



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23rd August 2022	Agenda Item	4.1
Report Title	Position Update Neurodevelopment Disorder Service		
Report Author	Michelle Mason-Gawne, Divisional Manager		
Report Sponsor	Jan Worthing, Service Group Director, NPTSSG		
Report Presenter	Sue Kotzuba, Assistant Divisional Manager, Kathryn Ellis, Clinical Lead.		
Freedom of Information	Open		
Purpose of the Report	<p>The purpose of this report is to provide update report on the neurodevelopment services to include:</p> <ul style="list-style-type: none"> • Timelines on the Welsh Government position and business case development. • The impact following the service level agreement termination, the financial effects and waiting list position. 		
Key Issues	<p>The key points of this paper are:</p> <ul style="list-style-type: none"> • the current waiting times, • increased rate of referrals • Feedback from Welsh Government report • Update on business case. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to</p> <ul style="list-style-type: none"> • NOTE the current Neurodevelopmental Disorders Service position. 		

Neurodevelopmental Disorders Service Position Statement Childrens & Young People Division

1. INTRODUCTION

The purpose of this paper is to provide an updated position statement of the Neurodevelopmental Disorder service.

2. BACKGROUND

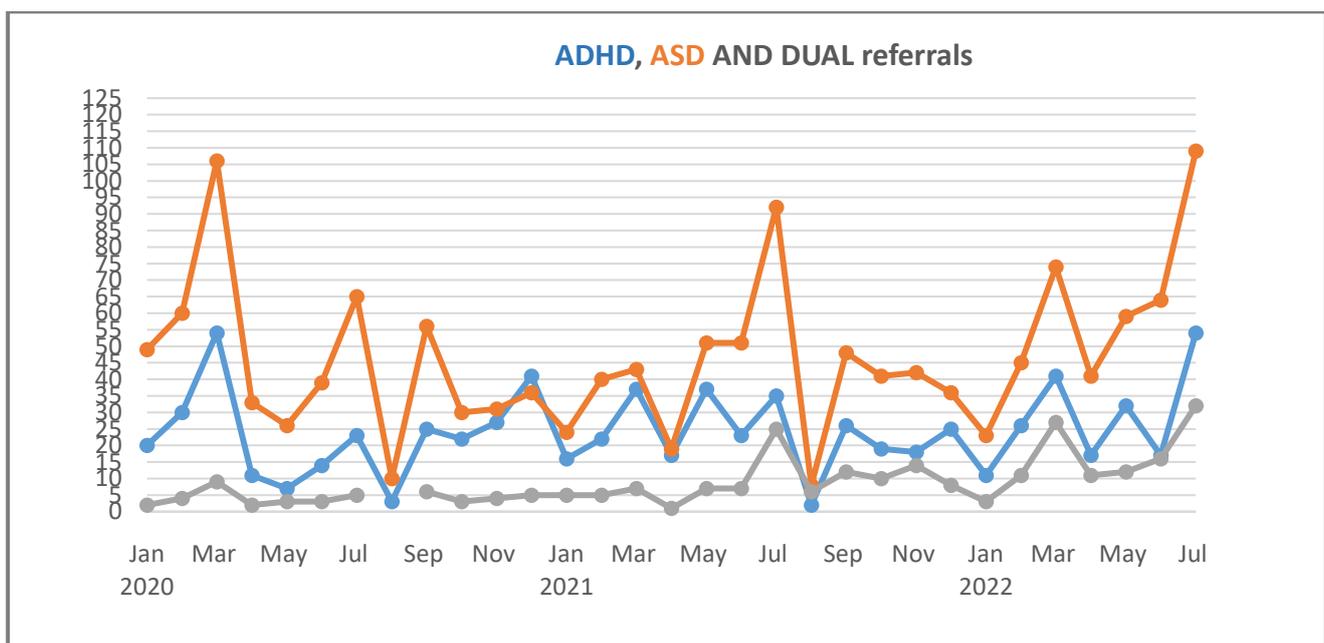
The Neurodevelopmental Disorders (NDD) Clinical lead and Assistant Divisional Manager have attended performance and finance commitment on a quarterly basis to provide position statement update on lengthy waiting times for this service and to discuss interim and long term plans to reduce the waiting times and improve access for children and their families.

Detailed papers have been to the Committee meetings in April, July and November 2021 and verbal update given at March and May 2022 meetings, outlining the background to the Neurodevelopmental Service, and the ongoing increase in demand causing insufficient capacity to meet the unreported Referral to Treatment waiting times.

3. CURRENT POSITION

Referrals - Demand continues to be higher than available capacity and there is a further need to increase staffing establishment in order to close this gap and start to make an impact on reducing the waiting times. There was a steady increase in referrals since the inception of the service, which peaks during the summer of 2018/2019 at around 100 per month. Between 2019 – 2021 this did start to settle at an average of 67 per month. However, over recent months, we have seen a further increase of the number of referrals being see month on month, with exceptionally high levels over last 3 months. The current referral rate remains much higher than planned capacity, which is the contributable factor to the long waiting times experienced by our patients and families.

New Patients	May 2022	June 2022	July 2022
Number of patients referrals received	164	115	192



*In 2021, the waiting list was validated and a dual (ASD & ADHD) referral category was created.

Waiting times - We are currently appointing Children and Young people for their initial assessment appointment who have been waiting since end June 2020, the longest wait for an appointment is 111 weeks.

