# SEND Health Dashboard Update Report June 2021

## Health Reports Submitted for Education Health and Care Planning

The following shows the average timescales for Nelft professionals writing reports to contribute to EHC needs assessments from Jan 2021 to June 2021. Reports are cumulative:

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **% completed on time by June 2021** | **%completed on time May 2021** | **%Completed on time April 2021** |
| **SALT** | 67% | 82% | 76.27% |
| **Nursing** | Not reported | 100% | 100.00% |
| **Physiotherapy** | 75% | 57% | 57.14% |
| **Medical** | 35% | 33% | 33.33% |
| **CAMHS** | 46% | 82% | 81.82% |
| **Occupational Therapy** | 40% | 36% | 20.00% |

Average compliance across all groups remains at approximately 60% however the professional groups vary in compliance significantly.

Training was delivered to the schools nursing and health visiting team in April 2021 on the EHC process and their role within this. Reports are being requested from School Nursing/Health Visiting for children who are on the Child Protection register, are Looked After or who are considered Child in Need for reasons other than their disability. Unfortunately nursing teams were not sampled this month, however reports are being provided.

Speech and Language Therapy and CAMH’s have both reduced in compliance this month which has coincided with an increase in demand for EHC reports. Updated training is being provided to the CAMHS teams on reports following a small dip sample audit which will be reported on next month. This audit highlighted training needs for CAMHS access teams who tend to have less experience with writing EHC advice, however demand for reports has increased recently in the SEMH cohort.

Physiotherapy and Occupational Therapy teams are improving in compliance. There is a small improvement for the medical reports.

## Autism Diagnostic Pathway – Under 5’s

Data for September 2020 to June 2021 is below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Referred** | **Number waiting 0-17 weeks** | **Number waiting 18 weeks to 52 weeks** | **Numbers waiting over 52 weeks** | **Longest wait** |
| Sept 2020 | NK | NA | 172 | 89 | 81 weeks |
| Feb 2021 | 11 | NA | 105 | 133 | 99 weeks |
| March 2021 | 23 | NA | 96 | 124 | 92 weeks |
| April 2021 | 13 | 73 | 85 | 84 | 50 weeks |
| May 2021 | 12 | 58 | 106 | 17 | TBC |
| June 2021 | TBC | 64 | 106 | 27 | TBC |

The external commissioning of the autism diagnostic appointments for 80 children who have been waiting the longest for appointments has now come to an end, with 133 children remaining to be seen waiting over 18 weeks, with 27 of those waiting over 1 year.

On average 217 children are referred each year with the referrals remaining at a steady state over the last 2 months. The service now has capacity to see 197 new assessments for children per year, with an average of 16 children seen each month, this is enough to keep pace with the referrals but not the accumulative backlog of children waiting to be seen. This means, if left unaddressed, for each year the waiting list will get longer by one month, starting at a waiting list of approximately one year.

The business case to address this issue has been completed, and focusses in the main on the backlog of children to be seen. This business case will be heard by the Integrated Commissioning Group across the amalgamated CCG’s and NELFT, and will be considered alongside cases from neighbouring boroughs also covered by this ICS. Timescales are still to be agreed.

The service has also made some changes to their approach to diagnosis. This includes identifying children from an earlier age who may be presenting with ADHD, and using a behavioural and psychoeducational approach to address their needs. This is being supported by the new Clinical Psychologist based in the under 5’s team at Wood Street. The experience of externally commissioning the service also highlighted the following:

* The benefits of closer working between CAMHS and Consultant Paediatricians across the under 5’s and over 5’s diagnostic pathways
* The need for a consistent post diagnostic offer across the agencies e.g. health/education/social care
* The importance of updating and implementing the Local Offer SEMH section for both parents and professionals to support their working with families and understand the local areas approaches.

## Waiting Times for Therapies – new section June 2021

This is a new section of the report and covers waiting times for Speech and Language Therapy and Occupational Therapy. Waiting times for CAMHS are reported at the CAMHS board.

### Assessment

The standard for therapy waiting times is 18 weeks for assessment. Children are prioritised at the point of assessment and children may be seen sooner than 18 weeks if there is potentially an urgent issue e.g. possible deteriorating physical condition or swallowing disorder affecting their health. Those waiting longer than 18 weeks are below:

|  |  |  |
| --- | --- | --- |
| Team/Numbers waiting June 2021 | Number 18-51 weeks | Number 52 week plus |
| Occupational therapy | 104 | 38 |
| Speech and Language Therapy | 52 | 0 |

Numbers of referrals per year are as follows:

|  |  |  |
| --- | --- | --- |
|  | **SLT** | **OT** |
| **YTD** | Referrals | Referrals |
| 2017/18 | 1392 | 328 |
| 2018/19 | 1342 | 341 |
| 2019/20 | 1291 | 324 |

### Intervention

The Speech and Language Therapy (SLT) and Occupational therapy (OT) services operate a different services model, in that OT services assess and then treat children immediately, offering a series of sessions and advice, and then discharge or review depending on needs. This means that waiting times for assessment are longer for OT than SLT, as OT is a referral to treatment pathway.

