

NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA) template

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. **Name of the proposal (policy, proposition, programme, proposal or initiative)¹:** Future of health services for adults with a learning disability in Sheffield

2. **Brief summary of the proposal in a few sentences**

- The successful implementation of the Transforming Care Programme across South Yorkshire has reduced demand for learning disability inpatient care in Sheffield.
- Firshill Rise is an Assessment and Treatment Unit in Sheffield which has been temporarily closed following an inadequate CQC rating in 2021.
- Analysis of admissions over the last 5 years would now suggest that we would need only capacity for a maximum of 1 to 2 beds per year for people with learning disability, rather than the 8 bedded inpatient unit at Firshill Rise
- Following extensive engagement with individuals with a learning disability the following proposal is being pursued:
 - Firshill Rise is not reopened, as it is not an effective use of NHS money considering the reduction in need now present in Sheffield for this type of provision.
 - The money saved from the closure is reinvested into community Learning Disabilities/Autism services with a focus on prevention and keeping people well in the community and further reduce the need for beds (see section 6 of this report for more on this model).
 - Establishment of joint arrangements between Sheffield Place ICB and SHSC to provide alternative hospital beds if required, including suitable mitigations such as family travel support and monitoring of placements.

3. **Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

¹ Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** 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.

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
<p>Age: older people; middle years; early years; children and young people.</p>	<ul style="list-style-type: none"> • 18+ service therefore no impact upon CYP aged 0-18. Transition from under 18 services are often seen as unsettling. Individuals aged between 18-25 have a key worker (note that this is the care navigator role and is not facilitated by SHSC - might be more appropriate in next column as a mitigating factor). No expected impact on transition. • Higher usage in 18 – 34 year olds. • Social care placements at older ages are often more settled and therefore less likely to require intensive support as provided by ATS. • Older parents and carers of individuals placed out of area may be more negatively impacted by having to travel further to visit. • Green light working and less restrictive ways of working (not sure what this means, makes it sound like it was overly restrictive previously) have resulted in reduced demand for service. Green light working could also go into next column as a recommendation to reduce negative impact of an inpatient admission at all ages. • Green light Working means that people with mainly mental health-related needs that require inpatient admission can be supported on mainstream mental health wards and supported by the SHSC Learning Disability service as needed. In addition, attempts are being made for people with mainly mental health-related needs to have support by or transfer of care to mainstream mental health community teams, which is likely to reduce the need for them to be admitted to a specialist ATS. 	<ul style="list-style-type: none"> • Looking to strengthen transition services further. • Reinvestment of funding for ATS will be put into community-based services, further strengthening the ways of working which have resulted in reduced demand. Impact is significantly reduced as a result due to lower numbers requiring service. Strengthening community services would allow for increased work around the person including positive behaviour support to improve quality of life and reduce placement breakdown/hospital admission (relevant to all categories of EHIA) • Offer of support to help family and carers to visit individuals placed out of area. • Individuals ages 18+ admitted to an inpatient service for whom Green light is not appropriate would continue to be supported by community intensive support team

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
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<ul style="list-style-type: none"> • ATS provides support for individuals with moderate to severe/complex learning disabilities who cannot access mainstream services. • Learning disability with autism. • Multiple disabilities including physical. • Parent/Carers of individuals raised concerns during involvement that out of area placements could be more prone to abuse/poor support. • Adverse impact of closure: there is no local specialised service that can meet the needs of people with LD with/without Autism. • Staff in mainstream services may lack the training to meet the needs of this service user group and the environmental factors of inpatient services may negatively impact in terms of sensory needs. 	<ul style="list-style-type: none"> • Advocacy support. Eyes on/reach in support/monitoring. Travel for carers. CQC standards considered. Dynamic Support Register • Green light working • Joint working with Community service and mainstream services • Strengthening of community teams to reduce likelihood of placement breakdown/hospital admission
<p>Gender Reassignment and/or people who identify as Transgender</p>	<ul style="list-style-type: none"> • NHS medical records/ system can cause difficulties in preferred names/pronouns. • As above re lack of specialised services / training (this is likely a national problem) 	<ul style="list-style-type: none"> • Consideration of including criteria in out of area placements. • Awareness training will be made available in community services. • Out of area placements would include criteria around individual's preferred names/pronouns and other requirements relating to their gender identity.
<p>Marriage & Civil Partnership: people married or in a civil partnership.</p>	<ul style="list-style-type: none"> • Assumptions that individuals with a learning disability may not be married. • Lack of local specialised services could mean placements out of area which could be difficult for spouse/partner to access 	<ul style="list-style-type: none"> • Support for spouses for anyone placed out of area. • Advocacy support promoted.

