



Bury Clinical Commissioning Group

Health Scrutiny Committee

**Presentation - Autism Spectrum Disorder (ASD) Assessment
Services**

Healthy lives strong communities

Introduction and Background

1. Introductions
2. Background to presentation
3. What will be covered?
4. Discussion/Questions

What is ASD and National Guidance

1. What is ASD?
2. NICE Guidance
 - a) Referral to Assessment – recommends that all children have their first assessment to take place within 12 weeks.
 - b) Multidisciplinary input to assessment pathways
 - c) Referral to Diagnosis – NICE does NOT recommend a specific time to diagnosis. Why?
 - d) Post-diagnostic and other support

Local Responsibilities and Service Delivery

1. What are our responsibilities as a local health system (commissioners and providers of commissioned services)?
2. How are these responsibilities currently delivered locally?
 - Commissioning arrangements – block contract with 2 providers.
 - Pre-school - managed by Pennine Acute
 - Age 4-9 – managed by Pennine Acute
 - Over 9s – managed by Pennine Care (Healthy Young Minds)
 - Over 18s – managed by LANC (Learning, Assessment and Neurocare Centre)

Current Activity and Wait Times - School Age Under 9s pathway

1. **Referral trends** – the number of CYP requiring review at the SCDDG (MDT case review meeting) has increased year on year from 75 2012/13 to 144 in 2017/18. – David Latham, with providers jumping in if needed.

2. Wait times

- a) Referral to First Assessment waits – average wait is **8-9 weeks**, significant improvement seen since July 2017.
- b) Referral to Diagnosis Outcome waits – some CYP waiting up to **18 months** for consideration at the SCDDG.
- c) It should be noted that support for children (under SEND guidance) is based on need and not diagnosis.

3. **National benchmarking** – Based on a survey of over 1000 parents, it has been reported that nationally the average wait from referral to diagnosis is 3.6 years¹.

¹ <http://www.autismdiagnosis.info/parents-results>

Improvement Plans – Short and Medium Term - Josh

Changes implemented already:

- New service description set up within the electronic referral service to ensure accurate streamlining of referrals and children booked into the correct clinics from the outset
- Improved triage of referrals
- Improved information provided prior to referral
- Environmental changes and improved patient information at PAHT resulting from CYP and family engagement

Some of these changes have contributed to a reduced waiting time from referral to first appointment to well below 12 weeks.

Changes planned but not yet implemented:

- Full PAHT ASD improvement plan developed following external review of ASD assessment services.
- Proposed scheduling of 6 further SCDDG meetings to clear current backlog.

Improvement Plans – Longer Term

Longer term wider pathway redesign including the potential for further investment via the Local Transformation Plan for CYP mental health:

- Sensory Assessment – new service for Bury
- Specialist Neurodevelopmental Nurse roles – being considered
- Redesign Workshop, planned for Sept-Oct 2018 with a focus on implementation of:
 - Single Point of Access
 - Implementation of Streamlined Single Service
- The workshop will ensure input from, and co-production with, local CYP and family representatives.



Questions?

Healthy lives strong communities

