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
2. Brief summary of the proposal in a few sentences	The Indicative Activity Plans (IAPs) aim to bring ADHD and ASD services in Greater Manchester onto a sustainable footing by managing provider activity and expenditure under the NHS Right to Choose framework. The IAPs were originally scoped on the basis that provider activity would progress at 60% of the 2024/25 outturn, alongside a £50,000 limit for new providers, to reduce financial risk and support fair and consistent access across localities. 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 (although noted that may still increase further). The IAPs operate alongside wider system reforms, including a central triage hub and revised service specifications, to support

	equitable, high-quality, and sustainable ADHD and ASD services across Greater Manchester.

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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 may experience delays in access to assessment as a result of capped provider activity and the application of prioritisation frameworks. This may result in prolonged periods of unmet need, delayed diagnosis and treatment, and potential impacts on mental health, employment, and day-to-day functioning. Prioritisation based on clinical risk and need is expected to mitigate these impacts for individuals with higher levels of need and support fairer access. **Children and Young People (CYP):** Children and young people may experience delays in access to assessment of as a result of capped	**Adults:** To reduce potential adverse impacts and increase positive impacts, the system will use the triage hub to prioritise patients by clinical need, monitor waiting times, and develop non-medical and digital support pathways. **Children and Young People (CYP):** In addition to these measures, the future CYP pathway will be aligned with learning from the adult pathway, and work is underway with Local Authority partners to strengthen access to educational and pastoral support, in line with national guidance that such support should not depend on a formal diagnosis. These mitigations aim to manage delays effectively, ensure fair access, and

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	provider activity and the application of prioritisation frameworks. This may lead to delayed identification of needs, later access to educational and developmental support, and potential impacts on learning, behaviour, mental health, and family wellbeing. As with adult services, prioritisation based on clinical risk and need is expected to mitigate impacts for those with higher levels of clinical need and improve consistency of access.	support equitable outcomes across all age groups.
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 ASD assessments may disproportionately affect individuals with disabilities, as timely diagnosis and support are often critical for managing additional needs and accessing appropriate services. Potential adverse impacts include prolonged unmet needs, delayed access to therapeutic or educational support, and increased strain on daily functioning and wellbeing. There may also be inequities in access for communities with traditionally lower uptake of services, highlighting the importance of joined-up	To reduce potential adverse impacts for individuals with disabilities, the system will use the central triage hub to prioritise patients by clinical need, monitor waiting times, and develop non-medical and digital support pathways. Ongoing work with providers and Local Authority partners will continue to strengthen engagement with communities that traditionally have lower uptake of services, supporting equitable access while individuals are waiting for assessment. The impact on people with disabilities will be monitored through routine review of

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	pathways and coordinated work with providers and Local Authority partners.	referral and waiting-time data, including local MHSDS submissions where available. However, monitoring is partially limited for assessments delivered via Right to Choose arrangements, as data returned by independent sector providers is incomplete and not always submitted at the same level of detail. This limitation will be kept under review, and opportunities to improve data quality and consistency with independent providers will be explored. Collectively, these measures aim to improve consistency of care, mitigate the effects of delays, and enhance access to appropriate support for people with disabilities.
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 a perceived higher prevalence of ADHD and ASD among individuals undergoing gender reassignment. Currently, there are no providers that specialise specifically in supporting this group, and no targeted restrictions or bespoke pathways are in place. Potential impacts are therefore expected to be similar to those experienced by the wider	To reduce potential adverse impacts and support equitable access, the programme will ensure that triage, assessment, and support pathways are inclusive and sensitive to the needs of individuals undergoing or considering gender reassignment. Providers will be encouraged to adopt inclusive practices, including the use of respectful language,

