

**A review of the depth to which Children's and Young People's Mental Health Local Transformation Plans identify autism specific actions.**

## Contents

**Foreword**

<b>1.0. Introduction</b>	<b>p.1</b>
<b>2.0. Method</b>	<b>p.3</b>
<b>3.0. Results</b>	<b>p.4</b>
<b>4.0. Good Practice</b>	<b>p.9</b>
<b>5.0. Discussion</b>	<b>p.16</b>
<b>6.0. Conclusion</b>	<b>p.18</b>

**References** **p.20**

**Appendix 1** **p.21 to p.72**

## **Foreword**

This research has been undertaken as part of the first Cross Sector Partnership project on Autism. The Cross Sector Partnership is funded by the Department of Health and is co chaired by the Autism Alliance and the National Autistic Society (NAS).

The CAMHs project came about as a result of anecdotal feedback from parents describing poor access to services, often brought about by a lack of understanding of autism by professionals within the system. Parents and carers described a lack of flexibility on the part of services leading to what for them felt like arbitrary denials of service.

There was also a desire to review progress in developing autism friendly CAMHs services since the 2010 NAS report You Need to Know. There are a number of other key pieces of work within the project that will further review practice. This research looks solely at information published within Transformation Plans and does not seek to test the legitimacy of descriptions of current services or the voracity of action plans.

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## 1.0. Introduction

### **Autism and Mental Health**

Autism is a developmental disorder which affects how an individual experiences the world around them, and is associated with difficulties in social interaction and communication. Autism is **not** a mental health condition, but over 70% of people with autism also suffer from a mental health disorder such as anxiety, depression or obsessive compulsive disorders. Children with autism are susceptible to developing mental health problems for a variety of reasons; therefore the ability to access the correct mental health support is crucial for families of children with autism. Not receiving the right support can be devastating for a family and can lead to the child's mental health needs escalating in addition to impacting the mental health of other family members. Accessing the appropriate support is therefore essential for the emotional well-being of Children and Young People (CYP) with autism and their families.

### **Autism and Child and Adolescent Mental Health Service (CAMHS)**

Despite the need to access appropriate mental health support research has demonstrated that accessing CAMHS is difficult for families of children with autism. The NAS demonstrated in 2010 that 9/10 CAMHS were **not** providing directed support for CYP with autism. The majority of interventions need skilful adaptation for CYP with autism due to their reliance on thought processes and communication strategies, yet many clinicians have reported not being confident to work with CYP with autism. A lack of autism specialists and staff having autism awareness has been identified within mental health services despite NICE recommending that all health professionals should have autism awareness training. A lack of autism understanding can affect service delivery in numerous ways because staff are unable to recognise the specific needs of the child. This could lead to ineffective communication and intervention in addition to failing to make reasonable adjustments to sessions and the environment. NICE denotes that all CYP with autism should have complete access to mental health services, regardless of intellectual ability or coexisting conditions. It is therefore essential that CAMHS are providing mental health services that can be fully accessed by CYP with autism and their families.

### **Local Transformation Plans**

The accessibility of CAMHS has been addressed in a recent taskforce which explored ways to improve access and support of mental health services for CYP (The Children and Young People's Mental Health and Wellbeing Taskforce, 2014). The task force also considered improvements around how the services are organised, commissioned and provided, and several key themes emerged (Department of Health, 2015).

- a. Recognised the importance of promoting good mental health and wellbeing, preventing mental health problems with early action for those at risk, and also early identification of need. It was also highlighted that the tiers system results in CYP having to fit around services, rather than services fitting

the needs of the young person. This led to a focus on improving access to effective support through a system without tiers.

- b. Identified that there are some CYP who have greater vulnerability to mental health problems but find it more difficult to access help, hence highlighting a need to care for the most vulnerable. A lack of accountability and transparency has been shown to defeat the best of intentions, therefore a further aim is to improve the delivery of care and standards of performance to ensure a better understanding of the best outcomes for CYP. A focus on developing the workforce has also been highlighted so that everyone working with CYP are excellent in their practice and deliver the best evidenced care.

In light of this, 'Future in Mind' proposed to transform the design and delivery of local services for CYP with mental health needs (Department of Health, 2015). Nationwide each local area was required to develop a Local Transformation Plan (LTP) which details how their specific services will transform the provision of children's mental health services by 2020, in consideration of the key findings from the task force. The intention is for each LTP to cover the full spectrum of interventions from prevention to support and care for existing or emerging mental health problems, as well as transitions between services and address the needs of the most vulnerable.\* If implemented, these transformation plans are intended to place England at the forefront for improving the outcomes of CYP with mental health problems. *(Now in year 2 of implementation, with the next refresh due in autumn 2017.)*\* Quote taken from NHS England website.

## **Reviewing Transformation Plans for the Focus on Autism**

In 2010 the NAS recommended a greater government focus on autism such as building autism capacity within CAMHS, in addition to specifying autism as a target area for reform. Government initiatives can significantly affect service delivery, as previously evidenced by the recognition of learning disability as a national priority, which led to dramatic improvements in services. Therefore, the predominance of autism within Local Transformation Plans may reflect prospective improvements in mental health services for CYP with autism. The current research aims to review these LTPs (local CAMHS transformation plans) to ascertain the level of detail of actions specifically focused on CYP with autism. This will provide an approximation of how providers such as CAMHS intend to support the mental health needs of CYP with autism and their families.

## **2.0. Method**

### **Literature Review**

Transformation plans were obtained by compiling a list of all of *(the local education authorities)/CCG /local areas?* in England. Once the list was compiled a computer search was carried out on google by typing in the name of the local area/authority alongside 'CAMHS transformation plan'. 110 transformation plans

were found and these were separated into different regions (London, South West Region, South East Region, North West Region, North East Region, East Region, East Midlands Region, West Midlands Region, Yorkshire and the Humber Region). Once separated the 110 plans were divided between 4 researchers to review (28, 28, 27, and 27). The transformation plans were reviewed using key word searches to look specifically at how the plans related to improving the service for children and young people with autism spectrum disorder. The key words included (1) ASD, (2) ASC, (3) Autism, (4) Autistic, (5) Communication Difficulties, and (6) Neurodevelopmental Disorder. Relevant reading was carried out around these key words in order to identify what was currently being done within CAMH services to provide support to children and young people with autism and what plans were proposed to increase support and access.

## **Ranking System**

Once the plans were reviewed they were ranked in terms of their level of focus on autism specific goals and actions, how these will be achieved and the proposed outcomes from the transformation. The ranking system was based on:

1. no mention of autism and/or no mention of any autism specific transformation actions/goals,
2. Limited reference made to autism in terms of setting out goals without any details on how this will be achieved,
3. specific autism focused actions and how they will achieve this discussed
4. specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.

Random moderation was used to look at concordance between the ranking systems. This was achieved by each researcher reviewing five randomly selected plans in addition to their own 27 or 28 and ranking these to promote consistency within the ranking system.

The scores from the ranking system were used to identify best practice examples within the transformation plans. The researchers then reviewed the best practice examples and collectively agreed on the 4 best examples to be included in the report.

## **Data Analysis**

The data-sets were subject to qualitative analysis for commonly recurring themes. Initially, these themes were identified independently by each researcher within their individual 27 or 28 transformation plans. Afterwards these themes were looked at collectively and further analysis was carried out to identify the 4 key themes throughout the transformation plans.

### **3.0. Results**

110 transformation plans were ranked based on how detailed the specified actions were in relation to supporting children and young people with autism. For the extensive list of local authorities, their identified actions and corresponding rankings, please see **Appendix 1**.

**Table 1: Collated information of data from 110 ranked transformation plans**

Ranking	Number of Transformation plans	Percentage of transformation plans
1	15	13.6%
2	43	39.1%
3	36	32.7%
4	16	14.5%

Table 1 illustrates the raw data collected after each of the Transformation Plans were ranked according to the following criteria:

1. No mention of autism specific actions/goals or plans,
2. Limited reference made to autism in terms of setting out goals without any details of how this will be achieved,
3. Specific autism focused actions and how they will achieve this,
4. Specific autism focused actions, how they will be achieved and the measurement of outcomes outlined.

Table 1 further displays the rankings in terms of percentages, in relation to the total number of plans.

From Table 1, we can see that the majority of plans were rated as “2” indicating that they may have referenced autism and the increasing prevalence of this in the community; however, do not specifically state how they plan to transform mental health support for these individuals. A small proportion (13.6%) of these plans do not reference the increasing need for supporting young people with autism. This demonstrates that the majority of local areas **do** understand the growing need for support.

14.5% of plans were ranked as “4” meaning they specified clearly how they would achieve autism specific goals for children and young people with mental health concerns. This is a relatively small proportion of the plans, which highlights there may be a significant deficit across England regarding implementing support for children and young people with autism, and experiencing mental health difficulties.

Through reviewing the plans, there were five which were discussed as a group to clarify the final ranking. This was due to initial uncertainty regarding the level of information provided in these plans. The following plans were discussed and rankings were collectively agreed among the researchers:

*Suffolk: discussed and collectively agreed it would be ranked as “3”*

*Isle of Wight: discussed and collectively agreed it would be ranked as “3”*

Wolverhampton: discussed and collectively agreed it would be ranked as “2”

Richmond: discussed and collectively agreed it would be ranked as “3”

Waltham: discussed and collectively agreed it would be ranked as “3”

Hull: discussed and collectively agreed it would be ranked as “2”

**Table 2: Random Moderation of 20 transformation plans**

Local Authority	Initial Ranking	Random Moderation Ranking
Knowsley	3	2
North Yorkshire	2	2
North West London	4	4
Barnet	2	2
West Berkshire	3	3
Oxfordshire	1	1
Islington	3	3
Hull	2	2
Warrington	1	1
North Somerset	3	3
Lambeth	1	1
Leicester	1	1
Lincolnshire	2	2
Hartlepool and Stockton on Tees	4	4
West Sussex	4	4
Manchester	2	2
Middlesbrough	1	1
Darlington	4	4
Dudley	4	4
Dorset	4	4

Table 2 displays the ranking by the initial researcher and the ranking after it was randomly moderated. The table shows that **one** plan was ranked differently. This suggests that across the study the majority of plans were ranked consistently. However, as one plan was moderated differently this could imply there are some limitations with the validity of the study.

Through further reviewing, each researcher identified similarities that were apparent in a number of plans. These similarities were discussed among the researchers and finally a number of “key themes” were collectively agreed as having a prominent influence on specified actions and outcomes. These key themes are identified and explained in table 3 below:

**Table 3: Key Themes identified throughout the transition plans**

Number	Key Theme	Discussed
1	<b>Improving pathways</b>	A key theme within the plans was the need to improve pathways to ensure that the needs of children and young people with ASD are being met. How this was going to be achieved was outlined differently amongst the transformation plans. Some of these included a review of current pathways, some involved a re-design and others involved developing whole new pathways for ASD. Although the approaches to improving pathways appeared different within the transformation plans the overall aim was the same which was to provide clearer more effective pathways for ASD assessment and treatment.
2	<b>Staff and Parental Training</b>	A key theme identified throughout the transformation plans was to improve mental health services for children with autism focused on staff and parental training. Many CAMHS have recognised a need to target workforce training for CYP with autism, and intend to achieve this with additional funding. Some CAMHS also highlight various parental training, programmes and support groups which can help promote the mental well-being of CYP with autism and their families.
3	<b>Multi-agency working</b>	A key theme which was emphasised through the plans was the need to implement multi-agency working and requiring the need for “ <i>expert knowledge</i> ”. This was discussed in terms of recruiting different clinicians and professionals. Further, many local areas discussed the need for a multi-agency approach in relation to initial referral and further post

		diagnostic support. In relation to this, the importance of reorganising SPA (single point of access) teams was highlighted to ensure children and young people with autism are initially referred to the correct service to receive the correct support.
<b>4</b>	<b>Identifying gaps in post diagnostic support</b>	A key theme that was noted when reviewing the transformation plans was there was a lack of support post diagnosis. Some Transformation plans highlighted the issue of a lack of support and families feeling unsupported; whereas other transformation plans neglected to discuss (about) post diagnosis support. Further, there was a focus on reducing waiting times on the assessment pathways and making assessments more accessible for children of all ages.

Table 4 (as shown below), highlights some other key similarities that were recognised throughout the plans; however were felt not to have been as prevalent with regards to set actions and outcomes as those above

**Table 4: Further Key Themes identified**

<b>Number</b>	<b>Key Theme</b>
<b>1</b>	<b>Early intervention:</b> recognition for supporting children under 5 years old, the need for earlier assessment and the need for more parental support
<b>2</b>	<b>Reduction of time spent in hospital:</b> community reviews to reduce the time spent in hospital, and support for individuals before they reach the need for tier 4 intervention.
<b>3</b>	<b>Transition:</b> supporting children and young people throughout their childhood and support in transition to appropriate adult services (regarding mental health services)
<b>4</b>	<b>Funding:</b> discussion throughout plans that more funding was required or needed to be recurrent in order to action strategies and improve pathways
<b>5</b>	<b>Transforming care:</b> plans discuss working in partnership with the principles set out by <i>transforming care</i>
<b>6</b>	<b>Specific mental health units:</b> discussion about the need for specific ASD/LD units

## **4.0. Good practice examples**

A number of good practice examples were also recognised throughout the plans in relation to how specifically they focused on the need to support CYP with autism and mental health difficulties. Furthermore, some plans recognised the need to set out autism related actions as priorities with key performance indicators to further measure the outcomes of these transformations. The good practice examples were discussed and agreed by the researchers and are highlighted below:

### **4.A. Darlington-North East Region**

The Darlington Transformation Plan has been developed to bring about a clear coordinated change across the whole systems pathway to enable better support for children and young people. The plan is based on the themes within Future in Mind following extensive consultation with children, young people, their families and carers and will be achieved by supporting transformations through 10 areas of action.

