

SEND - Suffolk

A breakdown of various SEND related data and general activity linked to young people. This includes nationally published data by NHS Digital and also local NSFT, Suffolk County Council and Norfolk & Waveney ICB reporting.

If you require a demo of the dashboards please contact a member of the team via the link below.

[Contact Us](#)

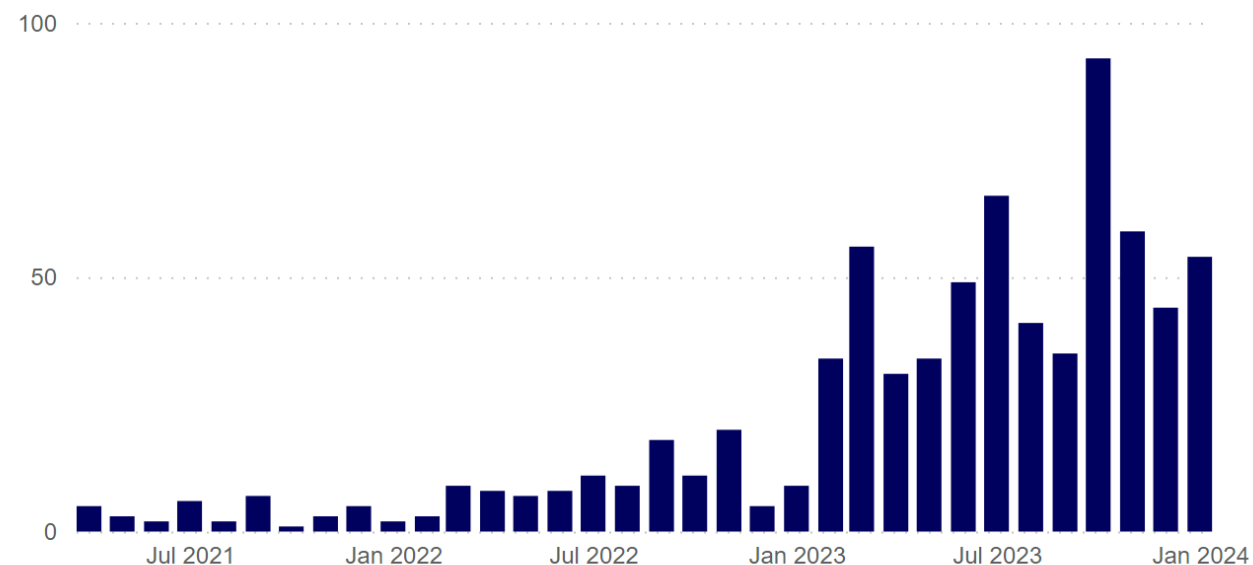
- 1.0 SEND Identified (Section 23)
- 2.0 EHCNA Advice Requests
- 5.0 Emotional Wellbeing IAPT Outcomes
- 6.0 LD Annual Health Checks
- 7.0 NSFT Waiting Times
- 8.0 SNEE ADHD Assessment Waiting Times
- 8.1 SNEE ADHD Treatment Waiting Times
- 8.2 SNEE ASD Assessment Waiting Times
- 8.3 SNEE 18+ ASD Assessment Waiting Times
- 8.4 Waveney NDD Waiting Times
- 9.0 RTT Paediatric Services
- 9.1 Community Paediatric Contacts
- 9.2 Community Paediatric Waiting Times
- 9.3 Waveney SLT Waiting Times
- 9.4 Waveney OT Waiting Times
- 9.5 Waveney Physio Waiting Times
- 10.0 Dynamic Support Registers (DSR)
- 10.1 Tier 4 Admissions
- 11.0 Personal Health Budgets

1.0 Health services are required to make a Section 23 notification to the Local Authority if they believe a child under school age has, or is likely to have, special educational needs or a disability (SEND)

Data Source: Suffolk County Council

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	5	3	2	6	2	7	1	3	5	2	3	9	48
2022/23	8	7	8	11	9	18	11	20	5	9	34	56	196
2023/24	31	34	49	66	41	35	93	59	44	54			506

Total S23s Submitted



Organisation	2021/22	2022/23	2023/24
Suffolk County Council		90	219
ICPS	16	50	63
Health Visiting Team		12	80
Children and Young People			26
Thurston Health Visiting		5	21
Stowmarket Health Visiting Team		1	15
Forest Heath Health & Childrens Centre		6	9
CYP Health		2	12
Butterflies Children's Centre	7	3	
Newberry Child Development Centre	9	1	
Bury Health Visiting Team		5	3
SCC North/East Ipswich Health Visiting Team			7
South Ipswich Health Visiting Team			7
Total	48	196	506

Child primary area of need	2021/22	2022/23	2023/24
Speech; Language and Communication Need (SLCN)			9
Speech Language Communication	10	144	180
Speech Language & Communication Need (SLCN)			86
Specific Learning Difficulties	1	1	1
Social, Emotional, Mental health Difficulties		2	10
Social and Emotional Difficulties			6
Social & Emotional Difficulties			9
Severe Learning Difficulties (SLD)			1
Total	48	196	506

Note: this data is sourced from Suffolk County Council and therefore covers the full Suffolk area, including Waveney

1.0 Health services are required to make a Section 23 notification to the Local Authority if they believe a child under school age has, or is likely to have, special educational needs or a disability (SEND)

Commentary

Section 23 notifications

Community Health Children and Young People, Suffolk County Council:

The spike in Section 23 referrals from February 22 onwards, was the result of a change in process for the School Nursing team, where staff were required to automatically complete a Section 23 referral following a Schedule of Growing Skills (SOGS) assessment. The introduction of this methodology vastly improved the Pathway for families in the following ways:

- Access to 3-6 monthly contact
- Access to the Little Stars Group
- Support to go to school placements
- Increased visibility for vulnerable children
- Early Years Advisors to help access specialist provision
- Children are seen at 2-year check stage
- Signposting - Literacy Trust, CBeebies resources, Infolink, Suffolk Local Offer
- Earlier recognition of additional needs

This has led to the total number of referrals in the first six months of the 2023/24 year surpassing the total for the previous year – 196 for 12 months vs 256 for 6 months. The data also shows the shift from Section 23 referrals primarily coming from specialist services in 21/22 to almost exclusively emanating from Suffolk County Council and Health Visiting Teams in 23/24, allowing earlier intervention. The key areas of need have shifted away from Complex Health Needs and Global Developmental Delay to Speech Language and Communication, and this is likely due to identifying difficulties in these areas at the 2-year stage – which gives time for interventions prior to attending school. Although referrals for Autistic Spectrum Disorder were high in 21/22, the figures show double the referrals made already in the first 6 months of 23/24, which may indicate that teams are becoming more attuned to recognising additional needs. The new online process for making Section 23 notifications is now live.

2.0 Report of number of EHCNA advice requests received by health provider responded to within 6 weeks of receipt

Data Source: Suffolk Community Services Monthly Report Pack/NSFT

Integrated Community Paediatric Services SEND Advice Requests

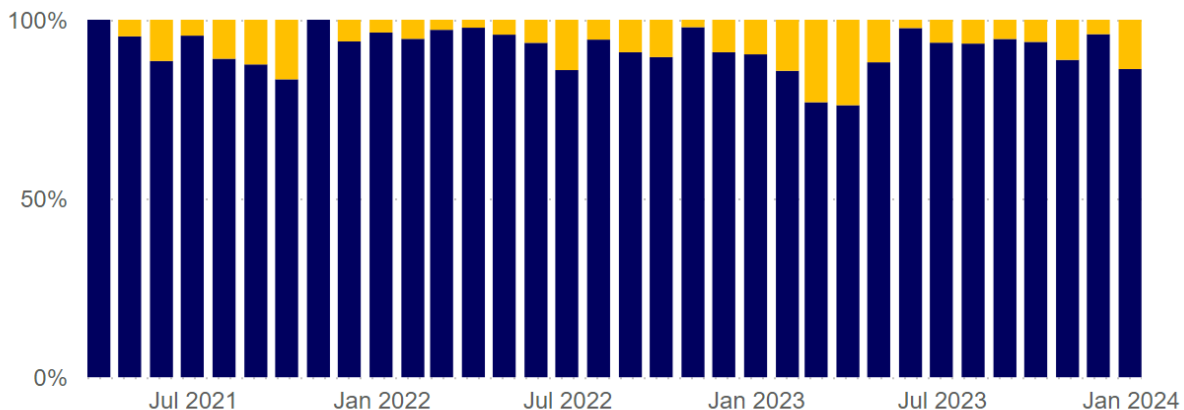
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	84	95	90	105	79	62	43	11	80	113	57	100	919
2022/23	94	89	102	81	125	76	85	109	114	99	50	76	1,100
2023/24	29	144	145	102	153	158	139	135	87	197			1,289

Integrated Community Paediatric Services SEND Advice Responses

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	59	43	52	45	55	48	48	26	66	56	75	71	644
2022/23	45	72	62	71	72	66	67	48	77	62	49	52	743
2023/24	46	42	86	78	90	93	113	79	95	75			797

ICPS Advice Responses

● % Responses submitted within 6 weeks ● % Responses not submitted within 6 weeks



NSFT SEND Advice Requests

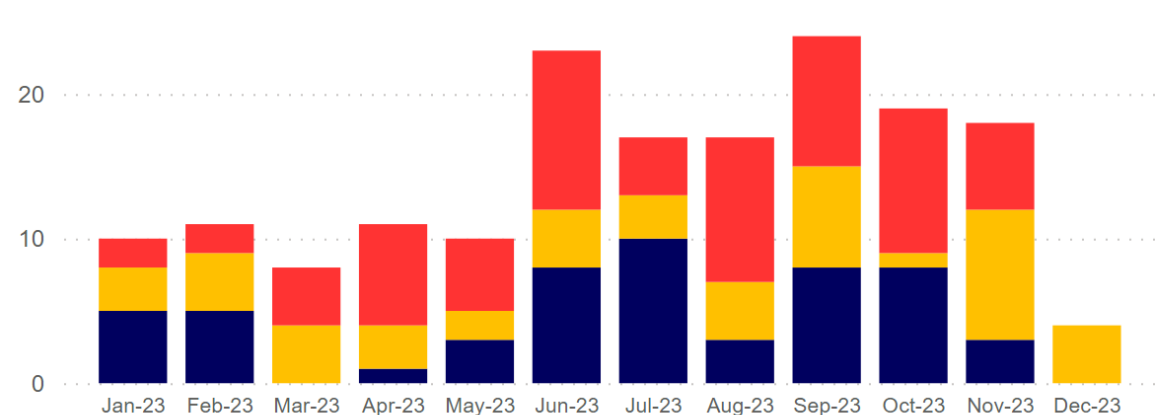
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23										10	11	8	29
2023/24	11	10	23	17	17	24	19	30	12				163

NSFT SEND Advice Responses

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23										8	9	4	21
2023/24	4	5	12	13	7	15	9	12	4				81

NSFT Advice Responses

● Responded within 6 wks ● Responded after 6 wks ● No Response/Overdue



Note: NSFT advice request data contains incomplete response dates and hence may change over time as responses are sent and dataset is updated

2.0 Report of number of EHCNA advice requests received by health provider responded to within 6 weeks of receipt

Data Source: Suffolk Community Services Monthly Report Pack/NSFT

Commentary

Education, Health and Care Plan Needs Assessment (EHCNA) Advice Requests

Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- There is an increasing number of requests coming through to ICPS teams, in addition to the team receiving all EHCNA early warning notifications which places additional burden on the clinical team admin staff locally.
- Compliance has dropped when there has been a higher number of requests sent to teams. Most ICPS services are compliant with 6 weeks with challenges to meet full compliance seen in Medical and Paediatric Speech and Language teams. SLT and Paediatricians receive more advice requests and are the services under most operational pressure currently with high service demand.