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	population, including delays and barriers to assessment, with additional sensitivity required to ensure services are inclusive, respectful, and responsive to individual needs. Intersectional impacts may arise where gender reassignment intersects with disability, mental health needs, or other protected characteristics, which could compound barriers to access or engagement with services. While no specific adverse impacts have been identified beyond those experienced by other service users, ongoing monitoring through review of available referral and waiting-time data, alongside qualitative feedback and provider engagement, will be important to ensure services remain equitable and inclusive for this group.	awareness of intersectional needs (such as co-occurring disability or mental health conditions), and flexibility in delivery where appropriate. Monitoring will seek to identify any disparities in access, waiting times, or outcomes for this group using available data and qualitative feedback, recognising current data limitations. Engagement with relevant community and advocacy groups will support awareness-raising, inform service design, and help ensure that interim support options are accessible, appropriate, and culturally competent while individuals are waiting for 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 impact identified. Access to ADHD and ASD services under the Indicative Activity Plans is based solely on clinical risk and need, and marital or partnership status does not influence eligibility or service delivery.	Continue to ensure that all communications, assessments, and support pathways are inclusive of people in all types of relationships and that no assumptions are made about family or partnership status when engaging with patients or carers.

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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 the same delays in access to ADHD or ASD assessment as the wider population. Potential impacts include additional stress or difficulty in managing daily functioning during pregnancy or early parenthood, as well as delayed access to support that could assist with parenting or managing neurodiverse needs. There are no specific restrictions or specialised pathways currently in place for this group.	Standard programme mitigations apply, including the use of the triage hub to prioritise patients by clinical need, monitoring waiting times, and developing non-medical and digital support pathways. Providers are encouraged to offer flexible appointment options and supportive communication to accommodate pregnancy or maternity-related needs, ensuring equitable access to assessment and support during this period.
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 experience additional barriers to accessing ADHD and ASD assessment and support, including lower awareness of services, cultural or language differences, and historical inequities in healthcare access. These factors could contribute to delays in diagnosis, delayed access to appropriate interventions, and unequal outcomes compared with the wider population. National evidence also suggests that DNA rates can be higher	Potential impacts will be mitigated through the service accreditation process, which provides oversight of providers to ensure equitable practice. The programme will continue to work with providers and Local Authority partners to strengthen outreach and engagement with communities that have historically lower uptake of services, particularly in areas of higher deprivation or with known ethnic disparities. Development of non-medical and digital

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	among some ethnic minority groups, which may compound delays in care. Within Greater Manchester, variation in service availability and local delivery models could exacerbate these disparities, particularly in areas of higher deprivation, although the proposed model is expected to reduce postcode-based variation and increase consistency across the region. Data is not currently available to fully monitor access or outcomes by race and ethnicity, which limits the ability to identify disparities; this gap will be mitigated through ongoing review of available referral, waiting-time, and DNA data where ethnicity information is recorded, as well as engagement with providers and community organisations to ensure culturally responsive services and equitable access across all communities.	support pathways, alongside culturally appropriate communication, targeted engagement, and support, will help improve accessibility and promote equitable outcomes across racial and ethnic groups. Monitoring will include review of referral, waiting-time, and DNA data where ethnicity information is recorded, alongside engagement with community organisations, to identify and address any emerging disparities, reduce postcode-based variation, and ensure that service design and delivery do not create unintended barriers for these groups.
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.	There are no known providers who offer specialised services based on religion or belief, and no evidence suggests that this characteristic directly affects access to ADHD or ASD assessment or support. Potential impacts are therefore expected	Standard programme mitigations, such as use of the triage hub to prioritise patients by clinical need, monitoring waiting times, and developing non-medical and digital support pathways, apply equally to all service users regardless of religion or belief, ensuring

