

# NDD Pathway Deep Dive Review

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# Background Suffolk

## Neurodevelopment Services in Suffolk were facing:

- Historic long waiting times for assessment
- Area of concern raised within the SEND inspection (December 2016) and re-visit (January 2019)
- Perception that support only available with successful diagnosis

A **multi-agency** Neurodevelopment Steering Group was established in 2018 with the objective of reviewing the current universal and specialist offer to co-produce a model to meet the needs of CYP and their families in Suffolk.

In July 2019, the draft high-level model was agreed at the CYP board which:

- Makes support for families a priority
- Is not diagnosis driven. The focus is on what support the CYP needs rather than what condition they have
- Provides support at the point of need
- Provides support through 3rd sector
- Introduces a Coordination Function
- Reviews Clinical pathways

# SOAC November 2022

All elements of the Suffolk NDD Pathway are currently experiencing significant challenges as was discussed at the SOAC meeting in November and as a result we were asked to undertake a deep dive of the pathway and to make recommendations.

The review ran from December 2022 to April 2023

Report back to SOAC in June



# Challenges

There were a number of strategic and operational challenges identified via the NDD Oversight group. These can be broken down into the following areas

## **Referral process and documentation**

- Significant backlog in referrals being held within Barnardo's. Therefore, referrals failing to reach the Triage Panel in a timely manner
- Inappropriate referrals being made, in some instances due to lack of understanding or clarity over scope of the NDD pathway
- Referral form being too broad, making it difficult to decide the appropriate route to take
- Lack of understanding and clarity re the role of the NDD pathway
- Inappropriate referrals, not related to NDD, requiring resource to redirect to other services
- Lack of clarity regarding expectations

# Challenges

## Triage process

- Lack of clear definition regarding the role and responsibilities of Triage Panel, causing confusion for professionals and parents/carers
- Currently 15 cases per week discussed at Triage- with the growth in demand waiting lists will continue to grow, meaning this approach is not sustainable
- Lack of definition re the role of Barnardo's within the Triage process
- Lack of understanding regarding information required to allow a referral to progress

# Challenges

## Clinical Model

- Currently a lack of understanding re the role and scope of the NDD Pathway. Inadvertently creating a situation where inappropriate referrals are made through the incorrect pathway.
- Current model is reliant upon liaison with two different providers- NSFT and WSFT. Creates challenges in terms of commissioner/provider relationships and expectations
- Recruitment challenges mean services do not have sufficient staffing levels

## Demand and Capacity Mapping

Lack of understanding regarding the demands within the system, which is required to forecast potential demand both in the short and longer term.

- Challenging to give a long term forecast when commissioning services
- Important to provide families with clarity regarding potential future demand
- Process of collecting demand and capacity data for the individual services has recently been completed.
- This data is being modelled as it comes through. Some discrepancies and queries have arisen, that have needed service input.
- Estimate an initial draft forecast can be provided shortly, and can be shared
- NHSE guidance issued on 5<sup>th</sup> April does give assumptions to use when commissioning based on population size.

