

**Reference:** FOI.ICB-2223/249

**Subject:** Autism Assessment Referral Criteria

*I can confirm that the ICB **does hold some of the information requested**; please see responses below:*

QUESTION	RESPONSE
<p>I am hoping you can help me find some documents please. Having gone through a lot of tiny writing on your website, I am unable to find the minutes of the meeting in where the ICB and Sirona discussed the new autism assessment referral criteria. Would I be able to have a copy please?</p> <p>Also, in a video Sirona released discussing the new criteria, they mentioned it being based off other areas on the country. Do you have any information regarding this and the outcomes?</p> <p>And lastly, in the same video, Sirona mentioned a quality impact assessment. Could I please have a copy of this?</p>	<p>Please find attached copies of all the Children's Operational Delivery Board (CODB) minutes where the changes to the autism assessment pathway and referral criteria were discussed. Minutes included were taken between January 2022 – February 2023.</p> <p>Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p> <p>In regards to the information on the referral criteria in other areas of the country and the quality impact assessment, BNSSG Integrated Care Board (ICB) does not hold this information, please contact Sirona directly if you wish to find out more at <a href="mailto:Sirona.hello@nhs.net">Sirona.hello@nhs.net</a>.</p>

***The information provided in this response is accurate as of 4 May 2023 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

# Children's Operational Delivery Board

Minutes of the meeting held on Tuesday 26 April at 1100 via MS Teams Call

## Minutes

Present		
(Chair)	Head of Contracts - Non-Acute, CCG	
	Associate Director of Operations, AWP	
	Senior Contract Manager, CCG	
	Head of Safeguarding Children (Designated Nurse), CCG	
	Head of Children's Continuing Care, CCG	
	Head of Transformation (SEND), CCG	
	BI Manager - Non-Acute Contracts, CCG	
	Deputy Divisional Director, Children's Operational & Paediatric Surgical Services, UHBW	
	Clinical Director for Children's, Sirona care & health	
	Associate Director of Children's Services, Sirona care & health	
	Designated Nurse Children in Care and Care Leavers, CCG	
	Head of Children and Families Transformation, CCG	
In attendance		
(Minutes)	Commissioning Business Support Officer, CCG	
Apologies		
	Deputy Director of Commissioning, CCG	
	Divisional Director, Division of Women's & Children's, UHBW	
	Head of Safeguarding (All Age), CCG	
	Director of Commissioning, CCG	
	Deputy Director of Nursing and Quality, CCG	

	Item	Action
01	<b>Introductions and Welcome</b>	
02	<b>Minutes, Actions and Matters Arising</b>	
03	<b>Performance Dashboard</b>	
05	<b>SEND Report</b>	



	Item	Action
	<p>XX went on to provide summaries for BNSSG's 3 LA's, as follows:</p> <p><b>North Somerset</b></p> <ul style="list-style-type: none"> <li>developing with XX and colleagues a short-term proposal around the Autism diagnosis pathway, which has been totally overwhelmed. It can cope with around 40 assessments a month but are averaging around 133 acceptable referrals per month. Taking this paper to May's Clinical Executive. Whole move towards a needs-led approach, to take focus from that diagnosis pathway, which is being taken to June's Clinical Executive</li> </ul>	
06	<p><b>Current position / Service pressures</b></p> <p><b>Sirona</b> - XX provided their update:</p> <ul style="list-style-type: none"> <li>work being completed around community paediatrics, therapies and neurodevelopment and are looking at a few pathways e.g. sleep, ASD - addressing how delivering on need. Looking at how to make it easier for families to navigate the system when their needs change</li> </ul>	
04	<p><b>North Somerset Paediatric Service - Risk and issues</b></p> <p>XX advised the following action is being taken to address the above issues:</p> <ul style="list-style-type: none"> <li>undertaking pathways refresh across BNSSG, noting North Somerset had already completed quite a lot of work around this e.g. ADHD and ASD assessments. Have chosen 4 key areas where it is felt can make a difference and there is a lot of demand</li> </ul>	
07	<b>Learning from Safeguarding Reviews and Safeguarding Concerns</b>	
08	<b>Risk Register</b>	
09	<b>Any other business</b>	
	<b>Time and date of next meeting</b>	

