in Sutton, by local the LD Partnership Board and Health and Wellbeing Board. The process also requests that the Health and Wellbeing Board is aware of the content of the self-assessment report and that an action plan for improvement is established by the end of March 2015.

In light of structural changes taking place in Sutton, the LD partnership board has been replaced by an LD Self Advocate Interest Group “Sutton Speak Up Partnership”. In this instance, the RAG ratings of the JHSCSAF was discussed, agreed and signed off by this group and the Sutton LD Carers Group.
4. Process:

4.1 The first part of the self-assessment is made up of a number of questions relating to; demographic profile, various health and social care information and data on the learning disabled population in Sutton. This section is meant to provide the required basis for conducting a comparative analysis to support development of LD commissioning strategy and commissioning intentions.

4.2 The second part has 3 main sections, each with 9 questions, asking to RAG rate (RED, AMBER & GREEN) with narrative and evidence to support each question based on set criteria.

Details of the assessment, including criteria for RAG rating are referred to in the Appendices in section 7 of this document.

5. Overall Outcomes/Scores

Due to the large number of measures and scoring, only details of the Red and Green scores are highlighted in this report. Details of other Amber scores are referred to in background document 4, on page 14.

5.1 Section A: Staying Healthy

Measures in this section are primarily, health related with emphasis on mainstream/generic primary, secondary, tertiary health services, including public health and criminal justice system.

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<thead>
<tr>
<th>Staying Healthy</th>
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<tr>
<td>RAG RATING</td>
<td>Red</td>
<td>Red</td>
<td>Amber</td>
<td>I Amber</td>
<td>Red</td>
<td>Amber</td>
<td>Amber</td>
<td>Red</td>
<td>Red</td>
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5.1.1 A1: Learning disabilities Quality Outcomes Framework (QOF) registers, in primary care

- (All people with LD need to be identified using the QOF and included in the GP LD register).

We reported Red on this measure.

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<th>RAG</th>
<th>Set measurements for rating</th>
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<tr>
<td>GREEN</td>
<td>Requires that LD registers reflect prevalence data and this data is stratified in every required data set (age, complexity/autism diagnosis/black and minority ethnicities etc)</td>
</tr>
<tr>
<td>AMBER</td>
<td>LD registers reflect prevalence data but are not stratified in every required set as for Green score.</td>
</tr>
<tr>
<td>RED</td>
<td>The numbers of people on the LD registers reflect the requirement outlines in the QOF.</td>
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It is widely acknowledged, that many people with learning disabilities (LD) are unknown to services and do not subsequently get access to the healthcare they require to maintain stay healthy. In order to help with service planning, this indicator aims to encourage the building of accurate registers to ensure equity of access to healthcare for people with learning disabilities. All people with learning disabilities need to be identified using the QOF. Local data needs to be scrutinised and systems put in place in primary care to ensure that all people with learning disabilities are put on the QOF register and ensure equity of access for people with LD to health services.

We know from previous data held by NHS Sutton and Merton (2012/2013), GP practices had an LD QOF Register, however since the commissioning of GP services was moved to NHS SE, there is no longer a local mechanism in place to collate and analysed the required data. According to NHS SE this is not routinely monitored and they have no plan to do so in the future. They have recommended for the local area to progress development of a local system to satisfy this measure.

In Sutton, the LD Community Nursing Team provide additional support to GP practices to improve the accuracy of the LD registers, however there is no mechanism in place to routinely monitor the data, so that it can used to support LD health commissioning and service planning. There is opportunity to develop:

- A locality wide consistent approach in identifying and updating the LD QOF register irrespective of whether people are known to Social Services or not.
- A system where the required data sets are available to help with population profiling for the Sutton JSNA, future health commissioning and planning of services.

5.1.2 A2: Finding and Managing Long Term conditions - (Obesity, Diabetes, Cardio Vascular Disease, and Epilepsy). We reported Red on this measure. This indicator looks at four major long term health conditions (obesity, diabetes, cardiovascular disease and epilepsy) to enable localities to respond more effectively to clinical needs and be in a strong position for future planning of reasonably adjusted health services for people with LD.

<table>
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<tr>
<th>RAG</th>
<th>Set measurements for rating</th>
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<tbody>
<tr>
<td>GREEN</td>
<td>We compare treatment and outcomes for all four conditions between people with learning disabilities and the general population in the area at local GP level.</td>
</tr>
<tr>
<td>AMBER</td>
<td>We compare treatment and outcomes for some of the conditions and the general population in the area.</td>
</tr>
<tr>
<td>RED</td>
<td>No comparative data available</td>
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Similarly as for A1, above, there is little specific comparative data on the health of people with LD and the non-learning disabled population. Yet it is known that people with LD have poorer
access to healthcare and die younger than their non-learning disabled peers. The available data sets are over 6 years old (Sutton and Merton PCT, Public Health Report, 2008). To ensure that commissioners are able to commission services using based data, there is a need to ensure that local data are available and scrutinised. In order to carry this function effectively, systems needs to be in place in primary care to check and ensure that all people with learning disabilities are known to services and ensure equity of access for people with LD.

Although this measure was rated as Red, anecdotal evidence suggests that, Annual Health Check and Health Action Planning Tools are supported by most GP’s to identify and promote access disease prevention, health screening and health promotion. This process is further enhanced by the LD community nursing, (LDCNT) team as they provide additional specialist advice and support to individuals.

As there is no local mechanism to collate data on these long term conditions, it has not been possible to conduct a comparative assessment of the local LD population against the non learning disabled population in Sutton. Therefore there is an opportunity to improve health data collection for the learning disabled population so that it can be analysed and included in the Sutton JSNA. This will in turn help with future health commissioning and planning of local services.

5.1.3 **A6: Primary care communication of learning disability status to other healthcare providers** - (Healthcare providers continue to state that “having no prior warning of somebody’s learning disability and specific needs resulting from their disability prevents them from being able to fully meet their needs through reasonable adjustments). We reported Red on this measure

This measure is about having a locality wide standardised system to ensure the patient journey of people with learning disabilities needs are traceable and tracked within primary and secondary care. By including an LD status and suggest reasonable assessment in the referral process, it will notify secondary care provider/s and enable them to make reasonable adjustments in the preparation stage before health intervention takes place. In health clinics, this results in reducing “Did Not Attends (DNA’s), length of stay and inappropriate repeat attendances.

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<tr>
<th>RAG</th>
<th>Set measurements for rating</th>
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<tr>
<td>GREEN</td>
<td>Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual’s capacity and consent are inherent to the system employed.</td>
</tr>
<tr>
<td>AMBER</td>
<td>There is evidence of a local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual’s capacity and consent are inherent to the</td>
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There is no local area team/clinical commissioning group wide system for ensuring LD status and suggested adjustments are included in the referrals.

Since last year a project to develop a local referral management system from Primary Care to Secondary Hospital services was agreed with the Lead GP from Sutton CCG. However the delivery of the actions, have encountered various challenges and have yet to be completed.

The development of the Sutton wide “LD referral template and referral management system” from primary care to secondary acute hospital aims to facilitate and provide a coordinated, seamless, traceable care pathway that will enable services to identify and put in place reasonable adjustments. Having a system and process where everyone in the care journey will be better prepared has plenty of benefits, including long term cost savings. Therefore this work is important and support from local GP’s, St Helier Acute Hospital and other secondary health services are crucial to make this possible and successful.

5.1.4 **A9: Offender in the Criminal Justice System.** We reported Red on this measure. Evidence suggests 7% of the prison population and a greater number in the criminal justice system have LD. National policy directives, identify the need for these individuals have access to a range of health services, where their health can be addressed. This indicator also asks to capture local information and data about people with LD in prison and the criminal justice system and how their health needs are being met.

As starting point, it is important that data and information are available from local criminal justice systems to gain an understanding of local needs and prevalence that in turn can inform local service design and planning in regards to:

- What is available including prevention
- Any development required
- And ensuring health services are made accessible.

<table>
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<th>RAG</th>
<th>Set measurements for rating</th>
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<tr>
<td>GREEN</td>
<td>Local commissioners have a working relationship with regional, specialist prison health commissioners. There is good information about health needs of people with LD in local prisons and wider criminal justice system and a clear plan about how such these needs are to be met. Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are schedules to have one in the coming six months. There is evidence of 100% of all care packages including personal budgets reviewed at least annually.</td>
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<tr>
<td>AMBER</td>
<td>In the absence of the above (or elements of the above) an assessment process has been agreed to identify people with LD in all health services, e.g. LD disability screening</td>
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Locally, there is no clear line of governance for strategic monitoring of those offenders (or victims) assessed as having LD in the local criminal justice system, including Police, Probation, Youth Offending Team and Prison services.

Although there was some LD awareness training for staff within the criminal justice system, this is not routinely kept up to date and monitored. The local offender health team has not been able to demonstrate evidence of informed representation of the views and needs of people with learning disability.

A task and finished group led by Safer Sutton Partnership was set up to take this work forward. Some evidence of data on hate crime and a commissioning intention is in place to address social need and support needs of people with LD. Some data is available and assessments are taking place through Custody Nurses. However this data is not routinely monitored and most importantly there is no links with Annual Health Checks and Health Action Planning which are key requirements in this measure.

There is an opportunity to develop a local mechanism for profiling of people with LD in the criminal justice system to help with future commissioning and planning of services. It is recommended that we consider development of a health referral and care pathway for people with LD to health service provision. For example, if LD offenders are in Custody within the local Police and or prison, access and support is made available from specialist learning disability services to help with support with Annual Health Check and Health Action Planning.

5.2 Section B: Being Safe

This measure is about ensuring robust safeguarding and quality monitoring system and process are in place as highlighted in the Winterbourne Review report. It ensures that we design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice.

We should not accept and tolerate people with LD or autism being given the wrong care than we should accept the wrong treatment being given to anyone. As a commissioning body we have to ensure that people with LD are safe. It requires commissioning and provider services
to ensure safeguarding approaches are effective and are working for people with LD. It also requires that robust contracting and monitoring processes are in place to ensure services are delivered safely.

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<th>Being Safe</th>
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<tr>
<td>RAG RATING</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Amber</td>
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5.2.1 **B1: Regular Care Review** - (This measure is about ensuring that in all cases where a person with a learning disability is receiving care and support from commissioned services, the needs behind this support are reviewed in a co-productive and inclusive way). We reported Red on this measure.

<table>
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<tr>
<th>RAG</th>
<th>Set measurements for rating</th>
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<tbody>
<tr>
<td>GREEN</td>
<td>Evidence of 100% of all care packages, including personal budgets reviewed within the 12 months.</td>
</tr>
<tr>
<td>AMBER</td>
<td>At least 90% of all care packages including personal budgets had been reviewed within the last 12 months.</td>
</tr>
<tr>
<td>RED</td>
<td>Less that 90% of all care packages including personal budgets had been reviewed within the last 12 months.</td>
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This measure ensures that in all cases where a person with a learning disability is receiving care and support from our commissioned services, that their needs behind this support are reviewed in a co-productive and inclusive way.

Although this was rated Red, as at March 2014, 100% of the health funded care packages were reviewed. Annual reviews for individuals funded by Social Care, was 52% compared to 44% in March 2013.
The social work team has been through major structural changes to align services with the implementation of the Care Act 2014 and do not have the care management capacity to meet the 90% target of annual reviews.

There is an opportunity to set a new objective and develop an action plan to improve on this rating for 2015 – 2016 and beyond.

5.2.2 **B2: Learning Disability Services Contract Compliance** - (This measure asks localities to demonstrate how thorough their contracting processes are. This is important to ensure individual health and social reviews are complimented by robust contract management). We reported Red on this measure.

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<tbody>
<tr>
<td>GREEN</td>
<td>Evidence of 100% of all health and social care commissioned services for people with LD: 1) have had a full scheduled annual contract review; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits. Evidence that the number regularly reviewed is reported at executive board level in both health and social care.</td>
</tr>
<tr>
<td>AMBER</td>
<td>Evidence of at least 90% of all health and social care commissioned services for people with LD: 1) have had a full scheduled annual contract review; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits. Evidence that the number regularly reviewed is reported at executive board level in both health and social care.</td>
</tr>
<tr>
<td>RED</td>
<td>Less than 90% of all health and social care commissioned services for people with LD: 1) have had a full scheduled annual contract review; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance.</td>
</tr>
</tbody>
</table>

Although this was rated as Red, as at March 2014, 100% of the health commissioned services had a full scheduled annual contract review. Work remains in progress by the social care contract monitoring team to conduct annual contract reviews and an improvement plan is under discussion to improve on current performance.

5.2.3 **B3: Monitor Assurance and Compliance** - (Following the publication of Healthcare for All in 2008, the Care Quality Commission (CQC) developed a number of essential standards for healthcare providers, to assure a minimum standard of care, to be offered to people with learning disability). We reported Red on this measure.

MONITOR (the independent regulator of Foundation Trusts (FT) adopted the same standards into their compliance framework. As these are minimal quality standards, the expectation is that all FT’s should be meeting these. This indicator not only seeks confirmation that this is the
case but expects mainstream commissioners to demonstrate the evidence gathered from providers to confirm this and the evidence that where trusts strive to achieve foundation status, commissioners support the attainment of monitor standards.

<table>
<thead>
<tr>
<th>RAG</th>
<th>Set measurements for rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>Commissioners review monitor returns and review actual evidence used by FT’s in agreeing ratings. Evidence that commissioners are aware of and working with non FT’s in their progress towards monitor compliance.</td>
</tr>
<tr>
<td>AMBER</td>
<td>Commissioners review monitor returns of FT providers. Evidence that commissioners are aware of and working with non FT’s in their progress towards monitor compliance.</td>
</tr>
<tr>
<td>RED</td>
<td>Commissioners do not assure themselves of the ongoing compliance via monitor returns for each FT or for Non FT. Commissioners are not aware of the Trust’s position in working towards monitor standards and FT status.</td>
</tr>
</tbody>
</table>

Following the publication of Healthcare for All in 2008, the Care Quality Commission (CQC) developed a number of essential standards for healthcare providers to meet in order to assure a minimum standard of care, to be offered to people with learning disability. Subsequently MONITOR (the independent regulator of Foundation Trusts (FT) adopted the same standards into their compliance framework. As these are minimal quality standards, it is expected that all FT’s and aspiring Trusts should be meeting these. This indicator not only seeks confirmation that this is the case but expects commissioners to demonstrate the evidence gathered from providers to confirm this and the evidence that where trusts strive to achieve foundation status, commissioners support the attainment of monitor standards.

