

Agenda Item	8
Report No	JMC-21-24

# The Highland Council/NHS Highland

**Committee:** Joint Monitoring Committee

**Date:** 02 December 2024

**Report Title:** Neuro-Development Assessment Service Programme Board – Update 02 Dec 2024

**Report By:** Katherine Sutton (Chief Officer Acute Services, NHS Highland)

## 1. Purpose/Executive Summary

1.1 This paper is presented to the Joint Monitoring Committee for awareness and discussion.

1.2 An integrated Neuro-Development Assessment Service (NDAS) programme board has been established with representation from NHS Highland, The Highland Council, and 3<sup>rd</sup> sector partners, in response to both the increasing waiting list for NDAS, and the lack of an integrated approach in accordance with the principles of GIRFEC to provide support to children and families across Highland. For this reason, there are two focused workstreams within the NDAS programme board:

- NDAS waiting list recovery
- Neuro-Development (ND) networked model of care

### A) NDAS waiting list recovery

The demand for neurodevelopmental assessments has increased over the years, outpacing the available resources in NHS Highland. The long waiting times, and demand on the service, are increasing by the growing prevalence of conditions such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) and a national shortage of qualified professionals.

There are currently > 1800 children and young people on the NDAS waitlist, of those 959 are unvetted. The current average wait is 594 days, with some young people waiting in excess of four years (See Appendix 1 for graphs on waiting list position).

The NDAS central team is mainly funded, dependent on Mental Health Outcome Framework funding, with some additional NHH and THC (not ring-fenced) funding.

- ND Advanced Practitioners 1.8 wte (1.0 wte MHOF 0.8 wte THC)
- Principal Clinical Psychologist 1.0 wte (MHOF) – vacant
- Assistant Clinical Psychologist 1.0 wte (vacant) – vacant
- Administration 1.8 wte (0.8 wte NHH 1.0 wte MHOF)
- Senior Service Manager 0.5 wte (MHOF)
- Interim Clinical Director 0.2 wte (MHOF) – utilising budget from vacancies in psychology.

The extended waitlist is unsustainable, creating both immediate and long-term challenges with the demand on the service outstripping capacity.

By commissioning private assessments for some young people, the service could reduce some of the backlog, potentially enabling quicker access to care and support for the young people who have waited the longest. Due to vacancies within the service there is a forecasted underspend, within the NDAS MHOF allocation, and a SBAR is with ASLT to request authorisation to initiate the procurement process for outsourcing neurodevelopmental assessments via providers on the National Framework as part of the waitlist recovery initiative.

Additional targeted waiting list interventions are being developed to tackle the backlog waiting list:

- An ATR for a six month fixed term/secondment for a CAMHS/NDAS Waiting List Manager has been submitted for approval.
- Waiting list prioritisation based on longest waits and complexity have been established
- New interim referral criteria has been developed and will be implemented early in 2025 alongside a new referral management process.
- Asset mapping is underway to identify skills across both NHSH and THC that could be flexibly utilised in the short term to tackle the backlog waiting list. There is a workshop on 05 Dec 2024 to identify opportunities and develop an interim plan that will identify the impact redirection of workforce will have on reducing the waiting list. This will require an impact assessment on each service area and approval from EDG.

In addition to scoping independent sector capacity and to provide some stability to the service, the following are being or have been progressed:

- Interim clinical leadership in place
- Interim Clinical Governance arrangement in place, via CAMHS and Acute Services Clinical Governance
- Plans to recruit to vacant posts.
- Escalation pathway available through CAMHS/council services
- Longer term review on integrated clinical model to be progressed

## **B) ND networked model of care**

ND pathways are complex and fractured. There are responsibilities and pockets of support across NHSH, THC, and 3rd sector partners. The NDAS programme board is dedicated to unifying the approach to ND across Highland, to ensure that there is support and care for children and families prior to and beyond assessment (should assessment be required). The focus of ND has increasingly become on diagnosis rather than a holistic approach to support and care for children and their families.

The resource dedicated to ND pathways across Highland (both for NHSH and THC) have developed in response to changing pressure and need across all services. The responsibilities to providing support and care to those with ND needs is no longer clear.

A unified approach between NHSH, THC, and 3rd sector partners is needed. Whilst this has been initiated with the establishment of the joint programme board, principles must be agreed to work collaboratively. There is a willingness to do this, and to work

towards a network model of care across Highland to provide support to children and their families, regardless of assessment.

NHS Fife have worked with council and 3<sup>rd</sup> sector stakeholders to implement a new model of care to those requiring ND support. The applicability of this model within Highland is to be initially reviewed and considered in Dec 2024. Should this model or a variation be deemed appropriate, workforce modelling and pathways across both NHSH and THC will be redesigned to facilitate the new approach.

