



## Health and Social Care Scrutiny Committee

**Date:** WEDNESDAY, 7 MAY 2025  
**Time:** 11.00 am  
**Venue:** COMMITTEE ROOM 1 - 2ND FLOOR WEST WING, GUILDHALL

**Members:** Deputy Christopher Boden  
Deborah Oliver  
Steve Stevenson  
Mercy Haggerty  
David Sales  
Ruby Sayed

**Enquiries:** **Jayne Moore**  
Jayne.moore@cityoflondon.gov.uk

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**Ian Thomas CBE, Town Clerk & Chief Executive**

# AGENDA

## Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **ORDER OF THE COURT**  
To receive the Order of the Court following the Court meeting of 25 April 2025.  
**For Information**  
(To Follow)
4. **ELECTION OF CHAIR**  
To elect a Chair in accordance with Standing Order 28.  
**For Decision**
5. **ELECTION OF DEPUTY CHAIR**  
To elect a Deputy Chair in accordance with Standing Order 29  
**For Decision**
6. **MINUTES**  
To agree the minutes of the meeting of 29 January 2025.  
**For Decision**  
(Pages 5 - 10)
7. **ACTIONS**  
To note the report of the Clerk.  
**For Information**  
(Pages 11 - 12)
8. **FORWARD PLAN**  
To note the Forward Plan.  
**For Information**  
(Pages 13 - 14)
9. **SYSTEM CONTEXT AND THE ROLE OF THE COMMITTEE**  
To view the presentation of the Assistant Director Partnerships and Commissioning  
**For Discussion**

10. **HEALTH AND WELLBEING BOARD DEVELOPMENT**

To note the report of the Executive Director of Community and Children's Services and the Director of Public Health.

**For Information**  
(Pages 15 - 24)

11. **WAITING TIMES FOR ADHD AND LEARNING DISABILITY SERVICES**

To view the presentation of the Strategic Lead for Children and Young People, NHS North East London and colleagues

**For Information**  
(Pages 25 - 78)

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

14. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

**Part 2 - Non-Public Reports**

15. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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## HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Wednesday, 29 January 2025

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at North Wing Corporate Room 10 on Wednesday, 29 January 2025 at 11.30 am

### Present

#### Members:

Deputy Christopher Boden (Chairman)  
David Sales (Deputy Chairman)  
Michael Hudson  
Deborah Oliver  
Deputy Alpa Raja  
Steve Stevenson  
Andrew Mayer

#### Officers:

Simon Cribbens	- Community & Children's Services
Ellie Ward	- Community and Children's Services
Jayne Moore	- Town Clerk's Department
Amy Wilkinson	- North East London Integrated Care Board
Rachel Talmage	- Community & Children's Services
Hannah Dobbin	- Community & Children's Services
Wioletta Lewandowska	- Community & Children's Services
Solomon Whittle	- Community & Children's Services, graduate trainee

#### 1. APOLOGIES

There were no apologies.

#### 2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

Deborah Oliver declared that she is a registered patient at the Neaman Practice, and is registered as a carer with Imago Carers Support.

#### 3. MINUTES

**RESOLVED** – That the public minutes of the meeting of 09 October 2024 be agreed as a correct record.

#### 4. FORWARD PLAN

The Committee noted the Forward Plan.

The Committee noted that an update on public health partners on the delivery of public health commissioned health services in the City of London would be welcome, and noted that the update would be covered at the Committee's May 2025 meeting.

**5. NHS NEL FORWARD PLAN**

The Committee received the report of the Director of Partnerships Impact and Delivery at NHS NEL Integrated Care Board and City & Hackney place-based partnership.

The Committee made the following comments and points:

- Clarification on which projects were specifically City-based (as opposed to City & Hackney-based) would be welcome;
- Noting that 687K people travel into the City every day for work, more information on their needs is required;
- Given the scarcity of resources (and noting the financial recovery plan likely to affect services), there appears to be a lack of information on priorities;
- More information on prevention of ill health would be helpful;
- Further clarification on which health inequalities are being targeted is required, noting the references to these being place-based; and
- There is not enough detailed information on the effective use of physical resources, noting national directives around the use of resources – mainly in the acute sector.

On the above points, the meeting heard that the 2025-26 plan is currently being drafted and is expected to include more information on these matters:

- City-based projects;
- The health needs of those travelling into the City for work;
- Clearer information on priorities given the restrictions around resources, noting the significant financial restraints;
- Information of prevention of ill health, noting the emphasis on prevention at Government level;
- Specific health inequalities; and
- Use of physical resources.

**6. CARERS STRATEGY ONE YEAR REVIEW**

The Committee received the report of the Executive Director, Children & Community Services.

In response to these five Member questions:

- When might carers get an emergency card?
- What is available to support carers resident in the City when their cared-for are moved to residential care that is necessarily outside the City?
- Could the outreach services be expanded to those that work in the City and other stakeholders in the City that are also carers?

- How many carers are in the City?
- Does the City of London Corporation take responsibility for City of London carers rather than it being a shared budget in an area that includes Hackney?

The Committee noted these responses:

- Carers are to be supported in applying and accessing the card during 2025;
- Support services are available to carers whose cared-for are in residential care, though there is recognition of the difficulties of being a carer and work is ongoing to address that kind of care and support;
- The Carers' connection group engages with City workers that are carers and any City workers can also be directed to their local areas, noting also that the budget and statutory remit is focussed on the City's responsibility to its residents - though voluntary initiatives are an option in line with funding opportunities. Some signposting and communication options are available to raise awareness of support resources such as the Dragon Café in the City, and the Committee noted that staff would seek to initiate support options for carers that work in the City, and explore funding opportunities for that (see action point 1);
- According to census data, just under 500 people in the City self-identify as a carer, Imago figures suggest that 80–100 carers are known in the City, and 30–40 carers have received a support plan; and
- Carer support is an Adult Social Care responsibility funded from the City budget.

A Member commented on apparent delays in sufficient carer training, including emotional support, noting also the listening ear service at City and Hackney Carers Centre that is available to City of London carers. In response to a Member question on when carer training might take place, the meeting noted that Imago, which is commissioned to deliver the City carers support services, is just entering its delivery phase and will consider carer training as part of its offer (see action point 2). The meeting noted that because the cohort of carers in the City is quite small and their needs are varied, training has been provided directly rather than through the provision of a course that is likely to be poorly attended. Members also noted that a national online carers' training service is shared with Imago and with the City Carers Community.

Members also noted that a grant bid has been submitted for a befriending service, drawing on the resources of the voluntary and community sector.

Members commended the achievements and ambition of the City of London's carer support, commenting also on the fact that a large number of those self-identifying as carers were not known to the City. The meeting heard that the City engages in awareness-raising around what constitutes being a carer, and that in some cases it was thought that those who self-identified as carers on the

census included those with childcare responsibilities or other kinds of responsibilities.

**7. CHILDREN AND FAMILIES SERVICE SELF-EVALUATION 2024**

The Committee received the report of the Head of Children's Social Care and Early Help.

The Committee congratulated the relevant officers on the excellent outcome of the Ofsted inspection of September 2024.

A Member asked for further information on the Department's relationship with the City of London Police, and whether custody visits are being undertaken in the correct manner. The meeting heard that while there is always room for improvement, the relationship with the Police is good and custody visits are properly conducted and encompass child exploitation concerns as well as interventions to support those children.

A Member asked whether there were any City-specific aspects of child exploitation. The meeting noted that the City's connections to finance were such that the drug trade was active because of the existence of people with high levels of disposable income, leading to children being involved in county lines. The meeting also heard that interventions are also taking place to ensure that hotel staff are vigilant about child exploitation taking place at hotels, and (in response to a Member question) that areas of concern are referred to the City's licensing team, particularly where instances of suspected or actual criminal behaviour are not reported.

A Member asked for further information on reports of higher levels of mental illness among children since the Covid pandemic, and what were the prognoses. The meeting noted that the issues were widespread and included children in the City, and that mental health risks were identified by the City of London at a very early stage of the pandemic and mitigating action taken. Members heard that early intervention is critical on these issues, though funding is a key area of concern.

**8. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

**9. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

Noting that this was likely to be the final meeting chaired by him, the Chairman thanked the team and congratulated the City of London local authority's exemplary social services.

All the discussions being had in the Public session of the meeting, the public was not excluded from any part of the meeting and no Non-Public session took place.



