**Webinars & events**
Mental health and neurodivergence in children and young people

**Neurodiversity care**
Unpacking the crisis of demand, delay and disconnect

**Celebrating women in tech**
Take up as much space as possible and believe in yourself

**iaptus innovations**
Giving services an incredible 483% ROI

# Mayden Voyage

## Transforming health and care, together

# Welcome

At the heart of this issue is one belief: that great technology should be about people. It's about reducing admin so clinicians have more time, about removing barriers so more people can access care, about building systems that make healthcare fairer, safer, and more sustainable.

We're excited to share these stories with you. As always, thank you for reading and thank you for being part of the conversation. Together, we're shaping what comes next in healthcare.

**Louisa Clark, Editor**

## Inside this issue...





# Shaping a better tomorrow: neurodevelopmental and mental health care

## Events spotlight

**October**

**16**

### Putting children and young people at the centre of care

A needs-led approach for CYP Mental Health and Neurodiversity services

**Register now on the Mayden Hub to attend or watch back on-demand**

**Simply visit mayden.co.uk/mayden-hub/ or scan the QR code.**

Register for upcoming events, watch webinars on-demand and uncover expert top tips for mental health providers. With the Mayden Hub, everything is now available to you on demand, 24/7.

### Tackling operational challenges in mental health services

If you or your team have achieved outstanding results or implemented strategies that could benefit other services, this could be a great chance to highlight your success stories and inspire others in the field.

**Please email events@mayden.co.uk to express your interest.**

**News**

## Introducing theseus

### Flexible case management for healthy lifestyles and addictions

We've expanded our ability to support even more services across the UK and beyond.

#### Inspiring healthier, happier lives through positive engagement

theseus is a case management system that supports a range of services including gambling harms, drug and alcohol, stop smoking, social prescribing and weight management.

- 25 years of providing digital solutions to healthy lifestyle and addiction services
- 1,000,000+ lives have been improved using our solutions
- 300+ organisations supported

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Wherever you're delivering support, we're here to help you work smarter, connect better and deliver impact that truly matters.

**Get in touch: enquiries@mayden.co.uk**

xyla digital therapies
Part of Acacium Group

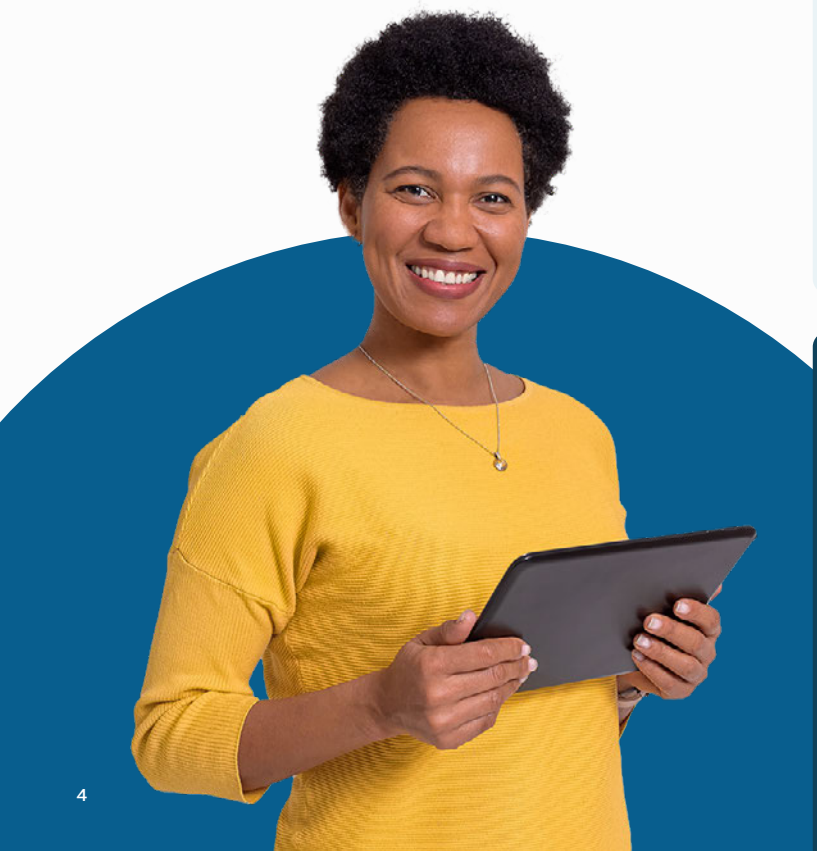
# Delivering accessible, high quality care at pace

