

**DERBYSHIRE  
ADULT CARE BOARD**

**THURSDAY 14<sup>TH</sup> NOVEMBER 2013  
2:30PM TO 4:00PM  
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK,  
DERBYSHIRE, DE4 3AG**

**A G E N D A**

	<u>Time</u>	<u>Item</u>	<u>Lead</u>	<u>Information/ Discussion/ Decision</u>
1	2:30pm	Welcome & Introductions	Cllr Neill	
2	2:35pm	Noted Apologies:	Cllr Neill	
3	2:40pm	Minutes from the meeting held on 12 <sup>th</sup> September 2013 ( <a href="#">attached</a> )	Cllr Neill	Information
4	2:50pm	Integration Transformation Fund (ITF) and related developments ( <a href="#">attached</a> )	B Robertson	Discussion
5	3:05pm	Feedback from CCG Integration Boards	CCG Reps	Discussion
6	3:20pm	Support & Aspiration ( <a href="#">presentation</a> )	T Ellingham	Information
7	3:35pm	Derbyshire Joint Dementia Strategy Review and Refresh ( <a href="#">attached</a> )	S Phillips/ D Gardener	Information
8	3:45pm	Autism SAF ( <a href="#">to follow</a> )	D Jenkinson	Information
9	3:55pm	Safeguarding Board Annual Report ( <a href="#">attached</a> )	J Ryalls	Information
10	4:00pm	<b>FINISH</b>		

The next meeting of the Adult Care Board will take place on Thursday 16<sup>th</sup> January 2014 at 2:00pm in Committee Room 1, County Hall, Matlock.

DERBYSHIRE COUNTY COUNCIL

**ADULT CARE BOARD**

**MINUTES OF A MEETING HELD ON  
THURSDAY 12<sup>TH</sup> SEPTEMBER 2013 AT 2:00PM  
DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ**

**PRESENT:**

Cllr Clare Neill	CN	Derbyshire County Council Cabinet Member (Adult Care) <b>Chair</b>
Bill Robertson	BR	Derbyshire County Council – Strategic Director Adult Care
James Matthews	JM	Derbyshire County Council – Adult Care
Andrew Milroy	AMi	Derbyshire County Council – Adult Care
Dr Andrew Mott	AM	Southern Derbyshire CCG
Gary Knighton	GK	Derbyshire Police
Karen Macleod	KM	Derbyshire Probation
Clive Newman	CNe	Hardwick CCG
Jenny Swatton	JS	Southern Derbyshire CCG
Lynn Wilmott-Shepherd	LWS	Erewash CCG
Jo Smith	JSm	South Derbyshire CVS
Barry Thacker	BT	Derbyshire Police
Andrew Moody	AMo	North Derbyshire CCG
Mick Burrows	MB	Southern Derbyshire CCG

**IN ATTENDANCE:**

Pauline Innes	PI	Derbyshire County Council Adult Care (Minutes)
Julie Vollor	JV	Derbyshire County Council – Adult Care

**APOLOGIES:**

Andy Layzell		Southern Derbyshire CCG
Mary McElvaney		Derbyshire County Council – Adult Care
Avi Bhatia		Erewash CCG
Bryan Bennett		Derbyshire Fire and Rescue
David Collins		North Derbyshire CCG
Jim Connolly		Hardwick CCG
Russ Foster		Derbyshire Police
Andy Gregory		Hardwick CCG
Cllr Barbara Harrison		Erewash Borough Council
Cllr John Lemmon		South Derbyshire District Council
Steven Lloyd		Hardwick Health CCG
Rakesh Marwaha		Erewash CCG
Tony Morkane		DCC – Public Health
Jackie Pendelton		North Derbyshire CCG

Karen Ritchie	Healthwatch Derbyshire
Cllr Lillian Robinson	North East Derbyshire District Council
Jo Smith	South Derbyshire CVS
Gavin Tomlinson	Derbyshire Fire and Rescue
Clare Watson	Tameside & Glossop CCG
Jacqui Willis	NDVA
Helen Robinson	Derbyshire Carers Association
Cllr Wayne Major	Derbyshire County Council

Minute No	Item	Action
<b>ACB 028/13</b>	<p><b>WELCOME FROM CLLR NEILL AND APOLOGIES NOTED</b></p> <p><b><u>MINUTES FROM THE MEETING ON 11<sup>TH</sup> JULY 2013 &amp; MATTERS ARISING</u></b> The minutes from 11<sup>th</sup> July 2013 were noted and agreed.</p> <p><b><u>MATTERS ARISING:</u></b></p> <p>019/13: <b>Matter Arising:</b> Cllr Neill requested that the feedback from Carers Event to be circulated to Board Members.</p> <p>020/1: <b>Derbyshire Mental Health Strategy:</b> BR requested that the Board consider the possibility of a Partnership Board being established for Mental Health which would include member involvement.</p> <ul style="list-style-type: none"> <li>○ Gary Knighton further informed the Board that a Mental Health Consultation Group has been established for Derbyshire Police (Triage Pilot).</li> <li>○ The Adult Care Board noted the recommendation and was in agreement of the proposal for a MH Partnership Board to be established. Clive Newman Hardwick CCG to discuss further with David Gardener.</li> </ul> <p>024/13: <b>My Home Life and Dignity Campaign:</b> James Matthews advised that no date has been set yet for the local meeting.</p> <p>027/13: <b>Derbyshire Partnership Forum (DPF):</b> JM advised the Board that a date has now been set for the Brown Paper exercise to take place on DFGs.</p>	<p><b>JSm</b></p> <p><b>All</b></p> <p><b>CNe</b></p> <p><b>JM</b></p>
<b>029/13</b>	<p><b><u>SECTION 256 FUNDING TRANSFER TO SUPPORT SOCIAL CARE 2013/14</u></b></p> <ul style="list-style-type: none"> <li>• JM provided an update to the Board for the funding transfer from NHS England to Social Care 2013/14.</li> <li>• The Gateway letter: 00186 (19 June 2013) <i>Funding</i></li> </ul>	

