

WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITY AND AUTISM PROGRAMME

Neurodiversity: Briefing to West Yorkshire Joint Health Overview and Scrutiny Committee December 2025

1. Purpose

This paper provides an update to the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) on the current position regarding Autism and ADHD assessments and outlines the strategic plans to address challenges in this area.

2. Background

Nationally neurodevelopmental (ND) assessment services are experiencing unprecedented demand, leading to waiting times of several years, driven by a variety of factors including increased awareness, population growth, and evolving clinical understanding.

In West Yorkshire (WY) our commissioned supply of ADHD and autism services are unable to meet demand, with our population having unmet needs around ADHD and autism, resulting in inequalities in a wide range of outcomes. Additionally, non-commissioned activity is massively escalating, with consequent challenges of unplanned spend, variations in quality, and poor care outcomes for patients.

Assessments identify and diagnose conditions such as Autism, ADHD, and related neurodevelopmental differences. Often a diagnosis is critical for enabling individuals to access appropriate support and interventions. Most ND assessments in West Yorkshire are delivered by:

- Specialist ND services within NHS Trusts
- Paediatric services within NHS Trusts
- Independent providers commissioned through West Yorkshire contracts
- Independent providers accessed via Right to Choose (RTC)

Assessments also occur in inpatient settings for individuals admitted to hospital.

Context:

Between 2022 and 2024, extensive engagement with autistic individuals, people with ADHD, families, carers, and professionals, including two Neurodiversity Summits, highlighted significant challenges in West Yorkshire:

- Long waits for diagnosis
- Inconsistent post-diagnostic support
- Fragmented and confusing care pathways

Agreed Priorities from the Summits were:

1. Early support based on need, not diagnosis
2. Consistent screening and triage across services
3. Use of digital tools to improve assessment processes

Additional themes: accessible information, peer support, professional education, and workforce sustainability.

These findings shaped proposed policy changes and commissioning priorities which were then submitted to the West Yorkshire ICB System Oversight and Assurance Group (SOAG).

SOAG Agreed Actions:

- Develop a unified West Yorkshire commissioning policy to ensure funding aligns with strategic priorities.
- Establish co-produced community-based hub models as single points of access for autism and ADHD referrals, offering needs-based assessments and connecting individuals to support before diagnosis.
- Ensure stakeholder engagement and consultation across ICB and ICS.
- Work with ICB finance to manage risks and plan sustainable future options.

3. Ongoing Challenges

- **Rising Demand:** Over the past five years, demand has increased across all age groups, most notably among those under 25. Figure one shows national figures



for autism referrals – West Yorkshire demand for autism and ADHD services has shown a similar trend.

