

Wakefield District

Written Statement of Action following SEND Inspection

November 2017

“In Wakefield, the child and their family are at the centre of everything we do and we take an individual approach to make a difference for every child and young person with Special Educational Needs and/or Disabilities to help to achieve the best possible outcomes for them.”



South West Yorkshire Partnership
NHS Foundation Trust



The Mid Yorkshire Hospitals
NHS Trust

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Glossary of Terms:	
ADOS	Autism Diagnostic Observation Schedule
ASD	Autistic Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CYP	Children and Young People
DNA	Did Not Attend
EHCP	Education Health and Care Plan
EP	Educational Psychology
ITT	Invitation to Tender
LA	Local Authority
LTP	Local Transformation Plan
MSP	My Support Plan
MYHT	Mid Yorkshire Hospital Trust
NICE	National Institute for Health and Care Excellence
Ofsted	Office for Standards in Education, Children's Services and Skills
PDA	Pathological Demand Avoidance
SALT	Speech and Language Therapy(ist)
SEND	Special Educational Needs and Disability
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Service
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TEAM	Together Everyone Achieves More (Wakefield Parents Forum)
WESAIL	Wakefield Early Support Advice Information Liaison Service
WSA	Written Statement of Action

1. Introduction to the Written Statement of Action

The Local Area of Wakefield was inspected by OFSTED and CQC from 12 June 2017 to 16 June 2017 to assess the effectiveness of the area in implementing the Special Educational Needs and/or Disabilities (SEND) reforms as set out in the Children and Families Act 2014 and to be assured that the impact on outcomes is being achieved.

The Chief Inspector determined that Wakefield Clinical Commissioning Group are required to submit a Written Statement of Action (WSA) because of significant areas of weakness in the local area's arrangements for completing specialist diagnostic assessments of Autistic Spectrum Disorder (ASD). The requirement to produce the WSA reflects significant concerns from the Inspection team, and requires clear and direct action from Wakefield Clinical Commissioning Group and our system partners given the seriousness of this significant area of weakness to make rapid and sustained improvement.

The following Written Statement of Action is Wakefield's response to the concerns raised by the Inspection team in June 2017 and our actions to address this significant area of weakness.

Wakefield had started to make some progress to improving waits for diagnosis for children's ASD prior to Inspection; however the CCG and its partners have taken significant actions forward following the Inspection to address this significant area of weakness. Reducing waits for children's ASD diagnosis is the highest strategic priority, we have engaged the senior leaders across the partnership in leading the transformation required to reduce waits in a timely way, with a clear outcomes focus for children, young people and their families. We have invested in a process to increase capacity and improve flow, while driving up quality and experience. To ensure we maintain patient experience at the heart of the recovery we have engaged children, young people and their families in developing the WSA and the model for recovering services.

Our key priorities in addressing significant weaknesses for completing specialist diagnostic assessments of ASD are:

- **Priority 1:** Reduce the waiting time for diagnostic assessment of Autism to meet National Institute for Health and Care Excellence (NICE) Guidelines, providing excellent access to services for children and young people and their families
- **Priority 2:** Ensure services are co-designed with robust engagement regarding the diagnostic pathway with key stakeholders including families, children and young people

The key actions for reducing waiting times for children's diagnosis for ASD we have undertaken since Inspection are:

1. Develop robust governance arrangements to lead the improvement
2. Agree additional capacity to deliver assessments
3. Develop age-specific pathways to manage peaks in capacity and flexible allocation of staffing resources
4. Develop alternative assessment options, including non-clinical models and transitions with adult ASD assessment services
5. Effectively engage with children, young people and their families to co-design the recovery and agree the WSA

2. System Response following Inspection

Background:

The Written Statement of Action has been developed by Wakefield CCG with Wakefield Council, and co-produced with parents and carers in Wakefield. It has included key stakeholder representatives as members of the SEND Transformation Board.

The aim for the recovery is to be delivering a NICE-compliant ASD diagnostic pathway for all children and young people in Wakefield, having their diagnostic assessment started within 3 months of referral to the autism team and completed within six months. The longer term aim for partners is to provide a service that provides an assessment for all children and young people which is providing a service where parents / carers and young people can choose their assessment appointments at their preference / convenience.

There has been key activity to deliver the recovery following the inspection outcome:

- Embedding a referral process to ensure high quality accurate referrals
- Reviewing and refining age-specific pathways to streamline the assessment process and provide a more efficient and seamless integrated model
- Adding capacity to deliver the recovery plan
- Effectively engaging parents / carers in developing and reviewing plans

A second aim was to establish whether recovery can be accelerated by increasing capacity and developing alternative ways of working. There are plans in place from partners to achieve additional capacity through:

- Options appraisal for Educational Psychology service, including agency / locum services and plans to achieve capacity internally
- Skill mixing within Clinical Psychology to support additional assessments across the mental health workforce
- Overtime opportunities for Speech and Language Therapies (SALT) and Paediatricians
- More effective transition between Children, & Young Peoples and Adult ASD services.

It was crucial that all of the service developments were co-designed, agreed and reviewed in partnership with children, young people and their families. We have ensured effective engagement is in place to ensure families own the progress and agree and are happy with the outcomes. A key area for development identified through the Inspection process was the inclusion of wider professionals, Parents/Carers and children and young people in the design of recovery process which we have addressed through this process.

The work we have undertaken since the Inspection in June 2017 has already had an impact. The number of children and young people waiting for an assessment at the time of the Inspection (June 2017) was 614. The longest wait reported at the time of Inspection was 1 year 49 weeks.

At the time of developing this Written Statement the current position for children and young people waiting for assessment is 393 currently waiting, with the longest wait now at 1 year and 22 weeks.

This has been a reduction since the inspection of 221 children and young people on the waiting list, and the waiting time reduced by 27 weeks.

This is a significant impact on improving access to services for our children and young people in Wakefield. The momentum and progress continues to ensure a complete and sustainable recovery of the ASD pathway.

3. Work Undertaken Since Inspection against the Key Priorities:

3.1 Develop robust governance arrangements to lead the improvement

An ASD Summit was held on 31st August. This group agreed the governance arrangements for the development of the WSA, and to continue to meet as an ASD Task and Finish Group to develop and deliver the recovery plan for ASD and agree the WSA. This group has met regularly to develop the WSA and will continue to meet through the assurance process to maintain grip and pace to the actions in the WSA, and the wider SEND Local Area Improvement Plan. The Task and Finish Group has had oversight of the development of the ASD Strategy with the parents groups, and will continue to lead the implementation of the WSA actions. A list of members of the Task and Finish Group is included at Appendix 1.

We have put in place robust governance arrangements to ensure that there is sufficient grip in assuring the development and delivery of the WSA, and to evaluate the impact of this work. Wakefield CCG Governing Body will provide assurance and oversight of the delivery of the WSA. There will be independent assurance of the process from Healthwatch Wakefield around parent/carer and children and young people experience which will be reported to Governing Body to evaluate the impact.