The waiting time for intervention for SLT for Under 5’s (pre schoolers) is approximately one year post assessment, and is the subject of one of the business cases.

For children over 5 years, Speech and Language Therapy services are bought in by local schools from NELFT or private providers. This means that the waiting times for intervention for school aged children are dependent on the schools commissioning levels or if the child has an EHCP, in which case services are delivered as per the child’s EHCP.

### Annual reviews

Reports for children with an Educational Health and Care plan are provided for the Annual Review assuming there has been appropriate notice given of the annual review from the school. Therapy services are reliant on schools informing them of Annual Review timings.

SLT reports for children attending the Special Schools have been a challenge due to the volume of children requiring a report. This is being addressed through increased commissioning of SLT by the Special Schools.

Reports for annual reviews will be provided by OT and CAMHS, assuming the children are on the active caseload. If the children are not known to the services, or have been discharged, then the 18 week target applies.

## Transforming Care

### Preventing people with learning disabilities and or Autism, requiring hospital admission due to mental health needs.

As part of the transforming care agenda the CCG is expected to keep a risk register of young people who may require admission to hospital for mental health needs, and to regularly review this list as part of multi agency planning.

Where a young person may require admission to hospital or has already been admitted to hospital a care education treatment review is held.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Community CETR - cumulative** | **Acute CETR - cumulative** | **Follow up Multi Disciplinary Team Meetings** | **Pre CETR - Multi Disciplinary Team Meetings** |
| **2019/20** | 6 | 1 | NK | NK |
| **Jan 2021** | 15 | 5 | 13 | 4 |
| **March 2021** | 18 | 6 | 15 | 5 |
| **April 2021** | 22 | 7 | Not collected | Not collected |
| **May 2021** | 23 | 8 | Not collected | Not collected |
| **June 2021** | 25 | 9 | Not collected | Not collected |

Number of these meetings continue to rise at a similar pace each month.

There are currently 8 young people in an inpatient setting compared to 13 young people last month. Of these young people, 4 meet transforming care criteria and 4 have mental health needs but do not meet transforming care criteria.

Themes as previously reported for the types of actions that resulted from the CETR’s:

* Commissioning of positive behaviour support interventions from the CCG
* Commissioning of specialist education packages from the LA SEND department
* Commissioning of specialist equipment to meet a child’s needs to prevent escalation of behaviours by the CCG
* Commissioning of specialist assessments by the CCG e.g. Occupational Therapy, onward referrals to specialist CAMHS.

Children are discussed at the newly convened dynamic risk register meeting however it is clear from these meetings that there is often not a platform for multi agency discussion by practitioners to try and address needs early before a CETR is required. The establishment of multi-professional meetings in two of the special schools have been agreed as a pilot, to see if this will better support identification of young people, but also meet needs earlier.

## Annual health Checks

There are no new data updates for this section. Children are starting to be identified at annual review who may have a learning disability. The GP is informed as per the new annual review process.

## Covid 19 - Vaccination Eligibility and delivery of vaccines

This remains a challenging area particularly for the young people aged 16-17 years who must have the Pfizer vaccine. The Pfizer vaccine is the vaccine that can only be given at a vaccination centre. Actions taken to date to ensure young people with complex disabilities are accessing their vaccines include:

* Directly notifying the GP’s of all eligible Looked After young people around the country to request their vaccine is arranged
* Directly notifying the GP’s of all eligible young people under Wood Street previously shielded, requesting their vaccine is arranged
* Writing to GP’s of Looked After children who are eligible for the vaccine and also checking that they are being added to the LD register
* Arranging a dedicated vaccination clinic with additional support for people with LD at a vaccination centre and also local library and inviting eligible special school attenders amongst other

In April 2021 there was a specialist clinic held for 20 young people from the local Special Schools aged 16-18 years old who required the vaccine. There was also work done to try and support two individuals to be vaccinated at home who were not able to access the vaccine at the vaccination centre.

This continues to be an area of challenge, and there remain 300 people registered with LD in the borough who are yet to have their first vaccine. Communications are being sent out to try and reach YP with LD who require a vaccine.

## Continuing Health Care

There are currently 15 children/young people who receive Continuing care (1 transition young person still in hospital waiting for discharge) 12 are School age & have an EHCP (1 of those has not yet started school)

Special Schools and the Specialist School Nursing Team have worked hard to ensure children are returning to school who are the most medically vulnerable. There are 19 children at Whitefield who are considered highly vulnerable, of whom 13 have returned to school, and 6 who are being offered a variety of packages including:

* In transition to adult social care package having left school
* Planning return to school pending adaptations to wheelchair
* Phased return to school with modifications to care plans
* Educated other than at school supported by health and education support packages - outreach teaching and therapy packages

There are also 4 children who attend Brookfield house who are in the process of returning to school on phased return with circumstances similar to the above.

Vikki Monk-Meyer Designated Clinical Officer 21st June 2021