Reference: FOI.ICB-2526/333

Subject: ADHD and Autism triage, access controls, waiting time to triage, risk and equality governance

I can confirm that the ICB does hold some of information requested; please see responses below:

QUESTION	RESPONSE
1. Operation of triage for ADHD and autism referrals Please confirm whether referrals for ADHD and autism (adults and children) are subject to triage or screening prior to diagnostic assessment, including via any Single Point of Access (SPA).	The ICB does not hold this information (questions 1-5). For CYP (Children and Young People) please contact Sirona care & health: Sirona.hello@nhs.net For adults please contact Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust: https://www.awp.nhs.uk/contact-us/freedom-information
2. Who carries out triage Please provide: a. the job roles of staff who carry out triage or screening decisions b. whether these staff are clinically qualified c. any professional registrations held (if applicable) d. whether triage staff are required to be ADHD or autism specialists e. the clinical supervision arrangements for triage decision-making (No personal names are requested.)	

3. Triage criteria and decision rules Please provide: a. the criteria used to triage ADHD and autism referrals b. any screening tools, scoring thresholds or decision rules applied c. any criteria requiring school or teacher information d. any criteria requiring additional questionnaires or evidence e. any differences in criteria between: f. adult and CYP pathways g. ADHD and autism h. NHS and RTC referrals	
4. Waiting time to triage Please provide: a. the average waiting time from referral receipt to triage decision b. the longest recorded waiting time for triage c. any internal target or standard for triage completion	
5. Triage throughput and outcomes For the most recent 12-month period, please provide: a. number of referrals entering triage b. number progressed to diagnostic assessment c. number returned for further information d. number delayed or held e. number closed or rejected	

6. Risk registers and mitigation Please provide: any risk register entries relating to ADHD and/or autism services, including risks associated with: a. long waiting times b. triage delay c. safeguarding or mental health deterioration d. the risk ratings and any mitigation actions recorded If no such risk entries exist, please confirm this explicitly.	**Learning Disability & Autism Risk Register:** Risk title: Right to Choose ADHD/ASD Assessment demand If (cause): If the demand for RTC continues at present trajectory the existing financial gap within the ICB will continue to grow. The expected gap for 25/26 is currently circa £7.5m Then (risk event): there is a risk to the system being able to submit a financially balanced plan. Resulting in (impact/effect): Significant ICB overspend in this area and possible impact on other services sustainability and ability for further MHLDA investment **Children's risk register entries:** Risk title: Neurodiversity assessment and diagnosis Cause: If the neurodiversity transformation business case fails to secure system-wide approval and commitment within the 2026/27 planning timeframe Risk Event: There is a risk that the implementation of the needs-led model and the backlog reduction plan will be delayed or not feasible from April 2026, leading to continued or increasing excessive waits for assessment for children and young people (CYP). Effect/Impact: This may result in harm to CYP on Autism and/or ADHD assessment waiting lists, including poorer health, education, and wellbeing outcomes, increased inequality and a negative experience of services. Additionally, failure to deliver timely assessments may compromise the system's ability to meet statutory obligations and strategic objectives.

	Cause: Significant increase in demand for Autism and ADHD assessments, exceeding capacity of the local commissioned service (Sirona). Risk Event: Increased demand from parent/carers for referrals from Primary Care to Right To Choose (RTC) providers Increased demand for ASD and ADHD assessments by Sirona Increased shared care requests from RTC providers to Primary Care and Sirona for ADHD medication management. (The majority of Primary Care do not currently support Shared Care requests for CYP ADHD medication.) Increased health inequalities as navigating RTC and advocating for CYP has increased challenges for population in deprived areas, cultures, digital literacy etc. Effect/Impact: Long waits for Sirona assessment services Delays to commencement of medication - patients who are assessed through RTC and are then required to wait for prescribing and annual review by Sirona. (ADHD) Waits for physical monitoring and annual reviews (ADHD) Pressure on GP appointment demand and making referrals to RTC providers when other professionals (i.e. education) are more informed on the child's needs Increased costs to ICB as required to cover the cost of RTC assessments (and treatment where applicable) for RTC assessments RTC providers not always well linked into local support offers

	Increased resource required across ICB, Primary Care and Sirona to respond to enquiries, complaints, accredit new providers, update provider information on local platform (REMEDY), facilitating Neurodiversity Transformation Programme.
7. Equality Impact Assessments Please provide any Equality Impact Assessments relating to: a. ADHD services b. autism services c. triage, SPA or access controls If no Equality Impact Assessments exist, please confirm this explicitly.	Please find enclosed document, Equality & Health Inequality Impact Assessment.

