

HEALTH SCRUTINY COMMITTEE

Minutes of the meeting of the Health Scrutiny Committee held on Monday, 14th November 2011 at 6.00 p.m. in the Civic Offices, Telford, Shropshire

PRESENT:

Councillors D. White (Chairman), V. Fletcher, J. Seymour, C. Turley. Scrutiny Co-optees, D. Davies, R. Shaw.

Also Present: Craig Cook, Assistant Chief Officer - Resilience and Support Services Manager, WMAS; Daren Fradgley, Assistant Chief Officer Head –Performance Improvement, WMAS; Matt Bennett, DoS lead officer for the West Midlands; Dean Jenkins, General Manager; Stephanie Jones, Scrutiny Group Specialist.

HSC-11 MINUTES

The minutes of the previous meeting held on 22nd September 2011 were agreed as an accurate reflection of the meeting and signed by the Chairman.

HSC-12 APOLOGIES FOR ABSENCE

None

HSC-13 DECLARATIONS OF INTEREST

None

HSC-14 WEST MIDLANDS AMBULANCE SERVICE (WMAS) MAKE READY SYSTEM AND NHS PATHWAYS

1. MAKE READY

Craig Cook, Resilience and Support Services Director, WMAS gave a presentation on the Make Ready System for Telford & Wrekin.

The presentation highlighted the following points:

- Key data for Telford & Wrekin:

| | |
|---|-------------|
| – Population | 169,000 |
| – Ambulance activity (incidents attended) | 24,000 p.a. |
| – Category A8 performance | 83.8% |
| – Category A19 performance | 99.1% |
| – Patients taken to hospital | 16,000 |
| – Operational A&E vehicles | 22 |
| – Operational staff | 97 |
| – Community first response schemes | 3 |

- Make Ready is a quality assurance vehicles and equipment preparation programme aimed at improving efficiencies across the whole service. Currently, the paramedic crew checks the vehicle, equipment and drugs when they come on

duty. With Make Ready, there would be a team of Ambulance Fleet Assistants who would clean, re-stock and carry out checks on medical devices and vehicles ready for when paramedics come on duty.

- Make Ready goes alongside a review of estates and the distribution of ambulance stations. There were currently around 70 stations across the region with around 20 staff per station. Staff would be grouped around fewer hubs (with community stations and ambulance stands) to allow greater flexibility to focus resources on peak activity periods and places.
- An analysis of patient flow in the county showed a roughly equal flow of patients to PRH and RSH. The model was flexible to take account of the acute hospital reconfiguration.
- An analysis of life-threatening emergencies across the county showed high concentrations around Telford and Shrewsbury, smaller pockets around Oswestry and Whitchurch with other emergencies scattered across the county.
- There were currently 8 ambulance stations in the county with 2 (Donnington and Tweedale) in Telford & Wrekin. There would be investment in the structure of the hubs. Post Make Ready there would be 2 hubs in the county (Shrewsbury and Donnington) with four community ambulance stations in Telford & Wrekin (Tweedale, Stafford Park, Wellington and Newport) and 2 more over the border in Bridgnorth and Market Drayton. Locations had been mapped against emergency activity so ambulances would be stationed to respond more quickly as accidents present, within 8 minutes of anywhere in the borough.
- Ambulance Fleet Assistants would be employed to prepare ambulances and equipment for when crews come on duty. On average, one hour of a twelve hour shift is taken up with logistical issues and passing this to auxiliary staff would mean there is 100% paramedic availability and no lost clinical time.
- The benefits of Make Ready were summarised as:
 - Improved response needs and times
 - Meet the needs of the patient (“right time, right place, right care”)
 - Improved patient outcomes
 - Reduced waste and increased efficiency

Following the presentation members asked a number of questions.

Is there still full service coverage under the current system during the time that ambulances are being prepared?

Under the present system the crew may be called out before all the necessary checks have been completed so it is more difficult to ensure the service. Make Ready will free up paramedic staff from logistical tasks and ensure there are 12 hours of clinical time for each 12 hour shift.

12 hours is a long shift especially when crews can have shifts extended by out of area journeys – is there a problem with fatigue?

12 hour shifts are optimum for operational service needs and staff have expressed a preference to work longer hours for fewer days per year. There are varying shift patterns which conform with EU working time directives and a managed rostering system. The control room runs on protocols so there is a constant swap-over of crews. If a crew ends a shift at a hospital which is bed blocked, a relief crew is sent out to take over so the crew can go home. Crews are not deployed on long distance transfers when they are nearing the end of their shift unless there is a clear need. The introduction of the hubs and centralisation of staff will mean that shifts can be rostered more efficiently to reduce these kinds of extensions to shifts.

Is bed blocking still an issue for ambulances at PRH?

There is still a problem. Other areas have Hospital Ambulance Liaison Officers (HALOs) so there is a hospital based paramedic to monitor the actions required to keep patients arriving by ambulance flowing until a bed becomes free so that the ambulance can return to operational service and is not tied up at the hospital. Telford & Wrekin PCT funded a HALO for 18 months but then decided to discontinue the funding.

Is there any cross-over of crews between areas e.g. for transfers between PRH and Newcross?

Generally a Telford crew would transfer patients from PRH out of area. But if it is very busy the control room could ask a black country ambulance to pick up. It would depend on the priority the hospital has given to the patient. If a patient is stable, there is usually a 4 hour window to transfer but some cases may be more urgent.

How is the service prepared for a major accident such as seen recently on the M5?

The service is strongly placed to deal with a major incident. Anthony Marsh, the West Midlands Chief Executive, leads on emergency response nationally and there has been heavy investment in specialist training and equipment to respond to major accidents. Protocols are in place to manage the accident scene, especially during the initial crucial stages. The control room would be able to deploy resources from other areas very quickly. The Hazardous Accident Response Team are specialists who work with the fire service and would work between an area of danger such as chemicals or fire and safe areas. The team is based in Oldbury, about 40 minutes from Telford.

Do the hospitals pay for the ambulance service?

The ambulance service is commissioned annually by the PCT and is separately funded from the hospitals. There is provision in the funding arrangements for variations of service. In Telford & Wrekin there is also a private contractor to move patients between hospitals, but if the patient needs a higher level of care this would fall to the ambulance service.

I am pleased to hear about the upgrading of paramedic skills. How does the advanced paramedic skill level compare to a nurse or doctor?

The NHS has introduced a new nurse/paramedic practitioner level which is between doctors and nurses. The advanced paramedics have more responsibility and power. They are state registered by the professional health care council and are responsible for their own continuing professional development. Training modules are based around 3 key areas:

- Assessment of conditions and systematic critical protocols
- Treatment - e.g. wound treatment, drug treatment
- Discharge - checking there is adequate onward care e.g. referral back to the GP or other part of the health system.

Currently 35% of patients are not taken to hospital and the advanced paramedic training should reduce the need for hospital admissions further. The discharge training will ensure patients not taken to hospital have a route back into the system. There is also a clinical desk at Brierley Hill which paramedics can call for advice. The Trauma review will provide more on-line clinical care from doctors.

How do you make sure patients not admitted to hospital have a route to further help should they need it?

35% of patients are not taken to hospital. Sometimes, the problem is dealt with on the spot, for example a diabetic event, and there is no need for hospitalisation or further treatment. Patients are always advised that if they have further problems they should call 999 again. GPs are advised about such events. The patient is given a copy of the ambulance report and advised to take it to their GP.

How many Fleet Assistants will there be and how will they be funded?

There will be 11 Fleet Assistants in Shropshire financed from reduced overheads resulting from the modernisation of buildings. There is no new money available.

When will the Donnington hub open?

It will be running from around April 2012. There is building work, the reorganisation of the operation and staff consultation to do before the system can go live. The original Make Ready plan was for one hub for the county in Shropshire, but a number of factors and the identification of additional savings influenced the decision to have a second hub in Donnington.

Are many 999 calls made because patients cannot contact their GP?

There are no statistics on this as all calls are responded to, and paramedics assess the situation based on what they find. The Directory of Services system will allow us to gain more intelligence about patient flow.

What is the average wait time for ambulances at RSH and PRH and is there still an issue with bed blocking?

Much work has been done to improve patient flow, but there is still work to be done.

Do the Hospital Ambulance Liaison Officers (HALOs) make a difference and offer value for money?

