Reference: FOI.ICB-2526/124

Subject: Children and Young People (CYP) Autism Spectrum Disorder (ASD) Assessment Service and Diagnosis Support Services

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Children and Young People (CYP) Autism Spectrum Disorder (ASD) Assessment Service: a. Please provide a list of all providers the ICB holds contracts with for this service. i. Please include both statutory NHS and Independent Sector providers ii. Please include any service that includes a CYP ASD service (for example a broader ND service, or one that includes a combined ASD/ADHD pathway) b. For each contracted provider listed in the answer to #1, please provide the following schedules as included in the contract the ICB holds: i. Schedule 2A or equivalent: Service Specification that describes the service	a. i. NHS Provider (Children & Young People): Sirona Care and Health, Badminton Road Office, 2nd Floor, Badminton Road, Yate, BS37 5AF https://sirona-cic.org.uk/contact-sirona/ ii. Contracted Private Sector provider (CYP & Adults): Clinical Partners Limited, Unit 6, Chaldicott Barns, Tokes Lane, Semley, Wiltshire, SP7 9AW https://www.clinical-partners.co.uk/contact. We do not hold contracts with any other private sector ASD Assessment service providers; however, they may still see BNSSG patients under the national 'Right to Choose' framework b. NHS Provider (Children & Young People): i. Please find Service Spec enclosed (01) ii. The CYP ASD assessments conducted under the Sirona contract form part of a wider block contract of services. As such it is not possible to give a value specifically for ASD assessments

(whether standalone or integrated in a broader Service Specification) ii. Schedule 3B and 3C (or relevant pricing schedule if these not used)	Contracted Private Sector provider (CYP & Adults): i. Please find enclosed (02) ii. Please find enclosed (03)

2. Children and Young People (CYP) Autism Spectrum Disorder (ASD) Pre- and/or Post- Diagnosis Support Services:

Examples of such services include:

- Post diagnosis Autism Clinic/Service
- Evidence based interventions such as Paediatric Autism Communication Therapy (PACT), or Riding the Rapids
- Therapy services, including Occupational Therapy, and Speech and Language Therapy
- Educational Psychologist services
- Parenting Programmes or Courses

a. Please provide a list of all providers the ICB holds contracts with for this service.

i. Please include both statutory NHS and Independent Sector providers
ii. Please include any service that includes a CYP ASD Pre- and Post- Diagnosis element (for example, a broader Autism or neurodevelopmental service which also includes Pre- and/or Post-Diagnostic services, or one that includes a combined ASD and ADHD pathway with Pre and/or Post Diagnostic services)
iii. For each contracted provider listed in the answer to #3, please provide the following schedules as included in the contract the ICB holds:

- Schedule 2A or equivalent: Service Specification that describes the service (whether standalone or integrated in a broader Service Specification)
- Schedule 3B and 3C (or relevant pricing schedule if these not used)

RESPONSE

Support Type	Provider	Service	NHS Commissioned (Yes/No)	If yes, provide Schedule 2A and 3B/C
Accessible at any time (pre or post diagnosis)	Sirona care and health CIC	Speech and Language Therapy	Speech and Language Therapy is conducted under the Sirona contract form part of a wider block contract of services. As such it is not possible to give a value specifically for Speech and Language Therapy.	Please find enclosed (04)
Accessible at any time (pre or post diagnosis)	SEND and YOU	SEND Information and Advice Service (SENDIAS)	Joint commissioned by Bristol City Council (lead commissioner), North Somerset Council, South Gloucestershire Council and BNSSG ICB	Please contact lead commissioner for service specification: https://www.bristol.gov.uk/data-protection-foi/freedom-of-information-foi
Accessible at any time (pre or post diagnosis)	Sirona care and health CIC	Advice and signposting	Yes	The CYP ASD assessments conducted under the Sirona contract form part of a wider block contract of services. As

				such it is not possible to give a value specifically for ASD assessments
Accessible at any time (pre or post diagnosis)	Neon Daisy	Neon Daisy - Creative Clubs	No	
Accessible at any time (pre or post diagnosis)	Bristol City Council	Bristol Local Offer	No	
Accessible at any time (pre or post diagnosis)	Bristol Parent Carers	Bristol Parent Carers	No	
Accessible at any time (pre or post diagnosis)	Bristol Autism Support	Bristol Autism Support	No	
Accessible at any time (pre or post diagnosis)	North Somerset Gloucestershire Council	North Somerset Gloucestershire Local Offer	No	
Accessible at any time (pre or post diagnosis)	North Somerset Parent Carers Working Together	North Somerset Parent Carers Working Together	No	
Accessible at any time (pre or post diagnosis)	Bridging the Gap Together!	Bridging the Gap Together!	No	
Accessible at any time (pre or post diagnosis)	South Gloucestershire Council	South Gloucestershire Local Offer	No	
Accessible at any time (pre or post diagnosis)	South Gloucestershire Parent Carer Forum	South Gloucestershire Parent Carers	No	
Accessible at any time (pre or post diagnosis)	Can't Sit Still	Being Me	No	

The information provided in this response is accurate as of 19 August 2025 and has been approved for release by Helena Fuller, Deputy Director of Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Service Specification: v0.8

Autistic Spectrum Disorder Assessment & Diagnosis Pathway 0 – 18 years

This specification must be read along with the overarching specification which applies to all services

The purpose of this document is to specify diagnostic pathways for children and young people with Autistic Spectrum Disorder. It describes the role, function and responsibilities of services. The expectation is to move away from traditional delivery that has resulted in significant waiting lists and times to a more flexible and responsive model.

1. Needs

1.1 Background

Autism was once thought to be an uncommon developmental disorder, but recent studies have reported increased prevalence and now the condition is thought to occur in at least 1% and probably nearer 2.5% of children. NICE recognises that individuals and groups prefer a variety of terms, including autism spectrum disorder, autistic spectrum condition, autistic spectrum difference and neuro-diversity. The ASD NICE quality standard recognises the important role that families and carers play in supporting their child and aims to improve the experience of not only the children and young people but also those who care for them.

- Without understanding, autistic people and families are at risk of being isolated and developing mental health problems
- Autism is much more common than many people think. There are around 700,000 people on the autism spectrum in the UK – that's more than 1 in 100. If you include their families, autism is a part of daily life for 2.8 million people
- Autism doesn't just affect children. Autistic children grow up to be autistic adults
- Autism is a hidden disability – you can't always tell if someone is autistic.
- The right support at the right time can make an enormous difference to people's lives.
- 34% of children on the autism spectrum say that the worst thing about being at school is being picked on
- 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them
- 17% of autistic children have been suspended from school; 48% of these had been suspended three or more times; 4% had been excluded from one or more schools
- Seventy per cent of autistic adults say that they are not getting the help they need from social services.
- At least one in three autistic adults is experiencing severe mental health difficulties
- Only 16% of autistic adults in the UK are in full-time paid employment, and only 32% are in some kind of paid work
- Only 10% of autistic adults receive employment support but 53% say they want it

1.2 National and international context

Autism, according to the NHS Information Centre, is estimated to affect around 1% of the UK population which is around 700,000 people who live with the condition. Autism is a lifelong condition but skill and coping strategies learned as children have lifetime relevance and can make an enormous difference to their ability when they become adults with autism to make the most of their lives.

However recent studies from other countries point to a greater incidence than 1% of population. The Autism and Developmental Disabilities Monitoring Network in the USA looked at 8 year old children in 14 states in 2008, and found a prevalence rate of autism within those states overall of 1 in 88, with around five times as many boys as girls diagnosed (Autism and Developmental Disabilities Monitoring Network Surveillance Year 2008 Principal Investigators, 2012)
The National Center for Health Statistics in the USA published findings from telephone surveys of parents of children aged 6-17 undertaken in 2011-12. The report showed a prevalence rate for autism of 1 in 50 (Blumberg, S .J. et al, 2013)

A study of a 0-17 year olds resident in Stockholm between 2001-2007 found a prevalence rate of 11.5 in 1,000, very similar to the rate found other prevalence studies in Western Europe, (Idring et al , 2012)

A much higher prevalence rate of 2.64% was found in a study done in South Korea, where the researchers found two thirds of the people on the autism spectrum were in the mainstream school population, and had never been diagnosed before. (Kim et al, 2011).

Researchers comparing findings of prevalence studies from different parts of the world over the past few years have come up with a more conservative median estimate of prevalence of 62 in 10,000. They conclude that the both the increase in estimates over time and the variability between countries and regions are likely to be because of broadening diagnostic criteria, diagnostic switching, service availability and awareness of autism among professionals and the public, (Elsabbagh M. et al, 2012).

1.2 Local ASD data

Pupils with SEN and Primary need of ASD. (Jan 2018)
https://www.gov.uk/government/collections/statistics-special-educational-needs-sen

Area	Total pupils	Primary need: ASD
South West	**138265**	**1587**
Bristol City of	67161	953
North Somerset	31335	199
South Gloucestershire	39769	435
Grand Total	**138265**	**1587**

Children with Autism known to schools
https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E12000009/ati/102/are/E06000023

	2015		2016		2017		2018	
Children with Autism known to schools	**1245**	**132785**	**1383**	**134998**	**1531**	**136682**	**1712**	**138265**
Bristol	665	62965	728	64677	858	66011	981	67161
North Somerset	197	30266	210	30723	217	30970	239	31335
South Gloucestershire	383	39554	445	39598	456	39701	492	39769
Grand Total	**1245**	**132785**	**1383**	**134998**	**1531**	**136682**	**1712**	**138265**

1.4 Local context

Comprehensive support for children and young people with social communication disorders is provided through a network of services, which include:

- Universal services such as early year's services, health visiting and primary care.
- Targeted services such as Specialist CAMHS, S&LT, Community Paediatrics, Occupational Therapy, LD team, primary mental health workers, educational psychologists and school and youth offending teams (when appropriate). Voluntary / third sector providers counselling (including social care and education).
- Specialist CAMHS teams.

These services are not provided exclusively by the NHS.