The information provided in this response is accurate as of 12 January 2026 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Equality & Health Inequality Impact Assessment

Other documents required to complete the Equality & Health Inequality Impact Assessment:

- **Equality & Health Inequality Impact Assessment Guidance**
- **Equality & Health Inequality Impact Assessment Resources**

Please ensure you read the guidance and resources in full before attempting to complete this template.

Title of proposal: **Autism and ADHD Indicative Activity Planning for Right to Choose Providers**				Date: **26/06/25 (updated 10.09.25)** **This is a 'live' document and will be updated at frequent points in the future**
☐ Policy	☐ Strategy	☑ **Service**	☐ Function	☐ Other (please state)
EHIA type:	Screening EHIA ☐	**Full EHIA** ☑	**HEAT in progress/ completed** ☐	Has an EHIA been previously undertaken? Yes ☐ **No** ☑
Is the policy under:	Development	Implementation ☑	Review ☐	
Which groups will this service/proposal impact (e.g. patients, service users, carers/family, staff, general public, partner organisations)? **Children, young people, adults and carers / parents**				
Lead person(s) completing this assessment: **Head of Mental Health, Learning Disability and Autism, on behalf of BNSSG ICB, Performance and Delivery**				
Lead person job title(s) and service area: **In consultation with Head of Contracts, Acutes and Mental Health, and Head of Quality and Clinical Excellence**				

Step 1: Outline

1.1 Briefly describe the proposal

Give a brief description of the context, purpose, aims and objectives of the proposal. Describe what services are currently being provided. Describe the intended outcomes and benefits and who these might impact. Include whether it is a new proposal or change to an existing one and the key decision that will be informed by the EHIA (e.g. whether or not to proceed with the proposal to publish an employee handbook)

Specific aim

This Equality and Health Inequality Impact Assessment (EHIA) evaluates the application of Indicative Activity Plans (IAPs) on Right to Choose (RTC) providers for Autism and ADHD assessment and diagnosis services for both adult and children services. IAPs are used in contracts to set estimate activity levels to commission. They support consistency and transparency in planning and reporting.

This EHIA considers the potential equality impacts of using IAPs in this sector, benefits and risks, for the BNSSG population, aligning with the BNSSG ICS joint forward plan 2025-30 for mental health, learning disability, and autism.

Background

Within BNSSG there are long waits for Autism and ADHD assessments through local NHS provision across both children and adult services. This reflects national variation and long waits within this area. While provider markets have expanded significantly, increasing access, this has also significantly increased spending and created significant variation on waiting times for assessments in this sector. Local transformation projects are underway to redesign services for neurodiversity in children. And to redesign the adult ADHD service, moving towards a needs-based approach. In addition, BNSSG has recognised the need to review its Adult Autism services and work to do this is now beginning.

Description of pathways - ADHD Services

Locally Commissioned NHS Service:

- 1 x provider for Adults and 1 x provider for children
- ADHD assessment, diagnosis, prescribing and titration service with post diagnostic follow up reviews through a multi-disciplinary diagnostic and intervention service
- Long waits for assessment
- Full integration with local services and shared care prescribing with primary care.
- Medication prescribed in line with BNSSG Joint Formulary

Independent Sector Right to Choose:

- Shorter waits, with some inconsistency on shared care pathways.
- No national price leads to varied charges and lack of value for money. There is no national service specification, with these agreed by host/lead commissioner which can lead to potential quality issues and pathway issues with BNSSG GPs regarding shared-care
- No demographic or outcome data received
- Many ICB to provider relationships in this sector are non-contracted activity with no direct relationship with the provider. Once a provider has secured a contract from any ICB in England, their service is available for patients to choose from under national Patient Choice regulations.