A paramedic must stay with a patient in hospital until they can be handed over to hospital staff. This means the crew and ambulance can be out of action for hours if beds are blocked. The problem is more acute in rural areas where a small number of ambulances out of commission has a big impact. The HALOs work with the hospital management team to improve patient flow and ambulance turn around times. In 2010 Shropshire and Telford & Wrekin PCTs funded HALOs for 18 months but the funding was not renewed. It takes time to improve the system, but other areas which have maintained the HALOs are seeing improvements. Hartlands hospital has turned around performance. In October there was a lot of activity in the West Midlands and

ambulance delays, so front line staff were deployed to act as HALOs at PRH and RSH. The HALO was able to stay with patients in the hospital so that the ambulances could be turned around quickly which made a difference.

Actions agreed:

- **Information about wait times at PRH and RSH would be provided to the Committee.**
- **Comparative data on ambulance turn-around times would be provided for hospitals with and without HALOs.**
- **West Midlands ambulance performance monitoring information would be provided to the Committee on a regular basis.**

2. NHS PATHWAYS

Daren Fradgley, Head –Performance Improvement gave a presentation on the NHS Pathways & Capacity Management System Directory of Services (CMS DOS).

This CMS DOS system was being implemented to route 999 calls to the appropriate NHS service so that patients go to the “Right Place, First Time, All of the Time”.

There had been an increase in ambulance activity with a growing number of 999 calls. 999 is often seen as the easiest and quickest route to access NHS services. It is well recognised, easy to remember, and people feel familiar with the service from hospital dramas on TV. The majority of 999 calls are now for non-life-threatening situations, so the ambulance service no longer deals exclusively with emergency care, but also deals with non-urgent care. To this end the service must evolve and route these patients more appropriately.

There were 810,000 999 calls in the West Midlands in 2010. The number grows by around 4-5% each year and calls are projected to increase to over 1million over the next five years. Funding will not increase with the level of activity.it is also an opportunity to make the system more efficient.

Ambulances are currently dispatched to 96% of all calls. To maintain neutral growth of the service, the number of calls not dealt with by ambulance response will need to increase from 4% this year to 8% in 2012, 12% in 2013 and 20% overall over the next 5 years.

The NHS Pathways / CMS DOS system was being implemented to make clinical assessments of calls so that non-life-threatening calls could be directed to the appropriate NHS provider to respond. The previous position was that 999 calls were “triaged” to determine whether the call was life-threatening, potentially life-threatening or non-life-threatening. In practice, ambulances responded to 96% of all calls so the triage system was not effective. 68% of ambulance call-outs resulted in hospital admission when only around 20% of the calls required an emergency response.

Work had been done with health partners to build up a Directory of Services (DOS). DOS is an internet tool which maps all health care provision within each geographical area, including GPs, primary care providers (walk in centres, community nursing etc.) and brought together in one place. The intention was to extend the directory to include local authority services over time.

With the CMS DOS system, 999 calls would be assessed to identify life-threatening signs and symptoms. Life-threatening calls would be red flagged and an ambulance would be dispatched immediately. Non-life-threatening calls would be assessed using the model sitting in the DOS to match the need against the right service provider and calls would be routed to that provider. The intention is to get patients into the primary care system at the right point, or to offer self-help. If there is no match in the DOS system, the patient moves to the clinical support desk which is staffed by clinicians, advanced paramedics and paramedics for further investigation. If there is any doubt about the symptoms, the patient receives an emergency response. Response times though DOS would range from immediate to 72 hours depending on the service required and level of urgency.

The intention was to make the directory available to all health care providers, private providers and the public. Access to parts of the system would be restricted

The key benefits of the system were highlighted as:

- Patients go to the right place, first time all the time
- Improved patient journey and experience
- Better use of available resources
- Cost base for assessment and referral to care much reduced
- Inappropriate ambulance journeys avoided
- Reduction in 999 conveyances and A&E attendances
- Gives commissioners world class data on what services are needed.

CMS DOS had been extensively piloted in 4 sites with 1.3 million 999 and 111 calls assessed with no adverse events. 6.6% of calls had been dealt with in the Directory or Clinical Support Desk (an improvement from 4%). The system was clinically driven with oversight by the National Clinical Governance Group chaired by the Royal College of GPs, had been academically evaluated by 2 universities and has overt support from the BMA and Royal Colleges.

In Telford & Wrekin since 20th September there had been 1747 emergency calls with 1647 emergencies. Of the emergencies, ambulances had responded to 1806 incidents, 35 calls were referred to GPs, 9 to the Clinical Support Desk, 7 to self-directed help.

The implementation of the system in Telford & Wrekin had taken longer than expected because GPs had requested more consultation before going live. The system had been implemented in a staged approach, but all parts were now ready to go live. All GPs, the community nursing team, midwifery unit, emergency practitioners, clinics and community services and out of hours services were in the Directory.

Following the presentation, members asked a number of questions.

Who will answer the 999 calls?

The existing staff will be taking the calls with the new system. They are trained in robust questioning techniques and use a repetitive assistance model to get the right information without wasting time. The module is time limited so the response is fast. If there is any doubt about the situation, an ambulance is dispatched. If the call is identified as a non emergency, the call moves onto the assessment model in DOS to match symptoms to the appropriate service.

How will you ensure that the patient receives a response when they are referred to an alternative provider, for example for a GP appointment?

The ambulance service will notify the GP that the patient has been assessed through the system to ensure that the GP sees the patient. Patients are always advised to call back if they do not receive a response.

Would the person dealing with the call contact the appropriate provider themselves, or would the patient contact them?

If there is an established relationship between the patient and the provider (for example their GP) the patient would be expected to contact the provider themselves. However, they would be given a timeframe for making contact and advised to call the ambulance service again if they have not succeeded in making contact within that timeframe. If there is no existing relationship between the patient and the provider, the Ambulance Service would contact the new provider.

If the system cuts costs for the hospital, should they contribute to paying for the system?

We are working with the PCT and Clinical Commissioning Group on the system. The GPs are very supportive and the Chairs of the Clinical Commissioning Groups in Telford & Wrekin and Shropshire have been championing the system regionally. The directory has focused on primary care, but the aim is to work with the local authority to extend care services in the directory.

Other questions;

Is WMAS continuing to work with SaTH on the hospital reconfiguration?

Work is on-going at a commissioning level and with local management to ensure plans support the reconfiguration and ensure the service is right for patients. We are doing this in conjunction with the Welsh Ambulance Service.

Actions agreed:

- **That copies of the Health Economy Information Leaflet on the NHS Pathways and Directory of Services provided by WMAS would be distributed to staff in adult and children's care services. The leaflet was aimed at health providers.**
- **That once information for the public was available there would be a link from the Council website to this information.**
- **That a visit would be organised for members to visit the control room to see the Directory of Services in operation.**

The Chairman thanked WMAS officers for attending the meeting, presenting the information and answering the Committee's questions.

HSC-15 NATIONAL AUTISM STRATEGY

This item was deferred to a future meeting as apologies had been received from the Development Manager Autism West Midlands.

HSC-16 FORWARD PLAN

There was a discussion about the Forward Plan and the following was agreed:

- That the Committee would not include the Trauma Review in the work programme as the designation of RSH as the trauma unit for life-threatening trauma was part of the reconfiguration proposals and was a matter for the Joint Health Overview & Scrutiny Committee.

- That the next meeting would be to look at the development of the Health & Wellbeing Board, including the development of the Joint Strategic Needs Assessment, and the development and support for the Clinical Commissioning Group.

- That the Community Trust should be invited to address issues for Telford & Wrekin. Clarification should be provided about responsibilities for commissioning and providing services based in the community.

The meeting ended at 8.15 p.m.