## Children's Operational Delivery Board

Minutes of the meeting held on Monday 27 June at 1100 via MS Teams Call

### Minutes

Present		
(Chair)	Deputy Director of Commissioning, CCG	
	Children's Operational Lead, Sirona	
	Head of Transformation (SEND), CCG	
	BI Manager - Non-Acute Contracts, CCG	
	Deputy Divisional Director, UHBW	
	Head of Safeguarding (All Age), CCG	
	Head of Children's Public Health Nursing (BNSSG), Sirona	
	Business Manager (Children's Services), Sirona	
	Associate Director of Children's Services, Sirona	
	Interim Senior Contract Manager, CCG	
	Sirona	
	Head of Children and Families Transformation, CCG	
In attendance		
(Minutes)	Commissioning Business Support Officer, CCG	
Apologies		
	Head of Contracts - Non-Acute, CCG	
	Associate Director of Operations, AWP	
	Director of Commissioning, CCG	
	Associate Director of Nursing and Quality, CCG	
	Deputy Director of Nursing and Quality, CCG	

	Item	Action
01	<b>Welcome, introductions, apologies and declarations of interest</b>	
02	<b>Minutes, Action Log and Matters Arising</b>	
03	<b>Performance Dashboard</b>  Referring to slide 5 'Autism Services - the concerns', XX advised:	



	Item	Action
	<ul style="list-style-type: none"> <li>really welcomed the 9 June BNSSG Clinical Executive workshop conversations around neurodiversity</li> </ul> <p>XX spoke to slide 7 'Autism services – will progress':</p> <ul style="list-style-type: none"> <li>decision made to only invite older school children and those taking exams to clinics during school holidays / after exams</li> </ul> <p>XX advised assessment delays have triggered the move towards a needs-led approach to supporting young people with autism. The waiting list issue is a here-and-now problem, not unique to BNSSG, and the impact of system change will take months if not years. XX noted adding young people to an ever-growing waiting list is doing them a disservice.</p> <p>Recognising the future direction of system working, XX asked XX what would be the best way to take this forward. XX advised XX and colleagues have written a paper around possible actions to take in the short-term, such as altering the criteria, addressing those of highest need (red flag criteria), delivering capacity and not simply adding additional young people to a waiting list - however these is no easy answer!</p> <p>XX, referring to the 9 June Clinical Executive Workshop and subsequent emails, advised from a planned care perspective if the policy criteria was to be changed the system would need to look carefully at managing people who were added against the old criteria but do not meet the new criteria - you cannot simply remove people from the waiting list due to a change in criteria. XX happy to work with XX to progress this and look at stemming some of the demand. XX thanked XX, highlighting the expertise in BNSSG to lead the way.</p> <p>XX thought the system change work has got to a point where it needs something else to take it to the next stage - the time feels right for system change however the infrastructure is not in place in terms of who will lead it, a point that was raised at last week's Quality Committee. XX asked if the Quality Committee had any thoughts to progress this forward, as it would be really good to understand the key enablers or is it a case of going through transition and awaiting good grounding to understand what the structure will look like to drive change forward. XX thought it was the latter and personally feels it requires a dedicated team to drive it forward for 12-18 months, as it needs to be right and there is an appetite for this. XX highlighted the additional engagement required to drive any system change. XX agreed with the information, and all the work completed by XX, XX and XX, in this particular area it is important to ask how this work will be driven forward and have the right leadership at system level to make that fundamental change whilst asking what actions do we need to do for the here and now to deliver these services.</p> <p><b>ACTION:</b> XX, XX, XX and XX to meet offline to discuss decision-making process and governance structure now, then escalate it to the system leadership to drive this forward</p>	
04	<b>Children in Care Dashboard</b>	

