



Richmond Clinical Commissioning Group

Richmond Joint Health and Social Care Strategy for people with autism 2013-2016

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Executive Summary

The Richmond Joint Autism Strategy covers children, young people and adults on the autism spectrum. It has been prepared as a response to, but goes beyond, the requirements set out in the Autism Act 2009 and the national autism strategy 'Fulfilling and Rewarding Lives' (March 2010) which only applies to adults. The Richmond Joint Autism Strategy is a partnership strategy between Children and Adult Care and Health Services in the London Borough of Richmond upon Thames.

The inequalities in access to all services and opportunities faced by people with Autism Spectrum Conditions (ASCs) and the resulting poor social and health outcomes require a holistic strategy that covers all aspects of life. The strategy also aims to ensure people with ASC are supported to realise their full potential at all stages of their lives.

Fulfilling and Rewarding Lives focuses on five core areas:

- Increasing awareness and understanding of ASC
- Developing a clear, consistent pathway for diagnosis of autism
- Improving access for people with ASC to the services they need
- Helping adults with autism into work
- Enabling local partners to develop relevant services

The Richmond Joint Autism Strategy has been prepared in order to address these areas, and incorporates feedback received from an extensive consultation process of people with ASC, their friends and families, local voluntary groups and other stakeholders.

The recommendations from this strategy are:

- Provide/commission, enable and support a wide spectrum of ongoing training and awareness-raising opportunities targeting the specific needs of the intended audience to cover all social care, health and public services staff as well as the general public
- Develop clear routes to access and pathways through diagnostic, assessment and therapeutic services covering all ages and abilities
- Develop clear pathways for transition from children to adult services, for access to support services and information and ensure that specialist services are available as required
- Have clear leadership and governance in place to develop, monitor and evaluate actions required to achieve change

Introduction

The Richmond Joint Autism Strategy sets out the vision, aims, objectives and plans of health and social care as well as wider council and other services for people of all ages who have Autism Spectrum Conditions (ASCs).

It brings together key partners to ensure that there is commitment across agencies to tackle the inequalities that exist in relation to ASCs locally.

In this strategy ASC refers to 'autistic spectrum conditions' encompassing autism, Asperger's syndrome and atypical autism.

ASC is a lifelong developmental condition. The term spectrum is used because of the wide range of difficulties that people experience and the way in which these manifest themselves in individuals. Some are able to live independently, have good language skills and be relatively unsupported while others may have very limited language skills and require specialist support for much of their lives.

Asperger syndrome is on the autism spectrum and is often referred to as high functioning autism due to the fact that people with Asperger syndrome often have good verbal / language skills and are often of average or above average intelligence.

Whilst people with autism vary greatly along the spectrum, common core features are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. People with autism also commonly experience difficulty with cognitive and behavioural

flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties.

Around 70% of people with autism also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, ADHD, and anxiety disorders. Learning disability (IQ below 70) co-occurs in approximately 50% of people with autism¹.

A significant proportion of adults with ASC across the whole autistic spectrum experience social and economic exclusion. Their condition is often overlooked by healthcare, education and social care professionals, and this creates barriers to accessing the support and services they need to live independently. Adults with ASC often experience difficulties when trying to access general healthcare, education etc. and may not be able to access both preventative and treatment services.

Vision and Aims

Vision

Our vision is in line with the national strategy².

We believe that children, young people and adults with ASC living in Richmond upon Thames 'should be able to live fulfilling and rewarding lives within a society that accepts and understands them. They should be able to get a diagnosis; get access to appropriate support if needed; depend on mainstream public service functions to treat them fairly, whilst identifying and responding to their diverse needs; and be able to contribute to society through improved education and employment opportunities. Individuals, their families, carers and professionals should be informed, supported and equipped to enable this to be achieved.'

Aims

The aims over the next three years are:

- All health and social care staff, including those commissioned to provide services, are aware of ASC and are appropriately trained to identify, assess and support those with ASC
- There is a clear and effective diagnostic pathway leading, if needed, to a community care assessment and a carers assessment
- People with ASC have access to appropriate mainstream health and social care services which is equal to that of population at large
- More specialist health and social care services are available for those with ASC who need them
- People with ASC have access to education, housing and employment opportunities which are equal to those of the population at large

¹ NICE 2011 Autism: recognition, referral and diagnosis of children and young people on the autism spectrum NICE clinical guideline 128

² DH (2010) '*Fulfilling and rewarding lives*' *The strategy for adults with autism in England*

- To work with our partners in public bodies and in the voluntary and charitable sector to raise awareness and understanding of ASC in all public services, including police and emergency services, and the population as a whole

Over the longer term, the strategy will contribute to those with ASC³:

- Achieving better health and education outcomes
- Being included and economically active
- Living in accommodation that meets their needs
- Accessing personal budgets for example in areas of health, social care and education
- Being treated sensitively and appropriately in the criminal justice system
- Together with their families being satisfied with local services

National Context

National Context

The national autism strategy *Fulfilling and rewarding lives* (2010), and linked statutory guidance⁴ arising from the Autism Act 2009⁵ set out requirements for local authorities and NHS bodies to work with partners to improve services and support for people with ASC. Action should focus on:

- Training for staff in understanding of ASC and responding to the needs of those of ASC
- Identification and diagnosis of people with ASC, followed by the offer of needs assessment
- Planning of services and support that enable people with ASC to live independently within the community
- Local leadership.

