

Developed in partnership by



NHS Greater Huddersfield Clinical Commissioning Group
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Kirklees Joint Autism Commissioning Strategy 2015-2020

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1. Summary of this Strategy

Background

In 2011 the first Kirklees Joint Autism Commissioning Strategy for adults with Autism Spectrum Conditions (ASC) was approved. The strategy was developed by the Autism Partnership Board in response to the national strategy '[Fulfilling and Rewarding Lives: the Strategy for Adults with Autism in England \(DH 2010\)](#)'.

This strategy is a revision of the 2011 strategy to accommodate changes in national and local policy and to provide:

- a review and update on progress made in the context of national and local policy
- a summary of the work to be taken forward over the coming years
- the structure and governance arrangements that are in place to take forward the identified work over the coming years

In March 2019 the government as part of their review of the national autism strategy launched a 'call for evidence' asking people for their views on what is working and where more needs to be done to transform the care and support for those with autism. As a result of the review of the national strategy and the call for evidence, this strategy will be extended to 31 March 2020 and will then subsequently be reviewed to take into account the revision of the national strategy.

Fulfilling and Rewarding Lives

The first ever strategy for improving lives of adults with autism in England was published on 3 March 2010. The Autism Act 2009 committed the Government to publishing an adult autism strategy to transform services for adults with autism (autistic spectrum conditions). The publication of the national strategy, '*Fulfilling and Rewarding Lives*' in March 2010, met that commitment.

The national strategy set out a number of key actions and recommendations for central government as well as local authorities, the NHS and Jobcentre Plus, focussing on five key areas:

- increasing awareness and understanding of autism
- developing a clear and consistent pathway for diagnosis
- improving access to the services and support people need to live independently within the community
- employment
- enabling local partners to develop relevant service to meet identified needs and priorities

Statutory Guidance: Implementing Fulfilling and Rewarding Lives

On 17 December 2010 the government published statutory guidance for local councils and NHS bodies setting out what they had to do to ensure that they meet the needs of adults with autism in England.

The guidance sent a clear message that local councils and NHS bodies along with Job Centre Plus must improve the:

- identification and diagnosis of autism in adults
- planning of services for people with autism, including the transition from child services to adult services
- local leadership
- autism awareness training for all staff and specialist autism training for key staff, such as GP's and community care assessors
- commissioning of services based on adequate population data alongside an assessment of need

Department of Health review: Winterbourne View Hospital (Interim Report) (2012). Transforming Care: A National response to Winterbourne View Hospital (2012)

This Department of Health review responds to the criminal abuse at Winterbourne View Hospital revealed by the *Panorama* programme in May 2011. This review highlighted that there were large numbers of people with learning disabilities in in-patient beds and in assessment and treatment units, often receiving poor quality care and that there was widespread poor service design, failure of commissioning, failure to transform services in line with established good practice and failure to develop local services and expertise to provide a person centred multi-disciplinary approach to care and support. This revised strategy recognises these concerns and the national commitment to transform the way services are commissioned and delivered to stop people being placed in hospital inappropriately, provide the right model of care and drive up the quality of care and support.

NICE Guidance – Autism: Recognition, referral, diagnosis and management of adults on the spectrum (NICE Guidelines – CG142)

The 'National Institute for Health and Social Care Excellence'(NICE) issued these [guidelines](#) to cover the care provided by primary, community, secondary, tertiary and other health and social care professionals who have direct contact with, and make decisions concerning the care of adults with autism. They include evidence based approaches with regard to diagnosis and assessment. This strategy supports the ongoing and increased recognition of the needs of people with autism.

NICE Quality Standards – January 2014

These [quality standards](#) describe high-priority areas for quality improvement in defined care or service areas. This strategy will seek to meet these standards, which draw on existing guidance which provides an underpinning, comprehensive set of recommendations and are designed to support the measurement of improvement and which cover autism in children, young people and adults in both health and social care settings.

Think Autism: An Update

On 2 April 2014 the government published an update to the 2010 strategy '[Think Autism: Fulfilling and Rewarding Lives, the Strategy for Adults with Autism in England: An Update](#)'. The government recognised that whilst great progress in improving support for adults with autism has been made and strong foundations have been laid across the country there is still much to do, and in response to what they heard from people with autism when reviewing the strategy this update was made.

The update, whilst remaining true to the vision of *Fulfilling and Rewarding Lives*, sets out the new challenges people with autism and other stakeholders have set and 15 priority challenges for action have been identified.

These priority challenges will form the focus of this revision of Kirklees' adult autism commissioning strategy and progress will be monitored by the Kirklees Autism Partnership Board.

Think Autism: call for evidence

On 14 March 2019 the government launched its 'call for evidence' questionnaire to support in its work to review the national strategy and to extend the coverage to include children as well as adults. The 'call for evidence' will seek to gain first-hand the views from those with autism (including children and young people), their families and their carers and from professionals in health, social care, education and the voluntary sector who provide care and support.

