

# Communications Brief: NHS Greater Manchester Children and Young People's Neurodevelopmental Transformation Programme

October 2025

## **Background**

Across the country and here in Greater Manchester (GM), more children and young people are waiting too long for Autism and ADHD assessments. This is a national challenge, but locally we know that families need better access to timely help and support.

The current system focuses on diagnosis, with not enough consistent support available to meet individual need. We do not have the resource or workforce to meet the current demand. This has led to long waits, delays in getting help, and poorer outcomes for children and young people and their families.

To tackle this, GM has launched a transformation programme to create a less medicalised and more sustainable, needs-led model of support. This means families can get help when they need it, with or without a diagnosis. The programme is built around the Thrive framework, which focuses on early, community-based support, while making sure specialist services are prioritised for children and young people (CYP) with the highest levels of need.

## **What is changing?**

We have four main areas of work taking place to make sure CYP get the right help, reduce the length of time they are waiting and ensure that those with the most complex needs are supported quickly and appropriately.

### **A new needs-led model of care**

We have worked closely with partners, clinicians, relevant professionals, CYP and families to design a new model of care that is easier to access and provides the same support across all local areas. This should provide CYP and families with a more consistent offer of support based on their individual need rather than a diagnosis.

A wide range of support services and evidence-based interventions are being made available, giving CYP and their families direct access to the right help at the right time. These new needs-led services are being introduced between now and early 2026.

### **Changes to Child and Adolescent Mental Health Services (CAMHS)**

From January 2026 CAMHS will focus on supporting CYP with moderate to severe mental health needs. They will continue to have a key role in the assessment, diagnosis and treatment of CYP who have suspected autism or ADHD where this is a co-occurring mental health condition or complex need. This ensures that those with the highest needs receive timely and specialist support in line with the National Institute for Health and Care Excellence (NICE) Guidance.

These changes will be introduced gradually from January 2026, alongside the new programme of work, so that CYP are safely supported during the transition.

## **A system approach to assessing needs**

We are developing a consistent, multi-agency approach to understanding CYP's needs. This will include a new GM triage system, where experienced professionals from health and education work together to decide the right type and level of support based on an individual's clinical need.

This means that CYP with more severe or urgent difficulties will be prioritised for earlier assessment. Those with less urgent needs who still qualify for an NHS assessment may wait longer. Not all CYP will meet the criteria for an NHS assessment, but everyone will receive a personalised offer of support through our new needs-led services.

This new triage process will be introduced in January 2026, alongside CAMHS changes to make sure assessment processes follow NICE guidelines and are consistent, fair and person centred.

Diagnostic assessments will still be accessed through local referral routes, and further work is underway to review and improve community assessment pathways and capacity.

## **Supporting those already waiting**

We know many families have already been waiting a long time for assessment and support. CYP on waiting lists will be reviewed to ensure those in urgent need, or at key transition points, receive timely, personalised support. Clinically agreed criteria will support decision making to ensure that support and assessments are person centred and fair.

## Frequently Asked Questions (FAQs)

### 1. *Why is early intervention important?*

We know that early, personalised support can help the child or young person to understand their needs and put in place strategies which enable them to thrive. It enables children to take part more fully in school and life, building confidence, reducing isolation and leading to better integration. For families, needs-led support eases pressure and prevents difficulties from escalating into crisis.

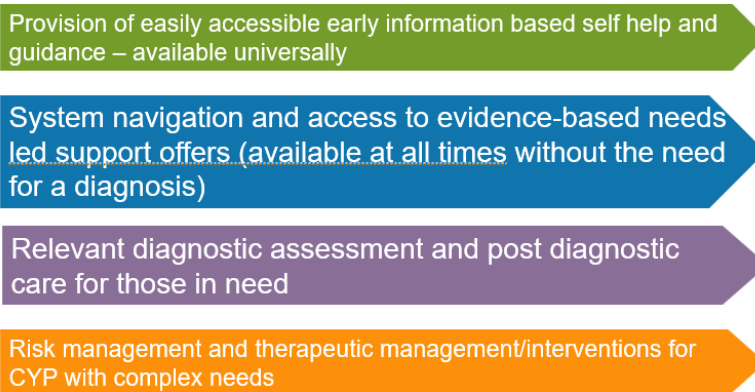
### 2. *What is a Thrive aligned support offer?*

A Thrive aligned offer is a way of organising support that is based on the needs of CYP and families, rather than whether they meet a threshold or have a diagnosis. It is about making sure the right help is available, at the right time, in the right way.

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



Greater Manchester



### 3. *What support is available?*

The new model offers earlier and easier access to support in every local area, tailored to the individual needs of the CYP's and their family. It includes a wide range of support and evidence-based interventions designed to meet the diverse needs of CYP experiencing ADHD and Autism related symptoms. The focus is on early help and prevention through the Getting Advice and Getting Help pathways.

