



BUSINESS CASE

Title: Umbrella Assessment Pathway

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Document History

Version	Date	Summary of Changes

Distribution

Version	Date	Distributed To

ASD	Autistic Spectrum Disorder
SPA	Single Point of Access
ADHD	Attention deficit hyperactivity disorder
NICE	National Institute for Health and Care Excellence
PAL's	Patient Advice and Liaison
SEND	Special Educational Needs and Disabilities
NHSE	NHS England
S<	Speech and Language Therapy
WTE	Whole Time Equivalent
CQC	Care Quality Commission
MHIF	Mental Health Investment Fund

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1 Introduction

This business case highlights the challenges in the Umbrella Pathway for timely diagnosis of Autism Spectrum Disorders (ASD) for children and young people. It also addresses the current gap in support for families following a diagnosis being made.

The purpose of this business case is to propose service developments which will lead to a timely diagnosis for young people with Autism Spectrum Disorder (ASD) in Worcestershire. Currently the average time from referral to diagnosis for young people within Worcestershire is approximately 14 months.

Reviewing working practices and adding additional resource into the assessment and diagnostic process will ensure improved efficiency and maintain quality.

When assessments are completed in reduced timescale there will be opportunity to work in partnership with education and social care to respond to the identified need for support for those diagnosed with Autism and those who have traits that do not reach the criteria for a diagnosis

2 Background/Current Service

The Umbrella Pathway has been developed to provide an assessment process for all children and young people presenting with neuro-developmental difficulties which may be due to Autism Spectrum Disorder (ASD). This does not include Attention Deficit Hyperactivity Disorder (ADHD). The Umbrella Pathway was redesigned during 2016 with implementation of the changes in January 2017.

The pathway provides a multidisciplinary assessment which includes agreed referral criteria, triage and multi-professional planning. Following the agreed assessments, a diagnostic discussion takes place and a decision made regarding the child's strengths and difficulties and any associated diagnosis. A final report is completed and shared with the child, young person and family at a level appropriate to the child, young person's age and cognitive ability. For children who are not given a diagnosis a report is written to identify strengths and difficulties including recommendations for meeting ongoing needs.

ASD is the term used to describe a range of conditions that affect a person's social interaction, communication and imagination. Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. People with Autism see, hear and feel the world differently to other people. Autism is a spectrum condition. All people with Autism share certain difficulties, but being autistic will affect them in different ways. Some people with Autism also have learning disabilities, mental health issues or other conditions.

The National Institute for Health and Care Excellence (NICE) advises that although autism was once thought to be an uncommon developmental disorder, recent studies have reported prevalence rates of at least 1% in children and young people. Diagnostic criteria have changed over recent years in addition to increased awareness amongst the media. This may be a factor in the increasing number of children and young people being referred for assessment and diagnosis.

The service specifications for the Worcestershire Health and Care Trust services commissioned by the Clinical Commissioning Groups include a requirement to

contribute to the Umbrella Pathway. Specialist Teachers for Autism in the Babcock Prime team are also commissioned by Worcestershire County Council to contribute to the assessment process. However, the Umbrella pathway is not commissioned as a service in its own right.

The Worcestershire Umbrella Pathway was recently audited and is NICE compliant (Bailey 2019-unpublished). However it is acknowledged that there are limitations in the current capacity.

2.1 Access to Umbrella Pathway

Access to the Umbrella Pathway is via referral by a defined list of health and education professionals; it is not a self-referral service. To date it has been requested that referrals include evidence of interventions that have been attempted in order to meet the child's needs. Further information is currently sought via parent and education questionnaires. All this information is assessed within a multi-disciplinary planning group meeting, to identify if ongoing assessment is appropriate. If so it is decided which assessments are required based on the difficulties experienced by individual child or young person. There are currently changes being implemented at the planning stage, where referrals will include questionnaires from parents and school. The aim of this change is to reduce the length of time it takes to reach the planning stage.

Due to increased referral rates in 2017 criteria for referrals was reviewed in partnership with commissioners. This resulted in the request for evidence of interventions that have been attempted in order to meet the child's needs prior to referral to the pathway. This resulted in fewer referrals and therefore there was a reduction in the number of planning meetings needed.