The NHS Long Term Plan

On 7 January 2019 the NHS Long Term Plan was launched setting out how it will redesign patient care to future-proof the NHS for the upcoming decade. This includes a focus around autism to introduce an annual health check, improve its understanding of the needs of people with autism and work to improve health and wellbeing, seek to reduce waiting times for specialist services, reduce the use of inpatient provision whilst also improving that that is used and increase and improve community support options, including the use of Personal Health Budget's (PHB).

2. National Challenges

'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.'

This is the vision as set out in the national autism strategy *'Fulfilling and Rewarding Lives'* and is a vision aimed at ensuring that those with autism can live rewarding, successful lives where the obstacles of everyday life for an individual with autism are recognised by the wider community. The national update *'Think Autism'* challenges us further to look differently at how we respond to this and sets out the fifteen priority challenges shown below identified by people with autism, carers, professionals and others working with people with autism.

Priority challenges for action

An equal part of my local community

1. I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
2. I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
4. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.

5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6. I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

The right support at the right time during my lifetime

1. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
2. I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
3. I want staff in health and social care services to understand that I have autism and how this affects me.
4. I want to know that my family can get help and support when they need it.
5. I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
6. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
7. If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.

Developing my skills and independence and working to the best of my ability

1. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
2. I want support to get a job and support from my employer to help me keep it.

3. What is ASC?

Autism Spectrum Condition (ASC) is the result of a neurodevelopmental disorder that has an effect on normal brain function, affecting the development of a person's communication, social interaction skills, accompanied by restrictive and repetitive behaviours. ASC's are experienced on a spectrum that encompasses the following conditions; Asperger's syndrome; High Functioning Autism; Pervasive Development Disorder; Childhood Disintegrative Disorder and Classical Autism.

The majority of those diagnosed with ASC received their diagnosis in childhood.

The Departments of Education and Health and Local Authorities have worked closely over a number of years to encourage early identification of ASC and seek to link this with increased awareness in health, education and local authority services. As these processes continue to strengthen, and are backed by improvements to the transition process into adulthood, we should see an increase in the numbers of adults entering adult services with a diagnosis of an ASC needing appropriate treatment and support. In addition, as a result of increased awareness, there will be an increased need for adult ASC diagnostic services.

Prevalence

Best estimates suggest a prevalence of ASC at around one in a hundred people among the population of the UK. This would produce a total of 695,000 people with an ASC.

The National Centre for Social Research and the Autism Research Centre conducted a major study which supports this figure, Brugha et al (2009), and in 2012 the NHS Information Centre, Community and Mental Health Team produced data, which confirmed the findings, Brugha (2012).

These studies have found a significantly higher incidence in men than women (as marked as 9:1 in some cases). However, there is a growing weight of opinion that ASD is under-diagnosed in females (see Gould and Ashton-Smith 2011). If this is the case the 1 in a hundred figure could be a significant under estimate. Even this figure equates to similar numbers when compared to the number of people with psychosis.

As time progresses there is a better understanding of the relationship between ASC and Learning Disabilities. It is becoming clear that more than half of the ASC population has no accompanying learning disability (Fombonne et al (2011)). If the link with learning disability is becoming less clear, the link with mental health problems is becoming increasingly apparent. Ghaziuddin (2005) found that 65% of their sample of patients with Asperger Syndrome presented with symptoms of psychiatric disorder. (Carpenter P. (2007))7. T/CSU/Business Cases/Autism/Autism Strategy/HMV/V1/July 2013.

Despite significant progress in mental health services over the last decade, adults with ASC remain socially and economically excluded. Many are dependent on benefits for their income and on the care and support of their families not only for housing but to cope with everyday activities. For those without this support, the risk of severe physical and mental health problems, homelessness and a descent into crime or addiction are greatly increased (National Autistic Society Report: I Exist (2008) a survey of over 1,400 adults with autism and parents/carers as well as in-depth interviews.

Consequently increased knowledge and awareness will inevitably lead to an increased demand for support, specialist advice and a wider range of mental health treatment options in the future with inevitable capacity and resource implications

Despite the greater awareness studies in adulthood have shown that four out of five adults with autism find obtaining a diagnosis in adulthood difficult or not possible and many will not have received a formal diagnosis.

4. The Local Position

The population of Kirklees stood at around 431,000 people in 2015, of which it can be estimated that around 2,620 people (18 to 64) and 657 people (65 and over) would have some form of Autistic Spectrum Condition (ASC)¹. In total this means that the prevalence in Kirklees of people

¹ Based on figures from Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey 2007 was published by the Health and Social Care Information Centre in September 2009

with ASC is approximately 0.8% of the population. This is slightly lower than the national average figure of 1%.

The tables below show the predicted expected numbers of adults with ASC in Kirklees as of November 2014 and predicted to 2030. Figures were provided by PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information System), both web based services provided by the Institute of Public Care to provide analysis of population data, identify key characteristics within that population, project numbers into the future, and compare future populations.

Similar to the national figures the prevalence of people with ASC in Kirklees is weighted to the male population, with 90% of individuals being male. It is also predicted nationally using the PANSI figures that 50% of those with autism will also have a learning disability and be receiving services from learning disability providers therefore, it is predicted approximately 1315 people / adults in Kirklees with autism and no learning disability will potentially require access to diagnostic services.

