

Report of to the meeting of The Health and Wellbeing Board to be held on 19th September 2019

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Subject:

Assessment and Diagnosis of Autism in Adults

Summary statement:

This report summarises the background and current position in relation to service delivery for the assessment and diagnosis of autism in adults.

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Portfolio:

Healthy People and Place

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The report summaries the background and current position in relation to the assessment and diagnosis of neurodevelopmental disorders in adults.

2. DEFINING AUTISTIC SPECTRUM CONDITIONS

- 2.1 Autism occurs early in a person's development. Someone with autism can show marked difficulties with social communication, social interaction and social imagination. They may be preoccupied with a particular subject or interest. Autism is developmental in nature and is not a mental illness in itself. However, people with autism may have additional or related problems, which frequently include anxiety. These may be related to social factors associated with frustration or communication problems or to patterns of thought and behaviour that are focussed or literal in nature. Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. Autism spectrum disorder has no single known cause. Given the complexity of the disorder, and the fact that symptoms and severity vary, there are probably many causes. Both genetics and environment may play a role

3. BACKGROUND

- 3.1 The Assessment and diagnosis of adult autism is provided by Bradford and Airedale Neurodevelopment Service (BANDS), which also provides adult ADHD assessment. Apart from the referral route being the same the two functions run independently. The service specification for BANDS refers to 50 assessments for each "condition", support to mainstream services who are seeing patients with autism and/or ADHD and awareness raising/training for primary care, community and inpatient services. The service opened in April 2015 and after the first year of service both components of the pathway closed to new referrals due to higher than expected referral numbers. Following 18 months of closure, the ADHD pathway reopened to new referrals. The autism pathway had been unable to tackle the waiting list due to professionals leaving the service and difficulties in recruiting replacements. No assessments for autism were undertaken for over a year. Staffing levels are very low for this service and therefore there is little resilience in this provision.

4. CURRENT SITUATION

- 4.1 Peer review and support was requested by the service. Leeds and York Partnership Foundation Trust (LYPFT) autism service has been through a service improvement initiative to streamline their pathway, ensure robust triage and aim to

increase the numbers being assessed. The Leeds service has given peer support to share their learning and particularly to share their new triage process ensuring staff are able to identify quickly whether further information is required prior to assessment and to identify individuals where a more streamlined pathway to the current one offered in Bradford can be indicated. All referrals on the current waiting list within BANDS (autism service) were subject to this new triage process. Following more in-depth triage some referrals have not been accepted due the lack of information or due to the fact that there is no indication that Autism assessment is required.

- 4.2 The Autism assessment service is still closed to new referrals whilst the waiting list was reduced. Whilst the service has been closed to new patients the IFR process has been the only route for assessment/diagnosis. Over 100 requests were received through IFR whilst the service has been closed. A small number of patients were deemed appropriate for IFR approval (ie were funded to be seen by an alternative service primarily due to the severity/risk being presented). As of August 2019, the waiting list at Bradford District Care Trust has now been cleared. This required additional clinical capacity to be purchased from LYPFT using non-recurrent funds. Those patients who had been referred for IFR have also now been assessed using clinical services purchased directly from LYPFT and South West Yorkshire Partnership Foundation Trust (SWYPFT). Referrals continue to come in to the IFR process as the only route available to referrers.

5. CURRENT INVESTMENT

- 5.1 Recurrent investment for adult assessment and diagnosis service delivery is £115k. Non-recurrent funding to address the backlog waiting list was agreed by the CCGs at £100k.

6. NEXT STEPS

- 6.1 The CCGs are working with BDCFT to determine the future of an assessment and diagnosis service for Bradford district and Craven. Currently, the local service has clear limitations in terms of resilience, clinical leadership, and capacity. This situation offers us an opportunity to work with partners with assessment and diagnosis service serving much larger populations. This also allows us to consider collaborative working for pre and post-diagnostic support with partners across health and care that could maximise economies of scale.

7. RECOMMENDATION

- 10.1 That the update be noted.