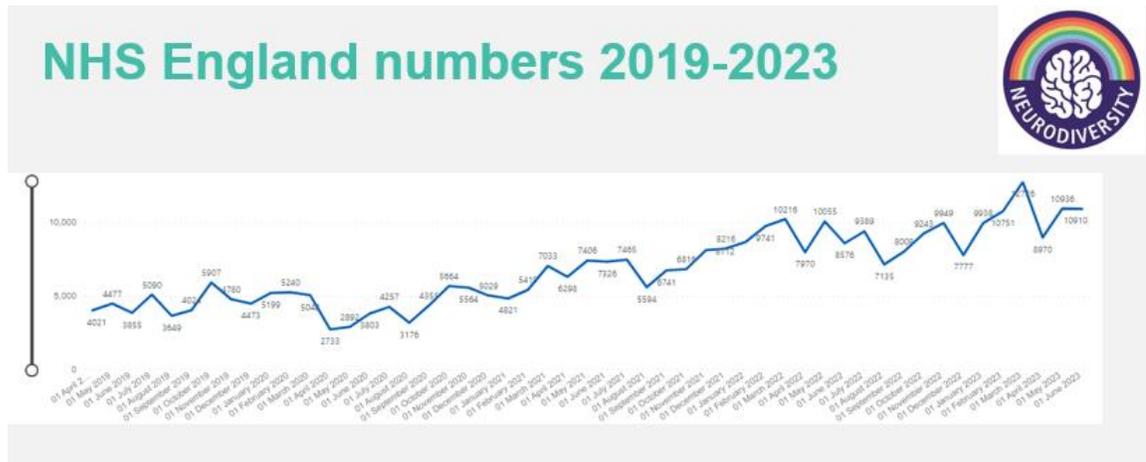


Figure 1 – ‘New Suspected Autism’ referrals per month in England.

- Historic Service Design: NHS Trusts were not structured to manage this level of activity and have faced recruitment and funding challenges.
- Right to Choose (RTC): National legislation enables individuals meeting NICE referral thresholds to seek diagnosis from any accredited provider in England.

Key Issues:

- Waiting Lists: Some pathways report projected waits of many years.
- Capacity Constraints: All of our NHS Trust providers are indicating huge demand and capacity gaps. For example, due to limited capacity, Leeds and York Partnership NHS Foundation Trust is prioritising support for individuals with complex needs only. People requiring standard assessments are being directed to RTC providers to ensure timely access to care, although this then raises issues around quality and value.
- The bottleneck created by progress along clinical gateways is creating a barrier to those trying to access non-clinical support offers.
- Poor quality outputs from some non-commissioned providers accessed through RTC, are leading to unwarranted duplication and waste, and huge difficulties for patients trying to access shared care or ongoing treatment.
- Variation Across Localities: Significant inequity in access and waiting times persists, associated with differing models and lack of consistent thresholds for assessment and triage across our providers in West Yorkshire.

Complaints received by the ICB and from NHS provider Trusts reflect recurring themes around pathways (transitioning from CYP services, transition from independent providers, moving out of area and being discharged), medication availability and prescribing, waiting times, communication.

4. Actions Taken

Indicative Activity Plans

To manage rising demand and financial pressures sustainably, and in line with national direction, we have introduced Indicative Activity Plans (IAP) across West Yorkshire. NHSE Revenue finance and contracting guidance for 2025/26 require commissioners to exercise greater control over variable activity carried out by providers to support whole-system performance and affordability targets. These have already been agreed for elective care, but we are now expanding to include Neurodiversity.

This limits the annual growth in assessments per provider.

- Providers will complete the same number of assessments as last year, with a 10% uplift for WY accredited providers.
- This approach is not a reduction in service but a measure to address significant system-wide overspend and maintain sustainability.
- ADHD titration and medication monitoring remain outside of the IAP for 25/26

While it would be ideal for all patients to be seen rapidly, it is a reality of NHS finances that we cannot provide uncapped capacity growth in any service. We also have a duty to equalise waits across our population and to have regard to quality and value as well as speed. Uncapped growth in non-commissioned activity makes it difficult to achieve those aims.

The financial context for this is that in 23/24 our Right to Choose spend was £7m and by 25/26 it is likely to be closer to £21m, and much of this spend will be with providers that we are not able to assure the quality of, meaning we cannot leverage it to help improve services in WY.

We have reviewed the quality, and equality impacts of not increasing our activity plans beyond current outturn levels. Our primary rationale for implementing IAPs, beyond the need to maintain financial balance, is to maximise investment in services that meet our local quality standards. Increasing local capacity will also enable us to redirect patients with the longest waits from NHS Trusts, helping to equalise waiting times in line with our responsibilities for waiting list management. While this may result in longer waits for some patients than they had anticipated, it will also deliver a positive outcome for those who have been waiting the longest.