As some adults with ASC are high functioning and living independently, they may not want or need access to diagnostic services. Therefore of the estimated 1315 population with ASC in Kirklees (not accessing LD services) it is difficult to predict how many will require access to autism diagnostic and intervention services.

Table 1 – People in Kirklees aged 18-64 predicted to have autistic spectrum disorders, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have autistic spectrum disorders	420	418	395	393	427
People aged 25-34 predicted to have autistic spectrum disorders	551	559	587	593	570
People aged 35-44 predicted to have autistic spectrum disorders	568	560	548	572	599
People aged 45-54 predicted to have autistic spectrum disorders	598	603	597	548	537
People aged 55-64 predicted to have autistic spectrum disorders	484	486	527	570	562
Total population aged 18-64 predicted to have autistic spectrum disorders	2,620	2,626	2,655	2,677	2,694

Figures may not sum due to rounding. Crown copyright 2014

Table 2 – People in Kirklees aged 65 and over predicted to have autistic spectrum disorders, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-74 predicted to have autistic spectrum disorders	389	399	430	428	470
People aged 75 and over predicted to have autistic spectrum disorders	267	275	323	405	460
Total population aged 65 and over predicted to have autistic spectrum disorders	657	674	753	833	931

Figures may not sum due to rounding. Crown copyright 2014

We have evidence on the numbers of children within Kirklees experiencing autism recorded on the Council’s ‘Carefirst’ system. This indicated that in 2015 the numbers of known children with autism was on an annual basis averaging around 35 people and of these around 3 would be in the transitioning period into adulthood. Over time we expect the reliability of this data to improve and therefore provide more accurate data.

What we have now

There is increasing evidence about the benefits of particular types of interventions and opportunities that are available to people, where engagement leads to better recovery, reduced stress, less reliance on costly support and builds on the individual’s independence, resilience and positive improvements in their lives and that of their families. Good examples of these are employment and physical activity where securing paid work is a much better option than staying with existing support in statutory services and where physical activity can improve overall wellbeing and influence areas of their lives beyond the immediate health benefits.

A range of support options are now available to individuals to achieve these benefits including physical activity, wellbeing, creative arts, employment and work in ‘green’ spaces as well as specific services for women and support to Carers.

There are a range of support options in the community with groups there to support individuals and their families and Carers. People and communities are assets that have much to bring beyond the public service investment that can be offered and these resources are not used enough. The value of a co-productive and partnership approach with the community enhances the support options available and moves away from ‘traditional’ services to opportunities within the larger community, as part of that community.

Information is readily available on such community groups and can be found through the links below:

[Kirklees support for adults with autism](#)

[Connect to Support](#)

[Community directory](#)

We are beginning to be able to show that work on Social Return On Investment (SROI), where what difference something makes brings savings in other ways e.g. someone moving into employment will save on benefits, reduced commitments on carers, less time spent in healthcare etc. and with this type of evidence we can begin to stop doing certain things that are not working and move resources to a better place and achieve better outcomes for individuals. Further work will be necessary to develop this more widely but these early signs are good, as evidenced by the commissioned mental health employment service where through their involvement potential savings of around £5k per year are possible through individuals requiring less involvement from social care and reduced medical interventions.

What progress have we made

The progress on the 2011 – 2014 strategy has been monitored by the Autism Partnership Board, monitoring against the national strategy of 2010. Good progress has been made and this strategy and subsequent action plan (Appendix) will continue to build on this into the future. One of the first actions taken was to establish lead officers, which sits with commissioning managers for mental health and learning disabilities and to oversee and monitor progression the autism partnership board was established.

Awareness and understanding of autism has improved across the borough, both with the general public and with those staff across all sectors who engage with people with autism and their Carer's. An autism awareness campaign assisted in this with the development of a range of campaign posters, a short film and the establishment of the [autism website on the Council's own site](#). An autism training plan was established and began to deliver a range of training across health, social care and GP's as well as within organisations such as Job Centre Plus, the police and the voluntary and community sector.

Diagnosis and assessment of adult autism was previously provided out of the local area with no dedicated autism social worker provision. Over the period of the previous strategy this situation has improved with a local pathway delivered by South West Yorkshire Mental Health Partnership Foundation Trust which now includes a dedicated specialist autism social worker working to this clear diagnosis and assessment pathway. The pathway can be seen at Appendix 2.

The improvements made in diagnosis and assessment has improved the collection of data and knowledge of those with autism along with the collection of information from the voluntary sector.

Further work will continue to ensure that identified gaps can be considered, solutions explored and that continued and improved access to diagnosis and assessment is made, in line with statutory guidance for both adults and children and adolescents, to meet current and future demand and need.

Improvements have been made in the support options available to people with the expansion of contracts within the voluntary sector, now including and monitoring the provision of services to those with autism. The improvements in diagnosis have enabled better care and future planning and in identifying the unmet needs of people with autism as well as their families and Carer's. As a

result the commissioning of service provision and housing options is better informed and increased choices are being made available to people. The use of Self Directed Support (SDS) options has increased and more people are in control of their support.

