

13 November 2017**Agenda Item: 9**

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE COUNTYWIDE ASPERGERS TEAM

Purpose of the Report

1. To seek approval to establish an additional 0.5 full time equivalent (FTE) Social Worker post (Band B) on a permanent basis to manage increasing demand on the Countywide Asperger's Team.
2. To seek approval to establish the following posts on a temporary basis for a period of 12 months to eliminate the current waiting list for assessments:
 - 1 FTE Social Worker (Band B)
 - 1 FTE Community Care Officer (Grade 5).

Information and Advice

3. Asperger syndrome is a form of autism which is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people. While there are similarities with autism, people with Asperger syndrome have fewer problems with speaking and are often of average, or above average, intelligence. They do not usually have the accompanying learning disabilities associated with autism, but they may have specific learning difficulties. These may include dyslexia and dyspraxia or other conditions such as attention deficit hyperactivity disorder (ADHD) and epilepsy¹.
4. The Countywide Aspergers team was established in 2009 to ensure the Council was able to fulfil its statutory duties under the Autism Act (2009). The team is staffed by 1 FTE Team Manager, 2.5 FTE Social Workers, 2 FTE Community Care Officers and 2 FTE Promoting Independence Workers (PIWs).
5. The Autism Act (2009) was the first disability specific law in England. It puts a duty on the Government to produce a strategy for autistic adults and to produce statutory guidance for local councils and health bodies on implementing the autism strategy. The original guidance was published in December 2010 and was then updated in March 2015.
6. The Autism Act (2009) puts specific duties on local authorities and the NHS such as providing appropriate training for all staff (including specialist training for key staff such as community care assessors), ensuring a clear pathway is in place to diagnose and assess adults with autism, ensure an autism lead is appointed in their area and that services are commissioned based on adequate population data to meet local needs. Furthermore, a local authority cannot refuse a community care assessment for adults with autism solely

¹ <http://www.sabp.nhs.uk/advice/FAQs-and-diagnoses/What%20is%20Asperger%20Syndrome.pdf>

based on IQ. This is regardless of any previous decision made by professionals as to whether any assessment would be beneficial and lead to an outcome for the person which would provide them with additional support, such as a personal budget.

7. Referrals can be made by anyone, including self-referral, family, carer or professional. All referrals go through the Customer Service Centre (CSC), which is provided with a script. The CSC aims where possible to meet people's needs without requiring a referral to the Aspergers Team. When appropriate the CSC will, for example, refer people to prevention and enablement services that the Council funds to help them to live independently and maintain their own home, such as Brighter Futures. The majority, however, do require a referral to the Aspergers Team. In order to be referred the person has to "have a formal diagnosis of Asperger's Syndrome or High Functioning Autism without an associated learning Disability". An associated learning disability equates to an IQ of 70 and below.
8. Staff within the Countywide Aspergers Team provide specialist advice, information and support to help adults with Aspergers, as well as their carers and families, to enable them to manage the person's condition and needs. In their work, the team cover a wide range of tasks including:
 - Safeguarding enquiries
 - Social care assessments to identify a person's level of need.
 - Best Interests and Capacity Assessments
 - Reablement work - the service provided by the Promoting Independence Workers (PIWs) is outcome focused, target driven work to help the service user to achieve a specific outcome, for example, employment, study, find social groups, and meet other people. This aims to meet the person's needs without requiring a social care assessment or long term social care services.
 - Carers' assessments -to consider the impact the caring role has on the carer's life, for example, health needs, employment, study, social life.
 - Reviews - to ensure that the service being provided is meeting the person's need, the person is happy with the support and whether it is increasing a person's independence. Reviews are crucial in reducing reliance on social care support. Reviews are completed in the first 6/ 8 weeks when a new service is set up to ensure that it is working and then at least annually.
9. The most recent studies of Autistic Spectrum Disorder (ASD) prevalence in the UK suggests that up to 1.1% of the population have an ASD². The proportion of the population thought to be on the spectrum has gradually increased as more is understood about ASDs and as a result, the definition of what constitutes an ASD has expanded.
10. Prior to 2013, a diagnosis of autism would only be made if the person demonstrated a 'marked impairment' in social interactions and communication as well as in language development, and showed a 'marked restriction' in interests and activities. If they appeared to have severe difficulties in social interactions and extremely restricted interests but showed no significant delays in language development, they were diagnosed with 'Asperger's Disorder', which was considered a separate diagnosis. However, since 2013, these two conditions are amalgamated within 'Autism Spectrum Disorder' (ASD).

