NHS
Greater Manchester

Equality and Health Impact Assessment (EHIA)Template

I am completing this template to meet the ICBs legal obligations to identify potential discrimination or disadvantage arising from the decisions made in carrying out my policy, proposal or programme. I propose steps to mitigate those identified and will record and monitor the success of those mitigations throughout the project or programme cycle. This template contains my due regard to addressing inequalities as required under the Equality Act 2010 and the Health and Social Care Act 2022.

This equality and health impact assessment is being undertaken to prevent my proposal, policy, programme or project from adversely affecting people with different protected characteristics or at known disadvantage.

A completed copy of this form must be provided to the decision-makers in relation to your proposal. (This may be a senior responsible owner and/or a governance committee). The decision-makers must consider the results of this assessment when they make their decision about this proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)	GM Right to Choose Indicative Activity Plans 26/27
2. Brief summary of the proposal in a few sentences	The Indicative Activity Plans (IAPs) aim to bring ADHD and Autism services in Greater Manchester onto a sustainable and financially controlled footing by managing provider activity and expenditure under the NHS Right to Choose framework. The IAP model was originally developed on the basis that provider activity would reduce to approximately 60% of the 2024/25 outturn, alongside a £50,000 activity cap for new providers, to reduce financial risk while maintaining reasonable access to assessment and treatment. However, delays in implementation have resulted in higher levels of activity continuing for longer than planned, contributing to a current forecast £8.7 million overspend against the agreed budget (subject to further change).

	For 2026/27, the IAP funding envelope has reduced significantly to approximately 20% of the 2024/25 outturn. This represents a substantial constraint on system capacity. As a result, access to ADHD and Autism assessment under Right to Choose will be significantly restricted. Available funding will primarily be used to maintain care for individuals already in treatment, and it is anticipated that only those presenting with the highest levels of clinical need will access new assessment appointments within the available funding. Prioritisation decisions will be informed by a clinically led framework which considers overall clinical risk, complexity, vulnerability, safeguarding concerns, and wider functional impact. Specific operational criteria are intentionally not detailed within this document due to the need to maintain safe and clinically appropriate decision-making processes. The current position has arisen in part because growth in demand for Attention Deficit Hyperactivity Disorder and Autism services, particularly within Right to Choose pathways, was not fully reflected within previous long-term financial planning assumptions. Neurodevelopmental services are now included within medium-term planning discussions and ongoing national review activity. The IAPs operate alongside wider system reforms, including a central triage hub, prioritisation frameworks based on clinical risk, and the development of non-medical and digital support pathways (including SilverCloud and other low-intensity interventions). The SilverCloud ADHD support offer will provide approximately 4,000 licences for adults and 4,000 licences for children and young people across Greater Manchester. These measures aim to support equitable and sustainable service delivery; however, they will not fully offset the impact of reduced clinical capacity. Additional locally commissioned support has also been developed across Greater

	Manchester, including the Adult Attention Deficit Hyperactivity Disorder Triage Hub, locality-based children and young people neurodevelopmental hubs, and a range of non-medical support offers that do not require formal diagnosis. These developments aim to improve consistency of triage, strengthen earlier support, improve system navigation, and provide access to practical, educational, behavioural, and wellbeing support whilst individuals await assessment. Additional support resources have also been developed which do not require a formal diagnosis, including guidance relating to educational support, Employment and Access to Work rights, Education Health and Care Plans (EHCPs), self-help resources, digital tools, and wider community-based support offers intended to assist individuals whilst awaiting assessment. Additional targeted resource has also been directed towards localities with the longest waiting times in an effort to improve equity of access and reduce unwarranted variation across Greater Manchester. The proposals also operate alongside wider partnership work with Greater Manchester Combined Authority, Local Authorities, education providers, employment support services, voluntary, community and social enterprise organisations, and community partners in recognition that support for neurodivergent people requires a broader cross-system response and cannot be addressed solely through healthcare assessment pathways. As a result of these changes, waiting times are expected to increase, and a significant proportion of patients may remain on waiting lists for extended periods without access to formal assessment. While the expansion of local support pathways is expected to partially mitigate the impact of reduced assessment capacity, significant adverse impacts are still

	anticipated for many individuals accessing services through Right to Choose pathways. NHS GM also recognises the potential risk that unmet neurodevelopmental need may present within other parts of the wider health and care system, including primary care, urgent care, crisis services, and mental health pathways. Ongoing system oversight will therefore be required to understand whether pressures emerge elsewhere within the system as a consequence of reduced assessment capacity.

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3. Main potential positive or adverse impact on the proposal for protected characteristic groups summarised
Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state 'none' if your proposal will not impact adversely or positively on the protected characteristic groups listed below.

Please note that these groups may also experience health inequalities. Consider intersectional impact (impacts because of more than one protected characteristic e.g. disabled women or Caribbean people living in deprived areas) where they may be likely. Consider more granular impacts where they may be likely or relevant (e.g. specific impacts on people of Bangladeshi heritage).