The transitional period as young people move into adulthood is a difficult period for all concerned and it was recognised that significant improvements needed to be made to improve this and a multi-agency preparing for adulthood pathway and protocol has been developed which considers the support, accommodation and employment needs of individuals. Employment services have been expanded to include those with autism, a specialist autism employment advisor has been employed to assist in developing these options and Job Centre Plus is a key member of the partnership board.

Our Purpose and Commitments

This commissioning strategy and its previous version made in response to *'Fulfilling and Rewarding Lives'* has ambitions that support the 15 challenges described in the update *'Think Autism'* and is designed to:

- Improve the overall wellbeing of people with ASC in Kirklees
- Improve the quality and accessibility of the diagnostic service and the support offer for people with ASC and their Carers
- Achieve the highest level of independence and self-help within communities through the strengthening of support networks
- Ensure that the workforce is equipped to sensitively respond to the needs of people with ASC

In working to achieve this we will:

- Work to ensure the right balance of investment between different adult services, as well as the right balance between cost, quality and value for money to meet local needs
- Work to develop the market so that high quality, flexible and responsive support is available for personal budget holders and people who wish to pay for their own support, including Carers
- Ensure that people with ASC and their Carers have adequate access to information and advice to make good decisions about their care and support
- Work to involve people with ASC in the co-production, design, delivery and evaluation of services ensuring equity of provision
- Commission prevention and wellbeing services that assist personal and community protection against things that make people feel bad and increase their resilience towards these situations
- Respond to any new requirements brought about by the [Care Act 2014 and its statutory guidance](#) and the [Children and Families Act 2014](#)
- Work to ensure that all people with ASC and their Carers have access to information, community services and support

- Work to move away from the prescribed ‘traditional’ model of service provision to one of co-production, with the individual at the centre looking at ‘what kind of life do I want to lead’
- Develop competencies within primary care through further awareness raising and training
- Commission for outcomes and not solely for results

This local commissioning strategy reflects the national priority to establish diagnostic service provision and to develop clear diagnostic pathways for all ages and abilities. This is reflected in the outline service model and the strategic aims.

Commissioners and service areas are also currently engaged in the review of the care all people in learning disability or autism in-patient beds, in line with the recommendations from the national response to the Winterbourne View hospital report. The locally commissioned service models relating to adult assessment and treatment in-patient services are being reviewed and re-designed in order to meet the principles in the Winterbourne report and will include a focussed admission pathway of 18 months, with multi-agency discharge planning, to an appropriate community placement from an early stage and care throughout which follows a Positive Behavioural Support model. This element of the outline service model and strategic aim therefore continues to be appropriate.

Commissioners have a key role to play in planning what local support might look like and this will be best done together, co-productively with people who are likely to use the support – people with ASC and their Carers.

Keeping people safe – everybody’s business

One of the most important duties that Councils have is Safeguarding – protecting vulnerable adults (and children) from harm or potential harm. We also have a key role in making sure that everyone of us sees safeguarding as our own individual responsibility – it is the duty of us all to make sure that those around us are safe from harm wherever possible.

This isn’t always easy – we have to balance keeping people safe, with helping people to be in control of their own lives and being free to take risks. In the Council, in partnership with other organisations responsible for health and wellbeing in Kirklees, we have founded our adult safeguarding vision on the following principles:

- **Empowerment:** - everyone should be in control of their lives and their consent is needed for decisions and actions being taken to protect them.
- **Protection:** - it is everybody’s responsibility to take action if they think someone maybe at risk of abuse.
- **Prevention:** - stopping abuse from ever taking place is the most important goal – and we all have a role in this.
- **Keeping things in Proportion:** - we must try to get the balance right between protection and empowerment
- **Partnership:** - making sure that we have really good systems that enable organisations to work well together to help protect people.
- **Accountability:** - being transparent and making decisions that are open to scrutiny.

5. Commissioning Approach

The commissioning approach to be taken by commissioning partners, which includes those likely to use the support, is shown below and is to be taken in this strategy:

1. Assessing Needs

- Understanding the unmet needs of, and planned outcomes for, the district population
- Stakeholder engagement
- Engaging practice champions and service leaders
- Predicting demand
- Asset based

2. Reviewing Services and Gap Analysis

- Reviewing services currently provided
- Defining the gaps or over – provision
- Looking at results deficits
- Co-production
- Care planning

3. Risk management

- Understanding the key health and social care risks
- Deciding on a strategy to manage risks positively
- Equality impact assessment
- Market sustainability

4. Deciding Priorities

- Robust evidence base
- Cost and quality comparisons
- Prioritising areas for purchase
- Prevention and eligibility
- Social return

5. Strategic Planning

- A commissioning plan
- Setting action points for delivery including:
 - Local core objectives
 - Individual aspirations
 - DH priorities
 - Regional NHS England priorities
 - LA priorities
 - Local CCG priorities

6. Contract Implementation

- Implementing strategic plans through contracting with providers
- All contracts commissioned to demonstrate clear and defined outcomes
- Personalisation and individual service plans

7. Market Development

- Care pathway re-design and demand management

- Supporting provider improvements or introducing new providers
- Expanding choice and engaging communities