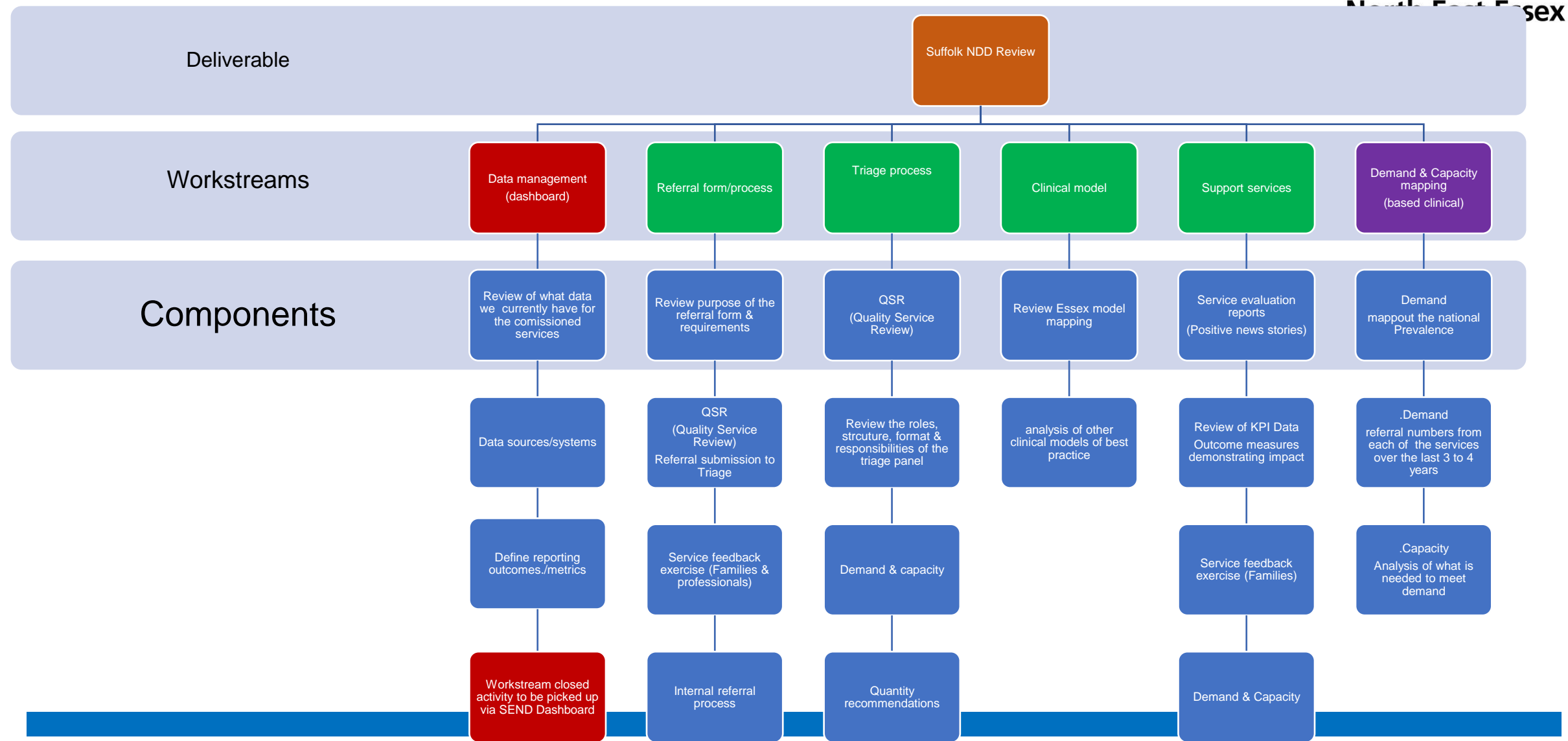
## Addressing these challenges

The challenges, as outlined within this area are considerable and involve a multitude of different partner organisations. To address these, it was agreed a deep dive into the NDD pathway would be undertaken, considering the challenges but also working with partners to establish any potential solutions.

- A number of workstreams were established, with partners from across the system, including education, providers, CYP Engagement Hub and the Parent Carer Forum and school colleagues contributing.
- Alongside this, colleagues from within the ICB have also supported, either via providing information to the workstreams, or contributing to the discussions
- The approach and commitment from colleagues has been greatly appreciated, particularly at a time of considerable service pressures
- The structure of each of the workstreams was to establish not only to contextualise the challenges, but also, with the considerable interdependencies how as a system we could address these challenges.
- The next slide indicates the structure of the deep dive and the areas of key focus.



# Review Structure



## Summary of recommendations

1. That the proposed new way of working for Suffolk is approved and implemented without delay
2. That the new coordination function structure is approved.
3. That the procurement for the coordination function can begin immediately
4. That the existing contract with Barnardo's is extended to 31<sup>st</sup> March 2024 to allow for the procurement to be undertaken.
5. That the support services delivered by Families Together, Green Light Trust, Noise Solutions, Beans, Suffolk Family Action and Suffolk Family Carers have the contracts extended by the plus 2 years included within the original contract offer
6. That the support service delivered by the Befriending Scheme is not extended
7. That £26,525 is put out on the framework for additional support service to apply.
8. A single service clinical delivery model is developed.
9. Additional investment to address increased demand on clinical diagnostic services.
10. Introduction of Shared Care agreements for ADHD in relation to private diagnosis

## **1. Summary of recommendations That the proposed new way of working for Suffolk is approved and implemented without delay, this includes the following changes**

- Adopting the revised referral form by 30<sup>th</sup> June 2023
- Creating guidance documents for CYP, parents/carers and professionals to ensure the referral process and requirements are understood by 30<sup>th</sup> June 2023
- Introducing a profiling tool and associated training
- Introducing a parent/carer resource pack by 30<sup>th</sup> June 2023
- Restricting access to Autism and ADHD assessment and diagnosis only by 30<sup>th</sup> June 2023
- Publishing revised narrative on the local offer detailing accessibility criteria by 30<sup>th</sup> June 2023.
- Screening is undertaken by the proposed new clinical lead. This will be dependent upon the decision from the ICB Executive, however preference would be for the clinical lead to start immediately.
- Review the pre assessment screening tool in relation to ADHD assessments by October 2023
- Triage panel focus on the cases with more complexity only. This would be implemented once the clinical lead is in post
- A single service clinical delivery model is developed and agreed by 30<sup>th</sup> June 2023

