

## Integration Joint Board 14<sup>th</sup> December 2023

<b>Subject:</b>	<b>Progress update on Implementation of the National Neurodevelopment Specification and Neurodevelopment Extreme Team and North Ayrshire Implementation Group programme of Reform</b>
<b>Purpose:</b>	The report is for: <ul style="list-style-type: none"> <li>• Awareness</li> <li>• Discussion</li> </ul>
<b>Recommendation:</b>	IJB are asked to: <ul style="list-style-type: none"> <li>• Note the successful implementation in Ayrshire and Arran to meet the National CAMHS Specification from 1<sup>st</sup> August 2023;</li> <li>• Note the whole system Pan Ayrshire Extreme Team programme of work and recommendations to meet the National Neurodevelopment Specification including the work of the North Ayrshire Neurodevelopment implementation group.</li> </ul>

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	
<b>Glossary of Terms</b>		
NHS AA	NHS Ayrshire and Arran	
HSCP	Health and Social Care Partnership	
ND	Neurodevelopmental Diagnosis	
RTT	Referral to treatment time	
N-CAMHS	Neuro- CAMHS	
CAMHS	Child and adolescent mental health services	
DNA	Did Not Attend	

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an update on the implementation of the National Neurodevelopment Specification, to ensure the IJB are aware of the progress and supportive of the work required with partner services in the development of Neurodevelopmental Services for children and young people where there is no co-occurring mental health presentation. This development both on a Pan Ayrshire basis and within HSCP areas is required to meet the National Neurodevelopmental Specification for Children and Young People: <a href="#">National Neurodevelopmental Specification for Children and Young People</a>

1.2	The National Neurodevelopmental Specification is for children and young people who have neurodevelopmental profiles with support needs and require more support than currently available. Prior to 1st August these children were often referred to CAMHS but did not always meet the mental health criteria described in the CAMHS national service specification criteria.
1.3	In Ayrshire and Arran from the 1st of August the CAMHS service is fully compliant with the national CAMHS specification. The service will now only accept referrals for young people requiring a Neurodevelopmental Diagnosis (ND) where there is an underlying and co-occurring mental health need evident. It is anticipated that CAMHS will be the first Board area in Scotland to achieve a referral to treatment response time of four weeks in alignment with the national specification by early 2024.
1.4	To fully deliver CAMHS in alignment with the National service specification and ensure the service can maintain performance and clinical standards, referrals are signposted to alternative pathways for those young people who do not meet the service specification access criteria. These are largely for young people requiring a neurodevelopmental diagnosis in the absence of a mental health need which have historically been accepted before the national specification was developed and now account for significant waiting times within the CAMHS service. This is required to ensure safe service sustainability and to enable CAMHS resources to be allocated to young people with mental health needs in alignment with the CAMHS pathways developed by the Extreme Team reform work.
1.5	To ensure delivery development of the National Neurodevelopment specification a whole system Neurodevelopment Extreme Team was commissioned by the IJB Chief Officers in May 2023 concluding with recommendations for Transformation reform in October 2023.
1.6	A North Ayrshire Neurodevelopment Implementation Group was established in June 2023 to enable local transformation developments to be delivered.
<b>2.</b>	<b>BACKGROUND</b>
	<u>Neurodevelopmental Specification</u>
2.1	The Children and Young People's Mental Health and Wellbeing Taskforce reported and recommended in 2019 that Scottish Government and Partners should: " <i>Develop a Neurodevelopmental Service Specification for use across services in Scotland</i> ". The Children and Young People's Mental Health and Wellbeing Programme Board and the subsequent Joint Delivery Board took responsibility for developing these principles and standards of care.

