



Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Children who have an Autistic Spectrum Disorder

The approach of Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) to delivering services to children with Autistic Spectrum Disorder (ASD) has been conducted against a backdrop of recent significant national initiatives.

The first significant publication was the guideline from the National Institute for Health and Clinical Excellence (NICE) on the recognition, referral and diagnosis of ASD in children and young people from birth up to 18 years September 2011/2014.

The second significant publication is the The Children's and Families Act 2014 (SEND reforms) which takes forward the Government's commitment to improve services for vulnerable children and young adults, aged 0 to 25.

The third is Transforming Care 2014.

There is now a Designated Clinical Officer covering all the five Norfolk and Waveney CCGs leading on the SEND reforms and working closely with both local authorities.

The following is the response to the health and education questions raised by the joint committee.

1. How are services for children with autism currently being commissioned?

Diagnosis and services for children with autism involve Health, Education and Social Care.

With regard to Health for the diagnosis and assessment of autism the services are commissioned from the local acute trust as provided as part of the community paediatric service. Multi-disciplinary assessments (MDA) have been undertaken in this area since 1994. GYWCCG have also recently commissioned an adult ADHD service.

For young people and adults who have ASD and or a learning difficulty, GYWCCG are currently re-designing the services moving from a bed based service to a community service with an enhanced offer of support families and to avoid hospital admissions wherever possible.

The County Inclusive Resource is Suffolk County Council's outreach service for children and young people with ASD. They take referrals on a termly basis and work with pupils with a diagnosis of ASD and who are finding it difficult to maintain their mainstream school placement. They also work with staff in schools to equip them with the strategies to support their pupil in order to include them in the school community. This service is in the process of merging with the Behaviour Support Service and will be called the County

Inclusion Support Service. This will create greater capacity and remove the need for children and young people to have a diagnosis of ASD before receiving a service and support in school.

2. What do the single referral pathways across Great Yarmouth and Waveney look like? (i.e. for referral to assessment and assessment to treatment / care plan pathways for (a) pre-school children and (b) school aged children).

Please see appendix A and B for health pathways it should be noted that these will be reviewed as part of the planned review of community paediatric services to become integrated pathways.

3. What are the numbers and roles of all staff involved in the services for children with Autistic Spectrum Disorders (i.e. referral, diagnosis, provision of treatment / care plan, family support)? What are the current staff vacancy levels within the services for children with Autistic Spectrum Disorders and their families?

Previous consultant community paediatricians have retired or will be leaving shortly so as part of the Community paediatric review being undertaken currently. The JPUH are working with the CCG on developing a new model and reviewing the nursing, therapy and medical skill mix required to deliver a good integrated community paediatric service of which ASD is one pathway. Regionally it has been difficult to recruit to community paediatric consultant positions. In the new model the consultant paediatricians in the Acute and Community paediatric service will work as a combined service so staff are able to maintain their acute skills as well as develop community skills. The nursing and therapy skill mix is also to be reviewed.

There is a monthly project meeting involving the mental health trust, community provider and the JPUH looking at how providers can work in a more integrated way and deliver integrated care pathways for children within the community paediatric service including ASD. This project group will be expanded in the future to include education, social care and service user representation .

4. How many children have an autistic need in the Great Yarmouth and Waveney area? (Pre-school and school aged)

Multi-disciplinary assessments (MDA) have been undertaken in this area since 1994 (this is required in order to be NICE compliant). To date in the Great Yarmouth and Waveney area 541 young people have been diagnosed with ASD and there are currently 198 young people (school age under assessment) and 42 pre-school children under assessment.

5. For both preschool and school aged children, what are the current waiting times between referral and assessment, and assessment and intervention and how do these compare with previous years?

As part of the current review of community paediatric services some work has already been undertaken looking at referrals, current caseloads, information received and required as part of the referral process and a triage system is in place now. This has been shared with all partners and GP's and has achieved a less than 18 week wait (national standard). Previous waiting times were significantly more than 18 weeks.

6. What are the current arrangements for early intervention?

Public health commission the health visiting and school nurse service, there are children's centres and a specialist health visitor for children under five years of age as well as early years and schools.

The CCG is also developing a service to offer support to families in the area who are awaiting assessment or need support following diagnosis. The local authorities now publish all of this information on their local offer sites. There are also early bird and early bird plus parenting programme available.

7. What will change for children with Autistic Spectrum Disorders as a result of the Community Paediatric service review?

The outcome of the community paediatric service will be that an integrated service specification will be achieved that is outcomes focused. The nursing, therapy and medical skill mix will be appropriate to meet the needs of the children and young people and achieved within current financial envelope.

There will also be engagement with families and young people in the service specification. In the future there is an aspiration as part of the Sustainability and Transformation Plans that these services will be more integrated with education and social care.

