

Report of the Director of Integrated Health and Care to the meeting of Children's Overview and Scrutiny Committee to be held on Wednesday 15 February 2023

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Subject:

Autism and ADHD assessments for Children and Young People

Summary statement:

This paper gives an overview of the current autism and ADHD assessment services for children and young people and describes the increased investment into the autism and ADHD service. The paper also highlights the challenges that exist in terms of meeting increasing demand for assessments across Bradford district and Craven and the impact on our waiting lists.

The paper outlines the current work to address the special educational needs and disabilities (SEND) Written Statement of Action (WSOA) requirements of improving the service offer for children and young people with autism and/or ADHD.

The paper describes the aims of the on-going deep dive into autism and ADHD currently taking place across the West Yorkshire ICS footprint.

The paper also outlines elements of the *Digitally* Acting Together As One (DATA 1) research programme that is being undertaken in the Bradford district.

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Portfolio:
Health & Wellbeing and Children's Services

Overview & Scrutiny Area:
Health & Wellbeing and Children's Services

1. SUMMARY

- 1.1 Bradford District Health and Care Partnership recognise the importance of early identification and access to support for children and young people who are neurodiverse (for the purposes of this paper we are referring to Autism Spectrum Condition [autism] and Attention Deficit Hyperactivity Disorder [ADHD]).
See Appendix for descriptions of autism and ADHD
- 1.2 In 2021 the health system increased the financial investment into the assessment and diagnostic service to both address the backlog of long waits (£1.73 m) and increase the recurrent capacity for assessments (an additional £721k) to meet the then known demand – this recurrent funding became available to providers from April 2022. Our investment means our assessment process is in line with national good practice.
- 1.3 Increasing referral rates (in part a result of opening the referral process to allow direct referrals from education providers), coupled with workforce shortages, has resulted in demand increasing beyond the current capacity.
- 1.4 The Written Statement of Action (WSOA) describes how we will work together to respond to the OFSTED and CQC inspection of SEND services. This work has commenced and includes refining our current diagnostic and assessment pathway and improving the partnership offer of support made to families by all relevant services, including universal services, prevention and early help, education, diagnostic and assessment services and those providing support following assessment.
- 1.5 The increasing demand for autism and ADHD assessments is a national issue and the challenge to meet this need is being felt by all health and care systems. As a result of this we are working regionally through the West Yorkshire Integrated Care System (WY ICS) to carry out a deep dive into the assessment and diagnosis process across our regional footprint with a view to identifying opportunities for service improvements across the ICS.
- 1.6 We recognise that challenges to our assessment process and timeliness continue to be impacted by a workforce shortage in key specialist fields, again this is a national issue and we have recently improved our recruitment to these roles locally. As noted in this update (2.3.6) this means that we have delivered 277 fewer assessments that we would have undertaken if we had a full complement of colleagues in all roles from April 2022.
- 1.7 The paper also outlines two elements of the *Digitally Acting Together as One* (DATA 1) research programme testing data-led approaches to early identification of children and young people and support in schools, being trialled in the Bradford district. Education, health, care and VCSE colleagues across the Bradford District and Carven Health and Care Partnership (which members may hear described as our place-based partnership) are supporting the development and delivery of the different elements of this research programme.
- 1.8 The DATA 1 programme represents to us the beginning of what we want to be a substantial, longer-term partnership driven by our Born in Bradford research family,

and including schools, education, care, policing and other services. DATA 1 is characterised by a focus on early, evidence-led interventions, community ownership and 'place'.

- 1.9 We see those characteristics, and the partnership driving the work as vital, to move us beyond 'fire-fighting', to the effective, multi-agency services for neurodiverse children (and adults) we need across our District. We are developing a new Neurodiversity Strategy (all age) to confirm the actions and resources needed to deliver that goal and what social and economic benefits we should expect from meeting it. We would be keen to return to speak to Committee members once we have a first draft.
- 1.10 We would also like to invite members to visit our services and see the work that our broad range of partners are doing to support people once they are diagnosed. This will also give members an opportunity to find out more about the life events that can impact on someone's wellbeing.