Norfolk and Suffolk NHS Foundation Trust (SNEE):

- NSFT have revised the process for EHCNA advice requests and have now managed to commit clinical time to the management alongside dedicated admin in order to embed the revised process.
- ADHD team have developed a new care plan which will support the timely response to requests in their service which represents a significant proportion.
- Approx 50 Suffolk CFYP staff attended workshop with DCO team in Sept 23 focussed upon health advice, including quality and timeliness
- Most of the outstanding requests relate to one specific team where additional support is being offered to increase compliance and workshop has helped in understanding requests and processes. Service lead continues to monitor capacity issues which has impacted on timeliness of response.

5.0 Emotional wellbeing and mental health services have a positive impact for SEND

Data Source: NHS Digital - Quarterly Talking Therapies data/local Waveney data

Alliance	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23
Ipswich & East Suffolk											
16 to 17											
Percentage Deterioration	15						18				
Percentage Improvement	46	41	72	62	51	53	57	57	55	46	55
Percentage Recovery		34	56	34	34	42	39	29	31	32	
Percentage Reliable Recovery	34	34	56	28	31	33	36	29	29	27	
18 to 25											
Percentage Deterioration	5	5	7	8	6	6	7	9	5	6	6
Percentage Improvement	57	62	66	60	63	60	67	71	63	64	62
Percentage Recovery		42	47	41	42	40	48	46	39	46	37
Percentage Reliable Recovery	39	38	45	39	40	36	45	43	37	43	34
Waveney											
16 to 17											
Percentage Improvement	63	43	57	50	38	25	30	67	40	43	24
Percentage Recovery	50	20	43	22	50	50	29	50	33	33	33
18 to 25											
Percentage Improvement	26	25	21	22	16	12	18	17	14	15	17
Percentage Recovery	44	40	36	40	36	46	30	45	40	33	50
West Suffolk											
16 to 17											
Percentage Deterioration		22	24								
Percentage Improvement	57	61	44	59	61	54	57	67	67	65	50
Percentage Recovery		36	29	53	50	28	41	40	30	35	
Percentage Reliable Recovery	41	36	25	47	44	28	33	35	26	35	
18 to 25											
Percentage Deterioration	5	7	6	11	11	6	7	6	6	4	7
Percentage Improvement	66	66	60	56	62	66	66	71	63	65	59
Percentage Recovery		45	43	43	39	50	47	46	45	47	40
Percentage Reliable Recovery	45	42	39	40	37	46	44	43	40	42	37

Definitions

Deterioration

The number of referrals ending the period having finished the course of treatment where the following is true:

- there are two or more PHQ-9 scores and two or more ADSM scores (known as 'paired scores').
- where there is an increase from the first to the last score on either the PHQ-9 measure or the ADSM measure, or both, that is greater than the reliable change threshold for that measure.
- neither the PHQ-9 measure nor the ADSM measure has a decrease from the first to the last score that is greater than the reliable change threshold for that measure.

Improvement

There is a clinically significant improvement in condition following the course of treatment. Measured based on first and last scores on patient questionnaire

Recovery

A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (at 'caseness') but not when they finish the course of treatment

Reliable Recovery

A referral is reliably recovered if they meet the criteria for both the improvement and recovery measures

Note: the above percentages are calculated from figures where those lower than 5 have been suppressed and should therefore be applied cautiously

Percentages within given groups will not add up to 100 as a single patient may have one or all three of improvement, recovery and reliable recovery recorded

6.0 Number of young people aged 14-25 with learning disability receiving annual health check

Data Source: NHS Digital

Summary - 14 to 17 Year Olds

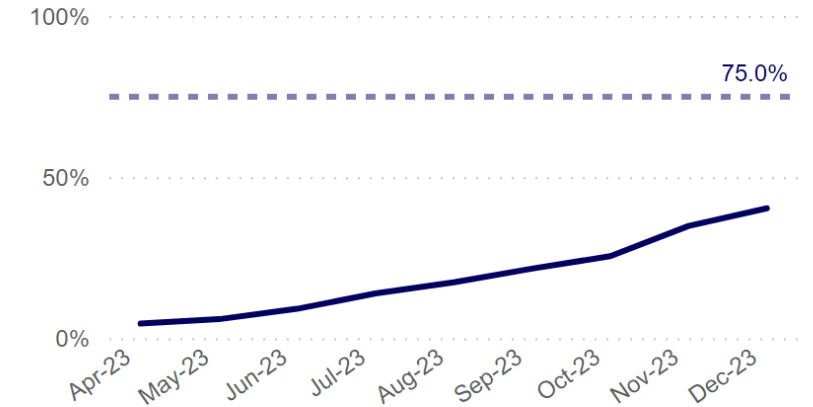
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Checks (Cumulative)	16	21	33	51	64	81	98	134	155
Register	347	352	359	365	368	374	384	384	384
Uptake	4.6%	6.0%	9.2%	14.0%	17.4%	21.7%	25.5%	34.9%	40.4%
Declined (Cumulative)	0	0	1	3	2	2	3	8	11
Action Plan Achievement	100.0%	100.0%	90.9%	92.2%	92.2%	92.6%	92.9%	93.3%	94.2%

Summary - 18+ Year Olds

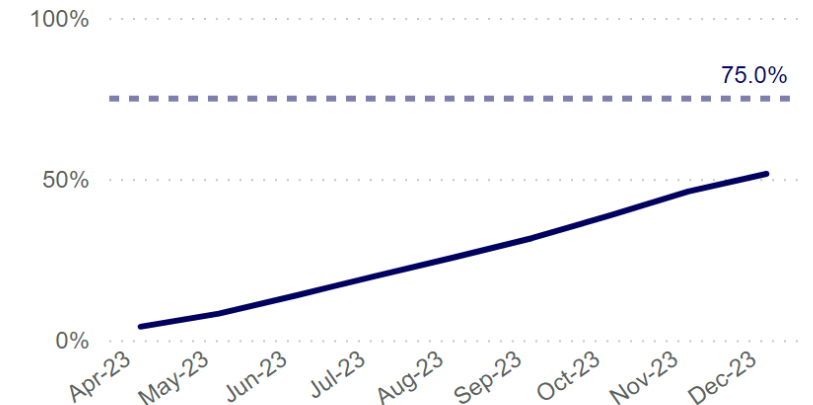
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Checks (Cumulative)	177	348	589	841	1,085	1,341	1,642	1,957	2,189
Register	4,200	4,207	4,219	4,223	4,227	4,237	4,240	4,240	4,240
Uptake	4.2%	8.3%	14.0%	19.9%	25.7%	31.6%	38.7%	46.2%	51.6%
Declined (Cumulative)	2	4	11	19	28	35	54	84	102
Action Plan Achievement	82.5%	87.4%	90.0%	91.3%	90.5%	90.8%	90.9%	92.2%	93.2%

Note: There is a national issue with the number of people on the QOF LD register being inflated due to incorrect SNOMED codes used from Nov-23 onwards. As a proxy we are using the Oct-23 LD registers until the issue is resolved (predicted to be Feb-24 data)

Health Checks Uptake % (cumulative)



Health Checks Uptake % (cumulative)



6.0 Number of young people aged 14-25 with learning disability receiving annual health check

Data Source: NHS Digital

Commentary Page 1 of 2

Learning Disability Annual Health Checks

SNEE ICB:

- The SNEE LD AHC patient experience survey is currently being co-produced. The aim is to push this out through practices via the 'Let's Talk SNEE' platform so that people receive a link after they have had their LD Annual Health Check
- DCO attendance at Suffolk SENCO Forum to promote LD AHCs and new comms from the SNEE LD AHC Steering Group with links to LD Liaison Nurses
- A dedicated learning disability health check support area for primary care health professionals is now live on the SNEE ICB website. A collection of nationally produced and locally adapted easy read documents, videos, toolkits, guidance documents and links and contact details to the Suffolk LD Liaison team
- SNEE LD annual health check steering group has been established and has developed a 'Don't miss out' poster which highlights annual health checks and health action plans. Digital copies and posters have been distributed, and the DCO team have ensured this information has made its way to Education colleagues via SENCO Forum, Local Offer and 'Suffolk Headlines' website
- Several quality improvement projects are underway. These include the LD friendly practice pilot with 3 GP surgeries in Ipswich & East Suffolk and West Suffolk, and the LD deep dive into GP registers
- Peer educator programme continues whereby peer educators (people with a learning disability) talk to their peers through annual health check workshop about the importance of an annual health check. The peer educators will start visiting special schools/colleges in 2023/24 with the school nursing team

6.0 Number of young people aged 14-25 with learning disability receiving annual health check

Data Source: NHS Digital

Commentary Page 2 of 2

Learning Disability Annual Health Checks

N&W ICB:

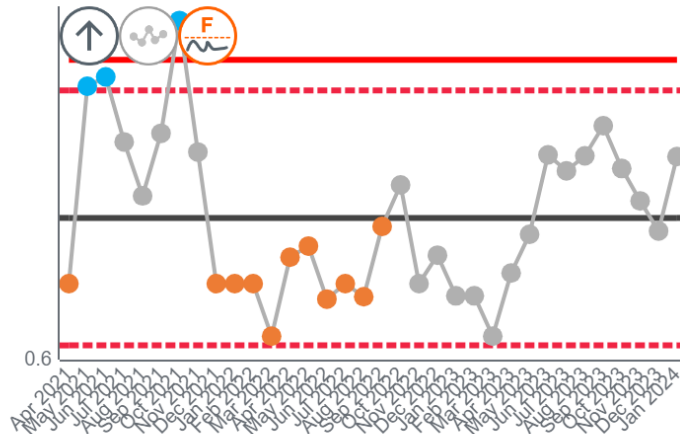
- We are working with Opening Doors to introduce a pathway for LD AHC patient feedback and will probably include a paper and electronic version.
- A survey of General Practice staff regarding their experience of delivering LD AHCs is taking place which will be is planned to be feedback in the November LD&A Board.
- Working closely with ICB primary care locality colleagues in GY&W to provide a detailed breakdown of performance data by Practice and targeted additional support that is available
- DCO attendance at SENCO Forum in North Suffolk to discuss and promote LD AHCs
- For a Suffolk-wide audience, booking is open for a repeat online session for parents, carers and young people with a learning disability. Hosted by SENDIASS and presented by ACE Anglia's Peer Educators, this explains what an annual health check is, how to prepare and resources to help. This is an evening session to make it easier for young people to take part. The presenters will send one-page-profiles so the young people know who to expect to see.

