



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 16 OCTOBER 2018 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Chair)
Councillor Joshi (Vice Chair)

Councillor Aldred

Councillor Thalukdar

Councillor Unsworth

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

Also Present

Councillor Kitterick

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32. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Chaplin.

33. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed.

Councillor Joshi declared an Other Disclosable Interest in that his wife was an employee of Leicester City Council in Adult Social Care.

Councillor Aldred declared an Other Disclosable Interest in that she sat on community centre committee that ran a lunch club.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they were likely to prejudice the Councillors' judgement of the public interest. The Councillors were not therefore required to withdraw from the meeting during consideration and discussion of the agenda items.

34. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 28th August 2018 be confirmed as a correct record.

35. PETITIONS

The Monitoring Officer reported that no petitions had been received.

36. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

37. CALL-IN OF EXECUTIVE DECISIONS

The Monitoring Officer submitted a report that enabled the Commission to consider the call-in of four Executive decisions taken by the Assistant Mayor – Adult Social Care and Wellbeing relating to Adult Social Care funding for the following:

- Future Funding for Lunch Clubs
- Future of Carers Support Services
- Future Funding of the Leicester Stroke Club
- Future of Visual and Dual Sensory Impaired Services

The decisions had been called-in under Part 4D, Rule 12f of the Council's constitution and subsequently the matter had been referred to the Commission.

The Commission were recommended to:

- a) Note the report without further comment or recommendation, to be considered at a meeting of Full Council; or
- b) Comment on the specific issues raised by the call-in, which would then be considered at a meeting of Full Council; or
- c) Resolve that the call-in be withdrawn

The Chair addressed the Scrutiny Commission with the following statement:

On 28th August VCS Phase 1 was on the agenda and was discussed at length. It was agreed to hold a Special meeting, at which VCS Phase 1 was discussed in greater detail, along with VCS Phase 2, as it enabled Scrutiny to consider the proposed changes to VCS funding from Adult Social Care in totality.

The cuts proposed to non-statutory services were acknowledged by Scrutiny, on the agreement that:

- The service continued to reassure people where services were being changed, particularly those who were vulnerable and any individual who may have an eligible care and support need could be assessed for ongoing support.
- That those accessing more than one of the services be adequately supported during the phased implementation of the new proposals.
- Scrutiny receive an update with monitoring information at an appropriate time.

In the interest of promoting equality across the service, the Commission asked for a detailed equalities impact assessment for each VCS report.

The Chair stated that Leicester was not alone in having to make difficult choices. As adult social care directors nationally voiced concern in meeting all statutory duties over the next few years, the Council had to look at non-statutory services to make the required savings within Adult Social Care.

The Chair also reminded Members that the service was committed to making the transition as smooth as possible, with funding for lunch clubs tapered over the next three years, which providers said they were appreciative of.

Members felt assured the Officers would work effectively with groups, to help them identify alternative funding sources, and that members of those groups would be adequately signposted to other support services that were right for them.

The Chair invited Councillor Kitterick to present the call in, which included the following points:

- It was reported that Adult Social Care was required to make savings of £790k. The decision to cut the budget by this amount, and that the voluntary sector should take the brunt of this cut were questioned.
- Referring to lunch clubs, there was concern that voluntary groups who were doing well were being used as justification for the cuts, and that there was danger in saying other groups could provide lunch clubs for free.
- That a recommendation be made to the Commission that after the 25% cut in year one, the groups should be revisited. Some clubs may cease, and some might not be affected at all.
- Councillor Palmer had suggested the creation of an opportunity fund, which was another area to be considered.
- In terms of carers services, it was a myth that statutory services were fundamental – it was something that parliament said should be provided. The local government knew what would work in Leicester.
- If the Commission did nothing else, could the Officers and Councillors look at the funding for the Stroke Club, which was only £7,158, which could be taken back and looked at again.

