



Report of: Corporate Director – Housing & Adult Social Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 July 2015	B4	All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: People with Learning Disability or Autism Self-Assessment and Improvement/Commissioning priorities for 2015/16

1. Synopsis

- 1.1 This report provides an overview of the issues arising from two separate self-assessments completed in January and March 2015 (for the period 13/14) relating to services for people with learning disabilities and services for people with autism in Islington.
- 1.2 Health and Wellbeing Board members should note that many people with autism also have a learning disability (prevalence suggests 35%) therefore services and self-assessments are clearly aligned; it is important to also note however that people with autism have very specific needs, whether they have a learning disability or not, and face different challenges in life, which the local authority and its NHS partners have a statutory duty to address.

Self-Assessment Toolkit

- 1.3 The Learning Disabilities Joint Health and Social Care Self-Assessment Framework is a national quality assurance tool issued by NHS England. The Autism Evaluation is a separate quality assurance tool, issued by Public Health London in partnership with the Improving Health and Lives (IHAL) Learning Disabilities Observatory. Neither evaluation is currently subject to external validation by either NHS England or IHAL, although the content will be published on their respective websites and will be publicly available.
- 1.4 The assessment process falls into a number of broad areas, with criteria for each. For autism there are seven areas and three for Learning Disability. The full ratings for 2013/14 are shown in appendices 1 and 2, as a comparison with the previous year (2012/13) and show whether the rating has changed. Whilst both self-assessments indicate a negative change in a few sub-areas, it cannot be concluded that this is as a result of services changing or satisfaction levels, as it could reflect a change in the criteria to receive a green rating, or interpretation of the criteria by different officers and partners responsible for the return. Overall the self-assessments reflect a positive picture of services in Islington, but they are only one indicator of performance and improvements

still need to be made in a number of areas for Islington's citizens who have a learning disability and/or autism.

- 1.5 Governance arrangements to ensure accountability and continuous improvement were agreed in January 2014 and incorporate a clear leadership role for the Health and Wellbeing Board. Revised governance arrangements to strengthen accountability in respect of services for people with autism are described elsewhere in this report and at Appendix 3.

2. Recommendations

- 2.1 That the findings from both self-assessments be noted that the priorities for 2015/16 be endorsed;
- 2.2 That the national drivers, including statutory duties relating to services for people with autism and the need for improved accountability and leadership, be noted;
- 2.3 That the importance of data collection as a crucial area for improvement in order to evidence outcomes, particularly as they relate to health, be noted.
- 2.4 That a full report on people placed in hospitals for treatment and assessment be presented to a future meeting of the Health and Wellbeing Board.

3. Background

National Context

- 3.1 Choice, control and independence for people with learning disabilities have been central themes in government policy since 2001, through the Valuing People Programme. More recent national drivers (Transforming Care Programme) have focussed on people with learning disabilities and/or autism who present the most challenges to services, following abuse at Winterbourne View and confidential enquiries into the deaths of people with learning disabilities. The events at Winterbourne View and confidential enquiries highlight the importance of action to rapidly expand and improve community services for people with learning disabilities and/or autism who display, or are at risk of, displaying behaviour that challenges, and supporting people to access high quality services.
- 3.2 There is clear national policy for people with autism, as required under the Autism Act 2009, which has recently been refreshed (Think Autism, Fulfilling and Rewarding Lives, April 2014). Islington Council is therefore required to develop a local strategy and commissioning priorities based on the national framework and a clear understanding of local need. Islington's response to national drivers is through an improvement planning approach as follows:
 - Learning Disability Improvement Plan
 - Autism Improvement Plan
 - Transforming Care (Winterbourne) Improvement Plan
- 3.3 The above plans are interrelated and there needs to be alignment of monitoring and accountability. All plans are currently being refreshed, with the priorities underpinning the plans appended to this report. The Health and Wellbeing Board is asked to approve the improvement and commissioning priorities, set out at Appendix 4.

4. Key achievements and areas for continued improvement

4.1 Learning Disabilities

Staying Healthy, Keeping Safe and Living Well are the three broad areas covering the Learning Disability self-assessment; all sub-areas are rated amber or green with the majority rated green.