Legal requirements: Protected characteristic groups	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
Age: consider impacts on different age groups, for example older people; middle years; early years; children and young people	**Adults:** Adults are likely to experience significant delays in access to ADHD and Autism assessment due to the substantial reduction in available funding and the application of strict prioritisation criteria. Many individuals will not access assessment within current funding unless presenting with high or complex clinical need. This may result in prolonged periods of unmet need, delayed diagnosis and treatment, and associated impacts on mental health, employment, relationships, and day-to-day functioning. Individuals with moderate but clinically significant symptoms may not meet prioritisation	Mitigation includes prioritisation through the central triage hub based on clinical risk and need, monitoring of waiting times, and development of non-medical and digital support pathways. Work with Local Authority partners aims to ensure that educational and pastoral support is available without requiring a formal diagnosis, in line with national guidance. These mitigations will partially reduce impact but will not fully offset reduced access to assessment. Additional mitigation includes the development of the Greater Manchester Adult ADHD Triage Hub and locality-based CYP neurodevelopmental hubs, which aim to improve consistency of

Legal requirements: Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	thresholds and may therefore rely on interim or non-medical support for extended periods. **Children and Young People (CYP):** Children and young people may experience similar delays once the CYP pathway is implemented under the same financial constraints. This may result in delayed identification of neurodevelopmental needs, later access to educational and behavioural support, and potential impacts on learning, development, mental health, and family wellbeing. Given the importance of early intervention, delays at this stage may have longer-term consequences.	triage, prioritisation, and access to support outside of the Right to Choose market. CYP neurodevelopmental hubs are intended to strengthen early help and improve access to advice and support prior to formal diagnosis, including links with schools, colleges, family support, and community-based services. The Adult ADHD Triage Hub aims to improve consistency and fairness of prioritisation across Greater Manchester, ensuring available clinical capacity is directed according to need and reducing unwarranted variation between localities. A range of non-medical support offers are also being expanded, including support that does not require a formal diagnosis, alongside procurement of the SilverCloud digital ADHD support offer for all ages. These interventions are intended to provide earlier practical, psychoeducational, and wellbeing support whilst individuals await assessment. The SilverCloud ADHD support offer includes approximately 4,000 licences for adults

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		and 4,000 licences for children and young people across Greater Manchester. Alternative non-digital and community-based sources of support will also continue to be promoted recognising that some individuals, including some neurodivergent people, may experience barriers engaging with self-directed digital interventions due to executive functioning difficulties, cognitive overload, literacy barriers, or digital exclusion. Additional targeted resource has been directed towards areas with the longest waits to support greater equity across the system and reduce variation in waiting times.
Disability: Consider any existing or new barriers faced by disabled people as a result of your proposal. Physical, sensory and learning impairment; mental ill health condition; long-term health.	Delays in access to ADHD and Autism assessments are likely to disproportionately affect individuals with disabilities, including those with co-occurring mental health conditions, learning disabilities, or long-term conditions. Timely diagnosis is often critical for accessing appropriate support,	The triage hub will prioritise based on clinical need, and non-medical and digital pathways will be expanded. Ongoing partnership working with Local Authorities and providers will support access to interim support. Monitoring will be undertaken using available datasets; however, this is limited by incomplete data from independent providers.

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	adjustments, and services. Reduced capacity may result in extended periods without formal assessment, leading to prolonged unmet needs, delayed access to therapeutic or educational interventions, and increased strain on daily functioning and wellbeing. Individuals with less acute but still significant needs may not meet prioritisation thresholds, increasing reliance on interim support and potentially widening inequities within the disabled population. There is also a risk that individuals from communities with historically lower service uptake may experience compounded disadvantage.	These actions will partially mitigate impact but cannot fully compensate for reduced diagnostic capacity. Expansion of non-medical support pathways recognises that many neurodivergent individuals benefit from practical, psychological, educational, occupational, and peer support irrespective of formal diagnosis status. This includes support offers that do not rely solely on digital access or self-directed interventions, recognising that some individuals with ADHD, Autism, learning disabilities, cognitive difficulties, or mental health conditions may experience challenges engaging with digital-only support models. Additional mitigation includes the development of the Greater Manchester Adult ADHD Triage Hub and locality-based CYP neurodevelopmental hubs to support more consistent and equitable access to triage and interim support. The procurement of the SilverCloud digital ADHD support offer for all ages will

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		provide additional accessible support whilst individuals await assessment. Partnership work with employment and skills services aims to improve access to workplace support, reasonable adjustments, and wider functional support for neurodivergent individuals awaiting assessment. Additional targeted resource has been directed towards areas with the longest waits to support greater equity across localities and reduce unwarranted variation in access. Co-production with neurodivergent people, carers, and wider stakeholders will continue to inform pathway development and improvement.
Gender reassignment: A wide range of people identify as transgender. However, you are not protected under the Equality Act unless you have proposed, started or completed a process to change your sex.	There is evidence suggesting higher prevalence of neurodivergence among individuals undergoing gender reassignment. No specific pathway restrictions or enhancements are currently in place for this group. Impacts are expected to be similar to those experienced by the wider population;	Providers will be encouraged ~~to adopt inclusive and affirming practices.~~ to ensure neurodevelopmental pathways remain inclusive, trauma-informed, and affirming, recognising the potential overlap between neurodivergence, mental health needs, and gender identity journeys. Monitoring through qualitative