**3 out of the 10** transformation actions have a focus on autism. Each action is broken down into different goals explaining how they will achieve this. How each separate goal will be achieved is clearly explained along with how both qualitative and quantitative outcomes will be achieved. Each action also has an allocated RAG (Red, Amber, Green) rating beside it to identify where the services are at within terms of the project goals.

Autism specific goals are highlighted in actions 5, 7 and 10 and are outlined below.

#### **Action 5: Effective Care and Support**

**GOAL 6: Implement best practice in regard to transition from children's mental health service to adult mental health services- **AMBER.****

##### **How:**

- Improved coordination between services supported by transition protocol/pathway and SEND processes.
- Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including people with ASD.

##### **Expected Qualitative Outcomes:**

1. Smoother case management, co-commissioning of services
2. More skilled workforces

##### **Expected Quantitative Outcomes**

1. Survey of service users and professionals
2. Number of complaints or tribunal cases
3. Number of EHC plans transitioned

### **Action 7: Care for the most vulnerable**

#### **GOAL 4: Learning Disability Transformation Programme-Fast track- AMBER**

##### **How:**

- Understand the local impact of the LD Transformation Programme; ensure services are responsive to individual needs and are able to 'wrap around' those young people with complex needs-ASD to prevent placement breakdown.

##### **Expected Qualitative Outcomes:**

1. Earlier identification and MDT planning and case management
2. Reduced CRISIS
3. Early diagnosis LTC skilled workforce
4. Reduced admissions

##### **Expected Quantitative outcomes:**

1. Number of referrals
2. Types of referrals
3. Services offered
4. Reduced NEL admissions

### **Action 10: Developing the workforce**

#### **GOAL 3: Continuation of CYP IAPT – GREEN**

##### **How:**

- Review of training priorities and target workforce training opportunities for under 5's and LD and autism will be made available from 2017 and workforce intelligence will inform targeting.

##### **Expected Qualitative Outcome:**

1. Increased Knowledge across professionals

##### **Expected Quantity Outcome:**

1. Numbers attending courses.

#### **4.B, West Sussex**

The need to transform the ASD pathway is included in local priority 16 of the West Sussex transformation plan.

This will be achieved by implementing an Autism Spectrum Condition (ASC) Early Intervention pilot project.

In order to implement the pilot project, a task and finish group was established to look at the ASC pathway. This was so children and young people and their families could receive support and services when they needed them, regardless of whether there was a diagnosis.

The plan outlines the key outcomes of this work:

- Children, young people and families are able to make informed choices and be in control
- Children with needs are identified early and responded to in a timely manner
- Improved access to and engagement with education
- Children with ASC feel safe and secure at their school and their local communities
- Parents expertise about their child is valued and they are fully informed and involved in the assessment process
- Parents have greater understanding of factors affecting their child's emotional and mental well being
- Parents feel well supported and confident to meet their child's needs and deal with their child's behaviours
- Parents have improved mental health and wellbeing.

Another aim of the pilot project is to look at providing additional training and support for professionals, along with early intervention and peer support for families. All of this is in line with the outcomes of the Autistic Society report on Education Services and Support for Children and Young People with Autism.

#### **4.C. North West London (NWL)**

North West London (CAMHs) local area recognises that neurodevelopmental disorders such as autistic spectrum disorders are prevalent in NWL to varying degrees across their 8 Clinical Commissioning Groups. In light of this they have made Enhancing support for this group a priority in their transformation plan. This is labelled **Priority Six: Enhanced support for learning disabilities (LD) and neurodevelopmental disorders.**

Embedded within this priority, NWL have put in place 10 actions to outline how the service aims to achieve this. 8 out of these 10 plans have a specific focus on

enhancing support for neurodevelopmental disorders, specifically autism and are outlined below;

1. By **mapping local care pathways** to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps, commissioning an integrated service from CAMHS and Community Paediatrics.
2. By putting in place an **effective strategic link** between CAMHS and neurodevelopmental services and special educational needs departments to ensure coordinated assessments and planning of education, health and care plans where necessary, and effective transitions for young people with a neurodevelopmental disorder across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.
3. By **enhancing the capacity of CAMHS** to meet the increasing demand for ASD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams.
4. By ensuring that specialist mental health practitioners are available to provide **advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed.
5. By ensuring that the measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc.) also apply equally to young people with neurodevelopmental difficulties.
6. By ensuring that specialist services for children and young people with neurodevelopmental disorders and mental health difficulties are **sufficiently resourced** to enable efficient access in line with national waiting time targets, to a workforce with the right expertise to meet their needs.
7. By putting in place clear agreements between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.

8. By ensuring that CCG commissioners will connect with **local voluntary sector services** and support groups for young people with a neurodevelopmental disorder and their families (e.g. parent-run ASD support group).

The outcomes of these actions are also clearly outlined within the plan and these are:

- That children and young people access assessment and treatment for Neurodevelopmental disorders in a timely manner.
- That children and young people with a neurodevelopmental disorder achieve improved health and educational outcomes.
- That children, young people and parents report an improved experience of engaging with neurodevelopmental services.

#### **4.D. Coventry & Warwickshire CAMHS:**

The Coventry & Warwickshire CAMHS have proposed changes to the Autism Assessment Pathway. This took the form of providing additional clinical capacity to provide assessments for children awaiting an Autism assessment, and providing a crisis response service to support children and young people.

They have received funding from the Transformation fund to enhance the support to young people awaiting an assessment for an ASD.

The transformation plan highlighted the extended waiting times:

- **Coventry and Rugby:** 587 referred, 74 weeks for school aged children & 35 weeks for pre-school aged children
- **South Warwickshire:** 183 school age (all under 5s seen before school), 105 weeks longest wait
- **Warwickshire North:** 146 school age (all under 5s seen before school), 82 weeks longest wait

To facilitate this change to the Assessment Pathway they devised a plan stating the reason for change, objectives, outcomes, and stated the resources required.

Additionally on the transformations plan list of priorities making changes to the ASD pathway was third on the list.

### **Priority 3:**

#### **Reducing the number of young people awaiting an assessment for ASD**

##### Case for change:

- The additional clinical capacity will increase the number of children and young people assessed for ASD
- Investment will enable additional assessments to be undertaken, reducing the waiting times across Coventry and Warwickshire
- Interim improvements will alleviate pressures within the existing services to compliment the commissioning arrangements and timescales within the CAMHS redesign process
- To support the objectives of the Transforming Care agenda

##### Objectives:

By 2020 our local offer will:

- Ensure services are responsive to meet current and future demand and need, resourced appropriately and delivered by a skilled workforce, in line with the recommendations set within the Future in Minds report
- Improved access and waiting times for children and young people requiring ASD assessments
- Enables the redesigned service to operate more effectively, with less historical backlog of assessments and wait.

##### Outcomes:

- Reduced waiting times for children and young people
- Improved patient experience for children, young people and their families
- additional young people will be assessed by April 2016

##### Resources required;

Additional clinical capacity will provide additional assessments and reduce the number of children and young people requiring assessment for ASD.

## Deliverability:

The CAMHS Redesign process will confirm the commissioning arrangements for ASD clinical support however initial investments will be commissioning arrangements required beyond 2016.

## **5.0. Discussion**

This aim of this study was to review local (CAMHS) transformation plans to ascertain the level of detail of actions specifically focused on CYP with autism. There has been a wealth of literature highlighting the short falls of CAMHS services, and how they are not always meeting the needs of children with Autism (NAS (2010); Children's Commissioners for England (2016); Hodgetts, Frith & McConnell (2013); National Collaboration Centre for Mental Health (2013)). In total 110 transformation plans were reviewed. The findings from this study also identified a potential issue that CAMHS services are not always effectively meeting the needs of children with autism, and some families will be left with long waiting time and with a lack of support. This study reviewed all the different national transformation plans and how they proposed change to increase the accessibility of CAMHS for children and young people with Autism.

The results show that the majority of the plans (52.7%) were ranked at level 1 '*no mention of autism specific actions/goals or plans*' (13.6%) or level 2 '*limited reference to autism in terms of setting out goals without any details on how this will be achieved*' (39.1%). There were also 4 common themes identified in the transformation plans; Improving pathways, Staff and Parental Training, Multi-agency working and Identifying gaps in post diagnostic support. There were other themes that were noted within the results; however, they were not prevalent in the majority of the transformation plans.

## **Findings in relation to literature**

The findings from the study are consistent with current literature regarding autism being a barrier to accessing CAMHS. Previous research indicated that 9 out of 10 CAMHS services do not provide specific tailored support for children with Autism (NAS, 2010), and also that some CAMH services have exclusion criteria restricting the services available for children with Autism (Children's Commissioners for England (2016)). A study by Williams & Haranin (2016) highlighted that only half of Mental Health workers had received training on Autism and reported feeling confident in working with children on the spectrum. The findings from their study are also reflected in the results of this study, as a key theme highlighted was the

need for staff and parental training. Understanding Autism is a key factor in effectively supporting children who are on the spectrum. A failure to understand and recognise how Autism affects children has been reported as one of the most common factors that can affect the child's mental health (NAS, 2010). In addition, approximately 70% of individuals with Autism also suffer from mental health disorders, so it is crucial there is effective support available along with suitably qualified people to deliver it.

Another key theme raised was the lack of support post diagnosis. Some plans highlighted this to be an issue and proposed plans to support families, however, many plans didn't acknowledge or mention a need for post diagnostic support. Findings from current literature would suggest that this is also a key issue, and the lack of acknowledgement from many transformation plans is not due to support being in place, rather a lack of availability. The NAS (2010) released some statistics showing that 80% of parents felt that in times of crisis they felt unable to access the mental health support required. Another very recent study showed that some CAMHS services do not provide services for children with Autism (Children's Commissioner for England, 2016). All this information is concurrent with this study's findings and highlights that further attention needs to be addressed to this issue within the CAMHS services.

## **Limitations of the study**

Studies conducted are not without limitation. A limitation of this study is that the data used was secondary data. The data analysed was from published NHS Local Transformation Plans within the public domain. These plans suggest the proposed changes the NHS intend to make to improve the services they provide. The plans may also note changes that have also already been made. A limitation with using this type of data is that there is no way of knowing if the plans are being actioned and the services are actually delivering the support they suggested without carrying out further research. A CAMH service could suggest that it already offers Autism specific services on the transformation plan; however whether it is actually accessible to people accessing the service is not known. Some actions may not be available due to staffing constraints, issues with location larger regions and also funding. This brings about questions to the CAMH services whose transformation plans were ranked highly, and also the ones which stated that they are planning to provide a lot of support without a diagnosis and also post diagnosis. There is no way of knowing how much of the proposed support aimed at improving access in relation to Autism is being actioned without further investigation and research.

A methodological limitation of this study is that only 20 out of the 110 transformation plans were reviewed by all of the research team. To increase the

studies validity all 110 plans could have been reviewed and moderated. However, as 20 plans were reviewed in this study, it demonstrates some degree of interrater reliability, and increases the validity compared to if none of the plans had been reviewed. Furthermore, when the plans were reviewed and discussed with all four researchers only one ranking score was altered, highlighting a high level of consistency between researchers scoring.

Another limitation is how the ranking criteria was created by the four researchers. The ranks were generalised, and should have had more sophisticated criteria for each rank. As the ranks were not specific there was a risk that some vague plans that provided a generalised action and outcome may have been allocated a higher rank than deserved. This was also seen for some plans that proposed detailed support, however didn't list any outcome. They would receive a lower rank than the vague plans that gave an outcome. Potentially, if the study was to be replicated a more detailed ranking system could be developed which included more ranks, with greater detail in each rank.

## **Further / Future Research**

An idea for future research could be to conduct a study to assess whether the support proposed in the transformation plans is being implemented and accessible. This piece of proposed research would look at reviewing the level of support the transformation plans suggest and then following up to investigate if the proposed support has been actioned, and whether it has made accessing CAMHS more suitable for families with autism. This is important for evidencing whether CAMHS are improving their services or not. If such further research is not carried out it is difficult to prove empirically that CAMHS are or are not making improvements to their services in order to make them more autism friendly.

