ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Monday, 30th January, 2017

2.00 pm

Darent Room, Sessions House, County Hall, Maidstone





AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Monday, 30 January 2017 at 2.00 pm

Darent Room, Sessions House, County Hall,

Maidstone

Ask for:
Theresa Grayell
03000 416172

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (8): Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman),

Mrs A D Allen, MBE, Mrs P T Cole, Mrs V J Dagger,

Mr P J Homewood, Ms D Marsh and Mrs C J Waters

UKIP (2) Mr H Birkby and Mr A D Crowther

Labour (2) Mrs P Brivio and Ms A Harrison

Liberal Democrat (1): Mr S J G Koowaree

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present.

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared.

A4 Minutes of the meeting held on 6 December 2016 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

the Director of Public Health.

A5 Verbal updates by the Cabinet Member and Directors (Pages 17 - 18)

To receive a verbal update from the Cabinet Member for Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 16/00134 - The Strategy for Adults with Autism in Kent (2016-2021) (Pages 19 - 126)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, to consider and approve the final version of the Strategy and endorse or make recommendations to the Cabinet Member on the proposed decision to approve and adopt the Strategy and delegate authority to the Corporate Director to refresh and/or make revisions to the Strategy during its lifetime.

B2 16/00142 - Community Advocacy for People with a Learning Disability (Pages 127 - 150)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to approve a variation to the Kent Advocacy Contract to include Community Advocacy for People with a Learning Disability and delegate authority to the Corporate Director to undertake the necessary actions to implement the decision.

C - Items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

C1 Your Life, Your Wellbeing - Transformation Phase Three Assessment (Pages 151 - 192)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing which gives an overview of the outcomes of the Phase Three Assessment, August – November 2016.

D - Monitoring

D1 Work Programme 2017 (Pages 193 - 200)

To receive a report from the Head of Democratic Services on the Committee's work programme.

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken outside the Committee meeting cycle

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

John Lynch, Head of Democratic Services 03000 410466

Friday, 20 January 2017

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.



KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 6 December 2016.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Ms A Harrison, Mr P J Homewood, Mr S J G Koowaree and Ms D Marsh

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr A Scott-Clark (Director of Public Health), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability and Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

20. Apologies and Substitutes (*Item A2*)

Apologies for absence had been received from Mrs C J Waters.

There were no substitutes.

21. Declarations of Interest by Members in items on the Agenda (Item A3)

Mr S J G Koowaree declared a personal interest as his grandson had autism.

Mr H Birkby and Mrs P Brivio declared personal interests as their respective spouses were both living with Dementia.

Mrs A D Allen declared a personal interest as a member of an advocacy group for adults with learning disabilities.

22. Minutes of the meeting held on 11 October 2016 (Item A4)

1. In response to a question about the performance of the Community Mental Health and Wellbeing service (Minute 16), Ms Southern clarified that performance on activity and outcomes had indeed scored above target for the first quarter of the 2016/17 financial year, but some outstanding issues around non-performance-related issues had yet to be resolved.

2. The above having been clarified, it was RESOLVED that the minutes if the meeting held on 11 October 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

23. Meeting Dates 2017/2018

(Item A5)

RESOLVED that the dates reserved for meetings of the Cabinet Committee in 2017 and 2018, listed below, be noted. All meetings will commence at 10.00 am at Sessions House, County Hall, Maidstone:-

Tuesday 30 January 2017*
Tuesday 14 March 2017
Friday 9 June 2017
Friday 29 September 2017
Thursday 23 November 2017
Friday 19 January 2018
Friday 9 March 2018

24. Verbal updates by the Cabinet Member and Directors (*Item A6*)

Adult Social Care

1. Mr G K Gibbens gave a verbal update on the following adult social care issues:

Local Government Association Children and Adults Annual Conference in Manchester – this had included some good sessions and was an opportunity for the Ministers, Edward Timpson and Justine Greening, to hear at first-hand about the challenges of children's and adults' social care work. He had also attended a useful session on Deprivation of Liberty Safeguards (DOLS).

Social Worker of the Year Awards 2016 – Yasmin Ishaq won the Creative and Innovative Social Work Practice Award for her development of a peer-supported mental health treatment model.

Occupational Therapy Show Awards 2016 – Jane Miller won the Outstanding Senior Occupational Therapist award.

Mr Gibbens requested that Mr Ireland write to Yasmin and Jane on behalf of the committee to congratulate them on their successes.

In response to a question about the lack of clarity in the autumn statement about the expected 2% social care precept, Mr Gibbens advised that the Community Wellbeing Board of the Local Government Association, of which he was a member, was in ongoing discussions with the Treasury about the need to fund adult social care adequately.

2. Mr A Ireland then gave a verbal update on the following issues:

^{*} this date was changed shortly after the meeting, from 31 January 2017

Social Worker of the Year Awards 2016 - Yasmin Ishaq had undertaken an outstanding piece of work and the award had been a great achievement for her and for Kent.

A view was expressed that the County Council should do more to celebrate staff achievements.

Sustainability Transformation Plan (STP) – this was moving on quickly, and officers and members were both well engaged with it. The County Council was working with Medway Council in taking this forward.

Feedback from Association of Directors of Social Services (ADASS) South East Branch meeting - this had been a good meeting, involving a discussion of emergency care. Once national data on this subject had been ratified, it could be shared with the committee.

Adult Public Health

3. Mr G K Gibbens gave a verbal update on the following adult social care issues:

Smoke-free school gates – this campaign had been very well received publicly and had had much good feedback. He suggested that Members could support local campaigns in their area by using their Member grants.

Community Pharmacies – funding for these had been reduced on 1 December 2016, but approximately 50 pharmacies in Kent, particularly those in rural and edge-of-town areas, would be eligible to receive a pharmacy access payment, to help them to stay open. He would continue to address the issue with MPs and Ministers.

Kent's 'Release the Pressure' suicide prevention and awareness campaign had won a silver award in the 'Best Public Sector Campaign' category in the South East England Chartered Institute of Public Relations Awards. The number of men calling the campaign helpline had increased by 56% and an average of 500 men were now making contact each month. More activity was planned in the new year and the campaign had the support of the Samaritans.

4. Mr A Scott-Clark then gave a verbal update on the following issues:

Association of Directors of Public Health Conference

Pre-exposure prophylaxis (PrEP) – people at very high risk of contracting HIV could take medicines daily to lower their chance of infection. This could be effective when used as prescribed, and funding to roll it out would be made available. A recent challenge in court, about the responsibility of the NHS to provide PrEP, had resolved that NHS England did indeed hold this responsibility.

NHS Sustainability and Transformation Plan – Kent had worked with consultants on the case for change, especially in the field of employers taking responsibility for encouraging their workforce to adopt healthy lifestyles.

'Change for Life' Campaign – he had taken part in media coverage of this campaign.

5. RESOLVED that the verbal updates be noted, with thanks.

25. 'Your Life, Your Well-being' - a Vision and Strategy for Adult Social Care 2016 - 2021 (16/00098) (Item B1)

Mr M Thomas-Sam, Head of Strategy and Business Support, and Ms S Annan-Veitch, Policy Advisor, were in attendance for this item.

- 1. Mr Thomas-Sam introduced the report and presented a series of slides (included in the agenda pack) which set out the context of the strategy, the range of responses received during the consultation exercise and the resulting changes made to the draft strategy since last reporting to the Cabinet Committee in October 2016. Mr Ireland added that the strategy had been generally well received in focus group sessions with staff and partners as part of the consultation. The strategy was both forward-looking and aspirational in seeking to determine the future of social care in Kent. Mr Ireland and Mr Thomas-Sam responded to comments and questions, as follows:
 - a) the strategy had been awarded a crystal mark by the Plain English Campaign at its first attempt, for which Mr Thomas-Sam received Members' congratulations;
 - b) the easy-read version of the document was also much welcomed, and Members asked that this be made available to all Members ahead of the strategy being considered by the County Council on 8 December;
 - c) concern was expressed that, as the strategy was aspirational, and as the economic situation worsened and staff and resources became more scarce, the County Council may not be able to put into practice what it had set out in it. Mr Ireland responded that, although aspirational, the strategy was not naïve, and although external events would have an effect, the strategy was robust;
 - d) it was important that such a document take account of the support needs of people with learning disabilities, especially young people making the transition from children's to adults' services. Ms Southern advised that much work had been done on the needs of the 16 – 25 age group and was now continuing to identify the best model for the 26+ age group. This would be reported to the Cabinet Committee when completed;
 - e) concern had been expressed during the consultation that some people may be forced into living independently when this did not suit them or was not what they wanted. Mr Thomas-Sam reassured Members that the revised strategy relied on 'needs-led' assessments, which would be carefully undertaken to ensure that the support being put in place was appropriate;
 - f) in response to a question about how well the strategy had been received by the voluntary sector, Mr Thomas-Sam advised that the County Council had increase the emphasis placed on the role of the voluntary sector and had linked the strategy to those of other organisations which provided related services; and
 - g) concern was expressed about the impact of carers needing to continue in paid work later in life, and hence not being so able to fulfil the carer role that they might traditionally have taken on, and how this shortfall could be covered. Mr Thomas-Sam advised that part of the role of the carers' assessment process would be to take account of changing patterns such as this. Furthermore,

information about carers' issues had been revised in the equality impact assessment in response.

- 2. The Cabinet Member, Mr Gibbens, thanked Mr Thomas-Sam and the officer team for the huge amount of work which had gone into preparing and developing the strategy. He praised the clarity of the document and supported the sharing of the easy-read version with all Members prior to its consideration by the County Council.
- 3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:
 - a) approve 'Your Life, Your Well-being' as the vision and strategy for adult social care from 2016 to 2021, with the supporting Accommodation Strategy for Adult Social Care and the Community Support Market Position Statement;
 - b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions as appropriate to the above documents during their lifetime; and
 - c) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

26. Adult Lifestyle Transformation - Living Well/Ageing Well Services for Smoking Cessation, Health Trainers, Healthy Weight and NHS Health Checks (16/00046(3))

(Item B2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this and the following item.

- 1. Ms Sharp introduced the report and the new model of service delivery, which was the latest stage in a process of extending and re-aligning services, reported to the committee over the last 18 months. The NHS Sustainability and Transformation Plan (STP), published on 23 November 2016, had set out clear aims which supported this direction. However, to allow further work on developing the new model to take full account of this most recent document, it was proposed that current contracts be extended until September 2017. Ms Sharp and Mr Scott-Clark responded to comments and questions, as follows:
 - a) the extension of current contracts was generally supported by speakers, as was the holistic approach being taken to assessments;
 - b) the importance of including allergy testing was emphasised, as it was known that people often had more than one health problem and that such problems could impact upon each other. Ms Sharp explained that, although key performance indicators would continue to be used to monitor

future progress, linked behaviours could be identified and measured within monitoring activity; and

- c) concern was expressed about the limited impact, so far, of current healthy eating campaigns, and the resistance of some people to change their habits. Although fast food in moderation was not harmful, too many people relied upon it as their regular daily diet. Mr Scott-Clark emphasised that much of the chronic disease caused by unhealthy lifestyles was preventable. Public health campaigns were committed to continuing to tackle these lifestyle choices, to minimise the future burden upon health and social care services of having to deal with the longer-term effects of them. Life expectancy was not consistent across the Kent population and services would be targeted where there was greatest need.
- 2. Mr Gibbens thanked Members for their comments and undertook to take account of them when taking the decision.
- 3. RESOLVED that:
 - a) the work with partners to shape the new model for Adult Lifestyle Services and NHS Health Checks be noted; and
 - b) the decisions proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to change the service delivery for individual lifestyle services into an integrated lifestyle service called One You Kent and extend current contracts for healthy lifestyle services until 30 September 2017, to take account of emerging changes in the health and social care system, be endorsed.

27. East Kent Drug and Alcohol Services Procurement (16/00093) (Item B3)

- 1. Ms Sharp introduced the report and, in response to a question about the competitive tendering exercise, explained that past tendering exercises had shown the market for drug and alcohol services to be robust. Many current providers were in the voluntary sector and were experienced within that service area and familiar with the County Council's contracting process.
- 2. RESOLVED that:
 - a) the progress of the procurement of the East Kent drug and alcohol service be noted; and
 - b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award the contract for East Kent drug and alcohol services to the successful bidder, following competitive tender, be endorsed.

28. Kent County Council Accommodation Strategy - Better Homes, Greater Choice

(Item C1)

Ms C Holden, Head of Commissioning (Accommodation Solutions), was in attendance for this item.

- 1. Ms Holden introduced the report and presented a series of slides (included in the agenda pack) which set out an overview of the provision of residential care beds across Kent, for older people and those with learning disabilities and mental health needs, and how the County Council was working with partners to develop and support this provision. Ms Holden responded to comments and questions, as follows:
 - a) the provision of extra care sheltered housing (ECSH) around the county was supported and the point made that many more places were needed. Ms Holden agreed that this should be increased but explained that development had temporarily halted while consultation was being undertaken, arising from the Housing and Planning Act. Some people who could potentially benefit from ECSH may believe that it was not an affordable option for them, so clarification around eligibility and access to benefits would help this understanding, and this clarification could be approached by liaising with local housing authorities;
 - b) concern was expressed that some areas of the county did not have adequate provision of beds to allow older people to be discharged from hospital in a timely way; and
 - c) Ms Holden clarified that any home receiving an 'inadequate' rating would be supported to develop an action plan to implement improvements. Families would be advised of this process and given the opportunity to move their relatives to alternative accommodation if they wished to.
- 2. RESOLVED that the information set out in the report and presentation, and given in response to comments and questions, be noted.

29. Adult Social Care Transformation and Efficiency Partner update (Item C2)

Mr T Wilson, Phase Three Programme Manager, was in attendance for this item.

- 1. Mr Wilson introduce the report and he and Mr Ireland responded to comments and questions, as follows:
 - a) an apparent reduction in the provision of enablement or 'access to independence' services had arisen from difficulties in the home care market, which had in turn led to problems providing long-term services; and
 - b) the work undertaken so far with the County Council's efficiency partner was praised. Mr Wilson advised that the team of County Council and Newton Europe staff was developing skills which the County Council would retain within its staff once the arrangement with Newton Europe had ended.
- 2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

30. Consultation on the Strategy for Adults with Autism in Kent (16/00134) (Item C3)

Ms B Palmer, Manager, Sensory and Autism Services, and Mr G Offord, Commissioning Officer, were in attendance for this item.

- 1. Ms Palmer introduced the report and advised that the consultation period had been extended until 24 December to allow Members to comment on the draft strategy. Mr Ireland added that identifying and providing services for adults with autism was one of the largest challenges facing education and social care authorities. Ms Palmer responded to comments and questions, as follows:
 - a) many adults would never receive a diagnosis of autism, and this was partly because many people did not meet the new criteria for diagnosis;
 - b) tools such as travel training, used to great success for children with autism, would be developed and used by the special social care team for adults, working with the University of Canterbury. However, to be most effective, this training would need to be undertaken soon after diagnosis; and
 - c) the special social care team for adults would also be proactive in engaging carers of adults with autism and assessing their needs, particularly those approaching old age.
- 2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

31. Adult Social Care Performance Dashboard (*Item D1*)

Ms S Smith, Head of Performance for Adult Social Care, was in attendance for this item.

- 1. Ms Smith introduced the item and responded to comments and questions, as follows:
 - a) the method of measuring and showing the direction of travel was clarified; the arrows shown in the chart indicated if performance was moving towards or away from the target. The Cabinet Member, Mr Gibbens, suggested that future dashboard reports could make this method clearer; and
 - b) the number of referrals for enablement services had fallen; this was partly due to changes in the home care market and the increasing complexity of clients' needs at the time they sought to take up services. The drop in referrals had come from various sources, for example, social care and hospitals or a combination of the two, working in integrated services.
- 2. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

32. Public Health Performance - Adults

(Item D2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

- 1. Ms Sharp introduced the report and explained that the areas of activity currently rated amber were improving their performance.
- 2. RESOLVED that the information set out in the report be noted.

33. Commissioned Support Services for Adult Carers (*Item D3*)

Ms E Hanson, Head of Strategic Commissioning, Community Support, was in attendance for this and the following item.

- 1. Ms Hanson introduced the report and responded to comments and questions, as follows:-
 - a) although unpaid carers played a vital role in the Kent economy, there was always the possibility that some carers were not identified as such, partly because they did not identify themselves as carers;
 - b) new carers were always coming into the role and one ongoing strand of work was to identify and engage them, to offer support. This work was important and ongoing as the identification of new carers was one of the key performance indicators (KPIs) in the carers assessment and support contract; and
 - c) carers' support organisations had expressed to their local elected Member their concern about securing future funding, once current contracts came to an end in March 2018. Ms Hanson explained that it would not be possible to identify future contractors until the formal tendering and award process had been fully completed. However, all current providers would have an opportunity to compete within the process.
- 2. RESOLVED that the progress made in supporting adult carers, the information set out in the report and given in response to comments and questions, and the work beginning on the process to recommission adult carers' services from 1 April 2018, be noted.

34. Dementia Services - Projects and Initiatives (*Item D4*)

- 1. Ms Hanson introduced the report and outlined the work currently going on to develop and re-design dementia services in Kent. Phase 3 the Adult Social Care transformation programme would build on lessons which had been learnt from previous work as the Council moved into the design phase for the older persons' wellbeing offer. Ms Hanson responded to comments and questions, as follows:
 - a) although parts of Kent fell below the national target of 67% for dementia diagnoses, much good work had been undertaken and most clinical

commissioning groups (CCGs) had now achieved this target. Low diagnosis was shared by many CCGs nationally. Many people simply did not want to be given a diagnosis, and this factor would inevitably help to shape the national pattern;

- b) as people with learning disabilities now lived longer and would reach an age at which they might develop such conditions, it was important that they be included in work on dementia services:
- the work of dementia cafes was praised, as music therapy was very helpful in bringing back distant memories and times of enjoyment at youthful dances and old films, and the opportunity for social contact was important for those who might otherwise be isolated; and
- d) 'drop-in' services for people with dementia were also well-run and much enjoyed by local people. The first thing visitors asked for when they attended such services was information about dementia and the services available. It could be difficult and confusing for those coping with a new diagnosis to find out what services were available and by whom these were provided. Some information seemed to be duplicated while some was not available at all. Elected Members could also be helped to better understand what services were provided by whom so they could be in a better position to help local people to find information. Ms Hanson supported the points made and commented that, with such information, it was important to remember that one size did not fit all. The aim was to achieve 'a life, not a service', as set out in the 'Your Life, Your Well-being' strategy, discussed earlier in the meeting.

2. RESOLVED that:-

- a) the progress made in supporting people living with dementia and their carers, and the information set out in the report and given in response to comments and questions, be noted; and
- b) the approach of working with the NHS through the next stage of the Adult Social Care Transformation Programme, to ensure that dementia services in Kent were of a high quality and consistently available, be endorsed.

35. Work Programme 2017 (*Item D5*)

RESOLVED that the committee's work programme for 2017 be noted.

By: Mr G K Gibbens, Cabinet Member for Adult Social Care and Public

Health

Mr A Ireland, Corporate Director of Social Care, Health and

Wellbeing

Mr A Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee –

30 January 2017

Subject: Verbal updates by the Cabinet Member and Corporate Directors

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Adult Social Care

Cabinet Member for Adult Social Care and Public Health – Mr G K Gibbens

1. 22 December 2016 – Tour of East Kent frontline services and Adult Social Care teams with the Chairman

Corporate Director of Social Care, Health and Wellbeing - Mr A Ireland

- 1. Policing and Crime Bill
- 2. Cabinet Office Review of Adult Social Care Funding
- 3. Sustainability Transformation Plan

Adult Public Health

Cabinet Member for Adult Social Care and Public Health - Mr G K Gibbens

1. 22 November 2016 – Hosted Children's Commissioner Takeover Challenge with Public Health

Deputy Director of Public Health – Dr A Duggal (on behalf of Director)

- 1. Healthy New Town Programme at Ebbsfleet.
- 2. Launch of the Kent Drugs and Alcohol Strategy
- 3. Suicide prevention



From: Graham Gibbens, Cabinet Member for Adult Social Care

and Public Health

Andrew Ireland, Corporate Director of Social Care,

Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee –

30 January 2017

Decision Number: 16/00134

Subject: THE STRATEGY FOR ADULTS WITH AUTISM IN

KENT (2016-2021)

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing DMT/Accountable

Officers Meeting - August 2016

Adult Social Care and Health Cabinet Committee -6

December 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report presents the Strategy for Adults with Autism in Kent which has been developed by the Autistic Spectrum Conditions Collaborative in response to national guidance.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to:

- a) **CONSIDER** and **APPROVE** the final version of the Strategy for Adults with Autism in Kent (2016-2021); and
- b) **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

Approve and **Adopt** the Strategy for Adults with Autism in Kent (2016-2021); and

Delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions as appropriate during its lifetime.

1. Introduction

1.1 This report presents the Strategy for Adults with Autism in Kent which has been developed by the Autistic Spectrum Conditions (ASC) Collaborative in response to national guidance.

1.2 Following public consultation on the strategy and presentation to the Adult Social Care and Health Cabinet Committee on 6 December 2016 this report presents the final changes to the strategy.

2. Findings from the Public Consultation

- 2.1 An eight week public consultation period was held and 107 responses were received. 31 were from people with autism, 46 from carer/family members, and 20 from professionals, organisations and "other".
- 2.2 49% of all respondents felt that the whole of the strategy document was easy to understand, and a further 33% felt that 'most of the document was easy to understand'. The main comments related to the use of jargon and acronyms and were made by people with autism or family members.
- 2.3 Seven out of ten (71%) respondents were fairly/very confident that the strategy addresses the key issues, with 18% saying that they were very confident.
- 2.4 Respondents were asked to rate each of the 12 aims of the strategy according to their level of importance. The top five scores were given to:

Ensuring a smooth transition for young people with autistic spectrum conditions from Specialist Children's Services to Adult Services and from school to college;

- Ensuring that the views of people with autism and their families and carers are taken into account in the development of new policies, strategies and services
- Providing better support for adults going through assessment and diagnosis for autism
- Ensuring that all schools and colleges provide support so that more young people with autistic spectrum conditions can achieve qualifications
- Enable Kent County Council to work together more effectively with agencies (E.g. health, police, the courts and probation).
- 2.5 There was a wide range of individual comments about issues that needed addressing and ideas on how services could be improved. These included for example:
 - Better training for frontline reception staff
 - Improved access to Mental Health services
 - Help with dating and relationships
 - Developing local Autism champions
 - Establishment of one stop shops.
- 2.6 There was a high level of interest in receiving feedback about the consultation and wanting to be involved in working with the Council.

