[Redacted – 38 (1) (b)]
Mental Health and Social Care Directorate

11 August 2026

Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs

UPDATE ON DEVELOPMENT OF ADULT ND ROUTE-MAP

Purpose and Priority

Priority: Routine

1. Purpose: To update you on progress to develop a route-map towards implementing a new model of support for adults with neurodevelopmental conditions and seek your views on draft actions for inclusion in the route-map.

Recommendation

2. Recommends that you: note this update and indicate whether you are content with the draft actions for inclusion in a route-map.

Context and Issues

Programme Alignment: Delivering a stronger NHS and public services

3. Officials have hosted two stakeholder workshops to develop the draft route-map ahead of a roundtable to be chaired by the Minister on 25 August. The roundtable on the 25 August will meet the 100 day commitment to ‘bring together stakeholders to establish a timeline and route-map for adoption and integration of the Royal College of Psychiatrists (RCPsych) 4-tiered national pathway for neurodevelopmental conditions.’

4. The focus of the route-map is to develop a model of care for adults seeking support for neurodevelopmental conditions but we are working to ensure there is alignment with the existing national neurodevelopmental specification for children and young people, and the work of the Children and Young People’s Neurodevelopmental Taskforce which is taking forward the recommendations from the review of the Specification. Officials and the Taskforce are working with Education colleagues developing the National Staged Intervention model for Additional Support Needs to align activity across portfolios.

5. The workshops have been positive, with input from a range of stakeholders and areas of strong consensus. Stakeholders agree that a needs-based approach is required, where people can access support without a diagnosis. Views diverge on the importance of diagnosis, with some feeling that a diagnosis is a therapeutic intervention in and of itself, while others think improving support will reduce demand for diagnostic assessments.

6. Utilising input from these workshops, officials have prepared a draft route-map for discussion at the roundtable. We are seeking your views on the actions that are proposed to be included in the route-map. The intention is to finalise the route-map following the roundtable and to publish at the end of September.

Consideration and assessment of options

7. The RCPsych paper proposes a 4-tier model of support. We have consciously moved away from using ‘tier’ as this has caused confusion due to the way ‘tiers’ are already used in secondary health services. Instead, we have adopted the use of ‘levels’ to describe a new stepped care model. Below is a brief description of each level and the actions that we are proposing to include under each level.

Level 1: A Public Health Approach

8. A national public health approach to improve awareness and understanding of neurodevelopmental conditions, including resources to support people to create neuro-affirming environments, such as GP practices, employers and public spaces.

9. Redacted 29(1) (a)

Level 2: Universal Support

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10. Actions:

- Develop resources which detail useful, evidence-based environmental accommodations and self-management strategies for neurodivergent people.
- Consider how we can utilise family, peer and community supports to enhance self-support resources.
- Develop resources to support employers and educational institutions to make adjustments to support neurodivergent people.

Levels 1 and 2 are intentionally designed as universal offers and would not require formal assessment or diagnosis to access. The focus at these levels is on self-identification of need, access to trusted information, community support and environmental adjustments. Where an individual's needs require more tailored assessment, intervention or support, they would be able to access Level 3 services.

Level 3: Specialist Support

11. Redacted – 29 (1) (a)

12. Redacted 29 (1) (a)

Level 4: Intensive Support

13. A comprehensive new model for adult neurodevelopmental services with the ability to provide differential diagnosis and prescribe medication. Services are joined-up, person centred and provide holistic care. Level 4 provides intensive support for those experiencing the greatest level of need. This may be because they have a co-occurring condition or particularly complex needs that requires management at a secondary care level. Actions at this level capture the elements that are essential to create a functioning, seamless four

level model, where people have their needs met by the right person at the right time in the right place.

14. Actions:

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Risks to Delivery

15. Redacted - 30 (b) (i)

Legal and/or Financial considerations

Redact 30 (b) (i)

16. While some actions within the route-map can be delivered with minimal additional costs, implementing levels 3 and 4 is likely to require significant new funding for successful implementation. At present, the plans, as laid out in the route-map, have no dedicated funding attached. The RCPsych paper estimated that the costs of implementing the 4-tier model as they proposed it would be in the region of £20 million per year. This is primarily to deliver third sector support, and a new MDT-led service in the community.

17. The roundtable, and publication of the route-map could, raise stakeholder expectations that additional funding will be forthcoming for implementation.

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Next Steps

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Conclusion

18. You are asked to note this update and indicate whether you are content with the draft actions for inclusion in the route-map.

[Redacted – 38 (1) (b)]
Mental Health and Social Care Directorate

Cabinet Secretaries and Ministers Copy List	For Action	For Information Portfolio interest	For Information Constituency interest	For Information General awareness
Cabinet Secretary for Health and Social Care		X		
Cabinet Secretary for Education, Culture and Gaelic				X
Minister for Children, Young People and The Promise				X
Minister for Innovation, Technology and Tertiary Education				X

Officials Copy List
DG Health and Social Care [Redacted – 38 (1) (b)] , co-Director of Mental Health, Social Care and NCS Development [Redacted – 38 (1) (b)] , co-Director of Mental Health, Social Care and NCS Development [Redacted – 38 (1) (b)] , DD Improving Mental Health Services [Redacted – 38 (1) (b)] , DD Population Mental Health [Redacted – 38 (1) (b)] , DD Improving Complex Care [Redacted – 38 (1) (b)] , Head of Service Renewal Unit [Redacted – 38 (1) (b)] , Head of Workforce and Unscheduled Care Unit [Redacted – 38 (1) (b)] , Head of Care, Support and Access Unit [Redacted – 38 (1) (b)] [Redacted – 38 (1) (b)] [Redacted – 38 (1) (b)] [Redacted – 38 (1) (b)] [Redacted – 38 (1) (b)] Communications Health and Social Care [Redacted – 38 (1) (b)]