



North East London

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

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**May 2025**

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North East London

# 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

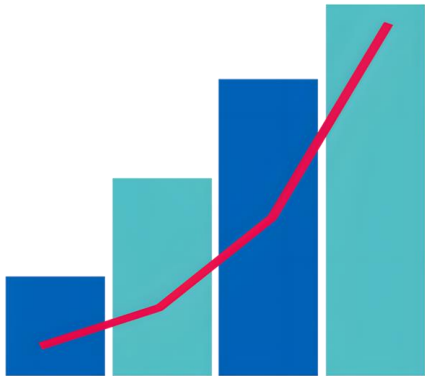


# Background & Definitions: Disability/ Identity

- **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

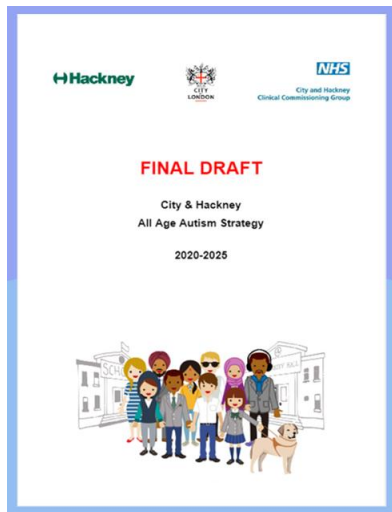


- Autism - More than one in 100 (1%) people are autistic and there are at least 700,000 autistic adults and children in the UK.

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

- 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](#)

ADHD only  
30%

Anxiety  
40%

Depression  
32%

Tic disorders  
11%

Dyspraxia  
50%

ASD  
25%

ODD  
40%

Dyslexia and  
dyscalculia  
50%



Autistic friendly





North East London

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

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**North East London**

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# 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

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# **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.

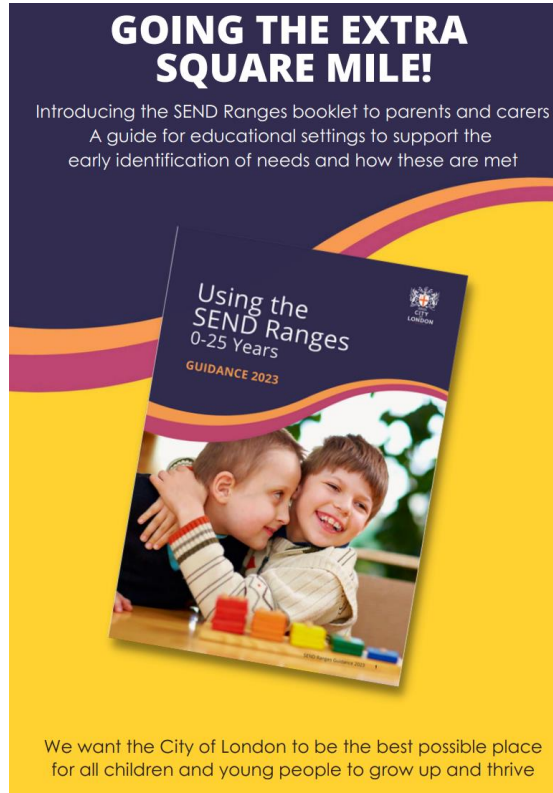
Research tells us that by:

