

**PROGRESS OF THE WORK REFLECTING THE AUTISM STANDARDS
AND AUTISM STRATEGY**

To: Health and Wellbeing Board

Date: 2nd October 2014

From: Lee McManus, Service Development Manager, Learning Disabilities

1.0 PURPOSE

1.1 The report summarises the progress made on meeting the Autism Standards and the Autism Strategy.

2.0 BACKGROUND

2.1 Following the Autism Act (2009) the government produced a strategy called 'Leading Fulfilling and Rewarding Lives' which explained how the Act should be implemented. The government also set out statutory guidance which required local authorities and National Health Service (NHS) organisations to comply with important elements of the strategy. In addition to this the National Institute for Health and Clinical Excellence (NICE) produced a guideline in 2012 and a quality statement in January 2014 which offer best practice advice on the care of adults with autism.

2.2 The purpose of this report is to describe the progress made in Cambridgeshire in meeting the requirements of the statutory guidance and following the best practice proposed by the guidelines.

3.0 PROGRESS IN MEETING REQUIREMENTS AND GUIDELINES

3.1 The table below lists the requirements of the statutory guidance and the guidelines produced by NICE alongside a brief description of progress to date in Cambridgeshire:

Standard	Requirement	Progress in Cambridgeshire
Autism Act Statutory Guidance (2010) for Local Authorities and NHS organisations	<ol style="list-style-type: none">1. Appoint an autism lead2. Establish a strategic consortium	<ol style="list-style-type: none">1. Tracy Gurney, Head of Service for the Learning Disability Partnership, is the lead2. There are two consortia, one for children and one for adults services. Both include people on the autistic spectrum as well as family carers and a

	<p>3. Develop a clear pathway to diagnosis</p> <p>4. Provide general autism awareness training for all staff and specialist training for key staff</p> <p>5. Collect adequate population data</p> <p>6. Commission services based on data</p> <p>7. Community care assessments for adults and people</p>	<p>wide range of partner organisations</p> <p>3. Diagnostic clinic established and diagnostic, care and support pathways completed. These are currently being reviewed in the light of the government's updated strategy and likely future guidance.</p> <p>4. Basic autism awareness training has been provided to approximately 250 staff. More specialist training is available from psychologists and speech and language therapists. A new training programme has been developed involving an "expert by experience" which will be offered to all CCC employees and to commissioned social care services to commence October 2014.</p> <p>5. Prevalence data is included in the Joint Strategic Needs Assessment. The Adult Information Services (AIS) system allows diagnosis to be recorded and information is being gathered by two Autism Support Workers funded by Cambridgeshire County Council. Early indications are that social isolation, employment, education and housing are the main issues of concern.</p> <p>6. Support is provided through existing mental health and learning disability services for those who are also on the autistic spectrum. Additional support is provided through the Vulnerable Adults Service for those whose sole condition is autism. There are also specialist services such as those provided by Red2Green and the National Autistic Society (NAS). Cambridgeshire funds two Autism Support Workers to provide specialist support to adults with autism who do not have a learning disability or mental health diagnosis</p> <p>7. Assessments for people who do not have a diagnosed learning disability or mental health need are carried out by</p>
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	in transition with autism	<p>the Vulnerable Adults Team</p> <p>Additional initiatives in Cambridgeshire in line with the spirit of the guidance:</p> <ul style="list-style-type: none"> • The appointment of a paid Speak Up Spectrum leader to represent the views of people on the autistic spectrum • A 'Jobs Fair' being held in Cambridge on 23rd September to encourage employers to take on people with autism • Application to the Autism Innovation Fund in order to assist people with employment or training • Childrens and Adult Services working together to improve outcomes for young people through support with life skills in preparation for adulthood • Cambridgeshire's Autism Strategy and Action Plan to be reviewed and updated in line with 'Think Autism' and forthcoming revised statutory guidance • Integration of the children's and adults care and support pathways • There are well established links with the Police service and Job Centre Plus and links with the Disability Service at Cambridge University are being strengthened,
<p>NICE Clinical Guideline 142 (2012)</p> <p>Autism: Recognition, referral, diagnosis and management</p>	<p>NICE Quality Statement (January 2014)</p> <p>1. People with possible autism who are referred to an autism team for a diagnostic assessment have</p>	<p>Progress in Cambridgeshire – details provided by Cambridgeshire and Peterborough Foundation Trust (CPFT)</p> <p>1. CLASS (Cambridge Lifespan Asperger Syndrome Service) is a national diagnostic centre for adults with Asperger Syndrome. All diagnostic assessments are started within 3 months of the referral. CLASS also</p>

