

The Best Audit

In the following table, LD means learning disabilities and MH means mental health.

Best Audit	In the garage - not yet started	On the journey, but stuck at Red	Ready for more – Amber	Continuous progress – Green	Score
19. Advocacy	19D. Local advocacy services for people with MH issues do not work with people with autism or LD	19C. Local advocacy services for people with MH issues are willing and eager to work with people with autism or LD to improve their experience of mainstream MH services	19B. A programme for training and ongoing support is in use to ensure advocacy workers are effective with people who have autism or LD in addition to MH difficulties	19A. The advocacy service presents a regular report to the MH commissioner to show their activities and impact in relation to people with autism or LD who use MH services.	
20. Commissioning	20D. Mental health and LD services are commissioned separately and MH commissioning does not address the needs of people who also have autism or LD. No account is taken of information collected for the Joint Strategic Needs Assessment	20C. The MH commissioning plan includes people who have autism or LD in addition to MH issues	20B. Clear outcomes are defined in MH services for people with autism or LD, perhaps with incentives for services that achieve them. Outcomes are linked to population needs and the plans made by our local Health and Wellbeing Board.	20A. Gaps are identified and this intelligence is used to develop the market and make improvements to the overall pattern of service delivery	
21. Buildings and environments	21D. People with autism or LD are expected to use the same facilities in the same way as everyone else without adjustment	21C. There is a general recognition that people with autism or LD may be adversely affected by some physical or social environments	21B. There are places and times where people can be quiet and away from others	21A. Environments have been assessed and are able to accommodate people with autism and LD, e.g. lighting, décor and signs, to provide effective help with wayfinding or booking appointment times	

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22. Leadership	22D. We don't know who is interested in improving MH services for people with autism or LD	22C. We know who the self-appointed champions are	22B. Leadership on this topic is identified and can relate to all teams and levels of the organisation	22A. Identified champions promote creative problem solving amongst all staff – 'distributed leadership' is promoted.	
23. Family and friends	23D. Family and friends of people with MH needs in addition to LD or autism are rarely given information about MH services or the support they may be entitled to in their own right.	23C. Family and friends of people with autism or LD are asked about their experience of MH services and these are collated to look for shared themes	23B. Family and friends of people with autism or LD report positive experience of MH services	23A. Family and friends of people with autism or LD receive targeted support from the MH service, perhaps through a carers support group or training opportunities	
24. Employment support	24D. People with a combination of autism, LD and MH issues rely on ordinary employment services, such as Jobcentre Plus	24C. Specialist MH employment support (such as job coaching, IAPT and IPS services) are available to people with autism or LD with the goal of getting and keeping open employment	24B. Five or more people with autism or LD have been supported by MH employment support agencies to get or keep a job in the last 12 months	24A. We have identified specific interventions that work with people who have a combination of autism, LD and MH needs to help them obtain and retain paid open employment	
25. Checking services	25D. No specific action has been taken to focus on how people with LD or autism get on in MH services.	25C. MH care pathways have been reviewed to ensure that people with autism or LD receive the support they need	25B. People with autism or LD and their family carers are involved in checking the quality of MH services	25A. The effectiveness of reasonable adjustments made in our MH services for people with autism and LD is routinely reported to the Board and Monitor	

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26. Monitoring	26D. We have no local data on the number of people with autism or LD using MH services	26C. Some data collection has been done regarding MH service users who have autism or LD, but this has not become a regular routine and the data may be of poor quality or may not have been analysed	26B. Data is routinely collected via the electronic care record system. Some comparisons have been drawn with other data sets (e.g. census, national prevalence or regional benchmarks)	26A. Data is routinely collected and analysed. Unwarranted variations in access and outcomes for people with autism and LD using MH services are routinely identified and services are amended in response	
27. Challenging Behaviour	27D. Incidents of behaviour that challenge, self-harm and suicide are dealt with as they arise	27C. The MH crisis support team and anyone else responding to untoward incidents within the MH service has received training in autism and LD	27B. The MH service's response to challenging behaviour and self-harm has been adjusted to accommodate people with LD or autism.	27A. When the person needs some help from external agencies, such as the police or Accident and Emergency department, our MH service help them to respond well to people who have any combination of autism, LD and MH issues.	

Your comments....