	<p><i>Transfer from NHS England to social care – 2013/14 sets out the purpose of the funding.</i></p> <ul style="list-style-type: none"> <li>• For each of the last three years the Department of Health has allocated funds for transfer from the NHS to Adult Social Care. Adult Care has worked with the local Clinical Commissioning Groups to develop the proposed programme for 2013/14 which takes into account increased funding and enhances oversight. Before the funding can be transferred it needs to be supported by the local CCGs, the Health and Wellbeing Board and the Local Area Team for NHS England.</li> <li>• JM informed the Board that work has already been undertaken with CCG colleagues as to how the money will be used.</li> <li>• Funding has been agreed with each of the CCGs.</li> <li>• The Adult Care Board noted that a number of CCGs Governing Bodies had already approved the set of proposals put forward.</li> <li>• Joint CCG/Local Authority report to be taken for approval to the Health &amp; Wellbeing Board, setting out “what the funding will be used for, and measurable outcomes and the agreed monitoring arrangements”.</li> <li>• The Adult Care Board noted the contents of the report and were in agreement for the report to be submitted to the next Health &amp; Wellbeing Board meeting.</li> </ul>	
<p><b>030/13</b></p>	<p><b><u>LEAD COMMISSIONING</u></b></p> <ul style="list-style-type: none"> <li>• J Vollar provided the Board with a further update on the activities undertaken to develop lead commissioning for carers.</li> <li>• The report informed the Board of a change of direction regarding the partnership arrangements.</li> <li>• On 8<sup>th</sup> August 2013 a joint statement on the Health and Social Care Integration Transformation Fund (ITF) was issued by the Local Government Association and NHS England.</li> <li>• The funding is described as ‘a single pooled budget for health and social care services to work more closely together in a local area, based on a plan agreed between the NHS and local authorities’.</li> <li>• The Integrated Transformation Fund (ITF) comes into full effect in 2015/16. The composition of the ITF includes the NHS funding for carers breaks.</li> <li>• It would therefore seem prudent, in the light of carers</li> </ul>	

	<p>breaks funding being part of the ITF transfer in 2015/16, to establish a Memorandum of Understanding (MOU) between the Derbyshire CCGs and Derbyshire County Council, to be put in place for 2014/15. The difference in approach means that:</p> <ul style="list-style-type: none"> <li>○ Adult Care to still be the lead commissioner</li> <li>○ The Memorandum of Understanding (MOU) (rather than a Section 75 agreement) will be the formal agreement between the partners, but there will not be a pooled budget for carers in 2014/15.</li> </ul> <ul style="list-style-type: none"> <li>● The MOU will safeguard the spend on carers, and establish a work place and a work programme for the carers Joint Commissioning Board. It will enable the reshaping of services for carers in forthcoming years.</li> <li>● It is intended that the carers Joint Commissioning Board will operate as the engine room for planning and commissioning carers support across all Derbyshire County Council Departments and the Derbyshire CCGs.</li> <li>● The timescale for finalising these arrangements were highlighted.</li> <li>● The Adult Care Board noted the contents of the report and approved to support the direction of change to a Memorandum of Understanding (MOU).</li> </ul>	
<p><b>031/13</b></p>	<p><b><u>INTEGRATED CARE</u></b></p> <ul style="list-style-type: none"> <li>● Cllr Neill informed the Board of a development session which has been organised by the Health &amp; Wellbeing Board, scheduled to take place on Friday 13<sup>th</sup> September, at Cromford Wharf. The aim of the workshop is to progress our ambitions for integrated care.</li> <li>● Cllr Neill informed the Board that an update would be provided from the development session at the next Adult Care Board meeting scheduled to take place on Thursday 14<sup>th</sup> November.</li> <li>● CN informed the Board that Full Council is to take place on the 2<sup>nd</sup> October 2013 and the focus of the meeting will be on the Budget position for 2013/14, the financial plan for 2014/15 is due to be signed off in February 2014.</li> <li>● J Willis raised the question as to how the budget would affect Carers and the Voluntary Sector. Cllr Neill requested BR along with a CCG rep to visit the Voluntary Sector to identify issues.</li> <li>● Lynn Wilmott-Shepherd wished it to be noted that CCG's recognise the increasing budget pressures on Adult Care.</li> </ul>	<p><b>BR/CCG</b></p>

	<p><u>Map of Current Joint/Integrated Care</u></p> <ul style="list-style-type: none"> <li>• JM provided an update on the current joint / integrated care approach which demonstrates that a lot of work has already been undertaken.</li> <li>• BR requested that the Board provide comments on the documentation circulated, BR highlighted that the information provided is mainly baseline information and a mapping exercise at this stage.</li> <li>• BR highlighted the importance of better information sharing which in turn will mean more effective health and care services and an improved experience for people using those services. Information sharing is to be discussed further at the Health &amp; Wellbeing Board workshop.</li> <li>• AMi informed the Board that Service Managers for Adult Care are working closely with GP Practices developing access to client record systems Frameworki (FWi). AMi to draft a letter to CCGs which will provide further information.</li> <li>• CN informed the Board of a presentation which was provided by Roger Formby from BT which highlighted the development of a health application (Cloud).</li> <li>• It was noted by the Board that a Procurement exercise is required and should be undertaken at a Strategic Level, Bill Robertson to discuss further with Dave Hickman.</li> </ul> <p><u>Integrated Care – Relevant at 3 levels:</u></p> <ul style="list-style-type: none"> <li>• BR introduced a report highlighting principles for Integrated Care which is relevant on 3 levels: <ol style="list-style-type: none"> <li>1. Strategic Level informed by the JSNA and Health &amp; Wellbeing Strategy</li> <li>2. Local Level- person centered and outcome focused</li> <li>3. Development of 24/7 Integrated health and social care service delivery.</li> </ol> </li> <li>• Set of principles have been shared at a Derbyshire Chief Executive Meeting recently held, which were approved, work on-going.</li> <li>• BR highlighted the work required to establish a 24/7 integrated health and social care service delivery. BR requested The Board to provide any comments or omissions to the report.</li> </ul>	<p><b>LW-S</b></p> <p><b>CN</b></p> <p><b>CCGs</b></p> <p><b>AMi</b></p> <p><b>BR</b></p> <p><b>All</b></p>
	<p>The next meeting of the Adult Care Board will take place on Thursday 14<sup>th</sup> November 2013 at 2:00pm in Committee Room 1, County Hall, Matlock.</p>	

**DERBYSHIRE ADULT CARE BOARD**

**14 November 2013**

**DERBYSHIRE JOINT DEMENTIA REFRESH**

**1. Purpose of the Report**

The purpose of this report is to:

- To seek Board endorsement for a refresh of the current Derbyshire Dementia Strategy based on the 'direction of travel' described at **appendix A**.
- To seek endorsement for the Joint Derbyshire Dementia Commissioning co-ordination group to develop services based on these themes whilst keeping the Board informed.

