The Better Audit

LD means learning disabilities and MH means mental health.

	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
10. Research	10D. Commissioners and lead clinicians have made no use of research evidence in relation to the combination of autism, LD and MH	10C. Research evidence is informing how MH services are arranged and delivered to people with autism or LD	10B. Standardised tools and evidence-informed interventions are in use locally to help people with autism or LD in addition to a MH issue	10A. Local MH staff are generating new research evidence on this topic	
11. Health and care records and care plans	11D. There are no adjustments made to health and care records or care plan proformas in our mainstream MH service to accommodate people with autism or LD	11C. Copies of accessible care plans and care records are available on request	11B. When a person with autism or LD is identified in the MH service, they are routinely given an accessible copy of their care plan	11A. People have a copy of their care plan which they have co-produced and recorded in a format that they understand (e.g. photographs as well as writing)	
12. Local plans	12D. There is no reference to people who have a combination of autism, LD and MH needs in the mental health section of population needs mapping, the Joint Strategic Needs Assessment, the local Health and Wellbeing strategy or commissioning plans for MH services	12C. National data is used to highlight the need for MH services to respond to people with autism or LD, but there is no local data. General statements assert the principle of fair access for people with autism and LD in MH services	12B. The principle of fair access for people with autism and LD to MH services is converted into specific local actions.	12A. The local plans show clear links between national data, local data capture, planning for service developments and improvements to outcomes	

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13. How specialist services relate to local provision	13D. Most of the local people who need intensive support are in secure settings far from home	13C. Mental health services play a part in some people with overlapping needs returning to live in the local area, we know who is still living out of area and plans are in place to bring them back wherever possible.	13B. An increasing number of people with the most complex MH needs in addition to LD or autism are supported in the local area through personalised arrangements that include support from mental health services	13A. In addition, specialist services (e.g. secure settings or people with specialist skills in working with people who have overlapping needs) routinely help their colleagues in mainstream MH services to develop their skills	
14. Skilled workforce	14D. Our MH service has limited effectiveness with people who have autism or LD because we lack crucial skills	14C. It is clear through Job Descriptions, programmes of compulsory training and other signals that MH staff should provide a service to people with autism and LD	14B. Appropriate policy and procedure documents in MH services have some embedded reference to people with autism and LD using the services.	14A. MH staff have access to support in working with people who have autism or LD, perhaps through training or a local Community of Practice that identifies challenges and raises standards	
15. People needing personal care	15D. It's a problem every time someone arrives in MH services and needs help with personal care	15C. Additional help is brought in to support the person as needed	15B. Our staff team are flexible and help people who need it with eating, using the toilet or personal care, such as cutting finger nails.	15A. Our MH staff team learn about best practice in personal care and change their behaviour in response so that everyone needing our MH service can benefit, including those with autism or LD.	

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16. User involvement in governance of the service	16D. No sign of effort being made by the people responsible for management and governance of the MH service to engage people with autism or LD	16C. People with autism or LD and MH difficulties and their relatives are kept informed about service changes	16B. People with autism or LD and their relatives provide feedback on the quality of MH services	16A. People with autism or LD and their relatives are involved in assessing population need and designing MH services – perhaps via a Partnership Board or similar arrangement	
17. Psychological therapies	17D. Psychological therapies are not available in primary care or MH services for people with autism or LD	17C. People with LD or autism are offered longer and more numerous psychological therapy sessions at suitable times	17B. MH psychological therapy services have made adjustments to their clinical interventions (i.e. the content of sessions rather than just their duration) so that people with autism or LD benefit from them	17A. In addition, a specialist practitioner or team provides advice to the mainstream service and offers psychological therapies to people with autism or LD who struggle to benefit from the usual provision	
18. Working together	18D. Conflict, silo working and boundary disputes between teams and organisations mean staff don't know people outside their own service	18C. A few staff working in MH services know and work with their colleagues in LD and autism services	18B. Most of the time, people who need expertise from two or more services receive it without undue delay or coordination difficulties	18A. There is an effective dispute resolution process that helps with the interface between MH, LD and autism services, including joint working and transition between services	

Your comments....