As children and young people's social communication challenges affect all aspects of their lives, no one service alone will be able to meet their needs. There is a duty of cooperation placed on services to work together to the benefit of children and young people. Agencies need to work together to meet the needs of the populations they serve and to achieve wider system efficiencies. Services should work together in integrated ways to ensure appropriate communication and transitions.

This specification is linked to other specifications within the local area including:

- Overarching Community Children's Health Services.
- Public Health Nursing.
- Community Paediatrics and therapies.
- Counselling.
- Specialist CAMHS
- CAMHS highly specialist services

- Acute Paediatrics.
- Accident and Emergency Services.
- Perinatal Mental Health Services.
- Adult Mental Health services.

It is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible. Interventions offered will be evidence-based, where there is a sufficient body of evidence, or reflect best practice. This specification details local integrated, multi-agency care pathways that enable the delivery of effective, accessible, holistic evidence-based care including assessment of need, and diagnostic assessment where families and / or young people wish it . A key principle should be that support should be provided to meet identified needs, whether or not a diagnostic assessment has been chosen by a family.

The Provider will ensure that children and young people will be treated, as far as possible, within their own community / close to home and in a timely manner.

It is essential that children, young people and parents / carers are involved in service design (as well as providing feedback to services). The Provider will actively consider how their service will respond to the needs of BNSSGs diverse population. This will include complying with relevant equalities legislation and best practice guidance. We will expect the service to make reasonable adjustments to ensure the service is open and accessible to the whole of our population.

Particular reference will be made to needs of people with disabilities, people from black and other ethnic minority communities, people who currently find it difficult to access current services or who are under-represented within those services.

There is a specific expectation that people with a learning disability will not be excluded from the services offered and that reasonable adjustments will be made to ensure an inclusive service delivery model.

The service will be delivered in line with the requirements of the national and local autism strategy to ensure people with autism have access to mainstream public services where ever possible and in doing so will be treated fairly as individuals.

People who are deaf will be enabled to access services through the provision of appropriate support.

People who require help with language, such as interpreting, in order to access services will be provided with appropriate support.

Transition arrangements into adult services must be in place, including transition arrangements to primary care if children / young people are not going to meet adult mental health services thresholds but still require some level of support.

1.6 What we have been told stakeholders want from ASD Diagnosis service

Children, young people and parents / carers have told us they want:

- Early identification
- A timely diagnostic pathway
- Better support pre and post diagnosis
- Better transition experience.

Other stakeholders have told us they want:

- Right service, right time including in partnership with local authority and voluntary sector services.
- Seamless with other services.
- Stepped pathway
- Shared goals with other agencies – (Think Family, Team around the family, key working - Requirement to attend Education, Health and Care Plan and Early Help meetings).
- Ensure good transition through 16-18 Transition pathway
- Flexible person centred service not just clinic based.
- If young people not engaging or clinically not appropriate for service, need support for family/ referrers.
- Clinical and administrative staff who can communicate well.
- Services that reflect and meet the need of a diverse population; age and gender appropriate, culturally competent.

2. Outcomes

Health outcomes for children, young people and parent carers in BNSSG are maximized through the timely assessments and management of interventions. Children, young people and other family members are enabled to cope with their diagnoses and receive sufficient help and support to reduce the impact of their ASD challenges

2.1 NHS Outcomes Framework Domains and Indicators

ASD support services contribute to a number of strategic outcomes that have been pre-defined both nationally and locally. The provision of good ASD support services will support improved outcomes across all five domains.

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓

2.2 Local Area Strategic Outcomes

Strategic outcomes are determined and monitored by the Bristol SEND Partnership Board, the South Gloucestershire SEND Partnership Board and the North Somerset SEND Programme Board

2.2 Service Outcomes

- Addressing inequalities in access
- Better managed transitions to adult services.
- Increased awareness, clear pathways and joint working with other services including voluntary / third sector organisations who work with children and young people with ASD needs.
- The service will work with children, young people, families and partner agencies to support individual users to engage with services. This may include, where appropriate, contact in collaboration with other professionals, seeing children in an alternative setting, and flexibility about timing of appointments. The service will support partner agencies to hold and manage risk around the individual, through collaborative approaches.
- Increased flexibility and perseverance in engaging creatively with children and families who find services difficult to access.
- Choice and responsive service

- The service contributes to reducing the stigma of autism
- Increasing integrated delivery to ensure everybody has a shared vision of improving ASD support
- Engage as appropriate in Education, Health and Care Assessment and Plan development
- Ensure good joint working and flexible transition through 16 - 18 years transition to adulthood pathway and developed protocols.

3. Scope

3.1 Aim

To provide an ASD Diagnostic pathway that is accessible, high quality and timely.

3.2 Objectives

The Provider must:

- ensure that services for children and young people place them and their parents/carers at the heart of everything they do
- Work with children and young people and parents / carers in co-designing and reviewing ASD care pathways.
- Work with all relevant agencies to ensure that services for children and young people with ASD challenges are coordinated and address their individual needs, providing a holistic approach.
- Ensure that children, young people and their parents / carers are treated with compassion, respect and dignity, without stigma or judgment.
- Ensure that children and young people's physical health, mental health, learning and social needs are considered alongside their social communication needs.
- Ensure that children and young people who access the service are seen in a timely manner.
- Provide a clinically led service with professional leadership arrangements in place. There will be a clear and accountable management structure.
- Provide initial and follow-up assessments that are written and shared with the child, young person and / or parent / carer. Any technical terms in these assessments/ care plans should be defined.
- Seek and use a range of service monitoring, evaluation & feedback including the collection of quantitative, qualitative data and complaints.
- Ensure the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying need and making diagnostic decisions and formulations Ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual exploitation, homelessness) is properly considered when identifying need and making diagnostic decisions and formulations.
- Agree the aim and goal of assessment with the child / young person or parent / carer,
- Provide information at all stages of the pathway about interventions or treatment options to enable children, young people and parents / carers to make informed decisions about their care appropriate to their competence and capacity; this information needs to be clear, easy to understand and jargon free.

- Provide written information to the child / young person and parent / carer about the care plan and how to access services (both routinely and in a crisis); this information needs to be clear, easy to understand and jargon free.
- Provide written assessments, care plans, etc. that are easy to understand and jargon free; any technical terms in these assessments / care plans should be defined.
- Provide information about how the services commissioned will increase opportunities for social value and social capital in line with the Social Value Act 2012.
- Ensure that children and young people leaving the service have an agreed and documented discharge plan that supports self-management where possible and explains how to access help if this becomes necessary. Where a young person is moving to another service, whether to adult mental health services or to a different service, the Provider will ensure that the agreed transition protocol is followed.
- Ensure that the service is accessible and provided in an appropriate setting that creates a safe physical environment.
- Ensure that the service provides relevant Continuing Professional Development (CPD), appropriate supervision to support risk management delivering best outcomes. The service should provide regular appraisal to staff, and has a clear workforce plan that takes account of the changing mental health needs of the local population.
- Maintain an accurate data set and provide accurate and timely reporting to commissioners (local, regional and national) and national organisations when requested.
- Work collaboratively with other agencies in the health, social care system and voluntary sector to ensure regular case reviews to ensure effective progress through the care pathway.
- Participate as appropriate in the development and delivery of SEND Education, Health and Care plans.
- Ensure that the technology in place includes effective integrated embedded technology to support and underpin practice in a clinically meaningful way.
- Ensure that management information is readily accessible and regularly used for service improvement.
- Ensure that clear communication pathways and information sharing mechanisms are in place so that children, young people and, where appropriate, their parents / carers experience a smooth journey through the care pathway.
- Work together in a collaborative way with relevant agencies in health, social services and education to ensure that children and young people have appropriate advice and support throughout their care:
    - Including using locally agreed systems to support joint agency working (including in-reaching into Early Help, using Single Assessment. Framework, Team Around the Family), meeting safeguarding standards

and providing clear protocols on information sharing.
    - Consent will be asked for[1] from children, young people and parent / carers regarding information sharing with other agencies (rather than a blanket decision not to share health information with such agencies).
    - Including information about non-attendance, to mitigate against the risks inherent in the fact that children and young people are often dependent on others to access care.

- Address health inequalities, by providing an ASD service acceptable to vulnerable groups. Vulnerable groups will be targeted with the aim of equity of outcome through flexible, intense, strength based joint working.

3.2 Legal and Regulatory Framework

The service must operate according to relevant legislation and guidance, with particular reference to:

Autism Diagnosis in Children and Young People: Recognition, referral and diagnosis of children and young people on the autistic spectrum **(NICE Clinical Guideline 128, January 2014).**

The National Service Framework for Children, Young People's and Maternity Services (Department of Health, 2004) articulated the need for specialist services for children with Autism Spectrum Disorders to be provided in a seamless fashion as close to the child's locality as possible (Standard 9). It stressed the importance of multidisciplinary and inter-agency working in order to meet the child's needs effectively and without undue delay, and emphasised that universal services have a clear role to play in child mental health, though some children and young people also need ready access to appropriately skilled specialist mental health professionals.

Children and Families Act 2014

The Special Educational Needs and Disability Code of Practice: 0-25 years was published in June 2014 jointly by the Department of Health and the Department for Education and provides statutory guidance on duties policies and procedures relating to Part 3 of the Children and Families Act 2014. Organisations who are bound by this statutory guidance includes local authorities (education, social care and relevant housing and employment and other services), clinical commissioning groups, NHS Trusts and NHS Foundation Trusts.

The Special Educational Needs and Disability Code of Practice (2014) main changes from the SEN Code of Practice (2001) are:

- The code of practice (2014) covers the 0-25years age range.
- There is a clearer focus on the views of children and young people and on their role in decision making
- It includes guidance on the joint planning and commissioning of services to ensure close cooperation between education, health services and social care.

- For children and young people with more complex needs a coordinated assessment process and the new Education, Health and Care Plan(EHC Plan) replace statements and Learning Difficulty Assessments(LDAs).There is new guidance on the support pupils and students should receive in education and training settings.
- There is a greater focus on support that enables those with SEND to succeed in their education and make a successful transition to adulthood.

