Equality Impact Assessment

on the

Children and Young People's Emotional Health and Wellbeing Transformation Programme

Bristol CCG

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Ratification Date	**14/11/16**
Review Date	**31/05/18**

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EQUALITY IMPACT ASSESSMENT FRONT SHEET

Name of the policy, practice or service being assessed:
Emotional Health and Wellbeing Transformation Programme

Is this a new or existing policy, practice, service, etc?	New

State the context for this EIA (eg service redesign, service commissioning, a QIPP programme, policy or strategy development or review)	Service redesign/transformation

On which protected characteristics has this Equality Impact Assessment been carried out?

Race	Y	Disability	Y	Sex	Y	Religion or Belief	Y	Marriage or Civil Partnership	Y
Age	Y	Sexual Orientation	Y	Gender reassignment	Y	Pregnancy and Maternity	Y	Health impact	Y

Name of person carrying out this Equality Impact Assessment	**Laura Dudman** Project Support Officer - Emotional Health Transformation Programme
Senior manager responsible for this project	**Alex Layard** Programme Manager - Emotional Health Transformation Programme
Signature	Alex Layard
Date	**30 October 2016**

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Brief description of the policy or practice

This Equality Impact Assessment (EIA) is being undertaken to ensure that the Emotional Health and Wellbeing (EHWB) Programme meets statutory obligations under the Public Sector Equality Duty 2011. The programme plan is refreshed yearly, therefore this EIA will need to be reviewed alongside it when doing so.

The EHWB Programme is a service transformation programme, running from 2015 – 2020 and is being implemented following the Departments of Health and Education's joint five-year strategy '*Future in Mind*'[1]. The vision is to transform services for children and young people's (CYP) EHWB to ensure that every child, everywhere, receives the right support, as early as possible. It's much broader than just CAMHS and includes working with schools, the local authority, universal and primary services such as GPs and school nurses, as well as the voluntary and community sector. This work runs alongside the Children's Community Health Services (CCHS) recommissioning, which includes CAMHS.

Who is responsible for implementing, monitoring and/or developing the policy or practice?

The EHWB Programme is overseen by Bristol CCG and Bristol City Council, Bristol CCG have overall responsibility and are the budget holders. The programme is developed jointly with various other stakeholders including CYP, the NHS, Public Health, youth justice, education and voluntary sectors.

Please see appendix two for the draft governance chart

Does the policy or practice affect service users, employees or the wider community, and therefore potentially have a significant effect in terms of equality?

This programme will affect service users positively. We have taken into account feedback from CYP gained during the consultation period of the recommissioning of CCHS and have used this to inform our first years programme plan. This year we intend to build on this by consulting with CYP and stakeholders further in order to see what their priorities for this plan would be and the actions we need to undertake to do this.

We have also commissioned services with evidence of positive outcomes to CYP's emotional health and wellbeing. This including Kooth[2], an online counselling service which helps reduce waiting times for CYP seeking help with their emotional health and wellbeing.

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[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
[2] https://xenzone.com/kooth/

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Does or could the policy or practice affect different "protected groups" differently? / Does it relate to an area with known inequalities (for example, access to public transport for disabled people, racist/homophobic bullying)?

The programme will affect the nine protected groups differently.

It will positively impact CYP who would come under the protected characteristic of age as this programme aims to transform EHWB services for CYP up to the age of 18. These new services are designed for under 18s to cater for their specific needs and therefore are permitted to exclude over 18s.

In relation to disability the *Future in Mind* report acknowledged that there are specific issues that face highly vulnerable groups. It states that:

'All CYP may experience adverse life events at some time in their lives, but some are more likely to develop mental health disorders eg following multiple losses and/or trauma in their lives, as a result of parental vulnerability or due to disability, deprivation or neglect and abuse. These CYP and their families may find it particularly difficult to access appropriate services, or services may not be configured to meet their psychosocial needs. In addition, they sometimes find it more difficult to access services they may find alienating and may have a lifestyle that is not conducive to meeting regular appointments'

Describe the policy/practice that is being developed or reviewed.

The EHWB Transformation Programme's purpose is to improve EHWB services for CYP in Bristol. Transformation programmes are being implemented nationally and follow one national priority each year, as well as locally identified priorities.

The need for the programme came from the *Future in Mind* report which was published in March 2015, following findings from the Children and Young People's Mental Health and Wellbeing Taskforce.