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	to be the same as for the general population, with no specific adverse or positive effects identified.	equitable access to assessment and support.
Sex: Sex discrimination is when you are treated differently because of your sex. Sex is defined in the Equality Act as male or female.	There is evidence to suggest that women may be under-diagnosed with ADHD and ASD, potentially due to symptom masking, differences in presentation, or historical biases in referral and assessment pathways compared with men, which can make these conditions more difficult to identify in females. National data from NHS England shows that lower recorded diagnosis rates among women and girls, for example, lower proportions of autism and ADHD diagnoses in females than males in GP records, are recognised as not aligning with best estimates of prevalence, indicating a gender gap in identification. parallelparliament.co.uk This under-recognition can result in delayed access to assessment, support, and interventions, with potential impacts on	To reduce potential adverse impacts, the programme will use the triage hub to prioritise patients by clinical need, monitor waiting times, and develop non-medical and digital support pathways. Providers will be encouraged to adopt assessment approaches that consider sex-specific presentation differences, and outreach materials will aim to raise awareness of ADHD and ASD symptoms in women and girls to support equitable access to assessment and care. Monitoring will include review of available referral, waiting-time, and outcome data disaggregated by sex, alongside qualitative feedback and engagement with providers, to identify any disparities or postcode-level variation in access. Where data gaps exist, ongoing

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	mental health, daily functioning, and educational or employment outcomes. Within Greater Manchester, local data on referrals, waiting times, and outcomes by sex is limited, which restricts the ability to fully identify geographic variation or postcode-level disparities; however, national studies highlight persistent patterns of delayed recognition or lower diagnostic capture for females across the UK. Monitoring of available local referral and waiting-time data, alongside qualitative feedback and provider engagement, will be important to identify gaps, mitigate disparities, and ensure equitable access to assessment and support for women and girls across the region.	engagement with community groups and local stakeholders will help to ensure equitable access, support culturally responsive pathways, and mitigate potential indirect impacts associated with under-recognition of ADHD and ASD in females.
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 research indicating that neurodivergent populations, particularly people with autism, are more likely than the general population to identify with a diverse range of sexual orientations other than heterosexual, with some studies showing autistic adults and adolescents being much	While the programme has limited contractual control over independent sector providers delivering ADHD and ASD assessments, efforts will be made to ensure that all services operate inclusively and sensitively with respect to sexual orientation. The triage hub and

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
	more likely to identify as asexual or other non-heterosexual orientations compared with non-autistic peers and autistic males and females showing elevated rates of bisexual and homosexual identities respectively, according to a large study published in *Autism Research* from the Autism Research Centre at the University of Cambridge, which is the largest study to date on this topic. University of Cambridge At present, there is limited robust evidence specifically linking ADHD alone to different sexual orientation prevalence, and research is more established for autism than ADHD. National and local referral data do not currently include comprehensive sexual orientation information, which constrains the ability to monitor patterns within this programme. No specific adverse impacts tied exclusively to sexual orientation have been identified for this service model beyond those experienced by all service users; however, individuals with diverse sexual orientations may face wider societal barriers that could affect their confidence in accessing healthcare, and intersectional	IAPs provide a mechanism to prioritise patients based on clinical need and monitor waiting times, but adherence to inclusive practice relies on provider engagement and accreditation oversight. Engagement with relevant community and advocacy groups will continue to support awareness, culturally responsive practice, and equitable access. Non-medical and digital support pathways are being developed to provide consistent support for all service users, including those with diverse sexual orientations, while waiting for assessment. Intersectional factors such as co-occurring disabilities, gender identity, age, or ethnicity may further influence access and engagement, and ongoing monitoring, alongside provider engagement and feedback from LGBTQ+ and intersectional community groups, will help identify and address any emerging disparities to ensure services remain inclusive and accessible for all.

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
	factors such as co-occurring disability, gender identity, age, or ethnicity may further influence engagement with assessment and support pathways. Awareness of diverse sexual orientation identities is important to ensure inclusive and respectful assessment pathways, and ongoing engagement with LGBTQ+ and intersectional community groups alongside monitoring of available data will support equitable access and help identify any emerging 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.

