

## **HEALTH AND WELLBEING BOARD**

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 13<sup>th</sup> November 2013 at 2.00pm at the Business Development Centre, Stafford Park 4, Telford TF3 3BA.

**PRESENT:** Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), D Evans (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), D Wickham (NHS England Shropshire and Staffordshire Area Team), Liz Noakes (Telford and Wrekin Council), D Saunders (Healthwatch Telford and Wrekin)

Also Present: H Onions, (Consultant in Public Health), N Adams (NHS England Area Team), Jo Robins (Locum Consultant in Public Health TWC)

Officers: M Cumberbatch (Legal Services) J Power (Delivery and Planning Manager) and J Clarke (Democratic Services Officer).

### **HWB-32      MINUTES**

**RESOLVED** – that the Minutes of the meeting of the Health and Wellbeing Board held on 18<sup>th</sup> September 2013 be confirmed and signed by the Chair.

Appendix C and Appendix D were attached to the Minutes for information only.

A short discussion took place regarding NHS Dental Treatment for children.

### **HWB-33      APOLOGIES FOR ABSENCE**

Cllr A England (Telford and Wrekin Council), Cllr P Watling (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group)

### **HWB-34      DECLARATIONS OF INTEREST**

None

### **HWB-35      FOCUS ON HWB PRIORITIES**

#### Improving Life Expectancy

H Onions presented an update report on the Health and Wellbeing Priorities of Life Expectancy and Health Inequalities.

The focus for this priority was the prevention, early detection and treatment of cardiovascular disease (CVD) and cancer. Immunisation against seasonal flu was acknowledged as a key contributor also. The report gave an overview of the programmes of work which impacted most significantly on life expectancy and related health inequalities.

Male life expectancy in Telford & Wrekin had been below the national average over the past five years, this was linked to levels of socio-economic deprivation which had been highlighted through the JSNA. Female life expectancy within the Telford and Wrekin area deteriorated during 2010-12 and was at 81.6 years compared to 83.0 years which was significantly worse than the national average.

The key areas for improvement were around prevention and early detection of cvd and cancer. This was a significant area of work and it was requested that the CCG, the Local Authority and partners worked collaboratively together on this HWB Priority.

Appendix II included a report from NHS England summarising the seasonal 'flu' immunisation programme which would help to minimise the health impact of 'flu' during the Winter. The 'flu' vaccine was currently offered free of charge for people in the at risk groups and the plan aimed to increase the uptake of at risk residents within Telford & Wrekin during 2013/14.

A discussion took place including:

- 'Flu' vaccinations in at risk groups
- 'Flu' vaccinations for carers
- Survey of GPs regarding flu vaccination uptake
- Vaccination of GP's staff
- Monitoring of uptake of flu vaccinations
- Promotion of 'flu' vaccination by GPs, CCG and Local Authority
- Shropshire and 'Flu' Planning Group
- Uptake of 'flu' vaccination by healthcare workers and social care workers
- Vaccination of general public/availability of vaccines in local pharmacies
- Data capturing of 'flu' vaccination information on GP Systems
- Vaccination of pregnant women
- Prevention, early detection and treatment of cancer
- Bowel Cancer screening programme – improving uptake
- Uptake of NHS Health Checks
- CCG Long Term Conditions Incentive schemes including, conflicts of interest of GPs with incentive schemes
- The management of patients to prevent hospitalisation
- Inequalities work important to target hard to reach groups

L Noakes proposed that a further report would be brought back by the CCG to the Board focussing on cancer, to examine cancer survival rates in more detail alongside an update on progress to improve cancer treatment and waiting times and the experience of cancer patients received treatment in local hospitals. D Evans said that the CCG would bring back a further report and this was seconded by Cllr E Clare.

**RESOLVED – that:**

- a) **the Board recognises that life expectancy in Telford & Wrekin in males and females remained worse than the national average during the period 2010-2012;**
- b) **the Board noted the recent developments which would contribute most significantly to improving life expectancy and reducing health inequalities, in particular the:**
  - **agreement of a detailed action plan to improve seasonal 'flu' immunisation uptake across all at risk groups for 2013/14;**
  - **further development of the NHS Health Check programme;**

- **important contribution that work led by the NHS England Area Team in collaboration with the CCG to improve the management and treatment of patients with cardiovascular disease by GPs makes to this priority;**
  - **processes which the CCG are leading to improve cancer treatment and the experience of cancer care in collaboration with Shrewsbury & NHS Hospital Trusts; and**
  - **successful establishment of the local Abdominal Aortic Aneurysm Screening programme and also the approval of plans to extend bowel screening to cover 70-74 year olds in Telford & Wrekin.**
- c) acknowledge that a local approach to deliver the requirements of the national cardiovascular disease outcomes strategy needs to be agreed for Telford & Wrekin as it will significantly impact on improving local life expectancy in the Borough;**
- d) a further report be brought back to the Board.**

### Improving Emotional Wellbeing

J Robins presented a report on emotional health and wellbeing and a review of the mental health modernisation.

The report gave a summary of progress on the development of the local offer, including local strengths and weaknesses, key gaps and opportunities for improvement together with clarity on the next steps and milestones for progress.

An update on the next stage of the Mental Health Modernisation was included within the report which had been prompted by the temporary closure of Castle Lodge and the new approaches within community based care.

There would be two tiers of support:

- a) lower level support - keeping people well and for those showing signs of needing support; and
- b) Life course approach for children, young people and adults and older people

This work was underpinned by a strong evidence base that demonstrated value for money and improvement in long term outcomes and was an opportunity to maximise the 5 ways to wellbeing. A campaign would be undertaken promoting keeping well. There was a lot of community support from the Council, the NHS, Police and the voluntary sector.

A discussion took place including:

- Castle Lodge
- Comprehensive review of mental health services
- Mental Health Strategy Review
- Early Health Offer – whole life approach
- Transition into adult mental health services
- Healthy schools programme
- Homelessness and the need to link into the mental health programme

It was asked that the Board note the importance of a smooth transition from children and young people services into that of adult services and that a fragmented approach was avoided.

**RESOLVED – that:**

- a) the Board acknowledge the recent developments towards the development of the emotional health and wellbeing offer;
- b) the Board support the proposals to complete a review of progress in modernising Mental Health Services; and
- c) the report be noted.

**HWB-36      HEALTH AND SOCIAL CARE INTEGRATION**

D Evans presented a report on the requirements placed upon both the Council and the CCG to move towards the integration of health and social care services and the need to have an Integration Transformation Fund (ITF) agreed and in place by April 2015.

The integration proposals needed to be developed in the very near future in order that relevant budgets were freed up during 2014/15 for inclusion in the ITF. The initial planning template needed to be submitted by 15<sup>th</sup> February 2014 and signed off by the Council, the CCG and the Health and Wellbeing Board.

It was suggested that a task and finish group undertake this work and the conditions could be found on page 4 of the Annex to the report.

The CCG had written to the main provider of services and indicated that £3m of the funding would have to be withdrawn and the potential impact and changes to services.

Also appended to the report was the template which the Council, CCG and HWB needed to complete.

A discussion took place including:

- Issues surround IT that would support the scheme
- The enormity of the task
- The ITF was the start of an ongoing process
- Delegation of authority from the Board to the Chair
- Meeting the conditions
- Thinking widely using the underlying principle of the life course approach

The Chair proposed that the HWB would hold an extraordinary meeting on Wednesday 12<sup>th</sup> February in order to sign off the ITF papers.

**RESOLVED – that:**

- a) the Health and Wellbeing Board note the requirement to put in place an Integration Transformation Fund;
- b) that an Extraordinary Meeting of the Health and Wellbeing Board takes place on Wednesday 12<sup>th</sup> February 2014; and

- c) a further detailed report be brought to the Extraordinary Meeting of the HWB on Wednesday 12<sup>th</sup> February 2014 with a view to signing off the Draft Plan Submission.

**HWB-37      NHS ENGLAND AREA TEAM REPORT**

D Wickham gave a presentation on “Primary Care Strategy: Where we are”.

After the presentation a discussion took place around slide 13 “What CCGs/HWBs want in a Primary Care Strategy?”. All comments around this discussion were noted by D Wickham and these would be fed into the consultation process by the NHS England Area Team.

**HWB-38      INFORMATION ONLY ITEMS: HOMELESSNESS STRATEGY AND ADULT SOCIAL CARE LOCAL ACCOUNT 2012/13**

Appendix G – Homelessness Strategy

The report was an information only report.

**RESOLVED – that**

- a) the Board endorsed the contribution the strategy made in reducing health inequalities. Board members were asked to circulate the draft with their respective organisations and feed back any comments to the Assistant Director: Family & Cohesion Services by 29<sup>th</sup> November 2013; and
- b) the draft Homelessness Strategy 2014-17 be noted.

Appendix H – Adult Social Care Local Account 2012/13

The report was an information only report.

The meeting ended at 3.32pm

Chairman:

Date:

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**

**DATE OF BOARD: 22.01.2014**

**6 MONTH PERFORMANCE REPORT: HEALTH AND WELLBEING STRATEGY OUTCOME MEASURES**

**REPORT BY: JON POWER, DELIVERY & PLANNING MANAGER, TELFORD & WREKIN COUNCIL AND HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This report sets out the latest available performance against the Health and Wellbeing Strategy priority outcome measures. A key factor in identifying the priorities was that they were areas of greatest challenge for the Borough. As a consequence the outcomes for the priorities are typically worse than national comparators. Our challenge is to show that we are driving year on year improvement in these areas. The Board should note that out of the 31 outcome measures identified, 12 have improved, 10 have got worse and 9 are awaiting data.

This report is a stock take against the outcome measures at mid-point for 2013/14 (i.e. at 6 months).

Please refer to Appendix 1 for full details of the outcome measures for the Health and Wellbeing Strategy.

**2. RECOMMENDATIONS**

That the Health and Wellbeing Board:

- a) considers the latest performance data against the Health and Wellbeing Strategy outcomes measures;
- b) consider if outcomes are improving at a rate that is satisfactory; and
- c) reviews the strategy's basket of outcome measures for completeness.

**3. IMPACT OF ACTION - (How it is intended that action will make a difference)**

By identifying any areas of concern the Board will drive improvement against the Health and Wellbeing priorities.

**4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	No	They cover all priorities.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improve the health and wellbeing of our communities and address health inequalities.  Protect and support our vulnerable children and adults.
	Will the proposals impact on specific groups of people?	
	No	Priority outcomes will impact on all communities
<b>TARGET COMPLETION/DELIVERY DATE</b>	An update of the performance will be provided at the May 2014 meeting and will include the year end (2013/14) figures.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	No	
<b>LEGAL ISSUES</b>	Yes	Receiving and reviewing the information contained within this report assists the Health and Wellbeing Board in undertaking its role of guiding and overseeing public health responsibilities and arrangements in the local authority (as set out in the Board's terms of reference at paragraph 1.5). That, in turn, contributes towards the Council meeting its statutory responsibilities such as those contained in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch

		Representatives) Regulations 2013.
<b>EQUALITY &amp; DIVERSITY</b>	No	Priority outcomes will impact on all communities.
<b>IMPACT ON SPECIFIC WARDS</b>	No	Priority outcomes will impact on all areas of the Borough.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	

### **PART B) – ADDITIONAL INFORMATION**

This report highlights the progress made against the Health and Wellbeing Board Strategy's priority outcome measures at mid-point for 2013/14 (6 months).

#### **Priority 1: Reduce excess weight in children and adults**

- The **percentage of infants breastfeeding at 6-8 weeks has increased** from 32.9% at 2011/12 year end to 33.2% at 2012/13 year end. Telford and Wrekin are significantly worse than the national average of 47.2%.
- The **percentage of reception children who have excess weight** in Telford and Wrekin is 23.9% whilst the national average is 22.6%; the estimated outturn for 2013/14 is 24.1% which is **significantly worse** than the current national average.
- The **percentage of Year 6 children who have excess weight** is 35.8% at year end (2012/13) compared with the national average of 33.9%; the estimated outturn for 2013/14 is 34.9% which **is improving**.
- The outcome measures will be further developed as part of the refreshed excess weight priority (please refer to Agenda Item 7).

