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Exhibits: 1 - 9

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THE SOUTHPORT INQUIRY

Exhibit 6 – Cheshire and Merseyside Children and Young People RISK Stratification Tool

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NHS
Cheshire and Merseyside

Cheshire and Merseyside Children and Young People

Neurodevelopmental (Autism and Attention Deficit Hyperactivity Disorder) assessment pathways

Referral stratification criteria for Prioritisation, Expedite and assessment complexity.

1.0 Introduction

This document outlines criteria to support decision making on both prioritisation and assessment complexity for referrals to neurodevelopmental (Autism and ADHD) assessment pathways in Cheshire and Merseyside.

Prioritisation is a clinical decision based upon greatest needs and risk associated with the indicator status. In order to ensure consistency and parity in decision making across Cheshire and Merseyside ICB criterion (indicators) for prioritising Children and Young people autism and ADHD referrals has been developed. Stratification of priority is undertaken at Clinical Triage, clinical/professional judgement should always be considered alongside the criteria.

Whilst awaiting assessment children and young people should be supported to 'wait well' based upon needs. It is important that parents understand that a diagnosis does not mean that support will necessarily increase. There should also be a consistent approach to "waiting well and the "graduated response" across Cheshire and Merseyside.

There are likely to be instances when people on the waiting list – whether already in receipt of support or not – are deemed to require an expedited (process faster and efficiently) assessment. In line with NHS England All Age Autism Operational guidance a process has been outlined for requesting an expedited assessment. Decisions to expedite a referral will be made using the same criteria as new referrals during triage, which will determine the outcome of the request (e.g., agreeing or declining the request). Agreed requests to expedite will be prioritised (assigned a priority) using the ICB criterion (indicators) for prioritising (Table 1).

Transparency of the criteria used to prioritise, signposting and an indication of length of waiting list should be published on local websites. Wait times should be monitored by ICBs.

1.1 Prioritisation Definitions

The indicators have been classified as Urgent, Soon and Routine and defined as follows to support professionals: However clinical judgement about the individual child's needs will be the final deciding factor in which type of clinic is offered and the percentage split of clinical allocation. Local flexibility may be required in allocating the percentage slot of clinics to align to risk/greatest need.

- **Urgent (Red):** Vulnerable children and young people who would benefit from a prioritised autism/ADHD assessment due to meeting specific criteria and will be prioritised within the category based upon chronological order. Whilst the prioritisation of these cases is urgent the approach will be person-centred to ensure that the child or young person is supported, where needed Mental Health needs managed and stabilised before attempting an assessment. Likewise, if several urgent or 'soon' factors are identified judgement should be used to book the referral in ahead of chronological order. 20% of clinics should be offered to children in the urgent category.

- **Enhanced / Soon (Amber):** Several indicators have been identified as 'soon.' These do not necessarily need to be done urgently but some may be more complex as more assessments/multi-agency working may be required, which will overall lengthen the assessment process. Prior to referral children and young people will be supported by education using the Graduated Approach system and the system and interventions continue to support children and young people to 'wait well' whilst waiting for an assessment. In addition, signposting to pre-diagnostic support and available support from partner agencies (primary care, local authorities / third sector) will be provided based upon need. Presentation may change whilst waiting, if urgent factors are identified, treat as urgent. 30% of clinics should be offered to children in the soon category.

- **Routine (Green)**: Where urgent or 'soon' vulnerabilities have not been identified the referral will be prioritised in chronological order. Prior to referral children and young people will be supported by education using the Graduated Approach system and the system and interventions continue to support children and young people to 'wait well' whilst waiting for an assessment. In addition, signposting to pre-diagnostic support and available support from partner agencies (primary care, local authorities / third sector) will be provided based upon need. Prioritisation of referrals to be considered at Triage and will be prioritised based upon the prioritisation criteria as detailed in Table 1, these criteria should be used for new referrals or when considering requests to expedite. 50% of clinics should be offered to children in the routine category.

1.2 CYP Autism / ADHD assessment complexity.

Indicators are also classified as requiring Standard or Enhanced assessment, depending on whether additional resource is required for the assessment (for example being closer to National Institute for Clinical excellence Gold standard assessment or requiring additional discipline / skill set). This has been based on the NHS England operational framework for autism.

A standard assessment can be carried out by 1-2 clinicians (as part of a multi-disciplinary team which holds responsibility for the final assessment outcome). Triage information suggests: a probable diagnosis, no evidence of Mental Health issues, straightforward information gathering. Assessment should include, clinical interview and observation, integration of developmental and corroborative information, consideration of differential and co-occurring diagnoses.

An Enhanced Assessment requires, 2 or more clinicians. Triage information suggests possible diagnosis, other possible differential or co-occurring diagnoses or mental health issues. There may be issues with information gathering. Assessment should include, clinical interview and observation, integration of developmental and corroborative information, consideration of differential and co-occurring diagnoses, use of validated assessment tools, a broader assessment of clinical presentation (e.g. intellectual functioning)* , additional liaison with referrers, services and informants.

