## Performance Update on KPIs for SEND Improvement Board as at 08.12.20

# Action 1. To improve the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stage 2.

| Key<br>Performance<br>Indicator<br>Reference | Performance Measure that we will monitor | Area    | Current<br>Baseline<br>January 2019<br>SEN (E) | Pupil Performance at<br>October 2019<br>SEN (E) | Pupil<br>Performance at<br>January 2020<br>SEN (E) | Pupil Performance at<br>October 2020<br>SEN (E) | Pupil Performance June<br>2021 |
|--|--|---------|--|---|--|---|--------------------------------|
| KPI 1/1                                      | Progress for children and young          | Writing | -6.70  | -4.10   | National average                                   | National average                                | National average               |
| NEI I/ I                                     | people with SEND (KS2)                   | Maths   | -6.20  | -3.80   | National average                                   | National average                                | National average               |

The SEN2 survey is a statutory data collection that takes place every January (based on the previous calendar year) and this information is provided to the Department for Education by the Local Authority. The 2020 survey deadlines are:

- survey day: Thursday 16 January 2020
- deadline for submitting data: Thursday 27 February 2020.

There is then a period of validation with the statistics not being confirmed until May 2020 for 2019.

The KPIs above will align to the statutory timetable and it is important to note that they will be used to robustly monitor local operational performance.

## **Current position.**

Due to the pandemic reporting on attainment is not being reported during 2020.

## Baseline 1/ 2 to 1/ 6/

| Key<br>Performance<br>Indicator | Performance Measure  | Frequency | Baseline<br>April 2019 - Note<br>plan start date<br>1st July 2019 | Performance<br>at October<br>2019<br>3 Months   | Performance at<br>January 2020<br>6 Months  | Performance at<br>April 2020<br>9 Months | Performance at<br>July 2020<br>12 Months | Performance at<br>October 2020<br>18 Months             | Performance<br>at June 2021<br>24 Months                |
|---------------------------------|--|-----------|---|---|---|--|--|---|---|
| KPI 1/2                         | From 01.06.19 % of New EHCPs commenced will be completed within statutory timescales | Quarterly | 3%  | NA – measurement willcommence from 01.07.19. 20 week window does not close until 17.11.19 | 10% of new EHCPs<br>from 01.06.19.<br>New statutory<br>reporting period<br>commences<br>during this month | NA new statutory reporting period        | NA new statutory reporting period        | NA new statutory reporting period                       | NA new statutory reporting period                       |
| KPI 1/2a                        | % of New EHCPs commenced 01.01.20 completed within statutory timescales              | Quarterly | NA  | NA  | 1st month of<br>monitoring 2020<br>local baseline<br>established  | 15%                                      | 25%                                      | 50% or national<br>average<br>whichever isthe<br>higher | 75% or national<br>average<br>whichever isthe<br>higher |
| KPI 1/2<br>ACTUAL               |  |           |   | 17%   | 40%   | 53%                                      | 60%                                      | 66.7%   |   |
| KPI 1/3                         | % of EHCP Reviews completed<br>Yr. 6 and Yr. 11                                      | Quarterly | NA  | 16%   | 50% complete  | 95%                                      | 95%                                      | 95%   | 95%   |
| KPI 1/3<br>ACTUAL               |  |           |   |   | YR 6 – 50%<br>YR11 -  | YR 6 93%%<br>YR11 – 71%                  | YR 6 99%<br>YR11 88.3%                   | New academic<br>year                                    |   |
| KPI 1/3a                        | All other EHCP reviews   | Quarterly | NA  | 16%.  | 32%   | 48%                                      | 60%                                      | new academic<br>year                                    | 100%  |