The themes the taskforce want us to focus on and develop by 2020 are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

What aspects of the policy or practice are most relevant to equality?

The key aspects of the EHWB most relevant to equality are

- Equity of access to services – the programme aims to improve access to EHWB services for all CYP this includes those who are from a protected group

- Patient experience – the programme aims to improve patient experience and will do so by consulting with CYP
- Stakeholder engagement – the programme aims to engage with a variety of stakeholders and jointly work with them to improve EHWB for CYP

Is the policy or practice intended to benefit patients, communities and employees with all the nine characteristics protected by the Equality Act 2010?

The programme is intended to benefit all CYP up to the age of 18 under the following nine protected characteristics age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Which protected groups and which parts of the public sector equality duty is the policy or practice relevant to (see Appendix 3)?

In relation to the public sector equality duty, the programme is *advancing equality of opportunity between people who share a protected characteristic and those who do not,* as CYP will represent a mixture of the nine protected characteristics. The EHWB Transformation Programme's vision is to transform services for CYP EHWB to ensure that every child, everywhere, receives the right support, as early as possible.

What equality information is available about the relevant protected groups?

The main sources of data and information are the *Emotional Health and Wellbeing in Bristol Needs Assessment*[3] published in August 2015 and the *Future in Mind* report.

Summarise the key findings of this evidence in relation to actually or potentially discriminatory outcomes

In the *Emotional Health and Wellbeing in Bristol Needs Assessment* it contains estimates that in 2014 there were 740 5 – 14 year old children with a learning disability, 300 of which also have mental health problems.

It also estimates that 28% of children (under 16) are from BME backgrounds. We need to ensure we cater for these individuals when deciding where to invest transformation funding.

In the *Future in Mind* report it states that 'over half of all mental ill health starts before the age of fourteen years, and seventy-five per cent has developed by the age of eighteen'.

What is the equality profile of the population and/or workforce that is intended to benefit from the policy or practice?

- Age

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[3]https://www.bristol.gov.uk/documents/20182/305531/Emotional+Health+and+Wellbeing+in+Bristol/806bee1c-1644-4f36-9635-bb1362603b74

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A recent estimate of the total number of people living in Bristol (2014 mid-year population estimate) is 442,500. Table 1 shows that by broad age group, Bristol has 82,800 children under 16 (18.7% of the population), and 67,400 young people 16-24 (15.4%). The current estimate of children under 18 is 91,859 and for children 5-16y is 56,316.

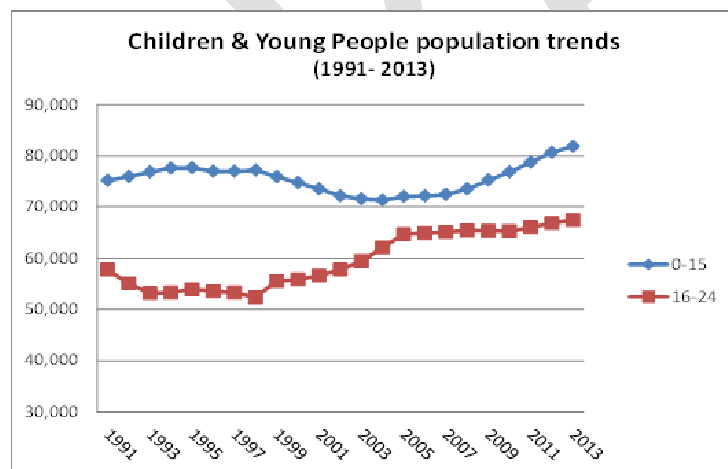
Table 1: Bristol 2014 Population Estimates by five year age band

	Males		Females		Total	
Age band	Number	% total male pop	Number	% total female pop	Number	% total pop
0-4y	15,900	7.2	15,100	6.8	31,000	7.0
5-9y	13,200	6.0	12,800	5.8	26,000	5.9
10-14y	10,800	4.9	10,600	4.8	21,400	4.8
15-19y	13,100	5.9	13,200	6.0	26,300	5.9
20-24y	23,100	10.5	23,400	10.6	46,500	10.5
Total	**76,100**		**75,100**		**151,200**	

Source: Population Estimates Unit, ONS: Crown Copyright 2015

In the last decade, Bristol's child population has been rising; the number of children (aged 0-15) living in Bristol is estimated to have increased by 11,500 (16%) between 2004 and 2014, and numbers are at the highest level since the mid- 1980s (Figure 1).