7.0 Children and young people have access to emotional wellbeing and mental health services within expected time frames

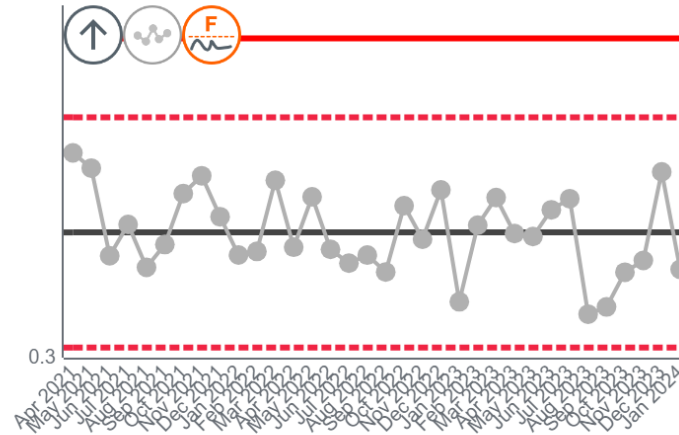
Data Source: NSFT

Indicator Name	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Under 18 Emergency referrals assessed within 4 Hours	68.0%	72.9%	83.0%	81.0%	82.9%	86.7%	81.3%	77.1%	73.3%	82.8%
Under 18 Routine referrals assessed within 28 days	52.4%	51.7%	57.6%	60.0%	34.8%	36.4%	43.9%	46.5%	65.9%	44.6%
Under 18 Referrals treated within standard (18 weeks)	56.8%	47.7%	66.3%	75.4%	61.7%	58.3%	54.5%	76.6%	68.8%	67.6%
Referrals for service users aged 18 and over treated within standard: CFYP Service Line	90.0%	50.0%	76.3%	95.2%	84.0%	75.0%	96.6%	81.5%	90.0%	55.6%

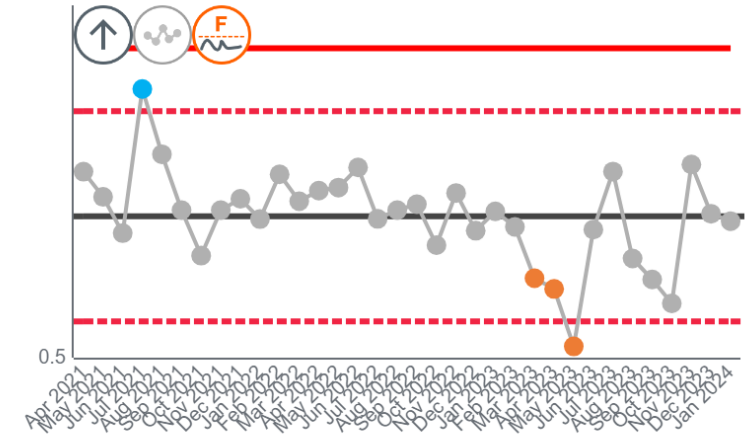
Emergency Referrals <4hrs (U18s)



Routine Referrals <28 days (U18s)



Referrals within standard (U18s)



7.0 Children and young people have access to emotional wellbeing and mental health services within expected time frames

Data Source: NSFT

Commentary Page 1 of 2

Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (SNEE ICB):

- The Crisis offer is provided by the all-age crisis service including FRS and not the Suffolk CFYP Service.
- Under 18 Performance in the number of under 18 emergency referrals being assessed within 4 hours continues to fluctuate due to the low number of service users within this metric. Referral information identified as not always being accurate in being able to determine the correct priority for the referral which.
- Under 18 routine referrals performance increased significantly in September 2023 compared with August 2023. The CAMHS Teams have been reviewing their processes and caseload to increase effectiveness. Vacancy rates in this team have impacted on the waiting lists, weekly recruitment review providing focused support from the specialist recruitment team.
- Under 18 routine referrals treated within standard- The CAMHS Team have implemented the use of proformas to support the working of the treatment pathways which continues to provide a more structured approach to the appropriate treatment pathways.
- Senior clinical leadership driving focused clinic and caseload initiatives with intensive recovery exercise planned.
- Review of current processes within ADHD, exploring future ways of working that maximise the clinical potential of the team to better meet the needs of the cohort.
- CYP referrals over 18 year treated within standard- Review of caseloads has seen a decrease in caseload totals due to service user reaching 25 years or no longer requiring a service. This has provided more resource to treatment and assessment of service users and an overall increase in performance. The YAMHS service has a 17% vacancy rate which has impacted on activity in recent months.
- Recovery plans and monthly reporting in place to the ICB to monitor the recovery of these services.

7.0 Children and young people have access to emotional wellbeing and mental health services within expected time frames

Commentary Page 2 of 2

Norfolk and Waveney ICB:

Under 18 Emergency referrals assessed within 4 Hours

Emergency referrals are assessed by CAIST (Children's Assessment and Intensive Support Team) in Waveney. Performance has steadily improved across N&W over the last 6 months from 65% to 81%. Over the last 18 months the CAIST team has had significant pressures with increased acuity and complexity of referrals and a significant increase in number of referrals during and post covid. As a result the ICB invested an additional £400K to increase senior leadership within the team to ensure clinicians felt supported and safe. To protect team members from burn out, the decision was made to reduce service delivery from 8am – 8pm 7 days a week to 9-5 Monday to Friday. CAIST has made great progress over the last 6 months, the team has filled many vacancies and will return to standard hours in January 2024.

Under 18 Routine referrals assessed with 28 days

Performance against this standard in Norfolk and Waveney is 43% (July 23). A significant number of referrals for people into NSFT across Norfolk and Waveney could have their needs met by other providers within the system. As a result, the N&W system is developing an integrated front door (IFD) to ensure all requests for support are allocated to the right pathway and service provider to meet need the first time. This will ensure that NSFT has more capacity to assess all routine referrals within 28 days. The IFD is due to go fully live in April 2024 and the N&W system is currently exploring how the interim arrangements for the IFD can support the triaging function within NSFT prior to April 24.

Under 18 referrals treated within standard (18 weeks)

Great Yarmouth and Waveney performance August 2023 - 90%. The ICB has funded YMCA to support CYP and families on waiting lists to access appropriate support sooner. The ICB has also commissioned a professional therapeutic pathway, which provides a range of alternative therapeutic treatments to support system waits.

Referrals for service users aged 18 and over treated within standard: CFYP service line

Great Yarmouth and Waveney performance August 2023 - 66%. NSFT and the ICB has funded a range of waiting list initiatives to provide access to therapeutic interventions, including Think CBT, UKCN and The Matthew Project. There has also been a focus on improving access to Talking Therapies for CYP aged 16-25 and 16-25 year olds accessing support within primary care through the roll out of enhanced recovery workers and Primary Care Workers, funded by Adult Community Transformation.

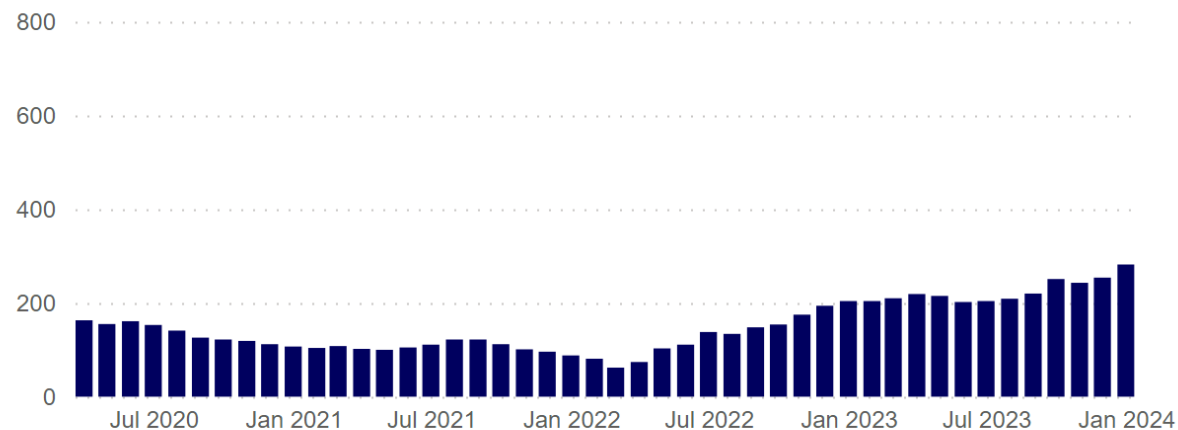
8.0 Children and young people have access to ADHD assessment within expected timeframes

Data Source: NSFT

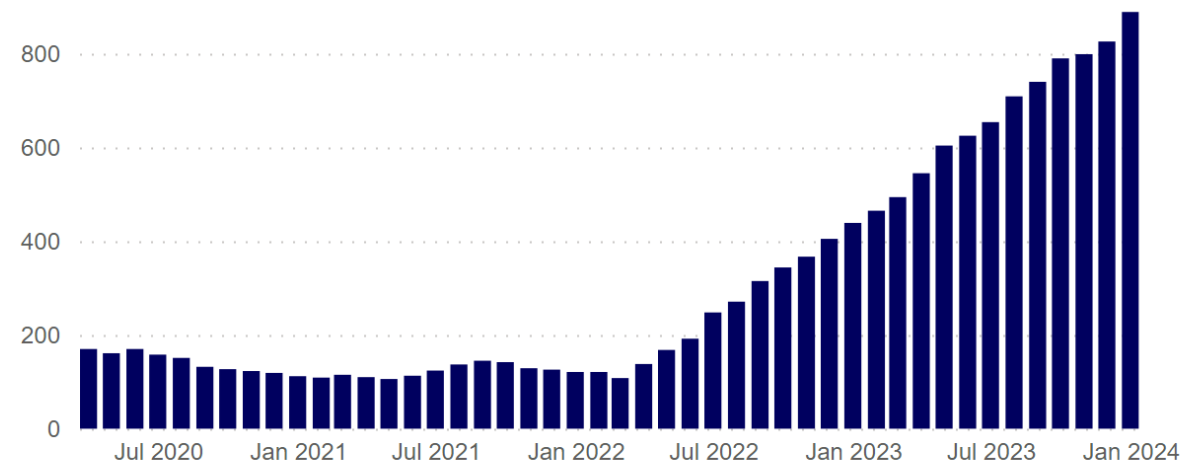
ADHD (RTA) - Under 25s

Age Band		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
5-9	RTA - Incomplete	124	125	118	117	121	115	113	108	102	104
	Average Weeks Waited	20.9	21.5	22.3	22.1	25.0	28.2	30.7	31.1	33.4	34.4
10-15	RTA - Incomplete	86	81	78	80	82	95	121	114	125	146
	Average Weeks Waited	18.8	20.6	21.5	23.0	25.0	22.6	19.1	20.9	21.8	20.4
16-17	RTA - Incomplete	9	9	6	7	6	10	17	21	27	32
	Average Weeks Waited	24.4	28.8	36.4	35.5	42.1	22.9	16.2	17.0	16.2	17.8
18-24	RTA - Incomplete	326	389	423	450	500	520	539	556	572	607
	Average Weeks Waited	27.1	26.2	27.7	30.0	31.0	32.9	35.0	37.7	40.2	41.4
Total	RTA - Incomplete	545	604	625	654	709	740	790	799	826	889
	Average Weeks Waited	24.4	24.5	26.0	27.8	29.4	30.7	31.5	33.9	35.8	36.3

