



Improving health and wellbeing

East Berkshire Autism and Attention Deficit Disorder (ADHD) Analysis Project final report

**Produced for East Berkshire CCG (PLEASE READ IN CONJUNCTION WITH
THE APPENDICES – SEPARATE DOCUMENT)**

June 7th 2019
V10_0 DRAFT

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Executive summary

Introduction

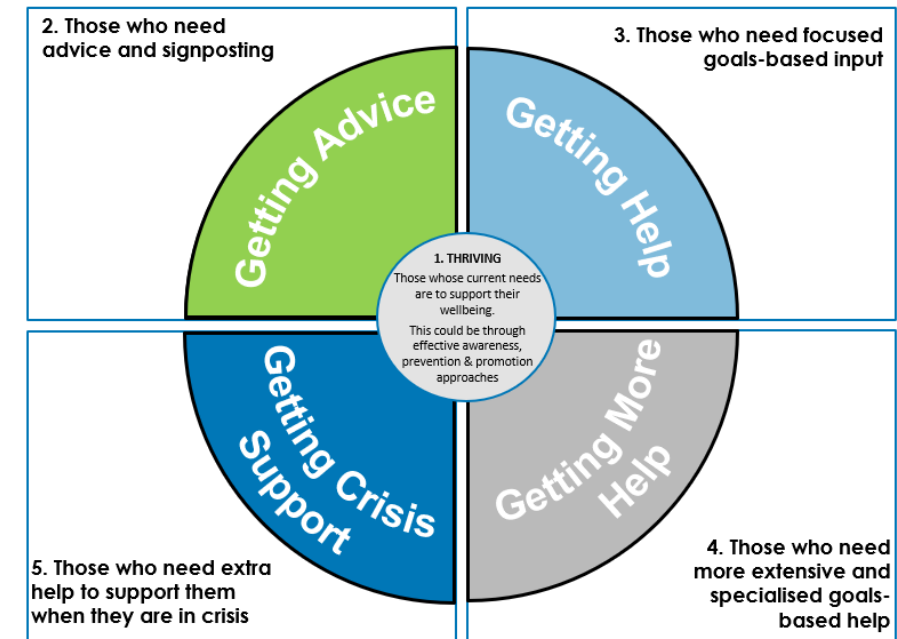
East Berkshire CCG have commissioned an independent review of autism and attention deficit disorder services (ADHD) for both children and adults in East Berkshire. Over the years, the services have been commissioned by the CCG and local authorities in an ad hoc way which has resulted in a patchwork provision of services across the area. East Berkshire has been experiencing a series of challenges, particularly that service users are affected by long waits for assessment and diagnosis and that staff are experiencing high numbers of referrals. There is also limited post-diagnosis support available for people with autism and/or ADHD. The CCG commissioned this review with the aim of identifying the challenges impacting the service, within the context of the wider system, and to propose solutions.

Our recommendations

Following an intensive and thorough review of the overall services for children and adults living with autism and ADHD, involving substantial input from parents, people with autism and/or ADHD and provider staff, this report has set out a '**Blueprint**' that illustrates a future state and strategy for the delivery of support and services. The principles of this 'Blueprint' are early help, collaboration, system navigation, communication and environment.

The report sets out an **Implementation Framework** that supports East Berkshire CCG and partners to prioritise their immediate steps in respect of this report, but also start to plan their engagement with partners across Frimley Health & Care ICS and West Berkshire.

Based on
the Tavistock
and
Portman NHS
model.



The Blueprint



2. Our approach



Attain's Service Review Framework

We have used this framework to explore the Autism and ADHD services in East Berkshire.

System	Service	Enablers
<ul style="list-style-type: none">• Strategies, ambitions and visions – organisational and system• Red lines, political and public drivers• Relationships and partnerships• Projected demand	<ul style="list-style-type: none">• Pathways and models of care• Clinical/professional, staff and patient experience, family and carer experience• Contractual standards compliance and key performance indicators• Dependencies and adjacencies• Review of benchmarks and best practice	<ul style="list-style-type: none">• Workforce baseline and modelling productivity and skill mix• Estate, digital and IT infrastructure• Contractual and commercial and sustainability• Financial baseline and forecasts• Risk assessment
Recommendations and a high level plan		

What did we do to collate the evidence for the review?

The review started on the 7th March 2019, and since then, we have undertaken a series of activities.



Strengths of current provision



Strategy

- All local authorities have an adult autism strategy (Slough refreshing theirs)
- Universal commitment to delivering high quality services to those with ADHD and autism
- Good examples of co-production, including the Windsor and Maidenhead inclusion charter for children and young people
- Good relationships in early years services are enabling a more joined up service offer
- Effective communication and working between multi-agency groups for under 5's is resulting in a high level of nursery/school involvement
- There are opportunities to develop child wellbeing practitioners across organisations
- Many Hands service in Bracknell means children who are requiring services from a number of professions, e.g. physio, SALT, CDC are invited to the group and can be seen by all services



Services

- Introduction of early support from the voluntary sector to support based on need has reduced waiting lists
- Providing support regardless of diagnosis greatly helps families
- Training provided by parents with lived experience has really helped other parents
- Providing home visits where needed really helps the child and their families
- 0 -5 multi-agency assessment groups work well providing a seamless service
- Some councils have dedicated posts that signpost and supports parents through the process
- SALT drop in sessions at children's centres are easily accessible
- A nominated person within CMHT enables a more holistic support for adults
- Dedicated autism social care staff in adults aids transition
- CAMHS has a very accessible website that is easy to navigate



Enablers

- Committed workforce
- Use of technology such as SHaRON
- Low sickness absence rates
- Accessible CAMHS website
- Supportive delivery teams
- Multi-agency working to deliver services to those presenting with ADHD and autism
- Some recent evidence of improved working with schools
- Implementation of shared care with primary care
- Willingness of service leads to work with commissioners to improve services

3. A review of the autism and ADHD services in East Berkshire



Strategy
Service
Enablers



Review: Strategy

- National, regional and local strategies
- Demand
- Market dynamics

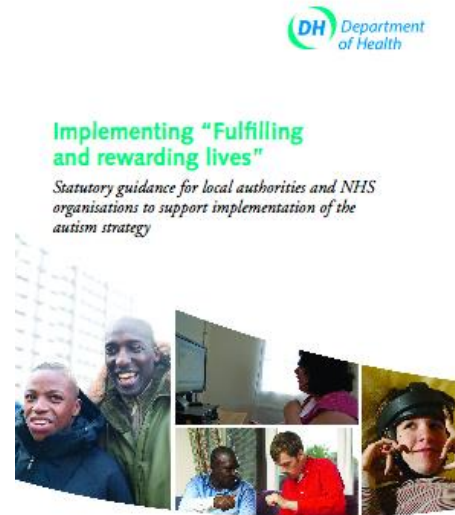
National picture (1)

There are a number of strategies and guidelines concerning autism and ADHD across health and social care. The national strategy has developed over the last 10 years and will continue to evolve over time, some strategies relate to children and young people and other adults.

This document recognises the following legislation, national policies and guidelines (outlined below and on the following slide):



'a unique and ground breaking piece of legislation... signalled a new commitment across government to transforming the way public services support adults with autism.'



'sets out a clear agenda for how public services must transform, to better address the needs of adults with autism.'



'a renewed focus for cross government department activity in order to improve outcomes for people with autism'

National picture (2)

This document recognises the following legislation, national policies and guidelines (outlined below and on the previous slide):

- The NHS Long-Term Plan
- No Defence for Abuse Domestic Abuse Strategy 2018 - 2023
- Five Year Forward View for Mental Health 2016
- Strategy to end violence against women and girls: 2016 to 2020
- Parity of Esteem (Health & Social Care Act 2012)
- The Transforming Care Programme
- The Children and Families Act 2014
- NICE Quality standards and guidance
- **National Autistic Society (NAS)** has led a number of high profile campaigns aimed at raising awareness and promoting positive change for people with autism. These include:
 - **Make School Make Sense** (2006) – what families want from the education system
 - **I Exist** (2007) – understanding the needs of adults with autism.
 - **You need to know** (2009) – mental health for children with autism
 - **Don't write me off** (2009) – support into employment
 - **Supporting adults with autism** (2009) – good practice guidance from NHS and local authorities
 - **Great Expectations** (2011) – developing and an education system that sets children up for life
 - **Push for Action** (2013) – getting the right services and support in place
 - **Getting on** (2013) – growing older with autism
- **NHS England:** Developing support and services for children and young people with a learning disability, autism or both



NHS
Improving Quality
TRANSFORMING CARE

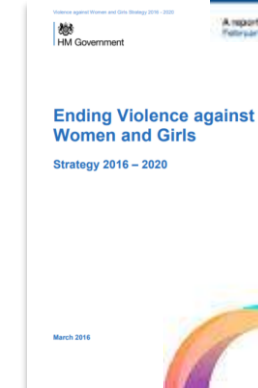
NHS
England



Developing support and services for children and young people with a learning disability, autism or both

Local Government

Attain



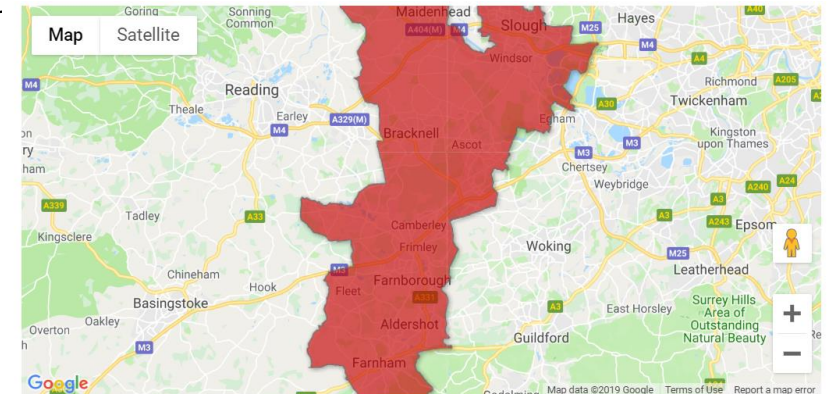
National Autistic Society

The regional and the local drivers

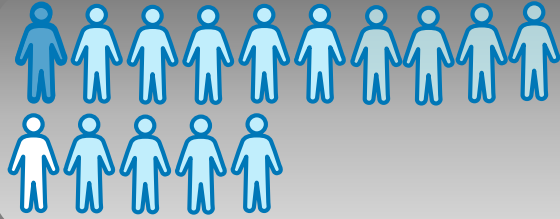
Building on what we've set out on the previous two slides, there are a series of regional and local drivers that are important to consider, including:

- the objectives set out in the Frimley Health and Care System Sustainability and Transformation Plan (2016), including investment in locality hubs each serving around 30,000-50,000 people, to enable patients to be looked after without the constraints of organisational boundaries
- the East Berkshire Local Transformation Plan for October 2018 - October 2019 "Be bold, be brave and do not compromise which outlines the transformation of the provision of children's mental health care, and the rewards for doing so are enormous." Anne Longfield, OBE, Children's Commissioner Children and Young People's Mental Health and Wellbeing October 2018 – October 2019
- Frimley Health & Care integrated care system (ICS) work stream dedicated to children and young people (CYP) in recognition of the importance of a cohesive and collaborative focus on improving outcomes. Key priorities will include autism and ADHD
- The East Berkshire Local Transformation Plan for Children & Young People's Mental Health & Wellbeing, October 18 – October 19
- Slough's (local authority and CCG) all-age strategy Joining the Dots 2014-2017, current
- Bracknell's Autism Strategy (for adults) 2016 – 2021 (also joint with the CCG)
- Royal Borough of Windsor & Maidenhead's Joint Autism Strategy 2017 - 2022

To note, we have found no evidence of adult mental health strategies specifically for East Berkshire. Berkshire Health Care Foundation Trust has a mental health strategy across all ages from 2016 – 2021. There is no mention of autism or ADHD in the strategy.



