

Cheshire & Merseyside Neurodiversity Recovery Programme

Update Jan 2025

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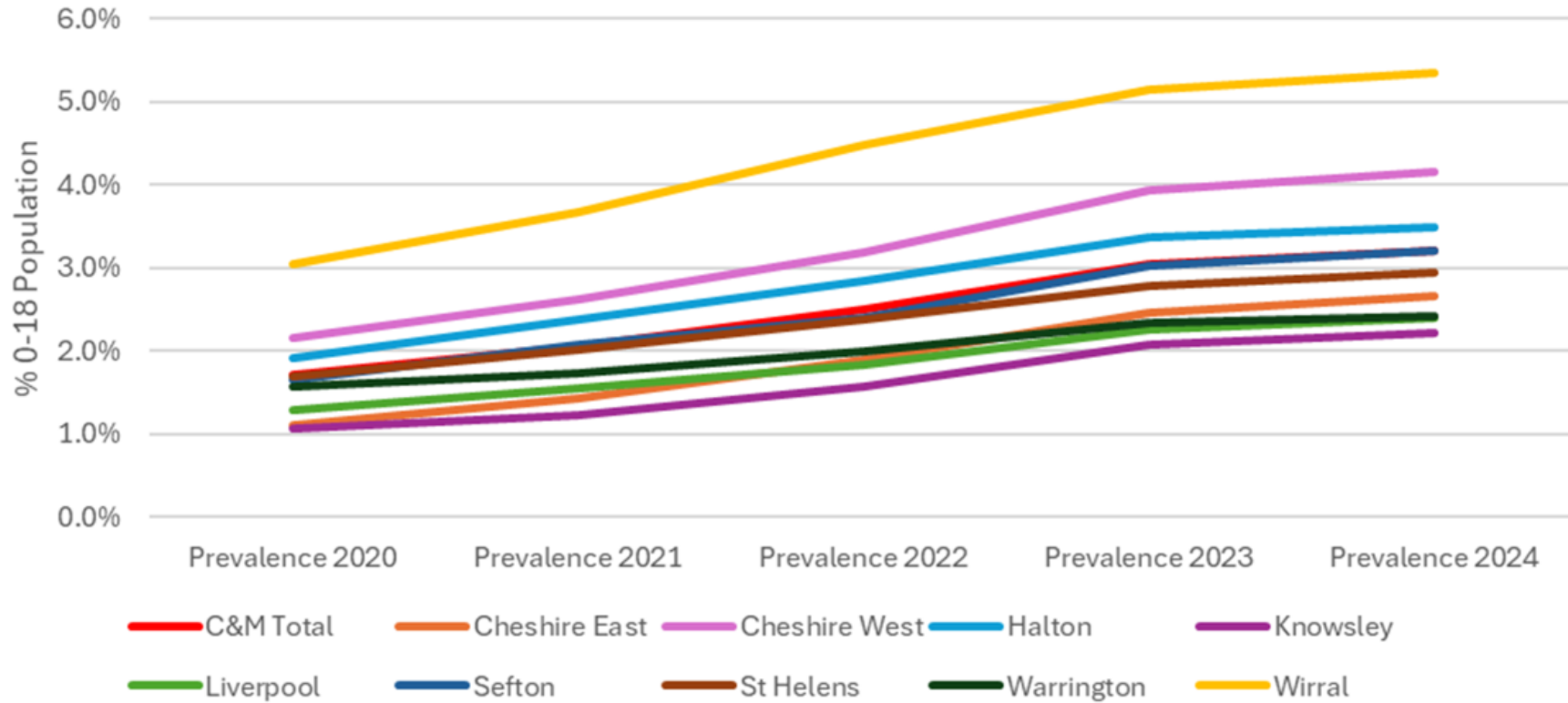


ADHD, C&M Places: CYP 0-18 Diagnosed Prevalence (% of 0-18 population) by Year, 2020 to 2024



Cheshire and Merseyside

Cheshire & Merseyside ICB Places:
CYP (0-18) ADHD Diagnosed Prevalence by Place and Year (2020-2024)