#### **Priority 2: Reduce teenage pregnancy**

- Overall, the **teenage conception rate (rate per 1,000 females aged 15-17 years) has decreased** over the past three years from 52.7 to 37.5; however, at the end of quarter 2 the rate has slightly increased to 38. This is significantly worse than the national rate of 30.7.

#### **Priority 3: Improve emotional health and wellbeing**

- The **hospital admissions as a result of self-harm has increased** at year end (2012/13) from 203.4 to 243.8 per 1,000 population for all ages. This is significantly worse than the national average of 207.9.
- **The suicide rate** (per 100,000 population, all ages) for Telford and Wrekin at year end was 8.59 compared with the national average of

7.87; this **has improved** from 2011/12 year end when the rate was 9.1. (This outcome measure had not been included in this report previously but it was felt that it was an important measure to monitor for this priority.)

#### **Priority 4: Reduce the number of people who smoke**

- **Smoking in pregnancy has decreased** from 22.4% at year end to 20.9% at the end of quarter 2. Currently there is no national comparator to compare this result to.
- The **number of babies born with a low birth weight has decreased** since the year end (2012/13) from 4.6 to 3.28 (live births at term, greater or equal to 37 weeks and less than 2,500g) at quarter 2. Although this is getting better it is still significantly worse than the national average of 2.85.
- The **rate of hospital admissions attributable to smoking has been on the increase**; from 1,381 (rate per 100,000 population aged 35years+) in 2010/11, to 1,579 in 2011/12 to 1,581 at 2012/13 year end.
- Smoking cessation rate is no longer measured and new measures are currently being identified to replace it.

#### **Priority 5: Reduce the misuse of alcohol or drugs**

- The **rate of hospital admissions due to alcohol attributable conditions**, although better than the national rate (1,974 per 100,000 population), **has increased** every year since 2010/11 at 1,386 to 1,808 at 2012/13 year end.
- The **rate (per 1,000) of violence against the person where alcohol was a recorded factor has decreased** from 3.2 at 2011/12 year end to 2.8 at 2012/13 year end. This is lower than the national rate of 5.03.
- The number of drug users that left drug treatment successfully was recorded as 82.4. Due to a recent change of definition for this measure there is no comparable national rate or trend data.
- The rate (Directly age-Standardised Rates, DSR, per 100,000 population) of **admission to hospital for males with alcohol specific conditions has decreased slightly** from 361.72 at 2011/12 year end to 361.58 at 2012/13 year end. This is still significantly better than the national rate of 450.9.
- The rate (DSR, per 100,000 population) of **admission to hospital for females with alcohol specific conditions has decreased** from 192.29 at 2011/12 year end to 172.85 at 2012/13 year end. This is still significantly better than the national rate of 225.

- The mortality rate (DSR per 100,000 population) for chronic liver disease estimated outturn for 2013/14 is 17.57. This is higher than the national rate of 14.4. Due to a change in the indicator used there is no previous year end data (i.e. 2010/11 and 2011/12).

### **Priority 6: Improve adult and children carers' health and wellbeing**

The National Statutory Survey of carers is carried out every two years by every local authority. The survey aims to understand, at national and local level, how well services are meeting carer's needs.

- The carer reported quality of life is measured by averaging the score of a combination of questions within the survey, providing a value between 0-12. From the survey it was calculated that the carer reported quality of life was 8 when the survey was carried out which was worse than the national average of 8.1. The next carers' survey is due to be carried out in 2014-15.
- The proportion of carers who report that they have been included or consulted in discussion about the person they care for was 72.8% which was similar to the national average of 72.9%.

### **Priority 7: Improve life expectancy and reduce health inequalities**

- There is no 2012/13 year end data available currently for male life expectancy at birth as the next iteration is due out during January 2014. The last measure was 77.5 years at 2011/12 year end and this increased from 2010/11 (77.4 years).
- The measure of **difference between the most and least deprived within Telford and Wrekin for males** (life expectancy slope of index) **increased** from 6.9 years to 7.0 years at 2012/13 year end. Similarly the difference for **females also increased** from 2.3 to 2.8 at 2012/13 year end. These two measures are getting worse.
- The **mortality rate** (per 100,000 population under 75 years) **from all circulatory diseases has increased** from 67.2 to 74.1 at year end (2012/13). This is significantly worse than the national rate of 62.
- The **rate** (per 100,000 population under 75 years) **of premature mortality from all cancers increased** from 122.6 to 124.8 at year end (2012/13); this is significantly worse than the national rate of 108.14.
- The **numbers of people immunised against flu increased** to 73.6% at 2012/13 year end which was higher than the national average of 73.4%. At 30 November 2013 68.7% had been immunised with the target being 75% by the end of January 2014.

## **Priority 8: Support people to live independently**

- **Proportion of people using social care who received self-directed support has increased** from 58.8% at year end to 63.8% at the end of quarter 2. This is better than the national average of 55.5%.
- Although the **proportion of people using social care who receive direct payments has increased** slightly (from 8.1% at year end to 8.8% at the end of quarter two) this measure is still significantly lower than the national average of 16.5%. To address this issue a high level project group has been established which is looking at the Direct Payment process in order to improve the uptake and quality of Direct Payments. It is also worth noting that this project group is running alongside a regional project looking to address the same issues.
- The **proportion of older people (65+) who were still at home 91 days (3 months) after being offered intermediate care** following hospital admission **has decreased** consecutively for three years (from 77.9% in 2010/11, to 74.3% at the end of 2011/12 to 53.7% at the end of 2012/13). This is significantly lower than the national average of 81.4%.
- A key measure to assess the impact of our re-enablement service is “**people receiving re-ablement service** who need no support at the end of their service”. This measure **has improved** from 34.9% at year end to 39.1% at the end of quarter two.
- The **number of delayed transfers of care (average number of delayed people per 100,000 population) from hospital has increased** slightly from 5.3 at year end to 5.74 at the end of quarter 2. Although this is a slight increase locally this is still significantly better than the national rate of 9.5.

## **Priority 9: Support People with Dementia**

- We are currently awaiting the dementia diagnosis rates to be confirmed by the Department of Health.

## **Priority 10: Support People with Autism**

- The outcome measures will be developed as part of the refreshed autism strategy (please refer to Agenda Item 7).

## **B) BACKGROUND PAPERS**

- Health and Wellbeing Strategy 2013/14 to 2015/16:  
[http://www.telford.gov.uk/downloads/file/4123/hwb\\_priorities\\_consultation\\_may\\_2012](http://www.telford.gov.uk/downloads/file/4123/hwb_priorities_consultation_may_2012)

- Partnership and Outcome Measures Report to 18<sup>th</sup> July 2013 meeting (Item 8).

**Report prepared by Sarah Constable, Partnership and Planning Officer,  
telephone: 01952 380599.**

HEALTH & WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

**Key**

➔ Improving (high is good)

➔ Worsening (high is good)

➔ Improving (low is good)

➔ Worsening (low is good)

ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
<b>Reduce excess weight in children and adults</b>													
CYP001	Breast feeding (% of infants breastfeeding at 6 to 8 weeks)	33.2%	32.9% ➔	33.2% ➔	47.2%	Significantly worse	N/A			N/A (Estimate)		▲	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. Breastfeeding 6-8 week data has not been collected by Commissioning Support Unit from Child Health because there was a delay on the Integrated Performance Measures Reporting. Now agreed that Q1 – Q3 would all be sent up to DH in December 2013 for release and publication in March 2014</p> <p><b>Actions in place if not on target:</b></p>													
CM318	% excess weight (reception children)	N/A	N/A	23.9%	22.6% (2011/12)	No significant difference				24.1% (Outturn)	Getting worse	▼	😞
<p><b>Commentary on performance:</b> Full year data covers 2012/13 Academic year No comment received</p> <p><b>Actions in place if not on target:</b> Please refer to the HWB priority paper on excess weight for the actions.</p>													
CM319	% excess weight (Year 6 children)	N/A	N/A	35.8%	33.9% (2011/12)	No significant difference				34.9% (Outturn)	Getting better	▼	😊
<p><b>Commentary on performance:</b> Full year data covers 2012/13 Academic year No comment received</p> <p><b>Actions in place if not on target:</b> Please refer to the HWB priority paper on excess weight for the actions.</p>													
<b>Reduce teenage pregnancy</b>													
CM067	Teenage conceptions (rate per 1,000 females aged 15-17 years)	52.7	47.5 ➔	37.5 ➔	30.7 (2011)	Significantly worse	38.0			>38 (Estimate)	Getting worse	▼	😞
<p><b>Commentary on performance:</b> Full year data covers 2012 Quarter 1-3 data presented in 6 month monitoring.</p> <p><b>Actions in place if not on target:</b></p>													

## HEALTH &amp; WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

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ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
<b>Improve emotional health and wellbeing</b>													
CYP003	Hospital admissions as a result of self-harm (rate per 1,000 population, all ages)	238.0	203.4	243.8	207.9 (2011/12)	Significantly worse	N/A			N/A (Estimate)		▼	
<b>Commentary on performance:</b> Full year data covers 2013/14 financial year. No new data released. <b>Actions in place if not on target:</b>													
CM325	Suicide rate - Age standardised mortality rate from suicide and injury of undetermined intent (per 100,000 population)	7.2	9.1	8.59	7.9 (2009/11)	No significant difference	N/A			N/A (Estimate)		▼	
<b>Commentary on performance:</b> Full year data covers 2010/12 No comment received <b>Actions in place if not on target:</b>													
<b>Reduce the number of people who smoke</b>													
CM026	Smoking in pregnancy (% of mothers smoking at delivery)	23.6%	22.7%	22.4%			20.9% (107/511)			21% (Estimate)	Getting better	▼	
<b>Commentary on performance:</b> Full year data covers 2013/14 financial year. National data has not been released. This is based on data for quarter 1 only. <b>Actions in place if not on target:</b>													
CM096	Reduce the number of babies born with a low birth weight (live births at term (>=37 wks, <2500g)r	N/A	N/A	4.6	2.9 (2010)	Significantly worse				3.28 (Outturn)	Getting better	▼	
<b>Commentary on performance:</b> Full year data covers 2011 No comment received <b>Actions in place if not on target:</b>													
CM066	Smoking cessation (rate of successful quitters, per 100,000 pop)	1,452	1,482				N/A			N/A (Estimate)		▲	
<b>Commentary on performance:</b> Full year data covers 2013/14 financial year. This data is currently unavailable for 2012/13, and may not be published in the future. <b>Actions in place if not on target:</b>													

HEALTH & WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

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ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
CM025	Hospital admissions attributable to smoking (rate per 100,000 population aged 35+)	1,381	1,579 ➔	1,581 ➔						N/A (Estimate)		▼	☹
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. No new data released.</p> <p><b>Actions in place if not on target:</b></p>													
CM024	Smoking related deaths (rate per 100,000 population)	248.8	238.0 ➔				N/A			N/A (Estimate)		▼	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. The next iteration is expected in January 2014.</p> <p><b>Actions in place if not on target:</b></p>													
<b>Reduce the misuse of alcohol or drugs</b>													
CM097	Reduce the number of people admitted to hospital due to alcohol-attributable conditions DSR per 100,000 population)	1386	1,520 ➔	1,808 ➔	1974 (2008/10)	Significantly better	N/A			N/A (Estimate)		▼	☹
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. The next iteration is expected in January 2014.</p> <p><b>Actions in place if not on target:</b></p>													
CM113	Rate (per 1000) of violence against the person with injury where alcohol was recorded as a factor	3.4	3.2 ➔	2.8 ➔	Not available							▼	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. No comment received</p> <p><b>Actions in place if not on target:</b></p>													

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CYP005	Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment	N/A	N/A	82.4	N/A		88.7%			N/A (Estimate)		▲	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. No Comparator data due to change in definition.</p> <p><b>Actions in place if not on target:</b></p>													
CM322	Number of people admitted to hospital with alcohol-specific conditions - Males (DSR per 100,000 pop)		361.72	361.58 ➔	450.9 (2010/11)	Significantly better	N/A			N/A (Estimate)		▼	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. The next iteration is expected in January 2014.</p> <p><b>Actions in place if not on target:</b></p>													
CM323	Number of people admitted to hospital with alcohol-specific conditions - Females (DSR per 100,000 pop)		192.29	172.85 ➔	225 (2010/11)	Significantly better	N/A			N/A (Estimate)		▼	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. The next iteration is expected in January 2014.</p> <p><b>Actions in place if not on target:</b></p>													
CM324	Mortality from Chronic Liver Disease (DSR per 100,000 pop 3-year rolling)				14.4 (2009/11)	Significantly worse				17.57 (Outturn)		▼	
<p><b>Commentary on performance:</b> Full year data covers 2009/11 No comment received</p> <p><b>Actions in place if not on target:</b></p>													