Statistics headlines



1 in 10 Children and 1 in 4 adults experience mental illness

50% of all adults with mental ill health, experience their first symptoms by age 14, and **75%** by age 24

Prevalence figures for **autism** vary between **1/100 and 1/68 (1 to 1.5%)**

ADHD prevalence estimates in school aged children between **2% and 7%**, in adults **3% to 4%**

70% of children and **80%** adults with **autism** will have at least one mental health problem (incl **ADHD**)

Population of East Berkshire in 2019 is 435,000, of which 335,000 adults (aged over 16), 73,000 children (aged 5-16), and 29,000 children (aged under 5)

Around **66%** of children and **92%** of adults living with **ADHD** are **undiagnosed ADHD**, and **60%** of adults living with autism are **undiagnosed** (aged 40+)

ADHD tends to get diagnosed from age 6, **autism** from age 3 to 4 with a median age of diagnosis around aged 7

4 times as many boys as girls are diagnosed with **autism**.
3 times as many boys as girls are diagnosed with **ADHD**

For every autism/ADHD patients **3 more people** are affected surrounding the patient.

Headlines population, needs and prevalence

The information provided in appendix 2 (pages 8 - 13) describes the health and care needs in detail, it outlines the population demographics, autism and ADHD prevalence - comparing local estimates with estimates obtained from literature - providing a target prevalence and an insight to potential unmet need and undiagnosed population.

Population age

Slough has a relatively young population with 27.2% under 16, compared to East Berkshire (24%), Bracknell & RBWM (22%)

It is important this is reflected in budget allocation as more demand may be expected in terms of assessment diagnosis where there is a younger population

Special Needs

In 2017 there were a total of 2,924 children and young people in East Berkshire with an education, health and care (EHC) plan, or statement. About 45%, 30% and 35% relate to Slough, RBWM and Bracknell respectively. Approximately 1/3 of these have a primary need for autism support. Various Autism Strategies report an increasing number of children with autism.

Gender

The East Berkshire population is showing more boys than girls.

- Boys are 3 to 4 times as likely to be diagnosed with autism and or ADHD.
- Girls with autism may require different assessment /intervention than boys.

This needs to be reflected in the care provided.

Prevalence autism/ADHD

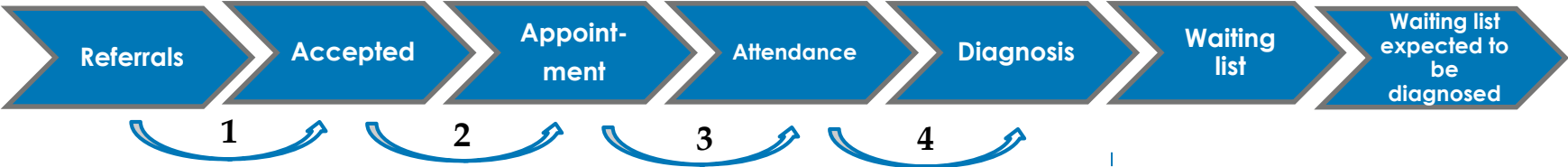
Based on research and local prevalence estimates for

- autism (1.0%), the total number of people in East Berkshire expected to be living with autism is 4,215.
- ADHD (3.1%), the total number of people in East Berkshire expected to be living with ADHD is 13,682.

Considering the unit life costs presented, there is an incentive to diagnose and detect people earlier in life, preventing them from moving into mental health or learning disabilities, supported living, low paid jobs and the judicial system. (see appendix 2. pages 14 - 16)

Current demand 2018/19: Summary referral to diagnosis for autism/ADHD in East Berkshire

Narrative to be added



1	Acceptance/Opt-in Rate
2	Appointment ratio
3	Attendance (DNA)
4	Diagnosis rate

Under 5s

autism → 267 254 254 244 195 126 → 97

Over 5s

autism → 655 360 324 304 239 512 → 379
ADHD → 515 283 250 207 166 208 → 138

Adults

autism → 216 123 80 66 54 135 → 99
ADHD → 269 172 77 62 50 136 → 88

TOTAL → 1,922 1,192 985 883 704 1,117 → 801

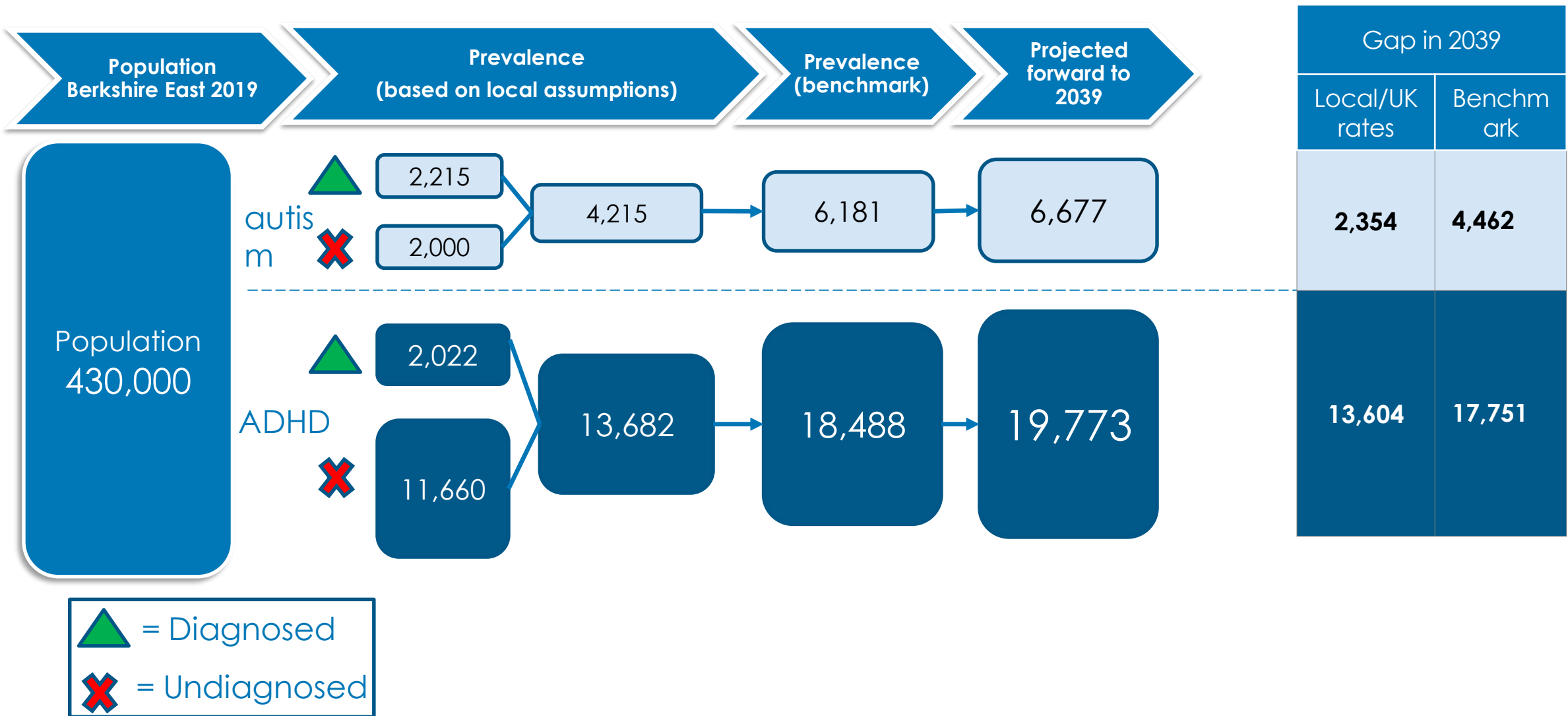
1	2	3	4
95%	100%	96% (4.0%)	80%
55%	90%	93.8% (6.2%)	78.6%
55%	88.3%	82.8% (17.2%)	80.2%
57%	65%	82.5% (17.5%)	80%
64%	45%	80.5% (19.5%)	80%

Above statistics are based on local data or obtained from conversations with service heads or clinicians; and show that potential efficiency savings could be made

- As at March 2018/19, total waiting list counts over 1,100 people of which more than 800 expect to have their diagnoses confirmed, based on current DNA rates & diagnosis % at assessment.
- This represents a considerable short term unmet need, lack of support risking escalation of peoples behaviour, exclusion, ending up in mental health or LD services, and criminal justice system.

(see appendix 2, pages 17 - 23 for detail)

Summary future expected prevalence/demand East Berkshire



Future expected prevalence of autism & ADHD

The previous slide summarises the population prevalence (diagnosed and undiagnosed) including the gap using a pictorial representation. For a further breakdown by Age Group and Local Authority, please refer to Appendix 3.

Prevalence autism

Based on local prevalence estimates for autism (1.0%), the total number of people in East Berkshire expected to be living with autism is 4,215. A large group around 2,000 (i.e. 60% of adults), are likely to be undiagnosed and are not receiving the care they need.

However when assuming an expected prevalence of 1.5% for autism (benchmark in statistics headline slide 15 and explained in appendix 2), and applying population projection to 2039, this increases the total expected prevalent autism cases to 6,677,

This results in a total gap of 4,462 cases.

Prevalence ADHD

Based on local prevalence estimates for ADHD of 3.1% (5% for children and 3% for adults), the total number of people in East Berkshire expected to be living with ADHD is 13,682. A large group of around 11,660 (i.e. 66% of children and 92% of adults), are likely to be undiagnosed and are not receiving the care they need.

When assuming an expected prevalence of 4.2% for ADHD (7% for children and 5% for adults, see source in appendix 3), and applying population projection to 2039, this increases total prevalent cases to 9,773.

This results in a total gap of the gap by another 17,751 cases.

Summary of demand

The slides in this section have given an overview of population health and care needs, prevalence, current demand

Population needs

Local information is showing a clear health and care need for autism and ADHD services which is supported by information on population characteristics, special needs statements and local prevalence information found.

Current demand

Current demand for autism/ADHD assessment services is high (close to 2,000 referrals in 2018/19), of which only 1/3 of total referrals get their diagnosis confirmed (although this doesn't mean it was an inappropriate referral). Lack of capacity during assessment and therapy may be contributing to this. At the same time total people waiting for diagnosis is approximately 1,100 of which 800 are expected to be diagnosed with autism and ADHD.

Future demand

As demonstrated on previous slides expected prevalence for autism and ADHD may be higher than frequently quoted, there is a large group of undiagnosed and the adult population will continue to grow. These combination of factors will increase demand for assessment and pre/post support even further.

Early and increased detection at a young age is paramount to be able to meet this future demand.

Impact on life costs: these will reduce if detected/diagnosed early in childhood, preventing moving into MH/LD/substance misuse/criminal justice system but also giving them the opportunity to be able to live independently with autism/ADHD without loss of productivity and income in adult life.

* [https://www.jaacap.org/article/S0890-8567\(13\)00787-9/fulltext](https://www.jaacap.org/article/S0890-8567(13)00787-9/fulltext)

Review: Services

This section focuses on an overview of the current service provision, service issues and gaps

East Berkshire service: a review



Commissioned by East Berkshire CCG, the main provider of autism and ADHD assessment and diagnosis services in East Berkshire is Berkshire Health Care Trust (Berkshire Healthcare) who provide children, young people and families services, including CAMHS, integrated therapy and specialist children's services and adult autism and ADHD assessment and diagnosis services. The ADHD teams in both CAMHS and adults provide ongoing medication reviews for those on medications. There is some commissioned Berkshire Healthcare post diagnostic support for children and adults – e.g. AAT offer SHaRON, there are three child wellbeing and parenting practitioners, workshops for parents/carers and PPePcare training for education and primary care and and very limited short term psychological therapy for adults (25 cases a year). The three local authorities in East Berkshire also commission some services, including SEND provision and for example, in Slough the local authority commission some specialist advisory teachers for autism).