In addition national policy changes in education, health and social care for children and young people also have important implications for improving provision of services for children and young people with ASC.

Forthcoming reforms plan to establish a new approach to meeting the needs of children with special educational needs and disability⁶. Specifically, children who would currently have a statement of special educational needs (SEN) and young people over 16 who would have a learning disability assessment, have an integrated assessment and a single Education, Health and Care Plan.

³ Outcomes adapted from DH (2011) *Fulfilling and rewarding lives: evaluating progress*

⁴ DH (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*

⁵ HMG The autism act 2009

⁶ DfE 2012 *Support and aspiration. A new approach to special education and disability. Progress and next steps.*

National guidance on what constitutes **effective practice** to improve health and social care outcomes for people with ASC are set out by the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Clinical Excellence (NICE).

SCIE guidance *Improving access to social care for autism* (2011)⁷ recommendations include:

- Staff supporting people with ASC need to make adjustments in how they work with people with ASC so that services can be more accessible to people with ASC.
- Managers and commissioners of services also need to be flexible, creative and collaborative in how they meet the needs of people with ASC. People with ASC whose behaviour challenges services and those with Asperger syndrome, or high functioning autism in particular, need better access to services.
- Support with social interaction and practical everyday living tasks can address some of the needs people with ASC commonly have at relatively low cost.
- Multidisciplinary specialist ASC services can provide good outcomes for people with ASC. Professionals should offer carers support in their own right and work in partnership with them to provide the best possible assessment and service provision.

The NICE clinical guideline on ASC in relation to children and young people covers the recognition, referral and diagnosis of ASC in children and young people from birth up to 19 years (2011)⁸.

The guidance sets out in detail a local pathway for the recognition, referral and diagnosis of ASC among children and young people. In each area a multidisciplinary group (the autism team) should be in place with the necessary skills and expertise to undertake diagnostic assessment and share the outcome with parents and carers, and with children and young people and offer information to children, young people, parents and carers about appropriate services and support.

The guideline also recommends that a strategy group should be in place with the remit of:

- Improving early recognition of ASC by raising awareness of the signs and symptoms of ASC through multi-agency training
- Making sure the relevant professionals (healthcare, social care, education and voluntary sector) are aware of the local ASC pathway and how to access diagnostic services
- Supporting the smooth transition to adult services for young people going through the diagnostic pathway
- Ensuring data collection and audit of the pathway takes place

⁷ SCIE (2010) *Improving access to social care for autism*. SCIE

⁸ NICE 2011 Autism: recognition, referral and diagnosis of children and young people on the autism spectrum NICE clinical guideline 128

The NICE clinical guideline for adults with ASC states that locally, a specialist autism team should be available to deliver and coordinate specialist diagnostic and assessment services, specialist care and interventions, advice and training to other health and social care professionals⁹. The team should comprise clinical psychologists, nurses, occupational therapist, psychiatrists, social workers, speech and language therapists, and support staff (e.g. supporting access to housing, educational and employment services). Specific recommendations cover:

- Equalising opportunities for access to services, including provision of a single point of referral to specialist services for adults with ASC
- Identification and assessment for possible ASC
- Comprehensive (diagnostic, needs and risks) assessment of suspected ASC
- The range of effective psychosocial and pharmacological interventions for those with
 - ASC without learning disorders or mental illness
 - coexisting learning disabilities
 - coexisting mental illness

In addition NICE health and social care **quality standards for children and adults** with ASC are due to be published in 2013/14. Quality standards are a concise set of statements designed to drive and measure priority quality improvements within a particular area of care. Commissioners are expected to work with providers to ensure these standards are being met.

ASC in Richmond

Prevalence of ASC

The most recent estimates on the prevalence of ASC in adults in England indicate that around 1.1% of people have ASC. The rate is higher in men (2.0%) compared to women (0.3%)¹⁰.

These estimates are based on a recent study that extended the Adult Psychiatric Morbidity Survey (2007) to take account of the higher prevalence of ASC among those that have a learning disability.

These national prevalence figures have been extrapolated to the Richmond population to estimate the number of people with ASC in the borough (table 1). It is assumed that the prevalence rate for adults with ASC is also relevant to estimating the number of children and young people with ASC.

Table 1 below shows that there are an estimated 476 children and young people (under 18 years) and 1641 adults with ASC.

⁹ NICE 2012 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum NICE clinical guideline 142

¹⁰ *Brugha T et al. 2012 Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey* The Health and Social Care Information Centre, Social Care Statistics, 2012

Table 1 Estimates of numbers of Richmond residents with ASC 2012			
Richmond population	Prevalence of ASC		Estimated number with ASC
Under 18 yrs			
Male	20776	2.00	416
Female	19950	0.30	60
All	40726	1.10-1.15	476
18 and over yrs			
Male	70639	2.00	1413
Female	76162	0.30	228
All	146801	1.10-1.15	1641

Prevalence: Brugha et al 2012 Estimating prevalence of autism spectrum conditions in adults. Study (combined Adult psychiatric morbidity survey 2007 & learning disability study) NHS Information Centre. Population: ONS mid 2011 population estimates (2011 census based)

There are no reliable estimates on the prevalence of Asperger syndrome. However studies suggest that around 50% of all those with ASC also have a learning disability, and that the other 50% are likely to have high functioning ASC including Asperger syndrome. This would suggest that around 820 adults and 240 children and young people have high functioning ASC in Richmond. The nature of high functioning ASC can mask significant difficulties and therefore people with Asperger syndrome can be overlooked by services. Those with Asperger syndrome are potentially highly vulnerable and at risk of social exclusion.