- 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

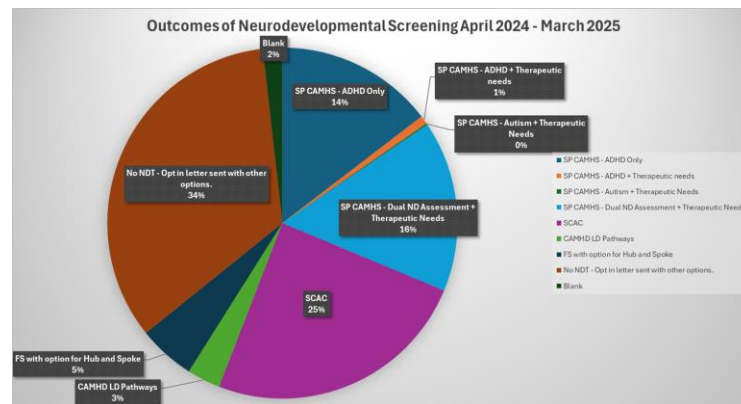


# CYP Data - Autism & ADHD

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

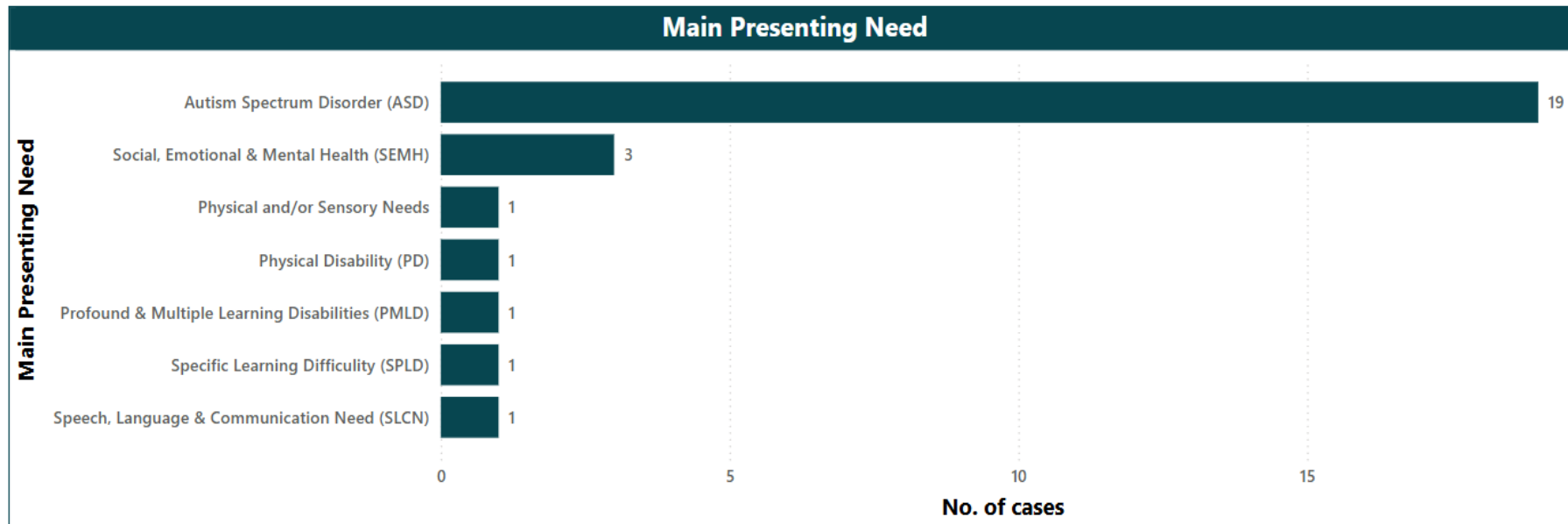
# CYP Data - DLD and Selective Mutism

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:

- 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%).

