

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD – 22 JANUARY 2014**

**AUTISM UPDATE**

**- THE AUTISM STRATEGY 2014-2017**

**- THE AUTISM SELF ASSESSMENT SUBMISSION (SEPTEMBER 2013)**

**REPORT OF PAUL TAYLOR – INTERIM DIRECTOR OF CARE, HEALTH & WELLBEING**

**LEAD CABINET MEMBERS – COUNCILLOR ARNOLD ENGLAND AND COUNCILLOR PAUL WATLING**

**PART A) – SUMMARY REPORT**

**1. SUMMARY**

- 1.1 Under the Autism Act 2009 the Secretary of State issued guidance to Local Authorities and NHS bodies/NHS Foundation Trusts about 'the exercise of their functions concerned with the provision of relevant services'. They also provided guidance in the main national report 'Fulfilling and Rewarding Lives' (DH, 2010).
- 1.2 At a local level we are required to have an Autism Strategy in place for Adults. A decision was taken locally to establish an all age strategy which will ensure alignment, delivering better responses and interventions at an earlier age. This will also help to reduce and mitigate issues arising when the child becomes an adult and support efficiencies. The Autism Strategy and Autism Action Plan are attached as Appendix 1.
- 1.3 The Autism Strategy reflects engagement with a range of stakeholders including people with Autism and family carers. Account of feedback has informed the final document and the Autism Action Plan. Feedback to the Autism Strategy reflects an opinion that further work is required to ensure the needs of children are fully represented. The first overarching objective in the Action Plan seeks to address this matter: *"Detailed discussions to take place between children's and adult services to ensure the all age strategy is taken forward"*.
- 1.4 The Department of Health requested that all areas submitted an Autism Self Assessment by 30 September 2013, and that it be signed off by the Health and Wellbeing Board. Due to the short notice given prior to the request for the completion of the Self Assessment it was recommended that localities report the Self Assessment to their local Health and Wellbeing Board before the end of January 2014. This is attached as Appendix 2.

## **2. RECOMMENDATIONS**

2.1 To approve the 'Autism Strategy 2014 – 2017' and the accompanying Autism Action Plan.

2.2 To confirm that overall governance for the Autism Strategy will be with the Autism Partnership Board and the Health and Wellbeing Board to receive an annual report on progress.

2.3 To request a further, detailed paper which outlines the overlapping, strategic issues between a range of inter-dependent areas (autism, learning disability, the confidential inquiry into premature deaths of people with learning disabilities), proposing actions to ensure needs are met locally and with the objective of increased efficiency.

2.4 To note submission of the Autism Self Assessment, submitted in September 2013.

## **3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	<b>Yes</b>	<ul style="list-style-type: none"><li>• Put our children and young people first</li><li>• Improve local people's prospects through education and skills training</li><li>• Protect and support our vulnerable children and adults</li><li>• Improve the health and wellbeing of our communities and address health inequalities</li></ul>
	Will the proposals impact on specific groups of people?	
	<b>Yes</b>	The current prevalence data indicates 1 in every 100 people will be on the Autistic Spectrum. This cuts across all areas of society and all areas classified under diversity (age, gender, faith, disability etc.).
<b>TARGET COMPLETION/DELIVERY DATE</b>	The Autism Strategy and Autism Action Plan covers the period 2014 – 2017. It will be a 'live' document, evolving with modifications occurring over the duration.	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	<b>Yes</b>	<p>The Council base budget for care and support includes provision for clients on the Autistic Spectrum, including Asperger's and their family carers. This budget for Community Care and Support is allocated on an individual basis following a needs assessment and is set to reflect Care and Support priorities and policy, including prevention and low level intervention services.</p> <p>The attached strategy includes areas for improvement on current practice and outcomes. There will be a requirement for additional resources, both staff and non-staff expenditure, however, for the majority the concept is that additional resource requirements flagged up in the strategy is actually a shift in resources. More efficient procurement and practice will</p>