**Xyla Digital Therapies** was created to extend the reach and accessibility of mental health support – from NHS Talking Therapies to wider public and private services. Their work spans neurodiversity assessments, adult Talking Therapies, and children and young people's mental health. To power that mission, they turned to iaptus.

## With iaptus, Xyla can:

- **See the bigger picture**
  Clear visibility across teams and partner services expands access to care.
- **Move fast**
  Mobilising with partners is seamless, simplifying complex implementations across digital therapy providers and the NHS.
- **Boost productivity**
  Online booking, integrated video, SMS reminders, and e-letters keep everything running smoothly.
- **Cut the admin**
  Accurate data mapping means effortless NHS submissions.
- **Keep care safe**
  Clinical notes update every 15 minutes for transparent, real-time records.

**The result?**
A digital therapy service that's faster to mobilise, easier to scale, and better connected, delivering accessible, high-quality care.



> Mayden shares similar values in terms of striving for excellence and safety in the care we provide.
>
> **Abigail Downer, Proposition Delivery Manager, Xyla neurodiversity assessment service, Acacium Group.**

> iaptus securely holds all patient data, connects to the NHS spine, communicates with both the referral, referrer and GP and so much more.
>
> **Arianna Suleyman, Transformation Manager, Xyla Digital Therapies.**

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## Not currently a user of iaptus?

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# Great performance runs on great insights

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> Being able to see how the service is performing compared to other regional and national services, with the percentile data, has been very helpful in identifying areas of strength, and areas for us to investigate for improvement.
>
> **Jonny Wilkins, Head of Service,**
> **TalkWorks at Devon Partnership NHS Trust**

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## ROI that speaks for itself

For a typical 100-user service, the resources included in iaptus insights would normally cost upwards of **£42,000** (plus ongoing staff costs). Instead, you get the same level of expertise and outputs for a fraction of the price — translating to an incredible **483% ROI**.

**That means for every £1 you invest in insights, you unlock almost £5 worth of analytical resources.**

## Beyond the numbers

The true impact of iaptus insights is in service transformation:

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- **Early warning signs** from benchmarking against peers.
- **Shared knowledge** via events and peer networks.
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**Get in touch at**
**iaptus.insights@mayden.co.uk**

Alice, Research Product Owner.

# From vision to real-world impact

**Reece Donovan**
**CEO, Mayden**

**Tom Scott**
**CRO, Mayden**

## Digital technologies provide promising solutions to help NHS, voluntary, private, and public health services cope with pressures.

Healthcare services are under pressure. Rising costs, economic uncertainty, and ongoing reforms mean the system must do more with less. Integrated Care Boards (ICBs) are being reshaped with the expectation of halving running costs, cutting bureaucracy, and streamlining operations — all while improving patient outcomes.

The ambition is bold, but the path forward is clear: digital solutions will be integral to turning this vision into tangible, real-world impact.

Reece Donovan is CEO at Mayden and is passionate about technology, software, people and data, and how together, these drive positive change and experiences.

Tom Scott, our CRO, thrives on building strong partnerships and is passionate about how innovative technology can boost productivity and improve clinical outcomes. As a company, we are on a mission to help services unlock these benefits with our portfolio of best-of-breed software solutions, designed to transform health and care.

### From budgets to burnout: understanding pressures

ICBs are facing significant deficits. “There’s currently a lot of uncertainty,” Reece says, reflecting on conversations with senior NHS leaders at the Healthcare Partnership Network (HPN) in June. “People aren’t sure what funding will be available to support services now or in the future.”

