Social Care and Health Overview and Scrutiny Committee

23rd February 2026

Title of the Report: Review of interim referral criteria for the Adult Autism and Attention Deficit Hyperactivity Assessment Service (AAA Service)

Ward(s): Sandwell

Portfolios: Mental Health

1. Aim

There was a proposal brought to and supported by Scrutiny Committee in July 2025 to support a change in criteria to the AAA Service due to the unprecedented increase in referrals in the service, reflective of the national picture. The criteria was changed to a risk stratified criteria as outlined in the paper below:

The criteria	**Why**
Adults who are currently engaging with Criminal Justice System with high risk of re-offending, or with identified current high risk safeguarding risks.	We have a duty for public protection. We have already had highlights that there is a risk of prison release and offending. European studies show that there is elevated risks of offending and reoffending.
Children whose illness has commenced in childhood and require additional shared care prescribing (CAMHS/CYP – Adult ADHD transition pathway)	We are prioritising our children who have already commenced prescriptions, and this will be for those who will transition from CAMHS to this service and then into shared care. This is a significant pipeline and has been prioritised to not destabilise children in a critical period of their life, which would be more harmful
Veterans have also been highlighted, and the Trust will prioritise this group first as part of their waiting list management.	We have a learning review of a missed opportunity to reach Veterans, we have a duty to our veterans who we know are known to have an elevated level of ADHD and higher-level risks and harms from being at War and PTSD, which may elevate risks for suicide. Suicide reduction and key groups are an ICB current strategy.
Anyone with a comorbid condition and open to secondary Mental Health care services.	There is an increased risk and poor outcomes for those with a comorbid MH diagnosis if their ADHD needs are not also met.

Any complex and urgent cases outside the criteria would be referred to ADHD Multi-Disciplinary Team for review and consideration.
Any person with suicidal ideation should be referred to core Mental health services to meet their immediate presenting needs

The aim of this change was to ensure that those who were most at risk from remaining undiagnosed were prioritised for diagnosis; to allow for the current extensive waiting list to be reviewed and allocated to the right pathway; to allow time for a local system analysis and plan to be developed, informed by the national taskforce recommendations and the Black Country Joint Strategic Needs Assessment.

This paper provides as update on the interim criteria impact.

2. Recommendations

The recommendation is for the committee to support the risk stratified criteria to continue.

3. Report detail – know

Background:

3.1 ADHD is a neurodevelopmental condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. It is a life-long condition, and for the most part people can live their daily lives managing their symptoms effectively. Some people might be prescribed medication for ADHD symptoms. In recent years, there has been a shortage of ADHD medication, this could be partly due to the increased demand for medication following an overall increase in referrals.

3.2 Over the past few years there has been a significant and sustained demand increase for ADHD assessments across the Black Country region which is reflective of a national trend. NHSE have established a national taskforce and more information can be accessed at the link: NHS England » ADHD taskforce. The report calls for a major overhaul of ADHD services, so those that need it most aren't waiting for years for support and diagnosis.

3.3 In line with these early recommendations and due to the significant and sustained increase in demand leading to a rapidly growing waiting list, raising serious clinical and patient safety concerns, BCHFT moved to a risk stratification model for new referrals. This new criteria has been in place for 6 months. The criteria is set out in the table below:

The criteria	Why
Adults who are currently engaging with Criminal Justice System with high risk of re-offending, or with identified current high risk safeguarding risks.	We have a duty for public protection. We have already had highlights that there is a risk of prison release and offending. European studies show that there is elevated risks of offending and reoffending.
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Evaluation and ongoing progress:

3.4 Since the introduction of the criteria we have seen that referrals into the AAA service have reduced significantly. The average number of referrals accepted by the service in the 4 months pre-criteria change was 240; in the 4 months post service change the average number of referrals accepted by the service is 45.

3.5 Previously all referrals were accepted by the service meaning that the demand was far more than the capacity. The new criteria has brought demand in line with capacity and will allow the service to meet the diagnostic needs of those most vulnerable to remaining without diagnosis whilst also working through the existing referral list and re-allocating based on the new criteria.

