

Appendix 1

Telford & Wrekin All Age Commissioning Strategy for Autistic Spectrum Condition

1. Introduction

Autism or Autistic Spectrum Condition (ASC) is also sometimes referred to as Autistic Spectrum Disorder (ASD). It is recognised that different individuals and groups prefer to use a number of other terms including Asperger Syndrome, Autistic Spectrum Difference and Neuro-Diversity. For ease of reference Autism and ASC will be used within this document.

Autistic Spectrum Condition (ASC) is a lifelong condition that affects how a person communicates with and relates to other people and how that impacts on social interaction and social relationships. It also affects how a person makes sense of the world around them. The word “spectrum” is used because the characteristics of the condition vary from one person to another and there are varying degrees of impact on the individual.

The three main areas of difficulty experienced by all people with autism are:

- Social communication, particularly using and understanding facial expressions, tone of voice and abstract language
- Social interaction – recognising or understanding other people’s emotions and feelings and expressing their own
- Social imagination – understanding and predicting other people’s behaviour, making sense of abstract ideas and imagining solutions beyond their own perspective

Individuals struggle in different ways depending on how the condition affects them. Many people with an ASC may also experience some form of sensory sensitivity or under-sensitivity to sounds, touch, taste, light or colours and often prefer to have a fixed routine.

This is an all age strategy to support the needs of the population for people who are identified as having an Autistic Spectrum Condition (ASC) and who reside in Telford and Wrekin. The term ‘people’ used throughout this strategy therefore refers to children & young people, and adults. The All Age Autism Strategy (the Strategy) is written in response to the Autism Act 2009, and which reflects the priorities outlined in the original national strategy ‘*Fulfilling and Rewarding Lives*’ (DH, March 2010).

In writing this strategy it is important to acknowledge and recognise the contributions to work over the last 3 years from different partners. This includes meetings at a sub-regional level across Staffordshire/Stoke-on-Trent,

Shropshire and Telford & Wrekin, as well as considerable engagement via the Shropshire and Telford & Wrekin Autism Partnership Board and various meetings to discuss specific areas of work and consultation events and ongoing dialogue. This includes individuals with Autism, family carers, clinicians, including named GPs, Parents Open Doors, Shropshire and Telford & Wrekin Aspergers Carers Support, Listen not Label, Autonomy, A4U and the South Staffordshire and Shropshire NHS Foundation Trust. I would like to acknowledge and thank all those who have contributed to the writing of the Strategy.

The Strategy reflects the anticipated areas of work to be presented in the national, updated Autism Strategy due in Spring 2014; local priorities identified through producing a response to the *Improving Health and Lives – Learning Disability Observatory Self Assessment 2013* and feedback from local members of our community.

The Autism agenda and delivery of the Autism Action Plan (Annex 1) linked to the Strategy remains challenging, particularly because of the local decision to make it an ‘all age’ strategy rather than simply fulfilling the legal requirement to establish an Adult Autism Strategy. The challenges are exacerbated by the increased drive to achieve efficiencies across the public sector. No additional funding has been allocated by the Department of Health to support the implementation of the Strategy. Instead, the expectation is that the work will be absorbed within existing organisations. Whilst the strategy seeks to minimise additional costs, it is not possible to achieve progress without some level of investment. The intention will be to identify and meet needs in a timely and appropriate manner, which longer term should achieve savings to meet the costs of the required investment.

There is a demand for services from many vulnerable groups competing for the limited available resources or access to support services which offer appropriate support; for example towards sustainable, paid employment. Thus, all lead organisations involved in progress of the Strategy will be expected to work closely with partners and other stakeholders to introduce innovative approaches which will improve and deliver outcomes.

2. Telford & Wrekin Approach

2.1. Telford & Wrekin Council – a Co-operative Council

This section of the Strategy provides a context within which all partners will work together and take account of important underlying principles and values.

The Strategy will focus on developing services which reflect the social care local priorities and will be applicable to all who access services. These include

- Personalisation
- Promoting Independence
- Enablement
- Choice and Control.

