Improving Services for adults with autism
NATIONAL CONFERENCE

NAO
National Audit Office

Key findings from the NAO study

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What does the National Audit Office do?

- **Scrutinise economy, efficiency and effectiveness of public spending.**
- **Totally independent of Government.**
- **Produce around 60 value-for-money reports each year, 6-7 on health and social care issues.**
- **Work closely with the Parliamentary Public Accounts Committee (PAC), whose hearings and investigations are based on our work.**
- **Save the taxpayer £9 for every £1 it costs to run the NAO (savings of £768 million in 2008-09).**

Our VFM report on autism (June 2009)

- Covering services for people across the whole autistic spectrum, from age 14 through transition and adulthood.
- Including:
  - Health and social care
  - Further and higher education
  - Access to benefits
  - Employment support

Our methodologies

- Census of LAs and NHS partners, covering identified need, services, expenditure, transition.
- Review of DWP benefits system and employment support.
- On-line survey of 1000 GPs, exploring training, availability and perception of autism services.
- Other surveys, e.g. Further and Higher Education support staff.
- Focus groups and web forum for people with autism and carers.
- Financial modelling of costs & benefits of specialist services for people with high-functioning autism.

Our findings...

Availability of data to identify need and inform planning

- LAs and NHS organisations often lack robust data on numbers of adults with autism in their area.
- Only 18% of LAs and NHS partners were able to give actual numbers of adults with autism and LD receiving services.
- Only 12% could do so for the high-functioning group.
- Impacts on ability to identify need, plan capacity and commission appropriate services.

Coverage of autism in local strategies

- 92% of LAs have a Joint Strategic Needs Assessment in place, but only 21 per cent of these mention autism.
- 31% of LAs do not have a named lead service for adults with high-functioning autism (4% for autism with LD).
- 74% of LAs and NHS partners do not have a specific commissioning strategy for adults with autism.

Transition from children's to adult services

- 21% of Local Authorities could not tell us how many children with autism and with a Statement of Special Educational Needs were living in their area (despite this information being routinely collected as part of the Schools Census).
- As at December 2008, Connexions did not know the training, employment or education status of 31% of its clients aged 16-24 with a learning difficulty or disability.

Training and awareness

- 80% of GPs said they need further guidance and training to identify and manage patients with autism more effectively.
- Almost 25% of local training plans for NHS and social care staff do not cover autism.
- Only 30% of LAs' training for FACS assessors covers high-functioning autism and the needs of people who have it.
- Similar issues in Connexions & DWP – e.g. only around 300 of the 500 Disability Employment Advisors in the UK have received training in autism.

Eligibility and Access

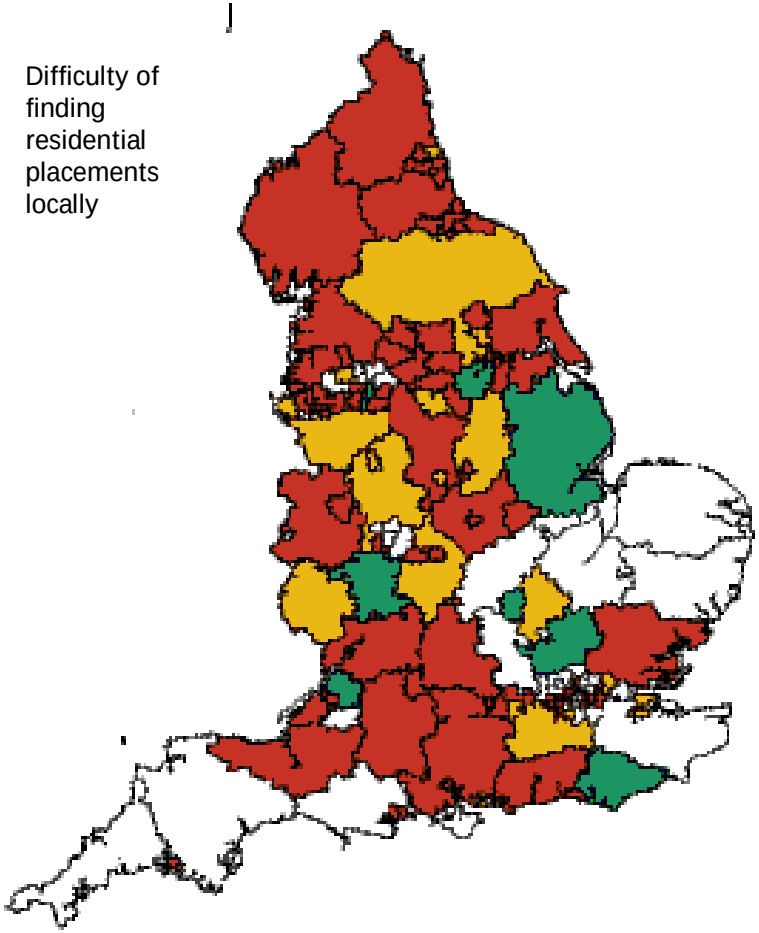
- A combination of a lack of awareness of autism and the way health and social care services have traditionally been configured means that adults with `high-functioning' autism can 'fall through the gap' between learning disability and mental health.
- There is a risk therefore that without support individuals with high-functioning autism may fall victim to social isolation, depression and mental health crises requiring acute intervention.