To note, although there is no clear governance and assurance arrangement from mainstream commissioners in monitoring this specific measure, the LD Health Specialist Commissioning Team continues to work with providers to achieve compliance on these standards.

There is an opportunity to develop clear governance an assurance structure, where commissioners can ensure health providers are able to fully discharge this responsibility and we become compliant on this indicator.

5.3 **Section C: Living Well**

People with LD and their family carers deserve an equal opportunity with the rest of the population to fulfil their lives as equal citizens of our nation, safe from crime and intolerance. This section is about inclusion, being a respected and valued part of society and leading fulfilling and rewarding lives.
These measures are based on the wider determinants of health, requiring a locality wide coordinated health and commissioning approach. It assesses the quality of life and well being of the learning disabled population.

London Borough of Sutton scored Green in 3 measures as detailed below;

5.3.1 **C3- Arts and Culture** - (extensive and equitably distributed examples of people with LD having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are communicated effectively).

This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities.

Local services that are directly commissioned by Sutton Council, has a service improvement plan in place to ensure reasonable adjusted services are in place for the learning disabled population.

5.3.2 **C4 - Sports and leisure** - (This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with LD.

In addition to evidence provided by directly commissioned services, feedback received from stakeholder suggests there are a wide range of opportunities throughout Sutton for people with learning disabilities to be involved in social activities and be part of the community. Services that are directly commissioned by Sutton Council has a service improvement plans to ensure reasonable adjusted services are in place. Additional expertise is available and sought from other services, such as; LD clinical health team and Orchard Hill College.

5.3.3 **C8- Carer satisfaction**

The guidance on delivery of this SAF raised a strong call for family carers to be given a place to specifically contribute about their needs in the measures. This measure asks for evidence
that family carers are involved not only in service design and commissioning, but in wider strategies as not all people with learning disabilities and family carers are known to or use services but need a voice in the shaping of the community. This measure is rated by the local LD family carers’ forum.

This measure uses a question informed by the National Valuing Families Forum:

How satisfied are you that your needs as a family carer are met?

• Consider carers’ health checks from GP’s, carers’ assessments from the Local Authority and relevant information advice and guidance/ training from mainstream and carers’ services.

This measure was rated green by the LD Carers Group and overall they were satisfied that their needs were being met.

6. Statutory and Policy Implications

This report has been compiled with extensive involvement and consultation from a number of local agencies in Sutton. It takes into consideration a number of implications in respect of crime, disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of vulnerable adults, service users, sustainability, the environment and ways of working and where such implications are material, they have been included in the overall rating.

There are some good and work taking place across health, social care and the wider local services, resulting in positive impacts on the quality of lives and well being of the learning disabled population in Sutton. These need to be commended and maintained.

6.1 Financial

There are no financial implications identified at this stage, however this will be dependent on commissioning and future planning of services.

6.2 Legal

Not applicable, but relevant with delivery of legal duties and obligations under Equality Act 2010. It is unlawful to treat people less favourably because of something connected to their disability. Under this legislation agencies have to make reasonable adjustments to ensure equitable access.

7. Plan of Action for Improvement

In order to make improvement for the future, the following action points are recommended.

• To establish a local governance and assurance structure to oversee local planning and delivery of the Learning Disability Joint Health and Social Care Self Assessment Framework.

• To focus work on the Red scores as immediate priority areas for
improvement.

- To establish a medium to long term plan for improvement on the other Amber scores.
- To establish an LD contract management framework across mainstream, generic health services and specialist health service providers.
- To establish and include the LD SAF indicators in contract management framework across wider services commissioned by Sutton Council.

8. Appendices and Background Documents

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
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<tbody>
<tr>
<td>B</td>
<td>RAG Rating for 2015 – 2016 and Proposed Action Plan</td>
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</table>

**Background Documents**


All the above documents are found at the web link below [http://www.improvinghealthandlives.org.uk/projects/jhcsaf2014](http://www.improvinghealthandlives.org.uk/projects/jhcsaf2014)

**Audit Trail**

Version: Final 29 September 2015

**Consultation with other officers**

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<th>Officer</th>
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<th>Comments checked by</th>
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<td>Finance</td>
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<td>Sue Holmes</td>
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<tr>
<td>Legal</td>
<td>Yes</td>
<td>Meera Leavey</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Steven Forbes, Executive Head of Adults Social Services</td>
</tr>
<tr>
<td>Yes</td>
<td>Susan Roostan, Director of Commissioning and Planning</td>
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<tr>
<td>Yes</td>
<td>Adrian Davey, Joint Mental Health Commissioner</td>
<td></td>
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<tr>
<td>Yes</td>
<td>George Platt, Head of Services (LBS)</td>
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</table>
Dear Colleague

Launch of the Joint Health and Social Care Learning Disability Self-Assessment Framework 2014

ADASS and NHS England are committed through the Transforming Care Programme to an annual Self-Assessment Process for people with learning disabilities.

Despite turbulence in the health and social care system this was completed for all Health and Wellbeing Board areas for 2013. At a local level the assessment findings have been used to inform commissioners and Health and Wellbeing Boards and to inform improvement plans. The full national analysis of last year’s assessment (http://www.improvinghealthandlives.org.uk/projects/hscldsaf) has been widely used to inform sector led improvement, to identify successes and to highlight areas where further work is needed. The accounts of personal experiences have been particularly valuable in highlighting the perspective of users of services.

Last year the validation and quality assurance processes varied widely. Best practice examples have been used to inform the proposed governance and assurance arrangements for this year.

We have had strong representations that:

1. The programme should continue
2. The burden of collecting information should be reduced where possible
3. The voices of people with learning disabilities and their carers should be incorporated in the principal ratings.

4. As far as possible the structure should be left the same to allow comparisons between years.

5. Some questions proved ambiguous last year.

The whole structure has been carefully reviewed and where necessary revised on basis of these considerations.

The guidance and governance arrangements for this process will be available on the IHAL website in the week commencing 15th September. We would ask you to draw the attention of the appropriate officer in your organisation to these details and to ask them to register through the Improving Health and Lives website as soon as possible.

There is further work to be done to ensure that all people with learning disabilities are supported to lead the fullest, most active and healthy lives possible. We are jointly committed to this process as part of the work in assuring progress towards this goal which I know you share.

Yours sincerely

Andrea Pope-Smith
Joint Chair
ADASS Learning Disability Policy Network
Andrea.Pope-Smith@dudley.gov.uk
01384 815800

Jane Cummings
Chief Nursing Officer for England
janecummings@nhs.net
0113 825 1120
### RED RISKs

<table>
<thead>
<tr>
<th>Ref</th>
<th>Current Ratings</th>
<th>Areas for improvement</th>
<th>Desired outcomes/ Improvement measures to achieve Green</th>
<th>Proposed Action</th>
<th>Suggested Lead Agency</th>
<th>Target Date</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Staying Health A1 | Red            | LD QOF Register in Primary Care are accurate and | • Ensure LD QOF Register and Down Syndrome are checked annually  
• Ensure health data is stratified, analysed against prevalence data and included in Sutton JSNA.  
• Complete report | Commissioned work via Public Health, Primary Care  
LD Lead GP and LD Community Nursing team  
&  
LD Link Nurses to support GPs to deliver on the actions | Sutton CCG/ Primary Care Commissioning, Public Health  
LD Community Nursing Team  
LB Sutton | End of Sept 2015 |                          |
<table>
<thead>
<tr>
<th>Staying Healthy</th>
<th><strong>A2</strong></th>
<th><strong>Screening:</strong> People with LD are accessing disease prevention, health screening and health promotion in each of the following areas: Obesity, Diabetes, Cardio Vascular Disease and Epilepsy</th>
<th>Comparative data in all of the identified health areas are in place.</th>
<th>• Include as part of works in A1 as above</th>
<th>As in A1 above</th>
<th>End of Sept 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying Healthy</td>
<td><strong>A2</strong></td>
<td>People with LD are accessing disease prevention health screening and health promotion as the general population.</td>
<td>• To request Data from individual GP practices or conduct an audit report (to include as part of work in A1 as above)</td>
<td></td>
<td>As in A1 above</td>
<td>End of Sept 2015</td>
</tr>
<tr>
<td>Staying Healthy</td>
<td>A2</td>
<td>• To identify what additional support and reasonable adjustment are needed to ensure any identified gaps on equal access to Health promotion, Health Screening (Diabetes, Cardiovascular Disease and Epilepsy) are rectified (to include as part of work in A1 as above)</td>
<td>Sutton CCG/ Primary Care Commissioning, Public Health LD Community Nursing Team – LB Sutton</td>
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</table>
| Staying Healthy | A5 | **Screening** Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for:  
  a) Cervical Numbers of completed health screening for eligible people who have a learning disability in every screening group; And Comparative data of screening rates in the non LD | • Integrate with action in A1 & A2 as above | Sutton CCG/ Primary Care Commissioning, Public Health LD Community Nursing Team – LB Sutton | End of Sept 2015 |
### A6

<table>
<thead>
<tr>
<th>Screening</th>
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<tr>
<td>b) Breast screening</td>
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<tr>
<td>c) Bowel Screening (as applicable)</td>
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<tr>
<th>Population for every screening group; And Scrutinised exception reporting and evidence of reasonably adjusted services are in place And Action is taken to ensure equity of access.</th>
</tr>
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<tr>
<td>Work is in progress, to follow up with</td>
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<tr>
<th>GP Lead and Community Nursing Team Sutton CCG Commissioners</th>
</tr>
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<tbody>
<tr>
<td>End of July 2015</td>
</tr>
</tbody>
</table>

| All GP health referrals include the LD Status and reasonable adjustment necessary for people with LD. Secondary care and other |
healthcare providers can evidence that they have a system for identifying LD status on referrals based upon the LD identification in primary care.

And

Acting on any reasonable adjustments suggested.

And

There is evidence that both an individual's
### A9: Offender Health & the Criminal Justice System

- To establish a system for capturing data with regular monitoring and reporting taking place.

  This work is now integrated in Work stream 7: CJS Autism Strategy.

- To carry out benchmark exercise in Offender Health and CJS on what reasonable adjustments are in place and

<table>
<thead>
<tr>
<th>Task and Finish Group set up and need to follow up with a set time frame</th>
<th>Safer Sutton Partnership And Local commissioners?</th>
<th>End of Sept 2015</th>
<th>Local Commissioners have good data about the numbers/prevalence of people with a learning disability in the CJS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisoners and young offenders with LD have had an annual health check, or are scheduled to...</td>
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<tr>
<td></td>
<td>where appropriate, develop plan for service improvement</td>
<td>have one within 6 months (either as part of custodial sentence or following release, as part of GP health check cycle). They are offered a Health Action Plan.</td>
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<tr>
<td></td>
<td>To establish a system to capture this data and ensure Prisoners and Young Offenders with LD has AHC and HAP</td>
<td>Task and Finish Group set up and need to follow up with a set time frame</td>
<td></td>
</tr>
<tr>
<td>B3</td>
<td>Assurance of Monitor Compliance</td>
<td>Establish governance arrangement and include as part of regular contract</td>
<td></td>
</tr>
<tr>
<td>Framework for Foundation Trusts</td>
<td>Royal Marsden and Community Health Services</td>
<td>monitoring reporting process with health providers.</td>
<td>and LD Specialist Health Commissioning</td>
</tr>
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</tr>
<tr>
<td>Supporting organisations aspiring towards Foundation Trust Status</td>
<td>ST Helier Hospital Trust &amp; South West London Mental Health NHS Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance Indicators (learning disability) per trust within the locality</td>
<td></td>
<td></td>
<td>returns and &amp; EDS review actual evidence used by Foundation Trusts in agreeing ratings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Evidence that commissioners are aware of and working with non-foundation trusts in their progress towards monitor level &amp; EDS compliance.</td>
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</table>
Glossary:

AHC: Annual Health Check
HAP: Health Action Plan
LD: Learning Disabilities
LD DES: Learning Disabilities Direct Enhance Service
QOF: Quality Outcome Framework
BME: Black and Minority Ethnic
JSNA: Joint Strategic Needs Assessment
SCCG: Sutton Clinical Commissioning Group
GP: General Practitioner
1. **Summary**

1.1 This report is to demonstrate the importance of the Dementia Action Alliance in Sutton and the positive steps we are all taking towards making Sutton a dementia friendly community.

1.2 The responsibility of this lies with all members of the community that live and work in Sutton.

1.3 The Alzheimer’s Society was approached last year by former MP Paul Burstow to set up a Dementia Action Alliance (DAA), which is now established.

1.4 The Alzheimer’s Society has also been commissioned to employ a Coordinator to manage the project, recruiting organisations throughout the borough, organising meetings and assisting with action plans to ensure a successful and well balanced alliance is formed. A pan London Project Manager also oversees all London projects ensuring best practice is always implemented.

1.5 The Dementia Action Alliance is supported by a Secretariat funded through voluntary financial and in-kind contributions from members. It is hosted by Alzheimer’s Society and works to a programme agreed by the whole membership and people living with dementia and their carers who attend our sessions.
2. **Recommendations:**

2.1 The main recommendation would be that the Health and Wellbeing Board support the DAA and promote the launch of the DAA and its progress and take necessary steps to make Sutton a Dementia Friendly Community and to work in partnership with the initial signatories (stakeholders), people with dementia, and their family carers.

2.2 And that the Health and Wellbeing Board are content with the Dementia Action Alliance becoming a Special Interest Group of the Board. This will link with the other Voluntary Sector organisations ensuring that Dementia is seen as a golden thread.

2.3 To agree the way in which the Health and Wellbeing Board wishes to be kept up to date on progress and concerns.

3. **Context**

3.1 Seven outcomes were initiated that would be of most benefit to monitor progress to becoming a dementia friendly community. They provide an ambitious and achievable vision of how people with dementia and their families are supported by society. All individuals and organisations, large and small, can play a role in making it a reality. The Dementia Action Alliance will seek support from partners in civic organisations, businesses and professions to deliver dementia supportive communities. The following statements are at the heart of living well with dementia to ensure that society provides a safe and inclusive place for people with dementia to live:

1. I have personal choice and control or influence over decisions about me.
2. I know that services are designed around me and my needs.
3. I have support that helps me live my life.
4. I have the knowledge and know-how to get what I need.
5. I live in an enabling and know-how environment where I feel valued and understood.
6. I have a sense of belonging and of being a valued part of family, community and civic life.
7. I know there is research going on which delivers a better life for me now and hope for the future.

