

New Model of Care for Greater Manchester Neurodivergent Children and Young People

Rationale for new model of care

- Over the last few years, demand for diagnostic assessments for ADHD and Autism for children and young people has continued to increase significantly nationally. This has resulted in a large growth in waiting times and numbers of people waiting. Existing funding and workforce is not able to meet demand.
- We are not able to deliver a timely service for our children and young people and their families who have the highest needs, which can lead to poorer outcomes.
- The current model is medicalised and focused on diagnosis rather than support.
- To address these challenges, NHS GM has launched an Autism and ADHD Transformation Programme aimed at creating a more sustainable, needs-led system.
- This work aligns with objectives of the recently agreed National Independent review into mental health conditions, ADHD and autism [Independent review terms of reference - GOV.UK](#).

National direction of travel

- Report of the Children's Commissioner for England 2024- called for a shift towards needs led working. Accessible here: [CYP Commissioner for England Waiting Times Report 2024](#)
- National ADHD taskforce have recently published initial findings stating that:
 - There is robust evidence that **ADHD is not the remit of health alone**. Policies, budgets, spending, service plans and the collection of routine data need to span departments and agencies across all levels from government to locality.
 - **Support for ADHD and neurodivergence should begin early**. This should be needs-led, begin in preschool or school and not rely on or require clinician provided diagnosis.
 - **An entirely specialist, single diagnosis model is not sustainable, or evidence informed**. Given the established adverse outcomes and costs of unsupported ADHD, there is an urgent need to address early determinants of adverse outcomes and reduce waiting times in cost-effective, evidence-supported ways. Neurodevelopmental assessment NHS waiting times will continue to escalate, so cannot be ignored. We recommend a holistic, stepped, joined-up, generalist approach, with adequately-resourced primary care and secondary health care, local authorities and the voluntary/community sector to enable both initial needs-led holistic support and the fast-tracking of those with most clinical need or whose functioning does not improve with first-line non-pharmacological intervention to high-quality clinical diagnostic assessment and medication.

GM Public Engagement: What people told us which has informed the new Model of Care



Greater Manchester

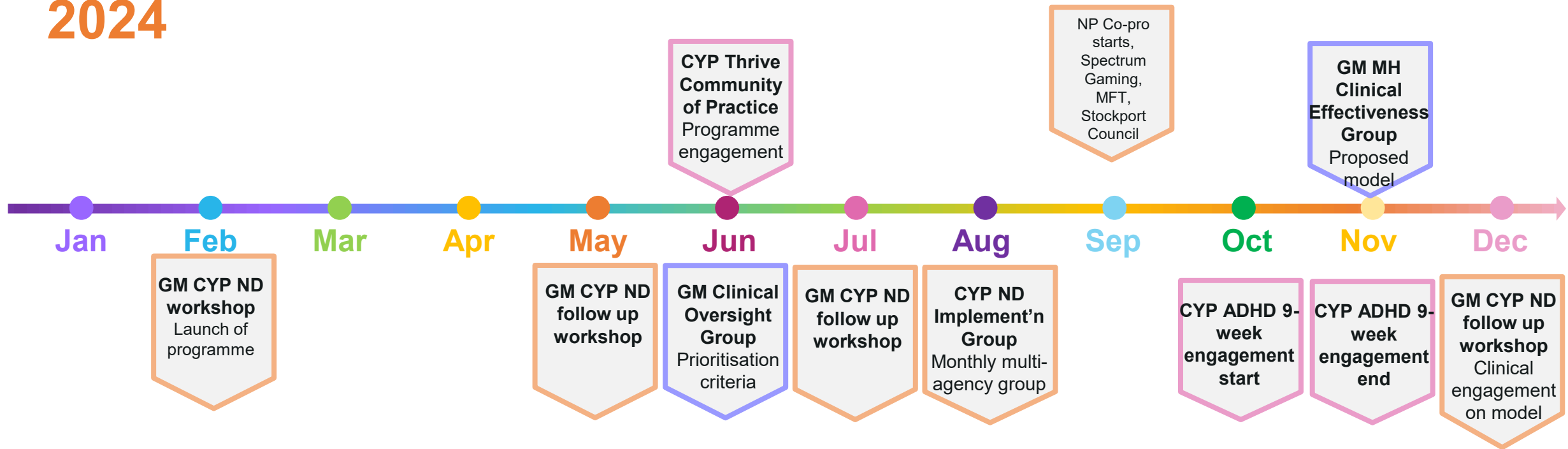
- People are experiencing very long waiting times, and this is making the symptoms worse, and the service needs to change.
- People feel there is a lack of support whilst on waiting lists and they need earlier intervention/access to support.
- There is generally a lack of communication at all points in the journey.
- People need a diagnosis to access support.
- Schools have huge role to play in supporting children but are sometimes seen as gatekeepers. Schools need more help and training to support neurodiverse children
- Lack of integration between services, as well as issues with access, right to choose, acceptance of private diagnosis and shared care.
- Medication should not be the only support on offer and doesn't work for many. Currently there is no other option Post diagnosis support is key, this is a lifelong condition, just having a diagnosis is not enough..
- The impact on the family and family history both need more prominence and consideration.
- Every child is unique, and the services aren't responsive to that.
- People are generally supportive of prioritisation to ensure CYP with the highest level of need are seen quickly
- There are inequalities in terms of access and experience. This is related to geography and some characteristics including age, gender and families on low incomes.