There are three main 3rd sector services in Berkshire East, The Autism Group, Parenting Special Children and Autism Berkshire. Each organisation provides something slightly different to avoid duplication of provision all three provide training to parents and staff.

There are parent forums in each of the three localities, funded by the Department for Education (DfE). The forums raise awareness about the rights and needs of children/young people with special needs and to ensure that they and their families are consulted and involved in any decisions made during planning or developing services for them. Bracknell parent forum were unable to engage in this work citing lack of capacity. It should be noted however that the forum did publicise the parent survey and the workshop venues and times.

The following slides provide a high level summary/overview of the current service provision in East Berkshire and the identified gaps which have been collated following stakeholder feedback.

Summary of services (1)

Category	Bracknell	Slough	Windsor & Maidenhead
Awareness raising	Autism Berkshire, Parenting Special Children, The Autism Group	Autism Berkshire, Parenting Special Children, The Autism Group	Autism Berkshire, Parenting Special Children, The Autism Group
0-5 multi-agency assessment	Bracknell Forest Council Margaret Wells-Furby Child Development Centre & Berkshire Healthcare - Community Paediatrician, SALT, OT	Berkshire Healthcare - Community Paediatrician, SALT, OT, Integrated support service (ISS)	Berkshire Healthcare - Community Paediatrician, SALT, OT, Achieving for Children (AFC),
0-5 support	Autism Berkshire, Parenting Special Children, The Autism Group, Bracknell Forest Council Margaret Wells-Furby Child Development Centre, Berkshire Healthcare - Community Paediatrician, SALT, OT,	ISS, Autism Berkshire, Parenting Special Children, The Autism Group, Berkshire Healthcare - Community Paediatrician, SALT, OT, Slough Borough Council /National Autistic Society Early Bird scheme	AFC, Autism Berkshire, Parenting Special Children, The Autism Group, Berkshire Healthcare - Community Paediatrician, SALT, OT, RBWM Council - Early Bird Plus – delivered by SHINE team
0-5 Parent / carer support	Autism Berkshire, Parenting Special Children, The Autism Group. Parent forum, Bracknell Forest Council Margaret Wells-Furby Child Development Centre, Berkshire Healthcare SHaRON	ISS, Autism Berkshire, Parenting Special Children, The Autism Group, Special Voices parents forum. Early Bird Programme, Berkshire Healthcare SHaRON	Achieving for children, Autism Berkshire, Parenting Special Children, The Autism Group. Parent forum, AFC, Berkshire Healthcare SHaRON
5-18 for autism 6-18 for ADHD assessment	Bracknell Forest Council Margaret Wells-Furby Child Development Centre, Berkshire Healthcare CAMHS, SALT, OT, BFC – family support workers	ISS, Berkshire Healthcare CAMHS, SALT, OT	AFC, Berkshire Healthcare CAMHS, SALT, OT
5-18 support	Autism Berkshire activities for children and young people, Berkshire Healthcare child wellbeing and family practitioners, BFC family support workers, SHaRON, Margaret Wells-Furby Child Development Centre	Autism Berkshire activities for children and young people, Berkshire Healthcare child wellbeing and family practitioners, SHaRON	AFC, Autism Berkshire activities for children and young people, Berkshire Healthcare child wellbeing and family practitioners, SHaRON
6 –18 ADHD medication review	Berkshire Healthcare CAMHS Primary care shared care, BFC family support workers	Berkshire Healthcare CAMHS Primary care shared care	Berkshire Healthcare CAMHS Primary care shared care

N.B. It is recognised that in addition to the services listed here, there are other services provided by local authorities and schools.

Summary of services (2)

Category	Bracknell	Slough	Windsor & Maidenhead
6-18 Parent / carer support	Autism Berkshire, Parenting Special Children, The Autism Group. Parent forum, Bracknell Forest Council Margaret Furby Wells Child Development Centre, Berkshire Healthcare SHaRON	Autism Berkshire, Parenting Special Children, The Autism Group, Special Voices parents forum. Early Bird Programme, Berkshire Healthcare SHaRON	Autism Berkshire, Parenting Special Children, The Autism Group. Parents forum, AFC, Berkshire Healthcare SHaRON
18-25 (or transition service) – assessment	Transition arrangements between CAMHS and adults (there is a transition protocol for those young people with ADHD who take medication and for those with complex needs who require adult mental health service support) Bracknell forest Council – Adults Community Team for People with Autistic Spectrum Disorder	Transition arrangements between CAMHS and adults (there is a transition protocol for those young people with ADHD who take medication and for those with complex needs who require adult mental health service support)	Transition arrangements between CAMHS and adults (there is a transition protocol for those young people with ADHD who take medication and for those with complex needs who require adult mental health service support)
Adult Autism and ADHD assessment	Berkshire Healthcare Adults autism and ADHD team	Berkshire Healthcare Adults autism and ADHD team	Berkshire Healthcare Adults autism and ADHD team
Adult Autism and ADHD support	Berkshire Healthcare co run with Autism Berkshire - Being me, 6 week course – Autism also 6 week course for ASD. Berkshire Healthcare post diagnostic support group for Adults held in Reading	Berkshire Healthcare co run with Autism Berkshire , 6 week course – Autism also 6 week course for ASD. Berkshire Healthcare post diagnostic support group for Adults held in Reading	Berkshire Healthcare co run with Autism Berkshire , 6 week course – Autism also 6 week course for ASD. Berkshire Healthcare post diagnostic support group for Adults held in Reading Autism Berkshire support group held in Maidenhead
Adult ADHD medication review	Berkshire Healthcare ADHD adults team	Berkshire Healthcare ADHD adults team	Berkshire Healthcare ADHD adults team
Adult parent / partner support	Parent forum	Special Voices	Parent forum
Training for staff and care workers	Autism Berkshire, Parenting Special Children, The Autism Group, Berkshire Healthcare CAMHS and adults team, Local Authority	Autism Berkshire, Parenting Special Children, The Autism Group, Berkshire Healthcare CAMHS and adults team, Local Authority	Autism Berkshire, Parenting Special Children, The Autism Group, Berkshire Healthcare CAMHS and adults team, Local Authority
Crisis support	RTT and CRHHT provision for CYP in crisis	RTT and CRHHT provision for CYP in crisis	RTT and CRHHT provision for CYP in crisis

Summary of gaps identified through engagement and analysis - variation by age



More detailed information of stakeholder identified service inconsistencies in provision can be found in appendix 4 pg. 32)

0-5s	6-18s	Adults
Early intervention, early help and signposting to resources (e.g. early behaviour support, support to manage challenging behaviour and reduce escalation)		
Training for universal services, partners, providers and parents and carers		
The perception from the stakeholder workshops is that the referral criteria for assessment is unclear leading to lack of clarity of who gets priority		The opt in questionnaire often not completed due to difficulties therefore people not reaching assessment
Disjointed transition processes between CAMHS and adults		
Resource for assessment, multi-agency assessment and co-ordination		
Ongoing support, including SALT, OT and broad mental health support (e.g. IAPT adapted for autism and ADHD, educational psychology, mindfulness based CBT) and peer support. (N.B. Berkshire Healthcare provide LD service with local authorities but will not support those with ADHD or autism/Berkshire Healthcare agreement)		
	Sufficient and consistent crisis support for parents to manage challenging behaviour, robust challenging behaviour management training	
GP training to enable successful shared care. Stakeholder perception is that there is inconsistent shared care protocols followed across primary care, limited prescribing resource		
Transition arrangements between CAMHS and adults - mixed stakeholder feedback as to whether this is effective		
	Local supported living and residential care	

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Waiting lists for autism/ADHD assessment

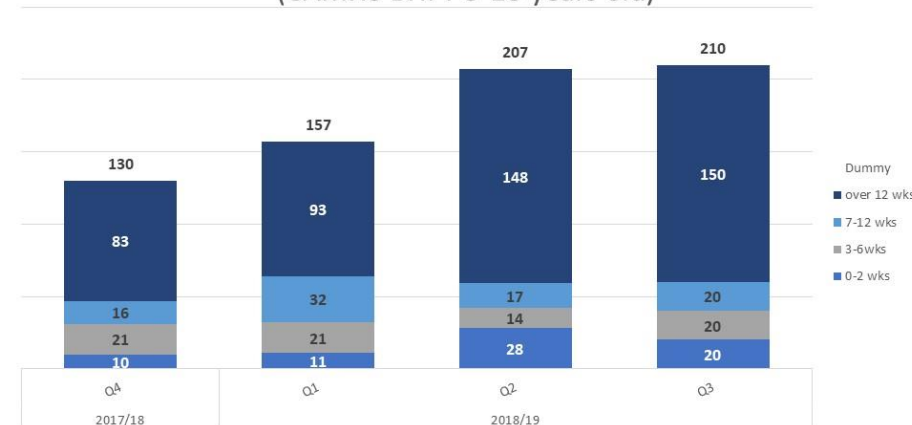
Based on the information provided, the following is a summary of information regarding waiting lists:

- **Children under 5s:** The community paediatrics services at Berkshire Healthcare showed a total number of children under 5 in East Berkshire waiting for assessment by MAG or ADOS of **126** with an average waiting time for MAG 6 to 8 months, and for ADOS 12 to 18 months. Average waiting time and number of people waiting has been increasing over the past few years.
- **Children 5-18:** CAMHS waiting lists for assessment have been on the rise for both autism and ADHD but have stabilised/reduced recently due to caseload review and the recent online HELIOS assessment tool. The average waiting time for autism assessment is around 18 months and for ADHD most people are waiting for at least 12 weeks. A number of patients will be on both waiting lists at the same time, increasing the total wait even more.

Waiting Lists Autism Assessment Team
(CAMHS BHFT 5-18 years old)



Waiting Lists ADHD Team
(CAMHS BHFT 5-18 years old)



- **Adults:** Most recent data from adult autism/ADHD services at Berkshire Healthcare, shows that the total waiting list for East Berkshire as at March 2019 for assessment is around 135 for autism and 136 for ADHD. Average waiting times have increased from 11/12 months in 2015 to 24/26 months in 2019.

Summary of service inconsistencies

Following stakeholder engagement (see appendix 5 pg. 39) there are a number of inconsistencies in provision below is a high level summary:

Equity of provision

- Each local authority has different provision for under 5s, children's and adults with Bracknell Forest Council providing more council resource to support children and adults with autism and ADHD. Bracknell Forest Council is the only authority to provide dedicated staff within adult social care and CMHT to support those with autism and ADHD.
- The three main 3rd sector services are commissioned to provide services in each of the three localities. However, as there are three Local Authorities and the CCG commissioning services, some have evolved on a locality basis rather than an East Berkshire basis. This has resulted in some services being delivered in some localities and not in others.
- Different provision for under 5s, children's and adults. Bracknell Forest Council is the only authority to provide dedicated staff within adult social care and CMHT

Assessment

- There are unclear referral criteria for assessment which leads to a lack of clarity of priorities. Questionnaires for adults are often not completed due to difficulties related to the nature of autism/ADHD. The assessment process across all ages is disjointed with 'unnecessary' referrals and handoffs. Access to services is limited. clearing people from backlogs is made more challenging due to increasing referrals. Because of lack of capacity waiting times for autism and ADHD assessment are high, and keep on rising. This applies to both children and adults services
- There is a need for more resource to aid/facilitate multi-agency assessment and co-ordination
- There is no provision of crisis support or robust challenging behaviour training for the person with autism/ADHD and their families
- There is no local dedicated supported living and residential care for those with autism/ADHD

Awareness and training

- Early intervention, early help and signposting to resources (e.g. early behaviour support, support to manage challenging behaviour and reduce escalation) is lacking across all ages
- There is a need for more streamlined training for universal services, partners, providers and parents and carers (e.g. consistent rollout of PPEPcare)

Post-diagnosis support

- There is a need for more resource to aid/facilitate multi-agency assessment and co-ordination
- There is a need for ongoing support when needed that should include SALT, OT and broad mental health support (e.g. IAPT adapted for autism and ADHD, educational psychology, mindfulness based CBT) and peer support. It is important to note that Berkshire Healthcare provide and LD service with local authorities but will not support those with ADHD or autism the Berkshire Healthcare agreement requires reviewing and amending
- There is a need for GP training to enable successful shared care, this will reduce the inconsistency in the provision of shared care across primary care and will increase the prescribing resource
- There is a need for transition planning across all services

Market analysis

A market assessment and analysis was undertaken to better understand the market place for autism and ADHD services in East Berkshire and to inform the CCG and partners as to what the main issues are facing current and future provision.