2.2	The National Neurodevelopmental Specification for children and young people published in September 2021, is for children and young people who have neurodevelopmental profiles with support needs and require more support than currently available. The Neurodevelopmental Specification highlights a range of conditions that come under the broad umbrella term of ‘neurodevelopmental’, including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Foetal Alcohol Spectrum Disorder (FASD), Developmental Language Disorder (DLD).																												
2.3	These children have traditionally been referred to Child and Adolescent Mental Health Services (CAMHS) in Ayrshire and Arran for assessment of neurodevelopmental condition; however, consistently, around 50% of the children and young people referred to CAMHS with neurodevelopmental concerns have not met the criteria detailed in the CAMHS National Service Specification.																												
2.4	On 1 <sup>st</sup> August 2023, Ayrshire & Arran CAMHS fully implemented the CAMHS Specification. The need for pathways to access assessment and support for Children and Young People with a neurodevelopmental concern only (i.e., without moderate-to-severe mental illness) is clearly urgent. There is a need for ‘whole system’ mobilisation and commitment to meet the needs of this group of young people, who may require support, access to assessment and, for a proportion, medication. It should, however, be noted that although there was a referral pathway to CAMHS prior to August 2023, the substantial and rapid increase in referrals for neurodevelopmental assessment resulted in lengthy waiting lists in CAMHS; hence, the removal of this referral pathway has not, in practice, changed whether an assessment is rapidly available.																												
2.5	<p>Although CAMHS fully implemented its Specification on 1<sup>st</sup> August 2023, it will continue to provide assessments for those C&amp;YP referred prior to this date, including those who do not meet its criteria. At present, CAMHS has a waiting list of over three years for neurodevelopmental assessments. The pathways for Children and young people with mental health and developmental needs requiring specialist intervention from CAMHS and Paediatric services remain fully operational.</p> <p>The Neurodevelopment referrals received that do not meet the CAMHS specification with no underlying mental health need received from 1<sup>st</sup> August 2023 to 30<sup>th</sup> November 2023 are noted in the table below by HSCP area:</p> <table border="1" data-bbox="229 1630 1439 2038"> <thead> <tr> <th></th> <th>North</th> <th>South</th> <th>East</th> </tr> </thead> <tbody> <tr> <td>GPs/Primary care</td> <td>20</td> <td>13</td> <td>20</td> </tr> <tr> <td>School/Education</td> <td>18</td> <td>40</td> <td>26</td> </tr> <tr> <td>OOA CAMHS</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>Community Paediatrics</td> <td>0</td> <td>2</td> <td>0</td> </tr> <tr> <td>Outpatient MPP</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td><b>41</b></td> <td><b>55</b></td> <td><b>47</b></td> </tr> </tbody> </table>		North	South	East	GPs/Primary care	20	13	20	School/Education	18	40	26	OOA CAMHS	2	0	1	Community Paediatrics	0	2	0	Outpatient MPP	1	0	0		<b>41</b>	<b>55</b>	<b>47</b>
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2.6	<p>The referral themes are those related to the following factors:</p> <ul style="list-style-type: none"> <li>• Request for support in school related to attainment.</li> <li>• Delays with achievement of developmental milestones</li> <li>• Social isolation</li> <li>• ‘Picky eating’ or factors related to disordered eating.</li> <li>• Behavioural concerns related to ADHD</li> </ul> <p>It is particularly evident that a timely response to requests from families and carers who have concerns about their children’s neurodevelopmental profiles and needs, can reduce family and carer stress and anxiety, and prevent an escalation of risk and need.</p>
2.7	<p>The National Neurodevelopmental Specification for Children and Young People 2019 (hereon referred to as The Specification) complements and sits within the Getting It Right for Every Child (GIRFEC) approach. It reflects the principles of the Universal Health Visiting Pathway (UNRC) and Ready to Act for Allied Health Professionals. The Specification aims to ensure that children and families receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach. For many children and young people, such support is likely to be community based, and should be quickly and easily accessible and proportionate to need.</p>
2.8	<p>The Specification stresses the need for co-ordinated working between services and agencies, and shared responsibility for these children and young people, stating that they will be able to access additional support, appropriate for their neurodevelopmental needs. Also, that professionals will <i>“provide assessment, formulation, recommendations, and where appropriate and helpful, diagnostic assessment for those children and young people to help them understand their neurodevelopmental differences and support needs”</i>, however that an <i>“understanding of support needs can be enhanced by diagnosis but <u>should not wait for diagnosis.</u>”</i></p>
2.9	<p>The Specification outlines that children, young people and their families will be able to access additional support, appropriate for their neurodevelopmental needs, through universal services, such as via the named person, and community based mental health and wellbeing supports and services. Universal services should work closely with professionals working in neurodevelopmental services, relevant health and social care and education services. These professionals should be linked with CAMHS so that children and young people with both neurodevelopmental and mental health support needs can get the additional support they require.</p>
2.10	<p>Professionals providing support will also provide assessment, formulation, recommendations, and where appropriate and helpful, diagnostic assessment for those children and young people to help them understand their neurodevelopmental differences and support needs. Understanding of support needs can be enhanced by diagnosis but should not wait for diagnosis.</p>