HEALTH & WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

**Key**

➔ Improving (high is good)

➔ Worsening (high is good)

➔ Improving (low is good)

➔ Worsening (low is good)

ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
<b>Improve adult &amp; childrens carers' health &amp; wellbeing</b>													
CM079	Carer-reported quality of life			8.0	8.1	Worse	N/A			N/A (Estimate)		▲	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year.                      This is from the Carers survey which is due to be carried out in 2014-15.  <b>Actions in place if not on target:</b></p>													
CM080	The proportion of carers who report that they have been included or consulted in discussion about the person they care for			72.8%	72.9%	Comparable	N/A	N/A	N/A	N/A (Estimate)		▲	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year.                      This is from the Carers survey which is due to be carried out in 2014-15.  <b>Actions in place if not on target:</b></p>													
<b>Improve life expectancy and reduce health inequalities</b>													
CM013	Male life expectancy at birth (years)	77.4	77.5	➔			N/A			N/A (Estimate)		▲	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year.                      The next iteration is expected in January 2014.  <b>Actions in place if not on target:</b></p>													
CM101	Life expectancy - Slope of index (Males)	N/A	6.9	7.0	➔		N/A			N/A (Estimate)		▼	☹
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year.                      No new data released.  <b>Actions in place if not on target:</b></p>													
CM326	Life expectancy - Slope of index (Females)		2.3	2.8	➔		N/A			N/A (Estimate)		▼	☹
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year.                      No new data released.  <b>Actions in place if not on target:</b></p>													

HEALTH & WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

**Key**

➔ Improving (high is good)

➔ Worsening (high is good)

➔ Improving (low is good)

➔ Worsening (low is good)

ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
CM011	Mortality from all circulatory diseases (CVD) ( rate per 100,000 population under 75, 3yr rolling average)		67.2	74.1 ➔	62 (2008/10)	Significantly worse				73.1 (Outturn)	Getting better	▼	😊
<p><b>Commentary on performance:</b> Full year data covers 2009/11 No comment received</p> <p><b>Actions in place if not on target:</b></p>													
CM012	Premature mortality from all cancers (rate per 100,000 population under 75 years) 3-year rolling average	122.9	122.6 ➔	122.8 ➔	106.7 (2008-10)	Significantly worse				124.86 (Outturn)	Getting worse	▼	😞
<p><b>Commentary on performance:</b> Full year data covers 2009/11 No comment received</p> <p><b>Actions in place if not on target:</b></p>													
CM104	Increase the numbers of people immunised against flu (% 65 years and over)	N/A	72.1%	73.6% ➔	73.4%	No significant difference	68.7%			N/A (Estimate)		75%	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. Annual round of flu immunisations runs from 1 September to 31 January. Next outturn for 2013/14 is due in February. Current data is from 30 November.</p> <p><b>Actions in place if not on target:</b></p>													
<b>Support people to live independently</b>													
CM073	Proportion of people using social care who receive self-directed support	30.2%	36.2% ➔	58.8% ➔	55.5%	Better	63.8% (1795/2812)			60% (Estimate)	Getting better	▲	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. This measure has improved greatly over the last 3 years but we are now at saturation point where 100% of eligible clients are receiving services via 'Self Direct Support'.</p> <p><b>Actions in place if not on target:</b> A review of professional support may lead to an increase in this measure.</p>													
CM074	Proportion of people using social care who receive direct payments	5.4%	5.8% ➔	8.1% ➔	16.5%	Worse	8.8% (248/2812)			8.8% (Estimate)	Getting better	▲	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. No comment received</p> <p><b>Actions in place if not on target:</b> A high level project group has been established which is looking right across the Direct Payment process in order to improve uptake and quality of Direct Payments. This is running alongside a regional</p>													

HEALTH & WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

**Key**

➔ Improving (high is good)

➔ Worsening (high is good)

➔ Improving (low is good)

➔ Worsening (low is good)

ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
CM075	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services (Those offered Intermediate Care)	77.9%	74.3% ➔	53.7% ➔	81.4%	Worse	N/A			N/A (Estimate)		▲	☹️
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. The cohort for this measure covers the months of October, November and December. The 91 days follow-up is then carried out in January, February and March so no data is available until year end.</p> <p><b>Actions in place if not on target:</b></p>													
CM076	People receiving re-ablement service who need no support at the end of their service		37.0%	34.9% ➔			39.1% (104/266)			39.1% (Estimate)	Getting better	▲	😊
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. This is a local indicator which is continuing to improve.</p> <p><b>Actions in place if not on target:</b></p>													
CM077	Delayed transfers of care from hospital		8.6	5.3 ➔	9.5	Better	5.74			5.74 (Estimate)	Getting worse	▼	☹️
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. Although slightly above last years outturn, this measure is still better than previous years national averages.</p> <p><b>Actions in place if not on target:</b></p>													
<b>Support people with dementia</b>													
CM105	Dementia diagnosis rates	N/A	N/A	N/A	42.8% (2011/12)		N/A			N/A (Estimate)		▲	
<p><b>Commentary on performance:</b> Full year data covers 2013/14 financial year. At present only England figures are available for this indicator. We are still waiting for local figures to be confirmed.</p> <p><b>Actions in place if not on target:</b></p>													



HEALTH & WELLBEING BOARD: 6 MONTH PERFORMANCE MONITORING

**Key**

↗ Improving (high is good)  
 ↘ Worsening (high is good)

↘ Improving (low is good)  
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ID	Title	2010/11 Outturn	2011/12 Outturn	2012/13 Outturn	National Comparator 2012-13	Comparison to national position 2012-13	Performance at 6 months 2013-14	Performance at 9 months 2013-14	Performance at 12 months 2013-14	Estimate/Outturn 2013-14	Direction of travel compared to 2012-13	Target 2013/14	Progress against target
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<u>Summary</u>	
<b>Total Measures</b>	<b>31</b>
 <b>Better than Target</b>	<b>12</b>
 <b>Worse than target</b>	<b>10</b>
<b>No Target</b>	<b>0</b>
<b>Not Available</b>	<b>9</b>
<b>No data</b>	<b>0</b>

## **TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD:** 22<sup>nd</sup> January 2014

**TITLE:**

Local Authority Tobacco Control Declaration

**REPORT OF:**

Vicki Pike, Health Improvement Commissioner, Telford & Wrekin Council  
Helen Onions, Consultant in Public Health, Telford & Wrekin Council

**HEALTH & WELLBEING BOARD PRIORITY SPONSOR:**

Paul Taylor, Interim Director of Health, Wellbeing and Care, Telford & Wrekin Council

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

The Local Authority Tobacco Control Declaration was initially developed by Newcastle City Council in May 2013. The declaration is an agreement which demonstrates a Council's commitment to reducing smoking prevalence and the impacts of smoking on communities. Warwickshire County Council was the first local authority to adopt the pledge and numerous other councils have since signed up to the principles. The declaration has been nationally endorsed by the Department of Health, the Chief Medical Officer, Public Health England and various other public health professional bodies. The councils who have signed up have identified a senior officer or Elected Member as the champion for the declaration.

A tobacco control strategy for Telford and Wrekin is being developed. The reconvening of the local tobacco control network across HWB partners and agreement of an action plan based on the ASH CLear self assessment for tobacco control are key elements of the strategy. The strategy will be completed during March 2014. By signing up to the tobacco control declaration the Health & Wellbeing Board are demonstrating their commitment to reduce the number of people who smoke as a key priority in Telford and Wrekin.

#### **2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)**

The Board is requested to:

Endorse and sign up to the principles set out in the Local Authority Tobacco Control Declaration

Recommend that Telford & Wrekin Council endorse and support the principles

#### **3. IMPACT OF ACTION - (How it is intended that action will make a difference)**

- Tackling tobacco is one of the most important things HWB partners can do to improve the health of people in Telford and Wrekin, given it is the number one preventable cause of premature death and disease within the Borough.

- One in two regular smokers are killed by tobacco – with half dying before the age of 70, losing an average of 21 years of life. A quarter of life-long smokers do not get to pick up their pension.
- By signing the declaration Telford and Wrekin will be joining with other local authorities and health and wellbeing boards across England by committing to coordinated action to cut smoking rates and tobacco use within local communities.
- It is not just a matter of signing the declaration and carrying on as usual, the tobacco control network will assess and evaluate our local action on tobacco, ensuring that local activity follows the latest evidence-based best practice. Areas for improvement will be identified and activities will be prioritised.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority -	
	Yes	Reducing the number of people who smoke
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below
<b>TARGET COMPLETION/DELIVERY DATE</b>	<ul style="list-style-type: none"> <li>➤ The CLear self assessment was undertaken by the Telford &amp; Wrekin Tobacco control network in November – deadline for completion was December 2013</li> <li>➤ Tobacco control strategy and action plan to be agreed by March 2014</li> </ul>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	The budget agreed for smoking cessation services and tobacco control work from the local authority public health grant is £713.6k for 2013/14. There are no specific financial implications from signing the Local Government Tobacco Control Declaration.
<b>LEGAL ISSUES</b>	Yes	The mandatory duty to ensure the provision of stop smoking services transferred to the Council in April 2013 in accordance with the provisions of the Health and Social Care Act 2012. If the Council decides to support the Local Authority Tobacco Control Declaration it will be the responsibility of officers to review all relevant council policies and contracts to check compliance with the terms of the declaration. Consequently if any updates are needed, the relevant Committees and/or Cabinet will be asked to review the applicable documentation with a view to making the necessary amendments where required.

<b>EQUALITY &amp; DIVERSITY</b>	Yes	<p>Smoking is a major cause of health inequalities, accounting nationally for half of the difference in mortality between the richest and poorest in our society. People who smoke are more likely to be from lower socio-economic groups and due to their increased risk of smoking-related disease have a reduced life expectancy. Smoking is also a key risk factor in foetal growth restriction, low birth weight and sudden infant death syndrome. The evidence is that people from our most deprived communities are more likely to smoke. Local JSNA intelligence has helped to inform service provision, with data supporting the stop smoking providers to design and deliver their services. As part of the new smoking cessation services contracts the providers are encouraged to recruit and support smokers from the following specific demographic subgroups:</p> <ul style="list-style-type: none"> <li>➤ Pregnant women</li> <li>➤ People from Ethnic Minorities</li> <li>➤ Unemployed people</li> <li>➤ People living in deprived areas</li> <li>➤ Young people under 25 years</li> <li>➤ People with mental health problems</li> <li>➤ People who are deaf, hard of hearing, blind or partially sighted</li> </ul>
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	Ward-level data are collected as part of the JSNA and this intelligence is being used to identify and prioritise wards and GP practices with high levels of smoking.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	All quit smoking clients are asked to complete a satisfaction forms as they leave the service or at 4 and 12 weeks quit. Further work to engage with pregnant women who smoke to ensure their views influence the future development of stop smoking services and tobacco control measures is currently being undertaken.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	In order to reduce smoking a co-commissioning approach between the Council and the CCG is vital. The Council commissions stop smoking and preventative services and coordinates local tobacco control activities. The CCG commissions healthcare and maternity services, which need to use the Making Every Contact Count approach. This will ensure that every opportunity is taken to check patient's smoking status and local stop smoking services.

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

The Telford and Wrekin Tobacco Control Network supports and coordinates the local tobacco control agenda. The network is made up of representatives from the Council's and public health and public protection teams, clinical leads from Shrewsbury & Telford Hospitals NHS Trust, the stop smoking service providers, Shropshire Fire and Rescue Service and HMRC. The group met on 25 November 2013 to undertake the Ash CLear self assessment. This excellent framework is specially designed for councils in England in the context of their new responsibilities for tobacco control. The CLear approach has been used as an opportunity to undertake structured reflection across the partnership in Telford & Wrekin. A new tobacco control strategy is now being produced, highlighting the strengths and areas for improvement, this will be brought to the HWB for discussion and approval in May 2014.

