


<p style="text-align: center;">Health and Wellbeing Board Tuesday 21 February 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Autism Strategy for Adults 2017-22</p>	

Lead Officer	Denise Radley - Director Adult Services
Contact Officers	Layla Richards - Service Manager Policy, Programmes and Community Insight
Executive Key Decision?	No

Summary

1.1 Autistic Spectrum Disorder (ASD) is a lifelong developmental disorder, characterised by impairments in social interaction, social imagination and communication. Recent estimates suggest that approximately 1.1% of the population have Autistic Spectrum Disorder.

1.2 The attached “2017-22 Autism Strategy for Adults” represents the first strategy of its kind in Tower Hamlets. The strategy sets out how local services will support autistic adults¹ over the next five years, and how we will collectively meet national policy requirements in relation to adults with autism.

1.3 The strategy is primarily made up of eight priorities to be worked on over the next five years. These priorities are as follows:

- i. Help autistic people to feel like part of their community
- ii. Help autistic people access good quality health and social care services
- iii. Support young people with autism to transition into adulthood
- iv. Raise people’s skills and knowledge in relation to autism
- v. Help autistic people to find and keep work
- vi. Help autistic people to live in good quality housing that meets their needs
- vii. Reduce and improve autistic people’s interaction with the criminal justice system
- viii. Help those who care for friends and family with autism

1.4 The strategy proposes that an Autism Partnership Board be established in Tower Hamlets to oversee the delivery of the strategy over the coming years.

¹ The phrase “autistic adults” or “autistic people” is being used in preference to “adults with autism” or “people with autism” in line with feedback from autistic people.

Recommendations:

The Health & Wellbeing Board are asked to:

1. Note and comment on the 2017- 22 Autism Strategy for Adults.
2. Endorse a full public consultation of this Strategy, this will be a joint consultation with the CCG.

1. REASONS FOR THE DECISIONS

1.1 Rationale for developing an Autism Strategy

- 2.1.1 National autism strategy: A local Autism Strategy will ensure we are meeting the requirements of the national Autism Strategy and accompanying statutory guidance. This strategy was first published in March 2010 following the Autism Act in 2009, and was most recently updated in January 2016. Statutory guidance was produced in March 2015.
- 2.1.2 Self-assessment: A local Autism Strategy will enable issues identified in our local self-assessment to be addressed. Tower Hamlets has taken part in a number of self-assessments to evaluate our progress on implementing the national autism strategy for adults. The last self-assessment that was completed in October 2016 highlighted a number of areas for improvement.
- 2.1.3 Legislation: A local Autism Strategy will help ensure we are meeting the requirements of the 2014 Care Act in relation to adults with autism. For example, duties around the provision of universal information and support to residents and the need for services to work cooperatively with one another are all applicable to people with autism.
- 2.1.4 Transforming Care Programme: A local Autism Strategy will ensure we are working in accordance with the Transforming Care Programme. This programme arose from the 2011 Winterbourne View scandal, and is focused on developing services and support for people with a learning disability and/or autism who display behaviour that challenges. It sets out an expectation that more community services be developed and with a view to reducing the number of adults with challenging behaviour in in-patient facilities.
- 2.1.5 Demand: A local Autism Strategy will help address the issue of an anticipated increase in demand for autism-related support. Staff feedback is that the number of children and young people with a diagnosis of autism has seen a 150% rise in recent years. The local authority and partner organisations need to anticipate and address a potential increase in demand for support as this cohort reaches adulthood.
- 2.1.6 Joint Strategic Needs Assessment: A local Autism Strategy will enable the needs of adult with autism as identified in the Joint Strategic Needs Assessment to be addressed. A JSNA Factsheet on “Autism Spectrum Disorder” is currently being finalised. Findings highlight a number of areas for improvement, which can be addressed through the strategy.
- 2.1.7 People with a learning disability: Having a separate Autism Strategy will ensure that the needs of autistic adults are not “lost” within learning disability support provision. People with autism can sometimes be categorised as having a “learning disability”, particular in terms of the services they come into contact with. A significant proportion of autistic adults will also have a learning disability, but this will not be true in all cases.