Chairman:

Date:

**Briefing paper on: the Autism Statutory Guidance,
Implementing fulfilling and rewarding lives
(Department of Health, December 2010)**



The Autism Act 2009 – the first disability specific piece of legislation – placed two key duties on the Government: to produce an adult autism strategy, *Fulfilling and rewarding lives* (DH, March 2010), and to produce statutory guidance for local authorities and local health bodies. The latter document, *Implementing fulfilling and rewarding lives*, was published on 17th December 2010. It had immediate statutory force from the day of publication; this means that Local authorities and NHS bodies must take account of the guidance and follow the relevant sections (DH, December 2010). The statutory guidance uses the umbrella term ‘autism’ to cover all individuals on the autism spectrum; which means the requirements of the statutory guidance also apply to adults with Aspergers syndrome. **Designed to help local authorities, NHS bodies and NHS Foundation Trusts to ‘develop services that support and meet the locally identified needs of people with autism and their families and carers’ (DH,2010: 5)** in the following areas:

A) Training of staff who provide services to adults with autism

- **General autism awareness training** - should be available for everyone working in health and social care – not just those in frontline service delivery
- **Specialised training for staff working in key roles** – such as GPs, those responsible for conducting community care assessments, and those in leadership roles locally.

B) Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services

- **Each local authority area should put in place a clear pathway for diagnosis of autism**
- When an adult is diagnosed with autism, the healthcare professionals making the diagnosis should inform the adult diagnosed, and/or their carers, **that they have the right to request a community care assessment.**
- **The duty upon Local authorities to assess a person who may be in need of community care services applies to people with autism, whether or not they have a formal diagnosis of autism and irrespective of their IQ.**
- **Community care assessments should be carried out by trained practitioners; the assessment taking into account of the communication needs of adults with autism.**

C) Planning of the provision of services to people with autism as they move from being children to adults

- **Local authorities and NHS bodies should ensure that all professionals involved in transitions for young people with autism have received autism training; professionals should inform the individual they are working with to their right to a community care assessment as they reach adulthood**
- **Young people with autism who do not have a statement of SEN may instead have a Health Action Plan.**

D) Local planning and leadership in relation to the provision of services for adults with autism

- **Each local authority should appoint a lead professional to develop diagnostic and assessment services for adults with autism in their area.**
- **All local authorities need to gather data on the number, age range and needs of adults with autism and take their views, and those of their families and carers, into account in order to develop and commission services for adults with autism.**

In April, the Department of Health produced an *Essential Quality Outcomes Framework for Local Self Assessment Framework* (DH, April 2011) to help local authorities and NHS bodies to implement the statutory guidance. Skills for Care have published *Autism skills and knowledge list, for workers in generic social care and health services* (2011) which is useful in adding detail to the general training requirements of Section A of the Statutory Guidance. Despite the difficult financial context in which local authorities and NHS bodies are currently operating, it is vital that momentum is not lost on this issue because, as the National Audit Office Report shows, there are long term economic benefits in improving services for adults with autism (2009).



About Autism West Midlands

Autism West Midlands is the leading provider of specialist autism services in the West Midlands. We are a charity supporting people across the autism spectrum and their families, through our residential homes, supported living provision, family support, criminal justice support, education, training, information helpline service and support into employment.

Briefing your Scrutiny Board

Autism West Midlands would like to come and talk to your Scrutiny Board, as we have done for other local authorities, so that we can enable the Board to understand the implications of the Statutory Guidance.

TELFORD AND WREKIN ALL AGE AUTISTIC SPECTRUM CONDITIONS STRATEGY

2012 - 2015

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1. EXECUTIVE SUMMARY

1.1 Context

This strategy covers Telford and Wrekin and has been written in response to the Autism Act 2009 and following strategy 'Fulfilling and Rewarding Lives'. The document has been developed at a time of economic and financial restraint when it will be necessary to achieve outcomes within existing resources and work jointly with partners around service re-design.

The national strategy focuses on five core areas of activity:

- Increasing awareness and understanding of autism among frontline professionals
- Developing a clear, consistent pathway for diagnosis in every area
- Improved access to the services and support which people with autism need to live independently within the community
- Helping people with autism into work
- Enabling local partners to plan and develop appropriate services for people with autism to meet identified needs and priorities

The Telford and Wrekin Strategy has been prepared with the aim of addressing these objectives. However the children services had developed a Children's Disabilities Strategy, (Including Multi-Agency Autistic Spectrum Disorder Strategy) back in 2009 -12. In order to ensure all age Strategy is in place, we have incorporated into one.

1.2 The Telford and Wrekin goals and Action Plan

Five priority areas have been identified for **adults**:

1. Training of staff who provide services to people with autism
2. Data collection and identification of people with autism and assessment of needs for relevant services
3. Development of a care pathway for Telford and Wrekin.
4. Transition planning in relation to people with autism moving from children's services to adults
5. Local planning and leadership in relation to the provision of services for people with autism (including transition)

Four priority areas have been identified for the **children**:

1. Effective engagement and consultation with young people with ASD and their families
2. Ensuring provision of co-ordinated, high quality services based on assessed needs and where possible enabling children and young people with ASD to lead ordinary lives, encompassing the five Every Child Matters outcomes.

3. Stimulating, developing and sustaining partnership working in the provision of services to meet the needs of children and young people with ASD.
4. Workforce Development

The actions needed to achieve these goals are set out in the action plan at the end of the document in Section 9.

1.3 Shropshire, Telford and Wrekin Autistic Spectrum Conditions Group

This group has been established to develop and produce a local autism strategy and to shape the development of the local delivery plan.

The group will feed into the Staffordshire, Stoke-on-Trent, Shropshire and Telford and Wrekin Adult Autistic Spectrum Conditions Partnership Board.

1.4 Staffordshire, Stoke-on-Trent, Shropshire and Telford and Wrekin Adult Autistic Spectrum Conditions Partnership Board

This Adult Autism Partnership Board has been established to develop and produce the local overarching autism strategy and lead the planning and implementation of the local delivery plan for Staffordshire and Stoke-on-Trent.

The Board is responsible for overseeing the commissioning, planning and provision of autistic spectrum conditions services across the County.

Shropshire and Telford and Wrekin and Stoke-on-Trent are part of the Board as services are commissioned as the main provider for health services in North Staffordshire is Combined Healthcare NHS Trust. For South Staffordshire, Telford & Wrekin and Shropshire Authorities commission mental health and learning disabilities services along with Staffordshire through South Staffordshire and Shropshire Healthcare NHS Foundation Trust. Having a joint Board provides a basis for partnership working, sharing of ideas and information and an excellent model for joint commissioning.

In this strategy we recognise that there are a number of terms that different individuals and groups prefer to use, including autistic spectrum condition, autistic spectrum difference and neuro-diversity. In this strategy we use the term 'autism' as an umbrella term for all autistic spectrum conditions (ASC) including Asperger syndrome.

1.5 Children & Young People ASD Task & Finish group.

The children strategy 2009 – 2012, which is coming to an end this year, was developed by Children & Young People ASD Task & Finish group.

2. INTRODUCTION

This strategy has been developed by Shropshire, Staffordshire, Stoke and Telford Partnership Board. Its purpose is to provide the strategic direction for statutory health and social care organisations in Telford and Wrekin with regards to supporting adults and young people with an Autistic Spectrum Condition.

The document sets out:

- ✓ The objectives and outcomes for the autistic spectrum condition services in Telford and Wrekin in line with the National Autism Strategy published in April 2010.
- ✓ Includes an action plan of how the work programme will be taken forward over the next three years.
- ✓ Considers the national and local drivers, prevalence statistics and stakeholders who need to be involved in the development work.
- ✓ Provides a framework of how we want to monitor and evidence service quality to ensure that it will support the achievement of national and key local targets and performance indicators.

2a. What is Autism?

Autism or Autistic Spectrum Condition (ASC) is also sometimes referred to as Autistic Spectrum Disorder (ASD).

Autistic Spectrum Condition (ASC) is a lifelong condition that affects how a person communicates with and relates to other people. 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.

Autistic Spectrum Condition is a lifelong developmental disability, affecting social interaction, communication, social relationships and making sense of the world

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 outside of their own routines

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.

3. WHY DO WE NEED A STRATEGY?

a. National Context

During the last few years there has been a strong message from Central Government that there is a need for local services to meet the needs of adults and young people with autistic spectrum conditions. It can be reasonably predicted that within the next few years there will be an expectation, a requirement even that local commissioners will commission, redesign and will provide such services.