*To note: The LTPs are apparently reviewed by NHS England, and feedback (probably not in the public domain) incorporated in the refreshed LTPs carried out in the autumn. Also see report on 2015/16 LTPs.*

## **6.0. Conclusion**

Overall, the study aimed to review local transformation plans to ascertain the level of detail of CAMHS actions specifically focused on CYP with autism. This was in order to provide an approximation of how CAMHS intend to support the mental health needs of CYP with autism and their families. The findings show that CAMHS have proposed some detailed actions to address the barriers to accessing support, and many of the transformation plans recognised the issue with increased demand for autism services and a need for more funding to facilitate changes. However, it must be highlighted that despite this, over half of the plans (25.7%)

either had no mention of autism specific goals or set out limited goals without any clear action on how they would achieve this. This shows that there are still some barriers that need addressing in order to make a more 'autism friendly' service, and one that will effectively meet the needs of children who are on the spectrum. This overall finding is concurrent with previous literature, and highlights that currently CAMHS are not effectively meeting the needs of many children accessing the service for autism related support.

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## Appendix 1

Local area	Current position and specified actions	Ranking
Lincolnshire	<p><b>(1) Outreach</b> Provide assessment-short and medium term intervention Continuous professional development training.</p> <p><b>(2) All age autism strategy</b> Promote best care and support Inspire commissioners- to commission and deliver a better future for local people with autism</p> <p><b>(3) Commissioned review</b> Of existing support being provided.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
Leicester, Leicestershire & Rutland	<b>No actions-</b> Talks about increasing prevalence	<b>1</b> no mention of autism and/or no mention of any autism specific transformation actions/goals
Derbyshire County & Derby City	<p><b>(1) Parental training</b> <b>(2) Staff Training</b> In preventative evidence based practice</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
Sunderland	<p><b>(1) Staff training</b> Additional funding for staff training</p> <p><b>(2) Development of multi-agency pathways and protocols</b> Provision of expert knowledge in the development.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any

	<p><b>(3) Multi-disciplinary assessment and treatment services</b> In line with NICE guidance.</p>	details on how this will be achieved
South Tyneside	<p><b>(1) Trying to improve ASD pathway</b> Develop clear pathways. Provide training to health visitors to work effectively with families.</p> <p><b>(2) Staff Training/developing the workforce</b> Ensure there are no gaps in training</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
North Tyneside	<p><b>(1) Staff training</b></p> <p><b>(2) Improve management of children with autism</b> How- <b>Review pathways, Re-design pathways</b> Audit-using NICE guidelines Audit- of parent's experiences undertaken New pathway implemented.</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
Middlesbrough, Redcar & Cleveland, South Tees.	<p>Mentions that the plan will align with the developing joint strategy for autism spectrum disorders. No specific goals/plans mentioned</p>	<b>1</b> no mention of autism and/or no mention of any autism specific transformation actions/goals
Hartlepool & Stockton on Tees	<p><b>(1) Improve local pathway</b> How: Whole system approach- health organisations, local councils, schools, youth justice, and voluntary sector working together.</p> <p><b>(2) Reduce waiting times for assessment</b> How-waiting list initiative over 6 months Increase number of clinics</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
Gateshead & Newcastle	<p><b>(1) Staff training</b> In autism assessment and diagnostics.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any

		details on how this will be achieved
<b>Durham</b>	<p><b>(1) Staff training</b> Additional funding for training</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Darlington</b>	<p>3 out of 10 projects in the plan have a focus on autism</p> <p><b>(1) Implement best practice in regard to transition from CAMHs to AMHs</b> How: More skilled workforce Outcomes measured: Smoother case management, co-commissioned services, number of EHC plans transitioned.</p> <p><b>(2) Develop workforce/Training</b> How: Review training priorities and target workforce Training opportunities for autism made available from 2017</p> <p><b>(3) Learning disability transformation programme-Fast track</b> How: understand the local impact of LD transformation plans. Ensure services are responsive to individual needs and are able to 'wrap around' those young people with complex needs 'ASD' to prevent placement breakdown. <b>Outcomes:</b> Earlier identification and MDT planning and case management. Reduced CRISIS, Early diagnosis LTC skilled workforce, reduced admissions Quantity) Number of referrals, types of referrals, services offered, reduced NEL admissions.</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Suffolk</b>	<p><b>(1) Review pathways</b> <b>(2) Reduce number of YP with ASD placed out of area or in residential care</b> How: Person centred planning</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Southend, Thurrock</b> <b>Essex,</b>	<p>Not much identification of what they will do. Identify there is a lack of clear pathway for disorders on the ASD spectrum. Say they have plans to transform commissioning services for people with autism. Don't</p>	<b>1</b> no mention of autism and/or no mention of any

	say how.	autism specific transformation actions/goals
<b>West Sussex</b>	<p><b>(1) ASC early intervention pilot project</b>  To address gaps identifies in service provision. Help address waiting times.  How: provide additional training and support for professionals and early intervention and peer support for families.  Look at ASC pathway so that CYP and families receive support and services when they need them whether or not there is a diagnosis.  Outcomes:  Ensure needs being supported  CYP and families are able to make informed choices  Early identified and responded to in a timely manner.  Improved access to and engagement with education  CYP feel safe and secure at school and in local communities.  Parents expertise valued, fully informed and involved in assessment process.  Parents have a greater understanding of factors affecting their child's emotional and mental well being  Parents feel well supported to meet needs and deal with child's behaviours.</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>West Berkshire</b>	<p><b>(1) Develop pathways</b>  By expanding children's tool kit.  Develop linkages between ASD, ADHD, SEND, behaviour.  <b>(2) Staff training</b>  <b>(3) Link to transforming care initiatives</b>  To ensure that local services are available for young people with ASD.  Invite specific voluntary sector representatives for specific agenda items (ASD)</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Surrey</b>	<p><b>(1) Commissioned brain in hand</b>  Offer tailored support to young people through app.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Oxfordshire</b>	Made a statement that they have increased support after diagnosis but no information of how this has been achieved.	<b>1</b> No mention of

		autism and/or no mention of any autism specific transformation actions/goals
<b>Milton Keynes</b>	<p><b>(1) Developing and Implementing an integrated care pathway</b>  How: Establish a baseline for current clinical services against NICE guidelines and undertake gap analysis. Incorporating a whole family approach, Diagnostic service for ASD which meets needs of 0-18yr olds. Range of service/evidence based interventions available and accessible, universal service that are adequately trained to provide appropriate care.  Co-ordinated multi-agency assessment and planning process  Moving towards a lifespan approach to care so that YP experience a seamless transition into adult services.  Acceptance criteria based on need rather than clinical diagnosis.  Where gaps in the pathway remain identify potential moneys to fund additional resources.</p> <p><b>(2) Ensure that children with ASD have access to psychological support.</b>  How: Scope the options to provide more specialist services for children with ASD. Ascertain whether there are qualitative and financial benefits for commissioning currently outsource activity more locally.  MK CCG to facilitate pre-admission care and treatment reviews for CYP with ASD prior to admission to in-patient units in line with the transforming care agenda.</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Medway</b>	<p><b>(1) Flexible service offer</b>  With the ability to offer a range of different approaches to address the diverse needs of LAC including behavioural conduct disorders associated with ASD.  How: Future commissioning will establish an integrated LAC CAMHS service that works in an integrated way.</p> <p><b>(2) Joined up neurodevelopmental pathway-</b>  involving a range of multi-agency professionals. This needs to be followed up by more collaborative models of procurement around community support for children and families.</p> <p><b>(3) Seek to develop a community support model.</b></p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>Including specialist parental support  How: Design and commission an intensive support service within the community around positive behavioural support.  Specialist parenting support groups.  Broader understanding and confidence within in wider children's workforce around identifying and responding appropriately to CYP with ASC.  Careful approach to transitions  Planning well in advance with children and families.  Ensuring that EHCP takes account of emotional wellbeing and mental health needs.</p>	
<b>Kent</b>	<p><b>(1) Clearer pathways</b>  For assessment and treatment of CYP with neurodevelopmental difficulties.  How: Include a multi-agency approach to deliver the Winterbourne view concordat for disabled CYP with ASC.</p> <p><b>(2) Invest in Future in mind allocation to close the ASC gap &amp; manage the significant backlog and waiting lists.</b>  How:  2 YEAR PLAN  YEAR 1:  Focus on improving services to meet needs under equalities requirements.  Commissioning additional places in special schools and mainstream schools with units for CYP with behavioural difficulties.  Reviewing parenting training for ASC to ensure consistent offer across the county.  YEAR 2:  Implementation of all age ASC pathway  Implementing early years LIFT to support pre-school children with neurodevelopmental disorders.</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Isle of Wight</b>	<p><b>(1) Increasing the quality of specialist accommodation placements available on the island</b>  <b>How:</b> Commissioning agenda being developed jointly with partner organisations.  Multi-agency transition meeting held monthly to identify and address plans for YP who are in transition. These YP supported through transition via the transitions team.</p> <p><b>(2) School transition programme</b></p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>To include early identification of those students susceptible to finding secondary school difficult to manage. (ASD)</p> <p><b>(3) Implementing a clear evidence based pathway</b></p> <p><b>(4) Ensure access to appropriate joined up services and support</b></p> <p>How: Review evaluation report recommendations from the pilot project for sensory integration for future provision.</p> <p>Whole integrated system review which will include all paediatric services.</p> <p>Outcomes:</p> <p>Enhanced health related quality of life. Increased expedient access for assessment therapy, treatments. Enhanced positive experience of care in the community, clear understanding of the referral criteria and pathways receive timely access to treatment.</p> <p><b>(5) Access to a range of services</b></p> <p>How:</p> <p>Whole integrated system review</p> <p>Provide community PCSO's to support children to be independent within their own communities.</p> <p>Access to support and guidance from a psychiatric liaison 24/7</p>	
<b>Hampshire</b>	No reference made to ASD.	<b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals
<b>East Sussex</b>	<p><b>(1) Carry out a review how CAMHs</b></p> <p><b>Focus on support for children with ASD</b></p> <p>How: ASD support review to include consultation on needs of children with ASD for specialist mental health support.</p> <p><b>(2) Investing in parenting group work</b></p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Buckinghamshire</b>	<p><b>(1) Pathway review</b></p> <p>Neurodevelopmental pathway being reviewed to ensure needs of those with ASD</p>	<b>2</b> Limited reference made to autism in

	<p>being met.</p> <p><b>(2) Improve access to services</b> CAMHs and AMHs to work together to consider transition service and ensure service models complement each other.</p>	<p>terms of setting out goals without any details on how this will be achieved</p>
<p><b>Bracknell Forest, Slough, Windsor &amp; Maidenhead</b></p>	<p><b>(1) Reduce waiting list backlogs</b> How: Through additional CCG funding.</p> <p><b>(2) Development and co-ordination of services to support children and families post-diagnosis</b> How: Signposting to support services including Berkshire Autistic Society and other local authority services. Future- Range of support services available including specialist parenting programmes tailored to meet the needs of the child/YP.</p> <p><b>(3) Staff training</b> Expansion of the Five Ways to Wellbeing hub-provides the vehicle for training to be co-ordinated and evaluated across slough. Increased capacity required to include ASD.</p> <p><b>(4) Pathway development</b> A whole system health and social care pathway Pay particular attention to early identification, ease of access, importance of YP and parents and carers being able to navigate services.</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>
<p><b>Brighton &amp; Hove</b></p>	<p><b>(1) Review &amp; Re-design of autism services</b> How:</p> <ul style="list-style-type: none"> <li>• Building resilience, promoting good mental health, intervening as early as possible.</li> <li>• Develop a service that responds to the needs of individuals</li> <li>• Integrated pathways. <b>PATHWAYS</b></li> <li>• <b>Staff training</b></li> </ul> <p>Outcome: Care pathway for ASD.</p> <p><b>(2) Development of a business care</b> How: CCG will work with partners to score and understand needs. Recognise that specific</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>

	diagnosis is not always possible.	
<b>Nottingham</b>	<p><b>(1) Improvements to pathways</b>  <b>(2) Dismantle current service barriers</b>  <b>(3) Review provision of multi-agency support</b>  <b>To children and YP with ASD.</b>  Addressing any identified changes required will be a priority through 2016-2018  <b>(4) Commissioning a health equity audit</b></p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Northampton</b>	<p><b>(1) Improvements to pathways:</b></p> <ul style="list-style-type: none"> <li>• Introduce a consistent process and diagnostic tool for ASD diagnosis</li> </ul> <p>How:  Organise/run countywide multi-disciplinary diagnostic workshop to discuss tools and agree common approach.  Re-introduce the monthly diagnostic dilemma clinic  Standardised letter to be drafted and agreed to go out with all assessment appointments outlining the process and what is and is not available through health.  New process and map to be deigned and agreed.</p> <ul style="list-style-type: none"> <li>• Increase county professionals able to undertake ASOS assessment via educational psychology service.</li> </ul> <p>How:  Agreement and implementation of educational psychologists to undertake ADOS assessments with nursing/other professionals.  Additional resource to be considered and to help reduce backlog of clients on the waiting list.</p> <ul style="list-style-type: none"> <li>• Audit 50-100 cases to be undertaken</li> </ul> <p>Tasks and finish group to be established in terms of reference developed  Audit and summary of results to be completed.</p> <ul style="list-style-type: none"> <li>• Develop links to early help path way for those with non-diagnosis.</li> <li>• Develop Early help offer at the beginning of the process whilst families are waiting for diagnosis</li> </ul> <p>Design &amp; Implement process for early help input into cases referred for diagnosis.  Establish process for referrals to be redirected by RMC into universal/targeted services when it is clear that there will not be a diagnosis.</p> <ul style="list-style-type: none"> <li>• Develop 2 clear contracts or offers- one for those with diagnosis and one where there is none.</li> </ul>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>Design and implement two offers for cases referred for diagnosis. Autism outreach team to be approached to see if their remit could be extended to support those who have needs but have not yet received a diagnosis.</p> <ul style="list-style-type: none"> <li>• Current waiting list to be reviewed and all those waiting to have early help assessments undertaken</li> </ul>	
<b>Bolton</b>	<p><b>No actions</b> – does not mention supporting the mental health needs of CYP with autism or learning disability</p>	<p><b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals</p>
<b>Bury</b>	<p><b>(1) Development of ASC/ADHD integrated pathway</b> To support transition to adult services <b>(2) Staff training via IAPT</b> For those working with CYP with autism and LD</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>
<b>Cheshire East</b>	<p><b>(1) Developing pathway for neurodevelopmental disorders</b> Increasing capacity for assessment of ND <b>(2) Improving access to effective support</b> Includes a pathway for neurodevelopmental disorders Mentions improved outcomes for CYP with neurodevelopmental disorders <b>(3) Care for the most vulnerable</b> Makes reference to those on the autistic spectrum</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>
<b>Cheshire West</b>	<p><b>(1) Staff training via IAPT</b> <b>(2) Evidence-based interventions</b> Refers to NICE guidelines for Autism <b>(3) Highlights services that CYP with autism are eligible for</b></p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>
<b>Cumbria</b>	<p><b>(1) Improve the whole system to families and CYP with LD and ASD</b> Acknowledge the NAS 2014 concerns</p>	<p><b>3</b> Specific autism focused actions</p>