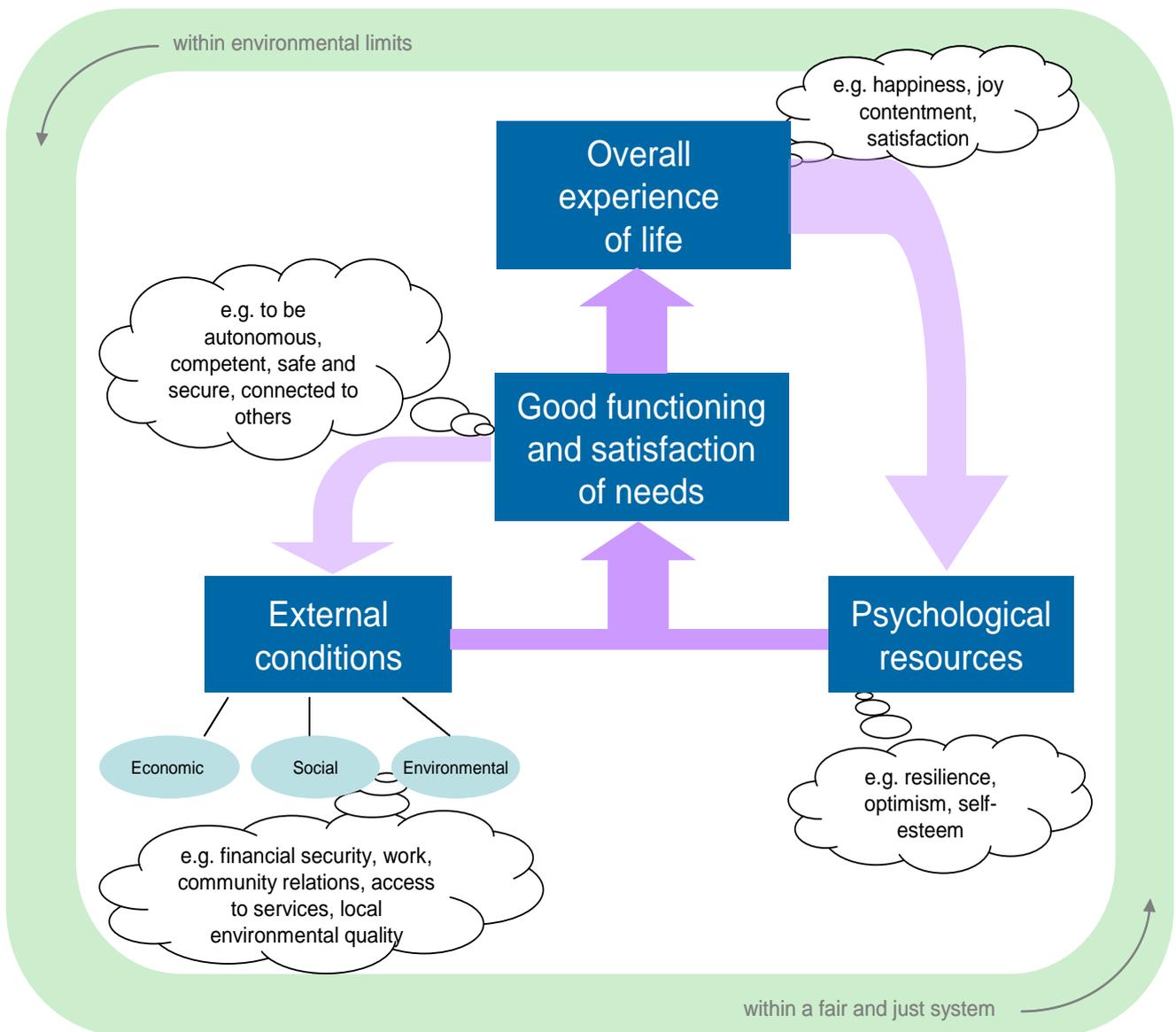
8. Managing Provider Performance

- Managing provider performance and sustaining quality
- Monitoring against contracts and key performance indicators

This will be in an environment focussed on positive outcomes for people where the individual takes control and responsibility for what’s important for them, enabling individuals to do things for themselves and where preventative support is identified and available before crisis is reached. Services commissioned will offer social, economic and community benefits and will provide high quality and efficient services offering value for money.

The diagram below illustrates the overall approach in Kirklees describing what is important for everyone’s health and wellbeing in order to meet the ambitions.

A model to guide commissioning for well-being (NEF 2009)



6. Needs and How They Might Change

The PANSI and POPPI data provides useful information on numbers of people estimated to have ASC, as does the local intelligence on adults, children and adolescents with ASC and we are able to respond to this. It is however recognised that we still need to improve on this knowledge, particularly around what the unmet needs of those individuals and their carers are and in gathering information relating to children and young people.

This strategy acknowledges the difficult balance between eligible needs as previously defined by Fair Access to Care (FACS), which has been replaced by the introduction of the national eligibility threshold as defined in the 'Care Act 2014' (see Fig.1 – Eligibility Considerations Criteria), along with NHS criteria and prevention and promotion. Some people with very complex needs may qualify for health funding via the Continuing Healthcare Criteria. Eligibility for health funding will be assessed as part of the assessment of unmet needs process if you request funded support from Kirklees Council.

