

Tameside Health & Wellbeing Board

# Tameside & Glossop Joint Strategic Needs Assessment

*2018/19*



**Autistic Spectrum Disorder**

**In**

**Children and Adults**

### **National and Local Policy Context:**

This area is fundamentally driven by the Autism Act 2009 and subsequent statutory guidance 'Fulfilling and Rewarding Lives' Statutory Guidance for Local Authorities and NHS Organisations to Support the Implementation of the Autism Strategy (2015).

The first autism strategy – Fulfilling and Rewarding Lives – was produced in 2010.<sup>1</sup>

This was updated in 2014 and published as Think Autism.<sup>2</sup>

Both the above were replaced more recently by the Autism Strategy guidance 2015.<sup>3</sup>

There are duties on local authorities and NHS bodies to act under the statutory guidance produced by the Government to accompany each strategy<sup>4</sup>

The Government's statutory guidance published in March 2015, which replaced an existing guidance from 2010 clearly states that local authorities and the NHS:

- should provide autism awareness training for all staff
- must provide specialist autism training for key staff, such as GPs and community care assessors
- cannot refuse a community care assessment for adults with autism based solely on IQ
- must appoint an autism lead in their area
- have to develop a clear pathway to diagnosis and assessment for adults with autism
- Need to commission services based on adequate population data.

As the guidance is statutory, local councils and local health bodies have a legal duty to implement it.

The 2015 guidance also includes a lot more information than the 2010 version with five new chapters on:

- Preventative support and safeguarding
- Reasonable adjustments and equality
- Supporting people with autism and complex needs
- Employment
- Criminal justice

Some of the duties have been strengthened to areas that local authorities and NHS bodies "must" do. This is because new duties have been brought in by other laws (particularly the Care Act). The new guidance gives more information about how these new duties can lead to improvements for people with autism. This is particularly true of duties around training, which have been improved to give much clearer guidance on which professionals should have what levels of training.

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<sup>1</sup> <https://www.gov.uk/government/news/fulfilling-and-rewarding-lives-the-strategy-for-adults-with-autism-in-england>

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299866/Autism\\_Strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)

<sup>3</sup> <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

<sup>4</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422338/autism-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf)

This 2015 guidance is integral to the plans for Greater Manchester's first Autism Friendly strategy. The strategy has a clear vision to work toward making Greater Manchester and autism friendly place to live, where people receive timely diagnosis and support, where professionals have good understanding of autism, reasonable adjustments are made when required, where people feel safe, have aspirations and fulfil their potential and be a full member of the local community.<sup>5</sup>

### ***Introduction***

This JSNA topic area considers the health and education needs of children and adults with Autism.

Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Autism affects around 1% of the UK population.<sup>6</sup> Hardly any of them are gifted geniuses - but many are above average intelligence. Only 16% are in full time employment.<sup>4</sup>

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.<sup>1</sup>

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.<sup>7</sup>

Autism is much more common than most people think. There are around 700,000 autistic people in the UK - that's more than 1 in 100. People from all nationalities and cultural, religious and social backgrounds can be autistic, although it appears to affect more men than women.<sup>1</sup>

### ***Implications for the population's health and well-being:***

The Autism Act 2009 and subsequent statutory guidance was created in response to increasing evidence that a significant proportion of adults with autism, across the whole spectrum are being excluded from society both socially and economically.<sup>8</sup>

Approximately 50% of autistic people also have a learning disability. This means that many autistic people will require access to Learning Disability and/or Social Care Services at some point in their lives.<sup>9</sup>

It is estimated that a quarter of autistic people are non-verbal. This means they cannot functionally communicate with others vocally, and includes people who have the ability to speak but lack the ability to use language in a meaningful way and others who cannot use

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<sup>5</sup> [https://www.gmcmeetings.co.uk/meetings/meeting/628/gm\\_health\\_and\\_care\\_board](https://www.gmcmeetings.co.uk/meetings/meeting/628/gm_health_and_care_board)

