

Southend Neurodevelopmental Pathway - on behalf of the Neurodevelopmental Subgroup	
Meeting:	Southend SEND Partnership Board
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Meeting Date:	For Southend SEND Partnership Board – 6th October 2022

Summary of progress and actions since last period

1. Introduction

This report provides Southend SEND Strategic Partnership Board with an update against current progress, key challenges, and recommendations in relation to the development of a neurodevelopmental (Neu Approach) pathway for Southend families.

2. Background

Whilst a medical pathway existed prior to the development of this pathway families would often have to repeat their story. Very little information was gathered prior to assessment. Moreover, a number of inappropriate referrals compounded demand issues for highly specialist services such as community paediatric provision. Historically, families were requesting an assessment to the Lighthouse via their GP with little information about the child contained in the referral to help the service decide on the most appropriate pathway of care. This led to long waiting lists with families not receiving support whilst they were waiting. Service integration was limited for children over 5 with no multidisciplinary arrangements in place between education, health and social care for the majority of families seeking a neurodevelopment assessment.

This need to develop a more integrated pathway between education, health and care partner agencies was further supported by feedback from families, complaints, waiting times from initial referral to assessment. In addition, findings from Ofsted and CQC via the Written Statement of Action highlighted the need for support and early intervention.

“many parents also comment that once they have a diagnosis, they are often left with little guidance about what to do next, or where to get further help”ⁱ

Furthermore, the variability and consistency of early intervention support through a graduated and integrated approach to care and support for families was limited due to the fragmentation of approaches between agencies. The pathway is therefore designed to make sure families are offered the right support at the right time and that they are not left waiting, sometimes unnecessarily.

Therefore, the need to develop an agile and iterative approach to integrated pathway for neurodevelopmental assessment for children and young people with suspected

Autism and Attention Deficit Hyperactivity Disorder (ADHD) pathways or other neurodevelopmental needs aged 5-19 years was established and is an integral joint commissioning priority.

Learning from good practice models elsewhere such as NHS England, the Council for Disabled Children and regional and national webinar examples indicates the development of the pathway follows similar approaches to neurodevelopmental needs elsewhere locally, regionally, and nationally.

The pathway was specifically initially designed for children aged 5 to 19 where integrated service provision required greatest improvement.

The ambition of the pathway was to develop:

- Early and timely advice, information, and support lead by a dedicated resource to provide early intervention and referral coordination for families.
- Referral on to a multi-disciplinary team to potentially rule out or confirm a diagnosis of autism, adhd or other neurodevelopmental concerns, through a multi-disciplinary diagnostic team, often including a speech and language therapist, paediatricians, occupational therapist and psychologist.
- A pathway to stop families having to wait for a long time for an assessment without any support. The pathway makes sure that children, young people and families receive the right support and families who need specialist assessments can be seen more quickly.
- Appropriate information required to decide the first appropriate assessment route.
- Family Support - Some families may have complex needs and other factors which are presenting challenges to their family. These could be issues such as poor housing, experiences of domestic abuse, health issues or other needs.
- Strength Based Workshops and more consistent access to programmes such as Triple P – To provide families with an intervention which looks at current best suggested practice around managing commonly identified behavioural issues where children may have ADHD, ODD and ASD and or where parents are struggling to manage behavioural difficulties.
- Targeted Health Interventions – This may mean consideration of a range of health provision including speech and language and Emotional wellbeing, this will be needs led and assistance will be provided to complete referrals and provide supporting information.
- Advice and Guidance, signposting, escalation to other statutory services if needed.
- Through the co-production design it was identified some families may not wish to access this pathway. This will remain their decision.

3. Link to Strategic Priorities - Early Intervention

Aligned to this programme of work the draft strategy for SEND identifies the need for identification, assessment and effective support to be provided at the earliest opportunity, by ensuring:

- Proactive signposting to early support services so that families experience of the SEND system improves and appropriate support is available at the earliest opportunity.
- The need to continually review and improve the advice and support available to schools and settings.
- A capacity and demand review to ensure effective use of resources is undertaken through the lifecycle of the strategy.
- delivery arrangements are strengthened by embedding the Graduated Response across education, health, and care.
- Resilience in /schools is built upon to manage challenging behaviours which will improve the life chances of young people and preventing escalation to crisis and entering the criminal justice system.

4. Project Implementation Phases

Work to date has been developed in four distinct phases:

Phase 1 – Project Development – July 2020 – March 2021

- Following a series of consultation exercises in summer of 2020 three Joint Commissioning priorities were established with neurodevelopment being one of the 3 key priorities.
- The establishment of a task and finish group to understand the needs and service gaps and build the case for change via a series of development sessions was taken forward on this basis.
- This work led to the development of the initial outline proposed model.
- Commissioning options were developed through the Joint Commissioning Group and onward governance routes
- The proposals lead to an initial joint investment requirement of £220,000 over two years to establish the pilot on the basis of indicative referral activity and staffing requirements (2 whole time equivalent staff members) to support activity.

Phase 2 – Mobilisation – April 2021-November 2021

- Coproduction of the model was developed with a focus group including membership from SSIF.
- An outcomes and performance criteria were developed to capture activity through the Early Help recording system.
- Literature to support the model was developed for families, professionals and schools for publication following full launch.
- Focus groups were also held with parents alongside regular task and finish group meetings with a wider stakeholder group.
- Regular review reporting and implementation milestones.
- Clear Safety Netting guidelines and escalation procedures as part of Standard Operating Procedure and information sharing procedures were also developed.
- A Section 75 Agreement was developed as a partnership agreement between Southend City Council and Mid and South Essex Integrated Care

Board (formerly Southend Clinical Commissioning Group) and signed off in July 2021.