	<p>Implementing a new service provision for early intervention and strategies</p> <p>Develop and implement an integrated care pathway</p> <p>Develop a pre-diagnosis pathway</p> <p>Commission a paediatrician to ensure the needs of CYP with ASC are clearly understood so the full range of services can be made available</p> <p>A nurse-led strategy will deliver improved services for CYP with autism</p>	and how they will achieve this discussed
<b>Halton</b>	<p><b>(1) Expand the current support service following a diagnosis or ASD/ADHD</b> Staff will use IAPT methods and it will receive new funding</p> <p><b>(2) Measuring outcomes</b> Specific outcome measures for children with ASD/ADHD within IAPT will be utilised</p> <p><b>(3) Staff training</b> Enhancing the skill set of ASD nurses to implement IAPT</p> <p><b>(4) Increasing equality</b> Offer work scheme to support CYP with ASD</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Knowsley</b>	<p><b>(1) Review pathways to ensure appropriate capacity and access to services and appropriate transitions</b> For autistic spectrum disorders</p> <p><b>(2) Staff training</b> Funding to extend training for staff working with those with autism and LD</p> <p><b>(3) Additional support for YP with LD and autism</b> For high risk groups, transition planning starts earlier and involves a range of services</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Lancashire</b>	<p><b>(1) Improve early identification and timely intervention for CYP at risk</b> Encourage best practice to have a service that is timely, accessible and appropriate to the needs of vulnerable groups e.g. ASD</p> <p><b>(2) Develop a multi-disciplinary and multi-agency care pathway for vulnerable groups e.g. ASD</b> Ensure access to evidence based interventions for the most vulnerable</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Liverpool</b>	<p><b>(1) Develop an integrated model for CYP with neurodevelopmental conditions (ASD, ADHD and Sensory Processing Difficulties)</b> No further information</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved

<p><b>Manchester</b></p>	<p><b>(1) Access and delivering best practice</b> Implement clinical network guidance on Autism and Neurodevelopmental disorders</p> <p><b>(2) Consistency with LD fast track</b> Re-shaping services for people with LD and/or autism to provide more services in the community and closer to home. Aim for a person-centred and individualised approach to ensure the treatment and support needs are met and those barriers to progress are challenged and overcome.</p> <p><b>(3) LD service provides support to children with autism</b> Ensures the same access to CAMHS and interventions recommended with NICE guidelines as their non-disabled counterparts.</p> <p><b>(4) Support for vulnerable groups</b> Recognises barriers making it difficult for CYP to get the support they need, including those on the autistic spectrum.</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>
<p><b>Oldham</b></p>	<p><b>(1) Extending the workforce</b> Extend the neurological development team in relation to autism with access to a menu of post diagnostic support options.</p> <p><b>(2) Develop a joint commissioning strategy for autism</b> Autism Way Forward Group includes membership from health, social care and provider services with voluntary sector organisations, self-advocates and parent carers. Four key themes: joined-up commissioning, diagnosis and post diagnosis support, getting the right support at the right time, and better information awareness. Each theme has an action plan.</p> <p><b>(3) Development of neurodevelopment pathways (ASD/ADHD)</b> Including offering assessment, diagnosis and post diagnosis support. Regular project meetings will ensure progress is made in this area.</p> <p><b>(4) Redesign the ASD pathway</b> To be in line with the NICE guidance and to fill the gap identified in post diagnostic support. Existing resources will be used to achieve this.</p> <p><b>(5) Support groups</b> CAMHS provide post diagnostic workshops for ASD Future plans include to link with the parent forum where additional support has been identified for post diagnostic ASD.</p> <p><b>(6) Parent forum</b> Supports post diagnostic ASD service provision.</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>

<p><b>Salford</b></p>	<p><b>(1) Describes current support</b> NICE compliant assessment and treatment of autism Parents are carers of CYP with autism were referred to autism post-diagnosis groups</p> <p><b>(2) Care for the most vulnerable</b> The LD team assesses and diagnoses ASC and uses evidence-based therapeutic interventions.</p> <p><b>(3) Develop a multiagency diagnostic pathway followed by an integrated care pathway.</b> Will improve the care, experience, prognosis and outcomes from referral through to diagnosis and ongoing management of children suffering from ASD/ADHD.</p> <p><b>(4) Staff training</b> Identified a skills gap in the training of staff working with CYP with ASD.</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details of how this will be achieved</p>
<p><b>Sefton</b></p>	<p><b>(1) Describes current support</b> Tier 3 includes assessment of autism</p>	<p><b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals</p>
<p><b>St Helens</b></p>	<p><b>(1) Implement a neurodevelopment pathway</b> Increase support for children with autism and/or ADHD</p> <p><b>(2) Additional investment</b> Commissioned additional support to parents/carers/families with children with ADHD and/or autism and co-existing mental health issues</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>
<p><b>Tameside and Glossop</b></p>	<p><b>(1) Describes current support</b> Speech therapists work with children with autism Communication Language and Autism Spectrum Support Service Hidden Gems – Glossop Autism Support Group which provides support for families and children affected by ASD</p> <p><b>(2) Deliver a neurodevelopmental umbrella pathway</b> Ensure timely access to NICE concordant care – the management and support of CYP on the autism spectrum Aim to improve assessment, diagnosis, management, ongoing support and outcome</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>

	<p>plans for all CYP</p> <p>Review and monitor the effectiveness and impact on resources and ensure provision is sustainable</p>	
<b>Trafford</b>	<p><b>(1) Promoting resilience, prevention and early intervention</b>  Improving the ASC pathway and post diagnosis early intervention  Increase capacity to the ASC pathway, specifically from educational psychology and allied health professionals. (Funding allocated)  Implement an autism and neurodevelopmental disorders pathway and model. This will build on existing good practice and skills.</p> <p><b>(2) Care for the most vulnerable</b>  Look at pre and post-diagnostic support for ASC</p> <p><b>(3) Developing the workforce</b>  Address the lack of skills in staff working with children and young people with LD, ASD and those needing hospital stays.  Look into training requirements in relation to post diagnostic services for CYP with complex ND associated with tics/sensory issues.</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>
<b>Warrington</b>	<p><b>(1) Acknowledge vulnerable groups</b>  CYP with disabilities including LD and ND</p> <p><b>(2) A local pathway of care for CYP and families</b>  Support associated conditions such as autism</p>	<p><b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals</p>
<b>Wirral</b>	<p><b>(1) Describes current support</b>  Autism assessments and diagnosis  Following investment was able to introduce parent support, specifically for those with a new diagnosis of ASD</p> <p><b>(2) Parent support</b>  Develop and publish a parenting strategy to support parents with issues such as ASD</p> <p><b>(3) Aim to refresh the ASD assessment pathways</b>  In line with NICE guidance</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>
<b>Bath and North East Somerset</b>	<p><b>(1) Describes current support</b>  Recent transformation plans have commissioned additional SLT sessions to “speed up” ASD diagnosis and a new parent support worker will visit families whose children with ASD refuse to attend school</p>	<p><b>1</b> No mention of autism and/or no mention of any autism specific</p>

		transformation actions/goals
<b>Dorset</b>	<p><b>(1) Acknowledge the needs of CYP with ASD</b> Common support needs include sleep problems, anxiety and depression, behaviour management strategies and education.</p> <p><b>(2) Improve services for children with ASD/ADHD</b> Additional commissioning support and capacity for the multi-agency developmental work</p> <p><b>(3) Implementation of a new local Behaviour and Development Pathway (ASD/ADHD)</b> Additional funding has been agreed to support the pathway A review has resulted in the development of a new consistent and evidence based pathway for the assessment of behaviour and development. The implementation of this pathway will improve CYP outcomes and experience, minimise duplication, provide clarity and improve consistency across Dorset.</p> <p><b>(4) New staff</b> Two dedicated nurse prescriber posts to manage ADHD and ASD patients</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Bristol</b>	<p><b>(1) Vulnerable groups</b> Recognise there are potential gaps in provision for vulnerable groups, such as children with autism</p> <p><b>(2) Multi-agency workshop</b> This is part of a wider whole system review of services for children with autism.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Cornwall and Isles of Scilly</b>	<p><b>(1) Action to reduce long term waiting list for diagnosis of ASC</b> Transformation monies have been used to fund a waiting list initiative Provide capacity for an additional 400 cases and additional staff Measured through waiting time comparisons, pre and post evaluations of CYP experiences of services</p> <p><b>(2) Improving access for the most vulnerable groups</b> Aim for CYP with LD and/or ASC, and mental health issues will have robust pathways in place into and out of specialist placements</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Gloucestershire</b>	<p><b>(1) Describes current support</b> A pre-school autism pathway has been redesigned and is piloting implementation. This has created a clearer journey for children and families from identification of initial</p>	<b>3</b> Specific autism focused actions

	<p>concerns through to more formal diagnosis. The development included additional psychology capacity to provide assessments and interventions.</p> <p><b>(2) Building resilience, information, advice and guidance</b>          Improve locality working to facilitate the right help and support for children and young people e.g. autism healthy minds programme which helps professionals and parents support children with autism who may be susceptible to mental health needs, using an early intervention and prevention approach.</p> <p><b>(3) Staff training</b>          Train more staff in specialist services via the IAPT programme including LD and autism</p> <p><b>(4) Develop the crisis response to young people</b>          Provide a rapid response to a mental health crisis for anyone, including those with LD and autism</p>	and how they will achieve this discussed
<b>North, East and West Devon</b>	<p><b>(1) Vulnerable children and young people</b>          Highlight that CYP with autism are at risk of mental health problems and require effective and comprehensive community and crisis support          Workforce development will be important to ensure their needs are met to ensure same access as other groups</p> <p><b>(2) Development of a pathway based approach</b>          Clinical care pathway around managing neuro-diversity (ADHD and ASD)</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>North Somerset</b>	<p><b>(1) Parent groups to support positive relationships and managing behaviour</b>          Want to offer more parenting groups to those with children diagnosed with autism or AS.          Clear the long waiting list for parents/carers wanting to take part in programmes.          Review provision of parenting support groups and support the development of more sustainable support groups.</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>South Devon and Torbay</b>	<p><b>(1) No mention of key terms around autism</b></p>	<b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals
<b>Swindon</b>	<p><b>(1) Prioritising support for the most vulnerable children</b>          Including children with LD and autism</p>	<b>2</b> Limited reference made to autism in