3.3 Service description

3.3.1 The Provider is required to:

- Be registered with the Care Quality Commission.
- Ensure that all professionals will remain compliant with their relevant professional standards and bodies and be revalidated as required.
- Have an indemnity scheme.
- Have robust clinical and corporate governance systems to manage and learn from complaints and incidents and to meet the training and supervision needs of its staff.
- Ensure services are available to all children and young people without regard to disability, gender, sexuality, religion, ethnicity, social, or cultural determinants. However, where it is deemed clinically appropriate, alternative services may be established that meet the specific needs of one or more groups within a community. Such services will enhance rather than detract from the existing provision.
- Where the consequences of not immediately meeting clinical need are assessed to be similar, services will prioritise children and young people who are likely to have the poorest long term life outcomes. Breakdown of their school, home or care situation has the highest priority.
- Offer children, young people and parents / carers age and format-appropriate information about their condition and care.
- Ensure that services have age-appropriate physical settings.
- Ensure that the rationale for diagnosis, evidence considered and decisions made will be fully documented. This will be shared with the child / young person and parent / carer in writing as appropriate.
- Ensure that initial and continuous care planning involves all members of the team providing care, the child / young person and their parents / carers.
- Ensure that informed consent issues around both sharing of information within the family and with other agencies and around treatment are clearly explained and documented.
- Ensure that all service developments and / or redesigns are undertaken using co-production.
- Ensure any cross-charging arrangements for cross-boundary children / young people are included.
- Contribute to other parts of agreed multi-agency care pathways.

- Relationships will be built with Local Authority and Voluntary Community services for children and young people to enable increasing integration of delivery, key working models and a team flexible approach across organisations. This will include working with adult services regarding vulnerable 16/17 olds and having a presence in settings such as organisations providing supported accommodation to provide consultation and sign posting

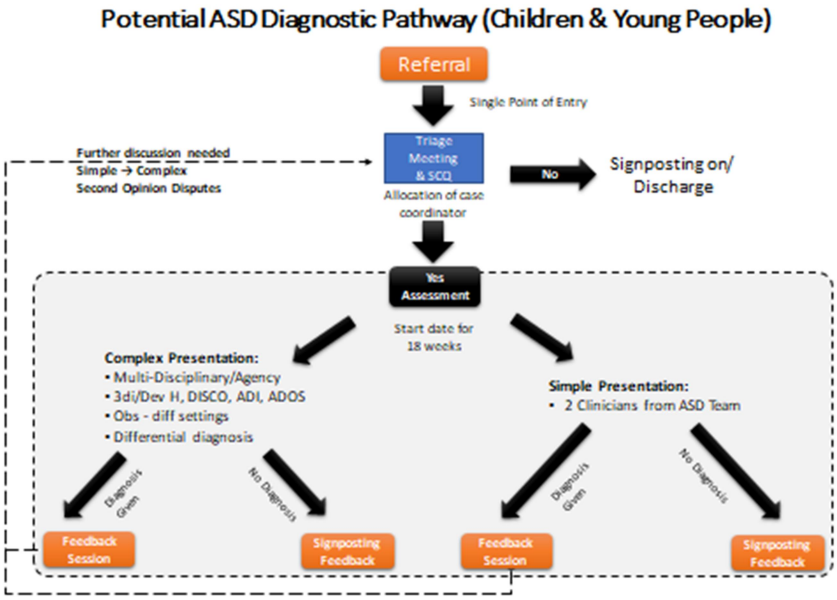
3.3.2 Service Description

A minimum service offer to improve access and assessment for children and young people with ASD.

The key areas of the service delivery are:

- To implement a high quality ASD diagnostic pathway
- Achieve a referral to diagnosis target of 18 weeks
- Eradicate waiting lists for diagnostic assessment
- To engage with children, families and carers to gain knowledge of what they feel would be the best way to support them through the pre and post diagnosis pathway

3.3.2.1 Bristol & South Gloucestershire pathway



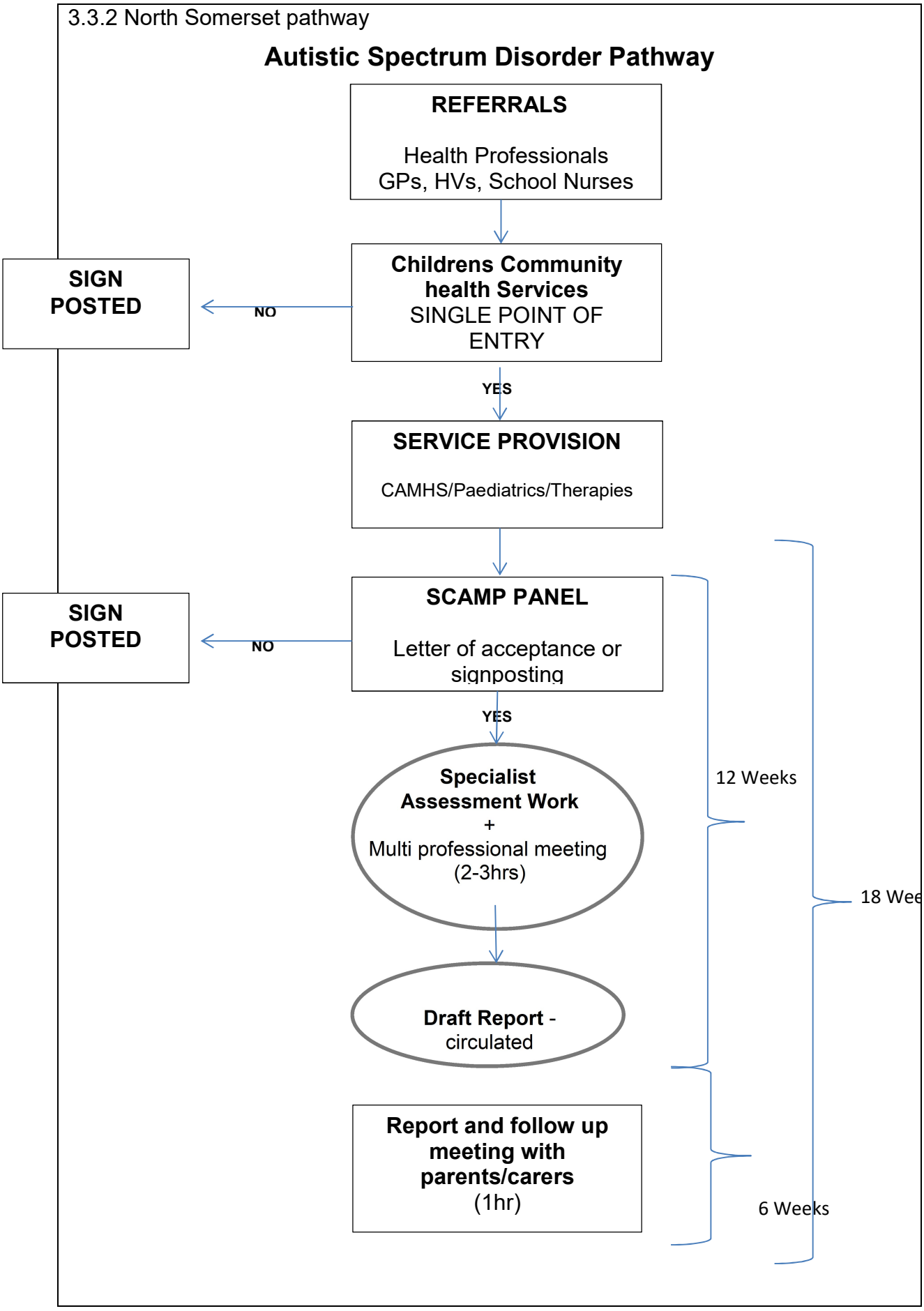
1. Referral from professionals or parents or young person via web-based Single Point of Entry (SPE) form together with completed supporting information forms from parents, educational setting and young person (as applicable) with clear indication that an ASD diagnostic assessment is requested. If incomplete information is received, the remaining items will be requested before the referral is processed.

2. Referral information passed to ASD diagnostic assessment team manager / coordinator. Triage form to be populated with this information for review by multi professional representatives focussing on school aged / preschool aged in a weekly triage meeting. At this meeting the outcome will be
    - Referral accepted; professionals who should be involved in the assessment will be identified, the element of assessment needed will be identified. This information recorded on triage form and coordinator or team will subsequently schedule the assessment.
    - Referral not accepted for diagnostic assessment, but passed to another professional for a new appointment to determine what approach is appropriate. Referral passed to SPE to send to professional for triage and booking.

Referrer and parents and GP will be informed of outcome

3. Assessment will be scheduled, where possible as a 'one stop shop' at school or clinic, including the diagnostic meeting and the feedback meeting to parents. If a more complex case, some additional assessments may be needed before the one stop shop is held. Preschool children may be allocated to a SEESAW group and community paediatric appointment will be scheduled alongside the group work. Initial appointments with community paediatric team, including specialist nurses, may be indicated where they are not known to any CCHP service already – these will be scheduled before the one stop shop.
4. If at the end of the diagnostic assessment, it is felt that the case is complex and more assessment is needed, information will be returned to the triage meeting to review and agree next steps.
5. After the end of the diagnostic assessment, if an ASD diagnosis is made, there will be a 6-8 week follow up appointment with a member of the team
6. At the end of the completed diagnostic assessment the child or young person will be discharged from the ASD diagnostic assessment service pathway. If they have ongoing medical needs e.g. monitoring ADHD medication, they will remain open to the relevant service and continue their follow up
7. Children and young people who have a diagnosis of ASD will have access to a responsive, drop in style approach for further advice.

3.3.2 North Somerset pathway



Social Communication & Autism Multiagency Pathway (SCAMP) is the multi-professional service and is staffed with professionals from SCCS teams.

There are 3 streamlined the pathways according to the assessed need:

a) Early Years SCAMP Assessment (preschool children)

These are children who are known to SLT, known to Community Paediatrics and possibly other services - a minimum of 2 services. Since August 2018, children who come into this pathway are assessed and diagnosed before beginning school.

The minimum number of hours to complete this pathway is approximately 33 hours per child.

b) Standard SCAMP Assessment (school aged children)

These are children referred to SCAMP from any of our services who require further assessment for ASD. The number of services involved is generally a minimum of 3.

The minimum number of hours to complete this pathway is approximately 33.5 per child.

