

Appendix B

Equality Analysis (EqA)

Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Barnet Child & Adolescent Mental Health Services (CAMHS)	
This will be a revised and retendered service	
Department and Section: Children’s & Young People’s Services	
Date assessment completed: January 2017	
2. Names and roles of officers completing this assessment:	
Lead officer	Jenny Perkins, Interim Joint Commissioner (Children’s Services), Barnet CCG.
3. Full description of function, policy, procedure or service:	
<p>a) What is the proposal?</p> <p>Child and Adolescent Mental Health Services (CAMHS) are provided to support children and young people who are experiencing mental distress or ill-health.</p> <p>For Barnet children and young people, the existing contract for CAMHS is jointly held by the London Boroughs of Barnet, Enfield and Haringey, and the service provider is Barnet, Enfield and Haringey Mental Health Trust (BEH MHT).</p> <p>The contract term has been extended by 12 months in 2016, and the service must be re-tendered in 2017.</p> <p>Both Barnet Children’s Services and the CCG contribute towards the cost of this contract.</p> <p>A smaller contract is held between the CCG and the Royal Free London Hospital (RFL) for the provision of Barnet South CAMHS.</p> <p>Barnet Council and Barnet CCG now wish to withdraw from the joint contract with Enfield and Haringey in order to re-tender for a service that will cater specifically for Barnet C&YP. The Barnet South service, provided by RFL, will also be included in the re-tender.</p> <p>The re-tendered service will be subject to a re-design and re-specification following a recent review, to incorporate the following elements:</p> <ul style="list-style-type: none"> • CAMHS East and West, Barnet Adolescent Service (BAS), SCAN (LD/Autism Service), LAC, Primary and Secondary Service, CAMHS Paediatric Liaison Service, all provided currently by BEH MHT • Barnet South CAMHS provided by RFL <p>The specialist Eating Disorder Service at the Royal Free Hospital, and the specialist Adolescent Service provided by the Tavistock and Portman NHS Trust, will continue in their current form and will not be included in the re-tender. However, some further development of their service objectives and performance indicators will take place.</p>	

The service re-design will shift the emphasis of the CAMHS service towards community-based, highly-accessible services that will seek to support young people experiencing distress at a much earlier stage.

The intended outcomes of the re-design are to:

- Develop community-based mental health wellbeing and counselling services that are readily-available to children and young people in schools and primary health care facilities.
- Optimise the use of the Thrive approach in schools to support a high level of emotional wellbeing and resilience for all young people in Barnet.
- Ensure that early help for emotional distress is readily available to young people, and that young people who are recognised as vulnerable are signposted to support without delay.
- Intervene at an earlier stage to reduce the levels of emotional distress in young people, and prevent mental health problems from escalating to the point where clinical services are required.
- Retain clinical provision for children and young people who require it, and who are expected to be significantly fewer in number following the development of the community-based services.
- Avoid inappropriate referrals to clinical services through the development of a range of alternative sources of support.

The proposal was presented to the Health & Wellbeing Board in November 2016, where it received support. It will receive final sign-off from the Board and from the CCG Executive in January 2017.

b) Why is the re-design and re-tender needed?

The current contract with the Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) has been extended by 12 months, and a re-tender in 2017 is required.

The recent review has also found that the CAMHS service, as currently configured, is not accurately reflecting or meeting local needs.

This was evidenced by the fact that, in 2016, 50% of referrals to the existing CAMHS services were assessed to not meet criteria and were never progressed to receive a service. Specialist hospital admission rates were also high in Barnet (judged against expected incidence); there was a much higher than expected level of Tier 3 referrals and a corresponding very low level of Tier 2 admissions; no self-referral routes and no alternative modes of delivering Tier 1 and 2 support (i.e. no telephone, skype or on-line counselling or support); and Tier 1 and 2 services for prevention and early support pre-CAMHS were generally under-developed.

Further, those young people who did receive clinical treatment experienced severe delays in accessing it, averaging 131 days.

Overall, almost 2400 Tier 3 referrals for a clinical service were received in 2015/16, whereas 400 referrals were made to Tier 2 community-based services. The opposite referral pattern would be expected. Further, extrapolations from national estimates reveal that the number of young people in Barnet who are failing to receive the lower level support that they require is very significant.