		<p>be the vehicle by which existing funds will be used to achieve better outcomes from existing resources. One exception is the 'Low Level' Hub, where there is one off funding available received from the CCG to "Pump Prime" the implementation and £60,000 of this contribution is to be made available to fund up two years of operation. During the implementation phase work will continue to develop sustainable funding which will need to be found to maintain the project beyond this time envelope. Careful monitoring of the project and monitoring of progress towards a sustainable funding solution will be required. The expectation is that financial benefits of this intervention will accrue (and will need to be monitored) from potential cost savings because clients are able to retain a higher degree of independence and may not therefore require more intensive care support.</p> <p>Therefore, there are no significant funding/budget implications foreseen arising for the council budget by adopting the recommendations included in this report RP – 19/12/13.</p>
<b>LEGAL ISSUES</b>	<b>Yes</b>	<p>The Autism Act 2009 places a duty on the Secretary of State to prepare and publish an Autism Strategy. While central government sets the framework for improving the lives of those with autism much of the responsibility for delivering the strategy sits locally. Therefore, the council is complying with its duty to develop a plan for services and support it provides for all ages across the Borough. This is also one of the priorities of the Health and Wellbeing Board.</p>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	<b>Yes</b>	<p>Consideration of the inter-dependencies between several areas including autism, learning disability, the confidential inquiry into premature deaths of people with learning disabilities, and developing localised services rather than using out of area placements may provide an opportunity for improved outcomes for individuals and efficiencies.</p>
<b>IMPACT ON SPECIFIC WARDS</b>	<b>No</b>	<p>The Strategy is a Borough wide document.</p>

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

- 4.1 Telford and Wrekin Council and Telford and Wrekin Clinical Commissioning Group (CCG) are required to have an Autism Strategy in place. The Autism Strategy and Autism Action Plan is attached as Appendix 1. Statutory Guidance issued by the Department of Health sets out responsibilities for both local authorities and NHS organisations and sets out specific responsibilities for the Director of Adult Social Services to:
- develop the area's commissioning plan around services for adults with autism, using the best available information about adults with autism in the area.
  - appoint a joint commissioning/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism.
  - ensure that the views of adults with autism and their carers are taken into account in the development of services locally.
- 4.2 Whilst the requirement is to have an adult strategy, locally the Autism Strategy (the Strategy) is all age and provides an opportunity for the Council and CCG to align approaches, developing the best of existing practices for Children, Young People and Adults. It covers all people with Autism and Aspergers, including those who may or may not have additional need linked to learning disability, mental health, behaviour which can challenge and any combination of these. Background information is provided about Autism and its impact on social communication, social interaction and social imagination. It also highlights how individuals may experience other issues, for example sensory sensitivity or sensory under-sensitivity.
- 4.3 Delivery of the Strategy is particularly challenging because no additional funding has been allocated from the Department of Health to the public sector to implement the requirements of the Autism Act 2009, which has raised expectations. Whilst the strategy seeks to minimise costs, there is a need for some level of investment to progress the agenda, for example, the Low Level Hub, for which £60,000 per annum is available, funded from one off resources from a CCG grant to the Council.
- 4.4 Therefore the Strategy outlines the opportunities to develop an Invest to Save approach, so that reductions in high level placement costs or the need for crisis intervention including in-patient admissions are avoided. This requires a more proactive prevention and enablement approach such as the establishment of the low level intervention Hub, which operates on a weekly basis. Even with an 'Invest to save' approach, there is recognition that this strategy formally establishes further competition for limited resources.
- 4.5 The low level intervention Hub (the Hub) was established in July 2013 as a pilot, and work has taken place to monitor progress. Listen not Label are leading on the pilot with support from other organisations, such as Autonomy (a local Aspergers advocacy group). The learning from the initial pilot will inform future commissioning and service re-design, undertaken in a co-production approach with people with autism and family carers. Since the inception of the Hub, evidence is emerging of support being provided on a preventative and enablement basis and in one case during a period of crisis. Without the intervention of the Hub, it would have been possible that the individual would have required admission into a specialist acute setting.
- 4.6 In developing the Strategy there has been consultation with various stakeholders including:
- Autonomy (voluntary group – Asperger's)
  - STACs (Shropshire and Telford Asperger Carers)

- Listen not Label (User Led Organisation)
- A4U (Advocacy service)
- PODs (Children's Carer organisation for carers of children and young people with disabilities)
- Attendance at an autonomy social event and discussions with individuals and family carers
- Presentation to a group of about 30 people (both people with Autism and Family Carers), and other interested stakeholder groups, including the National Autistic Society.