“When services want to procure new tools or applications, they’re unsure both if the money exists and who to approach under the ongoing reforms, so it can feel like progress has stalled,” he adds. “Exactly,” Tom agrees. “Services are facing a wave of pressure from convergence consolidation, and there’s a lot of uncertainty about where to go to access funding.”

The government has set out the Fit for the Future: 10 Year Health Plan for England, which provides direction, but we haven’t yet seen the policies and funding to support it”, he says. “Right now, what we have is more of a 10-year vision than a fully actionable plan”, Reece concurs.

We know healthcare services are stretched. Rising waitlists, performance targets, and public demand for quicker access are all adding strain. “When we spoke to senior leaders at HPN,” Reece continues, “the biggest pressure of all was administrative.” Common consensus was that 40–50% of clinician time is spent on paperwork.

“There’s a real need for tools that can drive efficiency and reduce documentation and admin burden,” Reece says. “But when you couple that with funding uncertainties, even though solutions exist and there’s a genuine desire to adopt them, it doesn’t always mean services are able to implement them.”

Funding isn’t the only challenge services are facing, Reece acknowledges. Staff availability, stability, and burnout compound the pressures, creating a difficult environment to effect change.

**When services want to procure new tools or applications, they’re unsure both if the money exists, and who to approach under the ongoing reforms.**

# There's a real need for tools that can drive efficiency and reduce documentation and admin burden.

"Although services are keen for reform and willing to shift left, it still begs the question: how?" Tom continues. "How do services streamline care while managing increasing waitlists and the demands on my service? How do I redesign delivery alongside staff shortages and burnout, while enhancing outcomes under all the pressures we face today?"

## From data to delivery: understanding the 'how'

Services are sitting on an abundance of data. But the real challenge is understanding the story it tells. "Services can extract enormous value from the information they already hold, to help them prioritise," Reece explains.

Our company was founded on a simple but powerful insight: healthcare services were collecting vast amounts of information, but rarely using it in meaningful ways. By providing cloud-based tools to support clinicians in managing patient care, we set out to unlock the true value of that data.

"What we've always excelled at is turning data into actionable insights that align with the real challenges services face," Reece says. "And through these capabilities, we aim to deliver a truly transformative experience."

"What I mean by that is creating software that people actually enjoy using, with tools that genuinely solve their needs," he explains. "Usability has always been critical, and our users tell us it positively contributes to staff wellbeing and retention. But beyond that, we focus our investment on the challenges clinicians are most concerned about.

For example, when services tell us they're struggling with administrative burden, we design software that frees up capacity and enables them to deliver higher quality care." Tom adds: "For me, it's also about balance. It's about addressing the challenges the NHS and local authorities face today, and bridging the gap while redesigning for the future. We've been fortunate to work with some services recently on exciting pathway redesign projects, helping them to understand their 'how'."

"By working in partnership", Tom continues, "we've been able to support them in addressing immediate pressures, such as where to allocate resources for the biggest population health impact, whilst building long-term solutions. And data is the key to unlocking that."

## From vision to value: prioritising interoperability

We believe that safe, effective, high-quality care depends on interoperability. "Great care starts with great conversations. Not just between people, but between systems too. We're a company that works well with other suppliers," Reece explains.

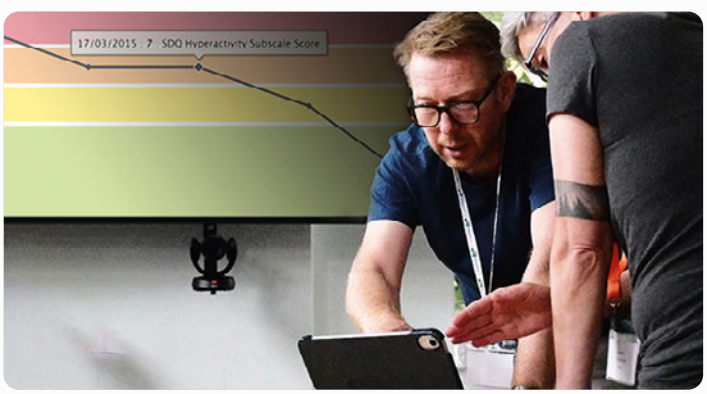
Interoperability isn't a 'nice to have'. It's the difference between fragmented care and care that truly works. "We don't claim to be the best at everything," Reece adds. "We focus on what we do well, and we're happy to partner with others who excel in their areas. The goal is to take the problem of integration away from services altogether."