The Community Paediatric nurses have developed a pre-SCAMP Nurse led pathway, ensuring that all referrals have gathered as much evidence as possible to inform the assessment panel.

c) Enhanced SCAMP Assessment (comorbidities)

Again, these are children referred to SCAMP from any of our services who require further assessment for ASD. The number of services involved is generally a minimum of 4.

The minimum number of hours to complete this pathway is approximately 62 hours per child. These are children that present with high complexity and therefore will require additional assessments particularly from CAMHS clinicians.

3.4 Acceptance criteria

The service has defined acceptance criteria for ASD Assessment that will be available to referrers, children, young people, their parent carers and other agencies.

The Provider will:

- Accept referrals for children and young people aged up to 18 years registered with a GP in Bristol, South Gloucestershire or North Somerset where there is a reasonable description that suggests that the child / young person may have an ASD
- Accept referrals from schools, health professionals and self-referral, via a single point of access which will be developed with each local authority.
- In cases where referrals are found to be inappropriate, with consent, refer or signpost the child / young person and their family / carers to other services through the single point of access.

- Provide locally available, age- and developmentally appropriate, co-produced information for children / young people, parents / carers and referrers about the services provided and how they are accessed.
- Support and ensure inter-agency working.
- Support and ensure discharge or transition planning.
- If the service concludes that the needs of child / young people or parents are better met by other agencies and not covered within this specification. It will facilitate access to those services.
- Ensure that the referrer is clear as to whether the service has accepted the referral and, if not, in line with agreed information-sharing protocols, provide the rationale for this and written suggestions to what the services will do: for example, whether the service will refer on or signpost or expect the referrer to do so.
- Gather the agreed range of information at the point of referral noting information sharing protocols

3.5 Exclusion criteria

Children and young people may *not* be eligible for the service provided on the basis of:

- Age if over 18 years.
- Where a more clinically appropriate service has been commissioned from an alternative provider
- Children in court proceedings where intervention is not advised under Home Office guidelines.
- Court assessments, unless specifically contracted.

3.6 Outputs

The Provider will:

- Triage referrals within 10 working days
- Carry out ASD assessment within 18 weeks of acceptance of referral
- Maintain communication with referrer / family whilst waiting for and between appointments.
- Ensure that the staff undertaking the assessment are appropriately trained and experienced to undertake assessment, to identify strengths and difficulties including identification of ASD diagnosis where appropriate.
- Work in collaboration with the child / young person and, where possible, the parents / carers on the decision to refer for further assessment and / or treatment or to discharge and / or signpost, based on the combined assessment of their needs and risk.

3.6 Key Performance Indicators

3.6.1 **Workforce**
Target:
100% of staff (non – probationary) have had basic Autism training

3.6.2 **Referral**
Target:
95% ASD referrals are triaged within 10 working days

3.6.3 **Assessment**
Target:
95% Assessments started within 12 weeks following acceptance of referral and completed within 18 weeks.

3.6.4 **Post Diagnosis**
Target:
95% Assessment follow up offered within 8 weeks of diagnosis

3.7 Does Not Attend (DNA) / Re-engagement policy

When a service user does not attend, a risk assessment should be made and acted upon. A service should not close a case without informing the referrer that the service user has not attended. The service should make explicit re-engagement policies available to referrers, children / young people and parents / carers.

Teams will work assertively with children and families who have difficulty engaging with the service, and will explore creative means to ensure that interventions are offered in styles and settings which promote engagement with children / young people and their parent / carers.

3.9 Care transition protocols

The service will have protocols in place co-developed with service users, GPs and other services to ensure that transitions between services are robust and that, wherever possible, services work together with the service user and parents / carers to plan in advance for transition (this is especially critical in the transfer to adult mental health services and primary care or other services, e.g. voluntary / third sector).

3.10 Staffing arrangements, recruitment and training, supervision / appraisal requirements

The Provider will:

- Ensure the workforce including frontline staff has the necessary compassion, values and behaviours to provide person-centred, integrated care and enhance the quality of experience through education, training and regular

continuing personal and professional development (CPPD) to enable positive relationships and instils respect for children / young people and parents / carers.

- Anticipate the numbers and capabilities of the workforce needed currently and for the future, ensuring an appropriate skill mix in teams to provide skilled supervision, enabling career progression and staff retention.
- The workforce will be able to deliver a range of recommended evidence-based assessment with a delivery model that best focuses the capacity of the service to the demands of the population.
- Ongoing workforce development in evidence based interventions will be in place.
- Ensure the workforce is educated to be responsive to changing service models, innovation and new technologies, with knowledge about effective practice and research that promotes adoption and dissemination of better quality service delivery.
- Ensure there is sufficient staff educated and trained with the required knowledge and skills within teams. The skill set required in the team may be subject to change according to changes in local needs.
- Ensure that there is compliance with the recommendations of the Francis Report (2013) and in particular the Code of Candour

Monitor caseloads for staff to ensure safe and effective delivery of services

3.11 Activity

Commissioners and Sirona will review actual activity levels as part of the on-going contract review arrangements. Where trends point towards a likely increase in overall activity exceeding the assumed levels, the commissioners and Sirona will agree jointly the actions to be taken. These could include, but are not restricted to, a reduction in overall service provision; a service redesign to meet the increasing demand or an increase in funding to acknowledge the increase.

The Provider will commit to alerting the commissioners as soon as information becomes available that indicates an upward trend and both parties agree that any corrective actions should be agreed within three months inclusive of commissioners and Sirona governance processes

3.12 Information Governance and Accountability

The Provider will comply with all relevant legislation and guidance to record information, in particular to comply with Data Protection acts, and comply with requirements to keep records for an appropriate period.

The Provider will develop information sharing protocols as appropriate with other agencies to enable integrated working.

3.13 Interdependence with other services / providers

3.13.1

Providers should ensure they have excellent links with services regularly used by young people providing a joined up accessible service supporting shared outcomes including improving access to education and healthy behaviours.

- General Practice.
- Schools and academies FE colleges and other education providers.
- Children centres and early year's settings
- Early Help providers.
- Health visitors.
- School health nurses
- Mental health services
- Voluntary sector providers.
- Independent providers.
- Inpatient or other highly specialist services.
- Youth services.
- Homelessness and Youth Housing agencies.
- Safeguarding – children and adults (Local Safeguarding Children's Board).
- Local authorities.
- Bristol Hospital Education Service/ South Gloucestershire Education Other Than at School Service (shared outcome of re-integration into school).
- Acute sector hospitals.
- Emergency departments.
- Community child health.
- Criminal justice system – including young offenders services.
- Addiction services.
- Local independent providers.

4. Applicable Service Standards

4.1 Applicable national standards

- Autism Act (2009)
- Autism Strategy (2010)
- Implementing Fulfilling and rewarding lives – statutory guidance for local authorities and NHS organisations to support implementation of the Autism

Strategy (2010)
- NICE guidance CG 128 (2011)
- Adult Autism NICE guidelines published (2012)
- Children and Young People Health Outcomes Strategy (2012)

4.4 Applicable local standards

Provision of transition focussed services.

5. Monitoring & Evaluation

5.1 Data recording

5.1.1 The following data must be collected and submitted monthly on CCHP SEND Data Dashboard

Workforce
- % of staff (non – probationary) with basic Autism training - content to be agreed annually at contract monitoring meetings

Referral
- Total number of referrals
- Age and gender of referrals
- Origin of referrals
- % of referrals triaged within 10 working days
- % of referrals leading to assessment

Assessment
- Number of assessments started within 12 weeks following acceptance of referral
- % of assessments started within 12 weeks following acceptance of referral
- Number of c&yp waiting between 12 – 24 weeks to start assessment and diagnosis process
- Number of c&yp waiting between 25 – 51 weeks to start assessment and diagnosis process
- Number of c&yp waiting more than 52 weeks to start assessment and diagnosis process
- % of assessments leading to diagnosis

Post Diagnosis
- % offered post diagnosis follow up meeting within 12 weeks when requested
- % of experiential feedback forms following discharge

6. Location of Provider Premises

6.1 The Provider's premises are located at:

A range of locations to respond flexibly to the needs and choices of children and families who, for reasons of access, culture or clinical presentation, have difficulty in engaging in clinic-based interventions. This will include seeing some children in their children centres, school, home, youth centre or other setting and some drop-in sessions in other services.

7. Service Delivery

The Provider will ensure that children and young people will be treated, as far as possible, within their own community / close to home and in a timely manner.

It is essential that children, young people and parents / carers are involved in service design (as well as providing feedback to services). The provider will actively consider how their service will respond to the needs of BNSSGs diverse population. This will include complying with relevant equalities legislation and best practice guidance. We will expect the service to make reasonable adjustments to ensure the service is open and accessible to the whole of our population.

Particular reference will be made to needs of people with disabilities, people from black and other ethnic minority communities, people who currently find it difficult to access current services or who are under-represented within those services.

There is a specific expectation that people with a learning disability will not be excluded from the services offered and that reasonable adjustments will be made to ensure an inclusive service delivery model.

The service will be delivered in line with the requirements of the national and local autism strategy to ensure people with autism have access to mainstream public services where ever possible and in doing so will be treated fairly as individuals.

People who are deaf will be enabled to access services through the provision of appropriate support.

People who require help with language, such as interpreting, in order to access services will be provided with appropriate support.

Transition arrangements into adult services must be in place, including transition arrangements to primary care if children / young people are not going to meet adult mental health services thresholds but still require some level of support.

Appendices

Appendix 1: "Learning disability and autism training for health and care staff" (Consultation – Feb. 2019)

Service Specification No.	**2A4**
Service	**BNSSG Autism Spectrum Disorder (ASD) Service (Children and Young People <18 years)**
Commissioner Lead	**BNSSG ICB**
Provider Lead	
Period	**1st December 2024 – 31st March 2026**
Date of Last Review	**Quarter 4 2024**
Date of Next Review	**Quarter 4 2026**

1. Purpose

This service specification outlines BNSSG ICB's objectives, scope, pathway and principles of the Children's Autism Spectrum Disorder (ASD) Service. Throughout this document, the term 'Service User' will refer to the child/young person and/or the parent/carer of the child or young person who is being assessed.

