

Equality Analysis Template Document

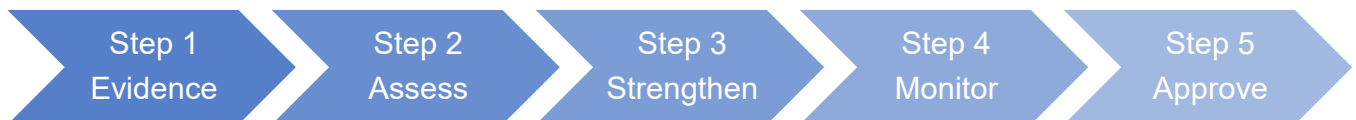


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Step 1 Evidence

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

This equality analysis is being undertaken to prevent my policy, plan or project from adversely affecting people with different protected characteristics or at known disadvantage.

I am using this template to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.

Name of your strategy/policy/plan/project: ADULT ADHD Services

Contact details for the person completing the assessment:

Scott Williams
Scott.williams8@nhs.net,
07388956280

Design date for the plan/project: August 2024

Date your equality analysis is completed: 3/07/2024

Does this template form part of a business case or investment proposal submission? YES

Are you completing this as a result of organisation change? NO

Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify: Change to current service

Initial screening assessment

What are the main aims, purpose of your policy, plan or project?

Service Redesign for ADHD Services and Childrens Autism pathway

What is your expected outcome?

To move through the stages of formal consultation with recommendations for both adult and children's services to lead to service change.

Who will benefit?

Patients
Services
System

Is your project part of a wider programme or strategy (for example, the locality plan)?

No

2. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (E.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

- We are looking to engage and consult on a service for patients of all ages with ADHD with autism as an additional element for children.

3. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA's, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).
- Current service evidence
 - Comparative data
 - Stakeholder evidence from the pre-consultation engagement

Evidence gaps

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained.

No: Please go on to question 5. (Be sure to have fully considered all communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example.)

Yes: Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

Evidence gap	How will the evidence be collated	Individual or team responsible and timeframe
Lived experiences.	Lived experience panel, Engagement Report	Scott Williams initiated between 12/2-24/3
Family test and provider feedback	Service feedback to be collated and shared to form part of report evidence	Sandy Bering, Scott Williams Throughout Pre-Engagement process

Patient demographics	To be established through provider services , programme leads and task and finish groups	Sandy Bering

Involvement and consultation

Note: You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don't forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

Consultation and involvement that has taken place, who with, when and how?

We did a wide range of engagement throughout our pre-consultation work including that detailed below. This model will be repeated in the consultation phase which we hope to launch in July/August 2024.

- Focus Group Sessions – 21st February 2024 10am and 6pm
- Prebooked phone calls – March and April 2024
- Lived experience group meetings – April and May 2024, with another being planned for July/August ahead of the consultation launch
- Case study filming of a lived experience member – 19th June 2024

Key feedback from consultation:

For significant or large strategies and programmes, please provide a link to any written record of the consultation to be published alongside this assessment here:

How engagement with stakeholders will continue:

Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working.

Involvement group	Consultation dates	Strengthening actions
Survey Focus Groups	To be planned for throughout the engagement period in August/ September	
Lived Experience Panel	A meeting to be planned ahead of the consultation launch in July/August, and a catch up meeting during the engagement phase of August/September	
Provider Meeting	Planned for Wednesday 10 th July, to support providers to engage with their stakeholders	
GP Newsletter	An update for primary care colleagues to be issued in July to ensure GP's are sighted on the plan of action and can be relay this to their patients	

Step 2 - Assessing impact and opportunities to promote equality and human rights

4. If you have piloted a project you want to roll out, add here what you learnt about communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

N/A

5. What barriers have you identified for the different groups listed by your proposals?

Add the impacts in the box next to the group. (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions)

Complete the identified barriers for each group and identify which group you have identified. You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

Following a criteria setting and options appraisal exercise, we have 2 options (decided with stakeholders) to consult the public on – both of which could have different considerations for the public.