	Item	Action
05	<b>Transitions Approach / Trigger</b>	
06	<b>Children in care adoption workshop</b>	
07	<b>Gypsy Roma Traveller role</b>	
08	<p><b>Current position / Service pressures</b></p> <p><b>AWP -</b></p> <p><b>Sirona</b> - Due to time constraints, XX provided an email update, as follows:</p> <ul style="list-style-type: none"> <li>• Five key pathways being looked at 3) ADHD (neurodiversity) 5) detailed focus work around ASD</li> </ul>	
05	<b>Learning from Safeguarding Reviews and Safeguarding Concerns - Escalation</b>	
07	<b>Risk Register</b>	
09	<b>Any other business</b>	
	<b>Time and date of next meeting</b>	

## Children’s Operational Delivery Board

Minutes of the meeting held on Monday 25 July at 1100, via MS Teams.

### Minutes

<b>Present</b>		
(Chair)	Deputy Director of Commissioning, ICB	
	Head of Contracts - Non-Acute, ICB	
	Associate Director of Operations, AWP	
	BI Manager - Non-Acute Contracts, ICB	
	Deputy Divisional Director, UHBW	
	Head of Safeguarding (All Age), ICB	
	Director of Operations, Sirona	
	Associate Director of Children’s Services, Sirona	
	Associate Director of Nursing and Quality, ICB	
	Interim Senior Contract Manager, ICB	
	Programme Manager - Children’s and Families’ Strategic Direction, ICB	
<b>Apologies</b>		
	Head of Transformation (SEND), ICB	
	Director of Commissioning, ICB	
	Deputy Director of Nursing and Quality, ICB	
	Head of Children and Families Transformation, ICB	
<b>In attendance</b>		
(Minutes)	Commissioning Business Support Officer, ICB	

	<b>Item</b>	<b>Action</b>
01	<b>Welcome, Apologies and Declarations of Interest</b>	
02	<b>Minutes and Action Log from meeting held on 27 June 2022</b>	



	Item	Action
03	<b>Performance Dashboard</b>	
04	<b>ICS plan and the development of a children strategy</b>	
05	<b>Children in care adoption workshop</b>	
06	<p><b>Current position / Service pressures</b></p> <p><b>Sirona</b> - XX advised, having agreed this in advance with XX, that this time would be used to have a collective discussion around demand and capacity issues within children's services. XX noted some key points are around ASD, ADHD and Community Paediatricians. This conversation has already been tested in more than one arena with general support from XX - Clinical Lead for Children &amp; Families at the ICB, and XX - Director of Commissioning at the ICB, and thought it appropriate to bring to CODB to get wider consensus and to gain a view on how to progress forward, if supported.</p> <p>XX reminded CODB there has been a long-standing issue with Community Paediatrics and waiting lists, with proactive work having been completed to try to address the waiting lists - however they continue to rise.</p> <p>From clinically-led review work, comparing work to other parts of the country, XX advised it looks like BNSSG are out of kilter - noting the following:</p> <ul style="list-style-type: none"> <li>• deliver far more services, and thresholds are much wider than all other Community Paediatricians offer</li> <li>• Community Paediatricians have slightly become 'jack of all trades' and now need to re-define the scope</li> <li>• alongside some of this work, have been allocated some ICB finance time to review demand and capacity of children's services as a whole</li> <li>• whilst Sirona agree to make some changes and hear collective discussion, a demand and capacity review is on track to start from 1 August 2022</li> </ul> <p>XX advised proposing to:</p> <ul style="list-style-type: none"> <li>• look at clinical referral acceptance criteria, in line with other Community Paediatrician teams up and down the country</li> </ul> <p>In response to the neurodiversity seminar in June, co-chaired by XX and XX of AWP, XX advised BNSSGs offer could be realigned to look at neurodiversity as a whole. BNSSG recognises that the 'do nothing' approach is not an option - with the ASD assessment wait currently 2 years - and it cannot continue with those kind of levels for our children and families.</p>	