3.2 It is essential that signatories to the recommendations adhere to the above statements and careful considerations are made when stating their actions.

3.3 At present we have had 4 meetings with approximately 30 Organisations showing interests and many of those already taking steps to commit to their action plans. A launch for the Sutton DAA is planned for 30th September at the Europa Gallery.

3.4 The plan for the future is that we would take advantage and be advised by flourishing boroughs that have set up some very successful alliances, such as Havering, where they have 72 organisations in the alliance and already have Dementia Friendly status. In Sutton, with 30 participating organisations showing interest this would not be an
unrealistic target. Our 5 year plan would be to achieve dementia friendly community status; this could be developed through the Society’s dementia friendly community programme. So far in London only Havering, Waltham Forest and Richmond have achieved this status. The programme focuses on improving the inclusion and quality of life of people with dementia through:

- Continual raising awareness and engaging different sections of society
- Building the evidence base to show continuous improvement
- Recognizing progress, best practice and innovation
- Creating relationships and networks to allow sustainability

3.6 The main elements of the programme are:
1. Evidence - Developing and building on the evidence about what dementia friendly means for people with dementia and carers in their communities and how different sectors of society can work towards becoming dementia friendly.
2. Recognition - Developing and refining a recognition process for communities to show their commitment, involvement, progress and achievements in becoming dementia friendly.
3. Alliances of support - Developing and bringing together stakeholders into local dementia action alliances to act as the vehicles for delivering and sustaining growth and expansion of dementia friendly communities.
4. Awareness raising - Through awareness raising activity we will empower individuals to champion change in their communities and across their networks. The Dementia Friends programme is a core part of this, as it targets the individuals that will be at the heart of creating a social movement.

4. Background

History of the Declaration: A call to action

4.1 Dementia is one of the greatest challenges facing our ageing society. There has been major progress in recent years in securing public and political commitment to responding more effectively to dementia. We now need to ensure that this commitment is turned into concerted action. With the publication of this National Dementia Declaration we announce the launch of a Dementia Action Alliance and a major plan of action to change the experience of living with dementia in England for good. The organisations signed up to this Declaration call on all families, communities and organisations to work with us to transform quality of life for the millions of people affected by dementia.

4.2 The Dementia Action Alliance was formed in October 2010 and is made up of over 2,600 national and local organisations committed to transforming the quality of life of people living with dementia in England and the millions of people who care for them. The Alliance currently has over 149 Local Dementia Action Alliances across England.

4.3 Members of the Alliance have signed up to a National Dementia Declaration, which was created in partnership with people with dementia and their carers and explains the huge
challenges presented to our society by dementia and some of the outcomes we are seeking to achieve. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life. Signatories to the Declaration have published their own action plans setting out what they each will do to secure these outcomes and improve the quality of life of people with dementia. Organisations’ commitments include work on promoting information on dementia to councils and delivery of a national project on the care of people with dementia in hospitals.

5. Issues

5.1 Building dementia-friendly communities is a priority for everyone and provides evidence from the perspective of people affected by dementia. It explores the barriers that people face in their community, how they would like to be engaged in their local area and the support they need to do so.

5.2 There are 800,000 people living with dementia in the UK now, and by 2025 there will be over one million. Currently there are over 2000 people with dementia in Sutton. Dementia is an incurable condition caused by diseases of the brain which over time seriously impairs the ability of someone with dementia to live independently. Many people with dementia also have other medical conditions or develop them during the course of their illness.

5.3 Families currently provide the majority of care and support for people with dementia and this can be both tiring and stressful - physically, emotionally and financially. A large number of people with dementia also live alone and can be at particular risk of isolation or abuse. However, if people with dementia are diagnosed early, and they and their families receive help, they can continue to live a good quality of life.

5.4 Public awareness of dementia is high but understanding about it is still very poor. Fear of dementia also remains high; there is a reluctance to seek help and few people understand that it is possible to live well with dementia. In addition there is limited understanding of the fact that dementia can affect people in many different age groups.

6. Options Considered

6.1 In 2009 the then government in England published a five-year National Dementia Strategy. As part of this work, strategies on end of life care and carers are also in place. NICE/SCIE guideline 2006 and Dementia Quality Standards describe what good dementia care should look like.

6.2 The Department of Health, as a signatory to the Declaration, has stated that radical and sustainable change will only come about through the action of individuals and organisations working together locally and nationally to challenge what is wrong and to do things better. This in Sutton also works very well with our Vanguard status and the partnership work in reference to this.
6.3 In Sutton our aim with organisations is to ensure each signatory organisation will be setting out what it intends to do in order to deliver better quality of life for people living with dementia and their carers. Based on each organisation being committed to the following principles:

- Ensuring that the work they do is planned and informed by the views of people with dementia and their carers and showing evidence for this.
- Reporting publicly on their progress against the plan they have set out to support delivery of the Local and National Dementia Declaration.
- Working in partnership with other organisations to share knowledge about best practice in dementia.
- Improving the understanding of dementia.

6.4 The Dementia Action Alliance Coordinator will assist with meaningful outcomes and action plans with each organisation and will arrange quarterly meeting where monitoring and evaluations can take place.

7. Financial

7.1 There are no financial implications arising from this report.

8. Legal

8.1 There are no legal implications arising from this report.

9. Appendices and Background Documents

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<th>Appendix Letter</th>
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<tr>
<td>Havering – a Dementia Friendly Community</td>
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1. **Summary**

1.1 This report is the second Annual Report from Healthwatch Sutton. It covers the work and achievements of Healthwatch Sutton between April 2014 and March 2015. The report is prepared in accordance with the template and guidance provided by Healthwatch England. It provides an overview of the local engagement carried out including specific projects and reports. The report covers the information and advice service, the complaints advocacy service and additional commissioned work carried out by Healthwatch Sutton.

2. **Recommendations**

2.1 That Health and Wellbeing Board members support the work which has been undertaken by Healthwatch.

3. **Background**

3.1 Healthwatch Sutton is the consumer champion for health and social care in Sutton. Its role is to represent residents of the borough and to influence decision making using local people’s views. It also provides an Information and Advice service and a Complaints Advocacy service.

4. **Issues**

4.1 This report demonstrates that local people’s views have been represented in key areas of local service provision based on the priorities that they have chosen.

4.2 The Annual Report is a summary of the activities of Healthwatch during the year and all the work shown has been carried out with transparency and in consultation with our members.
5. Impacts and Implications

Financial
5.1 None

Legal
5.2 None

6. Appendices and Background Documents

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Healthwatch Sutton
Annual Report 2014/15
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Message from the Chair

On behalf of our Board, our volunteers and members - all of whom give their time so freely - I welcome you all to our Annual Report for 2014 / 2015.

I must also say an enormous “thank you” to our staff for all their continuing efforts in delivering the work so effectively.

It has been a challenging and interesting year. For our Board of Directors it has been a period of some consolidation, which continues, with an expansion of the skills and experience available to us. This will ensure that we can continue to further enhance our reputation as a respected organisation that delivers.

Our report provides a good overview of the years’ work and our projects which are largely based on what local people tell us matters to them. It also outlines how we have progressed the work to develop further the patient involvement and how we endeavour to secure the best health and social care for the people of Sutton.

Nothing (ever) stands still in the health and social care world; thus we will continue to work closely and well, with our stakeholders, including Sutton Clinical Commissioning Group, London Borough of Sutton, Epsom and St Helier Hospital Trust and The Royal Marsden. All this is in addition to the ongoing involvement with the Patient Participation Groups, based at the GP surgeries, as well as the Borough-wide Patient Reference Group. If we all do something, no matter how small, the difference will be noticeable.

As you read this, we will be well into the third year of our existence. We are very conscious that the initial three-year commissioned period for Healthwatch Sutton expires early next year - and that we will need to re-tender for the contract as at April 2016, though that work begins now. With your support and our drive to deliver we aim to still be here, listening to the people of Sutton and, on their behalf, influencing the provision of our health and social care services.

About Healthwatch

Healthwatch was set up nationally in 2013. All local Healthwatch organisations have a clear set of functions. These are:

- Gathering views and experiences from local people
- Influencing the set up, delivery and commissioning of services
- Representing the community voice
- Providing information, signposting and support
- Providing a complaints advocacy service
Communication & Engagement

The Healthwatch Sutton membership is made up of people who live or work in the London Borough of Sutton and local Voluntary and Community Groups.

In our Annual Survey we asked members to share with us why they first joined Healthwatch Sutton. The majority of members said they joined to receive information about local health and social issues, followed closely by having a say and sharing their views and experiences.

- To receive regular information: 41%
- Have a say about local health and/or social care services: 37%
- Active involvement e.g. volunteering: 22%
During 2014-15 we sent out 22 e-bulletins packed with information on both local and national health and social care issues. We also send out a bi-annual newsletter.

We have also been busy raising our online presence using social media.

The chart below shows how useful members find the different ways in which we communicate with them. We have identified that a high percentage of our membership do not find social media useful.
Our survey also shows that over 80% of members think we “listen to and represent the views of the community” as shown in the chart on the right.

We hold quarterly information and engagement events to share information and gather views from local people on specific topics.

2014/15 saw the launch of “What matters to you?” the new way in which we collect information from members of the public. What matters to you is a quick and easy way for people to share their views and experiences about local health or social care services. By selecting a category it helps us build up a picture of the areas that concern people most.

“What matters to you?” can be completed online via www.whatmatterstoyou.org.uk or on paper. Since the launch, in February 2015, nearly 500 hundred people have had their giving us their feedback using this method. The information we collect helps us to ensure that our projects reflect the priorities of local people.
Our Work

Hospital Discharge

In 2014 we carried out a piece of work to find out about people’s experience of being discharged from St Helier hospital. We did this by asking patients if we could call them for a short telephone interview once they had gone home. We had some very positive feedback; however this work also highlighted several areas where things could be improved. These included:

Communication - poor communication about the services patients need after discharge. Poor discharge summaries.

Delays on the day of discharge due to medication or transport. Delays to the day of discharge due to tests and procedures. Discharges late in the day.

Information - Patients not aware who to contact after leaving hospital. Little or no written information for patients or their families

Since our report, Epsom and St Helier have worked with us to try and find solutions to some of the issues that arose.

In November 2014, the Trust organised a workshop for hospital staff and Healthwatch to get together to discuss the findings and create an action plan.

A work plan was developed by the Service Improvement Team that identified actions to address these problems. This resulted in a further workshop, with staff and Healthwatch volunteers, to look at the literature and other documents given to patients. This has resulted in a series of changes that has been identified to improve these documents.

Several of the recommendations related to improved working between health and social care and better integration of services and these have been taken up as part of the Better Care Fund.

Our report has been used as part of the evidence put forward at Sutton Clinical Commissioning Group’s Quality Committee in relation to the Better Care Fund. Our report has also been used as part of Healthwatch England’s Special Inquiry in to unsafe discharge.

If you would like to read the report you can find this on our website.

Wayfinding Project

Healthwatch Sutton was invited, by Epsom and St Helier hospitals, to take part in two special focus groups to help the Trust in their redesign of signage and improving the patient experience of finding their way around both hospital sites.

In order to make effective contributions two groups of trained ‘authorised’ Healthwatch volunteers undertook to walk around each of the hospital sites to look at signage/wayfinding and gather views and experiences to feed in.
GP Access

In early 2014 we looked at the feedback that we had received from people in Sutton. We found that a large number of Sutton residents had said that they thought that GP services were an area of concern. In particular getting to see or speak to a GP, problems with making an appointment, issues relating to the times that GPs were available and what to do ‘out-of-hours’.

We took up the challenge to look at this in more detail and developed a questionnaire about accessing GP services that included over 20 questions. In the space of 2 months over 450 people completed our questionnaire. We got in touch with local voluntary and community groups and asked if we could attend their meetings and events to share our survey. We were very pleased that so many groups were happy for us to come along and talk to their members. We also promoted our survey through social media and websites.

All analysed results of this survey were published in our ‘GP Access’ report. The key findings were:

A majority of respondents said that they would be willing to travel to another location locally and see a different doctor if they wanted a routine appointment on a Saturday or Sunday.

Patients are keen to have Saturday and evening appointment, though Sunday appointments were less favoured.

Nearly a third of respondents would prefer to use either on-line, email or text to book an appointment instead of ‘by phone’ or ‘in person’.

When patients call their GP they want to be able to make an appointment straight away and not wait for a call back or call at a specific time in the morning.

Working age people felt that their appointments were less convenient than those of non-working age.

Of the patients who couldn’t get a convenient appointment, 24% said this was because they could not book ahead.

The report has been shared with NHS England and Sutton Clinical Commissioning Group (CCG). Sutton CCG are using this information as part of their evidence to investigate the potential move to extend the hours GPs are available in Sutton. You can find our full report on our website.

Our report has also been used by Healthwatch England, as part of the evidence in a national report looking at the difficulties patients have encountered accessing their GP.
Caring for People with Dementia

Dementia and caring for people with dementia appear more and more in government discussions and national media. The feedback that we received showed that Sutton is no exception when it comes to concern about this subject and as such we were keen to investigate this further.

In September 2014, Healthwatch Sutton held a themed information and engagement event in Carshalton which was attended by over 50 participants who expressed an interest in dementia. Speakers from the London Borough of Sutton, Sutton Carers’ Centre and the Alzheimer’s Society gave an overview of the local and national situation. Following these presentations, in group discussions, participants talked about what the issues were locally and how these might be addressed.

The themes that emerged were very varied; however many spoke of the issues around finding support and accessing information, especially just after diagnosis.

In order to take this work forward, Healthwatch Sutton teamed up with Sutton Alzheimer’s Society and agreed to ask a small number of people to take part in making diaries about their experience. This will be done with the support of Healthwatch Sutton volunteers. These diaries will be used to create case studies that demonstrate the problems that carers and the people they care for have encountered and identify possible solutions.

This work is on-going and we hope to be able to publish these case studies in the autumn of 2015.