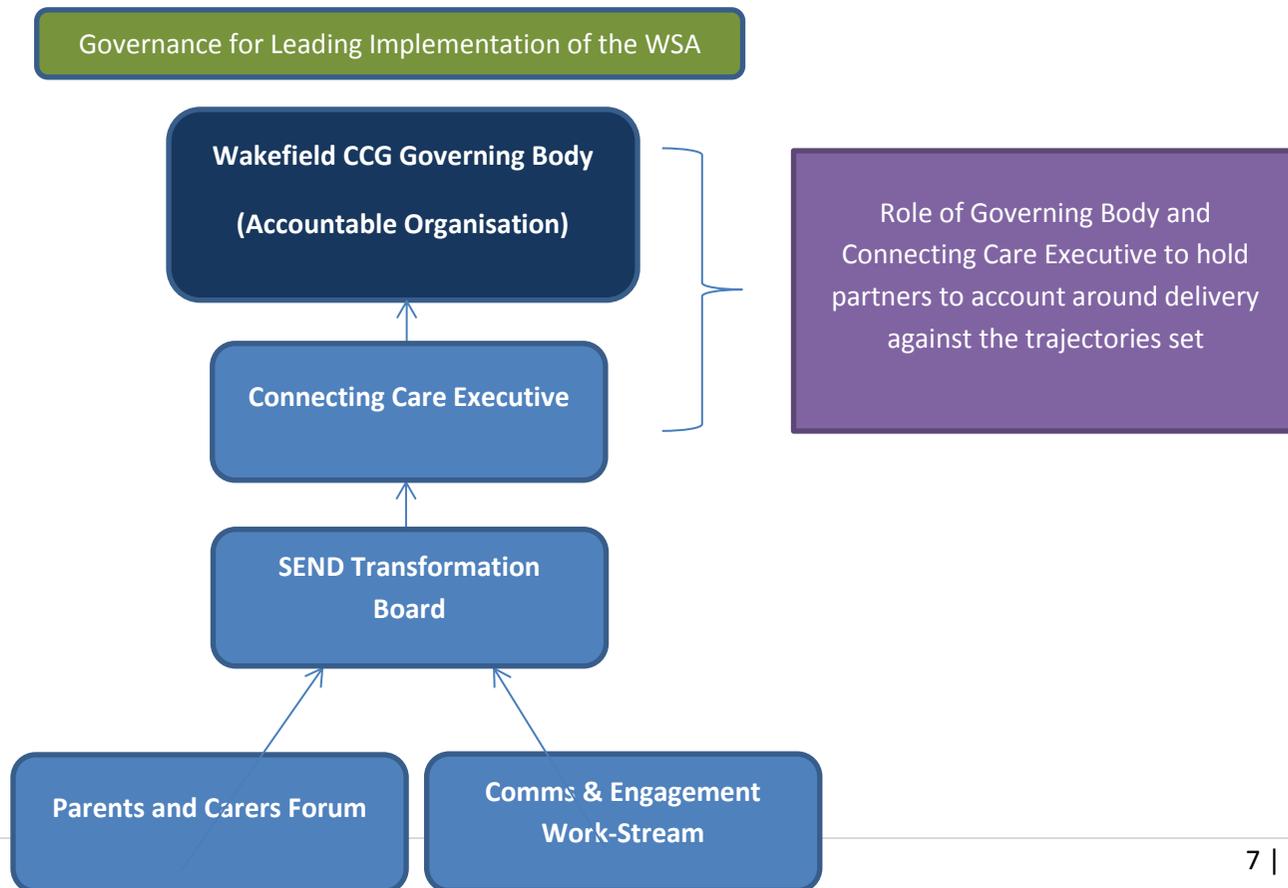
Wakefield CCG Governing Body has the role of the principle authority responsible for developing the WSA. Governing Body will ensure the CCG undertakes its role as lead agency for the improvement and that the actions are delivered. The Governing Body have signed off the final version of the WSA and will have oversight of the delivery of this. The CCG Governing Body will discharge responsibility for operational delivery of the WSA to the Connecting Care Executive.

The **Connecting Care Executive** is a multi-agency commissioner strategic forum. It will provide formal oversight of delivery of the actions in this Statement including leading the delivery of the WSA; it will review progress and report this in to the CCG Governing Body, and unblock any commissioning barriers. The CCG Governing Body and Connecting Care Executive will lead the implementation of the WSA and the recovery actions.

Healthwatch Wakefield have been externally commissioned to provide independent audit and clear feedback from parents/carers and children and young people in relation to this work. Healthwatch will report quarterly, with baseline report available from November 2017, and subsequent feedback reports in April and July 2018.

The **ASD Task and Finish Group** will drive the recovery, with strategic representation at the highest level and a specific focus on the recovery process. It will report progress and exceptions, and challenge all partners to ensure the tightest grip on delivering the improvements and accelerating recovery wherever possible.

A **Parents and Carers Group** will provide parent led oversight of the plans, and provide the route to co-produce all plans and proposals, and continue to gather feedback and views from parents and carers. There is a range of engagement and communications activity which sits underneath the parents group to roll out the planning with parents.



We have undertaken an integrated **Quality Impact Assessment** and **Equalities Impact Assessment** to ensure the implications of the WSA and improvement work around ASD are fully considered and supported.

In January 2018, the local area will formally take stock of improvements to date, their pace, scale and impact. Emerging themes and learning will be identified and the plans reviewed in order to ensure they are fully effective. We have developed a monitoring template for the action plan in the WSA which will drive internal monitoring of improvements, and demonstrate the impact of the WSA to parents/carers and children and young people, and wider stakeholders, and support the assurance process and monitoring process.

We have given consideration to the wider recommendations of the Inspection, beyond the development of the WSA. In response to the outcome of the Inspection and to continue to develop effective services for children and young people with a SEND and their families, the partnership has developed a **SEND Local Area Improvement Plan**.

3.2 Agree additional capacity to deliver assessments

In order to consider implementation of the developed pathway a review of the existing arrangements was undertaken and a full validation of the waiting list was completed, and arrangements for maintaining data quality ongoing and effective data sharing were established. Since Inspection core capacity to deliver the assessments required to achieve the recovery has been agreed by all partners.

There has been a range of work undertaken to increase assessment capacity to reduce length of waits and the number of young people waiting. This has included:

- Additional Consultant Paediatrician time.
- Additional Speech and Language Therapy (SALT) posts.
- Additional Clinical Psychology capacity.
- Developing a non-clinical pathway through the Educational Psychology service in the Local Authority to provide additional capacity and choice for families.
- The integration of the 14+ service as part of a 0 – 18 diagnostic pathway to create a more seamless service and provide additional capacity.
- The Educational Psychology team have picked up cases of young people known to the EP service through their work in Secondary Schools.
- Develop a pathway to support transition cases with Adult ASD Diagnostic services

This activity is detailed in the Action Plan in Section 4.

3.3 Develop age-specific pathways to manage peaks in capacity and flexible allocation of staffing resources

A model for separate pathways based on the age of the child has been developed creating bespoke assessments based on age and school environment, and supported the more efficient allocation of resources to maximise the number of assessments which can be undertaken within the capacity developed.

The age-specific pathways developed to drive recovery post-Inspection are:

Age Range	Inspection Pathway
2 – 7	Paediatrician / SALT
8 – 11	SALT / Clinical Psychology
12 – 14	SALT / Educational Psychology
14+	Clinical Psychology

3.3.1 Trajectory for 2 – 7 Year Olds

The recovery trajectory for the 2 – 7 year old waiting list is included at Appendix 4. The assessments are typically delivered by the Paediatric Consultants and the SALT team, with the SALT team undertaking the Autism Diagnostic Observation Schedule (ADOS) assessment. Consultation and support is provided by Clinical Psychology where required. Where children are known to the Educational Psychology service and/or Consultant Teacher teams these colleagues will support the assessment process.

This is the pathway with the most demand, with most young people referred being in this age range, and the highest number of children and young people waiting. There are currently 206 children waiting in this age range, this was previously 373 at the Inspection in June. It is projected that the dates for recovery will improve, as we will reallocate resources which are currently supporting the recovery of the 7–11 pathway and 12–14 pathway, once these have achieved recovery of those pathways. A NICE¹-compliant service (with the assessment process started within three-months and completed within six) will be achieved in August 2018.

3.3.2 Trajectory for 7 – 11 Year Olds

The recovery trajectory for the 7 – 11 year old waiting list is included at Appendix 6. The assessments are typically delivered by the Clinical Psychologists and the SALT team. Consultation and support is provided by Paediatric Consultants where required. Where children are known to the Educational Psychology service and/or Consultant Teacher teams these colleagues will support the assessment process. There are currently 123 children and young people awaiting assessment on this pathway, this was previously 158 at the Inspection in June. For this pathway a NICE-compliant service (with the assessment process started within three-months and completed within six) will be achieved in June 2018.