The Projecting Adult Needs and Service Information (PANSI) System looks at a wide range of needs and provides projections on the likely numbers over a number of years. The projections on the number of people with ASC in Richmond indicate that the number of people with ASC is likely to increase over time, with a greater increase projected in men. This does not necessarily mean there will be an increase in prevalence though, as the population as a whole in Richmond is projected to increase over this time period.

There will be a need to ensure that services are able to adapt to increases in demand with the increase in population size over the coming years.

Number of people with ASC known to services in Richmond

There are 175 children on SEN statements (as at January 2013) with a main presenting need of ASC identified.

There are also 41 young people aged between 13 and 18 years of age with ASC who will require transition planning and will transfer to adult services over the next 5 years.

There are currently around 130 adults with ASC as a presenting need known to the local authority (January 2013). The majority of individuals receive a service from the Richmond specialist adult social care team.

The number of people with ASC known to the health service is largely dependent on whether or not the person has a mental health problem or a learning disability in addition to the ASC.

Of those on the case load of adult specialist community mental health teams, an estimated:

- 15 clients have a primary diagnosis of Asperger syndrome
- 13 clients have a learning disability diagnosis
- 9 cases of psychosis also had Asperger syndrome

Hospital Episode Statistics (HES) data on mental health related adult admissions to acute hospitals indicates that there are very low numbers (<5) of people from Richmond being admitted to any acute hospital with either a primary or secondary diagnosis of ASC (ICD 10 codes F84.0; F84.1; F84.5).

Current Service Provision and Access to Support in Richmond

Children and young people

The care pathway for referral, diagnostic assessment and service provision for children and young people has been in place for a number of years. As part of the implementation of a new strategy for improving the emotional wellbeing and mental health of children and young people, this pathway for ASC is being reviewed.

Preschool children showing communication and/or behavioural problems (and who are suspected as having ASC) are referred by GPs and others working in primary care to community paediatricians at a child development centre or directly to speech and language therapy services. Following a general developmental assessment, an ASC specific diagnostic multi-disciplinary assessment may be undertaken within the preschool social communication clinic. Recommended interventions may include home-based and/or nursery based support with speech and language or other specialist support.

Children and young people of school age who show signs of possible ASC can be referred by any professional working in primary care, education or social care to the Children and Adolescent Mental Health Services (CAMHS) - Children and Family Consultation Centre.

A multi-disciplinary neurodevelopmental team undertakes a specialist diagnostic assessment of ASC. The outcome of the assessment is shared with the parents and the child/young person and with other key professionals (such as an educational psychologist or teacher). The assessment information and identified support needs can then be incorporated within the education and/or care plan for the child/young person. Referral to other appropriate services may be made to address coexisting mental health conditions and/or a learning disability.

The review of the ASC pathway for children and young people has identified a number of areas for improvement. These include:

- Increase awareness and understanding of professionals working in health, education and early years children services of the care pathway for children and young people on the autism spectrum. In particular, training should focus on responsibilities and skills to ensure the effectiveness of the process for initial assessment and referral of children and young people with social communication and behaviour problems (and possible autism) both with respect to preschool and school age groups. This should involve training of key professionals including Special Education Needs coordinators (SENCOs), education psychologists and GPs.
- Develop arrangements to ensure that after diagnostic assessment, an appropriate 'contact' professional is identified to ensure children and young people have access to the required follow up support and services and ongoing review of progress.

- Ensure information and support is available to parents and/or carers about the care pathway for children and young people on the autism spectrum and the services that are available.
- Review the level of therapy services (particularly occupational therapy) that is required to ensure effective input to both the preschool and school aged children care pathway for children with developmental needs and possible autism.

Transition

Transition has been highlighted as a priority area in the draft Health & Wellbeing Strategy, as this is a cross-cutting issue that requires strong partnership working and joint planning between organisations. Without good transition protocols in place, vulnerable young people with ASC may not receive the most appropriate support.

Richmond has begun to develop good transition arrangements for young people with disabilities. A new transition framework has been established to ensure improved shared working arrangements, oversight and scrutiny, and to deliver a robust professional service to young people moving to adulthood. The revised governance structure consists of:

- Virtual transitions team – a virtual group of professionals who operationally plan, oversee and deliver the transitions arrangements for individuals
- Transition Management Group – a multi-agency panel which ensures that appropriate transition arrangements are in place for individuals
- Strategic Transition Board – a senior, multi-agency board with a strategic oversight to ensure that a high quality transition service and clear pathways are in place

A transition tracking list is used to record young people within the wider SEN population who are likely to need health or social care support as adults. There are 41 young people between 13 and 18 years of age (six are already age 18) with ASC who are on the Transition Tracking List and who require detailed transition planning.