4.1.1 Accommodation and Support

There continues to be significant progress in implementing Islington's 5 year accommodation plan and providing supported tenancies to people with learning disabilities as a real alternative to institutional care. With another new build supported accommodation scheme having opened in late 2014, there are now 170 supported tenancies in the borough and Islington's 5 year accommodation strategy is currently being refreshed following a strategic review of supported accommodation.

The current picture for people who no longer live within the family home, and who are eligible for social care or continuing healthcare services, is that 56% (171 people) now live in their own tenancy; this brings greater independence, privacy and higher levels of income to support fulfilling lives and generally enhance health and wellbeing outcomes

There are however still over 100 people placed in residential care, mostly out of borough and many in high cost placements. A piece of work is required to ensure that people are in appropriate placements and where possible offered an opportunity to live in their own home with support, and/or a return to the borough if family and friend networks remain in Islington, or neighbouring boroughs. There are also very few long term Shared Lives placements to provide a family based alternative to residential care and this will be priority for 2015/16 and beyond.

Changes to the way short breaks are provided have resulted in more flexible opportunities for people with learning disabilities and their families, including development of a family based service as an alternative to residential care. There are now 12 carers who are waiting to be approved, who will be able to provide regular breaks from the responsibilities of caring on permanent family carers.

4.1.2 Employment

Islington's Employment Group continues to achieve good employment outcomes for people with learning disabilities. There has been engagement with local businesses to ensure existing opportunities are made available and an evaluation in October 2014 showed that there have been an additional 19 people with learning disabilities placed in paid employment over the past two years. The current number of people estimated to be in paid employment is 58, and work will continue to increase this number, including a partnership with NHS England to develop employment opportunities for people with learning disabilities in NHS settings. There is an opportunity for public sector organisations to act as an exemplar in the employment of vulnerable people including those with learning disabilities or autism.

4.1.3 Personal Budgets

Progress also continues to be made with supporting people with learning disabilities and their carers to take control through arranging their own services with personal budgets. The current position is that 307 people (including 78 people who also have autism) have a personal budget, compared to 254 in the previous year.

4.1.4 Safeguarding

A partnership with the Police has been established to review hate crime as it relates to people with learning disabilities. The aim will be to improve reporting, convictions and prevention of hate crime through increased awareness amongst people with learning disabilities and the general public. Other initiatives have included keeping safe online and the safety of people placed out of borough has been enhanced through a commissioned visiting service for people who have little or no family contact.

4.1.5 Health

Improving health outcomes for people with learning disabilities has continued to be a priority in Islington. Protocols are now in place to ensure reasonable adjustments in hospitals and across acute, primary and community health services; and through a commissioned service people are helped to attend medical appointments and look after their health and wellbeing. A Map of Medicine has been developed to enable GP's to signpost people with learning disabilities to other forms of support.

An acute liaison nurse and clinical nurse specialist for people with learning disabilities are crucial roles in improving patient experiences and promoting good practice and clear guidance to health professionals. These roles ensure seamless and integrated care delivery at all stages of treatment. Additionally, local hospitals have appointed champions to raise awareness of the needs of people with learning disabilities in acute in-patient settings.

There is however no evidence of an increase in the number of people receiving health checks, or evidence generally that health outcomes for people with learning disabilities are improving. The current health improvement plan needs to be refreshed to align to specific gaps identified within the self-assessment frameworks. This will include ensuring a targeted approach to reducing health inequalities, for example finding and managing long term conditions (obesity, diabetes, cardiovascular disease, epilepsy) so we are able to compare treatment and outcomes with the general population. Improved data collection across health and social care is a clear priority, without which Islington will be unable to evidence that it is tackling health inequalities for this group of people.

4.1.6 Day Opportunities

A specialist day service for people with learning disabilities and autism opened in February 2014; this has enabled staff to develop expertise and to create an autism friendly environment. This local service has also enabled people who previously attended services out of borough to receive services more locally.

4.2 Autism

The autism self-assessment set out at Appendix 1 covers a number of areas, from planning to care and support and some are cross-cutting with the learning disability assessment.

Services for people with autism who also have a learning disability are well established and all of the above achievements apply. Information about the needs of people with autism who do not have a learning disability is less well known but progress has been made and will continue to be a priority.

