#### If a global developmental delay is **UNIVERSAL** suspected contact CPMS for advice If mental health concern suspected follow **INITIAL CONTACT via ND dedicated phone/email system** SEMH pathways. education setting or Identify initial needs and signpost to relevant resources www.portsmouth.gov.uk/SEMHguidance other professional For Families - guide parents and families to self-help tools and parent peer support has concerns For Professionals - guide to profiling tool **ND Case Review Group** Increased concerns raised To decide if CYP is put forwards for Universal delivery of support to Clinician checks by professionals or assessment (smaller panel/supervision families includes: information is session) Identify assessments required i.e: parent/carer via Front • Profiling tool (support plan inc. complete and if not Learning Assessment Door. Needs assessed by strategies put in place) collects required **ADOS** FSW/Clinician. New advice • Signpost to ordinarily available information. Added to SLT via Inreach offered OR recommend provision including therapies, **School Observations CRG** for discussion further assessment. school support offer Detailed Assessment Pathway is available here: MDT FINAL DOCUMENTS\ND assessment pathway March 22 v1 .pdf or at the end of this document Where needs met, transition to NO YES Children's Therapy Services will **Adult Services mapped and** provide INREACH into the MDT, followed from 14yrs **Decision fed back** including MDP to provide advice and **Assessments** interventions where necessary. This to family inc. completed by Clinicians Supported by Family Support Workers further support is a flexible and responsive offer. with recommendations If co-morbid mental health presentation options, back to made to MDP occurs, follow SEMH pathways according to level of identified need NO **Psycho Education** Consultant - Supervision of NMP's & Complex Cases by Consultant **Multi-Disciplinary Panel** Medication - Independent Nurse Prescribers, medical trainees Medication INP's **Diagnosis Feedback** For diagnosis Consultant Psychiatrist led Initiate & stabilise to family including Review clinicians' recommendations on (approx. 8 weeks) care planning. diagnosis and interventions. Information shared Includes Consultant Paediatrician, Speech & with CYP education **ADHD** Language Therapist, lead clinician (specialist settings. nurse for under 6's?) Medication Review & Long-Term Follow-ups, ND diagnosis (e.g. Autism) usually every 6 months As part of care plan, consider the most Identified needs to be met through appropriate lead professional. Review Transition to extended services - i.e. integrated notes overleaf to support decisions for adult services at therapies, medication monitoring, children and young people 17.6 yrs peer to peer support 6 weeks post -diagnosis Follow-up call with family

**Transition to Adult** 

Services mapped and

followed from 14yrs

# **Additional Support Offer**

- Virtual ND clinic for parents (clinician led?)
- Parent Peer to Peer Support Group (facilitated by PPV)
- Young Peoples Peer to Peer Support Groups (Dynamite)
- Helpline for families FSW in Therapies Front Door?
- ND Digital Platform
- E-learning for parents and professionals OAP or PPV
- Workshops multi-agency, build on NDiS project
- Educational Psychology support for schools
- Outreach service support for schools
- SEMH pathways www.portsmouth.gov.uk/SEMHguidance

### Proposed ND Pathway - v0.3 (July 2022)

#### **Community Paediatric Medical Service**

The Community Paediatric Medical Service sees children under the age of five years with concerns about developmental delay, including speech delay, global delay, motor delay and hearing and visual problems (only if other developmental concerns). Over 5 years of age we see children with generalised learning difficulties to assess if there is a medical cause for their difficulties. We see children with physical disabilities up to 16 years. We assess medical conditions for children who have/need an Education and Health Care Plan. Referral criteria are:

#### PRESCHOOL (up to 4y 11m)

- Known neurodevelopmental conditions which are known to need medical follow up e.g. cerebral palsy
- Chromosomal and syndrome diagnosis causing developmental delay, and known to need medical surveillance eg Down syndrome (0-16 years)
- Developmental regression confirmed loss of developmental skills should be referred. If there is rapid developmental regression it may be appropriate for the child to be seen by the paediatric neurology service in the first instance. Please discuss with us if you are unsure.
- Significant gross motor delay including concerns about tone, asymmetry, regression or stasis (>6 months) of gross motor skills. Includes persistent toe walking after two years of age.
- Significant fine motor delay including concerns about tone, hand preference (under 18 months), asymmetry, regression or stasis (>6 months) of fine motor skills.