For suppliers, the responsibility is clear: build a connected healthcare ecosystem where information flows seamlessly, clinicians have what they need, and patients don't have to tell their story twice.

"Too often, technology creates friction," Tom says. "It becomes the blocker to adoption and the barrier to benefits. That's why we consciously design out friction, both between systems and within processes, through our ethos of openness and collaboration."

"Our focus as a business is on investing in digital transformation. By partnering with us, services can free up capacity and release cash back into the system, driving real value", Reece concludes.

**It's about addressing the challenges the NHS and local authorities face today, and bridging the gap while redesigning for the future.**



We believe that the secret to truly exceptional software is partnerships and collaboration.

**Let’s transform health and care, together.**

Interview with:

**Emma Mander CEO, Great Minds Together**
**Neurodiversity and Mental Health Specialist.**

**Written by Louisa Clark**
**PR contact: hi@mayden.co.uk**

# From rigid to responsive

## Rethinking frameworks for neurodiversity support

**As a society, we're in the relatively early stages of understanding neurodiversity and the links to mental health. While neurodivergence itself isn't a mental illness, the challenges associated with navigating a neurotypical world can increase the risk of developing mental health conditions, or their trauma behaviours as a result of unmet needs being mistaken for a mental illness, for individuals with ADHD or who are autistic, for example.**

**Emma Mander** is the CEO of Great Minds Together, a charitable organisation that supports neurodivergent children and young people and adults (and their families) who are struggling with mental health difficulties. The support extends to the professional networks around them in order to upskill them on how to meet their needs effectively.

"There's a big misconception in respect to neurodivergent people, particularly autistic people, not being able to have mental health needs", Emma says.

"However I would say that mental health is a lot more prevalent in autistic people, and those who are neurodivergent, as a result of trauma from unmet or unidentified needs". Emma is a passionate advocate for systemic change, dedicating her professional career to championing a system that can better support neurodivergent individuals struggling with mental health difficulties.

### Systems and frameworks need to adapt with the times

Education systems, social care systems, frameworks and our understanding of mental health, needs to adapt to support a new cohort of people seeking support, Emma believes.

"The problem is that, at the moment, our system is very diagnostic led and, due to the overwhelm, a large portion of services are only able to provide support once a diagnosis is given", Emma says. "This is an issue linked to a system that no longer works for the people it now serves".

"Through the research we've done across all of the services we've provided over the last 7 years, we find that when a neurodivergent young person is presenting in crisis, it usually links back to the education system not meeting their needs", Emma expands. "Or they've been supported under frameworks that are really rigid, that haven't moved with the times with respect to what they need environmentally, or with respect to their wellbeing and mental health" she continues.

Emma believes we need to be looking at different regulatory frameworks. Services currently operate in a system working under frameworks that drive the expectation of how they operate, which is contributing to the wider problem.

"A lot of these are strong, legal frameworks without movement or flexibility", she goes on. "So, unless we change the laws, there's only so far services can innovate".

**When a neurodivergent young person is presenting in crisis, it usually links back to the education system not meeting their needs.**

Emma explains that there are also a lot of gaps in the law, with new legislation coming into play that are working in silos.

"We're currently very risk averse, operating from a risk management perspective rather than a therapeutic or holistic approach", she says. "So, rather than trying to make a system work within regulatory frameworks that already exist for different reasons, we need to develop a framework that's new and unique that can support people in a needs-led way and that can impact everyone working within the system positively as well", she concludes.

## Build on what works, innovate what doesn't

Emma acknowledges that the health system does get it right a lot of the time and seems quite flexible in its thinking, with a strong growth mindset. "The health system is able to think quite innovatively, I've found. And we could replicate this mindset across other systems". Emma agrees the health system does have a lot of good practices that we could utilise across local government operations and education.

"If we could blend some of the health approaches into statutory service delivery, the shift would be a positive one", Emma believes.