**The meeting ended at 12.40 pm**

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Chairman

**Contact Officer: Jayne Moore**

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**OHEALTH & SOCIAL CARE SCRUTINY COMMITTEE**  
**Outstanding Actions updated January 2025**

<b>Action Number</b>	<b>Date</b>	<b>Action</b>	<b>Responsible Officer</b>	<b>Progress Update</b>
1	29 Jan 2025	Promote grant funding opportunities to relevant organisations to strengthen support for carers who are City workers	Officers	Officer raised grant funding opportunities with Imago for their consideration
2	29 Jan 2025	Report on progress in carer training delivered by Imago		

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## Health and Social Care Scrutiny Committee Forward Plan May 2025

Topic	Presenter	Suggested meeting
The City and Hackney autistic-friendly Neighbourhood pilot	Neighbourhoods Team	Spring 2025
Mental Health Needs Assessment	Public Health	Spring 2025
City of London Neighbourhood Insight report	Neighbourhoods Team	Due Spring 2025
Adult Social Care Strategy progress report	City of London Corporation	Due Winter 2025
Health Equity Audit (to cover Portsoken Ward)	Public Health	
Foot health/clinic	Hoxton Health	
Never events (safeguarding in hospitals)		
Community Drugs Partnership		
Health Support for Unaccompanied Asylum-Seeking Children		
Direct Payments		
Dementia Services		
Health and Wellbeing Network		

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## City of London Corporation Committee Report

<b>Committee:</b> Health and Wellbeing Board – For decision Health and Social Care Scrutiny Committee – For info	<b>Dated:</b> 7 February 2025 7 May 2025
<b>Subject:</b> Health and Wellbeing Board Development	<b>Public report:</b> For Information
<b>This proposal:</b> <ul style="list-style-type: none"> <li>• <b>delivers Corporate Plan 2024-29 outcomes</b></li> <li>• <b>provides statutory duties</b></li> </ul>	Corporate Plan: Diverse and Engaged Communities Excellent Services
<b>Does this proposal require extra revenue and/or capital spending?</b>	No
<b>If so, how much?</b>	N/A
<b>What is the source of Funding?</b>	N/A
<b>Has this Funding Source been agreed with the Chamberlain’s Department?</b>	N/A
<b>Report of:</b>	Judith Finlay, Executive Director of Community and Children’s Services  Sandra Husbands, Director of Public Health
<b>Report author:</b>	Ellie Ward, Community and Children’s Services

## Summary

Health and Wellbeing Boards, established in 2013, are statutory partnerships bringing together political, clinical, professional, and community leaders to improve the health and wellbeing of local populations and reduce health inequalities.

During 2024, the Local Government Association undertook some work with the City of London Health and Wellbeing Board to explore areas of strength and development relating to its role and purpose.

During a development session in December 2024, members of the Health and Wellbeing Board discussed specific areas for development and how this should be taken forward.

This report sets out the proposed way forward for development of the City of London Health and Wellbeing Board and asks members of the Board to formally approve these. This new approach will start to evolve from May 2025.

## Recommendation(s)

Members are asked to:

- **Note** the feedback from the LGA work
- **Approve** the proposed way forward for the Board

## Main Report

### Background

1. Health and Wellbeing Boards (HWBs) established in 2013, are statutory partnerships bringing together political, clinical, professional, and community leaders to improve the health and wellbeing of local populations and reduce health inequalities. The City of London HWB has been in existence since then.

### Current Position

2. In the latter half of 2024, the Local Government Association (LGA) brought its experience of working with HWBs nationally to work with the City of London Health and Wellbeing Board to consider its strengths and areas for development. This included a development session on 16 December 2024 and a full write up of the session is included in Appendix 1.
3. Following on from these discussions, the following is proposed:



### *Focus of the Health and Wellbeing Board*

4. Members of the Board agreed its focus should be addressing health inequalities through a structured outcome focused approach and that there should be a focus on topics that need a partnership rather than a single agency approach
5. It was agreed that the priorities of the Joint Local Health and Wellbeing Strategy (improving mental health, financial resilience and social isolation/connection) will form the basis on which the work plan for the Board is built.
6. It was already noted that these areas needed more work in terms of identifying partnership approaches within them and it was agreed that short term task and finish groups would be established to look at each of these areas in more detail. These task and finish groups are emerging now.
7. This strengthened focus of the Board will now impact on the agendas and workplan going forward. This will start to evolve from the May 2025 meeting.
8. A checklist will be aligned with this new focus of the Board and will be used to measure the relevance of agenda items coming to the Board. Any reports that do come will be asked to have a specific focus on how it specifically impacts on the health and wellbeing of the local population and how it tackles local health inequalities in the City of London. There will also be periodic deep dives into specific issues from a partnership perspective.
9. It should be noted that general service focused papers which do not require specific action from the Board would be more appropriately considered in the Health and Social Care Scrutiny Committee (see below).

### *Relationships within the Corporation and with other committees and external bodies*

10. As noted above, there is a link between the work and focus of the HWB and that of the Health and Social Care Scrutiny Committee (HSCSC) whose role is to scrutinise the delivery of health and social care services locally. Access to health services and the quality of these are related to health inequalities and therefore feedback from the Health and Social Care Scrutiny back to Health and Wellbeing Board will be vital. These links will be developed further with regular summaries back to HWB.
11. Integrated Care Systems (ICS) are also responsible for having regard to meeting the health and wellbeing needs of local areas and therefore the priorities of local health and wellbeing strategies. Feedback noted that this link did not feel particularly strong at the present time. This will be taken forward as part of wider conversations.
12. HWB (political) members felt that the Board did not enjoy the same profile as other City of London Corporation Committees. This is partly due to its nature – the HWB is not a committee in the traditional sense – it is a partnership board, established by specific statute and without any budget. However, there is work

that can be done here to raise its profile within the Corporation and adopt a Health in All Policies approach.

### *Community voice and needs*

13. Throughout the work with LGA and the development day, a strong commitment came through from the Board that they wanted to understand community needs better, have more City of London specific data and hear from residents directly. Further exploration of these areas will be built into the workplan of the Board.

### *Membership*

14. Members of the Board recognised that given the scope of partners who play a role in improving the health and wellbeing of the local population and tackling health inequalities, membership of the current Board was potentially limited.
15. As a result, the membership of the Health and Wellbeing Board will be reviewed to include the voluntary and community sector, more relevant police representation and to ensure that housing and other services are sufficiently linked in (this is likely to be through the Director of Community and Children's Services who sits on the board) along with representatives of the business community.

## **Corporate & Strategic Implications**

**Strategic implications** – Health and Wellbeing Boards, Joint Local Health and Wellbeing Strategies and Joint Strategic Needs Assessments are all statutory requirements from the Health and Care Act 2012.

The work of the Board cross cuts several outcomes in the Corporate Plan including Diverse and Engaged communities and Sustainable Environment.

**Financial implications** - none

**Resource implications** - none

**Legal implications** - none

**Risk implications** - none

**Equalities implications** – Improving the health and wellbeing of the local population and tackling health inequalities responds to several issues that specific protected characteristic groups may face. For example, disabled people may face more barriers to employment and as a result experience greater health inequalities. Some health conditions are more prevalent in certain ethnic groups and therefore equal access to services and treatment is vital.

**Climate implications** - none

**Security implications** - none

## **Conclusion**

16. This report sets out some areas of development and a new way forward for the Health and Wellbeing Board which better helps it deliver its role and purpose.

17. These are based on feedback and decisions that follow from work LGA did with the Board.

18. The new way forward will be implemented from the next meeting in May 2025.

## **Appendices**

- Appendix 1 – Write up report of Health and Wellbeing Development Day

### **Ellie Ward**

Head of Strategy and Performance

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## **Appendix 1**

**City of London Corporation**  
**Health and Wellbeing Board Development Day**  
**12<sup>th</sup> December 2024**  
**LGA Write Up Report**

### **Feedback from interviews**

- Agree that the key points made in the interviews as summarised in the slides shown are a very reasonable reflection
- Need to continue to use the signed off strategy to guide work programme, as currently gets 'parked' once signed off
- Agree that HWB has a lower profile amongst Corporation committees and need to address that plus the interaction with Health Overview and Scrutiny Committee and the relationship between the two committees. One issue here is how the HWB generates interest within the Corporation about the HWB and its issues. Not sure where outputs from HWB go within the Corporation
- Also relationship with ICB as do feel the HWB is seen as a 'tick box' for the NHS
- Need to be much clearer about unique purpose
- Do need to look at membership linked to renewed purpose. Have got good engagement with health providers and primary care, less good with ICB. Involvement and engagement with communities and VCFSE sector is not strong. The 'business' community are a unique feature of this HWB. How would we engage and involve that sector?
- Need to determine what an effective partnership looks like with health in all its aspects
- Agree we do not focus on micro issues but if they are not discussed at HWB where would they be discussed?
- We are not good at answering the 'so what' question and also need to improve on how we measure success and have the data to support that.

### **Role of the Board**

To take a clear, focussed approach to inform partner decision making and thereby meet population health needs.

- Based on evidence and data
- Considering residents' and workers' needs
- Focus on a small number of key actions/topics
- Tackling the wider determinants/building blocks of health
- Influencing decisions
- Optimising partnerships
- Setting and measuring outcomes
- Not duplicating the work of other Boards

### **Identified gaps**

- Understanding how best to feed back and influence City of London Corporation
  - Creating a louder voice for residents and the VCFSE sector
  - Specific datasets for the City of London
  - Clarity of relationship with other groups such as the City and Hackney partnership and the Overview and Scrutiny Committee and better understanding of role of each Board
- What are 'fair shares' for the City?

