

Equality Impact Assessment - Service Review / Evaluation – Attention Deficit Disorder – Children and Young People

For more information about the equality impact assessment process in commissioning, please see: [EIA Overview and Navigation](#).

Service Review Equality Analysis	
What service is being reviewed?	Attention Deficit Disorder – Children and Young People
What is the purpose for the service review? (If this is described in another document please add cross reference link)	NHS Hull has historically commissioned ADHD CYP assessment and diagnosis from Humber Teaching NHS FT and City Healthcare partnerships. Due to the cessation of the CHCP Community Paediatric Service the full assessment and diagnosis service will move to HTFT which is in an increase on the previous contractual arrangement
Date of review:	November 2019
Health Needs	<p>What data sources do you have about the population, disaggregated by protected characteristic?</p> <p>Unfortunately despite searches and requests - there is no local prevalence data for CYP with ADHD</p> <p>Attention deficit hyperactivity disorder (ADHD) is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.</p> <p>Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old.</p> <p>The symptoms of ADHD usually improve with age, but many adults who were diagnosed with the condition at a young age continue to experience problems.</p> <p>People with ADHD may also have additional problems, such as sleep and anxiety disorders.</p> <p>The exact cause of ADHD is unknown, but the condition has been shown to run in families. Research has also identified a number of possible differences in the brains of</p>

people with ADHD when compared with those without the condition.

Other factors suggested as potentially having a role in ADHD include:

- being born prematurely (before the 37th week of pregnancy)
- having a low birthweight
- smoking, or alcohol or drug abuse during pregnancy

ADHD can occur in people of any intellectual ability, although it's more common in people with learning difficulties.

Although there's no cure for ADHD, it can be managed with appropriate educational support, advice and support for parents and affected children, alongside medication, if necessary.

From online research:

UK Prevalence & Gender Distribution

ADHD is a common disorder. In the UK, surveys of children between the ages of 5 and 15 years found that 3.62% of boys and 0.85% of girls had ADHD. Hyperkinetic Disorder is less common and prevalence estimates are around 1.5% for boys in the primary school years. The worldwide prevalence for children with ADHD is 5% (*Faraone, Sergeant, Gilberg & Biederman, 2003*).

Also, a recent review of longitudinal follow-up studies of individuals diagnosed with ADHD as children found that by age 25 only 15% retained the full ADHD diagnosis. However, a much larger proportion (65%) fulfilled criteria for either ADHD or ADHD in partial remission, indicating the persistence of some symptoms associated with clinical impairments in the majority of cases. It is likely, therefore, that about 0.6–1.2% of adults retain the full diagnosis by age 25 years and a larger percentage (2–4%)

have ADHD in partial remission. This is consistent with population surveys in adult populations that estimate prevalence of ADHD in adults to be between 3 and 4% (CG72 Full Version page 26-27).

When researchers are conducting studies, they typically use the same definitions of ADHD for both boys and girls, and usually find more boys than girls with ADHD (a ratio of about 3 to 1). The gender ratio for children attending ADHD clinics, however, is usually higher than in the research surveys, which raises the possibility that females with ADHD receive less recognition. Similarly, in adult life, the male-female ratio for ADHD appears to be approximately equal, which again suggests the possibility that the high gender ratios in childhood may be partly a result of under-identifying the problem in girls, or of a different presentation of symptoms in girls

In Hull as at 28 April there are 162 young people awaiting ADHD assessment and diagnosis this includes 52 young people waiting more than 52 weeks. This number does not include the 52 young people transferred from CHCP on 1 April 2019 who have received a diagnosis but require follow up care. In addition Hull University Hospital Paediatric dept. has identified 100 children who have a diagnosis of ADHD and other health conditions they believe should be under the care of a mental health provider rather than a paediatric care provider.

Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?

Race

Not specific Race data –

ADHD is a common disorder. In the UK, surveys of children between the ages of 5 and 15 years found that 3.62% of boys and 0.85% of girls had ADHD.

The service will provide equitable access to both young boys and girls regardless of Race of Cultural belief and the service provider will be expected to ensure the service is accessible and inclusive including provision of language interpreters when required.