Option A) Clinical triage with wider support offer (*recommended*): Introducing a clinical threshold, with all patients triaged and prioritised based on their clinical need. Patients who don't meet the threshold will get offered support to manage symptoms. Patients who meet the threshold will go forward for diagnosis.

Option B) Universal offer, followed by clinical triage: Provide everyone who comes forward with an offer of support to help manage symptoms. Patients who then request further support will be triaged against a clinical threshold and prioritised based on their clinical lead, with those who meet the threshold going forward for diagnosis.

Considerations of the 2 options added below.

<p>Age</p> <ul style="list-style-type: none"> • Young • Middle age • Older age 	<p>However, there is an increase in young people with ADHD or/and autism who are also Emotional School Based Avoiders (EBSA) and this is a factor to consider when assessing wider impact of change</p> <p>It is important to note that Children who have both autism and attention-deficit/hyperactivity disorder (ADHD) are also more likely to experience anxiety, depression, developmental delays, learning disabilities and other mental health conditions than are children with only autism or ADHD.</p> <p>University aged adults and CYP going through exams may be impacted if can't access service</p> <p>Working age adults seeking employment and other activity can have challenges accessing support during working hours and or evidencing their need without a diagnosis.</p> <p>Increase in adults and children seeking diagnosis. 6x increase in children since 2019.</p> <p>We recognise there are challenges when transitioning between services and also when children transition to adult services given tht the age bracket changes dependant on need and the service being accessed.</p> <p>In Heywood, Middleton and Rochdale – there has been a rise in referrals at ages where children transition through education settings i.e Early Years to primary and Primary to High school</p> <p>Both options include a support offer, which will need to be of appropriate reading age for adults in Greater Manchester. This includes the use of plain English and simple language which is not complicated for people living with ADHD.</p>
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<p>Disability</p> <p>Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barrier that cause exclusion including</p> <ul style="list-style-type: none"> • Physical • Social/attitudinal • Institutional • Communication <p>Complete which <i>barriers</i> you will need to consider in your programme.</p>	<p>The potential impact of service change is</p> <p>There may be potential for the programme of work to adversely impact on particular groups within the SEND cohort. This is due to the potential for service change.</p> <p>There is a challenge that change for people with ADHD and Autism leads to confusion, concern and potentially disengagement from services.</p> <p>There are a number of related conditions identified by the autistic society which include:</p> <ul style="list-style-type: none"> • ADHD • Hearing Impairment: • Some autistic people have sensory differences • Downs Syndrome • Dyspraxia • Dyslexia • Epilepsy • About one in every 100 people have epilepsy. Autistic people are at heightened risk, with between 20% and 40% having epilepsy. This rate increases steadily with age. • Fetal Anti-Convulsant Syndrome (FACS) • Fragile X Syndrome • Hyperlexia • Learning Disabilities • Social Communication Disorder • Visual Impairment • When visual impairment and autism occur together, ...the impact is much greater because the difficulties arising from each disability interact with each other <p>Further information available: Related conditions - a guide for all audiences (autism.org.uk)</p> <p>We also recognise the challenges partners such as schools face with a growing number of Emotional Based School avoiders.</p> <p>This project will target respondents across GM who currently live with ADHD, and children with Autism.</p> <p>The support offers will be online, which, providing patients are able to access the internet, should not impact on a person with a disability differently.</p>
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<p>Sex Identify any potential adverse impact to men or women.</p>	<p>Prevalence of ADHD In adults is estimated at 3 to 4% with a ratio of male to females being 3:1</p> <p>https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence/</p> <p>...recent local and national reviews confirm increasing CYP MH inpatients are frequently Autistic females attending services in crisis with comorbid self-harm/disordered eating.</p> <p>Following feedback from the pre consultation engagement, it would be beneficial if the support offer was tailored towards men / women specifically.</p>
<p>Race Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.</p>	<p>According to gov.uk there is no meaningful difference between ethnic groups when screening positive for ADHD or autism in children.</p> <p>There are barriers to accessing Autism/ADHD services as an ethnic minority, delays in diagnosis, cultural differences impacting experience when interfacing with healthcare services Autism and BAME people Autism and BAME people ; Autism rates have increased and show differences in ethnic minorities and links to social disadvantage University of Cambridge To consider throughout what the impacts of the service redesign of ethnic minority communities and if their engagement with services is lower than would be anticipated how will that be addressed in service redesign.</p> <p>Certain ethnic groups are more likely to have an education, health and care plan (EHCP) than others. Based on data published in January 2022, the highest percentage of pupils with an EHCP were Travellers of Irish heritage (5.7%) and the second highest were Black Caribbean pupils (5.4%). Chinese pupils had the lowest percentage of pupils with an EHCP, at 2.3%. The overall percentage of pupils with an EHCP plan was 4%</p> <p>Equalities impact assessment: area SEND framework and handbook - GOV.UK (www.gov.uk)</p> <p>When tailoring the support offer, we could look into any specific support requirements around race.</p>