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
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	<ul style="list-style-type: none"> • Lack of specialist inpatient provision • Firshill Rise did not have admissions for anyone in this category so impact of closure low risk 	<ul style="list-style-type: none"> • Develop joint working with community/perinatal/postnatal teams • Green light working
Race and ethnicity²	<ul style="list-style-type: none"> • The prevalence of learning difficulties in South Asians aged between 5 and 32 is up to three times higher than in other communities. Prevalence within other minority ethnic groups is not as well documented, however fieldwork impressions suggest a relatively high prevalence within the African Caribbean community too (Azmi et al 1996c). • ATS usage data shows a lower than expected usage for individuals from Black (3.9%), Asian (3.9%), and Mixed (1%) communities compared to local population. • Impact – similar to above regarding services and out of area placements. (specialist services relates to the learning disability as opposed to race and ethnicity) 	<ul style="list-style-type: none"> • The Community Learning Disability Service is being developed to ensure that it meets the needs of all communities. Relationships are being developed with Firvale Community Hub and Darnall Wellbeing, which are located in ethnically diverse areas. • Usage of community services is more reflective of wider community • Ensure that staff are aware of issues around race/ethnicity/unconscious bias • Out of area placements would include criteria around individual's cultural and religious requirements. • Work with WRES team to increase understanding • The Community Learning Disability Service is being developed to ensure that it meets the needs of all

² Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

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
		communities. Relationships are being developed with Firvale Community Hub and Darnall Wellbeing, which are located in ethnically diverse areas.
Religion and belief: people with different religions/faiths or beliefs, or none.	<ul style="list-style-type: none"> Impact of closure as above related to provision of specialist services to meet needs relating to Learning Disability, impact on religion/belief could be that alternate services lack understanding of individual needs. 	<ul style="list-style-type: none"> Advocacy support promoted. Out of area placements would include criteria around individual's cultural and religious requirements. Training around religion as required Support from chaplaincy to ensure needs are met as part of joint working and signposting to services The Community Learning Disability Service is being developed to ensure that it meets the needs of all communities. Relationships are being developed with Firvale Community Hub and Darnall Wellbeing, which are located in ethnically diverse areas.
Sex: men; women	<ul style="list-style-type: none"> ATS usage data showed that men (68%) were more likely to use this service than women (32%). Low impact relating to gender other than the potential of out of area placements and difficulty to source gender specific locations 	<ul style="list-style-type: none"> Scoping of suitable placement locations will be undertaken, including gender specific settings.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	<ul style="list-style-type: none"> As before, potential of out of area admissions, low impact in terms of specific group as they would be able to access services. Assumed that people with Learning disabilities are either not interested in relationships at all, or that if they are they are 	<ul style="list-style-type: none"> Joint working where appropriate, awareness of unconscious bias, training.

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
	heterosexual. This may cause distress if things are assumed about them and they can't communicate otherwise.	

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 **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities ³	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	<ul style="list-style-type: none"> No impact as service is 18+. 	<ul style="list-style-type: none"> Care navigators can be identified for 18-25 via local authority
Carers of patients: unpaid, family members.	<ul style="list-style-type: none"> Negative impact if out of area placement needs to be sourced 	<ul style="list-style-type: none"> Referral to carers centre for carers assessment for wider support for carers. Travel support for family of individuals placed out of area. Strengthening of community team to provide wrap around care and prevent hospital admission

³ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities ³	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
		<ul style="list-style-type: none"> • DSR processes to identify patients at risk of placement breakdown • LAEP / CTR processes
Homeless people People on the street; staying temporarily with friends /family; in hostels or B&Bs.	<ul style="list-style-type: none"> • No impact – same care would be offered 	
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	<ul style="list-style-type: none"> • Not a forensic service – no impact, needs met by other appropriate services 	
People with addictions and/or substance misuse issues	<ul style="list-style-type: none"> • Needs met by substance misuse teams 	<ul style="list-style-type: none"> • Green light working, support around reasonable adjustments
People or families on a low income	<ul style="list-style-type: none"> • Impact of out of area placements – travel etc. 	<ul style="list-style-type: none"> • Reinvestment of ATS funds into community services will allow for more people to benefit from local support and provision. • Travel support for family of individuals placed out of area.
People with poor literacy or health Literacy: (e.g. poor understanding of health services	<ul style="list-style-type: none"> • Individuals with a learning disability are more likely to have significant communication issues. 	<ul style="list-style-type: none"> • A partnership approach with Sheffield Voices and Mencap Sheffield was taken to involve individuals with a learning disability in the development of these