² <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

11. Clinicians are also able to allow for a diagnosis to be made retrospectively, when the person is an adult. To achieve this, clinicians can rely on the memories of parents and other carers to determine when symptoms first appeared, without having observed this behaviour directly. 'Sub-threshold cases' now also qualify for a diagnosis on a more consistent basis. This means that when a clinician is unsure whether someone meets the criteria for ASD, they are now more likely to diagnose the condition. More sophisticated diagnostic practices mean that individuals and their families are more likely to seek diagnosis and support now than ever before.
12. Evidence of these developments can be seen in data in Nottinghamshire which shows that referrals received by the Countywide Aspergers Team have increased significantly since 2014/15. In three years prior to April 2015, the average number of referrals received in a year was 91. From April 2015 to present (including the end of year projection for 2017/18), the average is 155.
13. This sustained increase in demand has led to an increase in the number of cases that are waiting for action to be taken. Due to lack of resources the team risk assess and prioritise cases according to need.
14. A snapshot of work on 18 September 2017 showed that there were 70 new referrals requiring initial fact finding and prioritisation (triage). The reasons for these referral were stated as:
 - 58 are reablement
 - 8 are assessments
 - 4 are carer's assessments.
15. In addition to these referrals there is also work that has been triaged but is awaiting allocation to be completed. In this category there are:
 - 10 safeguarding cases
 - 11 assessments
 - 47 carer's assessments
 - 58 cases of future work (the majority of which will be reviewing activity)
 - 89 reviews.
16. The service prioritises, risk assesses and reviews cases that are waiting. Demand data over the last three years suggests that current increases in demand will continue and an increased number of service users could experience delay in waiting to be assessed. Therefore, without additional resources and capacity, the waiting list will continue to steadily grow.
17. The team has already undertaken a number of steps to manage increased demand within existing resources such as:
 - Setting up clinics
 - Carer's reviews
 - Increasing referrals to the recently established Nottinghamshire Enablement Service

- Re-writing the script for the Customer Service Centre on two occasions to refine advice given and signpost the public to community and voluntary services where appropriate
 - Sending out letters to individuals and their carers on the waiting list to provide assurance that the Council continues to be aware of the person's case and to contact the Council if there is a change in need, as well as to ask if the person's circumstances have changed and as such no longer require any intervention from the team. This approach has been successful previously in reducing the total number of people waiting for support.
18. Nottinghamshire Healthcare NHS Foundation Trust has previously proposed a comprehensive integrated pathway for autism and ADHD that would join up Nottingham City Council and Nottinghamshire County Council resources. This would have supported the team with demand and provided a more tailored approach for referrals. However, health commissioners have not decided to commission this pathway to date due to financial constraints. This work was suspended in early 2017.
 19. Reablement work has been successful in providing lower level, time limited, bespoke support in individual cases. This approach is more cost effective and provides better outcomes than automatically initially allocating social workers / or community care officers for each individual case. However, as the Autism Act provides a specific right for a diagnosed person to receive a community care assessment, an assessment is often requested by individuals and carers. Some individuals and carers are concerned about the approach to promote people with Asperger Syndrome's independence and feel safer with higher levels of direct support being provided. As such, there is particularly high demand for assessments in the team as assessments are requested even if exemplary work has already been done by the Promoting Independence Workers and expert staff have every confidence that the outcome of the assessment will not result in the person being eligible for additional support.
 20. Clinics have also been successful in managing presenting demand for support. Led by PIWs, they provide a good opportunity to address low level issues and signpost to appropriate services that can help. As there are only 2 PIWs covering the whole County, however, the number of clinics to date that have been able to be planned and facilitated by PIWs has been limited. On 10th July 2017 the Adult Social Care and Public Health Committee approved the use of the improved Better Care Fund to establish additional PIWs within the Nottinghamshire Enablement Service. As these posts are being recruited to in the Nottinghamshire Enabling Service, they are working closely with the Asperger Team to use some of this additional capacity to develop the services, staff skills, pathways and clinics to meet the additional demand for reablement for people with Asperger Syndrome and enable them to access timely advice and short term work to promote their independence.
 21. Undertaking reviews of packages of care and support for people with Asperger Syndrome, ensures that a focus is maintained on promoting independence. This brings numerous benefits to service users including (but not exclusively limited to) enabling individuals to exercise choice and control over their lives, economic wellbeing, improved physical and mental health. In addition to direct benefits to service users, this work also contributes to existing Departmental savings targets. Between April and the end of September 2017, there have been five instances where reviewing work carried out by the Asperger Syndrome Team has enabled appropriate and significant reductions in care packages

saving approx. £1,300 per week or £68,000 over 12 months. In order to manage the increasing demand for reviews for people with Asperger Syndrome, the team is going to work closely with the Countywide Review Team to utilise some of the additional posts that are being recruited into the team in order to deliver savings from undertaking more reviews. This will include a plan to ensure the relevant specialist training and supervision is in place for reviewing staff.