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	however, intersectional factors (e.g. co-occurring mental health conditions or disability) may increase vulnerability to delays and barriers. Reduced access to assessment may exacerbate distress where individuals are seeking diagnostic clarity as part of broader identity or healthcare journeys.	feedback and engagement with community organisations will support identification of any emerging disparities. Access to non-medical and digital support offers, including support not requiring formal diagnosis, may provide earlier wellbeing support whilst individuals await assessment
Marriage & Civil Partnership: people married or in a civil partnership. (only applicable to employment disparities and for discrimination purposes).	No specific adverse or positive impacts have been identified. Access to services is based on clinical need and is not influenced by marital or partnership status.	Ensure inclusive communication and no assumptions regarding family structures.
Pregnancy and Maternity: Pregnancy and maternity discrimination is when you are treated unfavourably (differently) because you are pregnant, breastfeeding or you have given birth, in one of the situations that are covered by the Equality Act.	Pregnant individuals or those on maternity leave may experience increased stress and challenges in managing symptoms during pregnancy or early parenthood due to delays in access to assessment and support. Delayed diagnosis may also impact access to parenting support or coping strategies.	Providers will be encouraged to offer flexible appointment options and supportive communication. Non-medical and digital pathways will provide interim support. Digital and non-medical support pathways, including the SilverCloud ADHD support offer, may provide more flexible access to support for pregnant individuals and those with caring responsibilities or on maternity leave.

Legal requirements: Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		Alternative non-digital support routes and community-based support options will also continue to be available for individuals unable to engage effectively with digital interventions alone.
Race and ethnicity: In the Equality Act, race can mean your colour or your nationality (including your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality. Race also covers ethnic and racial groups. This means a group of people who all share the same protected characteristic of ethnicity or race. You will need to consider granular disparities where proportionate to do so, for example, specifc impact on Black African or Caribbean communities.	Individuals from racial and ethnic minority groups may face additional barriers to accessing ADHD and Autism assessment, including cultural stigma, language barriers, and historical inequities in healthcare access. Reduced system capacity is likely to exacerbate these disparities, particularly in areas of higher deprivation. Lower baseline referral or uptake rates in some communities may result in disproportionate under-representation in prioritised pathways. There is a risk that existing inequalities in access, diagnosis, and outcomes may widen under constrained capacity. Data limitations currently restrict the ability to fully assess and monitor these impacts.	Mitigation includes provider accreditation processes, targeted outreach, culturally appropriate communication, and engagement with community organisations. Monitoring will use available referral and waiting-time data where ethnicity is recorded. These actions aim to reduce disparities but are constrained by data quality and overall system capacity. Partnership working with VCSE and community organisations will support culturally appropriate engagement and improve awareness of available support offers that do not require formal diagnosis. This includes ensuring that support information is available through a variety of accessible formats and routes

Legal requirements: Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		rather than relying solely on digital self-management approaches. Locality hub models may support improved access through more community-based and integrated approaches to support. Additional targeted resource has been directed towards areas with the longest waits and higher levels of deprivation to support greater equity across the system. NHS GM will continue to work with wider system partners to improve understanding of disparities in access, referral patterns, and outcomes across different communities.
Religion and belief: Religion or belief discrimination is when is when you are treated differently because of your religion or belief, or lack of religion or belief, in one of the situations covered by the Equality Act.	No specific differential impact identified.	Standard equitable access measures apply.

Legal requirements: Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Sex: Sex discrimination is when you are treated differently because of your sex. Sex is defined in the Equality Act as male or female.	Evidence indicates that women and girls are under-recognised in ADHD and Autism pathways due to differences in presentation and historical diagnostic bias. Reduced access to assessment may exacerbate these disparities, as individuals who are less likely to be recognised or prioritised may experience further delays. This may result in continued under-diagnosis and delayed access to appropriate support.	Providers will be encouraged to adopt gender-sensitive assessment approaches. Monitoring of available data by sex and engagement with stakeholders will support identification of disparities. Non-medical and digital support offers may provide earlier access to coping strategies, psychoeducation, and wellbeing support for groups historically under-recognised within diagnostic pathways, including women and girls with ADHD and Autism. Providers will be encouraged to increase awareness of differing neurodevelopmental presentations and masking behaviours that may contribute to delayed recognition and diagnosis.
Sexual orientation: Sexual orientation discrimination is when you are treated differently because of your sexual orientation in one of the situations that are covered by the Equality Act.	There is evidence suggesting higher prevalence of diverse sexual orientations among autistic populations. No specific adverse impacts have been identified beyond those experienced by the general population; however, intersectional factors may influence access and engagement. Reduced access may compound existing barriers where individuals experience	Inclusive provider practices, engagement with LGBTQ+ groups, and equitable access to interim support pathways will be promoted. Access to inclusive non-medical and digital support pathways may provide additional support for individuals who experience stigma or reduced confidence in accessing services.

Legal requirements: Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	stigma or reduced confidence in accessing services.	Engagement with LGBTQ+ groups and wider community organisations will support identification of any emerging barriers or disparities.

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4. Main potential positive or adverse impact for people who experience health inequalities summarised.
Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state 'none' if your proposal will not impact on patients who experience health inequalities.

The significant reduction in the IAP funding envelope is expected to increase waiting times and restrict access primarily to those with the highest clinical need. This is likely to disproportionately affect groups already experiencing health inequalities.