It is estimated that 30% of children and young people are experiencing low grade (sub clinical) mental distress that can in time become a more significant condition. In Barnet that equates to 28,484 young people, and that number is expected to rise to 36,293. Similarly, it is estimated that 24,684 Barnet young people are experiencing suicidal thoughts, expected to rise to 26,774.

The evidence overall demonstrates a lack of early help and preventive services for children and young people beginning to experience mental distress which has not yet reached the threshold for clinical intervention.

As a result, most young people, and many inappropriately, have been directed towards clinical services

which have been overwhelmed with initial assessments. Hence children who have been assessed to require a clinical service have waited a long time to receive one.

This evidence confirms the rationale for proceeding with a re-procurement of CAMHS which will incorporate a more accessible clinical service into a whole-system approach for prevention, early help and intervention informed by, and based on, resilience-based approaches including the Thrive approach.

The re-procurement will offer the opportunity for alternative providers to bid, thereby helping to ensure that the best available provider or providers is/are engaged to deliver the service from Autumn 2017 onwards. As one of several potentially beneficial outcomes of the procurement it is hoped that the voluntary sector, not currently represented in the service commissioning, will contribute forms of support and improved access that may not otherwise be available.

c) Compliance with national guidance and with council policy

The benefits of the planned transformation will be delivered in accordance with relevant statutes including the Equality Act 2010, the Care Act 2014, Mental Health Act 1983 as amended, and the Children Act 1989.

Nationally, the high cost of mental health within acute provision budgets has been identified, as has the growing level of need in the general population and amongst young people in particular. These issues were highlighted in three key policy documents: *No Health without Mental Health*, 2011; *Future in Mind* 2015; and the *Five Year Forward View*, 2016.

The emotional wellbeing of children and young people is an increasing priority of national policy. It also underpins whole life chances, educational achievement, and opportunities to thrive.

Locally, the Joint Health and Wellbeing Strategy 2015-2020 highlighted the requirement to support better integration across pathways and services for people with mental health needs and to ensure the right support at the right time to meet individual identified needs.

Barnet Children and Young People's Plan has helped shape the CAMHS Transformation process and this programme will support the key objectives of the 'Family Friendly' vision for children and families to:

- Keep themselves safe
- Achieve their best
- Be active and healthy
- Have their say

The proposal is consistent with the commissioning intentions for Children and Young People's Services.

Governance for the project will be provided by the C&YP Mental Health & Wellbeing Governance Board, which will report where appropriate to the Joint Health & Wellbeing Board.

d) Financial considerations

The financial contributions from Barnet Council and the CCG will be maintained, and some additional resources have been secured in 2016, some of which will come on line in 2017, so there will be a small increase in budget for the new service overall.

In total, the value of services falling within the planned procurement is £4.77m rising to a maximum of £5.2m annually for 2017/18 onwards.

Some of the new resources, made available through service transformation funding from NHSE, offer the opportunity to re-design the service and develop the pre-clinical service elements.

e) Who is the service aimed at?

The community-based elements of the service, especially the use of the Thrive approach in schools, is being piloted initially but it is hoped that the approach will eventually be adopted to promote the emotional resilience of all school-aged children in Barnet.

Preventive support and counselling will also be developed for those children who require more than universal support for the emotional well-being.

At tier 3, clinical service will offer more specialist support to children who have levels of distress such as anxiety or depression requiring more intensive intervention.

f) Who is it likely to benefit?

The re-designed service at tiers 1 and 2 will provide in particular for the age-group 11-18 years, where support is considered to be most needed.

Potentially all children will benefit at the level of input that they require – general support to mental well-being for all children in schools, more targeted support to those at risk, and quicker access to clinical support for those who need it.

g) How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of?

The service will be accessible to children and young people, especially in the age-range considered to be most crucial for support i.e. 11-14 years, and irrespective of disability, gender, sexual orientation, religion or belief.

Further, the need for support may arise from issues of gender, sexual orientation, occasionally belief, and from disability. The existing clinical service user group includes young people with learning disabilities and associated mental health and behavioural needs, and this is not expected to change as a result of the service re-design.

Pregnancy may occasionally be a feature for young women in the service user group.

Support to parents and carers may be an important feature of the support offered, depending on the age of the young person, at all levels of input.

One of the services that is not included in the re-tender, i.e. the eating disorder service, may serve a group of young people who are disproportionately female, in line with the need profile. And the other, the Adolescent Service, is targeted at an age group with specific and characteristic needs.

h) Identify the ways people can find out about and benefit from the proposals.