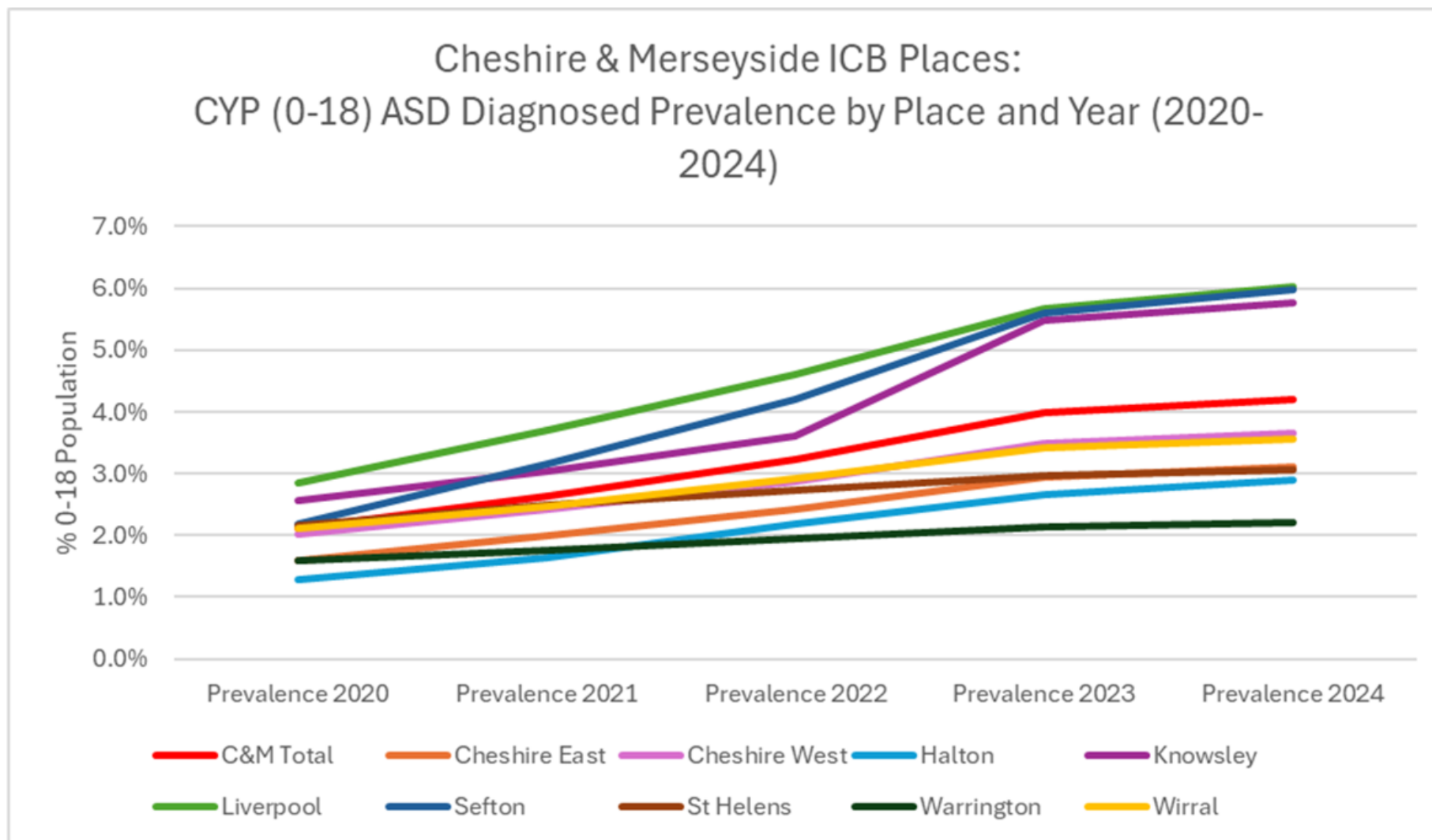


All Places within C&M ICB have seen a considerable increase in diagnosed prevalence during the 5 year period, with all Places showing a reasonably similar trend. The variance in diagnosed prevalence between Places is considerable. In 2020, the lowest Place prevalence was 1.1% and the highest 3% (a variance of 1.9%); in 2024 the lowest Place prevalence is 2.2% and the highest 5.4% (a variance of 3.2% between lowest and highest)

ASD, C&M Places: CYP (0-18) Diagnosed Prevalence (% of 0-18 population) by Year, 2020 to 2024