Fig.1 – Eligibility Considerations Criteria



The new eligibility threshold will refer to the needs of adults with care needs and carers with support needs, not to their financial resources or other circumstances and local authorities in their core duties will be required to:

- determine whether the individual has eligible needs as described in the national eligibility criteria, introduced by the Care Act 2014
- establish whether there are needs which the local authority must ensure are met – everyone will receive a written record of that decision, whether their needs are eligible or not
- in cases where the adult with care needs or their carer does have eligible needs – establish the adult's ordinary residence and carry out a financial assessment, as well as considering what support, in whatever form, could be provided to meet those unmet needs
- meet the minimum level of needs as prescribed in the regulations, however, local authorities can also decide to arrange services to meet needs at a lower level

We know that a good response to the unmet needs of people with ASC influences a very wide range of outcomes for individuals and communities. These include healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher educational

attainment, greater productivity, employment and earnings, better relationships with adults and children, more social cohesion, more community engagement, improved quality of life and improved overall resilience. We need to ensure that appropriate support options are available to achieve the individuals required outcomes and ensure that these are flexible enough to respond to changing and unmet needs.

This strategy will seek to understand ASC less in terms of the individual's diagnosis but more in relation to the unmet needs and potential support options to enable a better quality of life, whilst recognising that a diagnosis does not necessarily mean that there is entitlement, or need, for social care or NHS support.

People's unmet needs and support requirements will change during their lifetime and some of these will be centred around care and health needs and we will also need to work towards influencing areas outside the immediate 'care' of the individual in order to make a difference to the lives of people with ASC by:

- Working to address the social, cultural and economic conditions that support family and community life
- Influencing an education that helps children flourish emotionally and economically
- Influencing employment opportunities and workplace pay and conditions that promote and protect wellbeing
- Addressing the social and economic conditions that can cause psychological distress
- Reducing the barriers to social contact

We have learnt about the outcomes people in receipt of support want from the national personalisation pilots and from our local use of outcome models. Desired outcomes are about good relationships, personal wellbeing, employment and its associated benefits, feeling safe, living free of fear or stigma, being treated with respect and dignity and having access to creative experiences and learning. All of these are as important to people with ASC as they are to anyone else and the commissioning aim is to increase the choices people have in order to achieve this.

7. Evidence...Best Practice

National Institute for Clinical Excellence (NICE) Guidelines (CG142 – June 2012) recognises the importance of the individual having opportunity to decide on their care and support needs and identified key priorities where all staff working with adults with autism should:

- work in partnership with adults with autism and, where appropriate, with their families, partners or carers
- offer support and care respectfully
- take time to build a trusting, supportive, empathic and non-judgemental relationship as an essential part of care

Increasingly we are seeing people moving away from professionally led services to self-directed support and community options, further building on directing their own opportunities and having these recognised by the partners. The 'Care Act 2014' will build on this and will additionally enable Carers to access their own support to help them to continue in their caring role.

There is evidence set out in *'Fulfilling and Rewarding Lives'* that wellbeing is closely related to what we feel about value, enjoyment and the part we play. It makes sense to support services that help us with wellbeing. The evidence is that timely and sensitive responses for people diagnosed with ASC will lead to better life quality. Support and treatment works where it supports individuals to better manage their ASC and to lessen further problems.