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
Looked after children and young people: in care, care leavers	Looked-after children and care leavers may experience delays in access to ADHD and Autism assessment once the CYP pathway is implemented under constrained capacity. Given their higher prevalence of unmet need and vulnerability, delays may have a disproportionate impact on stability, education, and mental health outcomes.	Prioritisation within the triage framework based on clinical risk and safeguarding considerations; alignment of the CYP pathway with Local Authority services; close liaison with social care, designated professionals, and safeguarding leads to ensure needs are identified and supported without reliance on formal diagnosis. CYP neurodevelopmental hubs are intended to strengthen earlier identification of need and improve coordination between health, education, social care, and family support services without reliance on formal diagnosis alone. Partnership working with Local Authorities and safeguarding partners will continue to support access to educational,

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
		behavioural, and pastoral support whilst individuals await assessment.
Carers: A carer is someone who provides unpaid help and support to another person who cannot manage without assistance.	Carers may experience increased pressure and stress where individuals they support face extended waiting times for assessment and treatment. This may impact their own wellbeing and ability to sustain caring roles.	Provision of clear, accessible communication regarding waiting times and available support; inclusion of carers within non-medical and digital support pathways where appropriate; signposting to community and voluntary sector resources; encouragement of provider engagement with carers as part of interim support. Expansion of non-medical support offers, including support not requiring formal diagnosis, may provide earlier advice, psychoeducation, and practical support for carers and families whilst individuals await assessment. The SilverCloud digital ADHD support offer may provide accessible support and self-management resources for individuals and families across all ages.

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
Homeless people. Someone who does not have a home or permanent place of residence, including people living on the street, staying temporarily with friends / family, in hostels or B&Bs.	People experiencing homelessness may face significant barriers to accessing assessment, including lack of stable contact details, digital exclusion, and difficulty attending scheduled appointments. These barriers may be exacerbated by longer waiting times.	Flexible contact and appointment arrangements; provision of face-to-face options where feasible; collaboration with outreach services, primary care, and voluntary sector organisations; use of non-medical pathways that do not rely solely on digital access. Locality-based hub approaches and wider partnership working with VCSE organisations may support improved engagement for individuals who struggle to access traditional referral and appointment models. Providers will be encouraged to consider reasonable adjustments and flexible engagement approaches for individuals experiencing multiple disadvantage.
People involved in the criminal justice system: for example, offenders in prison/on probation, ex-offenders.	Individuals in prison or on probation may experience variation in access and continuity of care, particularly where assessments have already been completed within custodial settings and Right to Choose pathways are not applicable.	Strengthening of transition pathways between prison healthcare, community services, and primary care; improved information sharing (where appropriate); alignment of care plans to ensure continuity of support following release; use of triage processes to identify ongoing need.

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
		Partnership discussions with wider system organisations, including employment and community support services, aim to support continuity of support and reduce the risk of individuals disengaging from services following release from custody. Non-medical and digital support pathways may provide additional interim support where formal diagnostic pathways are delayed.
People with addictions and/or substance misuse issues	ADHD and Autism symptoms may be under-recognised or masked by substance misuse, leading to delayed identification and access to appropriate support. Reduced access to assessment may exacerbate this issue.	Training and awareness for triage and provider staff to identify neurodevelopmental conditions in the context of substance misuse; coordination with addiction and mental health services; provision of interim non-medical support where appropriate. The Adult ADHD Triage Hub aims to improve consistency of clinical prioritisation and identification of individuals with complex or co-occurring needs, including substance misuse and mental health presentations. Wider partnership working across mental health, addiction, and community services

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
		will support more joined-up approaches to interim support.
People or families on a low income or live in a deprived area (socio-economic disadvantage.)	Individuals living in deprived areas may face additional barriers, including financial constraints, competing life pressures, and digital exclusion. Reduced service capacity may disproportionately impact these groups, increasing the risk of widening inequalities.	Maintenance of requirements for reasonable geographic access (e.g. travel standards); expansion of non-medical and digital support pathways; targeted outreach and engagement in areas of deprivation; monitoring of access and waiting times by locality where data is available. Additional targeted resource has been directed towards areas with the longest waits to support greater equity across localities and reduce unwarranted variation in waiting times. The development of locality-based neurodevelopmental hubs aims to support more equitable access to advice and support across Greater Manchester. NHS GM is also working with wider system partners, including GMCA, education, and employment support services, recognising that neurodevelopmental needs and associated inequalities cannot be

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
		addressed solely through healthcare pathways. Recognising that digital exclusion may arise not only from financial barriers but also from cognitive, literacy, or executive functioning difficulties, non-digital routes to support and community-based support offers will continue alongside digital interventions. Expansion of support offers that do not require formal diagnosis may help reduce barriers for individuals unable to access or sustain lengthy assessment pathways.
People with literacy or health literacy barriers: (e.g. poor understanding of health services, cultural or linguistic diversity from health services communications).	Individuals with low literacy or health literacy may struggle to understand referral processes, waiting times, and available support options, particularly in a more constrained system.	Provision of clear, plain language, easy-read, and translated materials; use of culturally appropriate communication; support through triage and provider contact points to explain pathways and options; engagement with community organisations to support understanding. The use of locality-based hubs and community partnership approaches may support more accessible navigation of services and improve awareness of available support offers. Support pathways will continue to include non-digital options