### **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

See summary impact assessment section on pages 2-3 for details.

### **3. PREVIOUS MINUTES**

- Health & Wellbeing strategy priority update September 2013
- Health & Wellbeing strategy priority position statement May 2013

### **4. BACKGROUND PAPERS**

Report prepared by Vicki Pike, Health Improvement Commissioner,  
Telephone: 01952 381026 telephone extension

# Local Government Declaration on Tobacco Control

## We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

## As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

## We commit our Council from this date

### .....to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our

commitments and publish the results; and

- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

## **TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD: 22<sup>nd</sup> January 2014**

**TITLE:** Health & Wellbeing Priority Update: Excess Weight

**REPORT OF:** Louise Mills, Head of Health Inequalities and Lifestyle  
Clare Harland, Health Improvement Commissioners

**HEALTH & WELLBEING BOARD PRIORITY SPONSOR:** Cllr Arnold England

### **PART A) – SUMMARY REPORT**

#### **1. SUMMARY OF MAIN PROPOSALS**

Reducing excess weight in adults and children is a Health and Wellbeing Board priority. A partnership approach previously led by the PCT Public Health Team has been in existence for some time and historically, the local authority has been a key strategic and delivery partner. The transfer of public health to local authorities in April of this year along with the development of priority plans for each of the health and wellbeing board outcomes provided an opportunity to refresh our partnership approach to reducing excess weight. This report summarises the work undertaken to date and provides an update on the latest information from the National Child Measurement Programme for 2012/13.

#### **2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)**

The Board is requested to:

- Endorse the proposed partnership approach to reducing excess weight in adults and children.
- Support the vision and population groups for which we intend to target increased activity to reduce health inequalities.
- Recognise the eight key work streams, which require coordinated action across all partners including the council, CCG and the voluntary sector.
- Note the updated national child measurement programme information for Telford & Wrekin, including the further reduction in obesity in children aged 4-5 years.

#### **3. IMPACT OF ACTION**

Implementation of the Excess Weight delivery plan will enable children, young people and adults to achieve and maintain a healthy weight by making healthy choices in their daily lives. This will be achieved by:

- Population based programmes and targeted provision to reduce health inequalities
- Local activities that encourage healthy eating and physical activity
- The creation of environments where it is easier to eat healthily and be more active
- Identification and support for those that are overweight and obese

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	Reducing excess weight in children and adults
	Do these proposals contribute to specific Co-Operative Council priority objective(s)	
	Yes	Improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Targeted provision will be focussed on: <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children born to obese parents</li> <li>• Those with mental health problems</li> <li>• Those with disabilities</li> <li>• Those living in deprived areas</li> </ul>
<b>TARGET COMPLETION/DELIVERY DATE</b>	The Excess Weight Priority Plan covers the period 2014 – 2016.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>		The proposed budget from the local authority public health grant for 2014/15 for reducing excess weight is £546,633. Activity delivered and funded by other council functions will also significantly contribute to this priority: in particular; planning; neighbourhood and leisure services; family cohesion; and education.
<b>LEGAL ISSUES</b>	Yes	The work outlined in this report contributes towards the Council meeting its duties to the improvement of public health as set out in the National Health Service Act 2006 (as amended). This includes coordination and delivery of the National Child Measurement Programme.
<b>EQUALITY &amp; DIVERSITY</b>	Yes	Local JSNA intelligence has helped to inform the local delivery plan to ensure resources are targeted proportionately to reduce health inequalities  Targeted provision will be focussed on: <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children born to obese parents</li> <li>• Those with mental health problems</li> <li>• Those with disabilities</li> <li>• Those living in deprived areas</li> </ul>
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	The approach identifies those living in deprived areas as one of the groups most at risk and to whom provision should be targeted.

<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	Consultation with stakeholders and partners including Council, CCG, SaTH, Shropshire Community Health NHS Trust, Healthwatch, service users, voluntary sector.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

#### **1.1 Prevalence of excess weight for adults and children in Telford and Wrekin**

4-5 year olds – almost *1 in 4 are overweight or obese*

Progress is being made with this age group and we have seen a reduction from almost 30% overweight or obese in 2007/08 to 24% in 2012/13

- The decrease in the rate from 29.5% in 2006/07 to 24.1% in 2012/13 equates to circa 100 fewer children with excess weight in Telford & Wrekin
- Almost a quarter (24.1%) of reception children, 401 children in total, are classified as having excess weight
- The prevalence of excess weight in reception children was similar to the England average in 2011/12 and 2012/13
- Over the past seven years there has been a gradual decrease in the prevalence of obesity in reception children aged 4-5 years
- The decrease in the rate from 12.5% in 2006/07 to 9.3% in 2012/13, this equates to 50 fewer children classified as obese in Telford & Wrekin
- Between 2006/07 and 2010/11 the rate of obesity amongst reception year in Telford & Wrekin was significantly higher than the national average, however the decline in rates meant the local prevalence was similar to the national average in 2011/12 and 2012/13

10 – 11 year olds - *more than 1 in 3 are overweight or obese*

The prevalence of overweight and obese in this age group has remained largely unchanged. A higher percentage of children are obese than overweight

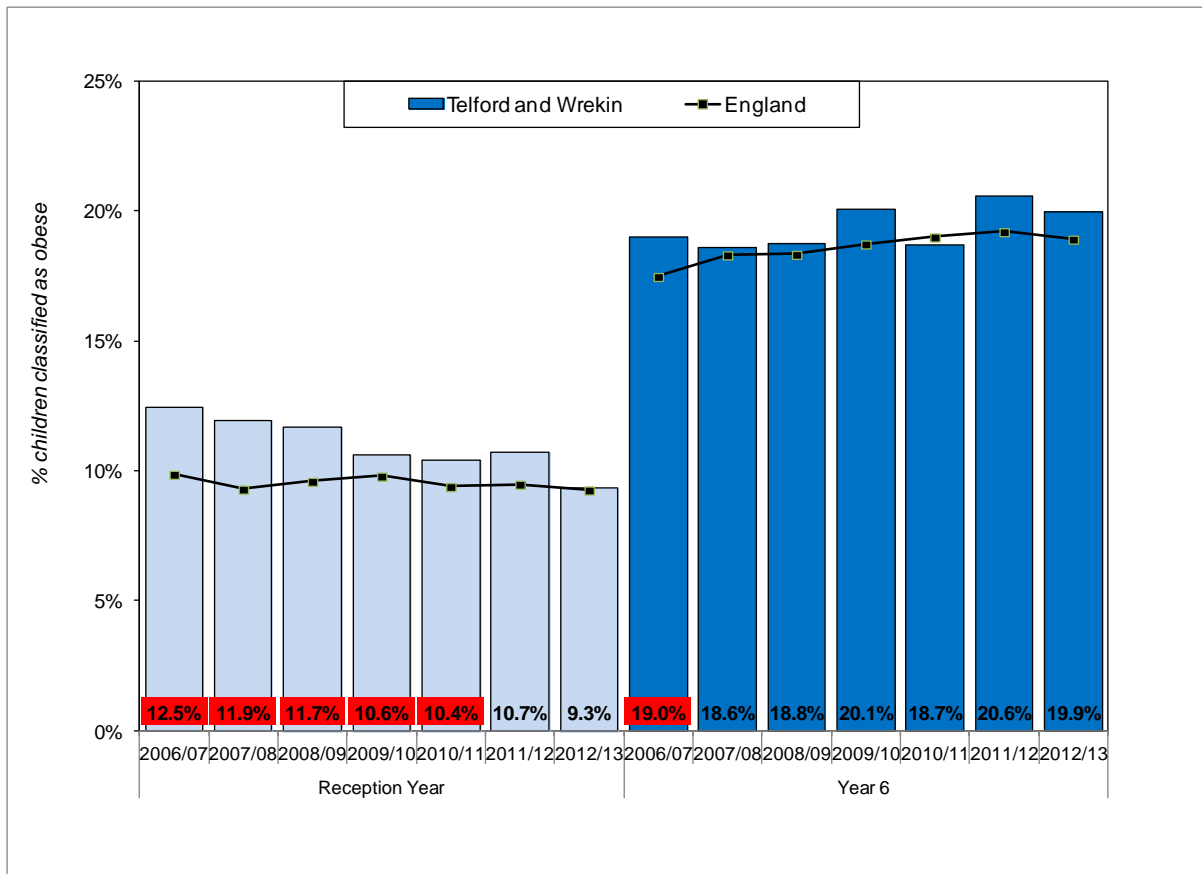
- Just over a third (34.8%) of 10-11 year olds, 607 children in total, are classified as carrying excess weight which is similar to the England average
- There has been little change in the prevalence of obesity or excess weight in amongst year 6 children over the past seven years
- Almost a fifth (19.9%) of year 6 children, 348 children in total, are classified as obese which is similar to the England average

Adults - *2 in 3 are overweight or obese*

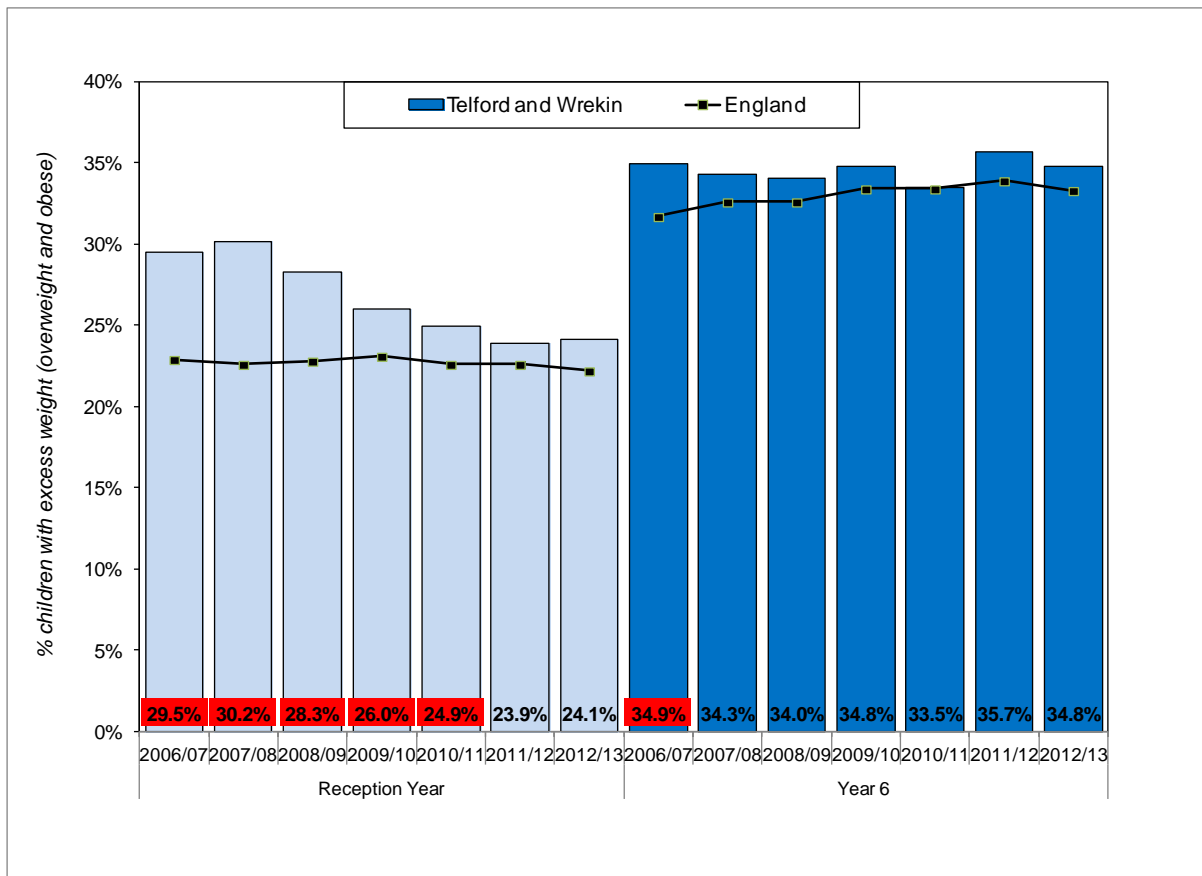
The figures suggest that being overweight or obese is now the norm in Telford and Wrekin

The National Child Measurement Programme (NCMP) provides trends in prevalence data for overweight and obese children in reception and year 6. Tables 1 and 2 summarise available trend data from 2006/2007.