8. Pathways

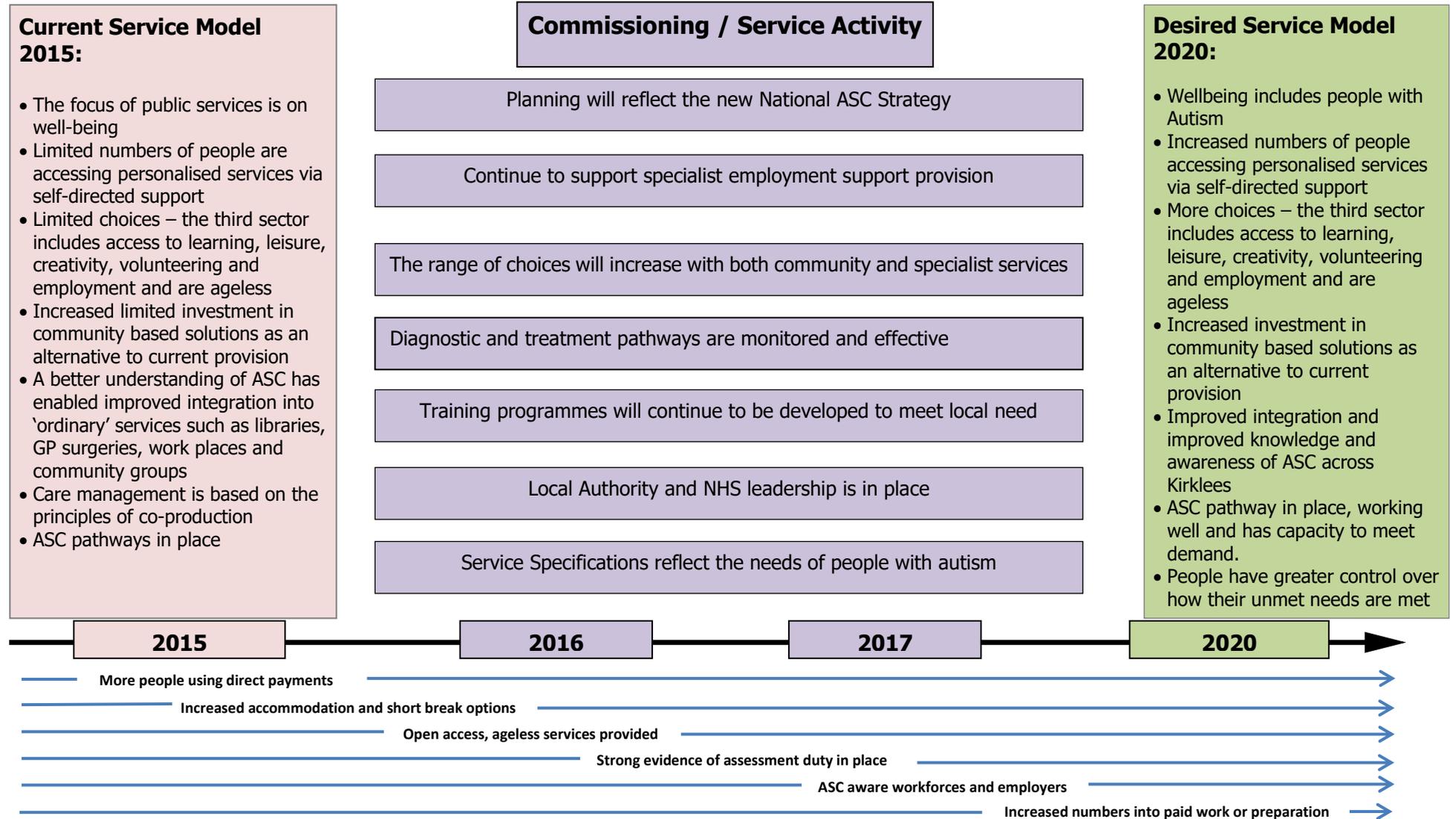
The key pathways to referral for a diagnosis have been defined by the Council, the CCG's and SWYPFT together. This will enable access to receiving a diagnostic assessment and a subsequent care package, should this be appropriate. Alternatively support can be offered to consider an individual's needs where a diagnosis is, or is not made, where an individual still has Care Act eligible social care needs through the normal social care referral route via ['Gateway to Care'](#). Additionally, where someone does not have Care Act eligible needs but are considered to be vulnerable, short term support / guidance will be offered via Gateway to Care

The diagnosis pathway can be found at Appendix 2 and the key pathways are defined as follows:

In supporting carers in their role as carers and in supporting those they care for the local commissioner's fund the provision of a range of independent services for carers which includes support for carers of people with an ASC.

9. Kirklees Joint ASC Commissioning Timeline

Planning for solutions to meet autism needs



10. Next Steps

The priority challenges identified in *'Think Autism'* will provide the main direction of this strategy, however the new *'Care Act 2014'* will also have an impact as the widest impacting legislation we have seen for many decades. Additionally the *'Children and Families Act 2014'* will bring new expectations around transitions to adulthood and the accessing of appropriate services.

Statutory Guidance to Support Implementation of the Adult Autism Strategy

To support the implementation of *'Think Autism'* the government in March 2015 published [statutory guidance](#) for local authorities and the NHS on the actions they need to take to meet the needs of adults with autism, which will build on and support us, in working towards the priority challenges. The guidance identifies 9 key areas:

1. Training of staff who provide services to adults with autism
2. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services
3. Planning in relation to the provision of services for people with autism as they move from being children to adults
4. Local planning and leadership in relation to the provision of services for adults with autism
5. Preventative support and safeguarding in line with the Care Act 2014 from April 2015
6. Reasonable adjustments and equality
7. Supporting people with complex needs, whose behaviour may challenge or who may lack capacity
8. Employment for adults with autism
9. Working with the criminal justice system

In order to ensure that progress in Kirklees is made towards the implementation of the strategy and that the priority challenges along with the requirements of the statutory guidance are being worked towards, an improvement plan detailing the areas of work required will be developed to support the wider strategy action plan (Appendix).

Governance of the progress of the strategy and its implementation plan in meeting the priority challenges for action over the next three years will be with the *'Autism Partnership Board'*, made up of carers, officers from the Council, the NHS, Job Centre and other relevant identified partners. We welcome the involvement of people with autism from Kirklees in shaping future delivery of services and support.

Useful Contacts

Autism support groups and services in Kirklees

[Be Just You – Autism Plus](#)

Hold monthly social meetings to enable individuals to meet others in safe supportive environment. This will be on the second Wednesday of every month.

Email: bejustyou@autismplus.co.uk

Tel: 0114 3840284

[No Limits – HFT](#)

Support people with learning disabilities and their families. Everything they do focuses on helping the people they support live the life they choose.

[Community Enablement Team – Kirklees Council](#)

The enablement team will work with adults with autism offering a range of training including travel training. This is the step by step process by which a person learns to travel a specific route, between two given places, on their own and in a safe and responsible way.