Key events and dates:

Adults

- November 2006 – ‘Better services for people with an autistic spectrum disorder’
- 2009 – Valuing People Now
- June 2009 – Supporting People with Autism through Adulthood, National Audit Office
- 12th November 2009 – Autism Act
- 3rd March 2010 – Department of Health publish Adult ASC Strategy ‘Fulfilling and Rewarding Lives’
- July 2010 – National Institute Clinical Excellence (NICE) begin to work to develop a clinical guide for ASC in Adults
- December 2010 – Statutory guidance published for Local Authorities and NHS organisations to support the implementation of the Autism Strategy
- The Standard Contract for Mental Health and Learning Disabilities for 2010/2011 explicitly requires service providers to explain how reasonable adjustments for people with autism are made
- By 2013 there will be a pathway to diagnosis in every local area

Children

- Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)
- Together from the start: Practical Guidance for Professionals Working with Disabled Children and their Families (2002)
- Every Child Matters – The Next Steps (2004)
- Removing Barriers to Achievement: The Government’s Strategy for SEN (2004)
- National Service Framework for Children, Young People and Maternity Services (2004)
- Aiming High for Disabled Children: Better Support for Families (2007)

A Summary of Key Themes from the ASC Strategy

The 'must do's'

- ✓ Improve access for adults with ASC to the services and support they need to live independently within the community
- ✓ By 2013 – a pathway to diagnosis in every area
- ✓ Local appointment of a senior professional lead on the development of pathway and to develop a local diagnostic and assessment service
- ✓ Standard contract for Mental Health and Learning Disabilities for 2010/2011 explicitly requires explanation of how 'reasonable adjustments' will be made
- ✓ Local partners to develop a local commissioning plan for services for adults with ASC
- ✓ Consider the establishment of local ASC partnership boards

The document makes reference to best practice, particularly the need to:

- ✓ Increase awareness and understanding of ASC
- ✓ Develop a clear, consistent pathway of diagnosis of ASC
- ✓ Help adults with ASC into work
- ✓ Enabling local partners to develop relevant services for adults with ASC to meet identified needs and priorities

National Indicators:

- ✓ NICE developing guidelines on model care pathways – published 2012
- ✓ Lead professional to 'get on with' examining existing services, scoping to be in good position to act on NICE guidelines

b. The Local Context

While national drivers have set the scene for how organisations should progress, all local statutory organisations are operating in a fluid local environment, which is beginning to offer opportunities to review our service delivery systems. There is a need to take account of the emergence of learning from elsewhere and challenge earlier assumptions about system-wide efficiency.

Historically, services have developed disparately and unevenly across the local health economy, which has led to inconsistencies in the services that users might expect and physical surroundings which are not fit for purpose. All the factors above provided possibilities to re-look and redesign how services might be delivered in the future. We would wish to see a range of outcomes from re-designed service models:

- ✓ A truly user and carer led service
- ✓ Locally rooted services with care closer to home
- ✓ Services that offer early recognition and intervention, facilitating recovery and maintaining independence
- ✓ A review of the workforce skill base

- ✓ Development of training programmes for staff to enable them to deliver high quality, effective services

Shropshire, Staffordshire, Stoke and Telford statutory organisations are committed to working together to improve services for people with autism. Although falling outside of existing care provision, people with autistic spectrum conditions often receive services provided for people with learning disabilities and/or mental health services. Although prepared to meet the demands of people with autism these services struggle to meet the needs of individuals. People may not meet the disability criteria for case services and if they do, the right type of service may not be available to them.

4. SCOPE

The strategy document includes key priorities for action to address service gaps for those who fit the definitions of Autistic Spectrum Conditions.

It includes specific services commissioned and mainstream services such as leisure, housing and education. The strategy and action plan reflects the four key themes of the national autism document 'Fulfilling and Rewarding Lives'.

1. Training of staff that provide services for people with autism.
2. Identification and diagnosis of autism in children and adults
3. Planning in relation to the provision of services to people with autism as they move from children to adults
4. Local planning and leadership in relation to the provision of services for people with autism.

The strategy sets out specific key actions to improve these services and promote choice and inclusion for people with autism.

Aims of the strategy

The aims of the Autistic Spectrum Condition Strategy are to:

1. Ensure a planned and open approach to commissioning of services for people with all ages of an autistic spectrum condition, making use of information about demand, unmet needs/service gaps and resources.
2. Ensure that services are centred on service users' needs and where appropriate family carers.
3. Ensure a transparent relationship with stakeholders in the commissioning and provision of services.
4. Provide direction and structure for both Health and Social Care provision within Telford and for other mainstream services such as Housing, Leisure, Education/School and Training.
5. Continue to review service requirements identified through the Joint Strategic Needs Assessment with due regard to available resources and the need to work within existing decreasing budgets for the main Stakeholder organisations.

6. Stakeholders

The stakeholders in this strategy are:

- ✓ Children and adult with autism living in the borough of Telford and Wrekin
- ✓ Carers and family members of children and adults with autism
- ✓ NHS Telford and Wrekin
- ✓ Telford and Wrekin Council
- ✓ South Staffordshire and Shropshire Foundation Trust
- ✓ Local advocacy services
- ✓ Shropshire Partners in Care (SPIC representing independent residential and domiciliary providers)
- ✓ Family Carers and Carers Support services supported by CVS
- ✓ Providers of day time activities and education e.g.
 - local authority
 - voluntary sector services
 - Telford College of Arts and Technology (TCAT)
 - supported Employment Providers
- ✓ Registered Social Landlords and other housing providers
- ✓ Police and Probation services
- ✓ GPs
- ✓ TCAT
- ✓ The voluntary sector

7. Prevalence Data

It is estimated that 1 in every 100 adults will be on the autistic spectrum. The estimated numbers have been worked out from the population of the UK as given in the 2011 census 58,789,194 of whom 13,354,297 were under 18.

Therefore we would be expecting around 1600 people with some form of autistic spectrum condition in Telford & Wrekin.

Further break down is 0-19 years = 393

Office of National Survey (ONS) 5 – 16 year olds = 237

Literature on the provision of services for people on the autistic spectrum repeatedly states that statutory organisations do not collect data on many people they are providing for or how many live in the catchment area.

Estimates of the proportion of people with autistic spectrum conditions who have a learning disability (IQ less than 70) vary considerably and it is not possible to give an accurate figure. It is likely that over 50% of those with ASC have an IQ in the average to high range and a proportion of these will be very able intellectually.

For further prevalence data, see Annex Two.

8. OBJECTIVES from the National Strategy

Objective One

Make sure people can get a diagnosis if they want one

Children's Services are currently working in partnership to develop a defined diagnostic pathway, for children aged 3-18, based on refinement of existing assessment processes, e.g. Common Assessment (CAF, Children's Development Centre (CDC), which will also ensure that the holistic needs of the child, young person and their families are assessed.

Currently there is no defined diagnostic pathway in Telford and Wrekin once an individual reaches 16 or leaves school. A referral for a diagnosis, usually at the request of the individual or their parents, will depend on where you live, how knowledgeable a GP is about autism, the determination of the individual, parents or carer to pursue a diagnosis or their means to pay for private consultation.

For some people with an undiagnosed condition of autism, the desire to have a formal diagnosis is very important. It can begin to answer many questions and assist them in beginning to understand why they behave, react and respond to situations in the way that they do and to develop coping strategies.

Without a formal diagnosis, individuals have no 'proof' of having a disability and so have no access to claiming welfare benefits or accessing support.

Objective 2 - The identification of adults with autism

Staff working across stakeholder groups receive the appropriate level of training to more accurately identify potential signs of autism in adults and are able adapt their behaviour and communication as appropriate.

Objective 3 - The assessment of the needs of people with autism for relevant services

Diagnosis or identification of autism is not enough: the most important outcome is that, where appropriate for the individual, a diagnosis leads to an assessment for care and support. Diagnosis of autism should also be recognised as a catalyst for a carer's assessment.

Objective 4 - Planning in relation to the provision of relevant services to people with autism as they move from being children to adults

Through school, children with autism and their families and carers will have access to support which helps them achieve and be included. Effective transition planning will ensure that support remains in place once people with autism reach adulthood as appropriate to the individual.

Effective transition planning should include career preparation up to age 16 and plans for education, employment, training, transport, housing and leisure from 16

to 19 and beyond. Crucially transition plans should be individually tailored to the need and wishes of the individual young person and reviewed and updated each year.

