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Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
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Llywodraeth Cymru
Welsh Government

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Llyr Gruffydd AM (Chair)
Finance Committee
National Assembly for Wales
Cardiff Bay

20 November 2018

Dear Llyr,

Further to my evidence at Finance Committee on 7 November about the Autism Bill, I set out below the additional information I agreed to provide to the committee. This includes issues concerning the approach taken to developing the Regulatory Impact Assessment (RIA) for the Bill, gaps in the financial analysis set out in the Bill's RIA, and additional information about the costs of improvements to services as set out in the Welsh Government's current Autism Strategic Plan which will be steered by a forthcoming statutory Code of Practice.

General concerns about the RIA

Some committee members were concerned that the Welsh Government had not provided information about the costs of the Bill, particularly in relation to delivering the enhanced diagnostic services that the Bill seeks to put in place. I explained that this information is not held centrally by Welsh Government. To understand the costs of an enhanced diagnostic service, the process that anyone, be it the Member in Charge or the Welsh Government, should undertake would be no different. As I described in committee, assessing these costs would require work with local health boards to attempt to define such costs by extrapolating from their management information. The Member in Charge could have commissioned a health economist to lead on such an exercise. It is not the role of government to commission such work in relation to a set of proposals we do not agree with - that would not have been a prudent use of public money. It is the role of the Member in Charge to provide such an assessment, therefore complaints about the absence of such information should be addressed to the Member in Charge.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Poor articulation of the impact of the Bill including dis-benefits

In terms of the main financial impacts, the RIA attempts to set out the cost of removing the backlog of individuals currently waiting between 13 weeks and 26 weeks for a diagnostic assessment. It does not however calculate the ongoing additional cost of meeting that 13 week waiting time target in future years. The Community of Practice for Adult Diagnosis and IAS Practitioners¹ has pointed out in their evidence to HSCS committee that complying with the Bill would require significantly higher funding to meet the reduced waiting times.

Crucially there is no consideration of where the additional clinical capacity will be drawn from to reduce waiting times at a much faster rate than present. Whilst Welsh Government is investing in clinical capacity across the span of health conditions, the only way the objectives of the Bill could be delivered would be to divert finite clinical capacity from support services into diagnostic assessment. This is a significant dis-benefit of the legislation which should be quantified in the RIA in terms of the negative impact on outcomes for autistic people where support services would be reduced. The absence of this assessment is not just a major gap in the RIA, but also a fundamental flaw in the legislation.

Furthermore, the RIA makes no assessment of whether demand for diagnosis will increase over time, and the associated costs of this. Diagnosing a condition is an important part of meeting the needs of an individual, but giving the impression, as the Bill does, of diagnosis being what the Children's Commissioner describes as a 'golden ticket' to services, will only raise unrealistic expectations. It will likely drive demand for assessment, and also place pressure on clinicians to make a positive diagnosis. Recent discussions between Welsh Government officials and officials from the Northern Ireland Assembly revealed that there has been a significant increase in referrals and diagnosis rates since 2014, attributed to the introduction of autism legislation².

There is also no consideration of any additional costs for extending the Bill to cover other conditions, as the Member in Charge has suggested when giving committee evidence. Such an approach would likely incur greater costs through driving demand for diagnosis and dis-benefits as finite resources are routed from support to diagnostic assessment.

Other detailed points about the RIA

There are also a number of more detailed points about the reliability of the RIA.

- Only two options are presented. This is poor practice as it leaves alternative non-statutory or 'do minimum' options outside of consideration, even though they may represent better value for money.
- It is unclear when the identified costs are expected to be incurred. Financial years are labelled as 'Year 1'/'Year 2' rather than identifying specific years e.g. 2020-2021.
- Costs are presented to the nearest pound. This makes some of the tables, for example Table 7, unnecessarily difficult to read. More importantly it suggests an implausible level of accuracy in the analysis which may in turn give an impression of confidence in the calculations. Given the number of assumptions and data sources used in the analysis, I am not convinced this can be justified.

¹ Adult ASD Diagnosis and Heads of IAS Community of Practice (2018). Evidence to HSCS Committee. <http://senedd.assembly.wales/documents/s78889/A09%20-%20Community%20of%20Practice%20for%20Adult%20Diagnosis%20and%20Integrated%20Autism%20Service%20Practitioners.pdf>

² Northern Ireland Government (2018) Department of Health, [The prevalence of autism \(including Asperger's Syndrome\) in school age children in Northern Ireland 2018](#)


- The RIA summary table indicates the price base year for the analysis is 2017. However, the heading for Table 5 suggests the costs are in 2013/14 prices. It is unclear whether or not the costs in Table 15 been uprated to 2017 price levels. If they have not been, the prices should be uprated using a suitable inflation index.
- Option 2 also carries inconsistencies. One example of this is in the calculation of data gathering costs. Paragraph 372 states 0.5 FTE of a Grade 7 research officer would be needed, whereas Paragraph 378 puts the requirement at half a day per week. Alongside inconsistencies, some of the cost estimates provided are relatively broad with little detailed breakdown of the calculations. This is seen most obviously on the subject of new training packages and awareness raising campaigns.
- In relation to Option 2, it is not clear to what extent the costs described are additional to those which are already incurred in the delivery of existing legislation, specifically the SSWBWA and ALNET Acts.
- Some other provisions in the Bill appear to replicate existing activities such as an awareness raising campaign and training. It is not possible for my officials to quantify any double-counting without significant engagement with the Member in Charge to understand what is intended through those provisions of the Bill.
- I note the Member in Charge has informed the committee of the error in the RIA around the calculation of the potential benefits of the Bill. The RIA should be corrected and further evidence should be provided to explain how the provisions in the Bill might achieve these cost-savings.

Costs of Implementing the Autism Code of Practice

The purpose of the Code of Practice, about which I will publish a consultation document at the end of this month, will be to underpin and strengthen the delivery of the existing ASD Strategic Action Plan. This plan is supported by annual costs of some £730k to deliver the work programme, £13m to deliver the Integrated Autism Service up to March 2021 and £2m annually to support improvements in children's neurodevelopmental services.

The code will reinforce existing duties placed on Local Authorities and Local Health Boards under the Social Services and Well-being (Wales) Act and the NHS (Act). I do not envisage there being any additional funding required for services to be shaped in a way that is consistent with the code. There may however be a risk to the future delivery of the Strategic Action Plan should the Bill pass into legislation.

Yours sincerely,



Vaughan Gething AC/AM

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Cabinet Secretary for Health and Social Services