### Recommendation(s)
The MHP Committee are asked to note this progress report.

### Summary/Background
The MHP has established an ASD Interim Planning Group to provide corporate leadership and be the source of advice and guidance to joint planning processes. A sub-group has been established to review future service options, including a review of the future role of the Autism Resource Centre. It remains the over-riding goal to build expertise and capacity within mainstream services to better meet the needs of people with ASD.

### Background/Policy/Legislative Context

### Financial Implications
A recurring funding gap of £185k for the Autism Resource Centre requires to be addressed through service redesign

### Human Resources Implications
To be determined following outcome of service review. Potential staff redeployment issues. Further training and development implications for mainstream services.

### Equalities Implications
Requirement for the needs of people on the autism spectrum to be reflected in Equality Scheme Action Plans.

### FoI Status (delete those that do not apply)
Public

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**1. Introduction – What is Autism?**

Autism is a developmental, life-long disability that affects how a person communicates with, and relates to, other people. Autism is a spectrum disorder which means that, while all people with autism share 3 main areas of difficulty, their condition will affect them in different ways. The 3 main areas of difficulty are:-

- Social interaction (potentially leading to isolation)
- Social communication (difficulty using and understanding language)
- Social imagination (difficulty planning and coping outwith their own routine)

People with autism may also experience sensory sensitivity and may have an accompanying learning disability. It is estimated that there is a 1% prevalence rate of ASD in the population.
2. Current Services

The Autism Resource Centre (ARC) was established in 2005 within Greater Glasgow to better meet the needs of people with ASD following a joint Health Board and Glasgow City Council review. The ARC carries out 4 main activities:-

- Diagnosis, Assessment, Intervention and/or Referral (including weekly clinics across Glasgow; individual and group interventions; post diagnostic support; drop-in facilities)
- Training (for professionals, carers and clients – 5 levels of training ranging from general awareness raising to diagnostic training for clinicians)
- Information and Advice (including access to publications, software, specialist advice)
- Strategic Development (to help build capacity within mainstream services to better meet the needs of people with ASD, eg the development of a network of link practitioners within learning disability teams to promote good practice and improve service delivery, and supporting the development of a transitional services protocol between children’s and adult services)

3. Current Funding of the ARC

The ARC consists of approximately 12wte staff, including psychology, nursing, speech and language therapy, management and administrative staff, as well as sessional consultant psychiatry input. This equates to an annual running cost of circa £500k. Until recently, the cost of this service was met from 3 sources; £190k recurring from Glasgow City via Learning Disability Partnership, £120k recurring from NHS GG&C via Learning Disability Partnership, and £185k non-recurring from Scottish Government as part of a 3 year allocation to assist with the development of the ARC. The Scottish Government allocation has since ended. For 2006/07 and 2007/08 the Mental Health Partnership bridged the gap utilising slippage on development monies. Vacancy management and staff redeployment are being used to sustain the service, however this approach cannot be sustained in the longer term.

4. Future Services

The need to identify a sustainable service model to meet the needs of people with ASD has been recognised for some time. The ARC was envisaged to have a limited life-span in its current form, during which point it was intended to contribute to the ability of mainstream services to better meet the needs of ASD clients in whatever care setting they presented.

To inform options on future service models, the MHP has established a review group, which aims to report its findings by September 2008. The review group reports to the recently established NHS GG&C ASD Interim Planning Group, which will link with CH®P planning processes and Glasgow City’s ASD Working Group.

In keeping with other successful service models, it is probable that a staged model of intervention will be sought (emphasis on early intervention), with training and education to enable existing primary care and community teams to be more aware of the needs of ASD clients and for certain staff to be trained in diagnosis and assessment. For ASD clients requiring highly specialist clinical input, it maybe possible to create a ‘virtual’ team or network of professionals that can be called upon as and when required. The central ‘hub’ role that ARC currently provides for clients accessing the resource centre will be taken into account when considering future service options. There is a desire to realise a consistent approach across NHS GG&C.

In determining service options for the future, the MHP and planning partners will take into account national guidance and standards for ASD services, most notably the recently published Scottish Government report ‘Commissioning Services for People on the Autism Spectrum: Policy and Practice Guidance’.