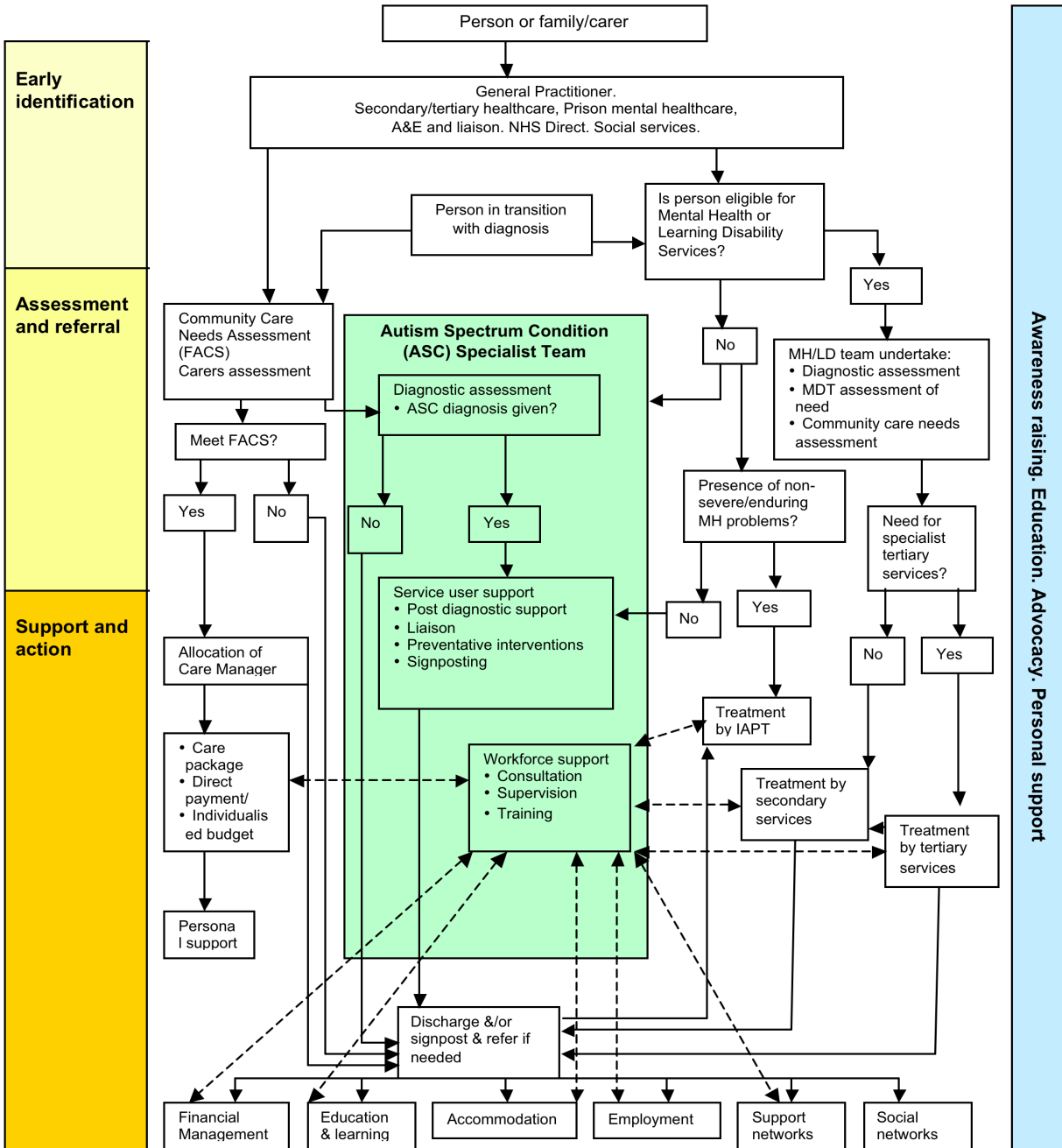


Bristol autism spectrum condition adult care pathway

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Autism Spectrum Condition Adult Care Pathway