4.2.1 Diagnosis

The jointly commissioned diagnostic service is now well established and providing access to a service that was not previously available. Whilst waiting times have improved, they need to improve further in the future. Discussions are underway with Camden to develop a pathway from diagnosis through to assessment for services where appropriate, and support to access universal and health and wellbeing services. This will also provide intelligence to support strategic planning and local capacity building, which is currently a gap.

4.2.2 Training and Awareness

Autism awareness training and other advanced training for frontline professionals is a statutory requirement. Whilst work is required to ensure that a comprehensive workforce development plan is in place and being implemented, training has been provided to a broad spectrum of professionals, including within acute services.

Work continues to ensure that people with autism are included within diversion from custody schemes and this includes autism awareness training for criminal justice colleagues.

4.2.3 Self-Advocacy/Peer Support

An Asperger London Area Group (ALAG) has been established as a support group for adults/carers of people with Asperger syndrome in London and an online resource has been created to support access to services. Support has also enabled access to sources of funding to deliver peer support training and a brokerage project.

4.2.4 Criminal Justice (Learning Disability and Autism)

A scoping exercise has recently been undertaken by criminal justice colleagues in order to better understand the needs of people with autism or learning disabilities in the criminal justice system. Police custody suites now have specialist support to enable early identification and assessment of the most appropriate interventions. Further work is required to ensure ongoing early identification across all parts of the criminal justice system and raising awareness amongst staff about health needs.

4.2.5 Special Educational Need and Disability Reforms (SEND)

The SEND reforms (Children and Families Act 2014) apply to all children and young people (up to 25 years of age), identified with a special educational need or disability. A key aspect of the reforms is a shift to integrated planning through a single education, health and care plan for eligible children and young people and ensuring that transition pathways are effective; this will include many young people with learning disabilities and/or autism.

A Joint Transition Programme Board is in place which oversees work-streams to develop integrated pathways. A visual and descriptive 0-25 pathway has been developed and work has commenced on service redesign.

4.2.6 Carers (Learning Disability and Autism)

The Family Carer's reference group continues to work to a clear plan of action in ensuring that carers of people with learning disabilities and autism have a voice and are able to influence commissioning and service delivery. Carer involvement is now integral to Islington's procurement process and evaluation of contracts and within disability awareness training.

The Family Carers Reference Group has been supported to develop 'Learn With Us', a DVD which highlights carer perspectives of the services they encounter; this will be incorporated into core learning for commissioned services, and made available to all providers.

4.2.7 People placed in Hospitals

NHS England and NHS London continue to robustly monitor people who meet the Winterbourne criteria and a separate report and new delivery plan is being developed, which will be presented to the Adults Safeguarding Board in July 2015.

In December 2013 six adults with global learning disabilities were being treated in out of borough Assessment and Treatment services. By 12 February 2015 this number had reduced to four people, and this is the current position. People admitted to local Assessment and Treatment services now have to be included in the return and there are currently two people, a reduction of four from the first return where local people were included.

Part of the accommodation strategy outlined above is to ensure that supported housing options are actively being explored and developed to meet the needs of the remaining four people when they are ready for discharge from hospital, and also to ensure that we have local providers with the values and expertise to support prevention of hospital admission, and timely, safe discharge.

5. Governance

- 5.1 Governance arrangements to ensure accountability for quality services and continuous improvement are well developed for people with a learning disability, through a Partnership Board and associated delivery groups to lead on priority areas. There are also regular reports to the Safeguarding Board related to people with learning disabilities and/or autism placed in hospital and to the CCG Quality and Performance Committee. Greater accountability through regular reporting and evidence of outcomes is required; these arrangements are currently being reviewed.
- 5.2 An Islington/Camden Partnership Board has been established to oversee priorities to improve services for people with autism who don't have a learning disability, including those with Asperger's Syndrome. Whilst this has proved to be a useful forum, again there is lack of accountability for outcomes and has led to fragmentation in implementation of the National Autism Strategy. It has been recommended that an "all spectrum" Autism Board is established, with options for continued joint working with Camden or a combined adults and children's Islington Autism Partnership Board currently being considered.

6. Improvement/Commissioning Priorities

- 6.1 The table set out at Appendix 4 shows the combined key priorities for 2015/16 with broad areas of action. These priorities are being developed into discrete, yet aligned comprehensive delivery plans for both service user groups.