The next few slides will summarise the understanding of key trends, major players, and overall market dynamics.

Scope

The market analysis has focused primarily on East Berkshire with some consideration to geographies on the boundaries of the area.

The analysis considers a range of different types of competitors, which includes:

- Mental health and community health providers
- Community health providers
- National private providers
- 3rd sector organisations

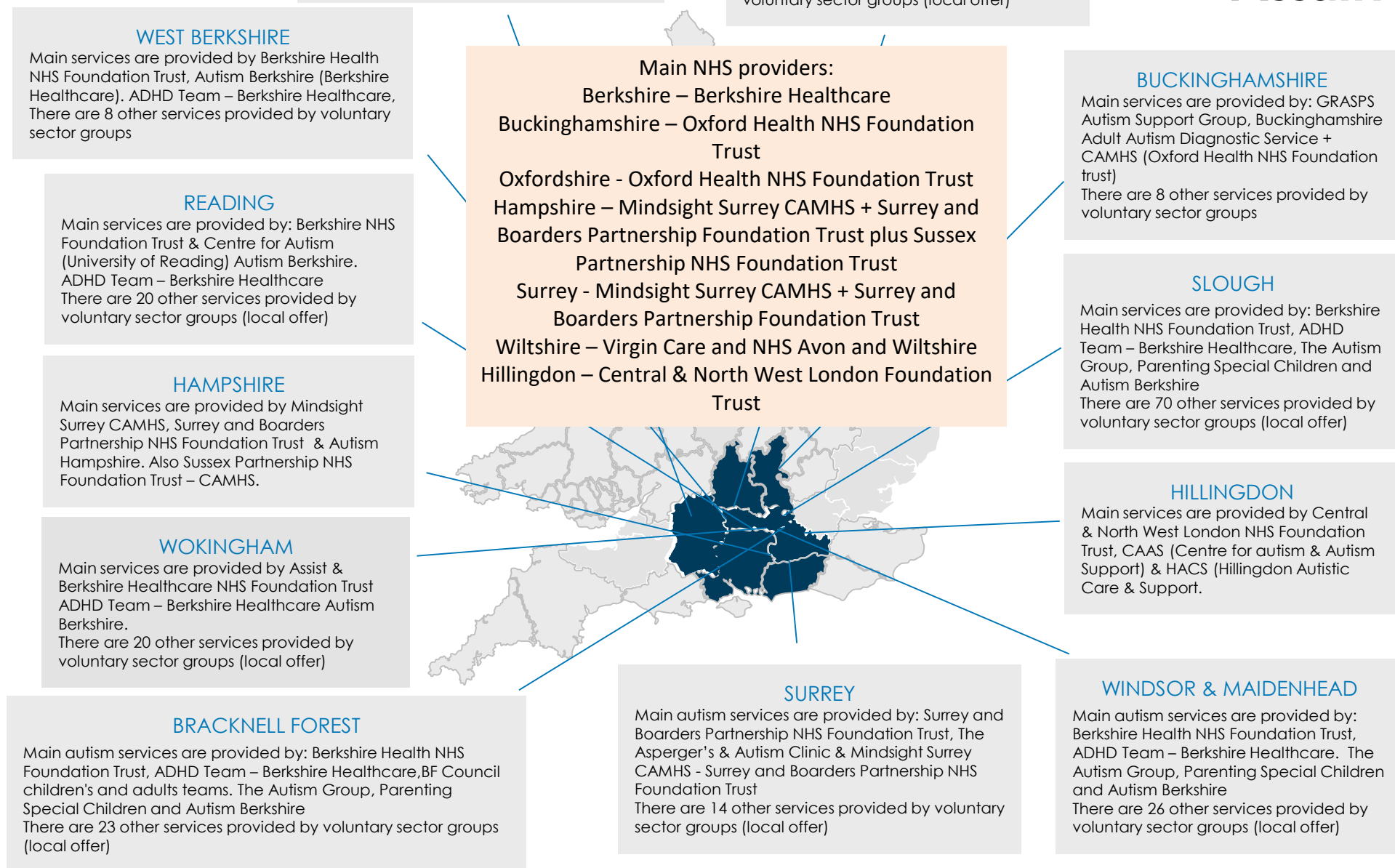
The analysis has looked at key providers of autism/ADHD services locally and surrounding areas an overview of their provision, where this information is publicly available can be found in the appendix 6 pg. 44.

Surrounding market

In order to aid the market analysis a summary of services surrounding East Berkshire was created.

Here is an overview summary of service providers in the surrounding areas.

It is important to note that the information provided is information that is public and we have discovered as part of this project that often services are provided but a description of what the service is, is not necessarily available to the public and is therefore unavailable.



Summary of market analysis

For more market analysis information please see Appendix 6 pg. 44.

SWOT summary

Providers, partners and commissioners are fully engaged in providing excellent support to people with ADHD and autism

Commissioning of services is fragmented and there is a lack of joined-up strategy with West Berkshire and the wider system

There is a lack of coherence in access to and the provision of services

The number of providers providing services is limited with Berkshire Healthcare as the dominant provider, accounting for the majority of the spend

Current providers are keen to further develop their business, neighbouring mental health trusts would be interested in providing services in East Berkshire

A lack of data on outcomes, pathways and for benchmarking limits the evidence-base for review

PEST summary

Financial pressures and integration will drive change

Wrapping care around the person from the acute through to the community, including schools, and family/carers /partners will remain a critical priority for the care system

Increasing presentations of ADHD will put ever more pressure on the care system and therefore will create a need for more workforce to meet the demand

There is a need through the digital strategy to develop IT system integration (Berkshire Healthcare/GPs/LAs/3rd Sector) enabling joined up services and smooth transitions across life events

Porters analysis

Supports the previous service summary observations: a need for joint commissioning of services, greater integration across service provision – creating the opportunity for service transformation.

Providers state that they “provide value for money” given the lack of information provided with regard to services cost and workforce this is difficult to confirm however

Opportunity for improved value for money with a more aligned and focused delivery model

There is an opportunity for greater collaboration across health and social care to develop and manage the market and to create leverage and achieve better value for money



Review: Enablers



Introduction

Information provided thus far clearly highlights the demand on and gaps in current provision and therefore the need to transform current services. In order to achieve this we first need to understand the enablers of an effective system – workforce and financial resources available.

Unfortunately it has not been possible to gather enough information on workforce from local authority provided and commissioned services. As such, this section aims to provide an indication of capacity of the different Berkshire Healthcare services by providing information on funding, and workforce.

In light of the lack of data it is important to note:

Total spend on autism and ADHD clinical services is not known as all services at Berkshire Healthcare are commissioned by East Berkshire CCG on a block contract. The adult service has indicated that they receive an annual funding of +/-£65k to run the autism/ADHD service (for East Berkshire).

Most of the data gathered was obtained through the service teams at Berkshire Healthcare and is based on manual data, hence the availability of information/data is not consistent between age groups (under 5s autism; Over 5s CAMHS and adults autism/ADHD).

For CAMHS – autism benchmark information on staff and spend has been included and was obtained from the 2018 CAMHS Benchmark report.

It was not possible to establish the total spend on autism and ADHD across the local authorities. A table of commissioned (non-clinical) services in relation to pre-post diagnosis has been included in appendix 7 pg. 80.

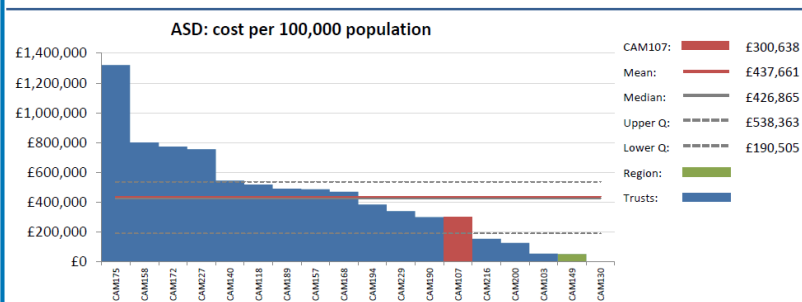
As capacity is often determined by the amount of funding used to employ/pay workforce, an overview of employed dedicated Berkshire Healthcare autism/ADHD workforce for East Berkshire is shown on slide 33 (for detail by role/profession, see appendix 7 pg. 81 - 91)

Financial resources summary

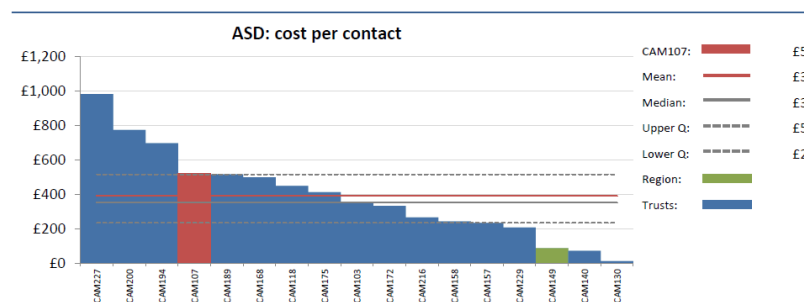
The total spend on autism and ADHD clinical services is not known as all services at Berkshire Healthcare are commissioned by East Berkshire CCG on a block contract. In summary our findings suggest:

- Across all ages, between £150k and £200k of non-clinical support services (i.e. pre-post diagnosis support) is currently being commissioned by the CCG and LAs (see appendix 7 pg. 80)
- Services for children with autism/ADHD are provided by CAMHS, therapy services and paediatric services. Since the data collection does not highlight provision according to diagnosis, Berkshire Healthcare is not in a position to provide any financial information on costs / allocation of budget. The 2018 CAMHS benchmark report however concludes the following with regard to costing for autism services:

CAMHS autism **costs per 100,000 population** are much **lower than national or regional levels, which is due to the smaller numbers** (see appendix 7 pg.80 - 92) that are seen by the teams.



However, costs per contact are higher, with an average cost of £391 per year.



Important to note that one stop assessment model means one contact can be 2 ½ to 3 hours work for two clinicians i.e. 5-6 hours of face-to-face assessment but recorded as one contact.