The National Neurodevelopmental Specification sits along the Service Specification for CAMHS and the same principles underpin both specifications. There are 7 standards of care set out to provide the minimum stand of care expected from neurodevelopmental services.

These are:

1. High Quality Care and Support that Is Right for Me
2. I am fully involved In the Decisions about my Care
3. I will receive High Quality Assessment, Formulation and Recommendations that are right for me
4. My Rights are acknowledged, Respected and Delivered
5. I am fully involved in Planning and Agreeing my transitions
6. We fully involve Children, Young People and their Families and Carers
7. I have confidence in the Staff who support Me

Diagram 1: Neurodevelopmental Services within the agreed Children and Young People's Mental Health and Wellbeing model:



2.11 The specification sits as part of a whole system, with a single point of access, whereby health, education, social services and third sector professionals actively seek to understand each other's unique contributions and respect each other's areas of expertise. A stepped and matched care pathway is needed so additional supports for example from CAMHS can be accessed as needed, this stepped support from CAMHS is in place in Ayrshire and Arran with the establishment of the Neurodevelopment CAMHS service.

2.12 Professional staff supporting the implementation of the neurodevelopmental specification will include registered children's professionals with additional training in

	the identification, assessment, and formulation of neurodevelopmental conditions, including:
	<ul style="list-style-type: none"> <li>• Speech and Language Therapists</li> <li>• General Practitioners</li> <li>• Paediatricians</li> <li>• Occupational Therapists</li> <li>• Peripatetic Teachers</li> <li>• Educational Psychologists</li> <li>• Nurses</li> <li>• Clinical Psychologists</li> <li>• Social Workers</li> <li>• Children and Adolescent Psychiatrists</li> <li>• Physiotherapists</li> </ul>
	This illustrates the whole system approach and range of professionals required to support young people.
2.13	A timely response to requests from families and carers who have concerns about their children's neurodevelopmental profiles and needs can reduce family and carer stress, improve confidence in adopting positive and supporting parenting approaches, and receive support, guidance and interventions that are tailored to the needs of their children, increasing the prospects of early improvements in outcomes. It is nationally recognised that the implementation of the neurodevelopmental specification will reduce the numbers of children and young people referred to CAMHS, and redirected, as they do not meet the CAMHS referral mental health and risk/impact criteria.
	<u>Neurodevelopmental Empowerment and Support Team (NEST)</u>
2.14	Across the three Ayrshires, significant progress has been made toward meeting the principles of the Specification. For example, the commissioning of the Neurodevelopmental Empowerment and Support Team (NEST), has provided a service that can map and co-ordinate community services for individuals and families, providing training and workshops for families and professionals, often in conjunction with local clinicians. Supports are offered regardless of whether a formal diagnosis has been given to any individual, and NEST is a lifespan approach which provides the following services and outcomes :
	<ul style="list-style-type: none"> <li>• <u>Information access</u> – enables up to date, relevant and accessible information is freely available for the neurodivergent community and professionals across Ayrshire. Individuals and families will have a good understanding of what a diagnosis means for them and will be able to make informed decisions.</li> </ul>
	<ul style="list-style-type: none"> <li>• <u>Empowerment Programme</u> – Individuals and families/carers will have a better understanding of their neurodivergent differences and through the opportunity to learn, develop strategies and networks will be empowered to live as full a life as possible. The NSET team, in partnership with individuals, families and</li> </ul>