Telford & Wrekin Council is committed to being a Co-operative Council. This commitment means we will work together with our residents, partners and local organisations to collectively deliver the 'best we can' for Telford & Wrekin. To do this we have adopted the following Co-operative Values and Priorities:

VALUES

- **Openness and Honesty**
 - We will - be open and honest in the way we work and make decisions and communicate in a clear, simple and timely way
 - We would like everyone - to be open and honest about what they want to improve in their community
- **Ownership**
 - We will - be accountable for our own actions and empower others with the skills to help themselves
 - We would like everyone - to the best of their abilities, to take action and responsibility for themselves and their community
- **Fairness and Respect**
 - We will - respond to people's needs in a fair and consistent way
 - We will and would like everyone to - respect and care for themselves and others, valuing the different ideas and skills that people bring and treating each other as equals
- **Involvement**
 - We will - work together with our communities, involving people in decisions that affect their lives and be prepared to listen and take on new ideas
 - We would like everyone - to work with and support others, get involved and share their views to help us develop the way we do things.

PRIORITIES

Our priorities are to:

- Put our children and young people first

- Protect and create jobs as a 'Business Supporting, Business Winning Council'
- Improve local people's prospects through education and skills training
- Protect and support our vulnerable children and adults
- Ensure that neighbourhoods are safe, clean and well maintained
- Improve the health and wellbeing of our communities and address health inequalities
- Regenerate those neighbourhoods in need and work to ensure that local people have access to suitable housing

2.2. Telford & Wrekin Clinical Commissioning Group (CCG)

The CCG is committed to *'Taking Care of Telford & Wrekin'* and this is reflected in the statement that *'Every patient experience matters - Every clinician is involved'*. This is reflected in the values, listed below which:

- Promote respect, dignity and compassion
- Put patients and the public at the heart of commissioning in Telford & Wrekin, allowing services to be personal and responsive to local need
- Deliver effective planning for health services based on a true understanding of the population and their needs, based on the Telford & Wrekin Joint Strategic Needs Assessment
- Maintain and improve the quality of health outcomes and the safety of services for patients
- Ensure clinical engagement and the achievement of the Quality, Innovation, Productivity and Prevention (QIPP) agenda
- Ensure a partnership approach to health and social care, through involvement in the Health and Wellbeing Board
- Work within the resources available

2.3. The shared context for the strategy includes the following:

- **Transformation and redesign** of services across the health, education and social care economies, working in partnership with other key partners and stakeholders from the public, private and voluntary sector to improve outcomes
- **Personalisation and enablement** to promote independence and self help in the community rather than requiring the support of social care
- **Efficiency** - required across all public sector service providers
- **Empowerment** – promoting independence and self care so reducing reliance on statutory and other services

3. Commissioning:

In commissioning services for the future, both health and social care will take account of the following:

3.1. Joint Strategic Needs Assessment (JSNA)

Autistic Spectrum Condition

Based on the prevalence of ASC on current accepted prevalence figures of 1:100 information the Table below provides an indication of local numbers. However, these figures may be an underestimate and further work will take place to gather more accurate data in the future, as outlined in the Autism Action Plan.

	2012	2013	2014	2015
Children (0 – 19)	443	448	452	458
Adults (20 +)	1,294	1,311	1,328	1,345
Total	1,737	1,759	1,780	1,803

From September 2013 work will begin to collect data relating to people with Autism, with reporting commencing from April 2014. This information will be collected for all ages (children and adults).

3.2. Health and Well Being Board Priorities

Telford & Wrekin Health and Well Being Board published a Health and Wellbeing Strategy that includes agreed local priorities for its work. These are based on local data about services and community needs in the Borough. These are to:

- **Reduce**

- Teenage pregnancies
- the number of overweight children and adults
- the number of people who mis-use alcohol and drugs
- the numbers of smokers

- **Improve**

- differences in life expectancy particularly for people from deprived communities, black and minority ethnic groups, people with heart disease or cancer and differences within the male population
- emotional health and wellbeing of Borough residents
- unpaid carers health and wellbeing

- **Support**

- people with specific health needs to live independently for as long as possible
- people with dementia
- people with autism

3.3. National Policy and Guidance Fulfilling and Rewarding Lives (Department of Health, 2010)

The Government's vision for transforming the lives of and outcomes for adults with autism 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.'

Currently, the Department of Health (DH) is reviewing its national Autism Strategy. A new version will be published in 2014. The Minister of State for Care and Support, Norman Lamb MP, identified five key areas for future work:

- increasing awareness and understanding of autism
- developing clear, consistent pathways for the diagnosis of autism
- improving access for adults with autism to services and support
- helping adults with autism into work
- enabling local partners to develop relevant services.