### **What should the focus be?**

- Addressing health inequalities through a structured outcome focussed approach
- Improving mental health of residents and workers
- Tackling wider determinants – focus on topics that need a partnership not single agency response
- Including the views of the public
- Choosing topics that are important to partners – opportunism
- Creating high impact change

### **What is needed?**

- Better agenda planning
- Greater ownership of the agenda, and responsibility for delivering this, by all partners
- All Board members need to consider HWB priorities in all their work, not just when at the HWBB meetings: HWBB members should act as advocates for prevention and health
- Commitment to and accountability for delivering agreed actions
- SMART targets

### **Responding to the 3 set priorities**

- Firstly, we all need to be clearer about what the actual priority for focus is, and they are currently very broad. We need to better understand what's underpinning each one.
- We need to identify any opportunities that exist across the partnership created by the HWB and each member of the Board's role in taking action.
- We must also be clear about what the data and local intelligence is saying about the issue for the specific city population (not based on City AND Hackney wide data) and what are current experiences about services telling us and where our gaps are. We need to be aware of any national or ICB 'must do's too.
- JSNA needs to have much better City ONLY data
- We then need to develop an action plan for each of the three priorities with clear and measurable actions and smart targets.
- We must then be confident to hold each person to account for delivery but not in a 'scrutiny' sense, based on our renewed Partnership, and holding a 'mirror up' to each other on how we are progressing agreed actions

### **Actions agreed**

Undertake SWOT analysis through establishing time limited Task and Finish Groups to start discussions on what could be in an action plan for each of the following:

1. Mental Health

2. Financial Resilience
3. Social Connections

#### **Further considerations/actions for the HWBB**

- What admin and other support is needed for the HWBB to deliver the actions?
- Ensuring that only relevant items are on the agenda, and we are confident to say 'no' and are respected to do that
- How should meetings be run? - meetings in public for decisions? Are there other meetings needed as well?
- How often should the Board meet?
- What should the 'rhythm' of meetings look like – business meetings and development / deep dive/ thematic type meetings linked to priorities
- Discussion with HOSC about relationship, agendas, planning and focus
- In our relationship with City and Hackney Partnership Board, consider having an annual focus on the City rather than always City AND Hackney
- Agreement of joint working principles (EW to draft)
- Revision of membership: Housing, VCS, community policing etc.

#### **Timeline:**

##### **February Board**

- A paper on the new approach to be taken by the HWBB, including the role of the Task and Finish groups in undertaking deep dives, and the focus on action plans
- A proposal for engagement with the mental health redesign

##### **May Board**

- Revised ToR and membership

**Eleanor Roaf and Julie Wood 19<sup>th</sup> December 2024**

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North East London

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# City of London Health and Social Care Scrutiny Committee Neurodevelopmental Pathways (Autism & ADHD)

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May 2025

Agenda Item 11

Autism & Neurodevelopmental Pathways City & Hackney

# Content

1. **Background & Definitions**
2. **The Context for Children and Young People**
3. **The Context for Adults**
4. **Autism Friendly Neighbourhoods Update**

# Background & Definitions

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Perpetua Knight Deputy Director of Integrated Mental Health, Learning Disabilities & Autism City & Hackney Place Based Partnership

# Background & Definitions: Disability/ Identity

## Neurodiversity

A group of conditions that affect the brain's development and function. They are characterised by impairments in areas like cognition, communication, behaviour, and/or motor skills.

Some well-known examples include Learning Disabilities, Autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), Dyslexia, DCD (Dyspraxia), Dyscalculia, Developmental Language Disorder (DLD).

At the request of Scrutiny, the focus will be on Autism & ADHD



# Background & Definitions: Disability/ Identity

- **Autism** - A lifelong developmental disability that affects how people perceive, communicate and interact with others, although it is important to recognise that there are differing opinions on this and not all autistic people see themselves as disabled.
- **ADHD** - ADHD (attention deficit hyperactivity disorder) is a condition where the brain works differently to most people. Signs include being inattentive & hyperactive/impulsive, such as:
  - being easily distracted; finding it hard to listen to what people are saying or to follow instructions; forgetting everyday tasks, like brushing their teeth or putting on sock
  - having high energy levels; fidgeting or tapping their hands and feet talking noisily feeling restless, or getting up and moving around when they're supposed to sit still; finding it hard to wait their turn, or interrupting conversations



# Demographics & Prevalence

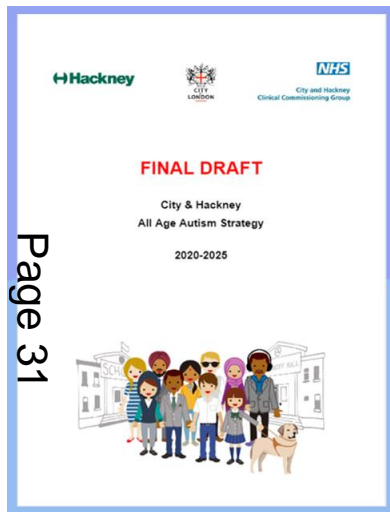


- Autism - More than one in 100 (1%) people are autistic and there are at least 700,000 autistic adults and children in the UK.

These numbers are not the same as the number of people with an autism diagnosis. They are based on research about the true figure, which is likely to be higher.

- ADHD - Estimated the global prevalence of ADHD in children to be around 5%, and in adults in the UK at 3% – 4% (NICE), though this is likely to significantly under represent the number of people seeking, waiting for and with a diagnosis of ADHD.

# Background: Strategies & Legislation



- [All Age Autism Strategy for City & Hackney \(2020-2025\)](#) - Co-produced Strategy
- [The national strategy for autistic children, young people and adults: 2021 to 2026](#)
- [Autism Act 2009](#) - legislates for provision of and improved services for autistic people
- [Equality Act 2010](#) - protects people with disabilities from discrimination in various areas, including employment, education, and access to services.

# Key Issues

8x

Autistic people are 8x more likely to die by suicide

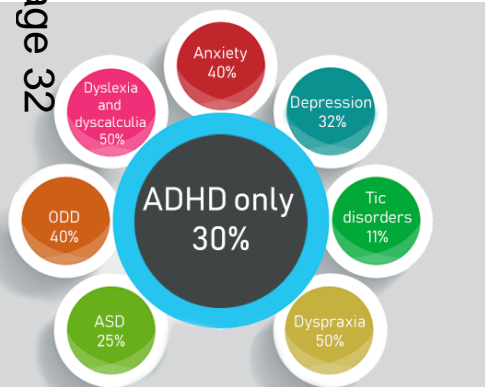
40%

Across studies, 40% of autistic young people have a least one cooccurring anxiety disorder

16

Life expectancy is 16 years earlier for autistic people

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Autistic friendly

- Long Waiting List Times for Diagnosis (nationwide)
- Ensuring People Wait Well
- Health Inequalities
- Post Diagnosis Support
- Autism Awareness & Acceptance
- Workforce
- Accessible Services
- Example of experience, [film: Sensory](#)



# The Context for Children & Young People (0-18/25)

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Sarah Darcy Strategic Lead for Children and Young People, City and Hackney Place Based Partnership, North East London Integrated Care Board

Kirstie Hilton, Head of Service, Education and Early Years

Susan Crocker, Consultant Clinical Psychologist and Head of Community CAMHS, Homerton Healthcare Foundation Trust (HHFT)



**North East London**

**Contributors:**

Mariona Garcia Edo , City and Hackney CAMHS Alliance Programme Manager

Dr Roger Davies, Consultant Clinical Psychologist and Associate Clinical Director, East London Foundation Trust (ELFT)

Dr Mei-Ling Wong, Consultant Community Paediatrician and Clinical Lead for Community Paediatrics Homerton Healthcare Foundation Trust (HHFT)

Hannah Hickman, Speech and Language Therapy Service Manager (HHFT) and Designated Clinical Officer for SEND (City and Hackney)



# Guiding principles in relation to Children and Young People

- We are inclusive and see neurodiversity as the 'norm'
- We have a programme of increasing our workforces' awareness and understanding of neurodiversity
- We use neuro-affirming language and celebrate diversity
- We are committed in moving to a needs-based offer across education and health
- We are committed to co-producing improvements in our offers and how we make them clear to children and families; we need an actual and cultural shift to ensure a diagnosis is not needed to access the majority of support
- We are committed to reducing waiting times as far as possible, but owing to increasing demand this is in parallel with supporting children and families to access advice and support whilst waiting
- Transition planning starts at age 14 (challenges and mitigations have been presented to Scrutiny and this is a strategic priority to improve the timeliness and clarity of planning with young people and their families)
- We are committed to reducing crisis presentations for children and young people and improving their experience when these do happen
- Our work is underpinned by a shared commitment to being systemic, anti-racist and trauma informed



# Glossary of Acronyms used in this Presentation

●	ADHD	Attention Deficit Hyperactivity Disorder
●	AET	Autism Education Trust
●	ASD	Autism Spectrum Disorder
●	CAMHS	Children and Adolescents Mental Health Service
●	CYP	Children and Young People
●	CCC	Complex Communication Clinic (in Homerton)
●	DCD	Developmental Coordination Disorder (also known as Dyspraxia)
●	DLD	Developmental Language Disorder
●	EHCP	Education Health Care Plan
●	ELFT	East London Foundation Trust
●	HHFT	(or listed as HUH) – Homerton Healthcare Foundation Trust
●	ICB	Integrated Care Board
●	NEL	North East London (and NEL ICB North East London Integrated Care Board)
●	ND	Neurodevelopmental
●	NDT	Neurodevelopmental Team (in East London Foundation Trust or 'ELFT')
●	LD	Learning Disability
●	OT	Occupational Therapy
●	PCF	Parent Carer Forum
●	PINS	Partnerships for Inclusion of Neurodiversity in Schools
●	SaLT	Speech and Language Therapy
●	SCAC	Social Communication Assessment Clinic (in Homerton)
●	SEND	Special Education Needs and Disabilities
●	SPA	Single Point of Access