Key points from care pathway

Current Service Issues

- People with Asperger Syndrome without significant psychiatric co-morbidity are currently excluded from accessing mental health/learning disability services. This means that not only are people unable to access diagnostic assessment, if they do experience problems, they are also unable to receive prompt, timely intervention. The consequence being that services are typically only available at the point of crisis, which is both unhelpful and expensive.
- If people with ASC do manage to access mainstream health and social care provision, due to a widespread lack of specialist training and expertise with regard to autism amongst frontline staff, their needs are poorly understood, leading to them receiving services which can be ineffective, inappropriate, and potentially harmful.
- Due to various recent policy initiatives (including the Autism Act, the National Autism Strategy and the statutory guidance), this situation is becoming increasingly untenable.
- However, the lack of additional investment from central Government means that any solution will have to be low-cost and sustainable. This means that for the most part, the needs of adults with ASC should be met within existing services.
- However, two problems remain:
 - Significant competency gap amongst frontline staff with regard to how to work effectively and efficiently with people with autism.
 - Existing services will not be able to offer diagnostic assessment and preventative treatment, accessible from primary care
- This care pathway attempts to solve these problems by recommending the creation of small, multi-agency, jointly commissioned specialist ASC teams, with a remit to provide two broad areas of activity:

i) Workforce support to agencies across the care pathway (including health, social care and voluntary sector organisations) involved in providing services to people with ASC, via:

- **Supervision clinic** to enable professionals in secondary mental health/learning disability services to properly diagnose & manage people with ASC
- Provision of comprehensive, ongoing **programme of training** and awareness-raising to front-line staff across care pathway, targeted to meet the specific training needs of different organisations
- **Consultation/liaison service** to local social care & voluntary sector agencies working with people with ASC, to enable them to obtain:
 - Ongoing, specialist advice about specific cases
 - Support to adapt their services to enable them to be more appropriate and accessible to people with ASC
- **Partnership working** with relevant stakeholders to develop and implement a range of local initiatives to improve the quality of life of people with ASC, and reduce levels of social exclusion.

ii) Direct work with people with ASC who are not able to access existing provision due to the absence of significant psychiatric co-morbidity and/or learning disability, including:

- **Diagnostic service**, accessible from primary care
- Comprehensive package of **post-diagnostic support** for people with ASC and their families/carers

- **Assessment of need** across health, social care, housing, employment, education etc, and **signposting** to agencies who can help with this
- **Range of preventative interventions** to help avoid unnecessary contact with mental health services, and promote social inclusion/independence – i.e. development of self-directed social support networks, “social skills training” etc
- Idea is not to become the people who provide all the services for people with ASC - this would not be sustainable, and would locate all the expertise in a small part of the care pathway
- **The role of the specialist ASC team is therefore essentially a facilitative one – to liaise with mainstream services to help them work better with people with autism, and to offer diagnostic and preventative treatment services to people with ASC who otherwise would not be picked up.**
- In terms of access to diagnosis – if the individual is eligible for mental health or learning disability services, it is the responsibility of these services to diagnose, with support from the specialist team.
- The same applies to social care assessments – each team should include a qualified social worker, whose job is to train and liaise with generic adult social care teams to enable them to provide a better service to adults with ASC.
- Following diagnosis, a full needs assessment should be carried out, the results of which will enable the team to signpost people with ASC towards agencies across the care pathway to facilitate access to appropriate support
- Importantly, all these agencies can access the same level of training & support as mainstream health & social care providers
- Thus if a person with ASC identifies needs around employment, they will be signposted to an employment service, who will have access to ongoing training & liaison from specialist team
- Likewise, if “low-level” mental health needs are identified, the person will be signposted to their local IAPT provider, who will similarly have access to specialist training & supervision

Key challenges

- How to do this with no new investment:
 - Resources allocated to the creation of new teams will inevitably have to come from elsewhere in the care pathway
 - Need for local areas to develop robust business cases, based around QIPP agenda
- How to develop sufficient local expertise:
 - General lack of experienced, skilled clinicians across the UK
 - Need for core training of health and social care professionals to include more emphasis on ASC
- How to guarantee financial sustainability
 - Neighbouring PCTs/Local Authorities to be encouraged to enter into commissioning partnerships to achieve economies of scale
 - Funding to be sought locally from different commissioning budgets, so that resources are pooled, and each stakeholder makes an appropriate contribution.

For further information contact:

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