Cheshire and Merseyside



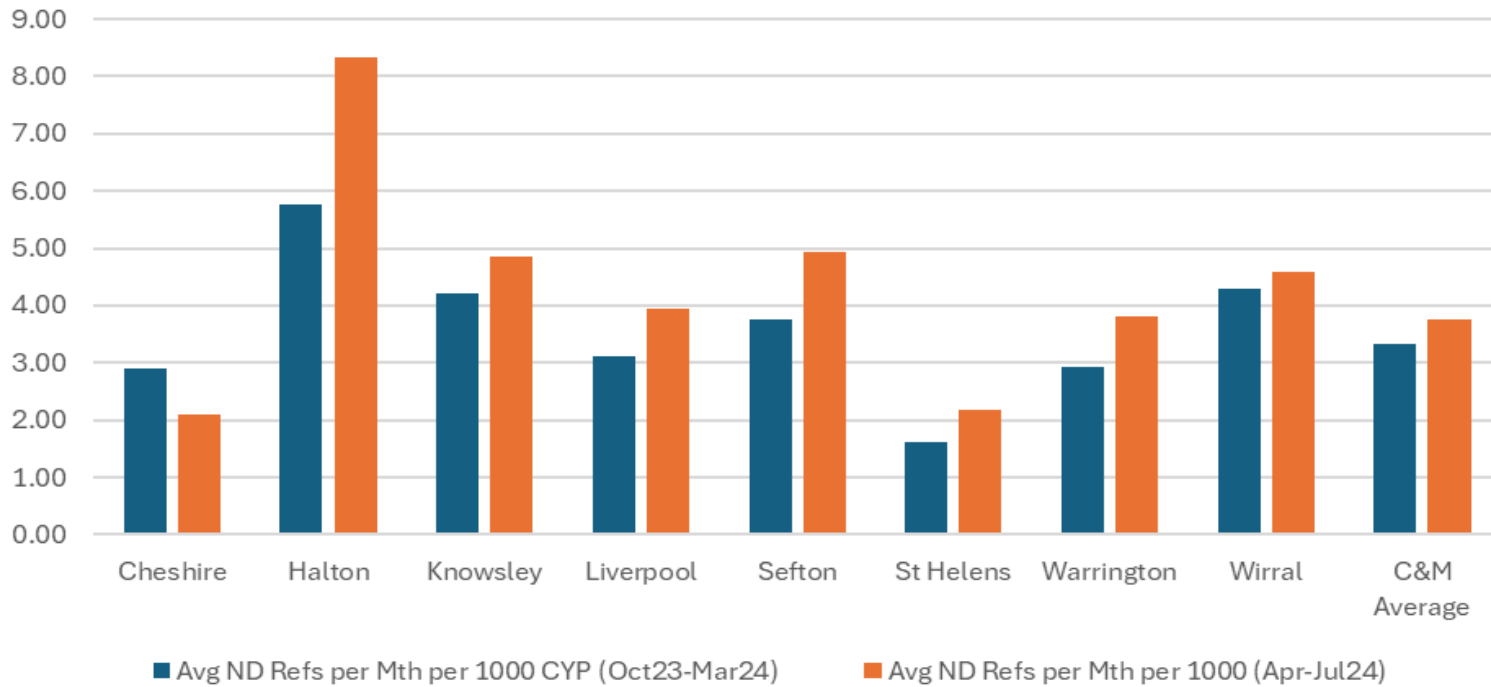
All Places within C&M ICB have seen an increase in diagnosed prevalence during the 5 year period, however unlike ADHD there is significant variance in the trend between Places. The variance in diagnosed prevalence between Places is considerable. In 2020, the lowest Place prevalence was 1.3% and the highest 2.8% (a variance of 1.5%); in 2024 the lowest Place prevalence is 2.2% and the highest 6% (a variance of 3.8% between lowest and highest)

C&M ICB: Referrals to ND pathways; Average referrals per month



Cheshire and Merseyside

C&M ICB Places: Referrals into ND pathways (Average Referrals per Month per 1000 Registered CYP - all NHS Providers (Oct23-Mar24 vs Apr-Jul24))



Referrals data for NHS Providers in each of the 9 Places across C&M ICB received via contract reporting has been utilised (along with the population of 0-18 CYP in each Place) to give an average rate of referrals per month in each of the data periods analysed. Due to issues with one provider's data in Cheshire (unable to split East/West) all Cheshire providers/CYP data has been combined at this time. Please note other data quality and missing data issues in the table below