2. ALTERNATIVE OPTIONS

- 2.1 No other options have been considered as the Autism Act (2009) places a statutory requirement for Local Authorities and Health to put in place a local plan for Adults with Autism Spectrum Disorder. Statutory guidance was produced in March 2015
- 2.2 Although the statutory requirements relate to adults, it is beneficial for the local plan to include children and young people to ensure that there is a smooth transition and pathway from children to adult services.

3. DETAILS OF REPORT

- 3.1 The attached 2017-22 Autism Strategy for Adults aims to ensure that we are making strides towards the national vision of autistic adults. This is as follows:

“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents².”

It is a partnership strategy that will primarily be held by the local authority and Clinical Commissioning Group.

3.2 Scope of the strategy

- 3.2.1 Whilst the “Autism Strategy for Adults” has been primarily developed by the Adult Services Directorate, it is presented as a partnership strategy as we recognise that the needs of autistic adults cut across services and are not exclusive to adult social care.
- 3.2.2 The strategy has a focus on adults but not autistic children. Evidence suggests that the number of children and young people diagnosed with autism has grown rapidly in recent years, and according to staff feedback, autism is now one of the three most common long-term conditions affecting children. The needs of this group will instead be addressed in a planned strategy for children and young people with Special Educational Needs or Disabilities (SEND). This will place a real focus on early intervention to help children and young people with Autism.
- 3.2.3 The lifespan of the strategy is five years rather than the originally proposed three, in recognition of the fact that many of the objectives are longer-term aims.

3.3 Methodology for developing the strategy

² 2010 Adult Autism Strategy *Fulfilling and Rewarding Lives – Vision statement*

3.3.1 The “Autism Strategy for Adults” was primarily developed over November and December 2016. The development of the strategy was overseen by representatives from adult social care, public health and the Clinical Commissioning Group. In developing the strategy, feedback and evidence has been gathered by a wide range of professionals including those in the health, employment and criminal justice sectors.

3.3.2 The aspiration was to fully co-produce the “Autism Strategy for Adults” with autistic people. This aspiration has not been fully realised, however the strategy has been driven by the views and experiences of autism adults as much as possible. There have been key barriers in relation to co-producing the strategy: Firstly, the current design of services means there is no easy way to get in contact with autistic adults³, and secondly, the timescales involved in developing the strategy have limited the opportunity for coproduction. However, meaningful engagement with and feedback from autistic adults has informed the strategy: A focus group with autistic adults and a focus group for carers was held in December 2016 and was attended by 10 people. An online survey was launched over November and December, and was completed by five people. The key messages heard from this engagement activity were that people broadly endorsed the strategy, and were particularly keen on the idea of staff training to raise awareness of autism. These messages have been incorporated into the Autism Strategy for Adults. More detail on feedback has been added at the end of the strategy as an Appendix.

3.4 Structure of the strategy

3.4.1 The “Autism Strategy for Adults” is made up of three main sections: The first section sets the scene, collectively setting out the needs of autistic adults, how we currently meet those needs, and the national policy context. The second section sets out our aims and objectives around supporting autistic adults over the next five years. The third and final section provides more detail on how the strategy in terms of how it will be carried out, how it was developed and how it links to other strategies.

3.4.2 Throughout the strategy, attempts have been made to produce information in “plain language” that is easy to understand and scrutinise. This has been done so that the strategy can be co-owned by autistic adults and their carers.

3.5 Communicating the strategy

Once approved, a Communications Plan will be drawn up to set out how the “Autism Strategy for Adults” will be communicated to staff, stakeholders, residents, service users and carers. This is with a view to ensuring that people who have an interest in autism are aware of and engaged with the strategy over the next five years.

³ For example, there is no one list of contact names and addresses for adults who have received an autism diagnosis, and no one service regularly attended by a cross-section of autistic adults.

3.6 Consultation

- 3.1 CMT have recommended that as this is the first strategy of this kind in Tower Hamlets it should go out for a full public consultation. CMT recommended that the consultation to be carried out jointly with the CCG.
- 3.2 CMT agreed that the strategy should be corporately owned and link in appropriately with the SEND Strategy, with consultations for both strategies acknowledging the links.