ADHD (RTA - Incomplete) - Under 18s



ADHD (RTA - Incomplete) - Under 25s



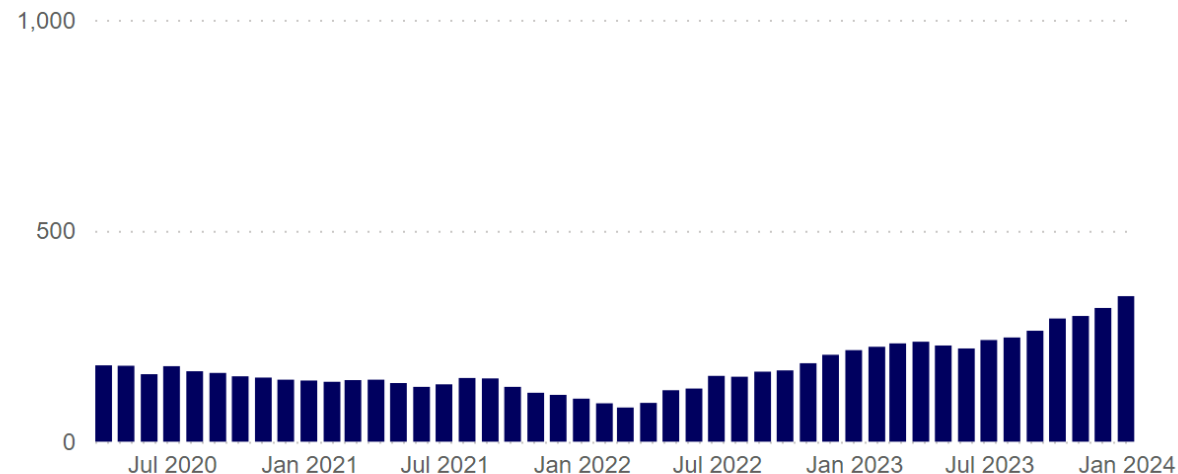
8.1 Children and young people have access to ADHD treatment within expected timeframes

Data Source: NSFT

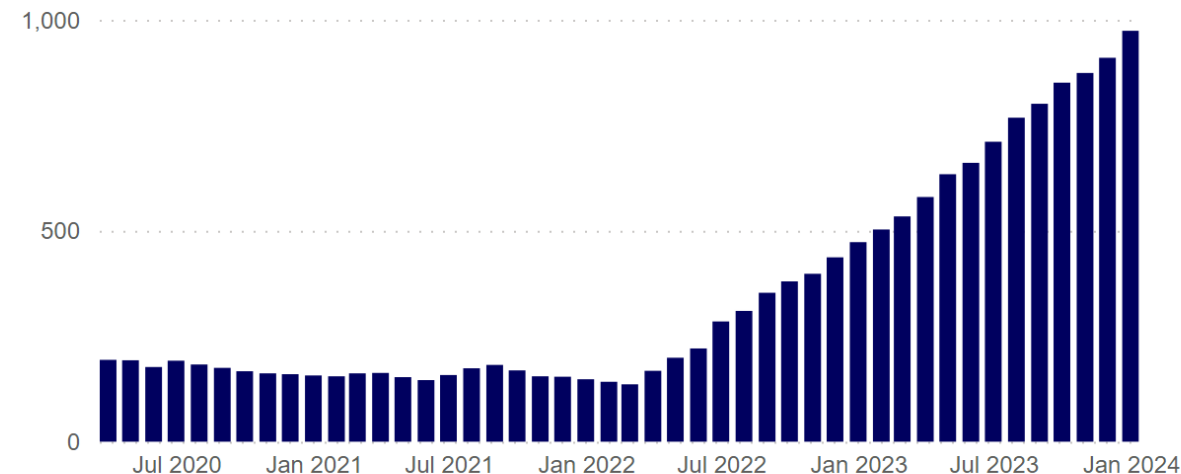
ADHD (RTT) - Under 25s

Age Band		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
5-9	RTT - Incomplete	133	131	128	138	140	134	132	134	135	140
	Average Weeks Waited	21.6	22.0	23.8	25.6	28.2	31.7	33.8	35.8	39.3	41.7
10-15	RTT - Incomplete	93	87	85	94	98	117	141	141	152	171
	Average Weeks Waited	19.4	21.3	22.3	24.1	26.3	25.2	22.1	24.8	26.4	24.7
16-17	RTT - Incomplete	11	10	8	9	9	12	19	23	30	34
	Average Weeks Waited	22.6	27.5	31.0	31.9	35.6	23.7	17.9	18.7	18.3	19.2
18-24	RTT - Incomplete	343	406	440	470	521	538	559	576	593	629
	Average Weeks Waited	28.7	27.8	29.2	31.5	32.3	34.1	36.3	38.7	41.2	42.4
Total	RTT - Incomplete	580	634	661	711	768	801	851	874	910	974
	Average Weeks Waited	25.5	25.7	27.3	29.4	30.8	32.3	33.1	35.5	37.7	38.4

ADHD (RTT - Incomplete) - Under 18s



ADHD (RTT - Incomplete) - Under 25s



8.0 Children and young people have access to ADHD assessment within expected timeframes

8.1 Children and young people have access to ADHD treatment within expected timeframes

Commentary Page 1 of 2

Under 18's ADHD, Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (SNEE):

- Online Conners screening now being mobilized in ADHD which will increase efficiency of collecting pre assessment data.
- ADHD team impacted by the system wide historical increase in referrals which are now in the pre-screening phase undertaken by the team.
- The ADHD team have a total 6.0 WTE clinical staff and a case load of 1026. The team provide a specialist service for ADHD assessment and diagnosis, who are also supporting a number of additional initiatives which are impacting on their capacity to complete new assessments.
- The ADHD team commenced triage of NDD cases as part of the Triage Panel NDD Recovery work. The team are accommodating this screening work alongside existing clinical assessments and outpatient appointments. The NDD pathway in Suffolk is under review which will be an integral part of completing this NDD recovery work, this work includes integrated work with the Paediatric service and ICB.
- The current national shortage of ADHD medication is impacting on the service with the provision of additional appointments required for medication reviews. The team is linking with the Chief Pharmacist at the ICB and NSFT Chief Pharmacist to support this work, mobilisation of daily huddles commenced and provided by the ADHD team to provide support to families and GPs with medication queries. In the ADHD caseload this impacts 461 patients which is 44% of the caseload. Current management strategies for treatment include daily huddles to prevent breaks in treatment and patient safety.
- Core care plan in use with treatment which includes a review of SEND needs and access to learning. If any concerns are highlighted the ADHD service contacts the education provider to ensure the young person's needs are met and reasonable adjustments are in place.

8.0 Children and young people have access to ADHD assessment within expected timeframes

8.1 Children and young people have access to ADHD treatment within expected timeframes

Commentary Page 2 of 2

Under 18's ADHD, Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (contd.):

- Referral rates for ADHD have increased due to the recovery work being undertaken
- Weekend clinics were provided over the summer to address the waits for assessment and consequently treatment
- The provision of Non-Medical Prescriber roles within the team has increased the capacity for medication reviews

Adult ADHD Service, Suffolk Care Group, Norfolk and Suffolk NHS Foundation Trust (SNEE):

- The Adult ADHD Service continues to receive a high number of referrals for ADHD assessments. The service was due to explore options for outsourcing assessments with our ICB colleagues, however, funding has now been provided to the Recovery College which will support those awaiting assessment and treatment. This funding will enable new recruitment to deliver specific ADHD/ASD related workshops
- The service is managing all waits via weekly reporting and meetings, providing assurance that we are aware of the current demand
- Ongoing ASD/ADHD adult oversight group working alongside the ICB, VCSE and those with lived experience to discuss and review current pathways to improve waiting times and discharge rates

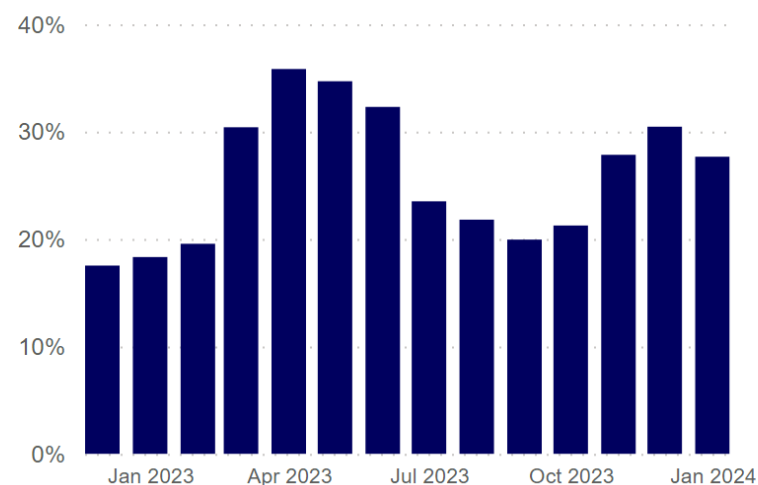
8.2 Children and young people have access to ASD assessment within expected timeframes

Data Source: Integrated Community Paediatric Services (ICPS)

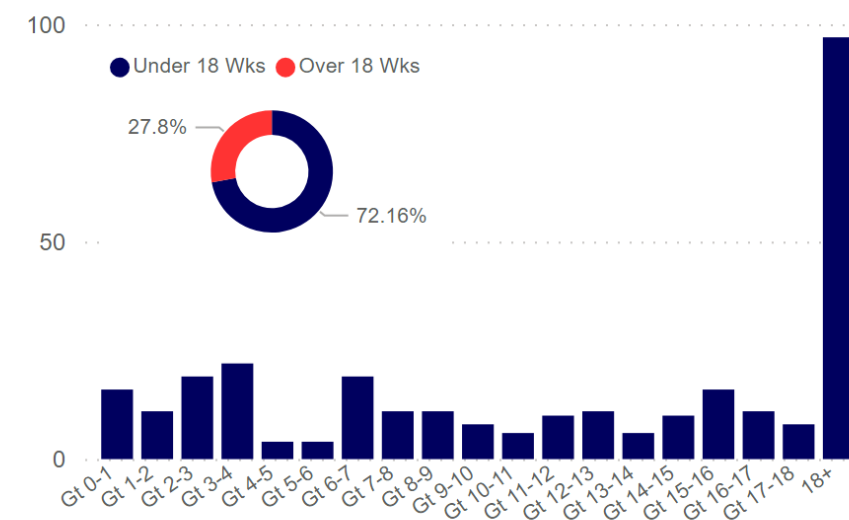
Patients identified as having Socio-Communication difficulties (Under 11s)

Month	Total Waiting	Max Waiting Time (wks)	Average Waiting Time (wks)	No. Waiting over 18 Weeks	% Wait over 18 Weeks
Apr-23	360	47.6	14.6	129	35.8%
May-23	343	49.3	14.4	119	34.7%
Jun-23	356	50.0	14.5	115	32.3%
Jul-23	370	50.0	13.3	87	23.5%
Aug-23	399	54.4	13.7	87	21.8%
Sep-23	381	58.7	13.8	76	19.9%
Oct-23	381	50.0	13.1	81	21.3%
Nov-23	334	52.3	12.9	93	27.8%
Dec-23	325	50.7	14.3	99	30.5%
Jan-24	300	55.1	13.8	83	27.7%

% Waiting Over 18 Weeks



U11s Waits by Weeks (latest month)



Data Source: NSFT

Youth Autism (11-17s) - Weeks Waiting for Assessment

Month	Current ASD Waitlist	Average Wait of those on the Waitlist not yet Assessed (weeks)	Maximum Wait in Weeks not yet Assessed	Average Wait Time from Referral to Assessment (weeks)	Maximum Wait in Weeks from Referral to Assessment
Sep-23	223	42	98	55	85
Oct-23	233	45	106	55	90

8.2 Children and young people have access to ASD assessment within expected timeframes

Commentary

Under 11's ASD Assessment, Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- The graph reflects the number of children referred with socio-communication difficulties requiring formal assessment for possible ASD with Paediatrician or the multidisciplinary team
- The number of children waiting for formal assessment is reducing gradually as clinicians work through the waiting list as part of the NDD recovery work. This does not account for those children within the NDD coordination function that have not been triaged and this risk is acknowledged within the system.
- The community paediatricians and multidisciplinary team continue to focus on assessment backlog alongside other pathways and caseload management. The Paediatric medical team has completed a demand and capacity review and there is pressure across all clinical pathways due to growing demand, complexity and high caseload numbers.