		terms of setting out goals without any details on how this will be achieved
<b>Wiltshire</b>	<p><b>(1) Acknowledge a gap in support for those with autism</b> Information gathered from whole system local workshop</p> <p><b>(2) Funding</b> Applied for funding to co-locate two mental health practitioners to deliver support to those with LD and autism, and looked after children.</p> <p><b>(3) Embed mental health practitioners in teams for vulnerable children (including autism)</b> These workers will undertake direct work but will also up skill the staff that are working with these children through the provision of advice and training.</p> <p><b>(4) All CYP with emotional wellbeing and mental health needs have timely access to the right support close to home and recover in a welcoming, inclusive and supportive communities</b> Will measure performance by the percentage of children with learning disabilities and autism supported by CAMHS</p> <p><b>(5) Staff trained to address neurodevelopmental disorders</b></p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Barnsley</b>	<p><b>(1) Training programme to raise awareness</b> in identifying and responding to mental health problems in children and young people – ASD as a stand-alone module. <b>delivered to staff in each of the 10 Secondary Schools in Barnsley.</b></p> <p><b>(2) Invested £49,500</b> non-recurrently to specifically reduce the backlog of assessments with the proviso that a new pathway be developed in partnership.</p> <p><b>(3) ASD pathway</b> became operational for under 5's in November 2013 and for all children in August 2015.</p> <p><b>(4) Transitions Team</b> within adult social care services has enhanced the joint working between adults and children's services- those with a learning disability and/or on the autistic spectrum</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p><b>(5) Transformation plan for accommodation and support services to include short term tenancies</b> in an enabling/training flat environment for those young people with a learning disability, mental health issue and/or <b>autistic spectrum disorder</b> in transition as well as identifying providers who can deliver support to people with complex needs and/or challenging behaviour in their own homes.</p> <p>Consideration has been given in detail to the provision that is required: Low Secure and none secure learning disability/<b>ASD</b> – Y&amp;H central geographical location</p>	
<b>Bradford</b>	<p><b>(1) CAMHS specialist practitioners are being recruited</b> through Future in Mind to ensure that the needs of children and young people are supported when in crisis across the 24 hour period. This includes specialists with autism and learning disabilities experience so that unnecessary escalation to admission can be avoided.</p> <p>Planned Changes: To develop links with statutory and voluntary Autism Services to promote interventions after diagnosis</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Calderdale</b>	<p><b>(1) Provision required:</b> Consideration has been given in detail to the provision that is required: Low Secure and none secure learning disability /<b>ASD</b> – Y&amp;H central geographical location</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Doncaster</b>	<p><b>(1) Provision required:</b> Low Secure and none secure learning disability/<b>ASD</b> – Y&amp;H central</p> <p><b>(2) Care and Treatment Reviews (CTRs) were developed</b> as part of NHS E commitment to improving the care of people with learning disabilities (LD) and/or <b>autism (ASD)</b>. The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&amp;H have had access to CTRs whilst in hospital and often prior to referral to inpatient services.</p> <p>Time and resources over the past three years to commissioning and implementing</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>new community paediatric services that includes a much improved autism pathway. There have been significant improvements in the quality of assessment, post diagnosis support and we have reduced the waiting list by nearly 250 children so now all (under 5 year old) children are assessed within 18 weeks and those over 5 years will be by March 2017. Access to the pathway comes via a community paediatric consultant led general development assessment, that has greatly reduced the number of children and young people unnecessarily placed on a pathway they don't need to be on.</p> <p>Pupils with SEN who had a statement: <b>Autism Spectrum Disorder (ASD) about 34.7%</b></p>	
<p><b>East-Riding of Yorkshire</b></p>	<p><b>(1) A CAMHS participation group</b>, and feedback from those accessing autistic spectrum assessment through the East Riding of Yorkshire Social and Communication Disorder Panel. An online questionnaire has also been developed and responses gathered.</p> <p><b>(2) Parenting programmes</b> for the parent / carers of children and young people who have been diagnosed with autism: "Exploring autism" for those with children up to the age of 7, Barnardo's Cygnet Programme for families with children aged 7 to 16,</p> <p><b>(3) Cygnet puberty course</b> looking at puberty, sexual health and relationships for families who have attended the core courses above.</p> <p>In addition, three courses are available for parents / carers whose children may be waiting for diagnosis or undergoing assessment as well as those who have autism: Introducing autistic spectrum conditions, Managing anger, Sensory needs.</p> <p><b>(4) MDT panel:</b> Children and young people with autistic spectrum conditions are diagnosed by a multi-disciplinary panel made up of a speech and language therapist, educational psychologist, community paediatrician clinical psychologist, Portage worker, as required.</p> <p><b>(5) Post autistic spectrum diagnosis support</b> is provided through accredited targeted parenting programmes, inclusion support workers linked to school localities and a small number of specialist units within mainstream schools.</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>

	<p>Equality: no negative impact on protected groups and some positive impact on those vulnerable - On the autistic spectrum</p> <p>Provision required: Low secure and non-secure learning disability/autistic spectrum disorder – Yorkshire and Humberside central geographical location</p> <p>Development of a comprehensive targeted vulnerable children and young people's service, to cover: Autism.</p> <p>Autism is highlighted that it may be a condition that makes it more difficult for the person to access help when they need it and require specialist services from CAMHS or to be treated by staff with a specialist interest / training to enable them to work with them most effectively.</p>	
<b>Hull</b>	<p><b>(1) A service has been commissioned</b> providing children's clinical psychology and psychiatry as part of the autism assessment and diagnosis service.</p> <p><b>(2) Care pathways will be developed:</b> Neurodevelopmental disorders (Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder)</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Kirklees</b>	<p>ASD gender breakdown is not available through CHiMAT. Local intelligence suggests around a 70/30% split between boys and girls with ASD. Local data suggests around 1 in 100 children have an ASD, equating to around 980 children in Kirklees. The needs of children and young people with ASD are being dealt with locally through a separate redesign and service transformation process to meet the NICE guidance for ASD assessment. Therefore ASD is not being addressed within this "Future in Mind" Transformation Plan.</p> <p>Ongoing discussions with PCAN have been maintained around the plan and general issues over the past two years. This has included individual discussions, contributions from parent representatives on the Disabled Children Strategy and Local Offer (Children and Families Act) and engagement with parents regarding the Care Act and other areas of development such as ASD and ADHD.</p>	<b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals

<b>Leeds</b>	No mention	<b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals
<b>North-East Lincolnshire</b>	<p>Part of the Humber Transforming Care Partnership and as a wider Humber footprint commitment has been made to transforming care and services for people with a learning disability and/or autism, especially those who also have, or are at risk of developing, a mental health condition or behaviours described as challenging. This includes people of all ages and those with autism (including those who do not also have a learning disability) as well as those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.</p> <p>Our vision is underpinned by the nine principles of 'Building the Right Support'. The Transforming Care Partnership is committed to improving safe care and treatment to make sure that Children, Young People and Adults with a learning disability and/or autism have the same opportunities as anyone else to live satisfying and valued lives and are treated with dignity and respect. Working on a wider footprint has increased scope for economies of scale and greater opportunities for learning from the experience of other areas and organisations.</p> <p>Parents / carers would welcome the development of a 'parent's forum' to ensure that their voice and the voice of their children is heard throughout the process. Young people themselves felt that their existing advocacy and youth engagement structures would allow them to continue contributing. Likewise, all participants wanted further discussion about the clinical focus of any new unit, with a particular concern being raised about the provision of specialist services for eating disorders and also services for autism</p> <p><b>(1) Autism Pathway Development</b> In January 2016 it was identified that locally we needed to further enhance the autism</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>offer as a pathway for those children with complex needs and / comorbidities was not officially commissioned. As part of this process we have begun to review the current autism pathway and firm up arrangements with providers until this care pathway can be embedded into the CAMHs re procurement and new service which will be in place from the 1st April 2018, linked to the wider 0-19 programme.</p> <p>It must be noted that children and young people do not need to have a diagnosis in order to access the support they need. The new Education, Health Care Plan does not require a diagnosis for support services to be put in place for children including additional Teachers Aid support in classrooms. This is based upon the child's individual needs and their personal outcomes, rather than an overarching diagnosis so children's treatment and support should not be affected. We are currently working with professionals across the pathway to identify the services available locally and recently held an engagement exercise in partnership with NEL parent's participation forum.</p> <p>In summary the event further highlighted:  Pathways for autism are not clear – the offer should fit on one page, Directory of services is needed, Workforce requires specialist training to support CYP with Autism, Information sharing is inconsistent across professionals, Reduce the jargon used, A single team of Multi-disciplinary practitioners is needed for the local pathway, More support for CYP in schools.  This event will be followed up with a series of engagement events and a dedicated task and finish group will take forward gaps, issues and recommendations.</p> <p>What we are going to look at: Identify any specialist training the children's workforce needs for mental health with LPFT and other targeted services (e.g. autism)</p>	
<p><b>North Lincolnshire</b></p>	<p><b>(1) Provision required:</b> Low Secure and none secure learning disability/ASD – Y&amp;H</p> <p><b>(2) Care and Treatment Reviews (CTRs) were developed</b> as part of NHSE commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD). The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&amp;H have had access to CTRs whilst in hospital and often prior to</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>

	<p>referral to inpatient services.</p> <p><b>(3) Multi-agency practice:</b> We aim to build on this learning and develop further bespoke models of multi-agency practise for other vulnerable groups including, but not exclusive, children and young people with Learning Disabilities, Autism, Autistic Spectrum Disorder.</p>	
<b>North Yorkshire</b>	<p><b>(1) Community Support:</b> Building the Right Support, which plans care for those with autism or learning disabilities and challenging behaviours. This group is at high risk of admission into inpatient units, and a key focus of the Plan is to provide support in the community to prevent such admissions.</p> <p><b>(2) Clear structured pathways:</b> Our work on autism and SEND strategies with local authority partners will ensure there are clear and structured pathways of support for these potentially very vulnerable groups. We are working on improving the turn round and consistency of health advice into education health and care plans, and taking steps to ensure that that mental health providers are able to effectively treat children and young people with autism who also have a mental health problem</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Rotherham</b>	<p>Third on the list of priorities - Autism Spectrum Disorder (ASD) Post diagnosis Support £54,000 (2016/17) £54,000 (2017/18)</p> <p><b>(1) A Developmental Disorder pathway</b> – specifically undertaking Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnoses.</p> <p><b>(2) The Family Support Scheme</b> has also contributed to prevention and early intervention work and will continue to work in this area by supporting families in the areas of ASD, ADHD and Conduct Disorder.</p>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p><b>(3) School Support:</b> It has been recognised that there is a gap in provision of post diagnosis support for children &amp; young people with ASD in Rotherham, particularly concerning support for families at home. The support at school is provided by RMBC's Autism Communication Team (ACT). Preliminary work has been undertaken to scope out the service and a service specification and job descriptions have been prepared. Recruitment is underway.</p> <p><b>(4) CTRs have been developed</b> as part of NHS England's commitment to improving the care of people with learning disabilities and/or ASD with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities.</p> <p><b>(5) Improving Communications &amp; referrals:</b> Develop Family &amp; patient based post diagnostic ASD support</p>	
<b>Sheffield</b>	<p><b>(1) Low Secure and none secure learning disability/ASD</b> – Y&amp;H central geographical location</p> <p><b>(2) Regular reviews of healthcare packages</b> for children with a learning disability and/or autism will reduce the risk of inpatient admission and ensure the right care is in place in the community. This is part of Transforming Care.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Vale of York</b>	<p><b>(1) Low Secure and none secure learning disability/ASD</b> – Y&amp;H central geographical location</p> <p><b>(2) Care and Treatment Reviews (CTRs)</b> were developed as part of NHS E commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD). The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&amp;H have had access to CTRs whilst in hospital and often prior to referral to inpatient services.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Wakefield</b>	<p><b>(1) A recovery plan</b> has been developed for the ASD / ADHD pathway, to ensure the service is able to meet local demands, and is compliant with NICE</p>	<b>3</b> Specific autism

	<p>Guidelines.</p> <p><b>(2) Early Response and support:</b> The developments for LD and ASD align with the transformation to develop an early response and support for children and young people, and will support a reduction in in-patient services and minimise the impact of pre-admission CTR (care and treatment review).</p> <p><i>"If there's anything that could've been done differently is that they could've noticed what was wrong when I was five or six. If they'd done that I would be in a better place now."</i></p> <p>Understanding – e.g. finding out about Polish autism culture, they focus on cures/interventions. Do not speak English – need interpreters to be available to ensure equity of access.</p> <p><b>(3) Community Paediatrics</b> is a 0-19 service and covers Wakefield and Normanton in the West and Pontefract, Knottingley and Castleford in the East. It manages children and young people with neuro-developmental (developmental delay), neuro-behavioural conditions (ADHD and Autism).</p> <p>CP leads on the ADHD and Autism assessment and work closely with the Adult ADHD and Adult Learning disability, CAMHS, Education and voluntary sector services locally.</p> <p><b>Impact:</b> A reduction in the reliance on specialist inpatient care for people with a learning disability and/or autism</p>	<p>focused actions and how they will achieve this discussed</p>
<p><b>Birmingham</b></p>	<p><b>(1) To explore opportunities</b> with other CCG's within the Unit of Planning and or Combined Authority footprint to develop ASD respite services</p> <p>There is <b>no costing available for secure estate or learning disabilities/ASD</b>. However, the average stay for these patients was 146 days.</p> <p><b>(2) Pathway agreed</b> across organisations (primary care, community paediatricians, VCS, 0 to 25 and schools) to provide support for ASD and ADHD Established and maintained.</p>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>