4 **COMMENTS OF THE CHIEF FINANCE OFFICER**

The Autism Strategy has been developed and will be delivered jointly by the Council and the Tower Hamlets Clinical Commissioning Group (CCG). The council will deliver those relevant elements of the strategy via its operational teams. The Council has budgeted £330k pa to cover the Autism Diagnostic and Intervention Service, which is supported by resources from the Better Care Fund. The CCG's similarly supports the strategy through its own base budget.

5. **LEGAL COMMENTS**

- 5.1. The Care Act 2014 places a strong emphasis on preventing and delaying needs for care and support, making sure that there is appropriate information and advice for people, support for carers, and promoting integration between social care and health care services. It also places a duty on local authorities to promote a person's well-being when carrying out any of their care and support functions in respect of that person.
- 5.2. The Council must also have regard to the Statutory Guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy dated March 2015 ("the Guidance"), which is issued by the Secretary of State pursuant to section 2 of the Autism Act 2009 and supports the Government's 2014 strategy "Think Autism". This Guidance is issued under s7 of the Local Government Social Services Act 1970, so must be followed unless there is good reason.
- 5.3. The requirements set out in the Guidance in respect of improving training around autism is consistent with the Care and Support (Assessment) Regulations 2014, which require local authorities to ensure that a person undertaking an assessment of an adult's care and support needs has suitable skills, knowledge and competence in the assessment they are undertaking, and is appropriately trained.
- 5.4. The Guidance also addresses the Council's further duties towards those on the autistic spectrum under the Care Act 2014 in respect of planning for transition from children's to adults' services and the requirements under the Children and Families Act 2014 in respect of assessments of the Education,

Health and Care needs of young people up to the age of 25, and providing them with a plan which meets their needs.

- 5.5. The Guidance also advises Councils and NHS organisations should consult with people with autism and their carers. The Council's plans to submit this to public consultation will meet this requirement. Prior to approving the strategy, the Board must consider that adequate time was given for consideration and response. Further, the Board must conscientiously take into account the product of the consultation.
- 5.6. When preparing the Council's Autism Strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The strategy notes that difficulties with social interaction and communication are some of the main characteristics of autism, which along with social stigma, can lead to social isolation⁴ for autistic adults. The strategy therefore includes an objective around social inclusion: "*Help autistic people to feel like part of their community*". This and the actions listed to achieve this objective are intended to promote social inclusion for autistic adults.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The strategy has financial implications for the local authority and Clinical Commissioning Group. These implications are centred around a proposal to remodel the Autism Diagnosis and Intervention Service in Tower Hamlets so that it offers interventions to adults who have a pre-existing autism diagnosis (not just newly-diagnosed autistic adults), and a proposal to commission autism awareness training to staff working in organisations across the borough. Best value is being proposed in the following ways in relation to this
 - *Remodelling the Autism Diagnosis and Intervention Service*: The proposal to extend the service so that interventions can be provided to adults who have a pre-existing autism diagnosis is intended to ensure that autistic adults are provided with effective support that is focused on early intervention and crisis prevention. This, in turn, is intended to ensure that services avoid higher costs associated with crisis situations.

⁴ 56% of respondents in an Autism Together Survey said they were too scared to go out. 41% of respondents in a National Autistic Society Survey said they were socially isolated.

- *Commissioning autism awareness training*: In order to secure best value, it is proposed that Tower Hamlets seek to jointly commission autism training for staff. This training could be funded regionally – for example, by the seven boroughs that make up the Sustainability and Transformation area or the three boroughs that make up the Transforming Services Partnership.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Not applicable

9. RISK MANAGEMENT IMPLICATIONS

9.1 Having an effective Autism Strategy will help mitigate any risks around the needs of autistic adults not being met.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The strategy notes that a disproportionately high number of offenders⁵ and victims of crime⁶ have autism. The strategy therefore includes an objective around the criminal justice system: “*Reduce and improve autistic people’s interaction with the criminal justice system*”. This and the actions listed to achieve this objective are intended to reduce crime and disorder overall.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix I: The 2017-22 Autism Strategy for Adults

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

- NONE

Officer contact details for documents:

Layla Richards,
Service Manager, Policy Programmes and Community Insight, LBTH
Layla.Richards@towerhamlets.gov.uk

⁵ Some studies suggest that between two and four per cent of offenders have autism.

⁶ One report suggests autistic people are seven times more likely to be a victim of a crime.