

## Appendix B

### Equality Impact assessment (EIA) Form

Public sector bodies need to be able to evidence that they have considered the potential impact on all people with ‘protected characteristics’<sup>1</sup> when drawing up policies, delivering services or planning for their own employees.

To comply with our legal requirements and ensure that all programmes, services and investments do not result in unfair disadvantage or exclusion, an EIA must be completed. For help with the EIA, please contact the Engagement and Equalities team (Jane Lodge/Emma Snowdon)

EIA INFORMATION			
<b>Title</b>	Children and young people’s mental health local transformation plan		
<b>Author</b>	Gill Brooks	<b>Team</b>	Children’s & Mental Health Commissioning Team
<b>Date</b>	27 July 2017	<b>Reference No.</b>	
FOR PMO USE ONLY			
<b>Approved By</b>		<b>Date Approved</b>	

#### **Section 1: Looking at the Evidence**

**1. Please summarise the purpose of the proposal, project or policy and its desired outcomes:**

Following the publication of Future in Mind (2015) which highlighted difficulties in access to mental health support to children and young people, all CCG’s are required to produce an annual Children and Young People’s Mental Health Local Transformation Plan (LTP) refresh.

The CSG approved the Brighton and Hove (LTP) in October 2015 and the refresh in October 2016. These documents can be found here: <http://www.brightonandhoveccg.nhs.uk/plans>

CCGs are required to refresh and republish their LTPs by 31<sup>st</sup> October 2017. There are several elements to the draft LTP refresh for 2017/18:

- a) An update and progress on children and young people’s mental health services vision and how the refreshed LTP will enable that to succeed;
- b) The LTP plans for 2017/18 onwards in the context of the Five Year Forward View for Mental Health and developments within our Sustainability and Transformation Partnership (STP); and
- c) An update on 2016/17 (spend and activity).

<sup>1</sup> These include: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender, and sexual orientation. Marriage and civil partnership also apply but only in relation to eliminating discrimination

Within Brighton and Hove we know there are difficulties in terms of access to mental health support for children and young people particularly getting the right support at an early stage delivered in a way that is suitable for children and young people. Most of the on-going LTP funding has therefore been allocated to addressing the gap through the commissioning of the all-ages Wellbeing Service and a similar service offer available in schools and colleges delivered by Primary Mental Health Workers, known as Schools Wellbeing. This additional investment will enable the CCG to achieve the access targets.

The Brighton and Hove LTP has continued to be developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people, outlining the need to transform care and support on a whole system basis. Our continued aim through Phase Two (2017/18 onwards) is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention enabling services to respond quickly to need, with specific, targeted support to vulnerable children and to ensure a community eating disorder service was provided. The other key element of change is the increased capacity in mental health services that ensures a clear pathway and help at an earlier point.

## **2. Who should benefit from the proposal, project or policy and in what way?**

All children and young people and their families/ carers, aged up to 25 years old who require emotional wellbeing support and / or mental health assessment and intervention.

Professionals who work with children and young people across the City of Brighton and Hove, including GPs who will have easier referral access to information, support and interventions. This will also include advice, guidance, information and training and improved communication while the child/ young person they are supporting is receiving the service.

## **3. Is there any evidence or reason to believe that in relation to this proposal, project or policy, there may be a difference between certain groups and communities in relation to:**

- **Levels of participation**
- **Uptake**
- **Needs or experiences**
- **Priorities**

None are known at this time.

**Section 2: Assessing the Impact**

Using the evidence listed above, fill in the table  
 think this proposal, project or policy has the potential to impact on:

below to highlight the groups you

	Evidence for identifying negative impact on the below groups	Plans in place to mitigate potential negative impact
<b>People of all ages</b>	<p>This `offer` described in the Plan is available for all children and young people aged up to 25 years old as well as their parents/ carers.</p> <p>The developments outlined in the Plan include pathways and links with Early Intervention Psychosis service, Specialist Perinatal Mental Health Service and all ages Community Wellbeing Service.</p>	<p>There are specialist adult mental health services available to those people aged 18 years and over, such as the Assessment and Treatment Service.</p>
<b>People with a disability<sup>2</sup> (including deaf people)</b>	<p>There may be language issues for those children and young people who are deaf.</p> <p>The services outlined in the Plan are expected to ensure equality of access for all children and young people with any disability. This is articulated in the service specifications and within the contracts with the providers.</p>	<p>There is a specialist commissioning service available that can be accessed; Deaf CAMHS.</p>
<b>People who are transitioning from one gender to another<sup>3</sup></b>	<p>There is a reported increased mental health issues for Transitioning gender young people</p>	<p>Ensure there any links with Trans specialist organisations/partnerships e.g. Clare project, LGBT Switchboard, Allsorts as well as specialist services within London that support psychological needs</p>

