

# Agenda Item 6

- 1.a) What facility adjustments are in place at emergency departments for neurodivergent patients, especially but not solely for those who have noise hypersensitivity?

Sheffield Teaching Hospitals (STH) Response – we have a consultant lead for mental health and neurodivergent patients in the Emergency Department who leads the work on that area. There is a quieter room, which team use, and we have ear - defenders, fidget spinners and communication aids to help waiting be more tolerable, as an ED department is a very busy area. This is part of our guideline for patients with learning disabilities or Autism (which should be used for other neurodivergent patients). There is also a small team of LD/Autism specialists to support patients where needed. In addition, we have adapted two rooms in the ED and one in the Acute Medical Unit which are sensory friendly

- b) How does this compare with other ICBs? n/a to ICBs:

ICB response - I think that this would have to be an FOI to every acute trust in the country, to get this information, as I am not aware of anywhere where this data would be held nationally, unfortunately.

- c) What plans are in place to keep improving this?

ICB response - STH can be approached to respond to this, but from ICB perspective, STH have been active partners on both the Physical Health Improvement Group, which seeks to create continuous improvement in the health of people with mh conditions, learning disability, autism and dementia, (MHLDDA) and the above lead roles are active in this work. In addition Dr (REDACTED) and other STH Operational Directors are members of the MHLDDA Delivery Group, to ensure strategic improvements across these populations. STH have also been active members of the Autism Partnership Board.

STH response - We are developing a strategy for longer term improvement. we may wish to expand the team of specialists and are working on the roll out of The Oliver McGowan Mandatory Training on Learning Disability and Autism.

- d) What data is available, how is it use to improve patients experience?

STH response - the team look at the information from patients, and we have undertaken a survey of patients with Learning Disabilities and Neurodivergent people to find out how they find our services, this has fed into the work ongoing on the strategy and the results have been shared with staff at a number of events, including the annual Nursing and Midwifery conference.

2. Re access to treatment for transgender people and waiting times.  
a. How does it compare to other ICBs?  
b. What improvement plans are in place?

ICBS do not commission this service, it is a Specialist Commissioner Responsibility within NHS England. The ICB don't hold the waiting time information to be able to compare the comparative waiting position.

3. Re disparities in health treatment for women Vs men in relation, for example, to polycystic ovary syndrome, endometriosis etc. which are common conditions in women. Referencing recent reports (see refs),
  - a) how does the ICB compare to others?
  - b) What work is being undertaken to eliminate disparities in the time taken to diagnose and subsequent waiting times for common conditions for men and women?

<https://www.bbc.co.uk/news/uk-england-south-yorkshire-68629174>

<https://www.bbc.co.uk/news/uk-wales-68533803>

<https://www.bbc.co.uk/news/health-67589301>

<https://www.bbc.co.uk/news/articles/c6pprzzz695o>

<https://www.bbc.co.uk/news/topics/c42rjev3x2jt>

In South Yorkshire work has been undertaken to understand our population health needs and more details can be found here - [Vital Statistics – a review of the health in South Yorkshire :: South Yorkshire I.C.B \(icb.nhs.uk\)](#)

Our population health needs assessment includes an understanding of key health outcomes, life expectancy and causes of death for both women and men, the differences between them and how we compare with England. In the recent refresh we have also included a specific section on Women's health, that we aim to build upon as we refresh annually.

We have recently established a South Yorkshire Women's Health Group to steer and oversee how we work with partners to support delivery of the National Women's Health Strategy. This is connected into our population health and health inequalities work. We are also working with our hospitals to reduce waiting times in line with our agreed plan for South Yorkshire to improve access to diagnostics and treatment for both women and men.

4. Re women's access to healthcare vrs men's access when it comes to contraception. Referencing recent reports (see refs), men are easily referred to vasectomies, women are reportedly commonly held to different standards and can still require partners to agree to procedures. Although partners consent is not legally required for women, some practitioners still ask for it, and will refuse to refer if the woman does not already have children. Vasectomies are granted to men much more freely.

- a. How does the ICB compare to others?

- b. What work is being undertaken to eliminate disparities?

- c. Is feedback taken and acted on from patients? Please provide anonymised data if available.

Some UK wide experiences here:

<https://www.reddit.com/r/AskUK/s/9MUKSKn37f>

<https://www.theguardian.com/society/2023/jun/05/access-to-contraception-has-got-harder-in-england-lesley-regan-davina-mccall>

<https://www.fsrh.org/documents/womens-lives-womens-rights-full-report/>

We think this question refers to differential access to vasectomies and is not part of the women's health hub requirements and feels more of a secondary care access query with BI input.

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