Objective 5 - Other planning in relation to the provision of services to people with autism

This objective ensures appropriate planning of services for people with autism ranging from locally based community services through to the provision of specialist or dedicated autism services, and including access to universal services, in line with locally identified needs and priorities

Objective 6 - The training of staff who provide services to people with autism

Our objective is to ensure that training around autism is provided to all public service staff – but particularly for those working in health and social care. This includes not only general autism awareness training, but also highly specialised training for staff in a range of roles that wish to develop their knowledge of autism.

Objective 7 - Local arrangements for leadership in relation to the provision of services to people with autism

Our objective is to ensure there is effective leadership that ensures that the needs of people with autism in Telford and Wrekin are met.

9. Current Service Provision for children and adults

Services for children and young people with ASD covers a range of agencies including:

- Health
- Social Care
- Education
- Community and voluntary sector
- Independent sector
- Leisure services
- Housing

The services that children and young people with ASD access vary according to their level of disability and need. In order to meet a child's needs services are delivered across a number of levels or 'tiers':

- **Tier 1** – Universal. These are inclusive mainstream services accessed by children with ASD. This will include information, advice and signposting to appropriate support
- **Tier 2** – Targeted. These are services targeted at those children with ASD known to require additional support.
- **Tier 3** – Complex. These are specific specialist services, usually delivered by multidisciplinary teams to manage more complex and severe needs.
- **Tier 4** – Acute / Regional. These are services for highly complex needs.

Our aim is that as many children and young people with ASD as possible are able to access universal service provision with appropriate and adequate levels of support, as needed.

Services are delivered according to the assessed need of the child. The services required to meet a child's needs may change over time according to the changing level of need.

SERVICE MAPPING for children with a disability (including ASD)

HEALTH:

Health services are commissioned by NHS Telford and Wrekin and delivered by Shropshire Community Health NHS Trust across both universal and specialist teams to meet the needs of disabled children, including those with ASD. Services include the Children's Community Nursing Team, Specialist Nurses, Therapy Services (physiotherapy, occupational therapy and speech and language therapy), the Child Development Centre, Community Paediatricians, Continence Service, Community Equipment Service, Wheelchair Service, CAMHS – LD, acute hospital services, audiology, ophthalmology and specialist regional facilities. Universal services include access to GP's, Health Visitors and School Nurses.

SOCIAL CARE:

Autism Co-ordinator is a joint commissioned post co-ordinating services for children and families with autism working within the Disabled Children's team and linking with all agencies involved in autism services.

Social Workers are based within the Disabled Children Team, which also incorporates the Child Development Centre, Special School Nurses, Record Co-ordinator and inclusion and support practitioners.. This team of social workers case manage disabled children (including those with ASC) with the most complex needs may attend the special schools (The Bridge, Haughton and Southall). The service has recently been developed to also include disabled children who attend mainstream schools, in order to promote inclusion. The Social Workers lead on safeguarding procedures for disabled children as well as providing a range of support interventions – including access to short breaks. Some disabled children may also be known to Social Workers in the Assessment and Case Management Teams.

Occupational Therapy assessments and interventions to provide home adaptations and equipment are provided through social care within the adult occupational therapy team.

EDUCATION:

Education services for disabled children are delivered through the Local Authority, across both mainstream and special schools combined with additional support services. These services include Educational Psychology, Special Educational Needs team, Learning Support Advisory Service, Behaviour Support Team, Special Schools Outreach Service and the Sensory Inclusion Service. An Access Panel also exists to provide dedicated resources to ensure access to schools both in terms of the curriculum and the physical environment.

The council has recently undertaken a restructure, which has re-aligned Educational Psychology, Special Educational Needs, Disabled Children Team, Community Social Work Team, Sensory Inclusion Service, Inclusion and Support Services, Children's Development Centre and Portage, into a Service Delivery unit under one Service Delivery Manager (SDM – Children's Specialist Services). The Service provision is managed within Family & Cohesion Services (F&CS), with close working relationships with other F&CS, School Improvement, Safeguarding, Adult Services and Health Services. The aim is to promote integrated working to ensure the holistic needs of the children are assessed and supported, with a focus on early intervention and prevention.

LOCAL AUTHORITY:

Leisure and Community Services are accessed by some disabled children. Leisure services have an existing Disability Key Worker Scheme and projects such as Every Day Swim which specifically target disabled children have successfully been implemented and provide ongoing opportunities for future development.

Leisure and Community Services are key partners in supporting Short Break provision.

COMMUNITY, VOLUNTARY AND INDEPENDENT SECTOR:

A number of groups exist to support disabled children and their families from parent led support groups and 'condition specific' groups to organisations such as Homestart, DIAL, Parents Opening Doors (PODs) and Parent Partnership. A number of disabled children also access services provided through hospices, both Hope House and Acorns, and residential short breaks through Action for Children and Mencap (commissioned through Shropshire Council)

Adults

At the present time people with an autistic spectrum condition receive a range of services in various settings. However, it is difficult to come to an accurate picture of exactly how many people are using which service. To date there has been no statutory or performance indicator requirement to keep this data. To identify current services we are reliant on the use of prevalence rates applied to overall service provision.

Currently in Telford and Wrekin there are no statutory sector funded services specifically for people on the autistic spectrum. Telford Council fund a specialist Asperger's worker whose role is to provide advice, support, signposting and strategies. See Annex One for more information regarding activities available for able people with an autistic spectrum condition within Telford and Wrekin.

As detailed in Section 6 of this strategy, applying national prevalence rates to the population indicates that we would be expecting around 1600 people with some form of an autistic spectrum condition in Telford and Wrekin. However, we would not necessarily expect all of these people to be accessing statutory services for a variety of reasons, for example some will not meet criteria for social care services.

Given that there is not a specific service catering for people with autism, we can expect that this client group will be present in a number of mainstream services, mainly mainly with a learning disability or mental health background

- Caseloads of learning disability social workers
- Caseloads of mental health social workers
- People within services provided by the two specialist Mental Health and Learning Disability Provider Trusts
- Caseloads of Consultant Psychologists/Psychiatrists
- Attending learning disability day services
- Attending mental health day services
- Attending voluntary sector groups
- Short break and respite services
- Living in independent sector residential and nursing homes
- Living in supported tenancy schemes

This is not an exhaustive list- and does not take into account the accessing of housing, supporting people, leisure or educational/training services by people on the autistic spectrum.

Summary of Service provision for people with Autism in Telford and Wrekin

- Pathway for School Age Children being piloted in the South Early Intervention Locality Service
- ASD/C Co-ordinator (0-19yrs) is a joint commissioned post between Telford NHS, Shropshire NHS and Telford and Wrekin LA co-ordinating services for children and young people and their families, providing information, signposting to services and collecting data to feed into the ASD Operational Group and Steering group this post started in October 2010
- People with ASC will be represented within mainstream provision
- Obtaining a diagnosis can be challenging, development of clearly defined referral criteria and pathway required – Pathway for school age children has been developed and is currently being piloted in the south Early Intervention Locality Service of Telford.
- Young people with ASD will range a number of services. Gaps exist in availability and coordination of these services for children with ASD across tiers 1-4 (health, social care, education, 3rd sector, independent sector, leisure services, housing) – Service provision is mapped by ASD Co-ordinator and fed back to the operational group to look at how best to meet the needs of children, young people and families.