Item	Action
	<p>XX asked CODB for support to push this through from 1 September 2022, recognising there will be individual services that have knock-on effects and will look at this from the system perspective.</p> <p>XX highlighted there are a few safety nets tracking alongside:</p> <ul style="list-style-type: none"> <li>• needs-led work going on from ASD perspective</li> <li>• wider demand and capacity support from the ICB</li> </ul> <p>With this in place, able to roll-back if clinical risk or concerns were raised.</p> <p>XX made CODB aware a Consultant's letter, from the BMA perspective, was delivered to Sirona's Board a couple of weeks ago. Linked to this the rise in complaints is becoming more and more challenging as a result of increasing waiting lists.</p> <p>XX thanked XX, noting previous conversations and the recognition of the challenges as a system. XX agreed 'do nothing' is not an option and something needs to be done differently, with regular monitoring and evaluation of the impact / benefits of implementation, whether positive or negative. XX advised the conversations with XX had also highlighted the need to ensure clear communication of any changes, especially with LA colleagues, and primary care.</p> <p>XX agreed with XX and XX that 'do nothing' is not right - a wait time of 2 years for an ADHD diagnosis is of no use to a child or their family, and is not meeting a need. Need to go to criteria-led referral with the whole piece of work being risk-managed with an outcome-based approach. Whatever action is taken will cause a reaction, high anxiety and could be very stressful for families and individuals. Essential communications teams are involved from the beginning - cannot over communicate, need effective communication or otherwise there will be more complaints. XX thanked XX for the supportive comments, agreeing the need for communication strategy to be carefully managed and tracked.</p> <p>XX reiterated working towards a planned way of introducing changes from 1 September 2022, including addressing health inequalities.</p> <p>XX, to XX, noted the need for a high-level strategy piece as know a lot of people want the 'label' as it opens doors to benefits - not because it changes anything on a management plan necessarily but it can change things financially for some, which links to XX's comment regarding health inequalities. Reality is families and children who are of need are often 'hidden' or not accessing this service. XX advised AWP have seen the same with adult services - the number of referrals and demand has gone up massively however the conversion rate has not e.g. conversion rate for ASD is fairly static but because of publicity / social media people are seeking diagnosis. Challenging in terms of demand and capacity!</p> <p>XX asked if there were any other thoughts or comments regarding what XX has just stated.</p>

	Item	Action
	<p>XX asked XX if there was anything from the LDA Board, in terms of bids, investment or business plan. XX advised there is no further investment however from a governance perspective think the LDA Board is a good one to monitor the effectiveness and get to a wider audience - see it as an opportunity.</p> <p>XX also confirmed support for this work.</p> <p>XX summarised that CODB support the proposed way forward and that a 'do nothing' is not acceptable. XX noted the need to urgently link in with communication colleagues and ensure a really good system communication plan is put in place as this will aid any potential negative feedback. This communication plan needs to include communicating this decision with all three LAs, LDA Board, Children, Families and Maternity Steering Group. XX, to XX, advised it should also go on the agenda of the new 'BNSSG Outcomes, Performance and Quality Committee' which replaces the CCG Quality Committee. XX added that this plan also has the full support from XX.</p> <p><b>ACTION:</b> Demand and capacity item to be taken to BNSSG Outcomes, Performance and Quality Committee. XX to work with DM in terms of adding to the agenda</p> <p>XX asked for this to become a regular CODB agenda item, which would allow for monitoring and evaluation, along with an exit strategy should actions taken need adapting / withdrawing.</p> <p><b>ACTION:</b> Demand and capacity issues within Children's services to be added as a regular item to the CODB agenda by XX. XX to provide updates on progress including the impact (positive / negative) of the actions taken</p> <p>XX proposed linking offline with XX, XX and XX to discuss a plan of action and for that action plan to be presented to the next CODB.</p> <p><b>ACTION:</b> XX, XX, XX and XX to discuss offline a plan of action</p>	
07	<b>Learning from Safeguarding Reviews and Safeguarding Concerns - Escalation</b>	
08	<b>Risk Register</b>	
08	<b>AOB</b>	

	Item	Action
	Time / date of next meeting:	

## Children’s Operational Delivery Board

Minutes of the meeting held on Monday 24<sup>th</sup> October 2022 at 1200, via MS Teams.