	neurodevelopmental professionals will design and deliver a systematic pan Ayrshire, needs based.
	<ul style="list-style-type: none"> <li>• <u>Community/Services</u> - Communities across Ayrshire will be more tolerant and understanding of the needs of neurodivergent individuals. This tolerance and understanding will provide a marked improvement in access and opportunity for neurodivergent individuals and families. Local services will be aware of the needs of our neurodivergent community and will systematically incorporate solutions to these needs into their service delivery.</li> </ul>
2.15	These core critical outcomes are being delivered through collaborative working with neurodivergent individuals, their families, clinicians, third sector and services across Ayrshire.
2.16	This is a unique life span population wide universal service and an exemplar across the rest of Scotland in building a cohesive lifespan pathway of supports to people with neurodivergent needs. The NEST service provides the building blocks and foundation in Ayrshire and Arran to taking forward the full implementation of the Neurological Specification.
2.17	Additional funding has been made available to NEST, from the three Health and Social Care Partnerships, to increase its staff group and provide more localised support within each of the Ayrshires and a successful recruitment programme has been completed.
2.18	In addition, North Ayrshire, through the support of the Children's Services Strategic Partnership (CSSP) has also committed a further £400k from the Whole Family Wellbeing Fund to expand the Family Centred Wellbeing Service (FCWS) from its current delivery in Irvine and Three Towns, to Kilwinning and the Garnock Valley. This will be a multi-disciplinary service, providing pre- and post-assessment family support to children, young people, and their families in North Ayrshire where there are NDDs. The team will work closely with the Neurodevelopmental Empowerment and Strategy Team (NEST) and will align to existing models of requests for assistance within children's services (e.g. Named Person/ Lead Professional RFA to the requested service).
2.19	<p>The existing team of 4 x Grade 7 Family Wellbeing Workers would be expanded as follows:</p> <ul style="list-style-type: none"> <li>• 10 x Grade 7 Family Workers – allowing for 2 workers per mainland locality and 1 in Arran, and 3 to support on a peripatetic basis.</li> <li>• 1 x Band 6 Speech and Language Therapist</li> <li>• 1 x Band 6 Occupational Therapist</li> <li>• 1 x Grade 4 Admin Assistant</li> <li>• 1 x Grade 12 Team Manager</li> </ul>

2.20	The proposed model will ensure equity of access and provision across the whole of North Ayrshire, ensuring clear pathways of support and resilience from a broader team. Building on the Family Centred Wellbeing Service is a welcomed development and builds in the existing strengths of the team who currently are supporting a number of families with neurodiversity needs.
	<u>Pan Ayrshire Extreme Team</u>
2.21	Through the commissioning of a C&YP Neurodiversity Extreme Team by the three Health and Social Care Partnership Chief Officers in May 2023, work has begun across the whole system to explore and design an alternative approach to support, assessment and treatment of children where there may be a concern regarding a neurodevelopmental condition.
2.22	However, it has become apparent that this is a complex area of work which requires cultural change, clear leadership, and additional investment to meet the growing need, while at the same time maximizing the understanding and access to the existing supports and services that are available for children and young people through each locality.
2.23	The Extreme Team established in May 2023 with multiagency whole system partners from Children’s services, Paediatric services, Education, Mental Health and Primary Care has been commissioned to enable a whole system response to the reform question:
	<i>“In light of the CAMHS and Neurodevelopmental National Specifications, what are; Ayrshire and Arran, the three HSCP’s, three Councils and their partners doing to provide timeous access to Neurodevelopmental Assessments, and how can the “whole system” provide high quality supports to those children and families where such concerns are identified at an early stage.”</i>
2.24	The workstreams subsequently developed in response to this reform question required a significant amount of information gathering, national and local research to be undertaken to establish what is currently in place and areas of further development required.
2.25	The workstreams and scopes identified by the Extreme Team included the following areas of enquiry:
	<ol style="list-style-type: none"> <li>1. To have a full appreciation of the data around the number of Children and young people who would typically be referred to CAMHS with a Neurodevelopmental concern but do not have a Mental Health condition. In particular, <ul style="list-style-type: none"> <li>• What is this for Ayrshire and Arran?</li> <li>• How does this break down by Locality, North, South and East HSCP and Councils?</li> <li>• Where do referrals come from in each locality?</li> </ul> </li> </ol>