Programme engagement and co-production timeline



Greater Manchester

2024

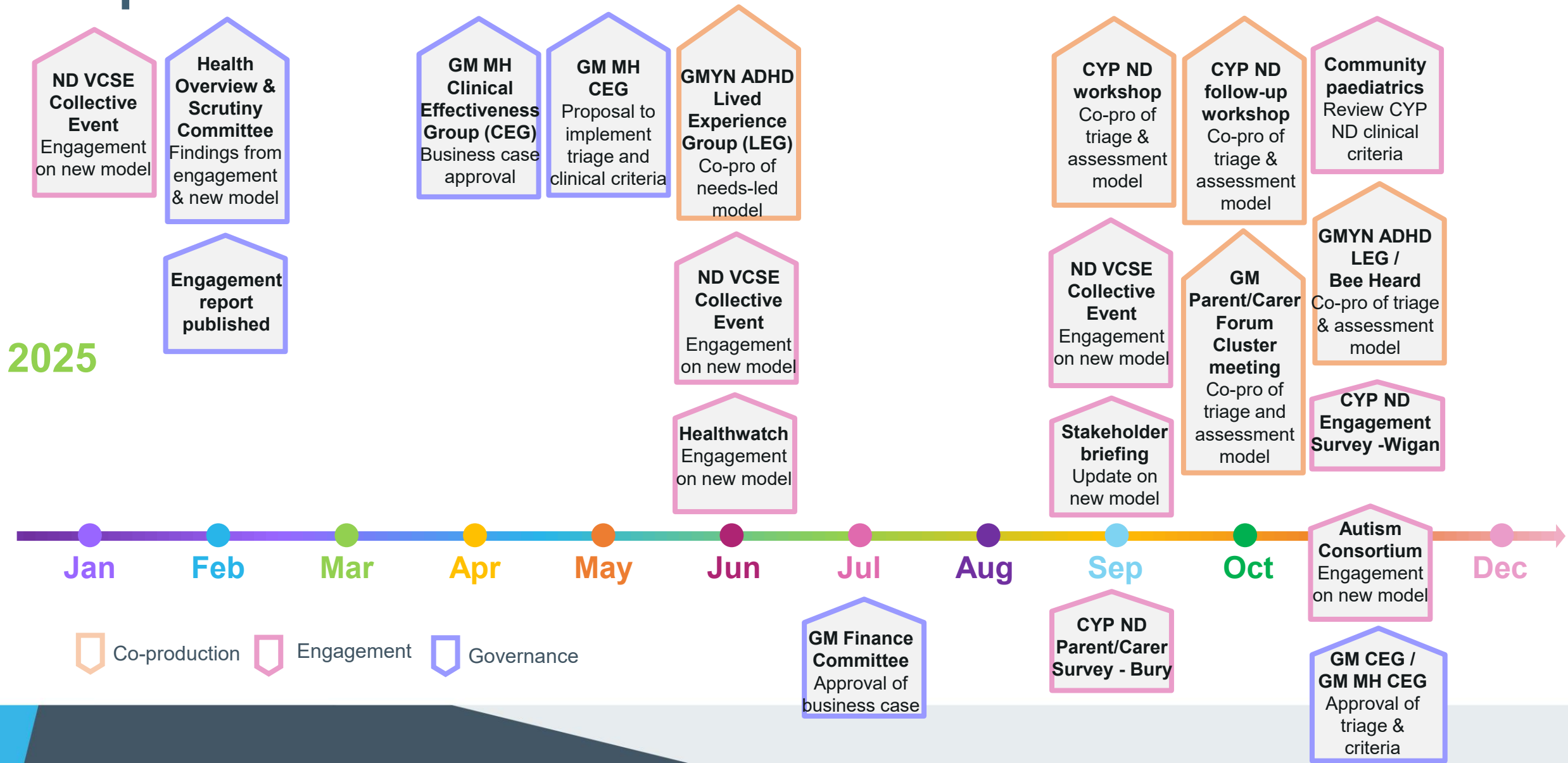


 Co-production  Engagement  Governance

Programme engagement and co-production timeline



Greater Manchester



GM ND transformation workstreams



1. Development of new locality services providing needs-led support in each of the 10 localities underpinned with key pan GM offers



2. Development of a system approach to assessing need which dovetails with locality needs-led support offers and provides onward agreed referral for person-centred assessment



3. Review of CAMHS specification to focus on those with co-occurring mental health and complex needs to ensure that those with the highest need receive timely and specialist support



4. Review of children's community autism and ADHD pathways and specification to ensure consistent commissioning and service offer across GM (including Right to Choose providers)



5. Review of CYP on existing waiting lists to ensure those most in need receive a personalised offer of support

Aligned to the Thrive Graduated Model



GETTING ADVICE:

- Access to online resources providing support, information, and access to services
- GM Autism website
- Advice and guidance support from Specialist ND navigator roles
- Online webinars (coming early 26)
- PADLETS [Supporting-your-neurodiverse-child-padlet](#)
- Portage <https://www.portage.org.uk/support/resources/resources-parents>
- Digital messaging support delivered by Barnardo's (coming early 26)
- Documentation outlining ordinarily available provisions and SEND reasonable adjustments ([Ordinarily available provision](#))

GETTING HELP:

- Evidence based group support for behaviour (pre-school and school age)
[Riding the Rapids \(Riding the Rapids info\)](#)
- The Hub offer – thematic sessions and support, navigator posts
- Neuro-developmental Profiling tools (going live soon)
- Sensory toolkit, workshops and consultations
- Evidence based communication interventions . E.g PACT ([PACT](#)) [Can DO The Home of Can Do](#) .
- Family Peer support via Navigators
- [Young peoples support - Spectrum Gaming](#)
- Tailored mental health support via MHSTs
- Neurodiversity in education programme (Autism in Schools and PINs) training and support into schools
- CAMHS
- Respect for All Counselling offer

GETTING RISK SUPPORT:

- Access to Rapid Response and Home Treatment Teams for Mental Health
- Dynamic Support Register (DSR)
- Key worker via DSR
- Access to CETR process
- Intensive Specialist Support Teams + Alternatives to Admission

GETTING MORE HELP:

- Relevant assessment / diagnostic pathway
- Prescribing/shared care
- Provision of neuro-affirmative assessment report
- Individualised Post-Diagnostic Support Care Packages



ND locality early help services



Co-produced, needs-led model to deliver consistent early ND family support across GM



Early access to “Getting Advice” and “Getting Help” support – diagnosis not required



Universal ND offer: online resources, webinars, chat messaging and digital support



Direct self-referral to local ND specialists for advice and guidance



Short term evidence-based interventions workshops (i.e. PACT and Riding The Rapids)



Mobilisation of a GM wide early help support offer from October 2025: ND website, sensory toolkit, sleep support offer, chat messaging, parent workshops on ND related topics



All ten GM localities have been allocated funding to implement the GM core offer locally



All local ND models approved; mobilisation Oct 2025–Mar 2026



GM Workforce training offer: Neuro profiling, PACT, Riding The Rapids, Haven, sensory