### Minutes

Present		
(Chair)	Deputy Director of Commissioning, ICB	
	Interim Senior Contract Manager, ICB	
	Associate Director of Operations, AWP	
	Performance Improvement Facilitator (Mental Health)	
	BI Manager - Non-Acute Contracts, ICB	
	Deputy Divisional Director, UHBW	
	Head of Safeguarding (All Age), ICB	
	Associate Director of Children’s Services, Sirona	
	Associate Director of Nursing and Quality, ICB	
	Children’s Transformation Accountant, Sirona	
	Interim Designated Nurse Safeguarding Children	
	Sirona	
	AWP	
	BNSSG ICB	
Apologies		
	Head of Transformation (SEND), ICB	
	Director of Performance and Delivery, ICB	
	Deputy Director of Nursing and Quality, ICB	
	Head of Contracts - Non-Acute, ICB	
	Head of Children and Families Transformation, ICB	
	Senior Contract Manager Mental Health and Learning Disabilities	
In attendance		
(Minutes)	Commissioning Business Manager, ICB	

	Item	Action
01	<b>Welcome, Apologies and Declarations of Interest</b>	



	Item	Action
02	<b>Minutes and Action Log from meeting held on September 2022</b>	
03	<b>Performance Dashboard</b>	
04	<b>Children's Contract Management</b>	
05	<b>Transformation Business Cases</b>	
06	<p><b>Updated position: Tactical Interventions</b></p> <p>Clinical referral acceptance criteria: ASD &amp; Community</p> <p>XX outlined the following: Current Position:</p> <ul style="list-style-type: none"> <li>• Total Community Paediatric &amp; ASD referrals are rapidly increasing</li> <li>• Waiting lists growing exponentially</li> <li>• Comm Paeds, 250+ referrals per month above capacity</li> <li>• ASD, 100+ referrals per month above capacity</li> <li>• 25% Comm Paediatrician vacancies, nationwide</li> <li>• Negative impact on both C&amp;YP, Families and Staff</li> <li>• Sirona currently hold the risk</li> </ul> <p>How the service is currently operated:</p> <ul style="list-style-type: none"> <li>• Compared to services nationally, thresholds for referral criteria are low</li> <li>• Children on waiting lists may not receive appropriate &amp; timely intervention</li> <li>• Increase in complaints and dissatisfaction of families accessing the service</li> <li>• High pressure and negative impact on staff wellbeing</li> </ul> <p>Changes will allow:</p> <ul style="list-style-type: none"> <li>• Focus on those with highest clinical needs and the most vulnerable children and families</li> <li>• Meet our statutory and legal responsibilities for SEND and Children in Care</li> <li>• Align the offer in Bristol, North Somerset and South Gloucestershire with elsewhere in the country</li> <li>• Ensure families have the right information and are signposted correctly</li> <li>• Migrate Risk from Sirona to the System</li> </ul>	

	Item	Action
	<p>Request from proposals:</p> <ul style="list-style-type: none"> <li>• Approval &amp; support for proposed changes</li> <li>• Communication Plan - Strategy sign off</li> <li>• Complaints procedure corporate/digital support</li> <li>• Complete - Equalities Impact Assessment</li> <li>• Support change from diagnostic services to a Needs Led service; with a neuro diverse focus (system ownership)</li> </ul> <p>XX asked for any questions and comments from CODB members:</p> <p>A discussion was held about the correct governance and awareness to further agree and implement these changes, and it was agreed the paper and slides would be shared with relevant colleagues and system partners and also presented to the HCPE board.</p> <p><b>ACTION:</b> Referral Criteria Proposed Changes – ASD &amp; Paeds paper to be taken to HCPE to update and for awareness to system partners of agreed changes.</p>	
07	<b>Current position / Service pressures</b>	
08	<b>Learning from Safeguarding Reviews and Safeguarding Concerns – Escalation</b>	
09	<b>Risk Register</b>	
10	<b>AOB</b>	
	<b>Time / date of next meeting:</b>	

