



All Party Parliamentary Group on Autism

Minutes of Meeting on 7 March 2006: Next Steps for Adult Social Care

Parliamentary Attendance:

Liz Blackman MP
Liam Byrne MP
Paul Holmes MP
Russell Brown MP
Staff member for Christine Russell MP

Apologies:

Evan Harris MP	Janet Dean MP	Rudi Vis MP
Dawn Primarolo MP	Roger Gale MP	Oliver Heald MP
Lord Astor	Gwyn Prosser MP	Anne Milton MP
Robert Walter	Tim Boswell MP	Andrew Dismore MP
David Drew	Marsha Singh MP	Jeremy Hunt MP
Eleanor Laing	Mike Hancock MP	Rt Hon Sir Alan Haselhurst MP
Andrew Gwynne	Chris Ruane MP	Caroline Spelman MP
Betty Williams	David Amess MP	Roger Williams MP
Hywel Williams	Anne Begg MP	
Lord Clement-Jones	Helen Southworth MP	

Speakers

Liam Byrne MP was then Parliamentary Under-Secretary of State for Care Services at the Department of Health. He is leading the drive to personalised health and social care services with the Government's White Paper, *'Our Health, Our Care, Our Say'*.

Tom Moore has recently completed a project report on Person-Centred Services for Adults with Autism for Surrey County Council. The project has made practical recommendations for autism services in Surrey, having mapped provision and asked people with ASD about their priorities.

Carol Povey is Head of Adult Services at The National Autistic Society.

Liam Byrne noted that the White Paper has had a good reception so far. There are three main themes:

- Personal control of care
- Prevention
- NHS and local councils working together



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Summary:

- Care needs to move out of hospitals, personal budgets should be expanded.
- The balance of spending needs to shift to provide more effective low level support.
- Figures on prevention expenditure are unclear. A panel should be set up to assess this.
- NHS and Local Government need to have the same budget schedule. GP's and social care professionals need to work within a mutually compatible framework, so as to create a joint infrastructure.

Thoughts and ideas were welcomed.

Keith Hasted, Kingwood Trust, said that the process of administering direct payments is overly complex. This is a major barrier to individuals who want greater access to choice.

Adrian Whyatt, DANDA, raised the problem of people with Asperger syndrome and high-functioning autism accessing Valuing People services and being excluded from housing registers.

Mia Rosenblatt, NAS, noted health and social care coming together in the white paper, but that there was a difference at local authority level.

In reply, Liam Byrne said:

- With regard to Direct Payments, there is a chance for voluntary/charitable organisations to assist with a 'brokering service.' These organisations should be encouraged to take this on, on a national level where possible, as they have the potential to innovate across the board a lot faster than government. The example of Age Concern in Newcastle was given.
- On Valuing People, within councils people are pointing up to managers, who need to consider the community they serve and rethink through the services that are on offer. They should consider what people's needs means for different services.
- Social care and health services should ideally be based on one site for greater convenience, which is an ambitious yet viable idea.
- With regards to housing registers, Strategic Needs Assessments should be shared with directors of public health. A shared plan should lead to a genuine focus on communities.
- With regard to the divide between learning disability and mental health teams, people should be encouraged to think on an outcomes basis, and there should be an alignment between the two departments.



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Carol Povey gave an overview of White Paper and what it means for people with ASD and their families (*a copy of Carol's presentation is attached*):

Summary:

- The White Paper is merely a collection of 'great intentions' without the appropriate funding. At the moment, Direct Payments are too small to be able to provide decent services.
- Inappropriate eligibility criteria are stopping people from accessing services. Low level respite care would eradicate the need for emergency cases.
- With regards to Integrated Services, we need to ensure that those with an ASD are included in Local Needs Assessments.
- Many people with an ASD do not feel able to access GP services due to a lack of understanding. There needs to be appropriate health checks that take into account the needs of people with autism.

Tom Moore spoke about the Surrey County Council autism project (*a copy of Tom's presentation is attached*):

Summary:

- What's happening? Expertise in Services: Creating a network of expertise in autism. This incorporates autism champions.
- Overview of results from consultation on Health Services, Accommodation and Support, Employment Support and Adult Education.

Commenting on earlier questions about people with Asperger syndrome and high-functioning autism, Tom mentioned low-level services for people with AS – such as Guildford and Waverley PCT that has commissioned a drop-in service for people with AS, and a monthly social group for people with AS. This should be picked up for permanent funding.