3. Actions taken in response to the Feedback

- 3.1 The feedback received has in general given a very positive endorsement of the Strategy for Adults with Autism in Kent as a plan for improving the lives of people with autism in the county. Some final amendments have been made to the document which is attached in Appendix 1.
- 3.2 An Easy Read version of the Strategy for Adults with Autism in Kent has been produced and is attached as Appendix 2
- 3.2 A detailed list of issues and ideas for change and service improvements has been complied for consideration by the ASC Collaborative and these will be addressed as appropriate within the Strategy Implementation plan.
- 3.3 A glossary of terms has been added in the light of the feedback on the use of jargon and acronyms.
- 3.4 Finally people who participated in the consultation will be given feedback on the findings and there will be future engagement with those interested in assisting the Council in this work.

4. Financial Implications

4.1 This is a high level document with broad strategic outcomes.

5. Legal Implications

5.1 It is a requirement for all Local Authorities to have a Strategy for Adults with Autism, as set out in the National Autism Strategy – 'Fulfilling and Rewarding Lives' (2010) - and to have a local plan in place.

6. Equality Implications

6.1 An Equality Impact Assessment has been carried out as part of the consultation process and is included in the background documents provided with this report.

7. Implementation

- 7.1 The Cabinet Member for Adult Social Care and Public Health will be asked to take an Executive Decision to approve and adopt The Strategy for Adults with Autism in Kent (2016-2021).
- 7.2 A new Integrated Transformation Manager post for Neurodevelopmental Services (Autism and Attention Deficit Hyperactivity Disorder (ADHD) has been approved by Social Care, Health and Wellbeing Director Management Team and the Kent Clinical Commissioning Group Accountable Officers. This post will have a lead role in taking forward the implementation of the strategy and the move towards the increased integration of services with Health. The ASC Collaborative will also take on a new role as an Action Alliance to oversee and guide progress.

8. Conclusions

8.1 The Strategy for Adults with Autism in Kent (2016-2021) addresses the key requirements of the national Strategy and sets out a plan for the future to improve the lives of adults with autistic spectrum conditions in Kent. The consultation process ensured wider engagement with people with autism and their families and carers and the strategy has been revised in the light of this feedback.

9. Recommendation

- **9.1 Recommendation(s)**: The Adult Social Care and Health Cabinet Committee is asked to:
- a) **CONSIDER** and **APPROVE** the final version of the Strategy for Adults with Autism in Kent (2016-2021); and
- b) **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

Approve and **adopt** the Strategy for Adults with Autism in Kent (2016 – 2021) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions as appropriate during its lifetime.

10. Background Documents

Report to Adult Social Care and Health Cabinet Committee – 6 December 2016 https://democracy.kent.gov.uk/documents/s73789/ITEM%20C3%20- %20Cover%20Report%20Strategy%20for%20Adults%20with%20Autism.pdf

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KENT COUNTY COUNCIL - PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Graham Gibbens
Cabinet Member for Adult Social Care and Public Health

DECISION NO:

16/00134

For p	ubl	icati	on
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Key decision

Affects more than two electoral divisions

Subject: Strategy for Adults with Autism in Kent (2016-2021)

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) APPROVE and ADOPT the Strategy for Adults with Autism in Kent (2016-2021); and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions as appropriate during its lifetime.

Reason(s) for decision:

An autism strategy is a requirement under the National Autism Strategy, Fulfilling and Rewarding Lives (2010).

Financial Implications:

This is a high level document with broad strategic outcomes.

Legal Implications

It is a requirement for all Local Authorities to have a Strategy for Adults with Autism, as set out in the National Autism Strategy – 'Fulfilling and Rewarding Lives' (2010) - and to have a local plan in place.

Equality Implications

An Equality Impact Assessment has been carried out as part of the consultation process.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 30 January 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

None

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

signed	date	•••••



Kent County Council

Strategy for Adults with Autism in Kent

A five year strategy

Kent Autism Collaborative

30th January 2017



Version Control Documentation

Title	Kent Adult Autism Strategy
Author	AuthorKent Autism Collaborative
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Status	Final
Date effective from	
Date of review	
Strategy lead	

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V2.1	Mar 2016	Collaborative/CCGs
V2.2	May 2016	Dr Julie Beadle-Brown/Collaborative
V2.3	Jan 2017	Following public consultation

Membership of the Kent Autism Collaborative

The following organisations are represented on the Kent Autism Collaborative, and thank everyone for their contribution to the development of the Kent Adult Autism Strategy:

- National Autistic Society
- Advocacy for All
- Kent County Council Adult and Children's Services
- Kent County Council Public Health Department
- Kent and Medway NHS and Social Care Partnership Trust
- Kent Supported Employment
- NHS Swale and DGS NHS CCG
- NHS South Kent and Coastal NHS CCG
- The South East NHS Commissioning Support Unit
- The Tizard Centre, University of Kent
- National Probation Service

Foreword

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director of Social Care, Health and Well Being.

We are pleased to present this five year Strategy for Adults with Autism in Kent which sets out our response in Kent to the national strategy for autism, "Fulfilling and Rewarding Lives (2010) and Think Autism (2014).

It has been developed by the Kent Autism Collaborative and has taken into account the views of people with autism, their families and carers, professionals and voluntary organisations who work with people who have autism.

Our vision is for people with autism to receive the right support at the right time, to be enabled to develop to their full potential and to be active and accepted members of their communities. At the core of this strategy is the desire to create an autism friendly society in its widest sense.

The strategy sets out the direction we are going to follow over the next five years to achieve this vision. It will form the basis from which more detailed plans will be developed.

It provides the strategic priorities for organisations in Kent in relation to adults with higher ability autism and those transitioning from Children's to Adult services. Its emphasis is on ensuring the wellbeing of people with autism and their families and carers and providing support in a preventative way to reduce needs developing in the first place.

It is a challenging strategy not only for statutory health and social care organisations but also for wider public and community services. It will be essential for organisations to work well together in partnership and with people with autism to deliver the desired outcomes.

Kent County Council is committed to the priorities set out in this strategy and working towards improving the lives of adults with autism and their families in Kent.

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1. Introduction

Why do we need a strategy?

It is a requirement for all Local Authorities to have a strategy for adults with autism as set out in the National Autism Strategy, 'Fulfilling and Rewarding Lives' (2010) and to have a local plan in place. This strategy addresses the needs of adults with higher functioning autism (including people diagnosed with Asperger's syndrome) and young people in transition.

This strategy is designed to hold organisations to account and provide commitments from these organisations in regard to their actions when implementing this strategy. It is aimed at a wide audience from professionals, individuals with autism and their families and carers to whole communities and the general public. As such we have endeavoured to write it as simply as possible, but inevitably when trying to write to such a wide audience, it will have some terminology that some readers will be unfamiliar with.

Autism is a lifelong condition that affects a person's development in particular:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination, which includes restricted, repetitive pattern of behaviour, interests, or activities.

A fuller definition of autism follows (see page 8).

In addition to the statutory and moral responsibility to improve support and care for all people with autism there is also an economic argument for improving the support and care for all people with autism. A study led by the London School of Economics and Political Science (Buescher, A., 2014) estimates that autism costs the UK at least £32 billion per year in treatment, lost earnings, and care and support for children and adults with autism. This is far higher than for other conditions, for example: £12billion for cancer, £8billion for heart disease and £5billion for stroke. They estimated the cost of an autism spectrum disorder throughout a person's lifespan as £0.92 million for those without intellectual disability.

The National Audit Office (2009) found that if local services identified and supported just 4% of the total number of adults with autism the outlay would become cost neutral over time. If they did the same for just 8% it could save £67 million each year.

Local Developments

Much has been achieved for adults with autism in Kent since 2010. Until 2011 there was no clear diagnostic pathway for adults with autism in the absence of a learning disability. In order to get a diagnostic assessment people had to travel to the Maudsley Hospital in London. The responsibility for diagnosis of autism lies with the NHS. A more comprehensive explanation of the responsibilities of Local Authorities and the NHS can be found in the statutory guidance of Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015).

In 2011 a specialist Kent Autistic Spectrum Conditions Team was established, comprising a diagnostic service funded by NHS Clinical Commissioning Groups (CCGs) and a KCC social care assessment and care management team. Demand for the service has been very high and both NHS CCGs and KCC have had to commit additional resources to address this.

At the time the Kent Autistic Spectrum Conditions Team was established, it was identified that extra capacity was needed in the community and voluntary sector to provide support for people with autism. 'Speaking up Groups' providing peer support for people with Autism and Asperger's Syndrome were commissioned from Advocacy for All and are now established in all districts. Advocacy for All are a charity based in Sidcup and cover south east London and Kent. They provide people with learning disabilities and autism free, independent, private advocacy to make sure they have control in their lives.

In the longer term the NHS CCGs and KCC are working with other stakeholders to develop an integrated all-age, Kent and Medway, neurodevelopmental pathway, initially focussing on Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder (ADHD). The pathway will provide seamless care from childhood to adulthood, be based on good practice; integrated psychological, social and medical assessment, provide early intervention and be supportive of both people with autism and their families and carers.

Development of the Strategy

In late 2014 an autism partnership board was established - the Kent Autism Collaborative. It was recognised that, whilst Kent had taken action to develop new specialist services, an Autism Strategy had not yet been developed to set out a plan for service improvements and developments. Therefore one of the first activities the collaborative was tasked with was to develop a Kent Strategy for Adults with Autism which sets out a high level vision of how the county achieves the aim that:

"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"

(Fulfilling and Rewarding Lives, 2010).

Scope

This strategy primarily addresses the needs of adults with autism who do not have a co-occurring learning disability (including people diagnosed with Asperger's Syndrome) who live within the boundaries or are the responsibility of Kent County Council. The needs of adults with autism who have a learning disability are addressed within the Integrated Learning Disability Commissioning Strategy.

Adults with learning disabilities and autism are currently supported within learning disability services; however it is not to say that the issues, recommendations and principles set out in this strategy do not apply to those with learning disabilities. Awareness of autism, inclusion and good practice in relation to support for people with autism should apply to all those on the autistic spectrum.

Although mainly focusing on those over 18 years old, issues related to young people in transition are also included. Children's Services have completed a separate Strategy for Children with Autism.

Work is currently being undertaken to develop an All Age Neurodevelopmental Pathway and it is envisaged that an all age strategy, encompassing all those with autism, ADHD and other neurodevelopmental conditions will be developed in the future.

Organisation

This strategy links closely to the Joint Needs Assessment for Autistic Spectrum Conditions produced by the Kent and Medway Public Health Observatory. This strategy also links with other local and national strategies, policies and guidance which will be referenced throughout.

The strategy is organised in sections reflecting the national strategy. Each section follows the same format:

- The views of people with autism
- The current situation (as of February 2016)
- Future commitments and priorities,
- Best practice,
- Key messages
- Key strategic objectives.

The views of people with autism are incorporated throughout the document. These include 'I' statements which were identified when engaging with people with autism in developing the national guidance 'Think Autism'. I statements are statements of intent, based on engagement with people with autism, phrased in the first person to make them more personal. This Strategy Document also includes the views of local people, however the comments in the 'Local People with Autism told us' sections may be only the view of one or few people and therefore cannot be fully representative.

The strategy will be underpinned by an action plan to ensure implementation of the strategic objectives. This action plan will detail actions to be carried out in order to achieve the high level objectives, and will include corresponding measures.

2. What is Autism?

Autism is a pervasive developmental spectrum condition, which means it is a lifelong condition that affects a person's development in particular areas and in varying degrees. Traditionally, there have been three core areas of difficulty that are shared by all people with autism – these are often referred to as the 'triad of impairments'. They are:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination, which can included a restricted, repetitive pattern of behaviour, interests, or activities.

In the recently published Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) the triad has been replaced by two core areas of difficulty:

- Social communication and social interaction difficulties
- Restricted, repetitive patterns of behaviour, interests, or activities and unusual response to sensory stimuli.

"While all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours"

(National Autistic Society website, 2015)

As indicated in the quote above, the key issue to be aware of is the enormous variation in how these core difficulties are manifested and how they impact on the lives of individuals with autism. It is important to recognise that there are also differences in how the core areas of difficulty can manifest in men and in women.

One of the key ways autism impacts on individuals is through very high anxiety and stress levels, which arise for a number of reasons. One of the primary reasons is their inability to predict what will happen and how people might behave and thus their reliance on structure, routine and their insistence on sameness.

Autism is often accompanied by other conditions, including other neurodevelopmental conditions such as:

- Neuropsychological conditions (e.g. ADHD, dyspraxia, synaesthesia)
- Sensory processing difficulties
- Learning disabilities and difficulties
- Neurological disorders, seizure disorders
- Health problems (e.g. bowel, skin, allergies)

 Psychiatric disorders (e.g. anxiety, depression, bipolar disorder, Tourette's Syndrome).

However it is also really important to acknowledge the strengths of people with autism – in particular their strengths in processing visual information, in systemising and working with logic, their ability to focus in repetitive tasks, to identify patterns, their desire for accuracy, precision and perfection and often good rote memory.

"Some features [of autism] are important for success in the arts or sciences."

(Hans Asperger)

The term autistic spectrum condition is used as opposed to disorder to emphasise that the condition represents a difference rather than a disorder. We understand that people with autism choose to describe themselves in different ways e.g. a person with autism or an autistic person. We have used the term a person with autism because we believe this gives a strong sense of autistic identity.

3. National Policy Context

The Autism Act, (2009)

The Act required the Secretary of State to issue a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts.

Valuing People Now, (2009)

The strategy for people with a learning disability recognised that people with autism are some of the most excluded people in society and that policy makers and service providers were not specifically addressing their needs.

Fulfilling and Rewarding Lives', The Strategy for adults with autism in England (2010)

The first version of the national strategy outlines five quality outcomes:

- 1. Adults with autism achieve better health outcomes
- 2. Adults with autism are included and economically active
- 3. Adults with autism are living in accommodation that meets their needs
- 4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
- 5. Adults with autism are no longer managed inappropriately in the criminal justice system.

The Equality Act, (2010)

Under the Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities, and this includes people with autism. It legally protects people from discrimination in the workplace and in wider society. It contains a public sector equality duty, which means that public bodies have to consider all individuals when carrying out their day-to-day work, shaping policy, delivering services and in relation to their own employees.

Under the public sector equality duty public authorities are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010. This includes advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

Autism: recognition, referral, diagnosis and management of adults on the autistic spectrum (National Institute for Clinical Evidence, 2012)

These guidelines recommended that all local authorities should establish a specialist community based multidisciplinary team. It was suggested that a range of professionals should be involved including clinical psychologists, social workers, psychiatrists, nurses and speech and language therapists.

Think Autism, - Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update (2014)

This update of the 2010 strategy sets out 15 new priority areas and reaffirms the importance of the 5 areas for action identified in the strategy aimed at improving the lives of adults with autism. The 15 priorities are set out as 'I' statements focussing on those with autism being an equal part of their communities; getting the right support at the right time during their lifetime; people being able to develop their skills and independence and being able to work to the best of their ability.

The Care Act, (2014)

The biggest reform in social care for 60 years came into force in April 2014 and means a change to the way people can plan and pay for their care and support. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. There are also new statutory duties for local authorities to provide advocates to people who need them as part of the assessment and planning of services, and to provide services for eligible carers.

The Care Act also addresses the issue of transition from Children's to Adult Services. Under the Care Act local authorities are required to identify young people who are not receiving children's services but who are likely to have care and support needs as an adult. The Care Act statutory guidance specifically references young people with autism whose needs have been largely met within education services.

National Institute for Health and Care Excellence (NICE) - Quality Standards for Autism, (2014)

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. The quality statements are:

- Statement 1. People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral
- **Statement 2**. People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health

problems

- **Statement 3**. People with autism have a personalised plan that is developed and implemented in a partnership between them and their family and carers (if appropriate) and the autism team
- **Statement 4**. People with autism are offered a named key worker to coordinate the care and support detailed in their personalised plan
- Statement 5. People with autism have a documented discussion with a member of the autism team about opportunities to take part in ageappropriate psychosocial interventions to help address the core features of autism
- Statement 6. People with autism are not prescribed medication to address the core features of autism
- Statement 7. People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors
- Statement 8. People with autism and behaviour that challenges are not
 offered antipsychotic medication for the behaviour unless it is being
 considered because psychosocial or other interventions are insufficient or
 cannot be delivered because of the severity of the behaviour.

Winterbourne View: Time for Change - Transforming the Commissioning of Services for People with Learning Disabilities and/or Autism (2014)

The report makes recommendations for a national commissioning framework under which local commissioners would secure community-based support for people with learning disabilities and/or autism and includes the following recommendations:

- The Government should respond to 'the Bradley Report Five Years On' to ensure that people with learning disabilities and/or autism are better treated by the criminal justice system
- A 'Life in the Community' Social Investment Fund should be established to facilitate transitions out of inpatient settings and build capacity in communitybased services. The Investment Fund, seeded with £30 million from NHS England and/or Government, could leverage some £200 million from other investors to make investment more easily accessible to expand community-

based services

 Action on the recommendations above should be accompanied by improved collection and publication of performance data, and a monitoring framework at central and local level. Data on key indicators (such as admissions rates, length of stay, delayed transfers, number of beds by commissioning organisation) should be collected and published.

NHS Five Year Forward View (2014)

There are a number of priorities set out in the five year plan with emphasis on preventing people becoming ill and developing long term conditions, the NHS becoming a better partner with voluntary organisations and local communities and the NHS taking steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health and between health and social care.

The Children and Families Act (2014)

Under this Act Local Authorities, NHS CCGs and NHS bodies and Foundation Trusts have certain duties, including duties relevant to children and young people with autism and their families. The Act introduced a major transformation of the way services for children and young people with special educational needs and/or disabilities (SEND) are delivered. Changes include: Replacing Statements of SEN with Education, Health & Care Plans (EHCP), Parents with an EHC Plan will have the right to a personal budget for their support and the act applies from birth to 25.

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015)

The guidance focuses on the areas that section two of the Autism Act 2009 (which concerns the guidance issued by the Secretary of State) requires to be addressed, in each case identifying what Local Authorities, Foundation Trusts and NHS bodies are already under a duty to do under legislation, what they are expected to do under other existing guidance, and what they should do under this guidance. Each year Local Authorities are asked to complete a self-assessment framework showing progress towards implementation.

This can be found at:

https://autism-connect.org.uk/users/myarea

Building the right Support (2015)

Sets out a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

4. Local Policy Context

KCC Select Committee Report - Autistic Spectrum Disorder (2009)

This report made 15 recommendations. Key recommendations included setting up a specialist autism service and ensuring person-centred planning and greater use of direct payments by people with autism.

Other recommendations included:

- A Joint Strategic Needs Assessment for adults in Kent to establish the most effective way of conducting a county-wide study investigating the prevalence and incidence of adults with ASD in need of support and not currently receiving service provision
- Finding effective way of determining service user satisfaction for those adults with autism living at home and currently receiving support
- A review of availability of specialist health services including: psychology, psychiatry and speech therapy for people with autism both during transition and into adulthood.

Facing the Challenge: Delivering Better Outcomes (2013), Kent County Council (KCC)

This document sets out KCCs policy response to the financial challenge they face over the medium term, as income reduces due to reductions in Government funding, but spending demands from demographic and other uncontrollable pressures continue to increase. It places the customer at the heart of service delivery and aims to shape services around people and place, including around stages and ages of life.

KCC Commissioning Framework, (2014)

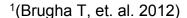
This Framework sets out the principles by which KCC will commission in the future as it works towards becoming a commissioning authority focussing on outcome based commissioning. These principles include putting customers at the heart of

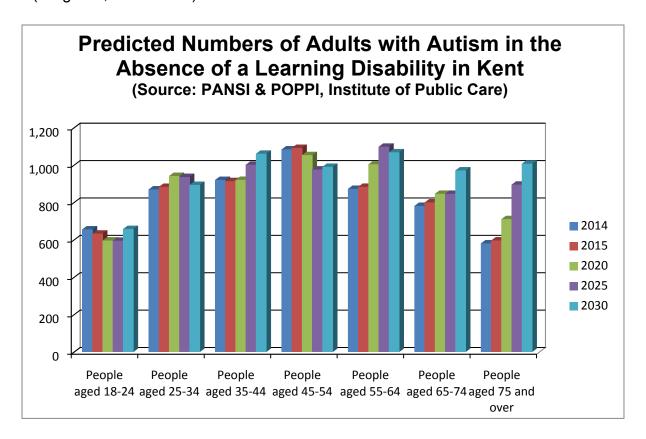
commissioning, building community capacity and developing resilient local communities.

5. The Challenge – Prevalence and Needs

It is thought that the overall prevalence of adults with autism nationally is 1.1% of the population¹. With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability.

The Institute of Public Care produce projections for all adults and older people with autism until 2030. Assuming the number of people with autism in the absence of a learning disability is roughly half the total number, the numbers of adults with autism in the absence of a learning disability will rise overall by 15.4%:





Gender

Autism diagnosis rates are higher in males compared to females. The figure most often quoted is around 4:1. However an accurate estimate of the exact ratio is not

available and estimates differ depending on whether people also have a learning disability. In addition autism spectrum disorders are under-diagnosed in females, and therefore the male to female ratio may be closer than is currently quoted.

Co-morbidities

As noted earlier, autism rarely occurs in isolation and is frequently associated with other conditions such as ADHD, epilepsy, dyslexia and mental health issues.

Research by Baron-Cohen has estimated that almost 60% of people have a comorbid condition. According to the National Autistic Society:

- 70% of people with autism have one co-existing condition and 50 % have two
- 70% have a learning difficulty, 50% have a learning disability
- 65% of people with Asperger's Syndrome have a psychiatric condition
- 84% of those with a Pervasive Developmental Disorder diagnosis have anxiety
- 30% have ADHD
- 10% have Obsessive Compulsive Disorder
- 25% have epilepsy.

In addition there are often other health issues including sleep problems which can exacerbate the difficulties faced by people with autism and which often go unrecognised or simply be attributed to the autism.

Finally, people with autism are sometimes seen to display challenging behaviour, which can be difficult for those who support them and which can significantly impact on their quality of life and that of their family and/or carers.

Challenges facing many people with autism

- Being socially excluded due to the difficulty with social communication and maintaining relationships
- Difficulty in securing and /or maintaining employment
- Inconsistency in the response of services with people's needs 'falling between' services as autism does not always fit into traditional service silos such as mental health, physical disabilities and learning disabilities
- Risk of homelessness
- Risk of all forms of exploitation
- Being involved in the criminal justice system which does not understand their needs
- Increased physical health problems due to difficulties in engaging with health services or sensory sensitivities interfering with personal care.

1

The condition and needs of more 'able' (higher functioning) adults with autism can often go unrecognised or misdiagnosed, leading to people being directed into inappropriate services and resulting in very poor outcomes for individuals. Adults with autism can live fulfilling and rewarding lives, but their autism and society's response to them can present them with significant challenges at different times in their life.