Tel: 01484 414933

[Kirklees Employment Service](#)

Richmond Fellowship has a long track record of working with individuals and with employers to manage mental wellbeing in the work place. Their employment advisors focus on an individual's strengths and aspirations, focussing on what a person CAN do rather than what they can't. Their person focussed approach gives individuals the confidence and skills to find sustained and rewarding employment through training them and continued support on the job. This service is offered to people with mental health issues and autism.

[Huddersfield Support Group for Autism](#)

Aims to offer help and advice to families living with autism, including Aspergers syndrome and Pathological Demand Avoidance syndrome (PDA). A confirmed diagnosis of ASD is not needed to join the group.

[The Whole Autism Family](#)

The whole autism family is local autism support group in Kirklees established in 2014 by parents who want to build a better future for their children.

Support Services for Carers

[Connect to Support](#)

An online marketplace which gives you more choice and control over your own support, by providing you with the option to buy the support you need direct from local and national organisations online, plus information, advice and much more.

[Carers Count](#)

A service for any adult in Kirklees who gives, or has given time and energy, without being paid, to look after an adult family member or friend who cannot manage on their own. This includes supporting carers and individuals who are impacted or affected by someone they care for who has

either a mental health issue (including those with autism), drug and alcohol misuse or early onset dementia

email: info@carerscount.org.uk

Local and National Support

[Kirklees Council autism web page](#)

Includes information about getting a diagnosis, activities and local support groups, education, employment and health, the Kirklees autism partnership board and a list of free online training courses about autism.

[National autistic society](#)

[Specialist autism service](#)

[Ambitious about autism](#)

[AUTISTICA](#)

General Support

[Autism support for adults](#)

Kirklees Councils website offering a range of information and support related to autism

[Gateway to Care](#)

Kirklees Councils easy to use route, offering a wide range of information and advice, including referral for social care and some health care services.

General Helpline: 01484 414933

Appendices

Appendix 1

Autism strategy action plan

Key Area	Progress	Target Date	Person(s) Responsible
1. Training of staff who provide services to adults with autism	An autism training plan has been developed within the Council and training is now being delivered. Training within health, including GP's, as well as within other organisations such as the police and the voluntary sector will be provided and all organisations will continue to develop training opportunities.	Ongoing	Kirklees Council Training & Development Unit. Kirklees CCG's Training Section
	Training requirements and need will continue to be reviewed on a yearly basis.	31 Mar 2016	Autism Leads & Training Units
2. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services	A local pathway (meeting the NICE guidance) is now in place and includes a dedicated specialist autism social worker	Complete	Kirklees CCG's
	Improvements in access to diagnosis and assessment are required for adults and children and adolescents	31 Mar 2016	Kirklees CCG's
	Improvements in diagnosis have enabled better care and future planning as well as identifying unmet needs. Commissioning is better informed.	Ongoing	Kirklees CCG's
3. Planning in relation to the provision of services for people with autism as they move from being children to adults	Support options for people with autism have been expanded within the voluntary sector. Autism Brokerage Pilot (12 months) in place, which will inform market development.	Ongoing	Autism Leads
	All Age Disability project established to re-model current service transition model/pathway.	Sept 2016	Kirklees Council Early Intervention and Prevention Programme
4. Local planning and leadership in relation to the provision of services for adults with autism	Lead officers within the local authority have been established and this role sits jointly with the Mental Health and Learning Disability Commissioning Managers. Ongoing Commissioning work will be carried out to develop local options to help shape the Kirklees market to meet identified needs.	Ongoing	Autism Leads

Key Area		Progress	Target Date	Person(s) Responsible
		The Autism Partnership Board has been established to support the implementation of the strategy and will continue to support the development of service options and solutions for people with autism and their families.	Ongoing	Autism Partnership Board
5.	Preventative support and safeguarding in line with the Care Act 2014 from April 2015	Preventative and wellbeing services have been commissioned for those who do not meet the eligibility threshold for care and support.	Ongoing	Kirklees Council
		Early Intervention and Prevention Programme in place to review and further develop the range of universal services to help people be as independent as possible and support wellbeing.	Ongoing	Kirklees Council
6.	Reasonable adjustments and equality	Equality Impact Assessments are carried out as required	Ongoing	Kirklees Council & Kirklees CCG's
		An autism Friendly Environment Assessment Tool has been developed and made available to all to help the whole Kirklees community assess how autism friendly their facilities are?	Ongoing	Autism Partnership Board
7.	Supporting people with complex needs, whose behaviour may challenge or who may lack capacity	Several work streams in place to ensure the needs of autistic people with complex needs, whose behaviour may challenge or who may lack capacity are being identified and addressed.	Ongoing	Kirklees Council & Kirklees CCG's
8.	Employment for adults with autism	Specialist autism supported employment service has been commissioned to work alongside a learning disability/autism supported employment service. Regular contract/performance monitoring in place.	Ongoing	Autism leads Contract Managers – Kirklees Council & Kirklees CCG's
9.	Working with the criminal justice system	Specialist nursing employed with the Young Offending Team to work with young offenders with disabilities including autism.	Ongoing	Kirklees CCG's

Appendix 2 Kirklees Adult Autism Diagnosis Pathway

