

Report of the Director of Strategic Partnerships of Bradford and Craven CCGs to the meeting of Health and Wellbeing Board to be held on 19 September 2019

E

Subject:

Autism Assessments for Children and Young People

Summary statement:

This report provides an update around the process and progress of work being undertaken to address the length of wait for autism assessment and diagnosis for Children and Young People

Ali Jan Haider
Director of Strategic Partnership
Bradford District and Craven CCGs

Report Contact: Ruth Hayward
Phone: (01274) 237714
E-mail: ruth.hayward@bradford.nhs.uk

Portfolio:

Children and Families

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

This report provides an update around the process and progress of work being undertaken to address the length of wait for autism assessment and diagnosis for Children and Young People

2. BACKGROUND

- 2.1 In April 2018 the Clinical Commissioning Groups (CCGs) identified a non-recurrent financial amount of £450k to be managed as a single system across the three local provider organisations to improve capacity and the speed by which children and young people are able to move through the pathways for assessment and diagnosis of autism.

This non-recurrent funding allowed the services to pilot the new NICE compliant autism assessment pathways that had been developed. The pilot worked with approximately 25 children across the two new pathways covering the ages 2.5 to 7 years (to be assessed by community paediatrics at Airedale Foundation NHS Trust [AFT] or Bradford Teaching Hospitals NHS Foundation Trust [BTHFT]) and 7 – 18 year olds (to be assessed via child and adolescent mental health services [CAMHS] at Bradford District Care NHS Foundation Trust [BDCFT]) and focused completely on new referrals rather than long waiters. Results showed that children completed this new pathway process, from referral to diagnosis, within 13 weeks – as compared to the previous potential 2 years wait prior to commencement of a 12 month period of assessment.

- 2.2 As a result of continued concern in respect of the long waits for assessment and increasing numbers of referrals a business case to increase the recurrent finances available to support the children and young people's autism assessment process was discussed at Bradford Health and Care Partnership Board [HCPB] in April 2019 and by the Airedale, Wharfedale and Craven HCPB in May 2019.
- 2.3 Following discussion within the System Finance and Performance Group additional recurrent funding was identified to support the autism assessment and diagnosis process. This funding is to be utilised to address the required reduction in long waits for assessment and to allow the implementation of the new pathways. This decision was communicated to the autism service providers on 12 July 2019.
- 2.4 In July 2019 additional non-recurrent funding was identified via the Bradford City CCG Reducing Inequalities in City funding to further support the reduction in long waits for Bradford City CCG children and young people.

3.0 FINANCIAL INFORMATION AT JULY 2019

- 3.1 The Systems Finance and Performance Group advised that they had identified £548,812 within existing contracts which was being utilised to fund the children and young people's autism assessment process.

- 3.2 As a result of the business case an additional £573,257 of recurrent funding was identified to support this process, therefore the recurrent baseline funding is £1,122m. This was made available within contract baselines with a part year effect in 2019/20 with full year effect from 1st April 2020.
- 3.3 In addition to the recurrent funding there is an amount of non-recurrent funding available to support the autism project:

Table 1 – Non-recurrent funding

Non-recurrent funding	
Amount remaining from £450k waiting list funding	£250,000
Bradford City CCG RIC allocation (for use within City CCG only)	£197,000
Total	£447,000

4.0 UPDATE RE. STAFFING

4.1 Clinical/Professional Staff

As outlined in the business case one of the major risks to the project was that the clinical psychology support for the project was provided by staff employed on short term contracts. Unfortunately, prior to the notification that the funding stream had become recurrent some of the psychology staff gave notice of their intention to leave the project and left BTHFT.

On the day that the project lead received notification that recurrent funding was available the process for recruiting to additional clinical psychology posts commenced and the recruitment process is currently underway. However, it should be noted that the loss of the psychologists who were on time limited contracts has impacted negatively on service delivery.

Discussions have commenced to provide a consistent speech and language input through increased core hours rather than the current process which involves speech and language therapists working ad hoc over and above their contracted hours.

The project lead has been able to buy in a level of additional support from the CBMDC educational psychology service.

4.2 Project Leadership

The children's autism project is currently led by a senior manager within BTHFT who will not be available beyond December 2019. An advert has been placed for a 'General Manager – Children's Autism Assessment Services' to oversee the autism assessment process across the three organisations.