Since the service was established, the team has aimed to provide a robust and equitable service to children and young people requiring an assessment of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) or both. Performance has been significantly impacted by the large demand on the service vs limited capacity. The service is listed on the risk register with a score of 16. The waiting times for the service are clearly unacceptable and unsustainable.

4. RISKS

The lack of service sustainability has been included on the risk register since October 2018, with a risk score of 16 for demand on the service and the limited capacity available. The size of the team is small, highly specialist, and is therefore sensitive to normal periods of leave, which have a direct impact on performance.

5. STATUS UPDATE

Welsh Government review update: Welsh Government have published a report in July 2022, which reviews the demand, capacity and design of ND services for children, young people and adults in Wales. As part of publishing this report, Welsh Government have confirmed an additional £12m available to support a new national improvement programme for neurodevelopmental conditions over a three-year period to 2025.

The National Review report published July 2022 has highlighted:

- Demand for diagnostic assessment has outstripped the capacity of ND teams and is expected to remain high;
- The fundamental problem has been the small size of services relative to demand, rather than issues or constraints in the diagnostic assessment process or the design and structure of ND services;
- No change is not an option;
- The current unmet need causes significant human, social and economic cost.

The review recommends clear short term actions:

- Increase efficiency and capacity of ND teams through increased funding;
- This funding should also tackle issues such as lack of administrative support, adequate IT and clinical space;
- Implement the guidance and agree protocols for young people on the ND waiting list, who are approaching their 18th birthday, to transition to the waiting list for adult assessment, Integrated Autism Service.

The National Delivery Unit team will be visiting Health Boards between now and end of September 2022 to undertake a detailed demand and capacity assessment which will inform funding allocation per Health Board. The NDD team within Swansea Bay University Health Board have been working on a business case alongside awaiting the above mentioned report.

In order to operationalise the recommendations of the report, this business case submission seeks support and approval for the preferred option to fund £1,940,225 full year staff costs recurrently and approximately £271,000 capital costs non-recurrently, supporting the requirement to increase capacity to meet demand and clear current backlog. These actions and funding will provide sustainability to service, improving patient, family and staff experiences and outcomes.

Business Case

In view of the announcement by Welsh Government in July, which following the National review of ND services, they will be making an additional £12 million pounds available to support a new national improvement programme for ND to 2025. The Clinical Lead has revisited the ND workforce plan and considered every opportunity to demonstrate best value, including patient outcomes and cost at every stage of their ND pathway experience.

They have considered the report's recommendations, together with early years Neurodevelopment service; there is a requirement for 20.5 wte specialist staff. These service improvements propose new roles at band 6 levels for succession planning, as well as further extended scope roles such as additional advanced practitioner (band 8a) and a Consultant Practitioner role (Band 8B).

The creation of an Advanced Practitioner role to deliver ASD diagnostic assessment, instead of a Consultant role, has increased capacity and shown value for families through reduced waiting and improved outcomes, i.e. evidence informed practice for diagnostic formulation from AHP perspective, in line with ALNET legislation. As this post is now established, there is now opportunity to further extend scope of AHP within the team by creating a non-medical Consultant Practitioner, 8b role to include the Clinical Leadership of ND service. As described in the Modernising AHP Careers in Wales, they would bring expert clinical practice to enhance quality of assessment and diagnosis to deliver improved outcomes for families. Beyond that, they would work strategically to influence policy and decision making with impact on clinical outcomes. As with the Advanced Practitioner role, it creates a sustainable succession plan and best value for cost and patient outcomes, as an alternative to solely medical Consultant recruitment.

In line with the National Review, the necessary administrative support is also fundamental to meeting the needs of families and professional partners through timely processing of referrals, advice and support for those waiting and those in process of assessment.

The business case is currently undergoing scrutiny through Health Board processes in readiness for bidding for the Welsh Government funding following the demand and capacity assessment, which will be complete by 30th September 2022.

A number of key actions are also being progressed:

- Further meetings held with IAS arranged with clinical leads to agree smooth transfer of rising 18-year-old cases as an alternative to current expedite process via waiting list initiative sessions.
- Initial meeting held with Cwm Taff Morgannwg (CTM) Health Board colleagues started to review plan to repatriate of patients to reduce our waiting list and improve patient experience and access to local services. However, CTMUHB have confirmed that they are not in a position to consider giving notice on SLA and re-patriating the Bridgend locality service on their part due to organisational re-structuring. This is currently on

hold and will be revisited as part of the demand and capacity assessment being undertaken by the national Delivery Unit of Welsh Government.

6. RECOMMENDATION

Members are asked to

- NOTE the current Neurodevelopmental Disorders Service position.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
This paper provides a summary position statement and outlines associated risks.		
Financial Implications		
<p>The NDD team within Swansea Bay University Health Board have been working on a business case alongside awaiting the above mentioned report. In order to operationalise the recommendations of the report, this business case submission seeks support and approval for the preferred option to fund £1,940,225 full year staff costs recurrently and approximately £271,000 capital costs non-recurrently, supporting the requirement to increase capacity to meet demand and clear current backlog. These actions and funding will provide sustainability to service, improving patient, family and staff experiences and outcomes.</p>		
Legal Implications (including equality and diversity assessment)		
Nil		
Staffing Implications		
<p>The Neurodevelopmental Service require additional resource to meet service demands. Staffing levels were increased this year, which has more than doubled its capacity (from 17 assessments per month to 42 per month) however; there is a backlog of assessments plus new referrals received per month</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
N/A		
Report History	An update report was presented to the Performance and Finance Committee April, July and November 2021, March 2022 and verbal update May 2022.	
Appendices	None	