National Context

Waiting times are increasing nationally and an Independent Taskforce has been established by NHSE. An interim part 1 review published in April 2025 has made a series of recommendations including:

- ADHD is not the remit of health alone
- Support should begin early
- An entirely specialist single diagnosis model is not sustainable or evidence informed – requiring a generalist approach and adequately resourced primary and secondary care
- ADHD services need to be digitised and data improved

Description of pathways - Autism Services

Locally commissioned NHS service:

- Long waits for assessment with a >3 year waiting list
- Full integration with local services, which includes post-diagnostic support
- 70% of referrals not diagnosed and present with other unmet / low level MH needs
- The post diagnostic support offered is relatively low level, and as such not able to support the more complex presentations with highest need of support

Independent Sector Right to Choose:

- Funding for assessment only
- Increase in Right to Choose referring back to local service (Avon & Wiltshire Partnership Trust ((AWP)) for post diagnostic support
- Perceived high diagnosis rates from referrals
- No demographic or outcome data received

Current diagnosis conversion rates are:

- Local service C&YP autism approx. 50%
- Local service Adult autism approx. 30%
- BNSSG RTC provider autism & ADHD diagnosis rate is approx. 90%

This variation in diagnosis rates could suggest the following:

- People are being referred inappropriately
- Services do not use equivalent and rigorous assessment criteria to reduce variation in outcome
- People are being diagnosed inappropriately between NHS and non-NHS providers with possible under or over diagnoses
- Resource is being ineffectively used on assessment which could be used pre and post diagnostically to much better effect
- Increasing evidence of people being assessed but not diagnosed by our locally commissioned community health provider for children, then going to their GP requesting a RTC referral and subsequently being diagnosed via RTC. This duplicates services, is ineffective use of resources and may lead to inappropriate diagnosis

Creating a sustainable and consistent model across ASD and ADHD services will require redesign and development of local services. Further work is also required to ensure a consistent approach through right to choose pathways. As part of planning for these development BNSSG ICB has introduced indicative activity plans.

BNSSG ICB approach to indicative activity plan setting

In response to the year-on-year demand increase through Right to Choose, and the need for BNSSG to operate with a balanced budget, letters were sent on 13th June 2025 to RTC Independent Sector providers, who provided activity and associated spend in 24-25 against ADHD and Autism budgets. A variable approach was taken depending on the level of spend;

- Providers with 24-25 FOT in excess of £50k were given a proposed figure for their IAP and asked to submit their own activity plan inclusive of prescribing and associated costs by 20th June.
- Providers with 24-25 FOT below the £50k threshold were advised that there were currently no plans to set an IAP, but that this decision would be revisited should activity climb towards previous year spend.
- Providers were asked to share activity within the financial envelope provided, as ICB does not hold activity or medication information to develop IAP. Most providers engaged but many shared their version of IAP, significantly higher than ICB budget as shown in table below
- A detailed paper shared at ICB Executive regarding ASD and ADHD services – 'IAP approach for 25-26 was supported in recognition of significant growth and spend in these pathways.
- BNSSG ICB has increased its budget to fund ASD and ADHD Right to Choose pathways and expected spend is over 50% higher than 2024/25 level, which itself has been increased year on year over the last few years. Despite this investment and due to continued significant activity increases, there is further overspend forecast with providers, shared through their IAPs returns.
- To mitigate this impact, and need for financial sustainability, the services need to be split into priority cohorts to give clear commissioning direction with limited resources available. A further letter was sent to providers who were asked to complete the template by 20th August which the majority met.
- On September 4th, the ICB wrote to all providers outlying the priority order the ICB will fund (see table below) from 8th September – 31st March 2026, and the IAP will be enforced by the ICB from 8th September.
- This will prioritise patients already diagnosed, ensuring medication prescribing where appropriate, and patients undergoing titration. The further priority areas are described below.
- The ICB fully expects this will result in patients who are currently waiting for assessments, and that new referrals received from 8th September onwards, will need to be held on waiting list at their choice of provider for remainder of 25-26. Due to funding available to commission these services and the prioritisation criteria provided. It is recognised this approach will result in increasing waiting times at some providers.

ADHD – Adults & CYP

Priority no.	Priority Criteria	Context
1	Patients being retained for long term ADHD medication prescribing and monitoring	This should include patients who have been stabilised on medication but are unable to access shared care. In these cases, the provider will retain responsibility for long term prescribing and monitoring.
2	Patients currently undergoing titration onto ADHD medication.	Where a diagnosis has been given and the patient has already been started on trial doses of medication.