Autism is a long-life neurodevelopmental condition that affects individuals from birth and lasts for their lifetime. Signs of autism might be noticed when an individual is very young, or not until later in life. It affects how individuals communicate, experience and interact with the world around them. Autism is a spectrum and autistic people may need little or no support, and the way that autism is expressed in individuals differs at different stages of life, in response to interventions, and with the presence of any co-existing conditions. Autism Spectrum Disorder is a life-long disorder; however the prognosis can be improved by early diagnosis and assessment.

The core features of autism include:

- Persistent difficulties in social interaction and communication
- Presence of stereotypic (repetitive and rigid) behaviours
- Resistance to change or restricted interests
- Emotional regulation difficulties

There are many conditions that may present with similar features to autism spectrum disorder in service users including, but not limited to:

- Neurodevelopment disorders e.g., global developmental delay
- Attention deficient hyperactivity disorder
- Mood disorder
- Anxiety disorder
- Obsessive-Compulsive Disorder (OCD)

The Provider is commissioned to provide evidence-based autism diagnostic assessment for children, led and undertaken by appropriately skilled health professionals. The service offer will be based on NICE guidelines and best practice associated with autism diagnosis and adapt procedures in relation to delivery and environment as highlighted in the following guidelines in section 1.1.

1.1 National evidence base

National strategy for autistic children, young people and adults: 2021 to 2026
The government's national strategy for improving the lives of autistic people and their families and carers in England. The strategy has six main areas for improvements:

1. Helping people to understand autism.
2. Helping autistic children and young people at school.
3. Helping autistic people to find jobs.
4. Making health and care services equal for autistic people.

5. Making sure autistic people get help in their communities.
6. Help for autistic people in the justice system.

This strategy aligns with the existing statutory guidance on implementing the Autism Act for local authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015).

There are an estimated 700,000 autistic adults and children in the UK, approximately 1% of the population although recent studies have reported increased prevalence and now that number is thought to be closer to 2.5% of children. In addition, there are an estimated 3 million family members and carers of autistic people in the UK. At least one associated mental health disorder occurs in approximately 70% of people with ASD (NICE).

1.2 Right to Choose

Since 2014, in England under the NHS Right to Choose Guidance patients have a legal right to choose their mental healthcare provider and mental healthcare team. If a patient decides the waiting time for their autism assessment is too long, then they can choose alternative providers. The provider must be commissioned for the service by an ICB in England in order to offer Right to Choose.

NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK (www.gov.uk)

Patients have the Right to Choose when the following conditions are met:

- The provider is in England (different rules apply for Scotland, Wales and Northern Ireland).
- The General Practitioner has agreed to make clinically appropriate referral.

Certain restrictions apply and patients cannot exercise their Right to Choose if they are:

- Already receiving mental health care following an elective referral for the same condition.
- Referred to a service that is commissioned by a local authority, for example a drug and alcohol service (unless commissioned under a Section 75 agreement).
- Accessing urgent or emergency (crisis) care.
- Accessing services delivered through a primary care contract.
- In high secure psychiatric services.
- Detained under the Mental Health Act 1983.
- Detained in a secure setting. This includes people in or on temporary release from prisons, courts, secure children's homes, certain secure training centres, immigration removal centres or young offender institutions.
- Serving as a member of the armed forces (family members in England have the same rights as other residents of England).

There are restrictions on who the patient can direct their care to. Patients cannot refer to just any provider. The provider must:

- Have a commissioning contract with any ICB in England or NHS England for the required service.
- Have a multi-disciplinary team including a paediatrician and/or child and adolescent psychiatrist as well as a psychologist with training and experience in working with autistic children and young people.

1.3 Local Context

BNSSG ICS aims

BNSSG's Strategy and Joint Forward Plan have been developed to align with, and support, the four aims of Integrated Care Systems (ICS):

1. Improve outcomes in population health and health care.
2. Tackle inequalities in outcomes, experience and access.

3. Enhance productivity and value for money.
4. Help the NHS support broader social and economic development.

BNSSG Joint Forward Plan Joint Forward Plan - BNSSG Healthier Together (published June 2023) sets out how BNSSG ICB will deliver on the national vision of high-quality healthcare for all, through equitable access, excellent experience, and optimal outcomes over the next five years.

It aims to:

1. Improve the health and wellbeing of the population.
2. Provide high-quality services that are fair and accessible to everyone.

Commented [LC1]: Added as this is in the other specs

In 2024, BNSSG published a Mental Health Strategy, based on 1% estimate, approximately 6,131 18-64 years are autistic. The strategy has six ambitions.

1. Holistic Care
2. Prevention and early help
3. Quality treatment
4. Sustainable System
5. Advancing equalities
6. Great place to work

https://bnssghealthiertogether.org.uk/health-wellbeing/mental-health-strategy/

2. Service Scope

2.1 Aims

To provide an accessible, high quality and timely ASD diagnostic service for Children and Young People, as indicated by NICE guidelines and in line with commissioning requirements. The Provider is required to develop an effective and efficient service model that incorporates national and local ICS wide requirements. In collaboration with a range of statutory and voluntary sector agencies local to BNSSG, Providers should support autistic Children and Young People to access a sufficient level of support to enable their continued independence and well-being.

2.1.1 Objectives

- To provide accurate autism diagnostic assessment.
- To provide a report following assessment which identifies the service user's needs so that individually tailored post diagnostic support where required can be discussed between the patient and their GP.
- To provide a person-centred and flexible approach.
- To ensure that children, young people and their parents/carers are treated with compassion, respect and dignity, without stigma or judgment.
- To ensure that children and young people who access the service receive an assessment within 12 weeks as per NICE guideline.
- To ensure that the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying need and making diagnostic decisions and formulations.
- To ensure that any additional vulnerability or inequality suffered by children and young people (e.g. learning disability, victim of child sexual exploitation, homelessness) is properly considered when identifying need and making diagnostic decisions and formulations.
- To agree the aim and goal of assessment with the child/young person or parent/carer.
- To deliver a service informed by NICE guidance and NICE quality 8 statements.
- To promote active and full engagement of service users in their own homes.
- To provide a clinically effective and cost-effective service.
- To help service users make informed choices about their care and identified support needs, in partnership with their health and social care professionals.

Commented [LC2]: Added to align with adult spec

- Improved quality of life, as identified by the service user and appropriate evidence-based measurement tools. This could include the patient satisfaction questionnaire (PSQ) and the Friends and Family Test.

2.1.2 Service summary

The service is expected to conform to all relevant currently published NICE guidance.

Autistic people, or people who suspect they are autistic may have certain characteristics which present them with challenges in the way they communicate with others and their ability to be in situations that require some degree of social interaction. The Provider is therefore expected to ensure that they provide:

- Appropriate and accessible information to individuals about their service.
- Appropriate and accessible information about timescales for assessment.
- Clear information to individuals about what will and may happen post diagnosis. Information about local signposting will be supplied to the Provider by the lead Commissioner.
- Additional support if the individual is unable to consent to assessment and/or interventions. It may be appropriate for the referrer and provider to consider the Mental Capacity Act, and the use of an advocacy service if necessary.
- Right to choose information to be published in appropriate and accessible format.

2.2 Population covered

BNSSG ICB is commissioning this service on behalf of patients registered with a GP for which the ICB is responsible. Under Patient Choice rules, patients from outside of BNSSG ICB may choose to select the provider and in these circumstances an invoice for payment should be directed to the appropriate responsible ICB.

2.3 Referral Criteria

Referrals should be accepted for children and young people aged between 2 years 4 months up to the age of 17 years 9 months, registered with a GP within BNSSG and identified as having needs that may be associated with autism that are significantly impacting their daily life despite support and intervention. Any deviation to this age range will need to be agreed with the Commissioner.

If a young person is 17 years 6 months or older at the point of referral, or will reach this age while waiting for an assessment to be conducted, the Provider should either decline the referral or, if the Provider holds an NHS Standard Contract for Adult Autism Assessment they may offer to transfer the patient to their Adult Autism Assessment service (the date of the original referral to children and young people autism services will be honoured). Transfer to an adult service should only be done with consent from the patient.

Referrals must contain the following information:

- Evidence of difficulties in the areas of development, including social communication and interaction, and restricted and repetitive behaviours
- Evidence that these difficulties significantly impact the child/young person's daily life
- Evidence of the difficulties the child or young person experiences at home and within an educational setting
- Information on interventions and support implemented and how well these have worked.

2.4 Referral process and Waiting List

Referrals for Specialist Autism Diagnostic Assessments require supporting information from the family and educational setting and are best made by people that know a child well. In most cases this is not the GP. Families can be encouraged to prepare referrals in partnership with the child's SENDCO (Special Educational Needs and Disability Coordinator). GPs are on the permitted referrer list and may opt to be the primary referrer if a child is not in education, or if the GP has valuable additional information to contribute to a referral.

The Provider will undertake screening and triage of all referrals to ensure that an individual is on the correct pathway and that all eligibility criteria have been met. The Provider must aim to triage BNSSG referrals within 5 days of receipt (where possible) The Provider is expected to undertake waiting list reviews on a quarterly basis to ensure service user's clinical needs have not changed. This step may include administrative staff as well as clinical input. Information on the referral may also direct next steps, for example that a referral should be expedited due to significant risk or need, or that the level of complexity may dictate a more nuanced approach to the assessment.

Prioritisation for assessment is not normally given, but certain patients may be prioritised depending on their circumstances at the discretion of the clinician. A referral may be prioritised in cases where there is a significant risk of a delay in assessment causing the following, but not limited to:

1. A marked deterioration in the individual's mental health.
2. A significant increase in the individual's level of risk to self and/or others.
3. An increased likelihood of an individual losing their job and/or their accommodation leading to either of the above.

It is expected diagnostic assessment should start within 12 weeks of referrals per NICE Guidance. The service will operate a waiting list if assessments are unable to be delivered within 12 weeks of referral.

2.5 Any exclusion criteria

The Provider will treat all service users in a safe and appropriate environment. The Provider is entitled to exclude certain groups of patients for reasons of clinical safety or complexity of support healthcare facilities normally required, which are not available. Any changes to the provider's exclusion and acceptance criteria must have previously been shared and agreed with the relevant commissioner(s).