# Neuro-Affirmative Language and Key Principles of Assessment

## DOs

- Autistic person
- Characteristics, differences, preferences
- Prefers reduced levels of eye contact
- Non-speaking
- Value neurodivergent ways of being
- Stimming, self-expression, body language
- Can get distracted by... energetic, active
- Has an autism diagnosis and experiences...
- Autistic pattern
- Areas of expertise / passions
- Autistic developmental trajectory

## DON'Ts

- Person with Autism, suffers from Autism
- Impairments, deficits, symptoms
- Poor eye contact
- Non-verbal
- Odd, unusual
- Poor attention, hyperactive, restless
- Difficulties attributed to being autistic
- Rigidity of thought
- Restricted interests
- Developmental difficulties
- ASD

# **Our Approach to Inclusion – Developing early intervention practice in our settings**

# Early Years - COLTALE Programme and Home Learning



COLTALE (City of London Talks and Listens Enthusiastically) aims to support all children to develop their speech, language and communication skills, and further develop close partnerships between parents and early years practitioners/teachers.

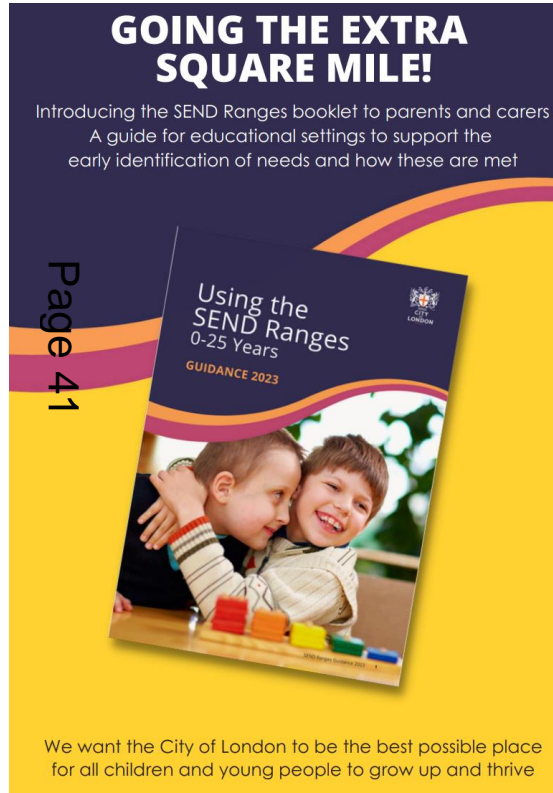
Research tells us that by:

- 22 months – a child's development can predict outcomes at age 26.
- 2 years – 75% of a child's brain growth has occurred.
- 4 years – the difference in the number of words different groups of children have heard can be as much as 19 million.
- 5 years – a child's vocabulary can predict his/her educational success and outcomes at age 30

- In the City of London, the most frequent areas of need indicated in referrals to the Early Years Team is Communication and Interaction
- The City of London Early Years Team supports the inclusion of children with a range of needs in City of London settings
- The Early Years team regularly meets with families of children on the Inclusion Register, throughout their child's time in an early years setting (TAC meeting following each support visit)
- Transition meetings takes place prior to a child moving from nursery to their next setting/school
- Inclusion audits are carried out annually in the summer term across all early years settings in the City of London. The audits include discussions with each SENDCO and manager.



# SEND Ranges and Provision Mapping



- The City SEND Ranges provide a framework for staff in all settings 0-25 to address the early identification of needs, provide ideas for curriculum adaptation, guidance on assessment and the effective deployment of resources, including staff.
- The SEND Ranges is a resource for staff in all educational settings working with children and young people, 0-25 years. The SEND Ranges uses best practice to assess the needs of children and young people. It was developed to meet the SEND Code of Practice (2015) and the Department for Education's SEND Improvement Plan (spring 2023).

- The Ranges are based on the four areas of the SEND Code of Practice and give guidance and ideas from Early Years to Post 19. It includes the Preparation for Adulthood (PfA) outcomes from the Early Years through to 25.
- It is the City of London's graduated approach to identifying need and ensuring that support is provided in a prompt way.
- The SEND Ranges provide guidance on what should be 'ordinarily available' to meet the needs of the most complex child and young person who maybe either in a mainstream setting, additional resource base or a specialist provision.

- The City of London has recently produced a [SEND Ranges Video for parents](#) to help parents to understand how the SEND Ranges can support their child



This video will introduce parents and carers to the SEND Ranges booklet and offer advice on the best ways to use it.

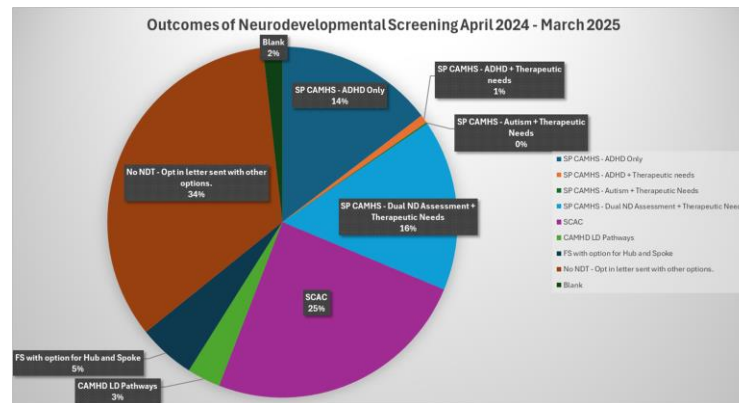
# Levels of Need

# CYP Data - Autism & ADHD

Between April 2024 and March 2025 the local **CAMHS Single Point of Access (SPA)** received **780** requests for Neurodevelopmental Assessments for 5 to 18 year olds (under 5's go through Paediatrics). Below we include a breakdown of the outcome for those referrals:

- 34% of referrals once screened did not meet criteria to move forward with a full Assessment
- 25% of referrals where only presenting need is Autism Assessment
- 14% of referrals where only presenting need is ADHD Assessment
- 17% of referrals need for a more comprehensive Assessment (Dual Assessment + Therapeutic Need)
- 5% of referrals where for Autism + Getting Help Support
- 3% had a moderate LD querying Autism or ADHD

In summary, SPA tries to establish in their triage if the young person needs simply a Neurodevelopmental Assessment (42%), need a holistic assessment and care package (22%) or do not meet criteria for an ND Assessment and are signposted to other offers or interventions in the community, including schools (34%).



# CYP Data - Autism & ADHD

Between April 2024 and March 2025 approximately **600** new young people were accepted into one of the Autism Diagnostic Assessment Pathways available in City and Hackney. A further **130** were accepted for an ADHD Assessment.

Those are young people who have been referred and triaged, often having completed some type of screening and/or professional observation beforehand to assess enough evidence to move forward with full Assessment.

Below we detail number of CYP accepted into each Assessment Pathway together with average wait times. It is important to note that these are averages\*.

\* Pathways use prioritisation markers meaning some young people will be assessed quicker/brought forward on the waitlist based on certain criteria. That criteria includes young people who are close to turning 18, young people at risk of school exclusion or young people whose care plan might significantly change on the basis of a diagnosis.

- 0-5 Pathway (CCC) = **186** new referrals (306 in 23/24) → Av 11.5 months wait
- 5-18 Pathway (SCAC) = **262** new referrals (297 in 2023) → Av 18 months wait
- 5-18 Severe Mental Health Pathway (NDT) = **124** new referrals → Av **16** months wait
- Learning Disability & Autism Pathway (LD-ASC) = **20** new referrals → Av 19 months wait
  
- NDT ADHD: **120** new referrals → Av 9 months wait
- LD-ADHD: **9** new referrals → Av 15 months wait