¹ National Institute for Health and Care Excellence

3.3.3 Trajectory for 12 – 14 Year Olds

The recovery trajectory for the 12 – 14 year old waiting list is included Appendix 7. The assessments are typically delivered by the Educational Psychology Service, supported by the SALT team. Consultation and support is provided by Paediatric Consultants where required. There are currently 36 young people waiting for assessment on this pathway, this was previously 83 at the Inspection in June. For this pathway a NICE-compliant service (with the assessment process started within three-months and completed within six) will be achieved in April 2018.

3.3.4 Trajectory for 14+ Year Olds

The assessments for young people age 14+ were previously delivered by the CAMHS Service as a separate discrete pathway; we have now integrated the 14+ assessments within the wider 0 – 18 pathway to provide additional capacity and to improve the quality of the assessment by providing a multi-agency perspective. This is a long term arrangement which will improve access and quality.

A full review of the 14+ pathway has been undertaken which has developed a plan to increase capacity. The Child and Adolescent Mental Health Service (CAMHS) has prioritised capacity to support the recovery of the 14+ pathway, and ensured there is sufficient Clinical Psychology capacity to support the diagnoses on the under 14 year old pathways. In June 2017 the 14+ pathway had 72 unallocated cases, with an average wait of 10.5 months. Average referrals in to the service are 30 per year. Core capacity in the service can deliver 36 assessments per year; however the additional capacity achieved and changes to the service will increase this capacity, to remove the waiting list and meet demand on an ongoing sustainable basis.

At the start of the review process the service undertook a validation process. This identified young people from the waiting list for the 14+ pathway who could be supported in other CAMHS services. The service were able to increase capacity on an ongoing basis through effective skill mixing (utilising other mental health professionals in the assessment process), and bringing in agency staff to cover gaps in Psychology capacity. The under-14 pathway has identified young people who have recently had their 14th birthday and who have been assessed through the capacity in the under-14 pathways. This work continues to support the recovery.

In total these interventions have reduced the waiting list by 48 young people. The 14+ pathway will be NICE compliant (assessments starting within 3 months and completed in less than six months) in February 2018. There are currently 28 young people on the waiting list. A recovery trajectory has been developed to demonstrate the rate of recovery. The recovery trajectory for the 14+ year old waiting list is included at Appendix 8.

The contribution of the CAMHS service to the recovery is set in the context of the CQC Inspection of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) in March 2016. The CAMHS service has developed an action plan to increase capacity and reduce waits following the CQC Inspection, which is part of the SEND Transformation Plan.

3.3.5 Trajectory Summary

A summary of the timescales for recovery for each of the four pathways is included below:

Age Range	Date from which CYP will wait receive assessment in line with NICE Guidelines (no more than 6 months for a completed assessment)
2 – 7	August 2018
8– 11	June 2018
12 – 14	April 2018
14+	February 2018

The plan for the ASD diagnostic pathways is to have a single integrated pathway for children and young people age 0 – 18, and including effective transition arrangements to adult services. This has been developed through the recovery process, and will be implemented fully as ‘business as usual’ following the recovery period.

The pathway will continue to be integrated, and the delivery will be led by Mid-Yorkshire Hospital Trust. There will be a single waiting list, single governance arrangements, integrated assessment teams and flexible capacity. This will be set out in the ASD Strategy for Wakefield and will be overseen by the governance processes established in support of developing the WSA, including the continued engagement with parents and carers.

3.4 Develop alternative assessment options, including non-clinical models and transitions with adult ASD assessment services

To complement the additional capacity we have developed with partners, we have also developed innovative and flexible ways of undertaking assessments and increasing capacity, whilst continuing to improve patient experience and outcomes for children and young people. The flexibility increases patient choice and improves access to services. This has included:

- Training the SALTs in ADOS (Autism Diagnostic Observation Schedule), to allow the SALT team to undertake more of the assessment work and free up clinician capacity. The additional SALT capacity plus the increased flexibility to undertake the ADOS is a more efficient use of resources increasing assessment capacity.
- Developing a non-clinical pathway with the Educational Psychology service in the Local Authority.
- The EPs are assessing cases in the 12-14 pathway and supporting assessments for all young people already known to them through their support in Secondary Schools.
- The Consultant Teachers in the Local Authority are also supporting the assessment process; they have a caseload of children and young people for whom they are able to support the MDT assessment providing observations and history.
- The Adult ASD pathway is undertaking assessments for young people approaching their 18th birthday. This is supporting the recovery of the 14+ pathway.

- The Clinical Psychology capacity has been supported by skill mixing across the mental health services, either directly supporting the observation and assessment work for ASD, or undertaking other areas of work to free up Psychologist time to undertake assessments.
- Developing sufficient flexibility and responsiveness between the different professional disciplines across the age-specific pathways.
- Operating a single waiting list with one coordinator, to ensure we are allocating cases and managing demand in an effective and dynamic way.

This work is sustainable on an ongoing basis and has achieved cultural changes and shifts in processes and practice which will continue beyond the recovery work and support the model of ‘business as usual’.

3.5 Effectively engage with children, young people and their families to co-design the recovery and agree the WSA

We have engaged with parents / carers since the Inspection and have put processes in place to ensure sustainable and meaningful engagement. Parents and carers have co-developed and approved the content of this WSA, and will continue to be a critical part of this process. Since the Inspection a Communication Strategy has been developed by Wakefield Clinical Commissioning Group, in partnership with Wakefield District Council, South West Yorkshire Partnership Foundation Trust and Mid Yorkshire Hospital Trust. This joint strategy sets out the approach to ensure dynamic engagement of a system wide group of practitioners, parents/carers and children and young people to ensure the delivery of clear consistent messages across the partnership.

We spent time with our parents and carers to shape a vision to one we can all believe in and be proud of. Our shared vision is to ensure that:

***“In Wakefield, the child and their family are at the centre of everything we do
and we take an individual approach to make a difference for every child and young person
with Special Educational Needs and/or Disabilities to help to achieve the best possible outcomes for them.”***

Our parents and carers have told us that they want to feel listened to, that they want to be an equal partner in driving service improvement and planning our offer locally. They have told us that in Wakefield we should aim for ‘brilliance’, that our children and young people deserve that, and that together we can deliver that. We need to be more ambitious; parents and carers have told us that we should aim for the best possible outcomes for our children and young people. Parents told us that in planning and improving services they felt like partners were ‘having meetings about us, without us’.

Our plans for improving services have been co-produced and we have worked hard to ensure we have sustainable and long lasting arrangements for engaging children and young people in our planning, and that parents and carers are shaping services with us, not just to develop the WSA, but to drive improvements together on a meaningful and sustained basis for our children and young people in Wakefield.

To support the parents / carers input in developing the WSA we have also undertaken consultation and engagement with children and young people. Engagement tools for children and young people were co-produced with KIDS WESAIL, Barnardo's Advocacy Service and Wakefield Council, and events have been rolled out across the District to gather as much feedback from our children and young people as possible. The engagement work with children and young people is ongoing, and will inform the recovery work and development of the Autism Strategy as we move forward. We have had the first responses back from this engagement, and include some of the initial feedback below where this relates to the Autism services.

Since the Inspection Healthwatch Wakefield have undertaken significant ASD engagement with parent/carer experience of ASD services, and also with young people's experience of having ASD and interacting with services. Healthwatch will publish two independent reports by the end of November 2017 which will help our system establish baselines and trajectories for improving patient experience. Healthwatch will over the next year undertake independent qualitative engagement on behalf of the Wakefield system engage more parents around their experience of ASD services.

What did our children and young people tell us about our services for Autism:

Best Bits:

“People listened and helped me”

“Interested in listening to me”

“CAMHS helped me to stop self-harming”

“Getting my diagnosis was getting an answer”

“Good medication”

“Diagnosis – I knew something was different about me but didn't know what”

“Helped me to talk to CAMHS”

Worse Bits:

“Waiting”

“Doctors need to listen to Doctors”

“They need to diagnose people even in mild cases of Autism”

“The time you wait for services”

“Not understanding Autism as well as they could”

“I saw that many people”

4. ASD Transformation Action Plan

An action plan has been developed with partners and parents and carers to guide the delivery of the ASD recovery work. Key actions are included below with progress monitored through the ASD Improvement Board. This is part of the wider SEND Action Plan which is reviewed in the SEND Transformation Board.