7. Implications

7.1 Financial Implications

None identified. There is a pooled budget for Learning Disability Services in Islington, held between Islington CCG and Islington Council; it has been in operation for thirteen years. The total gross budget for the pool is £29.2m in 2014/15 increasing to £29.8m in 2015/16.

This paper provides an update across a wide range of programmes and services being delivered by various organisations including the Council and the CCG in support of the Health and Wellbeing Board's priorities.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council and/or CCG.

7.2 Legal Implications

The Autism Act 1999 (the Autism Act) sets out provisions for meeting the needs of adults with autistic spectrum conditions. Section 1(1) of the Autism Act places a duty on the Secretary of State to prepare and publish an "autism strategy" for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services by local authorities, NHS bodies and NHS foundation trusts.

Subsection 2(1) requires the Secretary of State to issue guidance on implementation of the autism strategy to local authorities, NHS bodies and NHS foundation trusts. Section 3 of the 1999 Act requires local authorities and NHS bodies to act under the guidance issued by the Secretary of State. Updated guidance entitled '*Statutory guidance for Local authorities and NHS organisations to support implementation of the Adult Autism Strategy*' ("the statutory guidance") was issued in March 2015.

Section 3 of the 1999 Act states that this guidance is to be treated as if it were issued under section 7 of the Local Authority Social Services Act 1970 ("LASSA 1970"). A local authority which fails to comply with section 7 guidance without a compelling reason would be acting unlawfully and could find itself subject to judicial review or action by the Secretary of State.

For NHS bodies, there is no existing provision equivalent to section 7 of LASSA 1970. However section 3(2) of the Autism Act makes it clear that for the purposes of the statutory guidance an NHS body is to be treated as if it were a local authority within the meaning of LASSA 1970, and that functions of an NHS body concerned with the provision of health services provided for the purposes of the health service are to be treated as if they were social services functions within the meaning of LASSA 1970. This means that NHS bodies will be bound by the guidance to the same extent as local authorities.

The statutory guidance provides detailed guidance to local authorities and NHS bodies about the exercise of their social care and health service functions for the purpose of securing the implementation of the autism strategy and its update. The guidance states that Health and Wellbeing Boards have a crucial role to play in overseeing the implementation of the Adult Autism Strategy.

The Care Act 2014 (“the Care Act”) and the Children and Families Act 2014 (“the Children and Families Act”) which came into force on 1 April 2015, and 1 September 2014 respectively, contain provisions which impose duties on local authorities which will apply to adults and young people with autism and their carers.

The Care Act, among other matters, imposes duties on local authorities to:

- promote individual wellbeing whenever it is exercising its care and support functions under Part 1 of the Care Act in respect of that individual (section 1);
- provide services, facilities or resources which will contribute to preventing or delaying development of needs for care and support and in the case of carers, support (section 2);
- exercise its functions with a view to integrating care and support provision with health and health related provision where this would in its area help prevent or delay needs for care and support, and improve the quality of such care and support (section 3);
- establish a service for providing information and advice about care and support for people in the local area (section 4);
- co-operate with relevant partners generally in the exercise of their care and support functions (section 6); and in the case of individuals with care and support needs when requested to do so by a relevant partner (section 7).

Sections 9 and 10 of the Care Act impose duties on local authorities to assess an individual's needs for care and support and carers' needs for support. The Care and Support (Assessment) Regulations 2014 (“the Regulations”) stipulate that the local authority must ensure that a person carrying out an assessment has the skills, knowledge and competence to carry out the assessment in question and is appropriately trained. This requirement will therefore apply to assessors carrying out assessments of people with autism.

The Care Act also sets out requirements for assessing needs and planning provision for young people in transition to adulthood. These requirements are to be read in conjunction with the Children and Families Act which established a new special educational needs and disability (SEND) support system covering education health and social care. Young people with autism may be the subject of an Education Health and Care (“EHC”) Plan setting out the special EHC provision that they require, although help with making the transition to adulthood and accessing services as an adult is not dependent on having an EHC plan. The duty to co-operate will be particularly important in the context of young people in transition to adult care and support and further guidance on this process is set out in the *Care and Support Statutory Guidance* and the *Special Educational Needs and Disability Code of Practice 0-25 years*.

