NHS England: 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]: Specialised Mental Health Adult Eating Disorders Service Specification

2. Brief summary of the proposal in a few sentences

This document replaces the existing service specification for Specialised Mental Health Adult Eating Disorders. The service specification covers intensive treatments (inpatient, intensive day-patient and intensive community treatment) for eating disorders (EDs).

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

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
Age: older people; middle years; early years; children and young people.	EDs can develop at any age, but the highest risk of onset is for adolescents	Services need to ensure that there is a seamless pathway for young adults transitioning to the Adult ED service, supporting a positive experience of

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

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
	and young adults[2]. It is recognised that transition between services (such as from child and adolescent to adult services) are a particularly vulnerable time for patients and carers. This is particularly the case for individuals who are moving away from home, such as for university placement when treatment may need to cross two geographical areas[3].	transitioning between services[4] (as per NICE Quality statement 6)[5]. The service specification addresses this issue, with a key objective being ensuring smooth and effective transitions.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Comorbid mental health problems such as anxiety and depression are common in individuals with EDs, and obsessive-compulsive disorder (OCD) may be more prevalent in individuals with Anorexia Nervosa. Individuals with EDs may also have comorbid physical health problems prior to the development of the ED or as a consequence of the ED, and these should not be a reason for delaying or rejecting an individual from receiving treatment, as is addressed within the service specification[6].	Providers will need to ensure that people with this protected characteristic have timely access to other mental and physical health services as required. The service should be provided talking account of individual needs, and in accessible formats. For example, individuals with hearing impairment should have access to British Sign Language interpreters or information should be provided in easy read formats and braille for individuals with visual impairment.

[2] Prevalence | Background information | Eating Disorders | CKS | NICE
[3] PHSO (2017) Ignoring the alarms: How NHS eating disorder services are failing patients
[4] Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care: Guidance for commissioners and providers (england.nhs.uk)
[5] Quality statement 6: Risk assessment when moving between services | Eating Disorders | Quality standards | NICE
[6] Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care: Guidance for commissioners and providers (england.nhs.uk)

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
	Individuals with physical disabilities may have experienced stigmatisation and discrimination which can contribute to the development of low self-esteem and poor body image, which may increase the likelihood of developing an ED. Individuals with autism are over-represented in ED populations, with reports of worse experiences and outcomes[7][8]. The service specification covers all individuals aged 18 years and over regardless of disability.	Information should be provided in a way that suits the individual's needs and preferences and should be provided as set out in NHS England's Accessible Information Standard[9]. Providers need to ensure there is appropriate physical access for individuals (and their carers). Inpatient settings need to meet the needs of individuals with autism, ensuring ED services understand and recognise autism to ensure appropriate and effective treatment.
Gender Reassignment and/or people who identify as Transgender	It has been reported that there may be a higher prevalence of EDs in individuals who identify as transgender[10] yet EDs in transgender individuals may not be recognised, resulting in delays in accessing	Need to ensure appropriate facilities are provided for individuals of all genders, including those who are transgender or non-binary[11]. Service user feedback can be used to ensure equity[11].

[7] Babb et al (2022) European Eating Disorders Review, Vol 30, pp616-627
[8] Babb et al (2021) Autism, Vol 25(5), pp1409-1421
[9] NHS England » Accessible Information Standard
[10] Eating disorder symptomatology among transgender individuals: a systematic review and meta-analysis | Journal of Eating Disorders | Full Text (biomedcentral.com)

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
	appropriate treatment[11]. Evidence suggests there are specific factors to consider in individuals who identify as transgender and non-binary, such has a higher frequency of reported compensatory behaviors than cis-gender individuals; that disordered eating may be related to a wish to accentuate or suppress biological sex; and that hormone therapy can result in weight gain, causing distress for individuals with EDs.[12] All patients regardless of their identifying gender are covered by this service specification. All patients regardless of their identifying gender are covered by this service specification.	Outcomes framework requires all providers to record this information for monitoring of equality of access.
Marriage & Civil Partnership: people married or in a civil partnership.	All patients regardless of their marital or civil partnership status are covered by this service specification. No specific impacts to individuals with this protected characteristic have been identified.	

[11] Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care: Guidance for commissioners and providers (england.nhs.uk)
[12] Appendices and Helpful Resources for (england.nhs.uk)

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.	Times of major physical and/or social change can be associated with an increased vulnerability to EDs, and this includes pregnancy and the post-partum period. An ED can develop during or after pregnancy or may exist prior to pregnancy. Individuals may require additional support during this time.	Providers need to ensure timely access to antenatal/maternity and perinatal mental health and other services as required.
Race and ethnicity[13]	EDs are underdiagnosed in some ethnic groups, with higher rates of diagnosis in White individuals. Individuals from ethnic minority groups may be less likely to be referred for treatment, which may in part due to stereotypical perceptions of need[14]. All patients are covered by this service specification regardless of race and ethnicity.	Service providers need to ensure they have culturally competent staff and a service that feels inclusive to people with this protected characteristic.
Religion and belief: people with different religions/faiths or beliefs, or none.	Fasting can be a component of some religions, and although medical exemptions are in place, there can be a stigma associated with mental illness	Need to ensure culturally appropriate services and may include the requirement for appropriate equality and diversity training, including cultural

[13] 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.