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	Potential for future delays in assessment once the CYP pathway is implemented; however, standardised service specifications and prioritisation by clinical need aim to ensure equitable access.	Align the CYP ADHD/ASD pathway with adult learning from the triage hub; prioritise looked-after children and care leavers within the clinical risk framework; maintain close liaison with local authorities and safeguarding leads.
Carers: A carer is someone who provides unpaid help and support to another person who cannot manage without assistance.	Carers may experience increased pressure if patients face longer waits for assessment or treatment.	Provide clear, accessible communication about waiting times and support options; include carers in non-medical and digital support pathways; offer signposting to community resources.
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.	Potential barriers due to lack of stable address, digital exclusion, or difficulties attending appointments.	Ensure flexible contact methods, local face-to-face options within 45 minutes of travel, and liaison with outreach services to support access for people without fixed accommodation.

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**
People involved in the criminal justice system: for example, offenders in prison/on probation, ex-offenders.	Individuals within the criminal justice system may access ADHD or ASD assessment through prison healthcare services as part of a specific episode of care. Where an assessment has already been completed within prison medical services, individuals are not able to access the NHS Right to Choose pathway for the same episode of care, as the Right to Choose applies only at the point of referral for an initial outpatient assessment. This may result in differences in access or pathway options when individuals transition from custody into community services, including reduced flexibility in provider choice. Ex-offenders and those on probation may therefore experience variation in continuity of care or access to follow-up services compared with individuals who have not previously been assessed within the criminal justice system	Mitigations focus on improving continuity of care and supporting effective transitions into community services for individuals leaving custody or hospital settings. This includes closer alignment between prison healthcare services, community health services, and primary care to reduce gaps in care and.
People with addictions and/or substance misuse issues	ADHD/ASD symptoms may be under-recognised or overshadowed by substance misuse, potentially delaying diagnosis.	Ensure triage and provider staff are trained to identify ADHD/ASD in people with co-existing substance misuse; coordinate with mental health and addiction services to support engagement.

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**
People or families on a low income or live in a deprived area (socio-economic disadvantage.)	May experience greater barriers due to travel costs, digital exclusion, or competing life pressures. Positive impact from requirement for appointments within 45 minutes of home and availability of non-medical pathways.	Maintain and monitor the 45-minute travel standard; expand digital and non-medical support options; target outreach and engagement in deprived areas.
People with literacy or health literacy barriers: (e.g. poor understanding of health services, cultural or linguistic diversity from health services communications).	Risk of misunderstanding referral processes or support options due to complex communication or lack of accessible information.	Provide easy-read, plain language, and translated materials; ensure referral and triage communications are clear and culturally appropriate.
Refugees, asylum seekers or those experiencing modern slavery	Likely to face barriers due to language, health literacy, trauma, or lack of stable GP registration.	Provide interpreter and translation services; ensure flexible access pathways; engage with voluntary and community sector partners supporting these groups.
Sex workers	Potential barriers to accessing assessment or ongoing support due to stigma, unstable housing, or irregular working patterns.	Ensure non-judgemental, confidential access routes; offer flexible appointment times and digital options; collaborate with local outreach organisations.
Other groups experiencing health inequalities (please describe)	People in rural or transport-poor areas may face challenges accessing services.	Require providers to offer face-to-face appointments within 45 minutes of home and ensure remote options are available to reduce access inequities.

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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 (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 (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/ASD 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	Limited published evidence on specific intersectional impacts, e.g., ADHD/ASD access for minority ethnic groups in deprived areas.

Evidence Type	Key sources of available evidence	Key gaps in evidence
	gm-icp-strategy-190423.pdf	
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	There is currently no robust, peer-reviewed evidence directly comparing expenditure and outcomes between NHS Right to Choose (independent sector) providers and locally commissioned NHS services for ADHD and ASD. The available evidence largely comprises policy reports, taskforce findings, media investigations, and local financial reviews. While these sources indicate higher unit costs and highlight potential concerns regarding quality and consistency for some independent providers, they do not provide rigorous or standardised analyses linking spend to comparable clinical or service outcomes.	Limited longitudinal evidence on CYP pathway outcomes, and emerging digital/non-medical support pathway usage.