6. The Collective Vision

We fully endorse the priority areas and vision for people with autism set out in the National Strategy for Adults with Autism in England and Wales.

"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them"

(Fulfilling and Rewarding Lives, 2010).

We want people to be accepted in their communities, to be able to access the right support, at the right time and to be able to be able to develop their full potential.

'Think Autism' (2015) contains fifteen 'I' statements grouped around three themes:

- Being an equal part of my local community
- Having the right support at the right time during my lifetime and
- Developing my skills and independence and working to the best of my ability.

This strategy and its accompanying action plan sets out how we will ensure these 'I' statements are being addressed in Kent.

At the core of this strategy is the desire to create an autism friendly society in its widest sense. We support the use of the National Autistic Society SPELL framework which comprises five core elements to be addressed to ensure autism friendly environments (see appendix one which contains a summary of the SPELL framework as developed by the NAS). SPELL stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links.

Core Principles Underpinning the Autism Strategy

- All adults with autism are treated equally and fairly and not discriminated against on the grounds of their condition, sexual orientation, gender identity, race, colour or religion
- Adults with autism are able to live their lives free from the risk of discrimination, hate crime and abuse
- People with autism have equal access to mainstream health and social care with reasonable adjustments made to achieve this
- The awareness of the condition and how to create autism friendly environments and provide autism friendly support is promoted and provided to all – encouraging communities to be "autism friendly"
- People with autism and their carers have the opportunity to express their views and opinions during the development of relevant services, guidance and policies and there is ongoing engagement
- A preventative approach underpins service development
- Services are flexible, based on individual needs and maximise choice and control for the person with autism and their families, carers.

2

7. Leadership, Planning and Commissioning

Statutory guidance stresses the need for local authorities and NHS organisations to work together strategically to address the needs of people with autism. In Kent we have made some significant progress towards achieving this but we are committed to doing more.

We have identified a senior manager in Kent County Council to lead the commissioning of care and support services for adults with autism in Kent, known as the Autism lead.

We have established an Autism Collaborative which acts as an autism partnership board bringing together different organisations, services and stakeholders. The Autism Collaborative has developed this strategy and will evolve into an Autism Action Alliance to take the strategy forward.

In line with Best Practice the Autism Collaborative membership needs to be further extended to include people with autism and families and carers and key individuals from housing, employment and criminal justice.

An Autism Joint Needs Assessment has been developed which will be incorporated within the Kent Joint Strategic Needs Assessment. Some difficulty has been experienced in collating local data on autism and in future we need to improve our systems for data recording and monitoring. Statutory guidance also emphasises the importance of considering the needs of historically neglected (older people with autism) or hard to reach groups (black and minority ethnic groups).

A steering group made up of representatives from all Kent NHS CCGs and Kent County Council have been working together to develop an all age neurodevelopmental pathway for those with autistic spectrum conditions and ADHD. The Steering Group will continue to progress the implementation of the all age pathway.

We are committed to continuing to work collaboratively with our partners and across children's and adult services to help improve outcomes for people with autism. This will include improving opportunities for joint commissioning and supporting the development of services.

We will seek to develop the local market to better meet the needs of people with autism and ensure we adopt a preventative approach which maximises choice and personal control for people with autism and their families and carers.

C	Core Strategic Objectives		
	Objectives	Measures of Success	
1	To work more collaboratively with our	We have developed services that work	
	partners and across children's and	more closely together to support people	
	adult services	with autism at all stages of their lives	
2	To develop systems to routinely	There is reliable local data system in	
	collect data on people with autism –	place which informs the JSNA and the	
	numbers and needs	planning and commissioning of services	
	To extend the membership of the		
	Autism Collaborative, and to develop	An Autism Action Alliance is in place and the Action Plan has been delivered	
3	the group into an Autism Action		
	Alliance and implement the Action		
	Plan		

8. Engagement with People with Autism and their Carers

'I' Statements (Think Autism)

(I statement No.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."

(I statement No.8)

 "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."

We are committed to involving people with autism in local decision making and the development of services and we have demonstrated this in a number of ways:

 During the development of the Kent Autism Spectrum Conditions Team carers and parents of people with autism were consulted and individuals with autism were included on the interview panel when the team were recruited

- A survey was carried out to solicit the views of people with autism and their families in the development of the all age Neurodevelopmental Pathway
- The peer support groups of people with autism, "Speaking Up Groups" which have been commissioned by KCC provide feedback quarterly to Commissioners and the specialist team. This feedback is given in written and video formats
- Consultation has been carried out on the annual autism self-assessment return which KCC are required to complete by Public Health England
- To inform the development of this strategy Advocacy for All was commissioned to seek the views of local people with autism on an initial draft document. Two engagement events were held, one in the East (Canterbury) and one in the West (Maidstone) and 45 people attended. A questionnaire was also devised which people could complete who chose not to attend the events.

We have included the views and experiences of the people consulted in the relevant sections of this strategy. A full report on the consultation is available in Appendix Two.

In the future we hope to involve people with autism and their families and carers on the Autism Collaborative and to develop more effective mechanisms for engagement. This Autism Strategy will be subject to a 3 month consultation period and an engagement plan will be developed and implemented to reach out widely to people.

We recognise we can do more to engage with people with autism and will seek to do this on a regular basis when we are designing or developing services.

Best Practice

The National Autistic Society Guide

The National Autistic Society has produced a guide for public authorities regarding involving people with autism in the planning and development of services and policies (NAS, undated). It acknowledges that:

"There is no single preferred method of involvement for people with autism - it will depend on the preferences of each individual. There is a tendency for public bodies to use meetings as a mechanism for involving people. However, many people with autism find meetings difficult. Some people would be happy to use the telephone, while others may never use the telephone but might frequently use email. It is vital, therefore, to find out the communication preferences of the person in advance of their involvement."

The guide does however give suggestions as to how to meaningfully involve people and how to produce autism friendly documents.

The guide can be found at:

http://www.autism.org.uk/~/media/NAS/Documents/Working-with/Social-care/Involving%20people%20with%20autism.ashx

Best Practice

Warwickshire County Council

In 2013 Warwickshire County Council consulted on their draft all age autism strategy using a number of different methodologies, to ensure they made the consultation as open and accessible as possible. Methods included:

- a dedicated Twitter account
- four focus group sessions with a variety of parent/carer groups across the county
- collaboration with the Warwickshire County Council consultation hub
- online and hard copy questionnaires
- a questionnaire designed for children and young people aged 16 and under, containing pictures and images
- a questionnaire for everyone 16 years and over, which was created in consultation with someone with Asperger syndrome.

Engagement

- People with autistic spectrum conditions are frequently excluded from the planning and development of services and policies that affect them; this needs to change
- There is no single preferred method of involvement for people with autism it will depend on the preferences of each individual.

3

Co	Core Strategic Objectives		
	Objectives	Measures of Success	
		Various mechanisms are in place and used	
	To ensure people with autism and	when new policies, strategies and services	
4	their families and carers are	are being developed and implemented.	
	involved and have their opinions	The views of people and their families are	
	heard	included in the evidence base for strategic	
		decisions	
	To improve the understanding of		
	Commissioners of the experience of		
	people with autism (including the	Methods for collecting information on the	
5	effectiveness of services and the	experience of people with autism exist and	
5	outcomes achieved for individuals)	this information used by Commissioners to	
	This will include feedback from	improve the situation of people with autism	
	people with autism and their families		
	and carers		

9. Diagnosis, Assessment and Support

'I' Statements (Think Autism)

(I statement No. 7)

 I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.

(I statement No. 10)

• I want to know that my family can get help and support when they need it.

Local People with Autism told us:

- It was the main area of concern and it was the area where the most negative personal experiences were reported
- Referrals to the Maudsley (Hospital) work well and their knowledge is excellent. Route to it could be easier though. It is very confusing for GP's to understand
- · Adult referral for diagnosis should be a lot quicker and better funded
- Adapted cognitive behaviour therapy and sensory integration should be available to adults
- Post diagnostic support needs to be improved
- The support Kent provided through the Autistic Spectrum Conditions Team is advanced and cutting edge.

Diagnosis and assessment

The statutory guidance makes it very clear that there should be a pathway developed for diagnosis, assessment, care and support for adults with autism in every local area. Also diagnosis of autism should act as a trigger for a needs assessment for the individual and a carer's assessment for the individual's family or carers. Guidance recommends the establishment of autism specific multidisciplinary teams; and for assessments to be started within three months of referral. (NICE guidelines, 2012).

At the current time (March 2016) Kent NHS CCGs are commissioning diagnostic assessments from two local organisations and there are significant waiting times.

Those with more complex issues or suspected ADHD co-morbidity are referred to the Maudsley Hospital in London.

Statistics show that more men and boys than women and girls have a diagnosis of autism. There is research to suggest that the under-diagnosis of girls and women may be due to girls and women being better at masking their difficulties in order to fit in with their peers and have a more even profile of social skills in general (Gould and Ashton-Smith, 2011).

A specialist social care service for people with autism is provided by the KCC Autism Spectrum Conditions Team in the Older People and Physical Disability Division. (OPPD). The team work with adults with autism who do not have a learning disability and accepts eligible young people through the transition process during their 17th year.

The team see people who have been newly diagnosed with autism but also accept referrals for individuals with 'strongly suspected' autism from a wide variety of sources. The team do not currently work long term with individuals with autism; those with eligible needs requiring ongoing support are transferred to the generic Area teams.

This team carries out a range of functions including assessment, short term interventions, support planning, personal budgets and information, advice and guidance for individuals with autism and their families/carers. The team also promotes awareness and provides information and advice to other professionals.

The service provided is based on the needs of the individual. Some people only need information and advice, some preventative services such as employment support, whilst others with eligible needs may require a support service.

The team has been piloting a new preventative approach to working with people with autism based on occupational therapy functional assessment and intensive skills training. This is proving very effective and helping people to become more independent.

The team is also evidencing how the provision of specialist assessment from professionals skilled in autism and a preventative approach can reduce crisis situations, improve outcomes for people and reduce the costs of expensive packages of care.

The work of the social care team has been hindered by the lack of access to multidisciplinary assessment and related skilled interventions (psychology, nursing, speech and language therapy), particularly for those with more complex needs.

The team has also experienced difficulties at times finding appropriate support services with an understanding of autism. We need to ensure that are enough diverse organisations operating in Kent to provide appropriate support for all people with autism.

For those with the greatest need (at the time of writing) there is no integrated specialist autism team in Kent including for example psychologists, speech and language therapists, and nurses who can provide multidisciplinary assessment and related skilled interventions. Access to services such as psychological therapies, forensic services, and positive behaviour support can also be difficult due to services being commissioned for other client groups or due to the limited knowledge and skills of some professionals and organisations in working with people with autism. This is a particular issue for those with an IQ around 70 who could be described as having a 'borderline' learning disability. Some individuals are referred back to the GP for onward referral to the Maudsley Hospital in London.

For those people with autistic spectrum conditions and concurrent acute or severe/enduring mental health problems, their mental health is managed through the appropriate primary or secondary mental health services and joint working takes place with the Kent Autism Spectrum Conditions Team. A new preventative Mental Health Social Work Service is also currently under development and we will ensure this team works closely with the autism team.

People with autism have high rates of co-morbidities. The Kent Autistic Spectrum Conditions team has found that between November 2013 and October 2014 of those who were referred 45% had mental health issues, 25% had ADHD and almost 33% had challenging behaviour.

The needs of some of these individuals can be described as complex and their behaviour can be risky to themselves and others.

Where people show severe challenging behaviour specialist services should provide assessment and treatment in the person's home as much as possible. If specialist challenging behaviour services are required then these should be developed locally

and work within a positive behaviour support framework (Mansell, 1993 & 2007, Winterbourne View Report, DH, 2012).

The Local Authority and NHS CCGs in Kent are working together under the Transforming Care agenda to review current placements in inpatient settings and residential placements far from home and supporting people to move to more suitable places locally.

We are committed to improving our understanding of the needs of people with autism and complex needs or whose behaviour may challenge and to commissioning appropriate community services to meet their needs. We are also committed to community based support for people with autism that enables and empowers them through autism friendly environments and support to experience positive outcomes and thus reduce the demand for specialist challenging behaviour services.

ASC Peer Support Service

At the time the Kent Autistic Spectrum Conditions Team was established it was acknowledged that there was a need for increased community capacity in the voluntary and community sector to support people with autism. In response to this a peer support service was commissioned and is run by Advocacy for All. The aim of the service is to:

- Develop and maintain peer support networks, social contacts and personal relationships
- Support people to live independent and fulfilling lives
- Optimise their physical and emotional wellbeing and manage anxiety associated with their condition.

Advocacy

From 1st April 2016, all advocacy provision for adults in Kent will be managed via a single point of contact called Kent Advocacy. Kent Advocacy will be managed by SEAP (Support, Empower, Advocate and Promote), working in partnership with a range of other providers to deliver both statutory and non-statutory advocacy services in Kent. SEAP are experienced in working with people with autism.

This model of advocacy provision will ensure services are easy to find through a single point of access leading to improved efficiencies and better outcomes for vulnerable people. More importantly, this model will ensure that people are

supported based on the need for advocacy, rather than client categorisation, although the partners in the delivery network will have specific qualifications and/ or specialisms to ensure people are supported in a way that best meets their needs. The hub will also provide wider social value in the form of leadership on advocacy matters across the voluntary and community sector.

Future developments for diagnosis, assessment and support– the all age Neurodevelopmental Pathway.

The Kent NHS CCGs have established an All Age Neurodevelopmental Pathway Project in response to the high demand for diagnosis, fragmented local services and commissioning gaps. This project has involved Commissioners from all the NHS CCGs, KCC representatives, family members, and other relevant stakeholders.

This project has led to the design of an all age health and social care neurodevelopmental pathway (See Appendix Three) which aims to improve diagnosis, assessment and support services. The pathway recognises the need to develop:

- Multidisciplinary assessment
- Post diagnostic support
- The provision of appropriate skilled interventions such as adapted Cognitive Behaviour Therapy
- A specialist consultancy and training role for mainstream services
- A positive behaviour management service.

At the time of writing the Kent CCGs have different plans to deliver the pathway within their areas; KCC has also committed additional resources to work on improving the pathway for children and adults with autism and aligning services with Health.

We need to maximise opportunities for joint commissioning and the integrated provision of services in the future.

Best Practice

Bristol Autism Spectrum Service (BASS)

The Bristol Autism Spectrum Service, provided by Avon and Wiltshire Mental Health Partnership NHS Trust is well-recognised across the country as a best practice model for diagnostic and post-diagnostic services. BASS is a multidisciplinary, specialist autism team jointly commissioned between health and social care. The team offer a diagnostic service, a comprehensive package of post diagnostic support including one to one sessions with specialist autism professionals and a range of groups (for example post diagnostic psycho-education, social skills/confidence, problem solving) They also offer supervision and training to professionals in mainstream services.

More information on the Bristol Autism Spectrum Service can be found at: https://www.nice.org.uk/guidance/cg142/resources/the-bristol-autism-spectrum-service-bass2

Best Practice

Hertfordshire University Partnership NHS Foundation Trust Specialist Autism Team

This Hertfordshire NHS Trust has a specialist autism team which also acts as a support network and training provider for mainstream services dealing with people with autism.

They additionally provide a good model of support to those referred. An advocate is allocated to each individual and they assist the client from referral through to post-diagnosis support. This helps facilitate and tailor the diagnostic process and ensure that it is adapted to the needs of the client. Advocates also assist after diagnosis with benefits, peer support and employment, as well as providing training in the SPELL framework.

Diagnosis, Assessment and Support

There is a need to improve the response in Kent in the following areas:

- Multi-disciplinary diagnosis and assessment for those with suspected autism in the absence of a learning disability, including those with suspected co-existing ADHD
- post diagnostic support including related skilled professional interventions
- · case consultancy to other health and social care teams
- support for people with challenging behaviour

4

Co	Core Strategic Objectives		
	Objectives	Measures of Success	
6	To Address the current waiting list for	Health services in Kent are NICE	
	diagnostic assessments	compliant	
	To implement the		
	Neurodevelopmental Pathway to		
	include:		
	Multidisciplinary diagnosis and		
	assessment including those		
	with complex needs		
	 Post diagnostic support 	Pathway approved by all NHS CCGs and	
7	services	relevant KCC departments and all	
	 Provision of specialist 	elements of the pathway operational	
	interventions		
	 Positive behaviour 		
	management service		
	Specialist information, advice		
	and training service for		
	mainstream professionals		

11. Facing Life Changes (Transition)

'I' Statements (Think Autism)

(I statement No. 11)

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.

What Local People with Autism told us:

- There should be more specialist provision for young people in colleges
- Transitions need to cover a wide age range. People on the spectrum are
 emotionally immature and the skills of transitioning are dependent on
 emotional age. Therefore transitioning skills could be relevant when someone
 is 40, for example
- Much more flexibility is needed around transitioning. Teenagers in education will not, in all likelihood, be following neurotypical developmental patterns.

 They may not do their GCSE's until they are 18, for example. It is a learning disability, after all, even if their intellect is unaffected.

The Children and Families Act (2014) and the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015) apply equally to those with autism and their families as with other groups. This includes:

- Reviewing Education Health and Care plans annually. From at least Year 9, the annual review must include a consideration of the preparation for adulthood, including employment/higher education, independent living and participation in society. Transition planning must be built into the plan
- Focusing on progress towards the achievement of outcomes in an Education,
 Health and Care plan; and for those over 18 assessing whether the
 educational and training outcomes have been achieved

 Publish a "Local Offer" of educational, health, care and training provision available to these children and young people from their areas, including information about preparation for adulthood and independent living.

Under the Care Act (2014) Local Authorities are required to identify young people who are not receiving services but who are likely to have care and support needs as an adult. The Care Act statutory guidance specifically references young people with autism whose needs have largely been met by Education as an example of this.

We recognise that transitions to adulthood can be particularly difficult for young people on the autistic spectrum. The transition from childhood to adulthood can often involves a range of different changes, often all at the same time e.g. from school to college or work, out of the family home to living at university or in their own flat. It might also involve transitions associated with relationships – the 'loss' of school friends and the need to make new ones at university.

There is also recognition of the need to ensure that good transition processes are in place from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services. Currently work is taking place to improve the provision of CAMHS services in Kent and this includes consideration of children and young people with autism.

KCC at the time of writing has been working to improve transition for disabled young people and has developed a new lifespan pathway model. (See Appendix Four)

A range of support is available to young people with autism from KCC. However services can appear fragmented and some young people are being seen by the Adult ASC team in crisis situation. it is recognised that more needs to be done to understand the experience of young people with autism and their families and improve services. As part of the all age Neurodevelopmental pathway work particular focus will be given to understanding the current situation for young people in transition.

Transitions throughout life

Transitions do not stop in our early 20s but continue throughout our lives – meeting someone and getting married, having children, changing jobs, bereavement, transition to old age, etc. Times of change can be particularly difficult for people with

autism and for some additional support may be needed to help them deal with times of uncertainty and crisis.

Best Practice

Autism research – University of York

Research conducted by the University of York looked at the services most valued by young people with autism and particularly those with Asperger's Syndrome and higher functioning autism. These included:

- Help with facing and planning for adult life
- Specialist, and on-going employment support
- Peer support and opportunities to spend time with other with the same diagnosis
- Voluntary work placements in settings where autism was understood and accommodated.

Best Practice

Greater Manchester Autism Consortium Transition Project

This consortium undertook research into what was happening for people on the autistic spectrum during the transition from childhood to adulthood in Greater Manchester. The report made three recommendations:

- Better access to information for parents
- Better information about what adulthood means for young people
- Better understanding of needs from services within the community.

The project has developed workshop materials for parents and is developing resources to help young adults with autism prepare for adulthood.

Transition

- Transitions can be a key time in the lives of people with autism as change can be problematic
- Education services need to refer young people with autism with care and support needs to adult social care
- The Care Act provides duties for local authorities to assess young people and child carers before they (or the person they care for) turn 18 in order to help them plan for transition to adult care and support (whether or not they have a service as a child)
- As for all other support, support during transitions needs to be autism friendly.

5

Core Strategic Objectives		
	Objectives	Measures of Success
	Develop and implement the	The all age Neurodevelopmental Pathway is working for those with autistic spectrum conditions and ADHD in transition
8	Neurodevelopmental Pathway	
ľ	ensuring the needs of young people	
	in transition are addressed	Conditions and ADITO III transition
	Ensure that there is sufficient good	
	quality further education provision to	Young people are only receiving further education out of county by choice
9	meet the needs of young people	
	across the autistic spectrum as	
	close to the family home as possible	
10	Ensure a smooth transition from	Young people and their families /carers
	children's to adult services	are satisfied with the transition

12. Training and Further Education

'I' Statements (Think Autism)

(I statement No. 14)

 I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.

Local People with Autism told us:

- There should be more courses relevant to people on the autistic spectrum and apprenticeships for people over 25
- There should be more courses that lead to paid employment with more practical and hands on training.

The Vision for Children and Young People in Kent

Whilst 'I' statement 14 can be applied across all support provided, it is particular important when considering educational support. The vision for the education of children and young people in Kent is set out in 'Working Together Improving Outcomes: Strategy for Children and Young People with Special Educational Needs and Disabilities' (KCC, 2013).

The vision is for a well-planned continuum of provision from birth to age 25 in Kent that meets the needs of children and young people with SEND⁴ and their families. This means integrated services across education, health and social care which work closely with parents and carers and where individual needs are met without unnecessary bureaucracy or delay.

⁴Special Educational Needs and Disability (SEND) Strategy

It also means a strong commitment to early intervention and prevention providing early help in a timely way so that children's and young people's needs do not increase. It is expected that every early years provider, mainstream school and post 16 setting makes effective provision for disabled children and those with SEN that they make good progress in their learning and can move on easily to the next stage of their education and later into employment.

Although the specialist educational support described above is important, in order for young people with autism to be included as much as possible, schools and colleges need to be as autism-friendly as possible. As such, teachers and other staff (including administrative staff, canteen staff and playground supervisors) should have at least basic awareness training of how to support young people with autism. Individual approaches to learning and assessment, creative teaching techniques that take into account different learning styles and environments that are well structured and as low arousal as possible, will enhance learning for those with autism (and very likely for those without autism too).

KCC's Special Educational Needs Service

KCCs Special Educational Needs (SEN) Service was responsible for ensuring the implementation of the Children and Families Act reforms of special educational needs which came into force in September 2014.

The Service commissions 4,000 specialist places in Kent maintained schools and academies, provision for 500 high needs students in further education and independent colleges and 400 independent and non-maintained sector placements. SEN contracts with help with health providers across Kent to ensure children and young people in schools have access to clinical therapies.

The service holds the lead role for delivering Kent's Special Educational Needs and Disability (SEND) Strategy, launched in January 2014. The overarching aims of the strategy are to:

- Improve the educational, health and emotional wellbeing outcomes for children and young people with SEND (including those with autism)
- Ensure KCC delivers statutory change required by the Children and Families Act 2104
- Address gaps in SEN provision; improve quality; encourage a mixed economy of provision.