| KPI 1/3a<br>ACTUALS |   |           |    |  |              |                   | 15%               |                      |                      |
|---------------------|---|-----------|----|--|--------------|-------------------|-------------------|----------------------|----------------------|
| KPI 1/4             | % of EHCP audits assessed as at least Good (local measure)  | Quarterly | NA | NA training in<br>September  | Baseline 50% | Baseline plus 10% | Baseline plus 10% | Baseline plus<br>20% | Baseline plus<br>20% |
| KPI 1/4<br>ACTUALS  |   |           |    | 99% staff<br>across<br>partnership<br>received<br>training                       | 50%          |                   |                   | 50%                  |                      |
| KPI 1/5             | % of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions | Quarterly | NA | 60%  | 70%          | 85%               | 90%               | 95%                  | 95%                  |
| KPI 1/5<br>ACTUALS  |   |           |    |  | 100%         | 100%              | 100%              | 100%                 |                      |
| KPI 1/6             | % improvement in the quality of<br>health information contained in<br>EHCPs   | Quarterly | NA | Establish<br>baseline by<br>31.10.19 as<br>training<br>taking place<br>September | 80%          | 90%               | 95%               | 95%                  | 95%                  |
| KPI 1/6<br>ACTUALS  |   |           |    |  |              |                   | 50%               | 50%                  |                      |

### **KPI 1/3a**

In June and July 2020 two reports were taken to the SEND Continuous Improvement Board to outline the reasons for the under performance in relation to the KPI 1/3a (All other reviews). There are approximately 1500 EHCPs over and above the YR6 and YR11 ones. These reviews have taken place in school however, the process has not always been finalised by the SEND Team. Documents when

returned to SEND team by schools have been reviewed to understand whether changes have been needed and those that have required significant change were completed and account for the 15% above. The report that went to the July 2020 SEND Continuous Improvement Board outlined the new processes we have in place that will ensure statutory compliance is achieved and term time targets have been reviewed to ensure we meet the target by July 2021. A further performance report is scheduled to go to the SEND Board in January 2021.

#### **KPI 1/4 & KPI 1/6**

Due to Covid -19 there was a delay in staff accessing training. Face to face delivery was suspended and it took some time for NASEN to move the training on line. As per Covid contingency plans, additional online training sessions were held in October and November 2020. It takes some time from delivery of training for staff to embed the changes to their advices and so there will be a time lag between training received and seeing quality of advice improved. To note that both the SEND Board DFE and NHS Advisors reviewed plans in November 2020 and fed back that they have noted improvements to the quality of the advice within the EHCPs.

Action 2.

To address the poor operational oversight of the Designated Clinical Officer (DCO) across health services in supporting children and young people who have special educational needs and/or disabilities and their families

| Key<br>Performance<br>Indicator | Performance Measure  | Frequency    | Current<br>Baseline<br>June 2019 | Target<br>for<br>6 months<br>December 2019 | Target<br>for<br>12 months<br>June 2020 | Target<br>for<br>18 months<br>October 2020 | Target<br>for<br>24 months<br>June 2021 |
|---------------------------------|--|--------------|----------------------------------|--|---|--|---|
| KPI 2/1                         | Submission of quarterly DCO report   | Quarterly    | 0                                | 1  | 3                                       | 7  | 11                                      |
| KPI 2/1 ACTUALS                 |  |              |                                  | 1  | 3                                       | 7  |   |
| KPI 2/2                         | Annual DCO report  | Annually     | 0                                | 0  | 1st                                     | NA   | 2nd                                     |
| KPI 2/2 ACTUALS                 |  |              |                                  |  | completed                               |  |   |
| KPI 2/3                         | Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is) | Bi- Annually | 0                                | 50%  | 75%                                     | 95%  | 95%                                     |
| KPI 2/3ACTUALS                  |  |              |                                  |  |   | 98.57%                                     |   |

Actions against this indicator have been completed

## Action 3 (linked to Action 1).

To improve the lack of awareness and understanding of Health Professionals in terms of their responsibilities and contributions to EHCPs.