Children and Young People’s Priorities

When it comes to engaging with local people, we wanted to ensure that we engage with a wider age range. We are aware that some of our past projects have focused on issues largely affecting older people. To address this imbalance, we began our project working with young people in Sutton.

Before we could start this work, we needed to find out what areas of health and social care were most important to children & young people. We carried out a prioritisation exercise both on-line and using paper forms and captured feedback through focus groups. We asked participants to identify their top three areas of concern. We were interested to discover that they identified ‘body image’ as the issue that concerns them most.

We felt strongly that the work we would carry out for this project should involve young people and be in a medium that they might prefer. As a result, we opted to make a short film showing young people speaking openly about the topic with a view to identifying anything that they think might help address problems. A local company called Citizenship Media Group agreed to take on the project brief. They have great connections with young people in Sutton and would also involve them in artistic direction and the editing of the film.

Interviews were carried out with a wide variety of young people during May. The film will be launched in the summer. Look out for invitations to come along to our premiere or other opportunities to see the film that we will be promoting soon.
Supporting Patient Participation Groups

Patient Participation Groups

During 2013/14, Healthwatch Sutton has provided independent support for the development of Patient Participation Groups (PPGs) and engagement with the Patient Reference Group (PRG) across Sutton.

Almost all of Suttons GP practices now have a PPG and are represented on the PRG.

In November 2014 Healthwatch Sutton facilitated Sutton’s first Patient Participation Group Forum. 32 members of patient groups, from 19 different Sutton practices, met to learn about the activities of other groups, share ideas and good practice and explore the challenges faced in setting up and running an effective patient group.

PPG member “I learned a lot more about running our group and will pass it on… there was a lot that we are not doing”
Patient Reference Group

The Patient Reference Group (PRG) provides a forum for dialogue between patient representatives from practice based groups and Sutton Clinical Commissioning Group (SCCG) to ensure they have meaningful engagement with patients and to deliver an effective patient voice.

Healthwatch support has included introducing agenda setting meetings, minute taking, co-ordinating written feedback, good governance guidance, progressing an election of officers for the group, a competition to design the group’s logo and 2 workshops for PRG members.

The PRG holds bi-monthly meetings. Membership of the group is voluntary and open to patients elected or selected from individual Sutton GP Practice Participation Groups.

Patient representatives are encouraged to raise issues about local commissioned services, with Sutton CCG and concerns around the provision of podiatry, the NHS 111 service and the changes to the provision of mental health in patient services were highlighted in their work plan.

Representatives are provided with regular updates on commissioning planning, priorities and changes to the way services will be commissioned including Collaborative Commissioning, Primary Care Co Commissioning and the Better Care Fund.

Opportunities to participate in consultations were shared with representatives who are encouraged to inform and engage their wider practice population.

Consultations included the Pharmaceutical Needs Assessment and changes to mental health inpatient services.

Patient Reference Group Commissioning Workshop

In September the PRG undertook a key piece of work with representatives collecting the views of their practice patients about the health services patients would like to see prioritised in the commissioning planning and where they would wish to see these delivered.

21 of Sutton’s 27 GP Practices were represented at the workshop and almost 200 bullet point comments noted as a result of conversations and surveys.

Sutton CCG used the patient feedback to inform their commissioning planning for 2015 - 2016.
Volunteers

Our volunteers are an integral part of many of our projects.

We are very fortunate to have a group of 20 loyal and supportive volunteers many of whom have remained with us for a number of years, thus building our volunteer expertise.

This year we reviewed and shared with our volunteer team our volunteer strategy and ratified volunteer roles.

We provide a number of different volunteering opportunities;

- **Healthwatch Champions** - promoting and publicising the work of HWS
- **Volunteer Ambassadors** - providing a link between HWS and statutory and voluntary sector groups
- **Research support volunteers** - helping us investigate health and social care issues
- **Office support volunteers** - assisting the staff support team with office duties
- **Lay representatives** - providing the “lay perspective” on a range of issues/materials
- **Monitoring/Enter and View/Secret Shopper volunteers** - carrying out visits in health and social care settings with other volunteers.

The formal volunteer strategy will enable our Board of Directors to implement and monitor the strategic direction of volunteering in Sutton.

To ensure volunteers are supported, kept informed about our work and projects and have an opportunity to feedback to us, we hold quarterly volunteer support meetings, which are well attended.

We very much value and appreciate all the work undertaken by all our volunteers and were pleased to have a group attend the Volunteer Centre Big Breakfast where their contribution to Healthwatch Sutton and the volunteering community in Sutton was recognised and celebrated.

We also enjoyed our annual celebratory meal with the ‘team’ that is HWS.

A special thank you to our directors and volunteers, who braved the bad weather at the Carshalton Environmental Fair on the August Bank Holiday Monday, to collect the views of Sutton residents for our GP Access and Children’s and Young People’s survey. Evidence of their dedication!
This year SCILL have continued to promote its Community Information and Advice Service and the Healthwatch Sutton Service to ensure the wider public are aware of the services available to them. The team have secured links with a number of health professionals and encourage referrals to the service.

After a lot of hard work and perseverance, in May 2014 SCILL successfully secured a regular outreach every 3 weeks at St Helier Hospital in the Retreat Café.

As a result of the work at the Hospital talks have been arranged and given to the Cardiac Rehab Team, Rapid Response Team and the Stroke Ward. Staff at the hospital regularly speak to the SCILL team if they need help or guidance.

A number of locations at the hospital have SCILL leaflets that can be given to patients. The Hospital Information Centre not only has all the information for SCILL but also calls regularly asking for advice. This is an example of good partnership working.

In April we are anticipating that we will have a regular outreach location at the Jubilee Health Centre in Wallington. This will enable us to speak to the patients and staff directly.

This year we were invited to the Robin Hood Health Centre, Sutton during the flu vaccine sessions to handout leaflets to patients. As a result there was an increase in the number of enquiries for footcare services.

The majority of Pharmacists in the Borough have been revisited to ensure they have our leaflets. We continue to receive calls from people who have been directed to us by their Community Nurse, Occupational Therapist or Health Care Professional. This follows on from the work that SCILL did last year to raise awareness.

Talks have also been given to the START team and The No Panic Group amongst others.

184 Events attended

Engaged with over 3000 people
On 3rd April 2014 we were invited to speak about Healthwatch Sutton at the Local Area Committee for North Cheam and Worcester Park Wards. This was a chance to deliver a presentation and take questions from around 40 people.

At the Environmental Fair in August; SCILL and Healthwatch Sutton had a joint stall. The weather was against us and we were all drenched. However it was a chance to talk to people who were glad to escape the rain for a few minutes.

The team spoke to the Rapid Response team at St Helier hospital and through the year this has resulted in over 200 SCILL magnets (with our contact details) being issued to patients.

In February 2015, SCILL hosted an Older Person’s Event. This resulted in over 100 “What Matters to You” questionnaires being completed by older people.

The Information Team have assisted and signposted local residents on the following topics:-

- Treatments and Therapies
- Stroke club drop in
- Parkinson’s
- Local Physiotherapists
- Chiropody and Footcare Services
- PALS
- MS Society
- Daily living aids and disability equipment
- Dental Services including home visiting services
- Breathe Easy Group
- Fibromyalgia
- Exercise Classes
The complaints advocacy team has 3 advisors, between them they have met with 67 clients during 2014/15. Complaints advocacy advisors are happy to meet with clients and support them in different ways, some clients request help with writing letters or making phone calls while others prefer assistance with attending meetings. While some clients are simply asking for advice some are looking for more support in making and/or taking complaints further.

The type of enquiries varies however there has been an increase in cases involving breaches of confidentiality and disputes surrounding eligibility for continuing care.

The ages of clients appear to be similar to that of previous years. This may reflect a reasonable expectation of when a person is more likely to require the use of health and social care services. A significantly greater number of clients were seen at the higher age brackets. However, the cases the complaints advocacy service handled at the lower age ranges appeared to be far more complex and involved referrals to our solicitors for guidance on potential medical negligence.

Clients can also have access to two local solicitors who give free advice on clinical negligence and personal injury claims.
CASE STUDY 1

In 2010 the client had registered with a dental practice and agreed treatment to straighten their teeth. There were a number of appointments and serious procedures, with a particular dentist, and an agreement to pay £5000 for surgery on the lower jaw. As treatment progressed the patient became concerned about the dentists hostile attitude and the quality of their work, but trusted the dentist’s judgement.

4 years’ later the patient discovered that the dentist was no longer practising, having been struck off the register due to operating without professional indemnity insurance. The dentist was also given a prison sentence.

The bureaux assisted the client with a letter to the dental practice concerned. They responded to say they refused outright to admit liability as the dentist was self-employed and therefore they could not be held negligent for their actions.

The bureaux was able to refer the case to a barrister (free of charge), with expertise in medical negligence claims, for their views on the merits of a claim.

If the expert view identifies a chance of success for a complaint or claim for compensation to fix damage done, further action can be considered.
CASE STUDY 2

The client was an employee of a major hospital. In 2013 they underwent facial surgery at a different hospital, but under same NHS Trust. The client was unhappy with the treatment and complained to the chief executive. The hospital offered to re-do the surgery, but the client opted not to go through this. Subsequently, the surgery unit transferred to the hospital the client worked at.

A year later, the client’s colleagues reported, to the client, that their original complaint letter was displayed on a notice board in a department of the hospital. The client was able to identify the employee who had pinned up the letter and that there was a connection between this employee and the person who carried out the client’s surgery. The client complained to HR but felt that they responded to them as an employee, as opposed to a patient who is owed ethical duties of confidentiality.

The client came to the bureaux to explore options open to them, concerned about the costs and stress of any legal action. The bureaux helped identify the client’s goal of seeing that similar issues did not reoccur, that the employee would be disciplined and their informant protected. The client was advised of the NHS Complaints Procedure. More than satisfied with the advice and information provided, the client felt able to continue the process by themselves, reassured that they could return, at any point during the process, for any help they may need (including Employment Law advice if required.)
Our plans for 2015/16

We have two projects that we are currently working on that will be completed in the near future. These are:

- Our film talking to young people about issues relating to ‘body image’
- Our project to find out about the experience of people with dementia and their carers following a dementia diagnosis

Following the implementation of our ‘What matters to you?’ feedback system we now have a comprehensive set of ‘eyes and ears’ which we will use for our short and long term planning.

Analysis of the data that we have received has identified the following areas for investigation for the year 2015/16.

Outpatient Care

People have told us that this is a priority area for them. Issues they have identified include:

- Appointments
- Enough time with clinicians
- Waiting areas
- Parking

This will be first time that Healthwatch Sutton has carried out a project to look at outpatient services. The team are looking to find an appropriate methodology to find the views of service users and their carers.

Inpatient Care

Healthwatch Sutton carried out a project looking at discharge from hospital in 2014. However our feedback shows that there are several other areas of concern for people about inpatient care. We will be looking to target those areas that we have not already investigated.

The insight that we have received from patients shows us that these areas are of concern.

- Staffing levels at weekends
- Bank nursing staff and having sufficient nursing staff
- Food
- Noise at night
Mental Health of Young People

We believe that our ‘body image’ work will lead to the need for more work to identify, in a broader sense, issues that affect the mental health of young people in Sutton. Once the film has been completed we will be looking to see how we can take this further.

We are always looking to find new ways of engaging with the residents of Sutton and will continue to hold regular events and improve our systems that capture the views and experiences of local people.

We will also ensure that we are able to use the views that we have captured to influence key decision-making organisations that provide or deliver health and social care services. We will continue to input into the engagement processes of the Better Care Fund, the South West London Primary Care Co-commissioning Committee and monitor the changes coming as part of the Care Act. We will also be monitoring any other potential changes that may impact on local services.

We look forward to letting you know the progress that we have made, in our next Annual Report and through our website, facebook page, twitter feed, e-bulletins and events.

Influencing decision makers

A key part of the remit of Healthwatch is to influence decision-makers. In order to facilitate this, Healthwatch Sutton has a seat on the Health and Wellbeing Board where key decisions are made about the commissioning and delivery of local health and social care services. Here in Sutton, we have 2 representatives on this Board with full voting rights. Our Chair is also the Vice-Chair of the Health and Wellbeing Board. In 2014/15, 2 Healthwatch Sutton reports were taken to the Health and Wellbeing Board for information and discussion.

Our representatives regularly attend a number of other important groups and committees, both to share the intelligence that we have collected and to ensure that we are well informed about anything that may impact on people in Sutton.

These meetings include:

- Epsom and St Helier Hospitals NHS Trust Board
- Sutton Clinical Commissioning Group Board
- Sutton Patient Reference Group
- Carers Delivery Group
- Carers Forum
- Sutton Transformation Programme Board
- One Sutton Commissioning Collaborative
- Better Care Fund Sub-committees
- Sutton Safeguarding Adults Board
- South West London Primary Care Co-commissioning Joint Committee
- South West London Patient & Public Engagement Steering Group
Our governance

In Sutton, Healthwatch is set up as a charity and a company limited by guarantee. All of the Trustees on our Board of directors are unpaid volunteers. The Board make the strategic decisions for the organisation. Board meetings are held six times a year. These meetings are open to the public.

The Healthwatch services are provided under 3 contracts

- Sutton Centre for the Voluntary Sector (SCVS) provides the support and administration services.
- Sutton Centre for Independent Living and Learning (SCILL) provides the Information and Advice service.
- Sutton Citizens Advice Bureau (CABx) provides the Independent Complaints Advocacy service.

During 2014/15 we have made some significant changes to the way that we work. Individual projects are now supported by project groups from inception to completion.

Our projects are decided, primarily, by looking at the areas of health and social care that people have identified as the highest priority to them. We do take into consideration other factors that include whether we have also investigated this subject or if other organisations are currently working in that area.

Honorary President:
Ted Gates MBE

Trustees:
Chairperson:
Doris Richards (until November 2014)
David Williams (from November 2014)

Vice Chairperson:
David Williams (until November 2014)
Annette Brown (from November 2014)

Trustee: Adrian Attard
Trustee: Derek Yeo
Trustee: Hilary Smith (until October 2014)
Trustee: Shri Mehrotra
Trustee: Sylvia Aslangul

Staff Team:
Pete Flavell - Operational Manager
Pam Howe - Volunteer and Engagement Officer
Sara Thomas - Communications and Administration Officer
Healthwatch Sutton is a Company Limited by Guarantee and a Registered Charity. This requires us to comply with both company accounting and Charity Commission SORP requirements.