<p>Religion/ belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.</p>	<p>Through previous engagement activity and working with faith groups across GM we are aware that some religions and belief are less likely to access health services and screening.</p> <p>We are also aware that this is a factor in wider health determinants and choices.</p> <p>When tailoring the support offer, we could look into any specific support requirements around religion.</p>
<p>Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.</p>	<p>It is not perceived that there will be any undue disadvantage based on sexual orientation.</p> <p>There has been no evidence found of any connections between ADHD and Autism and Sexual Orientation.</p> <p>We do however know from other work that the LGBTQQIA community face challenges in accessing health services.</p> <p>During the consultation phase, we plan to engage specifically with LGBTQ+ organisations to deliver some focus groups. Emails were sent in June to try and build a relationship.</p>

<p>Transgender Identify any adverse potential impact on transgender or non-binary people.</p>	<p>Autistic children are 4 times more likely to be transgender or gender questioning.</p> <p>Transgender and gender questioning children are 5 times more like to have autism or ADHD (1).</p> <p>Some intersex variations, like Klinefelter Syndrome and Turner’s Syndrome, are also linked to higher rates of neurodiversity (2)</p> <p>[1] Thrower, E., et al. Prevalence of Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder Amongst Individuals with Gender Dysphoria: A Systematic Review. <i>J Autism Dev Disord.</i> 2020; 50: 695–706.</p> <p>[2] de Vries, A. L., et al. Mental Health of a Large Group of Adults With Disorders of Sex Development in Six European Countries. <i>Psychosomatic Medicine.</i> 2019; 81(7), 629-640.</p> <p>During the consultation phase, we plan to engage specifically with trans organisations to deliver some focus groups.</p>
<p>Carer status</p>	<p>This project will also look to work with carers and their support in particular projects such as the Parent Carer Forums.</p> <p>We are aware from wider knowledge pools that carers can find it harder to access health services when caring or responding to needs of the cared for.</p> <p>The project acknowledges the impact change of service may have to carers and will review the impact throughout the process and update accordingly.</p> <p>Access to funding and benefits can be diagnosis led.</p> <p>Although this service is for adults, there may be some considerations around transitioning of services or support that may need to be included.</p>

<p>Socio-economic status Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider.</p>	<p>Financial difficulties, housing tenure, maternal age at birth of child and marital status were significantly associated with an outcome of ADHD, such that families either living in financial difficulty, living in council housing, with younger or single mothers were more likely to have a child with a research diagnosis of ADHD at age 7. Financial difficulties was the strongest predictor of ADHD (OR 2.23 95% CI 1.57-3.16). In the multiple mediation model, involvement in parenting at age 6 and presence of adversity at age 2-4 mediated 27.8% of the association.</p> <p>Socioeconomic Associations with ADHD: Findings from a Mediation Analysis - PMC (nih.gov)</p> <p>The support offer being online should reduce the need to travel to access support whilst waiting. Access to digital online facilities and whether some printed resources could be made available should be considered as part of the package of support.</p>
<p>Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.</p>	<p>There would be no adverse potential impact to note within this programme of work.</p>
<p>Marriage /civil partnership This category is only required for employment discrimination matters.</p>	<p>It is important to note that: Mothers with children with ADHD were less likely to be married than mothers of children with no ADHD diagnosis.</p> <p>Socioeconomic Associations with ADHD: Findings from a Mediation Analysis - PMC (nih.gov)</p> <p>The socioeconomic impact of single parenthood could impact access to services during pregnancy/maternity.</p>