2. BACKGROUND

2.1 Following discussions at COSC in November 2021, members asked for an update on progress to address the challenges described during the meeting. This report particularly focuses on how we are targeting an improved timeliness of autism assessments and diagnosis as requested by members of COSC. The purpose of this paper is to provide an update on the work that is currently taking place across the Bradford District and Craven Health and Care Partnership to improve the assessment process for children and young people requiring a diagnosis for autism and/or ADHD.

2.2 The assessment and diagnostic offer for Children and Young People with Autism and/or ADHD

2.2.1 The autism/ADHD assessment process is complex and the timescale for completion is variable dependent on the complexity and needs of each individual child or young person.

See Appendix for a flow chart summary of the assessment process across the Bradford District and Craven

2.2.2 In line with national good practice we have introduced an assessment process which combines the assessment for autism and ADHD for children and young people aged over 7 years where they have traits consistent with both conditions, preventing duplication of assessment and the need to be referred between waiting lists. Assessments are provided via an age range pathway as follows:

0 – 2.5 years: seen by a community paediatrician at either Airedale NHS Foundation Trust or Bradford Teaching Hospitals NHS Foundation Trust

2.5 – 7 years: seen in the Child Development Service at either Airedale NHS Foundation Trust or Bradford Teaching Hospitals NHS Foundation Trust

Over 7 years: Seen in the Child and Adolescent Mental Health Service (CAMHS) at

Bradford District Care NHS Foundation Trust.

2.2.3 Our assessment services prioritise the assessment of children in care wherever possible.

2.2.4 A pilot has commenced to increase collaboration between the paediatric and CAMHS service providers to ensure that ADHD assessments for the under 7s can also be completed alongside autism assessments to reduce duplication of assessments and improve the overall experience of the assessment process for families.

2.3 **New Investment to Address Waiting List Issues**

2.3.1 Following concerns around the increasing length of waits for children and young people requiring an assessment for autism and/or ADHD a business case to increase assessment capacity was approved in September 2021.

2.3.2 The funding option that was approved in 2021 was intended to support the delivery of National Institute for Health and Care Excellence (NICE) guidance expectations of an assessment commencing within three months of referral with an expectation at that time that this would be achieved by September 2024.

2.3.3 £1.73m of non-recurrent funding was identified to address the backlog of long waits. Contracts were placed with external assessment providers allowing us to purchase over 1,000 additional assessments, many of which are now completed with the remaining in progress.

2.3.4 £721,509 of recurrent funding was added to the £1,168,411 already available, to increase our monthly assessment capacity to meet the then demand of 1,078 assessments per year, or 90 assessments per month (with funding made available to NHS providers from April 2022). This took the total recurrent funding available to £1,889,920.

2.3.5 The shortage of appropriately qualified workforce because of national shortages of paediatricians, speech and language therapists and mental health professionals resulting in delays in recruitment, has meant that we have not been able to deliver all the expected assessment capacity.

2.3.6 The latest available activity data shows that in the period April – November 2022 our NHS providers were unable to deliver 277 expected assessments. These providers have worked to increase their assessment capacity in line with the new recurrent funding allocation.

2.3.7 As a system we are looking at alternative approaches to address this gap in capacity to ensure we utilise all available funding, including further use of our external assessment providers using vacancy funding.

2.3.8 Since early November 2022 recruitment has improved with many staff now in post. This is a positive step, when set against the wider workforce challenges we are seeing across health and care nationally, regionally and locally.