3	Annual review numbers	This should include the annual review element for patients within the priority 1 grouping but also those who have been discharged to shared care where the provider is obliged to still undertake annual review.
4	Patients awaiting titration	Where a diagnosis has been given and the patient has chosen a medication pathway but has not yet begun the titration process.
5	Patients with upcoming assessment bookings	Where a patient has been offered and has accepted an assessment appointment in the future.
Not funded for remainder of 25-26		
6	Patients awaiting an appointment offer	Where initial questionnaire has been completed but a date for assessment has not yet been offered by the provider.
7	Patients who have been sent the initial questionnaire but have not yet returned it	The patient has been accepted onto the waiting list but a date for assessment can't be offered by the provider until they return the initial questionnaire.
8	Patients accepted on provider waiting list	The GP referral has been received and patient placed on the waiting list but no further contact has yet been made.

Autism – Adults and CYP

Priority no.	**Priority Criteria**	**Context**
1	Patients who have begun assessment process, but have further sessions booked to complete the pathway.	Where an assessment appointment has already taken place but further sessions which will complete the pathway are booked after 1st September.
2	Patients with upcoming assessment bookings who have not yet begun the assessment process	Where a patient has been offered and has accepted an assessment appointment or appointments in the future.
3	Patients awaiting an appointment offer	Where initial questionnaire has been completed but a date for assessment has not yet been offered by the provider.
Not funded for remainder of 25-26		

4	Patients who have been sent the initial questionnaire but have not yet returned it	The patient has been accepted onto the waiting list but a date for assessment can't be offered by the provider until they return the initial questionnaire.
5	Patients accepted on provider waiting list	The GP referral has been received and patient placed on the waiting list but no further contact has yet been made.

Summary

To meet the aims of its Joint Forward Plan, BNSSG needs to improve autism and ADHD pathways across adult and children services, moving to a needs based and less specialist provision. This is recognised by the national ADHD task force report conclusion that entirely specialist models are not sustainable.

The task force recommend a more generalist approach is needed to improve waits for ADHD assessment, given the national demand. Within autism services, there are variations in diagnostic rates between the NHS and independent (right to choose) sector, with focus on assessment rather than post diagnostic support due to commissioning arrangements. This leads to services not being available for those patients with the greatest need of support, who have the most complex presentation. There is a need for early intervention and support for those with the highest needs and who may have poorest outcomes.

Right to Choose providers support patient choice, and reduce waiting time for assessment, however there are issues within both the ADHD & Autism pathways, in terms of consistency and being able to meet demand sustainably., Existing Right to Choose providers and those providers holding an NHS contract with other ICBs generally:

- Do not have clear breakdown of what is included in pricing schedules – creating unsustainable contract management requirements
- Do not have clearly described methodology of pathways
- Provide pathways in different ways that can lead to complexity and confusion in planning our local services and confusion for patients
- Have much greater assessment to diagnosis conversion rates compared to locally commissioned NHS services
- Do not report data in a way that supports monitoring performance, equitable use and value for money. As the ICB does not hold the contract direct, relationship is via non-contracted route (exception is 1 provider who passed BNSSG ICB PSR Direct Award B accreditation process)

BNSSG ICB needs to balance funding to ensure individuals can access both assessment services, **and** appropriate levels of post diagnostic support alongside the needs across primary care, community, mental health and acute hospital services. This will be vital in ensuring those with the greatest needs have the support required. Use of an IAP supports a structured approach to the volume of activity planned each year to ensure that resource also remains available to implement the local priorities set out in our joint forward plan and recommendations of the task force. This includes the need to fund the development of new services that can better meet the levels of assessment required locally and reflected nationally.

Without an IAP it is likely that increased spend will limit the opportunity to create a sustainable model for the future. However, it is acknowledged that the IAP process will increase waiting times across this sector for assessment any subsequent treatment if required.

During the development if this EHIA, NHSE have published ADHD service delivery and prioritisation advice to systems, NHS England » ADHD service delivery and prioritisation – advice to systems we have reviewed this guidance and the prioritisation criteria has been clinically informed to manage the risk of implement an indicative activity plan. Communication plans to patients are being developed that signpost to services available with diagnosis whilst waiting.

