

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	05/MHLD/0021
<b>Service</b>	The Pan Dorset Community Adult Asperger's Service (CAAS)
<b>Commissioner Lead</b>	Mental Health and Learning Disabilities CCP
<b>Provider Lead</b>	Dorset Health Care
<b>Period</b>	1 <sup>ST</sup> April 2014 to 31 March 2015
<b>Date of Review</b>	December 2014

#### • Population Needs

##### 1.1 National/local context and evidence base

###### Policy context

- National Mental Health Strategy - No Health Without Mental Health
- The Mental Health Act 1983
- The Mental Capacity Act 2005
- The Autism Act, 2009
- Guidance, Fulfilling and Rewarding Lives
- No Health Without Mental Health
- NICE Guidance
- Contract Documentation
- Performance Indicators

###### Local strategic context

- Local Joint Strategic Needs Assessment
- 1 in 4 Mental Health Strategy
- Safeguarding- children and adults
- Mental Health and well-being agenda
- Pan Dorset Autistic Spectrum Commissioning Strategy
- South West Commissioning Guidance
- Local Joint Strategic Needs Assessment
- Safeguarding - children and adults
- Mental Health and well-being agenda

##### 1.1 Aims and objectives of the service

The aims of the pan Dorset Community Adult Asperger's Service are:

- To deliver a pan Dorset diagnostic, treatment and support service for adults who have or are thought to have a diagnosis of an Autistic Spectrum Condition (ASC)

- To treat and support adults who have an ASC who are not linked in to any other statutory/secondary service
- To provide a service that works with patients in primary care
- To broaden the understanding about ASC within services e.g. GP or CMHT and within the wider community
- To support the implementation of the pan Dorset Adult ASC Commissioning Strategy

(NB: The support element will not extend to case management but will provide support with benefits, work, signposting etc whilst the individual is open to the service or where they need support after their case is closed.)

The objectives of the service are to provide:

- A service that promotes patient confidence, self-determination, independence, choice and control
- A service that works closely with GP's and other care professionals in health and social care services in order to ensure that the patients' needs are met in the most appropriate way.
- A service that works to eliminate inequalities/differential outcomes experienced by black and ethnic minorities or other minority or disadvantaged groups

Specific objectives are to:

- Diagnose clients where clinically indicated that it would benefit the patient
- Provide a range of treatment options post diagnosis
- Provide a range of support options specific to the needs of the individual
- Facilitate social care assessments where the service user is thought to be eligible under, Fair Access to Community Services (FACS)
- Provide consultancy (liaison) with professionals working in mental health (MH) or learning disability (LD) teams or other agencies working with people who have an ASC
- Develop and deliver training for professionals from other adult services in Dorset to enhance their working knowledge of ASC
  - Specific training can also be provided for professionals about diagnosis and treatment
- Provide advice and signposting to other agencies e.g. housing, employment support etc
- Ensure appropriate co-working arrangements are made with existing teams for people whose treatment needs are complex due to co-morbidity of an ASC and mental illness or learning disability
- Provide carers' support particularly linking in with the Dorset Adult Asperger Support Group (DAAS)

• **Outcomes**

**2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
-----------------	---	--

<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	X
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	X
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	X
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	X

## 2.2 Local defined outcomes

### Activity by GP locality

- No of people referred to the service
- No of referrals deemed inappropriate
- Percentage of all referrals acknowledged within two weeks of the referral (target 95%)
- No of second opinion referrals
- Percentage of people seen for triage within four weeks of referral for diagnosis (target 95%)
- No of diagnostic assessments commenced within 18 weeks from acceptance of referral (to be reviewed after one year)
- No of people Fair Access to Community Services (FACS) assessed through social care screens
- No of people eligible under FACS by Local Authority area
- No of cases closed to the service
- No of people re referring themselves to the service
- Number of people seen for specialist assessment and/or treatment
- Number of people accessing groups
- Number of consultations by CAAS for/with other professionals from other teams e.g. the CMHT or Forensic Service