The Chair invited the Assistant City Mayor – Adult Social Care and Wellbeing to respond to the call-in, and the following points were made:

- It was understood the funding cuts were not palatable, but consideration had to be given to the whole council, its workforce, and the most vulnerable residents in the city on which resources would be focussed.
- It was important that existing services were reconfigured to accommodate a smaller budget, ensure the most vulnerable people received the service they needed, and there had been no option but to make difficult decisions due to government funding cuts.
- People had been listened to during consultation, and £40k had been put back into the budget for the visual and dual sensory impaired services.
- In terms of the lunch clubs, they would have three years to work with the Council, and this was an opportunity for the groups to become self-sustaining.
- For the Stroke Club, if any of the people attending the club had vulnerable needs, they could ask for an assessment. The £7k still had to be monitored as it was public money, and there had to be equality across the city and across vulnerabilities.
- There was a £5million cost pressure within Adult Social Care, with the average cost of a care package more than three years ago. The department had to focus on statutory provision, and at the previous Adult Social Care Scrutiny Commission meeting, the Members supported a way forward that was sustainable and continued to meet the needs of local residents.

Michael Smith, Healthwatch Leicester and Leicestershire asked if information on the VCS cuts and how they played in the larger picture, considering cuts to the Health Services, could be shared, in addition to the impacts on carers and the socially isolated.

The Chair thanked Members for their contributions and reminded them of the three options available to them.

The Vice-Chair proposed that the call-in be withdrawn. This was seconded by Councillor Aldred, and upon being put to the vote, the motion was carried unanimously.

AGREED:

That the call-in of the decision with regards to the funding cuts for the following services be withdrawn by the Scrutiny Commission:

- Future Funding for Lunch Clubs
- Future of Carers Support Services
- Future Funding of the Leicester Stroke Club
- Future of Visual and Dual Sensory Impaired Services

38. DEMENTIA STRATEGY

The Lead Commissioner, Adult Social Care and Commissioning, delivered a presentation to provide the Commission Members with an update on the LLR Joint Living Well with Dementia Strategy following the consultation period (attached for information). The presentation is attached for information.

The following points were made:

- Leicester City Council led the strategy on behalf of the LLR Dementia Programme Board, which has good attendance from all statutory agencies and the VCS.
- Of the over 200 consultation responses, over 100 people who responded to the consultation lived or worked in Leicester, and those who responded were overwhelmingly in support of the strategy.
- The strategy looked at 5 key principles which took people living with dementia through different life stages and raised a number of actions, for example, what people could do to look after their own health, for example, lifestyle choices. Some of the themes that were raised in consultation included:
 - Awareness raising of signs and symptoms and different types of dementia would ideally require a public campaign.
 - Families and carers were quite clear they should not be forgotten.
- The sign-off process for the strategy was complex due to the different organisations involved.
- The strategy would be put before the City Mayor in November 2018, and through the CCG Boards October / November 2018.
- A launch of the strategy was planned for January 2019.
- Individual action plans which underpin the strategy are in draft form currently, and the Council's action plans would be brought back to a future meeting of the Commission.
- Officers would ensure all City Council departments would be involved in promoting the Dementia Strategy.
- Markets and Museums were working towards making events and venues dementia friendly.

The Chair requested that a report on the various degrees and types of dementia be brought to a future meeting of the Commission. The Strategic Director for Social Care and Education informed those present that people were signposted to a webpage on dementia which in turn signposted people to different NHS societies, and the link to the website would be provided to Members.

In response to whether there were any professionally trained nurses for dementia care, the Strategic Director for Social Care and Education said there were no Admiral Nurses as they were known (an independent nursing service) in LPT. Michael Smith, Healthwatch Leicester and Leicestershire, recommended Dementia Friends training, which had been taken up by some staff at the Council.

The Chair and Vice-Chair expressed a wish to front any campaign arranged to promote dementia awareness. The invitation was extended to the Assistant City Mayor and other Members of the Adult Social Care Scrutiny Commission to be front of the campaign. They added it was important to inform people on where to go for assistance.

The Chair from the whole of the Scrutiny Commission thanked Officers and organisations for their hard work.

It was AGREED that:

1. The report be noted.
2. The Council's action plans for the Dementia Strategy be brought to a future meeting of the Commission.
3. The links to website information on dementia be provided to Members.
4. An invitation be extended to Members of the Commission to front a campaign for the promotion of dementia awareness.

39. DEMENTIA ACTION ALLIANCE: UPDATE

The Lead Commissioner, Adult Social Care and Commissioning gave a verbal update on the City of Leicester Dementia Action Alliance.