A 'Local Offer' of educational, health, care and training provision available to children and young people in their areas has been published on Kent.gov. Further information is available through the former Parent Partnership Service which is now known as Information Advice and Support Service Kent (IASK). The role of IASK includes providing information, advice and support to children and young people with SEND

up to the age of 25, in addition to their parents. IASK has recruited an Independent Supporter for young people.

The SEN Service has ensured there is more secondary provision for pupils with autism and speech and language difficulties and have expanded existing good provision for speech and language to include autism places in primary schools.

Best Practice

Autism Education Trust

There are a number of examples of good practice of inclusion for young people with autism. The Autism Education Trust (http://www.autismeducationtrust.org.uk/) has developed some standards and competencies for those involved in educating young people with autism. There is also guidance for how local authorities can use the tools for teachers.

Education

- Having a diagnosis of autism or Asperger syndrome needn't be a barrier to entering further or higher education
- More work needs to be done to help local authority schools and academies
 provide better services for people with autistic spectrum conditions so they can
 develop their skills and have control over their own lives.

6

Со	Core Strategic Objectives		
	Objectives	Measures of Success	
11	To establish a clear transfer process for transition from school to college	Transfer process in place and people with autism, their families and schools report it is clear	
12	Establish tracking of people subject to EHCPs above statutory school age to remain alert of those NEET and whose destinations are not known	Tracking mechanism in place	
13	Commission outcomes for 0-25 Speech and Language Therapy	By September 2017, therapy services jointly commissioned by KCC and the CCGs will be underpinning good educational outcomes for children and young people with communication and interaction difficulties, developing a skilled workforce to support learning	
14	Educational establishments provide autism friendly support and environments and promote positive outcomes	Young people and their families report positive experiences at school or college	
15	Fewer young people drop out of college without qualifications	More people leaving college with qualifications	

13. Employment

'I' Statements (Think Autism)

(I statement No. 15)

I want support to get a job and support from my employer to help me keep it

Local People with Autism told us:

- When asked for their top three concerns employment was second
- Kent Supported Employment is good at working with people with complex needs
- There is not enough support for people in work and support services do not have experience in finding work for highly qualified (i.e. post graduate) people on the spectrum
- Generally employers do not understand the needs of people with autism and people are vulnerable to bullying in the workplace
- Better information about what reasonable adjustments employers should be expected to make is needed.

It is widely recognised that adults with autism are heavily under-represented in employment with the National Autistic Society stating that only 15% of people with autism are in paid employment.

The Autism strategy 'Fulfilling and Rewarding Lives' (2010) and 'Think Autism' (2015) both include commitments aimed at increasing the number of adults with autism in work through the provision of guidance and training to employers and employment support services and ensuring adults with autism benefit from employment initiatives.

In Kent there are a number of ways people with autism may get help with employment.

There are Disability Employment Advisors at local job centres whose role is help people with disabilities find a job or gain new skills and identify disability friendly employers in the area.

Work Choice is a voluntary Department for Work and Pensions (DWP) employment programme which helps disabled people with more complex issues find work and stay in a job. It is available to people with substantial and long term conditions and provides support in preparing to get a job, with the recruitment process and longer-term in-work support.

KCC employ a number of individuals on the autistic spectrum and provide apprenticeships to people with autism. Although equalities data is not presented by disability type in June 2014 4.2% of the non-schools based staff classified themselves as disabled.

KCC commission Kent Supported Employment (KSE) to provide supported employment to people with a learning disability, physical disability, sensory disability and autism. They currently report that approximately half their caseload is people with autism. They work with individuals and potential employers to help them prepare for, find and maintain employment.

Kent Supported Employment is currently working with East Kent Further Education College and Queen Elizabeth and Queen Mary hospital to provide 12 week internships at the hospital. They are also working with four special schools in Kent to develop a similar scheme with local hotels.

There are other organisations in the community, voluntary and social enterprise sector in Kent that offer employment support to people with autism, such as the National Autistic Society and the Shaw Trust.

Whilst paid employment is very important, when people are not employed then it is important that they are supported to have meaningful occupation in other ways, for example, through: education (at college or at home), voluntary work, community activities including sport and leisure, household activities, hobbies etc. People may need help to identify and initially access such opportunities but quite often many of these can be sustained relatively easily over time by the individual themselves.

We also ensure that needs assessments, care plans and transition plans consider employment as an outcome and actively signpost individuals to sources of support.

We are committed to doing more to improve the employment prospects of local people with autism. There are a number of areas we need to address including:

- Understanding the employment needs of the local population of people with autism
- Understanding the barriers people face and how to overcome these
- Addressing the employment needs of young people leaving children's services
- Considering adjustments to our employment practices to increase the recruitment and retention of people with autism
- Considering developing Apprenticeship schemes and other employment support services
- Widening autism awareness training to employers and Job Centre Plus.

To this end we will invite representatives from Jobcentre Plus and local employers to join the Autism Collaborative and encourage them to attend and play a meaningful role in providing setting a clear steer for improvements in this area.

We will also establish a specific sub group of the Autism Collaborative to consider the areas outlined above and the actions that need to be taken to improve employment for people with autism in Kent.

Best Practice

Case Study Surrey Employability

Surrey Employability is a partnership project run under the auspices of the Jobcentre Plus, the National Autistic Society, and Employability (Surrey Choices Limited). The project selected adults with autism on the basis of their employment status and determination to find work. Fifteen individuals were chosen and invited to attend an Employability Support Employment training course for two days which provided job seeking methods, CV preparation, confidence building, interview tips and techniques, culminating in a mock interview for a specific job.

Some were work ready but some needed to gain confidence and were offered voluntary experience. The aim was for each individual to experience two work placements over the six months of the project. As a result five have found work and a further five have had work experience.

Employment

- Adults with autism are heavily under-represented in employment
- People with autism want to work and have skills and talents that are useful in the workplace
- People working with adults with autism should start from a position of a 'presumption of employability'
- Other forms of meaningful occupation should also be valued and supported.

7

Core Strategic Objectives		
	Objectives	Measures of Success
16	To provide a range of support to people with autism to increase the numbers of people with autism who are in employment – paid or voluntary	Increased numbers of people with autism in employment

14. Housing, Care and Support

'I' Statements (Think Autism)

(I statement No. 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

(I statement No. 5)

 I want to be safe in my community and free from the risk of discrimination, hate crime and abuse

(I statement No. 12)

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.

(I statement No. 14)

I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.

Local People with Autism told us:

- We want the same opportunities as other vulnerable groups to appropriate housing and housing authorities should listen to what we need
- There should different ways to access housing rather than having to go through the bidding system.

Housing and Support for Independent Living

Local authorities have a statutory responsibility to consider the accommodation needs of people they are providing care and support to.

The Kent Social Care Accommodation Strategy – Better Homes: Greater Choice - specifically references people with autism. It acknowledges the key actions and

recommendations in the national autism strategy in regard to accommodation which are:

- Individuals are living in accommodation that meets their needs
- Improved access to the services and support people need to live independently within the community.

A range of accommodation options should be available in Kent for people with autism, based on their individual needs.

A range of options are also needed to provide support to people with autism requiring help to live independently, for example family or community networks, Personal Assistants, voluntary organisations, commercial providers, Supporting People (housing related) support services. As recommended in the Living in Fear project conducted in Kent and Medway, consideration of the support people need to live independently, should take into account their experiences of and vulnerability to hate crime and victimisation (Beadle-Brown, J. et. al., 2014).

There are other voluntary organisations that are not commissioned providing autism specific support across the county such as the Kent Autistic Trust, the National Autistic Society, Hendricks Associates and Ashford ASD. These organisations provide a range of services: advice and support, day services, parent and carer support, residential care, education, counselling and leisure facilities.

There are in addition, a number of commissioned and non-commissioned organisations that provide services that can be accessed by adults with autism, but which are not autism specific. Some of these services need to be improved by having greater awareness and understanding of autism to better meet the needs of this client group.

In Kent, commissioners have been working hard across health and social care to ensure that people living in hospitals and in specialist placements outside the county including those with autism can be accommodated safely in the community with appropriate support.

The Transforming Care Programme sets out suggested ways for improving the quality of care for people with learning disabilities and or autism. It suggests Local Authorities and NHS bodies and NHS Foundation Trusts Work together to put in

place a locally agreed joint plan to ensure high-quality care and support services for all people with challenging behaviour.

We are committed to improving our understanding of the accommodation and support needs of people with autism and ensuring the availability of appropriate housing and support services.

Care and Support - Adult Social Care

The vision for Adult Social Care which is in development, sets out a number of objectives presented in the context of promoting wellbeing; promoting independence; supporting and maintaining independence. In summary, these are:

Promoting Wellbeing

These services aim to prevent, delay or avoid people entering into formal social care or health systems, by enabling people to manage their own health and wellbeing. Wellbeing services are universal, based in local communities and utilise local resources. They address the issues that lead to people entering into formal care systems, such as social isolation, falls and carer breakdown. Access to good quality information and advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they want in order to keep living fulfilled lives.

Accessible information should be available for autistic adults about how they can access information about preventative services. These services should be autism friendly in line with this Strategy.

Promoting Independence

These services also aim to prevent or delay people entering into formal care systems by providing short-term support that provides the best long-term outcome for an individual. For some people, these consist of short term interventions that enable people to recover from episodes of ill health or injury and to return to their previous level of health. For other people, especially those with a long term condition or a disability, these may be fixed term services that provide training and skills development that maximises independence and enables people to live as independently of formal care systems as possible. This is the level of Intervention where OT based enablement service, CBT, Positive Behavioural Support etc. is needed.

Supporting and Maintaining Independence

Some people will need ongoing support to remain living in their own homes and communities. These services aim to maintain individual wellbeing and self-sufficiency, keep people safe and enable people to live and be treated with dignity, enabling people to live in their own homes, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes.

People with autism should be able to access any of these levels of support depending on their needs.

For those with more intense support needs, achieving these outcomes requires those who provide support to have specific skills in enabling and empowering people to participate in all areas of life and in any decisions about their life. Those providing support need to be able to work with people with autism in an enabling and empowering way such as within the SPELL framework and "Active Support".

Best Practice

Active Support

Research over almost fifty years has shown that living in an ordinary home dispersed in the community is a necessary but not sufficient condition for better outcomes for people with disabilities. Once in the community, there are primarily two factors that determine the quality of life of people with disabilities (and in particular how involved they are in all aspects of their lives) - the severity of their disability (those who have higher levels of adaptive functioning, tend to experience better outcomes) and whether staff provide them with facilitative help to be engaged in meaningful activities and relationships. Mansell and Beadle-Brown (2012) describe this approach as "an enabling relationship", the aim of which is to improve people's quality of life and in particular to enable them to develop their skills and independence, to experience real choice and control over all aspects of their lives and to become a valued member of their community, irrespective of the severity of disability or the presence of addition issues or difficulties (such as autism or challenging behaviour). Although Active Support was originally designed to support those with severe learning disabilities as they moved from institutions into the community, the principles can be applied in many other situations. Recent research

(Beadle-Brown et. al., 2015) has also shown that active support is important for those with autism and when active support is in place, other elements of good support such as good support for communication, autism friendly practices and positive behaviour support are easier to implement. Active support is closely connected with Positive Behaviour Support and has been shown to result in the reduction in challenging behaviour as well as positive quality of life outcomes. However, research has also shown that less than 1/3 of people using services for people with learning disabilities receive consistently good active support – this is true for single person services as well as for larger residential services and for autism specific services as well as more generic learning disability services.

United Response has been implementing active support for many years (being one of the first organisations to do so at a whole organisational level). Their website is a useful resource on active support (http://www.unitedresponse.org.uk/active-support) and includes materials on the relationships between Active Support and Positive Behaviour Support. (http://www.unitedresponse.org.uk/transforming-care).

Housing, care and support

- Historically the housing care and support needs of people with autism have often been met through placement in accommodation designated for clients with a learning disability or mental health needs
- The needs of those with autism in relation to housing and support must be better understood
- Attention must be paid to this in developing local services for those with autism
 that are autism friendly, enabling and empowering in order to reduce the
 likelihood of challenging behaviour developing to reduce the need for specialist
 out of county placements.
 - Consideration needs to be given to workforce development and leadership whether supporting people in their own home or in community-based accommodation and support services to ensure appropriate care, support and housing for people with autism.

Core Strategic Objectives			
	Objectives	Measures of Success	
18	Undertake a housing needs assessment of people with autism	Housing needs report produced	
19	Develop a diverse housing market that provides various levels of skilled support	There are housing options available to all people with autism	
20	Work with the market to develop a range of housing related support services	All are able to access appropriate housing related support	
21	Ensure social care, health and educational support services provide skilled, effective, autism friendly support, using an enabling and empowering approach	Reduction in the number of people with autism being placed out of area and in particular being sent to specialist challenging behaviour settings; reduced placement breakdown; reduction in number of people accessing mental health services; people report better experiences of social care, health and educational support	
22	Develop specialist services that can provide assessment and treatment, ideally within individuals' current home or, where necessary, in small local specialist units implementing positive behaviour support and the SPELL framework	Fewer admissions to acute services. Reduction in number of out of area placements for people with autism who show behaviour that challenges. People return to their home or find a new one within six months of admission to specialist assessment and treatment services	

15. Workforce Development

'I' Statements (Think Autism)

(I statement No. 9)

 I want staff in health and social care services to understand that I have autism and how this affects me

(I statement No. 4)

I want the everyday services that I come into contact with to know how to
make reasonable adjustments to include me and accept me as I am. I want the
staff who work in them to be aware and accepting of autism

(I statement No. 6)

 I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

Local People with Autism told us:

- There is a lack of understanding of the condition amongst many professionals
- When asked for the top three concerns from all the key areas in the strategy
 the third most important was workforce development; 25% agreeing that
 training for employees who worked in public services was very much needed
- As the condition is an invisible disability people often perceive people's behaviour in a negative way
- Some staff assume all autistic people are the same
- When planning buildings etc. the needs of people with autism should be taken into account to produce 'autism friendly' environments.

The strategy and statutory guidance emphasise the critical importance of staff training; providing effective training should enable staff to identify, support and respond appropriately to adults with autism.

The statutory guidance (2015) states that Local Authority, NHS bodies and NHS Foundation Trusts should:

- Ensure autism awareness training is included within general equality and diversity training programmes for all staff working in health and care
- Ensure that all autism awareness training enables staff to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services
- Ensure that there is a comprehensive range of local autism training that meets

 National Institute for Health and Care Clinical Excellence (NICE) guidelines
- Ensure those in posts who have a direct impact on and make decisions about the lives of adults with autism (including, for example, psychiatrists, those conducting needs assessments) also have a demonstrable knowledge and skills in a number of areas including communication; how autism may present across the lifespan; common difficulties faced by people with autism; and the impact of autism on personal, social, educational and occupational functioning, and interaction with the social and physical environment
- Involve adults with autism, their families and carers and autism representative groups when commissioning or planning training.

Skills for Care, with Skills for Health and the National Autistic Society, has developed resources to help enhance awareness of autism and improve skills among social care and health workers; primarily the 'Autism skills and knowledge list'. This forms part of a range of on-line training resources available to all public services.

http://www.skillsforcare.org.uk/Skills/Autism/Autism.aspx

A detailed Training Code of Practice was developed and published in 2012 by the National Autistic Society in collaboration with a range of relevant organisations. http://www.autism.org.uk/working-with/training-and-experience.aspx.

Currently KCC provides a basic awareness e-learning module to improve understanding of autism, and the Kent NHS CCGs ensure that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development. The Royal College of General Practitioners (RCGP) also

has autism as a clinical priority for 2014-17, which should lead to improved awareness among GPs.

We recognise that there is a need to improve training on autism across the health and social care system. All those in health and social care settings should have at least a basic awareness of autism and understand how to adapt information in order to ensure good communication, understanding and engagement and understand how to make reasonable adjustments to environments.

We need to ensure that autism training is identified as a priority within local workforce development plans across relevant agencies and providers. These training plans need to identify priority staff groups for training and consider the training requirements for particular roles. Following feedback from the public consultation on the strategy and the high co-morbidity of mental health problems and autism mental health professionals must be a priority staff group. Another group that needs to be prioritised needs to be benefit staff, especially Personal Independence Payment (PIP) assessors, as consultation feedback showed that people find the process complex to navigate and it discriminates against those with autism.

We will promote the provision and take up of autism training and awareness among other organisations, agencies and providers. We will encourage commissioners of training to ensure it is consistent with the SPELL framework. This includes engaging with commissioners to ensure provider agencies are appropriately trained.

We recognise that we need to involve people with autism, their families and carers in the design and delivery of training.

Best Practice

Surrey's Autism Champions

Surrey has brought together staff from health, social care, education, voluntary and private services onto a training scheme to develop Autism Champions. The staff involved perform a wide variety of roles in different settings. They receive autism training based on the National Autistic Society's SPELL framework which they are expected to cascade down to colleagues.

Each champion is given a mentor who supports them with their ongoing learning and who they can contact for advice and guidance. Staff are expected to incorporate their learning into direct work with people with autism and in making reasonable adjustments to local services. The scheme has been evaluated by the Tizard Centre, University of Kent and found to be very effective in raising knowledge and understanding and improving attitudes and practice.

Best Practice

Autism awareness training in Jersey

On the Island of Jersey, all staff in social service departments, as well as in the police, in youth groups and in most schools have been given at least basic autism awareness training, including awareness of the SPELL framework.

Workforce development

- Training should be provided by, involve or at the very least have been developed with people with autism
- Training in basic awareness of autism is essential for all public service workers
- More in depth training is required for staff involved in the direct assessment,
 support and reviewing of those with autism and their families and carers.

9

Core Strategic Objectives

	Objectives	Measures of Success
23	Ensure a range of levels training of training in autism is identified as a priority within local workforce development plans across relevant agencies and providers	Training needs identified in plans and staff of relevant agencies have increased knowledge and skills and are trained to an appropriate level
24	Work with other organisations and agencies, including those in educational settings, the criminal justice system, employment support services, and the voluntary sector, to promote the provision and take-up of autism awareness training among their staff	All organisations have awareness training available to staff

16. The Criminal Justice System

'I' Statements (Think Autism)

(I statement No. 13)

 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.

Local People with Autism told us:

- People with autism have problems accessing understandable legal advice
- Police should have training in understanding the difficulties people with autism have
- The autism alert card sometimes helps
- People with difficulties should be better accommodated e.g. not left alone in a room too long, especially without adequate explanation
- There is a need for a list of autism friendly solicitors.

The National Autistic Society states on its website that a number of people with autism spectrum disorders (ASDs) are involved in the Criminal Justice System (CJS) as victims, witnesses or offenders.

There is no evidence of an association between ASD and criminal offending. In fact, due to the rigid way many people with ASD keep to rules and regulations, they are usually more law-abiding than the general population. The National Autistic Society states on its website that people with an ASD are more at risk as victims of crime rather than as offenders.

As the statutory guidance states when people with autism come into contact with the criminal justice system it is often up to them, or their carer, to explain what having autism means. In some cases, it can positively change the way that police or courts view a situation.

Autism understanding and awareness is key to ensure that people are identified and diverted to the most appropriate support. However in Kent there is no consistent training available to the criminal justice system; some training has been provided to

the police by various organisations including the local Autistic Spectrum Conditions Team.

A review of the all the referrals to the Autistic Spectrum Conditions Team since its inception, conducted in April 2015, showed that over 10% (49 of 450) of all people referred were involved with or 'were on the edges' of being involved with criminal justice as perpetrators. Just under half of these people had been charged or convicted of a violent, sexual or drugs related offence. There is a need to improve access to appropriate preventive services for people with autism to prevent them being drawn into the criminal justice system.

Adults with autism in prison are now entitled to an assessment of needs and support from Local Authorities; the Kent ASC team has begun carrying out assessments in local prisons and commenced some training of prison staff.

We are committed to working with the Criminal Justice System (CJS) in Kent to improve their awareness and understanding of autism. We will extend the membership of the Collaborative to include key representatives and explore ways we can work together to improve the experience of adults within the CJS.

Best Practice

The National Autistic Society's Criminal Justice Guide (2011)

The National Autistic Society has produced a guide for criminal justice professionals (2005). It aims to assist all professionals working in the criminal justice system (CJS) who may come into contact with someone who has autism, particularly police officers, solicitors, barristers, magistrates, justices of the peace, the judiciary and the courts.

It is based on the experiences of people with autism and those who work with people on the autism spectrum. It explains why people with autism may become involved with the criminal justice system e.g. people with autism being duped into acting as unwitting accomplices in theft and robbery. It gives practical guidance for professionals for example in communicating with people with autism and how to adjust environments.

Best Practice

The National Autistic Society Autism alert cards

The National Autistic Society has produced Autism alert cards which can be carried by a person who has autism and used in situations where communication may be difficult. The alert card, developed in consultation with adults who have autism is designed to tell people about the condition and asks others to show respect and tolerance.

Best Practice

The Bedfordshire Think Autism Partnership Board and the Bedfordshire Criminal Justice System

The Criminal Justice System is well represented at the Think Autism Partnership Board meetings. Two developmental workshops have been held to consider how the CJS will contribute to the local strategy and as a result 'critical points' have been identified for autism screening, information sharing and autism training across the CJS. The CJS are now incorporating autism friendly ways of working, including training frontline staff in AQ10 testing.

The Criminal Justice System

The National Autistic Society's position statement on the criminal justice system states:

- Some people with autism may be more vulnerable to criminal acts against them because of their social difficulties and they may be taken advantage of by unscrupulous individuals or become unwitting accomplices to criminal activity
- Once a person with autism is in the criminal justice system, the nature of their difficulties may not be recognised or may be misunderstood. In these circumstances it is possible for miscarriages of justice to occur
- Additionally there is a need for adapted community treatment programmes for people with autism who have offended

10

Core Strategic Objectives			
	Objectives	Measures of Success	
25	To improve the experience of people with autism within the Criminal Justice System	People are treated equitably in the Criminal Justice System	
26	To set up a task and finish group to identify gaps and issues for people with autism in the Criminal Justice System	Group report back to the collaborative with new objectives	

17. Carers

'I' Statements (Think Autism)

(I statement No. 10)

I want to know that my family can get help and support when they need it

What Local People with Autism told us:

 There should be more training and activities available for carers and more financial assistance

A carer is someone who in an unpaid capacity provides care or support to another person. Many people do not class themselves as carers: they are mums and dads, husbands, wives, partners, brothers, sisters, friends and neighbours.

In 2011, 151,777 people, or 10.4% of Kent's total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%.

Under the Care Act (2014), for the first time, carers are recognised in law in the same way as those they care for. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs.