**Figure 1 Trends in Obesity in Children**



**Figure 2 Trends in Excess Weight (Obesity and Overweight combined) in Children**



## **1.2 The Excess Weight Review Process**

The excess weight review has included the following:

- Health and wellbeing board consultation on priorities
- Public consultation
- Asset mapping
- Review of the evidence and reference documents
- Individual meetings and workshops with stakeholders

Outcomes of the review process include a proposed vision, identified target groups and evidence based local delivery plan underpinned by a partnership approach to reducing excess weight.

### **1.2.1 Vision**

The following vision has been agreed for the excess weight priority:

Children, young people and adults will be able to achieve and maintain a healthy weight by making healthy choices in their daily lives. This will be achieved by;

- Population and targeted provision
- Local activities that encourage healthy eating and physical activity
- The creation of environments where it is easier to eat healthily and be more active
- Identification and support for those that are overweight and obese

### **1.2.2 Target Groups**

Targeted provision will be focussed on:

- Pregnant women
- Children born to obese parents
- Those with mental health problems
- Those with disabilities
- Those living in deprived areas

## **1.3 Local delivery plan – priorities for action**

Eight work streams emerged that are being developed to support partners to embed eating healthily and getting active into their services and programme delivery. The following areas will require coordinated action across several Council service delivery teams and wider partners to ensure maximum impact and best use of local resources

### **1.3.1 Branding**

Delivery partners will embrace the change4Life branding and key messages across all service areas working with families with children under 11. This will be targeted in particular on those activities that encourage healthy eating and physical activity.

During January we are maximising local impact of the national change4life Smart Swaps campaign with a high profile programme of activity across Telford and Wrekin. This is being delivered through primary schools, Children Centres, Libraries and Leisure Centres and is supported by local press and media communications. This month of activity is engaging families across Telford and Wrekin on the issues of

healthy eating in a very cost effective way. The impact of the campaign will be evaluated using local data from the national change4life website. The campaign is also raising awareness of the potential impact of the change4life brand in Telford and Wrekin and an ongoing marketing and communications plan is being developed. It has also provided a platform to discuss the excess weight priority with partners in a fun and pro-active way and to engage support for the local delivery plan.

### **1.3.2 Building Intelligence**

Public Health will work with the Council's Delivery and Planning team to make better use of data sets, local intelligence, insight and evaluation. Tailored briefings and bulletins will be developed to support delivery partners to target resources effectively.

### **1.3.3 Workforce Development**

Public Health will work with the Council's Corporate Learning and Development team and delivery partners to develop and coordinate a learning programme. The Learning Programme will enable and empower practitioners and volunteers across a range of service areas including public, private, independent and voluntary sector to *Make Every Contact Count* by taking opportunities to raise the issue of excess weight and signpost for information, advice and to support services.

### **1.3.4 Maximising the contribution of key partners and stakeholders**

Public Health will work with an identified network of 'champions' to pilot an annual programme of regular networking opportunities to provide delivery partners with access to a forum to share information and learning.

Public Health will work with lead officers (as appropriate) to identify suitable opportunities to incorporate reducing excess weight, encouraging healthy eating and physical activity into local policies, service re-design and service specifications. This will include Council services such as leisure, planning, transport, adult care and support, customer and people services and children and family services.

Public Health will support service delivery partners to make adjustments to existing programmes to incorporate healthy eating, physical activity and signposting to support.

### **1.3.5 Providing information and Toolkits**

Family Connect, My Life and the Healthy Lifestyles Hub at First Point will act as the main points of contact for children, families and adults wanting information, advice and support.

Public health will also work with delivery partners to develop toolkits to support local delivery. Examples include toolkits and resources for Community Cafes, Breakfast Clubs and School Road shows.

### **1.3.6 Badging and accreditation Schemes**

Public Health will work with delivery partners to develop a series of Change 4 Life badging and accreditation schemes to recognise and promote service delivery that encourages healthy behaviours. It is proposed that schemes will include:

- Healthy Early Years
- Breastfeeding Friendly services and venues
- Healthy Charter (catering establishments)
- Healthy Lifestyles in Education

### **1.3.7 Community asset mapping and building capacity**

Public Health will work with local stakeholders to pilot a community asset mapping approach. The approach will be piloted in a targeted intervention area (to be agreed) with high levels of obesity in reception or year 6 children. We will work with individuals, communities and delivery partners to identify 'actual' and 'potential' assets of individuals, associations, organisations and the physical area. The outcome will be used to shape our partnership approach to how we best work with our local communities to create environments where it is easier to choose to eat healthily, adopt an active lifestyle and to identify opportunities for the co-production of local services.

### **1.3.8 Evaluation and review**

All population based programmes commissioned to encourage healthy eating and physical activity will be reviewed. Public Health will work with partners, providers and service users to identify service improvements, programme decommissioning, potential new projects and in sourcing opportunities.

## **1.4 What will it look like for the public**

- Change 4 Life branding and badging schemes in the local community will help individuals to choose activities for themselves and their family to eat healthily and be more active.
- The places where people live, work, play and go to school will support them to make healthy choices.
- Staff and volunteers working in the community, school or where they work may take the opportunity to talk to individuals about being overweight and will provide information, advice and support.
- Those who are overweight or have concerns about a family member or friend, will be able to access up to date information and advice from the Healthy Lifestyles Hub, Family Connect and My Life.
- Those who are overweight and are ready to make changes to their lifestyle will have access to support services close to where they live.

## **1.5 What it will look like for delivery partners**

- Partners will receive regular briefings and bulletins summarising data, local intelligence, insight and evaluation to help them target their limited resources effectively to support local delivery of this priority.
- Staff will "champion" the excess weight priority within their own work area and will have opportunities to attend networking sessions with wider partners to share best practice and learn from peers.

- Staff will have access to a learning programme so they feel confident to Make Every Contact Count, taking regular opportunities to raise the issue of excess weight with service users and signpost for information, advice and support.
- Partners will have access to toolkits and resources to help them to deliver this priority within their own work area.
- Partners will have access to the Healthy Lifestyles Hub for information about local services and as a single point of referral for their service users.
- Staff will learn about excess weight, eating healthily and being more active and may make improvements to their own lifestyle and that of their family and friends.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

See summary impact assessment section on pages 1-2 for details.

## **3. PREVIOUS MINUTES**

None.

## **4. BACKGROUND PAPERS**

None.

### **Report prepared by:**

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Clare Harland, Health Improvement Commissioner 01952 381024

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 22 JANUARY 2014**

**AUTISM UPDATE**

**- THE AUTISM STRATEGY 2014-2017**

**- THE AUTISM SELF ASSESSMENT SUBMISSION (SEPTEMBER 2013)**

**REPORT OF PAUL TAYLOR – INTERIM DIRECTOR OF CARE, HEALTH & WELLBEING**

**LEAD CABINET MEMBERS – COUNCILLOR ARNOLD ENGLAND AND COUNCILLOR PAUL WATLING**

**PART A) – SUMMARY REPORT**

**1. SUMMARY**

1.1 Under the Autism Act 2009 the Secretary of State issued guidance to Local Authorities and NHS bodies/NHS Foundation Trusts about ‘the exercise of their functions concerned with the provision of relevant services’. They also provided guidance in the main national report ‘Fulfilling and Rewarding Lives’ (DH, 2010).

1.2 At a local level we are required to have an Autism Strategy in place for Adults. A decision was taken locally to establish an all age strategy which will ensure alignment, delivering better responses and interventions at an earlier age. This will also help to reduce and mitigate issues arising when the child becomes an adult and support efficiencies. The Autism Strategy and Autism Action Plan are attached as Appendix 1.

1.3 The Autism Strategy reflects engagement with a range of stakeholders including people with Autism and family carers. Account of feedback has informed the final document and the Autism Action Plan. Feedback to the Autism Strategy reflects an opinion that further work is required to ensure the needs of children are fully represented. The first overarching objective in the Action Plan seeks to address this matter: *“Detailed discussions to take place between children’s and adult services to ensure the all age strategy is taken forward”*.

1.4 The Department of Health requested that all areas submitted an Autism Self Assessment by 30 September 2013, and that it be signed off by the Health and Wellbeing Board. Due to the short notice given prior to the request for the completion of the Self Assessment it was recommended that localities report the Self Assessment to their local Health and Wellbeing Board before the end of January 2014. This is attached as Appendix 2.

## **2. RECOMMENDATIONS**

2.1 To approve the 'Autism Strategy 2014 – 2017' and the accompanying Autism Action Plan.

2.2 To confirm that overall governance for the Autism Strategy will be with the Autism Partnership Board and the Health and Wellbeing Board to receive an annual report on progress.

2.3 To request a further, detailed paper which outlines the overlapping, strategic issues between a range of inter-dependent areas (autism, learning disability, the confidential inquiry into premature deaths of people with learning disabilities), proposing actions to ensure needs are met locally and with the objective of increased efficiency.

2.4 To note submission of the Autism Self Assessment, submitted in September 2013.

## **3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	<b>Yes</b>	<ul style="list-style-type: none"> <li>• Put our children and young people first</li> <li>• Improve local people's prospects through education and skills training</li> <li>• Protect and support our vulnerable children and adults</li> <li>• Improve the health and wellbeing of our communities and address health inequalities</li> </ul>
	Will the proposals impact on specific groups of people?	
	<b>Yes</b>	The current prevalence data indicates 1 in every 100 people will be on the Autistic Spectrum. This cuts across all areas of society and all areas classified under diversity (age, gender, faith, disability etc.).
<b>TARGET COMPLETION/DELIVERY DATE</b>	The Autism Strategy and Autism Action Plan covers the period 2014 – 2017. It will be a 'live' document, evolving with modifications occurring over the duration.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	<b>Yes</b>	<p>The Council base budget for care and support includes provision for clients on the Autistic Spectrum, including Asperger's and their family carers. This budget for Community Care and Support is allocated on an individual basis following a needs assessment and is set to reflect Care and Support priorities and policy, including prevention and low level intervention services.</p> <p>The attached strategy includes areas for improvement on current practice and outcomes. There will be a requirement for additional resources, both staff and non-staff expenditure, however, for the majority the concept is that additional resource requirements flagged up in the strategy is actually a shift in resources. More efficient procurement and practice will</p>

		<p>be the vehicle by which existing funds will be used to achieve better outcomes from existing resources. One exception is the 'Low Level' Hub, where there is one off funding available received from the CCG to "Pump Prime" the implementation and £60,000 of this contribution is to be made available to fund up two years of operation. During the implementation phase work will continue to develop sustainable funding which will need to be found to maintain the project beyond this time envelope. Careful monitoring of the project and monitoring of progress towards a sustainable funding solution will be required. The expectation is that financial benefits of this intervention will accrue (and will need to be monitored) from potential cost savings because clients are able to retain a higher degree of independence and may not therefore require more intensive care support.</p> <p>Therefore, there are no significant funding/budget implications foreseen arising for the council budget by adopting the recommendations included in this report RP – 19/12/13.</p>
<b>LEGAL ISSUES</b>	<b>Yes</b>	<p>The Autism Act 2009 places a duty on the Secretary of State to prepare and publish an Autism Strategy. While central government sets the framework for improving the lives of those with autism much of the responsibility for delivering the strategy sits locally. Therefore, the council is complying with its duty to develop a plan for services and support it provides for all ages across the Borough. This is also one of the priorities of the Health and Wellbeing Board.</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	<b>Yes</b>	<p>Consideration of the inter-dependencies between several areas including autism, learning disability, the confidential inquiry into premature deaths of people with learning disabilities, and developing localised services rather than using out of area placements may provide an opportunity for improved outcomes for individuals and efficiencies.</p>
<b>IMPACT ON SPECIFIC WARDS</b>	<b>No</b>	<p>The Strategy is a Borough wide document.</p>

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

4.1 Telford and Wrekin Council and Telford and Wrekin Clinical Commissioning Group (CCG) are required to have an Autism Strategy in place. The Autism Strategy and Autism Action Plan is attached as Appendix 1. Statutory Guidance issued by the Department of Health sets out responsibilities for both local authorities and NHS organisations and sets out specific responsibilities for the Director of Adult Social Services to:

- develop the area's commissioning plan around services for adults with autism, using the best available information about adults with autism in the area.
- appoint a joint commissioning/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism.
- ensure that the views of adults with autism and their carers are taken into account in the development of services locally.