| Key<br>Performance<br>Indicator | Performance Measure   | Frequency | Current<br>Baseline<br>July 2019   | Target<br>for<br>6 months<br>December 2019 | Target<br>for<br>12 months June<br>2020 | Target<br>for<br>18 months<br>December 2020 | Target<br>for<br>24 months<br>June 2021 |
|---------------------------------|---|-----------|--|--|---|---|---|
| KPI 3/1                         | Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit) | Quarterly | To be established following training in September 2019                         | Establish baseline by 31.12.19             | Audit will sample<br>10% ofEHCPs        | Audit will sample 10% of EHCPs              | Audit will sample 10% of EHCPs          |
| KPI 3/2                         | % of positive "parental satisfaction survey" results received following completion of EHCP process                  | Quarterly | To be established  | Will be considered in li                   | ne with action 1 – satis                | faction review at completi                  | ion of plan                             |
| KPI 3/3                         | % of staff having completed training  |           | NA   | 50%  | 75%                                     | 95%   | 95%                                     |
| KPI 3/3 ACTUALS                 |   |           |  |  |   | 99%   |   |
| KPI 3/4                         | % of staff having completed refresher training  |           | NA   | 0  | 50%                                     |   | 75%                                     |
| KPI 3/5                         | % of staff confirming their increased level of confidence in the process following training                         | Quarterly | Baseline to be<br>established<br>following<br>training in<br>September<br>2019 | 25%  | 95%                                     |   | 95%                                     |

#### KPI 3.4 & KPI 3/5

Due to Covid most staff have now only just received their training so the refresher training referenced at KPI 3/4 is delayed. KPI 3/5 will also be delayed though evaluation feedback from the training does suggest that staff confidence in relation to the process and

expectation on quality has improved.

Refresher training has been planned to run throughout 2021

Action 4. To address the weakness of co-production with parents, and more generally communication with parents.

| Key<br>Performance<br>Indicator | Performance Measure  | Frequency | Current<br>Baseline<br>April 2019   | Baseline<br>6 months December<br>2019    | Feedback at 18 months<br>December 2020 | Target<br>for<br>24 months<br>June 2021 |
|---------------------------------|--|-----------|---|--|--|---|
| KPI 4/1                         | Increased level of trust and confidence of parents and carers - in the local area to provide support(via survey)   | Annual    | Survey will establish baseline  | Baseline established by 31.12.19         | Baseline plus 10%                      | Baseline plus 15%                       |
| KPI 4/2                         | Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (via Survey)           | Annual    | Survey will establish baseline  | Baseline established by 31.12.19         | Baseline plus 10%                      | Baseline plus 15%                       |
| KPI 4/3                         | Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with | Annual    | Survey will establish baseline  | Baseline established by 31.12.19         | Baseline plus 10%                      | Baseline plus 15%                       |
| KPI 4/4                         | Parents and carers feel that they can influence change to service delivery   | Annual    | Survey will establish baseline  | Baseline established by 31.12.19         | Baseline plus 10%                      | Baseline plus 15%                       |
| KPI 4/5                         | Parents and carers feel that they are listened to in the development and review of EHCPs   | Annual    | Survey will establish baseline  | Baseline established by 31.12.19         | Baseline plus 10%                      | Baseline plus 15%                       |
| KPI 4/6                         | Parents, carers and young people believe that communication has improved (via survey)  | Annual    | The revisitidentified that only 17% of the 150 parents who contributed to the revisit believe that communication has improved since 2016. | Initial survey will be baseline.31.12.19 | Baseline plus 10%                      | Baseline plus 15%                       |

