8 January 2015

ITEM: 5

# Thurrock Health and Well-Being Board

# THURROCK ADULT AUTISM STRATEGY

Wards and communities affected:

ALL

Non-key

**Key Decision:** 

**Joint Report of:** Thurrock Council and Thurrock Clinical Commissioning Group (CCG): Authors - Catherine Wilson - Strategic Lead - Commissioning and Procurement, Adults Health and Commissioning and Allison Hall – Commissioning Officer, Adults Health & Commissioning

# Accountable Head of Service: N/A

Accountable Director: Roger Harris Director Adults Health and Commissioning

This report is Public

## **Executive Summary**

In April 2014 HM Government published their updated Autism Strategy called Think Autism (web link

<u>https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/29986</u> <u>6/Autism\_Strategy.pdf</u>). Think Autism contains 15 priorities which need to be met locally. These priorities fall into 3 broad areas as follows for people with autism;

- An equal part of my local community (priorities 1 to 6)
- The right support at the right time during my lifetime (7 to 13)
- Developing my skills and independence and working to the best of my ability (14 and 15)

Thurrock's Adults Autism Strategy (which is attached as appendix 1) has been reviewed to

- Reflect the Think Autism Priorities
- Update demographic information and data
- Produce a revised Action Plan incorporating outstanding and new actions

Amendments to the strategy are detailed in appendix 2; these are pre-dominantly the additional requirements of the Think Autism priorities.

Demographic information and locally held data has also been added and updated, this now provides a clearer picture on the prevalence of and anticipated demand on adult services for people with autism. Data suggests that there will be more young people transition to adult services with autism as their primary need for care, often requiring specialist residential care provision, this will be a growth area for adult services of which significant costs are associated. We are currently reviewing the Transitions data of those that will require Adult Social Care over the next 4 years The data indicates the following

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- 57 service users will be transitioning from Children's Social Care to Adult Social Care in the next 4 years, of those 54% will be on the Autism spectrum
- 16 service users will require residential placements. These are expensive placements due to the complexity of need and specialist care required (ranging between £2,907.00 £5,673.00 per week)
- Current indications suggest the total weekly cost of those that will transition from Children's Social Care to Adult Social Care is £59k per week, an annual cost of £3.1m

It is anticipated that this trend is likely to continue beyond the next 4 years due to the specialist autism schools within Thurrock (Treetops & Beacon Hill), there are very little services in the local area that can meet the need of this growing demand. (eg residential care, supported living and respite)

Further work will be required to be undertaken to understand the likely impact beyond this and what services will be needed to be developed of which considerable cost pressures to Adult Social Care will be attached

The action plan from the original strategy has been reviewed and updated, any outstanding actions have been transferred to a new action plan, as discussed further below\*.

The original action plan has already delivered in a number of areas including training, data collection and transitions- significant progress has been made in the training of all Adult Social Care front line staff, this is ongoing and will be reviewed in 2015 with a view of extending this across all council front line services. Our assessment and data collection processes have been reviewed, and links between Adult and Children's Services for those coming through transition are improved.

It is recognised that further work is required by Thurrock CCG and other public bodies particularly in relation to a diagnostic pathway and improved access to health services for those people with autism.

\*The revised action plan can be found on pages 28 - 35 of the strategy; this provides timescales for completion and will also be a key priority of the Autism Action Group to monitor.

The revised strategy has been presented to Thurrock Coalition, our user led organisation prior to public consultation to seek their views. An event was held in September 2014 for people with autism, their family and carers to review the strategy seek members for the Autism Action Group and agree priorities for the group. Establishing an Autism Action Group is a key priority within Think Autism and the inaugural meeting was held in December 2014.

The Health & Well Being Board may also wish to refer to the Adult Autism Strategy report presented to the Health and Well Being Board on 13 March 2014 for historic information.