2.4 The current waiting list position

- 2.4.1 Despite a fluctuating month-on-month referral position we have seen a consistent year on year increase in referral numbers, with the highest number of referrals seen in July 2022 with 305 referrals against the current assessment capacity of 90 per month. We did see a slight reduction before seeing an increase to 210 referrals in November 2022.
- 2.4.2 The demand used to inform the business case was calculated using the July 2020 – June 2021 data. The increased investment took our funded capacity for diagnostics assessments to 1,078 per year. However, the annual referral number for 2021/22 was higher than predicted in the business case at 1,977. In November 2023 there were 2,630 children waiting to commence the assessment process.
- 2.4.3 There are many complexities involved when seeking to anticipate demand and levels of referral. These can be impacted by external factors including media or social media stories that highlight signs and symptoms of conditions such as autism and ADHD. In addition we have opened up referrals from a broader range of professionals including those working within education settings.
- 2.4.4 It is not possible to provide comparative waiting list data with other areas of the country as this is not data that is collected centrally.
- 2.4.5 However, the WY ICS Deep Dive outlined in section 2.7 has allowed us to take a snapshot of the average wait time in weeks across the ICS. It should be noted that with no central reporting mechanism areas have taken different approaches to reporting which makes it impossible to make direct comparisons.
See Appendix for wait time in weeks data.
- 2.4.6 Colleagues across the WY ICS have also reported increases in referral rates for assessment and diagnosis of autism and/or ADHD resulting in the deep dive which is outlined in section 2.7.
- 2.4.7 As part of our work to address inequalities in respect of access to services we have opened the referral pathway to allow direct access from educational settings. This was to address issues highlighted by colleagues in educational settings about difficulties they faced in making referrals; and to improve access and timeliness of referral by removing the need for families having to be reviewed by another professional such as the GP, school nurse or health visitor, thereby adding another delay to the assessment pathway.

This has contributed to the increase in referrals outlined in 2.4.1, with the majority of referrals received now being from education which does also result in some seasonal variation in referrals according to school term times. Whilst the increase in referrals creates additional resource pressure on our health and care system, we welcome the increasing referrals through education partners as it shows colleagues understand and recognise signs of neurodiversity.

- 2.4.8 Although we have broadened our referral pathway resulting in increased referrals, our positive diagnosis rates have been above 90% since January 2022 suggesting we are addressing an element of unmet need.
- 2.4.9 In March 2021 we adjusted our waiting list reporting, specifically the waiting list 'clock stop', this changed from referral to feedback and is now calculated from referral to first appointment (to put us in line with other WY ICB areas). In March 2021 our longest wait in weeks (from referral to commencement of assessment) was 158 weeks. As a result of the change of the 'clock stop' and the positive impact of outsourcing to external providers; our longest waits reduced to 88 weeks in November 2022. We are now in a better position to benchmark against other WY ICB areas and hopefully this will help assure members that future updates are using a more standardised approach to data across West Yorkshire.
- 2.4.10 We recognise and understand that waiting for assessments and appointments creates further concern for people. While our benchmarking against other places across the ICS, shows that we are broadly in line with others we want to move further and faster as much as the resource available to us allows.
- 2.4.11 The district waiting list profile breaks down the number of weeks waiting for children on the assessment waiting list. Through the continuing clinical validation of all our long waits we have seen a shift in the waiting list profile and the average wait has reduced from 50 weeks in March 2021 to 36 weeks in November 2022.
- 2.4.12 Referral data highlights the increase in children and young people being referred for a complex assessment including both ASC and ADHD assessment compared to a standard single assessment.
- 2.4.13 We are aware that there is the potential for unmet need in terms of females who it is recognised frequently mask their symptoms (females currently make up a third of referrals) and South Asian families who may decline assessment for cultural reasons. Work will continue across the health, education and care system to better understand and address this issue. We understand that this could lead to an increase in referrals and impact on our assessment processes, including waiting lists.
See Appendix for % split of gender of referrals by place across WY ICS.

2.5 Support for families whilst children are on the waiting list

- 2.5.1 We are mindful of the need to ensure that families have access to support whilst children are on the waiting list for a diagnostic assessment. All families are provided with information about autism and/or ADHD, the assessment process in our district and information about and signposting to relevant support.
- 2.5.2 As a result of the SEND Written Statement of Action (WSOA) we are reviewing the offer of support across the system to include self-help, early help and universal services (see 2.6.1). We will work to ensure this is consistently made available to all families as children and young people are added to the waiting list and will also be available on the SEND Local Offer website (<https://localoffer.bradford.gov.uk/>). We would welcome the support of members in sharing the website through their communication channels such as newsletters and social media.