3.4. Local Priorities

Historically, Telford and Wrekin Council identified a range of priorities in the draft strategy 2012, which are listed below and subsumed within the new Strategy.:

3.4.1. Four priority areas were identified for children:

- Effective engagement and consultation with young people with ASC and their families
- Ensuring provision of co-ordinated, high quality services based on assessed need and where possible, enabling children and young people with ASC to lead ordinary lives, encompassing the five *Every Child Matters* outcomes
- Stimulating, developing and sustaining partnership working in the provision of services to meet the needs of children and young people with ASC
- Workforce Development

3.4.2. Five priority areas were identified for adults:

- Training of staff who provide services to people with ASC
- Data collection and identification of people with autism and assessment of needs for relevant services
- Development of a care pathway for Telford & Wrekin.
- Transition planning in relation to people with autism moving from children's to adults services

- Local planning and leadership in relation to the provision of services for people with autism (including transition)

3.5. Autism Self Assessment

Telford & Wrekin completed the Autism Self Assessment 2013 and submitted evidence to the Improving Health and Lives – Learning Disabilities Observatory on 30th September 2013. A considerable amount of information was gathered reflecting work that was taking place locally, and shortfalls which required further action.

3.6. Partnership involvement

Telford & Wrekin Council is working closely with key local partner organisations including:

- Listen not Label – user led group for people with disabilities
- Autonomy – supports adults on the Autistic Spectrum Condition, including Aspergers
- STACS – Shropshire and Telford & Wrekin Aspergers Carers support
- A4U – independent advice centre
- OSCA – Citizen advocacy group
- POD – Parents Open Doors/ Parent Carer Forum
- Parent Partnership Services (Education)
- SENCO Networks
- Head teachers networks
- Carers Partnership Board

Information from these partner organisations has informed the local Strategy and Autism Action Plan. In addition, the Health and Wellbeing Board has signed up to the Disabled Children’s Charter, which will also inform the Strategy.

3.7. Carers

Telford and Wrekin is committed to supporting carers of all adult client groups, including those on the Autistic Spectrum. The local Carers strategy identified the following priorities:

- Information, advice and support
- Planning for the future
- Promoting well-being
- Time for yourself
- Having your say
- Meeting diverse needs
- A life outside caring
- Feeling financially safe and secure

4. Geographic Boundaries

This strategy will respond to the needs of people living within the local geographical boundary area of Telford & Wrekin, including those 'over the border, in Shropshire' and those people registered with a Telford & Wrekin GP practice. As several Provider organisations/services work across Telford & Wrekin and Shropshire the Strategy and Autism Action Plan will require collaborative partnership working with a wider range of colleagues.

5. Governance

5.1. Approval

The Strategy will be approved by the Council and the CCG and progress reported to the Health and Wellbeing Board. It will be circulated to other Boards for information including:

- Autism Partnership Board,
- Mental Health Partnership Board,
- Learning Disability Partnership Board,
- Carers Partnership Board,
- Winterbourne View Programme Board,
- Aiming Higher Disabled Children's Partnership Board,
- Clinical Commissioning Group,
- South Staffordshire and Shropshire NHS Foundation Trust Board,
- Criminal Justice System Board,
- Parents Opening Doors/Parent Carer Forum,
- Parents Partnership Services (Education),
- SENCO networks, and
- Head teacher's Networks.

5.2. Monitoring

Responsibility for the monitoring of progress of the Strategy, and the Autism Action Plan to support it will sit with Telford & Wrekin Council and the CCG via Commissioners, with input and support from Contracting and Quality Monitoring staff from the council and CCG.

5.3. Reporting

Reporting will occur via the Autism Partnership Board, with an annual report to the Health and Wellbeing Board.

5.4. Accountability

5.4.1 Accountability is critical to achieving progress, particularly in relation to the Autism Action Plan which accompanies the Strategy. It is expected that each named lead from different organisations referenced in the Autism Action Plan will be accountable for developing an individual, robust Project Plan to support the delivery of the Objectives.

5.4.2 The development of the individual Project Plans by named, lead organisations will require consultation with others, including working with people with autism and family carers.

