

# Place Board Briefing Note

## **Basis of report**

This briefing report has been prepared to provide an overview of our current work programme with regards to a Children and Young People's Neurodiversity Pathway.

## **Greater national focus on Children and Young People learning disabilities and/ or autism**

It is important to highlight in this briefing that we have seen a greater focus nationally on strategy for improving access to the right care and support for children and young people with learning disabilities and/ or autism as outlined in the [NHS Long Term Plan](#). The NHSe Long Term plan sets out a clear vision to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives. Setting out a system commitment to improving NHS services by providing timely support to children and young people and their families.

Furthermore, we are pleased to see a focus on Learning Disability and Autism as part of the [COVID-19 mental health and wellbeing recovery action plan](#). This plan sets out specific actions to prevent, mitigate and respond to the mental health impacts of the pandemic during 2021/ 22 through the allocation of non-recurrent funding to target challenges brought about by the pandemic. For example, during the pandemic as a result of government guidance; face to face appointments were temporarily placed on hold from March 2020. As a result NEL has benefitted from additional investment to allocate to Young Minds Matter to recruit additional psychology support to increase capacity for specialist assessment for ASD/ ADHD.

As a place we are connected into these national programmes through our NEL CYP Mental Health commissioners and as part of the Humber Coast and Vale Integrated Care System and Humber Transforming Care Partnership. We are continuing to work together as a system to respond to the key actions identified by NHSe and by our local areas. This partnership is proving effective as we have been successful in three funding bids which specifically support this programme of work and include:

- Key Worker Programme – designated keyworker for CYP with learning disabilities, autism or both for those who are inpatients or at risk of being admitted to hospital
- 14- 25 diagnostic pathway support - a collaborative approach across the Humber Transforming Care Partnership to provide pre and post diagnostic and peer/ family support, Target young people aged 14-18 through online diagnostic platform and provide Sleep support practitioner training
- Autism in schools – NEL is the only areas as part of the HCV ICS to be chosen to pilot the autism in schools programme after completing a successful expression of interest. The programme has 4 key areas of delivery Autism in schools' approach and support programme (including alternative CAMHs), Parents Supporting Parents Forums (school-based), Understanding Myself engagement work with CYP and Young Carers and Autism/ Neuro training offer.

This programme area has significantly evolved over the last 18 months and the diagram below is a summary of the key deliverables for improving support and access for those children and young people who display neurodiverse traits (e.g. Autism and ADHD). This is to reflect changes in national priorities as described above and supports the delivery of our local SEND strategy and Early Help strategy.

### North East Lincolnshire CYP Neurodevelopmental Programme on a page

Aim	CYP with neurodevelopmental difficulties are able to access high quality, timely support					
Policy Drivers	National NICE Guidance NHS Long Term Plan / Covid- 19 Recovery		ICS/STP MH workstream III Child workstream Transforming Care Partnership		Place Early Help Strategy SEND Strategy Talking, Working and listening together	
Key Workstreams	Risk Management	Clinical Pathways & Reference	Autism awareness & skill development (CPD)	Engagement & Coproduction	Access to early support and identification	Education
Key Actions	Maintain oversight & Provide local accountability and support for planning care/ treatment (Care, Education, Treatment Reviews & DSR)	Implement enhancements to improve clinical pathways	Increase knowledge and confidence in neurodevelopmental conditions (professionals/ parents)	Engage with parents and CYP to inform service re-design and delivery	Implement Autism in schools pilot programme	
Opportunities	Digital On-line diagnostic assessment	Workforce Development Engage the workforce to help co-design system improvements	Engagement Structures already in place to enable us to co-design system improvement e.g., Peer Support	Quality Parts of the system can demonstrate positive outcomes and patient experience		
Partners	NELC	NELCCG	VCSE: Health Watch, Barnardo's, Carers Centre, Adult Autism Forum	Local health service providers e.g. LPFT, NLAG	Educational Settings	

### The Access Pathway update

The pathway has been extensively reviewed throughout 2019 and undergone much improvement in terms of operational process and coordination; including the appointment of a pathway coordinator and other operational roles to name but a few. These were all suggestions made by parents/carers in our co-production sessions (delivered by Healthwatch, Impower and Barnardo's).

However, In March 2020 the SEND Peer Review recommended that we should consider the place of the new approach, and the timing of its implementation, in line with the transformation in early help. This feedback also coincided with the impact of Covid-19 on local and national services and therefore the intended pilot was placed on hold.

A business case has been presented to the CCG outlining additional resource needed to integrate and enhance the current two pathways for those CYP with ASD/ ADHD difficulties, which has been agreed in principle pending re-validation work and whilst continuing to discuss neuro-diversity pathway developments with the wider ICS through the relevant workstreams outlined above.

We have begun a series of workshops to re-validate the proposed model with ex-service users, parents/carers, and professionals as we recognise the system has changed significantly during the pandemic and we need to ensure we allow for this prior to any implementation.

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