As described above, the re-designed service is intended to provide highly-accessible support at a much earlier stage than is possible with the current service, and with quicker access to the clinical service for those who require it.

A consultation exercise that is taking place with young people between February and March will seek to establish which means of locating and accessing services are preferred by them.

It is expected that mobile phone applications, websites, and other digital means of providing information, advice and support will be popular, in addition to the more traditional delivery mechanisms.

The provider of the re-designed service will be required to provide a high profile in schools and other appropriate venues, including primary health care venues, so that young people know how to access support when they need it.

4. How are the equality strands affected? Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.			
Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact</p> <p>The re-designed service has the potential to reach young people at an earlier age and before their mental health needs become significant enough to require a clinical service, while still maintaining a timely clinical service for those who needs demand it.</p> <p>Data</p> <p><u>Age of young people accessing the service in 15/16</u></p> <p>To follow</p>	N/A
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Positive impact</p> <p><u>Mental Health Needs</u></p> <p>The service is provided specifically for children and young people who have mental health needs and those who may be vulnerable to developing such needs. The proposals will provide a wider range of support and treatment options for young people, and increase provision for prevention and early help.</p>	The provider(s) will be expected to collect and report service take-up data to include disability, which will be compared with

		<p>The impact of the service going forward will be further gauged through consultation with young people and their carers, and through measuring outcomes achieved for them.</p> <p>Mental health is an area of need associated with negative stigma and attitudes which need to be addressed in tandem with the provision of support to promote self-esteem and better mental health.</p> <p><u>Learning disabilities & Autism</u></p> <p>A proportion of service users experience mental health needs associated with learning disability, autism and behavioural challenges. They will benefit as part of the larger service user group from the service improvements.</p> <p>Monitoring will ensure that there are no unintended consequences of the service re-design in respect of specific needs within the service user group.</p> <p><u>Physical and sensory impairment</u></p> <p>A proportion of service users may have physical and sensory impairment. As indicated above, the development of more easily accessible, community based support options with self-referral, will potentially benefit all young people wishing to access services.</p> <p>Data</p> <p><u>Currently available data to follow</u></p>	<p>existing data as a baseline</p>
<p>3. Gender reassignment</p>	<p>Unknown</p>	<p>No available data. It is possible that issues of gender may be a presenting issue for some young people who require clinical support and that referral on to very specialist support may be indicated in these circumstances</p>	<p>NA</p>
<p>4. Pregnancy and maternity</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>There are no direct impacts in relation to pregnancy or maternity in the proposal although, as stated, pregnancy may be a factor for some young people seeking support, and the provision of earlier support may provide a positive impact by promoting self-esteem and reducing risky behaviour.</p>	<p>NA</p>
<p>5. Race / Ethnicity</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Positive Impact</p> <p>By widening the base of support provided to young people in Barnet, it is possible that young people from minority ethnic backgrounds will find services more accessible. As now, the provider will be expected to provide a service that is appropriate and sensitive to all service users, irrespective of ethnicity or cultural background.</p> <p>There is an intention to engage the voluntary sector in providing some of the community-based services, and this may provide opportunities to further increase</p>	<p>The provider(s) will be expected to collect and report service take-up data to include ethnicity, which will be compared with existing data as a baseline</p>

		<p>accessibility to young people from specific ethnic backgrounds</p> <p>The monitoring of service take-up data will help to ensure that there are no unintended consequences of the service re-design.</p> <p>Data</p> <p><u>Current data to follow.</u></p>	
6. Religion or belief	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Positive Impact</p> <p>As above, by widening the base of support provided to young people in Barnet, it is possible that young people from specific religious or belief communities will find services more accessible. As now, the provider(s) will be expected to provide a service that is appropriate and sensitive to all service users, irrespective of religion or belief.</p> <p>There is an intention to engage the voluntary sector in providing some of the community-based services, and this may provide opportunities to further increase accessibility to young people of specific religious or belief communities.</p> <p>The provider(s) will be expected to collect and report service take-up data to include ethnicity.</p> <p><u>Currently available data to follow</u></p>	<p>The provider(s) will be expected to collect data on religion or belief</p>
7. Gender / sex	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>It is not expected that the re-designed service will have a specific gender-based impact e.g. on take-up. However, it is expected to increase access to appropriate support for all young people who require it. Some services, not included in the tender, have a predominantly female service-user group e.g. the Eating Disorder service.</p> <p><u>Currently available data to follow</u></p>	<p>The provider(s) will be expected to collect data on gender</p>
8. Sexual orientation	<p>Unknown</p>	<p>It is not expected that the re-designed service will have a specific impact on issues of sexual orientation. However, by making access to services easier, it is possible that young people who have concerns arising from sexual orientation will find it easier to obtain the support that they need.</p> <p><u>Currently available data to follow</u></p>	<p>The provider(s) will be expected to ask young people whether they would like to provide information on sexual orientation</p>
9. Marital	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p>	<p>Not relevant to this service.</p>	<p>NA</p>