| КРІ      | Performance Measure   | Frequency | Questionnaire section   |          | Current Performance Baseline<br>December 2019 |          | vey Results Oct | ober 2020          | Notes   |  |
|----------|---|-----------|---|----------|---|----------|-----------------|--------------------|---|--|
|          |   |           |   | Positive | Negative                                      | Positive | Negative        | 2019<br>Comparison |   |  |
| KPI 4/1  | Increased level of trust and confidence of parents<br>and carers - in the local area to provide support<br>(Collected Via Survey)                               | Annual    | System working together and system improving                                  | 39%      | 62%   | 45%      | 54%             | 1                  |   |  |
| KPI 4/2  | Parents, carers and young people rate the level of help and support children and young people with  | Annual    | Help & Support *  | 58%      | 30%   | 47%      | 52%             | Ţ                  | * Figures based on the number of people who responded positively or negatively                                      |  |
| 141112   | SEND receive to meet their needs<br>(Collected Via Survey)  | , unidai  | Monitoring and assessment   | 63%      | 37%   |          |                 |                    | 2020 survey focused on 6 KPIs (Monitoring and assessment not included)  |  |
| KPI 4/3  | Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with SEND | Annual    | information and advice about the assessment process                           | 55%      | 45%   | 54%      | 46%             | $\rightarrow$      | Change is neglible  |  |
| KPI 4/4  | Parents and carers feel that they can influence<br>change to service delivery<br>Collected Via Survey)  | Annual    | Listened to in the development<br>and review of child/young<br>person's plans | 62%      | 38%   | 64%      | 36%             | 1                  |   |  |
| KPI 4/5  | Parents and carers feel that they are listened to in<br>the development and review of EHCPs (Collected<br>Via Survey)   | Annual    | Listened to in the development<br>and review of child/young<br>person's plans | 62%      | 38%   | 40%      | 60%             | 1                  | In 2020 reviews were not completed in the normal way due to covid   |  |
| KPI 4/ 6 | Parents, carers and young people believe that communication has improved (Collected Via Survey)   | Annual    | Extent of communication   | 66%      | 34%   | 41%      | 58%             | 1                  | Includes data on ease of contact, timlimess, named contact, staff being calm and respecful, language is postive and |  |

This was not a like for like survey – the October 2020 survey was a short mid- year one (due in June 20 but delayed to Sept 20 due to Covid). The next like for like survey is due to go out in Feb/March 2021. This will give like for like data against the December 2019 one.

2019 Survey – 254 responses -16% response rate

2020 mid-year short Survey - 243 responses - 13% response rate

It is important to note that since the original baseline survey was conducted in December 2019, much of 2020 has been impacted by Covid-19. This has resulted in continuing pressures on schools, health services and changes to face to face work with children and young people to inform assessments. Rather than being in a post Covid recovery phase in September like we anticipated, we instead moved into wave two of the pandemic with increasing infection rates and ongoing disruption to pre-Covid normality.

Action 5: To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand.

Therapy services for children and young people (0 – 25 year olds) – targets and performance