5.4.3 Overall responsibility for development, delivery, monitoring and reporting on progress will be with the named lead. Reporting will be on a quarterly basis, in the form of a written update to be submitted to the Autism Partnership Board.

5.4.4 Any issues that arise which prevent work taking place should be reported to the Chair of the Autism Partnership Board.

6. Expectations

The Autism Act 2009 placed accountability on all public sector services to meet the needs of adults on the autistic spectrum. Locally, Telford & Wrekin has agreed to widen this strategy to incorporate all ages. There will be an expectation that all public sector services will engage with the implementation of the Autism Action Plan, including Telford & Wrekin Council, Telford and Wrekin Clinical Commissioning Group, Probation Services, Public Health, the CAMHs for children and teenagers and South Staffordshire & Shropshire Healthcare NHS Foundation Trust for Adults.

Autism Action Plans will respond to the needs of:

- People with autism and no other classification who are able to 'self care', this includes people with Aspergers
- People with autism and no other classification who are require support, this includes people with Aspergers
- People with autism and a learning disability
- People with autism and mental health
- People with autism who exhibit behaviour which is challenging
- People with autism and a learning disability and mental health needs

In responding to the needs of people with autism, there will need to be access to the appropriate services at the time it is needed. Timely interventions at the earliest point of need will prevent the escalation of costs as the need for support moves towards a point of crisis.

Responses will need to be diversified to respond appropriately in the following situations:

- People who require minimal support, possibly just access to information
- People who need specific, preventative or enablement support sometimes on a frequent basis, maintain independence within the community
- People who require extensive support, including 24 hour care

In all cases, individuals may need to access low level preventative support and specialist support according to their need.

Delivery of the Autism Action Plan will be based on collaborative, partnership work across the public, private and voluntary sector. It will be focussed in encouraging self care through empowerment, support and access to appropriate information.

7. Developing the Strategy

This strategy reflects information gathered through:

- The Autism Self Assessment (2013)
- Local consultation (STACs and Autonomy)
- The Review of the 2010 Adult autism Strategy (October 2013)
- Big Lottery Fund Application (A4U)
- Parents Open Doors/Parent Carer Forum
- Children's Team/SEN
- Meeting with people with Autism/Aspergers and family carers/parents

Over the period of implementation of the strategy, further work will take place to improve the robustness of data. Overall, we will aim to gather information once and use it many times.

Also, in the near future, a revised Strategy is expected to be published by the Department of Health. This document is expected to highlight 'good practice' from other parts of the country, which will be used to inform local improvements and developments.

8. Next steps: areas of priority

The following areas require further work to develop clear Project Plans which are linked to the Autism Action Plan, covering the period 2014 – 2017.

Section One: Engagement

- **Local Autism Partnership Board:** There is a local Autism Partnership Board but meetings have been infrequent. Work is required to improve the robustness and effectiveness of this meeting, including membership

(public, private and voluntary) frequency and partnership working. The Board will also link in with the group working across Shropshire, Telford & Wrekin and Staffordshire. Voluntary representatives in attendance at board meetings will be eligible for reimbursement of expenses, in line with Telford and Wrekin Council policy.

- **Engagement:** There is clear evidence of engagement locally, however, this remains an emerging area for further work. People with Autism/Aspergers, family carers and parents have strong views and wish to be listened to, so that their opinions inform future commissioning. Through the Autism Partnership Board there is a need to develop a more systematic approach encourage and support on-going engagement. In taking this forward, it is important to recognise that for some people with severe autism who may require additional support with communication.
- **Advocacy support:** Through existing/future advocacy contracts with local providers, individuals will be able to access advocacy support.

Section Two: Service Experience

- **Data collection and reporting:** Data is gathered, but not in a robust and systematic manner across all commissioning and provider organisations, including schools and in line with Caldicott guidelines. Those involved in data will work together to increasingly align processes of gathering data. This is a significant task and will take time to achieve.
- **Health care:** Clinical engagement needs to be evident across all areas of the NHS provider services to improve outcomes for people with Autism. There is also a need to develop, agree and implement diagnostic pathways appropriate to children and young people, and adults which includes an expectation that a diagnosis will be made within 18 weeks following initial referral.
- **Transition for young people:** The strategy is for all ages. Further steps are required to ensure timely communication, anticipation of the need for future services and planned, reasonable adjustments to accommodate need during the transition process for young people. This will be supported by a Community Care Assessment undertaken in a timely manner, prior to an individual's 18th birthday.
- **Housing:** One of the areas for development identified in the local Housing Strategy for Adults with Learning Disabilities, 2009/10 to 2018/19 was planning and commissioning housing and support services for People with Autism. These needs will vary greatly between individuals. As part of this, there is a need to develop housing and accommodation planning for individuals, including young people in transition who will be entering adult services in the future (they will not necessarily be in unsuitable accommodation). Also to establish how many adults with autism are living in unsuitable accommodation or who will need alternative housing and accommodation in the longer term. The desired outcome should be increasing the number of people with autism that live in accommodation