Funding is divided between the 3 contracted organisations that deliver the different services for Healthwatch Sutton. SCILL for information and advice, CABx for the complaints advocacy and Sutton Centre for the Voluntary Sector (SCVS) for the community engagement and project work.

Healthwatch Sutton receives additional income, as commissioned by the Sutton Clinical Commissioning Group, to support the Patient Reference Group and the development of GP Patient Participation Groups.

### INCOME

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We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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1. Summary

1.1 Following receipt of full approval for the Sutton Better Care Fund plan by NHS England in January 2015, as reported to the Health and Wellbeing Board in March, a Section 75 Agreement has been put in place between the London Borough of Sutton and Sutton Clinical Commissioning Group and the focus has been on the implementation plan for 2015/16.

1.2 This paper provides an update on progress with implementation.

2. Recommendations

The Health and Wellbeing Board is recommended to:

2.1 Note the transfer of Programme Management responsibility for the Better Care Fund Programme to the Director of System Resilience and Integration, Sutton CCG from August 2015;

2.2 Note the continuation of the implementation work to deliver the Better Care Fund Plan; and

2.3 Note the quarterly performance reporting requirements from NHS England against progress in delivering the plan.
3. Background

3.1 In order to meet the government requirement for all localities to put a pooled budget in place as of 1 April 2015, called the Better Care Fund, the Health and Wellbeing Board previously approved the work that delivered Better Care Fund submissions to NHS England on 4 April 2014 and 19 September 2014, and noted progress at the Board meetings of 8 December 2014, 9 March and 8 June 2015.

3.2 Following the agreement of the revised Better Care Fund plan by the Health and Wellbeing Board on 15 September 2014, the Transformation Programme Board and associated work streams have been working with the Programme Manager, and more recently, the Director of System Resilience and Integration, to develop and deliver the implementation plans for 2015/16, including the work to deliver the 3.5% reduction required in emergency hospital admissions.

4. Issues

4.1 Implementation Progress

Work is progressing on the five design team priority areas reported to the Health and Wellbeing Board in June 2015. The headlines are as follows:

- **Integrated Localities** – This work is still at the planning stage in considering the requirements and options for bringing together three integrated locality teams. Sutton Clinical Commissioning Group has agreed additional funding to support work at a GP practice level to take forward multi-disciplinary team working and decision making, which is a core component of effective integrated working. A Project Manager has been appointed to implement this work stream, which will provide resource in the form of Locality Facilitators to support General Practices to establish their multi-disciplinary teams and develop robust case management plans for those patients who require them.

- **Integrated Intermediate Care** – Following the stakeholder workshop held in March, the Integrated Intermediate Care Design Group has met to consider the report from the workshop and continues to design the interface between the hospital and community based provision of care, along with development of a single point of access for all community based intermediate care services.

- **Integrated Equipment** – The work to understand current trends in service usage has been completed. The next phase of work for the Equipment design team will focus on understanding the training needs analysis between community and acute care staff in order to minimise unnecessary spending and maximise the potential of this budget stream in supporting independence at home.

- **Seven Day Services** – A weekend discharge initiative was held in late July with a senior team from Community and Social Services as well as the Acute Trust on site at St Helier hospital on a weekend day to facilitate discharge where possible, and identify issues affecting discharge. This initiative took place in response to directives from NHS England that weekend discharge rates should be at least 80% of those achieved during the week. The issues identified as a result of the initiative have been developed into an action plan which is being actively monitored by both the System Resilience Group and the One
Sutton Commissioning Collaborative with a repeat of the initiative occurring in early October.

- Mental Health Low Symptom Pathway – The core group of this design team have agreed the priority areas for taking this work forward. A mapping event was held in June to understand how current service configurations operate as a basis for focussing improvements.

4.2 National condition – integrated data sharing
The Sutton IDCR (Integrated Digital Care Record) project, previously known as the Sutton Care passport, a joint initiative between NHS Sutton Clinical Commissioning Group and LB Sutton is progressing on time and on budget. During September the final data sharing contracts for Sutton Practices will be signed, allowing for data to be uploaded from the HSCIC (Health and Social Care Information Centre). A communications consultation for patients has already begun with the plan to communicate directly with social care service users, health and social care staff during September/October. Testing of the system with Sutton Practices and Health providers is ongoing and staff training is expected during November.

4.3 Quarterly Reporting to NHS England
From May 2015, each Health & Wellbeing Board area is required to make a quarterly report to NHS England on progress in implementing the plan. The report covering Quarter 1 2015/16 was submitted to NHS England in August.

4.4 Governance
Governance arrangements will remain the same as those agreed by the Health and Wellbeing Board on 15 September 2014. The changes to the Better Care Fund programme management arrangements, referred to in 2.1 to ensure that implementation work is delivering the requirements of the Better Care Fund in 2015/16, began in August 2015.

5. Options Considered

5.1 This report provides an update on the programme of work that has already been agreed by the Health and Wellbeing Board, therefore there are no options to be considered at this time.

6. Impacts and Implications

Financial

6.1 The initial total BCF investment proposed for 2015/16 was £14.7m. However this has been revised to £15.7m. The additional £1m results from the carry forward of a 2014/15 underspend into 2015/16. Such carry forward is permitted under the S75 agreement between the Local Authority and Clinical Commissioning Group. The 14/15 underspend was largely the result of funds reserved in anticipation of forecast significant overspends in the Short Term Assessment and Reablement Team (START) and Integrated Community Equipment Store (ICES) services. The significant overspends did not materialise. Minor variances were accommodated within budget and therefore the reserve is carried forward. The underspend was not a result of under-delivery of services.
The 2015/16 BCF budget of £15.7 m has been agreed by the One Sutton Commissioning Collaborative (OSCC).

The enhanced budget gives more flexibility for BCF investment which is managed through the One Sutton Commissioning Collaborative albeit much of the underspend is non recurrent which will be taken into account in setting the 2016/17 BCF budget.

6.2 As previously reported The Sutton Clinical Commissioning Group will work with the Health and Wellbeing Board through the One Sutton Commissioning Collaborative to agree how any recurrent savings will be invested in existing and new Better Care Fund schemes and developments in future years.

Legal

6.3 The Better Care Fund work remains compliant with the legal requirements to allow for the transfer of NHS funds from the Clinical Commissioning Group to the Council, on the basis that those funds will be invested in social care services that also have a positive impact on the health of local people.

6.4 The London Borough of Sutton and the Sutton Clinical Commissioning Group have put in place a Section 75 Agreement, as agreed by the Health and Wellbeing Board, as part of the governance arrangements for the Better Care Fund.

Other impacts and implications

Community Engagement and Consultation

6.5 Extensive consultation has taken place in order to put together both the original Better Care Fund submission and the final September 2014 submission.

6.6 Good communication and engagement is critical to success and communications leads from both partner organisations are developing a Better Care Fund Communications and Engagement Plan. Early outputs include:
   - The development of a stakeholder newsletter; and
   - The development of an on-line community or forum that will enable stakeholders to comment and discuss issues on line. This is still in the process of being launched.

Equalities

6.7 The Better Care Fund will help to achieve a greater level of integration across health, social care and wellbeing services for all parts of the community. The plans being developed locally make specific reference to people with learning disabilities and mental health problems who often experience greater difficulty in accessing services and can experience poorer health outcomes than the wider population. Our plans, approved by the Health and Wellbeing board and by NHS England, will support the achievement of this ambition.

6.8 The Integrated Impact Assessment and Equalities Impact Assessment document has been considered by the Transformation Programme Board and One Sutton Commissioning Collaborative. This is a live document and will be reviewed by the Transformation Programme Board twice yearly to ensure that all parts of the community are given due consideration within this process.
### Background Documents

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1. Summary

1.1 The Autism Act 2009 is the first and only act of legislation in UK which is condition specific. The original Adult Autism Strategy “Fulfilling and Rewarding Lives” was published in 2010 and updated in April 2014 by “Think Autism”.

1.2 The London Borough of Sutton has the “Autism Strategy Framework” which was agreed by the Health and Wellbeing Board in November 2013. The Sutton Autism Strategy Steering Group was established in February 2014 to provide oversight and steer in the implementation of the Sutton Autism Action plan.

1.3 On the 27th March 2015, a new statutory guidance was issued under section 2 of the Autism Act which builds on, support and replaces the 2010 guidance. This statutory guidance also uses guidance issued under section 7 of the Local Authority Social Services Act 1970 (LASS Act). It means that local authorities “must follow the path charted by the guidance”. Deviation may result in judicial review or action by the Secretary of State.

1.4 This paper informs the executive management teams and committees of their statutory obligations and makes recommendation to Sutton Council and Sutton CCG.

2. Recommendations

2.1 Executive and Strategic Management teams across the local authority, Sutton CCG and other local NHS bodies are made aware of the statutory duty to implement the Autism Statutory Guidance.

2.2 To review the local Sutton Autism Strategy Framework and revise current Autism Master Action Plan in line with new requirements from the new statutory guidance.
2.3 Following this review, the local authority and Sutton Clinical Commissioning Group to develop a commissioning intention paper for consideration by the Health and Wellbeing Board by December 2015.

2.4 Meanwhile, to conduct a review of the Sutton Autism Strategy Steering Group and its current governance arrangement.

3. **Background**

3.1 The Autism Act 2009 and the statutory guidance that accompanied the Act and the strategy set key duties for local authorities and the NHS to improve outcomes for adults with autism. In December 2010, *Fulfilling and Rewarding Lives* was published, giving statutory guidance for local authorities and the NHS to deliver on the Autism Strategy. In 2011, an attempt was made to develop a local Sutton Autism Strategy, however no further action was taken to progress the strategy to a delivery plan.

3.2 The statutory guidance of "Fulfilling and Rewarding Lives" included a governance structure requiring local Health and Wellbeing Boards to play a key part in the planning, commissioning and reviewing of services for people with autism. In 2013, the Department of Health requested for Directors of Social Services to report on the 2nd Autism Self Assessment. In Sutton, this exercise reported a number of red rag ratings, which resulted in the need to conduct a local review of services. Two independent agencies, the National Development Team for Inclusion and Ambitious Autism were commissioned to complete this review, taking into consideration the outcomes of the 2013 Autism Self Assessment exercise. As part of this review, in Sept 2013, a consultation event took place with local stakeholders and concluded in a report referred to as the “Sutton Autism Strategy Framework” (see Appendix 1).

3.3 The Sutton Autism Strategy Framework report was submitted to the Sutton Health and Wellbeing Board in November 2013 and the recommendations were noted.

3.4 In February 2014, the Sutton Autism Strategy Steering Group was established, and recommendations from the Sutton Autism Strategy Framework were debated and a local action and delivery plan was formulated. Since then ongoing work has been carried out by lead officers, appointed to deliver on the implementation of the Autism action plan.

3.5 The new statutory guidance is for local authorities and NHS organisations to support the implementation of adult autism strategy. A detailed list of “Must do’s and “Should do’s” is referred to in Appendix 2.

4. **Issues**

4.1 Since August 2013, in light of capacity issues, ASS&H provided manpower support to the Autism Strategy Steering Group in formulation and coordination of a local delivery plan. Officers
from other local agencies were co-opted to lead on specific areas and work is ongoing. The Autism Strategy Steering group continues to provide steer and management oversight.

4.2 In light of recent changes across the council and local NHS organisations, and together with requirements of the new statutory guidance, it is the right opportunity to conduct a review the governance arrangement of the Autism Strategy Steering Group.

5. **Impacts and Implications**

**Financial**

5.1 There are no specific financial implications at this stage, however it is expected that additional resources will be required to programme manage a local implementation and delivery plan.

**Legal**

5.2 London Borough of Sutton and local NHS bodies have statutory responsibility to implement the Autism Act.

5.3 **Equalities Impact Assessment - Community**

People with autism are in receipt of services and the community at large which acknowledge, respect and meet their needs. People have equal access to services that are reasonably adjusted, their assessed needs are met and they are protected from the risk of abuse and enjoy quality of lives like everyone else.

5.4 **Implementation**

The review of Sutton’s autism action plan will be monitored through One Sutton Collaborative Committee and Health and Well Being Board.

6. **Appendices and Background Documents**

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<thead>
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<tr>
<td>1</td>
<td>Sutton Autism Strategy Framework</td>
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<td>2</td>
<td>Detailed list of “Must Do’s and Should Do’s”</td>
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**Background Documents**

NA

**Audit Trail**

| Version | Final | 29 September 2015 |

**Consultation with other officers**

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Appendix 1

Autism Strategy Framework for Sutton
National Development Team
for Inclusion

First Floor
30-32 Westgate Buildings
Bath    BA1 1EF

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www.ndti.org.uk

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I Introduction

Why are we doing this now?

- The Department of Health (DH) has asked all councils to carry out a self-assessment of the progress they are making towards the priorities set out in the national autism strategy, *Fulfilling and Rewarding Lives.*

- Through our local self-assessment work, we realise that while we have many good approaches and services in place that are benefiting people with autism in the borough, there is more we could do.

- This framework is the first step towards developing a more comprehensive approach to autism in Sutton. It links with a separate piece of work on the transition from children’s to adult services.

Whose strategy is it?

- The development of this framework has been led by LB Sutton Adult Social Care, with input from people with autism, third sector organisations and other professionals. Over 40 stakeholders were brought together to discuss what is working well, and what needs to change at an event facilitated by NDTi and Ambitious about Autism. The framework draws on what stakeholders told us. Although the Council has led the work so far, making sure that Sutton is a welcoming and supportive community in which people with autism can lead good lives is a task which involves many partners and organisations. It is our aspiration that the document will help other agencies to recognise the contribution they can make to improving the lives of people with autism in Sutton.

Who does it cover?

- Autism is a spectrum condition. This means that, while all people with autism share certain difficulties in communicating with others and making sense of the world, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives, but others may also have learning disabilities and need a lifetime of specialist support.

This framework is intended to cover all adults and young people with autism in Sutton. It uses the term ‘people with autism’ to mean anyone who is on the autistic spectrum.

What do we know about people with autism in Sutton?