A recent dip sample of referrals received directly from schools was undertaken. This identified there was evidence that schools had assessed a child or young person's additional needs but there was no evidence of a full graduated response: assess, plan, do, review. This cycle should be implemented twice prior to referral to Umbrella Pathway. Therefore it is recognised that there may be missed opportunity to meet the needs of children and young people in their education setting, which could prevent the need for full Autism assessment.

Table 1 - Numbers of referrals received by calendar year 2016 to 2018

Number of referrals received	2016	2017	2018
	463	1127	939

2.2 Assessment Process

The assessment process starts at the planning meeting when all information available is reviewed by a multi-professional team of at least two people. Parents are notified in writing regarding the outcome of the planning meeting including any further assessments that will be required.

If it is agreed that ongoing assessments are required then the child will be seen by two or more professionals from the Umbrella Pathway team, dependant on the nature and complexity of their difficulties. The professionals involved could include: Community Paediatrician, Speech and Language Therapist, Clinical or Educational Psychologist, Occupational Therapist, Specialist Teacher for Autism (provided by Babcock).

When assessments are completed the child will be discussed at a Diagnostic Discussion Multi-professional Meeting. A group of 2 or 3 professionals review all reports against specific criteria to decide whether a diagnosis can be made. This decision is reflected in a written report including the child's strengths and difficulties. This report is shared with parents either by telephone or face to face appointment.

Table 2 shows the number of children and young people awaiting assessments for each professional within the Umbrella Pathway.

Table 2 – Number of Children waiting for an assessment by profession

Professional assessment	Current numbers waiting July 2019
Speech and language Therapy	165
Clinical Psychology	193
Occupational Therapy	22
Community Paediatrics	150
Diagnostic meeting	353

2.3 Timescales within the current pathway

Information provided for parents at the time of referral acceptance states that in most cases the full assessment process may take about twelve months. A contact number and email address is provided if they wish to speak to someone about their child's assessment.

However despite changes to the referral process there continues to be an increased number of referral's to Umbrella Pathway. The current demand has continued to exceed the capacity to assess the children and young people. Capacity to achieve NICE guidance standards of 3 months between referral received and planning meeting is achieved, subject to questionnaires being returned in a timely manner. However current waiting times from referral to completion of the pathway have increased significantly.

An increasing number of complaints and Patients Advice and Liaison (PAL's) enquiries have been received with regard to dissatisfaction with the delays experienced by children young people and families. These often relate to school transition and perceived requirement to require a diagnosis to access support and interventions.

Concern was expressed in November 2017 by County Councillors regarding the pressures on Umbrella Pathway. Further to this, a report was discussed at the Overview and Scrutiny Performance Board in 2018 and an updated report was presented in June 2019. County Councillors expressed significant concern that the waiting times for children, young people and families has not improved and in some

cases worsened. The County Councillors were made aware of investment monies awarded by the CCG and requested presentation of the business case in September 2019.

Table 3 shows the time taken from referral to the end of Pathway (following written report and feedback of diagnostic discussion)

Table 3 Average time on pathway

	2016	2017	2018
Average time from referral to planning	24 days	118 days	112 days
Average time from referral to discussion	379 days	427 days	320 days
Average time from referral to closure*	371 days	371 days	213 days

The numbers included in table 3 include the number of cases that are closed within the stated year. It must be noted that some cases are still currently open.

2.4 Actions to date

Health and education commissioners have been aware of the pressures and increased demand for Umbrella Pathway assessments. This has been supported by commissioner review of referral criteria. Education commissioners have allocated additional resource to sustain the involvement of Babcock Education services within the pathway. Commissioners have successfully accessed NHS England non-recurrent funding to increase capacity within Community Paediatrics to increase the number of Neuro Developmental Assessments and also Speech and Language Assessments.

In addition there has been an increase in Diagnostic Meetings due to the reduction in the number of clinicians required from 3 to 2 unless a Community Paediatrician is required. Diagnostic capacity has increased although these actions are insufficient to deliver sustainable improvement and could result in greater challenge should families disagree with the outcome of the assessment.

3 Case for Change

Concerns regarding Autism Assessment and access to support for both children diagnosed and not diagnosed has been a consistent theme in recent engagement and consultation exercises, including those relating to Special Educational Needs and Disabilities (SEND). The waiting time from referral to diagnosis is steadily increasing for reasons already explained above. This has been attributed to by the following:

- Increased awareness
- Perception that diagnosis is a gateway to other support and services
- Perception as a gateway for support to education settings

There are changes due to be implemented to the referral process within the Umbrella Pathway. These include embedding the parent and school questionnaire into the referral form. This is expected to reduce delay between referral and the initial Planning Meeting. Implementation of this is due by end of September 2019.