that meets their needs (which may include, for example, residential care, supported housing or fully independent living). A number of new supported housing schemes are in the development pipeline locally. These are generally one bed units, for which individual tenancies will be offered.

- **Employment:** Support for all vulnerable groups, including those on the autistic spectrum into employment should be strengthened. Currently, there is a strong view that this is an area that requires far more work to take place, leading to improved outcomes for those seeking employment.

Section Three: Value for Money

- **Efficiency:** There is a need to work with all partners and providers to ensure robust financial management and control. We need to know and be able to evidence that money is used appropriately and achieves real outcomes. This includes avoiding costly, unnecessary interventions, unless required, for example, appropriate interventions during school years to avoid higher costs later in life. The Strategy endorses the need for efficiency, innovation and monitoring. This will support the development of effective services which improve outcomes and quality of life and which are 'value for money'. A significant number of people with autism are already receiving services within the local area. Steps should be taken to identify:
 - how much is currently spent, and
 - reductions achieved through earlier, planned interventions, reflecting either preventative or enablement support.

A recent example of this is the low level hub is highly valued by individuals with Autism/Aspergers and family carers. Any future investment should reflect an 'Invest to Save' approach.

Section Four: Operational Excellence

- **Pathway of care:** The pathway of care including referral, assessment, diagnosis and interventions according to identified need must be formally established, with involvement and agreement from all relevant partners, professionals and stakeholders. This will ensure an improved and consistent approach across all organisations as well as providing:
 - clear governance to ensure timely access to services, and
 - information to family carers including clarifying whom to approach when seeking a diagnosis or assessment.
- **Health and Well-being:** Autism is referenced in the Health and Well-being Board top ten priorities. Further work is required to develop a clear programme of action to ensure the necessary support is available at a local level to individuals and family carers/parents.

- **Collaboration:** Education, social care and health services work together to provide a seamless service for all.
- **Access and support:** The establishment of the low level preventative Hub for adults is welcomed. This model needs to progress to become a sustainable and critical feature of local provision, successfully reducing the need for un-necessary clinical interventions. Further consideration is required to determine the appropriate, similar low level responses to children & young people, including family carers and siblings. . Currently information for families, carers and professionals can be accessed through the Autism Co-ordinator (Children's Specialist Services) and Family Connect to sign post to this service and others within children's services to offer appropriate support.
- **Criminal Justice System:** Work must begin to establish meaningful engagement with colleagues in the Criminal Justice System and to identify and respond to a range of areas of work, as required.
- **Community Care Assessment:** When diagnosis is confirmed, the individual will be offered to the opportunity to have a Community Care Assessment as a matter of course.
- **Access to information, including post diagnostic support:** The access point will signpost individuals to appropriate support required to ensure their needs are both identified and met. This will include the use of Family Connect for children and young people with an ASC diagnosis. The role of the Autism Co-ordinator already supports this process within children's services.

Section Five: Organisational capability.

- **Training:** Work is required to progress issues of training for staff via the Care Workforce Development Partnership (Telford & Wrekin Council) and Workforce Development initiatives, commissioned by the CCG to establish a robust training programme which includes a partnership approach to future workforce development and training will need to be developed. This will need to include education and awareness raising for Primary Care and other health professionals and engagement with the Education sector and specialist services. The Autism Education Working Group is addressing the training needs of schools through an Audit and offer of training to all Telford and Wrekin Schools. OLLIE an on line training programme has been developed for Telford and Wrekin employees to access and will be going live during 2014.
- **Communication:** establishment of protocols to support effective, timely and meaningful communication between professionals from all organisations, (health, education and social care), including to and with family carers particularly during times of crisis