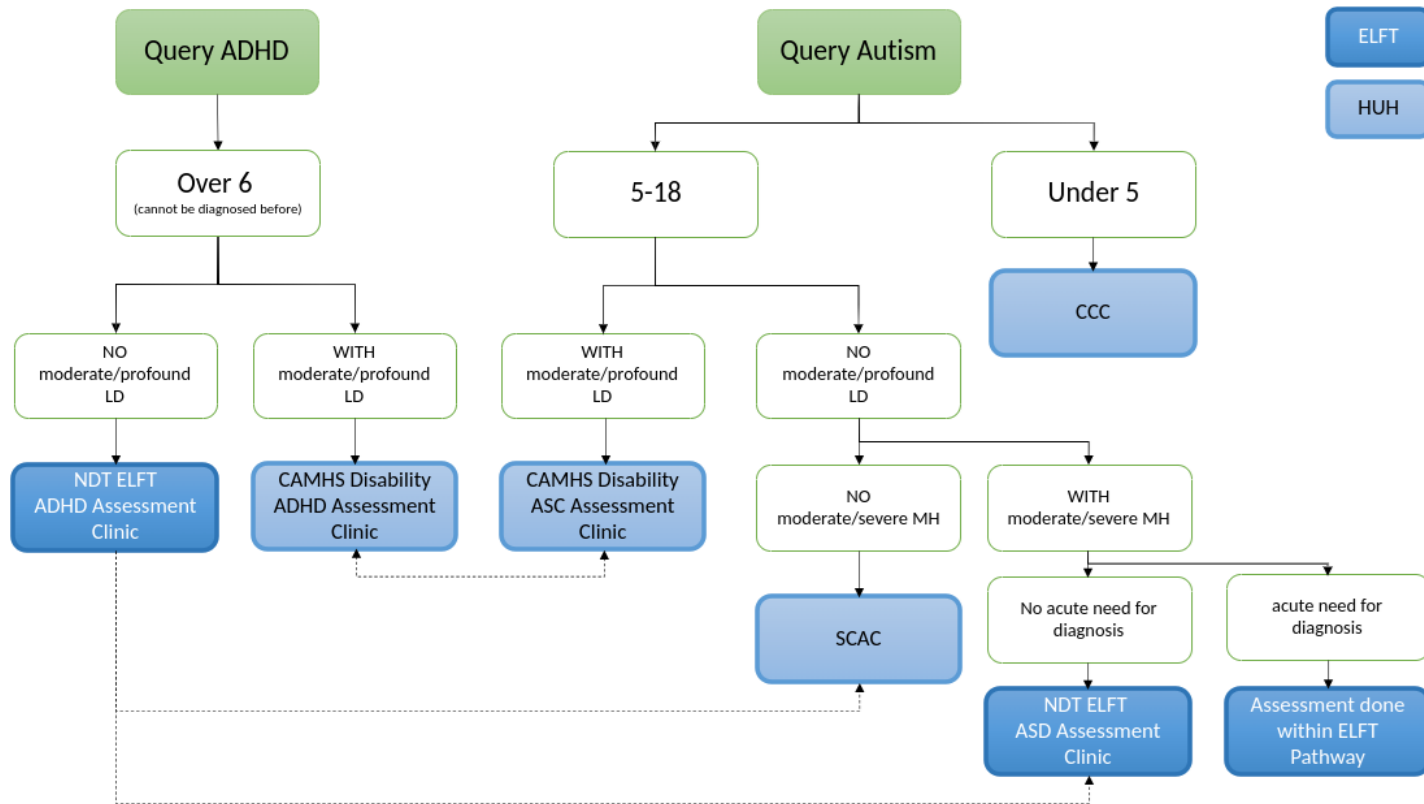
**Demographics of CYP at risk of permanent exclusion from school on SCAC Wait list 2022-2024 (prioritised for assessment within 3-4 months rather than 18 month wait)**