Development of a system approach to understanding and assessing need

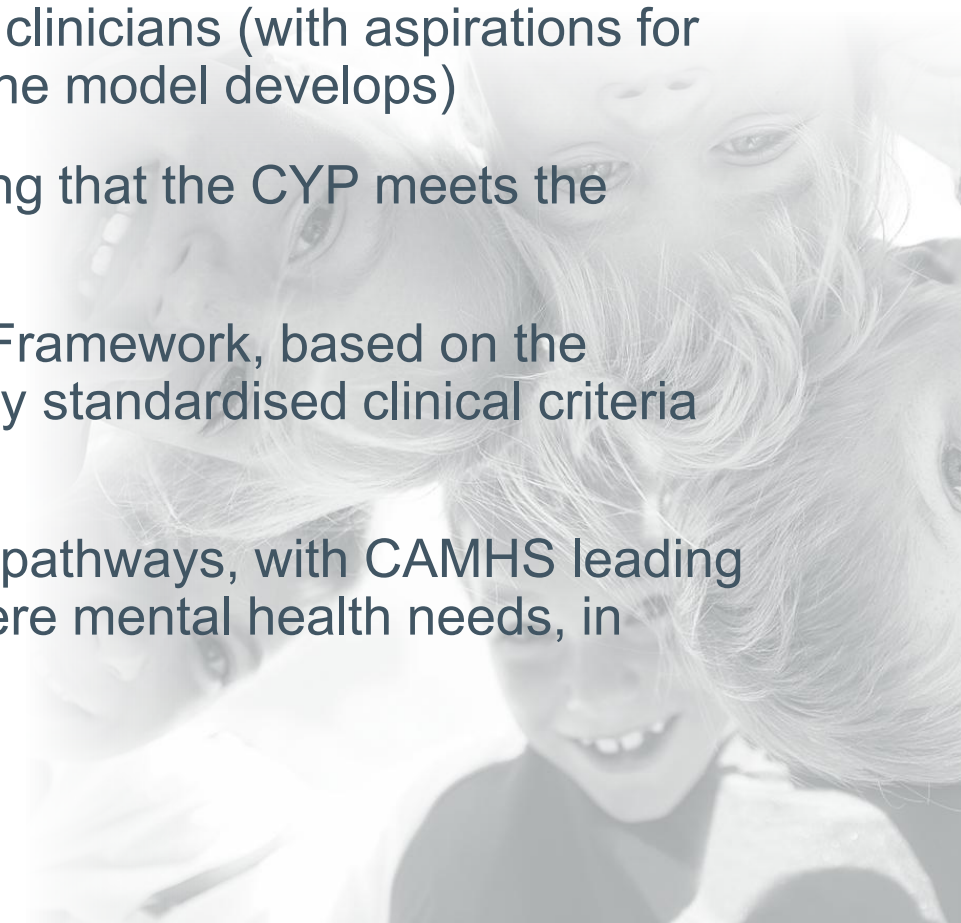
A dynamic triage and assessment process

A standardised process has been designed to assess the needs of children and young people referred for suspected ADHD and Autism, through a multi-agency approach. This has been approved through NHS GM governance. This ensures

- A consistent, person centered and fair process to assessing individual need across GM
- A multi-agency approach to understanding and deciding the right type and level of support based on an individual's need.
- CYP who are most in need are supported quickly and appropriately to minimise potential risk and harm
- Not all CYP will meet the criteria for an NHS assessment, but everyone will receive a personalised offer of support through our new needs-led services.
- The best use of limited system resources and workforce
- Alignment to NICE guidelines

Consistent approach

- Triage teams to be established, comprising of senior members with extensive knowledge and experience in ND assessment, e.g. CAMHS, Paediatric clinicians (with aspirations for the inclusion of social care and education professionals as the model develops)
- Referrals to include the minimum data requirements, ensuring that the CYP meets the clinical criteria for assessment (as defined in ICD11)
- Appropriate support to be determined inline with the Thrive Framework, based on the urgency and level of need. Decision making will be guided by standardised clinical criteria and a holistic understanding of the individual's needs.
- Diagnostics assessments to take place within relevant local pathways, with CAMHS leading assessment for CYP who have co-existing moderate to severe mental health needs, in collaboration with relevant professionals



Needs-led offer

Referrer

- Identifies need
- Connects family to needs led offer
- If the child is in education, considers if appropriate ordinarily available provision and SEN supports are in place
- Considers if the child has presentation indicative of ICD-11 criteria.
- Considers if the child is over 10: the young person is requesting the assessment
- If the young person is under 10: the parent/carer is requesting the assessment

Multi Agency ND Triage

- Multi-agency team review referral
- Check ICD 11 criteria
 - Consider level of need
- Prioritise referral, make informed clinical decision based on:
- mental health
 - risk of home/placement breakdown
 - risk of education placement breakdown where a clear needs led plan has been tried and reviewed
 - significant social factors (including cared for children)
 - age at time of referral
 - YOS involvement
 - CYP who would significantly benefit from medication for treatment of ADHD
 - language delay or no speech
 - awaiting gender services.

Outcome if ICD-11 Criteria Met

1. Child/young person with very high level of need and are requiring an ND assessment will be seen urgently.
2. Child/young person has significant needs and requires an ND assessment will be added to the wait list.
3. Child/young person may meet ICD 11 criteria, but needs are not considered significant enough to warrant an NHS ND assessment, signpost to support hubs.

Outcomes if ICD11 Criteria not met OR ICD 11 criteria are met but levels of impairment are low / level of functioning is not affected

ND Assessment

If moderate or severe co-occurring mental health condition or moderate to severe functional impairment due to mental health distress is present, ND assessment by CAMHS

If no or mild co-occurring mental health condition, ND assessment by community.

Social Care

Education

Mental Health

Community Health

Outcome communicated to family, young person, GP and referrer

Outcome communicated to family, young person, GP and referrer

CAMHS and Paediatric Services Specification Refresh to support shift to Needs-led Model

ND and CAMHS in GM

In Greater Manchester, neurodevelopmental assessments for children and young people are primarily provided through CAMHS and Community Paediatric Services, with variations in service delivery across localities.

Autism and ADHD are neurodevelopmental conditions, not mental health disorders.

Although CAMHS is not designed or funded to meet the increasing demand for neurodevelopmental assessments, in some areas it has taken on cases of ADHD and Autism where there is no primary mental health need. The lack of MDT approach in some localities has led to long waiting times, limited support, and over stretched resources, with funding ringfenced for mental health treatment.

Reversely, in some localities, Community Paediatrics provide the whole service, including where the child or young person has a comorbid mental health need. In this case, it is important to recognise the role of CAMHS in supporting this cohort.