Current arrangements in Richmond work well on the ground and have been built upon good personal relations. A large amount of work has already been done to improve the transition between children's and adult services. However, there are complex areas where improvements are still needed.

There are generally clearer eligibility criteria for support from adult social care and health services. Young people with mild/moderate needs who have been receiving support from children's services may not subsequently meet the criteria for support from adult services.

Key issues

- Young people with ASC and mild/moderate mental health problems may have been receiving support from CAMHS but may not subsequently meet the eligibility criteria for adult mental health services
- Young people with ASC who do not have a learning disability or a significant mental health problem may not be eligible to receive ongoing support during early adulthood, e.g. on employment, training and housing. However, the new supported employment service and Project Search are accessible to all young people with ASC

- The planned reforms on Special Educational Needs will result in major changes. However, the introduction of an 'Education, Health and Care Plan' up to age 25 may help to support future transition planning
- At the age of 18, the legal position around decision-making also changes where the young person is assumed to have capacity to make their own decisions, supported by health and social care professionals. This can be a difficult experience for the young person and their carers. Expectations of individuals and families may also not match the provision of services after age 18, potentially resulting in anxiety and difficult relationships with professionals.

Proposed actions

- Evaluate the revised transition programme to ensure robust transition arrangements are in place and assessments are being carried out at an appropriate age
- Consider how the new Richmond Wellbeing Service may be able to provide appropriate support for young people with ASC and mild/moderate mental health conditions as they reach adulthood
- Richmond Housing Department to consider how to improve accommodation prospects for young people with ASC who do not meet eligibility criteria
- Consider how the SEN reforms may help support transition planning
- Provide clear communications and training for young people and their carers to be able to understand and negotiate access to services

Adults

The current ASC pathway for adults for referral to specialist diagnostic assessment, and for social care assessment is complex and not well developed particularly for those with Asperger syndrome.

For adults who present with social care needs who have a learning disability and ASC and/or with a mental health problem and ASC, initial referrals can currently be made to the Council's Adult and Community Services Access Team or to the learning disability or mental health teams directly.

It is important to note that the Council does not necessarily consider the diagnosis as the primary reason for a social care assessment of an individual, but considers their presenting needs.

In accordance with Section 47 of the NHS and Community Care Act 1999, any person is entitled to an assessment to determine their needs. Fair Access to Care Services guidance in 2003¹¹ sets out that there should be one single process to determine eligibility for social care support, based on risks to independence over time. This sets out four bands of eligibility: Critical, Substantial, Moderate and Low. Councils are able to determine how this will be implemented by agreeing and publishing local Eligibility Criteria.

For Richmond the Eligibility Criteria was agreed in April 2011 as being to support people who have 'Critical' or 'Substantial' needs. Therefore any person assessed by the Council

¹¹ For more information on FACS please see:
<http://www.scie.org.uk/publications/guides/guide33/files/guide33.pdf>

as having specific eligible needs will be provided with support and/or services by the Council to meet those specific needs, in accordance with its published information.

The health needs of adults with a learning disability who also have ASC/ suspected ASC can be referred to the Specialist Health Care Team and/or the Psychology and Challenging Behaviour Team for a health assessment and treatment. This is currently provided through a contract with Your Healthcare. The overall aim of the service is the provision of specialist health care support to meet the specific needs of adults with learning disabilities.

The team links with other services to support access for patients to the full range of health, education, employment and social services. The team provides increased support for people with complex needs, and provides continuing care to those receiving NHS continuing care funding. Those eligible must have a learning disability. The definition covers those with ASC who have a learning disability. The team provides specialist diagnostic assessment for people with a learning disability and ASC.

The contract with Your Healthcare is currently being reviewed with an aim to develop a new contract specification for 2013/14 financial year. This will be based on the Learning Disabilities Health Needs Assessment which is currently being finalised.

In the past few years there has been no commissioned service within Richmond to provide diagnostic assessment to people with possible Asperger Syndrome, who do not have a mental health problem or learning disability. People with a co-existing mental health problem were able to receive CMHT services but these did not include diagnosis. Until 2012/13 this service was provided as part of the contract with South London and Maudsley NHS Foundation Trust, although each assessment referral was paid for on an individual basis (part of the cost and volume contract).

In 2012/13 a local pilot assessment service (1 year) has been commissioned from Your Healthcare. This will allow direct GP referral to a local service at a much reduced cost. This pilot will inform the establishment of a longer term care pathway providing access to diagnostic assessment for those with possible Asperger syndrome.

Importance of diagnosis

The Social Care Institute for Excellence guidance on ASC indicates that getting a diagnosis of ASC in adulthood can lead to discrimination for some, but they identified the following key benefits:

- A diagnosis helps explain to the person, their family and friends and the wider public what had previously been unknown or misunderstood
- It can help shape and improved support packages, as long as this is not done in a mechanistic way
- It avoids the problems of misdiagnosis, as faced by people with ASC wrongly thought to have a mental health problem for example
- It can assist with accessing services and benefits, such as Disabled Student's Allowance, Disability Living Allowance etc

Local voluntary and charitable services

The National Autistic Society (NAS) has a local presence in Richmond, helping to support those with ASC and their families. Their objectives are to provide support,

information and awareness through a variety of means, including a website, comprehensive information pack and activity groups e.g. Kidsactive for primary aged children.