Questions

Austin Harney, Public Guardianship Office, asked how to we overcome the awareness problem – such as GPs denying that Asperger's exists.

Jenny Fisher congratulated Tom on his work, and asked if there was a care pathway for people with autism in Surrey. There was a care pathway in Leicester, but it needed to be implemented.

Richard Mills, NAS said that a lack of knowledge amongst officials is a major problem. Commissioners of services are often largely ignorant of autism.

In reply, Tom Moore said:

- He had come across a very effective model for training in Surrey. Ten mentors each receive six months training.



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- Training GPs is very difficult and practice-based commissioning was a worrying development.
- Understanding amongst commissioners is an important point – there are no champions at that level in Surrey, but management-level training is being put together.

Richard Exley said that training must be relevant to ASD and also current; it needs to be on people's own terms and at their own pace.

Cris Bolduc said that Buckinghamshire Council were making £15m of cuts in social care services, which she said were abysmal anyway.

Tom Moore replied that the counter-argument to those cuts is that it costs more not to do it (i.e. not to provide adequate services for people with ASD) than to do it.

Cris Bolduc added that when her son had a short period out of Broadmoor he was not supported and the placement failed. There was no-one with training in Asperger syndrome there.

Since Liam Byrne had to leave the meeting early, he offered to reply to additional questions that people raised. His answers are given below.

1. What happens to those with Aspergers/High Functioning Autism Spectrum Condition who do not fit the criteria of Adult Services even though their condition warrants a statement of special educational needs? These people are commonly ignored and may end up getting into trouble.

Young people who have had statements of special educational needs at school should have assistance with their transition to adult life through a multi-agency year 9 annual review and transition plan.

Under current arrangements, the Connexions Service (advice and guidance service for young people) takes an important role in overseeing implementation of a young person's transition plans. Under the Department for Education and Skills' Green Paper *Youth Matters* and the follow up *Youth Matters: Next Steps*, targeted support will be available for young people with complex needs who require support from more than one agency. This includes young people with SEN who are in danger of becoming involved in criminal behaviour, with a lead professional playing a key role in drawing this support together.

Work to strengthen transition planning is underway through the national programme on person centred transition, led by the Valuing People Support Team joint with the Department for Education and Skills. This work enables local agencies to understand what is important to the young person and their family and what support is available in the community. This is particularly important when social services support may not be able to the young person as they move into adulthood.



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The White Paper *Our Health Our Care Our Say* sets out how the role of Directors of Adult Social Services will have a particular focus on promoting well being and social inclusion for all adults in their community.

2. One of the difficulties social and health services departments are having is that funding streams are service group-specific (e.g. learning disabilities or mental health). Dedicating more funding to vulnerable adults would enable commissioners more flexibility to support people with Aspergers Syndrome or High Functioning Autism.

I understand that people with higher functioning forms of autism are not always appropriately served by learning disability or mental health services. “Valuing People” implementation guidance says that people with Aspergers Syndrome may require an assessment of their social functioning and communication skills in order to establish their level of need.

National Directors of Learning Disability and Mental Health are commissioning a piece of work to develop a document for people working for people with ASDs. It will clarify how existing policies apply to people with ASD and what this means in terms of government expectations for service delivery.

Social care funding for all adults is provided principally via the general Formula Grant distributed by the Office of the Deputy Prime Minister. There are no restrictions on what local government can spend both Formula Grant and un-ringfenced specific grants (those issued without conditions) on.

Although the Department of Health is responsible for setting overall policy in respect of adult social services, individual local authorities have a significant degree of flexibility to manage and direct their own resources in accordance with local priorities and the needs of the communities to which they are accountable.

3. One of the barriers which the White Paper will try to tackle is the low uptake of direct payments. However, countrywide Centres for Independent Living, that support people to take up direct payments, are facing closure due to competitive pressures from larger private sector organizations. In Improving Life Chances, the strategy stresses the need for disabled people to be supported by organizations of disabled people. How will the government resolve this conflict in policy?

I recognise Centres for Independent Living (CILs) are one of a range of means to support independent living, including providing support for people to take up direct payments. We are considering how to take forward the recommendation in ‘Improving the Life Chances of Disabled People’ about user-led organizations.

I understand that the Association of Directors of Social Services (ADSS) is working with the National Centre for Independent Living (NCIL) to develop a protocol recognizing the valuable role of user-led organisations and seeking to enable them to bid in an equal way for local authority contracts.