4.2 Whilst the requirement is to have an adult strategy, locally the Autism Strategy (the Strategy) is all age and provides an opportunity for the Council and CCG to align approaches, developing the best of existing practices for Children, Young People and Adults. It covers all people with Autism and Aspergers, including those who may or may not have additional need linked to learning disability, mental health, behaviour which can challenge and any combination of these. Background information is provided about Autism and its impact on social communication, social interaction and social imagination. It also highlights how individuals may experience other issues, for example sensory sensitivity or sensory under-sensitivity.

4.3 Delivery of the Strategy is particularly challenging because no additional funding has been allocated from the Department of Health to the public sector to implement the requirements of the Autism Act 2009, which has raised expectations. Whilst the strategy seeks to minimise costs, there is a need for some level of investment to progress the agenda, for example, the Low Level Hub, for which £60,000 per annum is available, funded from one off resources from a CCG grant to the Council.

4.4 Therefore the Strategy outlines the opportunities to develop an Invest to Save approach, so that reductions in high level placement costs or the need for crisis intervention including in-patient admissions are avoided. This requires a more proactive prevention and enablement approach such as the establishment of the low level intervention Hub, which operates on a weekly basis. Even with an 'Invest to save' approach, there is recognition that this strategy formally establishes further competition for limited resources.

4.5 The low level intervention Hub (the Hub) was established in July 2013 as a pilot, and work has taken place to monitor progress. Listen not Label are leading on the pilot with support from other organisations, such as Autonomy (a local Aspergers advocacy group). The learning from the initial pilot will inform future commissioning and service re-design, undertaken in a co-production approach with people with autism and family carers. Since the inception of the Hub, evidence is emerging of support being provided on a preventative and enablement basis and in one case during a period of crisis. Without the intervention of the Hub, it would have been possible that the individual would have required admission into a specialist acute setting.

4.6 In developing the Strategy there has been consultation with various stakeholders including:

- Autonomy (voluntary group – Asperger's)
- STACs (Shropshire and Telford Asperger Carers)

- Listen not Label (User Led Organisation)
- A4U (Advocacy service)
- PODs (Children's Carer organisation for carers of children and young people with disabilities)
- Attendance at an autonomy social event and discussions with individuals and family carers
- Presentation to a group of about 30 people (both people with Autism and Family Carers), and other interested stakeholder groups, including the National Autistic Society.

4.7 A copy of the Autism Strategy and Action Plan has been shared with members of the Shropshire & Staffordshire Autism Partnership Board, which includes representatives from Stoke-on-Trent, Staffordshire, Telford & Wrekin and Shropshire. Feedback was very positive and the section on Accountability (5.4) was seen as very helpful in so far as it clarified how the Autism Strategy and Action Plan would progress and be monitored.

4.8 Overall, feedback has been positive and constructive. Further dialogue will continue as the Autism Strategy and Autism Action Plan is taken forward. The Strategy is based on the needs of Telford and Wrekin population and due to the number of shared provider organisations, and the opportunities for efficiencies there is a need for close collaboration in delivering the strategy.

4.9 Governance is a critical element of the Strategy. This includes the need for the Council and CCG to monitor progress via commissioners, informed by the work of Quality Monitoring staff. Reporting is proposed to be via the Autism Partnership Board, with an annual report to the Health and Wellbeing Board, which has set Autism as one of its priorities. Accountability is wide reaching and requires a range of lead officers and staff from different organisations to develop project plans to take forward objectives in the Autism Action Plan. And, as this Strategy responds directly to legislation, it is expected that there will be wider engagement across all areas of the public sector.

4.10 There is also a need for 'detailed discussions between children's and adult services to ensure the all age strategy is taken forward. This objective is written in acknowledgement that moving from rhetoric to reality requires a more detailed understanding of what needs to change to develop a seamless approach. This is a critical element of the Strategy, providing a firm foundation for further work. This approach has the potential to significantly assist in achieving improved outcomes and quality whilst reducing cost.

4.11 Other areas of development detailed in the Strategy are listed under a series of broad headings, with a brief reference to the subjects covered.

- **Engagement:** Local Autism Partnership Board; developing a more systematic approach to encouraging engagement and the importance of advocacy.
- **Service Experience:** including data collection and reporting; health care; transition for young people; housing and employment.
- **Value for Money:** Invest to Save; Quality Monitoring. Audit and Engagement with the voluntary sector.
- **Operational Excellence:** Pathway of Care; Health and Wellbeing; Collaboration; Access and Support; Criminal Justice System; Community Care assessment and Access to Information.
- **Organisational Capability:** Training and Communication.

4.12 The Council and CCG were required to complete The Autism Self Assessment about local progress and submit by the 30 September. Information gathered through the completion of the Autism Self assessment informed the drafting of the Autism Strategy and Action Plan. It was also required that the Self Assessment was considered by the Health and Wellbeing Board before the end of January 2014. The Self Assessment uses a red, amber, and green coding system. Locally areas considered 'Green' include:

- autism being referenced in the JSNA linked to the Health and Wellbeing Board priorities
- partnership working with the CCG and other partners including people with autism and family carers via the voluntary sector
- the introduction of the low level intervention hub, which is providing direct support and assisting in reducing the need for admission into acute settings
- supporting people into Housing – Autism was referenced in the original Learning Disability Housing Strategy and many people have been supported into appropriate accommodation – including single occupancy.

4.13 Areas considered 'Amber' include:

- reasonable adjustments,
- autism awareness training and specific training for staff
- diagnosis
- local support and employment

4.14 The areas considered 'Red' and therefore requiring more focused work are:

- data collection - changes have been introduced from September 2013 which will enable more information to be gathered and will start to inform planning and future commissioning from April 2014.
- engagement with the Criminal Justice System – through the formation of the Autism Partnership Board, it is expected that a greater level of impetus will be given to this area of work. For information, this reflects the experience of other areas within the West Midlands and a more strategic approach may be required.

## **5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

5.1 Under the Disability Discrimination Act and The Autism Act 2009, Telford & Wrekin Council is required to act in a way that is anticipatory, to make reasonable adjustments and to not discriminate on the basis of disability. The implementation of the Autism Action Plan linked to the Autism Strategy will assist the Council in fulfilling it's obligations in a way that supports prevention and enablement, meets individual needs, promotes independence, increases choice and control and seeks to avoid un-necessary high cost, out of area placements.

## **6. PREVIOUS MINUTES**

6.1 None

## **7. BACKGROUND PAPERS**

7.1 Autism Act 2009

7.2 Rewarding and Fulfilling Lives (DH, 2010)

7.3 Implementing Fulfilling and Rewarding Lives – Statutory Guidance (DH 2010)

**Report prepared by:**

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## 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
<b>Children (0 – 19)</b>	443	448	452	458
<b>Adults (20 +)</b>	1,294	1,311	1,328	1,345
<b>Total</b>	<b>1,737</b>	<b>1,759</b>	<b>1,780</b>	<b>1,803</b>

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 18<sup>th</sup> 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**

<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
<b>Detailed discussions to take place between children's and adult services to ensure the all age strategy is taken forward.</b>	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.

<b>SECTION ONE: ENGAGEMENT</b>					
<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
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"> <li>- Access Team, My Life Portal for adults,</li> <li>- the Telford and Shropshire ASD Parent &amp; Carer Information Pack hosted on the Telford and Wrekin Website <a href="http://www.telford.gov.uk/autism">www.telford.gov.uk/autism</a> ,</li> <li>- the Shropshire Community Health website,</li> <li>- Ican2 website</li> </ul> <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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<b>SECTION TWO: SERVICE EXPERIENCE</b>					
<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
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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<b>SECTION THREE: VALUE FOR MONEY</b>					
<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
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.

<b>SECTION FOUR: OPERATIONAL EXCELLENCE</b>					
<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
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>

<b>SECTION FIVE: ORGANISATIONAL CAPABILITY</b>					
<b>Action</b>	<b>Outcome</b>	<b>How measured</b>	<b>Lead</b>	<b>Deadline</b>	<b>Resource implications</b>
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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# 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?

1

### Comment

Yes

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?

*Throughout this SAF, the term ASC will be used.*

*Locally, there is a Joint Autism Partnership Board. Due to internal organisational changes within the Clinical Commissioning Group (CCG) and Telford and Wrekin Adult Social Care (including Transition and Children's services), meetings had become less frequent. It was recently agreed that these meetings would be re-instated and would support the refresh and update of the local, all age Autism strategy. This task will be completed by December 2013 and will include engagement with the Aiming Higher Children's Partnership Board.*

*Telford and Wrekin CCG and Telford and Wrekin Council work closely with Shropshire Council and Shropshire CCG via meetings, emails and telephone calls. We are also working jointly with, for example our specialist service provider, South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) and the Shropshire Community Health NHS Trust (SCHT). The SSSFT have provided a significant amount of data to support the completion of the SAF and to inform the refresh of the ASC strategy.*

*In addition, the Staffordshire Autism Partnership Board is attended by Commissioning colleagues from Telford and Wrekin, Shropshire and Stoke-on Trent. This enables us to achieve a level of consistency in approach and sharing of good practice. The Commissioner for Telford and Wrekin also attends the West Midlands Regional Network meetings on a bi-monthly basis.*

## 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.

*Kit Roberts, Group Specialist Commissioner, reporting to Christine Harrison, Service Delivery Manager, Commissioning. Kit Roberts is the local authority designated lead for ASC and is also the lead for learning disability and advocacy. Kit.roberts@telford.gov.uk, 01952 388890. Christine Harrison is the Lead Commissioner with responsibility for adult social care contracting, quality monitoring and commissioning of services for all vulnerable client groups, including autism.; Christine.harrison@telford.gov.uk 01952 381205. Helen Swindlehurst is the Lead Commissioner for the CCG and has provided input and support in completing the SAF. Helen.swindlehurst@shropshireccg.nhs.uk - 01952 580300.*

#### 4. Is Autism included in the local JSNA?

- Red  
 Amber  
 Green

##### Comment

*The JSNA and Health and Wellbeing Board (H&WB) top ten priorities are aligned. One of the ten priorities is specifically related to ASC/Autism. The JSNA informs a range of other strategies and there will be overlap, thereby widening the integration of this issue into other areas of work. As a result of this prioritisation, further work is taking place to address key issues, for example data collection. The completed SAF and refreshed ASC Strategy/Action Plan will be presented to the H&WB in January 2014.*

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

- Red  
 Amber  
 Green

##### Comment

*For adults, Telford and Wrekin Council are expecting to begin collecting this information from September 2013. Data recorded will be classified as a 'Health Condition'. The information gathered will be used to inform future planning and commissioning and this will be fully operational by April 2014, in compliance with statutory requirements.*

*In relation to young people with ASC moving through Transition, work does take place to record information. From the next (academic) year (September 2014), the Disabled Children's register will be extend from 19 up to 25 years, reflecting our commitment to increased personalisation of services and the introduction of the new Health/Education/Social Care, care plans.*

*The SSSFT is introducing a new data collection system called RIO - care cluster allocation which reflects the work of Mental Health teams. 'Care Cluster Allocation 0' (CCA) relates to a clear diagnosis of ASC with no evidence of co-morbidity. Where co-morbidity is in evidence then CCA is applied to reflect the co-morbid diagnosis. DSM / diagnostic categories are set to change and further work will therefore be required in support of the application of the CCA tool.*

*Across Shropshire and Telford and Wrekin the SSSFT indication is that the caseload is 1,059 individuals with 345 people having a diagnosis of ASC. 48 are suspected cases of ASC. 100 cases have been diagnosed via children's services (CAMHS). 197 cases have been diagnosed by the SSSFT.*

*Through the refreshed ASC Strategy and Action Plan, more work will occur to improve data recording, with consistent categorisation across all organisations including the CCG/ CSU and the SSSFT. This will enable us to develop a more robust and collaborative approach across all services, and will necessitate further work linked to the REED codes.*

#### 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?

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

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

##### Comment

*No. As explained above, further work is required to improve the quality and robustness of data collection.*