In addition there will be improved knowledge of the graduated response for all professional involved in the planning stage of the pathway. Written guidance regarding the graduated response has been published by the Local Authority and support is being provided by Babcock. This will improve awareness and identification of full graduated response from early intervention providers, including assess, plan, do review, and preferably implemented in two cycles. This is likely to reduce referrals to the pathway as children and young people will access support to meet their individual needs promptly rather than experiencing delay whilst undergoing a lengthy assessment process.

Due to the complexity of multi-professional assessments within the Umbrella Pathway there are delays of differing lengths at various stages within the pathway. This complexity is exacerbated by the current model of delivery whereby the assessing workforce is integrated within their own professional service providing comprehensive clinical care in addition to responsibilities within Umbrella Pathway.

Table 4 identifies the current waits for each assessment within the pathway and includes actions from recent NHSE short term investment and further options for consideration.

Table 4 Capacity, demand and current waiting times

Assessments	Current capacity per month	Demand per month	Total Number waiting	Average Length of wait in months	% of Referrals Requiring Assessment*
Planning meeting	40	49	41	< 3	100
S&LT	20	27	165	8	54.8
Occupational Therapy	8	7	22	4	16.6
Clinical Psychology	28	25	193	7	51.0
Community Paediatrics	12	12	150	11	24.1
Diagnostic meeting	49	49	353	8	100

*average

All children require at least 2 assessments from the above however the complexities of their difficulties will determine the range of assessments required.

Recent NHS England short term investment has recently funded a small number of additional assessments. This funding has enabled an additional 48 SLT assessments and 20 Community Paediatric assessments. However despite additional diagnostic meetings being undertaken there has been no improvement to the waiting times for diagnostic discussion due to the increased number of children completing assessments.

Changes in the referral criteria have already had a positive impact on the number of children being accepted onto the pathway. Increasing the evidence of graduated response is likely to improve this further. More importantly this will also promote early intervention and support for the child/ young person's individual difficulties. This will be implemented September 2019. Despite the change to access criteria there will not be

sufficient capacity for Speech and Language Therapy, Clinical Psychology or Community Paediatric assessment.

For note the new criteria will not apply to children currently accepted onto the pathway for assessment.

ASD assessments can also be accessed in the private sector although anecdotal evidence suggests variability in the quality of these assessments and compliance with NICE guidance.

However in order to achieve completion of the Umbrella Pathway in a timely manner there is a requirement to invest further in key professionals to undertake more prompt assessments.

3.1 Related Strategy

Recent strategic plans have identified the need to invest in services to reduce waits and shorten care pathways for children and young people with Mental Health need including those requiring assessment for Autism Spectrum Disorders. These include:

- The NHS Long Term plan (February 2019)

Both autism and learning disability are identified within the long term plan as areas of clinical priority including people waiting many months and even years for an autism diagnosis. It also states that there is poor support for autistic people's mental health and there is insufficient understanding of what it means to be autistic and how to adapt care across the NHS

- Mental Health 5 year Forward View

Some children are particularly vulnerable to developing mental health problems - including those who are looked after or adopted, care leavers, victims of abuse or exploitation, those with disabilities or long term conditions, or who are within the justice system.

- NICE Guidance - ASD in under 19's: Recognition, Referral and Diagnosis Clinical guideline [CG128] Updated: December 2017

Best practice standards are identified to enable monitoring of quality care delivery for example: autism diagnostic assessment starting within 3 months of the referral to the autism team.

4 Options

The following option is proposed for consideration:

4.1 Option 1 Equal Investment in a) ASD Assessment and Diagnosis and b) Support Provision/ Early Intervention within current service specifications

Option 1 – Equal investment in a) additional capacity to address the back log of children and young people waiting and b) development of support post diagnosis (including when criteria for autism diagnosis not met) from within current teams

This option will continue to utilise workforce from within individual teams but will also include using additional investment and will achieve the following:

a) Additional capacity to sustain and strengthen the pathway and address the back log of children and young people currently being assessed but experiencing significant delays in progressing to either diagnosis or differential diagnosis.

b) A facilitated approach to ongoing support. This will include joint working and signposting to other providers including voluntary sector, charitable organisations, education services and social care providers. This will involve professional contribution to training and support groups that will be planned according to need within localities across the county. For exceptional cases there will be access to direct intervention post diagnosis.