| Key<br>Performance<br>Indicator | Performance Measure   | Frequency | Baseline<br>June<br>2019 | Target for 3<br>months<br>October 2019 | Target for<br>6 months<br>December<br>2019 | Target for<br>12 months<br>June 2020 | Performance<br>November<br>2020 | Target for<br>18 & 24<br>months<br>(December<br>2020 &<br>June 2021) |
|---------------------------------|---|-----------|--------------------------|--|--|--------------------------------------|---------------------------------|--|
| KPI 5/1                         | Average waiting time for paediatric dietetics   | Monthly   | 9 weeks                  | 8 weeks                                | 8 weeks                                    | 8 weeks                              | 8 weeks                         | 7 weeks  |
| ACTUALS                         |   |           | 5.7 weeks                | 6.2 weeks                              | 7.4 weeks                                  | 3.4 weeks                            | 4.7 weeks                       |  |
| KPI 5/17 & 5/21                 | Average waiting times for dietetics (18 – 25 year olds)                                   | Monthly   | 18 weeks                 | 18 weeks                               | 18 weeks                                   | 18 weeks                             | 18 weeks                        | 18 weeks   |
| ACTUALS                         | (Average wait of adult providers Mersey Care and Lancashire and South Cumbria NHS Trusts) |           | N/A                      | N/A                                    | N/A  | 2.9 weeks                            | 6 weeks                         |  |
| KPI 5/2                         | Average waiting time for paediatric occupational (OT)                                     | Monthly   | 15 weeks                 | 15 weeks                               | 14 weeks                                   | 13 weeks                             | 10 weeks                        | 10 weeks   |
| ACTUALS                         |   |           | 12.6 weeks               | 16.8 weeks                             | 12.9 weeks                                 | 13.7 weeks                           | 5.3 weeks                       |  |
| KPI 5/18 & 5/22                 | Average waiting times for OT (18 – 25 year olds)  | 18 weeks  | 18 weeks                 | 18 weeks                               | 18 weeks                                   | 18 weeks                             | 18 weeks                        | 18 weeks   |
| ACTUALS                         | (Average wait of adult providers Mersey Care and Lancashire and South Cumbria NHS Trusts) |           | N/A                      | N/A                                    | N/A  | 11 weeks                             | 3 weeks                         |  |
| KPI 5/3                         | Average Waiting Time for paediatric physiotherapy (PT)                                    | Monthly   | 6 weeks                  | 6 weeks                                | 6 weeks                                    | 6 weeks                              | 6 weeks                         | 6 weeks  |
| ACTUALS                         |   |           | 6.1 weeks                | 5.7 weeks                              | 5.1 weeks                                  | 7.7 weeks                            | 5.2 weeks                       |  |
| KPI 5/19 & 5/23                 | Average waiting times for physiotherapy (18 – 25 year olds)                               | 18 weeks  | 18 weeks                 | 18 weeks                               | 18 weeks                                   | 18 weeks                             | 18 weeks                        | 18 weeks   |
| ACTUALS                         | (Average wait of adult providers Mersey Care and Lancashire and South                     |           | N/A                      | N/A                                    | N/A  | 0                                    | 0                               |  |
| KPI 5/4                         | Average Waiting Time for Paediatric Speech and Language Therapy (SALT)                    | Monthly   | 30 weeks                 | 25 weeks                               | 20 weeks                                   | 18 weeks                             | 18 weeks                        | 18 weeks   |
| ACTUALS                         |   |           | 30.9                     | 24.7                                   | 25.6                                       | 12.1 weeks                           | 12.6 weeks                      |  |
| KPI 5/20 & 5/21                 | Average waiting time for SALT (18 – 25 year olds)   | 18 weeks  | 18 weeks                 | 18 weeks                               | 18 weeks                                   | 18 weeks                             | 18 weeks                        | 18 weeks   |
| ACTUALS                         | (Average wait of adult providers Mersey Care and Lancashire and                           |           | N/.A                     | N/A                                    | N/A  | 7.2                                  | 6.3 weeks                       |  |

- The table above illustrates the ongoing and sustained performance and improvements in therapy waiting times against the SEND staged targets which were introduced in June 2019. Despite the impact of the first and second waves of the pandemic on service delivery and capacity, improvements were achieved in line with Covid recovery plans and all services were back on track by September 2020.
- To the of end of November 2020 and for the third month running all therapy waiting times were below the SEND performance monitoring target and within the agreed commissioned waiting time standard.
- In June 2020, adult providers Mersey Care and Lancashire and Cumbria NHS Trusts began to report on the waiting times for 18 25 year olds which have also been consistently below the SEND performance targets and commissioned waiting time standard of 18 weeks N.B; as referral numbers for this age cohort are small for some therapies, a zero waiting time is reported in some months when no patients were waiting.
- Sustainability of the current therapy waiting times is subject to the impact of the current wave of Covid on staffing capacity due to illness and/or the requirement to self isolate; also the restrictions on the delivery of treatments in educational settings. This position is being closely monitored.
- Providers have given assurance that therapy staff will not be redeployed as part of the 2021 third wave covid response and all services have developed agile delivery models in response to the first wave and are able to deliver the majority of services remotely. Face to face appointments will continue where virtual appointments are not possible or when clinically required.