Health inequalities (HI) are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. Reducing health inequalities improves life expectancy and reduces disability across the social gradient. What health inequalities have or might emerge and what actions can you take to reduce or eliminate them? Include details of any evidence, research or data used to support your work, e.g. JSNA, ward data, meeting papers, NICE etc below. You can also consider completing the HEAT tool to support summarising key issues, this can help to systematically evaluate HI:

Assessment from the HEAT (Heat Equity Assessment Tool) tool developed in supporting CYP Neurodiversity redesign project assessed that structural inequalities exist in relation to neurodiversity assessment services.

Of particular concern are people living in the most deprived areas. The waiting lists for community paediatrics and ASD have been analysed by index of multiple deprivation.

The analysis demonstrates that there is an unusual pattern in the ADHD waiting list, the two highest groups on the waiting list are the most deprived decile and the least deprived decile.

For ASD the waiting list is broadly equitable across the deciles with the exception of the least deprived decile. The least deprived decile is the highest of all the groups with approximately 200 more children (suggesting it is over represented, or other groups are under-represented). As Right to Choose pathways are virtual, this may be an additional barrier to having digital access and English as a first language.

Research found:

The evidence shows that children born to mothers without educational qualifications will receive an autism diagnosis two years later than their peers and are two times less likely to receive the diagnosis compared to children born to mothers with A-level qualifications or above.

There are limitations in local data for current services. Ethnicity is not accurately captured in the Sirona Care and Health EMIS. There is no data about children or families for whom English is not their first language.

Research found:

White children and those of higher socio-economic status are more likely to be both identified and diagnosed with ASD earlier compared with other ethnic groups as well as children from low income families. As a result non-white and lower income children are less likely to capitalise on early autism specific intervention services during important developmental windows when optimal neuroplasticity and synaptic proliferation occur. ('Racial, Ethnic and Sociodemographic Disparities in Diagnosis of Children with ASD Journal of Development and Behavioral Pediatrics' (US))

Research found:

Barriers to access for individuals for whom English is not their first language, and children who have parents/carers who are themselves neurodiverse.

The HEAT assessment found additional barriers to accessing services. Which can include access to digital and language barriers.

Demographic data is not available from Right to Choose providers, and as such the ICB cannot assess whether activity within the right to choose pathway addresses these inequalities. Reducing inequalities is a key aim across adult Mental health, learning disability and autism programmes, and in the Core 20 plus 5 approach to reducing inequalities in children. This IAP may indirectly support reducing health inequalities, by managing in a planned way activity where we do not have sufficient outcome and demographic data currently.
Give details of any relevant patient experience data or engagement that supports your work and where there is significant impact and major change how have patients, carers or members of the public been involved in shaping the proposal. Note, where the proposed change results in significant variation public consultation is required, seek advice from your PPI team. If you have not undertaken any engagement, state how you will involve people with protected characteristics or vulnerable groups in the project or explain why there is not likely to be any involvement.
This EHIA spans Autism and ADHD services across Children and Adult services, no specific additional engagement has been carried out to inform this proposal. However, it is reasonable to conclude from existing engagement locally, people want access to timely diagnosis and to be able to access the support they need. Right to Choose pathways are a part of this solution, and can reduce waits to assessment, diagnosis and treatment. However, pathways are not always clear. For example, within ADHD pathways, shared care arrangements for medication are not universally available from all GPs. This is due to the complexity of local pathways and cannot be resolved by the Right to Choose providers themselves. This is normally managed locally through detailed information being available on Remedy to guide patients and GPs, but does create a complex set of pathways and lead to complaints where patients are diagnosed and cannot access medication as expected. Within Autism, Right to Choose providers have higher diagnosis rates and are increasingly referring back to local NHS commissioned services for post diagnostic support, impacting on local service availability. There are variable waiting times for assessment in Right to Choose providers ranging from weeks to multiple years and no national waiting time dashboard in this sector to help monitor and provide informed decision making for patients using Right to Choose.
Has the project/service ensured that they have/will comply with the Accessible Information Standards (AIS)? Yes or No Describe how the project/service will ensure staff are in compliance and have a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. For more information on AIS please refer to and NHS England » Accessible Information Standard and AIS at NBT - YouTube.
Each Right to Choose provider currently has their own NHS contract which details complying with the accessible information standard.