	<p>2. To understand what other supports and services are already available across the “whole system” to assessment and support Neurodevelopmental concerns, such as;</p> <ul style="list-style-type: none"> <li>• Universal services, (including targeted support) in Education Health and HSCPs</li> <li>• Children Services Planning Partnerships</li> <li>• Community Mental Health Supports delivered or commissioned locally.</li> <li>• Whole Family Wellbeing fund and resources available to children and young people</li> <li>• Existing specialist services, within Health (Community Paediatrics) and those commissioned Services (Purple House).</li> <li>• The contribution by the Third Sector</li> <li>• What is the co-ordination and governance structure across these services?</li> </ul>
	<p>3. To develop a clear communication strategy to support a well-informed understanding of Neurodevelopmental concerns and engagement with key whole system stakeholders and referring agencies.</p>
	<p>4. To develop pathways for assessment and access to services for children with Neurodevelopment concerns, within Ayrshire and Arran and task each Children Services Planning Partnership to consider the use of existing resources to deliver on Neurodevelopment supports locally.</p>
	<p>5. To underpin that the access to assessment and supports for children and young people with Neurodevelopmental concerns and their families, is a duty and responsibility of the “Whole System”. That this duty is underpinned by GIRFEC (and its refresh), The Promise, and the Additional Support for Learning Act. As well as the national specifications mentioned above on CAMHS and Neurodevelopment.</p>
	<p>6. Ensure there are appropriate screening and access criteria in place and pathway development to ensure appropriate and meaningful signposting to the right service or supports at the right time.</p>
	<p>7. Timely access to neurodevelopmental assessment, diagnosis and interventions or medical treatments and prescribing where required and clarity about how this is to be delivered.</p>
	<p>8. Involvement of children, families, and people with lived experience in shared planning and local decision making</p>
	<p>9. To understand the current and anticipated future demand for neurodevelopmental assessments for C&amp;YP to guide resource planning. This is essential to be able to endorse a model that will be sustainable.</p>

	10. Consideration of Digital solutions to improve timely access to the right supports including the development of a SPOC and Directory of Services.
2.26	In addition to the work of the Extreme Team each HSCP area has been requested to establish a Neurodevelopment Implementation Group to deliver local planning and tailored solutions.
<b>3</b>	<b>PROPOSALS</b>
3.1	The <b>Pan Ayrshire and Arran Children and Young People Extreme Team</b> has now concluded and delivered on the original commission. There has been full engagement and scoping of the issues identified for resolution. Through the process of “Extreme Teaming” there is now <i>whole system</i> acknowledgement that there requires to be a reformed approach to accessing support for neurodivergent children and young people who require it across Ayrshire and Arran.
3.2	Pan Ayrshire whole system engagement workshops have been undertaken and through these an exemplar model of practice proposed which will require further local development and tailoring.
3.3	The proposal is to now move to a Transformation Programme Board for Neurodevelopmental Support and Assessment for Children and Young people on a pan Ayrshire and Arran basis, this will focus on six distinct areas: <ul style="list-style-type: none"> <li>• Access to robust guidance, information, and family support within localities.</li> <li>• Access to pan Ayrshire diagnostic assessments where appropriate.</li> <li>• Access to prescribing services medication and monitoring of medication use where required.</li> <li>• Access to supports via a locality-based SPOC.</li> <li>• Access and use of evidence based innovative digital tools, in the first instance Strata Digital SPOC with Decision Support, Essence D and the national ALLIS database.</li> <li>• To develop a business case for investment to ensure a sustainable approach to Neurodevelopmental needs across Ayrshire and Arran.</li> </ul>
	Specifically, the Transformational Programme Board will: <ul style="list-style-type: none"> <li>• Undertake an options appraisal and agree the fundamentals of an exemplar model, this model is currently in development.</li> <li>• Support the locality implementation groups, building on and developing a locality approach built around the seven standards of care, laid out in the national specification, and the essential local learning from the engagement work of the Extreme Team.</li> </ul>