Where it is felt the exclusion criteria should be applied, the Provider should make all reasonable attempts to discuss this with the service user and where appropriate, the service user's GP to ensure that the decision is informed, and evidence based.

The Provider should ensure that when the exclusion criteria is applied, the service user is informed by a member of staff with an understanding of the criteria and the evidence used to inform the decision. The service user should receive a full explanation of the reasons for exclusion and where requested, the evidence used to inform the decision and signposted to other support services.

It is important to note that in cases where a person's deteriorating mental health makes a valid diagnostic assessment difficult, professionals from the team can provide support and consultation to the service user's care team as required.

The Provider shall reject any referred NHS patient for the following reasons;

- The patient meets any of the nationally defined exceptions listed under "you do not have a legal right to choose if:" at https://www.nhs.uk/mental-health/social-care-and-your-rights/how-to-access-mental-health-services/#choice
- The patient meets any of the Provider's own exclusion criteria as set down in their policy at Appendix 2A2_2A4.

2.6 Was Not Brought (Did Not Attends)

Any patient who does not attend their agreed appointment (new or follow up) may be discharged back to the care of their GP. Both the patient and GP will be notified in writing to ensure the referring GP is aware and can action further management of the patient if necessary. Exceptions to this are:

- When a clinical decision is taken that discharging the patient is contrary to the patient's clinical interests
- Children of 18 years and under or vulnerable adults.
- When one of the following can be confirmed:
  - If the patient did not receive the letter/ digital notification of the appointment including the appointment being sent to incorrect patient address / contact number
  - The appointment was not offered with reasonable notice.

Commented [LC3]: Heading changed, first line deleted as is picked up in 2.3 and exclusion criteria info aligned across all specs, albeit some differences in layout.

- If reasonable adjustments or patients' needs have not been supported – for example, accessible communications, translation, transport needs.

Outside of these exceptions, it will be at the providers discretion as to whether a patient will be entitled to rebook an appointment after a first DNA without being discharged from the service. If a patient DNA after a second appointment it is expected that the patient will be discharged back to referrer.

When a service user is not brought to an appointment, a risk assessment should be made and acted upon. A service should not close a case without informing the referrer that the service user has not attended. The service should make explicit re-engagement policies available to referrers, children/young people and parents/carers.

In the event of a paediatric patient making multiple (more than one) cancellations, multiple changes or if they DNA on multiple occasions - in addition to the clinical review process and active engagement with the patient, the provider will write to the patient's GP following the second DNA to establish if there are any particular circumstances, including safeguarding concerns, why the patient might not be attending. It is not acceptable to refer patients back to their GP simply because they wish to delay their appointment or treatment. However, there are situations when referring a patient back to their GP is in their best clinical interests. Such decisions should be made by the treating clinician on a case-by-case basis and following discussion and agreement with the patient.

Commented [LC4]: New paragraph added from BNSSG Elective Care Access Policy, with small amendment to confirm 2 missed appointments

The Provider will make every effort to rebook appointments where cancellations are received within 24 hours of appointment time. Where a patient DNAs the appointment without prior notice, the Provider will charge BNSSG ICB in line with the agreed DNA fee in the BNSSG Pricing Framework and schedule 3 of this contract.

The Provider should follow a robust Access Policy which supports the safeguarding of children, as described in clause 3.2.1.

2.7 Assessment Outcomes

The key areas of the service delivery are:

- Assessment
- Post diagnosis advice and information

2.7.1 Assessment

The Assessment will be conducted over a number of appointments, tailored to the need of the service user. In accordance with NICE guidance, providers should set up a multi-disciplinary team with a core membership of:

- A paediatrician and/or a child and adolescent psychiatrist
- Speech and language therapist
- Psychologist with training and experience of working with autistic children and young people.

The team should also have access to the following professionals if they are not already in the team:

- Paediatrician or paediatric neurologist
- Child and adolescent psychiatrist
- Psychologist with training and experience complementary to the psychologist in the core team
- Occupational therapist.

It is good practice to also include other relevant professionals who may be able to contribute to the autism diagnostic assessment. For example, a specialist health visitor or nurse, specialist teacher or social worker.

The Children's ASD Diagnostic Service will offer:

- Initial triage based on a balance of waiting time and clinical assessment of need.

- Diagnostic assessment including gathering of developmental history. Virtual observations using agreed tools and process, although face to face is preferred.
- Active signposting to appropriate services local to BNSSG.
- The service will be person-centred, based on the needs of the service users and involvement of their carer/families (if appropriate).

2.7.2 Diagnostic Outcomes

Assessment may result in three possible outcomes:

1. An autism diagnosis is confirmed as present.
2. The diagnosis is confirmed as not present. In this instance, the service user's GP, and (with the appropriate agreement and consent) any relevant services/carers/families should be notified accordingly. The service user may be referred on to other services, depending upon needs and presentation.
3. A diagnosis of autism is uncertain or inconclusive. A recommendation may be made to access a review or to complete a re-assessment following a period of time (at which point it may be possible to arrive at a conclusive finding).

Service users will not need to have a care plan; however, their agreement will be sought in reaching and documenting a full written record of their assessment, including all relevant aspects of their assessment and treatment from the Provider. This will be communicated in written form to the service user and other relevant parties, e.g., the referring professional and/or the GP.

The Provider will ensure that, as part of their service offer and discharge processes, service users are well-informed about what to expect from the service. They should be given information about signposting to other community, voluntary and other services local to BNSSG.

All service users should be made aware of the Provider's statutory duty to share any relevant information with other agencies when there is a safeguarding concern, or it is thought crime or disorder has possibly taken place. When there is a safeguarding concern the voice of the possible child at risk should be part of all stages of the process.

The service should be providing information to support the care of patients and signposting to other organisations including the voluntary sector.
Whilst providing care and support to patients, staff need to be mindful that a family member may be a carer and signpost them to support services that can provide information.

2.7.3 Advice and Information

Following diagnosis, the individual (and their carer, if appropriate) should be provided with one follow up support session in the form of psychoeducation to develop a care plan.

The session would be used as follows:

- To provide the service user with more time to discuss their individual diagnosis and what it means to them. This will result in an individualised care plan being formulated which identifies and addresses individualised needs.
- In discussion with the individual, referrals to other agencies may be made including to Social Care for an assessment of need under the Care Act 2014.
- It is important at this stage that written confirmation by the Provider is sent to the GP/referrer to provide information regarding the outcome of the assessment and also the future plan for the individual.

2.7.4 Feedback

Service users will be provided with detailed feedback where the results of the assessment and the implications of this are discussed with them. If they have not been given a diagnosis, the feedback session would be an opportunity to discuss other factors that may help explain their presentation, but also to

understand the strengths and needs they present with. Service users will also be signposted and/or referred to appropriate services, as required.

2.7.5 Needs Assessment

If a service user has been given a positive diagnosis, they will be offered a follow-up appointment with a member of the team to discuss their needs and be signposted towards a range of mainstream and/or voluntary sector provision local to BNSSG. At the end of the completed diagnostic assessment, the child or young person will be discharged from the Autism diagnostic assessment service pathway.

2.7.6 Discharge processes

Service is primarily diagnostic. Hence service users with on-going needs will need to be referred to the appropriate service following assessment.

Service users will be discharged from the service, according to the following principles:

- The decision will be made with the agreement of the service user

See Schedule 2G4 for provider's discharge policy/procedure.

2.8 Prescribing

Not applicable as the service does not have a prescribing role.

2.9 Reporting

As part of the Provider internal data completeness, cleansing and quality processes the ICB expect the information provided by operational team(s) to be scrutinised and understood by performance management staff and the senior management teams before submission to commissioners. The senior management team will take full responsibility for the accuracy of data insofar as the current level of completeness, coverage and accuracy of data has been established, taking into account any reported overall or service-specific improvements during the contract year(s).

A reporting schedule will be included in the NHS Standard Contract issued to the Provider. This will not be exhaustive.

Reporting should be submitted to the Commissioner quarterly. The Commissioner may make ad hoc requests for performance and quality data if required.

2.10 Days/Hours of Operation

The service will operate Monday to Friday. The service does not operate an emergency service.

2.11 Interdependencies with other services/providers

The Provider has a responsibility for the interface and development of appropriate pathways with other services; ensuring services are communicated to potential referrers. The provider will be required to work in co-operation with (and not limited to);

- ICB Commissioners and Exceptional Funding Request service
- GPs, and any other ICB approved referrers
- Commissioning Support Unit
- Local mental health trust (AWP)
- Local primary and community teams and other interface services
- Social services
- Independent and third sector providers (voluntary sector).

2.12 Relevant networks and screening programmes

Commented [LC5]: Previously was Performance section - removed as text is a duplication with 2.4.

The service will work within the local area agreed referral pathway.

2.13 Training/education/research activities

It is expected that the staffing levels will be sufficiently resourced and have the appropriate skills mix to meet the defined needs of the service users and to provide the interventions the service should ensure that they have the expertise to provide cultural awareness services.

2.13.1 Staff Training and Development

It is the responsibility of the Provider to recruit/provide suitable personnel and as such the Provider will determine the exact person specification. However, the following guidelines will apply to all staff groups including temporary staff e.g. agency:

- All staff will be required to satisfy appropriate DBS checks.
- Staff will have the appropriate clinical and managerial qualifications for their role.
- All staff shall be appropriately trained/qualified and registered to undertake their roles and responsibilities.
- Professional accountability must be formulated within an agreed governance structure.
- Appropriate supervision arrangements for all levels of staff will be in place, including induction and clinical supervision.
- Staff will participate in regular personal performance reviews including the development of a personal development plan.
- All staff will be required to attend relevant mandatory training.
- All staff must have the relevant safeguarding training according to role as set out in the Intercollegiate Document 2019 and Intercollegiate Document for Looked After Children 2020.

As set out by the Care Quality Commission (CQC), registration documentation will be held on record by the Provider for all medical staff and will be available for inspection. A certificate of registration will be prominently displayed by the Provider in all sites (if applicable) from which the service is provided.