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
		where appropriate to reduce exclusion for individuals unable to effectively engage with digital-only interventions. Digital support offers will complement, rather than replace, non-digital routes of support to reduce the risk of exclusion.
Refugees, asylum seekers or those experiencing modern slavery	These groups may face multiple barriers including language, trauma, lack of GP registration, and unfamiliarity with NHS systems. Reduced capacity may further limit access.	Provision of interpreter and translation services; flexible and inclusive access pathways; collaboration with voluntary and community sector organisations; support with GP registration where required; use of non-medical pathways to provide interim support. Partnership working with VCSE and community organisations will support culturally appropriate engagement and improve awareness of available support pathways that do not require formal diagnosis. Providers will be encouraged to adopt trauma-informed and inclusive approaches recognising the potential impact of displacement, trauma, and social exclusion on engagement with services.
Sex workers	Sex workers may face barriers due to stigma, unstable housing, or irregular	Provision of non-judgemental, confidential access routes; flexible appointment

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
	working patterns, which may impact engagement with services.	scheduling; use of digital and outreach-based support where appropriate; collaboration with specialist support organisations. Flexible and non-medical support pathways may provide earlier opportunities for engagement for individuals who are unable to consistently access traditional appointment-based models. Partnership working with specialist VCSE organisations may support improved awareness of available support and reduce barriers related to stigma or exclusion.
Other groups experiencing health inequalities (please describe)	Individuals in rural or transport-poor areas may face challenges accessing services, particularly where face-to-face appointments are required.	Requirement for providers to offer appointments within reasonable travel distance where possible; availability of remote and digital options; ongoing monitoring of geographic access and service coverage. Locality-based models of support are intended to improve flexibility and reduce barriers associated with travel and geographic variation in access.

Groups who experience health inequalities	**Summary explanation of the main potential positive or adverse impact of your proposal**	**Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact**
		The procurement of the SilverCloud digital ADHD support offer will provide additional all-age support that can be accessed without requiring formal diagnosis. The approach reflects emerging national policy discussions and recommendations from national ADHD and neurodevelopmental task and finish work, which identifies the need for coordinated action across health, education, employment, social care, and community sectors.

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5. Engagement and consultation

1. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please choose the appropriate answer from the drop-down list: Choose an item.

2. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were.

Name of engagement and consultative activities undertaken	Summary note of the engagement or consultative activity undertaken	Month/Year
Public consultation on the Adult ADHD Triage service -	Collected feedback from patients, families, clinicians, and the wider public via surveys, written submissions, and engagement events. Key findings: demand for consistent local access, concerns about quality of private provision, importance of timely face-to-face care, and support for prioritisation based on clinical risk and need.	July 2025
Ongoing discussions with provider organisations and localities	Engaged providers and local clinical teams to develop service specifications, implement centralised budgets, and manage operational challenges. Findings informed activity caps, prioritisation frameworks, and equitable access measures.	2025 & 2026 (ongoing)
Engagement with staff. Advocacy groups, and neighbourhood leads	Consulted staff and local leads to understand workforce impact and local access issues; incorporated feedback to ensure workforce and patient equality considerations were addressed.	2025 & 2026 (ongoing)

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6. **What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?**

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	National reports and guidance on NHS Right to Choose, ADHD/ Autism service delivery, and mental health pathways; comparative data from other NHS regions; Joint Strategic Needs Assessments (JSNAs) for Greater Manchester. Your choices in the NHS - NHS NHS England » Patient choice guidance Overview | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE ADHD Management Information - May 2025 - NHS England Digital NHS England » Report of the independent ADHD Taskforce: Part 1 CC A4 HEADER The rapidly growing waiting lists for autism and ADHD assessments | Nuffield Trust Waiting times for children and young people's mental health services, 2022-23 - NHS England Digital FAQ: ADHD statistics (England) Your choices in the NHS - NHS Autism Waiting Time Statistics - NHS England Digital gm-icp-strategy-190423.pdf	Despite the range of national and local evidence available, there remain a number of important gaps and limitations which constrain the ability to fully assess the equality and health inequality impacts of the proposal. A key limitation relates to the availability and quality of data from independent sector providers operating under NHS Right to Choose arrangements. Data submissions from these providers are not consistently available at sufficient detail or completeness, particularly in relation to demographic characteristics such as ethnicity, disability, and socio-economic status. This restricts the ability to comprehensively monitor access, waiting times, and outcomes across different population groups and limits the identification of potential inequalities. There is also limited robust local data available to assess intersectional impacts, for example where multiple characteristics (such as ethnicity,

Evidence Type	Key sources of available evidence	Key gaps in evidence
	gm-icp-strategy-190423.pdf Additional national evidence has been considered to inform this assessment, particularly in relation to rising demand, unmet need, and inequalities in access to ADHD and Autism services. The NHS England Independent ADHD Taskforce Report (2025) identifies that current levels of recognised ADHD are significantly lower than expected population prevalence, indicating substantial unmet need. The report highlights long waiting times and limited access to timely diagnosis and support as a key national challenge. It also emphasises the importance of providing needs-based support prior to diagnosis and recommends a whole-system approach involving health, education, and community services. National estimates suggest that ADHD affects approximately 3–5% of the population; however, recorded diagnosis rates remain considerably lower. This gap between expected prevalence and recorded diagnosis indicates that a significant proportion of individuals may not currently be accessing assessment or support. Reduced access to diagnostic pathways	deprivation, disability, and sex) combine to influence access to services and outcomes. While national evidence highlights disparities for certain groups, the extent to which these are reflected at a Greater Manchester level cannot be fully determined with current datasets. Data on sexual orientation and gender identity is not routinely or consistently collected across ADHD and Autism pathways, further limiting the ability to assess impacts on LGBTQ+ populations. In addition, there is limited longitudinal evidence on outcomes for individuals who experience extended waiting times for ADHD and Autism assessment, particularly in relation to the impact of delays on mental health, education, employment, and wider life outcomes. While national evidence suggests adverse impacts, these are not consistently quantified at a local level. There is also limited evidence evaluating the effectiveness of non-medical and digital support pathways (such as online cognitive behavioural therapy or self-guided programmes) as

