

## The Basic Audit

LD means learning disabilities and MH means mental health.

<b>Basic Audit</b>	<b>In the garage - not yet started</b>	<b>On the journey, but stuck at Red</b>	<b>Ready for more – Amber</b>	<b>Continuous progress – Green</b>	<b>Score</b>
1. Physical health	1D. We are doing nothing locally to correct for the health inequalities suffered by people with a combination of autism, LD and MH needs	1C. There is some understanding that people with autism or LD may have specific health needs, but no clear plan to address this	1B. Specific actions are taken by MH services to help people with autism or LD engage with routine health screening in primary care	1A. In addition to supporting people to access routine health screening our local MH service is taking action to encourage healthy lifestyles and people with autism and LD are engaged	
2. Eligibility and Access	2D. Autism or LD is used as a diagnosis of exclusion to shut people out of MH services	2C. Some people with autism or LD may receive support from MH services, but this is not part of a deliberate and systematic approach	2B. Eligibility criteria include a clear expectation that MH services should serve people with autism or LD, but they may not actually be doing so	2A. People with autism or LD are found in all parts of the MH service	
3. Secure settings	3D. Local people with autism or LD in addition to a MH issue are inappropriately placed in prisons or secure settings rather than a more suitable setting	3C. There is a prison diversion scheme that responds to offenders who have MH in addition to LD or autism	3B. Prisoners and people in secure MH settings can get access to MH, LD and autism expertise when needed	3A. Targeted work addresses offending and challenging behaviour in a manner that is relevant and effective for people with any combination of MH, autism and LD needs	
4. Safeguarding	4D. We have no evidence to demonstrate the safety record of MH services in relation to people with autism or LD	4C. The MH service tracking system for untoward incidents includes a specific facility for tracking incidents involving people with autism or LD	4B. There is evidence that the MH service is learning and changing its practice in response to local incidents involving people with autism or LD	4A. Frontline MH staff report feeling supported when raising safeguarding concerns – they feel that they work in a healthy learning culture rather than a blame culture	

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5. Assessment	5D. Some people benefit from a detailed assessment of how autism, LD and MH issues affect them, but we can't obtain that assessment round here	5C. Screening for autism or learning disability takes place for people with MH issues who need it	5B. Detailed assessments for autism, LD and challenging behaviour can be obtained for people who need them who are currently using MH services	5A. There is a systematic and proportionate approach to the use of screening and full assessment. Results have a positive effect on what happens to the person afterwards.	
6. Equalities	6D. We can't find any Reasonable Adjustments that have been made in anticipation of people with autism or LD using mainstream MH services.	6C. A couple of things have been done, but they do not really affect common practice in MH services.	6B. Some specific good practices in relation to autism or LD are used throughout the MH service, but weaknesses remain	6A. Reasonable Adjustments made in MH services are routinely identified, adopted where needed and recorded to show their impact on people with autism and LD.	
7. Personalisation	7D. There are such a lot of practical and ethical difficulties with personalisation in our local area that we haven't really considered it for people with autism or LD alongside a MH problem.	7C. A few people with autism or LD alongside MH issues are in receipt of a personal budget or direct payment	7B. A combination of universal community facilities, telecare and bespoke arrangements has been tried out for a few people with a MH issue alongside autism or LD.	7A. People with autism or LD alongside a MH need are most likely to receive a bespoke service unlike anyone else's that avoids institutional responses, but is rather designed around their circumstances and uses universal community facilities wherever possible.	
8. Staff attitudes and values	8D. Staff in MH services do not believe they should treat people with autism or LD	8C. Some mental health staff recognise the value of their service supporting people with LD or autism, perhaps through receiving awareness training in LD and autism	8B. All staff are encouraged to take a positive approach in this area, perhaps by local champions for LD and autism in MH services who have sustained input into development and training programmes	8A. Attitudes and values are demonstrated in practice – there is evidence that MH staff have improved their practice in response to the needs of people with autism and LD	

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9. Accessible information	9D. No easy read materials can be found when visiting MH services	9C. Some easy read or audio materials are available, perhaps on the organisation's website, but there is no evidence that they are being used	9B. Easy read and audio materials are available in patient areas and cover medication, the Mental Health Act, local services, complaints procedures, and advice on how to get help	9A. Staff utilise these resources and adapt their communication to the person rather than just relying on the leaflet. The NHS accessible information standard is fully met. <sup>1</sup>	

Your comments:

<sup>1</sup> Available at: <https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>