# SEND Health Dashboard Update Report September 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 beginning of September 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** | **%**  **Completed on time Aug 2021** | **% Completed on time Sept 2021** |
| **SALT** | 76.27% | | 82% | 67% | 52% | 68% | 69% |
| **Nursing** | 100.00% | | 100% | Not reported | 100% | 100% | 100% |
| **Physiotherapy** | 57.14% | | 57% | 75% | 100% | 90% | 85% |
| **Medical** | 33.33% | | 33% | 35% | 53% | 43% | 48% |
| **CAMHS** | 81.82% | | 82% | 46% | 67% | 50% | 62% |
| **Occupational Therapy** | 20.00% | | 36% | 40% | 40% | 46% | 20% |

Average compliance across all groups has increased from 56% to 65%. The reduced compliance overall is related to the increased volume of reports to be provided for the EHC needs assessments, with further significant increases predicted. Despite increased demand SLT and CAMHS have increased compliance slightly, with vacancies in Occupational Therapy affecting compliance with timescales.

Volumes of requests this financial year April to September 2021:

|  |  |
| --- | --- |
| **Service** | **Total Health Advice Required** |
| **SALT** | 49 |
| **Physiotherapy** | 13 |
| **Medical** | 61 |
| **CAMHS** | 21 |
| **Occupational Therapy** | 12 |

Speech Language Therapy, the medical team and CAMHS are the services most regularly asked for EHC advice to contribute to reports. Whilst there are smaller volumes of reports required from Occupational Therapy and Physiotherapy these are also smaller staff teams and more likely to be children with multiple physical complexities. Vacancies in Occupational Therapy are being actively recruited to currently.

Updated EHC report writing training will be delivered to CAMHS in October 2021

## Autism Diagnostic Pathway – Under 5’s

Data for September 2020 to September 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 | - |  |
| June 2021 | 31 | 64 | 106 | 27 | - |  |
| July 2021 | 24 | 76 | 105 | 24 | - | 44 weeks |
| August 2021 | 12 | 72 | Not reported | Not reported | - | Not reported |
| September 2021 | 7 | 86 | 115 | 3 | - | Not reported |

The external commissioning of the autism diagnostic appointments for 80 children who had been waiting the longest for appointments has now come to an end with the number of children waiting over 52 weeks now significantly reduced.

There has been an increase in referrals over June and 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 to an average of 19 per month.

### Diagnostic Capacity

On average 217 children were referred each year up to Jan 2020 with the referrals remaining at a steady state. This years referral rates are likely to be much higher. The service has capacity to see 197 new assessments for children per year, with an average of 16 children seen each month. That capacity 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 and the increase rate of referral. The short fall of demand vs capacity will be clearer in the next few months when 2021 can be compared to previous year’s referral patterns.

### 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 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** | **18 week+ waiters (July)** | **18 week+ waiters (August)** | **18 week+ waiters (September)** |
| SALT | 67 | 66 | 71 |
| OT | 145 | 157 | 163 |

There remain a significant number waiting over 18 weeks for assessment and 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) was approximately 9 months post assessment. It has now reduced to 5 months, however this remains 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 or from the Local Authority.

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.

All services are now keeping a database of children who have an EHC, with timings of annual reviews if known. Therapies are writing reports in a format that will enable the updating of targets for an EHC plan.

## 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. This is called the Dynamic Support Register (DSR). The purpose of the DSR is enable services to be put in place before situations escalate, and to allow the CCG to monitor and track young people who may go onto require a CETR. The young person and family need to give consent to go onto the Dynamic Support Register.

Where a young person may require admission to hospital or has already been admitted to hospital a care education treatment review (CETR) is held. Consent is also required before a CETR can go ahead.

The following shows the number of CETR’s held each month for young people with a Waltham Forest GP.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month 2021 | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| Community CETR | 9 | NK | 3 | 4 | 1 | 2 | 4 | 2 | 3 |  |  |  |
| Acute CETR | 4 | NK | 1 | 1 | 1 | 1 | NK | o | 1 |  |  |  |

Number of requests for CETR are rising slightly each month as can be seen above and are anticipated to continue to rise in line with other boroughs findings following the impact of Lock Down on people with learning disability and their families.

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.

Work continues to embed the transforming care principals in the borough. 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. Dates are booked for this term and the impact of the meetings will be evaluated for January 2022 meeting. There are discussions across North East London about the establishment of a mental health learning disability nursing post for children and young people to support this area.

## Annual health Checks

Children are being identified at annual reviews by schools who may have a learning disability. The young persons’ GP is then informed as per the new annual review process.

The number of young people is not rising significantly however.

Quarter 1 young people’s data is below:

125 CYP aged 14-17 are registered with their GP on the LD register

11 CYP received their Annual Health Check (AHC) in Q1

75 CYP have had AHC in last 12 months (60%)

Quarter 1 adult’s data:

1163 adults 18+ are registered with their GP on the LD register

137 AHC received in Q1

816 in last 12 months (70%)

## Covid 19 - Vaccination Eligibility and delivery of vaccines

This remains a challenging area particularly for the young people aged 12-17 years who must have the Pfizer vaccine. The Pfizer vaccine is the vaccine that can only be given at a vaccination centre and some GP’s who are able to receive and store Pfizer. 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

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 16-18 years 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.

The vaccines were initially extended to all young people aged 12-15 years in the following groups;

* Young people with severe neuro-disability and/or neuromuscular conditions that compromise respiratory function. This includes conditions (such as cerebral palsy, autism and muscular dystrophy) that may affect swallowing and protection of the upper airways, leading to aspiration, and reduce the ability to cough and resulting overall in increased susceptibility to respiratory infections
* children and young adults with learning disability (LD), including:
  + individuals with Down’s syndrome
  + those who are on the learning disability register
  + those with profound and multiple learning disabilities (PMLD) or severe LD
* Young people who have immunosuppression
* Young people with Haematological disorders e.g. leukaemia, locally this also includes those with sickle cell and cystic fibrosis

258 young people were identified in the above categories however vaccines have now been extended to all young people aged 12-15 years and will be provided through both schools and vaccine centres.

Also included are young people over 12 years living with someone who is immune-suppressed.

## 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 were in the process of returning to school on phased return with circumstances similar to the above and expected to be back at school in September 2021.

Vikki Monk-Meyer Designated Clinical Officer 24th September 2021