	<p><b>(3) Explore and develop models</b> for LD/ASD respite facilities/Home treatment with NHSE to prevent admissions for these patients - Models and case for change developed</p> <p>Plans for 2017-2020: Bespoke services for LD and ASD</p> <p>Birmingham has historical issues in managing the neurodevelopmental pathways especially across providers where there is uncertainty regarding whose responsibility some patients fall within. To alleviate this, some work was completed on the ADHD pathway in 2014. This was a focused piece of work on transition. However, due to service saturation the operation of the ADHD transition pathway was untenable. In light of this, alongside a range of other issues arising i.e. ASD and LD it is felt that investment around these pathway developments across partners will enable us to truly transformation systematically the care and support available for patients with life long conditions. Our aim is to develop psycho-social models that provide support around psycho social interventions to reduce the demand on medical services, supporting CYP to understand their condition with the right type of support to reduce escalation into tier 4 provisions.</p> <p>There are a number of CYP who have been diagnosed with ASD, and they are a likely group that fall out of services and end up in specialist inpatient provisions. <b>The aim of the scheme is to explore:</b></p> <p><b>Care pathways for ASD to prevent inpatient admissions</b></p> <ul style="list-style-type: none"> <li>• Develop options alongside NHSE to identify co-commissioning of respite facilities for ASD patients</li> <li>• Explore links to identify alternative assessment solutions including co-working with school SENCO's and Educational Psychologists</li> <li>• To explore wrap around solutions to prevent breakdowns at home and or education.</li> </ul> <p>Train staff to work with those with Autism in CYPIAPT</p>	
<p><b>Birmingham CAMHs 2016/2017 refresh</b></p>	<p><b>(1) Explore and develop models</b> for LD/ASD respite facilities/Home treatment with NHSE to prevent admissions for these patients - Models and case for change developed</p>	<p><b>2</b> Limited reference made to autism in terms of setting out</p>

		goals without any details on how this will be achieved
<b>Coventry and Warwickshire</b>	<p><b>(1) Provide additional support to existing services</b> to be able to respond to our local challenges. The investments have led to: Additional clinical capacity to provide additional assessments for children and young people awaiting an assessment for an Autistic Spectrum Disorder (ASD)</p> <p><b>Enhancing support to young people awaiting an assessment for an ASD</b></p> <p>Improved access for specialist support, including young people with ASD will have access to timely assessments, treatment and support in line with the Transforming Care Agenda and meet the recommendations set within the NHS England Care and Treatment Review Policy and Guidance report (August 2015). Services will be provided offering person-centred and individualised support to ensure children and young people with learning disabilities and/or autism and their family's needs are met and barriers to access removed. Interim support to enable additional assessments to meet the local challenges will begin this transformation of support. Additional clinical capacity will increase the number of assessments completed by April 2016 and provide support in managing the backlog of assessments, to coincide with the implementation of the redesigned CAMHS service in 2016.</p> <p>(However, as stated in the plan, these strategies will be implemented dependent on the amount of funding received).</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Dudley</b>	<p><b>(1) Specialist early help and intervention:</b> The increasing demand of young people requiring assessment for ASD and other neurological delay disorders has had significant impact on the waiting times for the 0-5 specialist CAMHS Service and the Neurodevelopment Delay Service. We plan to enhance the 0-5 specialist CAMHS Service to include a diagnostic clinic. It is proposed that the new Clinic would include clinical representatives from Paediatrics, Speech and Language Therapy, Psychologist, Psychiatrist, Psychotherapist, Early Years Service being the core professionals with additional members from the generic ASD Clinic supporting the clinicians to do the full range of assessments. This includes OT's, Psychiatrist and Nurses.</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.

	<p><b>(2) Training:</b> The clinicians involved in the clinic need to have expertise in training in working with children under 5 and this would include using observations of play, specialist school observations and good understanding of the screening tools used for under 5s including M-Chat and CARS questionnaire and the ability to adapt the existing ADOS assessment for toddlers. Clinicians will have to have experience of using cognitive assessments as 60% of children with ASD in this age group will have learning difficulties.</p> <p><b>(3) Anchoring Services:</b> CAMHS are working with colleges and IAPT in anchoring services in the colleges for post 16 with ASD diagnosis to bridge the gap for those children when they leave services whom struggle a lot but do not meet the criteria for severe mental illness to be transferred to adult services. Our initiative has meant that the colleges have bought Autism Outreach and IAPT have indicated their interest in getting involved.</p>	
<p><b>Herefordshire</b></p>	<p><b>Addressing gaps in local provision:</b>  Transition for ADHD and ASD patients who do not reach criteria for adult mental health services  July 2016  1. Clinical discussion and analysis of level of need  2. Draft business case  3. Decision to proceed  4. Investment secured</p>	<p><b>3 **</b> Specific autism focused actions and how they will achieve this discussed</p> <p>** Rank 3 was given due to having a set plan, however it is ambiguous and fails to go into detail how they will achieve the proposal and what provision is exactly needed.</p>
<p><b>Sandwell</b></p>	<p><b>and Early Years/ASD</b></p>	<p><b>4</b> Specific autism</p>

<p><b>West-Birmingham</b></p>	<p>In 2015 there was no specialist CAMHS input into the early years team; historically the multi-agency and multi-disciplinary teams who worked with children and young people with global developmental delay and autism were co-located, providing both assessment and post diagnostic input. Unfortunately the team was redesigned and the specialist CAMHS elements of this provision, was only commissioned to provide a service for 5 to 18 year old children and young people.</p> <p>The Early years' service currently receive numerous referrals from health visitors, GP's Parents and other practitioners, the early years team comprising of nurses, nursery nurses, specialist paediatricians, physiotherapists, occupational therapists, educational psychologists and inclusive support workers triage referrals and ensure that specialist assessments and post diagnostic interventions and support is delivered, but lack of capacity for specialist interventions was evident.</p> <p>CAMHS transformation funds have been utilised for the recruitment of a specialist CAMHS practitioner to input into the early years team. The practitioner commenced in post in July, the benefits of increasing capacity within this team have resulted in:</p> <ul style="list-style-type: none"> <li>• Increased early intervention and prevention</li> <li>• Post diagnostic interventions for children with global developmental delay and autism</li> <li>• Timely specialist psychological assessment</li> <li>• Input into feeding, sleeping and behaviour interventions offered by the Early Years team</li> <li>• Training, consultation and supervision to appropriate other professionals within the Early years team</li> <li>• Support for parents and carers post diagnosis</li> </ul> <p>0-5/ASD: Expand the 0 to 5 approach and pathway that strengthens and supports: Early diagnosis, Successful parenting approaches, Improved outcomes in early years foundation scores.</p>	<p>focused actions, how they will achieve this and the measurement of outcomes outlined.</p>
<p><b>Shropshire, Telford, and Werkin</b></p>	<p><b>What do we know about children &amp; young people who need some support:</b> Overall the top 5 referrals to Tier 3 CAMHS were for depression, anxiety, anger/aggression, ADHD and Autism/Asperger's respectively.</p> <p>-2015 Shropshire Autism Needs Assessment</p> <p>A key focus for the Shropshire Health and Wellbeing Board since 2013 has been</p>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>

	<p>children and young people's mental health, which has been devolved to the Children's Trust for delivery of key actions including the development of a comprehensive camhs strategy, single point of contact and referral, further development of the prevention programme tamhs (targeted mental health in schools, Think Good, Feel Good), a self-harm tool kit, as well as the completion of the recent Autism Needs Assessment.</p>	
<b>Solihull</b>	<p>(1) <b>Condition specific pathways have been developed</b> to meet needs based on local prevalence rates and existing provision within Solihull e.g. a unique pathway for those with Autistic Spectrum Disorder in collaboration with Autism West Midlands.</p> <p><b>Autism Spectrum Conditions:</b> currently consulting on a draft All Age Autism strategy; need to improve pathways for support and assessment for children and young people. Parents currently are frustrated by being 'passed around a system'. We will ensure that there is an integrated pathway across agencies including different health providers, specialist support and inclusion service, schools and Autism West Midlands who have a small contract as part of the new EWB&amp;MH service.</p> <p>Solihull schools Strategic Accountability Board, in partnership with Schools Forum and SMBC, have reviewed provision for children and young people with autism spectrum conditions by scoping level of need, reviewing exclusions and the number of pupils with special educational need, and are currently developing a number of additional resource centres in Solihull mainstream schools, to improve education provision. This will be an investment of £1.8m to develop the provision over the next 18 months, £60,000 to provide training for all school staff and recurrent funding of £130,000 for additional Autism support from the Specialist Inclusion and Support Services (SISS).</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Staffordshire, Stoke-on-Trent</b>	<p>(1) <b>Piloting an alternative</b> pathway to that currently offered for pre-school children for Autistic Spectrum Disorder (ASD) assessment</p> <p>This has included strengthening locality links with local support teams in social care and enhancing cohesion with other agencies such as autism providers and education.</p> <p>(2) <b>Link to the 'Transforming Care for People with Learning Disabilities – Next Steps'</b></p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved

	<p>agenda to support the programme of system wide change to improve care for people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition.</p> <p><b>(3) Addressing the needs of children and young people with co-morbidities</b>, in particular children and young people with Autistic Spectrum Conditions. This has included strengthening locality links with local support teams in social care and enhancing cohesion with other agencies such as autism providers and education. Across Stoke and Staffordshire there are wider links to early help, education and youth offending strategies and strategic leads</p>	
<b>Wolverhampton</b>	<p><b>(1) Work force training:</b> H&amp;SC &amp; CJS training Gap Analysis (PBS; Autism; MH; CTR's)</p> <p>Involve a special emphasis on children and young people with a Learning Disability, physical disabilities and / or autism to ensure full alignment with Transforming Care and SEND guidance and reforms.</p> <p>WCCG, CWC, RWT and partners have developed an all ages Autism strategy. Providers are working on describing and implementing new pathways which will become implemented over the period December 2016 to March 2017.</p> <p>Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Worcestershire</b>	<p><b>(1) Multiagency pathway:</b> Neuro-developmental assessments for ASD/ADHD and associated conditions: In Worcestershire a multiagency pathway and collaborative commissioning arrangements are in place for the assessment and ongoing support for children and young people with autism, ADHD and associated neurodevelopmental conditions. CAMHS specialists, specialist teaching staff, speech and language therapists and paediatricians all contribute to the pathway, which is managed through community paediatrics. This pathway is currently under review to reduce the waiting times for neurodevelopmental assessment and in October 2016, parent/carers will be providing their views on the neurodevelopmental pathway and how this can be improved further. Learning from parent/carers experiences will shape further</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.

transformation and inform the all age Autism Strategy.

Experience of the pre-admission care and treatment review in Worcestershire has been positive, preventing inpatient admission. The task and finish group for care and treatment reviews continues to develop the approach to monitor children and young people with ASD and/or a learning disability who are at risk of inpatient admission or 52 week residential placement. The focus is keeping young people safe and close to home where possible.

**(2) Care and treatment review:**

Worcestershire has had a successful start to the implementation of care and treatment reviews, preventing inpatient admission for those with ASD and /or a learning disability, and championing care close to home. Across the children's workforce (health, education and social care) we intend to raise further awareness about the introduction of care and treatment reviews for children and young people with a learning disability and/or Autism.

Care and Treatment Review (CTR) Pre-admission

- Our transformation plan embeds the use of CTRs for children and young people with moderate to severe learning disabilities or autism and challenging behaviour across the local health and care system in order to:
- ensure people with learning disabilities and/or autism and their families are listened to, and treated as equal partners in their own care and treatment;
- prevent unnecessary admissions into inpatient settings;
- ensure any admission is supported by a clear rationale with measurable outcomes;
- ensure all parties, including local councils, work together with the person and their family to support discharge into the community (or to a more appropriate setting) at the earliest opportunity;
- help people challenge current care and treatment plans where necessary, and;
- identify barriers to progress and to how these could be overcome

**(3) Investment in the dietetic service** for children with ASD and Investment in the neurodevelopment pathway

	There has been a reduction in waiting times for neurodevelopment assessment due to a redesign of the pathway. <b>The NHS Trust and commissioners continue to work together with input from parents and carers to make further improvements and inform the all age Autism Strategy.</b>	
<b>Hertfordshire</b>	<p><b>(1) Innovation Fund</b> for projects to boost young people's mental health: Working with autism/ADHD/ADD</p> <p><b>(2) Recruit identified health care professionals</b> for the new 0-19 Autism Service</p> <p><b>(3) Link with the 2 year HCC Autism Work stream</b> for training, education and awareness within Schools</p> <p><b>(4) Enhanced community provision:</b> The Local STP also supports the delivery of an enhanced community provision for learning disabilities, including autism</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.
<b>Norfolk</b>	No mention of Autism (or other Key terms)	<b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals
<b>Barking and Dagenham</b>	<p><b><u>Current position</u></b></p> <ul style="list-style-type: none"> <li>• Current unmet emotional and health needs</li> <li>• Long waiting times</li> </ul> <p><b><u>Identified Actions</u></b></p> <p><b>Follow the NICE and SIGN guidelines</b></p> <ul style="list-style-type: none"> <li>• Follow Transforming care and service model: better identification, family support, preventative to admission into hospitals, help with Youth offending team</li> </ul>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved

<p><b>Barnet</b></p>	<p><b><u>Current position</u></b></p> <ul style="list-style-type: none"> <li>Commissioned service: A range of different therapists who provide therapy for children and young people with developmental difficulties</li> </ul> <p><b><u>Identified actions:</u></b></p> <p><b><u>Support in schools</u></b></p> <ul style="list-style-type: none"> <li>BEHMHT have proposed a new model for SCAN, which would focus on children placed in special schools, however the joint commissioning team want to see a wider integrated provision based on the needs assessment. There is significant capacity within the system, and given an increase in the number of children in Barnet with autistic spectrum conditions, this pathway will be a priority area for the Transformation Plan. Barnet plan to work with Enfield as they develop a local service.</li> </ul>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>
<p><b>Bexley</b></p>	<p><b><u>Identified actions</u></b></p> <p><b><u>Transforming pathways</u></b></p> <ul style="list-style-type: none"> <li>There is an existing specialist CAMHS service for children and young people with learning disability and neurodevelopmental disorders. However, the size and capacity of this service means that there is a need for a broader range of treatment interventions to be available to this cohort of young people. The aim is to commission an additional mental health trained practitioner to increase the treatment capacity and range offered to young people and their families.</li> <li>Similarly we have responded to concerns that we lack the critical mass of staff in Tier 3 to enable safe and sustainable caseloads and so in line with parity of esteem and the Five Year Forward View we have addressed this. We have acknowledged the high prevalence of children with ADHD and ASD and particularly the need of our special schools for help to manage behaviour that challenges</li> <li>Local priority scheme: We will increase the capacity of the existing specialist CAMHS for children with learning disability and neurodevelopmental disorders and provide a broader range of treatment interventions (ASD categorised as Neurodevelopmental disorder). Plan to hire Band 7 CAMHs practitioner</li> <li>Follow NICE guidelines</li> <li><i>ADHD or ASD with mild mental health disorder: will have a consultation. Then will be further supported through: CBT individual or group – up to 6</i></li> </ul>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>

	<p>sessions (the estimated prevalence of hyperkinetic disorders is 530 aged 5-16, and of ASD is 325 aged 5-16)</p>	
<b>Bromley</b>	<p><b><u>Current provision</u></b>  <b>LBB Commissioned:</b>          Provide support for parents with children who have ASD: Support for parents with children who have ASD is available through a local voluntary sector organisation called Burgess Autistic Trust which is funded by London Borough of Bromley Education service</p> <p><b><u>Identified actions</u></b></p> <p><b>Build capacity within neurodevelopment services (ADHD/ASD):</b></p> <ul style="list-style-type: none"> <li>• Increased capacity</li> <li>• Increased service responsiveness</li> <li>• Reduced waiting times.</li> <li>• Improved satisfaction for young people</li> </ul> <p>Time to diagnosis to be within NICE guidelines of 3 months from referral.</p> <p><b>(Non-recurrent investment Funding: £18,200)</b></p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Camden</b>	<p><b><u>Previous actions</u></b></p> <ul style="list-style-type: none"> <li>• <i>In 2015/16 we will: Complete the review of current ASD provision to inform the development of an all age ASD strategy</i></li> </ul> <p><b><u>Identified actions</u></b>  <b><u>Estimated expenditure</u></b>          £736,542 Camden Council - SEN: ASD statements</p>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.

	<p>£1,314,474 Camden Council - Specialist educational provision: ASD £593,236 Camden Council - Specialist educational provision: ASD - resource bases £2,434,000 Camden Council / CCG - I/N-M placements – ASD</p> <p><b><u>Transforming pathways</u></b></p> <ul style="list-style-type: none"> <li>• By 2020 we will: Develop all age strategy for ASD based on the principles set out in Think Autism.</li> <li>• Key features of the strategy will be: <ul style="list-style-type: none"> <li>– An increase in the number of ASD assessments undertaken through the Social Communication Assessment Service (SCAS)</li> <li>– An increase provision of secondary ASD resource bases</li> <li>– Co-design with children, young and families</li> </ul> </li> </ul> <p><b><u>How will they know there have been improvements</u></b></p> <ul style="list-style-type: none"> <li>• Increased numbers of children and young people with complex ASD are able to remain at home, without the need to be placed in the independent / non-maintained sector</li> </ul>	
<b>Greenwich</b>	<p><b>Current funding streams</b> for ASD: Strengthening Families, Strengthening Communities</p> <p><b><u>Support in schools</u></b> The Transformation Fund will fund additional posts to enhance current provision of clinical support to adolescents and young people up to the age of 19 living in the borough of Greenwich.</p> <ul style="list-style-type: none"> <li>• Priority One (a) <b>Specialist Schools (with pupils with ASD)</b>: Providing a Clinical In-reach service to BME children and young people in Greenwich specialist schools</li> </ul>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Hackney</b>	<p><b><u>Current provision</u></b></p> <ul style="list-style-type: none"> <li>• The service provides diagnosis e.g. ASD, ADHD, psycho-pharmacological</li> </ul>	<b>4</b> Specific autism

	<p>intervention (medication), therapeutic/behavioural support and interventions and support with emotional response to diagnosis. It also delivers group work around parenting, siblings support groups, Next Steps intervention (MDT) for under 5s, Teen Troubles (ASD), ASD parent support group.</p> <p><b><u>Identified actions</u></b></p> <p><b><u>Multi-agency working</u></b></p> <ul style="list-style-type: none"> <li>• This investment enhances the single point of entry (for up to 6 session short term intervention work) as it will be offered all at one site. Hackney Ark will augment the new Social and Communication Clinic (SCAC) as well as existing ASD assessment forums. With all assessments taking place in one setting, an “Autism Hub” will be created which follows the wishes of parents (and HiP) and makes the referral process easy. This investment aims to alleviate the behavioural and anxiety effects consistent with an ASD diagnosis. It is a systemic approach for the whole family in improving quality of life and parental mental health, supporting families to prevent anxiety escalating early on</li> </ul> <p><b><u>Parental support</u></b></p> <ul style="list-style-type: none"> <li>• Parent group at the ASD hub- the partnership also plans to increase the parenting group support offer for all families across the borough with children with ASD 2-19. This will increase family and parental mental health by having a single point of entry into the ASD hub with support post diagnostically both within health and education</li> </ul> <p><b><u>Outcomes:</u></b></p> <ul style="list-style-type: none"> <li>• Through this investment, families will have improved support while going through a significant transition in their own life - coming to terms with how to parent a child using a different set of skills, and coming to terms with a diagnosis. There will also be a reduction in ASD behavioural interventions referred on to the current Tier 3 services.</li> </ul> <p>We aim to achieve a true sense of the “no wrong door” policy and ultimately:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved Quality of life.</li> <li><input type="checkbox"/> Prevention of stress / anxiety.</li> <li><input type="checkbox"/> Improved family relationships.</li> <li><input type="checkbox"/> Potential reduce parents being prescribed anti-depressant medication</li> </ul> <ul style="list-style-type: none"> <li>• KPI: All children with ASD supported by effective planning (allocation of</li> </ul>	<p>focused actions, how they will achieve this and the measurement of outcomes outlined.</p>
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	£59,141 by 2019)	
<b>Haringey</b>	<p><b><u>Current understanding</u></b></p> <ul style="list-style-type: none"> <li>The CAMHS LD service will see young people with autism with a mental health or challenging behaviour issue but they are not currently commissioned to provide early intervention post diagnostic support</li> </ul> <p><b><u>Identified actions</u></b></p> <ul style="list-style-type: none"> <li>Further work to look at how we support children and young people with learning disabilities and autism including improving access to psychological and group support for families post diagnostic assessment to support attachment, and how we might develop the CAMHS LD resource</li> <li>Occupational Therapy as part of this pathway could reduce challenging behaviour related to unidentified or unmanaged sensory needs. This could prevent behaviour escalating to a level where medication is required and/or the family are unable to cope and expensive residential settings are necessitated. The CCG and Council are currently reviewing the whole life pathway for autism and this will need to be considered within that context.</li> <li>Developing post- diagnostic assessment support: A key area to be considered for investment is the development of post-assessment follow up psychological and group support. This could be developed for families to support attachment, and help the families to accept and understand the diagnosis.</li> <li>Increased investment from 2016/17 to support full implementation</li> </ul>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Harrow</b>	<p><b><u>Current provision</u></b></p> <ul style="list-style-type: none"> <li>Specialist Autism provision is available in 3 Harrow Schools. Further provision for children with autism and additional learning needs is in the process of being developed in a further 3 schools</li> </ul> <p><b><u>Identified actions</u></b></p> <p><b><u>Multi-agency working</u></b></p> <ul style="list-style-type: none"> <li>Harrow's local priority for <b>a joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5)</b>. This will be an early intervention/prevention provision, offering open access for Harrow CYP with an <b>identified need</b>. Working to target identified vulnerable CYP in Harrow such as children with ASD.</li> <li>Harrow CCG with local stakeholders plan and deliver an Integrated <b>Single Point of Access</b> across Harrow, that will intake and triage referrals quickly, efficiently and also ensure that patients receive a service that is right first time. -</li> </ul>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>In the following 4 years, the annual allocation from Harrow CCG will be £230,000 this will be a contribution to implement and then run the new service.</p> <ul style="list-style-type: none"> <li>• Harrow CCG with local stakeholders will develop an integrated pathway for challenging behaviour, ASD and ADHD.</li> <li>• Harrow CCG will allocate funding in year 2015/16 to specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow Health and Social Care to prevent escalation of need and offer project resource capacity to the cross-borough, to support alignments where possible in the five years. ---More CYP will have access to the appropriate mental health &amp; emotional wellbeing support. Fewer CYP will need to access higher tiered MH services. More support for parents and CYP accessing ADHD &amp; ASD services. Consistent approach to CYP crisis care, building on existing services</li> </ul> <p><b><u>Transforming pathways and additional funding</u></b></p> <ul style="list-style-type: none"> <li>• Harrow CCG will allocate £54,840 in year 2015/16 to specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow Health and Social Care to prevent escalation of need and offer project resource capacity to the cross borough, to support alignments where possible in the five years.</li> </ul>	
<b>Havering</b>	<ul style="list-style-type: none"> <li>• <b>Pathways for vulnerable children</b> – The transformation plan also aims to examine the pathways for vulnerable children and young people to mitigate the effect of any barriers to achieving good access and positive outcomes from services.(ASD)</li> <li>• <b>Discussion of support in relation to <i>Behavioural difficulties</i> and enhancing the SPA team</b></li> </ul>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Hillingdon</b>	<p><b>Current provision</b></p> <ul style="list-style-type: none"> <li>• Three new Specialist Resource units have been funded for children with ASD and complex needs. Development of the family centred networks</li> <li>• Vulnerable groups of CYP known to be at greater risk of mental health disturbance will know where and how to get help when they need it. Local services will know what to look for and how to signpost CYP in need.</li> <li>• All levels of provision will be aware of the specific needs of vulnerable children, be able to demonstrate how they meet the needs of these groups and provide performance and quality data to evidence this</li> </ul>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved

<p><b>Islington</b></p>	<p><b><u>Current standing:</u></b></p> <ul style="list-style-type: none"> <li>The significant increase we have seen in ASD is creating significant pressures on a range of services including CAMHS.</li> </ul> <p><b><u>Identified actions</u></b></p> <p><b><u>Transformation of pathways</u></b></p> <ul style="list-style-type: none"> <li>Development of an LD Pathway (including C&amp;YP with Autism) funding allocation: £62,254 (2017)</li> </ul> <p>The additional capacity will ensure that:</p> <ul style="list-style-type: none"> <li>All young people who come into CAMHS will be screened for a learning difficulty or disability and if it's thought there may be a possible LD they will receive further assessment including a cognitive assessment if required. Our long term target is for this to happen within four weeks.</li> <li>We will implement a process of ensuring Care and Treatment Review (CTR) process is undertaken before any inpatient admission is made and the case will be discussed with the CAMHS Clinical Lead</li> <li>We will pursue the possibility of NHSE Case Managers attending these pre admission CTR's.</li> <li>Locally we will explore utilising the CTR process to support transition planning. <ul style="list-style-type: none"> <li>Proposed CYP IAPT modules re LD and ASD will be used to ensure we deliver evidenced based pathways.</li> </ul> </li> </ul> <p>By 2020 we will:</p> <ul style="list-style-type: none"> <li>Monitor and Review commissioning and provision of CAMHS for children and young people with SEND and identify and further opportunities for service development.</li> <li>Provide a CAMHS-wide LD pathway from childhood through to transition, at 18yrs, on to adult services</li> <li>Will have developed a framework for a cross-agency treatment and risk-management plans for young people who have received an evidence-based intervention but who continue to display risky behaviour or who need psychological "top-up" interventions periodically (talk of ASD in relation to risk and offending as well)</li> </ul>	<p><b>3</b> Specific autism focused actions and how they will achieve this discussed</p>
<p><b>Kingston</b></p>	<p><b><u>Current provision</u></b></p> <ul style="list-style-type: none"> <li>Kingston have made good progress and been recognised nationally for their work to implements the reforms to SEND under the Children and Families Act (2014). The introduction of the guidelines on transforming care of people with</li> </ul>	<p><b>3</b> Specific autism focused actions and how they will</p>