Disability	<p>The service will provide equitable access to both young boys and girls regardless of disability.</p> <p>As part of contract monitoring the provider will be required to evidence how they have integrated / implemented the Accessible Information Standard, so that disability related communication needs are recorded, met and communicated in any referrals</p>
Gender / Sex	The service will provide equitable access to both young boys and girls and will be sensitive to any cultural or religious beliefs.
Gender identity (gender reassignment)	The service will provide equitable access to both young boys and girls, and sensitive to any young people who have gender dysphoria, and aware of the appropriate referral routes
Sexual orientation	The service will provide equitable access to both young boys and girls and will respond to any specific sexual orientation issues which arise in partnership with the specialist team for gender identity issues.
Religion or belief	The service will provide equitable access to both young boys and girls and will be sensitive to any cultural or religious beliefs.
Age	The service is for Children and Young People (CYP) under the age of 18
Pregnancy and maternity	Not Applicable
Marriage or civil partnership	Not Applicable
Socio-economic disadvantage	Responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status

<p>Current service review</p>	<p>How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)</p>	<p>The service:</p> <ul style="list-style-type: none"> • Is equitable and responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status • Will align to the wider Hull City CAMHS service so that as part of assessment children can access wider CAMHS support services as needed. • Incorporates the Accessible Communication Standard (DCB1605 Accessible Information) <p>Referral Process</p> <p>Special Educational Needs Coordinator (SENCO’S) will complete the new online (Children and Adolescent Mental Health Service (CAMHS) referral form with the completion of the neurodevelopmental checklist. Other referrals will be accepted by Paediatricians, Speech and Language Therapy (SaLT) and Education Psychologists if they contain sufficient information to process the referral. Referrals will not be accepted from GP’s or parents unless the young person is home educated in these cases additional information will be collected from professionals – this has been discussed with GPs who are in agreement to ceasing referrals for Autism and ADHD.</p> <p>This is an improvement over current practice as it ensures mental health resources are not expended re-collecting information that is available and re-assessment will therefore be avoided.</p>
<p>Outcomes and demand</p>	<p>How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender disability, ethnicity, sexual orientation, religion or belief, pregnancy & maternity)</p>	<p>This service will support health and wellbeing overall in children and young people.</p> <ul style="list-style-type: none"> • The additional resource will reduce the number of full screen assessments; increase the timeliness of assessments and intervention and start to work towards the development of a neurodevelopment pathway which will include Autism, ADHD and Learning Disability (LD). This will ensure that the YP will go on the right pathway for assessment as opposed to being placed on separate

	<p>LD, Autism or ADHD pathways.</p> <ul style="list-style-type: none"> • Medication will not be the only response offered to young people • Tighter coordination due to allocation of ADHD waiting list for assessments • Management of waiting list efficiency and effectively • Safer practice • Clear Supervision Structure • Multi Disciplinary Team (MDT) involvement overseen by Consultant Psychologist to ensure children and young people are allocated to the right pathway at the start of their mental health journey given their difficulties. • Enable support to Education in regard to Education Health Care plans (EHCP) for children and young people with additional needs as needs would be identified at the start of the referral process. • Ensures that child protection issues are identified and addressed immediately • Ensure that multiple difficulties are addressed immediately rather than being delayed by multiple assessments • Positively manage the demand onto the other aspects of Hull Children and Young People mental health, learning disability, autism, behavioural and other mental health services.
<p>What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?</p>	<p>Unfortunately this information is not available</p> <p>Lack of local information</p>
<p>Benchmark How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?</p>	<p>From speaking with other CCG commissioners other areas are experiencing increase in referral for Autism and ADHD – the demand in Hull appears to be comparable to other areas</p>

Communication and Engagement	How are you going to engage with different groups and communities and show that their feedback informs your service review?	Hull CCG as part of the wider children and young people mental health engagement work which is to be undertaken during 2019 Hull City Council – Children’s Directorate Hull City Council – Social Workers in Children care Humber Teaching NHS FT – feedback from families and service users
	Is information provided to your target market appropriate and accessible?	Internet Searches – no Public Health demographic data was available The service provider will ensure that information about the service is communicated in an accessible way, including considering the needs of families supporting the young service users.
Options appraisal	Does your options appraisal clearly show any differential impact on protected characteristics groups for each option?	All patient groups are included in this EQIA
	Is further engagement needed?	Not at this stage

Follow up actions		
Action required	By whom?	By when?
Incorporate Accessible Information Standard (DCB1605 Accessible Information) into service specification	Lead Commissioner	September 2019
Require provider to record ethnicity, disability, age and gender data	Humber Teaching NHS FT	September 2019

Further engagement to include this EqIA so that additional / relevant issues can be raised	CCG Communication and Engagement Team along with Lead Commissioner and Service Provider	November 2019
Evaluate service and review EqIA with new data from providers & engagement feedback	Service Provider and CCG Lead Commissioner	July 2020

Signoff

Signed off by:		Date:	20.06.19
Name & Role			
	<hr/> Mike Napier Associate Director of Corporate Affairs		