ADYSS (11-17), Suffolk CFYP, Norfolk and Suffolk NHS Foundation Trust (SNEE):

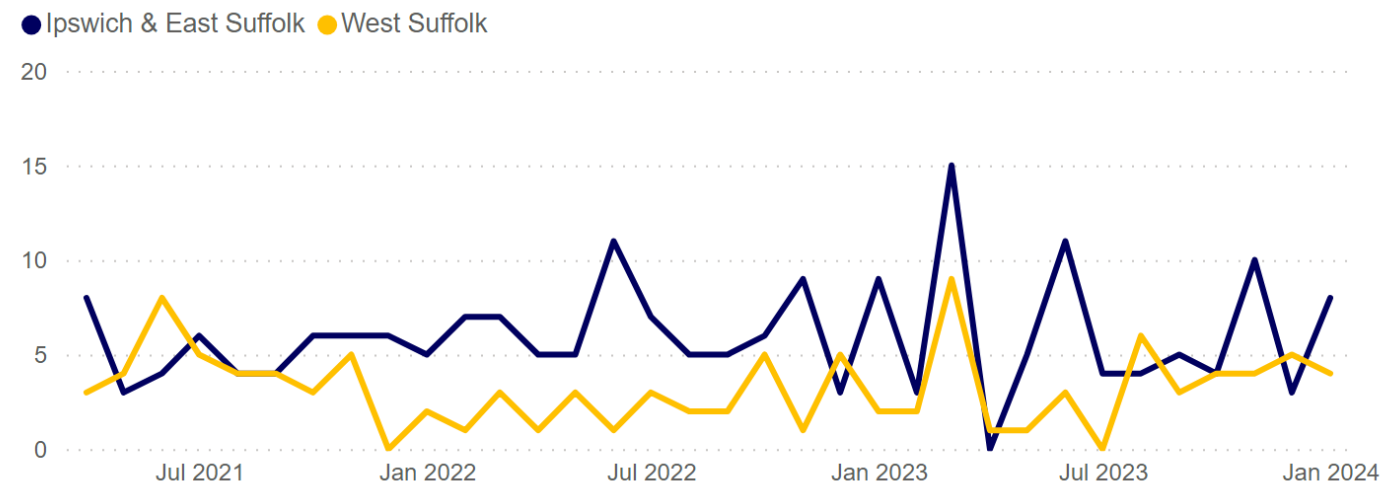
- The numbers waiting remains high due to the impact of supporting the NDD pathway in Suffolk recovery work
- Assessments carried out by the multidisciplinary team. Referrals to the team from other NSFT services will have received an initial assessment by the referring team, which will be followed by the ASD assessment.
- Majority of referrals are now being received via the NDD Pathway and currently there are high rates of referral. The team joined Suffolk Childrens Families and Young People Care group in April 2023 from the Adult Care Group. This has enabled the team to refocus on children's services and be part of the wider NDD provision for the under 18 age group.
- There is currently review of processes, the team are exploring future ways of working that maximise the clinical potential of the team to better meet the needs of the NDD cohort but also the wider body of service users in SCFYP. The team are forward booking appointments for the initial contact to reduce the length of wait. The ADYSS team are reviewing their assessment process to see if this can be streamlined whilst maintaining the clinical rigour and quality.
- The team are also screening cases waiting with Barnardo's alongside the ADHD service.
- The service monitors and reviews the caseload weekly via Lorenzo and SUTL and weekly operation and business support meetings to ensure continuity of processes and address arising issues.

8.3 Children and young people have access to ASD assessment within expected timeframes

Adult Autism (Suffolk)

Data Source: NSFT

Adult Autism - Number of NICE compliant assessments



Autism (18+) - Weeks Waiting for Assessment

Month	Current ASD Waitlist	Average Wait of those on the Waitlist not yet Assessed (weeks)	Maximum Wait in Weeks not yet Assessed	Average Wait Time from Referral to Assessment (weeks)	Maximum Wait in Weeks from Referral to Assessment
Sep-23	783	44	100	71	126
Oct-23	833	46	232	74	126

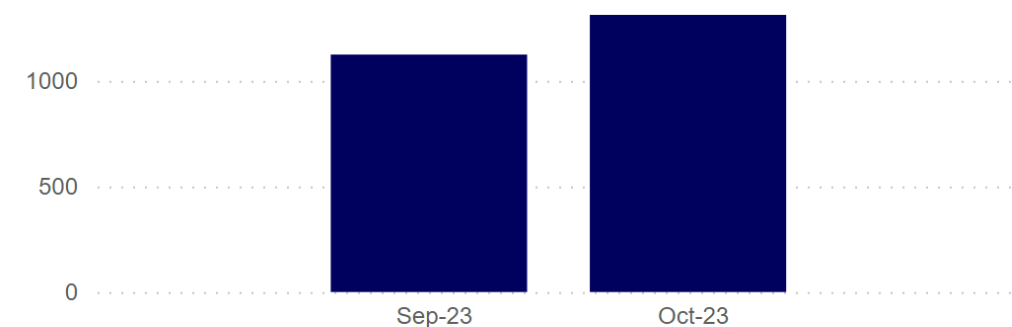
Ipswich & East Suffolk

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	8	3	4	6	4	4	6	6	6	5	7	7
2022/23	5	5	11	7	5	5	6	9	3	9	3	15
2023/24	0	5	11	4	4	5	4	10	3	8		

West Suffolk

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	3	4	8	5	4	4	3	5	0	2	1	3
2022/23	1	3	1	3	2	2	5	1	5	2	2	9
2023/24	1	1	3	0	6	3	4	4	5	4		

Autism (18+) - ASD Waitlist



8.3 Children and young people have access to ASD assessment within expected timeframes

Commentary

Adult ASD Diagnostic Service, Suffolk Care Group, Norfolk and Suffolk NHS Foundation Trust (SNEE):

- The service was due to explore options for outsourcing assessments with our ICB colleagues, however, funding has now been provided to the Recovery College which will support those awaiting assessment and treatment. This funding will enable new recruitment to deliver specific ADHD/ASD related workshops
- The service is managing all waits via weekly reporting and meetings, providing assurance that we are aware of the current demand
- Ongoing ASD/ADHD adult oversight group working alongside the ICB, VCSE and those with lived experience to discuss and review current pathways to improve waiting times and discharge rates

8.4 Children and young people have access to ASD assessment within expected timeframes

Data Source: Norfolk & Waveney ICB

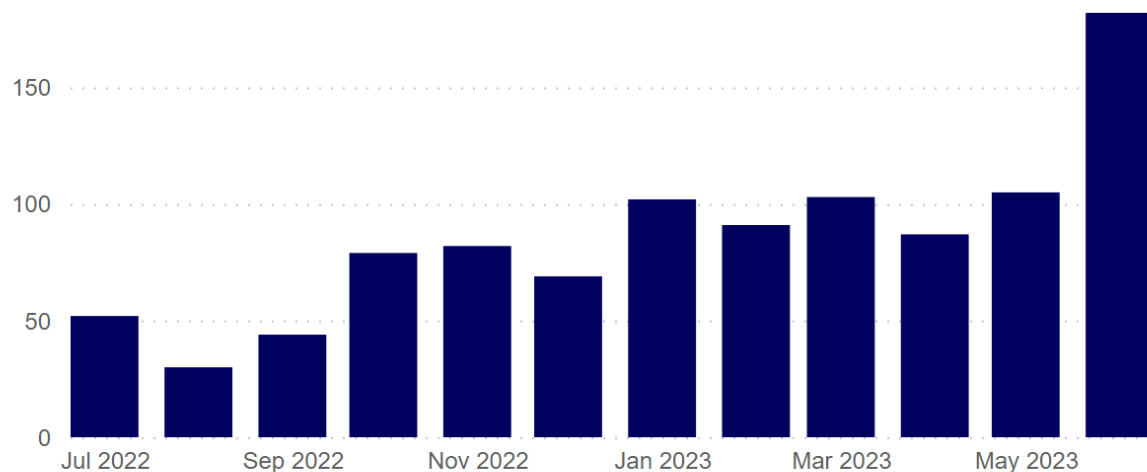
Gt Yarmouth & Waveney NDD/Community Paediatric Service

Performance Indicator	Breakdown	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Total number of CYP waiting on the pathway		892	927	986	1043	1179	1121	1182	1249	1305	1344	1406	1408
	Waveney approximate 48%	428	445	473	501	566	538	567	600	626	645	675	676
Number of patients having their 1st action (where that action was during the month specified)	Total	79	36	58	103	113	82	119	101	122	110	119	209
	wait <18 weeks	27	6	14	24	31	13	17	10	19	23	14	27
	wait >=18 weeks	52	30	44	79	82	69	102	91	103	87	105	182
Number of patients being discharged (where discharge was during the month specified)	Total	28	44	24	24	39	34	40	26	18	35	38	59
	wait <18 weeks	0	1	1	0	1	1	5	3	1	1	1	3
	wait >=18 weeks	28	43	23	24	38	33	35	23	17	34	37	56

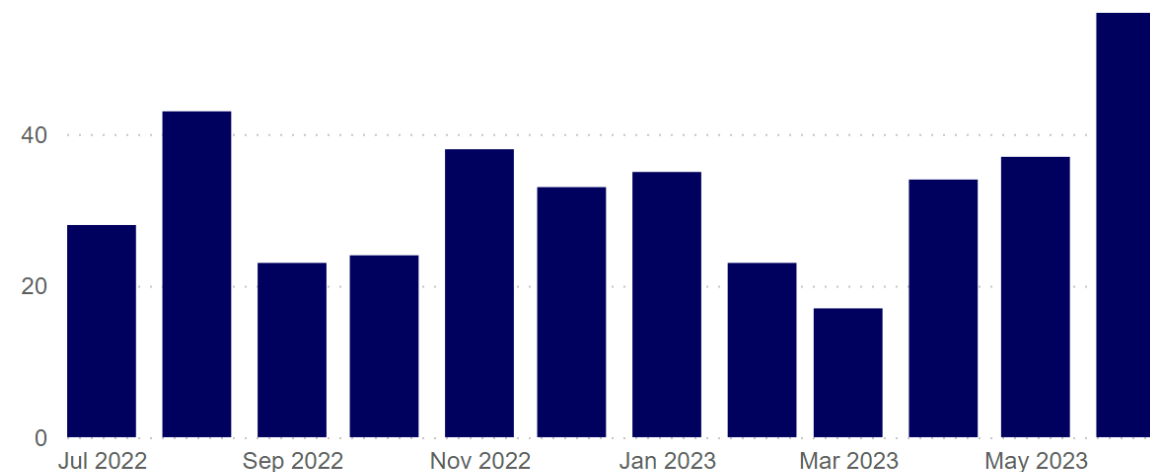
Number of patients having their 1st action - **wait is measured from referral date to date of first action on waiting list**

Number of patients being discharged - **wait is measured from referral date to close date of waiting list**

Number of patients having their 1st action - 18+ week waiters



Number of patients being discharged - 18+ week waiters



8.4 Children and young people have access to ASD assessment within expected timeframes

Commentary

Great Yarmouth & Waveney NDD Community Paediatric Service:

- Newberry clinic has observed a significant change to pathway performance since 2020/21.
- At that time, waits to discharge for ASD/ADHD diagnosis was 26 weeks. Following the retirement of the Community Paediatrician, a reduction in weekly clinics and a marked increase in monthly referrals, average waits to first appointment are 16 months with waits to discharge of up to 2.5 years.
- Newberry has recently commenced transfers to independent providers as part of a waiting list initiative and continues to work with the ICB on its transformation programme.