### Performance

- Provide diagnosis for a minimum of 90 people per year people within the agreed contract value. (In the first year of pan Dorset Service the minimum target may not be achieved but this will be reviewed and monitored.)
- Assessments for diagnosis commenced within 18 weeks (baseline)
- Specialist Assessment and treatment provided by CAAS following diagnosis (baseline to be established)
- Referrals for specialist assessment/treatment to be baselined
- Post diagnosis support group - 50% of newly diagnosed patient to attend the group
- ASC Teaching for professionals basic introduction/therapy, support and diagnosis
- To have agreed Patient Reported Outcome Measure in place e.g. number of people in some kind of employ following Ready for Work Group within 6 months following completion of group, knowledge of own diagnosis following Post Diagnostic Group.
- To achieve an agreed target for patient satisfaction with the service

- To use patient outcome measures in relation to specific treatments
- To use the Hospital anxiety, depression scale as appropriate

## • Scope

### 2.1 Service user groups eligible (including care clusters, where relevant)

- Adults (18+) who have or who are thought to have an Autistic Spectrum Condition
- People living in Bournemouth, Poole or Dorset
- Who would clinically benefit from diagnosis and/or treatment
- Who are not linked in to Community Learning Disability Teams (CLDT)
- Who are not linked in to Community Mental Health Teams (CMHT), Forensic Teams, and in-patient services
- Who do not have a learning disability

### 2.2 Exclusion criteria

People who do not meet the above eligibility criteria.

### 2.3 Geographical population served

People registered with a GP in Dorset.

### 2.4 Service description/ care package- overview i.e. what is provided

CAAS will operate pan Dorset. CAAS will provide diagnosis, assessment and treatment and limited on-going support post diagnosis as required.

The service will operate for 2.5 days per week in the Bournemouth, Poole and East Dorset of Dorset and 2.5 days per week in the west of Dorset in office hours e.g. 9:00am- 5:00pm.

As the service develops and demand is better understood the service will work flexibly to meet the demand and this will be reviewed quarterly.

### Diagnosis and Treatment

The diagnostic service will be delivered pan Dorset by Clinical Psychologists and other appropriately trained professionals including Psychiatrists.

- Diagnosis will include triage assessment
- Full diagnostic assessment as required
- Treatment will include:
  - CBT and other psychological therapies adapted to meet the needs of adults with an ASC
  - Behavioural therapy

- Sensory Integration Therapy
- Range of other treatment options
- Group work, (skills teaching, psychoeducation, and therapy)

### **Support**

The support elements of the service will provide a range of options for individuals preparing for diagnosis and post diagnosis.

There will be an employment group and other post diagnosis groups as determined by the service user group. There will be work with individuals who want to achieve particular things for example support with employment and housing or training and education etc.

The support will be provided by social workers, occupational therapists and Support Time & Recovery workers/Assistant psychologists.

Social care assessments are part of the package and to determine eligibility there is a Fair Access to Community Services (FACS) screening process as part of the initial/triage assessment. For the service users from Bournemouth, Poole this will be carried out by the social workers linked to the service. Clients from the rest of Dorset will have access to screening via Dorset County Council's Adult services.

The service will carry out full community care assessments where it is thought that a service user is eligible (based on the screening) for an ongoing social care packages or personal budget. For Bournemouth and Poole clients this will happen as an integral part of the assessment process. Clients from the rest of Dorset will be referred to Dorset County Council Adult services to be assessed.

The screening assessment ensures that people know very early on whether they might be eligible for an ongoing social care package. If clients have identified social care needs, the CAAS service will facilitate their transition to the appropriate adult service in Bournemouth, Poole or Dorset.

In this service model social care staff might lead support groups and clinicians might be involved in other parts of the ongoing social care/support work dependent on the needs of the service user group. The team will be multi-disciplinary but some functions will overlap dependent on the clients' needs.

### **Range of treatment and support options**

CAAS will provide a range of treatment and support options. These options ensure that once diagnosed, people who have an ASC are appropriately treated and supported in a timely way that capitalises on the service users' aspirations and hopes etc.

### **Treatment**

The range of treatment options will include:

- CBT adapted to meet the needs of adults with Asperger Syndrome
- Behavioural therapy where appropriate
- Sensory Integration Therapy
- Psycho-education
- Advice on medication provided through the CAAS Consultant Psychiatrist
- Other treatments as they are evidenced and develop

Individual psychological treatment will be provided by clinical psychologists. The length of treatment will be appropriate to individual cases depending on need and presentation and will be reviewed regularly.