Many people with autism may never have been in touch with services since they left school. Some will be living full, independent lives without any support from external agencies. It is therefore difficult to know exactly how many people with autism live in Sutton. It is estimated that about one in every hundred people are on the autistic spectrum. Around a half may also have a learning disability. The table below gives estimates of the local population of people with autism, based on this figure. The numbers are set to rise slowly between 2012 and 2016, but the increase is likely to be fairly small.

People aged 18-64 predicted to be on the autism spectrum, by age and gender, projected to 2016 in London Borough of Sutton

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<td>People aged 35-44 predicted to be on the autism spectrum</td>
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<td>People aged 45-54 predicted to be on the autism spectrum</td>
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<td>People aged 55-64 predicted to be on the autism spectrum</td>
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<td>Total population aged 18-64 predicted to be on the autism spectrum</td>
<td>1,197</td>
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The Vision

The Government’s vision is:

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

In Sutton we share this vision. We want people with autism to be able to expect:

- An autism aware and friendly Sutton, where all services understand autism, and treat people with autism well
- A lifelong approach, with no gaps between children’s and adult services
- Good information about what is available
- Their voices to be heard.
II Priority Areas

This section looks in turn at all the areas that the DH has identified as important in the self-assessment. For each area, we have set out the current situation, based on what stakeholders told us, and the knowledge held by the council. We then set out what should ideally be in place. This section draws on the good practice expertise of Ambitious about Autism. Finally, each section sets out a number of priority actions, which aim to bring Sutton closer to the good practice model. These also draw on discussions with stakeholders.

Planning

Where are we now?

Local stakeholders told us about some good examples of individual planning for people with autism, although planning was not always joined up across agencies, and reviews were not carried out consistently.

Planning of services across Sutton was a more difficult area. The information on which planning should be based was patchy. We are not certain how many people with autism live in the borough (although the estimate on page 4 is a good starting point), what their circumstances are, and what help they might need to live full lives and to make a contribution. Mainstream strategies, such as housing, do not specifically address autism. People with autism and their carers do not have a strong voice in discussions about services in Sutton.

What does good look like – where would we like to be?

- For individual people with autism, good person-centred planning should be in place.
- Information on the numbers of people with autism in the area should be available, as well as on likely future numbers, based on information from schools.
- There should be a multiagency group in place to act as a focus for planning and action on autism, with links into other groups such as the Health and Wellbeing Board.
The voices of people with autism should be at the heart of the planning process.

What are we going to do next?

The council and CCG will:

- Agree a new planning structure for autism to act as a focus for the work set out in this document. This will need to:
  - Be sponsored and supported at a senior strategic level
  - Feed into the Health and Wellbeing Board
  - Keep an overview of the work streams described below, which may be delivered by small, short-term groups.
- Improve local data and information we have about autism, by including this in the Joint Strategic Needs Assessment.
- Make sure that autism is included in the wider council and CCG’s work to develop joint integrated commissioning.

Training

Where are we now?

We have made training available in a number of different ways. All staff at the Council receives equality and diversity training, and autism is included within this. Also, specific training on autism is available for everyone who works in social care, as well as other interested staff. Finally, we have just introduced a multi-agency, e-learning programme on autism. This can be accessed by all our partner agencies across Sutton, and it aims to raise awareness of autism in organisations such as the NHS, CCG, Police, Housing, Education, Employment and many others.

Our stakeholders said that there is more to be done. Some professionals, such as GPs, teachers and the police could play a key role in supporting people with autism, and there should be targeted training available for them. People with autism themselves could make an important contribution to delivering training, as their stories are a powerful way of increasing understanding of the impact of autism.

What does good look like – where would we like to be?

- A Sutton wide multiagency local training strategy on autism should be in place. This should include:
- Induction sessions that make the connections with equality, diversity and the needs of vulnerable groups
- Autism awareness for front line staff in all agencies that might come into contact with people with autism
- Specialist training for staff such as social workers and GPs.

- All training should include the voices and stories of people with autism, who should play a central role in delivering training.
- Funding for autism training should be identified.
- Guides on levels of training for each department and agency should be produced, and the number of staff who has received training should be kept under review.
- Training for parents/carers should be available, possibly from voluntary organisations.

What are we going to do next?

We will set up a short-term task group to agree a multiagency strategy on training and development on autism. This will build on what we already have in place to:

- Develop a tiered approach that includes general awareness, as well as more specialist training
- Review the e-learning programme, including how best to promote it and bring it in line with best practice, particularly through bringing in the experience and voice of people with autism
- Identify people with autism who will work with us to strengthen our training.

Diagnosis pathway

Where are we now?

The Clinical Commissioning Group (CCG) has introduced a new referral and diagnostic pathway for Sutton. This includes accessing specialist diagnostic services from the South London and Maudsley Trust. If a GP thinks someone may have autism, they can make a referral. We do not yet have a clear picture of how well known and well used this service is among GPs in Sutton.

Our stakeholders thought that the diagnosis pathway generally worked well for children in Sutton. For adults, though, the picture was less positive. Stakeholders were not clear how
to access specialist diagnosis, and once people were in the system; waiting lists for diagnosis could be long.

**What does good look like – where would we like to be?**

- Information on autism, and the pathways into services should be available to adults with autism, as well as to their relatives and carers.

- Information on autism, and the pathways into services should be available to professionals who are most likely to come into contact with people with autism.

- There could be a single entry point for all adults on the autistic spectrum and clear visual information for people with autism and their families/carers on how to get a diagnosis, and on the range of services that is available.

- Once a person has had a diagnosis of autism, tailored information about their service options and follow up support should be available, including a trigger for a Community Care Assessment.

- Local services should be in line with NICE guidelines for the diagnostic process and support for adults with autism\(^2\).

**What are we going to do next?**

The CCG and council will:

- Agree a communications strategy for the new pathway, so that all relevant professionals, particularly social care staff and GPs, know that it is in place, and understand what it means for them.

- Involve stakeholders in reviewing how well the new pathway is working once it has been in place for six months. This will include looking at whether a local diagnostic service is needed.

- Review referral pathway and include a trigger for offering a community care assessment following diagnosis.

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Care and support

Where are we now?

Sutton is very committed to helping people live independently in the community. About 30 organisations operate in Sutton offering different types of support, from taking people out for social activities, to providing help with personal care such as washing and dressing. People have as much choice and control as possible, and many people who are eligible for council help have a personal budget.

People with autism who meet the council’s eligibility criteria will benefit from our focus on independent living, choice and control. But we do not yet have any services in place that are designed specifically for people with autism, and there is a limited range of very flexible, personalised services on which people can spend their personal budgets.

Stakeholders agreed that people with autism who also have a learning disability are generally well supported in Sutton. But they highlighted the lack of continuity between children’s services and adult services and also told us about a number of gaps in services, including advocacy, social groups, and services that have a high level of expertise and knowledge about autism.

What does good look like – where would we like to be?

- The person with autism should always be at the centre of all decisions about their care.

- A range of services and opportunities should be in place for people across the autism spectrum.

- This should include tailored, personalised services for people with autism who have a personal budget.

- Support should be available to help people with autism make best use of mainstream services in the community, such as leisure and transport services.

- There should be specific activity groups in place for adults with high functioning autism who do not wish to socialise in other areas, as well as other support, such as befriending, to tackle social isolation.
Information and support should be available to families and carers.

What are we going to do next?

We will:

- Carry out a mapping exercise to build a complete picture of what is available for people with autism in Sutton.
- Look at how best to make this information widely available to the people who need it – for example by developing a dedicated website.
- Work with people with autism and other stakeholders to help them set up activities and social groups, where this is what they want.
- Make sure that services commissioned by CCG and the Council (for example from private, voluntary and independent organisations) are autism-aware and friendly.

Housing

Where are we now?

Sutton has done a great deal of work to make sure that a good range of flexible, adaptable housing is in place locally for anyone who needs it. The Council has made rapid progress in moving away from residential care, towards helping people to live independently in the community. Unusually, several units are made available each year specifically for people with a learning disability, including people with autism.

Floating support services are also available for people who may sometimes need support in their own homes.

Stakeholders told us that some good quality housing services are available in Sutton. But local services can be expensive, and there is little support to prepare people who want to live independently. As a result, many adults with autism continue to live with their families, even though they would prefer independent living.

What does good look like – where would we like to be?
People who plan and provide housing should consider the needs of people with autism across the spectrum and make sure that the barriers for people with autism are identified and tackled.

People with autism should be included in engagement exercises about housing strategy.

Housing should be available that offers different levels of flexible support, and help people to take up employment.

Councils should reduce the number of out of borough residential placements, and instead should make sure that supported housing based options are in place.

What are we going to do next?

We will:

- Work with colleagues in housing to make sure that the needs of people with autism who do not have a diagnosis of learning disability are also taken account of in our local housing strategy.
- Make sure that out housing planning is based on good information on future need by including housing in our transition work with young people.

Employment

Where are we now?

Supported employment opportunities are available from Mencap Pathway for people with autism who also have a learning disability. The Council also has an inclusive approach to employing people with a range of disabilities in visible roles. As well as employing people in the Council, the Community Equipment Service, which is now based in Croydon, also includes a number of staff with disabilities.

Stakeholders fed back that people were not aware of what employment support was available in Sutton. They also felt that there was not enough help for people to identify their potential strengths. Employers, too, had little information on employing people with autism.

What does good look like?
The council and wider NHS should increase employment opportunities, both paid and voluntary, for people with autism, by developing an Employment Pathway and actively promoting the benefits of employing people with autism to employers.

What are we going to do next?

We will:

- Review existing supported employment in Sutton to make sure it is suitable for people with autism.
- Build employment into our pilot work on transitions as a strong theme.
- Work with partners such as Job Centre Plus and Connexions to improve the support available.
- As big public sector employers, the Council and NHS should act as model an autism-aware and friendly approach.

Criminal Justice

Where are we now?

The council and the local police work closely together on community safety issues. Anyone who comes into contact with the police, and who may be vulnerable, has the support of the Appropriate Adult Service to make sure that they are being treated well. Organisations in Sutton are working together to identify whether autism is a factor for any local repeat offenders. They are also looking at preventing people from becoming involved with the police by providing support at an earlier stage. Training and awareness raising about autism are available to the police and other partners.

Stakeholders told us about some good examples where people with autism had been treated well by police, and about strong links between court and health services. However, there seemed to be little specialist expertise available in the criminal justice system in Sutton. The support that was available, such as the intermediary scheme for vulnerable people, was not widely known about.

What does good look like – where would we like to be?

- There needs to be a joined up approach across all the partner agencies, with good information and training for front line staff

What are we going to do next?
We will:

- Work with the local police to review current custody arrangements, court diversion schemes and training
III What happens next?

This document is just the first step. Although LB Sutton has led the process of drawing it together, it needs to be supported by all the partner agencies – through the Health and Wellbeing Board. It also needs to be discussed further with our stakeholders, including people with autism. Our draft action plan, which draws together all the actions set out above, includes some actions that can be delivered relatively quickly and easily, others will need much further development, via small time-limited task groups.
IV Action Plan

This section brings together the recommendations and commitments included in the framework. They will need to be prioritised and refined by the new planning structure, once this is in place.

- Agree a new planning structure for autism to act as a focus for the work set out in this document. This should be driven using a dynamic project and implementation plan and will need to:
  - Be sponsored and supported at strategic level
  - Feed into the Health and Wellbeing Board
  - Keep an overview of the work streams described below, which may be delivered by small, short-term groups.

- Improve the local data and information we have about autism, by including this in the Joint Strategic Needs Assessment.

- Make sure that autism is included in the wider council and CCG’s work to develop joint integrated commissioning.

- Make sure that services commissioned by CCG and the Council (for example from private, voluntary and independent organisations) are autism aware and friendly.

- Set up a short-term task group to agree a multiagency strategy on training and development on autism. This will build on what we already have in place to:
  - Develop a tiered approach that includes general awareness, as well as more specialist training
  - Review the e-learning programme, including how best to promote it and bring it in line with best practice, particularly through bringing in the experience and voice of people with autism
  - Identify people with autism who will work with us to strengthen our training.

- Agree a communications strategy for the new diagnostic pathway, so that all relevant professionals, particularly social care staff and GPs, know that it is in place, and understand what it means for them.
Involve stakeholders in reviewing how well the new pathway is working once it has been in place for six months. This will include looking at whether a local diagnostic service is needed.

Carry out a mapping exercise to build a complete picture of what is available for people with autism in Sutton.

Look at how best to make this information widely available to the people who need it – for example by developing a dedicated website.

Work with people with autism and other stakeholders to help them set up activities and social groups, where this is what they want.

Work with colleagues in housing to make sure that the needs of people with autism who do not have a diagnosis of learning disability are also taken account of in our local housing strategy.

Make sure that our housing planning is based on good information on future need by including housing in our transition work with young people.

Review existing supported employment in Sutton to make sure it is suitable for people with autism.

Build employment into our pilot work on transitions as a strong theme.

Work with partners such as Job Centre Plus and Connexions to improve the support available.

As big public sector employers, the Council and NHS should act as model an autism-friendly approach.

Work with the local police to review current custody arrangements, court diversion schemes and training.