<p>Other Are there other discriminations or disadvantages that you think you need to address?</p>	<p>Geographical location plays a part in waiting times and diagnostic pathways, across GM there are multiple organisations who are part of the process with no one way for all residents of GM.</p> <p>Tameside also has the largest waiting list for Children.</p> <p>Things we need to consider when reviewing common traits of ADHD.</p> <p>ADHD is more common in people who have:</p> <ul style="list-style-type: none"> • a sibling or close family member with ADHD • epilepsy • other neurodevelopmental conditions, learning disabilities or learning difficulties. • mental illnesses • a history of alcohol or drug misuse • been involved in the criminal justice system. • an acquired brain injury • been in care. <p>Or who were:</p> <ul style="list-style-type: none"> • born prematurely • diagnosed with ‘oppositional defiant disorder’ or ‘conduct disorder’ as children. • thought to have a mental illness like anxiety or depression as children. <p>The consultation will ask members of the public which option they would support, and the reasons why they chose A or B. These findings will be analysed as part of the consultation work and fed into shaping the support offer.</p> <p>We will work closely with the lived experience group throughout the communications and engagement phase.</p>
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6. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

Further engagement will be undertaken on the impact and mitigations required

7. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

Further engagement will be undertaken on the impact and mitigations required.

8. Is there any evidence that the proposed changes have *no* equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

Further engagement will be undertaken on the impact and mitigations required.

9. Please provide details of how you will consult and involve communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

Engagement Plans

Although dates are TBC of delivery (expected August and September 2024), the activities will consist of:

- **Public Engagement;** at events, delivering focus groups, pre-booking phones or receiving information on voice notes etc.
- **Stakeholder Engagement;** GP newsletter for primary care and a provider meeting planned for July to ensure our stakeholders are updated on our plans and current position. We can discuss at this point how we best support them to engage with their waiting lists and patient population.
- **Comms;** we have had regular meetings with our comms functions to try and plan how we best communicate this engagement and ensure that as many people see it in GM as possible and take part if they are interested. We have secured a budget of £3000 for translated materials including easy read and BSL. We will be working with our lived experience group to 'test' the comms before launch.
- **Social Media;** we have recorded a video case study to try and boost interactions on social media, and have secured a budget of £500 to target demographics which we had a low response from in the pre-consultation.

Step 3 – Strengthening your policy plan or project

Please use the table below to document your strengthening actions.

10. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

Adverse impact	Proposed action	Person responsible
Support offer only being available online	Printed copies of support booklets to be made available to those who are digitally excluded	Programme team and support offer provider
Support offer only being in English	Translations provided	Comms team
The comms we create for consultation is not fit for purpose or easily understood	We will work with our lived experience group to ‘test’ the comms prepared and ensure it is fit for purpose for someone living with ADHD	Engagement team

11. Describe here how you could further promote equality of opportunity. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities beyond the mitigations you are putting in place, for example, your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who cannot access digital services. Your opportunity to *further promote* equality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

As below.

12. Describe how you could further promote human rights principles. What action/s do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

The support offer should be able to be translated into a number of different languages, as well as easy read and BSL.

13. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can expect to reduce socio-economic disadvantage.

Provide printed support resources for those who are digitally excluded.

Online support resources for patients to reduce the need to travel and the barriers this can bring such as expenses or caring responsibilities.

14. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

N/A

Step 4 – Monitoring and review

15. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

What	When	How

Step 5 – Sign off

Strategy, policy, plan, project or service owner or Work Programme Lead*

Name:

Date:

EIA Lead (the person completing this form)

This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off.

Name: Scott Williams

Date:

Director or Senior Responsible Owner *

This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required.

Name:

Date:

*By signing off your EIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this EIA will also need to be copied to elaine.mills7@nhs.net to ensure we can evidence our legal duties to undertake equality analysis. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.