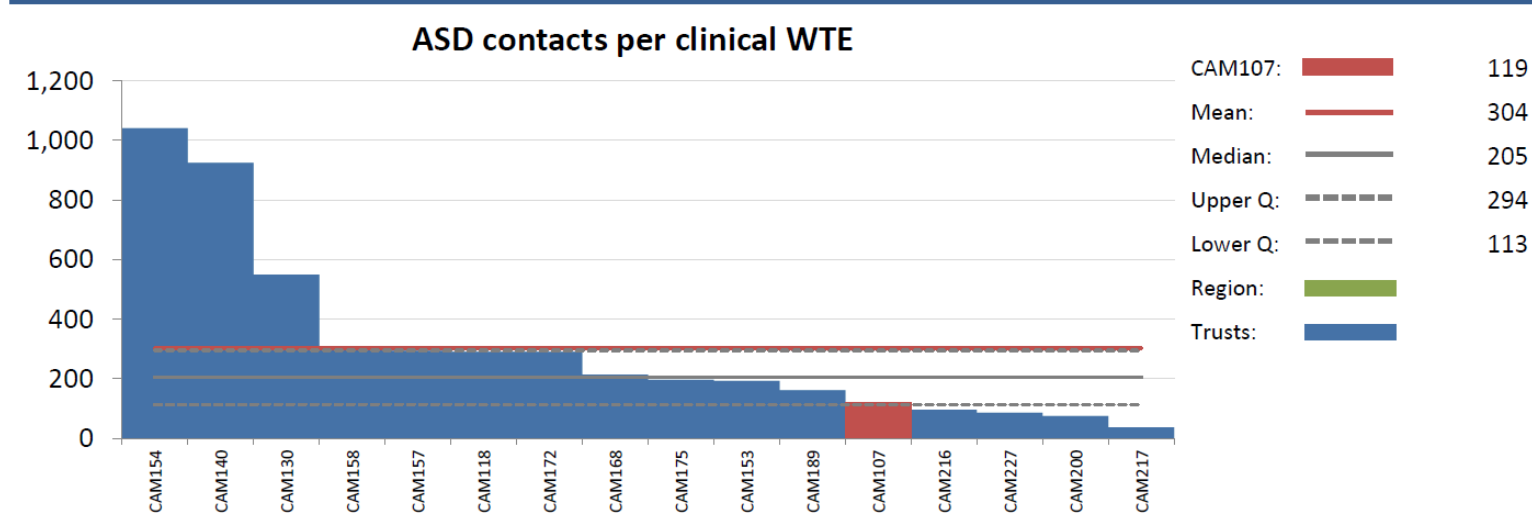
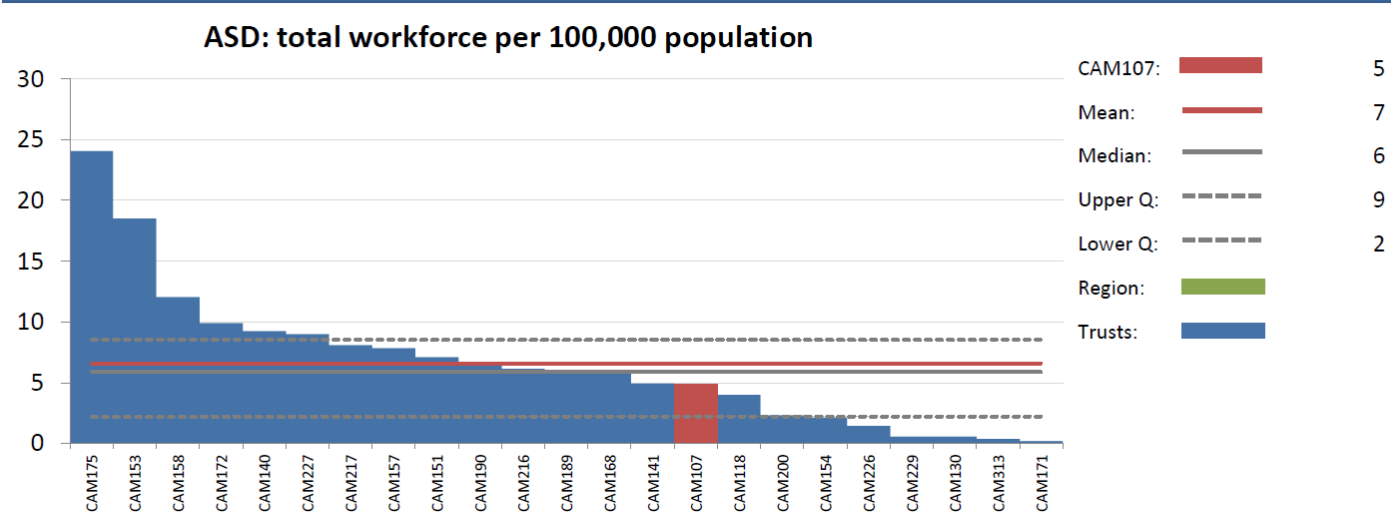
Additional funding was invested in the waiting list in 2018, for an additional 50 autism assessments. Further funding has been allocated in 2019 for a waiting list initiative to allow Berkshire Healthcare to pilot use of interactive online assessments.

CAMHS benchmarking on autism workforce



This page provides benchmarking information on autism workforce in CAMHS obtained from the 2018 CAMHS benchmark report. The workforce benchmarked relates to WTE involved in assessment process. Benchmarking information on ADHD children and adults in general was not available.

Total CAMHS autism workforce per 100,000 population for Berkshire Healthcare is equal to **5 WTE which is lower than national value of 7 WTE per 100,000** (Source CAMHS benchmark report 2018)



autism workforce is showing **low number of contacts** (119) per WTE compared to national average of 304, but similar to the regional average.

Summary of Berkshire Healthcare workforce



On-going high level of demand, pressure of waiting times and the level of complexity and risk being held by the teams continues to have an impact on staff morale and wellbeing, with high turnover and sickness absence in some teams.

0-5

The Paediatrician Service indicated that currently there is a consultant vacancy so the service is short of nearly 20% of paediatrician time.

There is no OT input currently into community paediatric diagnostic assessments and SALT are currently also carrying vacancies.

6-18

CAMHS and Berkshire Healthcare reported most teams are working at capacity. CAMHS indicated that there is: 0.4 WTE vacancy for ADHD consultants; and 1.0 WTE vacancy for SALT, and another 0.6 WTE SALT is due to go on maternity leave. Dedicated WTE workforce for autism and ADHD services is low. This has been confirmed by the teams who say that most teams are working at capacity and specifically for autism CAMHS this is confirmed by the finding in the 2018 CAMHS benchmark report showing that autism workforce per 100,000 population lower than national and regional average.

Adults

The adult autism/ADHD service did not indicate any vacancy/sickness levels but did report high stress levels due to lack of capacity and the need for additional administration support.

Berkshire Healthcare reported that when benchmarked against neighbouring ASD services (Wiltshire, Dorset, Bristol, Devon etc.) Berkshire Healthcare's comparative financial resource and WTE staff numbers are significantly less by on average 70% and the waiting times are 120% longer than Berkshire Healthcare's comparators

Stakeholders reported that there is a lack of workforce capacity against several roles that input into the diagnostic and therapy process, whilst dealing with current demand levels e.g SALT, OTs, child wellbeing and family practitioners.

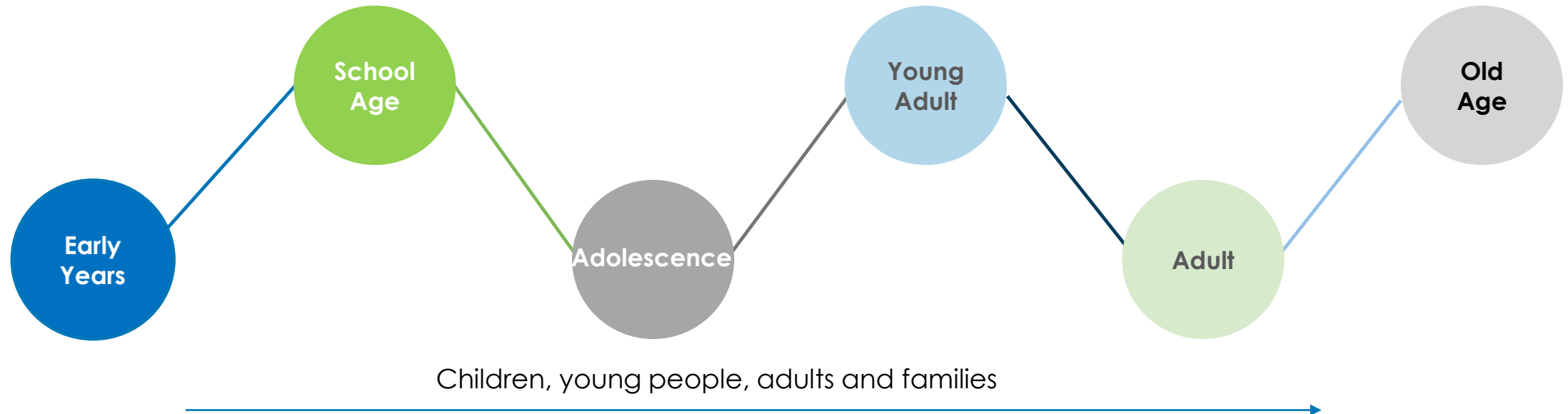
What good looks like, the autism and ADHD service model blueprint, built up from the views of East Berkshire stakeholders

In order to transform services, it is important to understand first what a good model of care for those with autism and ADHD looks like.



The Blueprint for ADHD and autism services in East Berkshire

We have taken a life course approach when designing support and services for those with autism and ADHD. In the diagram below, we set out the scope of the model and our ambition to build a culture of emotional wellbeing through pre-natal care into adulthood. It will support people of all ages.



The principles of our blueprint

Early intervention and community support

"I really needed a lot more help at the time of diagnosis and before"

We will focus on prevention and early action to promote resilience among children, young people, adults their families, partners and carers.

We will empower people to be the custodians of their own emotional wellbeing and mental health

We will focus on supporting people to support themselves

Collaborative working

"Organise support so that it is based on long term relationships, rather than appointments"

The support we will provide will be needs led and not reliant on diagnosis

With the person at the centre we will work together and be accountable

We will listen to and respect one another

We will work together around the person and involve their families/partners

Through continuous review will support people through life stages, ensuring support is there when needed

Navigating the system

"I had to obtain information from google searches and other parents who seemed to have an idea about support"

We will build a system and services that are effective, easy to navigate, systematic and makes the best use of resource

Information for everyone will be simple to access, navigate and signpost

We will provide evidence-based information that inspires confidence

We will provide tools for self-care and resilience, as well as recovery

Communication

"Listen!"

We will achieve better outcomes and learn by listening to and treating people as individuals, putting them at the heart the service

We will work with the whole family to support a community of confident, resilient and independent parents and siblings – we will set out what they can expect from us

We will support partners, parents, siblings, carers and friends to look after their own emotional well-being and mental health

Environment

'Welcoming, friendly environment and does not feel like a clinical setting'

We will provide support and services as locally and flexibly, minimising travel as much as possible

We will make environments where care is provided autism and ADHD friendly

We will build on community strengths and assets

Collaboration

It is critical that East Berkshire comes together to underpin a coherent environment and support and services for those presenting with ADHD and autism. This will include working together as a care economy, but also with their ICS partners in Frimley Health & Care and with colleagues in West Berkshire.

Only by working together to build a culture of awareness, understanding and empowerment will we meaningfully change the experience of our community and optimise our skills.



Choosing the right model for East Berkshire



There are many models upon which we could base our proposed blueprint for Berkshire, however, long-term, quantifiable evidence is limited in this area. Having considered the models that are available, the evidence about where they have been used successfully and the needs of our community, we propose to base our model of care on the THRIVE framework.