## **2. Recommendations**

2.1 Members are asked to:

- i. Support the integrated and multi-agency approach being taken through the NDAS programme board
- ii. Support the investigation of a networked model of support and care towards those with ND needs
- iii. Agree that the responsibility to provide support for those with ND needs sits across NHSH, THC, and 3<sup>rd</sup> partners in collaboration

## **3. Implications**

3.1 Resource

The programme board is currently in the process of identifying the current resources available across the Highland area and will identify requirements to ensure that support exists and is accessible for children and families who need support and / or diagnosis, making best use of skills available.

3.2 Legal

The programme board is dedicated to ensuring that the principles of GIRFEC are embedded into all areas and proposed future models of networked support and care.

3.3 Risk

Whilst the programme board is called NDAS, established, and chaired by NHSH, the need for ND support and care does not lie solely with NHSH. A networked model of care will rely on the ability of NHSH, THC, and 3<sup>rd</sup> sector parties to integrate and work flexibly.

3.4 Health and Safety (risks arising from changes to plant, equipment, process, or people)

NA

3.5 Gaelic

NA

## **4. Impacts**

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

- 4.2 This report is brought to members for information.
- 4.3 This is a monitoring and/or update report and therefore an impact assessment is not required.

## 5. Conclusion

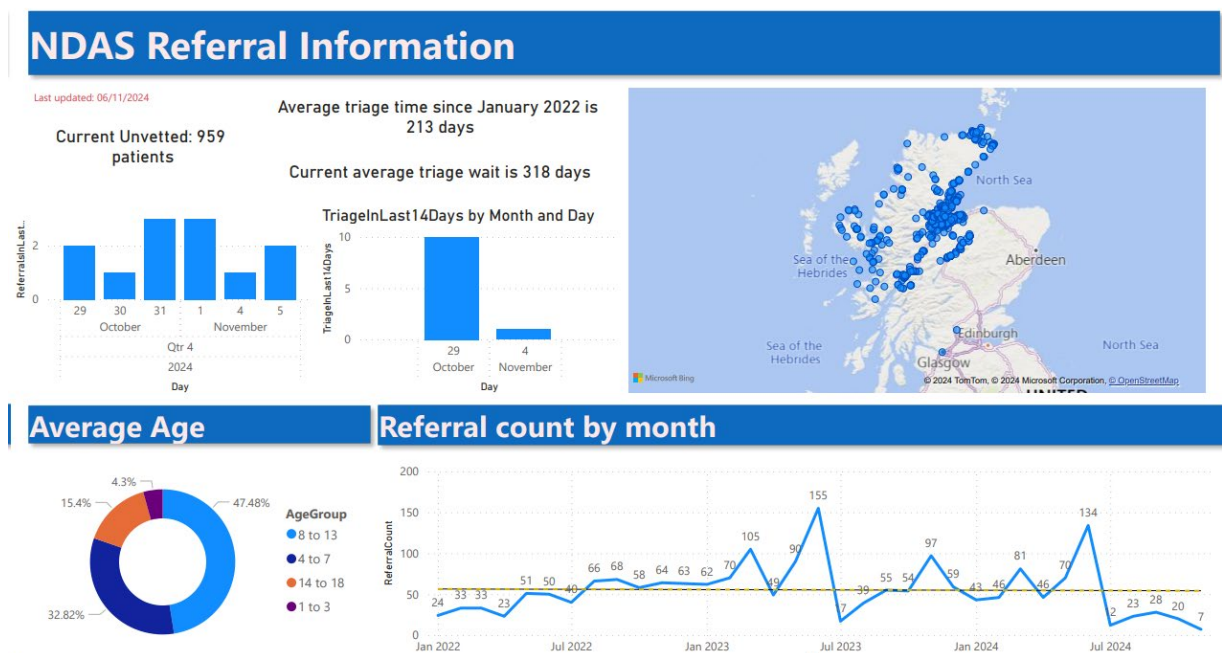
This report is brought to members as an update on progress to date to resolve the challenges with access to the NDAS and in the support to children and families who require ND support.

Designation: NHS Highland Acute Services

Date: 29 Nov 2024

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## Appendix 1



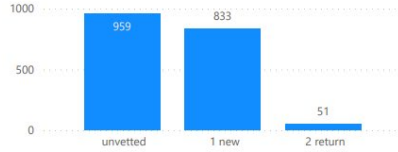


# NDAS Waiting List Breakdown

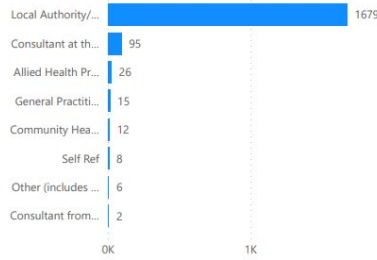
Last updated: 06/11/2024

The current average wait is: 594 days

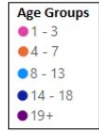
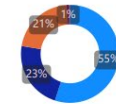
Total Caseload



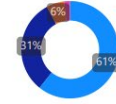
Referral Source



CYP Awaiting 1st Appt



CYP on Caseload



## Current Waits



## Waiting list by month