**2. Information and Analysis**

**Background**

In 2009 the first National Dementia strategy was launched. This was timely given that approximately 750,000 people are estimated to live with dementia. It is estimated that there are currently approximately 11,500 people living with dementia in Derbyshire.

The over 65 population in the County is estimated to grow from 156,200 now to 204,700 on 2028. Given that dementia is an illness strongly associated with increasing age, we can expect to see large increases in prevalence, as the Derbyshire population ages and lives longer.

A large proportion of people are not currently diagnosed and miss opportunities for treatment and support but the situation is improving.

There will be an increasing number of people, with co-morbidities of other long term conditions, who will have multiple and complex interactions with health and social care services.

In 2010 a Derbyshire Dementia Strategy was produced by a joint Derbyshire Primary Care Trust (PCT)/ Adult Care Commissioning Group. It reflects the national strategy and maps out priority areas for commissioning relating to diagnosis; an effective workforce; hospital care and community personal support.

Progress made on the priority areas identified in the 2010 County strategy is described at **appendix B**.

The 2010 strategy was planned to run for five years but it needs a refresh because of the rapidly changing context of dementia services.

Legislation continues to bring about major change such as the replacement of PCT's by Clinical Commissioning Groups (CCG's) in 2013 with local lead commissioning responsibilities.

Localism is also a strong theme through other initiatives such as the GP Call to Action –making services work together for populations of about 20-30k.

Integration of health and social care, which has been developing over time, features strongly for a number of reasons already in place and the Care Bill which will make a further impact when it becomes law.

The June 2013 Spending Round reduced budgets at a time of significant demand pressures on services. The announcement of £3.8 billion nationally worth of funding (the health and social care integration fund – ITF) to ensure closer integration between health and social care was positive news. The funding is described as: “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”.

The ITF, which comes into full effect in 2014/15, is intended to further develop integration of health and social care for the benefit of the individual. In *'Integrated care and support: our shared commitment'* integration was defined by National Voices as being able to “plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”. This closely echoes messages Derbyshire people are giving when consulted.

The financial situation makes it especially important to stay engaged with residents of Derbyshire to understand which services people value and those which they do not. During 2013 there has been a series of public engagement events. Apart from talking to people with dementia and their carers, engagement has included people who have not historically had their views sufficiently aired such as travellers, the BME, LGBT and farming communities and people with learning disabilities. The main themes emerging from public engagement are reflected in appendix A.

The themes in appendix A also take on board other national guides such as

*“The £20 billion question: An inquiry into improving lives through cost-effective dementia services”*

This reported in 2011 that dementia costs the community £20 billion per year and seeks to improve the cost effectiveness of health and social care services. Its main recommendations relate to a ‘whole systems’ approach; hospital environmental changes; greater effort to reduce admissions; better community pharmacy and care homes providing good quality life for people with dementia



The Prime Minister's Challenge (2012) focuses on increased diagnosis; better hospital dementia care; raising public awareness; research and dementia friendly communities. The concept of a dementia friendly community has already spawned the Derbyshire Dementia Action Alliance which is looking at developing community capacity rather than just traditional service solutions.

The themes at appendix A were taken to a Health Service 'Listening Event' in October 2013 including GP's where they were validated and endorsed. The event sent back main messages of taking forward integrated services and management of dementia as a long term condition.

### **Proposed Further Action**

It is proposed to work with the themes in appendix A through the joint Derbyshire Dementia Commissioning co-ordination group and develop/deliver precise plans and costed priorities.

Hardwick CCG has a County lead role on the group for commissioning of dementia services and each CCG has a structure for local development of dementia commissioning plans. Some excellent local initiatives are already underway in CCG's and the co-ordination group will use the network to exchange good ideas and avoid any 'reinventing the wheel' initiatives.

It is proposed that a framework for on-going public engagement will continue through existing engagement structures such as the over 50's forums and patient participation groups so that co-design is a feature of service design as the details are developed. We are already building in feedback mechanisms for all commissioned services to promote continuous improvement.

### **Financial Considerations:**

The funding streams indicated for the strategy vary. The Capital Investment Programme aspects of the strategy have a clear pathway to the Board for approvals.

Other parts of the strategy will need to be negotiated between Adult Care and the CCG's through the Joint Dementia Commissioning coordination group to which all CCG's are invited. The ITF will be a component in delivery of the strategy which will be integrated for reasons described above.

The joint group is mindful of the need to refer back to the Board for decisions which involve any significant financial decision. The group is also aware of the need to refer back if any significant decommissioning is proposed. Overall no work will be commissioned which would result in an overspend

**OFFICER RECOMMENDATION**

To note and endorse the recommendations in the 'Proposed Further Actions' section of this report as the way of enabling people in Derbyshire to live well with dementia.

Steve Phillips Commissioning Manager Adults Care  
Dave Gardner Assistant Director Hardwick CCG (for Derbyshire CCG's)

## DIRECTION OF TRAVEL: LIVING WELL WITH DEMENTIA

Overall people are seeking a pathway which informs them and gives choices along the way as dementia develops.

The causes of dementia, experience of it and service responses should vary.

Resources will not expand to meet predicted increased demand for services for people with dementia. Setting priorities for what is commissioned or not and meeting them through integrated services will be more important than ever.