Step 2: Impact

2.1 Could the proposal have a positive or negative impact on any of the protected characteristic groups or other relevant groups?

Although some of your conclusions will be widely known and accepted (e.g. need for accessible information), your analysis should include evidence to support your statements to aid the decision-maker – references and links to documents can be listed in section 4.1. Evidence might include insights from your engagement, focus groups, stakeholder meeting notes, surveys, research paper, national directives, expert opinion etc. If there is insufficient evidence, state this and include an action to find out more in the action plan in Step 3. In addition to having due regard for the Equality Act 2010 Public Sector Equality Duty to eliminate unlawful discrimination, advance equality and foster good relationship between protected groups; you must also have due regard to the principles of the Armed Forces Act 2021 including regarding the unique obligations and sacrifices they make, removing disadvantage and making special provision to ensure services and employment opportunities are accessible.

Positive Impact:				
☐ Sex	☐ Race	☐ Disability	☐ Religion & Belief	☐ Sexual Orientation
☐ Age	☐ Pregnancy & Maternity	☐ Marriage & Civil Partnership	☐ Gender Reassignment	☐ Armed Forces ☐ Other
Whilst no specific positive impacts have been identified within these characteristics a more generalised appraisal can be found in section 2.3.				
Negative Impact				
☐ Sex	X Race	X Disability	☐ Religion & Belief	☐ Sexual Orientation
☐ Age	☐ Pregnancy & Maternity	☐ Marriage and Civil Partnership	☐ Gender Reassignment	☐ Armed Forces ☑ Other health inequality (please state below)

Health Inequality:

The use of IAPs aims to manage activity within a financial sustainable budget. Patient choice is not impacted in terms of Right to Choose which provider to attend. There is an expansion of the provider market and pathways over last few years which is unsustainable against funding allocation. Locally the ICB cannot see / or has limited demographic information by Right to Choose providers, so we cannot review usage by our population, and if Right to Choose usage is disproportionally used by population cohorts and may widen health inequalities. However the majority of RTC providers offer a virtual service only, it risks excluding and increasing health inequalities for service users who English is second language and/or service users living with digital poverty.

Disability:

ASD and ADHD are considered disabilities. Lack of access to diagnosis may lead to undiagnosed disability. There is a growing backlog for ASD and Autism services, creating inequity. Individuals may experience harm while waiting for diagnosis. This backlog will continue to grow through IAP process for 25-26. Addressing current levels of demand will require service redesign which are underway.

Race:

Cultural differences and stigma reduce access to diagnostic services for ethnic minorities. These groups are over-represented on locally commissioned ADHD and autism assessment waiting lists. The impact of IAPs on this group is unknown due to lack of data.

Gender:

Autism and ADHD are not just predominantly found in boys and men, which has been a historical characterization of the condition. Girls, women, and non-binary people are also affected. Professionals may misdiagnose or miss traits in females. Research is showing camouflaging symptoms is more common in girls, leading to delayed diagnosis and care. Girls and women are underrepresented on locally commissioned NHS service assessment waiting lists, and IAPs may worsen this.

Deprivation:

People in deprived areas are over-represented on waiting lists. The impact of IAPs on this group is unknown due to lack of data. Analysis shows uneven distribution and access to support.

Published Evidence:

- Disability (ASD): Autistic children are at greater risk of exclusion and poorer outcomes while waiting for assessment.
- Ethnicity (ASD): Structural inequalities hinder timely support for ethnic minority children.
- Gender (ASD): Autism presents differently in girls, leading to underdiagnosis.
- Socioeconomic Factors (ASD): Children of mothers without educational qualifications receive diagnoses later.
- Ethnicity and Deprivation (ASD): White and higher socio-economic status children are diagnosed earlier.

Summary:

There are known inequalities in access to services for ADHD and ASD, particularly in race and deprivation. Insufficient data from RTC providers means these issues may not be addressed and not all issues identified. Subsequently this provision may not support developing equitable access across BNSSG.