Work with local probation services to improve links and services for people with ASD.
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### Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

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<td>1.1</td>
<td>Local Authorities must:</td>
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<td></td>
<td>Ensure that any person carrying out a needs assessment under the Care Act 2014 has the skills, knowledge and competence to carry out the assessment in question and is appropriately trained. Where the assessor does not have experience in the condition, the local authority must ensure that a person with that expertise is consulted.</td>
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### Appendix 2

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.**

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<td>Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services</td>
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<tr>
<td>2.1</td>
<td>Local Authorities must: Under section 47(1) of the National Health Service and Community Care Act 1990, local authorities have a duty to assess a person who may be in need of community care services. Section 9 of the Care Act 201415 will replace the duty in section 47(1) from April 2015 (as to which see below). This assessment may be triggered either by the individual requesting it or if the local authority believes</td>
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Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

<table>
<thead>
<tr>
<th>community care services may be necessary. This duty applies to people with autism and is not dependent on them having been formally diagnosed as having autism.</th>
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<tbody>
<tr>
<td>Such an assessment should be carried out by trained practitioners, and where there are potential signs of autism, the assessment should take account of the communication needs of adults with autism.</td>
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<tr>
<td>Assessment of eligibility for care services cannot be denied on the grounds of the person's IQ.</td>
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<td>This is particularly important for some people with autism, including those with Asperger syndrome, who may face very significant challenges in their everyday lives, despite having average or above average IQ.</td>
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<tr>
<td>The Care Act requires local authorities to conduct a needs</td>
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**Appendix 2**

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.**

<table>
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<tr>
<th>Assessment where it appears to the authority that the adult may have needs for care and support. It is vital that local authorities fulfil their duties under statute by ensuring that adults diagnosed with autism who may have care and support needs are offered an assessment.</th>
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</table>

2.1.1. **Under the Care Act (from April 2015), local authorities must:**
- carry out a supported self-assessment of the care and support needs of an adult with autism if that is what the adult wishes (providing they have capacity to consent);

2.1.2. *include individuals (including those with autism and their carers) when carrying out certain care and support functions in respect of them, such as when conducting needs or carers assessments, preparing care and support, or support, plans (and when revising such plans);*
### Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.

| 2.1.3 | where required provide access to an independent advocate to enable the individuals engagement in determining their support; | √ |
| 2.1.4 | arrange access to an independent advocate for individuals with autism for the purpose of facilitating their involvement in the above mentioned matters. In particular where a person with Autism would have difficulty in understanding the process of assessment including retaining that information, and or would not be able to meaningfully contribute their views, wishes or feelings and there is no appropriate person who knows them to support them in fully engaging in the process; | √ |
| 2.1.4 | identify the outcomes individuals (including those with autism) wish to achieve for their day to day lives in their needs assessments and carer’s assessment. | √ |
## Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

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### Chapter 3

Planning in relation to the provision of services for people with autism as they move from being children to adults

<table>
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<tr>
<th>3.1</th>
<th>Local Authorities must: Under the Children and Families Act 2014 carry out the following duties, including duties which are relevant to children and young people with autism and their families:</th>
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<tbody>
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<td></td>
<td>• have regard to the <em>Special educational needs and disability code of practice: 0 to 25 years</em>, including the chapter on Preparing for adulthood from the earliest years; • take account of the views, wishes</td>
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</table>
Appendix 2


<table>
<thead>
<tr>
<th>and feelings of children, young people and parents when carrying out their functions under Part 3 of the Act in relation to children and young people with SEND;</th>
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<tbody>
<tr>
<td>keep the educational and care provision for these children and young people under review, consulting young people directly;</td>
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<tr>
<td>make advice and information available to children, parents and young people, including advice and information which will help young people make the transition from school;</td>
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<tr>
<td>Review EHC plans annually. From at least Year 9, the annual review must include a consideration of the preparation for adulthood, including employment/higher education, independent living and participation in society.</td>
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Appendix 2


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<th>Transition planning must be built into the plan;</th>
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<td>• focus on progress towards the achievement of outcomes in an EHC plan; and for those over 18 assess whether the educational and training outcomes have been achieved;</td>
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<tr>
<td>• make arrangements for ensuring co-operation between officers of the local authority who exercise functions which relate to helping the young person achieve a successful transition;</td>
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<tr>
<td>• Publish a “Local Offer” of educational, health, care and training provision available to these children and young people from their areas and consult children, young people and parents in drawing up and reviewing the Local Offer. The Local Offer must include information about preparation</td>
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<td>for adulthood and independent living, and the arrangements for supporting young people moving from receiving social care services for children to receiving services for adults; and</td>
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<td>• Put in place – in co-operation with local partners – arrangements relating to the right of the parents of children and of young persons with an EHC plan to request a Personal Budget.</td>
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<td>3.1.2 <strong>Under the Care Act 2014:</strong></td>
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<tr>
<td>• carry out a child’s needs assessment (also known as a transition assessment) where it appears to them that the person under 18 (referred to as a “child” in this Act but referred to as a “young person” in this guidance) is likely to have care and support needs after turning 18 and they are satisfied that it would be of significant benefit to that young person to do so.</td>
<td>✓</td>
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**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.**

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<tr>
<td>Young people with autism are identified by the Care and Support statutory guidance as a group whose members may not have received support as a child but who may have care and support needs in adulthood.</td>
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<tr>
<td>• The assessment must look at whether that young person is likely to have such needs after turning 18 and, if they do, assess what those needs are likely to be and which are likely to be eligible needs. This duty applies to all young people with autism, not just those with an EHC plan. Local authorities must also continue to provide any children’s care and support services the young person has been receiving under children’s legislation until a conclusion is reached about whether or not the young person has needs for adult care and support and, if so, until those needs which are</td>
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<th>Clinical Commissioning Groups must:</th>
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<td>1. Work with children and young people with special educational needs or disability and their</td>
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<tr>
<td>families, and local authority partners, to carry out EHC assessments and draw up EHC plans,</td>
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<td>including transitional support for young adults.</td>
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<td>2. Jointly commission with local authorities provision for children and young people with SEND</td>
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<td>including the development of a Local Offer of services.</td>
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<tr>
<td>3. Secure the health provision set out in an EHC plan.</td>
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<td>4. Have regard to the Special education needs and disability code of practice: 0 to 25 years.</td>
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| 3.2 NHS bodies and NHS Foundation Trusts must, under the Children | √    |
|==================================================================|------|
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<td>- have regard to the <em>Special education needs and disability code of practice: 0 to 25 years</em>;</td>
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<td>- co-operate with local authorities, for example, when EHC assessments are being carried out, when local authorities secure the special educational provision set out in EHC plans, when transition to adulthood is being discussed for children with EHC plans and in the production of the Local Offer;</td>
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<tr>
<td>- jointly commission services for disabled children and young people and those with SEN; and</td>
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<td>- Arrange the health provision set out in an EHC plan.</td>
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<tr>
<td>4.1</td>
<td>Local Authorities must: Under the Care Act, from April 2015</td>
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<td></td>
<td>• Exercise their care and support functions with a view to ensuring the integration of care and support provision with health provision and the provision of other services that may have an effect on health (such as housing accommodation) where they consider this would, for adults in their area, promote well-being, improve the quality of</td>
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| 4.1.1 | Co-operate with relevant partners generally in exercise of their care and support functions, and in the case of individuals with care and support needs when requested to do so by a relevant partner, including in relation to adults with autism or their carers. These relevant partners include other local authorities, NHS bodies in the area, the police and probation service. Officers of each local authority | √ |
## Appendix 2

### Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

Responsible for care and support functions must also co-operate with other officers within the local authority responsible for housing, children’s services and public health.

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<td>5.1</td>
<td>Under the Care Act Local Authorities must:</td>
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<td>• Provide or arrange services, facilities or resources, or take other steps, which they consider will contribute to preventing or delaying the development of care and</td>
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| Support needs of adults in their area and support needs of carers, including the care and support needs of adults with autism and the support needs of their carers, regardless of whether they are eligible for social care. For example, this could be done through providing “lower level” local preventative support and enabling people with autism to be connected with peers and with other local community groups; |
| Have regard to the importance of identifying existing services, facilities and resources already available which could assist with carrying out the duty above, as well as the importance of identifying adults in its area (including those with autism) with care and support needs which are not being met. To do this effectively they should consult with adults with |

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<td>Establish a Safeguarding Adults Board for its area (under section 43 of the Care Act)</td>
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<td>Make enquiries (or arrange for most appropriate person to carry out enquiries), where they have reasonable cause to suspect an adult in their area who has needs for care and support is experiencing or at risk of abuse or neglect and as a result of their needs is unable to protect themselves against the risk of abuse or neglect; this must consider what, if any, action should be taken in the adult’s case, and who should take such action (under section 42 of the Care Act);35</td>
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<td></td>
<td>Reasonable Adjustments and Equality</td>
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<tr>
<td>6.1</td>
<td>Local Authority, NHS bodies and NHS Foundation Trusts must:</td>
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<td></td>
<td>- Comply with all the duties which apply to them under the Equality Act 2010, including:</td>
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<td></td>
<td>- the duty to make reasonable adjustments to their services (whether they</td>
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</table>
Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

<table>
<thead>
<tr>
<th>Statutory Guidance</th>
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<tbody>
<tr>
<td>provide these services directly or outsource them) for disabled persons (such as those with autism); and;</td>
<td></td>
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<tr>
<td>• the Public Sector Equality Duty38 (the Equality Duty) created by the Equality Act 2010. This requires public authorities to have due regard to the need to, in exercising their functions, eliminate discrimination, harassment, victimisation and any other unlawful conduct under the Equality Act, advance equality of opportunity between persons e.g. who are disabled and those who are not, and foster good relations between e.g. persons who are disabled and those who are not.</td>
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<tr>
<td>NHS England and CCGs must:</td>
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<tr>
<td>• Under the National Health Service Act 2006 have regard</td>
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Appendix 2


<table>
<thead>
<tr>
<th>to the need to reduce inequalities between patients with respect to their abilities to access health services and reduce inequalities between patients with respect to the outcomes achieved for them by health services being provided. This should positively affect the way that these bodies exercise their functions in respect of people with autism.</th>
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<tr>
<td>Chapter 7</td>
<td>Supporting people with complex needs, whose behaviour may challenge or who may lack capacity</td>
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<tr>
<td></td>
<td>Local Authorities, NHS bodies and NHS Foundation Trusts must:</td>
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<tr>
<td></td>
<td>• Consider how to promote the article 8 right to family life for people with autism, including opportunities for friendships and family contact, to a life in the community where possible, and the opportunity to develop and maintain relationships;</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td></td>
<td>• Under section 67 of the Care Act, local authorities must arrange for an independent</td>
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### Appendix 2

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.**

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<tr>
<th>Requirement</th>
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<tr>
<td>advocate to be available to represent and support a person with autism for the purpose of facilitating their involvement in their needs assessment and the preparation and review of their care and support plan where they would otherwise experience a substantial difficulty in understanding relevant information, retaining that information, using or weighing that information or communicating their views, wishes or feelings (and there is nobody appropriate to support them for this purpose). This will require knowing in advance where such services can be commissioned.</td>
<td>√</td>
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<tr>
<td>• Ensure individuals are deprived of their liberty only with appropriate legal safeguards, e.g. under the Mental Health Act 1983 or MCA.</td>
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#### Chapter 8 Employment for adults with autism

**Local Authorities must:**

- Ensure that the assessment and care planning process for adult needs for care and support considers participation in employment as a key outcome, if appropriate, and looks at the ways that any such needs may be met in a way which could support adults with autism to become ‘work ready’;

  - ✓

- when carrying out a needs assessment, consider whether matters other than the provision

  - ✓
Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

| of care and support could contribute to the achievement of the outcomes an adult with autism wishes to achieve in day-to-day life, and whether the adult would benefit from the provision of anything under section 2 or 4 of the Care Act (preventative services or information and advice services), or anything that may be available in the community, including signposting, as appropriate, to Access to Work for interview support, and to other appropriate benefits and agencies that can help people with autism to find and keep a job. |
| Ensure that employment is promoted as a positive outcome for the majority of children and young people with autism who have EHC plans and that routes to employment are fully explored during the reviews of those plans from |
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### Appendix 2

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.**

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<td>Chapter 9</td>
<td>Working with the criminal justice system</td>
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<td></td>
<td>Local Authorities must:</td>
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<td></td>
<td>• Under the Care Act, from April 2015, assess the care and support needs of adults (including those with autism) who may have such needs</td>
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Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

| prisons or other forms of detention in their local area, and meet those needs which are eligible; |
| Work with prisons and other local authorities to ensure that individuals in custody with care and support needs have continuity of care when moving to another custodial setting or where they are being released from prison and back into the community. |

END of Must Do’s
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<tr>
<td>Chapter 1</td>
<td>Training of staff who provide services to adults with autism</td>
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<tr>
<td>1.1</td>
<td>NHS bodies and NHS Foundation Trusts should:</td>
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<tr>
<td></td>
<td>• Ensure they are involved in the development of local workforce planning, and GPs and primary care practitioners are engaged in the training agenda in relation to autism.</td>
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<tr>
<td>1.2</td>
<td>Local Authority, NHS bodies and NHS Foundation Trusts should:</td>
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<td></td>
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<tr>
<td></td>
<td>• Ensure autism awareness</td>
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Appendix 2


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<td></td>
<td>training is included within general equality and diversity training programmes for all staff working in health and social care;</td>
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<td>1.3</td>
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<tr>
<td></td>
<td>• Ensure that all autism awareness training enables staff to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services for people who have a diagnosis of autism or who display these characteristics;</td>
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<td>√</td>
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<tr>
<td>1.4</td>
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<tr>
<td></td>
<td>• Ensure that there is a comprehensive range of local autism training that meets National Institute for Health and Care Clinical Excellence (NICE) guidelines for those staff who are likely to have contact with adults with autism;</td>
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</tr>
<tr>
<td>1.5</td>
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**Appendix 2**


<table>
<thead>
<tr>
<th>likely to include working with adults with autism (for example, personal assistants, occupational therapists, residential care workers, frontline health staff including all GPs and psychiatrists) have demonstrable knowledge and skills to:</th>
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</thead>
<tbody>
<tr>
<td>• Use appropriate communication skills when supporting a person with autism;</td>
</tr>
<tr>
<td>• Support families and friends and make best use of their expert knowledge of the person;</td>
</tr>
<tr>
<td>• Recognise when a person with autism is experiencing stress and anxiety and support them with this;</td>
</tr>
<tr>
<td>• Recognise sensory needs and differences of a person with autism and support them with this;</td>
</tr>
</tbody>
</table>
### Appendix 2

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.**

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<tbody>
<tr>
<td>- Support the development of social interaction skills;</td>
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<td>- Provide support with transitions and significant life events;</td>
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<tr>
<td>- Understand the issues which arise from co-occurrence of mental ill health and autism;</td>
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<tr>
<td>- Support people with autism to gain and maintain employment (where appropriate);</td>
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<tr>
<td>1.6 Ensure those in posts who have a direct impact on and make decisions about the lives of adults with autism (including, for example, psychiatrists, those conducting needs assessments) also have a demonstrable knowledge and skills in the areas listed above as well as a good understanding of:</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>- How autism may present across lifespan and levels of ability, and are defined and</td>
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Appendix 2


<table>
<thead>
<tr>
<th>diagnosed, and the relevant pathways and screening tools;</th>
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<tbody>
<tr>
<td>• The common difficulties faced by individuals on the spectrum and their families/carers, including social and economic hardship;</td>
</tr>
<tr>
<td>• Developmental trajectory of autism;</td>
</tr>
<tr>
<td>• The impact of autism on personal, social, educational and occupational functioning, and interaction with the social and physical environment;</td>
</tr>
<tr>
<td>• Current good practice guidelines (e.g. NICE Quality Standard) and local diagnostic and care pathways;</td>
</tr>
<tr>
<td>• Current good practice guidance with respect to an individual with autism’s capacity to assess risk;</td>
</tr>
</tbody>
</table>
Appendix 2


<table>
<thead>
<tr>
<th></th>
<th>Available guidance for good practice in post-diagnostic support and intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.7</td>
<td>Ensure that both general awareness and specialist autism training is provided on an ongoing basis and that new staff or staff whose roles change are given the opportunity to update their autism training and knowledge;</td>
</tr>
<tr>
<td>1.8</td>
<td>Recognise that women with autism may be missed and misdiagnosed as they may be better able to mask their social difficulties. There can also be a perception that autism is something that men have and this can impact on women being referred for diagnosis. Improved awareness and training should help overcome this;</td>
</tr>
<tr>
<td>1.9</td>
<td>Involve adults with autism, their families and carers and autism representative groups when commissioning or planning training. This may be in terms of inviting them to comment on or contribute</td>
</tr>
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Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

| 1.10 | Good practice for local authorities, NHS bodies and NHS Foundation Trusts would be to maintain adequate staffing levels and build on the skill set of staff who are suitably trained, to ensure continuity of service. | √ | √ | √ |

| 1.10 | Good practice for local authorities, NHS bodies and NHS Foundation Trusts would be to maintain adequate staffing levels and build on the skill set of staff who are suitably trained, to ensure continuity of service. | √ | √ | √ |
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**Chapter 2**

**2.1**

- NHS bodies and NHS Foundation Trusts should:
  - Provide access to services that can diagnose autism, and it’s frequently associated medical and mental health conditions.

