



## HEALTH AND WELLBEING BOARD

THURSDAY 13 MARCH 2025

<b>REPORT TITLE:</b>	<b>NHS NEURODEVELOPMENTAL SERVICES BUSINESS CASE</b>
<b>REPORT OF:</b>	<b>PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE</b>  <b>CHIEF EXECUTIVE, WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST AND WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST</b>

### REPORT SUMMARY

NHS Cheshire & Merseyside (NHS C&M) has been working with NHS providers, Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and Wirral Community Health and Care NHS Foundation Trust (WCHC), to develop a plan to address the growing number of children waiting for neurodiagnostic assessments and appropriate diagnosis. This report sets out, for information, a business case that includes a 3-year recovery and improvement plan outlining the resources required to manage the current waiting lists and fully implement the new codesigned Cheshire and Merseyside model. The report also highlights that, if approved by NHS C&M, successful implementation will be interdependent with improvements in other areas of Special Educational Needs and Disabilities (SEND) provision, such as Education Health and Care Plans (EHCPs) and the Graduated Approach.

### RECOMMENDATION/S

The Health and Wellbeing Board is requested to note for information:

- The proposal from the NHS for a 3-year recovery and improvement plan outlining the resources required to manage the current waiting lists and fully implement the new codesigned Cheshire and Merseyside neurodevelopmental model.
- The engagement with the Special Educational Needs and Disabilities (SEND) Partnership Board and other system partners in the development of this proposal.
- That the decision on this proposal will be made by NHS Cheshire and Merseyside as part of the 2025/26 planning round.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 NHS Cheshire & Merseyside (NHS C&M) has been working with NHS providers, Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and Wirral Community Health and Care NHS Foundation Trust (WCHC), to develop a plan to address the growing number of children waiting for neurodiagnostic assessments and appropriate diagnosis.
- 1.2 WUTH and WCHC have developed a business case which sets out a 3-year recovery and improvement plan outlining the resources required to manage the current waiting lists and fully implement the new codesigned Cheshire and Merseyside model. This model is aligned to national policy and best practice guidance. The business case was presented to the Special Educational Needs and Disability (SEND) Partnership Board on 28<sup>th</sup> January 2025 for information and comment. The final business case will be presented to the SEND Partnership Board for endorsement on 25<sup>th</sup> February 2025, with a final decision on implementation residing with NHS C&M as the commissioner within the 2025/26 planning round. This paper was required for submission prior to 25<sup>th</sup> February 2025, a verbal update on progress will be provided to the Health and Wellbeing Board.
- 1.3 NHS C&M and the commissioned NHS Providers are responsible for the clinical diagnostic element of the wider Neurodevelopmental model and appropriate clinical follow up appointments, including prescribing and medication reviews. The success of this programme requires a partnership response and a commitment from all sectors to support the needs of children, young people and their families.
- 1.4 The report is for information as the Health and Wellbeing Board has strategic oversight of the improvements being made in SEND provision.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The proposal represents the only option for progressing with a reduction in waiting times and numbers and in the implementation of new model of care.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The NHS, nationally and locally, has seen a significant increase over the last 4 years in demand for diagnostic assessments of children and young people who may be neurodiverse. This demand has outstripped available capacity, causing long waiting times and challenging experiences for families. Insight highlighted a lack of support and poor communication whilst waiting for assessments as well as on-going support post diagnosis.
- 3.2 Whilst referrals from education settings in Wirral are starting to plateau, there is still considerable work to do to manage the current waiting times. As the Board will be aware, there are currently over 4,000 children and young people current on the neurodevelopmental (ND) pathway awaiting diagnosis and a further 1,000 plus children and young people awaiting triage.