2.13.2 Clinical or Managerial Supervision Arrangements:

Supervision is regular protected time within work to reflect on and discuss a range of issues which together contribute to maintaining standards and ensure that the service delivers the highest quality of care to service users and carers.

2.14 Equality of Access

The Provider shall ensure the premises (if applicable) from which the service is to be provided shall be fully compliant with the Disability Discrimination Act (2005), the Equality Act (2010) and any other statute or common law relevant to the provision of the service and relating to Equality and Discrimination.

The Provider will treat all service users in a safe and appropriate environment (in accordance with the Providers process for determining suitable remote/digital environment) depending upon age and any existing medical conditions. The provider must ensure that services deliver consistent outcomes for patients regardless of:

- Gender
- Race
- Age
- Ethnicity
- Income
- Education
- Disability
- Sexual Orientation

The Provider shall provide appropriate assistance and make reasonable adjustments for patients and carers who do not speak, read or write English or who have communication difficulties including cognitive impairment, lack of capacity, hearing, oral or a learning disability in order to:

- Minimise clinical risk arising from inaccurate communication
- Support equitable access to healthcare for people whom English is not a first language
- Support effectiveness of service in reducing health inequalities.

An interpreter, advocate or Independent Mental Capacity Advocate or contact with Customer Care should be provided if necessary. Translation and Interpreting services must meet the relevant standards.

2.15 Information Governance

All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this.

The Data Security and Protection Toolkit is a Department of Health Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance and presents them in a single standard as a set of information governance and data security assertion. The Provider is required to carry out self-assessments of their compliance against these assertions.

The Provider will identify an Information Governance lead.

The Provider must complete and provide evidence that they have achieved a satisfactory position for their organisation's Data Security and Protection Toolkit through meeting all the mandatory requirements https://www.dsptoolkit.nhs.uk/

Final publication assessment scores reported by organisations are used by the Care Quality Commission when identifying how well organisations are meeting the Fundamental Standards of quality and safety - the standards below which care must never fall.

The Provider shall comply with all relevant national information governance and best practice standards including NHS Security Management – NHS Code of Practice, NHS Confidentiality – NHS Code of Practice and the National Data Security Standards. The Provider will participate in additional Information Governance audits agreed with the Commissioner.

2.16 Subcontracting

The Provider shall ensure that no part of the services outlined in this specification may be subcontracted to any other party than the approved Provider without the prior agreement and approval of the Commissioner.

The commissioner acknowledges that where a proportion of a Provider's workforce is comprised of subcontracted clinicians, these are exempt from schedule 5.

2.17 Notifying and agreeing changes to services

Providers must ensure that they seek Commissioners' consent to planned service changes as proposed Variations under GC13. If changes are made without Commissioner agreement, the Commissioner may be entitled under the Contract to refuse to meet any increased costs which ensue.

3. Applicable Service Standards

3.1 Applicable national standards

- Autism spectrum disorder in children: diagnosis (2023) Diagnosis | Autism in children | CKS | NICE

- Autism spectrum disorder in children: management (2023) Management | Autism in children | CKS | NICE
- Autism Quality standard [QS51]
  Overview | Autism | Quality standards | NICE
- Autism in children (May 2023)
  Autism in children | Health topics A to Z | CKS | NICE
- Working together Working Together to Safeguard Children 2023 A guide to multi-agency working to help, protect and promote the welfare of children
- Safeguarding Looked after Children. Intercollegiate Role Framework: Looked after children: knowledge, skills and competences for health care staff (2020)
- Safeguarding children and young people. Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)
- Protecting Children and Young People -The responsibilities of doctors, GMC Protecting children and young people (May 2018)
- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, Intercollegiate document (March 2019).

3.2 Applicable standards set out in Guidance and/or issued by a competent body

3.2.1. As part of this specification, a safeguarding children policy or all age safeguarding policy is required which links to the local standards and protocols below.

BASIC PRINCIPLES OF SAFEGUARDING CHILDREN

- This specification seeks to emphasise the following principles:
- The welfare of the child is paramount.
- It is the responsibility of all staff to safeguard and promote the welfare of unborn babies, children, young people, adults and their families as defined in Section 2.4 above.

All staff should adopt a child-centred approach which is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

All staff, both clinical and non-clinical, should:

- be aware of the signs and symptoms of potential and actual abuse.
- understand how to respond to actual or suspected abuse of a child.
- know who to contact for advice and support in relation to safeguarding and promoting the wellbeing of unborn babies, children and young people.
- understand the need to share appropriate information in a timely way and in accordance with current legislation and guidance, including responding to information requests to safeguard a child.
- All staff should actively contribute to multi-agency working in safeguarding children from abuse, neglect or exploitation regardless of protected characteristics.
- Children and their families must be able to share concerns and complaints and there are mechanisms in place to ensure these are heard and acted upon. For further information see below:

Local Authority Safeguarding Reporting processes:
- Bristol: Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)
- North Somerset: Threshold Document - Continuum of Help and Support (proceduresonline.com)
- South Gloucestershire: Category: Children | SafeguardingSouth Gloucestershire Safeguarding (southglos.gov.uk)
- Reporting forms can be accessed via the relevant Local Authority website, above, or via remedy Referrals & Procedures (Remedy BNSSG ICB)

3.2.2. Care Quality Commission

The Provider must be registered with the Care Quality Commission

3.3 Applicable Local Standards

The Provider will maintain compliance for staff training on Safeguarding and Equality and Diversity at a minimum of 85%.

3.4 Applicable Quality Requirements

A quality schedule will be included in the NHS Standard Contract issued to the Provider. The Provider must comply will all quality requirements. Please see clause 2.11 Reporting for details on data submissions.

4. Location of Provider Premises

The provider will provide the service virtually.

Face to face assessments will only be available following an incomplete/failed remote assessment where there is no other option and where the provider and BNSSG ICB agree that this is a reasonable adjustment. This will be discussed on a case by case basis and face to face assessments will take place at one of the providers existing clinics. Where the provider clinic is located outside of BNSSG, the patient must indicate their willingness to travel the distance before final approval can be granted.

BNSSG ICB Autism pricing framework

ASD assessment (remote) Adults and CYP		
Expected activity included	**Expected length of appointment**	**Price**
Triage of Referral	Appointment length dictated by diagnostic tool used	**£1,780**
Administration costs		
Autism Diagnostic Assessment, feedback session and outcome report		
Discharge of patient, signposting and promotion of local and national resources		
Assessments to be carried out in line with section 2.7 of BNSSG Adult and CYP Autism Spectrum Disorder Service specifications		

Please read the following in conjunction with the pricing information:

- Any activity taking place outside of this pricing framework MUST be agreed with the responsible commissioner in advance.
- The provider is expected to deliver a remote only service and is commissioned on this basis.
- Face to face assessments will only be available in exceptional circumstances following an incomplete/failed remote assessment, where the provider is legally required to make a reasonable adjustment by delivering an in-person appointment. Please also see section 4 of the service specification(s)
- Face to face assessments must be agreed in advance by the responsible commissioner and patients must be willing to travel if the provider does not have premises locally. Any face to face assessments undertaken without prior agreement from the responsible commissioner will be at the providers own financial risk.
- The current local prices will be applicable at least until the end of the 25/26 financial year (31st March 2026). After this date, the ICB will consider an uplift to the local tariff, but this is not guaranteed.
- Any uplift to be considered will not be more than the maximum applicable NHS net inflationary uplift for the subject financial year. Net inflationary uplift means gross inflation as determined in the NHS planning guidance for that year, minus NHS mandatory efficiency factor.
- The contract activity will be payable on the basis of applicable NHS tariff for activity performed.
- Maximum agreed DNA payment is 50% of appointment fee.

Version control:

Version	Date	Updated by
1.0	November 2024	Lindsay Cox, Contract Manager
1.1	December 2024	Lindsay Cox, Contract Manager
1.2	May 2025	Lindsay Cox, Contract Manager

Service Specification: BNSSG Community Children's Speech and Language Therapy March 2017

1. Population Needs

1.1 Local context

Bristol and South Gloucestershire Clinical Commissioning Groups (CCG) recognise that community children's speech and language therapy services play a fundamental role in improving outcomes for all children, young people and families.

1.2 Values and Principles

From 2017, Bristol and South Gloucestershire's community children's speech and language therapy service will operate within a 'whole systems approach', delivered across the range of universal, targeted and specialist tiers.

The speech and language therapy service will provide a transparent and consistent offer to all children, young people and families. This offer will be comprised of assessment, management planning, training for parents and education staff, direct therapy provision where required and outcomes evaluation.

Bristol and South Gloucestershire's community children's speech and language therapy service will be required to deliver care that is evidence based and clinically safe, effective and efficient, and consistent with national and local policy, clinical guidelines and NHS Standards.

The Provider will be required to ensure the service adheres to Bristol and South Gloucestershire CCGs' principles for children's community services, which are outlined in the overarching specification.