Annex 1**TELFORD AND WREKIN COUNCIL ALL AGE AUTISM STRATEGY 2014 – 2017****Introduction to the Strategy:**

As stated above (section 5), accountability is critical to achieving progress, particularly in relation to the Autism Action Plan which accompanies the Strategy. Each named lead from different organisations referenced in the Autism Action Plan will be accountable for developing an individual, robust and detailed Project Plan to support the specific Objectives listed in the Autism Action Plan. The development of the individual Project Plans by named, lead organisations will require consultation with others, including partnership working with people with autism and family carers. Overall responsibility for development, delivery, monitoring and reporting on progress will be with the named lead. Reporting will be on a quarterly basis, in the form of a written update to be submitted to the Autism Partnership Board, with other reports taken forward within each organisation, via their reporting mechanisms.

OVERARCHING OBJECTIVE: ALL AGE STRATEGY

Action	Outcome	How measured	Lead	Deadline	Resource implications
Detailed discussions to take place between children's and adult services to ensure the all age strategy is taken forward.	People with Autism or Aspergers and their family carers/parents will experience a 'seamless service'. Needs of all people, regardless of age will be taken into account and if appropriate, responded to.	Surveys which reflect improved outcomes.	Children and Adult services Directors	Ongoing	Within existing resources.

SECTION ONE: ENGAGEMENT					
Action	Outcome	How measured	Lead	Deadline	Resource implications
1.1. Representation of people with autism and family carers on the Autism Partnership Board. (N.B. Numbers will need to be limited to three. This may therefore require a selection process if more than three people wish to attend)	The voices of individuals with autism and family carers will inform discussions and decision making. FYPD (Forum of Young People with Disabilities) have a local voice on all issues and services.	Attendance and monitoring the linkage between what is done and how this matches with what individuals and carers have said.	Joint chairs of the Autism Partnership Board Mark Taylor	January 2014, and quarterly thereafter.	Pre-meeting work, support (if required) during meetings. Reimbursement for attendance as applicable, in line with Telford and Wrekin Council policy.
1.2. Forums for discussion and debate will occur on a six monthly basis and be open to larger numbers of people with autism and family carers.	There will be opportunities for wider involvement of people with autism and family carers to have their views heard and to be involved in service planning for commissioning of future services.	Meetings occur. Maintain a list of attendees and contact details.	Listen not Label (Adults) Parents Open Doors (Children & Young People)	January 2014, and six monthly thereafter.	Possible hire of venue, refreshments
1.3. Ensure people with autism have access to appropriate advocacy support, if required.	Individuals receive the support they need and, when they need it, so that they are able to express their views or concerns to others.	Advocacy services record and reported locally on engagement with and support for people with autism.	Advocacy service managers	January 2014 and quarterly reporting, thereafter.	Within existing contracts.

<p>1.4. Provide information to family carers on the support and services available to support them, and/or the family members) with autism on relevant areas of concern, for example Housing Benefits/and the 'Bedroom Tax'.</p>	<p>Family carers are informed and aware of information relevant to supporting them and their family carers including:</p> <ul style="list-style-type: none"> - Access Team, My Life Portal for adults, - the Telford and Shropshire ASD Parent & Carer Information Pack hosted on the Telford and Wrekin Website www.telford.gov.uk/autism , - the Shropshire Community Health website, - Ican2 website <p>all provide information for families and carers of children and young people with an ASC diagnosis Ican2 newsletter. DCYP bulletin distributed to parents, carers and all Telford and Wrekin employees offering local information and events</p>	<p>Through the Partnership Board and the Forum, receiving feedback that families are receiving information on a regular basis and feel more informed. This will be monitored over the duration of the Strategy. If evidence indicates this is not occurring, further steps will be proposed by the Autism Partnership Board.</p>	<p>Carers Centre PODs Autism Co-ordinator (Children's Specialist Services) Information Officer (Children's Specialist Services)</p>	<p>January 2014, and six monthly, thereafter</p>	<p>Within existing contracts</p>
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	<p>The role of Autism Co-ordinator for Children and Young People with Autism and the Information Officer for all children with disabilities would sign post and provide information about local and national services for support including for example: charities or benefits.</p>				
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SECTION TWO: SERVICE EXPERIENCE					
Action	Outcome	How measured	Lead	Deadline	Resource implications
2.1. Young people moving through transition from children's services into adult services experience the appropriate level of support and care.	Young people who move from children's services to adult services feel positive about the experience and the way they were supported. They have increased knowledge, skills and confidence to live more independently and progress towards the right option for them, including Further Education, Employment or Housing.	Annual surveys of outcomes. Low referrals to specialist healthcare services for young people. Low numbers of young people entering into the Criminal Justice System. Forum for Young People with Disabilities (FYPD) – work with people from 0 – 25 years.	Transition Team CAMHs/ SSSFT Mark Taylor	Ongoing	Within existing resources
2.2. Appropriate, timely, consistent clinical engagement is in place across all areas of CCG commissioned services,	People with autism receive healthcare interventions in a manner which reflects knowledge of staff about autism and demonstrates respect. This leads to positive and appropriate interventions, in a timely manner.	Use of the Quality and Performance Contract monitoring process and audit where required.	CCG and CSU contract and quality teams	Monthly on-going	Within existing resources/ contracts