Themes have emerged to inform the 2013 refresh of the Derbyshire dementia strategy. This is a combination of national initiatives, demographic and financial challenges and the priorities of Derbyshire people. Many of the points are inter-connected:

### 1. Improve Joint Working

***Integrated working:*** Increase integration of health and social care services at local level with populations of 20k to 30k. The Care Bill and NHS Call to Action work of CCGs will further shape integration of resources and services.

It is also recognised that greater integration with Public Health programmes will contribute to the success of the strategy – the incidence of dementia and its impact are reduced by healthy living such as diet; mental stimulation and exercise as well as targeted interventions such as falls prevention and stroke avoidance.

Public engagement endorses a need for integration as a key issue. Engagement also underlines that the majority of people who think there is a memory issue with their loved one first turn to their GP for help.

***Cross Service Developments:*** Impact of dementia needs to be considered in all Council and CCG strategies/plans e.g. Health Service has contributed to work of Cultural and Community Services.

***Prevention:*** Health and Social Care community to continue to support prevention initiatives and to promote preventative strategies that have a particular impact on dementia. Focus efforts on prevention of adverse consequences of dementia e.g. falls prevention; UTI. Health service to continue to look at measures to prevent vascular dementia. Ensure that people who do not meet service eligibility criteria are signposted to universal services which may support them.

***Learning Networks for Professionals:*** set these up to build on good practice. Ensure that successful local health and social care initiatives are shared and adopted.

#### ***Improve Dementia home care:***

- improve training and systems to help people to live well at home;
- Appropriate treatment and support packages in community where possible;
- Integrate dementia services.

**Learning Disability:** People are living longer and dementia is becoming more prevalent. Services need to adapt to better recognise, screen and diagnose.

**Timely diagnosis:** this is wanted to increase availability of treatment and support. G.P's seen as the pivotal starting point for many people for long term condition pathway management. Ensure diagnosis process is proportionate, by the person at the right level and efficient e.g. GP asking for blood test/ CT scan at the same time to make a single step process.

**Transport:** people with dementia often lose their licence at early stage so transport becomes problematic and should be considered in transport policies.

## 2. Improve communication

**Engagement:** Stay engaged with local people and their priorities through co-production whilst working out the details of the strategy. Also stay engaged with the National Voices Campaign.

**Information:** Services still need better publicity; people are still missing opportunities and want better information. Information Strategy and action plan needed to enable people to manage their conditions and to provide support to carers to access right services at right time.

**Research:** Continue to promote opportunities for Derbyshire residents to be involved in clinical research and allow providers to lead in this field. Ensure commissioning intentions are evidence based.

**Carers:** The Carers strategy needs to pay particular attention to dementia as increasing numbers of people are providing unpaid care. Need to build community strengths and expertise from carers/volunteers as an asset. Carers have raised specific wishes such as evening support and drop in sessions with GP's. This strategy will need to develop alongside the carers strategy which is about to undergo its own review.

## 3. Services that are person centred

**Build Community Capacity:** alternatives needed to traditional health and social care 'service' solutions:

- build dementia friendly communities;
- raise public awareness;
- challenge stigma and isolation;
- community training in dementia awareness e.g. so banks are dementia friendly.
- research related models of community development e.g. 'recovery workers; DWP expertise

**Promoting Independence and Reablement:** Services should be directed at enabling people to regain as much independence and keeping skills as possible;

joined up working needed e.g. care homes having good access to physiotherapists and mental health nurses.

***Hospital Admission Avoidance and Experience:***

- Do more to avoid the need to admit to hospital;
- Improve experiences when doing so. People with dementia suffer adverse consequences on admission to hospital. Discreet Identification and approach with people with dementia e.g. the Butterfly scheme working in over 100 trusts

***Residential Care Avoidance and Experience:***

- Avoid the need to admit to long term residential care – endorsed again in engagement.
- Train managers and change environments to improve care home experience when admission is necessary.

***Young Onset:*** Consultation among public and professionals identified a gap exists for people with young onset dementia which needs to be addressed.

***Named Person:*** People want a named contact person, with expertise, to assist in steering them along a clear support pathway. The dementia support service trialled for two years is partly addressing this and positive feedback suggests the service should continue. Other possibilities include new care co-ordinators. A single point of access makes the start of the process easier for access.

***Anti – Psychotic Medication:*** The strategy needs to continue to help care homes manage people’s behaviours effectively without recourse to anti-psychotic medication so they can live well.

***Living well with dementia:*** Make ‘living well with dementia’ the overall outcome sought by the strategy. Provide more positive cognitive stimulation therapy; better advocacy in hospital; longer appointment times for GP appointments for people with dementia; access to stimulating activities; make getting repeat prescriptions easier task for carers; better continence management assistance.

***Dignity:*** This is the foundation of the person’s experience of and confidence in health and social care services. Take forward the Derbyshire dignity campaign; do not lose touch with recommendations of key reports e.g. Francis report. Stay with ideas which enable people with dementia to take control e.g. revive the ‘Green Bag’ idea; use the ‘This is Me’ one page profile more; whilst supporting the need for essential medical procedures pursue an essentially social model of dementia. A reminder of the value of being listened to highlighted in engagement.

***Culturally Appropriate:*** Responding to comments in consultation it is important to provide culturally personalised services.

#### **4. Training and development**

**Mental Capacity Act:** Continue to build on understanding of professionals in delivering MCA. Will require training plans for CCG and Council staff.

**Staff training:** Strong message from engagement with the public for health and social care staff to be better trained and informed in many ways e.g. in-depth knowledge of dementia (maybe staff with dedicated roles); cultural knowledge. We need to be sure where the strengths and gaps lie.