For the most recent data period analysed, average referrals per month per 1000 CYP range from 2.09 to 8.33 however there is potential skew due to data quality with both of these figures. The ICB average is 3.76 referrals per 1000 CYP per month

Data quality issues

	Provider / Place	Issues
ADHD	MWL (St Helens)	No data currently available
ADHD & ASD	COCH	ADHD data missing from Jan-24. ASD missing from Apr-24
ADHD	Bridgewater (Halton)	No data currently so community paed referrals minus ASD pathway refs used
ND	Bridgewater (Warrington)	No data currently so total community paed referrals used
ADHD	Mid Cheshire (Cheshire wide)	No data currently so community paed referrals minus ASD pathway refs used

Example Waiting List Data Dashboard (CWP)

Filters Clear all filters

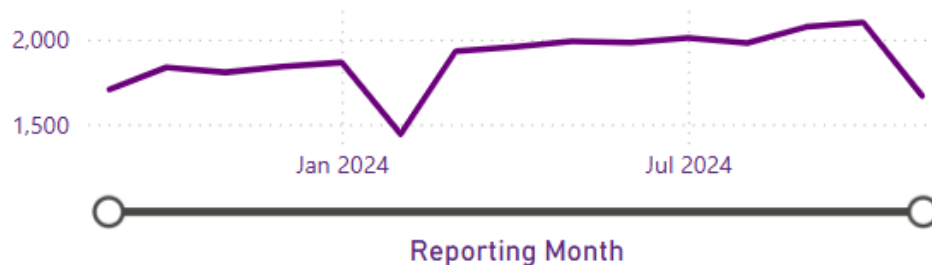
Place

- Select all
- Cheshire (CEC)
- Cheshire (CWAC)
- Liverpool
- Wirral

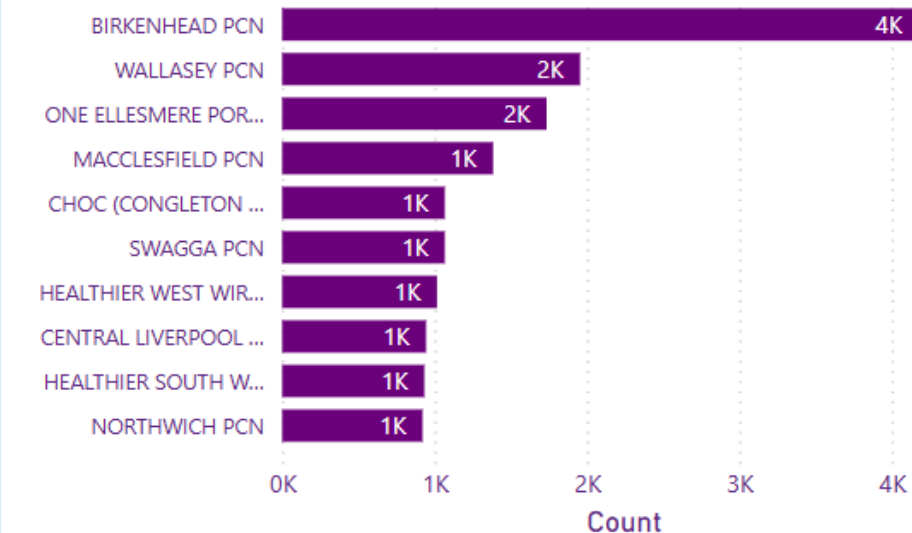
Risk Status by Age Band

RAG	0-15	16-25	26-39	40-54	55-64	65+	Total
1) Red		1,623	2,296	1,574	276	41	5,810
2) Amber		994	1,614	928	251	21	3,808
3) Green		1,459	1,101	605	125	2	3,292
Not Complete	20	10,987	2,753	1,277	221	12	15,270
Total	20	15,063	7,764	4,384	873	76	28,180

