

## **Report of the Director of Children’s Services and the Strategic Director Health Partnerships, to the Joint meeting of Children’s Services and Health & Social Care Overview and Scrutiny Committees to be held on 28 November 2017**

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**Subject: Autism and other Neurodiversity Strategy (all age)**

### **Summary statement:**

This strategy identifies a number of key areas for review and development in order to ensure that children and adults with Autism and other frequently co-occurring neuro-developmental conditions, living within our district, are able to lead rewarding and fulfilling lives from cradle to grave.

The strategy has been developed in response to the self assessment process that Local Authorities are required to undertake annually. This self assessment helps Local Authorities to determine what progress is being made towards meeting the requirements of the Autism Act 2010 (revised 2015). A local Autism strategy is a key requirement of the Act.

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**Overview & Scrutiny Area:**

**Children’s Services  
Health and Social Care**

## 1. Summary

It is recognised that failure to provide adequate services can have costly consequences for individuals, their families and for public services both in terms of the negative impact that crises have on people's lives and the fact that acute and/or highly specialist services are expensive.

Key recommendations include:-

- Defining a pathway of support and care which coordinates key actions across sector both pre and post diagnosis, is easily navigable and based on need.
- Raising awareness about Autism and other Neurodiversity and reducing stigma
- Identifying what reasonable adjustments can be made within mainstream services to ensure early access to support and care (ie remove barriers to access)
- Ensure timely identification and diagnosis
- Ensuring that services involved in assessing the needs of Neuro diverse individuals have training and skills to be able to do this.

The strategy is in the final stages of development and it has been proposed that a cross organisational strategy implementation group be established across partner organisations. A named strategic lead will be identified to ensure appropriate accountability and governance and to ensure the strategy moves into implementation mode quickly and effectively.

### 1.1. What is Neurodiversity?

Neurodiversity refers to the range of neurological differences experienced by people with 'conditions' such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), dyslexia and dyspraxia and other conditions such as tic disorders and Tourette Syndrome. More detailed descriptions of the two most common "conditions" are given below.

### 1.2. Autism Spectrum Disorder (ASD)

The main focus of this strategy is autism. No one knows why people have autism and you cannot always tell that someone has autism so it is sometimes called a "hidden disability" or condition. It lasts for all of a person's life, irrespective of when an individual is diagnosed, but with appropriate support many people can lead rewarding and fulfilling lives.

Everyone with autism is different, and consequently will have different needs, but being autistic often means that people may experience problems with:

Communication – both verbal and non-verbal, e.g. difficulties with use and interpretation of voice intonation, facial expressions and other communicative gestures. This can mean that it is difficult to tell people what is needed and their feelings;

Reciprocal social interaction – for example the ability to understand what someone else might be thinking in a real-time situation and to understand the need for social ‘give and take’ in conversation and overall interaction. This can result in high anxiety levels, loneliness and/or isolation and depression.

Restrictive, repetitive and stereotypical routines of behaviour – these may involve enthusiasms held by a person with autism (which may be very restricting for their family, friends and colleagues but may also be psychologically distressing or inhibiting for the individual with autism).

Sensory overload – such as difficulty processing everyday sensory information such as sounds, sights and smells. This again can raise anxiety levels and trigger unsociable behaviour.

A proportion of young people with ASD are also reported to show catatonic like symptoms in adolescence, the prevalence of such is unknown.

### 1.3 Other Neurodiversity

There are a number of conditions that are referenced in this strategy either because they can be diagnosed alongside autism or because they have a similar impact on individuals lives. These include ADHD (Attention Deficit Hyperactivity Disorder); Dyspraxia, Dyslexia and Tic disorders see Appendix 2.

Neuro diversity and particularly autism impacts on the whole life experience of people and their families/carers.

### 1.4 Assessment

Health has a statutory responsibility to commission services that provide assessment and diagnosis of Autism and other neuro diversity. The assessment and diagnosis process involves a number of different professionals across a spectrum of different services/organisations depending on where the individual being assessed is currently receiving support and their age. This can include clinical psychologists, speech and language therapists, community paediatricians, occupational therapists, and representatives from social care, education, and others as appropriate. Professionals will undertake assessments/collate reports separately and then, through a multi-disciplinary meeting, look at this information collectively and make a decision about diagnosis.

Demand for assessment and diagnosis has rapidly increased over the past few years this has led to an increase in referrals into both child and adult services. The different health services providing assessment and diagnosis for children have collaborated over the last year to agree a standard approach across the district that recognises both

Autism and ADHD and joins up to the adult pathway. The amount of recurrent funding for adult autism assessment and diagnosis was increased earlier this year and Bradford District Care Trust have been able to increase staffing levels as a result of this. Additional short term funding has also recently been made available to clear the waiting list backlog for assessment and diagnosis and we are discussing the best way of doing this with the providers.

#### 1.5 Purpose of strategy

This strategy upholds the need to focus on a holistic, joined-up approach across statutory and non-statutory services in order to ensure support and care is efficiently delivered and effectively utilised. The main focus of this strategy is to enable people that are neuro-diverse to keep well and safe and to live fulfilling lives.

The strategy was developed using real life experiences of people living in the district and in consultation with services providing support and care and the public health department. It is currently owned by the Autism Partnership Board which is led by the Local Authority.

