

Update from the NHOSC Representative on the meeting on 14 July 2022

Annual Health Checks for: people aged over 14 with Learning Disabilities, Looked After Children and Adults with Severe Mental Illness in Norfolk and Waveney.

The Committee received a report which provided an update on progress since the briefing to members in March 2021. The Committee received evidence in person from Professional representatives.

The following points were noticed:

- The Committee were pleased to note that proactive home visit to carry out annual health checks were taking place to capture the 2000 individuals whose check was outstanding from quarter 3 and 4.
- Upskilling of all healthcare professionals that engaged with patients was helping to increase the number of annual checks taking. More work was required in this area but progress was being made.
- GP practices were moving to a system where checks are spread out over a 12-month period to managed workflows more effectively. The practices were also encouraging the families of patients with a learning disability to get in touch to promote the checks and to ensure these were carried out in a timely fashion.
- A birthday card initiative had been introduced where a patient on their fourteenth birthday received a card encouraging them to come for a check and patients developing the habit of an annual check to continue into adulthood.
- Working with the voluntary sector had become an important element to help to reach out to all those eligible for an annual health check.
- Learnings from the short term funded initiatives to help increase the number of checks taking place had been incorporated into the governance structure and were being used to help secure long-term funding to ensure the momentum was not lost.
- Plans were in place to ensure those checks that did not take place last year and were being prioritised did not affect the drive to ensure new patients were contacted and checks undertaken.
- Young people aged 14 and upwards were encouraged to undertake an annual health check. Prior to that age parents and guardians would be contacted directly.
- Work had taken place to encourage young people (14 years and upward) which included creating a video, co-produced by the young people themselves to demystify the checks as well providing information in an easy read format.
- Care Coordinators were being utilised by GP practices to help identify and contact those who had not undertaken a health check.
- Learning Disability teams had been visiting GP practices to ensure they were as welcoming and reassuring as possible for those attending for the annual health check.

- Annual Health checks were regularly promoted in primary care webinars and publications to reflect the importance of the checks to primary care staff.
- Combining the different groups of annual health checks, for example those with an eating disorder and a learning disability, demonstrated to GP practices that undertaking the checks would help support the financial viability of the roles of the mental health Practitioners.
- It was acknowledged that both recovery workers and peer support workers could also engage and undertake checks to aid the workload of the mental health practitioners.
- There were a number of strands to help increase the number of health checks being undertaking, including drop-in services, working with the voluntary sector and using other healthcare professionals. The difficulties for recruitment to new roles was a concern, although these concerns were across the sector in all areas and not just mental health.
- Some checks if not fully completed were not being signed off if one or more elements of the check had not been completed. However, not all elements were relevant for every patient. It as acknowledged that work was required to analysis the date to reflect those situations and correct them.
- The longest outstanding annual health check was 3 months and plans were in place with the two providers to increase capacity and ensure the quality of the checks.
- It was hoped for the future that any strategy meeting for a child would include all healthcare professionals including those that had undertaken the annual health check. However, currently if that wasn't possible other professionals at that meeting would have the knowledge of the patients and the data available from the annual check.

Children's Neurodevelopmental disorders – waiting times for assessment and diagnosis.

We received an update on waiting times for assessment for diagnosis for neurodevelopment disorders since the last report to the committee in July 2021. A discussion followed and the following points noted:

- It was accepted that the waiting time for diagnoses was longer than was desirable and that every effort was being made to reduce these times. The journey to diagnoses was long and support and guidance was required at every step. Partners and stakeholders alike, including parents were working together to improve matters and there were a number of positive changes taking place.
- Additional educational needs should be met by schools and colleges regardless of whether or not a pupil had a defined diagnosis.
- The waiting lists to first assessment had increased over the past 12 months due to the impact that Covid had on schools. This increase was anticipated by the system as early indicating symptoms in children had not been picked up.

- Waiting times for the James Paget University Hospital were now on par with those levels for Central and West Norfolk.
- Norfolk Community Care and Health Trust had secured additional funding to help recruit more clinicians although the impact of this is unlikely to be seen until 2023.
- An additional £1.6m had been secured over the next 3 years to establish a key worker team to support children where a diagnoses of a learning disability and / or autism or where there was a suspected likely diagnosis. The team had been in place since September 2021 and had contacted over 1500 families already. The impact of this was making a real difference for families.
- A further £300,000 had been secured to provide a pathway for avoidant restrictive food intake disorder (ARFID). This pathway had finished the scoping stage and work was being undertaken with mental health colleagues on how this pathway would feature in mental health service.
- Funding of £200,000 had also been secured to test initiative models of care. It was acknowledged that the status quo of care pathways could not continue especially in a post pandemic environment.
- The next 12 months would also see the results of a £1m funding requirement to test the results of the assessment framework for diagnoses. It was known that the independent sector did have the ability to undertake assessment but this had not been considered previously by the public sector. These options were now being explored although it was too early to provide results at this stage, confidence was high that this involvement would help reduce waiting times for assessment.
- Measures were in place to talk to educational colleagues to avoid an independent diagnosis not being accepted by schools and colleges particularly as the independent sector was likely to feature more with the additional funding of £1m.
- The key worker would provide support if an individual was highly likely to be confirmed as neuro divergent, on a waiting list and at risk of admission.
- This was no requirement for an educational psychologist assessment to be undertaken before assessment or an individual could take place, although it was acknowledged that the pathway for assessment was long and varied as the needs of every individual was complex. Diagnoses was life long so pursuing this line of assessment had to be carefully considered.
- Prevention was key to ensuring that help and support was given at the earliest opportunity and that work was taking place not only with schools but with early years providers as well to help identify a child's needs.
- It was acknowledged that since the last CQC and OFSTED reports from the 2020, the service was in a very different place and significant measures had been put in place to improve services although there was still some way to go the overall trend was upward.
- The £1m funding to work with the independent sector to reduce diagnoses waits was not recurrent funding. However, once the model had been established any further monies available could quickly be utilised in the same manner.

The chair announced that this topic be added to a a briefing note to the committee in fifteen months' time at which point the committee could decide whether to add the item again to the forward work programme.