<sup>6</sup> <https://digital.nhs.uk/news-and-events/digital-hub/ten-things-you-probably-didn-t-know-about-autism>

<sup>7</sup> <https://www.autism.org.uk/about/what-is/asd.aspx>

<sup>8</sup> <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

<sup>9</sup> [www.autism.org.uk](http://www.autism.org.uk)

spoken language at all, but who are able to communicate with written or typed language, sign language, picture cards or digital communication devices.<sup>6</sup>

People with autism are much more likely than the general population to also have certain other long term health conditions; the relationship between these conditions is not necessarily causal. Co-morbidities can be seen to exacerbate conditions, so treatment needs to be holistic.

### ***Risk and Vulnerability:***

In early infancy, some children with ASD don't babble or use other vocal sounds. Older children have problems using non-verbal behaviours to interact with others – for example, they have difficulty with eye contact, facial expressions, body language and gestures. They may give no or brief eye contact and ignore familiar or unfamiliar people. This can impact on their development and social interactions.

Children with ASD may also lack awareness of and interest in other children. They'll often either gravitate to older or younger children, rather than interacting with children of the same age. They tend to play alone<sup>8</sup> this can lead to social isolation.

Children and young people with ASD frequently experience a range of cognitive (thinking), learning, emotional and behavioural problems. For example, they may also have attention deficit hyperactivity disorder (ADHD), anxiety, or depression.

About 70% of children with ASD have a non-verbal IQ below 70. Of these, 50% have a non-verbal IQ below 50. Overall, up to 50% of people with "severe learning difficulties" have an ASD.<sup>10</sup>

People with autism may have coexisting physical health conditions and/or mental health problems that, if unrecognised and untreated, will further impair the person's psychosocial functioning and could place additional pressure on families and carers. Because of their social communication difficulties, some people with autism may find it particularly difficult to communicate their needs and to access mainstream health and social care services.

### **Social interaction**

People with an Autism Spectrum Disorder (ASD) often have difficulty recognising or understanding other people's emotions, feelings and needs, and expressing their own. This can make it more difficult to fit in socially and, potentially, to explain their needs to a professional. Common social interaction difficulties include:

- Problems building relationships or maintaining them
- Finding it hard to work out what other people think or feel (e.g., not understanding why you want to ask them questions)
- Difficulties picking up the unwritten 'rules' of social behaviour (e.g., how close to stand to other people when talking to them)
- Fewer social skills.

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<sup>10</sup> <https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/autistic-spectrum-disorder-asd>

Because of these interaction difficulties some may prefer to spend time alone rather than seeking out the company of other people, while others are keen to talk to other people and make friends, but may be unsure how to go about this.<sup>11</sup>

### Social communication

People with an ASD have difficulties with both verbal and nonverbal language that is, using and understanding words and body language in order to communicate with other people. Many will need extra time to process what has been said to them. Common social communication difficulties include:

- A lack of spoken language
- Problems understanding the 'gist' of what people are saying, or the spirit in which it is said (for example, recognising jokes or sarcasm)
- Having a literal understanding of language and thinking people always mean exactly what they say
- Difficulty making or maintaining eye contact
- Difficulty reading other people's facial expressions and body language.

### *Ethnicity*

The National Autistic Society has carried out research to establish prevalence levels of ASD amongst BAME communities – and to look at the differing experiences of BAME families who receive a diagnosis. DfE research in 2012 found that the prevalence of diagnosed autism in pupils of Asian heritage was half of the prevalence in White British pupils. However, the prevalence of speech, language and communication needs in Black pupils was almost twice as high as for White British pupils. This suggests that there is a significant need to raise awareness of autism among Asian communities, improve outreach and review how well existing services meet the needs of BAME groups.