# CYP Data - DLD and Selective Mutism

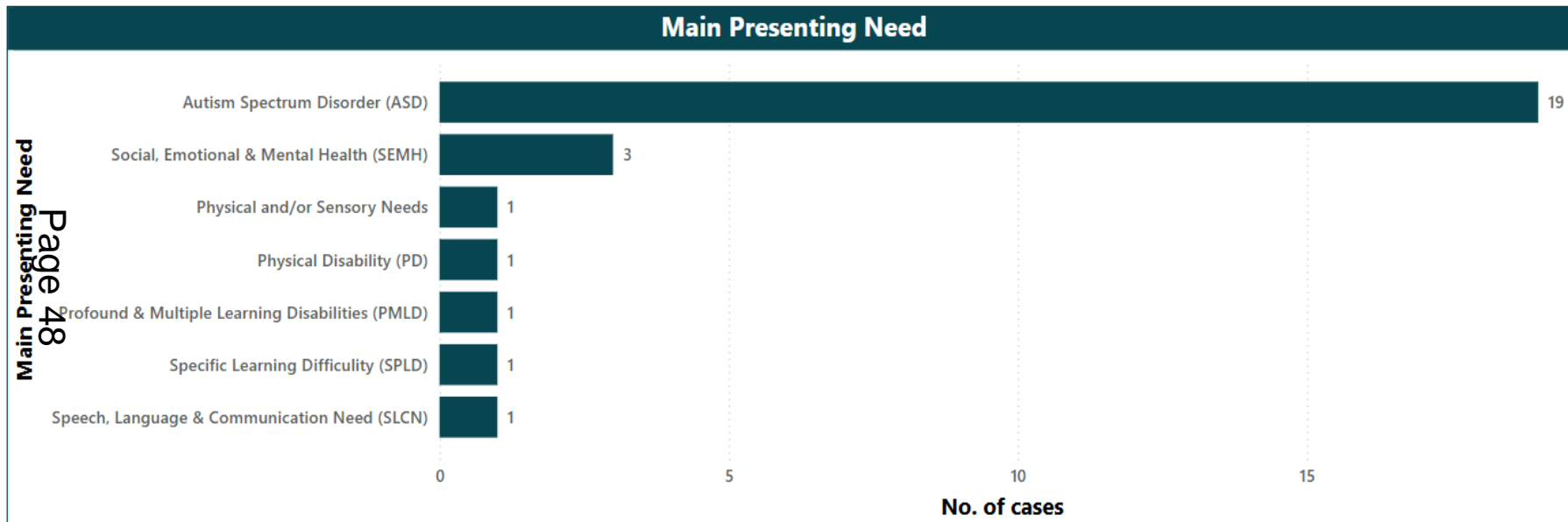
The Speech & Language service at Homerton have developed shared Pathways with both Paediatrics (CCC) and CAMHS (SCAC) to include joint assessments for Selective Mutism (SM) and Developmental Language Disorder (DLD) as well as shared interventions including Sensory Workshops, drop-ins, Coffee Mornings and Feeding Pathway.

Shared principles:

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- Early intervention is particularly important for these children: no minimum threshold for intervention
- Both SaLT and CAMHS should hold open referrals to aid collaborative thinking and shared formulation
- The services will regularly liaise to ensure work is joined up but does not duplicate
- As SaLT are embedded in schools/nurseries, they will lead on supporting the setting. CAMHS clinicians will lead on supporting the parents/carers
- SaLT are welcome to consider referring to CAMHS before giving SM diagnosis, if they think that CAMHS input would be helpful, or could contact First Steps for initial discussion while considering referral

# City of London CYP Data - EHCP Primary Needs





# Snapshot of single service Demographics data

**Social Communication Assessment Team:** Mainstream autism assessment service for City and Hackney residents aged 5-18 (SCAC-5-18).

- 102 out of 473 on the waitlist were from a Black British/African/Caribbean background (21.5%) which was in line with the demographics in Hackney (21.1%).

**Demographics of CYP at risk of permanent exclusion from school on SCAC Wait list 2022-2024 (prioritised for assessment within 3-4 months rather than 18 month wait)**

12 CYP were prioritised for their autism assessments between 2022-2024

11/12 were male, 1/12 female

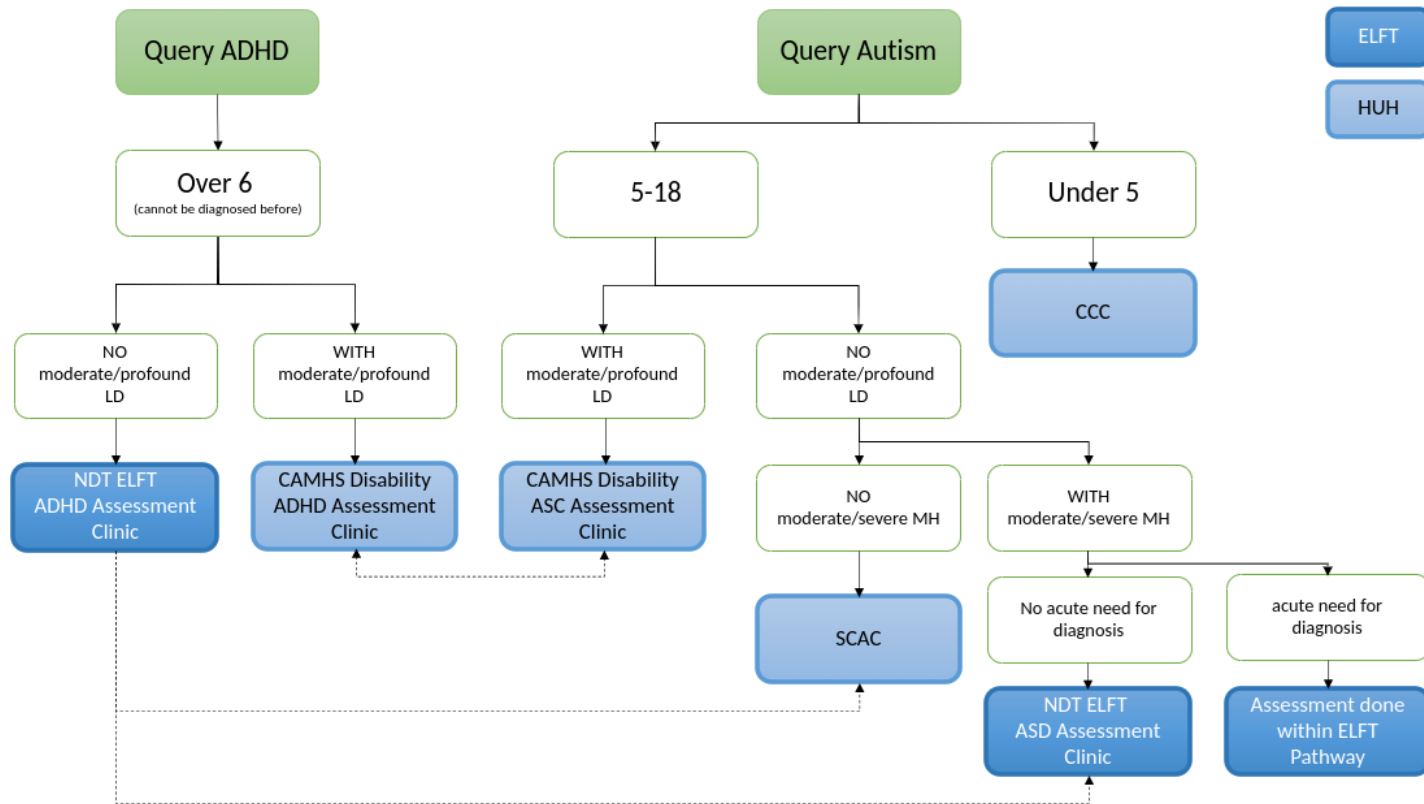
5/12 at primary school, 7/12 at secondary school

- 11/12 CYP were from a Black heritage background

# **Children's Diagnostic Pathways & Support while Waiting**

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# Diagnostic pathways



# Diagnostic pathways

- The demand for Autism and ADHD assessments has seen a **significant increase in the last 7 years** (since 2019) across the UK. This can be explained by an increased awareness in the public, greater acceptance of neurodiversity and improved methods for early detection.
- During the COVID Pandemic most assessments had to stop completely as key parts need to be conducted face-to-face. **A backlog of assessments was created** at that point in time. This was compounded by a recruitment crisis which left significant vacancies in the diagnostic pathways.
- A full Autism diagnostic assessment traditionally has required at least 2 trained clinicians over multiple sessions and on average can take 11.2 hours.
- Despite the increased demand and backlog, the total capacity of the diagnostic services has only marginally increased in the same period, creating a **Demand & Capacity imbalance**.
- The existing pathway structures across multiple organisations and teams have made it difficult to adapt to the new realities and be able to respond to the increased demand in the context of no new funding. Nevertheless, efforts are being made to improve our Pathways and reduce the waiting times, and some new ICB funding is being directed towards these efforts.

# Diagnostic pathways: Examples of work to reduce waiting times

## Complex Communication Clinic (under 5s) service redesign

- Mainstreaming of an **effective multidisciplinary team (MDT) model** had been delayed owing to resource and this was reflected in a waiting list of 315 children in May 2023 with an average waiting time of 12 months
- From January 2023 additional funding extended the clinic and by June 2024 children were waiting approximately 9 months to be seen
- Ongoing funding uncertainty impacted the input of multidisciplinary professionals and there are currently **220 children waiting to be seen with an average waiting time of between 11 and 12 months**
- Now recurrent funding is secured it is intended that waits are reduced further to 8-10 months
- Via the MDT the assessment comprises of what is needed to meet needs rather than being bound via a rigid assessment model
- Piloting group observations of children who attend the same nursery while paediatrician has consultation with child and family on another day
- Diagnostic feedback delivered by the most appropriate member of the MDT –all skilled to do this and post-diagnostic support aligned with CAMHS Padlet
- Review of complexity of case load and data recording will contribute to the work across North East London to assess equity, impact and resourcing of service offers (SEND investment reporting having a focus on reducing waiting times)

## Diagnostic pathways: Examples of work to reduce waiting times (2)

- **Twilight/Saturday Clinics:** CAMHS “extra” clinics running on evenings (SCAC) and Saturdays (ELFT) were put in place after the COVID Pandemic using bank staff in order to increase capacity and clear backlog. These clinics were funded with non-recurrent money and have since stopped.
- **Hub & Spoke Model Pilot:** SCAC (5-18 Autism Pathway) piloted in 2024 a Hub & Spoke model of doing assessments as part of a wider piece of work to better integrate the different CAMHS pathways. The model trialled “spoking” assessments for children and young people who were open for an intervention in another service, utilising the knowledge and engagement of the professional working with the child and family. The pilot, run as a Quality Improvement project, demonstrated clear efficiencies, reducing the total time of assessment by more than half (average 5.5h in spoke vs 11.2 normal clinic). The spoke model also reduced the wait time for those young people and overall the waiting list by creating efficiencies, and provided a better patient-centred care with really positive feedback from families and young people. It also works in upskilling the assessment partners in the network, creating a wider pool of trained professionals or “community of practice”.