Evidence Type	Key sources of available evidence	Key gaps in evidence
	may therefore increase the risk of widening existing inequalities, particularly for groups already under-represented in services. Evidence also shows that demand for ADHD and Autism services has increased significantly in recent years, placing substantial pressure on NHS services and contributing to extended waiting times. The ADHD Taskforce highlights this sustained growth in demand as a key driver for system reform and the need for alternative models of care, including earlier intervention and non-medical support options. Delays in accessing assessment and support are associated with a range of adverse outcomes, including impacts on mental health, educational attainment, employment, and wider social functioning. The Taskforce identifies that unmet need may contribute to increased use of other public services and poorer long-term outcomes for individuals. A national independent review into mental health conditions, ADHD, and autism (2025) further highlights that services have not consistently met population need in a timely or equitable way. The review identifies inequalities in access and	substitutes or interim support while awaiting formal diagnosis, particularly for individuals with more complex or higher levels of need. Furthermore, while national evidence confirms that demand for ADHD and Autism services substantially exceeds current system capacity, there is limited modelling available to predict the long-term impact of sustained activity restrictions on population health outcomes, service demand, and inequalities. Engagement to date has included a broad range of stakeholders; however, further targeted engagement may be required with underrepresented groups, including refugees and asylum seekers, homeless populations, individuals with low health literacy, and those from specific ethnic minority communities, to better understand lived experience and barriers to access. These gaps will be addressed through ongoing development of data systems, continued engagement with providers and communities, and routine monitoring of referral patterns, waiting times, and outcomes where data is

Evidence Type	Key sources of available evidence	Key gaps in evidence
	experience across different population groups and emphasises the importance of prevention, early intervention, and the development of non-clinical support pathways alongside diagnostic services. Collectively, this evidence supports the need for a more sustainable and prioritised approach to service delivery, while also highlighting the risks associated with constrained capacity, including the potential for increased waiting times and widening inequalities if mitigations are not effectively implemented.	available. However, it is recognised that some limitations may persist in the short to medium term, particularly in relation to independent sector data and intersectional analysis.
Community consultation and involvement findings	2025 public consultation (Public consultation) on Adult ADHD Triage service; ongoing discussions with patients, families, clinicians, provider organisations, trade unions, and neighbourhood leads.	Further engagement may be needed with underrepresented groups such as refugees, asylum seekers, homeless individuals, and those with literacy/health literacy barriers.
Research	Recent national evidence (2025–2026) further strengthens the understanding of demand, unmet need, and system pressures within ADHD and Autism services. Latest national data indicates that demand for ADHD assessment has reached unprecedented levels. As of December 2025, there were over 562,000 open referrals for ADHD assessment in England, with estimates suggesting that up to 2.7	In addition to data limitations, there are also important gaps in the wider research evidence base relating to ADHD and Autism services which limit the ability to fully assess the long-term equality and health inequality impacts of this proposal. There is currently limited robust, peer-reviewed evidence directly comparing clinical outcomes, quality of care, and cost-effectiveness between NHS-

Evidence Type	Key sources of available evidence	Key gaps in evidence
	million people may be awaiting assessment across different service pathways. Around 61.6% of adults and 65.8% of children had been waiting for over one year. Similarly, autism diagnostic pathways continue to experience significant delays. National data indicates that at least 8 in 10 individuals had not received a first appointment within 13 weeks of referral, with some areas reporting waiting times exceeding two years. Emerging academic evidence (2026) reinforces that current concerns about "overdiagnosis" are not supported by robust data. Instead, research published in the British Journal of Psychiatry highlights that ADHD remains underdiagnosed relative to expected population prevalence, and that increasing demand reflects previously unmet need rather than inappropriate diagnosis. National policy and parliamentary evidence also indicate that current diagnostic models are not keeping pace with demand. Parliamentary scrutiny in 2025 concluded that the existing diagnosis-led model is increasingly unsustainable given the scale of unmet need and the number of individuals waiting without support.	delivered ADHD and Autism services and those provided by independent sector organisations under NHS Right to Choose arrangements. While policy reports and system reviews have highlighted concerns regarding variation in quality and higher unit costs in some independent provision, there is a lack of standardised outcome-based comparisons across providers. There is also limited longitudinal research examining the long-term impact of delayed diagnosis on different population groups, particularly in relation to mental health outcomes, educational attainment, employment, and wider social determinants of health. While national evidence indicates that delays are associated with adverse outcomes, the extent to which these impacts differ across protected characteristic groups or socio-economic backgrounds is not well understood. Evidence on the effectiveness of non-medical and digital support pathways as alternatives or interim interventions while awaiting formal diagnosis remains limited, particularly for