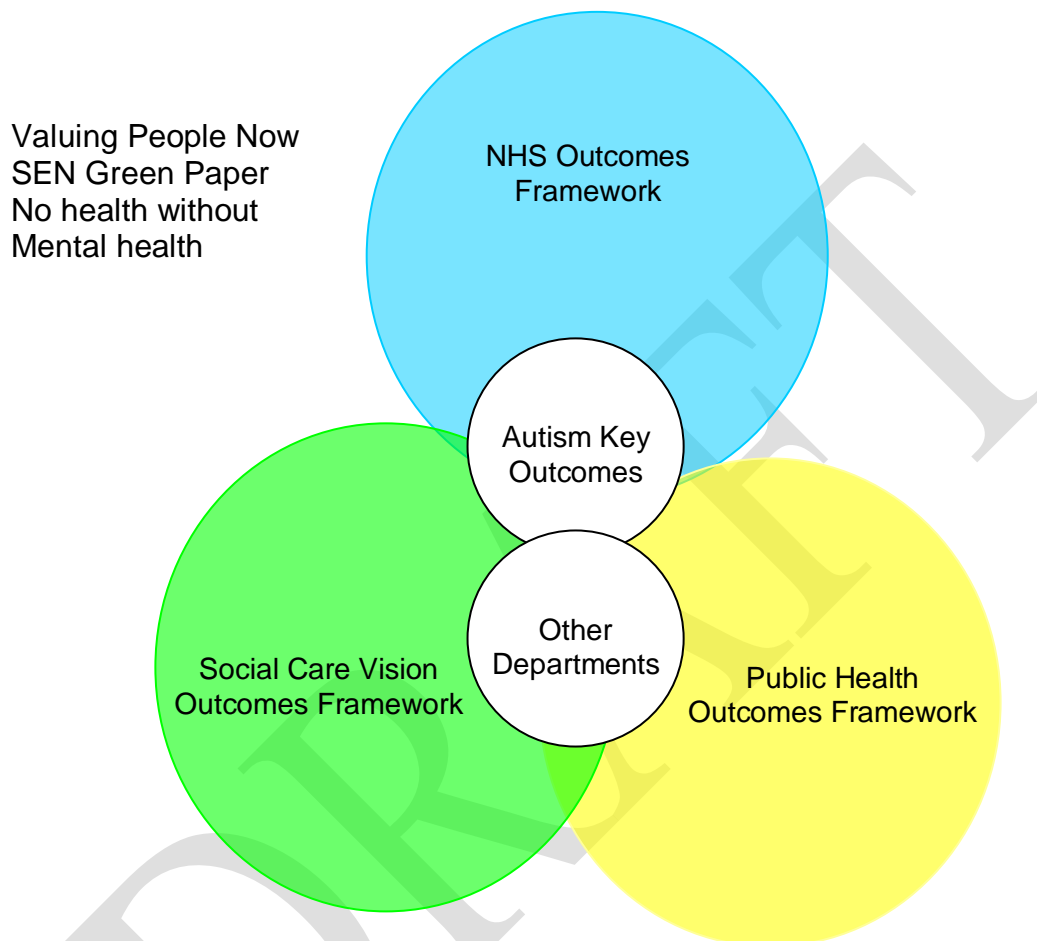
10. MONITORING AND REVIEW

The Autism Partnership Board will have overall responsibility for monitoring and reviewing the strategy on an annual basis and will update the action plan accordingly. This group will report back to the Autism Partnership Board for Adults and children but also to Children's Board for Children

In line with the DH document launched in April 2011, 'Evaluating Progress'; we are committed to a clear focus on and transparent approach to outcomes.

The diagram below highlights how the outcomes frameworks align with each other and other national policies/initiatives.

From targets to outcomes – aligning the outcomes frameworks:



In the 'Fulfilling and Rewarding Lives' Evaluating Progress released on 1st April 2011 provides guidance on measuring progress towards implementation after one year for the following seven areas:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system
6. Adults with autism, their families and carers are satisfied with local services
7. Adults with autism are involved in service planning

Although there is no similar evaluation of the outcome for children it is easy to apply the above principles to children.

Telford and Wrekin will work towards these long term outcomes to make a difference to the lives of children and adults with autism, their families and carers. We will also embrace the following three key ambitions:

1. Local authorities, NHS and partners know how many children and adults with autism live in the area
2. A clear and trusted diagnostic pathway is available locally
3. Health and social care staff make reasonable adjustments to services to meet the needs of individuals with autism

Monitoring of progress will be in line with the Self assessment framework 'Essential Quality Outcomes for local self assessment'.

11. Gaps in service based on self assessment

| Children | Adults |
|---|--|
| <ul style="list-style-type: none"> • Access to leisure and fun/sport? • Whole system Workforce issues – skills, training • Parenting support • Child minding with appropriate support • Data collection – ASD Co-ordinator mapping services, collecting data • Housing • Practical support • Inpatient Short Break provision • Transition worker (children to adult) • Residential provider list • Specialist team • Nurse prescriber (16-17 year olds) • Base for older young people (16-17) • Mainstream school support | <ul style="list-style-type: none"> • Access to leisure and fun/sport • Workforce issues – skills, training • Data collection • Housing and accommodation • Practical support • Inpatient and Respite care • Transition worker (children to adult) • Specialist workers with teams • Nurse prescriber • Support to employment • Review demand and capacity • Personalisation agenda • Pathway into criminal justice and out. • Support to carers (Survey needed to determine baseline) • Users involvements in all aspects of planning. • Inpatient Short Break provision |

12. Autistic Spectrum Conditions Strategy Implementation Plan

The plan is included below and progress will be regularly tracked through monitoring. There is a need to focus on building capacity and capability at local level to enable local partners to develop relevant services for people with autism

to meet identified needs and priorities and the local area therefore also needs to develop its own commissioning plan for services for people with autism.

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12a. ACTION PLAN (Childrens)

| Priority | Milestone/Key Action/ Service Development | Lead(s) | Impact/outcome | progress |
|--|--|--|---|---|
| <p>Priority 1. Understanding the needs and wishes of children and young people with ASD and their families through effective engagement and consultation.</p> | <p>Develop systems and processes for effective data collection and analysis across the range of multi agency provision involved in delivering services for children and young people with ASD.</p> | <p>ASD Co-ordinator. Family Information Manager/ Schools</p> | <p>Children, young people and families are able to make informed choices and be in control</p> | <p>Service directory database has been developed. Any new information is added to the database and reviewed regularly. A database of children and young people with a diagnosis of autism or Asperger's but is subjective to information provided. Re-launch of Children with Disability Record.</p> |
| | <p>Develop a robust process for effective engagement and consultation with children and young people with ASD and their families.</p> | <p>Senior Manager JCT Contracting</p> | | <p>Plans to engage with Active Involvement Team</p> |
| | <p>Review and maintain within funding restraints the range and choice of short breaks available for children and young people with ASD.</p> | <p>Short Breaks Co-ordinator</p> | | |
| | | | | |
| <p>Priority 2. Ensuring provision of co-ordinated, high quality services based on assessed needs in the</p> | <p>Improve co-ordination of services for the provision of ASD interventions for children and young people. Use of CAF/TAC processes – Needs</p> | <p>Co-ordinated service provision through</p> | <p>Children and young people's needs will be met in a timely and effective way based on</p> | <p>Early Support programme</p> |
| | | | | |

| Priority | Milestone/Key Action/ Service Development | Lead(s) | Impact/outcome | progress |
|--|--|---|--|---|
| <p>right place at the right time in the right way, and where possible enabling children and young people with ASD to lead ordinary lives, encompassing the five Every Child Matters outcomes .</p> | <p>assessment to inform Resource Panel allocation</p> | <p>Integrated, multi-agency working</p> <p>Early Intervention Locality Services</p> | <p>competence and appropriateness</p> <p>Children, young people and their families will have a sense of 'normality' in their lives</p> | |
| | <p>Develop appropriate parenting programmes specifically targeted at parents of children with ASD.</p> | <p>Senior-Delivery Managers, across service deliver areas including Contracts & Localities Commissioning</p> | | <p>To determine funding streams – active mapping.</p> |
| | <p>To develop a local multi-agency central resource for staff, families and carers to access in relation to best practice, guidance and information.</p> | <p>SDM Children's Specialist Services ASD Co-ordinator Information Officer Involving parents and young people</p> | | <p>Development of Information Hub, developing role of ASD co-ordinator, families have started to access service.</p> |
| | | | | |

| Priority | Milestone/Key Action/ Service Development | Lead(s) | Impact/outcome | progress |
|----------|---|--|----------------|---|
| | To develop and agree definition of ASD and eligibility criteria for access to services. Standardised tools for screening, diagnosis and interventions across all agencies will also be implemented. | Head of Clinical Services/ Senior Nurse | | Pathway being developed Identifying different terminology across agencies – to work towards consistent terminology |
| | Housing with appropriate support for young adults | | | Developing transition protocol |
| | Education, including early years <i>Interventions:</i> | Senior School Improvement Manager | | |
| | <ul style="list-style-type: none"> • Develop Early Support | Integrated strategy - Service Delivery Managers | | Telford Children Development Centre developing up take of programme |
| | <ul style="list-style-type: none"> • Conduct an audit of the training needs of staff from school and settings | Integrated strategy - Service Delivery Managers | | |
| | <ul style="list-style-type: none"> • Arrange a comprehensive programme of CPD and outreach | Children's Specialist Services | | |
| | <ul style="list-style-type: none"> • Introduce the Inclusion Development Programme (IDP) | School Improvement | | |
| | <ul style="list-style-type: none"> • Develop provision management in schools | Planning, placements & Commissioning Early Intervention | | |