The following information was provided:

- The Dementia Action Alliance was a national movement hosted by Alzheimer's Society.
- Leicester, Leicestershire and Rutland were working to grow smaller local action alliances – a grass roots movement to raise the profile of dementia and make communities dementia friendly.
- The City of Leicester Dementia Action Alliance was established in 2016 and meets four times a year, and the Assistant City Mayor – Adult Social Care and Wellbeing was Chair.
- The city's alliance had 26 full members with a number of supporters. A full member is an organisation that would develop an action plan to raise the profile of dementia and state actions to make uits commmunity dementia friendly.
- For Leicester City Council, members were Adult Social Care, Housing, Markets and Museums – working corporately to make Leicester City Council a dementia friendly organisation and Leicester City a dementia-friendly city.
- Other organisations that sat on the Alliance included care homes, bus companies, Phoenix, Curve, and Police.
- There were over 7,500 people in Leicester who were dementia friends – 869 worked at Leicester City Council, 85 of which were dementia friends champions.
- Evidence would be collated from organisations to show what they were doing to make them dementia friendly. The Alliance would then apply to be a dementia friendly city.
- The Alliance had worked with Leicester Police on the Herbert Protocol – a national scheme adopted across the UK to encourage carers of next of kin to compile useful information such as name, address, recent photo, favourite places, to be kept in a bottle with a green label that usually sat in the persons' fridge for emergency services to find. It was called the Herbert Protocol after a gentleman with dementia went missing in Yorkshire.

The Chair said she was sure Members would want to be involved with the scheme and give out bottles. She added it was very challenging for families supporting a person with dementia, and that communities needed a greater understanding of dementia.

The Assistant City Mayor thanked Members for their support, and that there was still a huge amount of work to be done. She added that Highcross was on board, but as a priority further work was needed with shops in localities, for example, Aikman Avenue, to alert them to the needs of people with dementia.

It was AGREED that:

1. The update be noted.

40. DRAFT AUTISM STRATEGY AND SELF-ASSESSMENT

The Business Change Commissioning Manager, Adult Social Care and Commissioning delivered a presentation to provide the Commission Members with an update on the joint Leicester, Leicestershire and Rutland Autism Strategy development, and is attached for information.

The following points were highlighted:

- It was a statutory requirement to produce a strategy or document that reflects the Autism Act 2009 and national guidance (2015). The LLR Autism Partnership Board had developed a strategy and underpinning Delivery Plan that would run from 1st April 2019 to 31st March 2022.
- The strategy development timeline was highlighted in the presentation, with planned consultation due to commence in January 2019, with a view to the strategy being launched June 2019.
- Health and social care organisations are also required to complete a National Autism Self-Assessment Framework (SAF) which looks at how the Autism Act has been implemented, which includes planning, training, care and support, housing and accommodation, employment and criminal justice systems. The SAF will be completed as a joint Leicester, Leicestershire and Rutland (LLR) submission.
- The Department of Health and Social Care will publish the results in an annual report in 2019.
- The local authority Health and Wellbeing Boards for LLR will sign off the submission to the Department of Health. CCGs were responsible for collecting health related data to be provided to the local authority.
- The SAF responses will be RAG rated (red, amber, green) against compliance.
- The timeline for completion and sign off was given with a planned final submission on 10th December 2018.

The Chair said she believed Leicester was making great strides in getting autism awareness out into the community. She added it was particularly challenging for girls as it was difficult to diagnose in females. She asked if conversations could be widened to talks with business providers, with tailored training for staff, for example, with Haymarket businesses. She requested

information on the success of the 'Autism Hour' initiative be provided to her.

In response to a question from Members, the Strategic Director said there was a wide spectrum of autism and that it was wide ranging in impact, and the impact of stress was significant. Links to the web sites for information on autism would be provided to Members. In terms of awareness training there was lots of information and training packages that could be sourced online.

The Chair recommended that when dementia and autism reports were taken to the Commission meetings, or at training sessions, that Officers append summary information on background, relevant web links or books that Members could access for further information. She added that she wanted Leicester to become an autism friendly city.

The Assistant City Mayor said it was not enough for people to know about autism, but for people to keep an open mind and be less judgemental, and that the biggest concern for her was the number of people in society that shouldn't be but were in prison, as their disability was not recognised as such; their behaviour labelled as anti-social and deviant.

The Chair also recommended that Officers put a sentence together that could be used for the people of Leicester, a tag line for people to recognise and memorise about different behaviours, and to bring it back to a future meeting of the Commission.

The Chair thanked officers and Members for their comments.

