

**Agenda item 9**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**22 September 2016**

**Report of Strategic Director Adult Care and Public Health**

**Key findings from The Westminster Commission on Autism**

**1. Purpose of the report**

To provide an overview of the key findings from the [Westminster Commission on Autism report 'A Spectrum of Obstacles'](#), which has been commissioned by the National Children's Centre.

**2. Information and analysis**

The Westminster Commission engaged a range of organisations, experts by experience and stakeholders and was chaired by Barry Sheerman MP. The Commission gathered evidence through a range of approaches, but importantly a survey was developed, which received over 900 responses.

The review highlighted a number of key points, including:

- There is a lack of body of evidence in relation to people with autism.
- Assumptions are often made about people with autism having similar health needs to those with learning disabilities, which has implications for care planning and service intervention.
- Learning from the review is based on a study from Sweden, which has found that people with autism have a limited life expectancy and that they frequently die from conditions different to individuals with a learning disability, therefore care and treatment needs to be considered separately.
- Individuals with autism feel that health professionals did not understand other mental and physical health issues which could also occur alongside autism.
- There is evidence that suggests some people with autism avoid discussing issues with healthcare professionals and accessing health services as find them uninviting and challenging environments

The report makes a series of recommendations, which primarily have a national focus, but once adopted could have local implications. In summary these are:

1. The NHS should issue a resource pack to assist CCGs in training the workforce regarding autism.
2. The Care Quality Commission should include questions in their inspection framework in relation to autism.
3. An anonymous data set should be developed and the learning disability mortality review should be extended to include autism.
4. An annual health checks for people with autism.
5. A national clinical director or appointed champion should be nominated from NHS England to lead work related to autism.
6. Funding should be made available nationally to support people with autism, with user-led solutions being the gold standard.

## **RECOMMENDATION**

The Health and Wellbeing Board is asked to:

1. Note the findings from the Westminster Commission on Autism report and consider the local implications and learning from the report.

**Joy Hollister**  
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**Derbyshire County Council**