The Kent Carers Strategy sets out the vision to take forward the plan for carers, and organisations have been commissioned to provide support and services.

The Joint Strategic Needs Assessment (JSNA) 2013-14 outlines the challenges for carers by client group – older people, learning disability, dementia and mental health but there is no data on the experience of carers of people with autism.

The Autistic Spectrum Conditions Team provide information, advice and support to carers of young people and adults with autism and refers carers onto externally commissioned Carers Organisations for assessment and support. Some carers experience high levels of stress and difficulties dealing with challenging behaviours and families can be referred to the ASC in crisis and at 'breaking point'.

Some families and carers need training and support on how to support the person they are caring for. Equally some family members are very well placed to provide training and support to others.

We will undertake further work to understand the particular needs of carers with autism and of those caring for people with autism.

Core Strategic Objectives				
	Objectives	Measures of Success		
27	To identify the numbers and needs of carers with autism in Kent and the families and carers of those with autism and provide appropriate services and support in line with requirements of the Care Act	Carers with autism have equal access to support and services as carers without autism		
28	Training is available and accessible for families and those who provide support for people with autism in an unpaid capacity	Families are accessing training and reporting it as useful		

18. Autism Friendly' Communities and Conclusions

'I' Statements (Think Autism)

(I statement No. 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.

Think Autism (2014) states:

"Autism should not be seen as an add on to services or work programmes, and with over 500,000 people on the autism spectrum in England, everyday services will already be seeing or in contact with many people who have autism. By thinking about and engaging with people who have autism more effectively, by making reasonable adjustments or adaptations and by involving them and building their capabilities, there will be better outcomes for them and a better use of public resources".

In Kent we are committed to building community capacity in line with the Government's Think Local Act Personal (TLAP) initiative:

- Building social support networks
- Encouraging membership of groups
- Nurturing an inclusive community
- Enabling everyone to make a contribution (participation and co-production)

Addressing these areas produces better outcomes for individuals and communities, in terms of better physical health, mental health and wellbeing as well as benefits beyond health and social care. There are other benefits include positive effects on crime and community safety, educational attainment, public sector efficiency, income, viability of local services and better neighbourhoods (Wilton, 2012).

One of the keys ways to make some of these things happen is by supporting people with autism to have a role in their local community – through work (paid or voluntary), through taking part in local and through using the same community facilities as others. This requires such facilities and events to be autism friendly.

Although everyone with autism is an individual, the SPELL framework gives us some relatively simple steps which can make a big difference to helping people with autism be more independent and more included. For example:

- Ensuring clear, unambiguous signposting, in particular for important places like toilets and exits
- Offering quiet waiting places
- Reducing unnecessary noise, smells, or overwhelming visual stimuli (e.g. very bright or flashing lights) in the environment
- Providing written information prior to an appointment.

This should start with public services and other places where people with autism are highly likely to have to visit relatively regularly e.g. GPs and hospital environments, banks, post-offices etc.

The fifteen 'I' statements that have been identified by people with autism, carers, professionals and others who work with people with autism in Think Autism (2014) are grouped into three themes: 1. An equal part of my local community, 2. The right support at the right time during my lifetime and 3. Developing my skills and independence and working to the best of my ability. The vision for this strategy is that if we achieve these core strategic objectives, Kent will be closer to having communities that understand, accept and support people with autism as set out in Think Autism (2014).

19. Appendix One - SPELL

What is the SPELL framework?

Over many years the NAS schools and services for adults have developed a framework for understanding and responding to the needs of children and adults on the autism spectrum. The framework is also useful in identifying underlying issues, reducing the disabling effects of the condition and providing a cornerstone for communication. It also forms the basis of all autism-specific staff training and an ethical basis for intervention. The acronym for this framework is SPELL. SPELL stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links.

SPELL

The SPELL framework recognises the individual and unique needs of each child and adult and emphasises that planning and intervention be organised on this basis. We believe that a number of interlinking themes are known to be of benefit to children and adults on the autism spectrum and that by building on strengths and reducing the disabling effects of the condition progress can be made in personal growth and development, the promotion of opportunity and as full a life as possible. They are:

Structure

The importance of structure has long been recognised. It makes the world a more predictable, accessible and safer place. Structure can aid personal autonomy and independence by reducing dependence (e.g. prompting) on others. The environment and processes are modified to ensure each individual knows what is going to happen and what is expected of them. This can also aid the development of flexibility by reducing dependence on rigid routines. Structure plays to the strengths of a sense of order and preference for visual organisation commonly associated with the autism spectrum.

Positive (approaches and expectations)

It is important that a programme of sensitive but persistent intervention is in place to engage the individual child or adult, minimise regression and discover and develop potential. In this respect it is important that expectations are high but realistic and based on careful assessment. This will include the strengths and individual needs of the person, their level of functioning and an assessment of the support they will need. We must seek to establish and reinforce self-confidence and self-esteem by building on natural strengths, interest and abilities.

It is vital that assessments are made from as wide a perspective as possible and that assumptions are made on the basis of painstaking assessment and not superficial enquiry. These should include a view of the barriers in accessing opportunity. For example, many people on the autism spectrum may have difficulty with oral communication, leading to an underestimation of their ability and potential.

Conversely some may have a good grasp of speech but this may mask a more serious level of disability.

Additionally, many people with autism may avoid new or potentially aversive experiences but through the medium of structure and positive, sensitive, supportive rehearsal can reduce their level of anxiety, learn to tolerate and accept such experiences and develop new horizons and skills.

Empathy

It is essential to see the world from the standpoint of the child or adult on the autism spectrum. This is a key ingredient in the 'craft' of working with children and adults with autism. We must begin from the position or perspective of the individual and gather insights about how they see and experience their world, knowing what it is that motivates or interests them but importantly what may also frighten, preoccupy or otherwise distress them.

To make every effort to understand, respect and relate to the experience of the person with autism will underpin our attempts to develop communication and reduce anxiety. In this, the quality of the relationship between the person and supporter is of vital importance.

Effective supporters will be endowed with the personal attributes of calmness, predictability and good humour, empathy and an analytical disposition.

Low arousal

The approaches and environment need to be calm and ordered in such a way so as to reduce anxiety and aid concentration. There should be as few distractions as possible. Some individuals may require additional time to process information, especially if this is auditory. They may have additional sensory processing difficulties; they may need extra time to process information or we will need to pay attention to potentially aversive or distracting stimuli, for example noise levels, colour schemes, odours, lighting and clutter. Information is given with clarity in the medium best suited to the individual with care taken not to overload or bombard.

Some individuals may be under responsive to sensory experiences and actually seek additional sensory sensations. Again this is best achieved with an approach where the input can be regulated.

Low arousal should not be confused with "no arousal". It is of course desirable that individuals are exposed to a wide range of experiences but that this is done in a planned and sensitive way. It is recognised that for the most part the individual may benefit most in a setting where sensory and other stimulation can be reduced or controlled. Additionally, supplementary relaxation and arousal reduction therapies, Snoezelen, music and massage, sensory diet etc. may be helpful in promoting calm and general well-being and in reducing anxiety.

Links

Strong links between the various components of the person's life or therapeutic programme will promote and sustain essential consistency.

Open links and communication between people (e.g. parents and teachers) will provide a holistic approach and reduce the possibility of unhelpful misunderstanding or confusion or the adoption of fragmented, piecemeal approaches.

The person with autism, their parents or advocates are very much seen as partners in the therapeutic process. Links with the mainstream, through curriculum and other experiences, enable the individual to participate in a meaningful way in the life of the wider community.

The SPELL framework can be applied across the autism spectrum, including Asperger syndrome. It provides a context for and is complementary to other approaches, notably TEACCH (Treatment and Education of Autistic and related CommuniCation Handicapped children.)

From the NAS website accessed 29.02.16: http://www.autism.org.uk/spell

20. Appendix Two



Advocacy for All

bigger voices - better lives

Speaking up Groups in Kent

Consultation on the draft Integrated Strategy for Adults with Autism in Kent



October 2015

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introduction

The draft strategy for Adults with Autism in Kent is a key piece of policy development in response to the national Think Autism Strategy. This follows on from the Autism Act (2009), the first disability specific law designating statutory local government support and for Adults with autism. This group of individuals have received the least provision and support over the last 5 decades.

Kent County Council having set up the Kent Autistic Spectrum Conditions Team in 2014, have started to provide co- ordinated referral for diagnosis, social and employment support for such individuals. Improving service and outcomes for autistic adults is vital to enabling them fulfilling their potential. The strategy lays out the plan for services over the next 5 years.

Our task was to ask members of **Advocacy for All's Peer Support Groups** to give their **opinion** on the draft **strategy** and highlight the **important support needs** that will enable them to lead **valued lives** as part of the community.

aims of the Kent ASC consultation

- to ask members for feedback of the draft strategy
- to **find** the **gaps** in support and services
- to find the most **important** areas of the strategy for people
- to hear recommendations to improve the strategy

how we organised the consultation

We organised 2 consultation events across the county; one each for East Kent and West Kent members.

Members were invited to Maidstone on Saturday 17th October and Friday 23rd October in Canterbury.

Both events were centrally located in each region for ease of travel. Members were able to bring their carers or parents if necessary. 45 people attended the consultation, 39 of which were members.

The challenge of the consultation was to find autism - friendly environments that enabled the sensory needs of our members. We chose light and comfortable spaces that allowed free movement.

We delivered the meetings with the help of members using a powerpoint display and allowed for the discussion of key points of the strategy. People used post-it notes to record their views on what was currently working, what was not working and ideas to improve things in the future for each area.

Members were separated into 3 or 4 small groups and discussed important areas of the document for 20 minutes; notes from this feedback and personal experiences were taken.

After 1 ½ hours of discussion and time given to read the strategy; a specially devised questionnaire was given to attendees to discover their personal perspective.

Members who were unable or chose not to attend the meeting were offered the opportunity to complete the questionnaire and return within the deadline.

68 members received a questionnaire and a total of 39 questionnaires have been completed. Further results will be collated and shared with KCC.

the questionnaire

A questionnaire was made to gather information about group member's opinion of the draft Integrated Strategy for Adults with Autism in Kent.

The first section is about what is most important for people within the strategy and if there are any gaps that the strategy does not address.





Then there is a section for each area identified in the strategy. Finally people can leave more general comments.

Every member was given the option of attending a consultation in either West or East Kent or filling in a questionnaire.

39 completed questionnaires have been received at the time of writing.

It was recognised that people would need to read the strategy to have an informed view before coming to a consultation meeting or filling in a questionnaire. People who were attending a meeting or filling in a questionnaire were given a copy of the strategy.

the day





Members were given time to read the strategy and express their opinion of services at different stages.







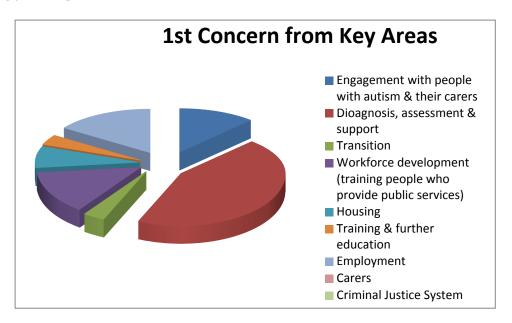


findings

The **findings** from our participants were a **mixed view** of the current services and past experience throughout their lives. There were **recurrent themes** of **long periods waiting** for **diagnosis**, months or years without support and **women** being **misdiagnosed** with **psychiatric conditions** before autism was considered a cause.

The **lack of clear pathway** for diagnosis from GP level to varying social support and pressures of individuals to find employment show that there is someway before adults on the autism spectrum in Kent are given the integrated support best needed to **enhance their wellbeing**.

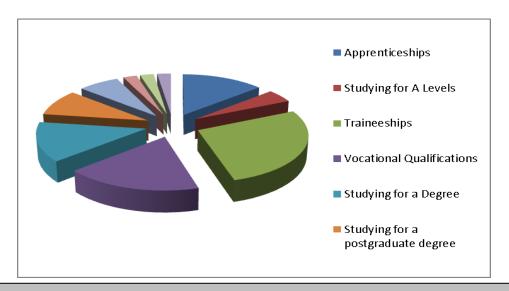
When asked the top 3 concerns from all key areas of the strategy **diagnosis** was the most important.



This was the area where most **negative personal experience**. Many had waited **at least 18 months** with no support or information during this time.

 next came employment as the 2nd main concern with members with 25% choosing it. Many were concerned at their inability to find work and once in work there were issues around their condition that meant that they could not maintain employment. Many had been assessed as fit for work

- the 3rd main area of concern was Workforce Development with 25 % agreeing that training for employees that worked in public services was very much needed. It was felt that Council staff did not understand Autism itself and this lead to communication difficulties underestimating people's difficulties
- areas that members felt were missing from the strategy were social skills training and training for medical personnel so that Autism could be more recognised. This would minimise psychiatric misdiagnosis and excessive medical intervention
- members felt that structured placements or traineeships would benefit them most and help them develop their unique skill sets



suggestions for the strategy

Here are the personal suggestions of members about key service areas.

diagnosis: ideas to improve this area

- support for people who are diagnosed as adults is fledgling and developing, needs a lot more development. Kent is quite advanced in having an ASC team but it needs resourcing. Its work is cutting edge
- psychiatrists and mental health nurses to be trained about autism and Asperger's
- any part of the plan should have 'continuous improvement' mechanism in place
- females are certainly still less widely diagnosed than males these days, what is being done to improve this situation?
- there are, to my mind, not any less females with an autism form diagnosis than males. It just manifests in a different way!
- new diagnostic method needed for women

employment: ideas to improve this area

- information should be supplied to employers about the skills possessed by people on the spectrum
- we need a structured transition plan while at school or university
- need better outlines on what reasonable adjustments employers should be expected to make
- communication agencies and an advice agency.

- college support and work preparation needed.
- PIP is too complex to navigate and skewed against ASC
- more training for staff
- autistic adults should not have to re-apply if they lose their job
- more willing employers and greater awareness in work environment

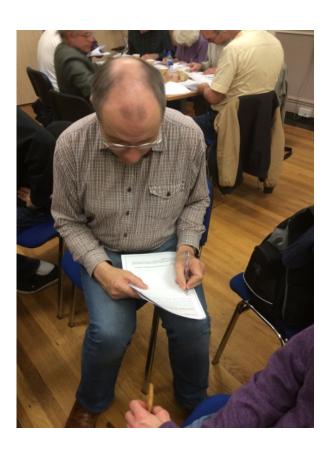
workforce development: ideas to improve this area

- consolidated list of services available
- training of hospital & service staff and hubs
- timetable for staff coming in continuity
- build up positive relationships with medical staff
- shop staff to be aware
- environments: not aware of sensory issues: noise and light
- offering greater work opportunities by tapping into individual

voices

Many members felt that this consultation must **not pay lip service** to their needs but be a real opportunity to tell KCC their experiences. No strategy can be formulated without knowing the common experience of the service user it aims to meet.

Some members felt a representative from Kent could have been present to really hear their perspective. Members are keen to hear feedback on their views and how the strategy will be adapted further to reflect their needs and views of service.



appendices

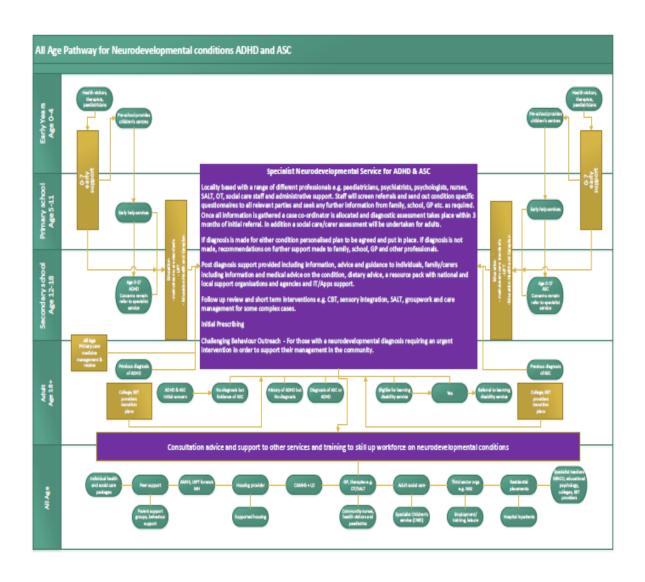


bigger voices - better lives

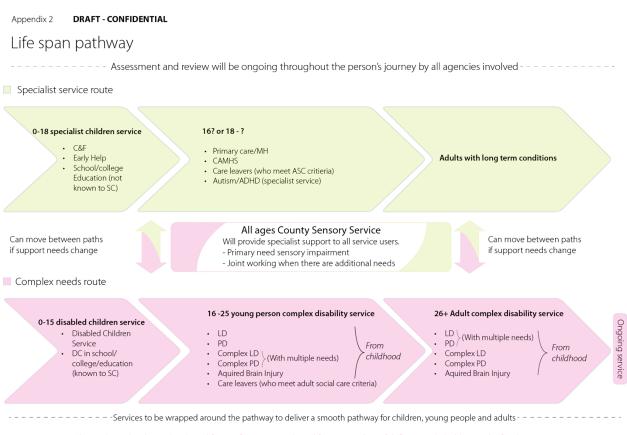
Unit 1, 241 Main Road, Sidcup, DA14 6QS 020 8300 9666 info@advocacyforalpage.ulg1 www.advocacyforall.org.uk

Appendix 1	feedback notes
Appendix 2	questionnaire
Appendix 3	questionnaire results spreadsheet
Appendix 4	photographs

21. Appendix Three



22. Appendix Four



This pathway has been developed from information gathered from a number of different stakeholders and is for discussion

PSouthern (V2)

23. Appendix Five

Glossary of Terms

ADHD

Attention Deficit Hyperactivity Disorder is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

All Age Neurodevelopmental Pathway

The route of care and support from childhood to adulthood for people with autism and ADHD based on good practice; including integrated psychological, social and medical assessment, early intervention and support of both people with autism and their families and carers.

Asperger's Syndrome

A form of autism that has now been removed from one of the main diagnostic manuals. The condition is characterised by difficulties with social interaction, social communication and flexibility of thinking or imagination. In addition, there may be sensory, motor and organisational difficulties. People with Asperger's Syndrome generally are of average or higher ability.

Autism

A diagnostic term that tends to be used in reference to people who have Autistic Spectrum Conditions and adults who also have learning disabilities.

We recognise that some people prefer the terms 'autistic people' or 'autistics' to 'people with autism'.

Carer

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who has autism, is ill, frail, disabled or has mental health or substance misuse problems.

Carers Assessment

Carers have a legal right to an assessment of their own needs. The assessment is available to any carer who provides or is intending to provide regular and substantial care. It is a chance to discuss with social care services in the Local Authority what help is needed that would help to maintain health and to balance caring with other aspects of life, such as work and family. Social care services use the assessment to decide what help to provide. Young people (aged under 18) who provide care to family members are also entitled to an assessment of their needs.

Clinical Commissioning Groups (CCGs)

These are groups of clinical professionals including GPs that have been responsible for commissioning local health services from April 2013. This means that they are assessing local needs and buying health services to meet those needs, working in partnership with local communities and local authorities. Membership of the CCG will include GPs, at least one registered nurse and a doctor who is a secondary care specialist. CCGs will have geographical boundaries.

Commissioners

A commissioner of health or social care is a person who works in partnership with local people and organisations to identify the needs of local people and ensures that services are in place which meets those needs within available resources.

Commissioning

The process by which health or social care services identify the needs of their population and make decisions to secure care to meet those needs within available resources.

Challenging Behaviour

Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities (Emerson, 2001).

Criminal Justice System

Made up from a number of agencies, including police, courts, prisons, probation service, etc.

Diagnosis

The process of identifying the nature and cause of a medical condition through the evaluation of a patient's history and through undertaking specific medical assessments.

Direct Payment

These are cash payments made to individuals who have been assessed as needing services, in lieu of social service provisions. The aim of a direct payment is to give more flexibility in how a person's needs are met. By giving individuals money in lieu of social care services, people have greater choice and control over their lives, and are able to make their own decisions about how their care is delivered.

Epilepsy

Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures. A seizure is a sudden surge of

electrical activity in the brain and usually affects how a person appears or acts for a short time.

GP

General Practitioner: A doctor whose practice is not limited to a specific medical speciality but instead covers a variety of medical conditions in patients of all ages.

Governance

Is a framework within which health and social care organisations and individual workers are accountable for continuously improving the quality of their services. Good governance supports maintaining and improving service provision and practice to the highest possible standards.

Health and Wellbeing Board

The purpose of the Board is to improve the health and wellbeing of Bristol's communities by leading the development of improved and integrated health and social care services.

JSNA

Joint Strategic Needs Assessment, an annual process undertaken jointly between Kent County Council and the NHS which records the health and wellbeing status of Kent

Kent County Council

In most of England, there are two levels of councils: a County Council and a District Council. County Councils, such as Kent County Council, cover large areas and provide most public services, including schools, social services, and public transport. Kent County Council is divided into 12 District Councils. The District Councils provide more local services, including council housing, gym and leisure facilities, local planning, recycling and rubbish collections.

Kent Autism Collaborative

A group of people and organisations in Kent interested in adults with autism and who meet regularly. The purpose of the Autism Collaborative is to inform commissioning decisions and development of services for people with autistic spectrum conditions and their carers.

Learning Disability

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life (MENCAP).

Obsessive Compulsive Disorder

Obsessive compulsive disorder (OCD) is an anxiety disorder. It has two main parts: obsessions and compulsions:

Obsessions are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind. They can make you feel very anxious (although some people describe it as 'mental discomfort' rather than anxiety). You can read more about obsessions here.

Compulsions are repetitive activities that you do to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked, repeating a specific phrase in your head or checking how your body feels. You can read more about compulsions here.

Prevalence

In relation to autism, it is the total number of people who have autism in the population at a given time. It helps commissioners planning services for local people who have autism.

Residential Care

Accommodation that is registered with the Care Quality Commission (CQC) for people who need more than just housing to help them meet their needs. Residential care provides 24 hour shared support and accommodation to people where it is assessed that living in less supportive accommodation would not meet their needs. Residential care can help people achieve health and well-being and learn skills for greater independence.

Transforming Care Programme

A National programme to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

Transition

The process of change a person goes through, for example growing from childhood into adulthood. For people with disabilities this process of reaching adulthood can mean changing the services from which they receive support and this can take place over a long period.