GM CAMHS have a key role in the assessment, diagnosis, and treatment of neurodevelopmental conditions, as per NICE concordant assessment criteria for Autism and ADHD. However, CAMHS should not be seen as a standalone service for diagnosis but are key to service provision where the CYP also has a moderate to severe mental health need

Key challenges requiring system focus

- Consistent implementation of the triage and assessment model required from January 2026 but there are recognised gaps in children's community health teams to undertake MDT triage across all localities
- Inconsistent children's community health ND assessment and diagnostics across GM
- Significant waiting lists numbers and waiting times
- Current diagnostic culture that overlooks early needs-led support and holistic support with over-reliance on diagnosis for wider access to support (especially through educational settings)
- Significant impact of Right to Choose on best use of the GM £



Solutions

- Phased approach to implementation of the full MDT triage model – starting with existing providers and expanding as capacity and capability are aligned
- In areas where community children's health teams are not currently able to undertake ADHD/Autism assessments, for CYP who meet the clinical criteria for a diagnostic assessment but do not have a moderate to severe co-existing mental health condition, CAMHs will continue to work flexibly to undertake the assessments to ensure all CYP are supported safely (this is for a maximum period of time whilst children's community ND services are mobilised)
- Business case developed for non-recurrent funding to review all CYP on existing waiting lists against the same clinical criteria and prioritise those most in need and/or those who have been on the waiting list for a significant period of time (especially if at a key transition stage)
- Development of new service specification for children's community health services (for ND assessments) with assessment of demand and capacity requirements at locality level
- System-wide communication to share the learning from the MFT Early Years Model pathway which has evidenced that integrated intervention and assessment services produce better outcomes for families than stand alone assessment teams and are a more effective use of workforce and resources.
- All localities have received funding for locality offers of early help and support in place (alongside GM wide offers). Families will be able to go directly to these services for advice, guidance, signposting and access to interventions.
- Ensure consistent communication that diagnosis is not required for access to many support interventions
- Further development of support for other recognised areas including sleep (working to evidence-based practice and aligned to early help/support)



Solutions

Review of Children's Neurodiversity Community Health Services

- Review of the children's community health service specification December 2025 – February 2026
- Focus on autism and ADHD pathways within the specification
- Capacity and demand analysis to be undertaken as part of the review
- Development of gap analysis and proposed options for consideration



Solutions

Focus on support in educational settings

- NHS Greater Manchester has delivered the Neurodiversity in schools project (formerly Autism in schools) since 2021/22 working into over 100 schools. We have also taken part in a national pilot of the Partnership for the Inclusion of Neurodiversity in Schools (PINS) project since 2024-5 working in 75 schools. Both projects are active in all 10 GM localities.
- Both are focused on delivering a whole school approach to improving the school experience for neurodivergent learners. These 2 projects are delivered as 1 programme of work with a co-produced suite of training modules delivered into all participating schools to improve staff confidence in supporting neurodivergent young people. The projects also deliver:
 - Support to schools to review policies and practices to ensure inclusivity with a focus on a culture of practical reasonable adjustments and changes to the school environment
 - Bespoke commissioned support drawing on the expertise of a range of health, social care/educational and VCSE services
 - Parent Carer Forum support to parents and youth voice participation to ensure change is driven by the needs of young people
- We will be looking at how we can disseminate the learning, training and resources developed as part of these projects more widely to reach more GM schools. Future info on PINS funding is due from NHSE/DofE in the early new year 2026.



Solutions

Focus on support in educational settings

- Mental Health Support Teams (MHSTs) are a national initiative designed to embed high-quality mental health support within education settings across England. They play a central role in transforming children and young people's mental health provision, ensuring every school and college can access expert support, early intervention, and whole-school approaches to wellbeing. They have 3 key functions
 - **Deliver evidence-based interventions** for children and young people with common mental health needs
 - **Support senior mental health leads** in education settings to develop and deliver a whole school/college approach to mental health
 - **Provide timely advice** to education staff and liaise with external specialist services to ensure children and young people get the right support and stay in education
- In Greater Manchester, MHSTs are currently operating in 433 education settings (covering 53% of all settings), with plans to expand and achieve the national ambition of reaching 100% coverage by December 2029
- They play a key role in supporting neurodiverse children and young people by working in close partnership with education settings to deliver adapted interventions and make reasonable adjustments. Teams collaborate with specialist services and families to develop care plans and support transitions, drawing on practitioners trained to recognise and respond to neurodevelopmental needs. Assessments and care plans are tailored including preferred communication approaches and adjustments to the learning environment. Practical strategies for classrooms and wider school life are co-planned with staff to promote participation and attendance. MHSTs also help schools embed whole-setting approaches to mental health, incorporating ND-informed policies and staff training.



Solutions

Focus on support in educational settings



Hearing Accepting Valuing Every Neurotype

- HAVEN stands for **Hearing, Valuing, Accepting Every Neurotype**, and is a programme providing training for educational setting to create positive social groups in secondary schools, where students can be supported to have positive social experiences and naturally build friendships. Positive social connections are important for physical and mental well-being. We also know that neurodivergent young people may make connections in different ways.
- HAVEN groups aim for neurodivergent young people to feel safe, accepted and supported which may lead to increased confidence, engagement and positive interactions and relationships within the school environment.
- This approach was developed through coproduction by a team of Speech and Language Therapists, with input from autistic young adults, educational psychologists and occupational therapists, researchers from the University of Manchester.
- NHS GM have funded 150 training places to be delivered between October 25 and June 2026 for staff in GM secondary schools.

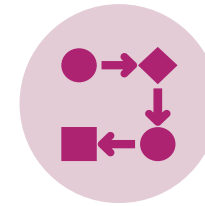
Solutions Waiting Lists



NHS GM Clinical Effectiveness Group has confirmed and endorsed the clinical criteria for children's neurodevelopmental pathways across Greater Manchester. Further to this it has been agreed to implement a programme of work to utilise the clinical triage criteria to triage the current waiting lists held within trusts for neurodevelopmental assessments, so that we do not have a two-tiered system.



A funding formula has been developed (based on the number of CYP in waiting lists at each provider) which will ensure additional funds to all CAMHS and Community paediatric pathways for this endeavour



We will expect that 100% of the waiting lists to be appropriately prioritised over 12-24 months

Next steps and timelines

[illegible]

Right to Choose

**Ensuring an equitable offer for all
Children and Young People across all
providers of ADHD and Autism
services**

Right to Choose (RTC)



Greater Manchester

Spending on ADHD and Autism assessments through Right to Choose (RTC) for adults and children and young people has grown from £5 million in 2022 to a projected £33 million in 2025. At this time, there are no national plans to increase funding allocations for ADHD and Autism.

While RTC providers often have shorter waits, this has created inequity of access and placed unsustainable pressure on the NHS budget.

To ensure fairness and best use of resources, NHS GM has introduced the following measures:

Urgent referrals already on provider waiting lists will continue to be prioritised and seen.