- 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

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

# 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

**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**

**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**

**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**

**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**

**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**

**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



North East London

# 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

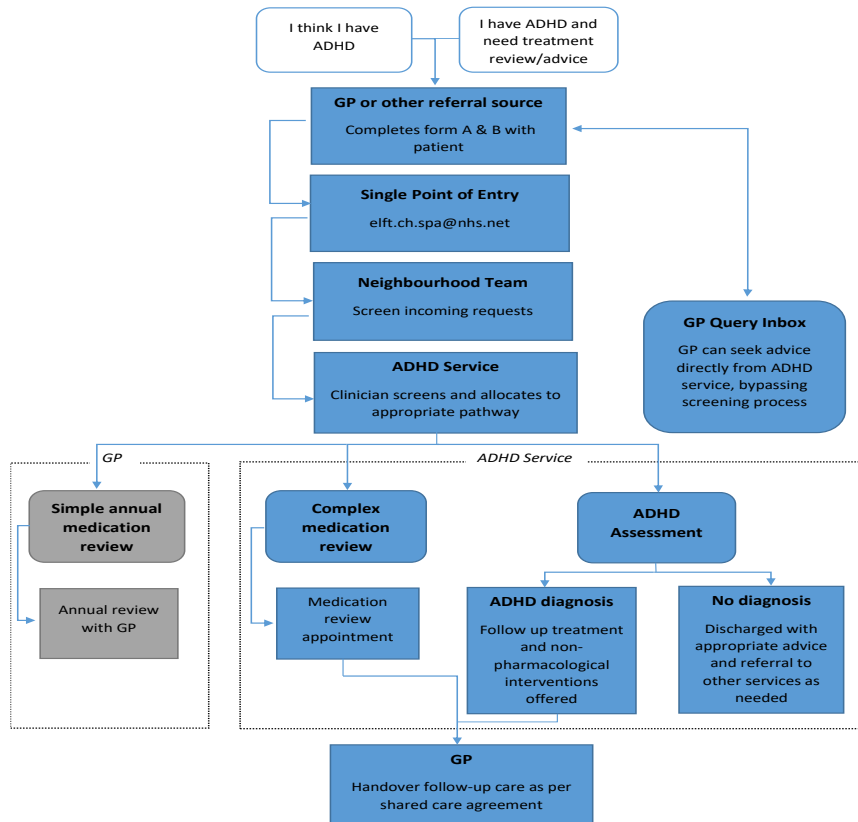
# Diagnosis & Needs' Based Approaches



- 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):**

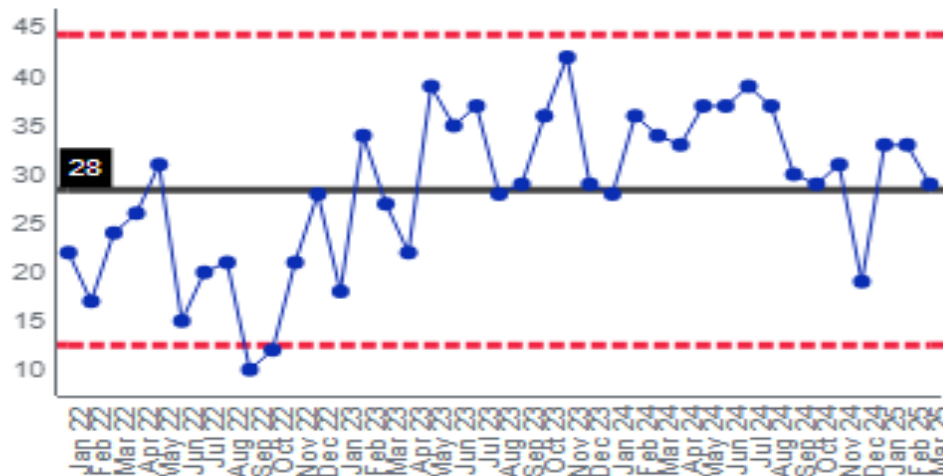
- Operational Lead/Senior Practitioner 0.9
- Consultant Psychiatrist ) 0.15
- Speciality doctor 0.4
- Resident doctor 0.2 (rotational)
- Occupational Therapist and Autism Practitioner 1.0
- Administrator 1.0