- 2.5.3 Airedale and Wharfedale Autism Resource (AWARE) are commissioned to provide the Bradford Early Advice Team (BEAT) who have developed and delivered pre-diagnosis training and support for families whose children are on the assessment pathway. The model uses parent support workers and trainers (from the local community) and was developed with colleagues from Early Help and the Cygnet team. The delivery of the service had to be adapted during COVID but the move to more on-line provision was seen to increase the engagement of dads and grandparents.
- 2.5.4 The CAMHS team in Bradford District Care NHS Foundation Trust was successful in their bid for an Icare Innovation Award to create and develop a website that aims to promote knowledge, awareness and understanding of neurodevelopmental disorders such as Autism and ADHD, and provide access to quality, evidence-based support and guidance. This will be aimed at parents, schools and young people in order for them to be able to create a mentally healthy environment, especially in the period of time between referral acceptance and the initial appointment.
- 2.5.5 The WSOA outlines the need for us to actively involve, understand and learn from the experiences of children and young people, their families and carers. We are working with partners to develop an approach that is based on the principles of co-production. We are establishing a service level agreement and communication charter, working with children and families and involving partners such as the Parents' Forum for Bradford and Airedale (<https://pfba.org.uk/>).

2.6 The special educational needs and disabilities (SEND) Written Statement of Action

- 2.6.1 The SEND inspection which took place in 2022 resulted in a Written Statement of Action (WSOA) requiring us to reduce the waiting times for autism/ADHD assessment and strengthen the support offer whilst waiting for assessment. The following key actions have been agreed with the Ofsted/CQC inspectors:

| Activity | Success/Measure |
|---|--|
| Review the service offer across all key stakeholders to understand the current service pathway and provision for autism and ADHD. | By March 2023 – current service pathway is mapped and all key stakeholders are aware of the current service offer |
| Review, define and communicate the referral criteria for autism and ADHD assessment to all key stakeholder to ensure that only CYP who need assessment are referred. | By March 2023 – referral criteria is reviewed and signed off and is shared with key stakeholders including children, young people and families. |
| Using a co-production approach improve service provision, including review of offer across the self-help, universal and early intervention offer for Autism and ADHD to ensure support is available whilst CYP wait for assessment and to ensure that CYP and their families receive advice and support as early as possible to reduce the need for referral to specialist service. | By March 2023 – Self-help, universal and early help pathway is agreed By March 2023 – Evidence of signposting to support whilst waiting for autism/ADHD assessment By September 2023 – Evidence of the delivery of the support pathway for autism/ADHD from self-help, universal offer and early help services |

2.6.2 An action plan has been developed to support delivery of the above WSOA requirements.

2.6.3 A Senior Leaders Oversight Group has been established (first meeting 27 January 2023) which will link the work of the Autism Business Case Delivery Group and the Clinical Forum with the newly established Children, Young People and Families Health and Care Partnership Board.

2.6.4 The outcome indicators that have been agreed with the SEND inspection team have broadened the previous focus on achievement of the NICE guidance 'referral to commencement three-month timescale' (although this is included) and now includes a focus on average and longest wait times. Successful achievement of these outcome indicators is caveated by the need to model and provide the additional resource required.

See Appendix for Outcome Indicators

2.7 West Yorkshire ICB Autism and ADHD Deep Dive

2.7.1 Colleagues from across the Bradford District and Craven Health and Care Partnership are supporting the WY ICS Autism and ADHD Deep Dive.