Derbyshire Dementia Strategy 2010

**What we said we would do**

*What we are doing*

**Commission a direct access memory assessment service (MAS)**

*The number of clinics has increased. CCGs are commissioning dementia diagnosis with a mixed model of MAS centres (e.g. Staveley and Oakland Community Care Centres) and GP practice based sessions as they continue to raise the diagnosis rate*

**After diagnosis the person with dementia and their carer will be offered the Living Well Programme for information and education.**

*Community Mental health teams from Derbyshire Healthcare Foundation Trust and the Alzheimer's Society Dementia Support Service and Derbyshire Community Health Services are involved in offering sessions.*

*The Programme has had very positive feedback when taken up used and the aim is to increase take up.*

*It has been found important that carers have a choice as to when they access the information they need. Many do not feel able to take in the information available at diagnosis as they may be too shocked or upset. .*

**Every person with dementia and their carer knows where to access information and support from: develop a dementia support service**

*A County service commissioned via Alzheimer's Society. offers advice, information; home visits; dementia cafes; carers information groups. Dementia Support workers increasingly link in with memory assessment clinics.*

*At information sessions carers are able to receive information on a range of topics- financial information, information on the condition, challenging behaviour etc. Also there is the benefit of peer support and learning from each other. Some groups include younger carers and the timing allows attendance after work. This age group is often under particular stress as they struggle to care for parents as well as looking after their children.*

*Ratings for the service are 91% satisfied or extremely so. Ratings about staff approachability, understanding and respect are higher.*

**Offer to provider organisations an E learning package for basic dementia training to be piloted with the private and independent sector**

*E Learning has been introduced as a training option. We will review the extent to which it is used.*

**Develop training quality standards to be used as part of commissioning and contracting process**

*Social Care staff at the new centres; specialist staff and care homes staff across the Council and independent sector have participated in advanced dementia training. This continues.*

*The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence at local level and this is starting to make an impact on contracting by stipulating requirements for health service staff to have either dementia awareness training or more specialist training.*

**Provide dementia education and information programmes to carers of people with dementia in an accessible format**

*Community Mental health teams and the Dementia Support Service are both involved in offering sessions. Carer training is a key part of the Living Well Programme*

**Develop and promote the Dementia Information Prescription**

*A Dementia Information Prescription has been done but are less accessible at present because of website reorganisation. The availability of information now developed through the MAS and dementia support services will prompt a review of where to place the focus for making information available.*

**Develop a specific dementia section on the Derbyshire County Council website/ information portal.**

*Done and will be updated*

**Offer dementia training for carers. 6 programmes to be offered, one in each locality.**

*Community Mental health teams and the Dementia Support Service are both involved in offering sessions.*

**Develop Community Care Centre in Staveley to provide residential care; short breaks; intermediate care; information and resources; day services; memory assessment services**

*The Staveley Centre was opened in 2011 and provides all services planned plus increasing health care and community use of the centre.*

*A group of carers who originally undertook dementia training together continue to meet at Staveley as the 'STAG' group. They are self-supporting and have accessed funding for pamper days. They also use Crossroads to look after the cared for while*



*they meet. They value Staveley Centre and the facilities there and continue to recruit members.*

### **Exploration of the S. Derbyshire Specialist Dementia Home Care Service as a model for roll out for the rest of the County.**

*A two year pilot commenced in 2012 in Chesterfield testing out a specialist home service for people with dementia – run in partnership with the mental health team. It is being researched and compared with the S Derbyshire service. It is planned to be expanded in a pilot into the integrated care arrangements of primary care.*

### **Develop Carer specific breaks that support Carers who meet the criteria for substantial support**

*A range of things are being offered e.g. short breaks; carers support via Derbyshire Carers Association including home visits, carers support groups, carers emergency grant; newsletter.*

*Many Dementia carers have accessed the carer grant and also receive support from Derbyshire Carers Association. The need for a break is paramount and many ask for this from the grant scheme. Many also want a break **with** their loved one but with support from a family member for example.*

### **Develop a joint specification for intermediate care services to ensure patients with dementia are included**

*Specifications for intermediate care have been negotiated for Staveley and Oakland Community Care Centres and people with dementia are benefiting from intermediate care. A County strategy is being devised as part of integrated health and social care services.*

### **Development of a further Community Care Centre in Swadlincote**

*Oakland Community Care Centre, Swadlincote, opened in 2013. The Centre is integrated on site with 88 extra care apartments. Take up of facilities including open community use has been excellent.*

### **Development of six further Community Care Centres across the County Adult Care Accommodation Care and Support Strategy**

*The strategy is under review by DCC Elected Members. Plans are underway for the construction of further Community Care Centres at Heanor and Darley Dale. There will also be increasing availability of extra care apartments e.g. Chesterfield (2014); Alfreton (2014); Clay Cross including day services (2015).*

**Undertake audit to determine whether prescribing of anti psychotic drugs for behavioural problems in dementia is in line with current guidelines**

*An Audit has been undertaken. Prescribing rates for anti-psychotic medication have fallen. Further training work on managing behaviour without recourse to drugs is underway.*

**Develop a culture at Staveley where staff are enabled to provide support to individuals without resorting to anti-psychotic medication**

*Staveley services are based on a social model of dementia care and have eliminated the use of anti- psychotic drugs where appropriate.*

*A medicines management audit has been carried out with some of the primary care results to be reviewed.*

**Completion of dementia health equity audit**

*A Dementia Health Equity Audit was done and will be kept under review.*

**Some Other Developments**

**Singing for the Brain:** *found to be popular. Music therapist works across the County doing sessions and training some residential care staff.*

**Older Peoples Mental Health Liaison Service**

*The service was commissioned for acute settings including Chesterfield and Derby Royal hospitals and has achieved good outcomes. It has now been superseded in Derby Royal with investment in RAID (a rapid assessment process). RAID for Chesterfield is due to be implemented in late 2013*

**Housing Related Support:** *much of this fits with the Accommodation strategy where 24 hour support is being made available to enable people to stay in their own accommodation rather than a care home.*

**Social Model of Dementia Care:** *services being commissioned using this model which relies on behavioural approaches and less reliance on medication, advanced training underpins this.*

**Derbyshire Dignity Campaign:** *Joint DCC/NHS campaign since 2010 to improve the experience of people using health and social care services. Bronze and silver awards can be applied for. Applications at both levels are steadily increasing.*

**DERBYSHIRE COUNTY COUNCIL**

**Adult Care Board**

**14th November 2013**

**2013 Self Evaluation:  
Fulfilling and Rewarding Lives  
Strategy for Adults with Autism in England**

**Purpose of the Report**

To inform the Board of the findings of the 2013 Autism Self Evaluation, as part of the implementation of the Adult Autism Strategy. To propose an update report in spring 2014, following a national review of the Strategy.