[14] Sonneville & Lipson (2018) International Journal of Eating Disorders, Vol 51, pp518-26

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
	and EDs. Individuals with EDs may mask symptoms behind the process of fasting[15]. All adults are covered by this service specification regardless of religion or belief.	sensitivity training, and links with faith communities.
Sex: men; women	EDs are more prevalent in females, but there is growing evidence of a higher prevalence than previously recognised in males, with estimates suggesting that up to 20-25% of individuals with an ED may be male[16]. EDs in men may be underdiagnosed and undertreated. All patients regardless of sex are covered by this service specification, which also acknowledges unequal access to services for males which should serve to reduce this inequality.	There is a need to ensure a gender-sensitive treatment environment[17].
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	The prevalence of EDs is thought to be higher in individuals who identify as lesbian, gay or bisexual, as compared to individuals who identify as heterosexual[18], particularly for males[19].	Service providers need to ensure they have culturally competent staff and that they deliver a service that feels inclusive to people accessing the service.

[15] Ramadan and eating disorders | British Dietetic Association (BDA)
[16] Kinnaird et al (2019) Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity, Vol 24, pp845-52
[17] Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care: Guidance for commissioners and providers (england.nhs.uk)
[18] House of Commons Wome and Equalities Committee (2021) Changing the perfect picture; an inquiry into body image
[19] Calzo et al (2017) Current Psychiatry Reports, Vol 19, pp49-58

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
	All patients are covered by this service specification regardless of sexual orientation, and so the service specification is not thought to have a positive or adverse impact upon this group.	

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[20]	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	Not applicable as this service specification is for adults aged 18 years and over.	n/a
Carers of patients: unpaid, family members.	There is no evidence of a negative impact on carers.	Collaboration with carers (as appropriate) is noted as an important component of the service specification. Carers are asked to complete satisfaction questionnaires, and this is monitored via the outcome measures.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	Individuals who are homeless are known to experience poor health, stigma and discrimination, and frequently experience barriers to accessing healthcare and poor outcomes. Lack of access to healthcare services may mean that diagnosis is missed or occurs late, although this is not specific to EDs.	Providers need to consider routes of referral for individuals without a registered GP and or resident postcode. This should also include appropriate discharge planning and support after admission.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	Individuals within the criminal justice system are known to experience wide-ranging health inequalities, particularly in relation to mental health. Inequalities include barriers to accessing healthcare which may mean	Providers need to ensure close collaboration with forensic mental health services, where assessment and treatment for eating disorders is covered within medium and low secure forensic mental health service specifications.

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

Groups who face health inequalities[20]	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
	diagnosis is missed or occurs late, although this is not specific to EDs. Services should be available to all, regardless of criminal history, with individuals assessed to determine where their needs would be best met. Patients in prison should receive similar services from adult secure specialised mental health services or from mental health services with the prison setting.	
People with addictions and/or substance misuse issues	The prevalence of EDs amongst individuals seeking treatment for substance misuse is higher than the prevalence of EDs in the general population, and the prevalence of substance misuse amongst individuals with EDs is also higher than in the general population, suggesting substance misuse is often comorbid with EDs[21]. The service specification should not have a negative impact on individuals with addiction and/or substance misuse.	Providers need to ensure appropriate screening of individuals to identify additional needs in relation to addiction and/or substance misuse, and work closely with other Providers and teams to ensure needs are met in an individualised, patient-centred manner.
People or families on a low income	Individuals whose family or carers are on a low income may have less opportunity for engagement and involvement with clinical teams due to difficulty travelling to services and/or taking time away from work or other carer responsibilities to attend appointments or visits.	Providers will need to ensure that processes are in place to ensure equitable access to and continued engagement with services by families and carers of individuals with EDs.