New non-urgent assessment appointments will be temporarily held across all Right to Choose providers. It is expected that these services will resume from April 2026, and patients will retain their original referral date.

Existing booked assessments, ongoing assessments, and treatment reviews will continue as planned.

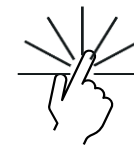
RTC providers are required to follow the same clinical prioritisation and safety standards as NHS providers.

Quality and Safety Oversight

All Autism and ADHD service specifications (adults and children and young people) have been updated to strengthen clinical safety and ensure consistent quality.

Key changes include:

- The need to provide face-to-face appointments within reasonable travel distance.
- Mandatory in-person physical health reviews for patients prescribed ADHD medication, in line with national safety guidance.
- An accreditation process is being established to monitor compliance and maintain standards across all providers.
- These changes respond to findings from recent quality reviews, including a learning from death report, highlighting the importance of robust physical health monitoring.



[NHS GM ADHD and Autism Assessments info](#)

Bury update



BURY
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Part of Greater Manchester
Integrated Care Partnership



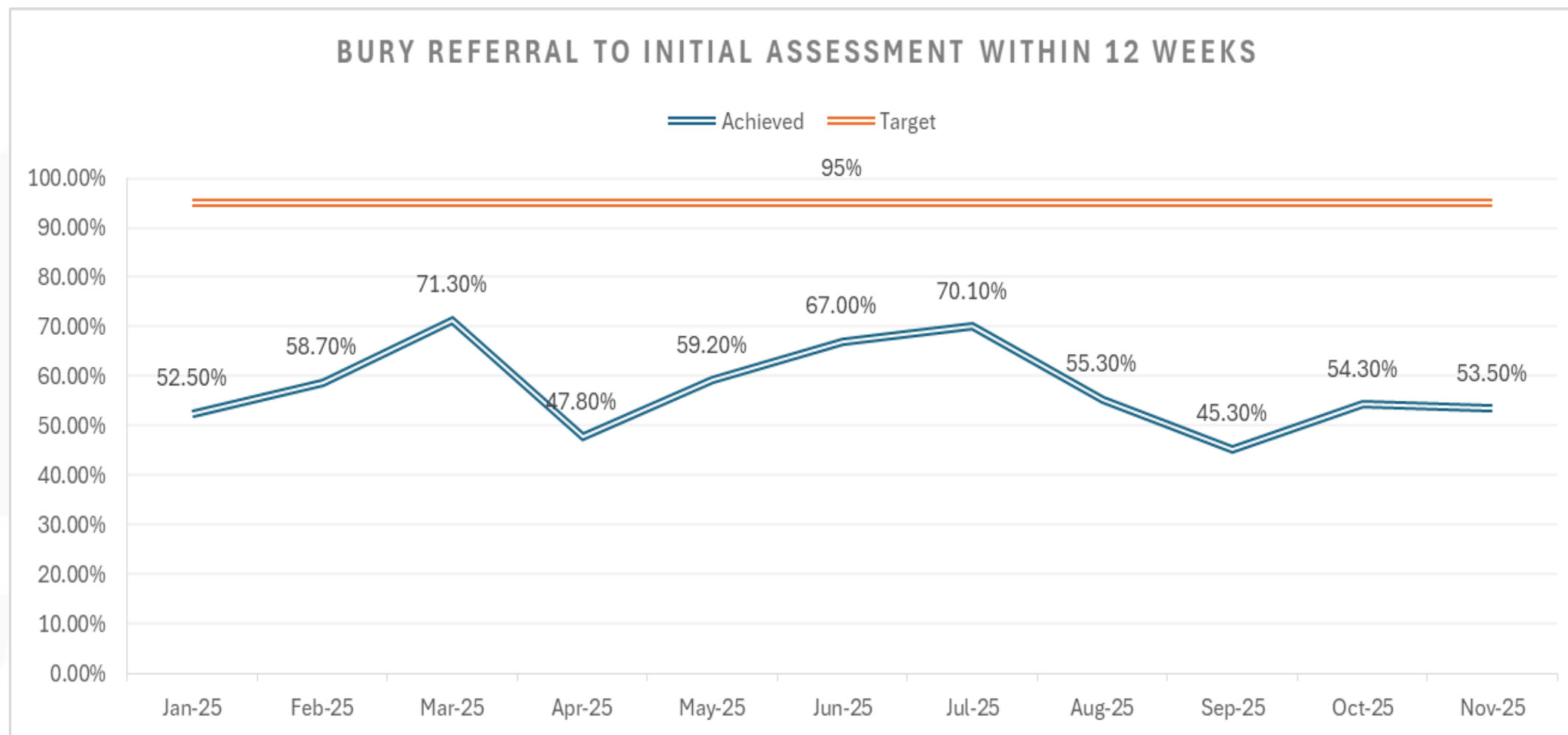
January 2026

Demand & waiting times



- Local position reflects wider challenges in GM – demand, capacity, waiting times.
- CAMHS referrals have grown very significantly since 2020 [500%+ to between January 2020 and June 2023 across the PCFT footprint]
- Referrals for ND assessments have been making up 80%+ of CAMHS referrals.
- Waiting times for Community Paediatrics and CAMHS remain challenged where other services have seen improvement.
- Significant work done to redesign pathway for providing MH support to CYP with implementation of RISE model with easier access to evidence-based interventions for those with mild to moderate problems.