It was AGREED that:

1. The presentation be noted.
2. Information on the success of the last 'Autism Hour' initiative be provided to the Chair.
3. The links to website information on autism be provided to Members.
4. Officers to append summary information (background, relevant web links or books) that Members could access for further information.
5. A tag line sentence for the people of Leicester to raise awareness of autism be developed and brought back to a future meeting of the Commission.

41. DOMICILIARY SUPPORT SERVICES - UPDATE REPORT

The Strategic Director for Social Care and Education submitted a report which provided the Adult Social Care Scrutiny Commission with an update on the new domiciliary support services since October 2017, which were jointly procured with the Leicester City Clinical Commissioning Group. The Commission was recommended to note the report and provide comments.

The Director for Adult Social Care and Commissioning made the following points:

- The Council had led on the joint procurement exercise for the support which

would allow people to retain independence.

- Scrutiny Members were involved through Task Group work.
- The brokerage team dealt with on average 83 new cases each month, and the number of people being supported at any one time was approximately 1,800.
- The numbers awaiting long term care had also fallen significantly, with the number of people waiting halved.
- 26 providers were on the framework agreement. Five had withdrawn from the framework, some had merged, and some not able to deliver the service.
- The report also gave details on the quality of care – 14 providers were rated as good, three required improvement, and five were not yet rated.
- Quality checks included surveys, speaking to family members, and discussions on a regular basis with providers.
- Next steps summarised planned activities for the following year, including a review of night time support and the best way of commissioning the support in the future.
- The service was successful in terms of implementation and was stable in the city.

During discussion of the report, the following information was given in response to Members' questions:

- With regards to job vacancies, a range of providers were supported through grant access across LLR, to enable marketing services. Also, some work had been done through local colleges to encourage people into the care sector.
- Contracts ensured the support met the diverse community. Regarding translations, here might be a language that isn't widespread that hadn't been included, but overall were covered.
- One of the things Healthwatch was involved in was equality support to ensure required support was delivered.
- The national data NMDS was variable in terms of accuracy. It was guessed there were 3,000 to 4,000 homecare workers in Leicester, either on zero / small / more hours contracts.
- The 65-95 age bracket was the service's biggest cohort of customers. The CQC required staff to have certain training.
- There were two officers in the brokerage team. The service would be extended to eight members of staff at the beginning of November 2018.
- It was not known what the impact of Brexit would be, as there had been a slow decline of people coming to the country.
- It was suspected that non-compliant providers were failing due to Health and Safety issues, but further information on this would be provided to Members. If there were major concerns or risk of danger, Officers would speak to the CQC to suspend a provider. People wanted to be compliant as they wanted to maintain their business, and most problems were sorted out.
- The level of home care had not changed over the past few years, and demand was being managed more effectively.
- Service users being supported by other providers while they awaited a domiciliary service might be because the care provider could not find the

right carer for somebody. People needed to move through the system as quickly as possible with a support package, but occasionally there had to be a bridging arrangement.

It was AGREED that:

1. The report be noted.
2. Information on the reasons for non-compliant providers to be provided to Members of the Commission.

42. OUTCOME OF GOVERNMENT CONSULTATION OF THE LOCAL HOUSING ALLOWANCE (LHA)

The Director for Adult Social Care and Commissioning provided a verbal update on recent government consultation of the Local Housing Allowance.

The following information was provided:

- Three years ago the government indicated it was going to make changes to how it paid Housing Benefit to vulnerable people.
- The government said it was going to stop paying high levels of payment for those in sheltered housing. This would have created a huge shortfall between the actual chargeable for those living in supported housing and the amount the government were willing to pay.
- It had stopped the council from developing supported living schemes pending the consultation which ended 8th August 2018. The government had since stated that elderly and vulnerable people in supported living would not be affected.
- Information on Adult Social Care development plans for supported housing would be brought back to a future meeting of the Commission.

The Chair said she had visited some sheltered housing which were dedicated, wonderful venues.

It was AGREED that:

1. The update be noted.
2. Information on Adult Social Care plans and schemes would be brought back to a future meeting of the Commission.

43. ADULT SOCIAL CARE PERFORMANCE 2017/18 YEAR-END REPORT

The Strategic Director for Social Care and Education submitted a report which provided the Commission with information on various dimensions of adult social care performance in 2017/18. The Commission was requested to note the areas of positive achievement and areas for improvement as highlighted in the report.