4.7 A copy of the Autism Strategy and Action Plan has been shared with members of the Shropshire & Staffordshire Autism Partnership Board, which includes representatives from Stoke-on-Trent, Staffordshire, Telford & Wrekin and Shropshire. Feedback was very positive and the section on Accountability (5.4) was seen as very helpful in so far as it clarified how the Autism Strategy and Action Plan would progress and be monitored.

4.8 Overall, feedback has been positive and constructive. Further dialogue will continue as the Autism Strategy and Autism Action Plan is taken forward. The Strategy is based on the needs of Telford and Wrekin population and due to the number of shared provider organisations, and the opportunities for efficiencies there is a need for close collaboration in delivering the strategy.

4.9 Governance is a critical element of the Strategy. This includes the need for the Council and CCG to monitor progress via commissioners, informed by the work of Quality Monitoring staff. Reporting is proposed to be via the Autism Partnership Board, with an annual report to the Health and Wellbeing Board, which has set Autism as one of its priorities. Accountability is wide reaching and requires a range of lead officers and staff from different organisations to develop project plans to take forward objectives in the Autism Action Plan. And, as this Strategy responds directly to legislation, it is expected that there will be wider engagement across all areas of the public sector.

4.10 There is also a need for 'detailed discussions between children's and adult services to ensure the all age strategy is taken forward. This objective is written in acknowledgement that moving from rhetoric to reality requires a more detailed understanding of what needs to change to develop a seamless approach. This is a critical element of the Strategy, providing a firm foundation for further work. This approach has the potential to significantly assist in achieving improved outcomes and quality whilst reducing cost.

4.11 Other areas of development detailed in the Strategy are listed under a series of broad headings, with a brief reference to the subjects covered.

- **Engagement:** Local Autism Partnership Board; developing a more systematic approach to encouraging engagement and the importance of advocacy.
- **Service Experience:** including data collection and reporting; health care; transition for young people; housing and employment.
- **Value for Money:** Invest to Save; Quality Monitoring. Audit and Engagement with the voluntary sector.
- **Operational Excellence:** Pathway of Care; Health and Wellbeing; Collaboration; Access and Support; Criminal Justice System; Community Care assessment and Access to Information.
- **Organisational Capability:** Training and Communication.

4.12 The Council and CCG were required to complete The Autism Self Assessment about local progress and submit by the 30 September. Information gathered through the completion of the Autism Self assessment informed the drafting of the Autism Strategy and Action Plan. It was also required that the Self Assessment was considered by the Health and Wellbeing Board before the end of January 2014. The Self Assessment uses a red, amber, and green coding system. Locally areas considered 'Green' include:

- autism being referenced in the JSNA linked to the Health and Wellbeing Board priorities
- partnership working with the CCG and other partners including people with autism and family carers via the voluntary sector
- the introduction of the low level intervention hub, which is providing direct support and assisting in reducing the need for admission into acute settings
- supporting people into Housing – Autism was referenced in the original Learning Disability Housing Strategy and many people have been supported into appropriate accommodation – including single occupancy.

4.13 Areas considered 'Amber' include:

- reasonable adjustments,
- autism awareness training and specific training for staff
- diagnosis
- local support and employment

4.14 The areas considered 'Red' and therefore requiring more focused work are:

- data collection - changes have been introduced from September 2013 which will enable more information to be gathered and will start to inform planning and future commissioning from April 2014.
- engagement with the Criminal Justice System – through the formation of the Autism Partnership Board, it is expected that a greater level of impetus will be given to this area of work. For information, this reflects the experience of other areas within the West Midlands and a more strategic approach may be required.

## **5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

5.1 Under the Disability Discrimination Act and The Autism Act 2009, Telford & Wrekin Council is required to act in a way that is anticipatory, to make reasonable adjustments and to not discriminate on the basis of disability. The implementation of the Autism Action Plan linked to the Autism Strategy will assist the Council in fulfilling it's obligations in a way that supports prevention and enablement, meets individual needs, promotes independence, increases choice and control and seeks to avoid un-necessary high cost, out of area placements.

## **6. PREVIOUS MINUTES**

6.1 None

## **7. BACKGROUND PAPERS**

7.1 Autism Act 2009

7.2 Rewarding and Fulfilling Lives (DH, 2010)

7.3 Implementing Fulfilling and Rewarding Lives – Statutory Guidance (DH 2010)

**Report prepared by:**

Kit Roberts

Interim Service Delivery Manager, Commissioning

01952 388890