[21] Devoe et al (2021) Journal of Eating Disorders, Vol 9, pp161-175

Groups who face health inequalities[20]	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
		Providers need to ensure awareness of the Healthcare Travel Costs Scheme (HTCS) for eligible patients and/or carers[22].
People with poor literacy or health Literacy: (e.g., poor understanding of health services poor language skills).	It is well documented that people with poor understanding of health services and language skills are less likely to access health services and have poorer health outcomes.	Providers should ensure information is provided in a way that is accessible and appropriate to meet individuals' needs.
People living in deprived areas	The prevalence of EDs is not thought to differ by deprivation, but individuals living in deprived areas are less likely to seek and receive treatment, resulting in worse outcomes[23]. The service should be equally available to all patients from the community aged 18 years and over, where an eating disorder is assessed as requiring inpatient treatment.	Ensure equity of access for individuals regardless of deprivation.
People living in remote, rural and island locations	The service should be equally available to all patients from the community, aged 18 years and over, where an eating disorder is assessed as requiring inpatient treatment regardless of whether living in remote, rural or island locations, although there may be an impact on the ability to provide intensive community treatment and outreach. There may be an impact on the ability of family and	Providers should ensure careful discharge planning and close links with community and other relevant services. The service Provider will need to ensure that processes are in place to ensure equitable access to and continued engagement with services by families and carers of individuals with EDs.. Where possible, there should be equal

[22] Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)
[23] Sonneville & Lipson (2018) International Journal of Eating Disorders, Vol 51, pp518-26

Groups who face health inequalities[20]	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
	carers to engage with treatment if travel is difficult.	accessibility to intensive community treatment and/or intensive day treatment, as appropriate, as opposed to inpatient services[24].
Refugees, asylum seekers or those experiencing modern slavery	Refugees, asylum seekers or those experiencing modern slavery are known to experience poor health, stigma and discrimination, and frequently experience barriers to accessing healthcare and poor outcomes. Lack of access to healthcare services may mean that diagnosis is missed or occurs late, although this is not specific to EDs. There may be additional cultural and/or language barriers and lack of a permanent base for discharge planning and coordination.	Providers will need to ensure that processes are in place to ensure equitable access to and continued engagement with services. This could include work with other relevant agencies to mitigate risk for refugees, asylum seekers and those experiencing modern slavery.
Other groups experiencing health inequalities (please describe) **Individuals with high body mass index (BMI)**	EDs in individuals of higher weight may be under-recognised and under-treated[25]. The reasons are multi-factorial but may include poor health literacy (lack of understanding that EDs occur across the weight spectrum) and stigma experienced in relation to weight. The service specification notes that individuals must not be excluded on the basis of BMI.	The service specifications notes that patients must not be excluded on the basis of BMI.

[24] Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care: Guidance for commissioners and providers (england.nhs.uk)
[25] Ralph et al (2022) Journal of Eating Disorders, Vol 10, pp121-163

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 X	No	Do Not Know

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	Consultation with Public Health Advisor to the Specialised Adult Eating Disorders Clinical Reference Group	Rapid literature review with support from UKHSA Library Services.	May 2023
2			
3			

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		
Consultation and involvement findings	To be factored in from the stakeholder testing exercise findings which will be used to finalise the service specification prior to publication	
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	Input by the Public Health Lead for the Adult Eating Disorders Clinical Reference Group	

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	x	
The proposal may support?			x
Uncertain whether the proposal will support?			

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 your top 3 in order of priority or state N/A

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	n/a	
2		
3		

10. Summary assessment of this EHIA findings

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.

The Adult Eating Disorder Specialised Mental Health service specification will ensure equitable access to the services it outlines.

11. Contact details re this EHIA

Team/Unit name:	Specialised Mental Health Commissioning
Division name:	Specialised Commissioning
Directorate name:	SCHAF
Date EHIA agreed:	

Date EHIA published if appropriate:	

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to the Patient Equalities Team (england.eandhi@nhs.net).

Yes:	**No: X**	**Uncertain:**

13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:	Marlon Brown
Contact officer e: mail address:	marlonbrown@nhs.net
Contact officer mobile number:	07736 484 430

Team/Unit name: Specialised Mental Health Commissioning	Division name: Specialised Commissioning	Directorate name: SCHAF
Name of senior manager/ responsible Director: Sarah Warmington	Post title: Head of Mental Health	E-mail address: s.warmington@nhs.net

15. Considered by NHS England, Board or Committee[26]

Yes:	No:	Name of the Panel, Board or Committee:	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities

Proposal gave due regard to the requirements of the PSED?	Yes:	No:	N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?	Yes:	No:	N/A:
Summary comments:			

16. Key dates

Date draft EHIA completed:	
Date draft EHIA circulated to PE Team:[27]	
Date draft EHIA cleared by PE Team: [28]	
Date final EHIA produced:	
Date signed off by Senior Manager/Director:[29]	
Date considered by Panel, Board or Committee:	

[26] Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.
[27] If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the PE Team should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England's Gateway process.
[28] If the PE Team raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.
[29] The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.

Date EHIA published, if applicable:	
EHIA review date if applicable [30]:	

[30] This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.