The Strategic Director drew Members' attention to the following information:

- Overall performance for the Adult Social Care Outcome Framework (ASCOF) as positive.

- In the table of provisional results, red or green arrows showed the direction of travel. Challenging targets had been set and in the main the service had done reasonably well.
- Delayed transfers of care showed a positive performance at just 0.6 bed delays per 100,000 population, and LCC were the top performing authority. Good performance resulted in a punishing target the following year.
- The rate of permanent admissions to residential care was linked to the halt of the development of supported living schemes. Once supported accommodation was in place, it would hopefully reduce the numbers of people in residential care.
- 73% of service users were satisfied with the support and service they received.
- The service was getting better at managing demand. There were two significant increases in groups – those with mental health issues and working age adults with physical disability – that pressure still existed in terms of need.
- The department had a year-end balance of £2.7million underspend through savings, mainly from staffing.
- However, there was a £5million growth pressure every year, with no increase in the budget from Government. The growth pressure, inflation and increase in the national living wage was beginning to show and may push ASC back into overspend again.
- An improvement in sickness levels was reported, with overall staff costs for the department reduced by over £5million compared to the same period for 2016/17. Productivity had increased, with staff reporting back that they felt more content and more skilled and in control.

During discussion of the report, the following information was given in response to Members' questions:

- The proportion of adults with a learning disability in paid employment had fallen. This was due to the Care Act, and with the eligibility criteria for access to learning disability service tightened up it would reduce the number of people assisted into work. It was a common theme across local authorities and a challenge to government.
- There was no central register of people, and it would fall on job centres to do something about that to give people with learning disabilities the right support to get them into work.

The Chair thanked the Strategic Director, Directors and Assistant Mayor, and asked that the message be cascaded down to staff that their generosity and hard work was appreciated.

It was AGREED that:

1. The report be noted.

44. END OF LIFE TASK GROUP REVIEW

The Chair of the Adult Social Care Scrutiny Commission submitted a draft task

group report on End of Life

The Chair said that with an increasingly ageing population, the Commission felt assurance was needed that the service would be able to manage End of Life care for a population that was growing in both number and the complexity of conditions.

She added that despite ongoing underfunding created by successive financial cuts by government, the Department was doing a good job in providing quality End of Life care for the residents of Leicester. She expressed her thanks to all those who worked with the task group during the review. She also stressed the report was a snapshot and focussed on the adult social care aspects of End of Life in the city, and that much of the work fell under health services. Many of the recommendations were requesting that Health Scrutiny look at the health services on aspects of End of Life in the future.

The Chair said that the end of life role was a stressful role to undertake. The role included making sure that person felt loved, at ease, with medication to ease that journey. The Chair recommended that the draft report be presented at Overview Select Committee. Members also requested that Living Wills also be looked at.

The Chair thanked the Scrutiny Manager for his assistance in developing the report with the Chair.

It was AGREED that:

1. The report be endorsed by the Commission and presented at Overview Select Committee.
2. The Department look at Living Wills.

45. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

The Commission's work programme was submitted and noted.

The Strategic Director, Chair of the Commission and Scrutiny Policy Officer would meet to adjust the programme.

46. ANY OTHER URGENT BUSINESS

There being no other items of urgent business, the meeting closed at 8.15pm.

Update on LLR Joint Living Well with Dementia Strategy

Adult Social Care Scrutiny

16th October 2018

Minute Item 38



Leicester
City Council

Background

- Leicester City Council led the production of the Strategy on behalf of LLR Dementia Programme Board
- Partners include:
 - Leicestershire County Council, Rutland County Council, the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland, Healthwatch (Leicestershire and Rutland), Alzheimer's Society, Leicestershire Partnership Trust (LPT), University Hospitals of Leicester (UHL) and Age UK Leicestershire.
- Public Consultation April – June 2018 – over 200 responses
- Launch planned for January 2019
- Responses were overwhelmingly in support of the strategy and its proposals

Key themes from consultation

- Draft strategy welcomed - majority agreed that the actions were the right ones.
- Need for a public campaign to address the risk reduction messages, awareness raising of the different types of dementia and signs and symptoms of dementia to help early recognition.
- Families and carers said that the information they hold about the person should be included when decisions are being made around care.
- The need for better collaborative working across health and social care to improve the experience of dementia care for people living with dementia and their families.
- More information needed to explain how actions would be achieved by organisations.