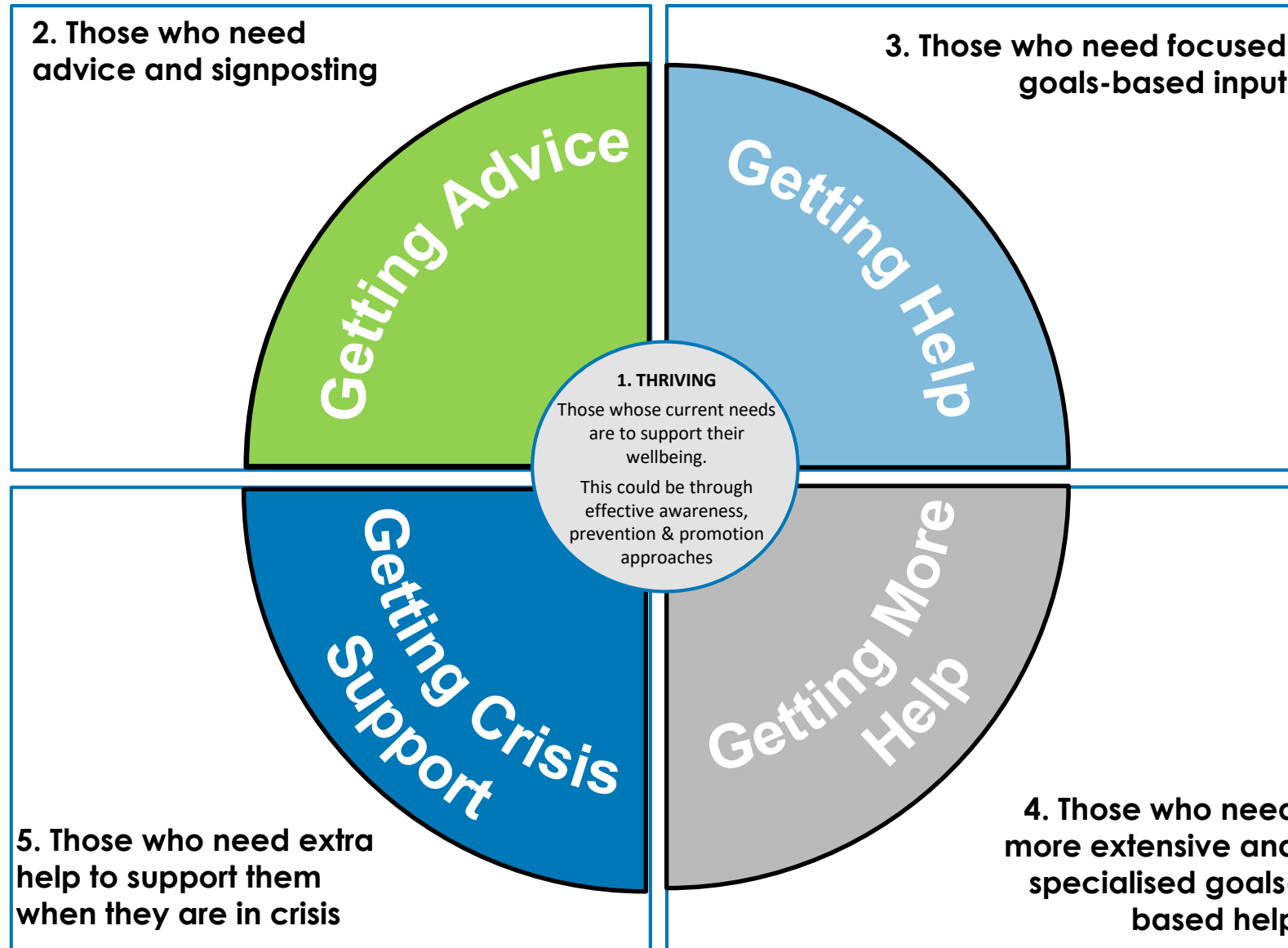
The framework is needs-led, meaning that people's needs are defined by them and their families, alongside professionals, through shared decision making. Needs are not based on severity, diagnosis, or healthcare pathways. This resonates with the feedback received from stakeholders as part of this project.

The framework balances the needs to provide good quality early intervention and resilience-building to tackle issues early, with the need for some people to access more specialist or medicalised care. We have also noted that the THRIVE framework is being promoted by national organisations like NHS Clinical Commissioners and implemented with success by some schools and children's centres in nearby areas such as Surrey.

The THRIVE framework was developed by the Tavistock & Portman NHS Foundation Trust and the Anna Freud Centre, in consultation with children, families and service providers (see here for more information <http://www.implementingthrive.org/>). Whilst the framework is based on children and young people, the key features are easily transferable across all ages: it outlines groups of people and the sort of support they may need, drawing a clear distinction between support and treatment (services).

- it focuses on a wish to build on individual and community strengths wherever possible and to ensure people are active decision makers in the process of choosing the right interventions.
- it has been successfully used in other parts of England to shape a positive culture and support and services for children and young people's emotional wellbeing and mental health.
- its structure is closely aligned with what we are trying to achieve in East Berkshire.

Adapted THRIVE framework in East Berkshire



Based on
the Tavistock
and
Portman NHS
model.

1. Thriving - Raising awareness and understanding

Thriving		
East Berkshire adapted THRIVE segment		
1. Thriving – Raising awareness and understanding		
Who	What	Examples
The THRIVE framework suggests that everyone, including those thriving in the community, should receive community initiatives that support mental wellness, emotional wellbeing and resilience of the whole population. Raising awareness and understanding in communities about autism and ADHD will enable people with autism and ADHD to be better supported within their local communities	<p>This will mean providing access to universal services that are inclusive, where staff are trained to support people with autism and ADHD.</p> <p>Adequate training with targeted levels for professionals, parents, partners and people with autism/ADHD.</p> <p>Promoting understanding, self-awareness and self-management along the whole journey underpinned by robust safeguarding</p>	<ul style="list-style-type: none"> • Supportive inclusive community resources, e.g. libraries, community centres, fitness centres, cinemas. • Universal service staff trained by people with lived experience to provide their services in a way that supports those with autism/ADHD. • Engagement with education, primary care social care, housing and other universal services • Building knowledge and skills via developing autism/ADHD friendly communities, schools, hospital police, probation, employment, forensic & services ensuring there is awareness of neurodiversity • Blogs, skype and e-Learning and face to face training for people with autism/ADHD, parents/cares/partners and staff • Local publicity, youth and community workers. • Robust easily accessibly directory of services • Staff training to recognise needs and impact these are having • Awareness raising and training for parents, carers and partners including what is available • Awareness raising through third sector, local authorities, pharmacists, mental health providers and primary care including autism and sensory friendly environments • National campaigns, public health campaigns health /social care and VCS (community events/workshops/social media) • Mandatory training for mental health and frontline staff

2. Getting advice and signposting

Getting advice and signposting

East Berkshire adapted THRIVE segment

2. Getting advice and signposting

Who	What	Examples
<p>Some people seek advice when adjusting to life circumstances. These people are choosing to manage their own lives.</p> <p>Parents/partners/families, carers and care professionals seek advice on behalf of people who may or may not have autism and or ADHD.</p>	<p>This will mean providing access to early intervention and prevention through places of education, children's centres, health visitors, school nurses, GPs, helplines and websites for support.</p> <p>We will provide early support to referrers such as health visitors and those in schools and general practice.</p>	<ul style="list-style-type: none">• Providing easy access to people and their families to information, advice, assistance, signposting and advocacy when needed including to hard to reach groups.• Building system-wide leadership across East Berkshire to ensure 'getting advice' is embedded across our area and integrated into local services and processes through community networks• Working with schools and education settings to ensure they get early help.• Developing a 'no wrong front door' approach that signposts and navigates easy access to information, support and services – for example a single point of access.• Information advice and assistance (IAA), signposting for professionals• Information advice and assistance (IAA) and sign posting for parents connecting them to local peer groups for support at the outset• Sign-posting to local groups, neighbourhood networks, peer groups• Access via community connectors word of mouth - people in the local community• Advocacy and support, child wellbeing and parenting practitioners, youth workers• Key worker/life coach to start as soon as possible where identified and to follow through life

3. Getting help

Getting help		
East Berkshire THRIVE segment		
3. Getting help		
Who	What	Examples
Children young people, adults, parents and partners sometimes need help during certain points in their life journey. This can be regardless of a diagnosis being made.	Support and services to people regardless of age will be provided through community counselling, hospices and bereavement services, counselling and mentoring in schools, education psychologists, education support centres, targeted youth support teams, family support, support to referrers and adapted IAPT services. N.B it is important staff I services are trained to be able to adapt their intervention to the needs of the person with autism and/or ADHD	<ul style="list-style-type: none"> • Ensuring there is a clear route to 'getting help' for children, young people, their families and referrers. • Providing outcome-based care. • Providing a wide variety of limited, goal focussed, evidence based 'talking therapies' for a range of needs (typically mild to moderate in nature) in a range of community based, school and health locations, and via remote access (e.g. Improving Access to Psychological Therapies for children and young people). • Access to on-line information, advice and counselling. • Ensuring vulnerable groups are represented at the levels expected for the local population. • Developing a core phase-specific offer to schools including a named mental health link person. • Access to telephone advice for referrers. • Providing supervision across the system to support wider practitioners. • Assessment in multidisciplinary teams and development of a single care plan • Advocacy and support, child wellbeing and parenting practitioners, youth workers • Access for parents to 3rd sector support and training services and peer support groups • Support for parent/care/partner and person with autism/ADHD • Short term support for those who need it • Understanding and managing the behaviours • Planning for the future for both the carer and person with autism/ADHD

The pathway must be clear and publicised so people can access services which should not depend on diagnosis and an initial support plan should be drafted. Services to work in a joined up multi-disciplinary way accessing one single care plan. Multi-agency care plan needs to be developed.