2.7.2 Funded through the Transforming Care Programme (TCP) the all-age review across West Yorkshire aims to:

- Understand the current experience of users and families of Autism and ADHD services. Map existing Autism provision, analyse existing pathways, services, governance, costs in each place.
- Assess place-based and West Yorkshire system wide initiatives and ways of working to see if these are/could improve how the system works and the impact on individuals and families
- Identify projected future gaps/issues to address
- Explore options to proactively address future projected need/areas of work

As part of completing this review, the ambition is to make the best use of the collective expertise to improve services and shape the wider determinants of health; particularly addressing social inequalities faced by neurodivergent people or those seeking a diagnosis of Autism or/and ADHD.

2.7.3 This Deep Dive will explore the following areas:

- Pre-referral access
- Waiting for assessment/accepted on to waiting list
- During assessment
- Post assessment

2.7.4 There is an expectation that the deep dive will result in a set of clear recommendations and an action plan for consideration by the WY ICS. We will update members of the COSC on the recommendations and action plan once the deep dive is complete and the recommendations and action plan are available.

2.8 ***Digitally Acting Together as One: 'Building Neurodiverse Friendly Schools'***

2.8.1 This is a genuine 'whole system' project that is currently being undertaken as a research trial, designed and delivered by a partnership including our health, education, schools and communities with our research partners from Born in Bradford (BiB), specifically the Centre for Applied Education Research, part of the BiB research family. It was commissioned through the system transformation programmes (previously referred to as Act as One, hence *Digitally Acting as One*).

2.8.2 This project aims to build capacity within and around schools, to ensure children with neurodiverse conditions have their learning and support needs recognised and met, earlier in their lives. The project has two parts: in-school; and specialist services, as described below:

2.8.3 An **in-school** element:

- a. using research backed 'screening' tools – the 'neurodiversity profiling tool' - and an advice bank of proven interventions, developed in Bradford, drawing from the Born in Bradford research
- b. to help teachers, parents and SENCOs identify and meet the learning and support needs of neurodiverse children, in the classroom and the home.

We will be trialling these tools across 12 primary schools over the autumn, winter and spring terms, in three localities: Manningham and Girdlington; Holme Wood;

Keighley Central.

The first phase of work will run from w/c 27 February to the end of the summer term.

To note. While addressing the issues around wait times for assessment is essential, feedback from families is clear: they want the right support for their child. The 'queue' becomes the focus of their anger because for many, a diagnosis has been presented as the only way to get that support.

The 'Neurodiverse Friendly Schools' project recognises this. And the evidence from Born in Bradford shows us that schools allow us to identify and respond to these kinds of needs much earlier in children's lives than is possible for most health professionals.

We are assuming that that if parents of neurodiverse children see their child's needs acknowledged and being met effectively in school, without the need for a diagnosis, they may still seek a referral, but their frustration with the assessment process should be reduced.

The Committee should note therefore, that we are not measuring the success of this project against any reduction in referrals. In truth, we should be prepared for some increase in demand, as more neurodiverse children have their needs acknowledged by schools.

Evaluation will run through August and September. It will be carried out by the Centre for Applied Education Research. We are aiming for and will test through our evaluation the impact on outputs and outcomes, including:

- a. The number of children recognised as neurodiverse
- b. The nature of support provided to those children, ensuring all support is evidence-backed
- c. Behaviour and attendance, in and out of school
- d. Education performance
- e. Teacher and parent and child wellbeing

2.8.4 A '**specialist services**' element:

Working with professionals and families to map the [currently complex] pathways families need to take through education, health, care services, to build the support package they need.

By working with our research partners we will be able to describe more clearly how this complex model creates costs to the individual and the system.

Then, using the same combination of data visualisation and co-production, we will develop and model proposals to simplify those pathways, by changing the way in which professionals interact with families, in our chosen localities.

By working with our research partners we will be able to set out using data and modelling how the proposed changes will generate efficiencies and better outcomes, for the individual and the system.