Groups who face health inequalities ³	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
poor language skills).		<p>proposals. The two organisations undertook co-designed sessions to gather insight from over 180 people.</p> <ul style="list-style-type: none"> • Visual aids/graphics will be developed to explain the new pathway.
People living in deprived areas	<ul style="list-style-type: none"> • Evidence points to a well-established link between socioeconomic deprivation and the prevalence of mild or moderate learning difficulties (Emerson 1997). Although service usage data for deprivation is unavailable, the above suggests a higher prevalence of individuals with a learning disability and their family will be living in areas of deprivation 	<ul style="list-style-type: none"> • Reinvestment of ATS funds into community services will allow for more people to benefit from local support and provision. • Travel support for family of individuals placed out of area.
People living in remote, rural and island locations	<ul style="list-style-type: none"> • Out of area placements could be more difficult for families to access. 	<ul style="list-style-type: none"> • Travel support for family of individuals placed out of area.
Refugees, asylum seekers or those experiencing modern slavery	<ul style="list-style-type: none"> • Risk that out of area placement could lead to loss of contact • Language barriers 	<ul style="list-style-type: none"> • Training of staff to recognise signs of coercive control, modern slavery etc. • Safe and well checks • Community team involvement

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No	Do Not Know
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x		
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b. 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 undertaken.

Name of engagement and consultative activities undertaken		Summary note of the engagement or consultative activity undertaken	Month/Year
1	Sheffield Voices	<ul style="list-style-type: none"> • Involvement activity has taken place to understand the impact that the temporary closure of Firshill Rise has had, as well as what provision is now needed to support people with a learning disability living in Sheffield. • NHS South Yorkshire funded two local community organisations to coproduce and deliver involvement activity with people with a learning disability, their families, and carers. An online survey was also produced to receive responses. • Through creative sessions attendees were supported to share their experiences while creating collective art. • Also met with 6 groups of adults with learning disabilities and/or autism, as well as 10 1-1s with people and 7 carers. • An online survey was also produced to receive responses. • 178 responses were received, including 109 responses from individuals with a learning disability. 	February – March 2023
2	Mencap Sheffield		
3	Online survey		

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		

Evidence Type	Key sources of available evidence	Key gaps in evidence
Consultation and involvement findings	<ul style="list-style-type: none"> Future of health services for adults with a learning disability in Sheffield involvement report 	
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	<ul style="list-style-type: none"> Representation from Sheffield Voices in options appraisal discussions EHIA has been coproduced with representatives from Sheffield Voices, Service User Governor at SHSC, and Co-Chair of SHSC Disability Staff Network 	

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support		X	
The proposal may support	X		
Uncertain whether the proposal will support			X

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support	X	X
The proposal may support		
Uncertain if the proposal will support		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list these.

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1	
2	
3	
4	
5	

10. Summary assessment of this EHIA findings

<p>This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.</p> <p>This proposal promotes equality of opportunity by reinvesting funding from unneeded services into further enhancing existing services that have been shown to reduce the need for more acute and restrictive types of care for pepe with a learning disability and/or Autism. Avoiding the exacerbating impacts of restrictive care on individuals will improve their health outcomes and experiences. There are some impacts which have been identified through this assessment which we will implement the identified mitigations to ensure we harness key opportunities and support specific groups as required.</p> <p>Engagement</p> <table border="1" data-bbox="206 1139 2016 1367"> <tr> <td data-bbox="206 1139 2016 1238"> <p>Populations to Engage</p> </td> </tr> <tr> <td data-bbox="206 1238 2016 1367"> <ul style="list-style-type: none"> • Extensive engagement has taken place on this proposal. It is recommended that engagement is continued into the delivery of Community Learning Disability Service. </td> </tr> </table>	<p>Populations to Engage</p>	<ul style="list-style-type: none"> • Extensive engagement has taken place on this proposal. It is recommended that engagement is continued into the delivery of Community Learning Disability Service.
<p>Populations to Engage</p>		
<ul style="list-style-type: none"> • Extensive engagement has taken place on this proposal. It is recommended that engagement is continued into the delivery of Community Learning Disability Service. 		

Communications

11. Contact details re this EHIA

Team/Unit name:	Mental Health, Learning Disability, Dementia and Autism and Commissioning Team
Division name:	Sheffield
Directorate name:	
Date EHIA agreed:	24 May 2023
Date EHIA published if appropriate:	

13. Responsibility for EHIA and decision-making

Contact officer name and post title:	Raheel Baig	
Contact officer e: mail address:	raheel.baig@nhs.net	
Contact officer mobile number:		
Team/Unit name: Mental Health, Learning Disability, Dementia and Autism and Commissioning Team	Division name: Sheffield	Directorate name:
Name of senior manager/ responsible Director: Heather Burns	Post title: Deputy Director Mental Health Transformation	E-mail address: heather.burns@nhs.net

14. Key dates

Appendix 2

Date draft EHIA completed:	23 May 2023
Date signed off by Senior Manager/Director: ⁴	24 May 2023
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable ⁵ :	

⁴ The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

⁵ This will normally be the review date for the proposal unless a decision has been made to have an earlier review date