3.4	The Extreme Team requested that each of the Locality areas establish an implementation group to ensure local detailed work is taking place. North Ayrshire has established this group in June 2023 while East and South Ayrshire are at the early stages of establishing these.
3.5	The <b>North Ayrshire Locality Implementation group</b> has been established since June 2023 and has been developing a programme of reform work in North Ayrshire based on five key areas: -
	<p>1. <u>Family Support</u> Workstream is currently scoping existing support within North Ayrshire for children with Neurodevelopmental Differences (NDD), predominantly focusing on community and universal support. The work will also identify gaps in provision and look to identifying solutions. From this, a directory of family support will be made available which will be held centrally. Further, North Ayrshire’s Children’s Services Strategic Partnerships agreed a significant investment from the Scottish Government’s Whole Family Wellbeing Fund (£600,000 per annum for the life of the fund) into an expansion of the current Family Centred Wellbeing Service to enable it to become a hub of early family support for children with NDD. The NEST team provision in North Ayrshire has also received investment with the additional staff recruited that will focus on North Ayrshire support network and building community capacity.</p>
	<p>2. <u>Children’s Services’ Workforce Development</u> The Group is currently in the process of commissioning a training needs analysis for the children’s services’ workforce including health visiting, education, school nursing, Allied Health Professionals and primary care to determine the baseline of confidence and competence in supporting children with NDD and their families. This will inform a comprehensive training plan for the North Ayrshire workforce.</p>
	<p>3. <u>Multi-agency Screening and Assessment</u> Build on and develop the Pan Ayrshire exemplar model and tailor this for North Ayrshire by identifying and confirming a local Single Point of Contact (SPOC) to ensure “No Wrong Door” and an equitable locality response to receiving and screening referrals, and accessing and sign posting children, young people and their families to the right support, assessment at the right time, right place, every time. The form and function of our proposed exemplar model will require to be developed over the next 12 months as part of a whole system Business Case.</p>
	<p>North Ayrshire is currently testing a screening panel which will support professional discussions around requests for assessment and diagnosis in the main but will also be linked in with community and universal supports where these are deemed more appropriate. The Panel needs to form part of a clear pathway for children which is supported by GIRFEC and aligns to wellbeing assessments and the role of named person and lead professional. The MAP will also provide a route to any newly commissioned services, including prioritisation of those children who they believe to be in need of a diagnostic assessment.</p>

	<p>4. <u>Children and families' engagement</u> Building on the quality engagement work undertaken with families over the summer, the Implementation Group will undertake further detailed engagement with families who have received support or who are awaiting support, to inform progress in North Ayrshire. This will take the form of focus groups and interviews with individuals, and seeks to also hear the voice of the child through direct involvement with children and young people.</p>
	<p>5. <u>Digital transformation</u> Liaise with the NHS Ayrshire &amp; Arran Mental Health Digital Transformation group to consider digital options to facilitate effective and efficient operational referral management and access to appropriate supports and services for the local and Ayrshire wide digital solutions. The SPOC/MAP and all pathways into services will be enabled and have access to a range of digital tools. In the first instance these will be facilitated through a pilot of <i>STRATA Digital SPOC</i> and a programme of work in collaboration with Glasgow University utilising an integrated assessment approach: '<i>Essence D</i>'. The Full Business Case will include the associated costs of digital which will be directly related to whole system outcomes.</p>
3.6	<p>In addition, North Ayrshire's Implementation Group aims to:</p> <ul style="list-style-type: none"> <li>• Engage with all appropriate experts and leadership to contribute to and support the development of a pathway for prescribing and monitoring, as developed by the Transformational Programme Board.</li> <li>• To deliver on the Communication Scope undertaken by the Pan Ayrshire Extreme Team and,</li> <li>• Develop a North Ayrshire focused engagement plan.</li> </ul>
3.7	<p>There is unanimous agreement by the Pan Ayrshire Extreme Team and the North Ayrshire Implementation group that any model developed must be predicated on the provision of support first and foremost.</p>
3.8	<p>In line with the specification and feedback from local and Pan Ayrshire engagement, it is also accepted that there must be full consideration given to the availability of a diagnostic assessment. The development of such a service is complicated by the following factors:</p>
	<ul style="list-style-type: none"> <li>• The extremely high demand there is for an assessment service, leading to a risk that any assessment service becomes overwhelmed rapidly, leading to extensive waiting lists and difficulties with recruitment and retention of professionals involved in delivering assessments.</li> <li>• Resource requirements to deliver or commission a diagnostic assessment service.</li> <li>• Local differences on what professionals would be involved in assessment.</li> <li>• Local and national work force limitations in the professions who could form an assessment team.</li> </ul>