The local NAS works with, but is separate to The Bridge, a parent led charity serving Richmond and South West London. The Bridge works with people and families with social communication difficulties including ASC, attention deficit hyperactivity disorder and dyspraxia. The Bridge currently provides drama, sports and teenage youth clubs; advice, signposting and information services, including awareness raising and training in schools etc.

Training on ASC

One of the key factors in ensuring the needs of those with ASC are met is training. The national strategy makes the need for ASC awareness-raising and training aimed at the various levels of specialism for different staff groups explicit. Involvement of “experts by experience”, such as individuals with ASC, their informal carers and friends will ensure that training focuses less on the theory of ASC and instead gives staff an insight as to the way in which ASC actually affects peoples’ lives.

The training provided not only needs to ensure that all staff are able to understand the main difficulties faced by people with ASC, but also how to make reasonable adjustments in their behaviour, communication and services (following the Disability Discrimination Act 1995). In addition to this, appropriate training and awareness of frontline staff will aid in the early identification and appropriate referral to diagnostic services if required.

Skills for Health/Skills for Care published the “Autism skills and knowledge list, for workers in generic social care and health services” in summer 2011 and training should comply with the criteria set out in this document.

At present Richmond have an e-learning ASC awareness course available to LBRuT staff only which was developed in partnership with experts by experience. In addition to this 4 full day “Understanding ASC” courses are planned for the next 12 months - places for which are available to staff of LBRuT as well as commissioned services and carers / parents.

Taking forward our strategy in Richmond

National guidance combined with the knowledge we have gathered about existing pathways and services, as well as the issues and concerns experienced by people with ASC and their carers / family members / friends, lead us to a number of actions required over the next three years.

These have been detailed in the following section and comprise of 4 Priority Areas:

1. Raising Awareness and Staff Training
2. Care pathways for ASC (including identification, diagnosis and assessment)
 - a. Adults
 - b. Children and young people (to insert template following 30 January)
3. Accessing Services
4. Leadership and Governance

13th February 2013

PRIORITY 1: AWARENESS RAISING AND TRAINING / WORKFORCE DEVELOPMENT

Key issue:

- Provision of training on autism and raising awareness is essential. At present it is unclear what proportion of staff within the local authority, health and public services have completed appropriate training, but it is likely to be very few.
- The level of ASC awareness within the general population as well as the wide range of emergency and public services is likely to be low.

National Strategy / Statutory Guidance Key References:

- Improving training and awareness around ASC and increasing its availability is at the heart of the strategy
- Training must lead not only to improve knowledge and understanding but also to change the behaviour and attitudes of health and social care staff
- As a minimum ASC awareness training should be included within general equality and diversity training programmes
- Local areas should develop or provide specialist training for those in key roles that have a direct impact on access to services for adults with autism
- ASC training should not be seen as a one off
- The core aims of training are that staff are able to identify potential signs of ASC and understand how to make reasonable adjustments in their behaviour, communication and services for people who have a diagnosis / display characteristics of ASC

OVERALL ACCOUNTABILITY: LBRuT WORKFORCE DEVELOPMENT DEPARTMENT

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	Impact on service user / carer (“stakeholder”)
1.1 Training is value for money and fosters joint working	<ul style="list-style-type: none"> • Assess the feasibility and acceptability of joint training programmes across organisations and geographical areas 	Priority 1 Project Group	Q1 2013	<ul style="list-style-type: none"> • Report on feasibility • If accepted, reduced cost of training provision 	<ul style="list-style-type: none"> • Stakeholders experience a greater understanding of ASC within the London Borough of Richmond upon Thames and across local borough boundaries within all services provided or

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	
1.2 Sufficient training is available for LBRuT and health staff as well as commissioned services and carers.	<ul style="list-style-type: none"> Carry out a workforce development mapping exercise across LBRuT and health staff who require training Identify numbers required for different types of training available 	Priority 1 Project Group	Q2 2013 Sept 2013	<ul style="list-style-type: none"> Key staff groups identified Total number of staff requiring training identified Tool for measurement of continuous training is developed. 	<p>commissioned by the local authority and health as well as other public services.</p> <ul style="list-style-type: none"> Priority one will be measured by a survey of stakeholders using existing / proposed forums in Q1 2014 and bi annually thereafter
1.3 All staff, especially but not restricted to those in key roles, remain competent in supporting and identifying individuals with ASC	<ul style="list-style-type: none"> Establish a rolling programme of training, including updates on existing training and refresher sessions 	Priority 1 Project Group	Q3 2013 Dec 2013	<ul style="list-style-type: none"> Monitoring of tool developed for the measurement of continuous training. Survey of stakeholders using proposed / existing forums. 	
1.4 All staff of LBRuT, NHS providers commissioned by the Clinical Commissioning Group, and all other public services have a basic awareness of ASC	<ul style="list-style-type: none"> Ensure ASC awareness training is up to date Make current e-learning ASC awareness training more widely available / easily accessible Include ASC awareness training as part of general mandatory equality and diversity training to all staff 	Priority 1 Project Group	Q1 2013 June 2013 Q4 2013 March 2014 Q4 2014 March 2015	<ul style="list-style-type: none"> 100% of staff within LBRuT Adult Social Care, Children Services and Education as well as NHS Richmond Mental Health and Specialist Health Services to have undertaken basic awareness training by end of 2013 100% of all other LBRuT and Health staff to have completed basic awareness training by end of 2014 	