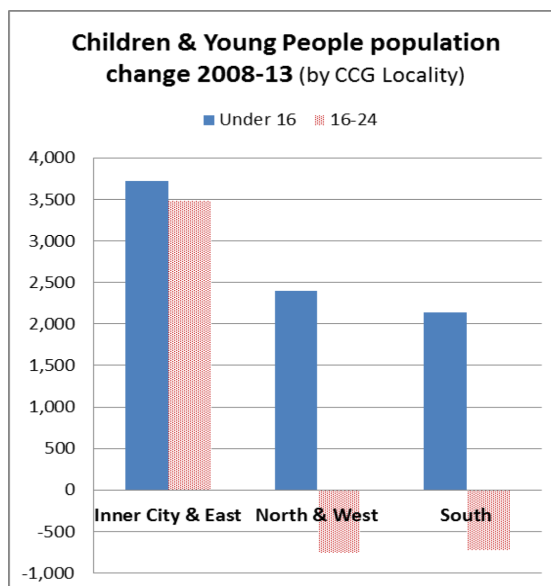
Figure 1: Children and young people population trends, 1991-2013



Source: Population Estimates Unit, ONS: Crown Copyright 2014

The change has not been equal across the city. Bristol's child population has risen fastest in the increasingly diverse Inner City & East, where since 2001 numbers of children in Inner City alone have increased 48% (Bristol +11%). But in the last 5 years, 2008-13, children (under 16) have risen significantly in all areas (Figure 2 and Table 2). However, for young people (16-24) the 3% city-wide rise has been very concentrated in Inner City & East, with that age group reducing in other areas.

Figure 2: Children and young people population change, 2008-13



Source: JSNA 2014; Children and young people update. V5 final.

Table 2: Overview of child population in Bristol by Locality, 2007-12

	Bristol total	Inner City & East	North & West	South
	N (% increase 2008-13)	N (% increase 2008-13)	N (% increase 2008-13)	N (% increase 2008-13)
Live Births, 2012	6780 (14%)	2250 (19%)	2190 (11%)	2340 (14%)
0-4 year olds, 2013	30,900 (17%)	10,000 (25%)	10,300 (12%)	10,600 (15%)
0-15 year olds, 2013	81,800 (11%)	25,000 (18%)	28,600 (9%)	28,200 (8%)

Source: JSNA 2014; Children and young people update. v5

Bristol's child population is rising in all areas, and rising fastest in Inner City & East, which has the least number of wards. Figure 3 illustrates the average rate of increase within wards, highlighting the increasing pressures within the Inner City & East locality area. The North & West locality area now has the highest total number of children but the lowest average number in each ward.

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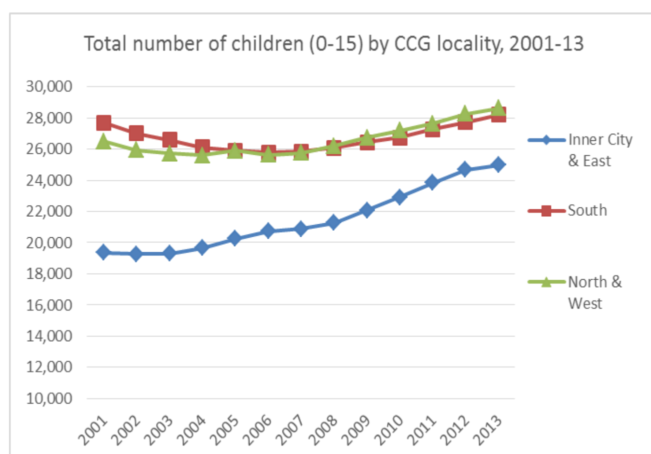
Figure 3: Total number of children, 0-15y, by CCG Locality, 2001-13



Source: ONS Mid-year estimates 2001-2013, updated 2014

- Disability

The prevalence of children and young people with learning difficulties in different age groups is difficult to estimate. Information from Special Educational Needs registers may underestimate true rates. Emerson et al calculated the prevalence of learning difficulties in children aged 5-9 years of 0.97%, 10-14 years, 2.26%, and 15-19 years, 2.67%. These rates have been applied to the mid-year population estimates for Bristol by the Child and Maternal Health Intelligence Network

Table 3: Estimated number of children with learning difficulties and mental health problems, Bristol, 2014

	Children 5-9y	Children 10-14y	Young people 15-19y
Children with a learning disability	255	485	705
Children with a learning disability and mental health problems	105	195	285

Source: CAMHS Needs Assessment Bristol Local Authority

- Gender Reassignment

There are no official Bristol records for CYP who have started the process of undergoing gender reassignment. Children under 18 who are experiencing gender dysmorphia can be seen by specialist child and adolescent Gender Identity Clinic.