### *Socioeconomic Status*

There is no conclusive research showing whether a person's socioeconomic status affects their likelihood of having an autism spectrum disorder. Studies have failed to determine whether levels of diagnosis amongst specific social groupings relate to actual prevalence rates, or to people's ability to navigate the medical system and receive a diagnosis.<sup>12</sup>

### **Policy context:**

The Autism Act (2009) was created in response to increasing evidence that a significant proportion of adults with autism, across the whole spectrum, are excluded both socially and economically. The Autism Act 2009 was the first ever piece of legislation designed to address the needs of one specific impairment group: adults with autism. The Autism Act 2009 Section 1 (1) required the Secretary of State to prepare and publish a document setting out 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

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<sup>11</sup> <https://www.autism.org.uk/professionals/training-consultancy/good-practice-guides/assessments.aspx>

<sup>12</sup> [https://www.ncbi.nlm.nih.gov/pubmed?term=Rai%20D%5BAuthor%5D&cauthor=true&cauthor\\_uid=22525953](https://www.ncbi.nlm.nih.gov/pubmed?term=Rai%20D%5BAuthor%5D&cauthor=true&cauthor_uid=22525953)

bodies and NHS Foundation Trusts. This guidance 'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England' was published on the 3rd March 2010.

The Department of Health has released statutory guidance to provide guidance on the Act and subsequent strategy. The guidance is required by law and is "Statutory" guidance. It is to be treated as if it were guidance issued under Section 7 of the Local Authority Social Services Act 1970.

Fulfilling and Rewarding Lives (2010) does include a list of policies that apply to adults with autism. These provide a useful context for how the strategy was developed. Some key policies such as valuing people now the Governments Strategy for people with learning disabilities recognised that adults with autism are some of the most excluded and least heard people in society and that service providers, commissioners and policy makers were not specifically addressing their needs.

The Autism Act 2009 states that local arrangements for leadership in relation to the provision of relevant services to adults with such conditions. This strategy document addresses the local priorities in relation to services to people with autism and in Tameside and offers a local framework.

In March 2019 Greater Manchester released the Making Greater Manchester Autism Friendly Strategy 2019-2022. This will identify specific areas for development and targets for improvement for each local authority.

### ***Understanding Needs and Outcomes***

The outcomes of people with autism is variable because of differences in the severity of autism itself, the presence of coexisting conditions and the differing levels of cognitive ability, which can range from profound intellectual disability in some people to average or above average intellectual ability in others. Therefore the needs of people with autism are varied, with some people needing complex levels of support from a range of professionals and some people not wanting or needing any ongoing support.

People with autism may have coexisting physical health conditions and/or mental health problems that, if unrecognised and untreated, will further impair the person's psychosocial functioning and could place additional pressure on families and carers. Because of their social communication difficulties, some people with autism may find it particularly difficult to communicate their needs and to access mainstream health and social care services.

People with learning disabilities or autism face a range of issues regarding their health and wellbeing. For example

- People with learning disabilities die on average 26 years earlier than the general population.<sup>13</sup>
- The Confidential Inquiry into Premature Deaths of people with learning Disabilities including Autism found that 42% of the deaths they reviewed were avoidable.<sup>14</sup>

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<sup>13</sup> <https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2017/#.XDxyC09CcdU>

<sup>14</sup> <http://www.bris.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>

- Only 23% of adults with learning disabilities are registered on the GP Learning Disability Register.<sup>15</sup>
- People with learning disabilities are 5 times more likely to go to hospital for treatment normally given through primary care.<sup>16</sup>
- Between 30,000 and 35,000 people with learning disabilities and Autism are at risk of being wrongly prescribed psychotropic drug.<sup>17</sup>

### *Diagnosis*

Diagnosis is the formal identification of autism, usually by a multi-disciplinary diagnostic team, often including a speech and language therapist, paediatrician, psychiatrist and/or psychologist.