Number on Waiting List



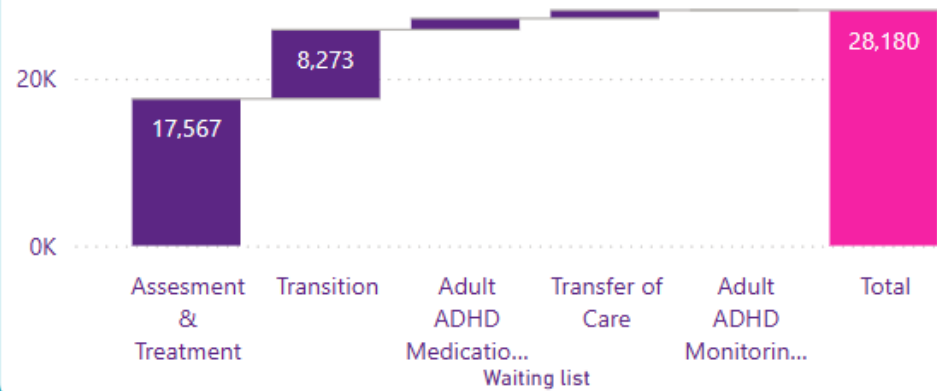
Latest Waiting List by PCN



Average Days Waiting per Person



Latest Waiting List by Category

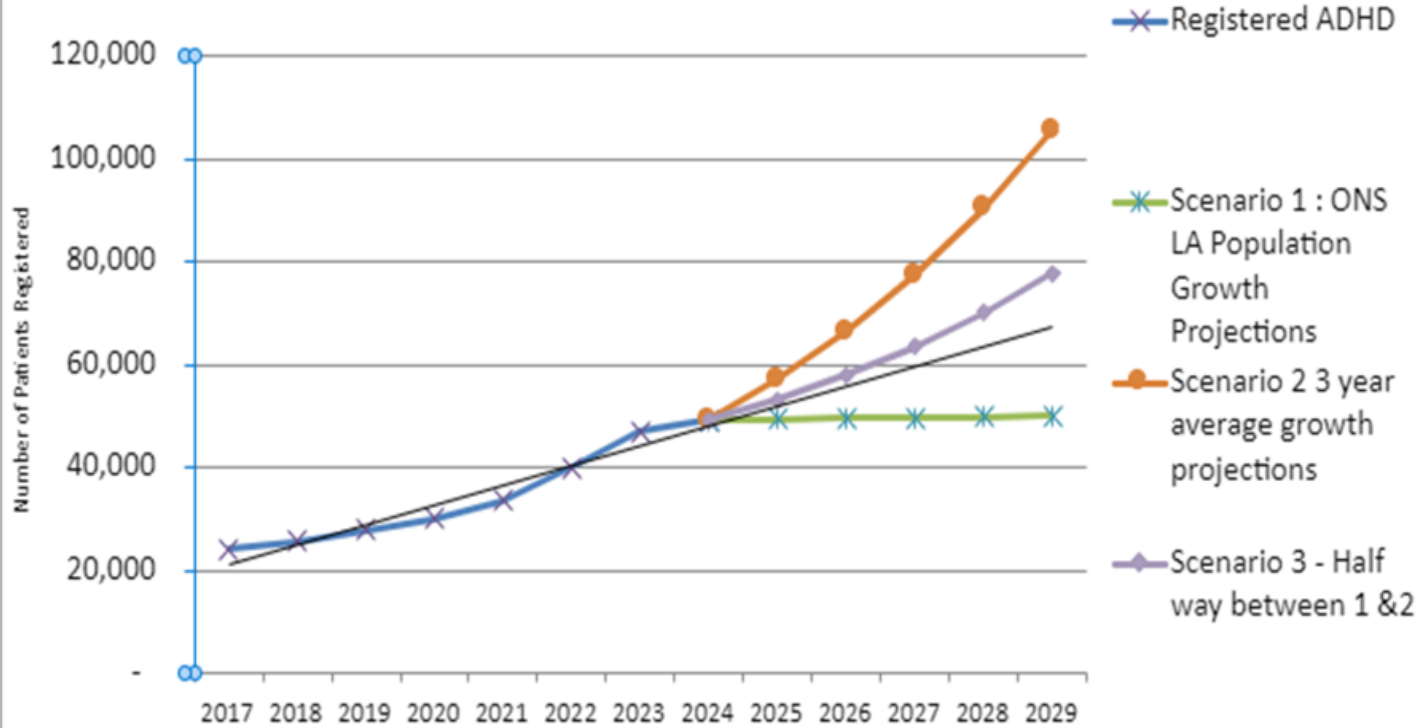


ADHD, C&M Prevalence Modelling future estimates

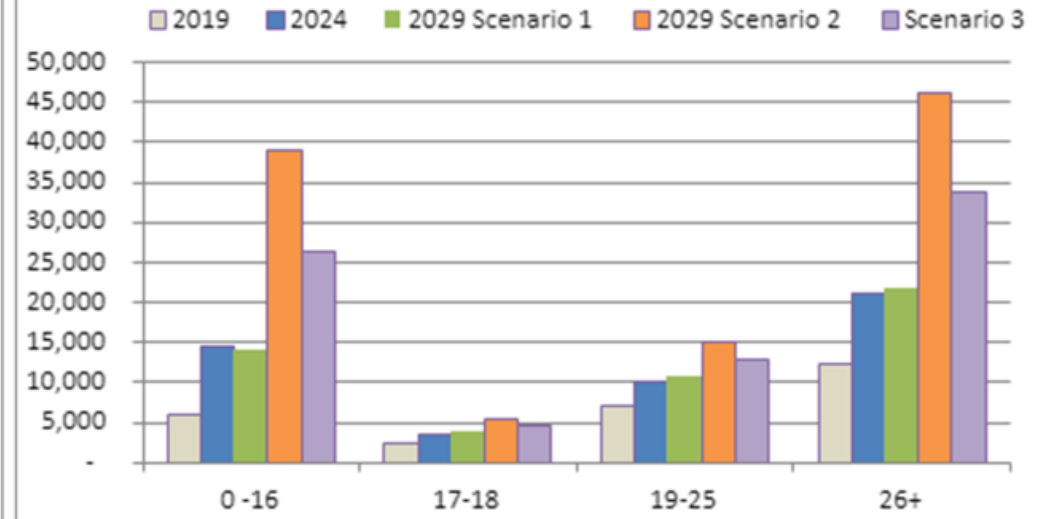


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ADHD Prevalence and Future estimates