<p>of adults on the autism spectrum</p>	<p>the diagnostic assessment started within 3 months of their referral</p> <ol style="list-style-type: none"> 2. People having a diagnostic assessment for autism are also assessed for coexisting physical health and mental health problems. 3. People with autism have a personalised plan that is developed and implemented in partnership between them and their family and carers (if appropriate) and the autism team 4. People with autism are offered a named key worker to coordinate the care and support detailed in their personalised plan. 5. People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychological interventions to 	<p>provides diagnostic assessments for people with High Functioning Autism.</p> <ol style="list-style-type: none"> 2. All diagnostic assessments conducted by CLASS account for coexisting health conditions and complex comorbidities. The CLASS team is multidisciplinary and is made up of medical and psychological practitioners. 3. All adults with autism whose case is open to health an/or social care have personalised care plans developed in collaboration with service users and their family and carers as appropriate. 4. All adults with autism whose case is open to health and/or social care have an identified named key worker or care coordinator in place to support their personalised plan including Care Programme Approach (CPA) as appropriate. 5. CLASS is a commissioned diagnostic only service. However, for ongoing support with regard to psychological interventions referral to Improving Access to Psychological Therapies (IAPT) and secondary mental health services is well established and it is expected that such services account for needs specific to autism and reasonably
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	<p>help address the core features of autism</p> <p>6. People with autism are not prescribed medication to address the core features of autism</p> <p>7. People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.</p> <p>8. People with autism and behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is being considered because of psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour.</p>	<p>adjust interventions and pathways accordingly.</p> <p>6. Local mental health services do not prescribe medication to address the core features of autism. Psychiatry function within clear diagnostic guidelines and British National Formulary (BNF) limits which are regularly audited by the Royal College of Psychiatrists (RCPsych) and internal governance arrangements.</p> <p>7. Diagnostic assessment accounts for all aspects and causation of behaviour that may challenge including physical health conditions, mental health, emotional wellbeing, environmental and care system factors including risk and the prevention of harm.</p> <p>8. Local mental health services do not prescribe medication to address the core features of autism. Psychiatry function within clear diagnostic guidelines and BNF limits which are regularly audited by the RCPsych and internal governance arrangements.</p>
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4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The work in relation to the Autism Standards and Autism Strategy relates to Priority 4 of the Cambridgeshire Health and Well Being Strategy – ‘Create a safe environment and help to build strong communities, wellbeing and mental health.’

5.0 IMPLICATIONS

5.1 Although statutory guidance is not legally enforceable, Section 7 of the Local Authorities Act 1970 requires Local Authorities to follow the Secretary of State’s guidance, with liberty to deviate from it where the local authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course. The Council could be challenged and could incur significant reputational risk by not following it. By following both the guidance and guidelines Cambridgeshire will be improving the lives of a vulnerable and excluded group and complying fully with the requirements of the Equality Act 2010.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 The Board is asked to note the progress made in meeting the Autism Standards and Autism Strategy.

Source Documents	Location
Autism Act Statutory Guidance (2010)	<i>https://www.gov.uk/government/publications/implementing-fulfilling-and-rewarding-lives</i>
NICE Guidelines (2012)	<i>http://www.nice.org.uk/Guidance/CG142</i>
NICE Quality Statement (January 2014)	<i>http://www.nice.org.uk/guidance/qs51</i>