Getting a timely and thorough assessment and diagnosis is important because it helps autistic people (and their families, partners, employers, colleagues, teachers and friends) to understand why they may experience certain difficulties and what they can do about them.<sup>18</sup>

Untreated and unrecognised autism-related needs can impact on:<sup>19</sup>

- Increased and unplanned health care presentations and costs
- increased inappropriate likelihood of contact with police and criminal justice system
- Increased likelihood of multiple placements and fragmented care
- Increased likelihood of crisis admissions to psychiatric hospitals
- Decreased adherence to support and treatment regimens
- Increased morbidity and mortality
- Higher potential for drug interactions due to the use of inappropriate prescribing of multiple medications
- Increased likelihood of medical complications-

In Tameside, from referral to assessment, there is currently up to a 24 month waiting time for people with ASD. The national standard is 3 months. It is therefore important to reduce this time in order that people are diagnosed at the earliest opportunity in order for support to be offered and in place as early as possible.

### ***Latest Local Data and Intelligence***

Population statistics for people with Autistic Spectrum Disorder (ASD) are not routinely collected unless they are health or social care service users. Therefore many of the statistics reported here are estimates.

As previously mentioned quantitative data is difficult to collate without a register. The number of Autistic People estimated to live in Tameside can be calculated using the national formula

<sup>15</sup> <https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england-2015>

<sup>16</sup> <https://www.equalityhumanrights.com/en/disability-report-being-disabled-britain>

<sup>17</sup> <https://www.dimensions-uk.org/news-blog-post/position-statement-health-wellbeing-people-learning-disabilities-autism/>

<sup>18</sup> <https://www.autism.org.uk/about/what-is/asd.aspx>

<sup>19</sup> Autism Service Specification for Tameside & Glossop 2018

of 1:100 people with ASD. We estimate that there could be 22,300 people with ASD in Tameside, these increases to 25,500 when including Glossop.

Despite a 25-fold increase in the diagnosis of autism in the last 30 years, the diagnosed prevalence remains lower than population-level estimates: and only around two-thirds of children and 1 in 10 adults with autism have a diagnosis. Four times more men than women have diagnosed autism, although this is believed to be mainly the result of under-recognition of autism in women.

Carers are important in support for children with autism, and the carers' role often extends to adults with autism. With 700,000 people on the autism spectrum of which 125,000 are children and young people under the age of 18; and including their families, autism is a part of daily life for 2.8 million people in the UK.

### *Children and Young people*

In Tameside (2017) there are estimated to be approximately 4,897 school aged children with a special educational need. This could be related to learning and/or a health or physical disability. Of these children around 2% have a statement of special educational needs or Health and Care Plan (EHC). There are approximately 1,429 children in Tameside with moderate, severe and profound learning disabilities and around 304 children with Autism.<sup>20</sup>

Within children's social care services there are currently (2018) 27 children known to services who have a diagnosis of Autism or Asperger's Syndrome.

Within education there are currently (2018) 321 children identified as having a need related to ASD, of these 257 (80%) having a health and social care plan in place.

### *Adults*

Data from the Projecting Adult Needs and Service Information and Projecting Older People Population Information System gives estimates of adults and older people with ASD give estimates of people with Autism and are detailed below.

Estimates of adults aged 18 years to 64 years show that for Tameside there are around 3,259 people with a learning disability, of these approximately 1,332 (41%) are Autistic, 930 have a mild learning disability (30%), 742 (23%) have a moderate learning disability, 195 (6%) have a severe learning disability and around 60 (2%) have challenging behaviour.<sup>21</sup>

In addition to this there are 1,191 adults registered with a GP as having a learning disability in Tameside & Glossop. There is no breakdown in this data set for Autism. This number is considerable lower than expected numbers.