"There are a number of local authorities that are doing things well", she goes on. "We work really well with Hampshire and Isle of Wight ICB, for example" Emma explains, "who are doing some really innovative things in trying to link education, health and social care together. But it's about how we can make that consistent across the country."

"Unfortunately, the system operates on people and relationships", she says. "It's about how we can model the system in a way that ensures the processes are the same no matter where you go and no matter who is in charge."

## Technology's role in supporting a growth mindset

Emma agrees that technology has a huge role to play, but there's not much understanding of what that could look like. "Implementing and utilising digital tools is a relatively new concept for many, and people are hardwired to be fearful of things they don't understand", she muses. "But people and systems need to move with the times".

Tech has a growth mindset, and Emma believes services need to be thinking with a growth mindset as well. "How can we utilise the tools available to us, like AI, for the benefit of the thing that isn't working?" she asks. "We keep talking about a system that isn't working because it's archaic so, if that's the case, why are we not bringing the system in line with all the new technology that is available that can help it get better?"

"What we do know is that we, as humans, are unable to fix this system" she continues, "so how can we utilise tech for a more joined-up approach where different systems are talking to each other effectively and outcomes are not dependant on a person or a relationship, but a system that ensures consistently positive outcomes for our children."

**Please note:** For the purpose of this article we will refer to the term 'system' to mean how services are set up and work together and we refer to the term "framework" to mean the rules and structures that govern how that system operates.

**If we could blend some of the health approaches into statutory service delivery, the shift would be a positive one.**

## Neurodiversity support

# Unpacking the crisis of demand, delay and disconnect

High demand and outdated processes are creating a perfect storm for neurodiversity services. Clinicians are overloaded with admin and capacity challenges, waiting lists are unmanageable and the majority of funding is being put into assessment, with little into further care.

Interview with:

## Jo Black, Research Psychologist, Business Consultant, and Charity CEO Founder of The ND Harbour: a safe space for neurodiversity.

**Written by Louisa Clark, PR contact: hi@mayden.co.uk**

**Recognition** of the prevalence of autism in the UK has significantly increased, rising from an estimated 1% in 2010 to 4-6% today. Similarly, ADHD is now estimated to affect 3-4% of adults and 5% of children, which will only increase with rising referrals. Research into understanding and diagnosing both neurodevelopmental conditions, especially their complexities and overlaps, remains relatively nascent.

Markedly, until the 2013 update of the DSM-5, it was not possible to diagnose both conditions in the same individual, causing a gap in research and understanding.

"There are huge volumes of people coming forward for assessment to better understand themselves", says Dr Jo Black, autism specialist. "Adults who have felt misunderstood their whole lives are now seeking diagnosis and further support to help recover from the trauma of being a neurodivergent person in a neurotypical world".

Jo's background includes a PhD in autism research, hands-on experience in autism and ADHD assessment pathways, and leading operational and research projects. As a business consultant, Jo supports neurodevelopmental assessment and therapy services to grow, streamline operations, and secure funding. She is also the founder of The ND Harbour, a charity supporting neurodivergent people, autistic and mother to an autistic child.

### Closing the gap: a needs led approach to capacity and funding

Meeting capacity challenges, Jo highlights a critical shortage of clinicians with extensive training in differential diagnostics, namely the ability to rule out other possible conditions that share similar symptoms. "Although there are a lot of clinicians out there, and those seeking additional training, there's simply not enough.".