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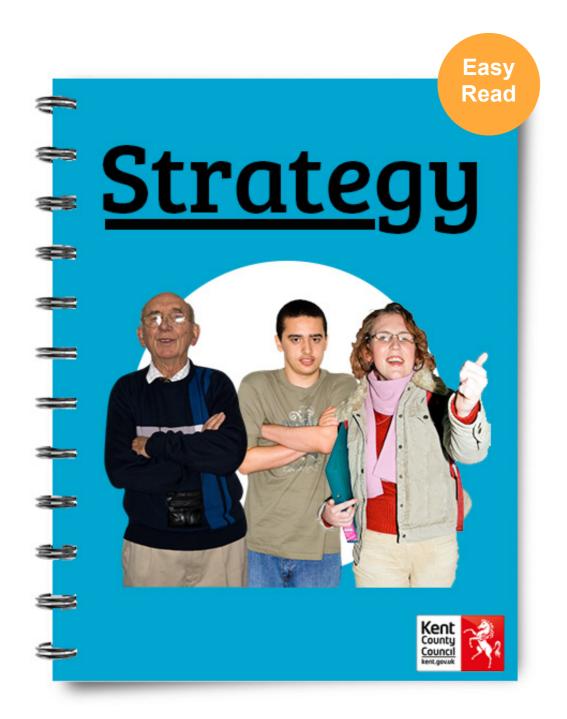
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- Evidence efficiency and cost-effectiveness.pdf





Strategy for Adults with Autism in Kent Easy Read Summary Version





Strategy for Adults with Autism in Kent Easy read summary version



Hello,

We would like to tell you about Kent County Council's Strategy for Adults with Autism.



A strategy is like a plan of what we would like to do.

Difficult words are written in **bold** and there is a list of them at the end.

You may need some help with this document.

Why do we need a Strategy?

Think Autism



An update on our plans to help you make the most of what you can do

There is a National Autism Strategy now called 'Think Autism' (2014).

It says all local authorities must have their own autism strategy.

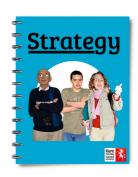
What is in the Strategy?



The strategy looks at the needs of:

Adults with autism and Asperger's syndrome when they do not also have a learning disability.

How the Strategy is organised



It looks at:

- The views of people with autism
- What is happening at the moment
- What will happen in the future
- Best practice
- Key messages
- What we want to happen.



Numbers and facts about autism

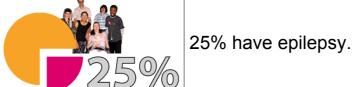


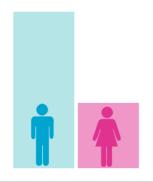
In Kent it is **estimated** there are 13,431 people with autism.



70% of people with autism have another condition.

And 30% have attention deficit hyperactivity disorder.





Diagnosis of autism is higher in males compared to females.



People with autism sometimes have challenging behaviour.

This can be difficult for them, their family and carers.



People with autism may face:

- Social exclusion
- Difficulty getting a job
- Not always getting the right services
- Risk of homelessness
- Being exploited
- The criminal justice system not understanding their needs
- Difficulty accessing health services.





The strategy's vision



We support the National Strategy for Adults with Autism in England and Wales.

The strategy wants to create an **autism friendly** society. It says;

"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them".

Core principals of the strategy



Adults with autism are not **discriminated** against because of their condition, sexual orientation, gender identity, race, colour or religion.

Be able to live a life free of discrimination and abuse.

Equal access to health.



People have awareness of autism and create autism friendly environments.

On-going engagement with people who have autism. So they can be involved in developing services, guidance and policies.



Prevent issues before they arise.

Flexible services.

	What we aim to do
	Leadership, planning and commissioning
1 2 3	 To work better with our partners across children and adult services and health services and voluntary organisations Have systems to collect information on people with autism To increase the membership of the Autism Collaborative. To develop the group into an Autism Action Alliance.
	Involving people with autism and their carers
	 4. To make sure people with autism, families and carers are heard 5. To improve the understanding of commissioners of autism services by people giving feedback and involve people with autism and their families and carers in developing and changing services.
	Diagnosis, assessment and support
Waiting List August December	 6. To address the current waiting list for diagnostic assessments 7. To put in place the Neurodevelopmental Pathway which includes: Diagnosis and assessment including those with complex needs

After diagnosis support Provision of specialist interventions Positive behaviour management service Specialist information, advice and training for professionals. Facing life changes - transition 8. Develop and put into place the Neurodevelopmental Pathway. This will make sure the needs of young people in transition are met 9. Make sure there is enough good education provision for people with autism 10. Have a smooth transition between children's and adult social services. Training and further education 11. To have a clear transfer process for transition from school to college 12. Keep track of people who are leaving school and whose future is not known 13. Commission outcomes for 0-25 Speech and Language Therapy Places of education are autism friendly 14. Fewer young people drop out of college with no 15. qualifications.

Employment To give a range of support to people with 16. autism to increase the number of people in employment. Housing, care and support 17. Look at the housing needs of people with autism Develop the right housing for people with 18. autism Work with others to develop skilled housing 19. support My House 20. support services provide autism friendly

- Make sure social care, health and educational support
- 21. Develop assessment and treatment services that can happen in a person's home. Or in small specialist units.

Workforce development



- 22. Ensure there is training in autism for staff
- Work with other organisations to make people 23. aware of autism.

The Criminal Justice System



- 24. People with autism have a better experience of the **Criminal Justice System**
- 25. See where the gaps are in the system for people with autism.

Carers



- 26. Work out how many carers with autism and how many carers of people who have autism there are in Kent and what help they may need. Do this in line with the Care Act.
- 27. Have training available for families and those who give support to people with autism.

Autism Friendly Communities



In Kent we want to have enough services in the community for people. This is in line with the 'Think Local Act Personal' plan.



These include:

- Building social support networks
- Encourage membership of groups
- Help develop an inclusive community
- Enable people to make a contribution



This will make individuals and communities health and wellbeing better.

It will also provide benefits beyond health and social care. This includes; community safety and education.



This will support people with autism to gain employment and take part in their local community.

Conclusion



If we achieve the core principals of the strategy we will have communities that understand, accept and support people with autism in Kent.

BIG words	List of difficult words, reports and who organisations are.		
Autism friendly		Being aware of the different needs of people with autism and meeting them if possible.	
Commissioning	Contract	Arranging and paying for someone to run a service. This could be like a day service or care agency.	
Criminal Justice System		Means the law, the police, courts and prisons.	
Diagnosis		A medical term to say something has been found out. Like being diagnosed with diabetes.	
Discriminated	You're a !#%^i*	Treated unfairly because of something you can't help, like your age, race or gender.	
Exclusion		Being left out of something on purpose.	

Estimated		The best guess at a figure using all the facts.
Neurodevelopmental Pathway		Making sure all the right services are in place for someone so they can move between them easily.
National Autism Strategy 'Think Autism'.	An update on our plans to help you make the most of what you can do	A report from 2014 by the Department of Health about services for people with autism.
Provision		Providing a service – for example a day centre or sheltered housing.
Specialist Interventions		Specialist help to support people early to stop problems developing or getting worse.
Think Local Act Personal	Thirk Local, Act Personal hard Story for Transforming Add Stord Cay A arranged and more of the contract of th	A partnership between public and private organisations looking at making services better in social care.

From: Graham Gibbens, Cabinet Member for Adult Social

Care and Public Health

Andrew Ireland, Corporate Director of Social Care,

Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee – 30

January 2017

Decision No: 16/00142

Subject: COMMUNITY ADVOCACY FOR PEOPLE WITH A

LEARNING DISABILITY

Classification: Unrestricted

Past Pathway of Paper: Social Care Health and Wellbeing Directorate

Management Team – 23 November 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: The Community Advocacy for People with a Learning Disability Contract is a countywide independent advocacy service for people of 18 years and over with a learning disability who are resident in Kent. The current contract ends on 31 March 2017 therefore alternative arrangements need to be made.

The Kent Advocacy Contract commenced on 1 April 2016 and is delivered by seAp working collaboratively with, and through a network of, delivery partners. Throughout the tender process it was stated that Community Advocacy for People with a Learning Disability would be included within this contract and the Cabinet Committee is being asked to endorse a decision to vary the Kent Advocacy Contract to include Community Advocacy for People with a Learning Disability from 1 April 2017.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

- a) **APPROVE** a variation to the Kent Advocacy Contract to include Community Advocacy for People with a Learning Disability; and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 This paper concerns the commissioning of Community Advocacy for People with a Learning Disability, a countywide independent advocacy service for people of 18 years and over with a Learning Disability who are resident in Kent.
- 1.2 The Contract is currently delivered by Advocacy for All. The Contract commenced on 1 April 2012 for an initial period of 3 years and has since been extended for two one year periods as per the Contract terms and conditions. The Contract ends on 31 March 2017.
- 1.3 The Contract has been delivered to a high standard with all parties extremely satisfied.
- 1.4 The Kent Advocacy Contract commenced on 1 April 2016 and is delivered by seAp. The Contract was awarded following a re-shaping of commissioning arrangements moving from ad-hoc purchasing to a county wide advocacy service providing all of Kent's statutory and non statutory advocacy services. seAp works collaboratively with a network of delivery partners to deliver the service. Advocacy for All is one of the delivery partners for Kent Advocacy and seAp work very closely with them.
- 1.5 The Community Advocacy Service for People with a Learning Disability was kept out of scope of this Contract at the time as current arrangements were working well however, as the Contract is coming to an end alternative arrangements must now be made.
- 1.6 The Kent Advocacy Hub contract is a 3 year contract with a clause to extend for a further 2 years.
- 1.7 The Kent Advocacy Contract was recently nominated for a National Advocacy Award for co-production and the Council is often contacted by other Local Authorities for information on the Contract as it is seen as a good practice model for the commissioning and provision of advocacy.

2. Strategic Statement and Policy Framework

- 2.1 Community advocacy falls outside of the remit of our statutory advocacy duties however, The Care Act suggests a need for community advocacy.
- 2.2 Advocacy promotes equality, social justice, social inclusion and human rights therefore supporting the outcome outlined in; *Increasing opportunities, Improving outcomes* which states that we want older and vulnerable residents to be safe and supported with choices to live independently.

3.1 The Report

3.1 An options appraisal was completed (Appendix 1) and it is recommended that option 3 is taken to incorporate Community Advocacy for People with a Learning Disability into the Kent Advocacy Hub Contract.

- 3.2 seAp are working with the current provider to look at how the delivery model can be changed to incorporate cost reduction with minimal effect on delivery.
- 3.3 In line with the rest of the Kent Advocacy service all referrals for Community Advocacy for People with a Learning Disability will be received by the main contact centre and will use the seAp database to record all relevant information.
- 3.4 It is proposed that the Corporate Director of Social Care, Health and Wellbeing will inherit the main delegations via the Officer Scheme of Delegation.

4. Financial Implications

- 4.1 The current annual cost of the Kent Learning Disability Community Advocacy Contract is £297,800 per annum with approx. £5,200 spent on advocacy supporting adults with child protection issues.
- 4.2 Work has been completed with seAp to negotiate a 10% reduction in the current budget which will make the cost of this contract £268,000 per annum with recognition of the request to provide two additional forms of support:
 - Extend the age range from 18 down to 16 (to join up the commissioning of this service for the 16-25 age group)
 - Include advocacy support for adults with learning disabilities in child protection cases where referred by a Care Manager
- 4.3 The current value of the Kent Advocacy Hub Contract is £1.2 million per annum, the new Contract value including Learning Disability Community Advocacy will be £1.5 million per annum.

5. Legal Implications

- 5.1 Throughout the tender process for the Kent Advocacy Contract it was clearly stated that although Community Advocacy for People with a Learning Disability was currently out of the scope of the Contract the right had been reserved to include this provision within the Contract at a later date. By stating this throughout the tender and contract documentation, the Council's Procurement division are satisfied that the Contract can legally be varied to incorporate Community Advocacy for People with a Learning Disability into the existing Kent Advocacy Contract.
- 5.2 Initial discussions with seAp indicate that they are very keen to deliver the service within the Kent Advocacy Contract using the existing delivery partner, Advocacy for All.

6. Equality Implications

6.1 An EqIA was completed when the Kent Advocacy Contract was originally tendered. The EqIA has been updated to include this proposed change in contract (Attached as Appendix 2). Based on our recommendation there are no further risks highlighted.

7. Conclusions

- 7.1 By varying the Kent Advocacy Hub Contract to incorporate Community Advocacy for People with a Learning Disability there will be a model where Kent's entire Advocacy provision is delivered by a lead provider working with a delivery network to provide differing elements of our advocacy offer.
- 7.2 As Advocacy for All is a delivery partner of the Kent Advocacy Hub, current service users accessing Community Advocacy for People with a Learning Disability will have consistency in their provision.
- 7.3 By stating throughout all tender documentation for the Kent Advocacy Hub that we would be including Community Advocacy for People with a Learning Disability at a later date the Contract can legally be varied.
- 7.4 Proposals to change the scope of the contract are intended to fit within changing requirements, whilst achieving financial efficiencies, yet keeping the delivery model as closely as possible to how the service is currently being delivered.

8. Recommendations

- 8.1 Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:
- a) **APPROVE** a variation to the Kent Advocacy Contract to include Community Advocacy for People with a Learning Disability; and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

9. Background Documents None

10. Contact details Report Author

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KENT COUNTY COUNCIL - PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

DECISION NO:

16/00142

For publication

Key decision

Affects more than 2 Electoral Divisions and expenditure of more than £1m

Subject: Community Advocacy for People with a Learning Disability

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **APPROVE** a variation to the Kent Advocacy Contract to include Community Advocacy for People with a Learning Disability; and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision:

The Kent Advocacy Contract commenced on 1 April 2016 and is delivered by seAp. The Contract was awarded following a re-shaping of commissioning arrangements moving from ad-hoc purchasing to a county wide advocacy service providing all of Kent's statutory and non statutory advocacy services. seAp works collaboratively with a network of delivery partners to deliver the service. Advocacy for All is one of the delivery partners for Kent Advocacy and seAp work very closely with them.

The Community Advocacy Service for People with a Learning Disability was kept out of scope of this Contract at the time as current arrangements were working well however, as the Contract is coming to an end alternative arrangements must now be made.

Financial Implications: The current annual cost of the Kent Learning Disability Community Advocacy Contract is £297,800 per annum with approx. £5,200 spent on advocacy supporting adults with child protection issues.

The current value of the Kent Advocacy Hub Contract is £1.2 million per annum, the new Contract value including Learning Disability Community Advocacy will be £1.5 million per annum.

Legal Implications: Throughout the tender for the Kent Advocacy contract it was clearly stated that although Community Advocacy for People with a Learning Disability was out of the scope of this contract the right was reserved to include this provision within the contract at a later date. By stating this throughout the tender and contract documentation Corporate Procurement is satisfied that a contract variation can legally be made to incorporate Community Advocacy for People with a Learning Disability into the existing Kent Advocacy contract.

Equality Implications: An EqIA was completed when the Kent Learning Disability Advocacy Contract was originally tendered. The EqIA has been updated to include this proposed change and Page 131

no further risks have been highlighted.	
Cabinet Committee recommendations and other The matter will be discussed at the Adult Social Car 2017 and the outcome included in the paperwork wh	e and Health Cabinet Committee on 30 January
The Kent Learning Disability Partnership Board will be	pe consulted regarding implementation.
Any alternatives considered:	
Any interest declared when the decision was Proper Officer:	taken and any dispensation granted by the
signed	date

Appendix 1 – Table of options considered

	Option	Benefits	Risks
1	Decommission Community Advocacy for people with learning disabilities	Achieve savings	 Would be unable to deliver our statutory responsibilities under the care act Increase in demand for a service as people reach crisis point Damage to Kent County Council's reputation for removing a very valued service
2	Re-tender for a new contract for Community Advocacy for people with learning disabilities	Could achieve further savings	 Risk that following a new procurement exercise that no further savings will be made Lack of continuity for current Advocacy clients with change of provider Expensive procurement exercise that will be resource intensive Inefficiencies in multiple overheads More expensive service Duplicate contract when all other advocacy services are joined within the Kent Advocacy contract
3	Incorporate Community Advocacy for people with a learning disability into the Kent Advocacy Hub Contract	 Achieve savings on a new procurement process which would be expensive Better contractual management allowing rigorous performance monitoring processes and standards Avoid current confusion by having a Kent Advocacy Hub that provides all of Kent's Advocacy Continuity for current Advocacy clients as current provider is a delivery partner of the Kent Advocacy Hub provider Simpler referral route and access People supported based on need not client category Strong commissioning relationship with regular contact with provider 	Risk of failure more acute with fewer contracted organisations



KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

You need to start your Equality Analysis and data collection when you start to create or change any policy, procedure project or service

When developing high-level strategies under which other policies will sit, if those policies are jointly owned by KCC and partner organisations, they will need to take the partnership approach to EqIAs,

Please read the EqIA GUIDANCE and the EqIA flow chart available on KNet.

Directorate:

Social Care, Health & Wellbeing

ge

Name of policy, procedure, project or service

Re-commissioning Advocacy and addition of Learning Disability Community Advocacy – updates are highlighted in blue.

What is being assessed?

Provision of statutory and non-stautory (community) advocacy services

Responsible Owner/ Senior Officer

Emma Hanson – Head of Strategic Commissioning Community Support Sam Sheppard – Commissioning Manager

Date of Initial Screening

January 2015 (DivMT reports)
Updated November 2016

Date of Full EqIA:

Updated 20/01/2017

Version	Author	Date	Comment
V.01	Sholeh	08/04/15	
	Soleimanifar		
V.02	Sholeh	13/05/15	Janice Hill
	Soleimanifar		
V.03	Sholeh	08/07/15	Sam Sheppard
	Soleimanifar		
V.04	Sarah Challiss	17/11/15	

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than Assessment of potential impact a) Is internal action required? If ye what? b) Is further assessment required? If yes, why?		Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities		
	others in Kent? YES/NO If yes how?	Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page	Yes	High		 a) Yes. Further assessment through process of co-production to identify need, impact and outcomes b) Assessment of needs through review of current provision, gap analysis, and ongoing co-production with all relevant 	Older persons may require advocacy, if due to degenerative age related health problems, such as dementia, or general frailty, become more socially isolated and unable to participate as fully in decisions that matter to them. This is highlighted by the Francis inquiry into Mid-Staffordshire NHS Foundation Trust. For this reason adequate and timely advocacy will have a significant positive impact on older persons.
Disa b ility	Yes	High		stakeholders (experts by experience or practice) to truly understand the scope and impact of the service, and to determine the best options to provide a high quality consistent advocacy across kent.	Disability can have an impact on people's ability to grasp concepts, or make others understand their wishes due to significant communication barriers, learning disability or mental health need. Advocacy also plays an essential role in preventing, detecting and responding to abuse. This is highlighted by reviews such as those relating to Winterbourne View private hospital and inquiry into premature deaths of people with learning disabilities. For this reason adequate and timely advocacy will have a significant positive impact on people with disabilities.
Gender	Yes	Medium			There are differences and inequalities between young men and women, which often put women at a disadvantage regarding responsibilities they are given, activities they perform, access to and control over resources, or decision-making opportunities. In some cultures there may be social attitudes that

			undervalue education for women, and as a result women may bear a disproportionate burden of household duties at the expense of their education. Early marriages and unwanted pregnancies and lack of educational achievement and vocational skills can also have an adverse impact in some women's autonomy to make their own decisions. Furthermore, women are more vulnerable to both physical and sexual violence, including domestic abuse. On the other hand, suicide remains the most common cause of death in men under the age of 35, with young men 4 times more likely to commit suicides. For this reason adequate and timely advocacy will have a significant positive impact on men and women
			to understand their rights and empower to make informed choices.
Gender identity	Unknown	unknown	The feelings and experiences of people with gender identity are often invisible to most people, and therefore this data has not been collated in a standard way in the past. However it is clear that any anxieties or intolerances that people with gender identity may experience can lead to social isolation and and therefore in a positiion to full advantage of opportunities as active citizens. Through the coproduction events we aim to involve people from diverse backgrounds to ensure that advoccay services will address advocacy needs of all in an empathetic and non-judgemental way.
Race	Yes	High	Diversity of need amongst people from a black and ethnic minority background is not always acknowledged, or understood. Awareness can be poor around basic issues such as; the ethnicity of the local community, information needs, and the impact of cultural and spiritual values on decision making and service take up. People from different ethnicities often

March 2014			
Religion or belief Page 139	Unknown	unknown	
Sexual orientation	Yes	High	

face the double discrimination of race and disability. Advocacy can provide a vital link to mainstream services that are not always appropriate or sensitive to their needs, allowing marginalised and disempowered individuals to speak up about their views and concerns. However, the word advocacy can be difficult to translate into some languages. What advocacy means and how it can help, can be difficult for some people from black and minority ethnic groups and their carers to understand. This will be monitored in the recommissioned advocacy service to ensure there is proportionate refrerral and uptake and that providers are not only aware of their make up of the communities they support but have strategies that will actively improve involvement.

Comprehensive information regarding impact of advoccay on people from different religions or beliefs is not available. However, any intolerances or prejudices against particular religions or beliefs, can cause a feeling of isolation or disempowerment, and the advoccay service will ensure that people's advoccay needs are addressed in an empathetic and non-judgemental way.

People of LGBT background can face discrimination and barriers to achieving their goals. Although there have been huge strides in people's attitude in recent years, there are still instances of hate crime against LGBT communities. Furthermore, due to historical biases some older people may be estranged from their relatives and lack family support, and therefore more socially isolated.

Prejudice – current or historic – in any form - can affect how someone perceives and experiences support. The role of advocacy is to support people who are unable to articulate themselves to ensure their voices

IVIAICII 2014			
Pregnancy and maternity	Unknown	unknown	
Marriage and Civil Partnerships	Unknown	unknown	
Carer's responsibilities 9e 140	Yes	High	

are heard, informed of their rights and supported to make their own decisions, if they are able to, or to act in their best interest if they are not able.

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Caring responsibilities can have a significant impact on the health and wellbeing of people who care for anyone with a disability or health and care needs. Outcomes for carers are generally poorer than for society as a whole, as highlighted by the Governments Equalities Review undertaken as part of work to develop the National Carers Strategy 2008. Carers are more likely to suffer health problems themselves, live in poorer areas and in households with fewer resources. They are less likely to have educational qualifications or to be in employment. Many of those with caring needs are older people and much of the help they need is provided by other older people or by those in middle age. Therefore there is greater risk for carers to be unable to know their rights and having the confidence to ensure their voice is heard. For this reason adequate and timely advocacy will have a significant positive impact on people with caring responsibilities.

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	<mark>High</mark>
Low relevance or	Medium relevance or	High relevance to
Insufficient	Insufficient	equality, /likely to have
information/evidence to	information/evidence to	adverse impact on
make a judgement.	make a Judgement.	protected groups

State rating & reasons: High rating with high positive impact

Context

Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

- Have their voice heard on issues that are important to them
- Defend and safeguard their rights
- Have their views and wishes genuinely considered when decisions are being made about their lives

There is a mixed economy of advocacy provision across Kent for vulnerable adults provided through grants and contracts. The Care Act has placed new duties on the local authority to provide advocacy services and changes to Deprivation of Liberty Safeguards (DoLS) have led to an unprecedented increase in demand and requirements for accountable, timely services.