5.0 WAITING LIST POSITION

- 5.1 Table two shows the waiting list position over the period 2016 – 2019, including the change in referral numbers. Referrals for children who are 7+ are identified separately as, within the proposed new pathways, this is the age at which referrals will be managed within CAMHS as opposed to either of the two child development

services [CDS]. The current pathways are more complex with arrangements being different dependant on which CDS is overseeing the process:

Table 2: Annual waiting list summary 2016-2019 – source autism project

Financial Year	Total W/L Size	Total Referrals	Over 7 Referrals	Longest Wait (weeks)
2016/17	455	541	225	116 (AFT)
2017/18	641	707	196	112 (CAMHS)
2018/19	990*	681	170	146 (BTHFT Psych)
*discrepancy noted in the way the waiting list position was being calculated – list increased by 100 cases				

5.2 Table three shows the waiting list position since the commencement of the waiting list project. It should be noted that the non-recurrent funding for the waiting list project was agreed in June 2018 and following the recruitment process staff were in post from August 2018 at which point staff training commenced:

Table 3: Waiting list project by month – source autism project

Month	No. of referrals received in month	Cases for over 7 year olds	Cases closed BASELINE	Cases closed PROJECT	No. with +VE diagnosis BASELINE	No. with +VE diagnosis PROJECT	No. on WL at end of month	Longest wait (weeks)
Apr 18	37	6	29	7	20	5	541	
May 18	53	17	37	3	30	0	564	
Jun 18	37	9	36	6	26	5	575	
Jul 18	76	23	40	10	31	10	783	
Aug 18	73	12	48	18	32	16	781	
Sep 18	54	8	44	15	33	13	798	
Oct 18	55	11	42	10	31	8	804	
Nov 18	66	21	33	11	23	7	784	
Dec 18	67	16	28	16	17	10	824	
Jan 19	37	8	29	20	28	16	896	122
Feb 19	61	15	40	24	30	16	975	150
Mar 19	65	24	33	18	23	16	985	142
Apr 19	50	13	41	25	25	20	998*	150
May 19	66	19	46	32	34	22	990	152
Jun 19	46	8	32	28	25	21	984	149

* Data counting method clarified

5.3 Work has commenced to review and refine the data collection arrangements across the three organisations with a view to developing a single waiting list to ensure an accurate and consistent approach to waiting list management and to enable district wide visibility on where children are waiting the longest for assessment.

6. CAPACITY INFORMATION

6.1 Work has been undertaken to understand the current capacity for undertaking autism assessments.

6.2 Table four shows the current annual capacity that is available across the three provider organisations and how this has been utilised:

Table 4: Annual capacity information – source autism project

	Capacity	Actual	Variance
Project	301	255	-46
Baseline	481	523	+42
TOTAL	782	778	-4

- 6.3 The baseline overtrade should be attributed to the project as additional sessions which have been delivered to the CDS on the under 5 pathway at BTHFT where project resource had not been targeted as this was not the area of greatest pressure. This activity had therefore been recorded as baseline activity.
- 6.4 The undertrade of the waiting list project has been linked to the loss of a key health care professional during the course of the project.
- 6.5 Table five shows the average monthly capacity across the three provider organisations:

Table 5: Monthly capacity information – source autism project

	Monthly Capacity	Actual (FYE)	Variance
Baseline	40	43	-3
Project	25	21	-4
Project (Aug 18 – Mar 19)	25	19.8	-5.2
Project (Jan 19 – June 19)	25	27.8	+2.2

- 6.6 The project numbers for the period Aug 18 – Mar 19 show the impact of the slow start of the project but an improvement in actual capacity utilisation from Jan 2019.

7.0 IMPLEMENTATION OF THE NEW PATHWAYS

- 7.1 It has been recognised that the current focus of the waiting list initiative has been refinement of existing pathways rather than a “big bang” approach to implementation of the new pathways.
- 7.2 The new pathways significantly differ from the current referral process. Most children on the waiting list have been seen a number of times by professionals who have undertaken assessment and therefore transition to the new pathway would require duplication of service provision. Provider organisations do not have sufficient resource to manage the current and new pathways in tandem.
- 7.3 However, provider organisations have made efficiencies in current pathways enabling some significant reductions in the length of assessment process time. For example, through adoption of many of the elements of the new pathways the BTHFT 5 – 12 year old assessment service has managed to cut the autism assessment process from 56 weeks to six weeks.
- 7.4 In support of the transition to the new pathways the referral paperwork is being redesigned to allow the collection of appropriate information to support the planned

multi-disciplinary review which will allow children and young people to be directed to the appropriate assessment pathway.

8.0 PROJECT SUPPORT

- 8.1 The autism project lead has invested a considerable amount of time in supporting the provider organisations to address a number of issues including: development of a consistent approach to data collection, understanding their individual wait times and; clarifying their capacity levels. This work is ongoing but has allowed the project lead to better understand where to direct the additional clinical resource.
- 8.2 The autism project lead is working to establish a single project data dashboard to support the development of a single autism assessment service.
- 8.3 As a result of discussions across the health and care partnership the provider organisations have been challenged to develop an implementation plan for transition to the new pathways at the earliest opportunity.
- 8.4 In support of the above the three provider organisations have identified Executive and senior management leads to work with the CCGs to drive this work forward.

9.0 NEXT STEPS

- 9.1 To develop an implementation plan for transitioning from the existing autism assessment and diagnosis pathways to the new pathways.
- 9.2 To build on the finance and capacity information to develop trajectories for reducing the waiting list.
- 9.4 To develop a process to utilise the Bradford City CCG RIC funding to address inequalities.

10. RECOMMENDATIONS

- 10.1 That the update around the process and progress of work being undertaken to address the length of wait for autism assessment and diagnosis for Children and Young People is noted.