Status	<input checked="" type="checkbox"/>		
<p>10. Other key groups?</p> <p>Carers</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Positive Impact</p> <p>Parents/carers of young people requiring mental wellbeing support may benefit from a wider base of community support and from speedier access to clinical support for their young people.</p> <p><u>Specific data not available</u></p>	<p>NA</p>

5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?

Young people will be consulted as part of the service re-design on their needs and preferences. If the objectives of the re-design are successfully met, it is expected that young people's satisfaction levels in respect of mental health and wellbeing services will increase. The provider will be required to test satisfaction levels at defined points in time as part of the KPIs

6. How does the proposal enhance Barnet's reputation as a good place to work and live?

The proposal is intended to provide an improved level of mental health and wellbeing support for children and young people in the borough.

7. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?

The service specification will require the provider(s) to offer services that meet the needs of all children and young with mental health and wellbeing needs in Barnet, regardless of their community of origin, and it is expected that this will be evidenced by the range of support provided for young people.

8. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)*

The service contract and specification will require the service provider(s) to work to an agreed set of performance indicators and to report on these, to include:

- Service user profile, including age, gender, sexual orientation, disability, ethnicity and religion.
- The benefits and individual outcomes achieved for young people.
- Service user satisfaction.

The service will be monitored at regular intervals.

Details are yet to be defined, but may include the provision of some data/reports on a monthly basis in the initial stages of the contract, followed by quarterly monitoring by commissioners, and an annual report for commissioners and senior managers.

CAMHS services are included in Ofsted inspections of Children's Social Care Services.

9. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

It is not expected that the re-designed service will lead to resentment or perceptions of differential treatment in the service user group, and the opposite may be true by seeking to address some of the circumstances that cause stress and distress to young people or difficulties which may arise from these: bullying; worry about school performance; uncertainties about relationships and about sexual orientation; vulnerability to extreme views.

Through providing support to young people, the service will promote an ethos of equality and will counter, where appropriate, discrimination against young people with a protected characteristic.

10. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.*

Some consultation with stakeholders was carried out as part of the recent service review, and the views of young people in other relevant consultations was taken into account in the review report.

A specific consultation with Barnet young people will take place between January and March to inform the service re-specification and tender. This will include consultation through existing forums for young people in schools, and focus groups at the youth service event in February.

Overall Assessment

11. Overall impact		
Positive Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>	No Impact <input type="checkbox"/>

12. Scale of Impact		
Positive impact: Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

13. Outcome			
No change to decision <input type="checkbox"/>	Adjustment needed to decision <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i> <input type="checkbox"/>	If significant negative impact - Stop / rethink <input type="checkbox"/>

14. Please give full explanation for how the overall assessment and outcome was decided
<p>The proposed service re-design and tender will have a positive impact on mental health and wellbeing support for children and young people in Barnet because:</p> <ul style="list-style-type: none"> - It will provide services that are informed by the expressed wishes and preferences of Barnet young people. - It will provide a wider range of support, to include digital sources of information, advice and support; support for mental wellbeing and resilience in schools; accessible counselling in schools, in primary health care venues, and through voluntary sector organisations that provide for young people; and speedier access to specialist clinical services for those young people who require this level of intervention. - It will provide support at an earlier stage, and with quicker access to specialist clinical support where this is indicated. -The service will work to enhanced contractual obligations in respect of service quality, and the desired outcomes for young people.

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

15. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
There are no unintended consequences of the service re-design in terms of access and take-up by children and young people, including those with protected characteristics.	Service take-up in the new services is monitored for volume, as well as age, gender and other protected characteristics, and compared against the 2016/17 baseline where available.	No negative impacts of the service re-design. Mitigations to be planned and implemented if data monitoring from January 2018 onwards suggests this is necessary.	Designated monitoring officer(s)	Quarterly from 1/10/17

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Delivery Unit management team member)
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Date:

Date: