

Policy for Sensory Integration Therapy

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Version:	1.1
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Author (inc Job Title):	
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Document control:		
Date:	Version Number:	Section and Description of Change
November 2021	V1	Ratified
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

- 1.1 The ICB will not routinely commission sensory integration therapy (stand-alone, one-to-one clinic-based therapy), as it considers that the intervention does not accord with the Principles of Effectiveness and Cost-Effectiveness.

2. Scope and definitions

- 2.1 This policy is based on the ICBs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 In current practice there is no single agreed definition of what constitutes Sensory Integration Therapy. The various schools use different theories and approaches and involve markedly different procedures. The Ayres Sensory Integration® is an attempt at standardisation, but even within that school there is no single specific intervention described. For the purpose of this policy the ICB defines sensory integration therapy as stand-alone, one-to-one clinic-based therapy for children or adults who have been assessed to have a degree of sensory dysfunction.
- 2.3 The scope of this policy includes requests for stand-alone, one-to-one clinic-based therapy and the provision of associated recommended equipment, such as weighted blankets, for sensory disorder/dysfunction.
- 2.4 The scope of this policy does not include:
- the incorporation of consideration of a patient's sensory needs during the multidisciplinary assessment and diagnosis process.
 - the provision of advice and support for parents, teachers and carers on the management of sensory dysfunction, including how to structure daily activities and adapt environments, etc dependent on symptom severity, age and individual circumstances as part of a multidisciplinary commissioned service provided by local NHS provider
- 2.5 The ICB recognises that a patient may have certain features, such as
- having sensory disorder/dysfunction,
 - wishing to have a service provided for their sensory disorder/dysfunction,
 - being advised that they are clinically suitable for sensory integration therapy, and
 - be distressed by their sensory disorder/dysfunction, and by the fact that that they may not meet the criteria specified in this commissioning policy.
- Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

- 3.1 The purpose of sensory integration therapy is normally to support or improve a patient's adaptive responses to sensory experiences.

3.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the principle of appropriateness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.

4. Effective Healthcare

4.1 This policy relies on the Principle of Effectiveness as the ICB considers there is insufficient evidence to demonstrate sensory integration therapy is effective in supporting or improving a patient's adaptive responses to sensory experiences.

5. Cost Effectiveness

5.1 This policy relies on the criterion of Cost-Effectiveness in that the ICB considers that it is not possible for a procedure to be Cost-Effective if it is not Effective.

6. Ethics

6.1 The ICB does not call into question the ethics of sensory integration therapy and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

7.1 The ICB does not call into question the affordability of sensory integration therapy and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.

8. Exceptions

8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality. The current NICE guidance for Autism Spectrum Disorders does not make any mention of sensory integration therapy.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

SIGN 145 Assessment, diagnosis and interventions for autism spectrum disorders. A national clinical guideline. Healthcare Improvement Scotland. June 2016
<https://www.sign.ac.uk/assets/sign145.pdf>

Autism spectrum disorder in under 19s: support and management. CG170, Published August 2013. <https://www.nice.org.uk/guidance/cg170>