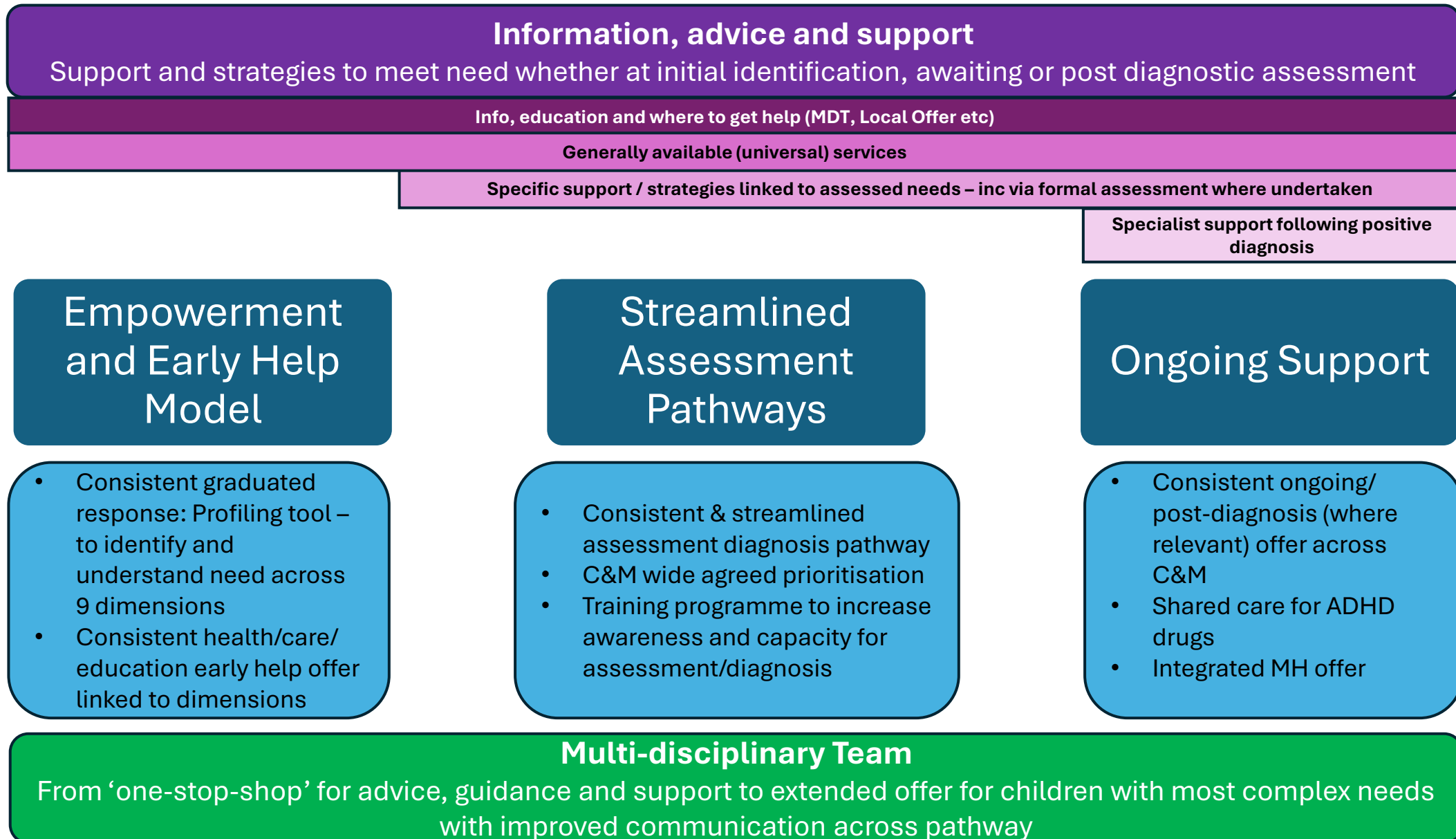


Population with ADHD by Age Group



The above charts start to predict potential future prevalence of ADHD utilising a number of scenarios. Scenario 1 uses the Office of National Statistics (ONS) population projections for CYP only (and the same proportions of CYP diagnosed as current). Scenario 2 uses the 3 year average growth projections and continues this trend forward to give a likely population. Scenario 3 models a halfway point between scenarios 1&2. For C&M ICB, Scenario 1 would result in an additional 719 diagnosed (1.5%) by 2029; Scenario 2 an additional 60,147 (122.2%) and Scenario 3 an additional 30,433 (61.8%) diagnosed prevalence by 2029

C&M Children and Young People Neurodiversity Model



Direct quotes that can help influence pathway design:

"We are struggling to get any help. She's more stressed than anything. She ends up self-harming and angry because, no one understands or will help, we've been waiting too long"

(Parent of a 12 year old)

"Neurodiversity pathways are taking years and it feels like every step from start of pathway to education placement is a battle"