- Marriage and Civil Partnership

  There are no official Bristol records for CYP who have become married or had a civil partnership, although this is legal from the age of 16 and will need to be planned for.

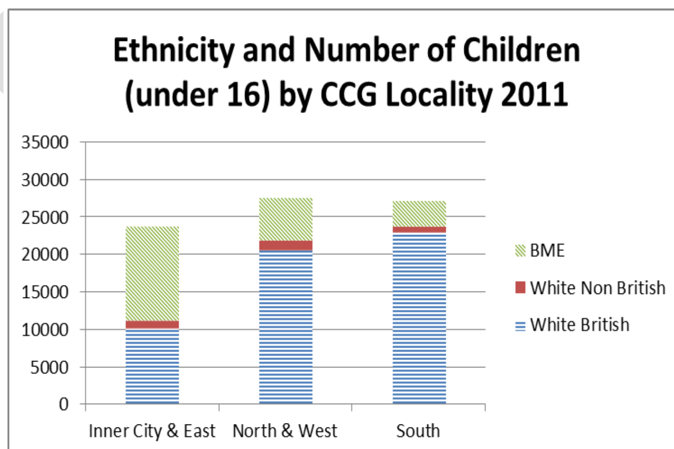
- Pregnancy and Maternity
  Female service users could be young mums and this will need to be planned for. The number of teen pregnancies in Bristol has reduced in 2016 by 14 per cent below the 2013 rate, to 22.1 (per 1,000 women aged 15 to 17) according to figures released today by the Office of National Statistics (ONS).

- Race

  The child population in Bristol is increasingly ethnically diverse. The most recent estimates suggest that 28% of children (under 16) belong to a black or minority ethnic (BME) group, considerably higher than the average for the total population of 16% BME. Using an alternative definition of population diversity, 32% of children belong to the non-'White British' population, compared to the all-age Bristol population average of 22%.

  Rates vary considerably across the city; 50% of children in the Inner City & East are BME, a much larger ratio than the 20% in North & West and 13% in South (Figure 4). Across wards the variation is even greater, ranging from 6% BME in Whitchurch Park to 83% in Lawrence Hill.