	Adults with autism, their families and carers are satisfied with local services.				
2.3. Telford and Wrekin will continue to develop local housing offers for vulnerable people, including those on the autistic spectrum ensuring the provision is matched to need including single occupancy, if required.	People with autism will have access to the same housing options and choices as other vulnerable groups, with reasonable adjustments being made to support their needs. Information will be available confirming the future housing needs of people with autism, including young people moving through Transition.	Monitoring of numbers of people with autism moving into different forms of accommodation, including children's fostering, tenancy or shared lives. In put from Future Focus (formally Connexions)	Community Access	Ongoing	Within existing resources
2.4. Through the Skills and Enterprise Hub (New Options) and the EEAST Team, and working with secondary schools/FE colleges to support people with autism towards long term, sustainable employment	More people with autism will become employed to work in jobs which are skilfully matched with their needs and abilities so that they are able to remain in sustained employment.	Through monitoring and reporting, data will evidence that more people with autism are moving into real employment opportunities, covering both paid and unpaid, part and full time.	Collaboration: - EEAST Team - Secondary Schools, and - TCAT	Ongoing	Additional resources may be required

<p>2.5. Community Care assessment: When someone is diagnosed with Autism, the individual will be offered access to a Community Care Assessment as a matter of course.</p>	<p>More people with a diagnosis of autism have a Community Care Assessment.</p>	<p>Increase in the numbers of people with autism recorded and then offered and in receipt of a Community Care Assessment.</p>	<p>Care and Assessment</p>	<p>Ongoing</p>	<p>Within existing resources</p>
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SECTION THREE: VALUE FOR MONEY					
Action	Outcome	How measured	Lead	Deadline	Resource implications
3.1. There is a need for all organisations to ensure all financial resources are used in a way that achieves outcomes and is 'Value for Money'. The Strategy endorses the need for efficiency, innovation and monitoring, to ensure improved outcomes and value for money	Efficiencies will be identified. Improved outcomes. Providers and Commissioners will seek to establish new and innovative approaches to service delivery.	Efficiencies achieved. Use of contract monitoring processes.	Commissioners	Ongoing, within existing structures.	Within existing resources as much as possible. Investment linked to improvement and development, prevention and enablement will be linked to 'invest to save' proposals.
3.2.To ensure that quality monitoring and audit of services delivered by Providers occurs throughout the duration of the Strategy.	Value for Money. Timely response to meeting needs. Providers comply with contractual obligations. NHS constitutional objectives are met.	Contract reviews. Quality Monitoring visits. Audit	Commissioners	Ongoing, lined to contractual agreements.	Within existing resources.
3.3 To demonstrate that working in partnership with the Voluntary sector secures value for Money	Evidence of social and Emotional return on investment. Co-ordination of collaboration by different organisations, aligning support to individuals.	Reduction in crisis for individuals. Reduced admission into acute services.	Voluntary sector	Ongoing	Contracted services via the voluntary sector.