| Priority | Milestone/Key Action/ Service Development | Lead(s) | Impact/outcome | progress |
|----------|--|--|----------------|---|
| | | Working in partnership with Health and Voluntary Sector, including children, young people and Families | | |
| | <i>Provision:</i> | | | |
| | <ul style="list-style-type: none"> • Draw up a map of provision for children with ASD across the LA | ASD co-ordinator | | Through the information database a clearer picture of service provision and any gaps in service is being developed |
| | <ul style="list-style-type: none"> • Use the provision map to identify gaps and then develop additional provision as needed | | | |
| | Ensure effective transition planning | Strategic Transition | | To gain a better |

| Priority | Milestone/Key Action/ Service Development | Lead(s) | Impact/outcome | progress |
|---|---|--|---|--|
| | Develop good practice in relation to personalisation including the use of individualised budgets | group. All agencies involved in transition | | understanding of the potential of individualised budgets |
| Priority 3. Stimulating, developing and sustaining partnership working in the provision of services to meet the needs of children and young people with ASD and their families. | Establish a children and young people ASD task and finish group for Telford and Wrekin to enable all agencies to plan, commission and monitor services for children, young people and their families. | ASD strategic group | Children, young people and families will have a perception of being supported by a service through seamless pathways | ASD strategic partnership group established and developing |
| | Monitor and evaluate the effectiveness of service provision in delivering positive outcomes for children & young people with ASD. To map parenting support | ASD strategic group | | Current Plans to engage with Active Involvement Team |
| Priority 4. Workforce Development | To establish a comprehensive multi-agency training programme for practitioners and managers to recognise and understand characteristics of ASD and to provide direct interventions. | Principal Child Workforce Development Officer/ Learning & Behaviour Support Development Officer | | Mapping by ASD co-ordinator to progress and input to workforce development plan. Meeting with Workforce Development to discuss training needs July 2011, ongoing. |
| | | | | |

| Priority | Milestone/Key Action/ Service Development | Lead(s) | Impact/outcome | progress |
|----------|--|---------|----------------|----------|
| | | | | |

12b. ACTION PLAN (Adults)

Section 1 – Training of staff who provide services to people autism

| | Action | Lead | Target Date | RAG Self Assessment |
|-----|---|---------------------------|-------------|---------------------|
| 1.1 | Undertake mapping exercise across organisations about training carried out | Autism Training Leads | July 2011 | |
| 1.2 | Establish Autism Training Sub Group with reps from Social Care and Health to agree work programme | Autism Training Leads | August 2011 | |
| 1.3 | Review Department of Health on line materials and local programmes to identify best practice | Autism Training Sub Group | Autumn 2011 | |
| 1.4 | Agree content of Autism awareness training | Autism Training Sub Group | Autumn 2011 | |
| 1.5 | Develop a training plan for implementing | Autism Training Sub Group | Autumn 2011 | |

| | | | | |
|-----|--|-----------------------------|-------------|--|
| 1.6 | Identify key priority groups for training and make links with independent sector | Autism Training Sub Group | Autumn 2011 | |
| 1.7 | Review model of training to identify best practice | SSSHFT/CHCT Autism Leads | Autumn 2011 | |
| 1.8 | Agree content of specialist training and who should receive it | Autism Training Sub Group | Autumn 2011 | |

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Section 2 – Identification and diagnosis of autism in people, leading to assessment of needs for relevant service

| | Action | Lead | Target Date | RAG Self Assessment |
|-----|--|--------------------------|--------------------|----------------------------|
| 2.1 | Organise a Shropshire, Telford and Wrekin wide workshop to map out a model care pathway for the area | Telford and Wrekin | | |
| 2.2 | Review existing best practice and other models across the country | Autism Partnership Board | | |
| 2.3 | Each LA should appoint a lead professional to develop diagnostic and assessment services for people with autism in their area. Agree where this responsibility should rest | Autism Partnership Board | Sept 2011 | |
| 2.4 | Await NICE guidance and review local model against this | Autism Partnership Board | July 2012 | |
| 2.5 | Work with NHS and LA partners to ensure sign up to local Care Pathway across organisations | Autism Partnership Board | December 2012 | |
| 2.6 | Inform statutory organisations about the pathway – Social Care & Health, Health, 3 rd Sector | Autism Partnership Board | Sept 2012 | |

Section 3 – Planning in relation to the provision of services to people with autism as they move from children to adults

| | Action | Lead | Target Date | RAG Self Assessment |
|-----|--|--------------------------|--------------------|----------------------------|
| 3.1 | Review Transition Protocol to ensure it reflects the needs of people on the autistic spectrum | Autism Partnership Board | November 2012 | |
| 3.2 | Work with Autistic Spectrum Disorder Children's groups to ensure feedback mechanisms in place around transition planning | Local Transition Leads | November 2012 | |
| 3.3 | Work and share information with Telford and Wrekin Transition Strategic Planning meetings | Local Transition Lead | November 2012 | |
| 3.4 | Collect data of young people in transition and provide an annual update | Transition Lead | November 2012 | |

Section 4 – Local planning and leadership in relation to the provision of services for people with autism

| | Action | Lead | Target Date | RAG Self Assessment |
|-----|--|-------------------------------|---------------------|----------------------------|
| 4.1 | Identify autism commissioner leads in Staffordshire, Shropshire, Stoke On Trent and Telford and Wrekin. | Autism Partnership Board lead | May 2011 | |
| 4.2 | Develop autism strategy and action plan | | September 2011 | |
| 4.3 | Consult family carers, service users and local interest groups in autism planning as part of the strategy work | Autism Partnership Board | July – October 2011 | |
| 4.4 | Collect data on total numbers of people with autism through the Joint Strategic Needs refresh | | December 2011 | |

| | | | | |
|-----|---|---|---------------|--|
| 4.5 | Consider establishing a virtual team using existing skills from Mental Health and Learning Disabilities. | Autism Partnership Board | December 2011 | |
| 4.6 | Continue to raise wider public awareness and profile of ASC across Telford and Wrekin | Autism Partnership Board | March 2012 | |
| 4.7 | Work with wider partners including Employment and Housing to raise awareness about support and advice available | Autism Partnership Board | March 2012 | |
| 4.8 | All stakeholders make explicit their ability to make reasonable adjustments to support people with autism | Autism Partnership Board | March 2012 | |
| 4.9 | Develop a local integrated commissioning plan for autism | Commissioners/ Director for Adult Social Care | March 2012 | |

Annex One

What is available in Telford specifically for able people with autism?

1. **Senior Practitioner for People with Asperger's Syndrome** – advice, support, signposting, strategies: Contact Sara Heath 01952 381420 or email: sara.heath@telford.gov.uk
2. **Autism Co-ordinator** – Co-ordinating services for families and individuals with autism, providing information and signposting to services, training and groups across Telford and Wrekin and nationally: Contact Michelle Troth 01952 567356 or email: michelle.troth@telford.gov.uk
3. **Telford Asperger's Group (TAG)** – is an invitation only social and discussion group for adults with AS or seeking a diagnosis of AS meets from 2-4pm in Wellington on the first and third Tuesdays of the month. Contact Sara Heath on 01952 381420 or email: sara.heath@telford.gov.uk
4. **National Autistic Society Social Group** is an open group for adults with a diagnosis of AS. It meets twice a month from 7-9 on a Thursday evening in Telford. Contact Beth Jones 07974067833 or email beth.jones@nas.org.uk
5. **Asperger's Support Group (ASG)** is an invitation only discussion group for adults with a diagnosis of AS. It meets once a month at in Shrewsbury at the Roy Fletcher Centre, Shrewsbury, contact Alison Laing or Paul Moloney, on 01952 381420 or email alison.laing@sssst.nhs.uk
6. **Autonomy** – is an open self help and social group which meet from 7:30pm on the first Monday of the month in Telford. Contact Eric Heath via the Autonomy main number 01743 821363 or email autonomyshropshire@yahoo.co.uk.
7. **Autonomy Chess Club** – is an open social club run for people with AS by people with AS who wish to play or learn to play chess. It meets on a Wednesday from 7:00-9pm in Wellington. Contact: Matt Joyce via the Autonomy main number 01743 821363 or email autonomyshropshire@yahoo.co.uk.