This proposal will be dependent on ability to recruit appropriately skilled staff. However there will be increased opportunity for staff development and reduction in single points of failure within the workforce. The workforce will also have opportunity to participate in development of post assessment and diagnosis support improving both continuity of care and job satisfaction.

The workforce will remain in their own professional teams thus requiring commitment from individual teams to sustaining both current contribution and these new developments within Umbrella Pathway.

Table 5 shows the additional workforce to increase capacity/ reduce backlog

Table 5

Role	Band	WTE
SLT	6	0.6
Clinical Psychology	7	0.4
Advanced Clinical Practitioner	8a	0.4
OT	6	0.2
Admin Support	3	0.5
Total Staffing		2.1 wte

Total costs £101,109

Table 6 shows the additional workforce to provide Post Diagnosis Support

Table 6

Role	Band	WTE
Clinical Psychology	8b	0.4
Clinical Psychology B7	7	0.4
Associate Specialist	AS	0.15
Post diagnosis Support Facilitator	3	0.8
Total Staffing		1.75 wte

Total costs £98,415

Due to slippage in timeframes there is opportunity to subcontract new referrals to an outside provider. The provider commissioned by CCG and WCC for adult services has capacity and can provide 10 assessments per month to reduce current pressure on the Umbrella Pathway. Assurance regarding governance arrangements is considered low risk due to the current contract arrangements within Worcestershire. The proposal is to waiver the tender process due to the spot purchase nature of the contract and the urgent timescale. Referrals will be triaged by Umbrella pathway with assessment and diagnosis being completed by the commissioned provider. This will ensure there is equitable access to assessments. Statistical information will be used for assurance for example, diagnosis rates. Feedback from users via the FFT will also be monitored. As a spot purchase arrangement we could end the contract immediately if any concern was raised. The cost of this option would be £1500 per child's assessment.

Pros	<ul style="list-style-type: none"> To remove the backlog of cases from 2017/2018 To reduce the total length of time for the assessment pathway in future To provide minimum of 70 assessments for new referrals between Sept 19-March 2020 enabling focus on children/young people currently delayed. To regain local confidence in the Umbrella Pathway. Reduce the number of PAL's and complaints. To provide support to children young people and families post diagnosis To offer co-ordinated, co-produced advice and support from facilitator with lived experience.
Cons	<ul style="list-style-type: none"> Length of time it will take to clear backlog of cases. High cost per case when provided by alternative provider. Family expectation when some access alternative provider. Focus on support for those already completed assessment when others are significantly delayed pre diagnosis. Loss of commitment and workforce agreement as workforce changes. There will be no scope for flexibility to increase capacity for assessments if referral numbers do not reduce or if there are occasional peaks.

4.2 Option 2 Equal Investment in a) ASD Assessment and Diagnosis and b) Support Provision/ Early Intervention within standalone Umbrella Pathway Team with specific service specification

Option 2 – Equal investment in a) additional capacity to address the back log of children and young people waiting and b) development of support post diagnosis (including when criteria for autism diagnosis not met) from Umbrella Pathway Team

Based on the recruitment of staff detailed in option 1 (Table 5 and Table 6) together with current contribution to the pathway from individual teams there is potential opportunity to enhance sustainability of the pathway by remodelling the workforce undertaking assessments to develop an **Umbrella Pathway Integrated Team**. This will maximise efficient and effective use of workforce and remove competing clinical demand. It will also strengthen workforce development and clinical expertise and minimise single points of failure. There will be clear accountability and clarity in achieving KPI's. There will be increased opportunity to improve co-ordination of assessments and include a 'one stop shop' for the cases that are less complex to achieve timely diagnostic outcome. During the planning stage children that are considered to be less complex can be allocated to receive dual assessment within one day followed by prompt diagnostic discussion. Capacity for this shorter diagnostic discussion will be greater when the team are co-located and integrated thus impacting on the efficiency and effectiveness of the pathway.

Whilst developing and co-producing the post diagnosis support and intervention model and delivery plan the clinical workforce appointed will participate in reducing the backlog of diagnostic assessments. This will have a positive impact on the waiting times for children currently delayed within the pathway.