8. Support for young people as they make the transition from school to further education, training or employment post 16 or post 18 (particularly Looked After Children and young people who may not have received a formal diagnosis of autism while at school).

Norfolk County Council

Within NCC Children's Services we have brought together a range of services to ensure that children and young people are included within education provision, that their individual needs are met and that they progress. These services include operational teams for Education Health and Care Plans, Guidance Adviser and Young Person Advisers in addition to teams who have responsibility for strategic developments, advice and guidance, advisory services and commissioning. A specific responsibility for Raising the Participation Age and to reduce those Not in Employment Education or Training (NEET) is held within this service and elements of the work are targeted to those young people who have particular vulnerabilities and are, therefore, at increased risk of becoming NEET; this will include those young people who do have ASD with or without Education Health and Care Plan.

National developments, in recent years, have ensured that schools have a responsibility to provide guidance to young people regarding transition, however, the local authority provides specific support where this is necessary to ensure good transition and/or specialist support.

We continue to promote our Local Offer as the most effective way for professionals, parents and young people to seek out information regarding support that is available, www.norfolk.gov.uk/children-and-families/send-local-offer , and this includes specific information regarding transition to adulthood www.norfolk.gov.uk/children-and-families/send-local-offer/preparing-for-adulthood

Suffolk County Council

The vehicle is the Education and Health Care process or plan where appropriate which will outline the needs and how these needs will be met by education, care and health. The Local Authority provides additional support to young people post 16 through the Leaving care Service (LAC) Targeted youth support and Transition Coaches in our Early Help Teams.

9. The role of individual schools and colleges – how can the local education authorities work with them to ensure that children with Autistic Spectrum Disorders receive the support they need to remain in education post 16?

Norfolk County Council

The Children and Families Act 2014 makes it clear where individual education providers have direct responsibilities for SEND and where the local authority does; in simple terms education providers must ensure that all children and young people have their needs identified and their needs met and that staff are appropriately trained, the local authority role is to ensure that we have teams who can co-ordinate EHCP assessments, ensure that funding which is delegated to providers is sufficient and that specialist services and provision is commissioned. Essentially the Local Authority, with our partners, has a duty to ensure sufficiency of provision and to jointly commission services where necessary. This is the same for all children and young people and will include those with ASD.

However, within our overall 'champion' role we also need to ensure that we are aware of the support that is available to children and that we can be confident in its quality and that it is helping children and young people to progress. Therefore, we are currently working with education providers to develop an 'Inclusion Barometer' so that we can determine the support and challenge that is required, to individual providers, to ensure that they are effectively including all children with SEND. In addition to providing evidence for our support and challenge role this information will also contribute to our commissioning of specialist provision, i.e. if we are aware of the needs of individual providers we can then determine if there are support needs that are county-wide and/or area specific that require particular support.

In practical terms we currently commission:

- Advice and guidance ASD learning support team
- Specialist Resource Bases for ASD
- Working in partnership through the develop of the new Wherry Free School for ASD

All of these approaches are intended to ensure that children are supported effectively whilst at school, including post 16 for those schools with 6 Forms and within the complex needs schools. We also work in partnership with Further Education colleges to ensure that they can meet young people's need through additional funding, where required, and also through strategic developments to ensure that they have 'sufficiency of provision'. The Education and Training Strategy Group, which comprises education professionals and post 16 education / training providers, focuses on support to Raise the Participation Age and to reduce those Not in Employment Education or Training (NEET).

Suffolk County Council

Schools liaise and support pupils' transition to Further Education or post 16 provision. In addition Further Education colleges are able to commission additional support through Schools Choice.

10. The extent to which students and their parents involved in co-production of Education Health and Care Plans?

Norfolk County Council

Norfolk County Council Children's Services, together with our partners within Norfolk's five CCGs, have a track record of co-producing our strategic approach to Special Education Needs and Disabilities (SEND) since the national SEND reforms were first proposed via the Green Paper which preceded the 2014 Children and Families Act. We take forward our work through the SEND Action Group (co-chaired by a member of Family Voice Norfolk), which meets at least six times per year, and also through significant contribution to the annual Family Voice Norfolk conference. NCC Children's Services also works with other parent carer groups, for example SEN Network. Our Education Health and Care Plan template and assessment model was co-produced with parents and young people and advice and guidance is updated via the Local Offer to try to make the referral process as clear as possible.

This joint working has significantly informed how our approach to Education Health and Care Plans was initially implemented and we are currently responding to parental feedback, via two independent surveys, regarding their experience of these assessments; the outcome of this will be further training for our EHCP Co-ordinators, training across the children's services workforce and revised information within the Local Offer. We are also considering if it is possible to invest in further roles within Children's Services to have a single point of contact for families within our teams.