9.0 Children and young people have access to Therapies and Community Paediatric Services

Data Source: Suffolk Community Services Monthly Report Pack

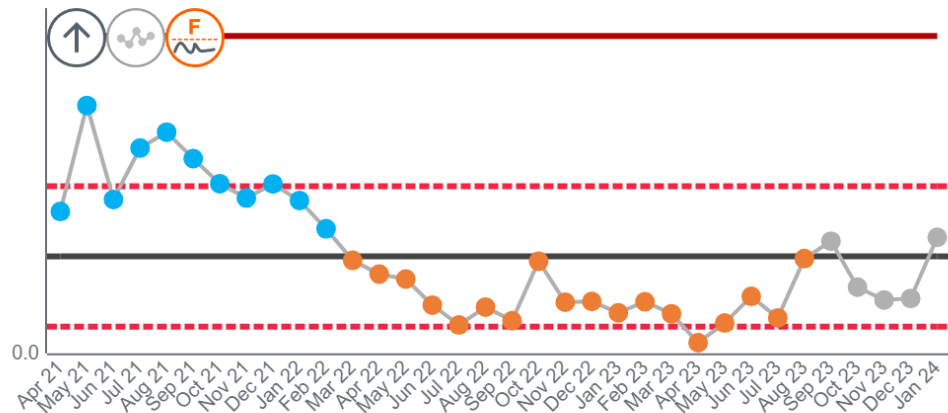
Consultant-Led Paediatric Services (Target 95%)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Seen within 18 weeks	3	9	15	12	21	28	17	18	13	37
Total Seen	45	73	75	87	68	78	75	95	67	100
% Seen within 18 weeks	6.67%	12.33%	20.00%	13.79%	30.88%	35.90%	22.67%	18.95%	19.40%	37.00%

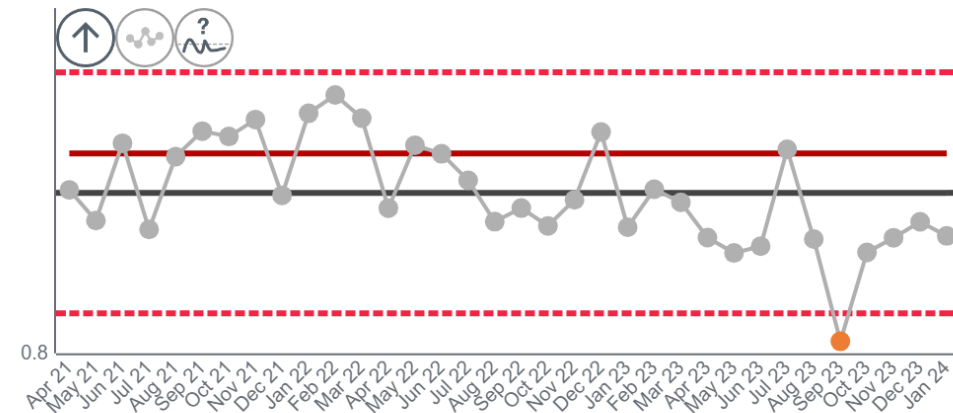
Non-Consultant-Led Paediatric Services (Target 95%)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Seen within 18 weeks	191	273	222	245	136	155	281	267	208	232
Total Seen	216	313	253	257	154	193	322	302	232	262
% Seen within 18 weeks	88.43%	87.22%	87.75%	95.33%	88.31%	80.31%	87.27%	88.41%	89.66%	88.55%

Consultant-Led Referrals (% within weeks)



Non-Consultant-Led Referrals (% within weeks)



Note: Please note the figures presented relate to all paediatric contacts regardless of whether the patient has SEND identified

9.0 Children and young people have access to Therapies and Community Paediatric Services

Data Source: Suffolk Community Services Monthly Report Pack

Commentary

Paediatric Medical Team (Consultant-led Paediatric Services), Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- Paediatric capacity continues to be impacted by sustained demand and high caseload numbers requiring medical management of complex needs. There is a locum in place covering a vacancy. Additional capacity has been secured with a full-time specialist nurse to support the team in the West locality. A formal review of capacity and demand started in June to consider options to respond to current levels of service pressure. The findings of this are hoped to be presented to the CYP Committee and SEND Board.
- There is a gradual improvement in compliance with commencing assessment/care within paediatric medical but due to high demand this is likely to remain static at this level.

Commentary for non-consultant led services follows from 9.2

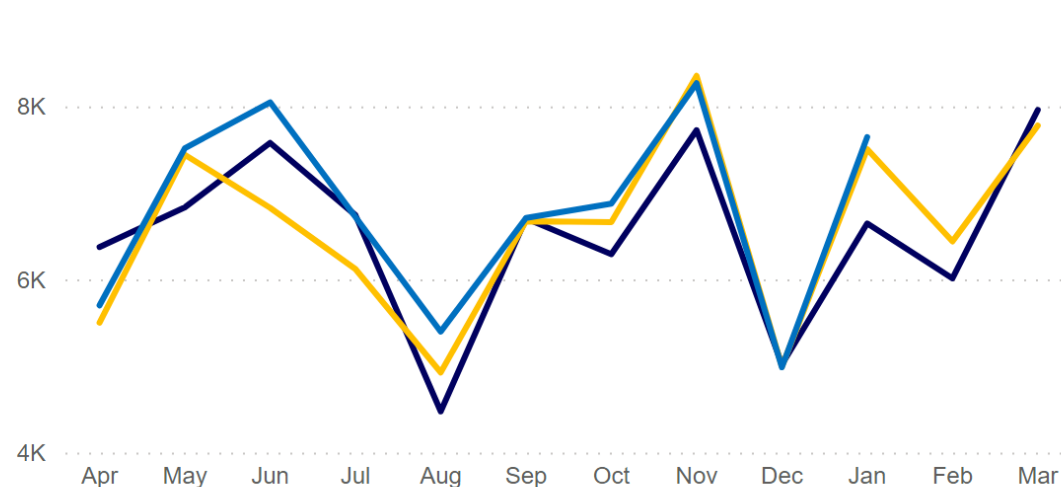
9.1 Contacts (number and method) of community paediatric services with children and young people

Data Source: Suffolk Community Services Monthly Report Pack

Service	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Paediatric Speech & Language Therapy	2,067	3,111	3,699	2,708	1,720	2,709	2,971	3,946	1,993	3,503
Community Children's Nursing Team	1,747	1,951	1,911	1,792	1,867	1,575	1,817	1,882	1,598	1,896
Paediatric Physiotherapy	726	1,020	1,040	829	713	1,029	875	1,017	637	981
Paediatric Occupational Therapy	534	610	577	598	484	683	577	623	352	553
Audiology	349	409	481	382	389	308	226	311	149	327
Paediatric Psychology	233	349	283	353	197	354	341	452	217	330
Suffolk Communication Aids Resource Centre	45	66	56	59	27	52	69	36	39	55
Total	5,701	7,516	8,047	6,721	5,397	6,710	6,876	8,267	4,985	7,645

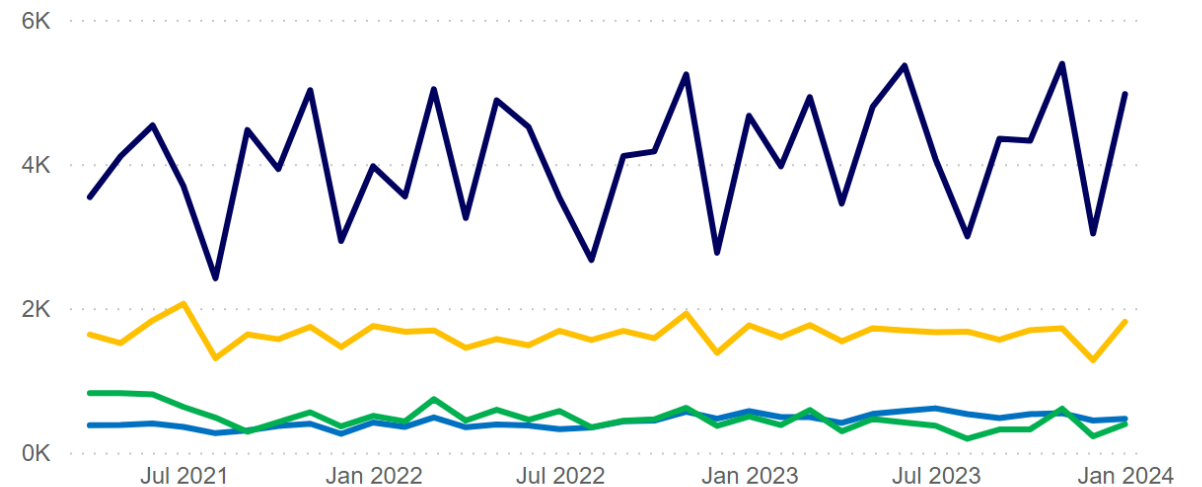
Contacts by Year

● 2021/22 ● 2022/23 ● 2023/24



Contacts by Method

● Email ● Face to Face ● Telephone ● Video



Note: Please note the figures presented relate to all paediatric contacts regardless of whether the patient has SEND identified

9.1 Contacts (number and method) of community paediatric services with children and young people

Data Source: Suffolk Community Services Monthly Report Pack

Commentary

Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

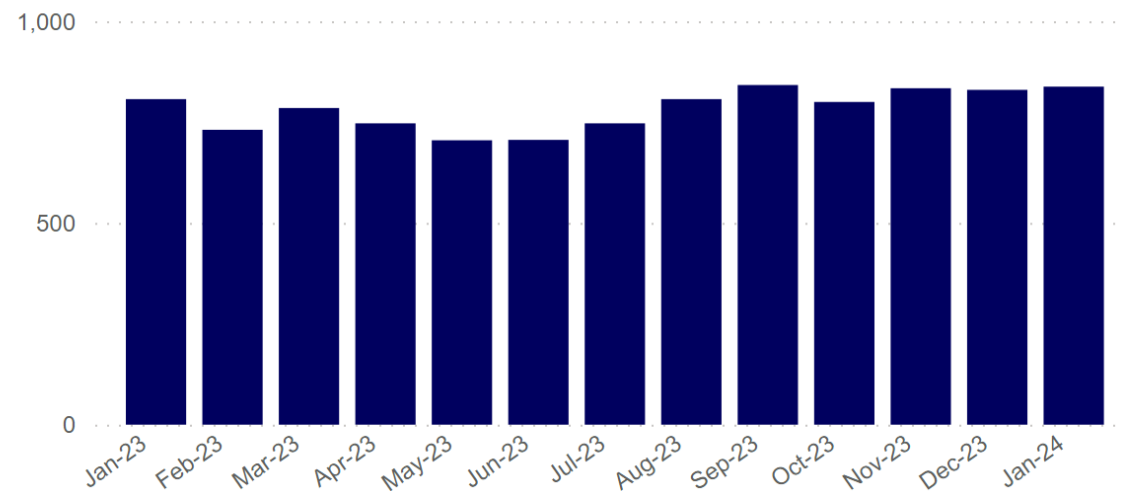
- This chart highlights all clinically relevant activity undertaken in the ICPS services, not only SEND
- Activity generally increasing across services