The action plan for the wider support services available for children and young people for ASD is included in the wider SEND Action Plan. This describes the wider service improvements beyond the diagnostic pathways, to support outcomes for children and young people with ASD, or awaiting a diagnosis.

<i>Vision for Wakefield District: “Supporting children and young people to achieve well and lead happy and fulfilled lives” (SEND Code of Practice, Jan 2015)</i>		
Our Key Priorities	<p>Priority 1: Reduce the waiting time for diagnostic assessment of Autism to meet NICE Guidelines, providing excellent access to services for CYP and their families.</p>	<p>Our Key Commitments:</p> <ul style="list-style-type: none"> ❖ Parents, carers and children and young people are meaningfully involved in decision-making locally on a sustainable and continuous basis ❖ The views of parents and carers will be fed in to strategic decision-making locally ❖ Embedding a multi-agency referral process facilitating the right support at the right time and eliminating inappropriate referrals ❖ Increasing multi-agency investment for a consistent highly specialist team working together to deliver the diagnostic pathway ❖ The starting point for assessment will begin within 3 months for every child, in line with NICE guidance. ❖ Working in partnership to integrate services to meet the needs of children with ASD / awaiting assessment and their families ❖ Wakefield CCG and Wakefield Council will collaborate and engage a wide group including families, children and young people to co-produce an 'Autism Strategy' for the Wakefield Local Area. This will commence before the Written Statement of Action has been submitted.
	<p>Priority 2: Ensure services are co-designed with robust engagement regarding the diagnostic pathway with key stakeholders including families, children and young people.</p>	

Wakefield Local Area has a co-produced written statement of action to address significant weaknesses in the arrangements for completing diagnostic assessments of ASD								
ASD Transformation Action Plan								
Priority	Action		How will we achieve this?	How will we know we have achieved it?	Action Owner & Contributors / Resources	How far have we come? Progress	Time-scale	R A G
1. Reduce the waiting time for diagnostic assessment of Autism to meet NICE Guidelines, providing excellent access to services for CYP and their families.	1.1	Reduce waits and improve access to the ASD diagnostic pathway	Commitment to the diagnostic recovery pathway by key agencies, SWYPFT, Mid Yorkshire Hospitals NHS Trust, Wakefield CCG and Wakefield Council will reduce the waiting time for Autism assessment to within 6 months by August 2018.	<ul style="list-style-type: none"> Wakefield system will deliver a minimum of 30 assessments completed each month ASD waiting time is reduced to 6 months (or less) by August 2018 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust All partners on the ASD Task and Finish Group	Since the Inspection significant progress has been made in reducing the waiting list, through managing the referral process and increasing capacity. On a monthly basis we now deliver 30 more assessments than we receive referrals	Aug-18	
	1.2	Ensure there is sufficient strategic grip and appropriate governance in place to effectively manage the improvement	An ASD Summit will be scheduled to facilitate senior executive support and oversight of the ASD action and recovery plan from all relevant agencies across the Wakefield system. The ASD summit and the subsequent task and finish group will review the ASD action and recovery plan and secure strategic commitment and accountability for delivering the Written Statement of Action	<ul style="list-style-type: none"> ASD Task and Finish Group established and meeting regularly Governance structure agreed across the partnership 	All partners on the ASD Task and Finish Group		Oct-17	
	1.3	Confirm arrangements for providers to undertake assessments, ensure this is an operational and strategic priority for the providers	Providers have given written assurance about the core capacity they will continue to deliver on an ongoing basis, and how they will increase this capacity to recover the waiting list sooner than the trajectory	<ul style="list-style-type: none"> Waiting list reduction Number of CYP receiving assessment 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust All partners on the ASD Task and Finish Group	Providers have committed to the recovery and made staffing and other resources available to deliver this	Sep-17	

	1.4	Review and agree ASD delivery pathways to deliver rapid and sustainable system recovery in line with NICE Guidelines	Co-develop across the Wakefield system ASD pathways to effectively direct resources and manage demand across the needs of specific age ranges	<ul style="list-style-type: none"> • Revised Pathways in place • Increased number of assessment undertaken 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust CT, Mid-Yorkshire Hospital Trust MH, Wakefield Council Parents Forum Clinicians Group	Four age specific pathways in place and effectively assessing CYP: 2 – 7 8 – 11 12 – 14 14+	Nov-17	
	1.5	Develop an options appraisal for the Educational Psychology input and review the model	An options appraisal is developed for delivering ASD assessments, which has been approved by the clinical leads group and is then progressed and implemented	<ul style="list-style-type: none"> • Options appraisal completed • Pathways in place • Increased number of assessments undertaken by Educational Psychology across three of the age-specific pathways 	ND, Wakefield Council, Clinical Leads Group	Options appraisal completed and approved New pathway developed and in place	Oct-17	
	1.6	Develop a non-clinical ASD pathway to meet the needs of CYP and families and provide choice about the assessment process	Work in partnership with the Local Authority to develop assessment process and capacity in the Educational Psychology service	<ul style="list-style-type: none"> • Increased workforce • Increased number of assessments completed • Parental feedback • New pathway 	ND, Wakefield Council IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust	Non-clinical pathway established and delivering assessments in parallel to clinical services	Oct-17	
	1.7	Review the arrangements for the 14+ pathway and agreed a revised sustainable recovery plan	A review has been undertaken and agreed across the partnership, with clear multi-agency plans in place	<ul style="list-style-type: none"> • Delivery of the 14+ trajectory • Reduced waiting times, to recover in line with the whole 0-18 ASD pathway (Aug-18) 	DR, SWYPFT IH, Wakefield CCG ND, Wakefield Council Clinicians Group ASD Task and Finish Group	New pathway for the 14+ service developed and being rolled out	Nov-17	

	1.8	Secure robust parental engagement in the development of the proposed pathways and signing off the approved pathways	Mechanisms for engaging parents views on an ongoing basis are in place	<ul style="list-style-type: none"> • Pathways in place • Parental feedback confirming they are satisfied with the engagement process • Parental sign up to revised pathways 	<p>IH, Wakefield CCG</p> <p>GR, Mid-Yorkshire Hospital Trust</p> <p>HS, Wakefield Council</p> <p>ASD Task and Finish Group</p>	New pathway developed and engagement is ongoing	Nov-17	
	1.9	Create a Clinical Leads Group to provide essential guidance on pathways and proposals, to provide triangulation to the input of parents and carers and effectively test and agree the recovery pathways	<p>The objective is:</p> <ul style="list-style-type: none"> • to consider available resources within all four pathways • to determine if elements of assessments can be completed in 'other ways' • assess implications for current working practices/pathways • define new practice models & pathways • plan for implementation including staff engagement re delivering new arrangements • assess possible impact of new model on waiting times 	<ul style="list-style-type: none"> • Group meetings • Clinical approval for the pathways model 	<p>IH, Wakefield CCG</p> <p>GR, Mid-Yorkshire Hospital Trust</p> <p>LP, Wakefield Council</p> <p>Clinical Leads Group</p> <p>ASD Task and Finish Group</p>	The group is established and actively reviewing the model on an ongoing basis	Oct-17	
	1.10	Develop effective data sharing processes: All practitioners have access to the full waiting list and multi-agency meetings are underway to agree which children and young people are best supported through which pathway and ensure equitability of access	Mechanisms are in place to share information and partners have live access to the ASD waiting list and governance arrangements are in place to oversee this	<ul style="list-style-type: none"> • Effective allocation of cases 	<p>CT, Mid-Yorkshire Hospital Trust</p> <p>GR, Mid-Yorkshire Hospital Trust</p> <p>LP, Wakefield Council</p> <p>Clinical Leads Group, ASD Task and Finish Group</p>	The data sharing process is in place and allocating ASD cases	Nov-17	