2.9 ***Digitally Acting Together as One: ‘Harnessing the power of linked data’***

- This project is at an early stage but is important to flag to the Committee. In summary, we know that:
 - across our three NHS trusts, the information clinicians require to carry out an autism/ADHD assessment is collected and recorded differently
 - where a ‘whole district’ view of information is required – for example on the assessment queue – these inconsistencies make it difficult to collate information securely – we are still relying on email and spreadsheets.
 - the information available to clinicians also varies, due for example to inconsistencies in what information is provided by different schools
 - the collation of this information is often a manual exercise
- At the same time, our ‘Connected Bradford’ database offers a regularly updated record for all our children, including health data and the routine education data that is useful to but not consistently or efficiently available to clinicians carrying out assessments.
- Connected Bradford is currently accessible only as a research platform. Information is pseudonymised, meaning individuals cannot be identified. The platform allows researchers to look at patterns in vulnerability, by location, ethnicity etc, and how different vulnerabilities make it more likely other issues will arise.
- It is possible however, to reidentify children from Connected Bradford. In other words, we have available to us a resource able to automatically, efficiently and consistently, deliver to clinicians the broad set of routine health, education and care data they need for assessment.
- The challenges we will need to address are practical, technical and ethical:
 - We will need to adapt and improve the capture and recording of information onto SystmOne and equivalent systems used by schools etc, to ensure that Connected Bradford can, in turn, draw that information together.
 - We will need to map and then work through the information governance barriers that would currently make it impossible to flow identifiable information in and out of Connected Bradford, to clinicians. In doing so, security of information will be the most important consideration.
- These are significant challenges, but success would be transformative. If we can demonstrate improvements in efficiency, quality and security of the autism

and ADHD assessment process, we will be able to repeat the approach for any other interactions between front line staff and children, where information from other services is or could be valuable.

- As an example we also want to make available to clinicians the digital record created by teachers, SENCOs and parents via the neurodiversity profiling tool [above]. The information recorded will describe many of the behaviours and characteristics clinicians need to consider in their assessment, so providing a readout from the profiling tool should remove the need to collect that data again, to support the diagnostic procedure.
- We would request time at a future Committee meeting to provide an update on progress and an opportunity for challenge and support.

3. OTHER CONSIDERATIONS

- 3.1 As all the above work develops it will be shared with appropriate forums such as the SEND Partnership Board and the Children, Young People's and Families Health and Care Partnership Board.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 As this work progresses there are likely to be financial and resource implications. Business cases will be developed and shared with appropriate provider and commissioning forums.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 The governance of this work will sit with the Children, Young People and Families Health and Care Partnership Board.

6. LEGAL APPRAISAL

- 6.1 Not applicable.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- 7.1.1 Not applicable

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

- 7.2.1 Not applicable

7.3 COMMUNITY SAFETY IMPLICATIONS

7.4 HUMAN RIGHTS ACT

- 7.4.1 Not applicable

7.5 TRADE UNION

7.5.1 Not applicable

7.6 WARD IMPLICATIONS

7.6.1 Not applicable

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.7.1 Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

7.8.1 This paper outlines service developments that will improve the timeliness of assessment and diagnosis for neurodiverse children and young people as well as enhancing the support offer to these children and their families.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

7.9.1 Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None

9. OPTIONS

9.1 Not applicable

10. RECOMMENDATIONS

10.1 The Committee are asked to note the content of this report and recognise the continuing challenges faced by the assessment and diagnostic services despite the increased financial investment.

10.2 The Committee are asked to note and support the work currently being undertaken to develop an action plan to address the requirements of the SEND WSOA and the work being done to closely involve children and young people, their families and carers.

10.3 The Committee are asked to note the work being undertaken across WY ICB and to receive further updates as this work develops.

10.4 The Committee are asked to note the development of the *Digitally Acting Together* as One programme and to receive further updates at a future meeting. The Committee to recognise that this digital project could lead to a further increase in referrals for assessment.

11. APPENDICES

11.1 Included

12. BACKGROUND DOCUMENTS

12.1 None

APPENDIX

Links to 1.1

What is Autism Spectrum Condition (ASC)?

