



Briefing for Norfolk Health Overview and Scrutiny Committee

Children's Autism and Sensory Processing Assessment / Therapy

1. Introduction

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) have requested an update from Central and West Norfolk health commissioners and providers with respect to Children's Autism Spectrum Disorder (ASD) services – assessment and diagnosis.

This report seeks to address the specific queries raised by NHOSC.

2. The Clinical Commissioning Groups' (CCGs) progress in understanding the proportion of funding from each commissioner within the block contract.

2.1 Whilst it is not possible to disaggregate the funding for each CCG for ASD assessment and diagnosis services for children and young people, it is possible to identify funding for children's services as a whole within the Norfolk Community Health and Care (NCHC) block contract. With new arrangements in place for Great Yarmouth and Waveney to act as the lead organisation for commissioning services for children and young people on behalf of partner organisations, funding arrangements will be revised to reflect this.

3. Progress on commissioning additional capacity for assessment and diagnosis (and the amount of additional funding, if possible).

Details of what the additional funding is being used for.

3.1 In September 2017 the Norfolk CCGs agreed additional investment for the diagnostic service to enable the provider to increase staffing capacity in order to address increased demand and unacceptably long waiting times for assessment for ASD.

3.2 Norfolk Community Health and Care (NCHC) received approval to commence recruitment to additional substantive posts. Posts were advertised and interviews for the following posts took place in October, November & December 2017.

- One WTE (whole time equivalent) Occupational Therapist (OT) post for specialist sensory assessments.

- 0.6 WTE ASD Nurse Specialist to provide Autism Diagnostic Observation Schedule (ADOS) assessments
- One WTE Speech and Language Therapist (SaLT) to provide specialist assessment of communication skills in high functioning children.
- 0.2 WTE nurse band six to provide the continuation of positive behaviour workshops for parents/carers in partnership with Family Action Swaffham.

3.3 From these interviews one WTE OT and one WTE SaLT were appointed and start in post in January 2018. Due to a lack of applications for the specialist nurse post this was re-advertised with interviews planned for January 2018. In the interim NCHC have been able to assign a SaLT from another pathway to temporarily fill this gap, with effect from 19th February 2018 this individual will complete ADOS assessments until the nurse has been recruited and is in post.

3.4 In addition funding has been agreed to appoint a further one WTE band six nurse/SaLT for a fixed term period of 18 months to support backlog reduction of children and young people waiting for assessments. Interviews took place on the 7th December 2017. A candidate was appointed, and will start on 2nd January 2018.

3.5 In order to add further capacity an interim 0.6 WTE SaLT was appointed on 25th September 2017 and is undertaking specialist Autism Diagnostic Observation Schedule (ADOS) assessments. This therapist has now been appointed to the fixed term contract, (para 3.4.). NCHC anticipates this resource will be able to deliver five assessments per week.

3.6 The agreed investment is expected to deliver by 1st April 2019:

- 150 OT specialist sensory assessments delivered yearly with follow up for 100 cases.
- An offer of Positive Behaviour Workshops to all eligible families across Norfolk.
- Waiting times for first appointment to be within 18 weeks

4 Has it been possible to add more sensory expertise to the assessment team?

4.1 Additional sensory expertise has been added through the appointment of one WTE OT post for specialist sensory assessments. This appointment will ensure that the ASD assessment and diagnostic service is fully NICE compliant from February 2018.

5 Any improvements yet on waiting times / the pathway to diagnosis as a result of the extra investments.

5.1 During October 2107 the records of all 323 children on the waiting list for an ASD assessment have been clinically reviewed by either a SaLT, Clinical Psychologist, or Paediatrician.

5.2 167 of these children had an assessment started by 6th November 2017.

5.3 With regard to the remaining 156, all the families have been offered a place on a Positive Behaviour Support Programme (PBSP) to provide a level of support whilst awaiting assessment. Twelve PBSPs have been arranged to take place between December 2017 and November 2018 (one each month) and will be co-delivered with Family Action. On acceptance of referral for assessment, all families are made aware of this course and invited to enrol. Although not all families take up this offer feedback from families of young children has been positive, and many have valued the sharing of knowledge and tips within the groups.

5.4. Children & young people who had been waiting 52 weeks or more have been prioritised for assessment. At the end of November 2017 all families who were still waiting more than 52 weeks for their assessment to commence were contacted to reassure them that new CCG investment has been made available and that appointments for their child would be made as soon as possible.

The table below demonstrates a reduction in numbers of children waiting over 52 weeks.

	8/8/17	5/12/17
Over 52 week waiters	164	125
Over 52 week waiters with NO appointment booked for assessment to commence	Not available, as not reportable at that time	78
Over 52 week waiters with appointment booked	Not available, as not reportable at that time	47
Assessments in progress	148	284 (figure reduces when diagnoses are fed back to families)

NCHC's trajectory predicts that, by 1st May 2018, no child will be waiting more than 52 weeks for assessment to commence; this assumes that the predicted staffing is available.

6 Has there been success in shortening the paediatrician pathway (i.e. with skilled triage to identify children, particularly over fives, to refer on more quickly for ASD assessment) and standardising the information in the paediatrician pathway so that it is more meaningful for those working in the ASD pathway?

6.1 It has been possible to shorten wait times on the paediatric pathway. Waiting times to see a community paediatrician are now within the 18 week target. All GP requests for an assessment for ASD are triaged by both a paediatrician and a clinical psychologist. Community paediatricians' developmental assessments contribute towards the ASD assessment process, and thus help shorten the overall assessment period. This enables decisions on an ASD diagnosis to be made sooner.

6.2 For school age children (over six years) an assessment by a paediatrician will not always be necessary, but may be requested by the ASD pathway team.

7 How the oversight & monitoring of waiting times / the pathway has increased to manage the waiting list.

7.1 There is now a single waiting list and patients will be seen sequentially.

7.2 NCHC have developed 2 trajectories showing:

- Commencement of assessment against 18 weeks target
- Commencement of assessment against 52 week target.

The trajectory is monitored at contract meetings by the lead commissioner and by Great Yarmouth and Waveney CCG as health commissioning leads for CYP.

8 Has consideration been given to equality of access to assessment and diagnosis for children and young people without a strong advocate?

8.1 The requirement for supplementary information to be available from an educational psychologist to support referrals has been extended to include Special Educational Need Coordinators (SENCOs) and other professionals. This reduces delays in the referral and improves access for individuals where there is limited access to a psychologist. NCHC has outlined in its referral criteria the level of detail and quality required in the supporting information.

8.2 All referrals are triaged on the basis of clinical need, with priority given to Looked After Children, (LAC) are subject to a Child Protection Plan (CPP) or who have experienced school exclusions.

8.3 Once accepted onto the pathway children are assessed in chronological order, subject to the priorities of LAC, CPP and exclusions.

8.4 Appointment times are agreed with families before confirmation, in order to minimise the likelihood of did not attend / was not brought.

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