

EQUALITY IMPACT ASSESSMENT - TRAFFORD COUNCIL

A. Summary Details		
1	Title of EIA:	Tier 2 Child & Adolescent Mental Health Service (CAMHS)
2	Person responsible for the assessment:	Jill Colbert, Head of Service, Commissioning
3	Contact details:	jill.colbert@trafford.gov.uk Tel: 0161 912 1386 or 07760 167 532
4	Section & Directorate:	Integrated Commissioning Unit (ICU), Children, Families and Well-Being (CFW)
5	Name and roles of other officers involved in the EIA, if applicable:	Andy Howard, Commissioning Manager

B. Policy or Function		
1	Is this EIA for a policy or function?	Function
2	Is this EIA for a new or existing policy or function?	Existing Change to an existing function

3	What is the main purpose of the policy/function?	<p>The function of the service is to provide a targeted tier 2 mental health service for looked after children (LAC) (who are at increased risk of developing mental health problems) that are the responsibility of Trafford Council.</p> <p>The proposal is to reduce the Council funding to the service from £252k in 14/15 to £126k in 15/16.</p> <p>The expectation is that the service will redesign and prioritise aspects of its tier 2 provision in order to continue to provide essential services to meet the needs of Trafford LAC. Some of the current services will reduce in their breadth and scope.</p> <p>LAC with an urgent mental health need will continue to access the specialist CAMHS tier 3 provision.</p> <p>CAMHS services are generally conceptualised as a 4 tier model as per below.</p>
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		<p>Tier 4 Severe/highly complex mental health needs Highly Specialist Services In-patient</p> <p>Tier 3 Moderate to severe mental health needs Specialist Services Specialist CAMHS</p> <p>Tier 2 Children vulnerable to mental health difficulties Targeted Services in education, social care and health CAMHS Tier 2 work liaison/joint working with targeted and universal services</p> <p>Tier 1 All children Schools, GPs, health visitors, Children's Centres Universal Services</p>
4	<p>Is the policy/function associated with any other policies of the Authority?</p>	<p>Promoting positive emotional well-being for LAC is a priority for the Council, and the Councils' performance in ensuring LAC have their emotional needs met, is nationally measured and reported annually. It is also interrogated as part of the Ofsted safeguarding inspection.</p> <p>Trafford Council believes that the needs of LAC are best met if all departments within the council work collectively and in a coordinated way to meet the needs of children in care and care leavers. This approach is commonly understood as corporate parenting.</p>

		<p>The Council has a statutory duty enshrined in the Children Act 2004 to act as a 'corporate parent' for LAC for whom it has parenting responsibility conferred by law.</p> <p>In order to ensure that there is collective ownership of outcomes for LAC Trafford Council has a Corporate Parenting Board which is chaired by an elected member and whose membership includes directors from each of the council's departments.</p> <p>http://www.trafford.gov.uk/residents/children-and-families/children-in-care/corporate-parenting-approach.aspx</p>
5	Do any written procedures exist to enable delivery of this policy/function?	<p>Yes there is a service specification for the full CAMHS, which includes this LAC element.</p> <p>The LAC CAMHS has its own policies and procedures as part of the wider CAMHS service.</p>
6	Are there elements of common practice not clearly defined within the written procedures? If yes, please state.	No, it is covered by the specification.
7	Who are the main stakeholders of the policy? How are they expected to benefit?	<p>Trafford Council, Pennine Care, Trafford LAC, and those who look after them including foster carers, residential children's homes providers and friends and family carers.</p> <p>The Council is expected to benefit through the saving of £126k recurrent from 15/16.</p> <p>Service users could benefit by receiving a clearer offer of LAC CAMHS provision at tier 2 and generic CAMHS at tier 3.</p>