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

- Yes  
 No

### If yes, how is this demonstrated?

*Yes. The local Commissioning Plan and Strategy reflect national data interpreted locally and does reflect the needs of local people with autism. Further work is required to ascertain the accuracy of the predicted local prevalence.*

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

- Red  
 Red/Amber  
 Amber  
 Amber/Green  
 Green

### Comment

*Shared data collection is already in place between Health and Telford and Wrekin Council which reflects an effective partnership approach.*

*There is a clear need to improve the quality and robustness of data collection to ensure a consistent and systematic approach to recording numbers. Information is gathered together in different ways and staff are aware and informed of those with ASC. The RIO system which is now becoming established within the SSSFT is in the process of creating an 'integration engine' and will have the potential to 'speak' with Care First, which is Telford and Wrekin Council client record system.*

## 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

*Telford and Wrekin Council work closely with the CCG to progress the development of services which meet the needs of people with ASC and their family carers. Through undertaking the process to complete this SAF, considerable evidence of work within the SSSFT is emerging. ASC is also one of the top ten priorities of the H&WBB. A non-executive member of the CCG sits on the H&WB and has a designated lead for ASC. He is actively engaging with us in progressing this agenda. There is also a GP who is a named lead to support progress. The GPs also attend local meetings and provides relevant information and input to the strategy work.*

*Further work is on-going with the Commissioning Support Unit linked to data collection which includes the supply of data required for the development of the ASC Strategy.*

## 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.

*Over the last two years we have held several strategic planning meetings that have included families of people with autism. At the moment, a review of services for people with behaviour which can challenge, which includes people with autism is taking place. The outcomes of the review will inform future planning. People with autism will be involved in this consultation.*

*The Staffordshire Partnership Board also has a number of Carers who attend the meetings. The Carers make very valuable contributions to discussions as well as asking some very probing questions. These conversations assist us in thinking about joint working. Carers wish to see a 'seamless service' for individuals, with all staff in public sector organisations having a clear understanding of how to relate to people with autism. As an example, at the last meeting a small flyer (reflecting National Autistic Society advice) was circulated. We recognised it should be adopted across all the areas (Shropshire, T&W, Staffordshire and S-on-T), to Police, Fire and Ambulance services, so as to provide support to staff and achieve a more consistent approach across the area.*

## 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.

*Telford and Wrekin Council and the CCG are clear that in supporting people with all disabilities, including those with ASC, reasonable adjustments should be made. This fact is understood by all staff in the Council 'in-house services', care and support teams and confirmed via contracts with external providers and services. This requirement is included in the NHS National Standard Contract. There are individuals with ASC accessing all such services and reasonable adjustments are made. Increasingly, we recognise the importance of also listening to family carers to give us insights and awareness of how we can better make adjustments to support individuals. As an example, an individual recently used a respite service for the first time. The individual was disturbed by the curtains being closed. Better communication with the family carer prior to the visit could have avoided the situation becoming difficult for the individual. T&W C are developing an ASC awareness e-learning package. A voluntary organisation, Listen not Label is working with two other organisations (A4U and Autonomy) to deliver a seamless, preventative and supportive service for people on the autism spectrum (diagnosed or not) and their carers which includes Person Centred Planning and on-going support, signposting, referral and tracking.' The sessions are weekly: Thursday life skills and activity group (10.00am - 12pm) and Friday ADI (Asperger's Drop in) 10.30 - 2.30pm. This low level, preventative support only began a short time ago and is well regarded. It is our intention to seek engagement with individuals using these services to support co-production of future commissioning intentions. When individuals require assessment, they can be referred to Transition, or if they are under 18, CMHT or adults, depending on their presenting issues. In response to this SAF, initial, exploratory discussions are taking place to consider establishing a 'consistent' information hub , operating pan-Shropshire.*

## 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.

*Yes. Transition sits within Adult Social Care. Detailed work takes place to support all vulnerable groups of young people, including those with ASC, through a transition process. When there is a complex case (which may not always be linked to ASC) and the professional involved in the case identifies the need for a more in-depth discussion, this is then referred to the Transition Panel Board. Referral reflects individual needs and is not dependent on a parental request. Detailed discussions take place at the Transition Panel Board meeting which occurs on a fortnightly basis. Many of the young people who are discussed are classified as having ASC, often in association with other needs (LD or MH). There have been a series of Rapid Process Improvement Workshops that have taken place to improve the transition experience of young people into adult mental health services to achieve 'optimal transition'. The needs of people with ASC are included in the transition process. The organisations involved in the workshops are SSSFT, SCHT, CAMHS and representatives from both Telford and Wrekin and Shropshire CCGs.'*

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

- Red  
 Amber  
 Green

**Comment**

Yes. In so far as the ASC strategy is all age, this includes people with ASC who are older. Telford and Wrekin recognise that 'older' is not always simply related to chronological age. Some of the people using services and who are getting older have LD and ASC. Thus, any changes that take place require considerable time in planning and preparation.

Family carers are very keen to ensure sufficient time is given to allow their family members to adjust to changes in routines, including transition.

In individual cases of people who may be better classified as 'middle aged' there has been close collaboration and partnership working with the (PCT) CCG/SSSFT to support individuals who are described as having behaviour which can challenge which in some cases is linked to ASC. In these situations, detailed discussions took place and remain ongoing with family carers.

**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.

In summary, the Care Workforce Development Partnership (CWFD) has a partnership approach to training across the sectors. Across Shropshire and Telford and Wrekin a range of training is delivered by FE colleges, the voluntary sector and other partners in care. Take up of training has been lower amongst some groups. Through the Strategy and Action Plan work will take place to increase engagement, particularly in relation to diagnosis/ care pathways.

Locally, we are seeking to develop a multi agency basis to training. In this way we will develop a cohesive approach and explore opportunities to establish protocols around sharing resources and information, thereby establishing greater consistency amongst organisations whilst driving up standards.

Shropshire Partners in Care will deliver a 2 day event in October 2013 on autism for managers from different Provider organisations. An e-learning package to cover autism awareness is being developed by Telford and Wrekin Council. The Local Authority delivered two 'Introduction to Autism' courses during 2012-13 and 14 people attended. A more advanced course was also held which was attended by 35 people.

. As a result of completing this SAF discussions are now taking place to raise this subject as an agenda item with the Care Workforce Development Partnership, which is chaired by the Chief Officer of Shropshire Partners in Care. Discussions, if progressed will include developing a co-production approach to future workforce development and training. Some GPs attended training, post introduction of the Autism legislation.

Within the SSSFT, some staff members attended training provided Autonomy (voluntary organisation) which supports Aspergers. One member of staff attended a three day course on autism in 2013. Two consultants completed the DISCO training in London an intensive course by the Royal College of Psychiatrists aimed at advancing Psychiatric skills in the diagnosis and treatment of ASC.

**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**

The SSSFT have confirmed that within post graduate training (MRCPsych) students are expected to have a basic knowledge of the ASC. Older consultants will have done a 6 month attachment in a learning disability placement and gained insights into those with learning disability and also on the ASD spectrum. Through the refreshed strategy and Action Plan, further discussion will take place to determine requirements for further in house training, linked to annual professional development.

As outlined above, Local Authority staff attended courses related to autism and a significant number of the staff involved are professional social workers, including qualified practitioners.

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

- Yes  
 No

Please comment further on any developments and challenges.

*The CCG has commissioned the CSU to lead on Work Force Development. The local provider workforce plans have been signed off by the CCG executives and one of the GPs has been involved in workforce summits. CG clinicians also lead on Primary Care training plans locally.*

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

- Yes  
 No

Please comment further on any developments and challenges.

*The West Mercia Police provide Autism awareness training for all front line staff (officers, call takers, custody, front counter staff.) In addition, the Tactical Equality and Diversity Advisor has created an aide memoire for officers which includes the following information. (N.B. this extract simply outlines the text)*

*What might you find when dealing with a person with ASC?*

*They may: have difficulty understanding you; repeat things you say; not give eye contact or stare; be very honest and therefore appear rude; appear very anxious or agitated; lack understanding of the consequences of the situation they are in; find it difficult to talk and explain themselves; display obsessions and repetitive behaviour; seem confused about what is happening; not respond, rock, be in great distress, withdraw due to sensory overload or meltdown; \* not understand why their behaviour or actions are wrong and admit to anything if it removes them from the situation.*

*What can you do to improve the situation?*

*Say the person's name to get their attention; Keep language simple and allow time for a response; Try to establish their favourite subject or special interest to help build up trust and calm them down; Provide a clear structure of what is happening and when it will happen; Avoid sensory overload by keeping away from noisy and crowded areas; Avoid touching them - sensory overload may lead to an aggressive reaction; Contact someone they know and ensure the right support is available; Don't insist they look at you when you are talking; Try writing things down or drawing to aid their understanding of the situation; Make sure they repeat information you have given in their own words to check understanding; Try not to present too much change - moving from room to room, large number of people.*

## Diagnosis led by the local NHS Commissioner

### 19. Have you got an established local diagnostic pathway?

- Red  
 Amber  
 Green

Please provide further comment.

*Work has taken place across Shropshire and Telford and Wrekin in partnership with the SSSFT to formally establish a local diagnostic pathway which is used consistently by all professionals. Locally, we have sought to make some adjustments to the Coventry pathway, adapting it to better suit our local needs. Professionals from different organisations have contributed to the discussions. However, further work is required to finalise the approval of the draft diagnostic pathway by all partner organisations. Currently, referral can be made to the three Clinical Consultants (SSSFT) who undertake assessments leading to possible diagnosis of autism.*

*Locally, we have established a community based service (respite and emergency placement) for people with LD who have behaviour which can challenge and in some cases, the individual concerned is LD/ASC. A Pathway of care was developed following extensive consultation with a range of organisations, providers, individuals with behaviour which can challenge (including ASC) and family carers.*

*The SSSFT is commissioned to provide a community outreach support service for the same group of people. Combined, these two services are enabling T&W to retain most people in County and avoid out of area placements as much as possible.*

*In finalising this piece of work, steps will also be taken to ensure the diagnostic Pathway reflects all aspects of the NICE guidelines. Within the SSSFT, a virtual team operates to provide diagnosis and consultation in support of intervention / treatment to be offered. Further work may occur to incorporate the needs of ADHD into the developing care pathway.*

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

Month (Numerical, e.g. January 01)

Year (Four figures, e.g. 2013)

Comment

*Work has taken place across Shropshire and Telford and Wrekin in partnership with the SSSFT to formally establish a local diagnostic pathway which is used consistently by all professionals. Locally, we have sought to make some adjustments to the Coventry pathway, adapting it to better suit our local needs. Professionals from different organisations have contributed to the discussions. However, further work is required to finalise the approval of the draft diagnostic pathway by all partner organisations. Currently, referral can be made to the three Clinical Consultants (SSSFT) who undertake assessments leading to possible diagnosis of autism.*

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

Please report the total number of weeks

Comment

*Linked to diagnosis, the CMHT's can clearly evidence effective work with people who sit within the ASC. For example, CMHT's work to a clear diagnosis pathway that includes a full developmental history and which helps to inform the therapeutic intervention to be offered. This approach improves the potential for effective outcome to be achieved and IAPT services tailor their services to meet individual difficulties. Early Intervention teams also screen and work well in support of Aspergers, although low in number, and associated / first episode of Psychosis.*

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

Comment

*Since April 2013, 17 people have been seen by consultants. There is currently no requirement through QOF (Quality and Outcomes Framework) for Primary Care to hold registers specifically for people with ASC although some do locally. Practices do have registers of people with a Learning Disability and some people with Autism are included in these and there is a medical record coding which will be completed following diagnosis..*

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

- Yes
- No

**Comment**

Yes, the (PCT) CCG Lead Commissioner for Mental Health and Learning Disability has held a series of meetings with representatives from relevant stakeholder organisations and staff from both authorities, plus representatives from Shropshire and Staffordshire to discuss in detail the diagnostic Pathway and modifications to the Coventry pathway. This has not yet been finally approved, but this work is in hand.

## 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**

Locally, there is an Integrated approach with mainstream and statutory services with a specialist awareness of ASC. For staff working in the SSSFT, this area of work is included in job plans.