	1. 11	Develop an effective referral process to ensure C&YP are referred in to the service with appropriate history and can be allocated to the correct pathway	Transfer from Primary Care led referrals to Community led referrals. Increase multi-agency input gathering a richer history of the C&YP and engaging partners in the wraparound plan Robust consultation on the model across the partnership including with schools to implement the new model effectively	<ul style="list-style-type: none"> • Reduced referral numbers • Improved quality of referrals • Less referrals / signposted / inappropriate referrals • Fewer DNAs • Feedback from partners: <ul style="list-style-type: none"> - Schools - Health Visitors - School Nurses - Hub teams 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust CT, Mid-Yorkshire Hospital Trust ASD working group	The new referral process has significantly reduced referrals in to the service from an average number of referrals per month of 41 in 2016 to an average of 17 now	Aug-17	
	1. 12	Link the referral process to the EHC and MSP Process and ensure we are developing a 'tell it once' culture	Aligning referral process the EHC / MSP, and working with schools to understand thresholds and develop a process for this	<ul style="list-style-type: none"> • Quality of referrals • Alignment with EHC and MSP • Feedback from parents • Feedback from partners: <ul style="list-style-type: none"> - Schools - Health Visitors - School Nurses 	IH, Wakefield CCG MH, Wakefield Council	Referral process rolled out and effective implementation of arrangements for EHC and MSP	Sep-18	
	1. 13	Develop effective data management systems to report on performance against recovery trajectories	Monitoring systems are established and reporting lines develop to evaluate impact of recovery	<ul style="list-style-type: none"> • Process in place • Arrangements for sharing information / reporting 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust ASD Task and Finish Group	Recovery trajectories are developed, further reporting processes being developed	Dec-17	

	1.14	Implement systems to ensure there is effective data management for recording CYP on the system, allocating to a pathway and maintaining an understanding of patient flow	<ul style="list-style-type: none"> • Data cleansing – ongoing validation process • Staff training to ensure all data technicians have skills and understanding of system and process • Control tower meetings to review patient flow 	<ul style="list-style-type: none"> • High quality data reported 	<p>IH, Wakefield CCG</p> <p>GR, Mid-Yorkshire Hospital Trust</p> <p>CT, Mid-Yorkshire Hospital Trust</p> <p>DR, SWYPFT</p> <p>Reported to ASD Task and Finish Group</p>	<p>The data validation process is completed, and mechanisms for this to be a rolling programme are established</p> <p>Control tower meetings to manage flow are held weekly</p>	Oct-17	
	1.15	Increase assessment capacity to meet increasing demand	Increase the staffing resource to deliver assessments, through recruitment and retention plans, additional clinic hours, 'flipping' capacity' and temporary staff / locum time	<ul style="list-style-type: none"> • Increased workforce • Increased number of assessments completed 	<p>IH, Wakefield CCG</p> <p>GR, Mid-Yorkshire Hospital Trust</p> <p>CT, Mid-Yorkshire Hospital Trust</p> <p>DR, SWYPFT</p> <p>ASD Task and Finish Group</p>	Recruited additional SALT, additional Clinical Psychology capacity, put on additional Paediatrician clinics, employed agency Education Psychology staff	Nov-17	
	1.16	Commission a service to provide bespoke packages of care for CYP with ASD	<p>Commission a service to meet identified gaps. Services to include:</p> <ul style="list-style-type: none"> • Sleep services • Parenting support • Behaviour support • Practical tools and techniques • Family support 	<ul style="list-style-type: none"> • New service in place • Parental / patient feedback 	<p>JiH, Wakefield Council</p> <p>MH, Wakefield Council</p> <p>IH, Wakefield CCG</p>	The specification for the services is currently out at ITT	Nov-17	

	1. 17	Develop flexible assessment options, including training SALTs in ADOS	Training and support to staff to deliver effectively across the newly established pathways. Training the SALTs in ADOS increases the capacity for undertaking assessments and upskills the workforce	<ul style="list-style-type: none"> • Increased number of assessments completed • Parental feedback • Staff feedback • Staff retention 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust CT, Mid-Yorkshire Hospital Trust DR, SWYPFT	All SALTs supporting assessments trained in ADOS All staff supporting assessments trained in recognising non-typical presentations of ASD	Novr-17	
	1. 18	Developed Multi-Agency meetings to plan care packages in relation to the wider-pathway and individual support needs	A working group of practitioners meeting regularly to discuss pathways and support plans strategically, and individual case management / support needs	<ul style="list-style-type: none"> • Group established and in place • Integrated packages of care for CYP 	CT, Mid-Yorkshire Hospital Trust DR, SWYPFT ND, Wakefield Council	Meeting is in place, meeting regularly. Currently focussed on pathway development and review and understanding patient flow and system blockages, will have specific child focus and business as usual at close of recovery process	Jan-18	
	1. 19	Develop effective transition arrangements for CYP under 25 in need of ASD assessment or support	Develop effective relationships and systems to support transition of cases, and a model for all age diagnoses	<ul style="list-style-type: none"> • Effective transitions • Patient feedback 	IH, Wakefield CCG JaH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust	Developing an all-age strategy Developing an assessment service to support young people at transition age	Dec-17	
	1. 20	Jointly develop a model for 'business as usual' – arrangements following the ASD recovery when NICE guidance is achieved	Engage with parents / carers and wider stakeholders, including clinician leads to develop the model Co-design and co-produce an integrated model	<ul style="list-style-type: none"> • Pathway(s) in place • Parental feedback 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust DR, SWYPFT MH, Wakefield Council ASD Task and Finish Group Parents Forum	Recovery pathways are currently in place, governance in place to lead this work	Jun-18	

	1. 21	Develop a long term plan for governance and delivery of the ASD pathway for C&YP, and the arrangements for leading the MDT process	Develop arrangements for leading the model post-recovery, and accountability for delivery	<ul style="list-style-type: none"> • Clear specification • Strategy in place • Governance and accountability clear 	MBr, Wakefield CCG ASD Task and Finish Group	Revised longer-term governance arrangements in place to support the recovery process	Jun-18	
	1. 22	Alignment with the transformation of mental health and emotional wellbeing services under 'Future in Mind'	Ensure the developments for ASD and wider SEND are a fundamental part of the Local Transformation Plan in Wakefield	<ul style="list-style-type: none"> • Development of LTP refresh for Oct 17 • Service user feedback • Partner feedback 	IH, Wakefield CCG	The LTP incorporates the ASD and SEND services, and the funding allocation supports the local delivery	Oct-17	
	1. 23	Confirm funding arrangements for recover options for financial year 2018/19	Identify financial implications of recovery and confirm funding arrangements to deliver this	Confirmation of financial arrangements	IH, Wakefield CCG	Arrangements in place for 2017/18	Jan-18	