3.6 The workforce within the service has been stabilised and additional clinical and supervision capacity has been recruited.

3.7 The existing caseload is still being actively reviewed. So far, a number of cases have been repatriated to alternative providers or back to referring systems outside of the Black Country where they are not Black Country resident.

3.8 Digital tools and systems, including Robotic Process Automation, have been introduced to support administrative functions to optimise processes and ensure clinical capacity is only spent on clinical processes.

3.9 The successful recovery of the AAA service is heavily supported by the implementation of the risk stratified access criteria. As part of this implementation, Black Country Healthcare NHS Foundation Trust is undertaking a structured and clinically led review of the existing waiting list. For individuals currently on the list who do not meet the new criteria following list validation, commissioners are clear that this will be managed in a safe, equitable and transparent way, with no abrupt withdrawal of support. Approximately 50% of that caseload has been reviewed. Where they meet the criteria they will be allocated to the BCHFT caseload. Where they do not meet the criteria they will be supported through the Right to Choose pathway. It is anticipated that the caseload review will be complete by the end March 2026.

3.10 Commissioners are in active discussions with the Integrated Care Board regarding the interface between the AAA service pathway and Right to Choose pathways, with particular focus on patients experiencing the longest waits. This includes agreement on clear transition arrangements, consistent clinical thresholds, and robust communication to ensure individuals understand their options and next steps.

3.11 In parallel, commissioners and the ADHD service are working with an independent agency to review the current ADHD pathway and to model future capacity and demand requirements. This work is intended to strengthen system understanding of demand pressures, inform sustainable service design, and support planning for a pathway that is clinically effective, financially sustainable, and able to respond to anticipated future need.

3.12 Throughout this process, priority will be given to those with the longest waits and highest levels of clinical need, while maintaining patient safety as the new model is embedded.

3.13 There have been no safeguarding concerns, patient safety or risk incidents, or significant concerns raised during the period that the risk stratified criteria has been in place.

3.14 It is anticipated that the waiting times for those remaining on the BCHFT caseload, and who are at greatest risk from remaining undiagnosed, will significantly improve once the final review of the existing caseload has been completed.

3.15 Right to Choose remains available for those who do not meet the criteria.

3.16 A system wide approach to providing support to those waiting for diagnosis will also be considered following publication of the Joint Strategic Needs Assessment which has been completed by Public Health.

3.17 Should the service revert back to an open criteria there would be significant risk that those who are at most risk of remaining undiagnosed will wait longer for diagnosis which may result in serious harm to self and/or others. Demand would overwhelm capacity leading to poorer outcomes for citizens. In actuality, people would not be being referred to a service but to a years long waiting list.

3.18 We would propose an extension of the existing criteria for 6 months to allow the following:

- Complete the assessment of the existing waiting list.
- Develop a recovery trajectory for the waiting list that meets the interim criteria.
- Work with commissioners and the ICB to develop a process for those who do not meet the criteria to access alternative right to choose provision.
- Develop an action plan based on the recommendation of the Joint Strategic Needs Assessment which we expecting to receive in the coming weeks.

4. Financial information

Not applicable for this paper.

5. Reducing Inequalities

The Trust has taken a clinical, risk stratified approach to changing the access criteria to ensure that those at greatest clinical risk at remaining undiagnosed are prioritised for diagnosis.

6. Decide

The clinical and commissioning recommendation is for the risk stratified criteria to continue.

Right to Choose will remain as an option for those who do not meet the criteria.

A further proposal can be brought to Scrutiny Committee outlining the proposal for local pathways following the full review of the current waiting lists and the recommendations of the Joint Strategic Needs Assessment.

7. Respond

If the committee make recommendations these will be taken to and managed by the system ADHD working group who are receiving regular reports on the AAA service review and will receive the recommendations of the JSNA.

8. Review

Regular monitoring of the AAA service waiting list review is managed by the system ADHD working group which has representation from partners across the system including Primary Care and the Integrated Care Board.

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