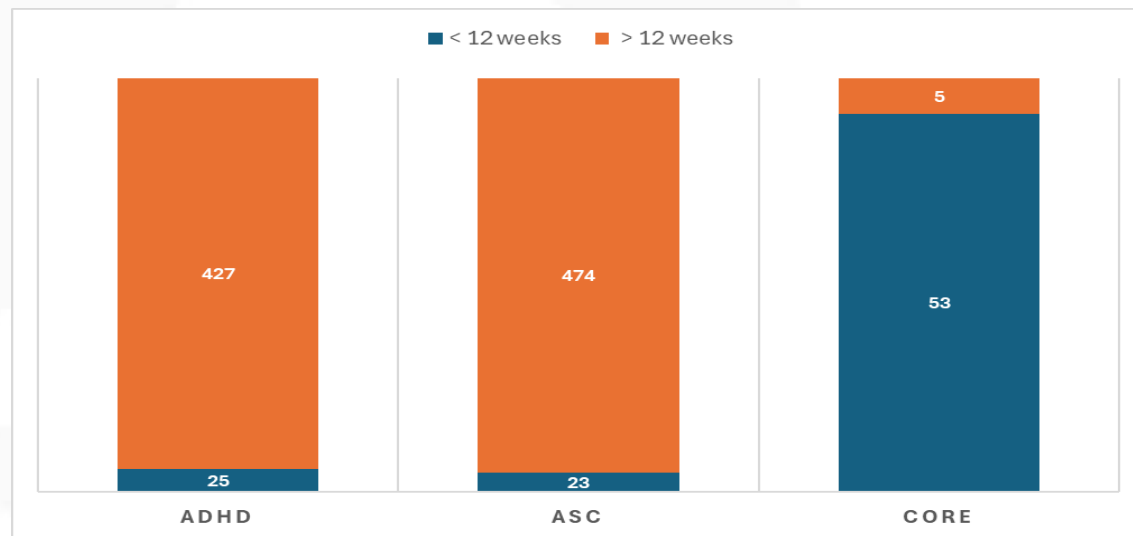
Bury CAMHS: waiting time performance



Bury CAMHS: ND Waiting times

Current waiters @ 8th December 2025

Pathway	Total Waiting	Breaches > 12 weeks	% Breached
ADHD	452	427	94%
ASC	497	474	95%
CORE	58	5	9%
Total	1007	906	90%



Autism assessment

Pathway	Total Waiting	>18 weeks	% breaches	
*ASC Dev History	20	20	100%	
* stop clock for 18 week standard				
Stage	Pathway	Total Waiting	>18 weeks	% breaches
2	ADOS	112	99	88%
3	ASC MDT	23	7	30%
4	ASC FEEDBACK	39	2	5%

ADHD assessment

Pathway	Total Waiting	>18 weeks	% breaches
*ADHD Dev History	9	9	100%
*stop clock for 18 week treatment			

Stage	Pathway	Total Waiting	>18 weeks	% breaches
2	QB Testing	32	1	3%
3	ADHD PSYCHIATRY	181	129	71%
4	ADHD MDT	69	7	10%
5	ADHD FEEDBACK	67	3	4%

Established and developing ND support offer across Greater Manchester & Bury

Getting Advice

- **GM Autism website** - [My Area – Bury - GMAC](#)
- **Bury ND Hub** - Advice and guidance support from specialist navigators
- **Online webinars** – *in development – available from Jan 2026*
- **Bury PADLETS** - [Supporting-your-neurodiverse-child-padlet](#) and other online advice e.g. [Sleep advice](#)
- **Bury Portage service** - <https://www.portage.org.uk/support/resources/resources-parents>
- **Digital messaging support** delivered by Barnardo's - *in the new year*
- **Documentation** outlining ordinarily available provisions and SEND reasonable adjustments - [gm-oaip-2025-2026.pdf](#)
- **Bury SEND Local Offer web pages** - [Bury SEND Local Offer - Bury Council](#)
- **myHappyMind / myMindcoach** – inc SEND specific resources [Bury EOY Report 2025 / Online Flipbook](#)
- **Bury First Point** family workshops and seminars
- **Bury2Gether resources and workshops** - <https://www.bury2gether.co.uk/about>

Getting Help

- **Bury _ Evidence based group support for behaviour** (pre-school and school age) **Riding the Rapids** [Riding The Rapids - GMAC](#)
- **Bury ND Hub offer** – thematic sessions and support – *in development*
- **Neuro-developmental Profiling tools** - *going live soon*
- **BurySensory toolkit, workshops and consultations** - [Sensory Toolkit](#) & [Sensory support padlet](#)
- **Sleep workshops and consultations** – *GM commission coming next financial year*
- **Evidence based communication interventions** - PACT ([PACT](#)) [Can DO](#) ([The Home of Can Do](#)) & [Ibasis](#) ([iBasis](#))
- **Needs led support** via Navigators (in Bury ND Hub)
- **Tailored mental health support** via MHSTs – [HAVEN group-based support being developed- Bury MHST staff being trained](#)
- **Neurodiversity in education programme** (Autism in Schools and PINs)
- **Peer support through Spectrum Gaming in Bury** - [Home](#) | [Spectrum Gaming](#)
- **RISE at Early Break** – open access MH support for CYP in Bury

Getting Risk Support

- **Access to Rapid Response and Home Treatment Teams for Mental Health**
- **Access to CETR process**
- **Intensive Specialist Support Teams**

Getting More Help

- **Redesigned Assessment / diagnostic pathways** - *in development*
- **Prescribing / shared care for ADHD** through CAMHS
- **Provision of neuro-affirmative assessment report** – *in development*
- **Individualised Post-Diagnostic Support Care Packages**
- **Key worker support** via DSR – *ongoing discussions to widen criteria to include more proactive approach*
- **Core CAMHS** – clinical assessment, treatment & support



Bury Neuro Hub - context



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Greater Manchester New Model of Care and Early/Needs Led Support
Aligned to the Thrive Graduated Model



Greater Manchester

Provision of easily accessible early information based self help and guidance – available universally

System navigation and access to evidence-based needs led support offers (available at all times without the need for a diagnosis)

Relevant diagnostic assessment and post diagnostic care for those in need

Risk management and therapeutic management/interventions for CYP with complex needs