## 1. Recommendation(s)

- 1.1 That the Health & Well Being Board note that the strategy has been reviewed in light of Think Autism
- 1.2 That the Health & Well Being Board give approval for a six week public consultation on the strategy, in line with Thurrock Councils consultation responsibilities

# 2. Introduction and Background

2.1 Autism is a lifelong developmental disability, sometimes referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). A spectrum condition, by definition, refers to people with a very wide range of needs. A significant proportion of people with autism will also have a learning disability. At the other end of the spectrum there are people with 'high-functioning' autism, which includes Asperger Syndrome. People on the autistic spectrum experience difficulties with social communication, social interaction and social imagination

Whilst it is possible for people with autism to live fulfilling and rewarding lives, with family, friends and employment, many on the spectrum experience significant challenges, including:

- Economic exclusion and unemployment
- Inconsistency in the availability of services with a common experience of falling between services as autism does not fit the traditional inclusion criteria for mental health or learning disability services.
- Increased risk of homelessness
- Increased vulnerability to all forms of exploitation

The strategy has been written in the context of the statutory duties placed on local authorities and NHS bodies through the following

- The Autism Act (2009)
- Fulfilling and rewarding lives the national strategy for autism (2010)
- \*\*Statutory guidance for implementing the national strategy (DoH Best practice Guidance, Gateway 15204, 2010)
- Think Autism Strategy Fulfilling and rewarding lives, the strategy for adults with autism in England: an update (April 2014)

\*\*(It is worth noting that there is currently formal consultation on the revised Statutory Guidance to support the implementation of Think Autism. The draft statutory guidance seeks to update the existing guidance in line with progress made since 2010 and recent legislation. Thurrock Council will ensure that this will be incorporated into the strategy as part of the action plan when publish in early 2015)

The specific areas for action under the revised Strategy are as follows

- Increasing Awareness
- Improved access to diagnosis and assessment services
- Transition
- Improved access to services
- Housing
- Employment
- Improve the way we plan and prioritise services for adults

There is a commissioning lead with Adult Social Care to lead and monitor performance on the work required. There will also be periodic reviews of the strategy over its lifetime to provide the Board with an update on progress

#### 3. Issues, Options and Analysis of Options

3.1 N/A

#### 4. Reasons for Recommendation

4.1 To ensure that the Health & Well Being Board are informed of the changes to Thurrock's Autism Strategy in light of updates to statutory responsibilities of Think Autism (April 2014)

#### 5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Pre-consultation has taken place on the revised version of the strategy

# 6. Impact on corporate policies, priorities, performance and community impact

6.1 There is a statutory responsibility upon the council and CCG to implement the Think Autism priorities. Officers will be working with other departments across the council, partners and the voluntary sector to ensure that we meet our responsibilities and where necessary amend policies as appropriate

#### 7. Implications

7.1 Financial

Implications verified by:

Mike Jones 01375 65277 <u>mxjones@thurrock.gov.uk</u>

The cost incurred regarding training, awareness and officer time in implementing the Think Autism priorities will be contained within existing resources

The wider demographic changes and the implications of the transition process between adults and children's social care will need to be considered as part of both the Councils medium and short term financial strategies.

#### 7.2 Legal

Implications verified by:

Dawn Pelle 01375 652925 Dawn.pelle@bdtlegal.org.uk

There are no legal implications over and above the Councils and CCG statutory responsibilities to have an Autism Strategy and those arise from this report. Account has been taken of the Transition Duties under the Care Act 2014.

#### 7.3 **Diversity and Equality**

Implications verified by:

**Equalities and Cohesion Officer** 

tevans@lbbd.gov.uk

Teresa Evans

The implementation of the revised autism strategy will be key in ensuring that people who have autism have an equal opportunity within their community regardless of any other protected characteristic( Equality Act 2010) they may have. The service will continue to monitor closely the delivery of this wider agenda ensuring appropriate outcomes for all.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

#### 9. Appendices to the report

- Appendix 1 Thurrock Autism Strategy
- Appendix 2 Amendments

#### **Report Author:**

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