I don't know how I go about getting any sort of medication, even though it is evident that it is needed. No information has been given, we struggle to manage daily with the impact it has on us all as a family.

"What would be great is if there were more places I could go to see friends. I just need a calmer and quiet space."

- 458 in-depth conversations
- 267 engagements with CYP
- 191 responses from families and carers

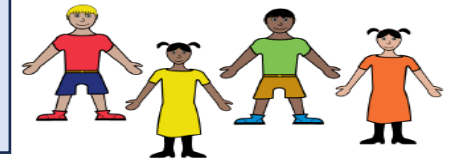
CHESHIRE AND MERSEYSIDE CHILDREN, AND YOUNG PEOPLE NEURODIVERSITY PATHWAY ENGAGEMENT

Voluntary sector Led

Key Themes:

- Understanding of waiting times and pathway
 - Access to support earlier
- Support following diagnosis (or no diagnosis)
 - Use of more language
- More communication about what to expect
- Training for professionals and more personalisation
 - Single 'co-Ordinator' role

Easy read version of report and video produced



Cheshire and Merseyside Children and Young People Neurodiversity Pathway Engagement

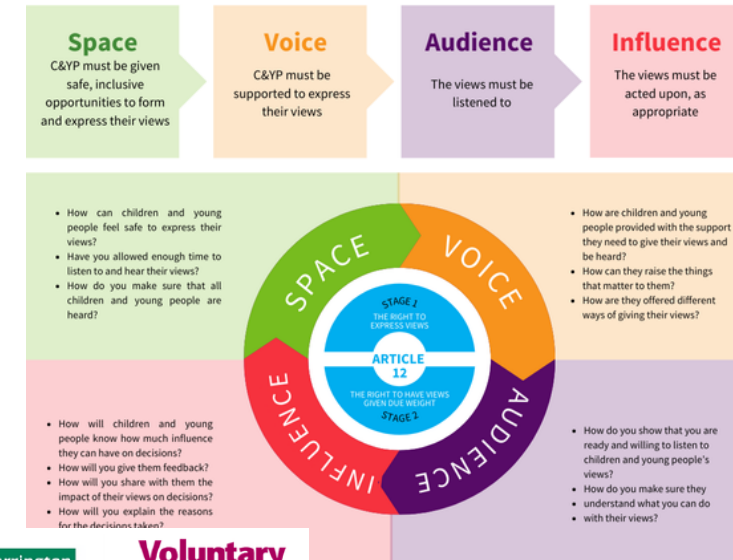


Charities and community groups listened to children, young people and families across Cheshire and Merseyside