GMICB CYP ND Hub Specification



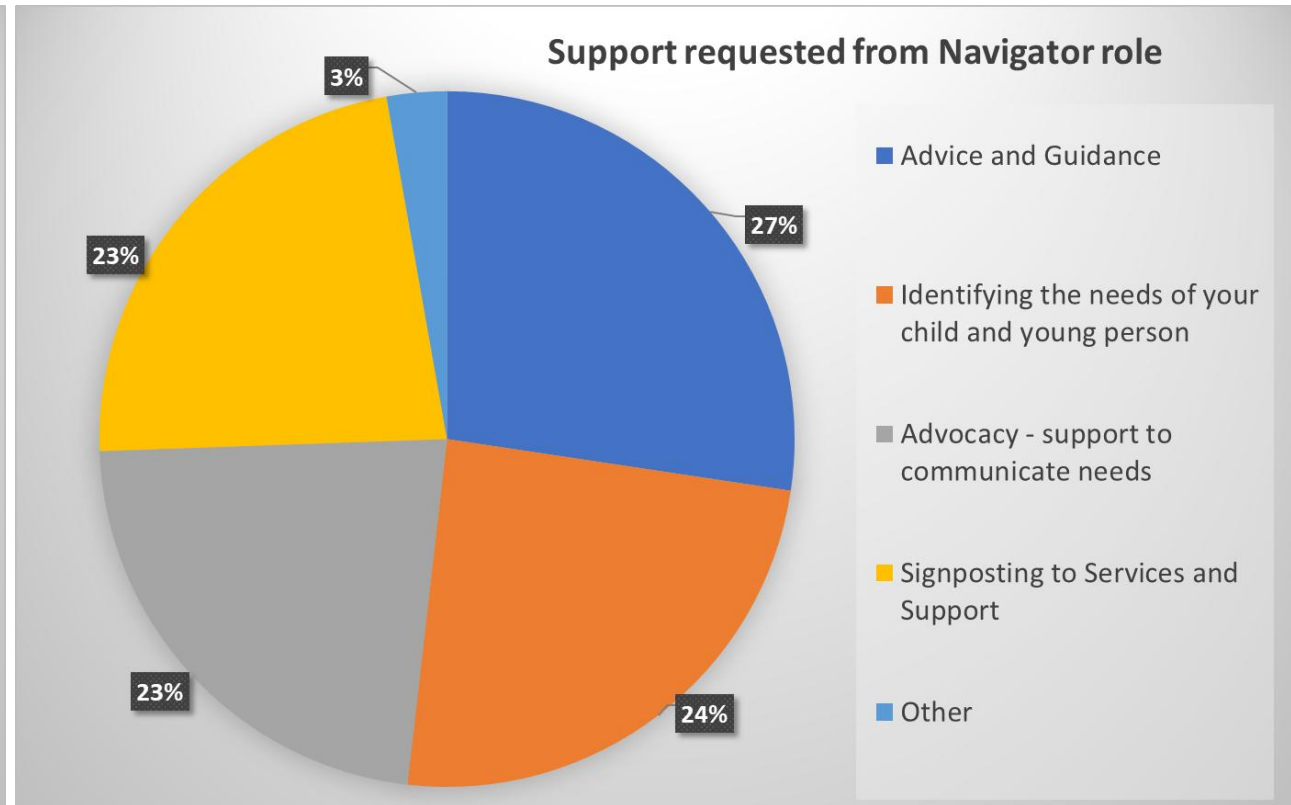
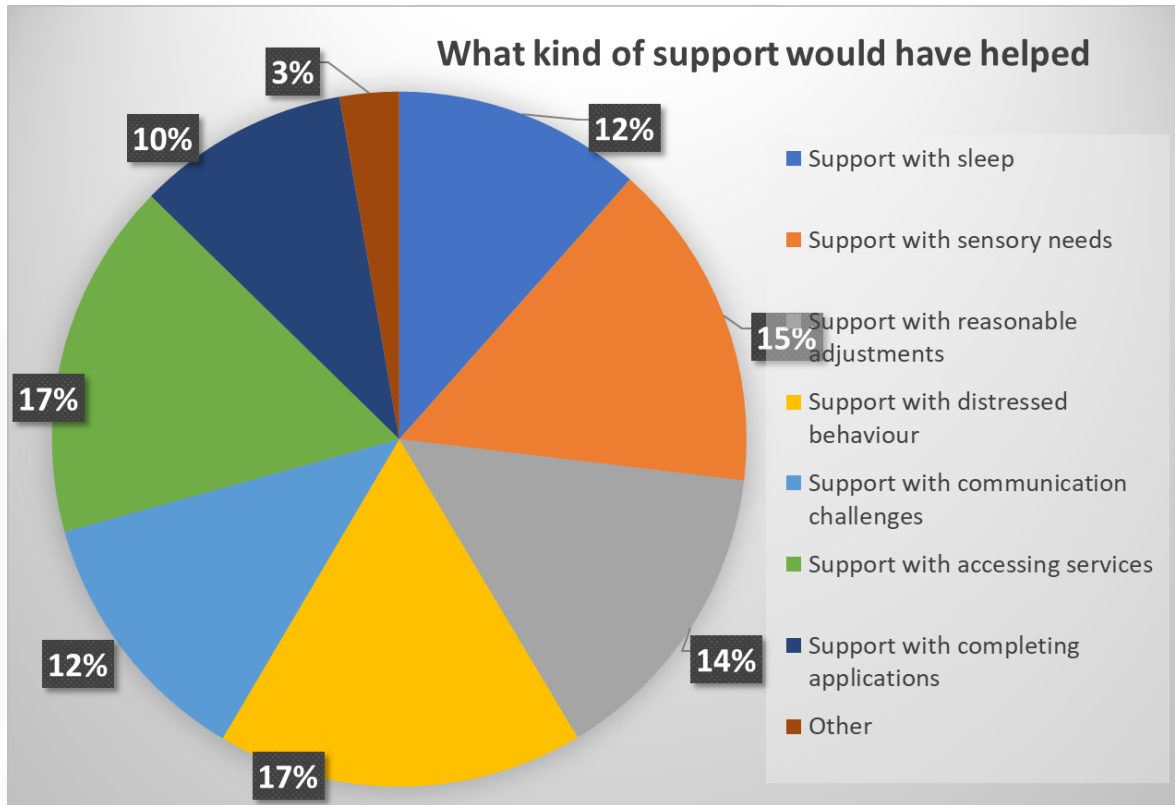
- GMICB led commissioning – identifying a provider in each locality to deliver the Hub on a pilot basis.
- Needs led offer: advice, guidance and help to children who are neurodivergent or displaying social/communication/behavioural differences and challenges.
- Primary aim: to provide early, targeted support to children and families with neurodevelopmental symptoms to improve their educational, social and holistic outcomes and where possible, reduce the need for later, more intensive intervention.
- Provide access to early help and evidence-based support for those CYP whose neurodevelopmental needs can be met with *getting advice* or *getting help* support. This will include PACT and Riding the Rapids.