In February 2025 SCAC won an **NHS England SEND Best Practice in Health 2025 Special Recognition Honour for improving access for Children and Young people with SEND**, for the development of Hub and Spoke Model.

# Diagnostic pathways - What Next?

- In light of the trends around demand and supply, **changes will be needed to ensure that young people and families receive timely and appropriate support**. This will need to include changes in the Diagnostic Pathways in City and Hackney with a view of streamlining them, prioritising need and managing the demand.
- The current proposal is to ensure that all referrals to the Single Point of Access to CAMHS which present with a mental health need are sent to the appropriate service for treatment first, following a Thrive Approach. Once in the right pathway for intervention, a “*spoke*” assessment can be completed as part of the treatment package.
- If there is no functional/treatment need, assessment will not be recommended and young person remains in SEND support.
- Waiting lists to CAMHS Diagnostic Pathways will therefore cease to exist as such. The pathways will continue to work to clear the waiting list but no new cases will be added to it and instead we'll be moving towards a needs-based assessment model.

# Support whilst waiting for assessment

Many young people and families face long waits for Autism and ADHD assessment, which often lead to frustration, uncertainty and missed opportunities for support.

In City and Hackney we are committed to moving towards an increasingly early and needs-based approach to support, following the [i-THRIVE approach](#).

As described before, the Single Point of Access to CAMHS carries out a thorough triage at the point of referral to **establish the functional needs**, and offer intervention within CAMHS or through Community Partners, independently of the need for an Assessment. We try to explore this with families as early as possible, to manage expectations and provide clarity around what the Assessment process entails and what can be expected.

The Single Point of Access Lead has created a live Padlet which contains all known offers, both statutory and otherwise, to try to ensure we are giving young people and families as many options for support as possible at the time of detection.

See an image of the Padlet on the next Slide



# Support whilst waiting for assessment

The live Padlet as described on the last slide which is accessible to other services

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Padlet

City and Hackney CAMHS SPA + 3 + 3d

## Support for Young People & Families in Hackney

In a mental health crisis, phone our Crisisline on 111 (Option 2), or go to your nearest A&E if you need to. This is a live and dynamic document (not an official website) that we change all the time as we become aware of what is happening. We will add, remove or alter things if there is something you think needs to be added, removed or altered.

### Getting Advice & Signposting

City and Hackney CAMHS ... 6 days ago

**Definition of 'Getting Advice and Signposting'**

Getting advice and signposting options should be used when a young person is not yet experiencing mental health symptoms, but may be at risk of this.

**Getting Advice and Signposting** may include **consultation lines**, and **charities** that do **youth work**, as well as strength-based universal interventions.

They are for young people and families who just need a little bit of guidance.

CAMHS Services that provide 'Getting Advice and Signposting' are the **CAMHS in Schools Workers** and **CAMHS SPA**

### Getting Help

City and Hackney CAMHS ... 6 days ago

**Definition of 'Getting Help'**

Getting Help options should be used when a young person has a clear mental health need that requires a clear intervention that requires that them or their family are seen for **several intervention sessions with a professional**.

Professionals could include psychologists, social workers, paediatricians, mentors, youth workers.

Interventions could include **short-term therapy (like CBT)** or brief **structured mentoring**.

These are for young people and families who are not at any immediate risk, but would benefit from some **strategies to support** with their emotions or behaviour

CAMHS Services that provide 'Getting Help' are **First Steps**

### Getting More Help

City and Hackney CAMHS ... 6 days ago

**Definition of 'Getting More Help'**

Getting More Help options should be considered when a young person has a clear mental health need that has persisted over time, despite having received help.

Interventions could include **longer-term psychotherapeutic interventions** (CBT, Family Therapy, Psychotherapy), **groups** or **individual work for specific traumatic events**.

These are for young people and families who might be experiencing some level of risk, including self harm, significant behaviour dysregulation, and moderate-severe depression or anxiety.

CAMHS services that provide 'getting more help' are **Specialist**

### Getting Risk Support

City and Hackney CAMHS ... 6 days ago

**Definition of 'Getting Risk Support'**

'Getting Risk Support' options should be considered when a young person's mental health is placing themselves or others at risk.

Interventions could include **regular sessions to monitor risk**, **safety planning**, and **multi-agency meetings to ensure safety**.

These are for young people and families who might be affected by severe self harm, suicidal ideation, psychosis, or eating disorder that is posing a physical risk.

CAMHS services that provide 'Getting Risk Support' are **Specialist CAMHS**, **CAMHS Extended Crisis Team**, **CAMHS Home Treatment Team**, **Children's Eating Disorder Team**

### ADHD, Autism & SEN Support

City and Hackney CAMHS ... 6 days ago

**Definition of Autism & ADHD Specific Support**

'Autism and ADHD Specific Support' refers to young people and families who are having difficulties specifically related to Autism or ADHD.

Interventions could include **coaching** on how to manage symptoms related to ADHD and autism, **social groups for young people**, and **groups for parents and young people** about how to understand and manage symptoms of Autism and ADHD.

These are for young people and families where children have Autism or ADHD and their difficulties are related to these diagnoses.

CAMHS Services that provide 'ADHD, Autism & SEN Specific

# Support whilst waiting for assessment

A number of initiatives and active pieces of work demonstrate that intention including the development of interventions that do not require a diagnosis (**needs-based**) or are delivered to those who are on a waiting list:

1. **Occupational Therapy and Speech and Language Offer:** both teams at Homerton offer self-referral from parents to workshops and groups that target specific needs (e.g. food, sensory needs) without the need of a previous diagnosis.
- 2 **Roll-out of Family Coach Offer:** needs-based service operating within Education Psychology service at (Hackney) Local Authority. Supports families without need of official diagnosis or EHC Plan, only with an identified need or difference in any of the 4 SEND areas (Communication & Interaction; Cognition & Learning; Social, Emotional and Health Difficulties; Sensory or Physical Needs).
3. **Development 5-CAN workshop for those on CCC waitlist:** Targeted Parent Workshops for under 5's children with additional needs. This program is specifically designed for parents and carers to better connect with children with social communication difficulties and/or additional needs. It has 5 sessions covering topics such as Behaviour, Sensory Needs, Toileting & Sleeping, Feeding, Play and Communication.

There is currently an [active piece of work](#) to improve communication and offer of parent directed groups and interventions, including the idea of increasing single-topic sessions where parents can self sign-up and don't require a diagnosis to access.

# Diagnostic pathways - ADHD

Similarly to Autism, we have seen a constant rise of requests for ADHD assessments of diagnosis and general demand for support.

Overall, there are less interventions or groups specifically targeted to support young people who have ADHD and their families, compared to those who are Autistic. ADHD diagnosis can be less time and resource consuming than a diagnosis of Autism, but it can vary more individual to individual.

In the case of ADHD we need to consider that those who would benefit from medication as an intervention **will require a diagnosis** in order to access it. In the current planning there will be a distinct medication pathway for ADHD in NDT Specialist CAMHS and there are revised treatment and assessment plans for ADHD under review

Looking at the number of CYP assessed from April 2024- March 2025 and the number added to the ADHD medication waitlist in that same time period we can see that somewhere between 40% - 50% of young people who are diagnosed with ADHD in City and Hackney go onto requesting medication.