Applying an IAP may negatively affect disability and gender due to lack of access to timely diagnosis and underrepresentation of females. If / where these groups do not face barriers to using Right to Choose pathways, then they will experience longer waits.

No Effect

Not applicable

2.2 Outline any negative impacts of the proposal on people based on their protected characteristic or other relevant characteristic. Consider how you might level the 'playing field' for all people

Note - all population groups not just officially protected characteristics are included in the below.

Protected Characteristic(s)	Details of negative impact (e.g. access to service, health outcome, experience, workforce exclusion)	Identify any mitigations that would help to reduce or eliminate the negative impact
Disability	Access to timely diagnosis can identify support needs and disability. This can lead to individuals being able to receive the support they need. As a result of the IAP there may be less people with their disability recognised.	CYP Projects underway: Children's Neurodiversity Transformation Project Partnerships for Inclusion in Neurodiversity in Schools Adult Project underway: Adult ADHD Pathway Transformation Project Possible further mitigation: Review of Adult Autism Service
Race	There is the potential that there will be reduced opportunity to access assessment services, leading to increased undiagnosed ADHD or Autism. It is unknown currently if access through RTC is equitable on account of Race.	The projects described above all support increased access to services. . Possible further mitigation: RTC providers asked to supply demographic data As transformation projects mature demographic data should be assessed to ensure equity of access and remove any barriers or underrepresentation.
Gender:	There is the potential that lack of diagnosis disproportionally affects females.	The projects described above all support increased access to services.
People living in the most deprived areas	There is the potential that there will be reduced opportunity to access assessment services, leading to increased undiagnosed ADHD or Autism. It is unknown currently if access through RTC is equitable on account of Race.	The projects described above all support increased access to services. Possible further mitigation: Right to Choose providers asked to supply demographic data As transformation projects mature demographic data should be assessed to ensure equity of access and remove any barriers or underrepresentation.

The impact of the IAP process will result in patients currently waiting for assessment, and new referrals (from 08/09/25) being held on waiting lists for remainder of 25-26 due to funding available. Patients undergoing treatment, where assessment has been booked will continue to be funded to ensure no break or reduction in continuity of care.

2.3 Outline any benefits of the proposal for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

BNSSG ICB has invested significant time and resources in coordinating system-wide transformational work in children's autism and adult ADHD pathways/services, early help "needs-led" projects, and the Partnerships in Inclusion in Neurodiversity in Schools (PINS). The direction of travel is a shift from a focus on assessment and diagnosis to a "needs-led" approach. This involves identifying needs early, understanding them, and then meeting those needs appropriately, thus often negating the need for a formal assessment and diagnosis. This approach mirrors recent national guidance, including the national ADHD taskforce report published in April 2025. This IAP proposal will support continued funding availability as per 24-25 level plus inflation to undertake the transformation required to move towards needs-led services with a more generalist approach, away from a highly specialist workforce, which is no longer sustainable given demand trends, waiting lists, and the need for post-diagnostic support. This approach is recognised as vital for having sustainable services for the future and the ability to meet current and future needs. Without funding for this redesign, services will not be able to meet local demand. Indicative activity plans may also reduce inefficiencies within ADHD pathways. The ADHD taskforce report recognises that there is no good evidence on the percentage of people waiting to see a clinician who have self-diagnosed using social media. As such, it is not possible to determine the levels of need on waiting lists. The current configuration of ADHD/Autism right to choose pathways works well for many people. However, they do not demonstrate value for money for all patients, or provide patient outcomes and demographic data to ensure equity of access. There are challenges integrating into local services when providers are providing a service England wide. Future service models need to be more generalist and more integrated locally with other low-level mental health services to be effective.	Positive ☑ Negative ☐ No effect ☐

Step 3: Action Plan

3.1 What actions will you take to mitigate the negative impact outlined above?

Action	Timeframe	Success Measure	Lead
Children's Neurodiversity Transformation Project	December 2025	School profiling tool rolled out and implemented Neurodiversity Hub established	ICB