Autism is a lifelong developmental condition affecting social, communication and imagination skills. People with autism understand the world in a different way to people without autism. How autism impacts on people varies from person to person; however, there are some common themes. For example:

- Autism can impact on how people communicate (verbally and non-verbally).
- It can also impact on social relationships and ways of interacting with other people and the world, and the development of play and imagination.
- People with autism may have a preference for routine and predictability, highly specific and/or strong interests in certain things and sensory sensitivities.

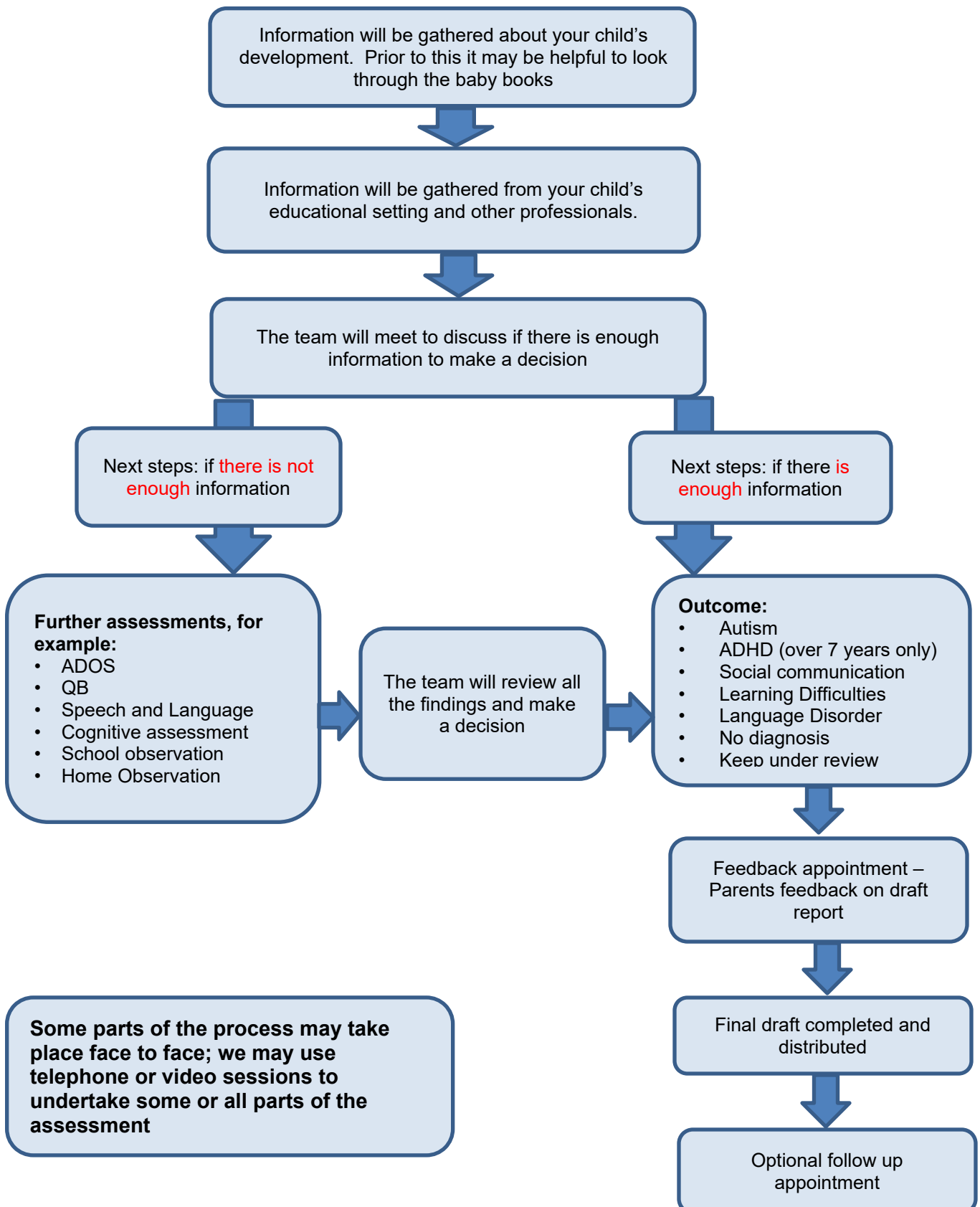
What is Attention Deficit Hyperactivity Disorder (ADHD)?