## Note about ADHD Medication:

- Global supplies are erratic for a number of ADHD medications.
- NHS England advised stopping new titrations for a period of time Autumn 2023-early 2024 and then again Winter 2024-Spring 2025. That did not stop prescriptions for children already on it, however, they may have had/still have problems getting hold of it from their pharmacy.
- Most recent advice (March 2025) is to try to avoid adding further delays to children and young people starting ADHD medication and to consider initiating medication for them. CAMHS are therefore restarting new titrations but this is in the context of a significant waiting time: 21 months at the time of writing.
- CAMHS are doing their best to tackle this but recent cuts affecting the team (as all of CAMHS) mean they have less prescribers than this time last year.
- For those who do start medication/are already on medication, supply issues are likely to continue to intermittently be a problem

# The context for Adults

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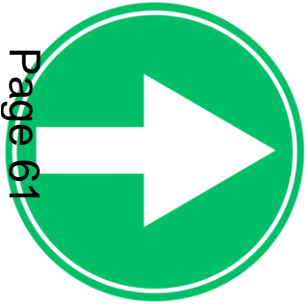
Penny Heron (Strategic Commissioner, Childrens, Adults and Community Health, LBH  
(LD and Autism commissioner)

John Bradley (Operational Lead for Autism and ADHD services, ELFT)

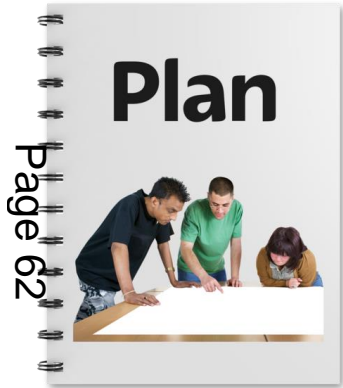
# Adults - Current Situation & Pathways

Wider Pathways Options include:

- LD & Autism acute liaison nurse at Homerton & Barts & the London
- Wellbeing Network
- Social Care - (many not always care act eligible)
- Use of different apps
- Supported employment & apprenticeships schemes
- Mental Health Pathways



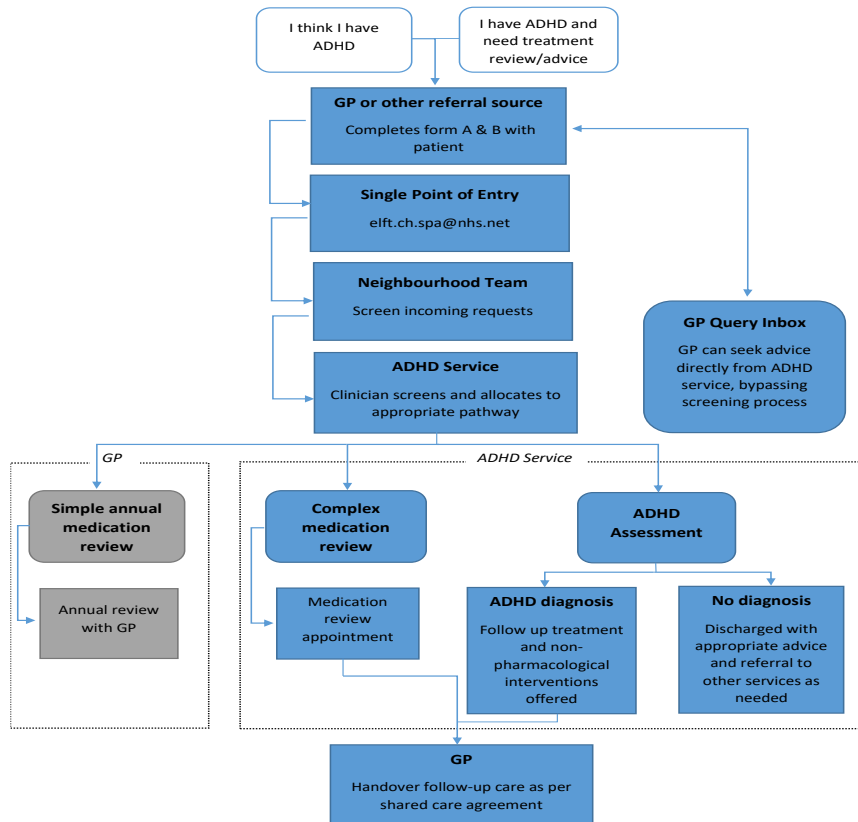
# Diagnosis & Needs' Based Approaches



- Improving Autistic/ Neurodivergent people's experience
- Waiting well for a diagnosis
- The Importance of Diagnosis
- Doing things differently
- Taking a needs' based approach
- Accessible Environments & Services
- Autistic Friendly Communities & Autistic Celebration

# Diagnostic pathways – Adult ADHD

## C&H ADHD Service Referral/Assessment Pathway (18yrs+)



# Diagnostic pathways – Adult Autism

## Pathway for Adult Autism Diagnostic Assessment (18yrs+)

All external (including self referral) referrals sent to SPA Team. Internal referrals sent to [elft.chautismreferrals@nhs.net](mailto:elft.chautismreferrals@nhs.net)  
**Inclusion Criteria:** Requesting ASD assessment. GP/ referrer suspects ASD as result of problems with social communication/ interaction/ relationships. Has a City & Hackney Address (or LA responsibility)  
**Exclusion Criteria:** Does not have Hackney address. Existing LD Diagnosis (IQ 70 and under)- send to the LD Service.  
Existing diagnosis of ASD – send to Information and Assessment Service if needed.  
If patient does not meet inclusion criteria, consider referral to Adult Mental Health for screening assessment.

Pre-diagnostic waiting resources shared online and via email

### Assessment Appointment 1: 2.0hrs with Psychiatrist

All pre-assessment questionnaires (AQ-10, RQ1, EQ40), permission to share and risk assessment completed.

### Assessment Appointment 2: 1.5hrs with HCP

ADOS-2 assessment and/or informant interview for collateral history

#### Autism diagnosis confirmed.

0.5hr outcome with Consultant or HCP.  
Report and New Diagnosis Resource Pack.  
Discharge

#### Optional post-diagnostic support offered:

OT for Reasonable adjustments (*discharge on completion*).  
Monthly Peer Support Group.  
Post-Diagnostic Workshops.  
Referral for Care Act Assessment

#### No Autism diagnosis made.

0.5hr outcome with Consultant or HCP.  
Report and resources given.  
Discharge

Referral to other services made if needed, for instance, Adult Mental Health Services, self-help, psychology, employment and volunteering support, befriending and mentoring schemes.



# City & Hackney Autism Service

**The service began in February 2015. Commissioned as diagnostic service for City & Hackney residents (18+) Multidisciplinary team (funded):**

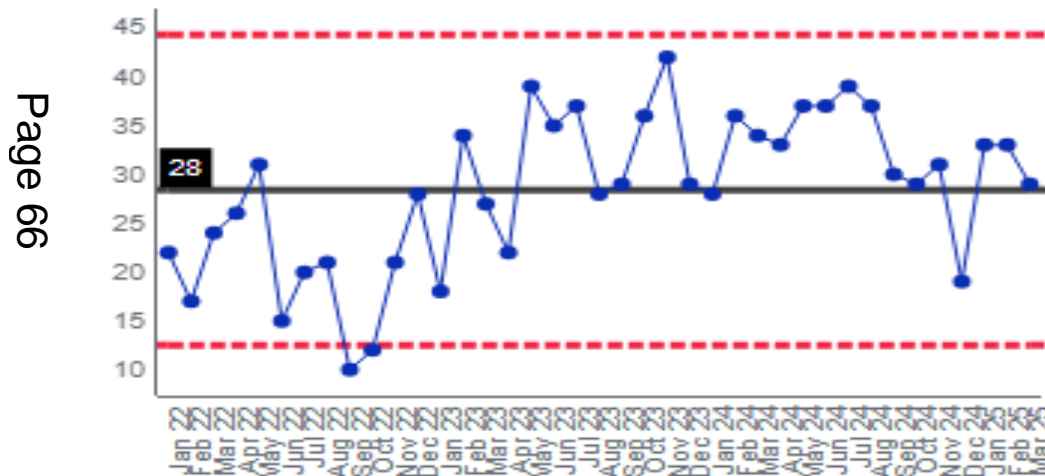
- Operational Lead/Senior Practitioner 0.9
- Consultant Psychiatrist ) 0.15
- Speciality doctor 0.4
- Resident doctor 0.2 (rotational)
- Occupational Therapist and Autism Practitioner 1.0
- Administrator 1.0

**Assessment (funded):** Under 21 expedited. Usually 2 assessment appointments to make a diagnosis + 1 outcome appointment for feedback, signposting and advice. Discharge at final appointment.

**Post diagnostic support (unfunded):** Peer support group and educational workshops. A reasonable adjustment appointment with an OT. Accessible for 1 year following diagnosis.

# Adults Data - Autism

Referrals Received - I chart



- We have 612 people open to the service, most awaiting assessment
- We completed nearly 14 Assessments/month in last 12 months
- The current wait for assessment is approximately 36 months

# City & Hackney ADHD Service

Started as a clinic in 2014. Provides diagnostic assessments, medication reviews, treatment and post-diagnostic support to patients with a City and Hackney address.