7.3 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A resident impact assessment has not been carried out, however the self-assessments have identified areas in which further work is required to improve outcomes for those with autism and learning disabilities. The priorities set out at Appendix 4 are intended to improve services for these people, and no negative equalities impacts for any protected characteristic, nor any human rights or safeguarding risks, are envisaged as a result of the recommendations.

7.4 Environmental Implications

There are no significant environmental implications arising from the recommendations.

8. Conclusion and reasons for recommendation

- 8.1 Whilst the self-assessments for people with learning disabilities and people with autism reflect an overall positive picture in Islington, further work is required to ensure continuous improvement and to achieve a green rating in areas such as understanding local need and evidence of outcomes, through enhanced data collection. Improving health outcomes, developing a more streamlined pathway for people with autism who do not have a learning disability and reasonable adjustments for both groups of people are key priorities for 2015/16.
- 8.2 The delivery and improvement of services cannot rely solely on ratings from the self-assessments as these are just an indication of levels of performance. Meeting statutory responsibilities arising from the Care Act, Children and Families Act and Autism Act alongside clear expectations arising from the Transforming Care Programme (people in hospitals) will require more robust monitoring of improvement plans and increased accountability for delivering on agreed priorities. There will also need to be clearer alignment of strategies, for example, how people with learning disabilities and autism can access preventative services and broader health and wellbeing services.

Attachments: Appendices 1 – 4

Final Report Clearance

Signed by:



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Corporate Director – Housing and Adult Social Services

3 July 2015

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Date

Received by:

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Head of Democratic Services

6 July 2015

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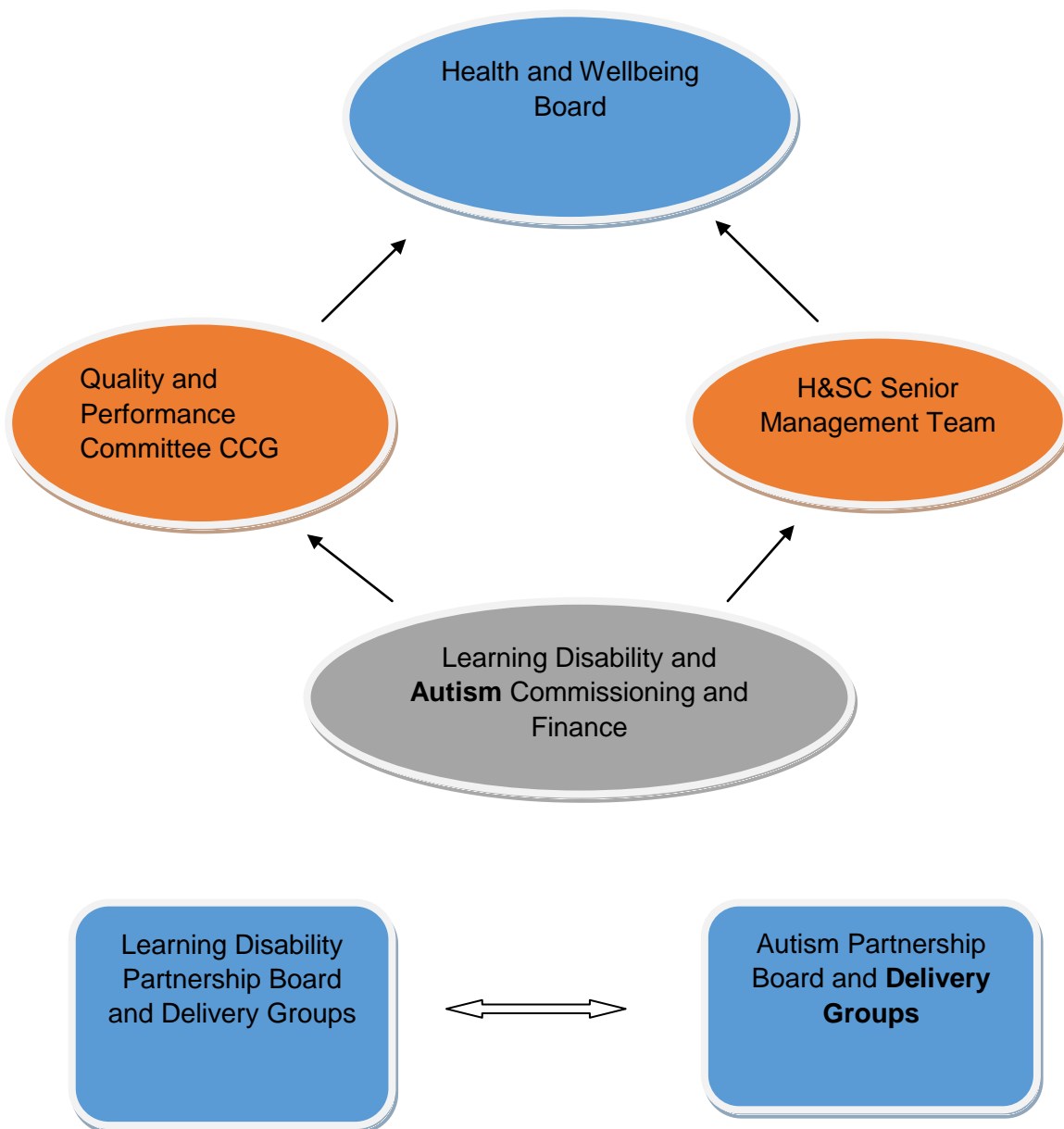
AUTISM