9.2 Children and young people have access to Therapies within expected timeframes

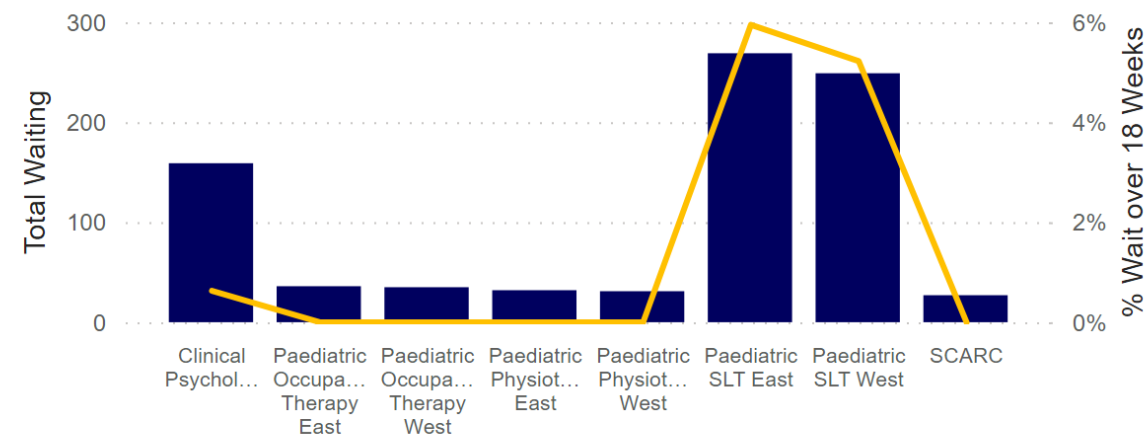
Data Source: Integrated Community Paediatric Services (ICPS)

Therapy	Total Waiting	Max Waiting Time (wks)	Average Waiting Time (wks)	No. Waiting over 18 Weeks	% Wait over 18 Weeks
Clinical Psychology	159	17.86	5.60	1	0.63%
Paediatric Occupational Therapy East	36	17.71	6.58	0	0.00%
Paediatric Occupational Therapy West	35	14.71	6.42	0	0.00%
Paediatric Physiotherapy East	32	11.00	5.49	0	0.00%
Paediatric Physiotherapy West	31	17.00	6.49	0	0.00%
Paediatric SLT East	269	40.29	11.16	16	5.95%
Paediatric SLT West	249	32.14	11.42	13	5.22%
SCARC	27	12.00	6.97	0	0.00%

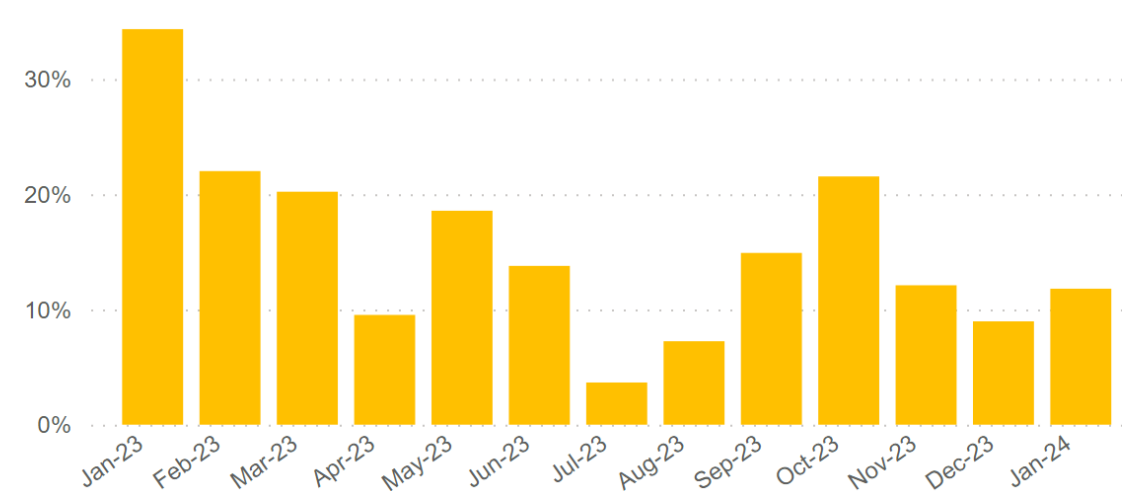
Total Waiting



Total Waiting % Wait over 18 Weeks



% Waiting Over 18 Weeks



9.2 Children and young people have access to Therapies within expected timeframes

Data Source: Integrated Community Paediatric Services (ICPS)

Commentary

Integrated Community Paediatric Services, West Suffolk NHS Foundation Trust (SNEE):

- Therapy services are seeing sustained levels of activity and complexity, but most are meeting 18 weeks compliance levels. Compliance levels within Speech and Language Therapy are lower due to sustained referral rates, high caseloads which is exacerbated by vacancies (turnover and maternity leave) in some pathways. The Trust is working with Suffolk County Council to prioritise identified investment to increase capacity within special schools/specialist units (not reflected in this data).
- Therapy services compliance is primarily due to lower than target compliance levels within paediatric Speech and language therapy whilst all other disciplines are compliant.
- Speech Therapy caseload numbers and demand remain higher than expected and above capacity of the service. Analysis of demand and capacity almost completed and findings of this are hoped to be presented to the CYP Committee and SEND Board

9.3 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

Norfolk & Waveney Speech and Language Therapy Service

Performance Indicator		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% of CYP seen within 12 weeks of assessment for intervention	Numerator	3	9	4	2	1	1	6	7	5	8	5	5
	Denominator	3	9	4	2	2	2	7	9	5	10	5	8
	%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	85.7%	77.8%	100.0%	80.0%	100.0%	62.5%
% of CYP waiting <18 Weeks for a SaLT assessment	Numerator	9	68	52	57	47	50	59	50	43	74	87	75
	Denominator	124	157	149	146	151	144	163	150	126	169	181	180
	%	7.3%	43.3%	34.9%	39.0%	31.1%	34.7%	36.2%	33.3%	34.1%	43.8%	48.1%	41.7%
% of parents who report high level of satisfaction with elements of Specialist intervention delivered by the Service	Numerator	2	2	3	1	2	1	38	3	5	6	4	3
	Denominator	2	2	3	2	8	1	46	3	6	6	4	3
	%	100.0%	100.0%	100.0%	50.0%	25.0%	100.0%	82.6%	100.0%	83.3%	100.0%	100.0%	100.0%
Existing information for EHC needs assessment requests: within 2 weeks of request	Numerator	86	51	61	81	115	58	68	90	79	91	95	115
	Denominator	89	56	63	81	119	65	68	107	83	97	99	122
	%	96.6%	91.1%	96.8%	100.0%	96.6%	89.2%	100.0%	84.1%	95.2%	93.8%	96.0%	94.3%
New advice and information for the EHC needs assessment: within 6 weeks of request	Numerator	17	29	7	5	14	24	8	12	6	13	14	30
	Denominator	48	61	45	40	46	48	38	55	38	53	49	62
	%	35.4%	47.5%	15.6%	12.5%	30.4%	50.0%	21.1%	21.8%	15.8%	24.5%	28.6%	48.4%
Number of open referrals in service		384	391	363	380	372	349	387	406	369	418	413	384
Number of calls into the service		5	9	9	10	5	6	10	16	7	15	22	15

9.3 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

Commentary

Norfolk and Waveney ICB, Speech and Language Therapy:

- Speech & Language Therapy Service waits to initial assessment and treatment are steadily increasing.
- In 2021, the average wait for a new referral was in excess of two years, reflective on multiple waiting lists and a legacy of conflicting contracts across the footprint. The shift to a single provider model has had a good impact on children and young people.
- Average waits in 2023 are now 15 months and although too long, show a positive change. From Q1 (August 23 onwards) CCS is doubling its target trajectory of waits under 18 weeks from 30% to 60% and will increase the treatment target from 50 to 70%. These temporary targets, which represent a natural conflict in managing new demand and meeting existing EHCP provision, will continue to increase over time.
- The recovery plan is working, although not as quickly as we would want.

9.4 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

Gt Yarmouth & Waveney Occupational Therapy Service

Performance Indicator	Breakdown	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Total number of CYP waiting on the pathway		7	6	10	14	19	16	16	21	2	6	6	10
Number of patients having their 1st action (where that action was during the month specified)	Total	34	15	16	12	23	28	16	18	51	29	43	38
	wait <18 weeks	25	13	11	6	12	17	6	12	27	8	29	28
	wait >=18 weeks	9	2	5	6	11	11	10	6	24	21	14	10
Number of patients being discharged (where discharge was during the month specified)	Total	40	26	19	20	20	29	15	27	45	35	21	23
	wait <18 weeks	0	2	2	3	0	4	0	2	11	0	3	3
	wait >=18 weeks	40	24	17	17	20	25	15	25	34	35	18	20

Number of patients having their 1st action - **wait is measured from referral date to date of first action on waiting list**

Number of patients being discharged - **wait is measured from referral date to close date of waiting list**

9.4 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

Commentary

Norfolk and Waveney ICB, Occupational Therapy:

- Occupational Therapy Service - Newberry clinic has observed a significant change to pathway performance since 2020/21.
- Focus of work for 18 months has been creation of a digital universal library on JON. Professional platform went live in the Spring with Parent access to follow in the Autumn 23/24.
- Additional therapists are being recruited and staff trained in Sensory Integration Therapy. Families receive advice while waiting.