## 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?

Individuals who access Telford and Wrekin services via the Access point who presented as ASC could be referred to the Care and Support Team for a Community Care Assessment, and if necessary, for further assessment linked to diagnosis, via the SSSFT. If someone is diagnosed/ classified as a person with ASC, via the Community Care Assessment, decisions would be made about eligibility to services, linked to the Fair Access to Care criteria. If someone is diagnosed as a person with ASC and they did not meet the criteria to receive services, they could attend the low level, preventative services, referred to in previous responses.

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

Some information is outlined above, linked to a collaborative partnership between Listen not Label, A4U and Autonomy. In addition, services are provided by the Shropshire and Telford Asperger Carers Support (STACS) which is a voluntary group of parents, carers and partners of people with Aspergers Syndrome / High Functioning Autism. STACS aim to provide support, information and a higher level of knowledge and understanding to parents, carers and partners of adults(16+) with Asperger's Syndrome (AS)/ High Functioning Autism (HFA) who live in Shropshire, Telford and surrounding areas. We also aim to work for better services and provision for adults with Asperger Syndrome/Autistic Spectrum Condition and their Carers' The Carers Centre provides support to carers of all vulnerable groups who live in Telford and Wrekin and this will include Carers of people with autism. Jointly, Telford and Wrekin council and the CCG have a Section 75 Pooled Funding Agreement to commission a diverse range of approaches providing real support for carers of people, including those with ASC. The Telford and Wrekin council has a Funding Panel which receives applications for funding for care and support. This panel will consider applications relating to people with ASC. The Shropshire and Telford and Wrekin CMHT also offer support to a range of individuals, including those with ASC. All CMHT's are co-located with local authority staff and operate to Fair Access to Care guidance. As such Community Care Assessments are completed through the local authority and co-located community based teams.

## [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

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

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

#### Comment

*This information is not gathered at the moment.*

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

*Yes. Telford and Wrekin has a single Access Point for all people, to support appropriate signposting to Council services. Staff receive training to support and respond appropriately to a wide range of individuals, including those with ASC.*

*Telford and Wrekin Council has produced a hard copy Directory of Services and Information for Adults with High Ability Autism or Asperger's Syndrome. It gives details of a wide range of organisations that provide support at a local level, information on publication of resources and other West Midlands support organisations. Online resources and web pages are listed. Contacts for FE, employment, work experience and volunteering, Welfare benefits and awareness training are listed. The document was published in August 2013.*

*In early September, Telford and Wrekin Council formally launched the 'My Life' Portal which is a web based, key resource for informing local people of information relevant to their own care. Individuals can create their own portal.*

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

*As explained above (Q26), all CMHT's are co-located with local authority staff and operate to Fair Access to Care guidance.*

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**

*Yes. Telford and Wrekin Council in partnership with the CCG are funding a pilot project to support advocates working with people with ASC. Staff from a range of voluntary organisations including A4U (Advocacy for you), LNL (Listen not Label); Shropshire and Telford Aspergers and Carers Support (STACS); OSCA (Citizen Advocacy) and Autonomy (Asperger Organisation) and staff from the organisations have attended training on Autism. Taking Part - an advocacy group for learning disability have trained all staff in relation to Autism and training is provided regularly. As confirmed above, local FE providers run courses on ASC.*

**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. The pilot project referred to in Q30 is aimed at providing low level preventative services to support and empower people with ASC to maximise their potential and live independently. An example includes the development of a Telford and Wrekin and Shropshire ASC Parent and Carer Information Pack which signposts families to local and national support services and provides the contact details for families at a local level.*

**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.**

*The information provided above in Q 30 and 31 applies to all people with ASC and their families, not just to those who have been assessed against FACs. Individuals are able to attend the drop in sessions that local advocacy services hold and the resource pack and access to support is available to all families and individuals with ASC.*

**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**

*As referenced above, information is available about the local support. Specifically, Telford and Wrekin Council has produced a hard copy Directory of Services and Information for Adults with High Ability Autism or Asperger's Syndrome. In addition, last week T&WC launched it's 'My Life' web based portal on the 12th September. The Portal has been designed to help people find up to date details of organisations and information about keeping healthy, housing, leisure activities and employment, as well as care and support and care homes. The intention is to support people in making informed choices at different stages of life and times of need. Work has taken place to ensure the site is accessible to people with a range of different disabilities. Discussions are taking place with our voluntary sector partners to support meaningful access to the Portal by people with ASC.*

## Housing & Accommodation

**34. Does your local housing strategy specifically identify Autism?**

- Red  
 Amber  
 Green

**Comment**

A Housing Strategy was written in 2009, covering a ten year period. It referenced people with learning disabilities, ASC, ADHD. At that time, 29 young people with ASC, moving towards transition were identified as requiring housing options over the next ten years. Work is currently in hand to refresh the Housing Strategy, so these numbers may increase. The Council is working with its local Registered Provider (RP) partners to plan and deliver a specialist housing programme to help adults with a Learning Disability to live more independently. 15 new housing units (London House, Holyhead Road) have been completed within the last three years, with a further 26 units (Telford Millennium Community, Limekiln Lane) currently on site. Several similar schemes are currently being considered. The schemes have been supported by a mix of funding from The Homes & Communities Agency, The Council and Registered Providers.

Locally, the Operations team hold monthly accommodation meetings to match the needs of vulnerable people requiring housing and this includes people with ASC, including those coming through transition. In some cases, Telford and Wrekin Council and the (then PCT) CCG have worked closely to support housing named individuals. Whilst the initial placement has been high cost, as the individual has stabilised, staffing and costs have reduced. A jointly funded service in the community provides short term breaks (respite) and an Emergency bed to support people with behaviour which can be challenging. This including people who are ASC. In addition, the SSSFT have a community based support team who provide in-reach support to families and providers of services to support the same groups of people and prevent escalation of need leading to in-patient admissions.

## Employment

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

- Red  
 Amber  
 Green

**Comment**

Telford and Wrekin is committed to supporting different client groups, including those with ASC into employment. Through EEAST, its internal Employment Support service, the following areas are covered: CV Building, Job Searches, Job Applications, Universal Job match account set up, Email account set up, Training advice and referrals, Computer skills support, Interview Skills building, Voluntary Work opportunities, Follow on support when in initial stages of employment, Liaising between Coordinator and Job Centre advisors and Referrals to EEAST for one to one support. This service is for all clients, including those with autism.

Wavelength is a local service which works with Probation Services and continues to take referrals from transition and Future Focus (connexions). The service runs Work Clubs for people to access for specialist support as there is an increased number of individuals who are deemed fit for work via DWP medicals and being removed from health related benefits. People with autism are not excluded from this regime.

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

- Red  
 Amber  
 Green

**Comment**

Yes. Through transition staff supporting individuals will consider a range of needs of individuals, including employment. This will also include people with autism.

## 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**

Steps have ben taken to engage with the CJS to support planning and this will be a key objective in the revised strategy and Action Plan.

## 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

35

Comment

*A male (aged 25) with LD/ASC who was interested in work was referred to the Employment and Advisory Support Team (EEAST) by the Adult Social Work Team. He was diagnosed as LD with ASC. Work was undertaken to establish skills and attributes for him to understand options available. His family were unsure if he would be able to work and were more interested in Day Opportunities. The person was withdrawn and avoided using public transport. He found conversations difficult and avoided new tasks or situations. This information informed consideration in relation to progression.*

*An advisor worked 'One to One' and enabled him to start an Action Plan, exploring options and for the family to understand the ongoing support that would be available.*

*Mobility Training was pursued. He was supported to apply for jobs as he had limited literacy skills, but his lack of work evidence was proving to be a barrier in getting an interview.*

*The Advisor went 'cold calling' to potential companies. After providing support at interview he was offered a work experience placement with a local retail company to enhance his skills and employment history. Job Coaching was put in place and Job Carving was negotiated with the employer as he wanted to try retail work but could not realistically use the till. His tasks were based on routine which complimented his autistic needs and discreet pictorial prompt cards were used as an aid to remind him of what to do and in what order. Monitoring and mentoring continued on a regular basis. New tasks were introduced to trial and achieve. Retention strategies and interventions were needed as new managers were brought into the store to familiarise them with ASC and the importance of reasonable adjustments. Through ongoing, focussed work and support, negotiations took place with in relation to a paid position. In conclusion, he feels more confident and respected and although he has faced many barriers he has made significant steps towards wemployment.*

#### Self-advocate story two

Question number

34

Comment

*When: This story happened during the Autumn 2012.*

*What happened: A gentlemen got involved in a consultation process through Taking Part advocacy that was arranged by the council to help redesign respite services in Telford. At the end of the consultation process current respite services changed, previously there was only one option in Telford available to people if they wanted to access respite and the building and the service that facilitated the respite, closed. It did not represent what people with learning disabilities wanted from respite any longer. A service called A1 supported living met the gentlemen at an event arranged by commissioning services to advertise their services that provide respite. He accessed the service for respite and liked their support. A1 supported living identified the old building that provided respite for people in Telford was no longer being used so they moved in and refurbished the building. The gentlemen made people aware with the support of his advocate from Taking Part that he would like to move on from his family home. As he was familiar with A1 supported living and familiar with the old respite home he moved in and is now supported by A1 to live in the community.*

*What is important for us to know about this service or support?*

*The Gentlemen was working closely with advocacy services to get involved in the consultation process.*

*What was good about the support?*

*The gentlemen was involved in each step of the process RAG rating: Green - Very good*

*What do you think we can learn from this story?*

*Planning and service user involvement is key for successful outcomes*

#### Self-advocate story three

## Question number

26

## Comment

*I have a learning disability and autism. I access the Inclusive Leisure Service three days a week which is part of Telford & Wrekin's Day Opportunity Service. Since I came here I have developed new skills which have helped to become more independent. I had two enablement workers when I started who followed me around all the time to keep me safe. I now have one person who supports me to do more things for myself.*

*My autism means I prefer to have my own space, but I have learnt to communicate better with people and enjoy spending a bit more my time with other people who access the same activities as me. I do still find a lot of noise difficult to cope with and will choose to leave the room but I don't get as angry anymore as I know how to cope better. I find it easier to talk to the staff who support me than I did when I first came here.*

*I like taking part in lots of activities such as going to the gym, cycling, swimming and ice skating. I have become much more confident in the water and the person who supports me has helped me to learn how to be under water.*

*I really like coming here and would find moving to somewhere else very difficult.*

## Self-advocate story four

## Question number

35

## Comment

*Over the years I have been supported by County Training which has been patchy in quality and never leading to a full time, worthwhile job. Landau were quite supportive and would keep me in mind when looking at the job market. The Job Centre seems too busy to properly help. Sitting in front of computers going through lists of jobs is hard, especially when all the good jobs get snapped up despite still being advertised!*

*Since the beginning of September I have had a job interview with McDonalds, not successful. I was interviewed by Apley Hall Restaurant weeks ago and have had no answer to whether I got the job. This can be frustrating for someone who just wants to work. My disability should not be a barrier to me or others and this can be hard when I try to keep positive despite setbacks.*

*I feel that a mentor who is employment and has the time to work with me would be ideal. I have the work ethic we just need the understanding and support to do a good job.*

## Self-advocate story five

## Question number

28

## Comment

*The service I use is the support group Autonomy. Autonomy provides social groups for people on the Autism Spectrum to meet up and converse, as well as active roles in the community such as training days for Professionals working in Mental Health.*

*Autonomy provides support and assistance, as well as advocating more resources to become available for people on the Autism Spectrum. Autonomy also provides social groups and creative ideas for improving the quality of living for people on the Autism Spectrum. Autonomy has helped many people to claim benefits and Disability Living Allowance and encourages people to achieve their goals and grow in character.*

*I enjoy the social groups because it offers me a chance to communicate and get along with people who will understand me. I also enjoy expressing and sharing my creative ideas with people and witnessing the ideas and interests of other people. If I have ideas and plans, I can be sure that Autonomy will help me to achieve them, through advice or more practical means.*

*Autonomy is free, but if it needed to charge I would still want to be a member of this service.*

*There needs to be more resources readily available for people on the Autism Spectrum. Society needs to understand and accommodate for the needs and requirements of people who may not be catered for in a world that tends not to understand or support the direction of growth and strengths of people who are on the Autism Spectrum. Society needs to be more flexible, individuals need to be encouraged to branch out on the directions that work for them and there needs to be more liberty and freedom in the choices people make.*

## 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

22

Month

1

Year

2014