Some of the mitigations put in place because of the equality and quality impact assessments include:

- Asking providers review waiting lists to ensure they are a true reflection of waits.
- Providing clear, accessible information for patients and referrers, ensuring patients are directed and have access to navigation or advocacy support or information locally
- Prioritisation of those on waiting lists based on clinical needs and allowance of urgent cases to be seen regardless of activity caps
- Considering approaches to prioritise those groups who may have experienced poorer access, outcomes or experience as part of the wider WY ND transformation work

West Yorkshire Contracts

The ICB is implementing a robust quality assurance framework through the Provider Selection Regime (PSR) for contracted neurodevelopmental services. This process operates on a rolling basis, with application and evaluation windows opening every three months to ensure transparency and consistency. The first round has accredited six providers, each meeting the standards set out in the agreed service specification.

These newly accredited providers are now mobilized and working together with our NHS Trust Neurodiversity service leads, prioritizing long waiters across West Yorkshire. This approach not only secures high-quality provision but also embeds systematic reporting and monitoring, ensuring that commissioned services deliver safe, effective, and equitable care across the region.

Quality Standards

We have developed Clinical Quality Standards for autism and ADHD assessments across children, young people, and adult pathways. These standards aim to ensure consistency and high-quality reporting from our contracted providers, while also supporting smoother transitions for individuals between services. Importantly, these standards are now being adopted by other Integrated Care Boards (ICBs) across the North East and Yorkshire region, creating a shared benchmark for quality and improving alignment across providers.

Additional Measures:

- Providers are reviewing waiting lists to monitor patient wellbeing and escalate urgent cases beyond their activity plan.



- Patients and families are being directed to resources on the [neurodiversity](#) pages on the NHS West Yorkshire ICB website, including [Frequently Asked Questions](#), [Right to Choose](#) and some helpful guidance on things one can do whilst [waiting for assessment and/or treatment](#).

4. Next Steps

Following discussion at West Yorkshire ICB Executive Management Team, a new governance structure is being established for neurodiversity work in West Yorkshire. Dedicated working groups will focus on key priorities, such as standardising thresholds and ensuring consistent commissioning of services. These changes aim to reduce unwarranted variation and improve service quality.

James Thomas, ICB Medical Director has been appointed as SRO to provide strategic oversight and foster collaboration across the system, ensuring alignment in a shared direction and strategy.

Standardising Waiting Lists

We are utilising the increased WY capacity to address the longest waiting times in West Yorkshire by moving the longest waiters into the additional capacity created through service uplifts and RTC commissioning. This approach aims to align waiting times across the region.

ND Commissioning Policy

The Programme is leading development of a system-wide commissioning policy for autism and ADHD services.

Neurodiversity Hubs

Longer term, we are focusing on the development of Neurodiversity Hubs in our communities that can provide a single point of access for autism and ADHD assessment and treatment, as well as early support through a combination of primary care, education, VCSE and specialist services for when people are seeking help because of a potential or confirmed diagnosis. This support will be available to everyone who presents, regardless of any clinical threshold. Additionally, we are working as a system to move towards reduced reliance on diagnosis as the sole gateway to help.

Within this we will be working to ensure that consistent clinical thresholds are applied across all commissioned diagnostic providers so that the same criteria is used to support referrals and make diagnoses of Autism and ADHD – reducing some of the historic

variation in our services whereby different geographies would see higher or lower diagnostic rates.

The West Yorkshire ND programme is fully aligned with national direction as set out in the ADHD Taskforce report and the NHS Long Term Plan. The Taskforce calls for ADHD to be recognised as a mainstream health priority, with early intervention, reduced waiting times, and integrated support across health, education, and social care. These priorities mirror the NHS Long Term Plan's focus on prevention, community-based care, digital transformation, and workforce development.

West Yorkshire's approach, embedding stepped-care models, with needs-based support available regardless of diagnosis, improving data transparency, and strengthening cross-sector collaboration, directly supports these national ambitions, ensuring timely access, equity, and improved outcomes for people with ADHD.

6. Recommendations

The West Yorkshire Joint Health Overview and Scrutiny Committee is asked to note the contents of this briefing.