9.5 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

Gt Yarmouth & Waveney Physiotherapy Therapy Service

Performance Indicator	Breakdown	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Total number of CYP waiting on the pathway		15	26	29	39	27	26	23	21	25	28	12	22
Number of patients having their 1st action (where that action was during the month specified)	Total	50	41	44	45	57	37	64	41	39	41	28	34
	wait <18 weeks	29	25	24	28	35	24	31	12	17	13	18	14
	wait >=18 weeks	21	16	20	17	22	13	33	29	22	28	10	20
Number of patients being discharged (where discharge was during the month specified)	Total	18	26	29	14	50	18	90	51	24	39	33	38
	wait <18 weeks	5	6	6	4	8	5	10	6	2	2	0	5
	wait >=18 weeks	13	20	23	10	42	13	80	45	22	37	33	33

Number of patients having their 1st action - **wait is measured from referral date to date of first action on waiting list**

Number of patients being discharged - **wait is measured from referral date to close date of waiting list**

9.5 Children and young people have access to Therapies within expected timeframes

Data Source: Norfolk & Waveney ICB

Commentary

Norfolk and Waveney ICB, Physiotherapy:

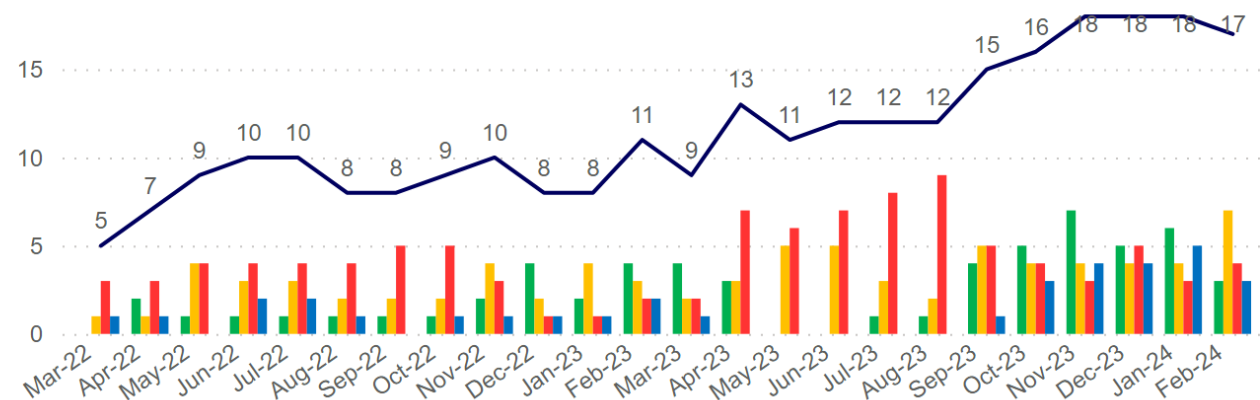
- Great Yarmouth & Waveney Physiotherapy Service has not been a key area of development although further co-production with families is planned to develop and create resources for families referred.

10.0 Children and young people (0-18) with SEND have a holistic and independently led review of their needs where accessing Tier 4 care

Data Source: SNEE ICB/Norfolk & Waveney ICB/NHS England

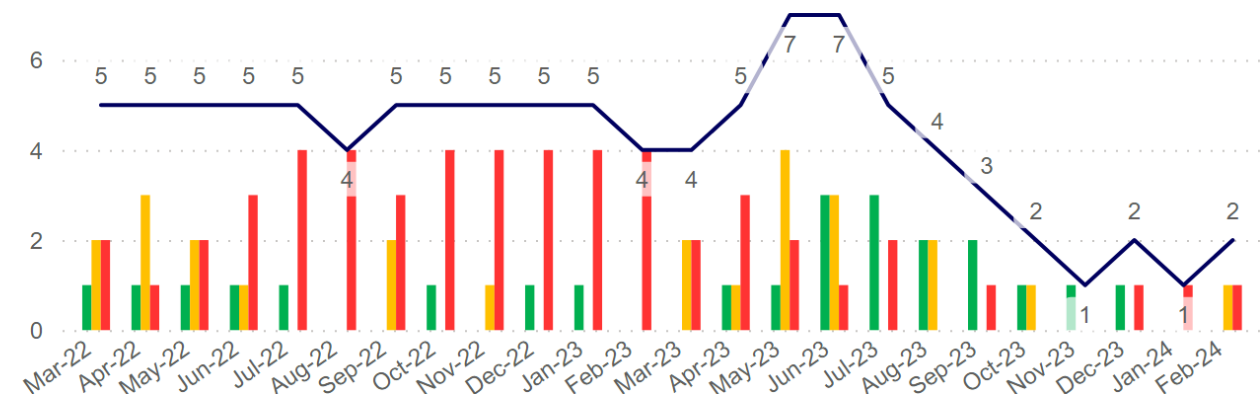
Dynamic Support Register (DSR) RAG Ratings (Suffolk - SNEE)

Green Amber Red Blue No. of CYP on DSR



Dynamic Support Register (DSR) RAG Ratings (Waveney)

Green Amber Red Blue No. of CYP on DSR



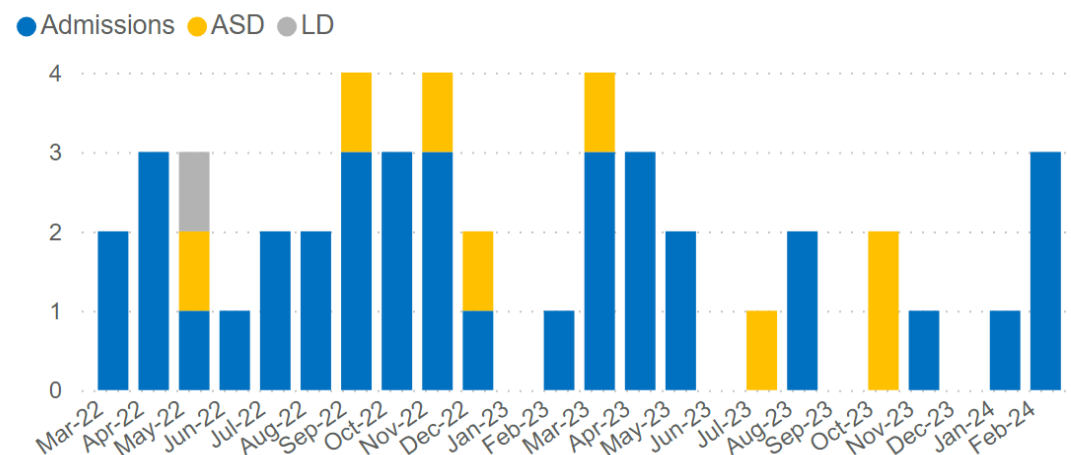
Immediate risk of person being admitted to a mental health hospital.	<ul style="list-style-type: none"> A C(E)TR must take place Referral to the keyworker service for children and young people.
Immediate risk that the person will be admitted to a mental health hospital without urgent intervention.	<ul style="list-style-type: none"> Multi-agency meeting and/or C(E)TR must take place Referral to the keyworker service for children and young people.
Some risks that could lead to the person being admitted or re-admitted to a mental health hospital; but currently these risks are being effectively managed.	<ul style="list-style-type: none"> Clear identification of partners who would need to be involved in a C(E)TR if required.
A separate rating must identify children, young people and adults currently in mental health hospitals.	<ul style="list-style-type: none"> Use to identify people needing commissioner oversight visits and inpatient C(E)TRs.

* Please note in April 2023 the Cheshire and Wirral's risk stratification tool; the Children and Young People Dynamic Support Database Clinical Support Tool (CYP DSD-CST), was introduced as part of the DSR review. This led to some CYP's RAG ratings changing and subsequently the number of those rated red increased.

10.1 Children and young people with SEND have a holistic and independently led review of their needs where accessing Tier 4 care

Data Source: SNEE ICB/NHS England

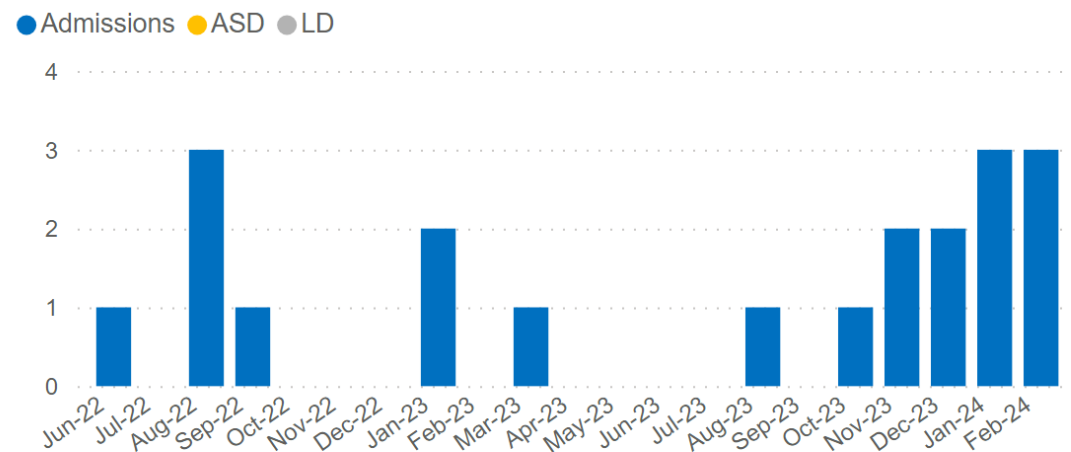
Tier 4 & TCP Admissions (Suffolk - SNEE)



Of the 9 TCP CYP:

- 8 were admitted to a Tier 4 mental health provision.
- 1 to a learning disability inpatient provision.
- 6 had a pre-admission community CETR.
- 3 followed the Blue Light protocol due to level of risk and/or need for urgent action as the YP was in an inappropriate setting, admission took place prior to a community CETR. Subsequent inpatient CETR as per policy guidance.

Tier 4 & TCP Admissions (Suffolk - Waveney)



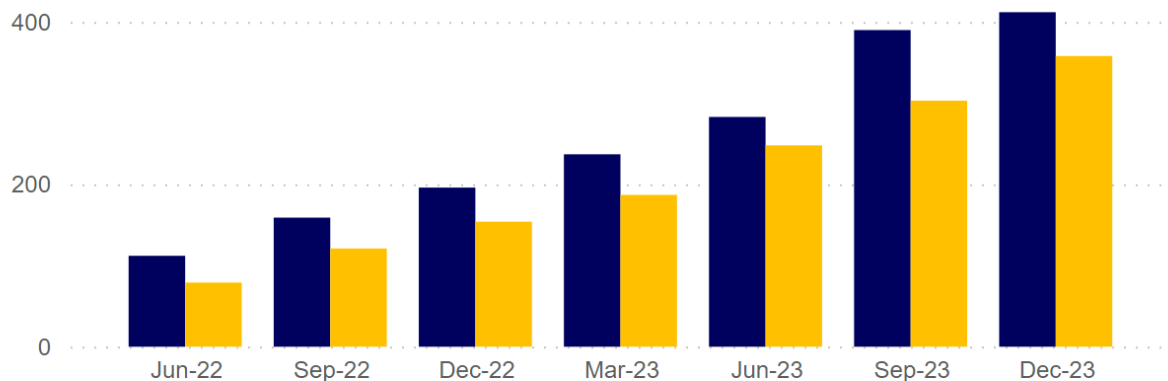
11.0 Number of young people (U18s) accessing a health funded personal health budget

Data Source: NHS Digital/Local Data

PHB Metric	Total number	Direct payment	Third party budget	Notional budget
Total number of children and young people with a personal health budget YTD	412	44	73	297
How many children receiving continuing care had a personal health budget YTD	46	42	0	4
How many children and young people with education, health and care plans had a personal health budget YTD	49	34	0	15
How many children with a learning disability and/or autism had a personal health budget in the YTD	54	35	0	19
.....of those, how many children were eligible for section 117 aftercare under the Mental Health Act?	1	0	0	1
How many children who have a primary mental healthcare need had a personal health budget YTD	48	0	0	48
.....of those how many children were eligible for section 117	8	0	0	8
How many children have a personal wheelchair budget YTD	255	2	7	248
How many other children had a personal health budget YTD	66	0	66	0

No. of children/young people with a personal health budget (YTD)

● Suffolk (incl. Waveney) ● Suffolk (SNEE)



No. of children/young people with a personal health budget (YTD)

● Waveney