Individuals with autism and their families need to be able to access services that support their individual needs and to have access to services where professionals have a good awareness of autism and behaviours and conditions associated with it. This will mean that a wide range of services should be available, as and when required and in a way that is appropriate to them. Within the strategy a number of specific services are focused on including:-

- Assessment and Diagnosis Services (health)
- Housing
- Education (including tertiary education)
- Employment
- Mental Health
- Social care
- Voluntary Community Sector
- Accessing Mainstream Services

#### 1.6 Families/carers

The strategy brings together key recommendations from a number of national documents and sets them in the context of recent experiences of people with neurological difference and their families/carers in an attempt to demonstrate the strategic and operational changes that need to be made in the District. It aligns the statutory responsibilities of different organisations to real service user experience in order to highlight what impact services do, or don't have on an individual and their family's/carer's lives

## 1.7 Delivery of strategy

It is envisaged that the strategy will be approved by the Health and Wellbeing Board and report to the SEND and Behaviour Strategic Partnership. A draft implementation plan is currently being developed to ensure that at point of “sign off” the strategy will move into implementation quickly and with professionals identified to drive the work that is required. A cross organisational strategy implementation group will be established across partner organisations. A new commissioning framework will be required to ensure that services are effectively integrated and that an easily navigable pathway of support and care is offered.

## 2. BACKGROUND

2.1 Children and adults on the autism spectrum and/or with other neuro difference disabilities or mental health, although these conditions may also be present and associated services may be the most appropriate to access. Consequently, this strategy is aligned to both the strategy “Mental wellbeing in Bradford District and Craven: 2016 – 2021” and the Transforming Care Programme for Learning Disabilities and/or Autism.

2.2 The Underpinning Values of this strategy include:

- Transparency – involving service users, service providers and other stakeholders and working together to promote independence, recovery, resilience and wellbeing.
- Services and support which are person-centred, inclusive and relevant to need.
- Support that is of a high quality and meets the diverse needs of Bradford District and Craven’s population.
- Services and support that represent good value for money
- Care provision and support that is focused on outcomes rather than simply the activity itself.

2.3 The key strategic outcomes expected from this strategy are:

- People are supported to remain independent and to meet their full potential.
- Choice and control over how individuals (and their carers) are supported to live their lives is maximised.
- People are able to access high quality services that meet their health and care/support needs.

## 3. OTHER CONSIDERATIONS

3.1 The Autism and Neurodiversity Strategy is all age, and involves both child, adolescent and adult services. Further discussion will need to take place with a range of commissioners and providers in children and adult services and health to agree any changes to current commissioning arrangements.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 It is recognised that failure to provide adequate services can have costly consequences. The Report “Supporting People with autism through adulthood” states that late clinical intervention can be -

*“...expensive, with inpatient mental health care costing between £200 and £300 per day”*

- 4.2 The National Autism Project (NAP), supported by The Shirley Foundation, has recently published “The Autism Dividend; Reaping the Rewards of Better Investment”. The key aim of the report is to provide authoritative recommendations on those aspects of autism research and practice that have demonstrable effectiveness in benefiting people with autism, their families and their communities. Following publication of these recommendations NAP are conducting a national campaign aimed at policy makers to demonstrate the economic benefit that could be gained by greater investment in preventative intervention which supports wellbeing and enhances an individual’s ability to contribute to society and reduces the enormous economic impact of autism in the UK (estimated £32 billion per annum).
- 4.3 Financial and resource implications of delivering the strategy will be detailed in the implementation plan, it is anticipated that this will be ready by April 2018 and a further report is brought to overview and scrutiny in September 2018.

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1 The strategy is in the final stages of development and it has been proposed that a cross organisational strategy implementation group be established across partner organisations. A named strategic lead will be identified to ensure appropriate accountability and governance and to ensure the strategy moves into implementation mode quickly and effectively.
- 5.2 The NAP report also found that the reality is *“that poor support for autistic people results in poor choices, leading in turn to poorer outcomes – and the impacts on autistic people and their families can be highly damaging. Autistic people are more likely to be excluded from schools, suffer poor health and have a high risk of premature death<sup>1</sup>”*.

#### **6. LEGAL APPRAISAL**

The LA will work closely with partner agencies to ensure the effective delivery of the strategy and implementation.

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<sup>1</sup> “The Autism Dividend; Reaping the Rewards of Better Investment” National Audit Project January 2017

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

An equality impact assessment will be completed for the strategy and implementation plan.

### **7.2 SUSTAINABILITY IMPLICATIONS**

None arising from this report

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

It is not anticipated that the strategy will impact on the Local Authority's carbon footprint.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

None arising from this report

### **7.5 HUMAN RIGHTS ACT**

There are no direct Human Rights implications arising from this report.

### **7.6 TRADE UNION**

None arising from this report

### **7.7 WARD IMPLICATIONS**

The strategy and implementation plan will be shared with all Wards.

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 None

## **9. OPTIONS**

9.1 The strategy is presented for information and update at this stage.

## **10. RECOMMENDATIONS**

10.1 The Committee is asked to note the contents of the report at this stage.

## **11. APPENDICES**

- 11.1 Appendix 1: Draft Bradford District and Craven Autism including other Neurodiversity Strategy v.16
- 11.2 Appendix 2: Other Neurodiversity descriptors

## **12. BACKGROUND DOCUMENTS**

None