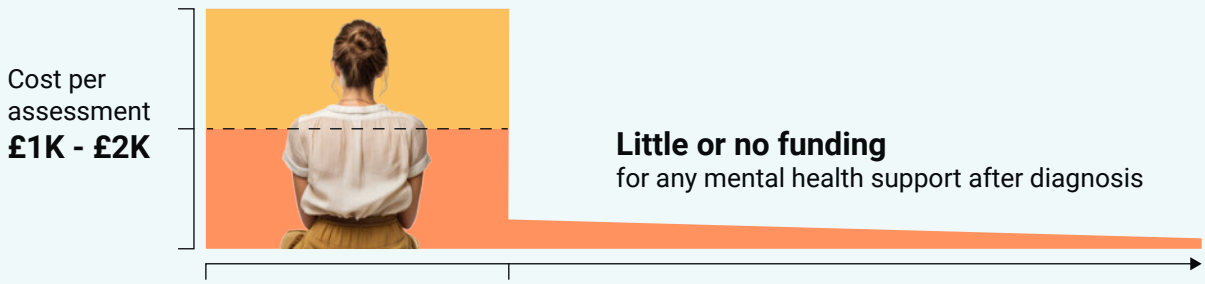
Jo notes a rise in specialised nurses and teachers providing diagnoses, who are not trained in differential diagnoses to the same degree as psychologists and psychiatrists, for example. However, Jo also acknowledges that specialist teachers and nurses joining assessment teams "expands the pool of professionals capable of providing assessments, which is a necessary step to meet current demand".

She goes on to point to Australia's approach as an interesting model for tackling capacity challenges, where GPs are being trained to deliver ADHD assessments. "However, training must ensure that the diagnosis is specific to ADHD or autism. Professionals must be able to distinguish between those conditions and others, such as mental health difficulties including personality disorders, anxiety, or bipolar disorder which all have overlapping features", she concludes.

### Understanding funding challenges

With such high costs per assessment (£1-2k), there is an inevitable gap in funding between assessments and pre and post-diagnostic care. "So much funding and attention is being poured into assessment with little into further support following a diagnosis", Jo says. While there is a focus on ADHD medication management, little to no funding is being spent on tailored mental health support.

"This is where charities like ours aim to close the gap", she explains. The ND Harbour and charities like them aim to ensure that fewer neurodivergent people experience



severe mental health difficulties. Support ranges from peer support groups for adults to play sessions for neurodivergent children and young people. “Allocating more funding into safe, specialised pre and post diagnostic care can help reduce the strain on other areas, even possibly on diagnostics” she believes.

## From waiting to wellbeing: digital innovation in neurodiversity care

Digital technology has huge potential in supporting clinicians and operational admin staff to cope with pressures. “Clinicians spend a lot of time with an individual and their families, gathering so much information, which then needs to be written up into a report”, Jo explains.

“The client then has to wait for that report following an assessment, sometimes up to several weeks later, which can be a difficult period of waiting”, Jo goes on. “If technology can speed up this process, whether with AI integration or speech to text, the time saved for the clinician and the improvement of the client experience will be invaluable”, she says.

Automated booking processes and tech to support multi-disciplinary teams will also make a huge difference. “As organisations start to scale and incorporate multiple assessment teams, especially autism assessments, which have to be multi-disciplinary, technology can help with managing diaries so teams can link up and stay informed”, Jo says. “The amount of admin time saved by automating standard client communications and diary management will make a huge difference to capacity and wait times”.

However, technology should never replace face to face interactions. “The importance of human connection and face to face interaction in assessments is so important”, Jo caveats. “Especially when you’re assessing young children and you’re looking for non verbal behaviours and social reciprocity in autism, it’s just not viable to conduct online assessments, especially for children under six. Its also important for people to be able to reach a human when they need to while waiting for assessment, so we need to be careful not to over-automate systems and lose that human touch.”

## Reimagining neurodiversity workflows and care pathways

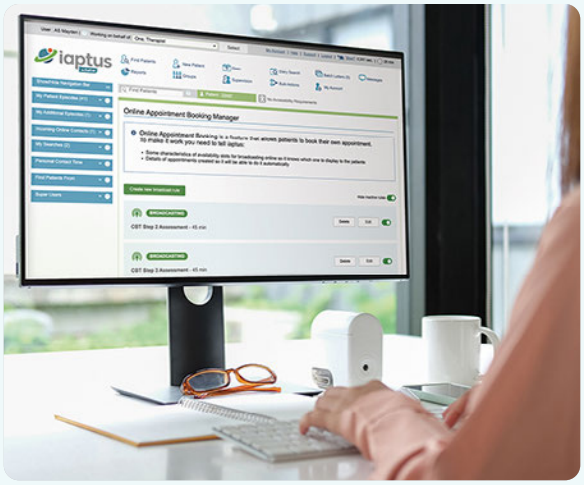
For all healthcare services, collecting robust data is essential to support evidence-based outcomes for service users. “High-quality reporting, in particular, is exceptionally important, especially when seeking public funding”,

> The care pathway feature within iaptus is not paralleled in any other patient record system that I’ve worked with.