- Lead staffing management members were assigned to the development of the service from the Early Help Team and the Lighthouse and have been instrumental in development of the service and partnership working.
- Staff were recruited into roles in October/November 2021 to begin working with families.

Phase 3 – Delivery November 2021 Onwards

- Multi-disciplinary meetings between Early Help and Lighthouse commenced to share referrals in April 2022.
- This has led to a 'no wrong door approach' to supporting the development of referral approaches.

Phase 4 – Evaluation and Ongoing Development – April 2022 Onwards

- A formal proposed evaluation framework was cascaded to the Southend SEND Joint Commissioning Group for evaluation development.
- As part of the Impact Delivery phase for the pilot early indications recognised both that a number of referrals that would have been referred to secondary care referral route services were potentially inappropriate and lacked significant information at initial stage.
- In addition to this the current number of children being identified as having potential need for the neurodevelopmental pathway has been steadily increasing, combined with current waiting list timescales for specialist services.
- Therefore, overall, this has placed significant pressure on the small staffing component. This has led to a proposal and agreement by the partnership to expand the staffing component available through direct resourcing to the Early Help Team through an additional increase in a further 2 WTE staffing (4WTE in total)
- An additional £98000 investment for the remainder of the pilot period until November 2023.
- Revisions to the Section 75 Agreement to reflect and cross charging arrangements as appropriate.
- Formal Evaluation and Feedback to Southend SEND Strategic Board will continue for the remainder of the pilot period.

5. Key Learning to Date

To date a number of areas of key learning in relation to what has worked well as well as areas for further consideration have come from the establishment of the pilot including:

- The development of the need for and evidence base of early intervention
- Good working relationships between partner agencies and the establishment of a dedicated staffing team designed to support neurodevelopmental needs
- Making a difference to families coming into contact with NAP workers including direct feedback from families.

- Reducing inappropriate referrals and strengthening information sharing to ensure referrals get to the right place in the system
- Identification of resources and interlink with resource packs for families
- Co-production approaches to service development
- Mitigations are in place to ensure a true evaluation of the pilot is developed to ensure families still have access to services

6. Key Challenges and Wider Impacts on Delivery

To date a number of areas of challenge have also come from the establishment of the pilot including:

- Increasing demand, as illustrated through wider recognition of ND needs, increased applications for EHCPs/SEN Support and referral numbers alongside the wider recognition of the need to develop a more comprehensive graduated approach offer for lower-level need that may/may not require a neurodevelopmental assessment.
- Ongoing transfer arrangements for the Lighthouse service provision and waiting list initiatives
- Identification of need late for some families linked to a lack of fully integrated behavioural pathways for early years – ability to achieve is impacted by these key issues.
- Clarity of the offer – defining the difference between Early Help and additional EH ND needs which often requires extensive case work up prior to full specialist assessment to make best use of specialist resources
- Formal launch / opening up the pathway – inability to launch the pathway across the system due to demand and capacity
- Recognition of needs and requirements to resource at graduated stages
- Lack of reporting to provide a more robust evidence base
- System connectivity
- Multi-Disciplinary Team meetings have stopped due to staff capacity
- Alongside this phase the Lighthouse community paediatric service provision has also transferred from Mid and South Essex NHS Foundation Trust to Essex Partnership University Foundation Trust.
- This Lighthouse service transfer is supported by a wider programme of community paediatric transformation including working alongside the Mid and South Essex Community Collaborative to look at diagnostic processes across the wider community system alongside a Service Development Improvement Plan specific to the Lighthouse provision incorporating clinical capacity, developing a minimum data set and waiting list initiatives and future clinical model.
- Transfer from Clinical Commissioning Group to Integrated Care Board structure and the wider impact of changing staffing roles
- Wider system pressures on workforce both in terms of clinical roles but also across the SEND partnership

6.2 Consideration for Future Work and Priorities

- The development of Transition Pathways between the services and the wider system as aligned to strategic priorities.

- Availability of commissioned and non-commissioned provision – for example positive behavioural support and deploying specialisms at the earliest intervention possible through looking at the under 5s pathways
- Develop an approach to identify a comprehensive, robust and targeted early intervention model to prevent harm where children fall between criteria or are not known to services.

7. Risks

- If the pilot fails to deliver the impact the requirements of the APP will not be met and so reputational risk for all agencies will remain
- Funding beyond November 2023, and ongoing need to embed partner engagement and commitment beyond this date.
- Short term staffing and risk of staff finding alternative roles/difficulty to recruit and ongoing team capacity whilst recruitment takes place.

Recommendations / Discussion / Decisions required from Partnership Board

The Southend SEND Strategic Partnership Board are asked to recognise the findings of this report in addition to the following proposed measures to develop the pathway going forward

- With changes to the staff within the ICB and Council the leadership, terms of reference and administrative support for the group needs to be reviewed.
- The Neurodevelopmental Group going forward need to fully implement the reporting framework to ensure the pilot can be evaluated in regard to impact on families and Value for Money (VFM) and report into SEND Joint Commissioning partners by December 2022.
- Service led to propose a cap with rationale to mitigate risk to the pilot and this is to be approved by the NEU group which is mutually agreed to manage capacity safely within the resource available for the pilot phase.
- Resource required to lead on evaluation and ongoing project management.