

# **DRAFT**

# Scrutiny Review: Autistic Spectrum Disorder

Review of the Health Select Commission

5<sup>th</sup> December 2013

Recommendations to Local Authority

**Progress Report** 



# **Scrutiny Review: September** → **November 2012**

### **Objectives of the review:**

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16+ support and transition
- Budget implications



#### **Review Group:**

- Cllr Judith Dalton (Chair)
- Cllr Barry Kaye
- Cllr Lyndsay Pitchley
- Jayne Fitzgerald (Parents and Carers Forum)
- Cllr Christine Beaumont
- Cllr Peter Wootton
- Cllr David Roche
- Russell Wells (National Autistic Society / Parent)

Supported by: S Mulligan – Principal Educational Psychologist

J Radford - Director of Public Health

D Fellows – Scrutiny Manager, Legal and Democratic Services



### **Final Recommendations:**

Recommendation	Progress Report – 01.11.13
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.	<ul> <li>Local and Regional data continues to be collected and shared across education and health.</li> <li>CAMHS and LA have improved dialogue via regular meetings during the past four months.</li> <li>The most recent figures have been collated to October 2013 and presented as an appendix A. Mainstream: 1015 Special: 192 Total: 1207</li> </ul>
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.	<ul> <li>CDC / CAMHS physically located in same building.</li> <li>Both CDC / CAMHS comply with DSM V.</li> <li>Waiting times are being reviewed – Kate Tufnell.</li> <li>Both CDC / CAMHS are looking at pathways re ASC – working with the Educational Psychology Service.</li> </ul>
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.	<ul> <li>EHC plans are being developed by the LA group looking at Support &amp; Aspiration under strategic leadership of DS.</li> <li>Pilot EHC plus are being formulated in compliance with New Code of Practice and, Children and Families Bill.</li> </ul>



Recommendation	Progress Report – 01.11.13
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.	<ul> <li>Continued work re development and understanding of multi element planning.</li> <li>The principles of the Parent and Child Charter continue to be implemented and rolled out.</li> <li>Development of the Early Years Charter. Training Day: 15<sup>th</sup> January 2014 – 9:30am to 2:00pm</li> </ul>
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.	<ul> <li>The ACT Team have been aligned to the Learning Support Service. The funding of all the targeted services is under a four way review:         <ul> <li>High Needs Block</li> <li>Learners First Review</li> <li>Development of Integrated Pupil Services</li> <li>Service Transformation – this will include LSS / SES Outreach / ACT as well as Educational Psychology</li> </ul> </li> <li>DS is planning to appoint a staff member to build capacity a part of Service Transformation and a commissioning process to meet need.</li> </ul>
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.	<ul> <li>The ASC Scrutiny report will form the basis of the JSNA around autism.</li> <li>Discussions at CAMHS planning meetings CCG.</li> <li>John Radford, Paul Theaker, Kate Tufnell and Steve Mulligan to meet to discuss joint commissioning 19<sup>th</sup> December 2013.</li> </ul>



Recommendation	Progress Report – 01.11.13
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.	<ul> <li>Continued work re post 16 provision includes building capacity at local college, bespoke packages and joint venture partnerships with independent service providers.</li> <li>Director of Safeguarding leading on work re OOA placements.</li> </ul>
That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.	<ul> <li>Discussions taken place with Adult Services         (J Williams) regarding Autism with Adults paper         / pathways linked to the ASC Strategy Group.         Adult Services Self Evaluation – Appendix A.     </li> </ul>
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.	<ul> <li>Dorothy Smith is the Senior Leader for Autism         <ul> <li>Steve Mulligan operationally takes on this role, further discussion to take place as part of Service Transformation.</li> </ul> </li> </ul>
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.	<ul> <li>Children and young people are diagnosed at different stages of their development. All systems must be NICE compliant.</li> <li>Joint work EPS/CAMHS continues around Pathways to reduce "noise" in the system.</li> </ul>



#### **Sources of information:**

- Rotherham College of Arts and Technology
- Rotherham Schools: Swinton

Aston Hall

Winterhill

Milton Special School

**Aughton Early Years** 

- ➤ RMBC Children and Young People's Services
- Robert Ogden School
- National Autistic Society
- RDASH
- Rotherham Foundation Trust
- Parents and Carers
- ➤ RMBC Neighbourhoods and Adults Services
- Clinical Commissioning Group