- 3.3 Data from October 2024 indicated a 74-week average waiting time from starting the pathway to diagnosis, with the longest waiting time being 165 weeks. The business case outlines the resource required to achieve the commissioned Key Performance Indicators (KPIs).
- 3.4 There are currently almost 6,000 children and young people open to the Community Paediatric Service who are receiving follow ups including medication reviews. This impacts upon the ability of the service to increase 'new' or 'first' appointments. Work is underway to explore shared care arrangements alongside Primary Care, supporting Wirral's All Age Disability Strategy and Preparation for Adulthood.
- 3.5 The needs of children and young people are becoming more complex. This means that assessments may require additional time, resource and professional input. The new Cheshire and Merseyside ND model is aligned to national policy and best practice guidance. It considers a Multi-Disciplinary Team (MDT) approach to support, assessment, diagnosis and on-going support. Wirral's investment and commitment as part of the Delivering Better Value and the embedding of a Graduated Approach will ensure that children and young people's needs will be identified and supported earlier, this approach will be strengthened further as part of the roll out of the new Profiling Tool. This will enable a greater focus on an individual's personalised needs and support plans.
- 3.6 The business case included is included in Appendix 1, this outlines the provider plan to recruit to a multi-professional team to support with appropriate assessments based on need, subject to funding approval. A summary of the key points in the business case can be found in Appendix 2. The business case was presented to the SEND Partnership Board for information and comment in January 2025. The final business case will be presented to the February SEND Partnership Board for endorsement, with a final decision on implementation residing with NHS C&M as the commissioner.
- 3.7 Progress and success measures will be monitored through contractual monitoring arrangements and will be part of SEND Partnership governance as part of both the Strategic Performance and Continuous Improvement Subgroups and up to SEND Improvement Board.
- 3.8 The attached business case (Appendix 1) explores and outlines the current challenges within the ND pathway, including:
- The current waiting list and waiting time position across WCHC 'pre-diagnostic service' and the Community Paediatric Service (WUTH).
  - Current capacity and demand.
  - Plan to reduce waiting times to achieve the two ND assessment Key Performance Indicators:
    - First appointment within 18 weeks.
    - Diagnostic decision within 30 weeks.
  - Implementation and embedding of the new ND model through a WCHC and WUTH hybrid working approach and in collaboration with partner organisations.

- 3.9 The business case also sets out proposed plans, including costs to address outlined challenges and recover the position over a 3-year period:

#### *Year 1*

The focus will be upon increasing capacity to reduce backlog and improve waiting times. Three options have been considered and costed to reduce the backlog and recover waiting times across a 1–2-year period:

- Option 1: Recruitment of additional resource and outsourcing (**preferred option**)
- Option 2: Outsourcing of backlog to external providers
- Option 3: Insourcing

Year 1 will also see the commencement of transition towards implementation of the new model with an MDT approach at both triage and diagnosis stage. This will be achieved working collaboratively with WCHC and through recruitment of posts for which funding has been secured (£180k).

WCHC to provide roles within a Neurodevelopment team to support continuation of pre-diagnostic assessments and triage in Year 1.

#### *Year 2*

Continuation of work in Year 1 to achieve the ND assessment KPIs (18 weeks to 1st appointment and 30 weeks to diagnosis). Continuation towards the new model through training of Specialist Nurses to support Nurse led Attention Deficit Hyperactivity Disorder (ADHD) diagnosis.

#### *Year 3*

Waiting list sustained and full launch of the new ND model with the introduction of Nurse Led ADHD diagnosis.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 Finance and resource requirements have been included in the business case and will be considered and approved by NHS Cheshire and Merseyside as part of the 2025/26 planning round.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 There are no legal implications arising from this report.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Resource requirements are included within the business case and will be considered and approved within NHS Cheshire and Merseyside as part of the 2025/26 planning round.

## **7.0 RELEVANT RISKS**

7.1 Risks are closely monitored through providers as well as the SEND Partnership Board risk register.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Significant engagement and consultation activities have been undertaken and continues to be undertaken at Place and across Cheshire and Merseyside as part of developing the new model. This includes people's experiences currently and investment in the 'support' offer as well as the clinical diagnostic element.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, does not discriminate against anyone. Equality Impact Assessments and Quality Impact Assessments have been produced by NHS Cheshire and Merseyside with WCHC and WUTH to support decision making around this business case.

## **10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS**

10.1 There are no significant implications arising from this report.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 Improving NHS provision for children and young people with neurodiversity will support community wealth building by encouraging all children to fulfil their true potential and improve employment opportunities which would have a positive effect on the local economy.

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## **APPENDICES**

Appendix 1 Provider Business Case and Improvement Plan (Full)

Appendix 2 Provider Business Case and Improvement Plan (Summary)

## **BACKGROUND PAPERS**

There are no background papers.

## **TERMS OF REFERENCE**

This report is being considered by the Health and Wellbeing Board in accordance with its role to provide oversight, strategic direction and coordination, as set out in its Terms of Reference, of the following activities:

- To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes.
- To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people.
- To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision.
- To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system.
- To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes.

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Not applicable	