## **CAMHS – targets and performance**

| KPI | Measure  | Staged<br>target (Dec<br>2019) | Staged<br>target<br>(March<br>2020) | Final target<br>(June 2020) | August<br>2020 | Sept 2020 | Oct 2020 | Nov 2020 |
|-----|--|--------------------------------|-------------------------------------|-----------------------------|----------------|-----------|----------|----------|
| 5/5 | % referral to choice within 6 weeks targets                              | 50%                            | 92%                                 | 92%                         | 92%            | 92%       | 92%      | 92%      |
|     | ACTUAL   | 58.1%                          | 68.9%                               | 58.9%                       | 72.4%          | 86.9%     | 93.2%    | 87.3%    |
| 5/6 | % overall pathway wait within 18 weeks targets (referral to partnership) | 50%                            | 75%                                 | 92%                         | 92%            | 92%       | 92%      | 92%      |
|     | ACTUAL   | 62.9%                          | 69.9%                               | 56.3%                       | 36.0%          | 63.6%     | 62.5%    | 51.9%    |

- In response to the first phase of the pandemic (March 2020 onwards), performance was impacted as staff were redeployed to support the implementation and delivery of the 24/7 crisis service, the set-up of which was brought forward in response to the pandemic.
- There has been a significant improvement in the waiting times over recent months, however, due to the increase in urgent cases (which require an appointment within 2 weeks) and the number of complex and high risk young people requiring support from the CAMHS team as a result of the pandemic, there has been a slight deterioration in performance in November 2020 for both measures.
- The CCGs have agreed additional short term investment to support service resilience and to protect against further
  deterioration in waiting times; this additional resource is scheduled to start in January 2021. This funding has also been granted
  to third sector providers Venus and Parenting 2000 which will increase overall CAMHS capacity across Sefton.

- An additional Alder Hey forum is also being provided by a funded fixed term "COVID support team" which provides individual and group support for CYP presenting with deteriorating mental health owing to the pandemic.
- With this additional capacity in the service from January 2021, it is expected that the waiting time position will improve from this point.
- As with physical therapy services, providers have given assurance that therapy staff will not be redeployed as part of the 2021 third wave covid response and all services have developed agile delivery models in response to the first wave and are able to deliver the majority of services remotely. Face to face appointments will continue where virtual appointments are not possible or where clinically required.

## ASD assessment and diagnostic pathway – targets and performance

| KPI                | Measure  | Staged<br>target June<br>2020 | August<br>2020 | Sept 2020 | Staged target Oct 2020 | Nov<br>2020 |
|--------------------|--|-------------------------------|----------------|-----------|------------------------|-------------|
| 5/9                | % ASD assessments started within 12 weeks target   | 90%                           | 90%            | 90%       | 90%                    | 90%         |
|                    | ACTUAL   | 97.5                          | 95%            | 96%       | 93%                    | 93%         |
| 5/10               | % ASD assessments completed within 30 weeks target | 90%                           | 90%            | 90%       | 90%                    | 90%         |
|                    | ACTUAL   | 100%                          | 100%           | 100%      | 99%                    | 98%         |
| 5/11<br>*quarterly | ASD open<br>referral backlog<br>reduction target   | 638                           | N/A            | N/A       | 579                    | N/A         |
|                    | ACTUAL   | 631                           | N/A            | N/A       | 558                    | N/A         |

- Since the implementation of the new pathway in April 2020, the targets for starting ASD assessments within 12 weeks and completing the process within 30 weeks have been met.
- The agreed plan for reducing the waiting list to zero by 30 June 2021 is still on track and the number of CYP waiting for an assessment continues to fall at a steady rate as evidenced.
- The ASD 16 -18 years commissioning gap has been resolved and the extended pathway was mobilised on 23 November 2020. Sefton now has a 0 18 NICE compliant assessment & diagnostic pathway.
- Since the launch of the new pathway in April 2020 and the constraints on delivery owing to the pandemic, external providers –

Axia and Healios – have successfully adapted delivery to an online assessment and diagnosis service which is now well established and which will continue during the current covid wave. Notably many families and young people prefer the online service.