“The level of detail you can have within the care pathway is invaluable. You can fix it to dates, add notes, see when someone enters the care pathway and analyse the data when someone moves between pathway stages”, she says. This becomes very important, particularly if organisations want to seek CQC registration, or to get accreditation with the NHS on the Right to Choose framework.

Monitoring and improving wait times is one of the biggest challenges faced by services at the moment. “The NHS monitors metrics such as times from referral to first point of contact, and referral to first appointment. iaptus makes that so easy to monitor, by comparing the date the referral was received to the date they entered, or left, a particular stage in the care pathway. And you just can’t track that so easily on any other system”, Jo says. “You also have the ability to add the different discharge stages so you can monitor diagnostic rates really easily, which I’ve found particularly straightforward on iaptus”.

“You can also access all the client data that you need in one data pull. Additionally, with ADHD medication management, if someone is due for a medication review, you have the ability to add future care pathway stages”, Jo says. “It’s especially important for monitoring the quality of your service, such as analysing diagnostic rates for unusual patterns or DNAs to ensure your service isn’t losing revenue through missed appointments”, Jo concludes.



# Celebrating Women in tech

**Jenny joined Mayden 8 years ago as a Product Owner. She's held many different roles across product ownership and now works for the company as a contractor. She's a firm believer that technology and data will play a key role in rethinking how healthcare is delivered to create sustainable healthcare systems.**

**"I don't just want to solve the issues healthcare services are facing right now, but to ensure Mayden's products are serving our long term goals and what that means for our processes, our people, our customers and their patients."**

## What is your top tip for women looking to start a career in tech?

My background is in mechanical engineering, where I was acutely aware of the national shortage of women in the industry. I was part of the ~5% women in my year at University and the only female engineer in the company where I worked after graduation.

My experience at Mayden has been very different, with a more innovative and modern work culture, compared to what I was exposed to in the more traditional manufacturing industry.

I would recommend not putting any limits on yourself that don't need to be there, but focus on what you love and what you want to achieve. It was my interest in science and technology that led me to study engineering, which subsequently gave me the transferable skills to work in tech.

If I was to give my daughter, or any woman aspiring to the tech industry, any advice it would be this: Don't be afraid to take up space, do things you enjoy and be unapologetic where you have value to add. You can't control what other people do, but you can control how you show up everyday. This is our time; take up as much space as possible and believe in yourself.

## What is the one thing you would do to encourage more women into the tech sector?

Representation matters. It's hard to imagine being something you can't see. Not just in tech, but everywhere.

I read somewhere by the time girls are 4 or 5 they stop imagining that they can become President. I don't want my daughter to ever stop imagining she can be something when she grows up.

The tech sector needs to highlight women in different roles across the industry and research what needs to be done to support and encourage women to take up these roles.

Ultimately, there's no "one thing" I would do to encourage more women into the sector, but I will be unapologetic in my presence in the industry, learn from the incredible women surrounding me, spread the word to young girls that this is a viable career option and continue to be the kind of role model I aspire to be for my daughter and the next generation.

**Does Mayden sound like the kind of company you want to work for?**

**View our current job vacancies**

> Don't be afraid to take up space, do things you enjoy and be unapologetic where you have value to add.

# Powered by people

## Health tech should be human

Mayden is a friendly and talented team of over 150, made up of directors, developers, product experts, account managers, administrators and communications specialists.

## Meet the wizards behind the software

From Penguins and Hippos to Bears and even Dinos… There's no shortage of fun team names among our developers. It might seem like we're starting up a zoo here at Mayden, but in reality, our award winning dev team is made up of over 40 talented humans. Each developer team comes with an embedded UX designer and scrum master to ensure teams remain agile and that innovation is at the heart of everything we do.

Mayden

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