Within the Quality Outcomes Framework (QOF) registers, there is a health check scheme. The learning disabilities health check scheme is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan. The learning disabilities health check scheme is one of a number of GP

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<sup>20</sup> <https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E12000002/ati/102/are/E08000008/iid/200/age/1/sex/4>

<sup>21</sup> <http://www.pansi.org.uk/>

enhanced services. Enhanced services are voluntary reward programmes that cover primary medical services; one of their main aims is to reduce the burden on secondary care services. Data for other enhanced services are published annually.

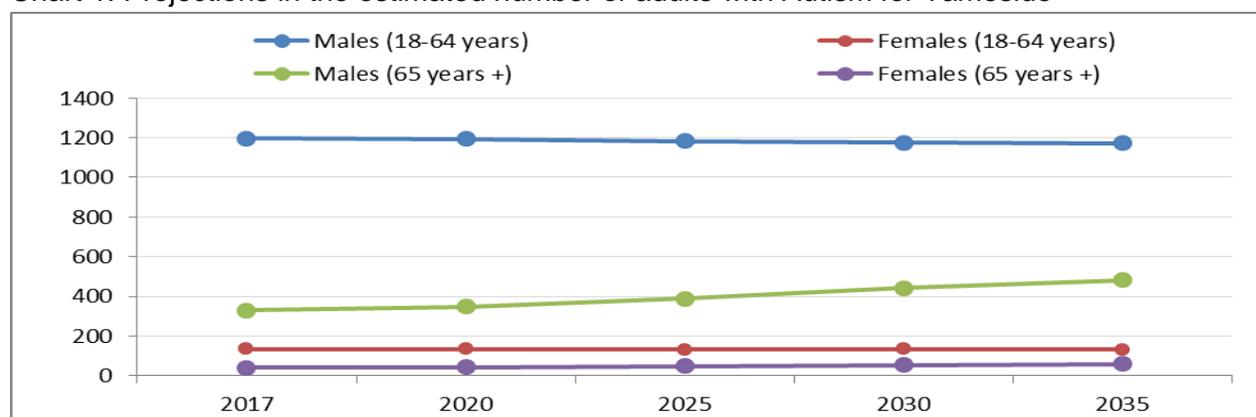
As of 2016/17 48% of people aged 14 years and over had a health check as part of the scheme. This is similar to the England average but lower than some of our Greater Manchester neighbours.

*Older people (over 65 years)*

There are approximately 827 older people in Tameside with a learning disability. 114 (14%) are estimated to be moderate to severe with around 372 (45%) having Autism.<sup>22</sup>

The chart below illustrates adults with Autism known to adult social care services. It shows that the highest proportion of adults receiving adult social care services are males and in the age groups 18 to 34 years.

Chart 1: Projections in the estimated number of adults with Autism for Tameside<sup>17</sup>



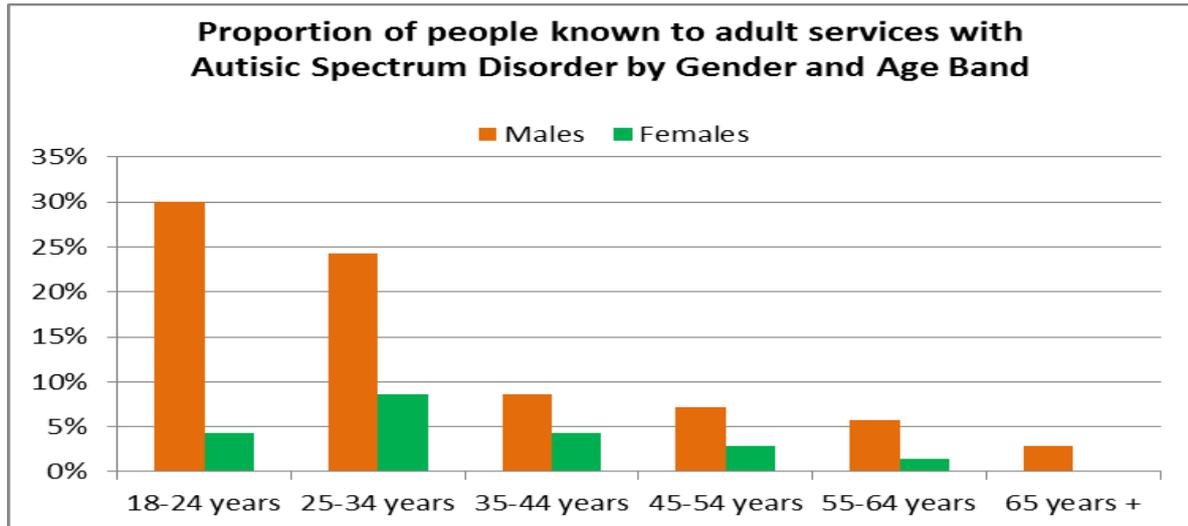
The chart above illustrates that over the next 15 to 20 years adults with Autism slightly declines in Tameside, with the exception for people aged 65 years and over, where there is a slight increase in numbers. This has implications for care services in Tameside.<sup>23</sup>