Bury Neuro Hub - Initial delivery



- Commissioned provider – First Point Family.
- Recruitment: Co-ordinator, 1x Navigator, admin support.
- Initial drop-in provision launched – *test and learn*.
- Initial referral / signposting from Portage, SEND Health Visitor team and Early Years.
- Pathway development with RISE at Early Break.
- Navigator building a case load of families providing individual support
- Riding the Rapids – Early Years – 3 programmes delivered this year.
- Engagement work with Children and young people to design the logo, name and branding.
- Survey with parents and carers to inform delivery model [221 respondents]

Bury Neuro Hub – Survey feedback

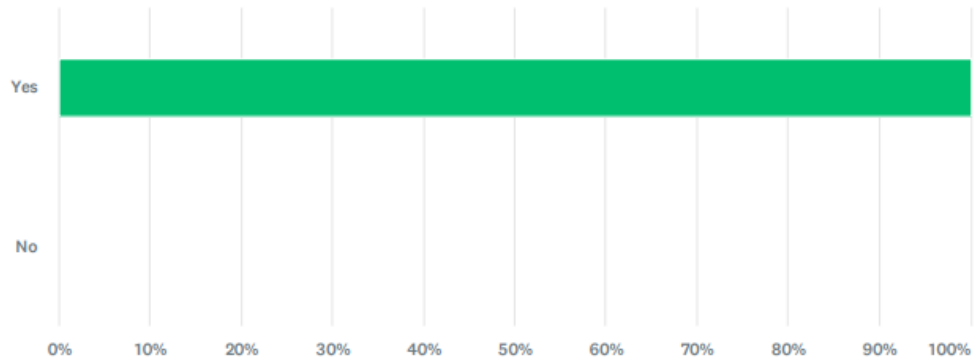


Bury Neuro Hub – early feedback from families attending the drop-in



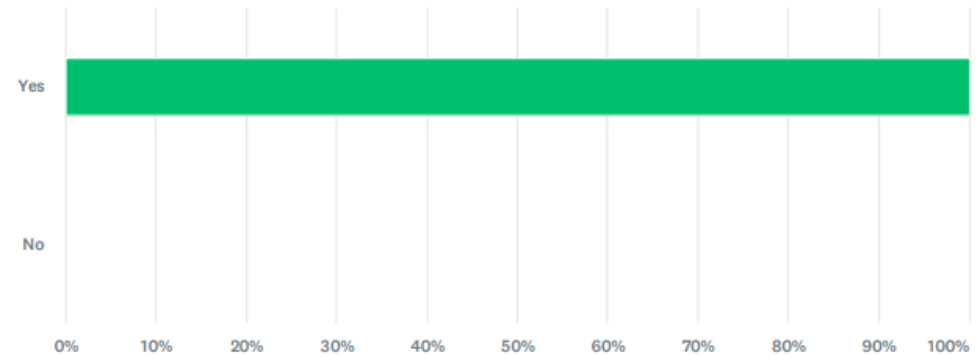
Q7 Did you find the support helpful?

Answered: 5 Skipped: 0



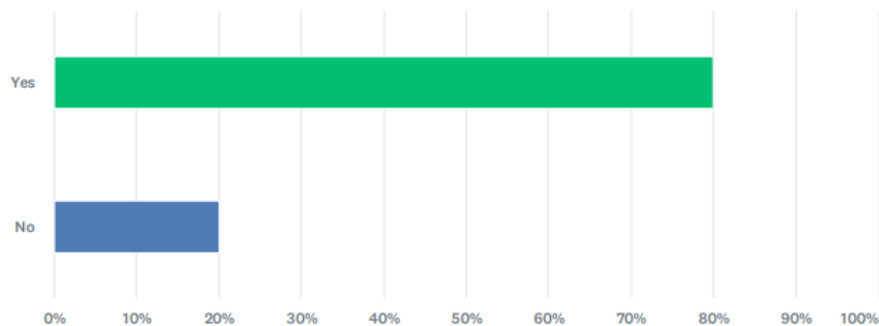
Q9 Do you feel the support worker understood your families needs?

Answered: 5 Skipped: 0



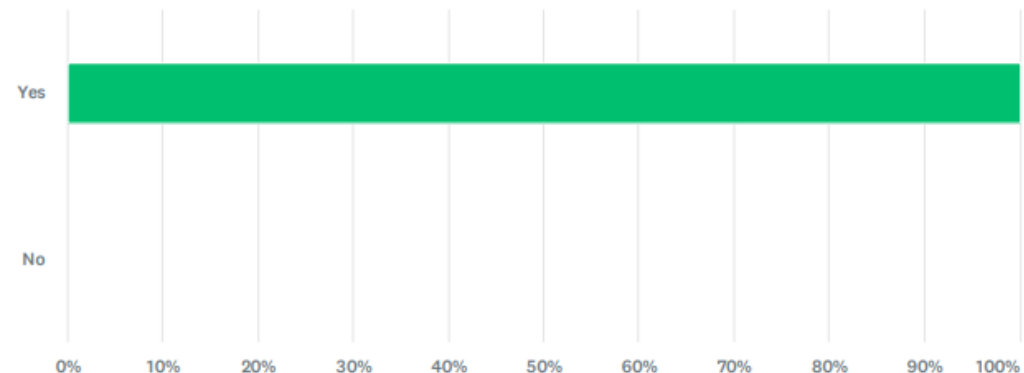
Q8 Did you feel on your appointment you had the opportunity to discuss your concerns?

Answered: 5 Skipped: 0



Q10 Would you use this service again?

Answered: 5 Skipped: 0



Bury Neuro Hub - Development priorities



- Focus groups with partners to shape Hub offer.
- Agreement of name, logo and branding.
- Recruitment of 2nd Navigator.
- Scale up of drop-in provision.
- Mobilisation of new signposting / referral pathways.
- Scale up of individual family support offer.
- Explore opportunities for other services to align with / enhance the hub offer.
- Agree approach to peer-support offer.
- Development of evaluation approach.
- Evolutionary / iterative approach to development informed by: feedback from children & families / learning from other localities / professional advice and input through focus groups and Bury ND Hub Delivery Group

Challenges & Risks

Challenges / Risks	Further work required
Ensuring children and families are able to get easy and timely access to the right service to support their needs.	<ul style="list-style-type: none"> • Development of multi-agency / professional triage. • Clear graduated support offer. • Neuro Hub navigators. • Continuing to listen and learn from families.
Limited capacity in existing community provision to provide assessments for those children who need and assessment but do not have co-occurring MH problems.	<ul style="list-style-type: none"> • Gradual / flexible implementation of CAMHS service spec. • Community (paediatric) services capacity mapping and gap analysis.
Capacity of locality ND Hubs to meet the needs of children and families.	<ul style="list-style-type: none"> • Develop and strengthen wider early help offer. • Close monitoring of the triage process – numbers, outcomes and needs. • Iterative approach to Hub development – monitoring demand and need, learning from partners and families.
Ability to access services / reasonable adjustments in the absence of a diagnosis.	<ul style="list-style-type: none"> • Work required to change culture and criteria, where we can, to ensure access to support is needs-led and not diagnostically determined
Importance of assessment and diagnosis to children, young people and families	<ul style="list-style-type: none"> • Need to understand and recognise this. • Need to build confident and demonstrate the benefits of graduated support offer. • Need to ensure good communications, engagement and ongoing dialogue e.g. with Parent & Carer Forums, young people's groups such as Changemakers and wider.