In addition to working strategically with families to further develop our services we aim to carry out all EHCP assessments via a 'person centred approach'. In practical terms this means meeting with families face to face to discuss the assessment process, to understand the needs of children and for families to be part of the writing of the Education Health and Care Plan. Whilst parents will not always agree with the outcome of the assessment we are confident that we have taken account of their views and incorporated their views into the Plans wherever possible. However, this person centred approach does require a great deal of time, by the co-ordinators, per case and we are currently experiencing significant capacity issues and we are not completing plans on time as a result. We are using a government grant to try to ease these difficulties and are considering options for ongoing support to these assessment processes.

Suffolk County Council

There is an offer of a co-production meeting before the issue of a draft plan.

Current risks

NICE guidance requires input from an educational or clinical psychologist in order to make a diagnosis of ASD.

Due to the changes in commissioning across Norfolk and Suffolk Local Authority community paediatricians are no longer able to request an educational psychology assessment and educational psychologist are no longer able to attend the multi-agency panels regularly as this is classed as 'traded activity' and health are now required to fund this service if they require it. Obviously in the current financial climate this is very difficult and means that the current pathways will not be NICE compliant.

Schools are able to request educational psychology assessments as part of the Education, Health and Care Plan process and this is classed as a 'statutory function' (the schools can fund if a request is made by a community paediatrician but there is no consistency across the county as schools would not previously had to fund this)

