Autism Strategy Update

Purpose of report

For information.

Summary

Cllr Meldrum represented the LGA at the Government’s annual Autism Strategy

accountability meeting on 26 March 2018. This report summarises recent changes to the

governance structures that oversee the implementation of the strategy and key points

from the accountability meeting.

Recommendation

Members are invited to note the feedback from the annual Autism Strategy

accountability meeting and to offer any further comments to shape the LGA’s ongoing engagement.

Action

LGA will continue to represent councils’ interests at the Autism Strategy Board and Task and Finish Groups and will work with the Association of Directors of Adult Social Services to influence next year’s refresh of the strategy, drawing upon the latest self-assessment.

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Autism Strategy Update

Background

1. Cllr Jackie Meldrum recently attended the Government’s annual Autism Strategy accountability meeting chaired by Caroline Dinenage MP, Minister of State for Care. The Minister invited senior level representatives from organisations taking part in the work of the Task and Finish Groups who are leading the implementation of the Autism Strategy.
2. The LGA is working with key national organisations to support delivery of the Transforming Care programme, aimed at improving care and support for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.
3. The LGA has published a series of [case studies](https://www.local.gov.uk/think-autism) that share how councils are supporting people on the autistic spectrum.

**Think Autism Strategy**

1. The Government’s strategy ‘[Think Autism](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)’ was published in 2014. It updated the ‘Fulfilling and Rewarding lives’ strategy published in 2010. The strategy’s vision is that:
   1. “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 talents.”
2. The strategy is supported by [statutory guidance](https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance) for local authorities and NHS organisations to support implementation. The guidance outlines a number of requirements of local authorities in four key areas:
   1. **Training of staff who provide services to adults with autism.** Autism awareness training should be available to all staff working in health and social care. Additionally, local areas should develop or provide specialist training for those in key roles such as GPs, community care assessors, personal assistants, occupational therapists or residential care workers. Organisations should seek to involve adults with autism, their families and carers and autism representative groups when planning or commissioning training.
   2. **Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services.** Expect there to be a clear pathway to diagnosis in every area and local areas should appoint a lead professional to develop diagnostic and assessment services. The pathway should be from initial referral through to assessment of needs. Diagnosis should lead to a person-centred assessment of need and should be recognised as a catalyst for a carer’s assessment. Assessment of eligibility for care services cannot be denied on the grounds of the person’s IQ. Any assessment of needs should be carried out by a professional who has a good understanding of autism and reasonable adjustments made to the process to enable the adult with autism to take part fully. All NHS practitioners should be able to identify signs of autism and refer for assessment and diagnosis if necessary. They should also then be able to understand how to adapt their behaviour and communication for a patient with autism.
   3. **Planning in relation to the provision of services for people with autism as they move from being children to adults.** Local areas must follow statutory duties around transition for children with SEN, which will include most young people with autism. Protocols should be in place in every area for the transition of clinical mental health care for children with autism in receipt of CAMHS.
   4. **Local planning and leadership in relation to the provision of services for adults with autism.** Local areas should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with autism in the area. Local authorities, NHS bodies and NHS Foundation Trusts should develop local commissioning plans for services for adults with autism, and review them annually. To develop such plans, it will typically be necessary to gather information locally about:
      1. The number of adults known to have autism in the area.
      2. The range of need for support to live independently.
      3. The age profile of people with autism in the area – including those approaching 65 or above working age and the number of children approaching adulthood, to enable local partners to predict how need and numbers will change over time.
   5. **Health and Wellbeing Boards have a crucial role to play in overseeing implementation of the Adult Autism Strategy at a local level**.
3. Councils are asked to complete a [self-assessment](https://www.gov.uk/government/publications/autism-self-assessment-framework-exercise) on their delivery against their statutory responsibilities set out in the autism strategy. This was last undertaken in 2016 and is due to be completed later this year. The process is managed by Public Health England. The purpose of the self-assessment is to enable local strategy groups to review their progress and support future planning with partners.
4. Through greater transparency they also enable adults with autism, their families and carers, and autism representative groups to see what progress is being made. The self-assessment data offers an opportunity to compare local authority areas and develop benchmarks. It can assist in identifying areas where further action is needed and in planning improvements. The LGA has ensured this is taken forward in line with the corporate approach to sector-led improvement.

**Annual Autism Strategy accountability meeting**

1. In 2017, it was agreed that the arrangements for overseeing implementation of the Strategy should be refreshed. The aims and the objectives of the Think Autism Strategy stand but the strategy’s strategic objectives have been regrouped around five Task and Finish Groups;
   1. Measuring, understanding and reporting needs of autistic people;
   2. Workforce development;
   3. Health, care and wellbeing;
   4. Specific support; and
   5. Participation in local community.
2. The Autism Strategy Board oversees overall progress against the strategy. Cllr Meldrum represents the LGA at the Board and the Participation Task and Finish Group. The Autism Strategy will be refreshed next year.
3. The 2018 Annual Autism Strategy accountability meeting took place on 26 March. Cllr Jackie Meldrum represented the LGA. The meeting was chaired by Caroline Dinenage MP and attendees included various Government departments, the Association of Directors of Adult Social Services, the National Autistic Society, NHS England, Public Health England and a number of self-advocates and carer / parent representatives.
4. The purpose of the meeting was to review progress against the Government’s ‘Think Autism’ Strategy, which includes a number of statutory responsibilities for councils under the 2009 Autism Act. The key points included:
   1. Good progress has been made nearly 10 years on since the Autism Act. Autism is on the agenda locally. Nearly every council has an autism lead and almost every local area has a diagnostic pathway. The self-assessment framework has significantly improved our understanding.
   2. Good practice examples include Bristol, Liverpool, Nottinghamshire, Kent and the Greater Manchester Autism Consortium. We will look to capture and share the good practice cited at the meeting. There is a growing wish from the autism community to distinguish services for people with autism and services for people with learning disability and autism.
   3. The following challenges were suggested as a focus for the coming year and will be tested against the results of the 2018 self-assessment to ensure they reflect the sector’s support needs: the length of time people have to wait for a diagnosis (from this April, NHS Digital will collect diagnosis waiting times), the continued importance of training to improve professional understanding, the impact of the general pressures facing post-diagnosis support and mental health services, preparing young people for the transition to adulthood, the provision of low level support, such as befriending, which can make a huge difference to people’s lives and social isolation – new research from the National Autistic Society shows that autistic people are four times more likely to be lonely than the general population.
   4. Cllr Meldrum highlighted the funding challenges facing adult social care and that supporting people with learning disabilities is a high spend area for councils. She also highlighted that small local groups supporting people with autism are struggling to find funding; Adult Safeguarding Boards promote a lot of good practice and learning; there is a need for more training of frontline staff; and the potential to extend Woking’s autism champions model.
5. The LGA’s engagement with the Government’s Think Autism Strategy reflects our joint leadership of the Transforming Care Programme and other relevant policy issues. For example, although people living in long-term supported housing won’t be affected by the Government’s proposals for supported housing, they will have to migrate from Housing Benefit to Universal Credit, and we are seeking clarification on how this will be managed.

Implications for Wales

1. The Government’s Think Autism Strategy is for England only.

Financial Implications

1. There are no financial implications for the LGA.

Next steps

1. LGA will continue to represent councils’ interests at the Autism Strategy Board and Task and Finish Groups and will work with the Association of Directors of Adult Social Services to influence next year’s refresh of the strategy, drawing upon the latest self-assessment.