Equality Impact Assessment (EIA) - Service Specification

| Please briefly describe the service | Learning Disability Health and Wellbeing Service |
| Name & roles of person / people completing the EIA: | Jill Burton |
| Date of assessment: | 19.12.18 |
| Who will be affected by this service / who will be the key beneficiaries? | People with a Learning Disability |

**What data sources do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)**

In England in 2011, an estimated 286,000 children and young people under the age of 18 (180,000 boys, 106,000 girls) had learning disabilities while an estimated 905,000 adults (530,000 men, 375,000 women) had learning disabilities of whom only 189,000 (21%) were known to learning disability services. This means that roughly twenty people in every thousand have a learning disability.

It is estimated that Hull has a learning disability population slightly above the national average at just fewer than 3%. The estimated NHS Hull CCG registered learning disability population = 1565 (March 2017).

Data sources:

2. Emerson, E., Deprivation, ethnicity and the prevalence of intellectual and developmental disabilities. Journal of Epidemiology and Community Health, 2012:
### Needs and issues

What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?

#### General issues

People with learning disabilities die younger and have poorer health than the general population. These differences are, to some extent, avoidable. As such, they represent health inequalities. These inequalities are the result of the interaction of several factors including increased rates of exposure to common ‘social determinants’ of poorer health (e.g., poverty, social exclusion), experience of overt discrimination and barriers people with learning disabilities face in accessing health care. CCGs will work in partnership with Local Authorities, Health and Wellbeing Boards and wider public services to improve the health of the population and tackle inequalities, and will commission services for people with learning disabilities taking into account the health inequalities they face.

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Estimated learning disability population – 7350

The number of people on GP LD registers eligible for an annual health check was approximately 1565 in 2016/17. From GP registers for 2016/17, practices in more deprived areas had significantly higher levels of LD in their practice populations. The eight practices

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http://eprints.lancs.ac.uk/52671/1/ID_ASD_prevelence_2012.pdf

3. NHS Briefing: Disabled lesbian, gay and bisexual (LGB) people
serving the patients living in the most deprived areas had a prevalence of 0.52% compared to 0.33% among the nine practices serving the least deprived practices. The overall rate of LD in adults recorded by practices (1,565 (0.51%) patients for 2016/17 is lower than England (0.47%)). Modeled estimates confirming that there may be much undiagnosed or unrecorded LD.

Of the 1565 people on GP LD registers in Hull, 32.30% - 504 people received an annual health check. CCG targets have been set to try and ensure that nationally we achieve the required number of annual health checks in 2018/19.

The Wellbeing Service will support the increase of the target via the following outcomes:
- GP Practices report an increase knowledge and understanding on supporting individuals with learning disabilities following support from the service;
- By providing training, advice and guidance to GP Practices the service will contribute towards GP Practice performance of annual LD Health assessment checks performance, as part of the NHS England Enhanced Service;
- Individuals with learning disabilities have their health needs identified and recommendations are offered for adjustments required, to improve health outcomes and experience of health care services.

<table>
<thead>
<tr>
<th>Race</th>
<th>The service will provide equitable access for those aged 14 and over regardless of race.</th>
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<tbody>
<tr>
<td>Disability</td>
<td>The focus of the service is individuals with learning disabilities identified through audit of GP registers. In Hull the overall population is estimated to be 7350 for people with a learning disability although currently the numbers accessing GP practices to take up annual health checks is far less and an identified improvement target for the CCG. In the 10 year NHS Plan the ambition for annual health checks is 75% of those identified on GP registers to be offered a health check by March 2020.</td>
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<tr>
<td>Gender / Sex</td>
<td>Not known</td>
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<tr>
<td>Gender reassignment</td>
<td>Not known</td>
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<tr>
<td>Sexual orientation</td>
<td>There is limited research around LGBT identities and learning disabilities, but research conducted by University of Bristol, evidences that LGB people with learning disabilities often face specific issues and barriers to support and inclusion.</td>
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Current practice in work with people with learning disabilities is more likely to restrict opportunities for sexual relationships rather than support people to have relationships that are satisfying [3]. Valuing People 2011 advocates for services for people with learning disabilities that seeks to address their sexuality and relationship needs, including opportunities to form sexual relationships and access to sex education.

**Religion or belief**
The service will provide equitable access and will be sensitive to any cultural or religious beliefs.

**Age**
The service will provide training and advice to a range of providers, carers and service users. The service is aimed at those individuals with a learning disability registered with a GP aged 14 and above for annual health checks.

The period of transition for young people who have a learning disability into adulthood is known to be a time of considerable change and often uncertainty. The JSNA identifies a strategic need to have a clear transition pathway which include health services. This service supports this strategic need by providing advice, guidance and signposting for children / young people with learning disabilities, and their families / carers, who attend special schools on support available.

**Pregnancy and maternity**
Not known

**Marriage or civil partnership**
Not Known

**Any other relevant groups** (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)
Responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status

| How has engagement informed your service specification? | Engagement has taken place with both the LD Partnership Board, sub-groups to the Board and also via a Differently Abled event which took place in February 2017. The Carers Information and Support Service have also taken an active part into providing feedback and promoting annual health checks for both people with a learning disability and also checks for carers. Self advocates have also worked with the Wellbeing service to design a pre screening booklet in accessible format which service users are encouraged to complete (with support) and bring to annual health check appointments. A ‘My Health’ app has also been designed in partnership with a software company. Service users are able to download a copy of their annual health check booklet and hold the information in accessible format on an iPad. |
| How has engagement reached out to groups | Engagement has reached out as far as possible via a number of different ways. |

Comment [AH5]: Will training provided by this service include promoting LGBT awareness and equality in the context of learning disability?

Comment [AH6]: Is there any data available re faiths of people with LD that may have an impact on the Wellbeing service?

Comment [JB7]: In report to be compiled by wellbeing service

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Comment [AH8]: Any data / engagement insight about people with LD who are pregnant

Comment [JB9]: In report to be compiled by wellbeing service.

Consultation at Differently Abled Event on 14 Feb on doulas and breast feeding
representing a diverse range of protected characteristics?

What has been put in place to ensure the accessibility and acceptability of the service design?

The Differently Abled Event held in February 2017 and is scheduled for 14 February 2019 will provide information for both professionals, service users and their carers during a whole day event.

The Wellbeing Service has worked with Hull GP Practices to ensure that information is available in accessible format to enable practices to meet the required standard.

How does service design reflect the insight gained through engagement (of different population groups)?

The service design has been shared through engagement with service users, carers and professionals.

Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?

None identified, however it is envisaged that through the life of the specification any outcomes identified will be included when the service is reviewed and amended via a contract variation if required.

How will you feedback to the groups you have engaged about service design?

Feedback is through LD Partnership Board and its sub groups. There is also feedback through a number of sub groups to the Board including the Better health sub group and PPMLD group.

### Follow up actions

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<tr>
<th>Action required</th>
<th>By whom?</th>
<th>By when?</th>
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<tr>
<td>Report requested from CHCP which includes known information relating to ethnicity, gender, faith, pregnancy. This will form part of a statistical analysis in the report from the Wellbeing Service.</td>
<td>CHCP performance team</td>
<td>March 2019</td>
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### Signoff

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<tr>
<th>Signed off by:</th>
<th>Name &amp; Role</th>
<th>Date</th>
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<td></td>
<td>Mike Napier, Associate Director of Corporate Affairs</td>
<td>07.02.19</td>
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