## 2. That the new coordination function structure is approved, which includes

- The addition of an 8b clinical lead post. The recommendation is this would be mobilised immediately whilst the procurement exercise was undertaken
- Clinical Lead to manage coordination function
- Clinical Lead to screen referrals
- Clinical Lead to chair triage panel
- Clinical lead to finalise new Standard Operating Procedures (SOP) and implement them
- Clinical Lead to start asap, with a suggestion that it is provided by the ICB until the new contract is agreed

**3. That the procurement for the coordination function can begin immediately**

**4. That the existing contract with Barnardo's is extended to 31<sup>st</sup> March 2024 to allow for the procurement to be undertaken.**

- The coordination function also includes the parent/carer advice line
- The expected value will be around £411k
- The new contract will include the clinical lead
- The new contract will commence 1<sup>st</sup> April 2024
- Procurement to begin in May 2023
- Existing contract extended from October 2023 to March 2024

**5. That the support services delivered by Families Together, Green Light Trust, Noise Solutions, Beans, Suffolk Family Action and Suffolk Family Carers have the contracts extended by the plus 2 years included within the original contract offer. 2 of these contracts are due to expire at the end of August and the remaining 5 the end of October.**

**6. That the support service delivered by the Befriending Scheme is not extended**

**7. That £26,525 is put out on the framework for additional support services to apply, this could include increasing existing support services already contracted.**

- Feedback from families supports the use of 6 of the 7 schemes
- 6 of 7 are now operating waiting lists as they are almost at capacity
- Befriending Scheme is not being used by families
- Most providers would like to grow the offers they have available

## 8. A single service clinical delivery model is developed

Option 1: Maintain existing arrangements	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Would ensure services continue, with no disruption</li> </ul>	<ul style="list-style-type: none"> <li>Would not address the current challenges and would lead to increasing wait times for assessment</li> <li>Continuation of the fragmented approach towards commissioning of services</li> </ul>
Option 2: Implement a single team across NDD, consisting of staff from NSFT and WSFT	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Would allow for joined up working through dedicated team, who could offer peer to peer support.</li> <li>Would ensure all clinical staff work together as a single colocated team.</li> </ul>	<ul style="list-style-type: none"> <li>Would need considerable commitment to implement, with clear expectations outlined from the outset</li> <li>Would need a signed MOU that outlines time and staff commitments.</li> <li>Other staffing pressures may mean staff are pulled from this team to support individual organisations</li> </ul>

Option 3: Implement a single service model across Suffolk through service transfer to a single provider	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Would potentially ensure more consistency of service with the ability to staff and resource more efficiently.</li> <li>Would be a dedicated service delivery team.</li> <li>Potential to grow income stream using ERF if it were a physical acute trust funding through the contract to support future demand growth.</li> <li>Would only require transfer from one provider to another</li> </ul>	<ul style="list-style-type: none"> <li>Potential that some staff would not want to transfer and leave gaps in service provision.</li> <li>Disruption to service provision while service transfers.</li> <li>Complexity around identification of correct level of funding and staff to transfer.</li> <li>Probably take 12 months to complete</li> </ul>
Option 4: Implement a single service model across Suffolk through procurement to a single provider	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Would potentially ensure more consistency of service with the ability to staff and resource more efficiently.</li> <li>Would be a dedicated service delivery team.</li> <li>Potential to grow income stream using ERF funding if a physical acute trust were to bid through the contract to support future demand growth.</li> <li>Clearly identified contract budget for future monitoring purposes</li> </ul>	<ul style="list-style-type: none"> <li>Potential that some staff would not want to transfer and leave gaps in service provision.</li> <li>Disruption to service provision while service transfers.</li> <li>Complexity around identification of correct level of funding and staff to transfer.</li> <li>Potential impact on two providers if contract award is not to existing provider.</li> <li>Probably take 12 to 18 months to complete.</li> </ul>

## 9. Additional investment to address increased demand on clinical diagnostic services.

Description	Amount	Funding identified
Suffolk Coordination function	£411k	Yes
Suffolk Resource Pack	£4,500	No
Profiling tool – Suffolk only	Not quantified	No
Suffolk Clinical service growth	£783k	No
NEE Clinical service growth	£182k	No

## 10. Introduction of Shared Care agreements for ADHD in relation to private diagnosis.