## Children’s Operational Delivery Board

Minutes of the meeting held on Monday 21 November at 1100, via MS Teams.

### Minutes

<b>Present</b>		
(Chair)	Deputy Director of Commissioning, ICB	
	Commissioning Manager, Strategic Commissioning - Children, Families & Education, Bristol City Council	
	Public Health Strategic Lead - Healthy Foundations, South Gloucestershire Council	
	Head of Transformation (SEND), ICB	
	BI Manager - Non-Acute Contracts, ICB	
	Deputy Divisional Director, UHBW	
	Head of Safeguarding (All Age), ICB	
	Associate Director of Children’s Services, Sirona	
	Interim Deputy Divisional Director (Strategy and Business Planning), UHBW	
	Associate Director of Nursing and Quality, ICB	
	Interim Senior Contract Manager, ICB	
	Children’s Transformation Accountant, Sirona	
	Head of Children and Families Transformation, ICB	
<b>Apologies</b>		
	Head of Contracts - Non-Acute, ICB	
	Associate Director of Operations, AWP	
	Principal Public Health Specialist, Bristol City Council	
<b>In attendance</b>		
(Minutes)	Team Administrator / Acting PA to XX and XX, ICB	

	<b>Item</b>	<b>Action</b>
01	<b>Welcome, Apologies and Declarations of Interest</b>	



	Item	Action
02	<b>Minutes and Action Log from meeting held on 24 October 2022</b>	
03	<p><b>Updated position: CCHP Tactical Interventions</b></p> <p>Work programme</p> <ul style="list-style-type: none"> <li>• Autism Spectrum Disorder (ASD)</li> <li>• Community paediatrics</li> </ul> <p>XX provided an overview, referring to a non-circulated paper - and will share this paper post-meeting:</p> <ul style="list-style-type: none"> <li>• referring to action 125, under item 2, proposed agreeing a QIA and EIA process for CODB</li> <li>• advised a help-desk for families queries will be available once changes ‘go live’</li> <li>• currently developing further communications plan, including specific letters for families with stakeholder arrangements details</li> <li>• Sirona’s own QIA process suggested increased engagement and information is needed for parent carers, GP’s, etc</li> <li>• require a performance dashboard that recognises these changes and therefore enables the process to be adjusted accordingly</li> <li>• noted changes could lead to potential increase in school referrals</li> <li>• 10,000 patient records have been cleansed from the system</li> <li>• do not currently hold ethnicity information as part of data, something to be collected going forward</li> </ul> <p>XX asked XX when will there be final ICB sign-off for the proposed changes, noting XX (XX) is in support. XX agreed the need for a conversation with XX, and to ensure this is covered from a quality perspective and it is communicated widely across the system.</p> <p><b>ACTION:</b> XX to share paper with CODB</p> <p><b>ACTION:</b> XX and XX to meet to discuss work programme changes and ICB sign-off</p> <p>Referring to when children are triaged under the current ‘old’ criteria, and after attending Parent Carers’ Forum recently, XX highlighted the current language used can be quite harsh e.g. ‘accepted’ and ‘rejected’. In order to work proactively with families, XX proposed moving to ‘accepted to community paediatrics’, for the ‘red’ children you must see, with everyone else ‘accepted’ to allow for neuro-profiling in the system to begin much earlier. XX asked XX if this would push the education system to take on more system-responsibility for neuro-profiling.</p>	