**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:

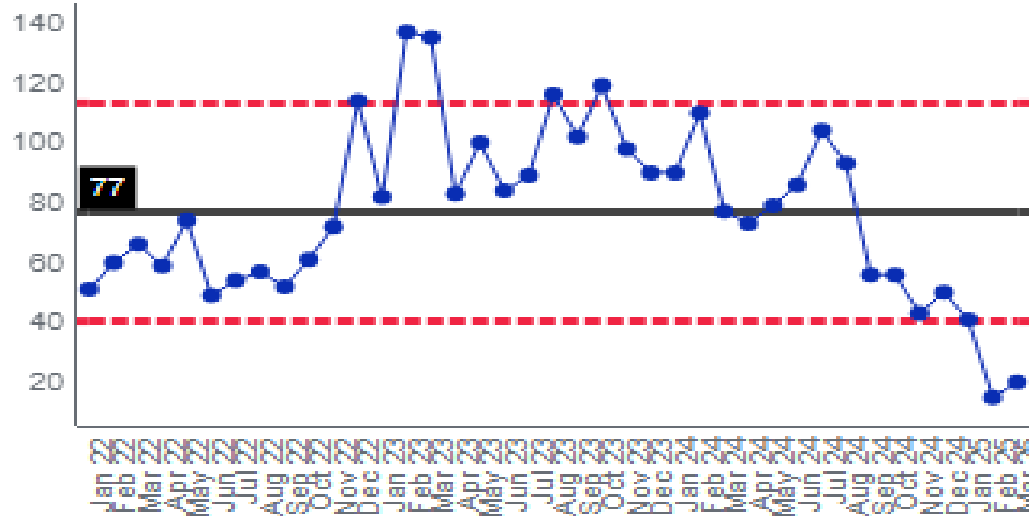
- 0.1 WTE Consultant Psychiatrist
- 0.2 WTE Pharmacist Prescriber
- 0.5 WTE ADHD Practitioner (not part of assessment team)
- 1.0 WTE Band 4 Admin

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%





North East London

# 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

## 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

*"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

*"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"*

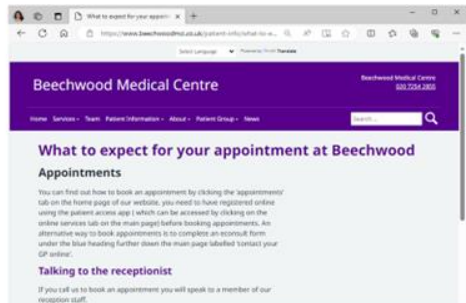
**Dr Hayley Sherratt, GP Partner and  
Trainer at Latimer Health Centre**



# 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

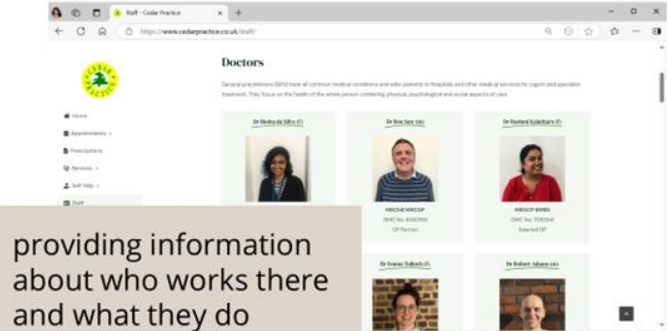
*"it was nice to hear firsthand from someone who is autistic to help better understand their experience in navigating healthcare services but also in everyday life"*



staff have access to learning opportunities



notice boards are clutter free



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



## Neurodivergent or Autistic - Learning Disabilities

If you are neurodivergent or autistic, you can ask the professionals working at your GP practice to make some adjustments to help you access your appointment. It might be a good idea to tell the receptionist so that they can record these on your GP record. An example of a helpful adjustment could be:

- having a digital alert added to your GP record so that staff will now know best to support you
- being sent a reminder text of your appointment
- having your appointment booked during a quieter time of the day
- seeing the same Dr or nurse (where possible) on each visit
- asking for a written list (bullet point) about what to do next (e.g. after your appointment)
- requesting your appointment via email
- being allowed to wait for your appointment outside or in a quieter place
- being sent...
- being given...
- bringing...
- asking th...

reasonable adjustments are listed on practice websites