Priority	Action		How will we achieve this?	How will we know we have achieved it?	Action Owner & Contributors / Resources	How far have we come? Progress	Time-scale	RAG
2. Ensure services are co-designed with robust engagement regarding the diagnostic pathway with key stakeholders including families, children and young people.	2.1	Wakefield CCG and Wakefield Council will jointly lead on the co-production of an 'Autism Strategy' for the Wakefield Local Area.	The scope of the strategy will be formally agreed at the first task and finish group which will be responsible for its co-production. It will include the diagnostic pathway alongside our vision and aspiration for children and young people with ASD, the education, health and care outcomes we aim for them to achieve, the local offer to support them with achieving those outcomes and what we will measure to assure ourselves that what we are doing is having a positive impact.	<ul style="list-style-type: none"> • Publication of an Autism Strategy • Parental feedback 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust MH, Wakefield Council	An initial planning meeting has identified key partners as TEAM Wakefield, WESAIL, CAMHS, SALT, Paediatrics, Health Visiting and School Nursing, Education Psychology, Special Schools and Resource Provision, Short Breaks Services, parents and children and young people.	Mar-18	Yellow
	2.2	Develop mechanisms for parents to co-produce the Autism Strategy for Wakefield	This will ensure that key stakeholders, families and communities across the education, social care and health system co-design and understand the diagnostic pathway and how it fits into the wider strategy for supporting children with Autism and their families.	<ul style="list-style-type: none"> • Publication of an Autism Strategy • Parental feedback 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust MH, Wakefield Council	Arrangements for engaging parents / carers I already establishment through the development of the WSA	Mar-18	Yellow
	2.3	Launch the Autism Strategy	Hold events to launch the strategy for all stakeholders, ensuring parents and carers are at the centre of this.	<ul style="list-style-type: none"> • Events planned and delivered • Parental feedback • Stakeholder feedback 	IH, Wakefield CCG GR, Mid-Yorkshire HT MH, Wakefield Council	Arrangements for engaging parents / carers I already establishment through the development of the WSA	Jun-18	Blue

	2.4	Wakefield CCG and Wakefield Council will jointly develop a Communications Strategy, to include MYHT and SWYPFT	Jointly develop strategy through SEND Comms and Engagement Group	<ul style="list-style-type: none"> • Publication of a Communications Strategy • Joint statements and information for parents / carers and professionals • Engagement events for CYP and their families • Balanced scorecard in place to measure impact 	RU, Wakefield CCG	Comms strategy drafted and consulted with parents / carers to review Need full roll out	Oct-17	
	2.5	There is a focus on engaging children and families in designing the Communications programme	Set up systems and mechanisms to effectively engage with service users and feed this in to the planning process, including through partnership with Healthwatch to mobilise the Third Sector and lead the engagement work	<ul style="list-style-type: none"> • Parental representation • Feedback from parent / carers 	RU, Wakefield CCG NE, Healthwatch	Strategy established and processes in place for engagement and feedback Evidence of ongoing engagement	Nov-17	
	2.6	Develop specific mechanisms for engaging with children and young people directly	Lead events and specific activity to engage CYP in the consultation process, to ensure we gather feedback on the plans	<ul style="list-style-type: none"> • Input from CYP • Feedback on the model • Support understanding gaps in service 	HS, Wakefield Council	Engagement tools for children and young people were co-produced with KIDS WESAIL, Barnardo's Advocacy Service and Wakefield Council. The tools focus on education, health, care, community, autism and transition	Dec-17	

	2.7	Identify improvements to services that would be meaningful for children and families	Based on the feedback from CYP and families develop priority plans for these areas, in partnership with families to develop the sustainable 'business as usual' model	<ul style="list-style-type: none"> • Feedback from parent / carer • Service model in place 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust	Strategy established and processes in place for engagement and feedback, mechanisms in place for this to inform the delivery plan	Jan-18	
	2.8	Gather Parents Views on the pathways	Hold listening events to discuss the current service and proposals and gather feedback from parents and carers	<ul style="list-style-type: none"> • Collate parental feedback 	IH, Wakefield CCG MH, Wakefield Council	A range of 'Listening Events' held with parents and carers to develop the WSA and review the ASD recovery plan and SEND transformation plan	Oct-17	
	2.9	A parent representative is identified to represent parents / carers and families at a strategic level	Gather views and be an advocate for parents, and help share feedback from planning and strategic meetings to keep parent groups involved	<ul style="list-style-type: none"> • Parent rep in post • Feedback from parent / carers 	MM, TEAM IH, Wakefield CCG HS, Wakefield Council	Strategy established and processes in place for engagement and feedback	Oct-17	
	2.10	Rollout the new referral process to all stakeholders	Hold a range of communication events to communicate the new referral process to a range of stakeholders including: GPs, Early Help Teams, Schools, Health Visitors, School nurses, parents and carers, third sector partners and other local services	<ul style="list-style-type: none"> • Feedback from stakeholders • Effective referrals • Reduced 'rejected' referrals 	IH, Wakefield CCG GR, Mid-Yorkshire Hospital Trust CT, Mid-Yorkshire Hospital Trust	A large number of engagement events have been held to launch the new referral process, following a successful pilot programme	Oct-17	
	2.11	Develop flexible and ongoing approaches to gathering feedback from CYP and their families	The third sector have been mobilised in engaging parents / carers and CYP in reviewing the service offer and providing feedback on the service changes	<ul style="list-style-type: none"> • Range of qualitative feedback to shape service improvement over the next 12 months 	IH, Wakefield CCG NE, Healthwatch	The third sector is using it's close relationship with CYP and families to gather a range of feedback and consultation	Nov-17	

	2.12	Hold a range of Stakeholder Engagement events	Robustly map stakeholders and their needs, and consider how best we communicate with a range of stakeholder groups and gather feedback	<ul style="list-style-type: none"> • Events arranged and delivered • Feedback from stakeholders 	IH, Wakefield CCG MH, Wakefield Council	The joint Communication plan will lead this work	Jan-18	
	2.13	Develop a working group of families and carers to support the development of the Written Statement of Action	Further developing the existing parents and carers forums and identifying gaps to consult and engage on the WSA	<ul style="list-style-type: none"> • Range of attendance • Sessions delivered • Parental / carer feedback 	IH, Wakefield CCG MH, Wakefield Council MM, TEAM	Established groups are in place, further sessions to engage wider audience required	Sep-17	
	2.14	Establish a Communications and Engagement strategy and work-stream to ensure effective and continuous engagement with all stakeholders including parents/carer and children and young people	Develop workstream to implement the Communications and Engagement strategy	<ul style="list-style-type: none"> • Attendees • Frequency of meetings • Minutes of meetings / actions / outcomes • Parental / carer feedback 	RU, Wakefield CCG MH, Wakefield Council MM, TEAM	Established groups are in place, further sessions to engage wider audience required	Sep-17	
	2.15	Review the membership and purpose of the current SEND Communications group to ensure the right groups are represented	Use the existing governance around the Communications plans to own the Communications strategy and implement	<ul style="list-style-type: none"> • Attendees • Frequency of meetings • Minutes of meetings / actions / outcomes 	RU, Wakefield CCG MH, Wakefield Council	The groups is established and meeting and the review is ongoing	Sep-17	
	2.16	Review content on the Local Offer website and how this is promoted and ensure this is kept up to date	Information on all services is currently shared on the Local Offer website. We need to ensure this information is up to date, accessible and includes all developments in the ASD recovery and SEND Transformation	<ul style="list-style-type: none"> • Content of website • Feedback from stakeholders • No of hits 	MH, Wakefield Council	The review of the website is ongoing	Nov-17	

	2.17	Develop key messages and branding for the ASD improvement work	Through the Comms strategy key messages and branding will be created to support engagement around the transformation	<ul style="list-style-type: none"> • Feedback from stakeholders 	RU, Wakefield CCG	Key messages have been drafted and shared for feedback	Nov-17	
	2.18	Create social media strategy / You Tube videos/ Case Study films to share progress on the improvement	Through the Comms strategy a social media will be created to support engagement around the transformation, and provide alternative ways to access information	<ul style="list-style-type: none"> • Feedback from stakeholders • No of hits / views 	RU, Wakefield CCG	The Comms teams are currently develop options for social media campaigns	Nov-17	
	2.19	Undertake a review of the Comms Strategy	Gather feedback from parents / carers and other stakeholders to understand how effectively the communication work has had an impact	<ul style="list-style-type: none"> • Feedback from parents / carers • Feedback from stakeholders 	RU, Wakefield CCG	The delivery of the Comms plan is ongoing	Mar-18	
	2.20	Evaluate the impact of the WSA and impact of the recovery work	Undertake a full system review of the extent of the recovery, to inform future planning and 'business as usual' model	<ul style="list-style-type: none"> • Feedback from parents / carers • Feedback from stakeholders • Formal review process 	IH, Wakefield CCG	The implementation of the WSA actions is underway	Jun-18	