	Item	Action
	<p>XX thanked XX, noting there can be benefits of demand management and setting a referral criteria. XX highlighted the need to assess the impact of pathway changes on different partners prior to being implemented. XX queried if 90% of patients referred for an autism assessment are diagnosed, a very high conversion rate, then why are they sitting on a waiting list to be assessed rather than receiving help now. XX proposed a system piece of work and wider conversation is required as to how this is managed. XX agreed with XX, highlighting the need for some programme resource to make a major system change such as this first time and make a difference.</p> <p><b>ACTION:</b> XX, XX and XX to meet to discuss system piece of work required regarding autism waiting lists</p> <p>XX, referring to XX's point around resource, added at this time of year the Transformation part of Children's and Families start to plan how to utilise funding received from NHSE's CYP Programme. To date, this has been focussed on priority areas: asthma, urgent care and health inequalities. Do not yet know ICB's priorities for children, however XX suggested giving some thought as to how to use that resource, including how the children's transformation team are being used. XX agreed this was a good idea, links into conversations around priorities and planning, and focussing resources into areas of need.</p> <p>XX thanked XX, there were no further questions.</p>	
04	<b>Special Educational Needs &amp; Disability (SEND)</b>	
05 05.1	<p><b>Nursing and Quality updates</b></p> <p><b>Autism Intensive Service (AIS) - sustaining service until review has been undertaken</b></p> <p>XX verbally advised views previously emailed to XX:</p> <ul style="list-style-type: none"> <li>• Sirona advising of a change to referral criteria</li> </ul>	
06	<b>Performance Dashboard</b>	
07	<b>Transformation</b>	

	<b>Item</b>	<b>Action</b>
08	<b>Current position / Service pressures</b>	
09	<b>Learning from Safeguarding Reviews and Safeguarding Concerns - Escalation</b>	
10	<b>Risk Register</b>	
11	<b>AOB</b>	
	<b>Time / date of next meeting:</b>	

## Children’s Operational Delivery Board

Minutes of the meeting held on Monday 19<sup>th</sup> December at 1100, via MS Teams.

### Minutes

Present		
(Chair)	Deputy Director of Commissioning, ICB	
	Head of Transformation (SEND), ICB	
	BI Manager - Non-Acute Contracts, ICB	
	Associate Director of Nursing and Quality, ICB	
	Associate Director of Operations, AWP	
	Interim Senior Contract Manager, ICB	
	Sirona	
	BNSSG ICB	
	Children’s Transformation Accountant, Sirona	
	Team Administrator ICB	
	Commissioning Business Manager, ICB	
Apologies		
	Head of Safeguarding (All Age), ICB	
	Associate Director of Children’s Services, Sirona	
	Public Health Strategic Lead - Healthy Foundations, South Gloucestershire Council	
	Deputy Director of Nursing and Quality, ICB	
	Head of Children’s and Families – Transformation ICB	

	Item	Action
01	<b>Welcome, Apologies and Declarations of Interest</b>	
02	<b>Minutes and Action Log from meeting held on 19 December 2022</b>	



	Item	Action
03	<b>Performance Dashboard</b>	
04	<p><b>Updated position: CCHP Tactical Interventions</b>  <b>Updated by XXXX</b></p> <p>In reference to action 130, XX updated that XX and XX are still having conversations and awaiting sign off's surrounding the Autism and Community Paediatrics progress. From a Sirona perspective, internal preparation is still taking place and anticipated to go live in the middle of January and the Tactical Intervention's help desk is being set up.</p> <p>Sirona is also bringing in some additional admin staff whom will be based at Kingswood, in order to provide some operational support so that official sign off can be received and progress can be made.</p>	
04	<b>Bristol SEND re-inspection report update</b>	
05	<b>2022/23 investment opportunities decision deadline</b>	
06	<b>AF Report</b>	
08	<p><b>Current position / Service pressures / Priorities (verbal)</b></p> <ul style="list-style-type: none"> <li>• Sirona</li> </ul> <p>For Sirona, XX highlighted that the extension of ASD waiting list initiative is likely to see some of the clinicians handing in their notice, along with the current waiting list trajectory starting to fall off because of that uncertainty surrounding employment going into the next year.</p> <p>The new ASD dashboard is going to be submitted in January which has been successful in supporting some of the data quality issues that the service needs to work through.</p> <p><b>(ACTION – XX &amp; XX to discuss the ASD waiting list initiative and agree next steps).</b></p>	
09	<b>Contract Review Meeting – Update &amp; Escalation</b>	
10	<b>Learning from Safeguarding Reviews and Safeguarding Concerns - Escalation (verbal)</b>	
11	<b>Children in Care – Out of area reviews (verbal)</b>	