A diagnosis of autism can help

- informing support needs;
- helping individuals to make sense of their lives
- preventing misdiagnosis of mental illness;
- reducing inappropriate contact with the criminal justice system

- But only 29 per cent of Local Authorities and NHS bodies commissioned specialist autism diagnostic services in 2007-08

Out-of-Area Placements



Some people with particularly complex needs (e.g. dual diagnosis) may need specialist support out-of-area.

But evidence that some adults with autism in inappropriate and expensive settings out-of-area.

Very little data on numbers of placements or expenditure.

Two thirds of areas find it difficult to identify appropriate residential placements and supported housing locally.

Costs and benefits of specialist services for adults with high-functioning autism

- Our financial model compares:
  - current service provision, utilisation and outcomes for people with high-functioning autism
    - » **against**
  - theoretical situation where specialist health, social care and employment support are available for this group throughout England.

Key drivers of model

- Proportion of population with high-functioning autism identified and supported (assuming 0.5% prevalence);
- Probability of different housing settings;
- Probability of accessing acute MH services (CRHT / inpatient);
- Probability of successful employment outcomes.

The model suggests...

- Access to acute MH services may *increase* after identification and support by specialist service.
- But greater proportion of clients in more independent housing settings if specialist service in place.

Overall…

Providing such a service is very unlikely to cost more over time than not doing so (could even be cost saving, depending on effectiveness of service and ID rate).

But… Costs may be borne by one part of system, savings realised by others.

13 Probabilistic Sensitivity Analysis with identification rate held constant at various levels, showing England-wide costs and benefits to both public services and private individuals

	Annual England-wide incremental costs/(benefits), specialist service vs no specialist service						
Identification rate	**2%**	**4%**	**6%**	**8%**	**10%**	**12%**	**14%**
Estimated cost/ (benefit) to Department for Work and Pensions (£ million)	0.0	3.2	6.4	9.5	9.5	12.7	15.9
	0.0-3.2	0.0-9.5	0.0-12.7	0.0-15.9	0.0-22.3	3.2-25.4	3.2-28.6
Estimated cost/(benefit) to Local Authorities (£ million)	0.0	(35.0)	(70.0)	(104.9)	(139.9)	(174.9)	(209.9)
	(22.3)-15.9	(95.4)-3.2	(165.4)-(6.4)	(241.7)-(19.1)	(311.6)-(28.6)	(381.6)-(41.3)	(448.4)-50.9
Estimated cost/(benefit) to NHS (£ million)	22.3	25.4	25.4	28.6	31.8	31.8	35.0
	22.3-22.3	22.3-28.6	22.3-31.8	22.3-38.2	25.4-41.3	25.4-47.7	25.4-50.9
Estimated total cost/ (benefit) to public purse (£ million)	**22.3**	**(6.4)**	**(38.2)**	**(66.8)**	**(98.6)**	**(130.4)**	**(159.0)**
	6.4-38.2	(57.2)-28.6	(127.2)-19.1	(190.8)-6.4	(251.2)-(3.2)	(314.8)-(9.5)	(381.6)-(19.1)
Estimated total cost/ (benefit) to private individuals (including gross earnings) (£ million)	**(6.4)**	**(6.4)**	**(9.5)**	**(12.7)**	**(15.9)**	**(19.1)**	**(22.3)**
	(9.5)-0.0	(15.9)-(3.2)	(22.3)-(3.2)	(28.6)-(3.2)	(35.0)-(6.4)	(41.3)-(6.4)	(47.7)-(6.4)
Estimated Income Tax and National Insurance contributions recovered from benefits to private individuals but not counted as benefits to public purse, above (£ million)	(1.59)	(3.18)	(4.77)	(6.36)	(7.95)	(9.54)	(11.13)
	(3.2)-0.0	(6.4)-0.0	(9.5)-(1.6)	(12.7)-(3.2)	(15.9)-(3.2)	(19.1)-(3.2)	(22.3)-(3.2)

Source: National Audit Office analysis

NOTE

Figures may not sum exactly due to rounding. Figures in grey are 95 per cent confidence intervals for the estimated results.

Our recommendations include:

- LAs / NHS to make better use of existing data (e.g. SEN / schools census data to plan future adult service provision);
- Local bodies to review appropriateness and cost-effectiveness of long-term out-of-area placements;
- Improved training and guidance for health and social care staff;
- DH to build on our model to explore costs and benefits of specialist services for high-functioning adults.

Committee of Public Accounts report:

- Hearing held in June;
- Report published today, 15 October;
- Reinforces NAO recommendations;
- Provides key messages for the Autism Strategy;
- Government, by convention, will respond.