5. ASD Recovery – Measuring the Impact

Wakefield have set clear outcome measures to report the impact of the Written Statement of Action:

Number	Outcome Measure	Measures		Frequency Reported*
1	Number of children and young people awaiting assessment (total)	Currently 393 Target 200 by June 18		Monthly
2	Number of children and young people awaiting assessment (by age-specific pathway) - 2 – 7 - 7 – 11 - 12 – 14 - 14+	Currently: 206 123 36 28	By June 18: 140 23 18 19	Monthly
3	Average length of wait for an assessment (from referral)	Currently 1 year 22 weeks Target 9 months by June 2018		Monthly
4	Longest length of wait for an assessment (from referral)	Target 12 months by June 2018		Monthly
5	Average length of wait for an assessment (from referral) (by age-specific pathway)	Target 9 months by June 2018 for all pathways		Monthly
6	Longest length of wait for an assessment (from referral) (by age-specific pathway)	Target 12 months by June 2018 for all pathways		Monthly
7	Number of referrals received	Target < 20 per month		Monthly
8	Number of inappropriate referrals received	Target < 5 per month		Monthly
9	Number of assessments undertaken (total)	Target 30 per month		Monthly
10	Capacity delivered by provider: - MYHT (Paediatrician and SALT) - SWYPFT (Clinical Psychology) - Wakefield Council (Educational Psychology)	Target: 15 + 22 13 8		Monthly
11	Variations reported against the recovery trajectories (by age specific pathway) – over or under performance	-		Monthly

12	Qualitative patient feedback (children, young people and their families) gathered through survey, about their experience of ASD services	Minimum 30 families engaged 65% positive experience (please note the baseline engagement information from Healthwatch Wakefield will be available by end of November 2017 which may refine this target measure)	Quarterly
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*** Reporting of information to ASD Task and Finish Group, who will provide summary report to Connecting Care Executive on a Monthly basis**

We have worked closely with Healthwatch Wakefield who are leading engagement work with parents across the Third Sector to undertake some qualitative work around the recovery with children, young people and their families. It is important to ensure we are considering qualitative feedback alongside the quantitative measures to triangulate the impact of the recovery with our families in Wakefield. We want to know families have a good experience of the services and receive the support they require in a timely way. Healthwatch Wakefield will help our system establish baselines and trajectories for improving patient experience of ASD services. Healthwatch will over the next year (2018-2019) undertake independent qualitative engagement on behalf of the Wakefield system and engage parents around their experience of ASD services.

The work that we have undertaken since Inspection has made significant improvements to the experience of children, young people and their families accessing ASD diagnostic services in Wakefield. The number of young people waiting has dropped significantly, reducing by 221 children and young people since Inspection, and waiting times have also reduced significantly (27 weeks). Since Inspection the pace of recovery has been increased, with major transformation bringing about real change. The impact of recovery is demonstrable through the waiting time trajectories. At our most conservative projections all children and young people will be receiving a NICE-Compliant service (starting their assessment within three-months and completing within six-months) by June 2018.

Parents and carers have co-designed this WSA and the recovery work that sits behind this. We have committed to robustly engaging children and young people and their families on an ongoing basis and this has already had a real impact on the perception of services and the understanding of the work that is underway. This input has helped to start to shape high quality accessible services in Wakefield, meeting the needs of children, young people and their families. Most importantly to our families they now see the District matching their ambition, to always strive for excellence for our children and young people in Wakefield.

In a years' time children and young people will have timely access to services, all assessments will be undertaken within six months and in line with NICE Guidelines, and appointments available as a flexible and responsive offer to meet the needs of the family. The support services wrapping around the diagnostic pathway will be more closely aligned and support available based on the much richer understanding of needs we now have through the referral process. Most importantly the engagement we will have undertaken with children, young people and their families means they will feel involved in the work, and have a positive experience of the service, their needs being met and improving outcomes for our children and young people.

Appendix 1: Membership of ASD Task and Finish Group

Name	Organisation	Role
Jo Webster	NHS Wakefield CCG	Chief Officer
John Wilson	Wakefield District Council	Director of Children’s Services
Martin Barkley	Mid Yorkshire Hospital Trust	Chief Executive
Rob Webster	South West Yorkshire Partnership Foundation Trust	Chief Executive
Claire Fisher	Parent	Parental Representative
Nichola Esmond	Healthwatch Wakefield	Chief Executive Officer
Melanie Brown	NHS Wakefield CCG	Programme Commissioning Director Integrated Care
Marium Haque	Wakefield District Council	Service Director, Education & Inclusion
Alison Grundy	Mid Yorkshire Hospital Trust	Deputy Director of Operations
Carol Harris	South West Yorkshire Partnership Foundation Trust	Director of Forensic, Specialist, CAMHS
Michele Ezro	NHS Wakefield CCG	Associate Director – Commissioning and Integration
Sue Sharp	Wakefield District Council	Service Manager Inclusion and Assessment
Gemma Rosney	Mid Yorkshire Hospital Trust	Assistant Patient Service Manager
David Ramsey	South West Yorkshire Partnership Foundation Trust	Deputy Director
Debbie Hallott	NHS Wakefield CCG	Lead GP – Children’s Services
Ian Holdsworth	NHS Wakefield CCG	Senior Commissioning Manager

Appendix 2: Supporting Information for Action Plan

Action Owner List		
Initial	Name	Position / Organisation
CT	Cath Todd	Children's Therapy Service Lead, MYHT
DR	Dave Ramsay	Deputy Director, SWYPFT
GR	Gemma Rosney	Assistant Patient Service manager, MYHT
HS	Helen Sweaton	Service Manager - SEND Support Services, WMDC
IH	Ian Holdsworth	Senior Commissioning Manager (Children's Services), WCCG
JaH	James Hoult	Senior Commissioning Manager (Learning Disabilities), WCCG
JiH	Jill Holbert	Service Director – Strategy and Commissioning, WMDC
JW	John Wilson	Director of Children's Services, WMDC
LP	Lyndsay Price	Senior Educational Psychologist, WMDC
MBa	Martin Barkley	Chief Executive, MYHT
MBr	Mel Brown	Programme Commissioning Director – Integrated Care, WCCG
MH	Marium Haque	Service Director – Education and Inclusion
MM	Mellissa Mackell	Parent Participation Officer, TEAM
ND	Niall Devlin	Principal Educational Psychologist, WMDC
NE	Nichola Esmond	Chief Executive Officer, Healthwatch Wakefield
RU	Ruth Unwin	Associate Director – Corporate Affairs, WCCG
RW	Rob Webster	Chief Executive, SWYPFT

RAG Rating Key	
	Action completed for the submission of the WSA (Nov 2017)
	Action not yet completed, but on track and scheduled for completion within six months of the submission of the WSA (May 2018)
	Action not on track, risk to implementation
	Longer-term action, not scheduled for completion within six months of the submission of the WSA. No risk to implementation currently anticipated

Appendix 3: Update on the work to improve the referral process (This work took place prior to the June Inspection and provides context)

In January 2017 we implemented a system to support more effective referrals to improve the accuracy and quality of information and assist triaging and ensuring CYP are on the right pathway. An issue delaying the recovery process has been increasing demand for the service. The service was receiving over 50 referrals per month at the end of 2016. The new referral process we have introduced has reduced this to under-20 which will allow the additional capacity to have an impact on the waiting list. We have changed the referral process from being primarily GP led which did not provide any history or wider partner information, to a community-led referral process. This is overseen by Health Visitors and School Nurses, but the referrals are undertaken by schools, SENCOs, SEN services, Educational Psychologists and other partners in the communities, so when a child or young person is referred MYHT can triage and add to the appropriate pathway. This background is also helpful as initial understanding for clinicians undertaking the assessment.

This has improved the accuracy of referrals significantly. We have robustly rolled this out and supporting partners in implementing and undertaking the new referral process. The number of inappropriate referrals has reduced, as has those initially referred to the wrong pathway in Paediatrics and subsequently moved. We are confident through this process that those children and young people who require assessment for ASD are identified and supported in accessing the service in a timely manner.