In addition to estimates of adults with a learning disability there are currently (2018) 597 adults being supported by adult social services in Tameside, this includes supported with Routes to Work (RTW). Of these, 68 have a diagnosis of Autistic Spectrum Disorder (ASD)

<sup>22</sup> <http://www.poppi.org.uk/>

<sup>23</sup> <http://www.pansi.org.uk/index.php?pageNo=392&areaID=8373&loc=8373>

Chart 2: Proportion of adults known to social care by age and gender



Prevalence rates of people accessing care services are far higher in men than women, there is some evidence that women with autism are both underdiagnosed and misdiagnosed, often with anxiety and depression.

#### ***What are we doing now?***

- We are currently working with Autistic individuals, the National Autistic Society, Autism Specialist Nurse, NHS, LA, Parents / Carers, Education and Children's Services to develop a Joint Autism Strategy for Tameside.
- Employed an Autism Coordinator / Social Worker to lead on Greater Manchester and Tameside priorities.
- Increased funding to reduce adult and children's diagnosis waiting times through the procurement of external diagnostic services to support existing local diagnostic services.
- Localised the GM Service Specification for Autism Pre and Post Diagnosis Support and implemented within the local diagnostic service.
- Increased investment recurrently in the local diagnostic service for adults to support adherence to the new service specification and increase capacity in the team.
- We have established / support user and carer peer support groups
- We have identified a local GP who represents the autism agenda on the Clinical Commissioning Group
- Holding a half day GP educational event around ASD.
- We have identified Senior Managers within the Local Authority and NHS Tameside and Glossop, and local politicians who are responsible for ensuring the Autism Strategy objectives are achieved

- We have an Autism Network website to assist in providing good quality information and advice. [www.tameside.gov.uk/autismnetwork](http://www.tameside.gov.uk/autismnetwork)
- • We are redesigning pre-employment services to include better access to services for people who have autism
- • Secured funding for a Neurodevelopmental Psychological Therapies Lead in the Neighbourhood Mental Health to develop pathways for Autistic adults
- • Engagement with Community Mental Health Teams with the coordinator attending team bases on a regular basis.
- • Commenced work with GP Practices, Tameside MBC Offices and Accident and Emergency Department at Tameside Hospital looking at the environments, reasonable adjustments and training for staff. This includes the provision of equipment at sites supported by a poster campaign promoting sites and equipment availability.
- • Working with Libraries and Portland Basin Museum on the introduction of quiet periods to support access.
- Commenced work with criminal justice agencies looking at reasonable adjustments and training.
- Launched the 'Tameside Autism Friends' initiative focused on providing short briefings on autism to a range of stakeholders including public service providers and retail outlets.

