North West London Collaboration of Clinical Commissioning Groups

Autism Support, Advice, and Social Prescribing Service

Service Specification

DRAFT

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**Overview**

This specification describes the support, advice, and social prescribing service for autistic people aged 14+ years living in North West London. The service will provide direct face-to-face and virtual support to autistic people. It will also offer specialist training and advice to employers and health, social care, and education providers to improve autism awareness in communities and the wider system.

This service will run as a pilot during 2021/22. One of the key features of this offer is that it will be shaped, tested, and evaluated by the people who use it. This specification therefore draws on the broad themes from previous engagement work with people with lived experience and their families, allowing flexibility and scope for the service to evolve. Rather than prescribing the model, we intend to commission a service which offers a menu of services and methods of delivery, including face-to-face and digital services, which can be adapted to individual and changing needs.

**National and Local Context**

*Fulfilling and Rewarding Lives: the strategy for autistic adults in England* (2010) sets out the Government’s overarching vision that:

*“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it and they can depend on mainstream public services to treat them fairly as individuals, helping them to make the most of their talents.”*

The *NHS Long Term Plan* published in 2019 reinforces this vision. The NW London response to this plan sets out the key interventions that are needed to achieve this ambition. These include:

* Availability of flexible specialist support and advice for autistic people
* Increasing awareness and understanding of autism among frontline professionals
* Improving access for autistic adults to the specialist and mainstream services and to the support they need to live independently within the community

Investment in early intervention and prevention services has a recognised impact on mitigating the occurrence and severity of long-term mental health problems. The development of self-help and resilience approaches to mental health conditions reduces the likelihood of admittance to secondary care services.

Our plans are informed by feedback from autistic people who contributed to a peer-led review of our autism pathways. The need for a voluntary sector offer of support has been identified by autistic people as an area for development. This focus group told us that whilst they want access to specialist clinical support, they also want to be able to access advice and support to overcome everyday practical issues (e.g. housing, GP appointments, university, employment, relationships). They also want to have opportunities for peer support and support to navigate and engage with statutory services. The COVID-19 pandemic has reinforced the need for flexible and peer-led individual and group-based support, especially for those who are not eligible for social care.

Approximately 1% of the NW London population – 21,000 people – have a diagnosis of autism spectrum disorder (ASD). A number of these individuals will also have learning disabilities.

**Aims**

The overarching aims for the service are to:

• Improve the quality of life for autistic people in NW London

• Promote the right to independence, relationships, employment, and education

• Develop autism-aware communities and capable environments

• Provide early intervention to avoid crisis, including support to reduce self-harm and suicide

• Promote the safety and wellbeing of autistic people

• Reduce health and wellbeing inequalities faced by autistic people

**Service Provision**

The Provider will offer:

* Social prescribing and peer support to autistic people and to those who are awaiting an autism diagnosis, and will provide signposting to other organisations. They will offer specialist training and advice to employers and providers of healthcare, social care, and education, to promote autism aware communities and reasonable adjustments for autistic people.
* A flexible and responsive service, which will develop according to the emerging needs and preferences of the autistic people who use it. The Provider will proactively engage with autistic people and commissioners to co-produce the service model and drive the strategic direction of the service. They will liaise with NW London CCG and Local Authority autism leads, providing feedback on local gaps and demand to support service development.
* Information, training, advice, and guidance to employers and health and social care professionals, to develop autism awareness and understanding, through:
* Autism training sessions
* Facilitating a champions network
* Website development
* Bespoke advice to support reasonable adjustments and adaptations for individuals
* Membership of the Local Autism Partnership Boards

**The service offer for adults** will include:

* Provision of **one-to-one tailored, person-centred support for pre- and post-diagnosis**. This support may include, but is not limited to:
	+ Practical support with communication and executive functioning tasks, such as making phone calls, planning and organising time. This will not include support that is typically provided by personal assistants and other support workers, such as cooking or personal care*.*
	+ Support with bills and forms e.g. applications for further education and employment, or applying for welfare support
	+ Joint working with diagnosing clinicians to ensure people receive follow up support and signposting, including a referral for a care act assessment
	+ Navigating services and support including health, social care and those provided by the voluntary sector
* **Facilitation of group sessions**, which offer opportunities for peer support and shared learning

**The service offer for young people aged 14 – 17 years** will include support to:

* + Explore education and career opportunities
	+ Navigate health and social care services, with a focus on the transition to adulthood
	+ Provide opportunities for peer support, through small group work

**Service delivery**

The Provider will:

* Offer a varied means of service contact, including face-to-face sessions, video calls, phone calls, text and emails. The service will be required to modify services at pace to respond to the variable risks and restrictions of the COVID-19 pandemic. This may include offering virtual sessions instead of face-to-face contact to ensure continuity of support.
* Have a base in NW London to ensure the service is accessible for our residents and to support strong community connections and links with local providers.
* Operate flexible working hours.
* Establish connections and signpost to, other local services and schemes where appropriate, such as:
	+ Mental health support services
	+ Social services and housing departments within local authorities
	+ Primary care networks
	+ Education settings
	+ Autism diagnostic services
	+ Other voluntary sector organisations
	+ Leisure services
	+ Advocacy services

**Eligibility Criteria**

The service will be available to people who:

* Have received an autism diagnosis, or who are actively seeking a diagnosis
* Do not have a learning disability
* Are aged 14+ years
* Live in NW London (London boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster)

**Referral sources**

The service is open-access, and will accept self-referrals and referrals from health, education and social care, voluntary sector services, and all other suitable referral routes.

**Managing demand**

There is recognition that the level of support each person needs will vary depending on the intervention / activity, the expected outcomes and the needs of the individual. It is anticipated that many people accessing the service will have recently received an autism diagnosis. The Provider will manage their resources and capacity appropriately, and should prioritise to maintain a balance between providing the required level of support and ensuring equitable access across the footprint.

The Provider will have a mechanism in place to review progress, and decisions to step down support will be made on a case-by-case basis, taking into consideration the anticipated outcomes and their impact and any associated risks.

The Provider will endeavour to minimise the frequency of non-attendances (“did not attend” (DNAs)) for scheduled appointments. Engagement may include, but is not limited to, text or phone call reminders prior to a scheduled appointment. If a person did not attend an appointment, s/he will be contacted to arrange a new appointment.

DNA rates shall be monitored in the key performance indicator (KPI) reporting.

The Commissioner will not specify thresholds for contact hours of support, in pursuit of a flexible service.

**Promoting the service**

The Provider will work with local commissioners to actively promote the service via primary care networks, autism diagnostic services, mental health services, and voluntary sector organisations.

Up to date information about the service and how to access it will also be published on the Providers’ website

**Activity and performance reporting and service quality measures**

Activity & Performance

*Proposed indicators to be agreed with the provider*:

* Number of individuals engaging with the service (demographic breakdowns)
* Number of new contacts
* Referral sources / where people heard about the service
* Number of individuals returning to the service
* Number of sessions, by type
* Total contacts, by type (by session type / phone / text support)
* Average number of sessions per individual
* Summary / narrative of the topics and areas for which service users are seeking support
* Summary of signposting / onward referrals
* Non-attendances for scheduled appointments (with provider’s DNA policy)
* % individuals contacted within 5 working days of receipt of referral

Quality Measures

* Percentage of people who would recommend the service
* Summary of feedback from people who have used the service (identifying themes)
* Complaints / incidents / safeguarding reporting
* Summary of relevant training compliance of members of staff
* Case studies

Reporting format / frequency

* Quarterly reports, with monthly breakdowns of activity and performance measures
* Six monthly narrative reports to include quality measures and review the success of the pilot