## ADHD assessment and diagnostic pathway – targets and performance

| KPI                | Measure  | Staged<br>target June<br>2020 | August<br>2020 | Sept 2020 | Staged target Oct 2020 | Nov<br>2020 |
|--------------------|--|-------------------------------|----------------|-----------|------------------------|-------------|
| 5/12               | % ADHD<br>assessments<br>started within 12<br>weeks target | 90%                           | 90%            | 90%       | 90%                    | 90%         |
|                    | ACTUAL   | 100%                          | 81%            | 86%       | 100%                   | 100%        |
| 5/13               | % ADHD assessments completed within 30 weeks target        | 90%                           | 90%            | 90%       | 90%                    | 90%         |
|                    | ACTUAL   | 100%                          | 100%           | 100%      | 98%                    | 96%         |
| 5/14<br>*quarterly | ADHD open referral backlog reduction target                | 439                           | N/A            | N/A       | 339                    | N/A         |
|                    | ACTUAL   | 428                           | N/A            | N/A       | 258                    | N/A         |

- Since the implementation of the new pathway in April 2020, the targets for starting ADHD assessments within 12 weeks and completing the process within 30 weeks have been met.
- The agreed plan for reducing the waiting list to zero by 30 June 2021 is still on track and the number of CYP waiting for an assessment continues to fall at a steady rate as evidenced.
- Since the launch of the new pathway in April 2020 and the constraints on delivery owing to the pandemic, external providers Axia and Healios have successfully adapted delivery to an online assessment and diagnosis service which is now well established and which will continue during the current covid wave. Notably many families and young people prefer the online service.

## Neurodevelopmental assessment and diagnostic pathways and waiting times (16 – 25 year olds)

| KPI  | Measure  | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Staged targets   |
|------|--|----------|----------|----------|----------|------------------|
| 5/15 | Average waiting times for ASD service in weeks (ages 16 to 25 years) | 85.2     | 89.4     | 89.2     | 66.2     | To be determined |
| 5/16 | Average waiting times for ADHD service in weeks (16 to 25 years)     | 83.6     | 85.9     | 92.7     | 95.3     | To be determined |

#### **ASD** pathway

- SEND reporting on the waiting list data for 16 25 year olds awaiting assessment began in October 2020. As previously reported, the waiting times for this age group are significant. KPIs are yet to be established.
- For the month of November 2020, waiting times for service users up to 25 years accessing ASD services was 66.2 weeks with 210 on the waiting list, a reduction on the October position of 89.2 weeks.
- The CCGs and the provider Mersey Care have been working collaboratively to consider a way forward. In response, Sefton CCGs have allocated £100,000 for a waiting list initiative with an initial focus on the SEND cohort.
- The outline plan is that all 16 25 year olds will receive a telephone review before mid-January 2021 and those with a SEN or EHCP offered a full diagnostic assessment and access to appropriate post diagnostic support by end of February 2021.
- It is recognised that this is a short -term measure and Mersey Care has developed a business case for recurring investment in a sustainable service, for consideration by the Sefton and Liverpool CCGs. This will be considered in Q4.

#### **ADHD** pathway

• SEND reporting on the waiting list data for 16 - 25 year olds awaiting assessment began in October 2020. As previously reported, the waiting times for this age group are significant. KPIs are yet to be established.

- For the month of November 2020, waiting times for service users up to 25 years accessing ADHD services was 95.3 week with 128 on the waiting list, an increase on the October position of 92.7 weeks.
- The service is medically led and requires face to face interaction to conduct physical health observations, these could not take place during the first Covid-19 lockdown due to the restrictions and waiting times increased. Once the restrictions were lifted, the service resumed.
- In relation to the limitations to the current service model, the service is continuing with the agreed cap to the caseload and negotiations with the local GP network are ongoing with regard to transition from the ADHD service back to their care.
- Currently no funding has been agreed for a waiting list initiative.

NB. Joint Commissioning Strategy published -

https://modgov.sefton.gov.uk/documents/s96055/Enc.%205%20for%20SEND%20Continuous%20Improvement%20Plan%20Update.pdf