[√]

**2.2**

Clinical Commissioning Groups should:

- Designate a health lead responsible for developing, maintaining and promoting a diagnostic and treatment pathway.

[√]
**Appendix 2**


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<tbody>
<tr>
<td><strong>2.3</strong></td>
<td>Local Authorities informed by NHS bodies should:</td>
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</tr>
<tr>
<td></td>
<td>• Seek to work with CCGs to ensure there is a suitably trained lead health professional to develop diagnostic and assessment services for adults with autism in their area.</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>2.4</strong></td>
<td>Local Authorities and NHS bodies should jointly:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ensure the provision of an autism diagnostic pathway for adults including those who do not have a learning disability and ensuring the existence of a clear trigger from diagnostic to local authority adult services to notify individuals of their entitlement to an assessment of needs. NICE guidance and NICE Quality Standard on autism represent best practice when developing diagnostic services and related services.</td>
<td>✓ ✓ ✓</td>
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**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.**

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<th>2.5</th>
<th>Clinical Commissioning Groups and NHS England should:</th>
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<tr>
<td></td>
<td>- Establish, maintain and promote autism diagnostic pathways, working with partners in local authorities. This includes giving appropriate post diagnostic advice and support;</td>
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<tr>
<td></td>
<td>- Promote NICE best practice (e.g. where people seeking an autism diagnosis have a first appointment within 3 months of their referral) as set out in the NICE Quality Standard on autism [QS51]. GPs have an important role to play in recognising autism and knowing where to refer locally for a diagnosis and other support.</td>
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<tr>
<th>2.6</th>
<th>NHS England should:</th>
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<td>- Ensure that GPs, as the gatekeepers to diagnostic services, have adequate training specifically in autism</td>
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<tr>
<th>2.7</th>
<th>Clinical Commissioning Groups and NHS England should:</th>
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<tr>
<td>And</td>
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<tr>
<td></td>
<td>• Contact the adult with autism and any registered carers to inform them about their right to a needs assessment (for the adult) and a carer’s assessment (for the carer) if they may have such needs;</td>
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<tr>
<td></td>
<td>• When an adult is diagnosed with autism, the NHS body or NHS Foundation Trust providing healthcare services to</td>
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<th>2.8</th>
<th>Local Authority, NHS bodies and NHS Foundation Trusts should:</th>
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<td></td>
<td>• Ensure the prompt sharing of information between diagnostic services and adult social care services about adults diagnosed;</td>
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<tr>
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<td>• Ensure people have timely formal notification of their entitlement to an assessment of needs and, where relevant, a carer’s assessment.</td>
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<tr>
<th>2.9</th>
<th>Local Authorities should:</th>
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<td>• Ensure that people with autism are aware of the right to access</td>
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<td><strong>2.10</strong></td>
<td><strong>NHS bodies and NHS Foundation Trusts should:</strong></td>
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<td></td>
<td>- Look at people’s experiences of the autism diagnostic process locally and assure themselves that this is acceptable, for example, involving NHS England local audit teams.</td>
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a needs assessment (for the adult) and a carer’s assessment (for the carer). The process of obtaining one should align with the diagnosis process and be offered at the diagnosis stage and a referral made if needed.
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<td>Local Planning and Leadership in relation to the provision of services for adults with autism</td>
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<td>4.1</td>
<td>Local Authorities should:</td>
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<tr>
<td></td>
<td>• Ensure that there is a meaningful local autism partnership arrangement that brings together different organisations, services and stakeholders locally, including the CCG, and people with autism, and sets a clear direction for improved services;</td>
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<td>4.2</td>
<td>• Allocate responsibility to a named joint commissioner or senior manager to lead commissioning of care and</td>
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## Appendix 2

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.**

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<tbody>
<tr>
<td></td>
<td>support services for adults with autism in the area, known as the autism lead. This lead should be appointed by the Director for Adult Social Services;</td>
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<tr>
<td>4.3</td>
<td>• Bring partners together, for example through Health and Wellbeing Boards, to ensure information sharing protocols are in place and that all necessary information for service planning is available;</td>
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<tr>
<td>4.4</td>
<td>• Ensure that there are appropriate arrangements in place to ensure senior level sign off for responses to the national autism self assessment exercises and other appropriate developments around the delivery of the local autism strategy.</td>
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</tr>
<tr>
<td>4.5</td>
<td>• Use a variety of methods, listen carefully to the views, wishes, feelings and beliefs of people</td>
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</tbody>
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### Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

<table>
<thead>
<tr>
<th>4.6</th>
<th>Local Authorities, NHS bodies with commissioning responsibility should jointly:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Consider and include the number of people with autism in their area as part of the JSNA. Local partners will want to determine how they carry out responsibility locally, for example it could include such factors as identifying the age profile and range of support needs of people living with autism so as to predict how need and numbers will change over time;</td>
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<table>
<thead>
<tr>
<th>4.7</th>
<th>Develop and update local joint commissioning plans for</th>
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<tr>
<td>services for adults with autism based on effective joint strategic needs assessment, and review them annually, for example with the local Health and Wellbeing Board;</td>
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<tr>
<td>In developing such plans, it will typically be necessary (as a minimum) to gather information locally about:</td>
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<tr>
<td>The number of adults known to have autism;</td>
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<tr>
<td>The range of need for support to live independently;</td>
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<tr>
<td>The age profile of people with autism in the area – to enable local partners to predict how need and numbers will change over time (including children and young people, over 65s as well as working age).</td>
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</tbody>
</table>
Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3\textsuperscript{rd} June 2015.

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<th>Ref</th>
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Chapter 5 Preventative support and safeguarding in line with the Care Act 2014 from April 2015

5.1 Local Authorities should:
- Ensure that they include in local autism plans or strategies how people can access local autism advice and information easily in a way that is appropriate and identifiable for people with autism.

5.2 NHS Bodies and NHS Foundation Trusts should:
- Ensure that health and care staff who are highly likely to support people with autism,
### Appendix 2

**Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.**

| 5.3 | Ensure that people with autism have equal access to local psychological therapy services, such as Improving Access to Psychological Therapies (IAPT). If an IAPT service can't help a person with autism or Asperger syndrome directly, arrangements should be made so that other appropriate local services can provide support. | ✓ | ✓ |
| 5.4 | Local Authorities, NHS bodies and NHS Foundation Trusts should:  
  - Support wherever possible and appropriate when working with individuals and families to understand, recognise and prevent risk. Including knowing | ✓ | ✓ |
### Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.

How to raise concerns and report problems. Examples include young people with autism transitioning into adulthood from children’s services. Those who may not be eligible for care and support but should be able to access universal and primary care services such as GPs and others who can advise them as part of their transition plan.

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<tr>
<td>Chapter 6</td>
<td>Reasonable Adjustments and Equality</td>
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<tr>
<td>6.1</td>
<td>NHS Foundation Trusts should:</td>
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<td></td>
<td>• As stated in the Risk</td>
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[Image of the Sutton logo]
### Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

| Management Assessment Framework (2009) (Monitor’s risk assessment framework 3), 41 have ways of identifying and flagging up people with autism, including those who have learning disabilities, and have protocols that ensure pathways of care are reasonably adjusted to meet needs, along with accessible information about treatment options, complaints procedures and appointments. |

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Appendix 2

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

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**Chapter 7**

**7.1** The Transforming Care Programme sets out suggested ways for improving the quality of care for people with learning disabilities and or autism. These include Local Authorities, NHS bodies and NHS Foundation Trusts:

- Putting in place arrangements to review all current inpatient placements and support everyone found to be inappropriately placed in a hospital setting to move to community-based support;
Appendix 2


| Working together to put in place a locally agreed joint plan to ensure high-quality care and support services for all people with challenging behaviour. This would include appropriate housing in the community underpinned by joined up commissioning and funding arrangements across local authorities and NHS commissioners and as appropriate self-funding arrangements; |
| Working in partnership so there is a substantial reduction in reliance on inpatient care for people with autism. This requires personalised care planning, discharge planning, the provision of alternative community-based settings for treatment and care and support provision and crisis intervention and support. |
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Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

<table>
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<tr>
<th>Local Authorities, NHS bodies and NHS Foundation Trusts should:</th>
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<td>Understand and take steps to implement least restrictive care options for people with autism, carefully considering how to provide appropriate care in a way that is least restrictive of the person’s rights and freedom of action;</td>
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| 7.2 | Ensure that health and care providers have clear policies on the use of restrictive interventions, and on reducing their use, and are training staff appropriately; | ✅ | ✅ | ✅ |

| 7.3 | Ensure that services have a clear process to follow in the event of the use of restrictive interventions, including restraint, and that they are recording and reporting such instances appropriately; | ✅ | ✅ | ✅ |
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Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy; Gap Analysis document: 3rd June 2015.

<table>
<thead>
<tr>
<th></th>
<th>Ensure staff exercising functions under the MCA have regard to the Mental Capacity Act 2005; Code of Practice 2007, and in particular, how it relates to people with autism;</th>
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<tr>
<td>7.4</td>
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<th></th>
<th>Ensure that professionals and staff performing functions under the Mental Health Act 1983 have regard to the revised Code of Practice (2015), particularly, but not limited to, the requirements that relate specifically to autism.</th>
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<td>7.5</td>
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**Chapter 8** Employment for adults with autism

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<th>8.1</th>
<th>It would be good practice for local authorities to work with local partners:</th>
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<tr>
<td></td>
<td>To include the employment support needs of the local population of adults with autism, including those who are not eligible for care and support, in local autism plans as part of supporting their health and wellbeing, and commission relevant services:</td>
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| 8.2 | To consult people with autism and their representatives, whether or not they are eligible |
|-----|---------------------------------|-----------------|------------------|------------------|
|     | √ | √ | √ |
### Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy: Gap Analysis document: 3rd June 2015.

|   | for care and support, about barriers to employment and examples of local good practice; |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------------|---|---|---|
| 8.3 | - To have representatives from Jobcentre Plus and local employers join the local Autism Partnership Board and encourage them to attend and play a meaningful role in setting a clear steer for improving services. Developing employment support services will help a local authority meet its prevention duties under the Care Act 2014; | ✓ | ✓ | ✓ |
| 8.4 | - So that employment services provided under the duty to prevent, reduce or delay needs address the needs of those leaving children’s services who are not eligible for adult care and support, regardless of whether they had an EHC plan; | ✓ | ✓ | ✓ |
So that young people understand what employment is (e.g. how it will impact on their daily routine and their expectations), even if this is just basic awareness given at transition stage;

| 8.5 | So that the work of the local authority itself in relation to promoting employment effectively addresses the issues and needs of people with autism. Local authorities could lead by example and consider where their employment practices could be adjusted and promoted for adults with autism; and |
| 8.6 | To play an active part in developing and promoting local autism Apprenticeship schemes by proactively engaging employers and recruiting potential apprentices with autism. |
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<th>8.7</th>
<th>NHS bodies and NHS Foundation Trusts should:</th>
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<tbody>
<tr>
<td></td>
<td>Seek to ensure that occupational health providers from which they commission services have sufficient understanding and knowledge (of which Section 1 of this guidance relates) of the needs of people with autism in relation to accessing occupational health matters related to gaining and maintaining employment.</td>
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<tr>
<td>Chapter 9</td>
<td>Working with the criminal justice system</td>
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<tr>
<td>9.1</td>
<td>It would be good practice for local authorities, in partnership with NHS bodies and NHS Foundation Trusts:</td>
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<tr>
<td></td>
<td>• As the Liaison and Diversion approach is rolled out, to connect with the local authority autism lead, relevant community care assessment team(s), and local preventative services with local Liaison and Diversion services.</td>
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<th>NHS bodies and NHS Foundation Trusts should:</th>
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<tr>
<td>• Ensure that Liaison and Diversion services have in place a clear process to communicate the needs of an offender with autism to the relevant prison or probation provider;</td>
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<tr>
<td>• Ensure that in commissioning health services for persons in prison and other forms of detention prisoners are able to access autism diagnosis in a timely way and;</td>
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<tr>
<td>• healthcare, including mental health support, that takes account of the needs of people with autism.</td>
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<thead>
<tr>
<th>9.2 Local Authorities, NHS bodies and NHS Foundation Trusts should:</th>
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<tr>
<td>• Seek to engage with local police forces, criminal justice</td>
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| agencies and prisons to the training on autism that is available in the local area; |
| Consider undertaking some joint training with police forces and criminal justice services working with people with autism. |

End of Document