### **Support**

There will be a range of support options tailored to the individual and they will be designed to promote independence and choice and designed to tap into the service users' own strengths, abilities and aspirations. The support might be provided by the service directly or through proactive signposting and partnerships with other services. The range of support that can be provided will include;

- Risk Management in conjunction with the case manager (e.g. GP)
- Community Care Assessments
- Post diagnosis support groups
- Support with education and training

Support will be provided by a range of professionals from the team. Some support might be provided by social workers, ST&R workers/Assistant Psychologists and Occupational Therapists.

Occupational therapy may provide assessments of sensory needs and provide advice around sensory integration for some clients who have problems with sensory regulation. They will also complete, where appropriate, specialist OT assessments for occupation, adaptive skills etc.

The service will be able to provide group work (where there is evidence that group treatments are effective), either directly by members of the multi-professional team, or in consultation with other agencies, to cover specific issues including:

- Skills teaching
- Anxiety management
- Anger management
- Relationships
- Employment

### **Safeguarding and Transitions**

In compliance with the Joint Mental Health, Substance Misuse, and Childcare Protocol, where

a person is referred who lives in a house with children the CAAS will complete an assessment, to determine the safety of the child/children in line with the requirements of the Protocol.

If the assessment cannot be carried out and where there are no other social care/health professionals monitoring the childcare arrangements, the matter will be discussed with the referrer and an alternative solution sought.

The CAAS service is for adults aged 18+. However, social workers within the team, and those allocated to work into the team from Dorset, will attend transition meetings for each area and provide close liaison and consultation to professionals who work with children in transition. Signposting and referral guidance will be provided to ensure smooth transition to adult services where appropriate.

For people who have an existing diagnosis, including young adults coming through transition from Children's Services:

- Where mental health or specialist forensic support is indicated, referrals for adults with a diagnosis of an ASC should be made to the relevant existing team, e.g. CMHT, St. Ann's, Dorset Forensic Team, etc.
- Advice and sign-posting can be accessed through CAAS. CAAS will offer guidance and provide information about access to the appropriate team, agency or service. These requests may be made by the GP, Children's services in the case of transition, and by professionals within other Adult Teams.
- Professionals within Adult Teams who are working with an adult who has an ASC may refer to CAAS for consultation aimed at supporting them in their treatment / ongoing support of the patient.
- A small number of patients within Primary Care who have complex needs will require support from the specialist Team in the form of consultation and additional assessment by relevant professionals on a case by case basis. The GP will remain the case manager in these circumstances and close liaison between CAAS and the GP will be essential.
- CAAS will not provide ongoing case-management for any cases and this service does not provide emergency response in crisis.
- The team will work to provide an appropriate level of support depending on the level of need, whilst the patient remains case-managed by the relevant existing team, e.g. CMHT, In-patient services, Dorset Forensic Team, etc.
- Within Bournemouth, referrals for care management will be made via the CAAS Social Worker in the Mental Health Social Inclusion Team. Within Poole, referrals will be made through the CAAS Social Worker for Poole, working within the Primary Care Team. In Dorset the social work time will be provided through a champions model at this time

- The CAAS Team will link into area transitions meetings as appropriate, in order to plan effectively for those who will be moving into Adult Mental Health Services.

### **Social Care Needs**

The role for CAAS Social workers is to liaise with transitions workers during transitions process to offer advice regarding adult resources available.

There will be an expectation that the process of Social Care Needs Assessment will be an integral part of the package of diagnosis and support but this will happen differently dependent on where the service users lives. In Bournemouth and Poole the social work time is integral to the service. In Dorset the social work time is not dedicated and so people will need to be referred to DCC Adult Services for assessment.

### **Training/ Education/ Research activities**

Training packages, based on a rolling programme cover:

- a. A general introduction to Asperger's Syndrome, aimed at any professional working with adults with this diagnosis, with the aim of enhancing general knowledge of the disorder, familiarity with the main features, and advice on how to support and engage service users.
- b. A more advanced course on the development of co-morbid mood disorders and the adaptation of treatment approaches to meet the specific needs of adults with Asperger's Syndrome. The importance of the development of social support networks will also be covered within this module. These courses would be appropriate for psychologists, counsellors, nurses, social workers, occupational therapists, and psychiatrists.
- c. Specific training on diagnosis of Asperger's Syndrome, aimed at psychiatrists, psychologists, and some other professionals who, with supervision and training, would be able to diagnose Asperger's Syndrome in a clinical setting.