  Figure 4: Ethnicity and number of children (0-15y), by CCG Locality, 2011

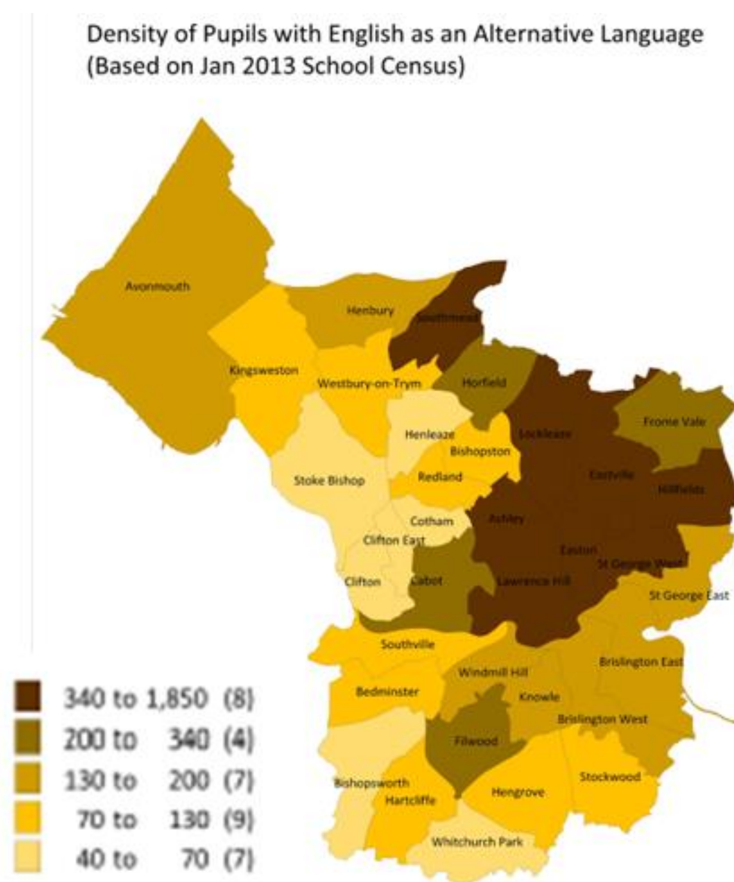


  Source: ONS Census 2011

  According to the 2013 School Census, there were 14,000 BME school age children in Bristol council-maintained schools (27.3% of the student population) and 9,150 (17.8% of students) had English as an Alternative

Language (EAL) (Figure 5). The largest groups are Black Somali (5.2%), Mixed White and Black Caribbean (3.4%) and Pakistani (3.1%).

Figure 5: Density of pupils with English as an alternative language, 2013



Source: Bristol School Census, 2013

National research shows that families with an African, Caribbean or Black British mother are more likely than families with a white mother to be lone parents (45% compared with 25%), live in social housing (44% compared with 20%) and be in the lowest income quintile (30% compared with 16%). Pakistani and Bangladeshi families experience the highest rates of poverty, with 65% of children living in poverty (calculated after housing costs). 30% of children in Black families and 28% of children in families of Indian origin also live in poverty. On the other hand, parents of South Asian and Chinese origin are least likely to be lone parents.

- Religion or Belief
  There are no official Bristol records for CYP's Religion or Belief, however Bristol City Council predict that in Bristol there are at least 45 religions represented in Bristol.

- Sex

  In 2004 the Office of National Statistics conducted a survey of 7977 parents of 5-16 year olds living in England, Scotland and Wales, which found that 1 in 10 children and young people aged 5-16 years had a diagnosable mental health disorder. There were marked gender differences by condition and generally the prevalence of difficulties increases with age. In 5-10 year olds 10% boys and 5% girls had a mental health disorder compared to 13% boys and 10% girls aged 11-16 years. The most common problems were conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum conditions. These conditions are not mutually exclusive as one in five children with a disorder was estimated to have more than one condition. The most common combinations were conduct with either emotional disorder or hyperkinetic disorder (0.7 per cent in each case).

  The Children and Maternal (ChiMat) Health Intelligence Network have applied these national prevalence estimates to Bristol's estimated population of 5-16 year olds in 2014 indicates that ~5,400 children and young people have some level of emotional ill health likely to require support from trained workers (Table 4).

Table 4: Estimated number of children in Bristol with mental health disorders, 2014

Condition	5 to 10 year olds			11 to 16 year olds			All children (5-16 yrs)		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Conduct disorders [a]	1100	445	1545	1080	675	1755	2180	1120	**3300**
Emotional disorders [b]	335	390	725	595	780	1375	930	1170	**2100**
Hyperkinetic disorders	460	80	540	325	55	380	785	135	**920**
Autistic spectrum conditions, tics, eating disorders, mutism	340	95	435	225	105	330	565	200	**765**
Any mental health problem	1600	790	2390	1685	1320	3005	3285	2110	**5395**

Source: 2014 ONS Mid-year population estimates for Bristol applied to ONS report; Mental health of children and young people in Great Britain, 2004.

Notes: [a] Conduct disorders are characterised by awkward, troublesome, aggressive and antisocial behaviours. [b] Emotional disorder includes depression, anxiety and obsessions. Factors associated with having an emotional disorder included living in a stepfamily, having parents with no educational qualifications and having poorer physical health. 27% may have another clinically recognisable mental disorder

- Sexual Orientation
  Bristol City Council estimate the local population of LGB (Lesbian, Gay, and Bisexual) is 5 - 7%, there are no official Bristol records for the transgender community.

  There are also no official figures to demonstrate the number of LGB&T (Lesbian, Gay, Bisexual and Transgender) CYP in Bristol.

What consultation and engagement activities have already been undertaken regarding this policy or practice?

An extensive amount of consultation and engagement has been undertaken in the Recommissioning of CCHS, we used this to inform our first *Bristol Emotional Health & Wellbeing Transformation Plan*[4]. We have also engaged with a variety or stakeholders, including the Youth Council, through our stakeholder surveys and a workshop.