3.9	It is proposed that diagnostic services are commissioned initially, (for up to 12 months) until a local diagnostic solution can be developed.
3.10	The North Ayrshire implementation group are currently assessing demand and modelling what will be required with access criteria on a short-term basis as a business case with future workforce plans are developed and appropriate resources identified.
3.11	<u>Anticipated Outcomes</u>
	<p>IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of the National Neurodevelopment Specification. Ayrshire and Arran will have a sustainable and world class CAMHS service that meets the needs of young people that require support under the national CAMHS service specification.</p> <p>Full alignment and compliance with the national CAMHS service specification with improved Children and Young People’s Mental health and wellbeing outcomes, timely access to services and support to Children, young people, and their families at a locality level in alignment with the CAMHS extreme team reform question.</p> <p>The positive delivery of a whole system Neuro-developmental Service in Ayrshire and Arran. CAMHS will be able to progress through the current Neurodevelopmental list more timeously and be able to offer more therapeutic interventions. Young people coming through N-CAMHS will be seen by the right person, in the right place at the right time.</p> <p>Opportunity for whole system partnership approach to developing alternative service or community wellbeing solutions for young people that do not need a CAMHS referral and building on the good practice already being commissioned by Education and Children’s services across the whole system.</p>
3.12	<u>Measuring Impact</u>
	CAMHS can monitor the number of referrals that come to the N-CAMHS service and the referrals that are meaningfully redirected to more appropriate partner services. Benson Wintere has been commissioned since 2020 and is able to produce locality and school level information on referral activity, work force modelling, capacity, and demand with live dashboards to reflect service activity. This information is utilised to continue to inform wholes system service planning and workforce development.
	<p>Common themes from the referrals received from 1<sup>st</sup> August relate to :-</p> <ul style="list-style-type: none"> <li>• Support in school for attainment,</li> <li>• Not meeting milestones,</li> <li>• Sleep,</li> <li>• Social isolation,</li> </ul>

	<ul style="list-style-type: none"> <li>• Picky eating and,</li> <li>• Behavioural concerns in relation to ADHD as there is still no agreement around medication.</li> </ul>
	<p>A multiagency panel continues to review referrals across the system to monitor need and ensure that appropriate supports are in place.</p>
	<p>HSCP engagement officers continue to facilitate engagement and consultation with both adults and children and young people in service design and to inform service improvements.</p>
<p><b>4.</b></p>	<p><b>IMPLICATIONS</b></p>
<p>4.1</p>	<p><u>Financial</u> Creating a Neuro-developmental Service for Children and Young People who do not meet the CAMHS Specification will require financial investment from system partners, as the model and pathways are designed and developed the financial implications will be quantified. There is no funding provided or aligned to the National Neuro specification.</p> <ul style="list-style-type: none"> <li>• Each locality must develop a future model of care involving a Single Point of Contact (SPOC)/Multi agency Panel with pathways for diagnosis and prescribing that will ensure the future needs of local people can be met. This will require investment into new systems and structures.</li> <li>• For diagnostic services, until the workforce and recruitment requirements have been addressed to enable a mainstream delivery of service, access to assessments must be available for each locality. This will need to be locally determined and based on proposed locality arrangements, access criteria and demand modelling. This temporary interim allocation will ensure continuation of necessary assessment and diagnosis and management of waiting lists while a full business case is written.</li> <li>• There will be a future financial requirement for prescribing and monitoring services, particularly if this involves General Practice and Advanced Specialist prescribing skills and roles. This new innovative model requires further development, however without this type of approach the current models will be unable to deliver prescribing and monitoring for the future predicted numbers within our local population.</li> <li>• Each locality will require to be supported to further develop and implement their own family support service, considering whole family wellbeing and linking this to Children Service Planning. These supports will be accessed through the proposed SPOC/MAP. In North Ayrshire the CSSP group has identified additional resources to enhance an existing family support model. A recruitment programme is underway to enable the expanded service to be launched. Additional investment has also been provided to enhance the Pan Ayrshire NEST service.</li> </ul>