	<p>learning disabilities by NHS England will further support this work</p> <p><b>Identified actions</b></p> <p><b>ASD post diagnosis support</b></p> <ul style="list-style-type: none"> <li>• A long term reduction of in the number of children and young people admitted to Tier 4 services and admitted via A&amp;E for self-harm and those requiring access to acute or long term residential placements to manage their emotional and behavioural needs.- <b>£60,000 in funding</b></li> <li>• Centralised specialists teams for ASD/ED and LD (with allocated funding)</li> <li>• <b>Funding Priority 5</b> Develop an ASD/ ADHD specific programme to support C&amp;YP post diagnosis (capacity issues leading to delayed start)</li> </ul>	achieve this discussed
<b>Lambeth</b>	<ul style="list-style-type: none"> <li>• Review access and referral pathways into CAMH clinical services and develop a Single Point of Access (SPOA): not mentioned specifically to ASD</li> </ul>	<b>1</b> No mention of autism and/or no mention of any autism specific transformation actions/goals
<b>Merton</b>	<p><b>Current standing</b></p> <ul style="list-style-type: none"> <li>• Merton Autism Outreach Service provides support to professionals in schools that are working with children and young people with an ASD diagnosis that may be demonstrating difficulties accessing a curriculum.</li> </ul> <p><b>Identified actions</b></p> <p><b>BY 2020</b></p> <ul style="list-style-type: none"> <li>• <b>Improve</b> communication, data flow and regular meetings with NHSE</li> <li>• Develop a local risk register to identifying those individuals with a learning disability/autism most at risk of being admitted to hospital.</li> <li>• Pilot a person centred care planner to support discharge into the community in 15/16</li> </ul> <p><b>Transforming pathways</b></p> <ul style="list-style-type: none"> <li>• We will develop integrated, evidence-based pathways, focusing initially on Eating Disorders, ASD/ADHD and supporting access to parenting /carer / guardian programmes</li> <li>• Developing an ASD/ADHD pathway that includes post diagnosis management</li> </ul>	<b>3</b> Specific autism focused actions and how they will achieve this discussed

	<p>and support through the South West London Children and Adolescent Mental Health Network.</p>	
<p><b>Newham</b></p>	<p><b><u>Identified actions</u></b>  <b>By 2020 we will have delivered the following:</b>  <b><u>Transition planning</u></b></p> <ul style="list-style-type: none"> <li>• The transitions of young people who require on-going healthcare including into adult learning disability, ADHD and autism services will be seamless within the model of service delivery. To achieve this:</li> <li>• We will adopt a lifespan approach with services to ensure the smoothest transition for service users from the CAMHS specialist to the adult service provision</li> <li>• All young people with learning disabilities will have a Person Centred Plan to inform and support transition plans</li> </ul> <p><b><u>Skilled professionals</u></b></p> <ul style="list-style-type: none"> <li>• These will be undertaken by skilled and trained staff recognising Person Centred Planning Work is very intense, however, and will impact on clinician caseload capacity</li> <li>• CAMH Specialist services will have clearly defined transition arrangements and protocols with Adult LD, ADHD and Autism Services, including transparent referral criteria</li> </ul> <p><b>Transformation Priority Four - Neurodevelopmental including ADHD, ASD and Learning Disabilities</b>  <b>The service will include</b>  Seamless local pathways - We will map local care pathways for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps.</p> <p>For those young people who require transition to adult services at 18 there will be a specific transition pathway for young people with ADHD, ASD and LD, to improve the</p>	<p><b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.</p>

	<p>current variability of provision for these groups within adult mental health care.</p> <ul style="list-style-type: none"> <li>Targeted and intensive CAMHS services to CYP and families. Pathways inc Emotional and Behavioural disorders, Learning Difficulties and Autistic Spectrum Disorders.- <b>£446,480 in funding</b></li> </ul> <p><b><u>Multi-agency working</u></b></p> <p>Multi-agency agreements and monitoring arrangements will be put in place as well as close working amongst frontline services with clearly defined lead professionals and shared care plans.</p>	
<p><b>North West London</b></p>	<p><b><u>Current understanding</u></b></p> <ul style="list-style-type: none"> <li><i>The significant cost of current LD/ND services to health, social care and education providers and commissioners</i></li> </ul> <p><b><u>Identified actions</u></b></p> <p><b>8.6 Priority Six: Enhanced support for learning disabilities (LD) and neurodevelopmental (ND) disorders</b> - We will develop an enhanced service within each of the eight CCGs, streamlining the current service offering and filling the gaps. The design of the service locally will vary because the starting position is different and the needs of each borough differ somewhat based on prevalence and population. The NWL approach will ensure consistent quality and shared learning.</p> <ul style="list-style-type: none"> <li>As well as working closely with Community Paediatrics when screening referrals and undertaking assessments, there should be an <b>effective strategic link</b> between CAMHS LD/ND services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education.</li> <li>We will <b>enhance the capacity of CAMHS</b> to meet the increasing demand for ASD and ADHD assessments</li> </ul> <p><b><u>Support for schools</u></b></p> <ul style="list-style-type: none"> <li>Specialist mental health practitioners should be available to provide <b>advice and support to special schools and specialist units: with regards to challenging behaviours</b></li> <li>Ensuring support before hospital admission: We will also ensure that care and</li> </ul>	<p><b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.</p>

	<p>treatment reviews form a fundamental part of our LD and ND pathways and services.</p> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>In year one (2015/16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In year two (2016/17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year three (2017/18) to year five (2019/20) will be used to embed the model, develop sustainability and further refine according to borough need.</li> </ul>	
<p><b>Redbridge</b></p>	<ul style="list-style-type: none"> <li>As part of our ongoing development and implementation of the transformation plan we will be undertaking more detailed work over the coming months to <b>review all pathways with our provider against relevant NICE and Scottish Intercollegiate Guideline Network (SIGN) guidance, these will include: ASD</b></li> <li>We have also looked at young people's input to their EHC assessments, and received feedback from smaller groups including Supporting Together those with Autism and Asperger's in Redbridge (STAAR), and the King George Hospital Strategy Group. <b>Although these will not have been specific to transformation planning at this stage, we have taken extensive feedback</b> about local emotional and mental health services to shape the principles of the plan, and the key messages and concerns we received were: <ul style="list-style-type: none"> <li><input type="checkbox"/> waiting times for specialist CAMHS and for Hear and Now counselling services were too long</li> <li><input type="checkbox"/> limited out of hours support (after 5pm and at weekends)</li> <li><input type="checkbox"/> lack of crisis support for families</li> <li><input type="checkbox"/> unclear pathways and patient journeys</li> </ul> <p>staff culture – a desire for better and more positive contact between staff and service users, especially when delivering bad news, offering support, or signposting to extra help</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> being referred in and out of different services</li> <li><input type="checkbox"/> building/location issues and car parking</li> </ul> </li> </ul>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>

	<ul style="list-style-type: none"> <li>□ more support needed for parents dealing with behavioural difficulties</li> <li>□ more child and young person-friendly environments are needed, as well as distinguishing between what suits smaller children and what is better for adolescents</li> <li>□ staff must be trained to identify and support children with challenging behaviours in healthcare settings such as A&amp;E.</li> </ul>	
<b>Richmond</b>	<p><b><u>Identified actions</u></b></p> <ul style="list-style-type: none"> <li>• When accessing CAMHS there is no immediate support pre-diagnosis or post-diagnosis.</li> <li>• There is a need for a more holistic approach to the family including considering the effect on siblings</li> <li>• Better coordination of the different pathways e.g. when a young person presents with a dual diagnosis e.g. ASD and ADHD or ASD and depression</li> <li>• The need for better transition care for children with ADHD and ASD who have just turned 5 years old and started school</li> </ul> <p><b><u>Training professionals</u></b></p> <ul style="list-style-type: none"> <li>• We will expand our training offer to upskill professionals and parents that address areas of specific need identified by parents/families such as ASD/ADHD.</li> </ul> <p><b><u>Transforming pathways</u></b></p> <ul style="list-style-type: none"> <li>• To develop an ASD/ADHD pathway that includes post diagnosis management and support through the South West London Children and Adolescent Mental Health Network</li> </ul>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Southward</b>	No specific set out actions or goals in relation to ASD	<b>1</b> No mention of autism and/or no mention of any autism specific

		transformation actions/goals
<b>Sutton</b>	<p><b><u>Current work</u></b></p> <ul style="list-style-type: none"> <li>• SWLStG as CAMHS provider have responded to user/ carer feedback within their transformation programme including the development of SWL hub and spoke model of service delivery for ASD/ADHD</li> <li>• Sutton is committed to implementing the priorities set out in Transforming Care to improve care for CYP with ASD and learning disabilities including supporting the care and treatment review process</li> </ul> <p><b><u>Identified Actions</u></b></p> <p>We aim to build on areas by for example having our single point of access approach to empower individuals, ensuring we signpost using personal information. We will ensure that working closely with NHS England Commissioners around individual Care and Treatment reviews and as an MDT reviewing our effectiveness (including using relevant data where available) in meeting the standards and striving for improved outcomes and experience.</p> <p><i>Appointing: for the SPA team</i>  TOTAL £200,000  0.36 wte consultant psychiatrist  £43,000  1.0 wte clinical psychologist  £67,000  1.0 wte office manager £50,000  1.2 wte admin 40,000</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Tower Hamlets</b>	<p>We will look at the current arrangements for young people in the borough with learning disabilities and on the autistic spectrum.</p> <p>We will work with Transforming Care and the requirements for Pre-CTR (Care and Treatment review) as part of the pathway for young people with ASD and LD coming into specialist and inpatient services.</p>	<b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved
<b>Waltham</b>	<p><b><u>Identified actions</u></b></p> <ul style="list-style-type: none"> <li>• There is a gap in support for under 5s and those with autism.</li> </ul>	<b>3</b> Specific autism focused actions and how they will

	<ul style="list-style-type: none"> <li>In order to make improvements to ensure that no unnecessary admissions for CYP with learning disability or ASD occur and facilitate early discharge we will be developing a pharmacist prescriber role to be part of ADHD clinics and will be allocating additional resources to this function</li> </ul> <p><b><u>Support for parents</u></b> In addition to this a social skills group, CBT group and Mindfulness for stressed parents are running, finally a ASD for post diagnosis group for CYP is being designed to run in tandem with the parent ASD/5P group</p>	achieve this discussed
<b>Wandsworth</b>	<p><b><u>Identified actions</u></b> <b><u>Transforming pathways and supporting parents</u></b></p> <ul style="list-style-type: none"> <li>We will develop integrated, evidence-based pathways, focusing initially on Eating Disorders, ASD/ADHD and supporting access to parenting / carer / guardian programmes</li> </ul> <p><b><u>Supporting schools</u></b></p> <ul style="list-style-type: none"> <li>We will develop joint training programmes with local schools as they have expressed an interest in developing knowledge and expertise in the early identification of emerging ASD / ADHD concerns.</li> <li>Phased approach to joint training proposal agree: <ul style="list-style-type: none"> <li><input type="checkbox"/> Schools to participate in the pilot selected</li> <li><input type="checkbox"/> Training with sample of schools piloted</li> <li><input type="checkbox"/> Training programme rolled out to wider number of schools</li> </ul> </li> </ul>	<b>3</b> Specific autism focused actions and how they will achieve this discussed
<b>Bedford and Luton</b>	<p><b><u>Identified actions</u></b> <b>Pathway for children with autism</b> – was identified as an area that could be strengthened</p> <ul style="list-style-type: none"> <li>A working group will be set up to revisit the recently redesigned pathway for ADHD and ASD services across Local Authority, Community Health and Specialist CAMHS services. This will ensure appropriate services are available in all areas.</li> <li>The service is to be delivered through a partnership approach, building on current and newly commissioned services provided by CAMHS and adult</li> </ul>	<b>4</b> Specific autism focused actions, how they will achieve this and the measurement of outcomes outlined.

	<p>mental health services, acute health care and Local Authorities bringing together all elements of mental health and wellbeing</p> <p><b>By 2020 we aim to deliver the following:</b></p> <ul style="list-style-type: none"> <li>• The transitions of young people who require on-going healthcare including into adult learning disability, ADHD and autism services will be seamless within the model of service delivery. To achieve this:</li> <li>• We will adopt a lifespan approach with services to ensure the smoothest transition for service users from the CAMHS specialist to the adult service provision</li> <li>• All young people with learning disabilities will have a Person Centred Plan to inform and support transition plans</li> <li>• These will be undertaken by skilled and trained staff recognising Person Centred Planning Work is very intense, however, and will impact on clinician caseload capacity</li> <li>• CAMH Specialist services will have clearly defined transition arrangements and protocols with Adult LD, ADHD and Autism Services, including transparent referral criteria</li> <li>• CAMHS Specialist service should be part of any transition policy groups within their organisation and within their localities</li> </ul>	
<p><b>Cambridgeshire and Peterborough</b></p>	<p><b><u>Identified actions</u></b></p> <ul style="list-style-type: none"> <li>• new pathways and specialist service will help to reduce waiting times</li> <li>• <b>Appropriate services for ADHD and ASD.</b></li> <li>• Redesigned pathway to include multiagency assessment, additional resources/capacity.</li> <li>• New transformation funds CCG funding % of CYP seen for ASD/ADHD services under 18 weeks RTT Improvement in patient experience</li> </ul>	<p><b>2</b> Limited reference made to autism in terms of setting out goals without any details on how this will be achieved</p>