State the key outcomes of the consultation and engagement

Through the consultation undertaken in the recommissioning of CCHS, CYP stated that they wanted community health services that:

1. Are easy to use, work well with other services, and are flexible to fit my needs (regardless of my health condition).
2. Give me a choice on where to use the service they provide.
3. Support me (and my family) to be independent, resilient and to have a high quality of life.
4. Support me (and my family) by being well-organised, involve me in decisions about my care, and treat me like an individual.
5. Do not treat me different to anyone else because of my race, disability, gender, age, sexual orientation, religion, or how much money my family has.
6. Help me to have good mental health and stay well.
7. Are high quality and safe. All the people who look after me are well educated and trained.
8. Are joined up with education, social care and adult services, voluntary organisations and others. This means my care is well planned and coordinated to suit my needs.

[4] https://www.bristolccg.nhs.uk/media/medialibrary/2015/12/emotional_health_welbeing_transformation_cyp.pdf

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9. Support me if I move from children's services to adult services.

10. Do everything they can to give me a positive experience of care and support.

11. See me as soon as they are able (tell me how long I may need to wait) and my appointments are always in a safe and welcoming place.

12. Make me feel comfortable because they know how to talk and listen to people my age.

13. Work with other organisations and care about the way lots of things – not just health services – affect my life

14. Give me and my family the information we need in a way we can understand.

15. Are open and honest with me and my family. We always feel involved and informed about the care I receive.

16. Understand the needs and role of young carers and how to support them.

What further consultation is planned to inform this impact assessment?

Further to the workshop we are planning to have a *Bristol Emotional Health and Wellbeing Transformation Working Group*. This group's purpose will be to develop stronger integration with health, social care and other organisations and to explore opportunities to improve CYP EHWB, over the course of the five year programme. This includes exploring ways we can ensure inclusion for those who possess some or all of the nine protected characteristics.

We also plan to consult further with CYP in the future.

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STEP 4: ANALYSING EQUALITY INFORMATION

Overall we believe that the EHWB Transformation Programme will positively benefit all those with a protected characteristic as our primary goal is to transform services for CYP EHWB to ensure that every child, everywhere, receives the right support, as early as possible. To do this we will use the consultation feedback already acquired from the CCHS recommissioning and build on this. So far we have sent out a survey to key stakeholders who we need to jointly work with to improve these services. We have also engaged with the Youth Council and other groups of CYP.

The potentially negative implication is that we need to ensure we engage with all those who represent the nine protected characteristics and this might be hard to do, as we do not hold local information for all of the characteristics. This Equality Impact Assessment highlights that we need to take this into consideration when planning engagement work with CYP.

Although we believe that the EHWB Transformation Programme will positively benefit all those with a protected characteristic we need to ensure we do not indirectly discriminate against anyone when planning engagement work with CYP and pay attention to the following section in the Equality Act 2010:

S149 (3) of the Act states that having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

How does the policy or practice help to deliver the organisation's wider business objectives?

The programme helps to deliver the following principles in the NHS Constitution[5].

- The NHS provides a comprehensive service, available to all
- The patient will be at the heart of everything the NHS does

[5] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

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- The NHS works across organisational boundaries

This plan also aligns with the following priorities defined within the NHS Outcomes Framework 2016/17[6]:

Domain 4: Ensuring that people have a positive experience of care
Improving experience of healthcare for people with mental illness *4.7 Patient experience of community mental health services* **Improving children and young people's experience of healthcare** *4.8 Children and young people's experience of inpatient services* **Improving people's experience of integrated care** *4.9 People's experience of integrated care*

What steps will you take in response to the findings of your impact assessment?

1. **No major change** – Your impact assessment demonstrates that the policy or practice is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.
2. **Adjust the policy or practice** – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.
3. **Continue the policy or practice** – This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate.
4. **Stop and remove the policy or practice** – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy or practice altogether. If a policy or practice shows unlawful discrimination it *must* be removed or changed.

How will you review the actual effects of the policy or practice after implementation?

The programme is reviewed bi-monthly through progress reports to the Children and Maternity Steering Group and the plan is refreshed yearly.