The ability to offer training will be balanced against the level of clinical referral, which must take priority.

### **2.5 Interdependence with other services / providers**

The CAAS service will have appropriate links with several services and will be reliant on other services. These could include:

- CMHT and CLDT
- Forensic teams
- Transition Teams
- CAMHS
- Crisis and IST Teams
- GP



- Adult Social Care ( Dorset)
- Primary Care Team (Poole)
- Social Inclusion Team (Bournemouth)
- DAAS
- Autism Wessex

## 2.6 Days/ hours of operation

The service (diagnosis, treatment and support) will operate for 2.5 days per week in Bournemouth, Poole and East Dorset (Christchurch, Purbeck and Wimborne) and for 2.5 days in West Dorset in usual office hours (9:00am-5:00pm) at a site to be agreed that has good travel links from all areas of Dorset.

The support and treatment options have been described earlier in the service specification and will be developed dependent upon the needs of patients being referred. CAAS is unable to provide a rapid/crisis response service.

The diagram on the last page of the spec shows the service model.

## 2.7 Referral Process

Appropriate referrals will include:

- **Signposting:** Request for advice about appropriate services to meet a particular need, including social and/or mental health support. Where the person has a severe and enduring mental health problem, they will be seen within the relevant CMHT, or other existing mental health services. Where the patient has primary care needs, they will be referred to the appropriate service including IAPT. People may also be signposted to other agencies and/or support groups.
- **Formulation:** In some cases, a referral may be made to CAAS for one-off assessment for formulation of treatment needs, should the presence of Asperger's exacerbate the complexity of need. This formulation will be shared with the referring (case-holding team) and consultation on adapted treatment will be provided.
- For some **primary care cases**, further treatment may be required in addition to that provided through IAPT, which may relate more specifically to issues relating to Asperger Syndrome. In a small number of these cases, individual treatment may be offered through CAAS. In these situations the person would remain case managed through their GP or a member of the Transitions Team (where this applies)

Referrals General:

- The service will accept referrals for diagnosis from GPs and there must be a clinical need for the diagnosis and treatment - GPs are best placed to make this assessment, although referrals can be accepted from IAPT and CMHTs, provided the GP is informed.
- The referral can be made if the person does not meet eligibility criteria for assessment through a CMHT or other Adult Team

- The service will provide second opinion assessments for people who have complex or atypical presentations and these referrals can be made by colleagues in mental health services
- Referrals can be made for consultation by professionals in other services as required and the consultation service will enable other professionals to manage individuals who have an ASC within in their service
- The CAAS Team will accept some referrals for people with primary care needs where treatment through IAPT has been undertaken where there are unresolved clinical issues relating to their ASC and where they do not meet CMHT criteria
- CAAS will also accept some referrals for primary care treatment for people who are not eligible for IAPT, e.g. non depression/anxiety cases, and also OT referrals
- Where treatment referrals cannot be taken on, consultation, sign-posting, group work, will be offered where appropriate.
- Where there is unmet need due to services being unavailable, this will be recorded and reported to the CAAS Monitoring Board
- Triage will comprise a screening assessment, case discussion/consultation with professionals (e.g. GP, IAPT Therapist) already involved.
- Treatment will continue until resolution of the problem or treatment is no longer assessed to be effective through CAAS
- There will be an expectation that the GP will case manage these patients for the duration of the treatment

Referrals from GPs for an initial diagnostic assessment:

- GP Asperger's screening tool completed and criteria met
- CAAS referral form completed
- Patient has given consent
- Potential risks identified and managed/discussed\*
- Referral has been discussed with a member of CAAS Team

Referrals for 2<sup>nd</sup> opinion diagnosis from other Adult Teams:

- GP Asperger screening tool completed and criteria met
- Referral must be accompanied by a diagnostic report from the Team Psychiatrist or Psychologist
- Patient has given consent
- CAAS referral form completed
- Potential risks identified and managed by referring Team
- Patient to remain case-managed by referring Team
- Referral has been discussed with a member of CAAS Team.
- GP has been informed?