		Tailored guidance available for young people & parent carers A charter highlighting diagnosis not being a barrier to access support services Peer support services Targeted need led support services	
Adult ADHD Transformation Project	December 2025	Increased assessment and management in primary care Increased assessment and management in secondary care Peer support services	AWP
Partnerships for Inclusion in Neurodiversity in Schools (PINS)	March 2026	Improved school inclusion Reduced school exclusion Neuro-focused & supportive school cultures	ICB
Development of an Autism Partnership Board	December 2025	Joint commissioning and funding of system wide neurodiverse services	Local Authority / ICB
Explore redesign options of Bristol Autism Service	March 2026	Higher % of people referred diagnosed Better understanding of needs of people accessing services and integration of wider MH pathways	ICB / AWP
Data reporting	March 2026	Work with RTC providers to share key performance and data requirements for BNSSG population.	ICB

3.2 How and when will you review the action plan (include specific dates)?

The action plan will be regularly monitored and reviewed by our established governance groups:

ICB MH Service Delivery Unit
Project Steering Groups across CYP / Adult ASD / ADHD

Step 4: Impact

4.1 What are the main conclusions of this Equality & Health Inequality Impact Assessment?

Share a brief summary of the positive impact the project will make and any negative impact and mitigations, e.g. what steps you have been taken to improve accessibility, and what recommendations you are making to the decision maker.

Explain how the EHIA has informed, influenced or changed the proposal and include a recommendation for the decision maker

This EHIA highlights that waits for assessment, timely diagnosis, and access to support are vitally important. Right to Choose providers addresses part of that need and can be highly effective for individuals.

However, RTC pathways do not provide all of the support and local integration required. There is a lack of data visible to BNSSG about the impact of RTC in addressing health inequalities. There are also concerns about diagnosis rates, robustness, and variation in diagnosis rates, as well as access to post-diagnostic support. This limits the effectiveness and value for money of the pathways themselves.

This should be seen in the recent context of a significant increase in assessment pathways through Right to Choose, the current national approach is not sustainable with an increasing in RTC provider wait times despite additional funding. There is also the need to ensure resources continue to be available to move toward transformed integrated needs-led local provision.

As such, it is concluded that the application of an IAP on Right to Choose pathways will support a managed and sustainable approach to pathways that will benefit individuals longer-term, whilst also allowing resources to be maintained to support the transformation of services required to meet future needs. The impact of this will however increase waiting times for assessment for patients using RTC and there is no demographic data of which patient groups are on these lists, and whom may belong to groups with protected characteristics

The greatest opportunity to address all the health inequalities identified within this EHIA will be through local integrated services, which can ensure support to those waiting, high levels of diagnosis conversion from referral, reduced waits, the need for a diagnosis to access support, and evidence that services are meeting and addressing known inequalities.

Reason for change:
BNSSG ICB needs to balance performance, quality, and financial sustainability across its population and needs transparency and a sustainable approach for ASD and ADHD services. The significant increase in Right to Choose pathways has been positive but, if is not well managed has the potential to reduce resources available for wider local redesign projects which aim to meet all service requirements and be sustainable to meet current and future demand.

Recommendations as a result of completing the EHIA include:

- Implement IAP on RTC providers across Autism and ADHD – recognising and accepting the risks this brings on patient experience, waiting times and ICB reputation
- Continue existing redesign projects and focus on needs-led approaches
- Explore redesign options of BNSSG Adult Autism Service including better links with Mental Health services
- Develop closer monitoring by RTC providers on activity from individuals with protected characteristics
- Ensure as redesign projects mature, they are evaluated against addressing inequality

Select a recommended course of action:	
Outcome 1: Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified. E.g. proposal is not likely to have any detrimental impact on any specific group	☐
Outcome 2: Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity and fostering good relations or breach of human rights articles. E.g. arrangements put in place to produce a BSL video to promote changes to a service	☐

Outcome 3: Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out). E.g. pilot benefits one neighbourhood due to funding restrictions	☑
Outcome 4: Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified. E.g. dress code policy discriminates against people who practice particular religions; new service that proposes to detain patient but insufficient evidence of safeguarding or human rights considerations in place	☐

Step 5: Review

All Equality & Health Inequality Impact Assessments should be reviewed internally and obtain sign off to show an organisational commitment.

Reviewer's Feedback (this document should be reviewed by an equality officer or trained project lead/senior manager) **Documents reviewed & to be kept under review**
Equality Officer Name: **Deputy Director Performance & Delivery**
Equality and Inclusion Team Signature:
Date: **10/09/2025**