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits
1.5 Raise awareness in the general population of Richmond	<ul style="list-style-type: none"> Work with key partners to develop and provide opportunities for the general public to increase knowledge of ASC Develop ASC Aware Card and information required for ensuring effective use / outcome 	Priority 1 Project Group	<p>Ongoing Quarterly updates 2013 - 2015</p> <p>Q2 2013 Sept 2013</p>	<ul style="list-style-type: none"> Increase in general awareness of ASC within Richmond – to be measured through survey of proposed / existing forums
1.6 Key staff provide appropriate services across health and social care	<ul style="list-style-type: none"> Develop and provide or commission specialist ASC training for staff in key roles as identified above. 	Priority 1 Project Group	Q3 2013 Dec 2013	<ul style="list-style-type: none"> 30% of specialist staff trained in 2013, 60% in 2014 and 100% in 2015.
1.7 Training is consistent and follows national standards	<ul style="list-style-type: none"> ASC awareness and specialist training to meet / exceed Skills for Health / Skills for Care recommendations (published summer 2011) 	Priority 1 Project Group	Q1 2013 June 2013	<ul style="list-style-type: none"> Training is evaluated and measured against national standards regularly.
1.8 Understanding of information provided / training is enhanced by real-life examples.	<ul style="list-style-type: none"> “Experts by experience” (people with ASC, their carers and family) and other representative groups are involved in the development, provision and evaluation of training. 	Priority 1 Project Group	Q2 2013 Sept 2013	<ul style="list-style-type: none"> Feedback from those who attend training sessions.

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	
1.9 Stakeholders access to and contact with all public services is equal to that of the population at large	<ul style="list-style-type: none"> • Explore the feasibility and best possible way of provision of ASC awareness training in public services including: <ul style="list-style-type: none"> • Metropolitan Police • Emergency Services • Public Transport • Jobcentre Offices • Schools and Colleges • Primary Care Services • (this list is not exhaustive) 	Joint Autism Strategy Group	Phase 2 Start Q4 2013 March 2014	<ul style="list-style-type: none"> • Improved treatment of individuals with ASC within the criminal justice system • Increase of individuals with ASC in colleges, employment etc. • Survey of stakeholders using proposed / existing forums. 	

PRIORITY 2: CARE PATHWAYS FOR ASC (INCLUDING IDENTIFICATION AND DIAGNOSIS OF ASC LEADING TO ASSESSMENT OF NEEDS FOR RELEVANT SERVICES)

Key Issues:

- There is no clear pathway or easy access for adults seeking a diagnosis with suspected Asperger / high functioning ASC. It is unclear how many people would require access to a diagnostic assessment
- Diagnosis is not a goal in itself; it is one part of an integrated process, which should lead to adults with ASC being able to access the services and support they need

National Strategy / Statutory Guidance Key References:

- NICE guidance
- Under section 47(1) of the NHS and Community Care Act 1990, local authorities have a duty to assess a person who may be in need of community care services. This duty applies to people with ASC
- Diagnosis of ASC should be recognised as a reason for assessment; it should also be a catalyst for a carer’s assessment
- Assessment of eligible needs should not be influenced by availability of services
- Each local authority should appoint a lead professional to develop diagnostic and assessment services for adults with ASC in their area

OVERALL ACCOUNTABILITY:

RELATING TO ADULTS

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	Impact on service user / carer (“stakeholder”)
2.1 Establish a clear pathway for the identification, referral and diagnosis of ASC based on NICE clinical guidelines, for all adults with suspected ASC, including new service for Asperger syndrome	<ul style="list-style-type: none"> • Implement and monitor a pilot service (one year) for specialist diagnosis of adults with suspected Asperger syndrome, including follow up psychological therapy • Monitor level of demand for Asperger specialist diagnostic assessment • Agree pathway based on learning / outcomes from above pilot 	Joint Autism Strategy Group	Q4 2013 Jan 2014	<ul style="list-style-type: none"> • Pathway agreed and published 	<ul style="list-style-type: none"> • Stakeholders know where to go when seeking a diagnosis and they are able to get there. • GP and other primary care services are aware of the pathway for diagnostic services • There is a clear pathway to assessment of social care needs if required