Table 1: Children and Young People Autism/ADHD Referral Prioritisation Criteria – Dynamic process

Classification	Referral Needs - Priority Criteria	Prioritisation	Addition Guidance	Assessment complexity/Skill mix	Guidance - Percentage of clinics
Urgent	Children and young people with significant Mental Health needs including Eating Disorder, Framework for Integrated Care, Paediatric Sexual Assault that mean that delaying neurodevelopmental assessment will lead to poorer outcomes Gender distress with co-occurring MH needs	Chronological order within in 'Urgent' Indicators. If multiple criteria are met these can be considered for booking in sooner due to the additional risks.	Prioritisation of 'Urgent' referrals must be person centred - for acute mental health crisis needs to be supported/stabilised prior to assessment where appropriate. There may be situations where a young persons' mental health presentation is so acute (for example, psychosis or severe depression) that an accurate neurodevelopmental assessment cannot be completed until their mental health is more stable. In this situation all multi agency service should still prioritise planning needs-based support	ENHANCED Assessment - psychology/ psychiatry/ mental health practitioner	Urgent 20%
	Dynamic Support Database (DSD) or Cheshire and Merseyside Children and Young People's Complex Needs Escalation and Support Tool (CNEST)Cheshire and Merseyside Children and Young People's Complex Needs Escalation and Support Tool (CNEST) :: Cheshire and Wirral Partnership NHS Foundation Trust - risk of placement breakdown/admission to inpatient facility/harm to self or others (including child to parent)				

Classification	Referral Needs - Priority Criteria	Prioritisation	Addition Guidance	Assessment complexity/Skill mix	Guidance - Percentage of clinics
			and the young person prioritised for an assessment once their mental health presentation is stable enough to assess. Multiagency formulation and care planning. A Child or YP will be expediated as urgent for diagnostic assessment if they are currently in a significant mental health crisis including: • experiencing significant self-harm or suicidal ideation, • currently at risk of admission to mental health inpatient service, • currently at risk of education and / or placement breakdown due to significant		

Classification	Referral Needs - Priority Criteria	Prioritisation	Addition Guidance	Assessment complexity/Skill mix	Guidance - Percentage of clinics
			mental health difficulties / behaviour difficulties, • victim of sexual assault and currently receiving therapeutic support from services • experiences of significant disordered eating and receiving therapeutic support from eating disorder health services • currently unable to access therapeutic support from mental health services due to significant mental health difficulties / withdrawal from services and / or community and educational settings.		
	Due to transition to adults within 6 months		Option to transfer to Adult Waiting List at end of eligibility for CYP assessment.	STANDARD assessment	

Classification	Referral Needs - Priority Criteria	Prioritisation	Addition Guidance	Assessment complexity/Skill mix	Guidance - Percentage of clinics
			Adult services should consider the time already waited by the young person with CYP services.		
	Parent/Carer in Armed Forces / Ex-Armed Forces		Referrals for CYP who part of the Armed Forces community who has been waiting on a waiting list out of area (i.e., have not been assessed prior to moving) should be transferred to the 'same place' on the waiting list.	STANDARD assessment	
	Homelessness		Current physical homelessness would be urgent. If previous homelessness or history of homelessness or history of missing from home etc then it would be 'soon.'	STANDARD assessment	

Classification	Referral Needs - Priority Criteria	Prioritisation	Addition Guidance	Assessment complexity/Skill mix	Guidance - Percentage of clinics

	Child Sexual and Criminal Exploitation			ENHANCED assessment – psychology/psychiatry / Mental health practitioner	
	Risk Taking Behaviour e.g. drugs, alcohol, crime, Anti-Social Behaviour			ENHANCED – joint working with other agencies (e.g. youth worker Key worker, peer support)	
	Youth Justice and risk of criminalisation or radicalisation		Prioritise based on Current forensic risk.	ENHANCED – joint working with other agencies (e.g. youth worker Key worker, peer support)	
	New or expectant young parent			STANDARD assessment	
Soon / Enhanced	Looked After Children / Experience of the Care System	Chronological order within in 'Soon' Indicators. If multiple criteria are met these can be considered for booking in	If settled and needs being met / no other risk factors prioritise as 'Routine.'	ENHANCED assessment – psychology/psychiatry / Mental health practitioner	Soon 30%
	Lifecycle stage i.e., children under 5 years of age, school transition (Yr. 6/7) or entering exam year			Standard assessment	

	Risk of safeguarding/exposure to domestic violence/difficulties or unwillingness to engage with professionals/partnership work	sooner due to the additional risks. Periodic Review if level of urgency changes		ENHANCED assessment	
			Multiagency protection plan because of violence or sexual offences		
	Transfer from out of area (depends on length of wait in other area)			Standard assessment	