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf

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Appendix 1: Action Plan

Recommendation	Key activity	Progress milestones	Officer Responsible	Progress made
Explore opportunities to engage with CYP who represent the protected characteristics which we hold no local information for (gender reassignment, marriage and civil partnership, religion and belief, sexual orientation)	Research using the internet and key contacts	In the next six months have completed research and a report stating the finding	Alex Layard	
Ensure that staff do not indirectly discriminate CYP	Write this into service specifications		Alex Layard	
Ensure we engage with the BME community	Target BME groups when consulting with CYP		Alex Layard	

This action plan should be reviewed after 6 months and at appropriate intervals thereafter.

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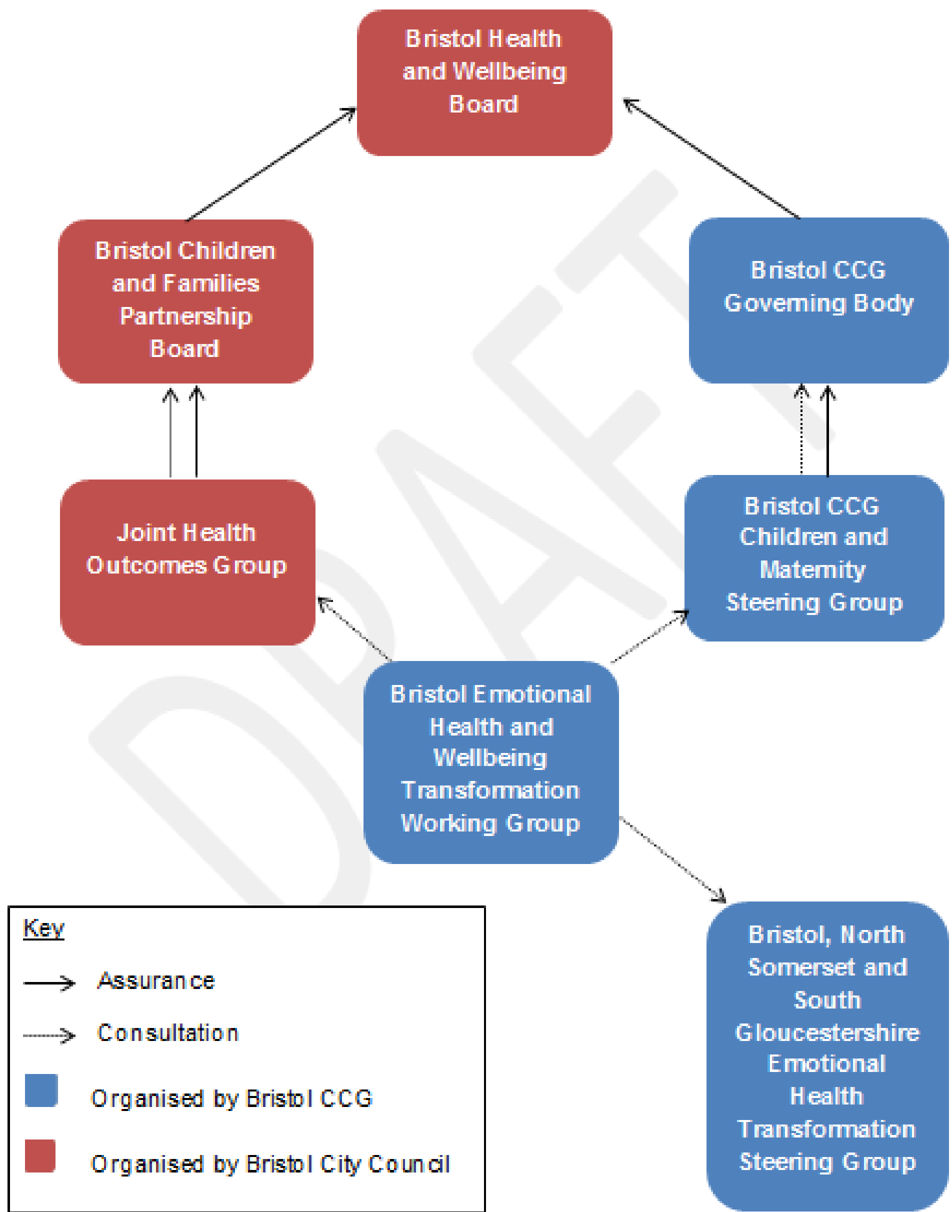
Appendix 2: Bristol EHWB Transformation Programme governance structure



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