Evidence Type	Key sources of available evidence	Key gaps in evidence
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/ASD populations.	Need for additional input from specialist groups supporting marginalised populations (e.g., LGBTQ+, travellers, sex workers) to understand specific barriers.
Other, please specify	Automated dataset under development for ADHD/ASD 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 None	The proposal is being implemented based on existing consultation, ence, and expert input. Current monitoring and evaluation arrangemer considered sufficient to identify and address any emerging issues. No ıer research or consultation is planned; any unexpected disparities will ressed through ongoing operational monitoring and engagement with eholders.
2	
3	

10. Summary assessment of this EHIA findings

This EHIA has highlighted that…	This EHIA has highlighted that the Indicative Activity Plans (IAPs) are primarily designed to manage service capacity and control fiscal spend across Greater Manchester. While there is still a process to prioritise patients with the greatest clinical need, the plans do place limits on the number of people who can access assessment and support at any given time. Local data indicate that diagnosis rates and service uptake vary across the region, with some areas showing higher proportions of referrals and assessments, while others, often those with higher deprivation or larger ethnic minority populations, have lower recorded activity. Intersectional factors such as sex, age, disability, ethnicity, sexual orientation, and co-occurring mental health conditions may further influence access and engagement, potentially compounding barriers for specific groups. Ongoing monitoring, targeted engagement, and culturally responsive practice will be important to help identify disparities and ensure that prioritisation processes consider clinical need alongside wider equity concerns.
The main issues highlighted because of this EHIA relate to…	The main issues highlighted because of this EHIA relate to potential delays in access for adult patients due to capped activity under the Indicative Activity Plans, potential future delays for children and young people once their pathway is implemented, and ensuring equitable access for vulnerable or marginalised groups such as those experiencing socio-economic disadvantage, homelessness, or literacy and health literacy barriers. While the IAPs prioritise patients with the greatest clinical need, their primary function is to manage service capacity and control fiscal spend, which may limit access for some individuals. Local data indicate variation in diagnosis rates and service uptake across Greater Manchester, with lower recorded activity in areas of higher deprivation or with larger ethnic minority populations. Intersectional factors such as sex, age, disability, ethnicity, sexual orientation, and co-occurring mental health conditions may further influence engagement with services, potentially compounding barriers for specific groups. National evidence also indicates that women and girls, and autistic individuals from LGBTQ+ communities, may be under-recognised or face additional barriers to accessing assessment. Limited

	availability of robust local data on sex, ethnicity, and sexual orientation constrains the ability to fully monitor disparities. These issues highlight the importance of ongoing monitoring, culturally responsive engagement, targeted outreach, and inclusive service design to mitigate inequities and ensure that prioritisation processes consider clinical need alongside wider equity concerns.
Furthermore…	Furthermore, ongoing monitoring and engagement will be essential to identify and address any unintended disparities in access or outcomes, particularly for vulnerable or marginalised groups and those affected by intersectional factors such as sex, age, disability, ethnicity, or sexual orientation. Mitigation measures, including triage prioritisation based on clinical need, non-medical and digital support pathways, culturally responsive outreach, and local access arrangements, will be monitored to ensure they are effective in promoting equitable access and reducing barriers for all service users.
Additionally, plans need to be in place to	Additionally, plans need to be in place to continue monitoring activity, waiting times, and patient outcomes by demographic factors, locality, and intersectional characteristics such as sex, age, disability, ethnicity, and sexual orientation. Pathways should be regularly reviewed and adjusted as needed to address emerging disparities, maintain equitable access, and ensure high-quality care for all service users, including vulnerable or marginalised groups.
We will undertake any relevant additional plans by (drop down quarter/year)	Quarter 4 March 26
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 ASD 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 ASD services.

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)	Manisha Kumar 11th November 2025
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:	