1.4 Policy Context and Legal Compliance

The Provider must comply with all relevant policy and legal compliance, including but not limited to:

- Human Rights Act 1988
- Equality Act 2010
- Health Acts 1999 and 2006
- Health Bill 2009
- Health and Social Care Act 2012
- Care Standards Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Vetting and Barring Scheme
- CQC Compliance

- CQC Safeguarding Standards
- Public and Patient Involvement requirements
- Children Acts 1989 and 2004
- Working Together to Safeguard Children (2013)
- Aiming High for Disabled Children (2007)
- Healthy Lives, Brighter Futures (2009)
- NHS at Home: Community Children's Nursing Services (2011)

The Provider must be familiar with and adhere to the principles and processes contained within:

- The National Framework for NHS Children's Continuing Care
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2004)
- National Service Framework for Children, Young People and Maternity Services (October 2004)
- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 2014
- Information Sharing: Guidance for Practitioners and Managers
- NHS Employment Check Standards
- NHS Equality Delivery Scheme (EDS) – the Provider(s) should implement the EDS2 and aim to be performing at no lower than amber in the first year
- NHS Commissioning Outcomes Framework
- Joint Health and Wellbeing Strategies – Bristol and South Gloucestershire
- Children and Young People Plan/Partnership Strategies/Anti-Poverty Strategies – Bristol and South Gloucestershire
- South West Safeguarding and Child Protection Procedures 2013

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓

Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

The community children's speech and language therapy service will be expected to deliver care that focusses upon the improvements it can make to children, young people and families in terms of clinical effectiveness, enhanced emotional and social benefits and educational achievement:

- Parents can rely on a community children's speech and language therapy services that is accessible, equitable, sustainable and flexible for all children and young people with speech, language and communication needs, regardless of geography or diagnosis.
- Children and young people are defined by their individual profile of strengths and needs.
- Children and young people's speech, language and communication needs are identified at an early developmental stage.
- Parents are supported with appropriate information and skills to understand and effectively manage their children and young people's speech, language and communication needs.
- Parents experience a co-ordinated, seamless service that is centred upon the personalised choices and decision-making of parents, children and young people.
- Parents, children and young people experience a speech and language therapy service that promote independence, quality of life and educational achievement.
- Therapeutic interventions are appropriate and timely.
- Therapeutic interventions are delivered in the most functionally appropriate setting.
- Children and young people achieve their personalised, individual goals and functional outcomes.
- Health and education staff are supported with appropriate information and skills to identify developmental or rehabilitative needs requiring therapeutic support.
- Health and education staff are supported with appropriate information and skills to confidently and competently deliver universal and targeted therapeutic interventions and some elements of specialist programmes.

3. Scope

3.1 Aims and objectives of service

The speech and language therapy service will provide child, young person and family-centred services that recognise and build upon strengths and focus upon improving outcomes.

The service will be provided to children and young people with the following needs:

- Language Delay
- Language Disorder
- Phonological Delay
- Phonological Disorder
- Verbal Dyspraxia
- Social Communication Needs, including Autism and Autistic Spectrum Conditions
- Complex Needs and Disabilities
- Neurological Conditions
- Hearing Impairment
- Swallowing and Feeding Difficulties
- Stammering
- Elective and Selective Mutism
- Voice Problems
- Non-Complex Augmentative and Alternative Communication Needs

The service will demonstrate an equitable spread of capacity based on children and young people's needs and will vary the distribution of capacity in response to assessed patterns of demand across each CCG area.

The speech and language therapy service will provide an appropriate and proportionate therapeutic offer across the continuum of universal, targeted and specialist need.

The speech and language therapy service will ensure waiting times for assessment and delivery of therapy adhere to national guidance and best practice.

The service will provide functional and needs-led assessment for the identification of children and young people's speech, language and communication needs.

The service will provide timely and high quality assessment and management plans for children and young people eligible for EHC Plans.

The service will deliver assessments and interventions in the most appropriate and accessible functional setting for the child, young person and their family (this is most likely to be an educational / Early Years settings or home).

The service will deliver management plans and interventions that have a functional impact and that are outcome focused, with individual outcome measures for each child.

The speech and language therapy service will provide interventions that are evidence based.

The service will provide training, skills sharing and coaching for other children's and young people's services and, in particular; Children's Centres and Early Years settings and school staff.

The service will provide training, skill sharing and coaching for parents and carers.

The service must respond flexibly and rapidly to schools seeking to commission an enhanced level of speech and language therapy from their own budgets.

3.2 Service model

The community children's speech and language therapy service will implement an effective integrated working model which maximises the contribution of therapists within universal, targeted and specialist service areas.

Parents will be recognised as key partners to the success of delivering effective community children's speech and language therapy services. The service model will support them to meet some speech, language and communication needs through training, skill sharing and coaching.

Schools and Early Years setting will be recognised as key partners to the success of delivering effective community children's speech and language therapy services. The service model will support them to meet some speech, language and communication needs through training, skill sharing and coaching.

A named link speech and language therapist will be provided to every school and Children's Centre within each CCG area.

The speech and language therapy service will usually operate from 9.00am to 5.00pm. Evening and weekend access should be considered in collaboration with commissioners if it becomes a priority in a CCG area. Schools and Children's Centres may negotiate with the Provider for therapists to adjust usual hours to be available before 9am.

Total available capacity should be used flexibly and transparently. The speech and language therapy service will be required to work with the commissioners to agree how capacity is prioritised and distributed across schools and settings equitably.

Access and Information
The community children's speech and language therapy services will:

- Provide clear information for the Local Offer to support parents and carers in accessing services.
- Ensure that access to the service is simple, equitable and rapid.
- Provide parents with appropriate information and resources to understand and manage their children's speech, language and communication needs.
- Provide health and education staff with appropriate information and resources to understand and manage children's speech, language and communication needs.
- Ensure that environments where children spend time (both educational and home) are adaptive and responsive to their speech, language and communication needs.

Assessment
The community children's speech and language therapy service will:

- Provide functional, needs-led assessments for the identification of children and young people's speech, language and communication needs.
- Provide clear feedback to parents, the referrer and the child or young person's educational setting. This should include the assessment outcome, the functional goals agreed, the recommended intervention, management advice and guidance and information about training available.
- Deliver assessments in the most appropriate and accessible functional context for the child, young person and parents.

Intervention
The community children's speech and language therapy service will:

- Deliver interventions that have a functional impact and that are outcome

focussed, with outcome measures agreed for each child.

- Deliver interventions that are evidence based.
- Deliver interventions that are flexible and accessible and build upon the strengths of the child.
- Provide training for parents to enable them to contribute to the effective delivery of interventions.
- Provide training for education staff to enable them to contribute to the effective delivery of interventions.

Evaluation
The community children's speech and language therapy service will:

- Evaluate the achievement of agreed functional outcome measures for each child.
- Use outcome measures evaluation data to drive continuous service improvement.
- Participate in national and local evaluation and research.

3.3 Bristol Early Years Joint Speech, Language and Communication Service

As an integral part of the service model, the community children's speech and language therapy service will lead the delivery of the Bristol Early Years Joint Speech, Language and Communication Service.

The Bristol Joint Early Years Speech, Language and Communication Service will deliver a universal offer to enhance the communication, language and literacy skills of all children aged from 0 to 5 and contribute to attainment levels in Early Years Foundation Stage Profiles.

The service will contribute to Bristol Local Authority's Workforce Development Strategy by increasing the skills and knowledge of Early Years Practitioners, Teachers and Child-minders.

The service will assist in the development of Children's Centres and Early Year settings becoming communication supportive establishments, offering the optimum conditions in which to support language development.

The service will provide prompt, appropriate and effective (evidence-based) support that is developed in partnership with parents, carers and Early Years staff.

The service will establish effective partnerships with parents and carers to promote good communication environments and accessibility to the community children's speech and language therapy service.

The service will train the Early Years workforce to recognise and respond to the speech, language and communication needs of individual children. Professional learning opportunities will contribute to the provision of enhanced communication environments and improved adult-child interactions to meet the speech, language and communication needs of these children.

The service will promote integrated ways of working to widen the reach and improve service effectiveness.

The service will ensure clear accountability in relation to the quality and continuity of speech and language therapy services in Bristol's Children's Centres.

A smooth transition to the school-aged speech and language therapy service will be ensured via agreed pathway and ensuring that children are appropriately highlighted within schools and Local Authority 0 - 25 Services.

3.4 Referrals

Referrals to the community children's speech and language therapy service can be made by:

- Children and young people
- Parents and carers
- GPs
- Health Visitors
- School Health Nurses
- Acute and community paediatric health services
- Schools and Early Years settings
- Children's Social Care and Preventative Services
- Police
- Youth Offending Service

Referrals can be made either in writing or by telephone.

The community children's speech and language therapy service will work with Bristol and South Gloucestershire Local Authorities to develop systems and protocols for receive referrals through their Single Points of Entry.

The community children's speech and language therapy service will make onward referrals to other professionals as appropriate.

3.5 Response times and prioritisation

The service will meet the following response times:

- Referral to treatment – 18 weeks.
- Assessment for SEN Education, Health and Care Plan – within 4 weeks of referral.

3.6 Discharge and transition

See overarching specification

3.7 Acceptance and exclusion criteria and thresholds

- All children and young people, from age 0 to their eighteenth birthday who are registered with a Bristol or South Gloucestershire GP.
- For children in specified categories (for example; those in special schools) care will be provided until their nineteenth birthday.

3.8 Speech and Language Therapy Workforce

See overarching specification

3.9 Safeguarding

See overarching specification

3.10 Equality and Diversity

See overarching specification

3.11 Interdependence with other services / providers

See overarching specification

3.12 Service Developments

Commissioners aspire to develop a local (non-complex) Augmentative and Alternative Communication Service, as an integral part of the speech and language therapy service model. This service will be for children and young people who do not meet referral criteria for the Specialised AAC Service. The level of service will be dependent on funding being available.

The Local AAC Service will:

- Collaboratively co-ordinate the care of children and young people with AAC needs in Bristol and South Gloucestershire with the regional Specialised AAC Service.
- Raise awareness of the needs and benefits of AAC with local health,

education and social care communities.

- Co-ordinate a multi-disciplinary team including contributions from speech and language therapists, occupational therapists and teachers, where appropriate.
- Provide functional, need-led assessment of children and young people with non-complex AAC needs.
- Agree functional goals that are outcome focussed.
- Provide expertise in non-complex AAC strategies and techniques.
- Implement and support the trial and long-term provision of low and high-tech AAC systems.
- Modify equipment and software using facilities within the equipment itself (not requiring workshops and engineering skills).
- Provide AAC training for the teams around children or young people requiring AAC, including technical training for individual AAC users, their families, teachers and support networks.
- Hold a loan bank of more common and less-expensive (non-customised) AAC devices.
- Provide ongoing support and interventions for children and young people referred to the Specialised AAC Service, including direct therapy and re-referral when appropriate.
- Monitor and record outcome measures using the regional AAC database.
- Use information extracted from the regional AAC database to analyse the impact of individual care plans and report on outcomes for children and young people.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

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

4.3 Applicable local standards

5. 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])

Service Specification: BNSSG Community Children's Speech and Language Therapy March 2017

Version Control

Version 1: Bid document February 2016

Version 2: revised with provider and commissioner comments

Version 3: approved 24 March 2017