SECTION FOUR: OPERATIONAL EXCELLENCE					
Action	Outcome	How measured	Lead	Deadline	Resource implications
4.1. Data is gathered. Work takes place to align the data so that it is accurate, and gathered once but used many times in a systematic manner across all commissioning and provider organisations	Data compliance with Caldicott guidelines. Information sharing agreements in place. Information is gathered in a systemic manner which informs future planning and commissioning of services. Data demonstrates improvement in the quality of service delivery whilst delivering value for money.	Annual reporting, with quarterly gathering of data.	Performance and Planning Business intelligence services. Public Health	Ongoing	Within existing resources
4.2. Pathway of care including low level intervention, referral, assessment, diagnosis and interventions, differentiated according to categories of need must to be formally established, with involvement and 'sign up' from all relevant partners and stakeholders as	Development and use of an agreed pathway of care including low level intervention, assessment, diagnosis and clinical intervention where appropriate. Patients receive a diagnosis within 18 weeks following initial	Quality and contract performance e.g. waiting times/admission data. Satisfaction of people who use services and family carers/parents.	SSSFT/CAMHs/Commissioners/stakeholders	Agreed pathway in place by Spring 2014. On-going monitoring.	Within existing resources

well as clear governance and monitoring in place to ensure timely access to services, when needed.	referral. Health services, which may be required intermittingly, are available in a timely manner and for an appropriate amount of time.				
4.3. Collaboration: Education, Social Care and Health services work together to provide a seamless service of care across all ages.	Children's services across Education, Social Care and Health will work in an aligned manner to deliver a seamless service to children and young people, including supporting transition.	Children and Young People have their needs addressed in a way which reduces the need for unnecessary support in adulthood.	Children's services	Ongoing	Additional resources may be required
4.4. Autism is referenced in the Health and Well-being Board top ten priorities. Further work is required to develop and Programme manage the Projects to ensure necessary support is available at a local level.	People with autism receive high quality care which supports their overall health and well-being. People are enabled to actively engage within their local communities (relative to capacity) and avoid un-necessary admissions to health run services or the Criminal Justice System.	The Health and Wellbeing Board is able to provide evidence which shows achievement in the annual Autism Self Assessment.	H&WBB lead officer	Ongoing from Project Leads and annual report to the H&WBB	Within existing resources

<p>4.5. The establishment of the low level preventative Hub is welcomed. This model needs to progress to a sustainable and critical feature of local provision, successfully reducing the need for unnecessary clinical interventions.</p>	<p>Adults diagnosed with autism are able to access high quality, low level access to preventative and enabling support services within the local community. Early discussions at 'the Hub' providing information and access to commencing the initial stages of assessment, leading to the diagnostic pathway.</p>	<p>Contract reviews with providers</p>	<p>Commissioning</p>	<p>Six monthly reporting</p>	<p>Additional resources required</p>
<p>4.6. Strong links are established and maintained with the different sections of the Criminal Justice System including Probation, Police, Prison and specialist commissioners so that people with autism are treated appropriately</p>	<p>People with autism who encounter any services within the Criminal Justice System are treated appropriately, with respect and reasonable adjustments are in place to improve safeguarding. Experiences which have a long lasting impact on their overall health and wellbeing reduced, or cease..</p>	<p>TBC</p>	<p>Probation</p>	<p>Quarterly reporting</p>	<p>TBC</p>

SECTION FIVE: ORGANISATIONAL CAPABILITY					
Action	Outcome	How measured	Lead	Deadline	Resource implications
5.1. Work is required to progress issues of training for staff via the Care Workforce Development Partnership (LA) and Workforce development, commissioned by the CCG to establish a robust training programme which includes a co-production approach to future workforce development and training.	The Care Workforce Development Partnership, provider organisations and the CCG establish robust programmes of differentiated training. This includes different professions including Primary Care, to ensure that staff are knowledgeable about autism. Staff in different organisations have the skills required to meet individual needs and make reasonable adjustments.	People with autism encounter staff working across the public sector who meet their needs, make reasonable adjustment to deliver high quality care/services and treat them with respect.	SPIC	Ongoing	Additional resources may be required from all partner organisations
5.2. Establish protocols to support effective, timely and meaningful communication between professionals from all	Professionals will have clarity on who to liaise with and when.	Evidence of improved engagement and addressing of individual needs.	Council (children and adults) and CCG	Ongoing	Additional resources may be required from all partner

<p>organisations, including to and with family carers, particularly during times of assessment and crisis</p>	<p>Family carers will be more informed and 'kept up to date', particularly during times of crisis. Family Connect Local Officer providing information.</p>	<p>Family carers indicating higher levels of satisfaction with the information and support they receive.</p>			<p>organisations</p>
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