	<ul style="list-style-type: none"> <li>• The management of a Pan Ayrshire Transformation programme and development of a future business case will require experienced programme management and support capacity to be identified. The Pan Ayrshire Extreme team have recommended a contribution from each locality to dedicated programme management and administration.</li> <li>• Any digital tools and solutions will require prioritisation and further investment. Both Strata Digital SPOC and Essence D have one-year non-recurring funding.</li> </ul>
4.2	<p><u>Human Resources</u> In North Ayrshire a training needs analysis has been commissioned by the Neurodevelopment implementation group and the whole system workforce will need to undertake elements of retraining and operate new roles to meet future models of care. It is likely that following business case development and workforce planning that the whole system workforce will also need to increase in the future to meet anticipated and current demand trajectories.</p>
4.3	<p><u>Legal</u> There are a group of children who, due to their lack of capacity, require guardianship orders to be put in place via the Scottish Court system from the age of 16 years. This legal issue and its implications for child psychiatry require further exploration.</p>
4.4	<p><u>Equality/Socio-Economic</u> A full equality impact assessment will be required. There is inherent risk of inequality between and across the respective localities if there is significant deviation from the proposed exemplar model framework. The prescribing and monitoring pathways may require to be pan Ayrshire due to interdependency with other pan Ayrshire services.</p>
4.5	<p><u>Risk</u> In North Ayrshire a multi-agency panel continues to monitor referral activity and ensure that referrals are redirected to appropriate supports, monitor risk, and ensure appropriate escalation where additional intervention or assessment may be required.</p>
4.6	<p><u>Community Wealth Building</u> None</p>
4.7	<p><u>Key Priorities</u> Meets Caring for Ayrshire, GIRFEC, The Promise, HSCP strategic objectives, Ayrshire conversation Mental Health priorities, Mental Health and wellbeing strategy. Delivery of a fully resourced and compliant Neurodevelopment service in alignment with the national specification is a key national and local HSCP strategic priority. This will enable full realisation of investment for Children and Young people’s Mental health in Ayrshire and Arran, improving mental health and wellbeing and enabling timely access for young people and their families to the right service or support in the right place and the right time.</p>

	It is a key priority of all Partners across the whole system to ensure that there are fully developed wellbeing services and supports for Children, young people, and their families and to enhance current models of best practice in relation to neurodevelopment diagnostic and support provision. This is evidenced by the initial investments by the three HSCP's in the NEST service and Autism support Ayrshire which provide information, training and community supports at a population wide universal level.
<b>5.</b>	<b>CONSULTATION</b>
	A Pan Ayrshire community engagement survey has been undertaken. Users of the service, stakeholders, workshops, and the Extreme Team members have informed the proposals within this paper.
<b>6.</b>	<b>CONCLUSION</b>
	<p>IJB are asked to:</p> <ul style="list-style-type: none"> <li>• Note the successful implementation in Ayrshire and Arran of delivery of the National CAMHS Specification with improved service access response times for children and young people with underlying mental health needs.</li> <li>• Note the outcome of the Pan Ayrshire Extreme team proposals with development of a local and Pan Ayrshire Transformation programme.</li> <li>• Note the significant progress and reform work underway within North Ayrshire by the North Ayrshire Neurodevelopment implementation group.</li> <li>• Note the significant investment in North Ayrshire in development of Family Support services.</li> </ul>

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