Evidence Type	Key sources of available evidence	Key gaps in evidence
	In addition, system-level evidence shows that increasing demand has led to service rationing and prioritisation approaches across multiple NHS systems, including limits on assessment activity and growing reliance on alternative providers. Collectively, this recent evidence demonstrates that demand for ADHD and Autism services substantially exceeds available capacity at a national level. It also highlights that long waiting times and restricted access are systemic issues, and that reduced access to diagnostic pathways may increase the risk of worsening outcomes and widening inequalities if not carefully mitigated.	individuals with more complex needs or multiple co-occurring conditions. While such approaches are increasingly recommended within national policy, there is a lack of high-quality comparative research evaluating their effectiveness relative to diagnostic-led pathways. There are also gaps in research relating to intersectional inequalities in ADHD and Autism access and outcomes. While individual disparities have been identified (e.g. under-recognition in women and girls, and barriers for some ethnic minority groups), there is limited research exploring how multiple characteristics—such as ethnicity, deprivation, disability, and gender—interact to influence access, experience, and outcomes. In addition, there is limited research focused on the experiences and outcomes of specific underserved populations, including refugees and asylum seekers, homeless individuals, people involved in the criminal justice system, and those with low health literacy. These groups are likely to

Evidence Type	Key sources of available evidence	Key gaps in evidence
		experience compounded barriers, but are underrepresented in existing studies. Finally, while national evidence confirms that demand for ADHD and Autism services has increased significantly, there is limited system-level research modelling the long-term impact of sustained demand exceeding capacity, including the effects of service restrictions, prioritisation approaches, and extended waiting times on population health outcomes and inequalities. These research gaps highlight the need for ongoing evaluation, data development, and learning within the Greater Manchester system to better understand the impact of service changes over time, particularly for vulnerable and marginalised groups.
Participant or expert knowledge for example, expertise within the team or expertise drawn on external to your team	Expertise within NHS GM programme team, service leads, and clinical teams; advice from third-sector partners supporting ADHD/ Autism populations.	Need for additional input from specialist groups supporting marginalised populations (e.g., LGBTQ+, travellers, sex workers) to understand specific barriers.

Evidence Type	Key sources of available evidence	Key gaps in evidence
Other, please specify	Automated dataset under development for ADHD/ Autism activity and spend; internal reports on provider performance and waiting times.	Dataset not yet fully populated; further analysis needed to monitor impacts by demographic, socio-economic status, and locality.

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7. Will your proposal support compliance with the Public Sector Equality Duty?

Please add an X to the relevant box

	Tackling discrimination	**Advancing equality of opportunity**	**Fostering good relations**
The proposal will support	☒	☒	☐
The proposal may support	☐	☐	☐
Uncertain whether the proposal will support - Not directly applicable; the proposal is primarily focused on equitable service delivery rather than community cohesion initiatives.	☐	☐	☒

8. Will your proposal support reducing health inequalities faced by patients?

Please add an X to the relevant box

	Reducing disparities in access to health care	**Reducing disparities in poor experiences**	**Reducing unwarranted inequalities in health outcomes**
The proposal will support	☒	☒	☒
The proposal may support	☐	☐	☐

Uncertain if the proposal will support	☐	☐	☐

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9. Outstanding key issues that may require further consultation, research or additional evidence.

Please list your top 3 in order of priority or state 'none'

Key issue	Type of consultation, research or other evidence that would address the issue.
1. Impact of extended waiting times and restricted access on patient outcomes and inequalities.	Further longitudinal monitoring and evaluation is required to understand the impact of extended waiting times and reduced access to assessment on mental health education, employment and wider outcomes. This should include analysis by protected characteristics and socio-economic status where data is available. Additional qualitive engagement with patients and carers, particularly those waiting for extended periods, will support understanding of lived experience and unmet needs. Monitoring should also consider the full patient pathway, including time from referral to triage outcome as well as time from triage to assessment, to ensure that unintended delays or hidden waiting lists do not emerge within the wider pathway.
2. Equity of access and outcomes across different population groups, including intersectional impacts	Improved data collection and analysis is required to assess access, waiting times, and outcomes by ethnicity, deprivation, sex, disability, and other characteristics. This includes strengthening data returns from independent sector providers under Right to Choose arrangements, Targeted engagement with underrepresented and marginalised groups (e.g. ethnic minority communities, LGBTQ+ individuals, homeless populations, and refugees/asylum seekers) will be required to better understand barriers and inform equitable service design.
3. Effectiveness of non-medical and digital support pathways as alternatives or interim support	Further evaluation is required to assess the effectiveness, accessibility, and equity of non-medical and digital interventions (e.g. SilverCloud and other low-intensity support) for individuals

	awaiting assessment. This should include assessment of outcomes for different levels of need, potential digital exclusion, and suitability of diverse populations. Evidence from local pilots, user feedback, and emerging national research should be incorporated into ongoing service development. This evaluation should also consider cognitive and executive functioning barriers which may affect some neurodivergent individuals' ability to engage with self-directed digital interventions, and assess the effectiveness of complementary non-digital and community-based support offers.

