# SEND Health Dashboard Update Report July 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 July 2021. Reports are cumulative:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **%****completed on time April 2021** | **%****completed on time May 2021** | **%****completed on time June 2021** | **%****Completed on time July 2021** |
| **SALT** | 76.27% | 82% | 67% | 52% |
| **Nursing** | 100.00% | 100% | Not reported | 100% |
| **Physiotherapy** | 57.14% | 57% | 75% | 100% |
| **Medical** | 33.33% | 33% | 35% | 53% |
| **CAMHS** | 81.82% | 82% | 46% | 67% |
| **Occupational Therapy** |  20.00% | 36% | 40% | 40% |

Average compliance across all groups is now 68%. The professional groups are beginning to even out in compliance, with a significant increase for medicals and CAMHS. The reduced compliance for speech and language therapy is related to the increased volume of reports to be provided for the EHC needs assessments.

Training was delivered to the schools nursing and health visiting team in April 2021 on the EHC process and their role within this and updated in July 2021 with a further workshop. Reports are being requested from School Nursing/Health Visiting for children who are on the Child Protection register or who are considered Child in Need for reasons other than their disability.

## Autism Diagnostic Pathway – Under 5’s

Data for September 2020 to July 2021 is below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  | **Referred** | **Number waiting 0-17 weeks** | **Number waiting 18 weeks to 52 weeks** | **Numbers waiting over 52 weeks**  | **Longest wait**  | **Average 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 | 52 weeks |  |
| May 2021 | 12 |  58 | 106 | 17 | TBC |  |
| June 2021 | 31 |  64 | 106 | 27 | TBC |  |
| July 2021 | N/K |  76 | 105 | 24 |  | 44 weeks |

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 a slight decrease from 133 to 129 children remaining to be seen waiting over 18 weeks, with now 24 of those waiting over 1 year. There is a reduced longest wait to be seen, which will now be reported as average wait to be seen.

There has been a significant increase in referrals over June and potentially July 2021, with 31 children accepted onto the pathway in June 2021, an increase of referrals processed from an average of 13 children per month.

### Diagnostic Capacity

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 would be enough to keep pace with the referrals, should they stay at a steady pace, however this does not address 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.

### Actions to address future need

The business case to address this issue has been completed, and focusses in the main on the backlog of children to be seen. A small one off investment has been agreed to continue to address some of those waiting longest for assessment. Discussions continue about how this money can be best used.

### Impact of project to externally commission diagnostic appointments

The service has 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

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:

|  |  |  |
| --- | --- | --- |
|  | June 2021 | July 2021 |
| Team |  18-51 weeks | 52 week + |  18-51 weeks | 52 week + |
| Occupational therapy | 105 | 45 | 104 | 39 |
| Speech and Language Therapy | 52 | 0 | 64 | 0 |

Whilst there has been a small improvement in the numbers of children waiting for OT services, there remain a significant number waiting over 18 weeks for intervention.

Numbers of referrals per year are as follows – next to be reported Jan 2022:

|  |  |  |
| --- | --- | --- |
|  | **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 |
| **July 2021** | 26 | NK | 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 with the Headteacher’s of the Special Schools as a pilot, to see if this will better support identification of young people, but also meet their 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. There are currently 135 young people aged 14-17 years on the LD register with their GP. The last time this data was released was May 2021 so we are expecting an update for the September 2021 SEND board.

## 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. In June 2021, of 1249 people who have LD and are aged 16 Plus

946 had had the 1st Vaccine

809 had had the 2nd Vaccine.

Communications are being sent out to try and reach YP with LD who require a vaccine, which has resulted in small number of families approaching the service to have their vaccines arranged. This followed signposting and communications through the WF Parents Forum.

## 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 22nd July 2021