

Cabinet's Response to Scrutiny Review – Autism Spectrum Condition

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/ Deferred)</i>	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
<p>That the Autism Communication Team (ACT) continue to coordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.</p>	Accept	<ul style="list-style-type: none"> • Local and Regional data continues to be collected and shared across education and health. • CAMHS and LA have improved dialogue. 	Paula Williams Head of Learning Support Service	Review 12 months June 2014
<p>That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.</p>	Accept	<ul style="list-style-type: none"> • CDC / CAMHS physically located in same building – overt discussions taken place re transition phase. • Both CDC / CAMHS comply with DSM IV. 	Steve Mulligan Principal Educational Psychologist	Review 12 months June 2014
<p>That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi-agency care plan with a lead worker allocated</p>	Accept	<ul style="list-style-type: none"> • EHC plans are being developed by the LA group looking at Support & Aspiration under strategic leadership of DS. 	Jackie Parkin Support and Aspiration	June 2014

<p>That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter.</p>	<p>Accept</p>	<ul style="list-style-type: none"> • Continued work re development and understanding of multi element planning. • The principles of the Parent and Child Charter continue to be implemented. 	<p>Steve Mulligan & Claire Whiting Educational Psychology Service</p>	<p>June 2014</p>
<p>That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs.</p>	<p>Accept</p>	<ul style="list-style-type: none"> • The ACT Team have been aligned to the Learning Support Service. The funding of all the targeted services is under a three way review: <ul style="list-style-type: none"> ○ High Needs Block ○ Learners First Review ○ Development of Integrated Pupil Services 	<p>Steve Mulligan Principal Educational Psychologist</p>	<p>June 2014</p>
<p>That the Joint Strategic Needs Assessment (JSNA) includes a detailed and thorough assessment of the needs of children and adults with autism, including the identification of any gap in services.</p>	<p>Accept</p>	<ul style="list-style-type: none"> • The ASC Scrutiny report will form the basis of the JSNA around autism. 	<p>John Radford Director of Public Health</p>	<p>June 2014</p>
<p>In line with the JSNA, that commissioners consider the commissioning of Rotherham based service for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out of authority placements.</p>	<p>Accept</p>	<ul style="list-style-type: none"> • Continued work re post 16 provision includes building capacity at local college, bespoke packages and joint venture partnerships with independent service providers. • Director of Safeguarding leading on work re OOA placements. 	<p>John Radford Director of Public Health Clair Pyper Director of Safeguarding</p>	<p>June 2014</p>

<p>That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.</p>	<p>Accept</p>	<ul style="list-style-type: none"> Discussions taken place with Adult Services regarding Autism with Adults paper / pathways linked to the ASC Strategy Group. 	<p>Steve Mulligan Principal Educational Psychologist</p> <p>John Williams Adult Services</p>	<p>June 2014</p>
<p>That RMBC identifies a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.</p>	<p>Accept</p>	<ul style="list-style-type: none"> This work is being considered during the financial year 2013/14 as part of the modernisation of the service structures around pupils' services. 	<p>Dorothy Smith Director of Schools & Lifelong Learning</p>	<p>June 2014</p>
<p>That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.</p>	<p>Accept</p>	<ul style="list-style-type: none"> Children and young people are diagnosed at different stages of their development. All systems must be NICE compliant. 	<p>John Radford Director of Public Health</p>	<p>June 2014</p>