We will continue to work with partners across the community to embed the referral process, reinforcing the process with GP colleagues and working with hubs, schools and community health teams, and ensuring demand continues to be effectively managed. The referral process is supported by the work we have done to operate a single waiting list. The table below demonstrates the impact of the referral work, and how this has been sustained on an ongoing basis.

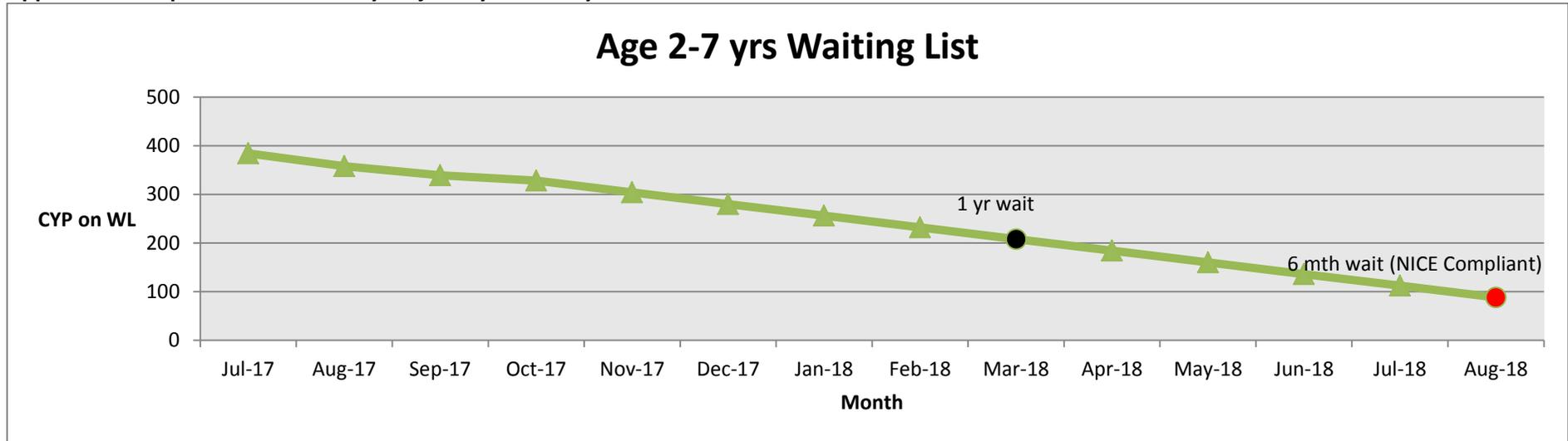
Referrals per month:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVE
2016	34	41	31	43	66	44	39	30	42	60	43	21	41
2017	14	23	23	14	21	11	23	13	8	17			17

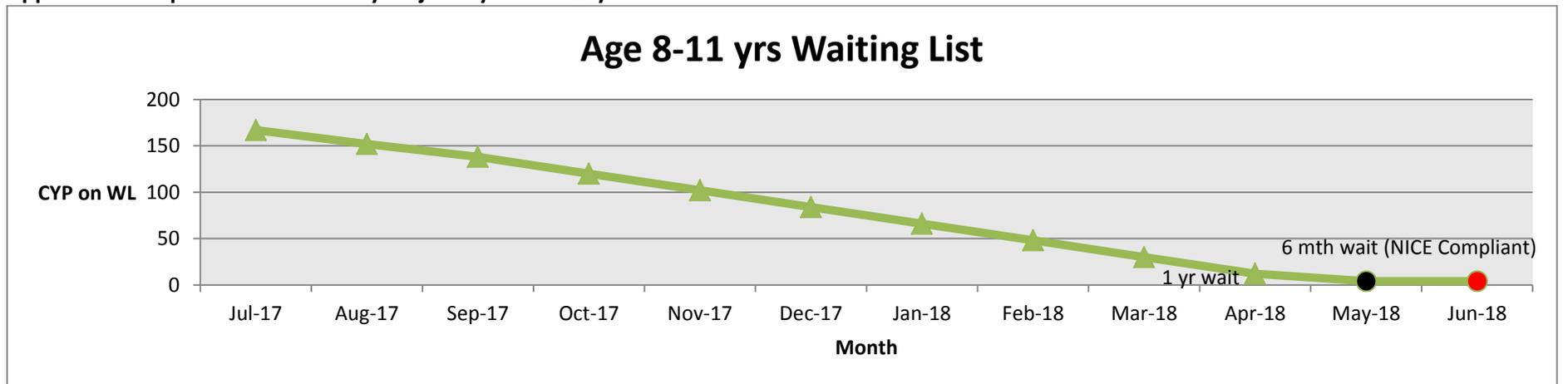
To ensure we continue to deliver a fully accessible service we have put a number of plans in place to support children, young people and their families.

1. All referrals include a parental section, where the school and wider partnership are not providing evidence that would suggest the child would need to be assessed on the pathway, the parent can provide information to challenge this.
2. All CYP referred are seen in a paediatric appointment within the 18 week waiting time standard (even those not accepted on to the pathway)
3. GP's can continue to refer children if the schools / community partners are unable / unwilling to do so. All of these young people would have a paediatric appointment.
4. We continue to support schools / referral partners to understand the process and ensure we support children, young people and their families in accessing the service.

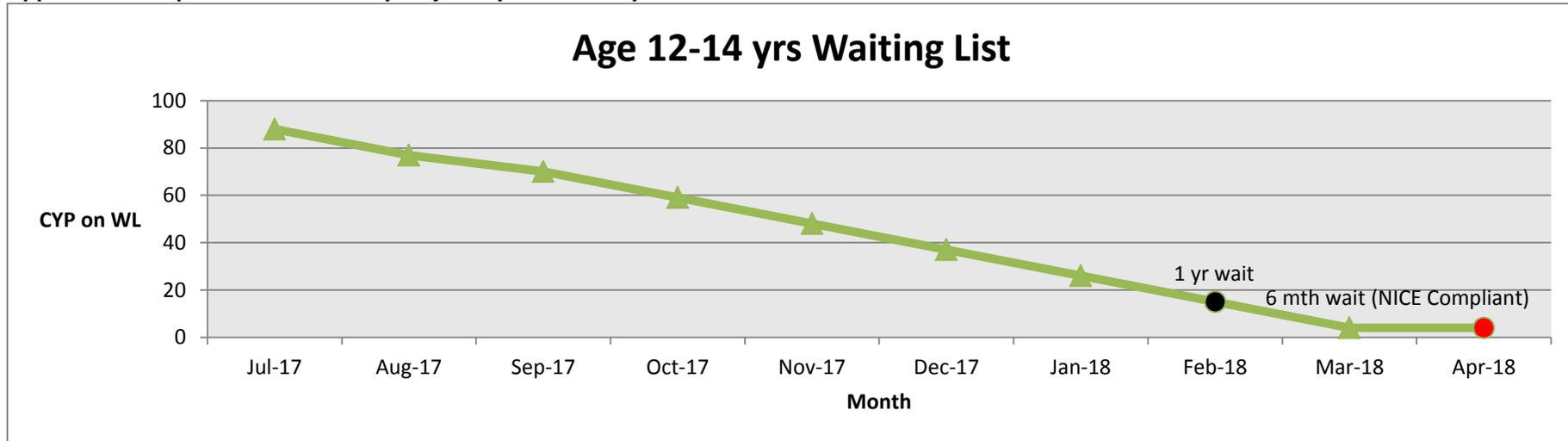
Appendix 4: Graph to show Recovery Trajectory for 2 – 7 year olds



Appendix 5: Graph to show Recovery Trajectory for 8 – 11 year olds



Appendix 6: Graph to show Recovery Trajectory for 12 – 14 year olds



Appendix 7: Graph to show Recovery Trajectory for 14+ year olds