<sup>2</sup> A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

<sup>3</sup> A person who proposes to, starts, or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

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<b>People who are black or from a minority ethnic background (BME)<sup>4</sup></b>	<p>There may be language issues for those who do not have English as a first language.</p> <p>There is also a known higher prevalence of mental health issues within this cohort of children and young people as well as difficulties in engaging them in services.</p>	<p>The service specifications for Providers within the Plan emphasise engagement and assertive outreach as critical to the success of this new model. In particular with the expectation of:</p> <ul style="list-style-type: none"> <li>- Implementing an assertive outreach model;</li> <li>- Active Engagement;</li> <li>- Did Not Attend Policy; and</li> <li>- Information Sharing Protocols and strong working relationships with professionals across the system.</li> </ul>
<b>People with a religion or belief<sup>5</sup></b>	No expected negative impact known at this stage	NA
<b>People who are lesbian, gay or bisexual (LGB)</b>	There is also a known higher prevalence of mental health issues within this cohort of children and young people as well as difficulties in engaging them in services.	<p>The service specification for Providers within the Plan emphasise engagement and assertive outreach as critical to the success of this new model. In particular with the expectation of:</p> <ul style="list-style-type: none"> <li>- Implementing an assertive outreach model;</li> <li>- Active Engagement;</li> <li>- Did Not Attend Policy; and</li> <li>- Information Sharing Protocols and strong working relationships with professionals across the system.</li> </ul>
<b>People who are pregnant or new parents</b>	Young girls (under 18 years old) who may be pregnant may be at higher risk of mental health issues	Ensure pathways and protocols in place with Specialist Perinatal Mental Health Service

<sup>4</sup> This includes ethnic or national origins, colour or nationality, including refugees and migrants; Gypsies and Travellers

<sup>5</sup> The Act also covers lack of religion or belief

<b>People with caring responsibilities</b>	<p>Parents and carers</p> <p>Young carers</p>	<p>Parents and carers have a strong focus within The Plan and service specifications for Providers and will receive advice and information about their child's mental health issues and be part of the decision making process on treatment and discharge. There are also opportunities for training in coping and strategies and awareness.</p> <p>Ensure the services outlined in the Plan make links with Young Carers support within the community.</p>
<b>Men or women generally</b>	No expected negative impact known at this stage	NA
<b>People married or in a civil partnership<sup>6</sup></b>	No expected negative impact known at this stage	NA
<b>Other relevant groups<sup>7</sup></b>	Looked After Children, young people suffering substance misuse, or victims of domestic violence and those known to the Youth Justice system	<p>The Plan recognises these vulnerable groups and outlines how there will be specific focus on targeting them regarding engagement and seeking help. All these groups already have services available to support those specific needs. This Plan is aiming to formalise and enhance this. These include: Children's Services (BHCC), RUOK? (BHCC) and Therapeutic Service for victims of Child Sexual Abuse (BHCC) and NHS England Youth Justice.</p>
<b>Deprivation</b>	There is also a known higher prevalence of mental health issues with those who may be deemed more deprived as well as difficulties	The service specifications for Providers within the Plan emphasise engagement and assertive outreach as critical to the success of this new model. In particular with the

<sup>6</sup> This applies only in relation to due regard for the need to eliminate discrimination

<sup>7</sup> E.g. people experiencing domestic violence, substance misusers, homeless people, looked after children, ex armed forces personnel etc.

	in engaging them in services.	expectation of: <ul style="list-style-type: none"> <li>- Implementing an assertive outreach model;</li> <li>- Active Engagement;</li> <li>- Did Not Attend Policy; and</li> <li>- Information Sharing Protocols and strong working relationships with professionals across the system.</li> </ul>
<b>Cumulative impact<sup>8</sup></b>	The changes across the whole children and young people's mental health system at the same time (within 2017/18) may have a negative impact if people are unsure of new services, how to access them and where to seek help	Ensure that the FindGetGive website has all relevant information, as well as CCG websites and Provider websites.  Develop a joint communications strategy across all providers.

<sup>8</sup> The impact when considering other services or activities together as a change in one area may impact somewhere else

**Section 3: Developing an Action Plan**

Considering our duty to proactively tackle disadvantage and promote equality of opportunity, list the actions required to ensure the new programme, service or investment does not result in unfair disadvantage or exclusion.

Equality Group	Specific Action	Owner / Lead	Date Due	Monitoring Arrangements
All (cumulative impact)	Develop joint communications and engagement strategy	Gill Brooks	End Sept 2017	LTP Assurance Group
All	Ensure LTP refresh is approved by all committees including Health and Wellbeing Board	Gill Brooks	Dec 2017	LTP Assurance Group
All	Refresh LTP for 2018/19	Gill Brooks	Nov 2018	LTP Assurance Group