The following should not be referred to CPMS unless there are other developmental delays.

- Isolated speech and language delay should be referred to speech and language therapy (SALT) and to audiology. Referral to neurodevelopmental paediatric clinic only if other developmental concerns, e.g. significant global delay, moderate to severe delay in understanding of language confirmed by a speech therapist, specialist education input advised or secured, or concerns from SALT services.
- Isolated concerns about hearing refer to paediatric audiology service who can refer on to neurodevelopmental paediatric service if required (i.e. if they have concerns about developmental problems)
- Isolated concerns about vision refer to paediatric eye clinic, who can refer on to neurodevelopmental paediatric service if required (i.e. if they have concerns about developmental problems)
- Head growth and shape with associated developmental delay. We see children where there are concerns about head growth and shape only if there is associated developmental delay. If there are no developmental concerns or if head growth is rapid, please refer to the general paediatric service in the first instance. All referrals need to include a copy of the full growth chart, including weight, height and head circumference.

## SCHOOL AGE (5-16yr occasionally 19yr-see below)

We will see some children in special schools up to the age of 19 years

- Known neurodisabling conditions which are known to need medical follow up e.g. cerebral palsy.
- Chromosomal and syndrome diagnosis causing developmental delay, and known to need medical surveillance eg Down syndrome (0-16 years)
- Developmental regression confirmed loss of developmental skills should be referred. If there is rapid developmental regression it may be appropriate for the child to be seen by the paediatric neurology service in the first instance. Please discuss with us if you are unsure
- Generalised moderate/severe learning difficulties/low IQ or global developmental delay where the cause needs to be considered, and/or with dysmorphic features not fully investigated previously.

## Allocation of key workers

As part of the care planning for any children moving through the formal diagnosis pathway, consideration should be given to the allocation of a 'lead worker'. This may be:

Practitioner	Age Range	Role Profile	<b>Duration of Support</b>	Link
Health Visitor	0-5 years	Universal service with 5 mandated contacts. Additional support	Open period according to	Health Visiting ::
		identified for families under 'Universal Partnership Plus' which may be	need and transition at	<u>Healthier Together</u>
		needed when a child or parent has a disability / additional health	age 5yrs	(what0-18.nhs.uk)
		needs, or because the Early Help Team / Children's services are also providing support.		
Specialist	0-5 years	Deliver an enhanced health visiting service to families who have	Open period according to	Portsmouth Specialist
<b>Health Visitor</b>		children with multiple health needs, development delay and/or a	need and transition at	Health Visiting Service >
		disability. We provide early support, signposting to other services and	age 5yrs	Portsmouth Local Offer
		targeted interventions tailored to the individual child's needs.		
Portage	3-5 years	Educational home-visiting for pre-school children who have significant	Medium term for the	Portage and Portage Plus
Worker		delays, special educational needs and/or disabilities (SEND).	period the child is eligible	> Portsmouth Local Offer
		A Portage Home Visitor works in partnership with parents and carers		
		in their own home. The aim of the service is to empower parents and		
		carers in developing their child's play and learning, development and		
		promote positive outcomes.		
Portage Plus	3-5 years	Short, specialist intervention specifically for children approx. 3 yrs.to 4	<b>Short-term,</b> fixed period	Portage and Portage Plus
Worker		yrs 11mths with a social, communication and interaction need, on the		> Portsmouth Local Offer
		Autism Pathway, or neurodevelopmental delay.		
Early Years	0-5 years		Open period according to	Early Years - Information ,
Practitioner			need and transition at	Advice and Support >
			age 5yrs	Portsmouth Local Offer
Social worker	0-18 years	Lead professional where children and families are subject to Child in	Fixed period for the	
		Need or Child Protection planning.	duration of the Child in	
			Need or Child Protection	
			planning	
Class Teacher	5-16 years		<b>Fixed period</b> for the time	
			the child is within the	
			class/year group	
School	5-16 years	This role varies across schools and should be explored with each	Open period for the	
Pastoral Staff		setting.	duration of the time	
			required, whilst at the	
			school	