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	
2.2 To establish a clear pathway between diagnosis and referral for an assessment of social care need	<ul style="list-style-type: none"> Establish clear procedures that ensure assessments of social care needs are offered and, if accepted, referred to the appropriate point Establish clear communication / information sharing guidelines 	Joint Autism Strategy Group	Q4 2013 Jan 2014	<ul style="list-style-type: none"> Pathway agreed and published 	<p>following diagnosis of ASC</p> <ul style="list-style-type: none"> All assessment and diagnostic services are compatible with the needs / routines of the stakeholders. Carers are offered an assessment of needs in their own right
2.3 A diagnosis of ASC is not seen as the requirement for an assessment of needs	<ul style="list-style-type: none"> Establish a clear pathway for referral for needs assessments from sources other than following a diagnosis, such as self-referrals, referrals from other organisations, education and carers 	Joint Autism Strategy Group	TBC	<ul style="list-style-type: none"> Data on referrals and subsequent assessments gathered. Compliance with statutory duty 	
2.4 Points 2.2 and 2.3 to apply equally to the offer of an assessment of needs of the carer	<ul style="list-style-type: none"> As points above but relating to carers assessments 	Joint Autism Strategy Group	TBC	<ul style="list-style-type: none"> Improved support, information and signposting for carers, to be assessed through survey in existing forms. 	
2.5 Diagnostic and assessment services take into account the needs specific to the ASC client group and make reasonable adjustments	<ul style="list-style-type: none"> Ensure that access to diagnostic and assessment service working practices are flexible to integrate with existing routines and avoid disruption Provide appropriate (low stimulus) environments for diagnostic and assessment services to take place. 	Joint Autism Strategy Group	TBC	<ul style="list-style-type: none"> Survey of stakeholders using proposed / existing forums to assess adjustments made. Compliance with statutory duty 	

RELATING TO CHILDREN AND YOUNG PEOPLE					
Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	Impact on service user / carer (“stakeholder”)
2.6 All staff working with children and young people, particularly those in key roles such as special education needs coordinators and education psychologists, are competent in initial assessment and referral of children and young people with suspected ASC	<ul style="list-style-type: none"> Establish a rolling programme of training, as part of the training on care pathways for children and young people- Child and Young People Emotional Wellbeing and Mental Health strategy implementation 	Priority 2 Project Group	TBC	<ul style="list-style-type: none"> In line with EWB strategy implementation 	<ul style="list-style-type: none"> Stakeholders know where to go when seeking a diagnosis and they are able to get there. GP and other primary care services are aware of the pathway for diagnostic services There is a clear pathway to assessment of social care needs if required following diagnosis of ASC
2.7 Following diagnostic assessment , access to any required support and services for children and young people is coordinated by an identified contact professional	<ul style="list-style-type: none"> Care pathway defines arrangements for the follow up access to required services with regular review 	Priority 2 Project Group	TBC	<ul style="list-style-type: none"> In line with EWB strategy implementation 	<ul style="list-style-type: none"> All assessment and diagnostic services are compatible with the needs / routines of the stakeholders. Carers are offered an assessment of needs in their own right
2.8 Parents and carers aware of how to access the necessary advice and services for their child	<ul style="list-style-type: none"> Plan for provision of information and resources through a range of channels 	Priority 2 Project Group	TBC	<ul style="list-style-type: none"> In line with EWB strategy implementation 	

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	Effective multi-disciplinary care pathway in place
2.9 Sufficient therapy capacity is availability to ensure effectiveness contribution to the care pathway , particularly diagnostic assessment and targeted follow up support to families	<ul style="list-style-type: none"> Review of therapy capacity , particularly occupational therapy with respect to the care pathway, and options for meeting the need 	Priority 2 Project Group	April 2014	<ul style="list-style-type: none"> Effective multi-disciplinary input to care pathway 	

PRIORITY 3: ACCESS TO SERVICES (INCLUDING TRANSITION)

Key Issues:

- There are currently 175 children on statements (as at January 2013) with a main presenting need of ASC identified and 29 young people aged between 13 and 18 years of age with ASC who will require transition planning
- There are an estimated 1641 adults with ASC in Richmond, of which around 820 may have Asperger syndrome/high functioning ASC; it is unlikely that all those with ASC will require services
- The number of people with ASC is projected to increase over the next 10 years or so, although this is largely due to increases in the number of people generally
- There is currently no pathway or service provision for those with Asperger syndrome/high functioning ASC unless they meet the criteria for learning disability or mental health services
- As therapeutic services are only available once an adult with ASC already has a mental health problem, there is little available to ensure those with ASC are picked up and supported appropriately before a mental health problem occurs

National Strategy / Statutory Guidance Key References:

- Around 70% of children with ASC identified through the SEN system have statements and therefore transition planning must take place
- Local authorities must arrange assessments of needs and the provision that will be required to meet those needs for all young people with statements who are thinking of going on to further education or training
- Effective transition planning should include career preparation up to age 16 and plans for education, employment, training, transport, housing and leisure from 16 to 19 and beyond
- Local authorities need to comply with their existing legal obligations around transition planning
- Young people with ASC and their families / carers should always be involved in transition planning
- Adults with ASC should be able to access personal budgets and direct payments in line with the assessment of their needs, following FACS criteria
- Local authorities should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with ASC
- Local commissioning plans should be developed and reviewed annually
- Local authorities should gather / collect key data to inform commissioning and service planning
- Existing services to make reasonable adjustments (in line with DDA), enabling people with ASC to integrate / use services equal to existing service users.