***What needs to happen next, and by whom?***

- The Autism Strategy needs to be finalised and agreed and progress needs to be made with key objectives set out in the strategy (Autism Strategy Group)
- Reduce diagnostic waiting times and improve post diagnostic support (NHS Tameside and Glossop Autism Leads and Local Authority).
- Review the impact of additional capacity in the local diagnostic service following increased investment and adherence to the local service specification.
- Development of Health Passports for people with Autism similar to those used in learning disabilities.
- A performance management framework needs putting in place to aid performance management of progress to achieve the Autism Strategy objectives (Autism Strategy Group)
- Develop and implement the neurodevelopmental offer within the neighbourhood mental health team

- A clear action plan and commissioning plan needs developing as part of the strategy that links with NHS North West, ADASS and the National Autistic Society (Local Authority, NHS Tameside and Glossop Autism Leads)
- The Clinical Commissioning Group, Health and Wellbeing Board and the Local Population Health system need to be engaged in driving forward the objectives of the Autism Strategy and ensure that good quality information, advice and support is available (LA & NHS Tameside and Glossop Autism Leads)
- We need to look at devising a way to know the true ASD population. Currently we only know about those either in school or in service. This should include better information systems being developed to enable prevalence rates and forecasting to be calculated to inform future service planning (Autism Strategy Group)
- There needs to be a more efficient referral pathway to assessment and diagnosis and then clear support pathways in order to reduce waiting times for assessment and to ensure that all people with a ASD diagnosis receive the help and support needed.

### ***Summary of findings***

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

Autistic Spectrum Disorders are complex and multifaceted and sometimes difficult to diagnose/identify and therefore more people than we think are Autistic.

Policy and priorities are clear through the Autism Act 2009 and other national policies.

Data around the number of children, adults and older people with ASD is not collected routinely and is often collated within datasets for learning disabilities and mental health. Autism is often labelled as a LD or MH condition.

It is estimated that 1 in 100 people are Autistic. There are children and adults with Autism known to services and therefore we know who they are. But it seems very few people with Autism access care services.

There has been a marked increase in the diagnosis of autism in the last 30 years; however diagnosed prevalence remains lower than population-level estimates: and only around two-thirds of children and 1 in 10 adults with autism have a diagnosis.

There is a long wait for people who are referred for assessment for a Autism diagnosis

Four times more men than women have diagnosed autism, although this is believed to be mainly the result of under-recognition of autism in women.

## **Recommendations**

There is a need to develop a register of all residents of Tameside and Glossop who live with Autistic Spectrum disorder as the estimates are significantly higher than our know population.

A register of people with Autistic Spectrum Disorder will allow commissioners and planners across health and social care to make decisions about services.

There is a need to improve the delivery of the learning disability health check scheme as last figures show that less than half of people with a learning disability received a health check in 2017/18. Given that health outcomes are significantly worse in this group it is important that people with a learning disability receive an annual health check to ensure their health needs are being met.

Referral to assessment timescales need to be reduced dramatically. People with potential ASD and their families or carers need to receive a diagnosis at the earliest opportunity in order that services and support are introduced as soon as possible.

As estimates of Autism are significantly higher than the numbers actually known to services, it is important that information and advice is readily available to support people with Autism and carers who are not currently receiving services and if service provision is needed that people know where they can go for help.

As health outcomes for people with ASD are worse than the general population it is important that primary care and in particular GP practices are aware of all their patient with ASD and ensure they are on their learning disability register. Being on the register ensures that people with ASD get regular health reviews and are sign posted to appropriate and timely health care.

Table of Figures: People with Autistic Spectrum Disorder

<b>National estimates</b>	22,300 people	Estimated to be living with Autism in Tameside
	25,500	Estimated in Tameside & Glossop
<b>Known to services</b>	321	Children with an educational need relating to ASD
	257	With ASD have a health & Social care plan in place
	27	Children known to children's social care
	68	Adults with ASD known to adult social care
<b>PANSI and POPPI Estimates</b>	1,332	Estimated to live with moderate to severe ASD in Tameside (16-64 years)
	372	Older people 65 years+ with ASD