267 children and young people and 191 families and carers took part

The Lundy Model



Empowerment Early Help Support Pathway

Deliverables/standards:

- Greater awareness across Cheshire & Merseyside of Neurodiversity pathway and how to access early help – for education settings, families, children’s services (e.g. Family Hubs)
- Co-designed approach with CYP and families
- Consistent early help offer across 9 Places and across 9 ‘dimensions’
- Easy single point of access for children, young people and families to get information, advice and support supported by Place ‘neurodiversity team’
- Clear communication and accessible information: a range of information that is clear, accessible, relevant and presented in a format CYP and families can relate to.
- Formalised graduated response approach using profiling tool
- One route for ADHD and autism
- Consistent training for professionals (schools, health, social care) in understanding Neurodiversity

What families will receive:

- Cheshire and Merseyside Neurodiversity pathway – family version
- Profiling tool; to identify and understand individual needs across 9 dimensions
- Communication/signposting to support for identified needs
- Single point of contact through ‘neurodiversity team’ in Place

Neurodiversity Assessment Pathway

Deliverables/standards

For those children where early help is insufficient to meet needs

- Clear and accessible communication throughout assessment and diagnostic process
- Less complex pathway and timelier assessment (one stop shop)
- Consistent prioritisation approach across Cheshire and Merseyside
- Multi-disciplinary assessment
- Reasonable adjustments e.g. detailing where assessments will happen, CYP coproduced videos of what to expect
- Individualised assessments (and treatment plans) considering the needs of the family

What families will receive:

- One route for ADHD/autism assessment
- Reduced wait times
- Updates throughout process; communication of waiting times and expected assessment date
- Individualised plan for support

Ongoing Support Pathway

Deliverables/standards:

- Comprehensive ongoing support offer available within each Place, with access to relevant support services e.g. counselling, peer support groups etc, with or without a formal diagnosis
- Consistent integrated offer for those with Neurodiversity and Mental health needs
- Consistent integrated offer for those with Neurodiversity and Learning disability
- Shared care arrangement between primary and secondary care for ADHD medications
- Improved planning for transition to adult services

Products

- Signposting to support offer to meet ongoing needs including mental health
- Access to advice/support on ADHD medication issues through GP practice
- Maintained Single point of contact through 'neurodiversity team' in Place
- Plan for transition to adult services from 16+

Adult ADHD Model



A primary care service enhancement that will result in improved access, patient flow and workforce efficiencies

THE MAJOR CHANGES TO THE PATHWAY ARE:

CHANGE

1

CONSISTENT ONLINE EDUCATION REPOSITORY

Provides validated educational self-care resources and digitally enhances the service by enabling electronic self-assessments.

CHANGE

2

NEW MENTAL HEALTH PRACTITIONER ROLE

Creates supportive care in primary care, both digitally and personally with a new role development of a mental health practitioner, without adding to GPs' workload.

CHANGE

3

SELF-MANAGEMENT PLATFORM

Includes a patient self-management platform to hold the educational resources, provide remote monitoring via patient trackers and integrates with a variety of prescribed treatment applications.

CHANGE

4

DATA TRANSFER FROM PRIMARY CARE TO SECONDARY CARE

Interfaces with secondary care to enable data-sharing.

CHANGE

5

ANNUAL REVIEWS IN PRIMARY CARE

Enables annual reviews to take place in primary care, protecting capacity for new referrals in secondary care.

Improvement plan 25/26

- Improved access to early support across all 9 Places
- Learning from Early adopters and roll out of (adapted) profiling tool across Cheshire & Merseyside
- Incorporate learning from PINS projects to support schools
- No CYP to wait more than 52 weeks for assessment by Mar 26 latest
- Reduce adult ADHD waiting times
- Roll out of Cheshire & Merseyside prioritisation criteria for all providers
- Standard specification for Independent Sector Providers to ensure provision of full pathway
- Roll out of shared care for ADHD medications