Routine	Other factors: LD, sensory impairment, and medical needs – ENHANCED Children under Special Guardianship orders– ENHANCED Asylum seekers / refugees – ENHANCED Family new in country - ENHANCED - in terms of resource and liaison required for assessment.	Chronological order	Length of time on waiting lists for Routine should be monitored by ICBs.	ENHANCED assessment either due to medical needs (skill mix – paediatrician/ community health team) or resource and liaison required (e.g. for family new in country)	Routine 50%
	All Referrals that do not have needs falling into the criteria for "urgent" or "soon" identified above	Chronological order	Length of time on waiting lists for Routine should be monitored by ICBs.		Routine 50%

1.3 Autism/ADHD Referral Prioritisation Additional Supporting Notes

Within each category there is a list of criteria - at least one of the criteria must be identified during triage in order to fulfil the categorisation of Urgent or Soon. If none of the priority criteria are indicated the referral should be processed as 'routine.'

Once categorised, to prioritise within the category the referral should be prioritised in chronological order, however consideration should be given to increase the priority if more than one criterion is identified and therefore may be booked in sooner. Likewise, consideration should be given to ensure person centred for example, there are occasions where delaying an assessment would be appropriate e.g., where needed Mental Health needs to be managed and stabilised before attempting an assessment.

The percentages per clinic from each category are a guideline only for providers to consider. Discretion can be used to flex the percentage depending on volumes in each category/wait time. It is recommended that **referrals from each category are continually progressed** to ensure that the 'routine' referrals are also completed.

Re-prioritisation of referrals will primarily be driven by the receipt of requests to prioritise, however, at a local level the decision may be made to periodically review for changes, where deemed appropriate.

It is to be expected that the stratification factors are dynamic and may change whilst a family is waiting. Needs based support should be offered by the wider multi-agency network as soon as it is apparent that a child has possible neurodivergent needs, and there should be clear mechanisms for a young person, family or professional to communicate changes in factors, as well as request expedite.

NHSE operational guidance on autism pathways advises that for health needs referring services or local primary or secondary care services must not omit to provide "assessment or interventions relevant to the person's needs while they are waiting for an autism assessment". Similarly support in educational settings should not be dependent on an autism diagnosis and social care support and options for breaks in caring may be relevant in pre -assessment support. (https://www.england.nhs.uk/publication/autism-diagnosis-and-operational-guidance/)

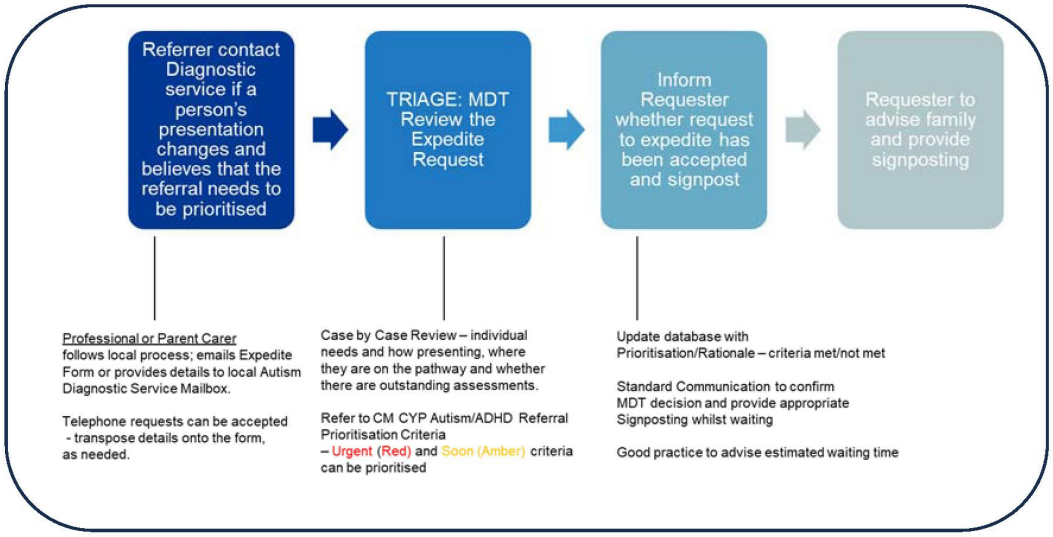
1.4 Cheshire and Merseyside CYP Autism/ADHD Expediting Request Process

It is anticipated that the majority of requests to expedite referrals will be received from the person who has made the referral, usually professionals, however, parents/carers can also make requests to expedite. Parents should be encouraged to discuss any changes in presentation/concerns with the professional working with the child or young person in the first instance, this will help to ensure that any changes in needs are understood at an early stage and discussions can take place on how best to meet those needs whilst waiting for an assessment.

It is important prior to requesting a referral to be expedited consideration is given to whether the child or young person would meet the 'Urgent' or 'Soon' criteria (Table 1) to avoid any unnecessary burden on the diagnostic assessment service.

Assessment services should be transparent on the format expedite requests should be sent in and where requests should be sent.

Cheshire and Merseyside CYP Autism/ADHD Expediting Request Process



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Document Control Sheet

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