	<b>Item</b>	<b>Action</b>
12	<b>Risk Register</b>	
13	<b>AOB</b>	
	<b>Time / date of next meeting:</b>	

## Children’s Operational Delivery Board

Minutes of the meeting held on Monday 27<sup>th</sup> March at 1400, via MS Teams.

### Minutes

Present		
(Chair)	Head of Children’s and Families – Transformation ICB	
	BI Manager - Non-Acute Contracts, ICB	
	Associate Director of Operations, AWP	
	Interim Senior Contract Manager, ICB	
	Head of Safeguarding (All Age), ICB	
	Associate Director of Children’s Services, Sirona	
	Team Administrator ICB	
	Public Health Strategic Lead - Healthy Foundations, South Gloucestershire Council	
Apologies		
	Deputy Director of Commissioning, ICB	
	Head of Transformation (SEND), ICB	
	Children’s Transformation Accountant, Sirona	

	Item	Action
01	<b>Welcome, Apologies and Declarations of Interest</b>	
02	<b>Minutes and Action Log from meeting held on 27th February 2023</b>	
03	<b>Performance Dashboard</b>	
04	<b>Children in Care – Briefing Papers</b>	



	Item	Action
05	<b>Pause Charity</b>	
06	<p><b>ASD and Comm Paediatrics Criteria Changes</b></p> <p>XX provided an overview and update on ASD/Community Paediatric changes which were raised/requested as a result of the post-covid struggling situation.</p> <p>XX highlighted a 350% rise in ASD referrals and a 50ww for community paediatrics.</p> <p>The ICB have identified a need for a change in criteria and practice, in order to help manage these long waits and number of referrals. Previous changes explored did not prove successful in managing long waits and high demand so XX explained that a change of criteria, which she has drafted, seems to be the most appropriate route at current, alongside ongoing waiting list initiatives.</p> <p>XX highlighted the need for the most vulnerable and in need to be prioritised and ensure that those who require medication are able to access resources in a timely and efficient manner, adding that criteria changes will aim to support this.</p> <p>XX questioned what potential changes may be and what is needed for improvements.</p> <p>XX responded that though it may not be a one size fits all, many of those awaiting support are in search of a diagnosis and by receiving a diagnosis, will support them in managing and living with their condition.</p> <p>XX reiterated the importance of a collective effort in reshaping the pathway and criteria for ASD referrals and Community Paediatric waiting lists.</p> <p>XX reiterated the national problem surrounding ASD assessments and referrals, with around 50 referrals a day coming through. From a meeting that he attended, he learnt that Bradford and Portsmouth are pioneering pilots in support of this ongoing issue and are making their working tools available to other localities and ICB's to help others make helpful changes too.</p>	
07	<b>Current position / Service pressures / Priorities</b>	
08	<b>Learning from Safeguarding Reviews and Safeguarding Concerns - Escalation</b>	
09	<b>Children in Care – Out of area reviews</b>	

	<b>Item</b>	<b>Action</b>
10	<b>Contract Review Meeting – Update &amp; Escalation</b>	
11	<b>Risk Register</b>	
12	<b>AOB</b>	
	<b>Time / date of next meeting:</b>	