**Introduction**

In August 2013 Norman Lamb MP Minister of State for Care and Support wrote to request Directors of Adult Social Services assist in the completion of a self evaluation. This follows a baseline survey completed in February 2012. The purpose is to:

- Assist Local Authorities and their partners in assessing progress in implementing the 2010 Adult Autism Strategy;
- See how much progress has been made since the baseline survey as at February 2012;
- Provide evidence of good progress that can be shared and to identify remaining challenges.

The letter requests that Directors are aware of the content of the return and that it is discussed by Health and Wellbeing Boards by the end of January 2014.

**Autism Self Evaluation**

The on-line return was completed and agreed by the multi-agency Autism Co-ordination Group submitted by the closing date of September 30<sup>th</sup>.

The format is a mixture of data entry, RAG (Red/ Amber/ Green) rating, yes/no responses and optional self -advocate stories: full submission - Appendix 1.

**RAG Rated Questions**

No areas were identified as Red, eight were identified as Green and nine identified as Amber.

### Green rated responses:

- Including autism in the Derbyshire Joint Strategic Needs Assessment;
- Clinical Commissioning Groups engaged in the planning and implementation of the strategy;
- Engagement with people with autism and their carer's in planning;
- Reasonable adjustments have been made to everyday services to improve access and support;
- Planning considers the particular needs of older people with autism;
- Programmes are in place to ensure training for advocates working with people with autism;
- Adults with autism have access to an advocate;
- Transition processes to adult services have an employment focus.

### Amber rated responses:

- Data collection - Improvements have been made to Adult Social Care recording systems and we now record people with autism. Work is underway to improve the accuracy of data held in primary care. Further work across health and social care is required to provide robust autism specific data;
- Training – Autism awareness is now included in the induction programme for all new starters in Adult Care. A range of training is available across health and social care ranging from half day briefings to two day in-depth courses and e-learning;

Specific training for nominated autism leads across all Adult Care assessment teams has been commissioned from the National Autistic Society. This is to ensure staff that carry out statutory assessments are able to make adjustments to their approach and communication methods. To achieve green 100% attendance is required. To date, 50% of the nominated leads attended the training;

- Diagnosis – the Derbyshire-based diagnostic pathway has been in place since April 2012. Demand currently exceeds supply;
- Care and Support - Information and advice are given at the point of diagnosis, by local disability and autism groups and Adult Care Brokerage. The online service directory is linked to the National Autistic Society website. Further work on identifying gaps in provision and priorities is planned and will be included in the updated Autism Joint Commissioning Plan;
- Housing and Accommodation - There are a range of housing options available to people with autism including: supported living, specialist residential and universal housing options. Autism has been highlighted in the developing Adult Care Learning Disability Accommodation and Support Strategy. The requirement for autism awareness training for providers of

housing related support has been written in to the Council's contractual arrangements. The specific requirements of people with autism should be considered in the District and Borough Council's housing strategies;

- Employment - Further work to promote employment outside of the council is required;
- Criminal Justice System (CJS) - engagement with the Criminal Justice System as a key partner in planning. This has been stimulated by the East Midlands 'Let's Talk about Autism and the Criminal Justice System' conference, held on 15<sup>th</sup> October. A number of action points were identified including the importance of strategic leads within the CJS to support further planning.

The evaluation also confirmed that Derbyshire has a manager responsible for services for adults with autism, is working with other local authorities to implement the strategy and that the Clinical Commissioning Groups have been involved in planning.

### **Self-advocate stories**

The return includes the positive experience by a person with Asperger's Syndrome who is currently undertaking an apprenticeship with Derbyshire County Council.

### **Other Considerations**

The Department of Health is currently leading a formal review of progress against the national Strategy. The investigative stage of the Review will be concluded by the end of October and the Strategy will be revised as necessary by March 2014. The aims are:

- To assess whether the objectives of the Strategy remain fundamentally the right ones;
- To be assured of the progress that is being achieved by Local Authorities and the NHS, and
- To consider what should happen to continue to make progress.

### **Officer Recommendations**

1. The Board notes and approves the content of the 2013 Autism Self-Evaluation.
2. An update report on progress is made to the Board in spring 2014, including any key revisions made by government to the Autism Strategy.

### **Deborah Jenkinson**

**Learning Disability/Autism Commissioning Adult Care**



# Autism Self Evaluation

## Local authority area

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

5

### Comment

*Hardwick CCG are the lead for the other four locality CCG's within Derbyshire County and Derby City for learning disability and mental health commissioning. Both County and City work with the Hardwick lead who liaises with the other groups*

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

- Yes  
 No

If yes, how are you doing this?

*Derbyshire County Council and Derby City Council have a Joint Partnership Board and Joint Autism Commissioning Board. Both also include health commissioners. We have worked jointly on a range of priorities including engagement, training and data collection. We also work with other East Midlands authorities and have worked together to access assessment training for social care assessors and share good practice across the region.*

## Planning

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

- Yes  
 No

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

*Deborah Jenkinson, Commissioning Manager.  
Deborah.jenkinson@derbyshire.gov.uk. Responsibilities include ensuring the statutory guidance is implemented. Chairing of the Autism Co-ordination Group and reporting to the Autism Joint Commissioning Board and the Health and Wellbeing Board. Provides a link to East Midlands leads to share good practice across the region. Works with the National Autistic Society regional lead. Reports directly to Assistant Director (Adult Care) Strategy and Commissioning who is the East Midlands ADASS lead for autism.*

4. Is Autism included in the local JSNA?

- Red  
 Amber  
 Green

**Comment**

*Derbyshire has an autism specific health needs assessment as part of the JSNA. This was completed in partnership with Public Health.*

*This is available on the Derbyshire Observatory. New data collected from a recent survey and updates from improved data collection will be fed into the JSNA updates.*

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

- Red  
 Amber  
 Green

**Comment**

*Adult Social Care and diagnostic services both record data on people with autism. We are working to improve data collection across services including work with GPs. This includes reducing the number of Read Codes used to record autism to be implemented in 2014 and improving accuracy of data held in primary care.*

**6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?**

- Yes  
 No

If yes, what is

the total number of people?