Commissioned staffing:

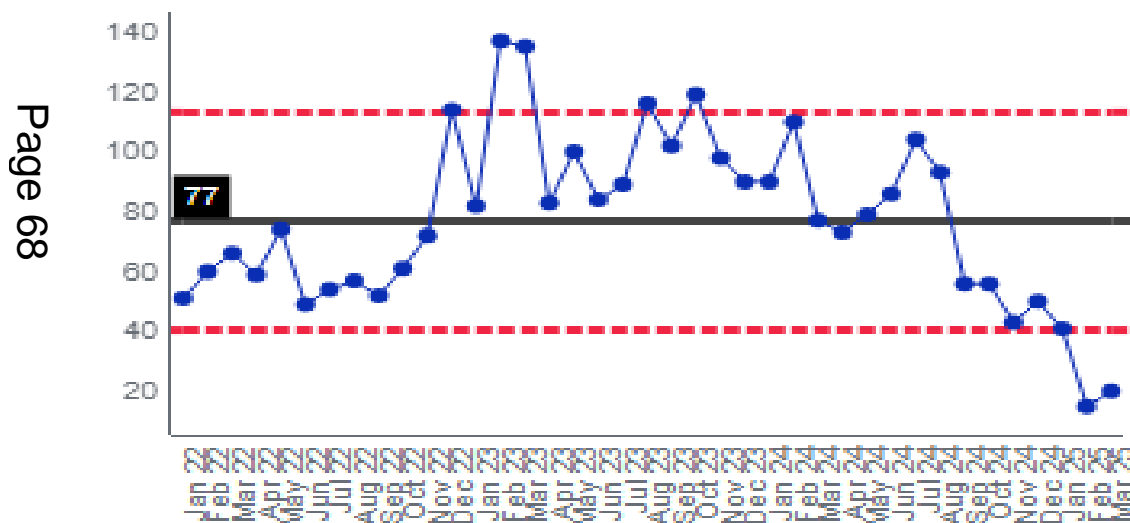
- 0.1 WTE Consultant Psychiatrist
- 0.2 WTE Pharmacist Prescriber
- 0.5 WTE ADHD Practitioner (not part of assessment team)
- 1.0 WTE Band 4 Admin

Other unfunded (not from ADHD budget) staffing:

- 0.4 Specialty doctor
- 0.2 WTE Resident doctor (rotational)
- Operational Lead
- Special interest Drs

# Adults Data - ADHD

Referrals Received - I chart



- Demand has far exceeded capacity
- 1500 approximately wait for assessment – at least 6 years wait
- We can complete 2 assessments/month with funded capacity
- A further 600 await medical review

# ADHD Assessment & Treatment

- New diagnostic assessments -1-2 clinic appointments. Under 21 expedited.
- Meds reviews(existing diagnosis)/Meds optimization - Varies a lot but can be 6-10 appointments.
- Discharged back to GP under Shared Care
- Currently appointments are conducted mainly face to face.
- Patient resource pack given once diagnosis confirmed.
- Senior ADHD Practitioner - post-diagnostic online groups, workshops and reasonable adjustment appointments. Begun to offer 1:1 ADHD coaching.

# What are we doing about this?

- Advice and Guidance for GPs to support them to manage ADHD
- Cleaning our waitlists
- Advising patients re Right to Choose
- Focussing on existing titrations
- Providing pre and post-diagnostic support/information
- Involvement in Trust-wide efforts to re-think ADHD services

# The good news

- GPs in City and Hackney are keen to help
- GPs taking on annual medication reviews – for small (ICB) payment
- GPs are training with Takeda, increasing knowledge of ADHD
- ICB is funding 2 x GPs with Extended Roles (GPwERs) to work 1 day/week each in our service

# Ethnicity Data

	Borough Population	ADHD Team	Autism Service
<b>Total Number of clients</b>		<b>3209</b>	<b>1288</b>
<b>Unknown</b>		<b>67.7%</b>	<b>57.6%</b>
<b>Asian, Asian British</b>	10.4%	9.1%	8.4%
<b>Black, Black British, Caribbean or African</b>	21.1%	10.8%	17.7%
<b>Mixed or multiple ethnic Groups</b>	6.7%	9.7%	11.7%
<b>White British</b>	33.9%	39.7%	37.9%
<b>White Irish</b>	2.2%	2.5%	1.5%
<b>White Other</b>	16.6%	25.7%	20.5%
<b>Traveller/Gypsy/Romany</b>	0.4%	0.1%	0.2%
<b>Any Other</b>	8.6%	5.4%	2%



# Autism Friendly Neighbourhoods Pilot Update

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Jody Barrientos (LD and Autism Health Inclusion Lead, Homerton Healthcare)

# Equal access to healthcare

The [Autistic friendly checklist for primary care and healthcare settings](#) is a coproduced document which sets out specific guidance to healthcare professionals on how to support autistic people to better access services and to understand what reasonable adjustments could help improve the experiences of autistic patients.

The checklist is divided into 4 themes:

- *Processes*
- *Communication*
- *Sensory environment*
- *Predictability*

Settings can use the checklist to think about what they are already doing to make their service accessible to autistic people, reflect on and plan what steps might be taken to become more autistic friendly and then (with support where needed) complete those steps to be autistic friendly.

The checklist was piloted with the London Fields Primary care network (during 2023) and was then embedded into the Enhanced GP contracts (2024/25) requiring every GP practice in City and Hackney to complete the checklist this year.



# Access to healthcare



Window film sticker at Beechwood Medical centre

*"As a team we are now more mindful of how we need to address the issues that autistic people face and how with just a few adjustments we can make their journey at the practice less stressful.*

*These include being mindful and **taking time to explain** how the practice works, inviting them to **appointments at quieter times** in the waiting room. **Not cluttering** the waiting area with too many posters. Taking time to explain exactly where they will be seen, how they will be called in, where facilities are such as toilets. Taking the time at registration to **ask if any adjustments are required**, inviting them along to get a feel for the practice to come in and see how the practice is laid out, so they are familiar with the practice.*

*Clinicians can offer **double appointments**, when necessary, advise patient that they can have a **printout of the consultation** or can use the NHS APP to access the consultation"*

Jill White, practice manager at the Nightingale clinic

## Welcome to The Neaman Practice

We provide comprehensive NHS primary care services to help you manage your health and well-being.

Our aim is to provide a high quality, caring and personal health care service to our whole patient population by:

- Putting our **patients at the centre** of what we do
- Having a highly qualified and trained **multi-professional integrated primary Healthcare Team**
- Offering our services in a **safe, supportive and suitably equipped** environment, using **technological advances** in healthcare systems for our patient's benefit.



Autistic friendly badge on the Neaman Practice welcome page

“I wanted to share the positive and lasting impact of the autism training we received from Jody and Matthew at Latimer Health Centre. All of our staff, including reception staff and partners, attended the session, and it left a profound impression on everyone, especially hearing **directly from an autistic individual**. The insights provided were invaluable in broadening our understanding and shaping our approach.

Following the training, we immediately took steps to improve our services for autistic patients. We purchased **noise-cancelling headphones** and disposable earplugs to help create a **more comfortable environment**. Additionally, we established a **patient record system** to note all autistic patients and offer them the option of a **double appointment**, alongside consideration for reasonable adjustments. This has become an integral part of our practice.

The training also helped us develop a **broader awareness of reasonable adjustments**. Even simply having this terminology and mindset available to us was a direct result of the autistic-friendly approach we embraced.

We’ve seen a clear cultural shift within the practice, and this was highlighted when we were interviewed by the Healthwatch Hackney Learning Disabilities (LD) Quality Checker Project Manager. We were honoured to be recognized as an **inclusive and supportive practice for neurodivergent and learning-disabled patients**.

Personally, the training has inspired me to pursue further education. As a new GP Educator for GP Trainees, I took a course on **supporting neurodivergent trainees** and co-developed a workshop for both GP trainees and trainers, focusing on learning from the lived experiences of neurodivergent GPs. I am deeply grateful to Jody and Matthew for sparking this positive change. Thank you again for your support and for facilitating such valuable learning”

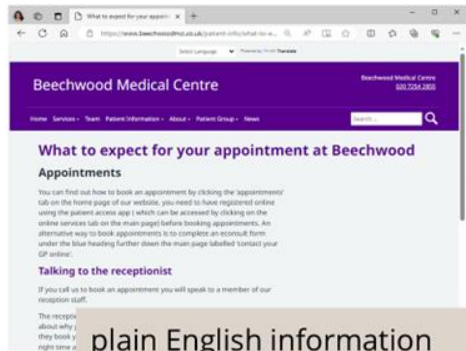
Dr Hayley Sherratt, GP Partner and  
Trainer at Latimer Health Centre



# Autistic Friendly Primary Care: examples from across City and Hackney



asking about reasonable adjustments on patient registration forms



plain English information on what to expect

providing information about who works there and what they do

*"asking patients what is the(ir) preferred mode of communication?" Dr Sherrett (Latimer Health Centre)*

Practitioners reflecting on how best to support communication

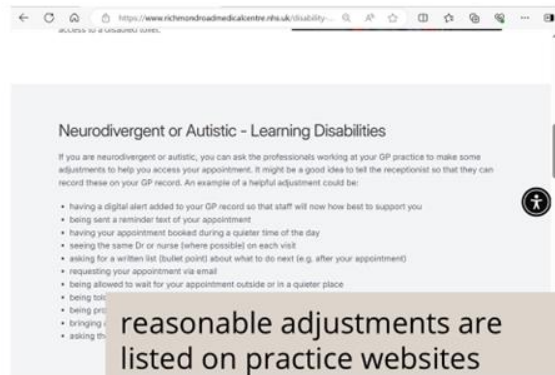
*"it was nice to hear firsthand from someone who is autistic to help better understand their experience in navigating healthcare services but also in everyday life"*



staff have access to learning opportunities



notice boards are clutter free



reasonable adjustments are listed on practice websites

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