Section	Question	2014	2013	Change	Question
				↑↓	
Planning	6	G	A		Autism included in JSNA?
	7	A	A		Data collection on people with autism re social care framework
	9.01	A	A/G	↓	Data collection sources
	10	G	G		Is CCG engaged in strategy planning and implementation?
	11	G	G		How have you engaged people with autism and their carers?
	12	A	G	↓	Reasonable adjustments made
	13	A	-		Reasonable adjustments promoted
	14	G	-		Transition services and young people with autism
	15	A	G	↓	How do you plan for older people with autism?
Training	19	A	G	↓	Is autism awareness training available to all staff in health and social care?
	20	A	G	↓	Specific training for staff carrying out statutory assessments of approach?
Diagnosis	25	G	G		Established local autism diagnostic pathway?
	34	G	-		Can people with autism access post-diagnostic psychology assessments? Or
	35	G	-		Speech and language therapy assessments? Or
	36	G	-		Occupational therapy assessments?
Care and support	41	G	G		Programme to ensure all advocates have specific training?
	42	G	G		Do adults with autism have access to appropriately trained advocates?
	44	G	A	↑	Is information about local support accessible to people with autism?
	45	G	-		Are carers of people with autism offered assessments?
Accommodation	46	A	G	↓	Does local housing strategy identify autism?
Employment	48	A	A		How have you promoted employment of people on autistic spectrum?
	49	G	G		Do autism transitions have employment focus?
Criminal Justice System	50	A	G	↓	Are CJS key partners in planning for adults with autism?
	51	G	-		Appropriate adults available to people with autism in custody?

LEARNING DISABILITY

Section	Question	2014	2013	Change	Title
Staying Healthy	A1	G	G		QOF: primary care
	A2	A	G	↓	Managing long-term conditions
	A3	IHAL	A		Annual health checks
	A4	A	A		Health Action Plans
	A5	IHAL	G		National Cancer Screening
	A6	G	A	↑	Primary care communication to HC providers
	A7	G	G		LD liaison
	A8	A	A		Reasonable adjustments in primary care
	A9	A	A		Offender health
Keeping Safe	B1	A	G	↓	Care package reviews
	B2	G	G		LD service contract compliance
	B3	G	G		Monitor assurances
	B4	G	A	↑	Adult safeguarding
	B5	A	G	↓	Carers in training and recruitment
	B6	G		NEW	Compassion, dignity and respect
	B7	G	G		Strategy impact assessments
	B8	G	G		Complaints lead to changes
	B9	G	A	↑	MCA and DoLS
Living Well	C1	G	G		Effective joint working
	C2	G	G		Local amenities and transport
	C3	G	G		Arts and culture
	C4	G	G		Sports and leisure
	C5	G	G		Employment
	C6	G	G		Transitions
	C7	G	A	↑	Users and carers in service planning
	C8	G	G		Carer satisfaction
	C9	IHAL	G		Overall assessment