397

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

187

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

5

**Comment**

*Although social care systems are able to identify autism data is collected on a primary category basis therefore if a person has been recorded as having a learning disability autism would be a secondary data entry which has not always been recorded. The new data recording process EQLC implemented in April 2013 should assist with more accurate data collection.*

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

- Yes  
 No

If yes, how is this demonstrated?

*It can be demonstrated by the allocation of funds via the Joint Commissioning Board in 2012/13. The priorities identified by the JCB was based on the findings of the health needs assessment and local consultation i.e. voluntary sector support agencies providing befriending and peer support opportunities and an autism specific counselling service were prioritised for funding. The plan is currently being reviewed by the Joint Commissioning Board for 2014.*

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

- Red  
 Red/Amber  
 Amber  
 Amber/Green  
 Green

### Comment

*Local Authority data. GP data. Diagnostic services data. Health needs assessment and JSNA. Derby and Sheffield Hallam Universities are also working to develop information about students with Autism. Data collection and collation in relation to autism is a challenge for all agencies due to a range of complexities including double counting individuals who are known to a range of services, information sharing protocols and data protection legislation. The Autism Joint Commissioning Board collates known information and makes efforts to commission new data reports to better inform commissioning priorities.*

## 9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- Red  
 Amber  
 Green

### Comment

*Hardwick CCG act as the lead for the four other local CCG's and a senior CCG commissioning representative chairs the Joint Autism Commissioning Board. The Board benefits from a collaborative approach from all the contributing agencies and functions to identify, co-ordinate and monitor commissioning activities.*

## 10. How have you and your partners engaged people with autism and their carers in planning?

- Red  
 Amber  
 Green

### Please give an example to demonstrate your score.

*A 2013 survey of the needs of people with autism and their carers this included pre survey consultation with people with autism and carers on how best to conduct the survey.  
 Carer Representation on the Joint Co-ordination Board and person with autism on the regional board.  
 Liaison with the city and county Learning Disability Partnership Boards. Consultation with local groups on funding priorities for city and county and 1.1 meetings with carers and people with autism.*

## 11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- Red  
 Amber  
 Green

### Please give an example.

*The planned distribution of top tips for supporting people with autism material to GP practices. Autism specific shows in cinemas and theatres. Diagnosed individuals being able to by-pass normal screening processes. The commissioning of specific autism and assessment training for social care will enable assessment staff to make adjustments during the assessment process on an individual basis.*

## 12. Do you have a Transition process in place from Children's social services to Adult social services?

- Yes  
 No



If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

*This is automatic if the young person is known to social care and is likely to require support in to adult life. Details are set out in Derbyshires transition pathway and protocols available here:*

*[http://www.derbyshire.gov.uk/images/Transition%20Planning%20V2%200%20April%202011\\_tcm44-176910.pdf](http://www.derbyshire.gov.uk/images/Transition%20Planning%20V2%200%20April%202011_tcm44-176910.pdf)*

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

- Red  
 Amber  
 Green

#### Comment

*Autism training is provided to older peoples mental health teams. Sensory integration training and a sensory checklist has been developed and used in older peoples health services.*

*Autism awareness training is made available to all service providers including older people services. Derbyshire Adult Care social work teams are generic and so consider the needs of individuals irrespective of age. The results of our 2013 survey and further analysis of the age profile of known people will contribute to the 2014 commissioning plan. Analysis of attendance at training by service type to identify levels of older people services planned.*

## Training

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

- Yes  
 No

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

- Red  
 Amber  
 Green

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

*A range of training is available across health and social care from half day briefings to 2 day in depth courses and access to e-learning. Additional assessment process and autism*

*Face to face involvement from self advocates is included in some of the training likewise involvement in the development of training courses. Individual organisations within health and social care collate data and publish their own training plans.*

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

- Red  
 Amber  
 Green

#### Comments

*There are 3 levels of training available to social care assessment staff. This includes general awareness, how best to support people with autism and making adjustments on an individual basis in communication, environment and approach. We have also commissioned specialist training for nominated autism leads across all assessment teams linked specifically to the assessment process. These will be completed in October 2013. Autism awareness is now included in the induction programme for all new starters.*

### 17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes  
 No

Please comment further on any developments and challenges.

*Hardwick CCG have a lead for workforce development on behalf of the other four. A successful East Midlands GP conference was held in 2013. There is a GP on the Autism Joint Commissioning Board. Distribution/launch of Top Tips material for GP's is being organised for late 2013. Liaison with CCG's and GP's would be better facilitated if there were national directives and/or incentives*

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

- Yes  
 No

Please comment further on any developments and challenges.

*Training for probation workers provided by NHS  
 Training for police regarding learning disability which also covers autism provided by NHS as well as work within prisons.  
 East Midlands Regional Conference developed to raise awareness across the Criminal Justice System and highlight the need for further training across services. This is a starting point for further work that needs to be developed and implemented by the Criminal Justice System. A major challenge is to identify the strategic lead for this work and clarity about who needs to be involved.*

## Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red  
 Amber  
 Green

Please provide further comment.

*The local pathway has been in place for 17 months following the development of a Derbyshire based service. The service was previously only available out of area. Information has been cascaded to GPs but more work is planned alongside the launch of the top tips.  
 Specialist learning disability services have a separate diagnostic pathway/approach within their provision.*

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

Month (Numerical, e.g. January 01)

4

Year (Four figures, e.g. 2013)

2012

Comment

*The CCG's are responsive and supportive with Hardwick CCG leading on Autism behalf of the other four CCG's and chair the Joint Commissioning Board. An overall collaborative approach is agreed amongst key social care and health partners.*

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

Please report the total number of weeks

50

Comment

*Demand currently exceeds supply although this is in part because of the improved distribution of information on Autism and diagnostic pathways and therefore additional numbers being referred. This is under review and additional resources have been made available for urgent referrals using diagnostic services in neighbouring authorities whilst the review is underway.*