OVERALL ACCOUNTABILITY: Join Transitions Board

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale	Measurable benefits	Impact on service user / carer (“stakeholder”)
3.1 Appropriate transition planning for individuals with ASC to be in place, including appropriate information sharing	<ul style="list-style-type: none"> • Establish a Multi-Agency ASC Programme Board to lead on the development of transition planning for ASC • Existing transition planning processes will be reviewed and updated if necessary • ACS Programme Board to ensure that all key partners, services and agencies work together to support young people through transition to adult services • Consider how the SEN reforms impact / help support transition planning • Consider how the new Richmond Wellbeing Service may be able to provide appropriate support for young people with ASC and mild / moderate mental health conditions as they reach adulthood 	Priority 3 Project Group	<p>Q1 April 2013</p> <p>Q4 March 2014</p> <p>Q4 March 2014</p> <p>TBC</p> <p>TBC</p>	<ul style="list-style-type: none"> • ASC transition plans in place and published • Information sharing policies in place and published • Compliance with statutory duty • Assessments are carried out at an appropriate age. • Support for adults with ASC and mild / moderate mental health conditions is available 	There is a clear pathway for stakeholders to access support, services and information with particular emphasis on times of change.
3.2 Ensure appropriate support is available for young people with ASC in further education	<ul style="list-style-type: none"> • Review current arrangements for supporting students with ASC in further education • Develop additional / expand appropriate support mechanisms if required • Make reasonable adjustments to environment and content if required 	Priority 3 Project Group	<p>Q3 Dec 2013</p> <p>Q3 Dec 2013</p> <p>Q4 March 2014</p>	<ul style="list-style-type: none"> • Increased numbers of students with ASC access and succeed in further education. 	

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits
3.3 Adults with ASC receive the appropriate support to access employment	<ul style="list-style-type: none"> Commission a multi-disability employment service, which will specifically include supported employment opportunities for individuals with ASC. Access to the above service is not necessarily reliant on meeting FACS criteria 	Priority 3 Project Group	Q2 Sept 2013	<ul style="list-style-type: none"> Number of adults with ASC referred to this service that find employment increases by 20%.
3.4 Appropriate housing is available and housing needs are identified, avoiding crisis intervention.	<ul style="list-style-type: none"> New local housing strategy considers the needs of those with ASC Future housing needs are included in transition planning Establish protocol for communication and integration of future housing needs to inform housing strategy 	Priority 3 Project Group	TBC	<ul style="list-style-type: none"> Survey of stakeholders using proposed / existing forums to assess appropriateness of housing Protocol for communication in place
3.5 Community access, social and leisure opportunities exist for individuals with ASC	<ul style="list-style-type: none"> Review existing opportunities and identify barriers to inclusion Explore feasibility of specialist opportunity for supported socialisation and community access 	Priority 3 Project Group	Q3 Dec 2013 Q3 Dec 2013	<ul style="list-style-type: none"> Survey stakeholders using proposed / existing forums to assess: <ul style="list-style-type: none"> Improvement of activity levels Improvement of social integration Improvement of emotional and mental wellbeing
3.6 Information about transition and services is easily accessible and available	<ul style="list-style-type: none"> Work with key partners to publish information on available services Develop a website with clear, comprehensive information 	Priority 3 Project Group	Q1 and ongoing April 2013 Q1 and ongoing April 2013	<ul style="list-style-type: none"> Information pack and website available and up-to-date

PRIORITY 4: LEADERSHIP AND GOVERNANCE

Key Issues:

- There is currently no clear governance structure for ASC

National Strategy / Statutory Guidance Key References:

- The Director of Adult Social Services (DASS) in each local authority should ensure there is a joint commissioner / senior manager who has in their portfolio a clear commissioning responsibility for adults with ASC. This is the key leadership role locally and local authorities are expected to appoint someone
- The commissioner / manager should participate in relevant local and regional strategic planning groups and partnership boards including the proposed Health and Wellbeing Board
- The development of commissioning plans could be led by the Health and Wellbeing Board under its proposed remit to lead the JSNA
- Local partners may also want to consider establishing a local ASC partnership board

OVERALL ACCOUNTABILITY:

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale	Measurable benefits	Impact on service user / carer ("stakeholder")
4.1 Deliver Autism Strategy	<ul style="list-style-type: none"> A senior manager / commissioner in LBRuT is identified to be the lead for ASC A senior manager / commissioner in NHS Richmond is identified to be the lead for ASC Multi-agency partnerships are set up and used to ensure the needs of individuals with ASC are met 	Priority 4 Project Group	Q1 April 2013	<ul style="list-style-type: none"> Clear leadership for ASC Autism Strategy is delivered 	<ul style="list-style-type: none"> Confidence and trust in services provided for people with ASC's by LBRuT and Richmond Health Evidence that views from consultations have been listened to and acted on
4.2 Establish governance structure	<ul style="list-style-type: none"> Consider if set up of local ASC partnership board is appropriate Establish protocol for clear lines of communication, reporting and accountability 	Priority 4 Project Group	Q1 April 2013	<ul style="list-style-type: none"> Autism Strategy is delivered 	<ul style="list-style-type: none"> An ongoing partnership to shape services for the future

Objective / Change Required	Action toward achieving change	Who is responsible	Timescale for completion	Measurable benefits	
4.3 Identify key priorities for commissioning relating to ASC	<ul style="list-style-type: none"> NHS Richmond to undertake needs assessment ASC to be included in JSNA 		Q1 April 2013	<ul style="list-style-type: none"> Governance through Health and Wellbeing Board 	
4.4 Joint investment in services aligned to needs of those with ASC	<ul style="list-style-type: none"> Develop an integrated ASC commissioning plan based on the findings of 4.2 	Priority 4 Project Group	Q3 Dec 2013	<ul style="list-style-type: none"> An integrated commissioning plan 	