

**Statement for West of England Partnership Board Meeting
22 October 2009**

The development of local services for adults with Autism Spectrum Conditions (ASC)

- i) People with autism spectrum conditions have a variety of complex health & social care needs, which are very poorly met by mainstream services:
 - Provision particularly bad for people with Asperger Syndrome
 - Significant social exclusion - low employment (15%), majority live at home with ageing parents, profound vulnerability
 - High rates of psychiatric co-morbidity (i.e. depression, anxiety, OCD)
 - Neither mental health/learning disability services take responsibility

- ii) Local services lack the skills, resources, training & desire to work effectively with this client group – significant competency gap:
 - People only able to access services at times of crisis
 - Unnecessary levels of acute admission/crisis intervention
 - Competency gap/lack of local provision means people have to be referred out-of-area for assessment/treatment (£3500 for diagnosis, upwards of £2000/week for placement)
 - Expensive & of dubious quality
 - Already significant spend on this client group, but largely un-quantified
 - Commissioning is reactive, unplanned & wasteful

- iii) Current situation where no-one takes responsibility becoming increasingly untenable
 - Cohort of young people coming through from Child and Adolescent Mental Health Service (CAMHS)
 - Unprecedented focus by central Government on developing services:
 - Autism Bill: Section 7 guidance early next year
 - National Autism Strategy: recommending development of jointly-commissioned specialist autism teams
 - National Audit Office report: highlights significant cost savings for local authorities/Primary Care Trusts (PCT)

- iv) We already have a local service – the Bristol Asperger Syndrome Service, currently funded by Bristol PCT, with small contribution from City Council
 - Department of Health national example of best practice
 - Remit: to identify/diagnose people with ASC, to help them access an appropriate range of services, and to help these services work better with people with ASC – i.e. increase efficiency/effectiveness of local services
 - Aim: reduce duplication, deliver cost savings – do ‘more for less’ via partnership working/pooled budgets, increase social inclusion
 - Idea is to expand service to Bristol/South Glos/North Somerset/B&NES
 - Needs to be jointly commissioned from health & social care budgets
 - How can we coordinate commissioning across the 4 unitary authorities?