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

### Comment

*Learning Disability services do not always do a formal ASD assessment but use clinical judgement and provide guidance/recommendations/formulation around people which incorporates understandings of ASD without formally diagnosing - this means that they may incorporate ASD assessments into wider psychological assessment but do not separately record it as such. This makes the figures difficult to quantify.*

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

- Yes  
 No

### Comment

*The CCG's are responsive and supportive with Hardwick CCG leading on Autism behalf of the other four CCG's. The lead chairs city/county health and social care Joint Commissioning Board. An overall collaborative approach is agreed amongst key social care and health partners.*

## 24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis  
 b. Specialist autism specific service

### Please comment further

*There is an integrated Diagnostic Unit and pathway across city and county but services then vary on the pathway according to locality or the nature of the specialist service required. There is a separate diagnostic pathway for people with a learning disability with 2 different providers providing services that cover City and County.*

## 25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- Yes  
 No

### Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

*The diagnostic service informs the person with autism of their right to a community care assessment following diagnosis and contacts the local area team to instigate an assessment. With permission of the individual information from the diagnostic assessment is included in the referral.*

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

*A range of voluntary sector services are funded by social care and health including counselling, autism support groups, carer support and advocacy services. People eligible for social care support can access personal budgets to purchase appropriate support. Limited short term post diagnostic support is available from the diagnostic service in some instances.*

## [Care and support](#)

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

106

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

5

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

101

#### Comment

*Given the work to improve data collection and to increase the numbers of eligible adults receiving a personal care budget we would expect these numbers to increase.*

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

Yes

No

If yes, please give details

*Call Derbyshire provide central point of contact and signpost to other services and information. Autism briefings have been given to the staff. Derbyshire County Council also have a comprehensive website with a link to the National Autistic Society website and resources.*

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

Yes

No

If yes, please give details

*An automatic referral for a Community Care Assessment is made directly to area teams on diagnosis. For all other people with autism Call Derbyshire will take referrals for community care assessments or signpost to other support.*

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

Red

Amber

Green

#### Comment

*Contracts for advocacy services include the requirement to meet the needs of people with autism. Training programmes are open to advocates within the independent sector and widely advertised.*

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red  
 Amber  
 Green

#### Comment

*Yes there are a range of advocacy supports available. These include specialist mental health and learning disability voluntary sector advocacy support and statutory advocacy services. These provide services for people who may lack capacity, are detained under the Mental Health Act or have no family. This includes Independent Mental Capacity Advocates and Independent Mental Health Advocates.*

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

- Yes  
 No

Provide an example of the type of support that is available in your area.

*Low level support is available through Relate, generic disability groups, local autism specific voluntary sector providers, local advocacy services NAS locally and nationally, council universal services and local self organised groups. We also have an online directory of services and a brokerage team who can offer advice and information. However, we are aware that there are some gaps in provision and the recent survey of people with autism and their carers will help identify priorities.*

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red  
 Amber  
 Green

#### Comment

*Good information is provided at diagnosis and by local disability and autism groups. Council Website has a link to the National Autistic Society website and resource directory as well as its own directory to local services. Brokerage service available via Adult Social Care. Local organisations report that some people require support to access the information and could be more leaflets/information available via local information hubs such as libraries, community centres, GP surgeries.*

## Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red  
 Amber  
 Green

#### Comment

*Autism is specifically identified in the Adult Care Learning Disability Accommodation and Support Strategy due to be completed Spring 2014 following service reviews. There are 8 District/Boroughs in Derbyshire who have their own strategies. Autism has been highlighted but more work needs to be done by the District/Boroughs. There are a range of housing options available to people with autism including supported living, universal housing and specialist residential services. Local community based accommodation is being sourced as part of the Transforming Care programme (Winterbourne) some of whom have learning disabilities and autism. The requirement for autism awareness training for providers of housing relating support has been built into the County Councils contractual arrangements.*

## Employment

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

- Red  
 Amber  
 Green

### Comment

*There is a dedicated disability employment team within the County Council who have all received autism training. The team have recently been working to ensure the County Council apprenticeship programme is accessible to people with autism and as a result 2 young people with Autism are currently on the scheme (see self-advocate story)*

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

- Red  
 Amber  
 Green

### Comment

*Yes all transition processes are required to have an employment focus. This is inbuilt into the transition pathway. Awareness raising with individuals and families at age 14 exploring aspirations including working towards employment is in place. The support and aspiration programme work will seek to ensure continued progress by reviewing the transition process including auditing the employment focus of support plans.*

## Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red  
 Amber  
 Green

### Comment

*This is slowly improving and the conference 'Lets Talk about Autism' and the Criminal Justice system will stimulate engagement. Some locally negotiated training in place with police via the NHS. Identification of strategic leads within the CJC locally would support further planning. Links made with multi-agency Hate Crime steering group by autism lead.*

## Optional Self-advocate stories

### Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one). In the comment box provide the story.

### Self-advocate story one

Question number

3536

## Comment

*I enjoyed school and learning and on finishing really wanted to aim high in my future career, however I felt university with the pressures of all the social interaction was not for me and I therefore felt an apprenticeship was probably the best option for me, allowing me to learn on the job and develop more the social skills I need in my future working life.*

*I was delighted when I landed an apprenticeship through my local college to be based at Derbyshire County Council as it is where I had considered I would like to work. I knew I would need extra help to settle in and was therefore very grateful when this was offered to me via the Disability Employment Team in Adult Care. The worker was very patient and listened carefully to my concerns in settling in to my new position in an office environment. She took notes and offered suggestions as to how we could deal with these concerns. Amongst other really good ideas, she offered me one to one mentoring support and whilst I was grateful to know that was available should I need it; as she had listened to me so thoroughly and sensitively with regard to my worries and concerns about settling in and passed these on to my Line Manager and future colleagues I felt brave enough to 'have a go' initially on my own. However I strongly believe that it is the knowledge I have got that "emergency pull cord" in place which has given me the confidence to try.*

## Self-advocate story two

Question number

Comment

## Self-advocate story three

Question number

Comment

## Self-advocate story four

Question number

Comment

## Self-advocate story five

Question number

Comment

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

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

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

Yes

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

Yes

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

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

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

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

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

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

Day

28

Month

11

Year

2014