22. Analysis has been completed to consider the impact of the projected increases in demand on the team each year, the average number of hours taken to complete each type of work undertaken by the team, the expected division of tasks between roles and the number of working hours available to a full time equivalent worker over the course of a full year. The outcome of this modelling suggests that to manage the expected level of demand on the Aspergers Team, without accruing a waiting list will require; 3 FTE Social Workers, 2 FTE Community Care Officers and 3 FTE Promoting Independence Workers. This is an increase of 0.5 permanent FTE Social Worker and 1 FTE permanent PIW to the current establishment. The additional capacity being recruited to in the Nottinghamshire Enablement Service will be made available to cover the additional 1 FTE PIW required to work with people with Asperger Syndrome.
23. The same methodology has been applied to quantify the amount of capacity that is needed to clear the current waiting list. This modelling suggests that an additional 1 FTE Social Worker, 1 FTE Community Care Officer and 1 FTE Promoting Independence worker would be required on a temporary basis for 12 months to clear the current waiting list. The additional posts in the Nottinghamshire Enabling Service will cover the one additional temporary PIW required.
24. Having considered and utilised all options from other existing Departmental resources to meet the increasing demand for services for people with Asperger Syndrome, the remaining resources required are set out at **paragraphs 29 - 32.**

Other Options Considered

25. The option of using agency staff to quickly bring additional capacity to the team has been considered. The knowledge and skills required, however, to work with people with Asperger Syndrome are very specialist and not available via the Council's contracted agencies. Utilising staff who do not have these skills can also have a detrimental impact on the health and wellbeing of the person with Asperger Syndrome as it can lead to the wrong advice and support being provided. The preferred option therefore is to recruit, train and develop staff within the central team where they have ready access to supervision from an appropriately skilled and experienced manager.
26. The demand modelling within this report gives an estimate to quantify the resource required to clear the backlog and to manage incoming demand without a waiting list growing in future. The option of maintaining the current establishment whilst relying on support from the Nottinghamshire Enabling Service has also been considered. However, taking this approach would increase the likelihood and / or impact of risks such as:
 - The waiting list continuing to grow
 - Increased risk of complaints, as more people would be waiting, and would be waiting a greater length of time if demand continues to increase and resources available stay the same.

- Reputational damage; if the Council is failing, or perceived to be failing to meet statutory duties to Nottinghamshire residents with ASD within the Council's remit.

Reason/s for Recommendation/s

27. The recommendations in this report are being made in order ensure that the Council has sufficient resources in place to remove the current waiting list and manage demand for services more effectively. The additional permanent resource, in addition to current work being undertaken across the Department, will significantly reduce the risk of a waiting list building up again in future.

Statutory and Policy Implications

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

29. The financial implications for adding posts to the staffing establishment of this team is summarised in the tables below. The costs stated in 2017/18 in each table assume posts will be in place by January 2018. PIW capacity is not included within these costings, as it is proposed that the additional permanent and temporary capacity required is covered by established posts within Nottinghamshire Enabling Service.

Permanent Resource Required to Increase Capacity

| Requested Post | Cost in 2017/18 | Recurrent Costs |
|--|-----------------|-----------------|
| 0.5 FTE Social Worker (Band B) Authorised car user status | £5,722 | £22,888 |
| Mileage budget | £250 | £1,000 |
| TOTAL | £5,972 | £23,888 |

Temporary Resource (all for 12 months)

| Requested Post | Cost in 2017/18 | Cost in 2018/19 |
|---|-----------------|-----------------|
| 1 FTE Social Worker (Band B) Authorised car user status | £11,444 | £34,332 |
| 1 FTE Community Care Officer (Grade 5) Authorised car user status | £8,194 | £24,581 |
| Mileage budget for 2 staff | £750 | £2,250 |
| TOTAL | £20,388 | £61,163 |

30. There are one-off IT costs of £6,000 to enable mobile working.
31. The total funding that would be required is shown in the table below:

| 2017/18 | 2018/19 | 2019/20 (recurrent) |
|---------|---------|---------------------|
| £32,360 | £85,051 | £23,888 |

32. The Department has a budget to fund agency staff to avoid the building up of waiting lists for assessments. The agency, however, is unable to provide staff with the required experience and skills to work with people with Asperger Syndrome. It is therefore recommended that the costs of the temporary Social Worker who can train in the team and the temporary Community Care Officer are resourced through the Improved Better Care Fund. The permanent Social Worker (0.5 FTE) post would be funded from the Community Care Support Budget.

RECOMMENDATION/S

That Committee:

- 1) approves the establishment of a permanent 0.5 FTE Social Worker post (Band B) in the Countywide Aspergers Team and the post allocated authorised car user status
- 2) approves the temporary establishment of 1 FTE Social Worker post (Band B) and 1 FTE Community Care Officer post (Grade 5) for 12 months in the Countywide Aspergers Team and the posts allocated authorised car user status.

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Constitutional Comments (SLB 19/10/17)

33. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments (DG 13/10/17)

34. The financial implications are contained within paragraphs 29 - 32 of this report.

HR Comments (SJJ 13/10/17)

35. All the new posts will be recruited to in line with the authority's recruitment policy with and subject to the agreed VCDR process. The temporary Social Worker and Community Care Officer posts will be recruited to on fixed term contracts. The recognised trade unions have been consulted and are in agreement with the recommendations.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Proposals for the use of the improved Better Care Fund 2017/18 – report to Adult Social Care and Public Health Committee on 10th July 2017

Electoral Division(s) and Member(s) Affected

All.

ASCPH500