Table 7 shows both the current workforce commitment and the new investment workforce

Table 7 Proposed staffing model for future Umbrella Team

Role	Current WTE	MHIF posts		TOTAL
Umbrella Pathway/ Co-ordinator/ Team Leader Band 7	0.8 wte			0.8 wte
Clinical Psychology Prof Lead Band 8b	0.4 wte*TBC	Band 8b	0.4 wte	0.8 wte
Clinical Psychologist Band 7	0.4 wte*TBC	Band 7	0.8 wte	1.2 wte
SLT Band 6	0.6 wte	Band 6	0.6 wte	1.2 wte
Community Paeds	0.4 wte	Band 8a ACP	0.4 wte	0.8 wte
Community Paeds Sp Dr	0.55 wte	To Assoc Dr	0.7 wte	0.7 wte
OT Band 7	0.4 wte	Band 6	0.2 wte	0.6 wte
Band 4 Admin lead	0.8 wte			0.8 wte
Band 3 Admin support	2.0 wte	Band 3 uplift	1.0 wte	2.0 wte
Band 2 admin support		Band 2	0.4 wte	0.4 wte
Post diagnostic facilitator		Band 3	0.8 wte	0.8 wte
TOTAL MHIF COSTS			£199,525	

Within a standalone Umbrella Pathway Team there will be greater flexibility to manage changes in demand for assessment and diagnosis versus support and post diagnostic intervention.

<p>Due to slippage in timeframes there is opportunity to invest in short term roles and / or extension of contracted hours within the NHS workforce.</p> <p>This would be more cost effective than outsourcing to a private provider. It would also give greater assurance re the quality of assessments with sound governance and standards compliant with NICE guidance.</p> <p>This could also provide opportunity to pilot the 'one stop shop' model of care for cases identified at the planning stage as being straight forward and having good quality information within the referral. Due to the integration of Speech and Language therapy provided by our NHS team currently within Worcestershire schools, information is readily accessible or available thus reducing duplication and enhancing detail of difficulties individual children experience. This would not be available to a private provider.</p> <p>The cost of this option would be approximately £560- £900 per child based on temporary staffing rates and special duty rates for additional weekend working.</p>	
Pros	<ul style="list-style-type: none"> To provide a standalone service with clear accountability. To remove the backlog of cases from 2017/2018 To reduce the total length of time for the assessment pathway To provide minimum of 120 assessments for new referrals between Sept 19 and March 2020 from slippage funding enabling focus on children/young people currently delayed. To regain local confidence in the Umbrella Pathway. Reduce the number of PAL's and complaints. Improve sustainability of the assessment pathway. To provide support to children young people and families post diagnosis To offer co-ordinated, co-produced advice and support from facilitator with lived experience. Improved opportunity for professional development. Scope for flexibility if peaks and troughs in demand To have a transparent service model that is accountable and has clear and achievable KPI's. To reduce single points of failure within the pathway. To develop a skill mix increasing expertise and credibility. To provide opportunity for rotational posts to Umbrella pathway team. To provide opportunity for part time/ part job roles within Umbrella pathway To develop Umbrella Pathway clinics/one stop shop where children and young people can attend and be seen by more than one professional. To offer training to other health professionals and providers to improve experience of those with autism and autism traits.
Cons	<ul style="list-style-type: none"> This proposal will require expression of interest or redeployment of staff from current professional teams to Umbrella pathway. Service leads will need to agree the WTE to be redeployed to Umbrella Pathway team from current professional teams. This proposal may require management of change if expression of interest is not successful in defining the named workforce from current professional teams to the Umbrella Pathway Integrated Team. This model requires co-operation form staff to work additional hours or take on short term contracts

5. Proposal

The preferred option within this is business case is **OPTION 2**

Table 8 shows the impact **option 2**

Clinical Team	Current capacity	Investment capacity	Current Backlog	Impact trajectory: 3 months	Impact trajectory: 6 months	Impact trajectory: 9 months	Impact trajectory: 12 months
Clinical Psychology	28	6	193	162	131	80	33
SLT	20	20	192	159	93	75	36
Paediatrics	10	12	164	149	81	25	0
Diagnostic	40	20	348	288	246	195	100

Table 9 shows the impact when using slippage money to appoint to short term roles