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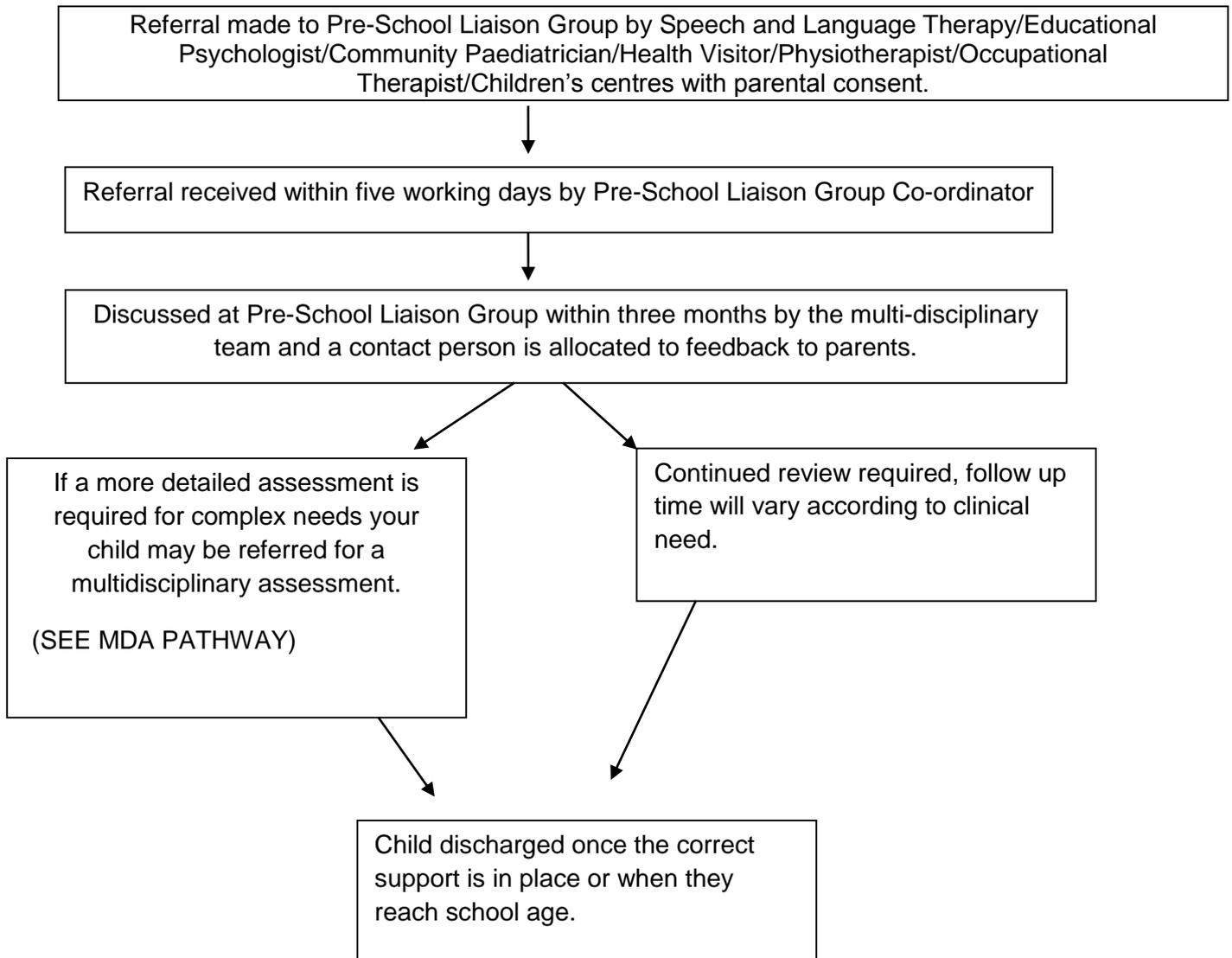
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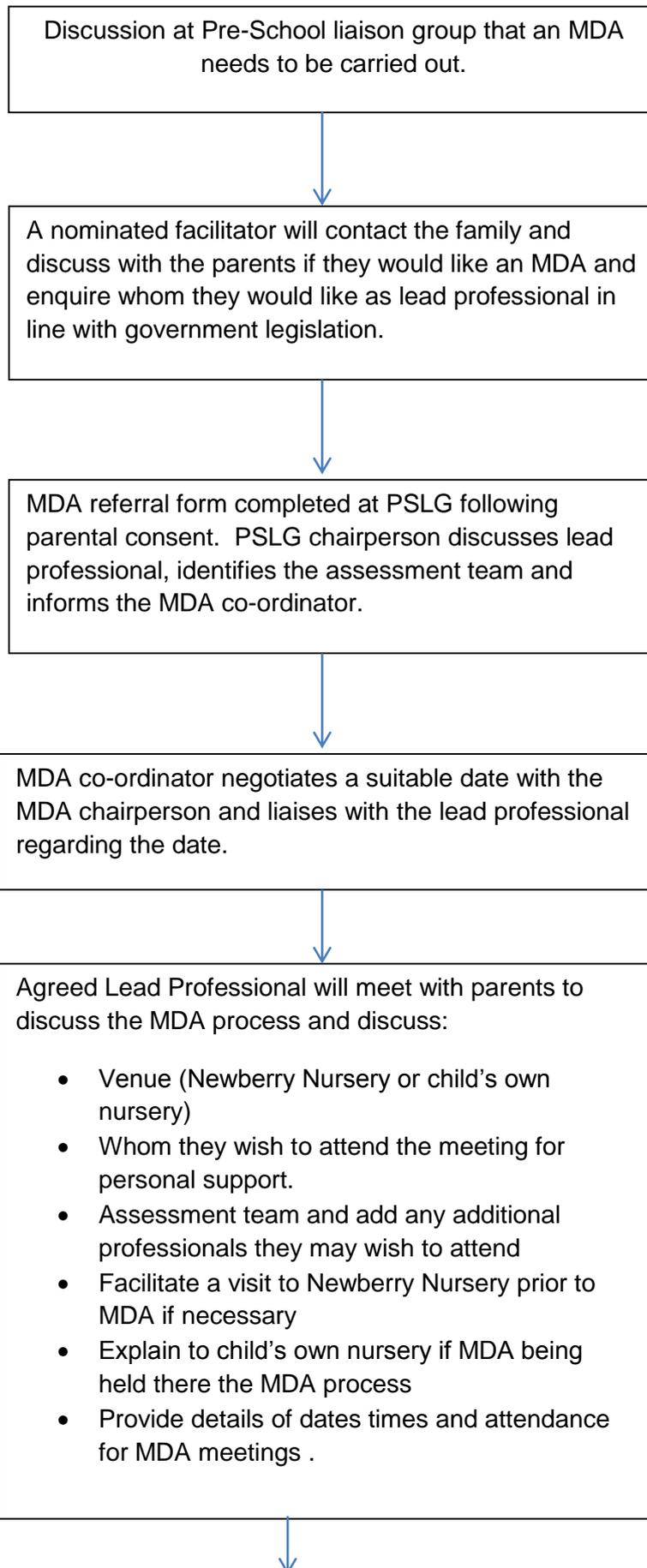
Pre-School Liaison Group Pathway

Great Yarmouth and Waveney



Appendix B Multidisciplinary Assessment Pathway

Pre-School Children



Assessment team contacts MDA co-ordinator to make an appointment to see the child during the assessment period. They visit the child at the pre-arranged time, compile their report and must provide written reports for the MDA meeting.



MDA meeting takes place with parents and assessment team. Discussion points:

- Diagnosis if appropriate
- Problems- solutions to be identified
- Present and future input
- Agreed future plans and who is responsible for their implementation.
- Review arrangements/plan to be agreed



Lead professional will receive the parent's copy of the final MDA report. Lead professional share the contents with the parents face to face and report back to the MDA co-ordinator any discrepancies so the report can be amended. The report must be prepared, agreed and circulated within 4 weeks of the MDA meeting.

Newberry child development centre
ASD Pathway – School Age Children