***NB: If significant risks are identified there must be evidence that there are strategies in place to manage these effectively prior to the referral for diagnosis being accepted by CAAS.***

#### Referral information and timescales:

- All referral documentation will be reviewed by a member of the CAAS team within five working days of the receipt of the referral.
- Team discussion will take place weekly to identify the most appropriate course of action for each referral
- The referrer will be contacted within five working days of the referral being discussed in MDT
- Where an inappropriate referral is made to CAAS advice will be given where possible to the referrer for alternative routes to support
- The target time for health professionals within the team is four weeks for triage and 18 weeks for diagnostic assessment, specialist assessment and treatment to commence.
- People who are initially referred for diagnosis but require further intervention relating to a mental health problem, will be referred to the relevant team and waiting time criteria will apply.
- Referrals will be logged on RIO and only allocated to LOCI/Care First once referred out of CAAS.
- Referrers will receive feedback from CAAS re interventions being offered to the service user and the approximate waiting time before the treatment (or assessment) will be available.

The CAAS will not provide emergency/crisis services but where a referral is thought to be urgent for example; on the basis of risk or levels of distress for the patient, telephone consultations may be arranged. Consultation time will be allocated at a specified time each week so that professionals can obtain advice by phone or appointment with a team member. Secondary Care Service referrals:

- If people are already open to an Adult Service (e.g. CMHT's, CTLD's, in-patient services, Forensic service, etc.) an initial diagnostic assessment should be made and written up in a report by a professional within that team.
- CAAS will provide supervision/support/advice.
- Should a 2nd opinion diagnosis be required following this initial assessment a referral may be made to the CAAS Team.

#### **Re- referrals:**

Service Users may refer themselves back to the service if they have been diagnosed and supported by the CAAS previously. They can refer themselves back for support at times of crisis, for advice and support etc. CAAS may then provide further support or advice or signposting so that the Service User is able to manage their crisis and then continue to live as independently as possible.

#### **2.8 Referral response times**

- The referrer will be contacted by CAAS within five working days of the weekly MDT

discussion

- The person referred will be seen for triage assessment within 4 weeks of the referral being received
- Where the referral indicated a quicker response time because of risk the person will be reviewed within two weeks if they are deemed appropriate for the service
- From referral to commencement of diagnosis the target time is a max of 18 weeks

## 2.9 Care pathways (where applicable to meet each care cluster)

ASC per se is not in any of the cluster groups but there may be people referred who are in a cluster. Generally service eligibility criteria are for people not eligible for the other service e.g. CMHT and CLDT but there may be instances where someone is clustered and referred to CAAS.

## 2.10 Discharge from the service

Service users will be discharged from the service when:

- They fail to opt in after the agreed 4 week period
- No further intervention is required following diagnosis
- Consultation is complete
- They are sign-posted out of the service after the initial assessment
- Drug and/or alcohol use reduces the individuals' ability to engage in treatment
- Non attendance at 3 booked appointments without prior contact with the team
- They disengage from the agreed treatment plan
- They successfully complete an agreed treatment plan
- Analysis of risk has been satisfactorily considered
- Steps have been taken to communicate and (if appropriate) manage clinical risk.

## 2.11 Adult Social Care

Adult social care services for Bournemouth and Poole put dedicated social work time in to the CAAS service and this input is a whole time equivalent social work post. Part of the social work time is used for social care screens and these assessments determine eligibility for social care packages. The social workers also run group activities, deliver training and provide support for clients who have ongoing social care needs.

Dorset County Council (DCC) has an ASC champion who is the named contact between CAAS and the DCC. Because DCC uses its resources differently, the pathway for people in the West of Dorset, who may be eligible for social care, is different. Service users from Bournemouth and Poole have their FACS eligibility assessment as part of the triage assessment process. Service Users in the rest of Dorset will be referred to the ASC champion who will be the contact point for FACS assessments and Community Care assessments as required.

- **Applicable Service Standards**

#### 4.1 Applicable national standards (e.g. NICE)

- Autism recognition, referral, diagnosis and management of adults on the autism spectrum. Issues June 2012. Nice clinical guideline 142.

#### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

#### 4.3 Applicable local standards

- Applicable quality requirements and CQUIN goals

#### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

#### 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

- Location of Provider Premises

The Provider's Premises are located at:

#### Location of the Service

Bournemouth, Poole and East Dorset: The service is located at Delphwood

West Dorset: The service is located at?

- Individual Service User Placement