ADHD is a lifelong condition. The 3 main characteristics are:

- Inattention – individuals find it difficult to concentrate and remember information.
 - Hyperactivity – individuals have a lot of energy and seem constantly on the move. This can lead to poor sleep.
 - Impulsivity – refers to acting without thinking first. People with symptoms of impulsivity are often impatient with waiting their turn or waiting in line.
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Links to 2.2.1

Example of flow chart for an assessment – this may vary and is tailored to your child/young person



Links to 2.4.4

Wait times in Weeks WY ICS

| Wait times | Bradford dual | Calderdale* dual (referral received not referral accepted) | Kirklees* dual (referral received not referral accepted) | Leeds dual | Leeds ADHD | Leeds autism | Leeds under 5 autism | Wakefield ADHD | Wakefield autism |
|---------------------------------------|---------------|--|--|------------|------------|--------------|----------------------|----------------|------------------|
| Average wait in weeks Oct 20 – Mar 22 | 33.7 | 36.1 | 76.4 | 35.7 | 34.4 | 28.9 | 48 | 15 | 20 |
| Average wait in weeks Apr 21 – Mar 22 | 32.4 | 40.2 | 82.1 | 29.3 | 25.7 | 23.4 | 51.4 | 14.3 | 21.9 |

*Calderdale and Kirklees measure from date referral received rather than date accepted on wait list

Source: WY ICB Deep Dive Information Pack

Links to 2.4.11

% split of gender of referral by place

| Gender of accepted referrals | Bradford Dual | | | Calderdale | Kirklees | Leeds | | | | Wakefield | |
|------------------------------|---------------|------|--------|------------|----------|-------|------|--------|-----------------|-----------|--------|
| | Dual | ADHD | Autism | Dual | Dual | Dual | ADHD | Autism | Under 5s Autism | ADHD | Autism |
| Total Count | 682 | 561 | 1249 | 349 | 1264 | 350 | 489 | 1001 | 639 | 847 | 1914 |
| Male | 66% | 76% | 65% | 63% | 69% | 64% | 70% | 57% | 73% | 77% | 65% |
| Female | 33.7% | 24% | 35% | 36.60% | 31% | 36% | 30% | 43% | 27% | 23% | 35% |
| Non-binary | 0.30% | | | 0.60% | 0.07% | | | | | | |

Source: WY ICB Deep Dive Information Pack

Link to 2.6.4

Written Statement of Action Outcome Indicators – Autism/ADHD

| Outcome Indicators | Current baseline | March 23 | Sept 23 | Mar 24 | Sept 24 |
|--|-----------------------|-----------------------------------|----------|----------|----------|
| Average length of wait in weeks between referral and first appointment at the end of the reporting month (total) | 31 weeks (June 2022) | 31 weeks | 29 weeks | 27 weeks | 26 weeks |
| Longest wait in weeks between referral and first appointment at the end of the reporting month (total) | 101 weeks (June 2022) | 90 weeks | 60 weeks | 52 weeks | 45 weeks |
| % of referrals for diagnostic assessment started within 13 weeks of referral* | 0% | 0.5% | 3% | 6% | 12% |
| Caveat: To deliver the above a modelling of the additional resource needed to achieve NICE guidance will be undertaken and the required resource identified | | | | | |
| By March 2023 signposting information will be available for CYP/Parent Carers about the support that is available while CYP are waiting for ADHD/Autism assessment | | Signposting information available | | | |

*proxy for NICE guidance expectation that assessment commences within 3 months of referral