Awareness Training

8. **Training in Awareness of Asperger's Syndrome** – is also available from Shropshire Joint Training. Contact: Joint Training Co-ordinator on 01743 254733 or visit:
9. <http://www.shropshire.gov.uk/schtraining.nsf/open/DBDF577A74AAE0EF8025710E00387A7E>
10. **Learning about Asperger's Syndrome** – Workforce Training and Development, Telford & Wrekin Council. Contact Michelle Hutchison: 01952 384918 email michelle.hutchison@telford.gov.uk – Michelle is no longer in this role
11. **Open College Network 10 week accredited course in Understanding ASCs.** Contact Paula Costin on 01952 642237 email: paula.costin@tcat.ac.uk
12. **TCAT community courses, An Introduction to Autism** (6 weeks, day times) – contact Cathy Addison, Community Outreach Worker, Community Education on 07887661847 or email: cathy.Addison@tcat.ac.uk

Carers' support:

13. **Support Telford Autism ADHD (STAA) Group for parents and carers of children with ASD (autism), ADHD and associated difficulties** meets on the second Thursday of each month at Haughton School in Madeley (term times only). Contact Julie Collins (PPS Officer): 01952 457439 or email julie@pps-shropshireandtelford.org.uk or Lesley Perks (PPS Officer): 01952 617758 or email lesley@pps-shropshireandtelford.org.uk
14. **STACS group for Parents and Carers of People with Asperger's Syndrome** meets in Wellington on the first Wednesday of every other month. Contact: Louise Griffiths 01952 262064, email: louise.griffiths@carerscontact.org.uk or Barry Brown 01952 254594

15. **Parents Opening Doors (PODS)** - Parents Opening Doors is a voluntary forum for parents and carers who have a child with a disability or additional need of any kind. PODs parents committee has a great wealth of experience of children with autism. Contact Jayne Stevens 07775342092 or email: info@pods.org
16. **Carers Contact Centre**, The Poplars, Lightmoor, Telford: Mental Health Carers' Support Officer offers support for carers of people with Asperger's syndrome. Contact Louise Griffiths 01952 262064 email: louise.griffiths@carerscontact.org.uk

Other

17. **Telford and Wrekin Library Service** -The Library Service is proud to hold the STACS collection of over sixty books on autism and Asperger's syndrome. Contact: Marilyn Higson 01952 382997
18. **The Information Hub** - The Information Hub is a drop in service based at the Stepping Stones Centre, Malinslee, available to all families of disabled children across Telford and Wrekin. This is a free service and helps families to access information regarding all aspects of disabilities for children and young people. The Information Hub holds information on autism and related service for families to access. Families can access autism resources within the hub and make appointments with the Autism Co-ordinator or Information Officer to discuss any information. Contact The Information Hub on 01952 567402 or email: ican2information@telford.gov.uk
19. **CHEC Healthshop**, Madeley, Telford - CHEC houses the only 'Health Shop' in Telford. The Health Shop provides professional, friendly and impartial advice, sign-posting & information on health and social issues. The Health shop has resources on autism that can be loaned out to individuals. Contact Terriane on 01952 583 779 or email: terriane@btconnect.com

Annex Two

National Population Growth and ASC Prevalence

Based on current accepted prevalence figures

| Country | 2008 | 2013 | 2018 | 2023 | 2028 | 2033 |
|-------------------------|------|------|------|------|------|------|
| United Kingdom | 61.4 | 63.5 | 65.6 | 67.8 | 69.8 | 71.6 |
| England | 51.5 | 53.3 | 55.3 | 57.2 | 59.1 | 60.7 |
| Wales | 3.0 | 3.1 | 3.1 | 3.2 | 3.3 | 3.3 |
| Scotland | 5.2 | 5.3 | 5.4 | 5.4 | 5.5 | 5.5 |
| Northern Ireland | 1.8 | 1.8 | 1.9 | 1.9 | 2.0 | 2.0 |

Note: Figures may not sum due to rounding

**Estimated and projected population of the United Kingdom and constituent countries, 2008-2033 (Office of National Statistics)
(In millions)**

| | 2008 | 2013 | 2018 | 2023 | 2028 | 2033 |
|----------------|---------|---------|---------|---------|---------|---------|
| United Kingdom | 614,000 | 635,000 | 656,000 | 678,000 | 698,000 | 716,000 |

Projected number of those with ASC across the United Kingdom based on the agreed prevalence.

| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------------------|----------------|----------------|----------------|----------------|----------------|---------------|----------------|
| Children (aged 0-19) | 43,700 | 43,900 | 44,000 | 44,300 | 44,800 | 45,200 | 45,800 |
| Adults (aged 20+) | 125,000 | 126,300 | 127,600 | 129,400 | 131,100 | 132,800 | 134,500 |
| Total population | 168,700 | 170,200 | 171,600 | 173,700 | 175,900 | 178,00 | 180,300 |

Information from Telford & Wrekin Population Estimates & Projections 2009. Delivery & Planning Telford & Wrekin Council
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Telford and Wrekin estimated prevalence of ASC based on current accepted prevalence figures of 1:100.

| | <i>2009</i> | <i>2010</i> | <i>2011</i> | <i>2012</i> | <i>2013</i> | <i>2014</i> | <i>2015</i> |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Children (aged 0-19) | 437 | 439 | 440 | 443 | 448 | 452 | 458 |
| Adults (aged 20+) | 1250 | 1263 | 1276 | 1294 | 1311 | 1328 | 1345 |
| Total population | 1687 | 1702 | 1716 | 1737 | 1759 | 1780 | 1803 |

**Health Scrutiny Committee
Forward Plan 2011/12**

| MEETING DATE | AGENDA ITEM | LEAD MEMBER/ OFFICER | ADDITIONAL ATTENDEES |
|--|--|---|-------------------------|
| 22 nd September 2011 6.00pm Scrutiny Meeting Room | <ul style="list-style-type: none"> • Mental Health Services • Informal update on WMAS Make Ready, estates review and capacity management system. | Michael Bennett | |
| 14 th November 2011 6.00pm VIP Suite | <ul style="list-style-type: none"> • WMAS – Make Ready and NHS Pathways for 999 calls • Autism strategy – including new responsibilities placed on local authorities - DEFERRED | Craig Cooke (WMAS) Daren Fradgley (WMAS) Kate Rose (Autism West Midlands) | Michael Bennett |
| 14 th March 2012 6.00pm Scrutiny Meeting Room | <ul style="list-style-type: none"> • Autism Strategy • Carers Partnership Board report | Representative from Autism West Midlands Michael Bennett Sara Heath | |
| 1 st May 2012 6.00pm Scrutiny Meeting Room | <ul style="list-style-type: none"> • Health & Wellbeing Board • HealthWatch/LINK • Public Health • Clinical Commissioning Group | | |
| Forward items | | | |
| New suggestion – Unscheduled Care Strategy | | | |
| PCT clusters and local arrangements – joint with ASC Scrutiny Committee | | | |
| Health & Wellbeing Board – update, relationship between HWB and scrutiny, JSNA – with ASC | | | |
| Development of Clinical Commissioning Group – meeting with GPs to hear their views – joint with ASC Scrutiny Committee | | | |
| Health Watch and LINK arrangements | | | |
| Mental Health Services – monitoring update | | | |

| MEETING DATE | AGENDA ITEM | LEAD MEMBER/ OFFICER | ADDITIONAL ATTENDEES |
|--------------|---|-------------------------|-------------------------|
| | Community Trust – follow-up to JHOSC meeting to pick up issues for T&W | | |
| | Discharge of patients – report on Senior Citizen’s Forum/LINK survey to identify issues for further work | | |
| | Chiropody services – request update from PCT | | |
| | Carers Partnership Board – written update from Michael Bennett on training/support provided to carers of people with mental health issues | | |
| | Autism Strategy | | |
| | WMAS – visit to operations centre | | |
| | Alcohol Strategy (Suggested by Cllr. Fletcher) | | |