Getting Advice	Getting Help
<ul style="list-style-type: none"> <li>• Access to online resources providing support, information, and access to services.</li> <li>• Advice and guidance support from specialist ND roles</li> <li>• Online webinars</li> <li>• Digital messaging support</li> <li>• Documentation outlining ordinarily available provisions and SEND reasonable adjustments</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence based group support for behaviour (pre-school and school age) e.g. Riding the Rapids</li> <li>• Neuro-developmental profiling tools</li> <li>• Sensory toolkit, workshops and consultations</li> <li>• Sleep workshops and consultations</li> <li>• Evidence based communication interventions e.g. PACT and More than Words</li> <li>• Peer support</li> <li>• Tailored mental health support</li> <li>• Neurodiversity in education programme (Autism in Schools and PINS)</li> </ul>
Getting More Help	Getting Risk Support
<ul style="list-style-type: none"> <li>• Relevant assessment/diagnostic pathway</li> <li>• Prescribing/shared care</li> <li>• Provision of neuro-affirmative assessment report</li> <li>• Individualised post-diagnostic support care packages</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Rapid Response and Home Treatment Teams for mental health</li> <li>• Key worker support via Dynamic Support Registers</li> <li>• Access to Care, Education and Treatment Review process</li> <li>• Intensive Support Teams for Young People</li> </ul>

#### 4. *How can CYP and families access needs-led support?*

By March 2026, each locality will have specialist neurodevelopmental roles and services in place. Families will be able to go directly to these services for advice, guidance, signposting and access to interventions.

#### 5. *What is the rationale behind prioritising children with the highest clinical need?*

Because demand for assessment is so high, and the NHS does not currently have the workforce or funding available to assess everyone at once, we must prioritise CYP with the greatest clinical need.

From January 2026, all referrals will be clinically triaged to ensure that every CYP receives the right type of support for their needs. This might not always mean a diagnostic assessment, however all CYP will receive an offer of support, with those assessed as having the greatest clinical need receiving an NHS assessment first.

This approach follows NICE guidelines and helps ensure that CYP who need help the most urgently are seen as soon as possible, while others are still supported in different ways based on their needs.

*6. How will CYP with suspected ADHD or Autism be referred for assessment from January 2026?*

CYP will continue to be referred for assessment via their existing local referral routes. Local pathways vary, but this is usually through their GP or Special Educational Needs Co-ordinator (SENCO).

*7. What about children and young people who do not have a mental health condition and are not eligible for CAMHS support?*

Moving forward, as we fully implement the new needs-led model of care, CAMHS will focus on those with moderate to severe mental health needs. For CYP who do not fall into this group, community neurodevelopmental pathways are being reviewed and developed across GM. Where these are not yet fully in place, CAMHS will work flexibly, to ensure CYP are supported safely whilst new services are mobilised.

*8. What will happen to children and young people already on the waiting list?*

At this time, no one currently on a waiting list will be removed. All CYP will remain on their local waiting list and continue to be seen by clinical need versus wait time. Each individual waiting will be reviewed to make sure CYP, and families receive the right onward support.

*9. What about children and young people who need a diagnosis for an Education, Health and Care Plan?*

A formal diagnosis is not required to apply for an Education, Health and Care Plan. The focus is on a CYP's needs and whether they require additional support, rather than on a specific diagnosis.

*10. How will the new model of care be viewed by SEND and CQC/Ofsted inspectors?*

In the GM areas inspected in the past 12 months, NHS GM has shared a clear statement explaining local plans for neurodevelopmental services. Inspectors have responded positively to this approach, and it forms part of local ongoing SEND improvement work.

*11. How does the Autism Act 2009 affect CYP rights to assessment?*

The Autism Act 2009 is primarily focused on improving the lives of autistic adults, so it does not give CYP a direct right to a diagnostic assessment for autism or other neurodevelopmental conditions. For children, the Special Educational Needs and Disability (SEND) Code of Practice (2015), sets out what local authorities, NHS organisations and schools must do – requiring them to assess a child only if they believe special educational provision may be needed.

*12. How have families been involved?*

CYP and families have been at the centre of this transformation. Nine weeks of public engagement have taken place, alongside ongoing work with individual Parent Carer Forums, the GM Youth Network, Healthwatch, Greater Manchester Autism Consortium, Spectrum Gaming and Youth Focus North West, who are all helping to shape the new model of care and are involved in the ongoing co-production of neurodevelopmental services and support. Co-production work is also starting with Parent Carer Forums in each of the GM localities to develop the triage and assessment element of the model.

*13. How have localities, providers and clinicians contributed to the proposed changes?*

The programme is overseen by the GM Neurodevelopmental Implementation Group, which includes representation from localities, providers, clinicians the VCSE sector, and people with lived experience. Developments have been widely shared across partnership groups, and engagement workshops are taking place to shape the new triage model and criteria together.

In addition, the new model of care has been fully reviewed and signed off by multiple local and GM boards and groups, including: the Mental Health Partnership Group, Mental Health Clinical Effectiveness Group, CAMHS Implementation Group, Commissioning Oversight Group, and the CYP Mental Health Advisory Group.

## Greater Manchester Children and Young People's Neurodevelopmental Transformation Timeline 2025 to 2027