Clinical Team	Current capacity	Investment capacity	Current Backlog	Impact trajectory: 3 months	Impact trajectory: 9 months	Impact of slippage use	Expected backlog cleared
Clinical Psychology	28	12	193	162	80	61	Feb 2020
SLT	20	20	192	159	75	66	Feb 2020
Paediatrics	10	16	164	149	25	29	March 2020
Diagnostic	40	34	348	288	195	120	April 2020

Without investment it is highly unlikely that the wait for completion of the Umbrella Pathway for assessment of ASD will improve. Numerous complaints and PALS enquires are received (approximately 70 in the last year) all taking time to investigate and feedback outcomes to families. There is currently inefficient use of resource managing family concerns and dissatisfaction with the timeliness of the pathway. This negative impact is experienced at all levels from Administration staff to Clinical Service Manager.

Feedback from General Practice identifies gaps between services with unnecessary steps in referral processes.

There is potential to maximise recovery by investing in short term roles using NHS staff which will also provide opportunity to test the future model. Additional impact on the backlog can be achieved by flexible use of practitioner to contribute to assessments and diagnostic discussion whilst the model of intervention is co-produced and planned. The Post Diagnosis Facilitator Role will enable a co-ordinated approach to training, support and any specialist interventions or strategies needed in partnership with a range of other providers. This structured approach will aim to meet the identified needs of families but can be adapted according to any changing needs. There will be opportunity to offer this training and support to both families whose children are diagnosed with autism and also those who have traits that do not reach a threshold for a diagnosis. The model will strengthen joint working with voluntary, charity, education and a range of social care providers.

6. Engagement

There has been several engagement events hosted by Worcestershire County Council to review and develop improved services for children and young people especially

those with special educational needs and disability. This has continued since the CQC/Ofsted inspection in 2018. By employment of a Post Diagnosis Facilitator, who would ideally have personal experience of autism, there will be ongoing dialogue and monitoring of family need thus promoting improved relationships, trust and credibility of professional within services.

Changes to the referral criteria for the Umbrella Pathway led to engagement with service users which have been sustained. When investigating complaints and PAL's direct communication with parents has also resulted in rich qualitative information regarding how needs could be more effectively met. Individual cases where current services do not meet needs will also be used to inform ongoing support and intervention models. Communication with Families in Partnership is ongoing.

The service is committed to work with system partners including education and the Local Authority and the wider health economy to review the requirements for the assessment process.

7. Implementation Plan

2019 - 2020	Action
Sept 19- October 19	Advertise permanent posts / secure temporary posts Recruitment to new roles Schedule assessments using additional staff hours Secure base for Umbrella Pathway Team
November 19- March 20	Map additional assessment and diagnostic sessions Undertake additional assessment and diagnostic sessions Map future joint clinics and diagnostic discussions Expressions of interest for roles within Umbrella Pathway Team Consider rotation roles or Implementation of change policy. Appointment of Post Diagnosis Facilitator Role Planning with partner agencies of support groups
April 20- May 20	Formation of new Umbrella Pathway Team Delivery of reformed service model Delivery of support programs with partner agencies Completion of backlog of Children and young people on pathway
June 20- Dec 20	Achievement of 6 month referral to diagnosis KPI

8. Conclusion

The current Umbrella Pathway is a pathway supported by professional from multi-professional teams. This has been successful in identification of a clear process and enabled achievement of NICE guidance standards. However due to other competing demands on the individual services there has been limited flexibility to meet the

increasing demands for assessment. It has also hindered the development of additional staff to ensure the pathway is sustainable. This has resulted in significant delays in the pathway leading to prolonged waits for children and young people. There has also been feedback and evidence that support post diagnosis and for those who do not receive a diagnosis is limited.

Following short term investment there was a small increase in capacity reducing waits for specific assessments. However this resulted in more children being ready for diagnostic discussion. Securing temporary staffing to sustain this additional capacity has been problematic but with fixed term increases in hours and availability of an ex-employee this will be achievable.

Developing a long term sustainable model can be achieved by implementation of option 2. This will enable accountability and clear KPI's to be reported. The development of a dedicated Umbrella Pathway workforce to improve the recovery and co-ordinate and provide committed clinicians to review current practice and develop skill mix to manage fluctuating capacity and demand within the pathway. As the ongoing support and intervention strategies are agreed with families and partners the Post Diagnosis Facilitator role will deliver lived experience support to families in partnership with a range of other organisations and providers including voluntary, statutory and charities. This will also inform the future model.