Next Steps

- Partners are seeking sign off of the Strategy through their own governance processes
- Individual organisations are working on their action plans
- City Council will provide a corporate response to the action planning process by ensuring that key departments are represented in a city steering group to include key stakeholders and people affected by dementia
- Launch of strategy and action plan planned for January 2019

Update on Joint Leicester Leicestershire and Rutland Autism Strategy Development

Tom Elkington – Business Change
Commissioning Manager

Minute Item 40

Background

- The existing LLR Autism Strategy ends on March 31st This is a joint health and social care strategy developed by partners including;
 - Leicester City Council, Users and Carers, Leicester Partnership Trust, The Monday Club, Translate, The Autism Carers Group, The three LLR Clinical Commissioning Groups, Leicestershire County and Rutland County Councils
- Local Authorities are legally required to produce a strategy. Current Legislation includes
 - Autism Act (2009), Think Autism – National Strategy (2014) Statutory Guidance (2015) Think Autism Refresh (2018)
- The Autism Partnership board have developed a Autism Strategy that will run from April 1st 2019 until March 31st 2022

National Strategy and Leicester, Leicestershire and Rutland Priorities

- The refreshed national strategy 'Think Autism' (2018) focuses on five Key areas:
 - Measuring, Understanding & Reporting of Autistic People
 - Workforce Development
 - Health, Care, and Wellbeing
 - Specific Support for work and education opportunities
 - Participation in local community
- The LLR Strategic priorities, which reflect the national strategy, are:
 - Planning, data, performance and intelligence
 - Training design, delivery and audit
 - Diagnosis, post diagnostic support
 - Care and support, co production
 - Reasonable Adjustments and accessing housing, employment, and education

Consulting on the Strategy

- Strategy Development Timeline:
 - October / November 2018 Develop Consultation Materials
 - November / December 2018 Sign off of strategy and consultation across health and social care partners
 - January to the end of March 2019 Consultation
 - April 2019 consultation report findings, and further strategy development
 - May 2019 Launch of 2019/22 strategy and action plan
- Targeted Consultation will include:
 - The Monday club, The Autism Carers Group, The Learning Disability Partnership Board, The Mental Health Partnership Board
- There will be opportunity for consultation with wider groups using the consultation hub and holding consultation events.

Update on Joint Leicester City Health and Social Care Autism Self Assessment Framework (SAF)

Tom Elkington – Business Change
Commissioning Manager

Background

- The department of health and social care (DoHSC) have launched the National Autism Self Assessment Framework (SAF) to measure compliance with the Autism Act. This is a regular assurance exercise.
- Previous SAF returns were completed in 2012,2013,2014 and 2016.
- Adult social care commissioning staff were part of the team that tested and developed the SAF Tool 2018
- The SAF will look at the how the Autism Act has been implemented in the following areas:
 - Planning, Training, Diagnosis, Care and Support, Housing and Accommodation, Employment, Criminal Justice Systems
- This is non mandatory however only two authorities in England did not complete in 2016.
- The Department of health and social care publish the results in national report

2018 SAF

- All local authorities must lead on the coordination of data collection and ensure the submission is signed off by the Health and Wellbeing Board before submission to the Department of health.
- The Clinical Commissioning Groups are responsible for all health related data and must provide this to the Local Authority.
- The SAF responses will be RAG rated – the criteria for each question is set however
 - Red, means non compliant
 - Amber - part compliant
 - Green - Fully compliant
- These ratings provide an understanding of how effectively the region has embedded the Autism Act across social care and health.
- We will use the SAF to identify areas that need to be improved. These areas will be incorporated into the Autism Strategy Delivery Plan.

Completion and Sign Off

- The proposed timeline to allow for leadership to monitor progress and signing off final submission:
 - 24th September – DoH launched SAF
 - 25th September - Leadership briefing
 - 10th October - Lead Member Briefing
 - 16th October – ASC commission Briefing
 - 23rd October - Autism Partnership board progress report
 - 6th November – Social Care and Education Leadership Team
 - 7th November - Regional Autism leads meeting
 - 14th November – Lead Member Briefing
 - 16th November - extraordinary Autism board / Sign off
 - 22nd November - Health and Wellbeing Board sign off .
 - 6th December - ASC Scrutiny Briefing
 - 10th December - Submission