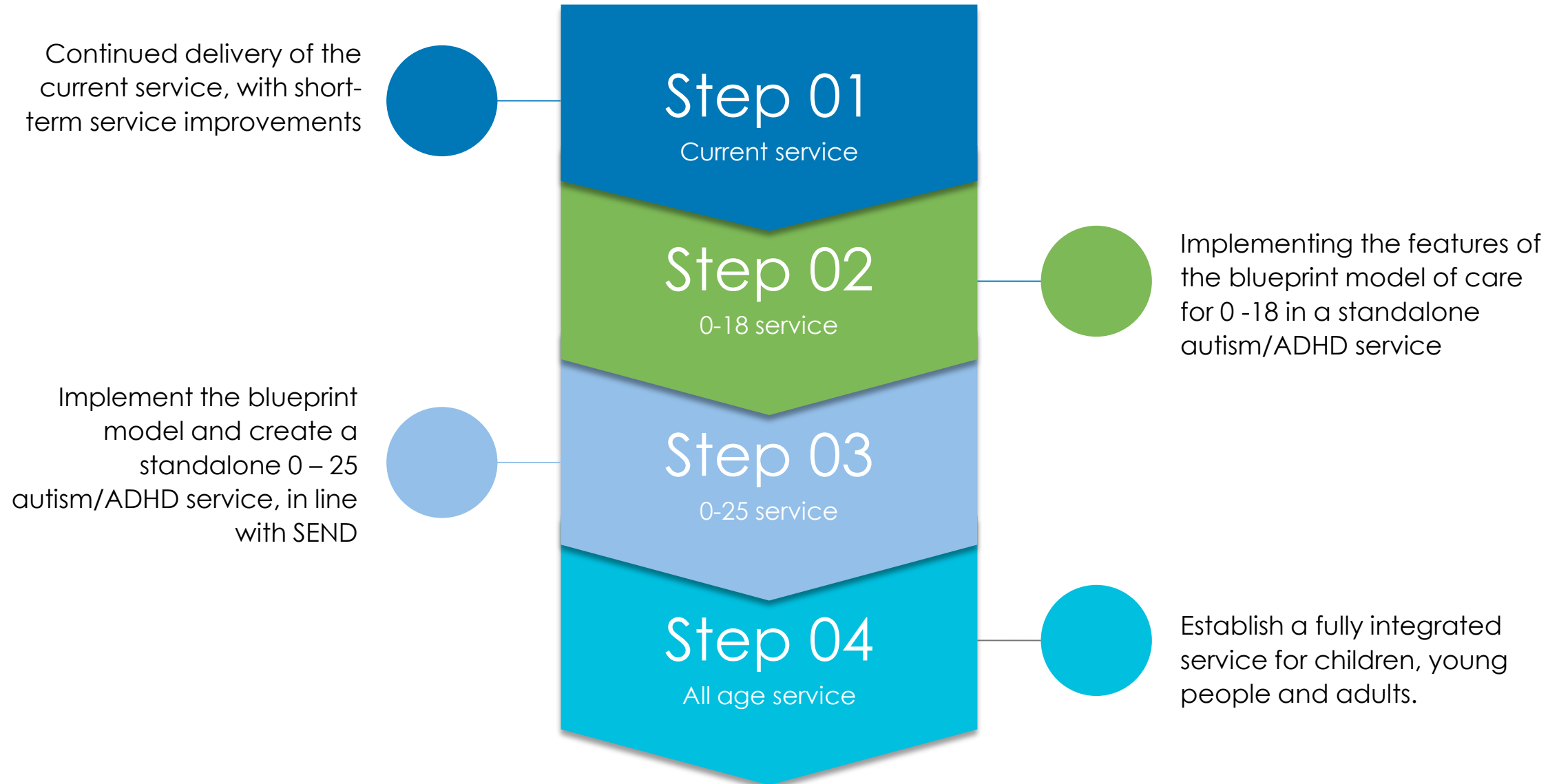
4. Getting more help

Getting more help		
East Berkshire adapted THRIVE segment		
4. Getting more help		
Who	What	Examples
In addition to having autism and or ADHD some people have additional support needs such as mental health conditions (e.g. psychosis, eating disorders) substance misuse issues and challenging behaviour. These people may require extensive and short and/or long-term support from care professionals.	A system wide response, support and services will be provided to people including multi-disciplinary/agency working in a community setting to meet more severe, complex needs. This includes eating disorder, substance misuse, self-harm behavioural support, mental health and managing challenging behaviour services. N.B. the care pathway must be clear so people know how to access support at time when they need it.	<ul style="list-style-type: none"> • Making support simple and easy to navigate and focused on outcomes. • Ensure there is a clear route to 'getting more help' that is integrated with the other groupings, focusing on robust pathways that enable a flexible response to need. • Care coordination and advocacy, supporting a person and carer along the journey (life coaching), providing goal focused evidence-based treatment for a range of more complex needs in a range of community based, school and health locations, and via remote access e.g. skype/online. This will include systemic interventions and pharmacological interventions, multi-agency care planning and management of risk, including intensive home-based support when required. • Locality teams working in the local community, to include educational psychology/CAMHS, social care and health multi-agency expertise). Mental health and general health support for the person with autism/ADHD and their carer through holistic MDT care planning supported by the autism/ADHD care -co-ordinator/life coach • Exploring co-location of staff to facilitate joint working and robust shared processes leading to integrated and multi-disciplinary care planning including end of life care planning for the care and the person with autism/ADHD (regular reviews) • Embedding IAPT principles within the pathway with a focus on developing a culture of service user engagement and participation, consistent and embedded use of routine and goal-based outcome measures and the use of evidence-based interventions. • Aligning with crisis pathways where a person who is already 'getting more help' requires a response due to crisis. This should, wherever possible, be provided by the staff currently working with them and in line with national access and waiting time standards. • eLearning and continued training for ALL • Information, advice and assistance, signposting, and support for people with autism/ADHD and for parents/cares/partners when needed • Meaningful living – use of universal services and ongoing support when needed • autism/ADHD care-co-ordinator/life coach supporting person and carer through to end of life • Integrated and multi-disciplinary care planning including end of life care planning for the care and the person with autism/ADHD (regular reviews) • Use of assistive technology where possible • Specialist post diagnostic support when needed, CAMHS satellite clinics, adult services – access via hospital staff, CPNs, district nursing, social care staff • Support to remain in your own home for as long as possible – regular reviews of care plan which includes a persons environment

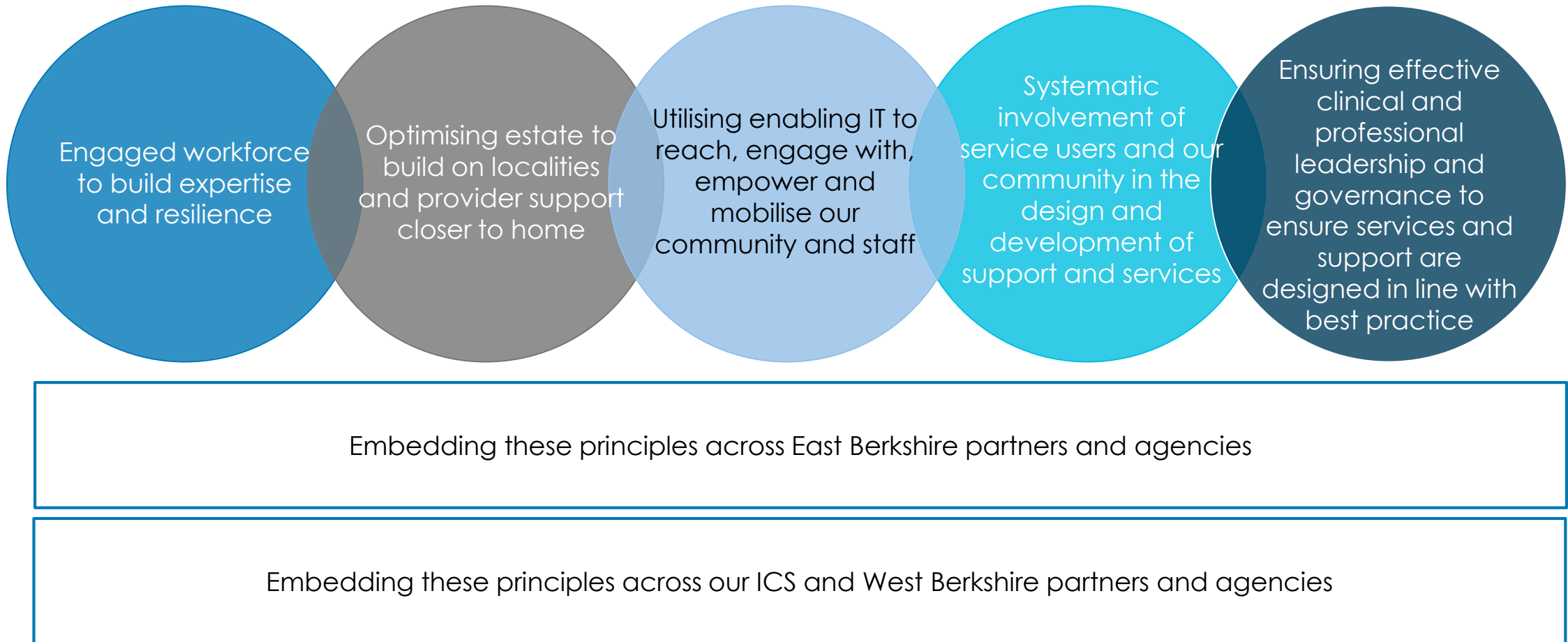
5. Getting crisis support

Getting crisis support		
East Berkshire adapted THRIVE segment 5. Getting support when you need it		
Who	What	Examples
<p>Some people find themselves unable to benefit from ongoing support but remain a significant risk or concern and can be supported by a multi-agency team. These people can go into crisis but are not able at the time to make use of the help offered or the help offered has not made a difference. These may be people with emerging personality disorders, on-going issues that have not yet responded to treatments or those that fail to attend appointments.</p> <p>People may also have not needed any support over a long period of time until a life event occurs such as a bereavement, loss of a job, failing to attain your degree in university or succeeding in college, retirement, marriage or relationship breakdown etc. and the person requires help as soon as possible.</p> <p>People with challenging behaviour may also need to access support when they needed</p>	<p>Support and services included here will include crisis care planning, specialised crisis support and day and inpatient units, where people with more severe autism and mental health problems can be assessed and treated.</p> <p>It will also include crisis support services, linked to national services that support people during times of crisis.</p> <p>Services that can provide training for those with challenging behaviour and their families are also included here.</p>	<ul style="list-style-type: none"> Developing robust integrated pathways across multiple agencies and that they that are embedded within the early help, safeguarding and social care frameworks, and include close working with education. Using the care co-ordinator/life coach role, ensure that vulnerable people, those in care and care leavers have access to timely support and can influence the care they receive through joint care planning through to end of life. Providing specialised risk support close to the person's home and where they can build local and personal support networks. Enabling people to live in their environment as long as possible (e.g. satellite clinics in the community) Exploring co-location of staff to facilitate joint working and robust shared processes leading to integrated and multi-disciplinary care planning including end of life care planning for the care and the person with autism/ADHD (regular reviews) Agreeing clear criteria for when a person would benefit from 'risk support'. Providing consultation and indirect support to children's and adults services to enable informed decisions about the most appropriate THRIVE grouping for a person. Endeavouring to work across partners to provide a 'team around the professional' approach that supports partners to support the young person/family and enables shared management of risk. Working with colleagues across early help, education, social care and health to identify with people and their family who is best placed to be the person's key person. Working with partners to develop a joint approach to person and family centred care planning. This should include care planning with the person/family to identify how best to keep themselves safe and what to do in a crisis. Use of assistive technology where possible Specialist post diagnostic support when needed, CAMHS satellite clinics, adult services – access via hospital staff, CPNs, district nursing, social care staff Support to family and friends

Building the Blueprint could be stepped



Operational enablers will underpin the delivery of a Blueprint



4. An implementation framework

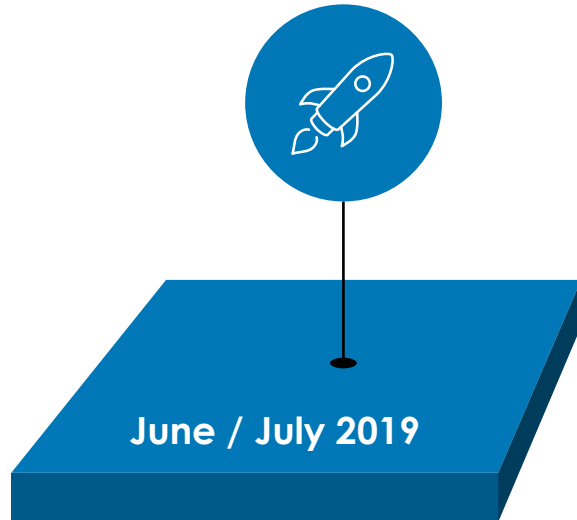


The principles of the implementation framework

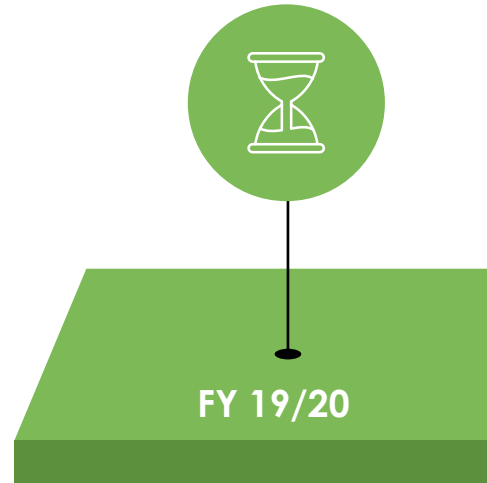
The principles of the implementation framework are:

- Do a smaller number of things well, rather than start lots of things
- Prioritise activities that will have an impact on the most amount of our community
- Be realistic on timescales, particularly as much of this requires system working
- Actively engage service users and carers in the design of short-term and longer-term transformation
- Don't wait for system work to begin the transformation of services in East Berkshire
- Co-design across partner agencies will harness collective skills and knowledge
- Work with system partners to drive regional change

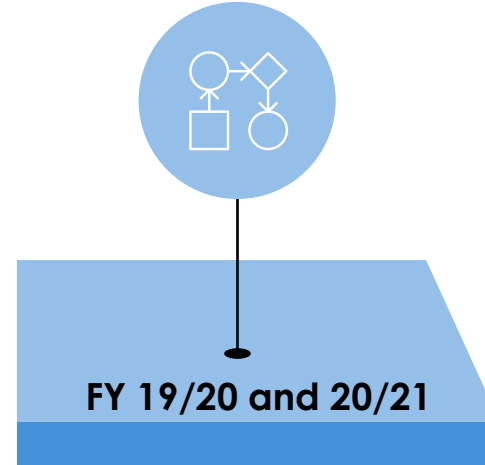
Implementation framework



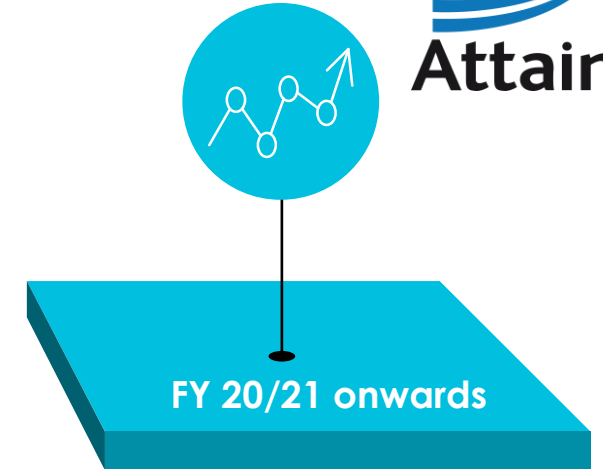
- Phase 1:**
- **Socialise the findings of the review** and intent to launch a programme to improve services and support
 - **Mobilise project management** capability for East Berkshire



- Phase 2:**
- **Plan and deliver short-term improvements** to ADHD and autism services and support in East Berkshire



- Phase 3:**
- **Engagement and planning with partners to design system transformation** of ADHD and autism support and services across East Berkshire, the wider Frimley Health and Care ICS and West Berkshire

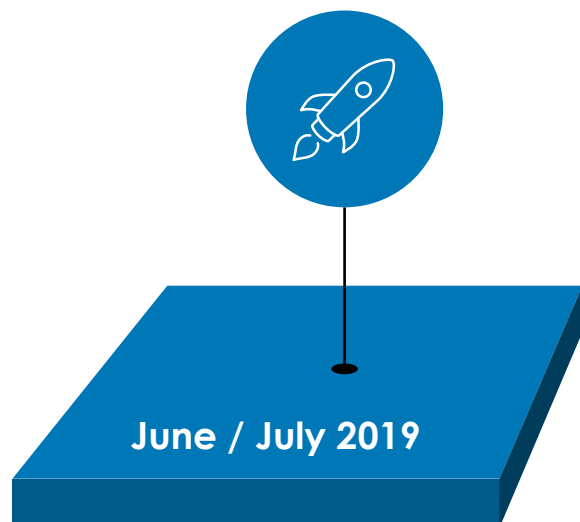


- Phase 4:**
- **Delivery of longer-term transformation** of ADHD and autism support and services across East Berkshire, the wider Frimley Health and Care ICS and West Berkshire

Coherent and aligned, and where possible, delivered in parallel

These phases are described in more detail on the following slides, excluding Phase 4, which will depend on previous phases.

Phase 1: Socialising the review and intent to transform services



Socialise the findings of the review and intent to launch a programme to improve services and support

Mobilise project management capability for East Berkshire and governance arrangements

What?	Who?	Output / outcome	When?
Identify clear and visible leadership to lead communication on findings of review and launch programme to transform services	Representatives from East Berkshire CCG and partners	Clear leaders and champions for change	End of June 2019
Engage with partners to agree next steps from the review including, implementation framework; priorities, resourcing and governance	Led by East Berkshire CCG as commissioners of the review, to include: <ul style="list-style-type: none"> - Frimley Health and Care ICS - West Berkshire CCG / ICS - Berkshire Healthcare - Local authorities - Third sector partners 	Short-term Delivery Plan Roadmap for longer-term transformation	End of July 2019
Develop a communication document that summarises the findings of the review and next steps	East Berkshire communications team, with partners and with support from Attain (to be confirmed)	Communications document	End of July 2019
Mobilise project management support and governance arrangements to deliver short-term recommendations and represent and deliver East Berkshire transformation within wider ICS in the longer-term	East Berkshire CCG, with local partners	Project Manager in post Local governance agreed	End of June 2019

Phase 2: Short-term service improvements

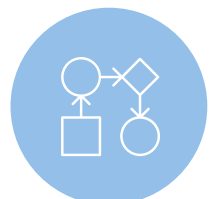


FY 19/20

Plan and deliver short-term improvements to ADHD and autism services and support in East Berkshire to improve the experience of our community through smoother access to support and services and building the awareness of ADHD and autism of those providing support and services

What?	Who?	Outputs / outcomes	When?
<p>Building on the existing work in this area, launch process review of 0-5, 6-18 and adults services, to include a review of:</p> <ul style="list-style-type: none"> - Referral processes and protocols - Waiting lists (ongoing) - Transition arrangements - Pre-assessment materials - Clinical governance - Shared care protocols - Support available to carers <p>Delivery of key recommendations</p>	<p>Led by a project manager appointed across Berkshire Healthcare and East Berkshire CCG, engaging with local authority and third sector partners and schools (SEND) and primary care where required</p>	<p>Output: process improvements</p> <p>Outcome: improve the experience of service users and carers, including by reducing cumulative waiting lists</p>	<p>June to December 2019</p>
<p>Audit and review the provision of training available for parents, carers, service users and partner agencies. Source new training for any gaps identified (e.g. online). Disseminate awareness training materials to schools and GPs and wider partners</p>	<p>Project manager, with partners</p>	<p>Output: training provided to partner agencies</p> <p>Outcome: awareness raising and start of a cultural change</p>	<p>FY 19/20</p>
<p>Review and refresh Library of Services, ensure widely available to community and referrers</p>	<p>Project manager, with partners</p>	<p>Updated library of services, published to partner websites</p>	<p>FY 19/20</p>

Phase 3: Engaging and planning a new system

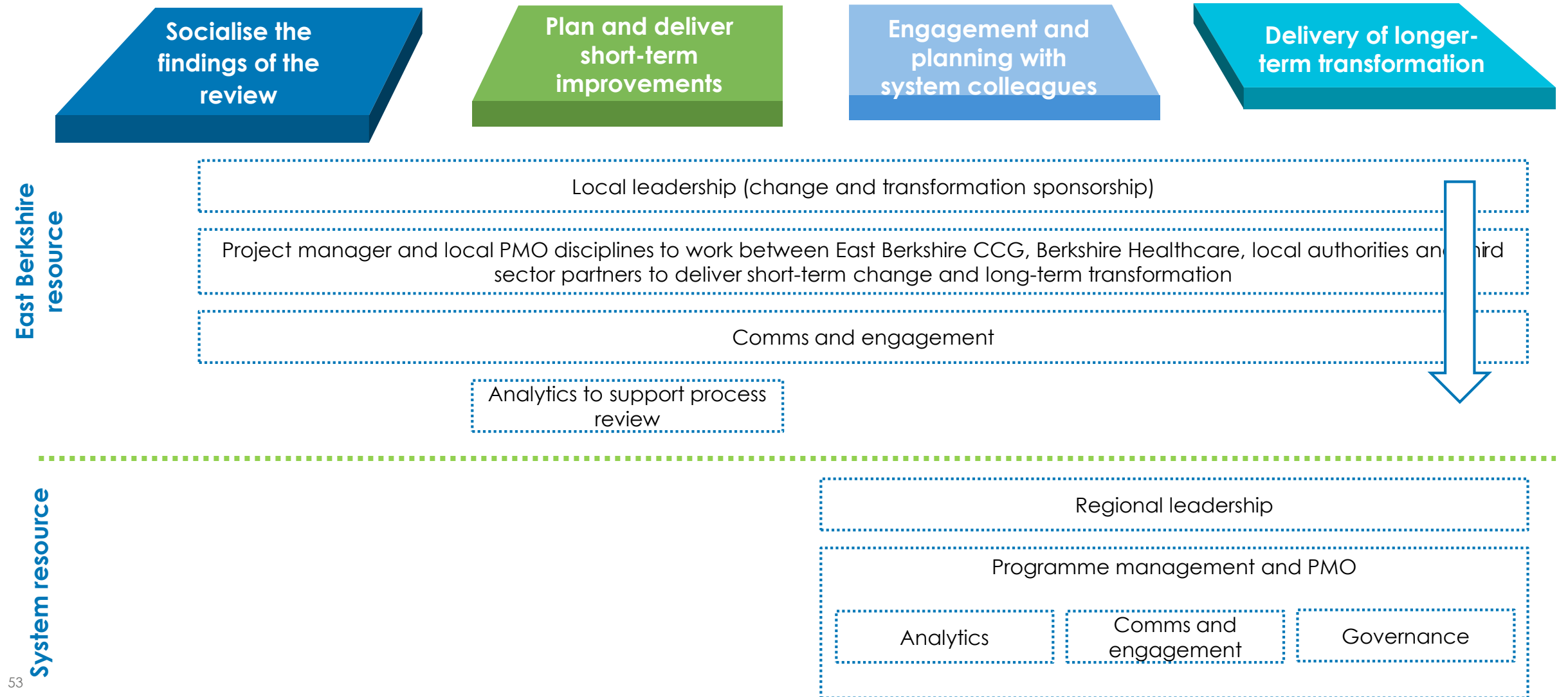


FY 19/20 and 20/21

Engagement and planning with partners to design system transformation of ADHD and autism support and services across East Berkshire, the wider Frimley Health and Care ICS and West Berkshire

What?	Who?	Output / outcome	When?
Aligned to wider ICS/West Berkshire initiatives			
Agree scope of geography and governance	East Berkshire partners, with ICS and West Berkshire partners	Governance structure	Aligned to the ICS timescales
Create a whole system strategy to support those presenting with autism and ADHD (building on the Blueprint)	East Berkshire CCG and partners, with wider ICS and West Berkshire partners	Whole system strategy	Aligned to the ICS timescales, but would suggest in 19/20
Identify a series of short-term recommendations for collaborating on the provision of ADHD and autism services in the geography	East Berkshire CCG, East Berkshire partners and wider ICS and West Berkshire partners	Pilots for new ways of working	19/20
Design and agree a detailed model of care for geography that will deliver the strategy (inc. locality variants), based on outcomes	East Berkshire CCG, East Berkshire partners and wider ICS and West Berkshire partners	Model of care	19/20-20/21
Develop a business case, service specification and delivery plan for the implementation of a geography wide strategy and model of care	East Berkshire CCG, East Berkshire partners and wider ICS and West Berkshire partners	Business case and delivery plan (including funding and contracting model)	19/20-20/21

Summary of the resourcing capabilities required for the implementation of the framework





Improving health and wellbeing

289 High Holborn, London
WC1V 7HZ, United Kingdom
0203 435 6590
contacts@attain.co.uk
www.attain.co.uk