All advocacy services for adults (with the exception of Learning Disability advoccay) will end in March 2016, and new model of advoccay services will commence from April 2016. The new contract(s) will include:

- Independent Mental Capacity Advocacy
- Independent Mental Health Advoccay
- Care Act Independent Advocacy
- Health Complaints Advocacy
- Community Independent Advocacy

In April 2016 the Kent Advocacy Hub contract commenced with one lead provider delivering all statutory and non statuatory advocacy with the exception of learning disability community advocacy. In March 2017 that current contract ends and we are looking to vary the Kent Advocacy Hub contract to include learning disability community advocacy.

Aims and Objectives

New requirements under the Care Act 2015 and the ending of current NHS Complaints Advocacy Contract and Independent Mental Capacity Advocacy (IMCA) contract in April 2016 have provided us with the opportunity to revisit the current model of Advoccay provision and design a model in co-production with key stakeholders, including people with care and support needs, carers, providers, commissioners, and other health and social care professionals.

The aim is to ensure the Authority will meet its statutory duties in provision of independent advocacy, but also works for people who need advocacy regardless of client categories. People have told us in a series of coproduction exercises what advocacy means to them and of their expectations of quality advoccay services in Kent. We will ensure the referral pathways are simple and accessible to all those who need and quality for advocacy, and that there is consistency of supply and quality.

By varying the current Kent Advocacy Hub contract to include the Learning Disability Community Advocacy we will have a fully inclusive advocacy contract regardless of client category.

Beneficiaries

People have a right to statutory independent advocacy under the following legislations:

- The Mental Capacity Act 2005 introduced the right to an Independent Mental Capacity Advocate (IMCA), which gives some people who lack capacity a right to receive support to make specific decisions.
- The Mental Health Act 2007 introduced the Independent Mental Health Advocacy (IMHA) service to safeguard the rights of people detained under the Act and those on community treatment orders (CTOs), and to enable qualifying users to understand the legal provisions to which they are subject and to exercise their rights to participate in decisions about their care and treatment.
- The Health and Social Care Act 2012 introduced the Health Complaints Advocacy Service. Responsibility for commissioning the Health complaints advocacy service transferred from Department of Health (DoH) to local authorities, from 1st April 2013. The aim of this service is to support people who want to make a complaint about the health service. delivered through the NHS or privately sourced.
- The Care Act 2014 will introduce a new statutory duty, from April 2015, for provision of Independent Advocacy to strengthen the voice of people and their carers going through assessment, care and/or support planning and care review processes, as well as those people who are being supported through the adult safeguarding process.

Beneficieries of community Advocacy include people whose disability or frailty would make them more vulnerable or generally disempowered or marginalized, for instance people with: mental health needs; dementia; sight / hearing or dual sensory impairment; Autistic Spectrum Conditions, as well as adults with caring responsibilities.

Information and Data

Increases in the whole population figures indicate that there are likely to be significant increases in the number of people who may need to access advocacy services. The highest needs are expected to be for older persons over 85 years old, people with dementia, Learning disability or mental health needs. Further work will be carried out to assess the need for people with sensory impairments, Autistic Spectrum Conditions, and for people in custody.

Kent Profile

The Kent population in 2013 was 1,493,500. This is broken down by gender as follows:

YEAR	MALE	FEMALE	TOTAL
2013	731,400	762,100	1,493,500

¹Men (89%) were more likely to be Internet users than women (85%).

Age

Age is a key factor as to whether an individual may need to access advocacy.

- Kent has an ageing population with the number of 65+ year olds forecast to increase by 91,200 (31.8%) by 2026.
- A one person household aged 65 and over in Kent is 79,310.
- 8% of the over 65s in Kent say that a long term health condition or disability limits their day to day activities in some way
- 7,043 people are aged between 75-84
- 9,415 people are over the age of 85

Race/Ethnicity

Just under 1.4 million of Kent's residents are from the White ethnic group which accounts 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%. The remaining 92,638 Kent residents belong to the other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) group. This

¹ http://www.ons.gov.uk/ons/rel/rdit2/internet-access---households-andindividuals/2013/stb-ia-2013.html

equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%.

Out of the twelve local authority districts within Kent, Gravesham has the highest number and proportion of residents from a BME group. 17.2% of Gravesham's population, 17,494 people are from a BME group. This is much higher than the national and regional proportions. Dartford has the second highest BME population with 12,295 residents (12.6%) from a BME group. Canterbury is third with 10,525 residents (7.0%). All of these areas have a have a higher proportion of BME residents compared to the Kent average of 6.3%. Of the twelve local authority districts within Kent, Dover has the lowest number and proportion of residents from a BME group. 3.32% of Dover's population, 3,708 people are from a BME group.

Nearly 8% of Kent's residents do not have English as a first language. These groups experience barriers of access, skills, motivation and confidence.

KCC's policy on translation and interpreting reflects the national policy to reduce reliance on written translations and providing interpreters unless there is a statutory need or the service user or carer will be discriminated against.

Religion and Belief

The religious profile of Kent is very similar to that seen nationally and in the South East. The religion question was the only voluntary question on the 2011 Census questionnaire and 7.3% of Kent residents did not answer the question. This is slightly higher than the England figure of 7.2% but slightly lower than the South East figure of 7.4%.

In 2011 Christianity remains the largest religion in Kent. A total of 915,200 Kent residents said that they were Christians. This is equivalent to 62.5% of the total population which is a higher proportion than the national figure (59.4%) and the regional figure (59.7%). The 2nd highest proportion of the population claimed to have no religion. This is equal 26.75% or 391,591 Kent residents. The 2nd most popular religion in Kent is Muslim with 13,932 people which equates to 0.95% of the total population.

Disability

The proportion of total resident population who have limitations to day-to-day activities in Kent is very similar to that seen nationally and within the South East. In Kent 257,038 people stated that they have a health problem or disability which limits their day-to-day activities.

In Kent 82,570 people claim disability benefits due to a physical disability, 15,510 due to mental health problems and 12,640 because of a learning difficulty.

The Care Act requires us to ensure information is accessible to those with sensory needs and people who may have learning difficulties and disabilities. The Care Act specifically refers to accessibility for those with sensory needs and although use of BSL interpreting is well established, an analysis of provision for all residents for general information on universal services is required.

Carers

In 2011 151,777 people, or 10.4% of Kent's total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%. 23.6% of all unpaid carers in Kent provide care for 50 or more hours a week.

- Ages 50 to 64 provide the highest proportion of unpaid care for both men and women.
- 96.0% of unpaid carers are from the White ethnic group.
- 9,197 or 6.1% of people who provide unpaid care report bad or very
- 56.9% of unpaid carers are economically active. This proportion is a lower than the regional average of 40.8% and the national average of 42.1%.

The largest BME group in Kent is the Asian/Asian British group. There are 3,440 carers in the Asian/Asian British group, which is equal to 2.3% of all carers.

In Kent, women provide a higher proportion of unpaid care between ages 0 to 64 but men aged 65 and over provide a higher percentage of unpaid care than women aged 65 and over.

Outcomes for carers are generally poorer than for society as a whole, as highlighted by the Governments Equalities Review undertaken as part of work to develop the National Carers Strategy 2008.

Carers are more likely to suffer health problems themselves, to live in poorer areas and in households with fewer resources. They are less likely to have educational qualifications or to be in employment.

Many of those with caring needs are older people and much of the help they need is provided by other older people or by those in middle age.

Carers from black and ethnic minority backgrounds and other disadvantaged groups are at risk of being doubly disadvantaged by both sets of circumstances. Minority ethnic carers were particularly likely to report they felt restricted in using services because of a lack of information, or as a result of services they perceived as too expensive, inflexible, or not suitable for their individual needs.

Profile of people with care and support needs in Kent

KCC currently support 32,303 people.

- 20,175 people are over the age of 65
- 12,128 people aged between 18-64 are supported by Adult Social Care.
- 99.8% of the total number of people aged 18-64 (12,128) have either a learning disability, physical disability or mental health issues.
- We support 22,750 people with a physical disability *This figure now includes older people resulting in an increase from 4,806 in 2012-13
- 2,446 referrals were made by Sensory Services in 2013-14
- Around 19,500 people suffer from dementia
- There were 258 Autism referrals made between (March 13 to February 14)
- We support 5,324 people who have mental health issues (3,619 in 2012-13)
- We support 4,208 people with a learning disability (3,619 in 2012-13)
- The Kent County Council registers for sensory impairment show more than 7,700 blind, 9,000 deaf and 1,400 deaf/blind people as of April 2011.

Involvement and Engagement

In Kent we have opted to co-produce the forthcoming tender for advocacy services, where people, family members, carers, organisations and commissioners are working together in an equal way, sharing influence, skills and experience to design, deliver and monitor services. Co-production acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them.

Further information about the co-production activites can be found via this link: http://www.kent.gov.uk/social-care-and-health/information-for-professionals/events-for-social-care-professionals

Potential Impact

Historically advocacy services have been commissioned on an ad-hoc basis to meet specific local need, or to meet requirements of legislation for statutory advocacy. A mapping exercise carried out demonstrated that the availability of advocacy support in Kent is patchy and inequitable, both in terms of client groups and locality, and are not strategically aligned.

Currently there is only ad-hoc arrangements for people with dementia, limited provision for people with physical disabilities and no commissioned provision for people with sensory impairments and autistic spectrum conditions.

It is our intention that as part of re-commissioning advocacy services, we will support aults (and children in transition) who need an advocate's support, at the point of need. we will standardise the referral to advocacy, simplify the process, and therefore give greater control and influence for the individual being supported.

This model will offer an overarching advocacy service for anybody requiring advocacy support across Kent, with access to more specialised advocacy services, if required. This may be a single point of access or multiple points, subject to further development and consultation. The difference will be that people will be supported according to need, rather than disability or client category.

Adverse Impact:

The proposed model will overcome adverse impact of current delivery.

Positive Impact:

Co-production of the the forthcoming tender for advocacy services, has been a very positive experience for all involved. In particular people who have previously felt very much marginalised, such as people with sensory impairments and Autistic Spectrum Conditions, are now taking central role in shaping the new service. People have told us what advocacy means to them and what they expect from good advocacy. People, family members, carers, organisations and commissioners have worked together in an equal way, sharing influence, skills and experience to design, deliver and monitor services. The re-commissioned sevices will not put people into silos but will support people based on their needs, rather than disability or circumstance. Barriers to access will be removed to ensure that everyone will be given equal access to quality advocacy services anywhere in the County.

JUDGEMENT

required.

Option 1 – Screening Sufficient

Option 2 – Internal Action Required No Option 3 – Full Impact Assessment NO Action Plan Monitoring and Review Sign Off I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified. Senior Officer Signed: Name:
Action Plan Monitoring and Review Sign Off I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified. Senior Officer
Monitoring and Review Sign Off I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified. Senior Officer
Sign Off I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified. Senior Officer
I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified. Senior Officer
actions to mitigate the adverse impact(s) that have been identified. Senior Officer
Signed: Name:
Job Title: Date:
DMT Member
Signed: Name:
Job Title: Date:

No

Following this initial screening our judgement is that no further action is

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Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications

From: Graham Gibbens, Cabinet Member for Adult Social

Care and Public Health

Andrew Ireland, Corporate Director of Social Care,

Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee -

30 January 2017

Subject: YOUR LIFE YOUR WELLBEING -

TRANSFORMATION PHASE THREE

ASSESSMENT

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides an overview of the outcomes of the Phase Three Assessment which took place from August to November 2016.

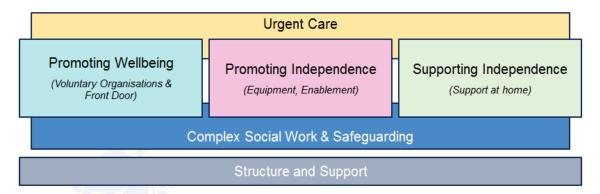
Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the information provided in the report and attached presentation.

1. Background

- 1.1 The Your Life, Your Wellbeing Transformation Programme was established to support the implementation of the new adult social care strategy. The intention is to deliver a practical translation of the vision; embedding improved outcomes achieved over previous phases of transformation and providing a sustainable platform for further change, integration and improvement.
- 1.2 As the third stage of transformation the programme builds upon previous phases which have enhanced and improved outcomes for vulnerable adults in the County. This programme is a step change in terms of scale and ambition seeking to enable further integration along with designing new organisational structures within adult services which will enable us to work more efficiently in the future.
- 1.3 The Assessment Phase ran from August to November 2016. It was designed to identify opportunities for improved outcomes and efficiency which could be tested during a Service Design stage and then lead to Implementation across the County.

2. The Assessment

2.1 The Assessment was divided into three programme areas which align with the divisional structure of adult social care. In each area of the programme the structure of the activity and analysis was designed to mirror the vision – as shown below.



- 2.2 The Assessment followed the process used in Phases 1 & 2 and other Newton Europe supported programmes. This approach is based upon use of data to identify areas of investigation, and then in-depth "bottom-up" analysis of individual cases in order to identify where there are opportunities to improve processes and outcomes.
- 2.3 The presentation (attached as Appendix 1) summarises the key insights gained in each of the areas assessed as well as suggestions for activities required during Service Design to create and test improvements.

3. Older People and Physical Disabilities (OPPD)

- 3.1 The assessment of OPPD focused on opportunities to re-design the whole pathway of support from preventative support in the community through to ongoing support for people who need long-term care. The assessment also focused upon complex social work and safeguarding in order to help to understand the best way to keep people safe in the future. In addition an Urgent Care work stream focused on how to ensure that those who require support when leaving hospital are able to access the right support to meet their needs.
- 3.2 Key findings from the OPPD assessment:

Promoting Wellbeing – identified that 40% of people who are currently having their needs met by homecare could potentially have some of their needs met in an alternative way by the voluntary and community sector.

Promoting Independence – identified that in different parts of the County between 16-30% of people receive support from both Kent Enablement at Home (KEaH) and health funded Intermediate Care Teams. In addition 16% of people receiving support from KEaH would benefit from a health intervention.

Supporting Independence – identified that 61% of people would potentially benefit from a new model of outcome based and professionally led homecare.

Urgent Care – identified that despite significant progress in Kent there are still 17% of people who are discharged from hospital who are not able to access the service that would best meet their needs.

Complex Social Work and Safeguarding – identified that safeguarding cases could be resolved significantly more quickly than they currently are through improvements to processes.

4. Disabled Children, Adult Learning Disabilities & Mental Health (DCALDMH)

- 4.1 The assessment in DCALDMH has taken place alongside a number of on-going transformation work streams within learning disability and mental health services. These include implementation of Your Life Your Home, which was part of Phase 2 of Transformation, Lifespan Pathway design, Inhouse provision, Primary Care Mental Health Services and the Kent Enablement & Recovery Service. Although at different stages all of this transformational activity, along with the wider change encompassed by the Phase 3 Programme will form a single programme of work to transform adult social care.
- 4.2 Key findings from the DCALDMH assessment:

DCALD Effectiveness – identified that 48% of people receiving support in the community could be helped by having clearer outcomes and commissioning support providers that are more effective at achieving them.

DCALD Quantity & Composition – identified that 19% of people who receive community support could have a package of care that is more ideally suited to their needs by developing a system and a menu of service that is responsive to individual needs.

DCALD Shared Support – identified that 80% of people who live together in shared accommodation could have their support more effectively coordinated.

Mental Health Residential – identified that 34% of people already living in residential care, and 30% of people being referred to residential care could potentially be supported to live in more independent settings if suitable accommodation was available.

Mental Health Section 117 Funding— identified that more people in residential care have the potential to meet the criteria for health funding, by developing a process to ensure that funding is allocated based on the person's presenting need.

5. Structure and Support (SAS)

5.1 The assessment of SAS functions was designed to develop knowledge of the current efficiency of key functions and lead to an understanding of the most effective way in which these could be designed to support new pathways in adult social care. These functions have not been assessed in previous phases of transformation, yet are key to ensuring sustainability, future integration of commissioning and supporting the Council's progress to becoming a commissioning led organisation.

5.2 Key findings from the SAS assessment:

Purchasing – identified that the time taken to purchase each package of care or support could be reduced by 25%, through improving the efficiency of the teams, improving and automating purchasing processes within a consistent 'end to end' Purchasing service.

Commissioning – identified that the resource needed to manage contracts could be reduced by 31%, through introducing the right tools and systems enabling teams to be more efficient, introducing a more consistent approach to resourcing contracts and setting clearer expectations about what Commissioning will deliver.

Performance – identified that efficiency could be increased by 36% through improved software, systems automation and enabling practitioners to have improved performance information locally to support their work.

6. Planning for Service Design

- 6.1 Following the completion of the Assessment Phase officers have been involved in planning and assurance activities. These activities are necessary to ensure that there are robust plans in place to effectively deliver service design. Detailed assurance is being undertaken to ensure that the council is sufficiently confident in these plans and the likely outcomes of design and implementation before giving the go-ahead for intensive activity to recommence.
- 6.2 The findings of the assessment have been presented to the joint Strategic Commissioning Board (SCB) and Budget and Programme Delivery Board (BPBD) on 16 November, and the Commissioning Advisory Board on 30 November. Further detail of the plans for design and implementation, along with discussion about sustainability and confidence in the realisation of expected outcomes will be discussed further with SCB and BPBD in early 2017.
- 6.3 Following formal approval to commence design a team of KCC and Newton Europe staff will undertake approximately six months of design activity. Following design it is expected that a team, led by KCC, will implement new pathways and structures across the county.

7. Financial Implications

- 7.1 Budget Programme and Delivery Board authorised the Business Case for assessment in May 2016, in the anticipation of the programme identifying financial savings in the range of £9.4m-£14.4m. Alongside this there was an expectation that the programme would contribute £3m of savings towards the Medium Term Financial Plan during 2017/18.
- 7.2 The final assessment has identified potential total savings of £15.5m per year. However the proposed changes are highly complex both in terms of innovation and reliance of partners for delivery in some areas.
- 7.3 Further detail on financial assumptions and confidence is a key element of current assurance activities being undertaken prior to Service Design and will form part of discussions needed before design can commence.

8. Legal Implications

8.1 There no legal implications of the information in this update. Full consideration of legal implications will be given during planning and delivery of service design.

9. Equality Implications

9.1 Equality Impact Assessments are being undertaken in relation of each area of planning for service design and will inform the way that new pathways are shaped and tested.

10. Recommendation

10.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the information provided in the report and attached presentation.

11. Background Documents

None

12. Relevant Director/Report Author

Mark Lobban
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Adults Phase 3 Assessment Summary

Adult Social Care & Health Cabinet Committee 30th January 2017



Agenda



- Introduction
- Headline findings to date
 - Disabled Children & Adults with Learning Disabilities (DCALD)
 - Mental Health (MH)
 - Older People & Physical Disabilities (OPPD)
 - Promoting Wellbeing
 - Promoting Independence
 - Supporting Independence
 - Urgent Care
 - Complex Social Work and Safeguarding
 - Structure and Support
 - Purchasing
 - Commissioning
 - Performance

Introduction & Context

Adult Services are now in our third phase of Transformation, having had significant success and making substantial improvements during the first two phases.

Phase 1:

- Supported people to be more independent by increasing the number who access enablement, telecare and by introducing Promoting Independence Reviews
- Rationalisation of the homecare market
- Focused resource more appropriately by signposting people who do not need support from the council to other services

Phase 2:

- Improved the quality and effectiveness of Kent Enablement at Home services
- Improved hospital discharge by introducing new approaches
- Focused on targeted interventions that support people with a learning disability to gain and maintain independence

Directors Anne Tidmarsh and Penny Southern have led these programme – which has been influential in shaping the delivery of adult social care

Adult Social Care in Kent is increasingly seen as providing a range of best practice approaches – and achieving outcomes that other seek to replicate. The council has been invited to, and cited by, conferences around the country by national bodies including the Local Government Association, Association of Directors of Adult Social Care and Social Care Institute of Excellence.

Phase 3

The Phase 3 Programme is being delivered in line with the new strategy for adult social care "Your Life, Your Wellbeing"

The programme aligns with the strategic vision, and aims to:

- Create a practical translation of the vision
- Enable greater integration with health
- Provide a basis for further improvement in the future

Having completed two successful programmes the nature of Phase 3 is more complex, and requires more involvement of other agencies:

- Previous transformation has improved internal performance
- We are focusing on services and pathways that involve interaction with partners in health and other services

We are now identifying innovative approaches, that require the development and implementation of new models of delivery:

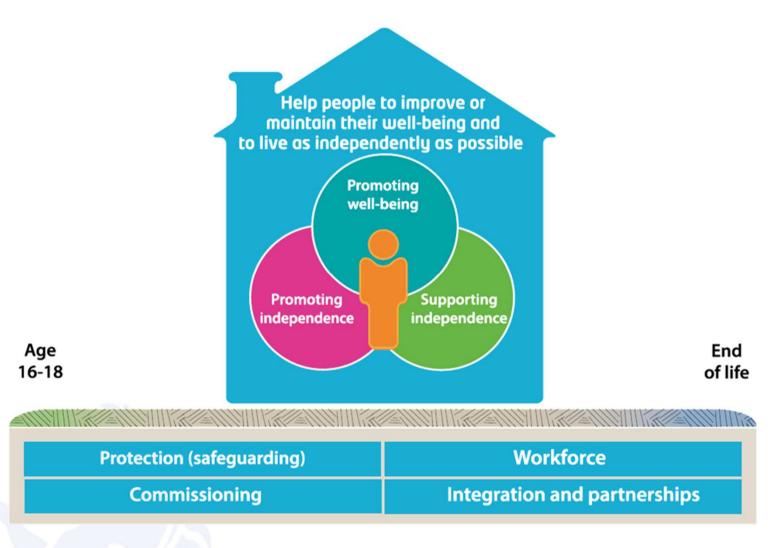
- Designing outcome based homecare that continues to support people to be more independent
- Working with the voluntary sector in a more proactive way to reduce demand in KCC services

The Assessment has identified a range of insights and opportunities – which the team will talk you through now. We will be attending SCB/BPDB in December to outline plans in detail and seek approval to move into a period of Service Design

PHASE THREE TRANSFORMATION PROGRAMME

The Vision For Adults





Supporting KCC's strategic outcome: older and vulnerable residents are safe and supported with choices to live independently

Explaining the Vision



Promoting Wellbeing

Services which aim to prevent, delay or avoid people from entering formal social-care or health systems, by helping people to manage their own health and wellbeing.

Promoting independence

Providing short-term support that aims to prevent or delay people's entry to the formal care system, and provide the best long term outcome for people. They will have greater choice and control to lead healthier lives.

Supporting independence

Delivered through services for people who need ongoing support and aims to maintain wellbeing and self-sufficiency. The aim is to keep people safe and help them to live in their own homes, stay connected to their communities and avoid unnecessary stays in hospitals or care homes.