Governance



Priorities for Service Improvements/Commissioning 2015/16

ACCOMMODATION AND SUPPORT	Learning Disability	Autism
<p>Continue to commission high quality accommodation and support, which provides an affordable and sustainable alternative to residential care for people out of the Borough and in Islington. This will include new build accommodation and reconfiguration of existing accommodation where appropriate. Ensuring there are support providers with high levels of expertise to support those whose behaviour presents significant challenges will be key, along with a validation of the needs of people living in residential care in and out of borough.</p> <p>Expansion of the Shared Lives Scheme to provide both long and short stay services. This will include an “invest to save” business case for long term placements.</p>	Yes	Yes
HEALTH		
<p>We need to have a clearer understanding of people being admitted to local treatment and assessment services, patterns of admission and length of stays, aligned to those admitted out of borough and reasons for utilisation of different resources. We need to understand if specialist health services are fit for purpose with focus on prevention of admission. Ensuring appropriate local housing solutions will continue to be a priority.</p> <p>The current health improvement plan needs to be refreshed to align to specific gaps identified within the self- assessment frameworks. This will include ensuring a targeted approach to reducing health inequalities, for example finding and managing long term conditions (obesity, diabetes, cardiovascular disease, epilepsy) so we are able to compare treatment and outcomes with the general population. Improved data collection across health and social care is a clear priority, without which Islington will be unable to evidence that it is tackling health inequalities for this group of people. Improved data collection on health outcomes and greater shared local accountability is required.</p> <p>There needs to be a health needs assessment relating to people with Autism who do not have a learning disability to ensure adjusted access to services such as psychological therapies</p>	Yes	Yes
DIAGNOSTIC PATHWAY		
<p>We need to ensure that people with autism who do not have a learning disability receive a timely diagnosis, leading to social care assessment where appropriate and/or information and support to access health and wellbeing and universal services. A better understanding of local need as it relates to this group of people is essential</p>	No	Yes
WORKFORCE DEVELOPMENT		

For people with Autism, a comprehensive workforce development plan is required to ensure that statutory requirements are met for targeted staff across health and social care and other partners, for example criminal justice and that % people trained this can be evidenced each year.	Aligned	Yes
REASONABLE ADJUSTMENTS		
A more targeted approach to ensuring reasonable adjustments are in place for people with learning disabilities in health and people with autism across the whole spectrum of services, including universal services is required	Yes	Yes
PEOPLE PLACED IN HOSPITAL - Prevention and discharge		
A better understanding of people in Islington and those out of Borough who present the most significant challenges in order to plan accordingly and prevent restrictive practice and admission to treatment and assessment and institutional form of care.	Yes	Yes
Closer monitoring and challenge on discharge plans and proactive establishment of housing and support need.		
Work needs to continue to identify people with learning disabilities or autism in the criminal justice system and to ensure their health need are met and that criminal justice staff have appropriate training and awareness	Yes	Yes
TRANSITION		
Align plans to work on transition, particularly as they relate to 14-25 services, strategic information and provision of information and advice to young people with autism.	Yes	Yes
CRIMINAL JUSTICE		
Realistic targets need to be agreed with Criminal Justice staff at a strategic level as they relate to identification, reasonable adjustments and health outcomes.	Yes	Yes
CARERS		
Following the Care Act, we need to ensure that carers receive what they are entitled to and they are fully engaged in service planning through a co-production model.	Yes	Yes
EMPLOYMENT		
Priorities are for the NHS initiative to increase employment opportunities. People with autism should be included in this initiative and be able to access specialist employment support, or mainstream support with reasonable adjustments	Yes	Yes
DATA COLLECTION AND ANALYSIS		
Greater local accountability for unblocking data quality problems within primary and secondary care.	Yes	Yes
A thorough review of how data is collected and analysed, across health (including primary care) and social care to inform strategic planning and		

evidence outcomes in required, starting with information from transition services. A clear position of the information quality problems that exist and where they are outside local control is required.

GOVERNANCE AND LEADERSHIP

Governance arrangements for the LDPB to be reviewed, to ensure delivery groups are more accountable for outcomes. An “all autism” partnership board to be established, following option appraisal

Yes

Yes