10. Summary assessment of this EHIA findings

This EHIA has highlighted that…	This EHIA has highlighted that the Indicative Activity Plans (IAPs) for 2026/27 are being delivered within a significantly reduced financial envelope, approximately 20% of the previous year's funding, resulting in a substantial constraint on access to ADHD and Autism assessment and associated services. As a result, access will be prioritised for those with the highest levels of clinical need, with the majority of available resource directed towards maintaining care for individuals already in treatment. This is likely to lead to increased waiting times and reduced access for new referrals. However, the EHIA has also identified that there has been significant expansion of locally commissioned support offers across Greater Manchester, including the development of the Adult ADHD Triage Hub, locality-based CYP neurodevelopmental hubs, increased non-medical support provision that does not require formal diagnosis, and procurement of the SilverCloud digital ADHD support offer for all ages. While these developments will not fully offset the impact of reduced assessment capacity, they are expected to provide earlier access to advice, psychoeducation, wellbeing support, and wider system navigation for some individuals awaiting assessment. The current pressures have arisen in part because ADHD and Autism demand growth was not fully reflected within previous long-term financial planning assumptions. Neurodevelopmental services are now included within medium-term planning discussions, alongside ongoing national review activity.
The main issues highlighted because of this EHIA relate to…	The main issues highlighted because of this EHIA relate to the risk of widening existing inequalities in access, experience, and outcomes. This includes disproportionate impacts on individuals with disabilities, people living in areas of deprivation, ethnic minority communities, women and girls who may be under-recognised in diagnostic pathways, and those with intersecting vulnerabilities such as co-occurring mental health conditions. There is also a risk that individuals from underserved groups, including those with low health literacy, homeless populations, carers, and those involved in the criminal justice system, may experience additional barriers to accessing support.

	There is also a risk of increasing variation between those able to access support through locally commissioned NHS and community pathways and those reliant on Right to Choose assessment routes, particularly where waiting times and provider models differ significantly. At the same time, the expansion of locality-based support offers and wider partnership working may support earlier intervention and more equitable access to non-diagnostic support for some groups who historically experienced difficulty accessing traditional medical pathways.
Furthermore…	Furthermore, while mitigation measures are in place—including a centralised triage approach, the development of non-medical and digital support options such as SilverCloud, and partnership working with Local Authorities and community services—these are unlikely to fully offset the impact of reduced capacity. There remains a risk that non-medical pathways may not be suitable or accessible for all individuals, and that data limitations, particularly in relation to independent sector providers, will restrict the ability to fully monitor and respond to emerging inequalities. Additional targeted resource has also been directed towards areas with the longest waits to support greater equity across localities and reduce unwarranted variation in access. NHS GM has also commenced wider partnership discussions with GMCA, education partners, Local Authorities, employment support services, VCSE organisations, and community providers in recognition that neurodevelopmental needs and associated inequalities cannot be addressed solely through healthcare assessment pathways. This approach aligns with emerging recommendations from national ADHD and neurodevelopmental task and finish work, which identifies the need for coordinated cross-sector responses spanning health, education, employment, social care, and community support. A national summer review of ADHD and Autism services and associated commissioning arrangements is also expected to inform further NHS actions and future service development in this area.
Additionally, plans need to be in place to	Additionally, plans need to be in place to strengthen data collection and monitoring (including for protected characteristics and intersectional analysis), evaluate the effectiveness and accessibility of alternative support pathways, and undertake targeted

	engagement with underrepresented and marginalised groups to better understand lived experience and barriers to access. Ongoing review of waiting times, access patterns, and outcomes will be required to identify and respond to any unintended adverse impacts at the earliest opportunity. This should include ongoing evaluation of the impact of the Adult ADHD Triage Hub, CYP neurodevelopmental hubs, SilverCloud provision, and wider non-medical support pathways on access, equity, experience, and outcomes across Greater Manchester. Further work will also be required with system partners to clarify roles and responsibilities across health, education, employment, and community support pathways in line with emerging national policy direction.
We will undertake any relevant additional plans by (drop down quarter/year)	We will undertake any relevant additional plans by Q3–Q4 2026/27, with ongoing monitoring and iterative service review embedded throughout the year to ensure that services remain as equitable and responsive as possible within the available resources. We will undertake any relevant additional plans by Q3–Q4 2026/27, with ongoing monitoring and iterative service review embedded throughout the year to ensure that services remain as equitable and responsive as possible within the available resources. This will include consideration of findings and recommendations arising from national reviews and medium-term planning processes relating to ADHD and Autism services.
Named individual/team/function to carry out additional plans	Chris Pimlott – Head of Strategic MH Commissioning
Adoption of the policy is considered to improve health outcomes for	Patients with ADHD and Autism across Greater Manchester, particularly those in areas of socio-economic disadvantage or with greater clinical need
This proposal is likely to reduce variation in clinical practice promoting an equity of care for those in which this intervention is indicated.	Yes
Other, please state:	The implementation of IAPs also strengthens oversight of provider activity, enhances transparency, and supports sustainable delivery of ADHD and Autism services.

	The development of locality-based triage and support models also provides opportunities to improve integration between NHS services, Local Authorities, education, employment support, VCSE

11. Contact details re this EHIA

Individual / Team / Function proposer name:	Chris Pimlott
Directorate name:	Strategic MH Commissioning
Senior responsible Owner approval: (name and date)	Mel Maguinness
Date EHIA agreed (relevant governance committee approval date):	Click or tap to enter a date.
Date EHIA published if appropriate:	Click or tap to enter a date.
Date late updated / reviewed:	Click or tap to enter a date.
Known related / connected system proposals elsewhere:	