Programme Aims

This programme aims to:

- Deliver the practical translation of the vision
- Move to a new operating model which will embed the improved outcomes achieved over previous phases of transformation in organisational structures
- Provide a platform for further change/integration and become a commissioning authority

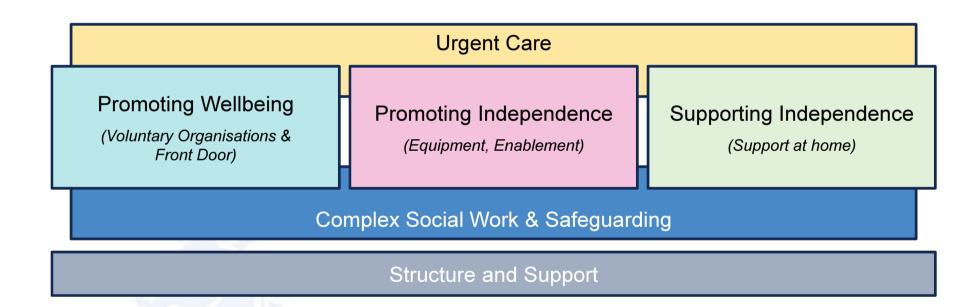
The assessment phase will:

- Develop a draft operating model which describes service user flows and organisational shape
- Identify savings and improved service user outcomes opportunities
- Outline a plan to realise this
- Develop a KCC delivery team to continue future transformation

Assessing The Current Model



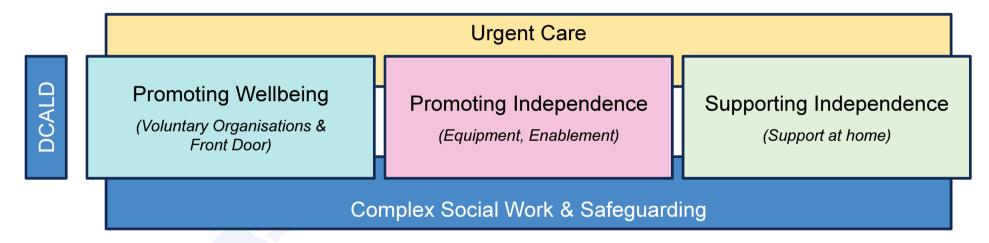
This applies for all pathways



Headline Findings

DISABLED CHILDREN & ADULTS WITH LEARNING DISABILITIES (DCALD)





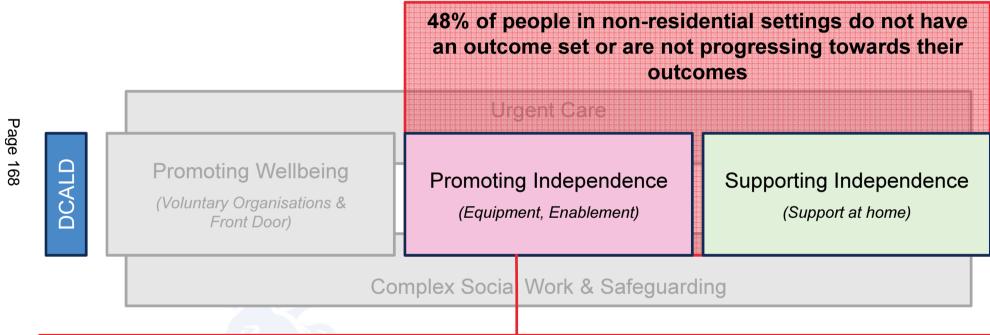
Our Transformation Includes:

- 1. In-house Redesign
- 2. External Services (Supporting Independence Service (SIS), Housing Related Support and Day Care)
- 3. Lifespan Pathway

- 4. Your Life Your Home
- 5. Alliance Contract/Integrated Commissioning

DCALD – Effectiveness

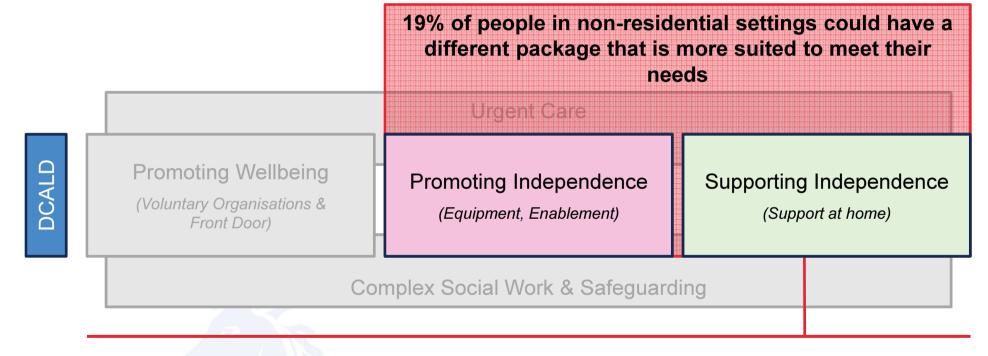




Outcomes based commissioning will ensure that individuals have an outcome based delivery plan within achievable timescales. Monitoring processes will be required to ensure that individuals' outcomes are achieved and providers are held to account to deliver.

DCALD – Quantity & Composition



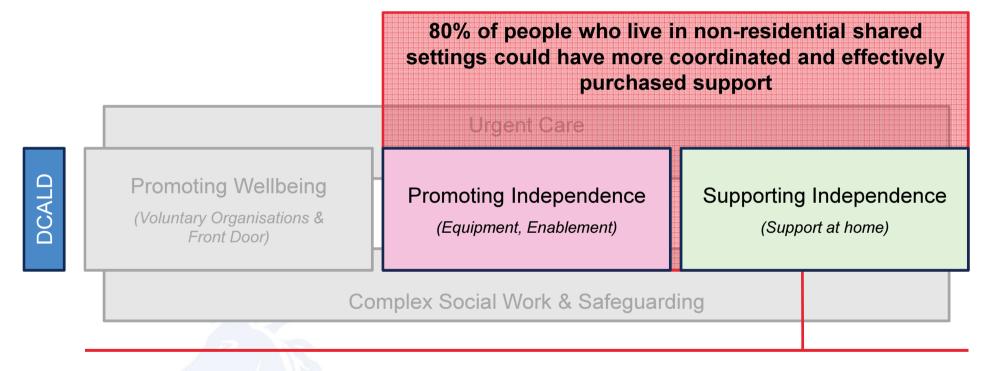


We need to develop a system to understand current and future service demands in order to commission services to bridge gaps, including more flexible support.

We need to establish tools and processes that enable Care Managers to support service users in exploring all options available to them.

DCALD – Shared Support





We need to have better visibility of support in a person's environment by working with Providers to avoid duplication.

We need to set up systems and processes to enable care managers to plan support for groups as well as individuals.



MENTAL HEALTH (MH)

Promoting Wellbeing (Voluntary Organisations & Front Door) Promoting Independence (Equipment, Enablement) Supporting Independence (Support at home)

Urgent Care

Our Transformation Includes:

- 1. Section 75 Partnership Agreement
- 2. Live Well Kent
- 3. Primary Care Mental Health Services

- 4. Kent Enablement and Recovery Service (KERS)
- 5. Approved Mental Health Practitioner Service (AMHP)

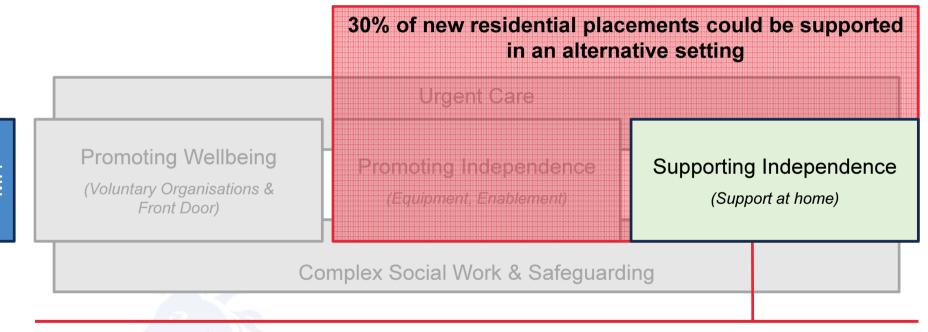
34% of people who live in residential care could live in a non-residential setting Urgent Care Promoting Wellbeing (Voluntary Organisations & (Equipment, Enablement) Complex Social Work & Safeguarding

Demand for housing and support should be captured through operational teams and intelligence from this used to support commissioning work.

We need to work with providers to ensure residential care can provide a short term recovery service and that we have the best quality housing and support available in the community.

MH Residential – Placements





We need to ensure we have targeted housing, support and enablement services to support people to live in the community.

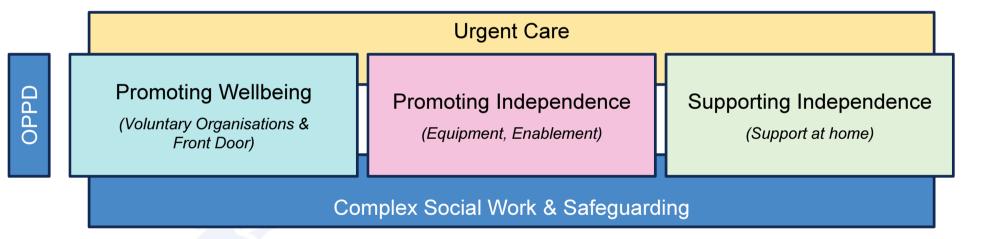
We need to ensure that we have tools and processes in place to support the acute discharge process so that people go to the best possible setting for them at the right time.

Headline Findings

OLDER PEOPLE & PHYSICAL DISABILITIES (OPPD)

Older People & Physical Disabilities





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Complex Social Work & Safeguarding





A significant proportion of safeguarding and complex social work is held in the community teams who have large caseloads and competing priorities. As design looks to change the pathway structure we must consider how a dedicated complex social work / safeguarding team would be established to improve practice.

Older People & Physical Disabilities





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PPD

Promoting Wellbeing



Design must review the effectiveness of existing provisions & build a future funding and development strategy.

40% of people receiving KCC services could be supported by voluntary organisations in the community

Urgent Care

Promoting Wellbeing (Voluntary Organisations & Front Door)

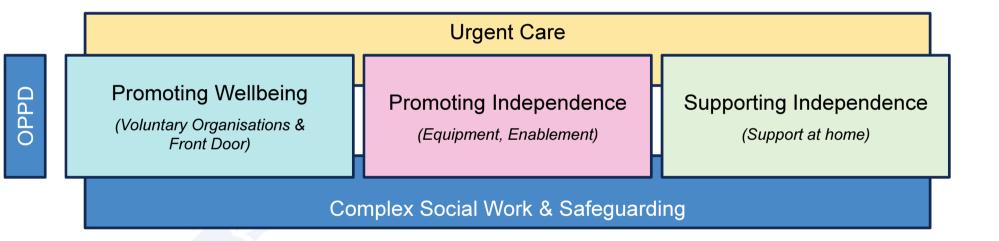
Complex Social Work & Safeguarding

Skills, structure, and process at the front door need to be redesigned in order to maximise the use of community support before accessing formal care.

The system must be designed to incentivise the use of preventative services.

Older People & Physical Disabilities





Promoting Independence



Health

OPPD

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For 16-30% of people, there is an overlap in tasks delivered by both KEaH and ICT

Intermediate Care

16% of people supported by KEaH would benefit from additional health intervention

Promoting Wellbeing

(Voluntary Organisations & Front Door)

Promoting Independence

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(Equipment, Enablement)

Supporting Independence
(Support at home)

Complex Social Work & Safeguarding

Design will consider methods for reducing duplication and increasing efficiency.

Process needs to be redesigned to account for existing health information and skillsets.

Design will consider the cost options of delivering enablement differently in the future.

Older People & Physical Disabilities





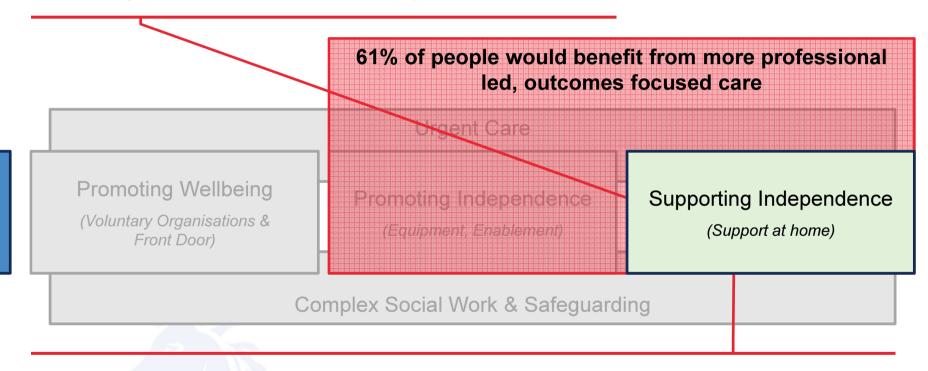
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ОРРП

Supporting Independence



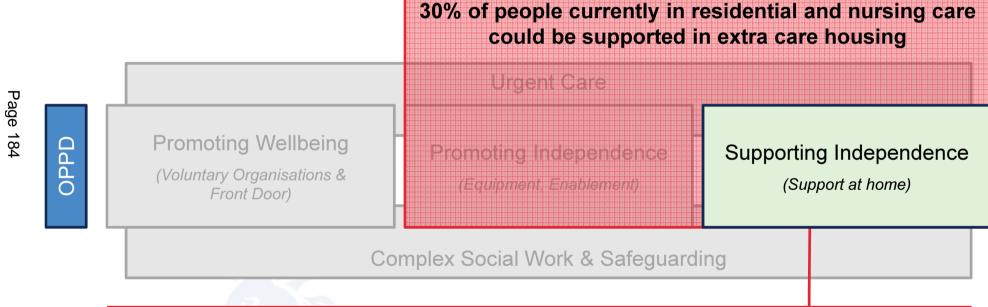
The homecare market is unstable and so design must consider what investment is required to support organisations to deliver differently in the future



Individuals receiving ongoing care would benefit from a more outcomes focused approach. The system design must expand the professional input to the case management of people receiving homecare and incentivise an enabling mind set.

Supporting Independence

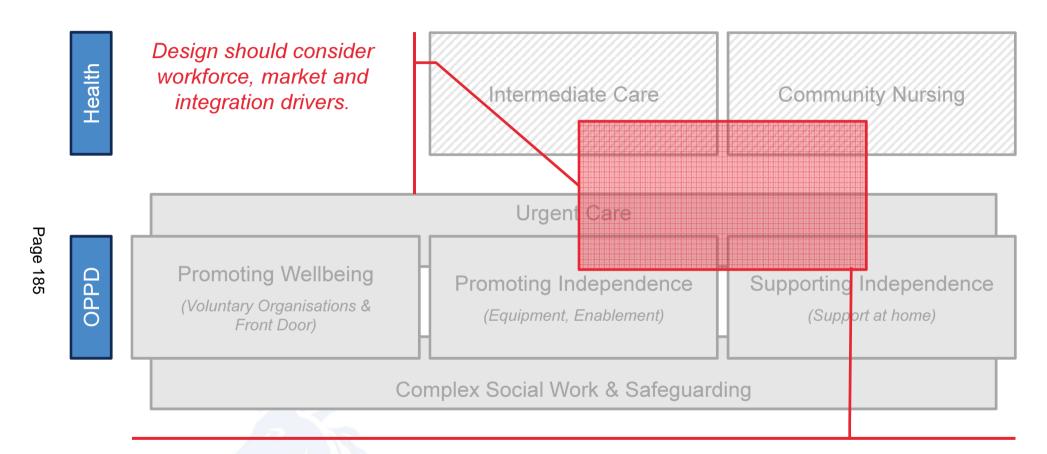




Current extra care housing capacity is fully utilised. Design must consider how capacity can be expanded in line with the accommodation strategy.

Considerations for Design





Given the evidenced benefit of professional input and resource coordination across all these services, design must consider what care model could deliver the best outcomes for the people of Kent. This design can form the approach to developing new models of care in the future.

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OPPD

Older People & Physical Disabilities

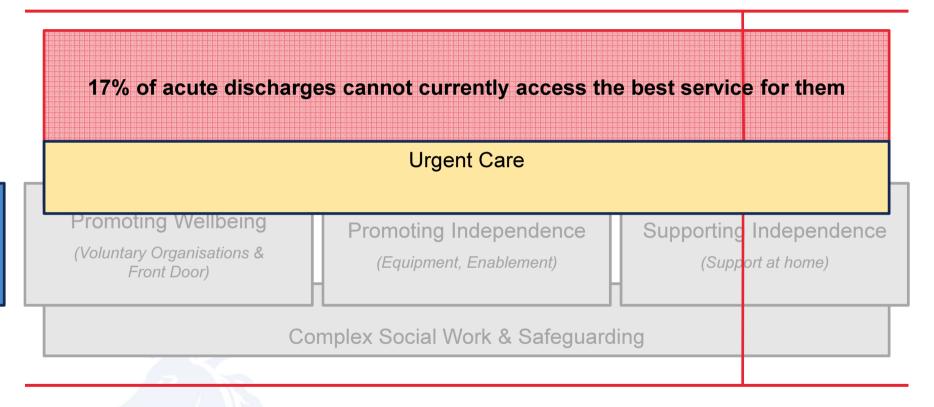




Urgent Care



Design should look to develop a consistent discharge pathway across all hospitals, which interfaces with the other areas of pathway design.



Building on Phase 2 the design work should look to build on observed best practice across all hospitals.



STRUCTURE AND SUPPORT

Urgent Care

Promoting Wellbeing

(Voluntary Organisations & Front Door)

Promoting Independence

(Equipment, Enablement)

Supporting Independence

(Support at home)

Structure and Support

The time taken to purchase each care package could be reduced by 25%

Urgent Care

Promoting Wellbeing

(Voluntary Organisations & Front Door)

Promoting Independence

(Equipment, Enablement)

Supporting Independence

(Support at home)

Purchasing

Design will lead to an 'end to end' purchasing function, which has a wider remit than current purchasing functions and absorbs the workload from practice teams.

The resource required to manage current contracts could be reduced by 31% by providing a consistent approach and using time more efficiently

Urgent Care

Promoting Wellbeing

(Voluntary Organisations & Front Door)

Promoting Independence

(Equipment, Enablement)

Supporting Independence

(Support at home)

Commissioning

Design needs to consider the requirements to work jointly with health, to commission providers on an outcomes basis, and to build both capacity and capability within the voluntary sector.

Capacity and capability of commissioning will need to be enhanced in order to ensure that new pathways are able to operate effectively.

The efficiency of Performance could be increased by 36% through providing information to practice teams more efficiently, automation and software improvements

Urgent Care

Promoting Wellbeing

(Voluntary Organisations & Front Door)

Promoting Independence

(Equipment, Enablement)

Supporting Independence

(Support at home)

Performance

Design will need to consider the systems implications of pathways changes, how to share data with Health, and the requirements of minimising administration for practice teams in giving them the skills and access to value-adding operational data.

From: John Lynch, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 30 January 2017

Subject: Work Programme 2017

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care and Health Cabinet Committee.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2017.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee:'To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults. The functions within the remit of this Cabinet Committee are:

Strategic Commissioning Adult Social Care

Quality Assurance of Health and Social Care
Integrated Commissioning – Health and Adult Social Care
Contracts and Procurement
Planning and Market Shaping
Commissioned Services, including Supporting People
Local Area Single Assessment and Referral (LASAR)

Older People and Physical Disability

Enablement
In-house Provision – residential homes and day centres
Adult Protection
Assessment and case management
Telehealth and Telecare

Sensory services
Dementia
Autism
Lead on Health integration
Integrated Equipment Services and Disability Facilities Grant
Occupational Therapy for Older People

Transition planning

Learning and Disability and Mental Health

Assessment and case management Learning Disability and mental health in-house provision Adult Protection

Partnership Arrangement with the Kent and Medway Partnership Trust and Kent Community Health NHS Trust for statutory services Operational support unit

Health - when the following relate to Adults (or to all)

Adults' Health Commissioning
Health Improvement
Health Protection
Public Health Intelligence and Research
Public Health Commissioning and Performance
Drugs and Alcohol Action Team (DAAT)

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2017

- 3.1 An agenda setting meeting was held on 19 December 2016, at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.
- 3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.
- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.
- **5. Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2017.

6. Background Documents None.

7. Contact details

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John Lynch
Head of Democratic Services
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ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2017/18

Agenda Section Item	ms	
30 JANUARY 2017 (moved from 26 January)		
B – Key or Significant Cabinet/Cabinet Member Decisions	Autism Strategy – for comment and endorsement (16/00134) Commissioning of Learning Disability Community Advocacy (16/00142) Carers' short breaks contract extension (16/00143)	
C – Items for Comment/Rec to Leader/Cabinet Member	Transformation and efficiency partner update	
D – Monitoring	Work Programme	
E – for Information, and Decisions taken between meetings		
14 MARCH 2017		
B – Key or Significant Cabinet/Cabinet Member Decisions	Drug and Alcohol Services in Prisons (16/00096) Mind the Gap – detailed plans – timing tbc (16/00088) Rates and Charges (16/00132) Phousing-related Support (16/00137)	
C – Items for Comment/Rec to Leader/Cabinet Member	Update on Public Health Transformation	
D – Monitoring	 Draft Directorate Business Plan Strategic Risk report Adult Social Care Performance Dashboards to alternate meetings Public Health Performance Dashboard – include update on Alcohol Strategy for Kent to alternate meetings Contract Management – new standard item Work Programme 	
E – for Information, and Decisions taken between meetings		
9 JUNE 2017		
B – Key or Significant Cabinet/Cabinet Member Decisions		
C – Items for Comment/Rec to Leader/Cabinet Member	Annual Report on Quality in Public Health Report	
D – Monitoring	Contract Management – new standard item Work Programme	
E – for Information, and Decisions taken between		

meetings	
29 SEPTEMBER 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	Local Account Annual report – Final version for Members' comment prior to publication
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	Annual Equality and Diversity Report Adult Social Care Performance Dashboards to alternate meetings Public Health Performance Dashboard – include update on Alcohol Strategy for Kent to alternate meetings Contract Management – new standard item Work Programme
E – for Information, and Decisions taken between meetings	
23 NOVEMBER 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	Contract Management – new standard item Work Programme
E – for Information, and Decisions taken between meetings	
19 JANUARY 2018	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	Adult Social Care Performance Dashboards to alternate meetings Public Health Performance Dashboard – include update on Alcohol Strategy for Kent to alternate meetings Contract Management – new standard item Work Programme

E – for Information, and Decisions taken between meetings	
9 MARCH 2018	
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B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	Contract Management – new standard item Work Programme
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