		There is no benefit anticipated for the other stakeholders.
8	How will the policy/function (or change/improvement), be implemented?	<p>Half of the recurrent funding (£126k) will not be provided from April 2015 onwards.</p> <p>Discussions have commenced with the service about the best ways to implement this change, and will continue on-going into 2015/16. The changes will be clearly communicated to all stakeholders in particular those using the service.</p> <p>The wider service is subject to a transformational review process which will take account of the reduced financial envelope whilst trying to ensure looked after children get a premium service from CAMHS.</p>
9	What factors could contribute or detract from achieving these outcomes for service users?	The application of additional internal saving targets imposed by Pennine Care could detract from developing a sustainable offer; human resource issues within the service; effective communication of the changes; involvement of service users and their carers (in the full CAMHS review); and overall accessibility to the service could reduce due to longer waiting times at tiers 2 and 3.
10	Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, please state?	<p>The proposed change is that of Trafford Council, who commission this service through the multi-lateral NHS standard contract co-ordinated by NHS Trafford Clinical Commissioning Group (CCG).</p> <p>NHS Trafford CCG (as lead commissioner) is aware of this proposal. They support the transformational review of the full Trafford CAMHS from January 2015.</p>

C. Data Collection

1 What monitoring data do you have on the number of people (from different equality groups) who are using or are potentially impacted upon by your policy/function?

Children In Care Summary of All Current Care Provisions – weekly report, latest of 19/12/14. Total LAC being 340 - this is split by gender, age, ethnicity and disability as per details below.

Children In Care Summary - Total number of children in care: 340 F Female M Male

CiC Personal Details

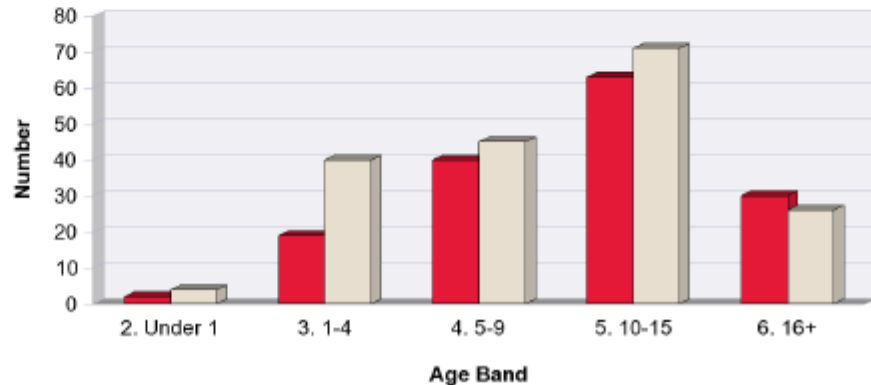
Child Gender

Gender	Total
Female	154
Male	186
Total	340



Age Range

	Female	Male	Total
2. Under 1	2	4	6
3. 1-4	19	40	59
4. 5-9	40	45	85
5. 10-15	63	71	134
6. 16+	30	26	56
Sum:	154	186	340



Ethnicity

	Female	Male	Total	%
A1 - White British	118	144	262	77.06%
A3 - Any other White background	1	3	4	1.18%
A4 - Traveller of Irish Heritage	2	2	4	1.18%
B1 - White and Black Caribbean	11	10	21	6.18%
B2 - White and Black African	1		1	0.29%
B3 - White and Asian	3		3	0.88%
B4 - Any other mixed background	3	9	12	3.53%
C1 - Indian	1	2	3	0.88%
C2 - Pakistani	1	1	2	0.59%
C4 - Any other Asian background	1	2	3	0.88%
D1 - Caribbean	6	3	9	2.65%
D2 - African	2	5	7	2.06%
D3 - Any other Black background	4	5	9	2.65%
Total	154	186	340	

	2) < 1	3) 1 - 4	4) 5 - 9	5) 10 - 15	6) 16 +	Total
A1	4	45	63	105	45	262
A3		1		3		4
A4				4		4
B1	1	4	8	5	3	21
B2			1			1
B3		2	1			3
B4		3	5	3	1	12
C1			1	1	1	3
C2				1	1	2
C4		1			2	3
D1			2	5	2	9
D2	1	1	2	2	1	7
D3		2	2	5		9
Total	6	59	85	134	56	340

Disability

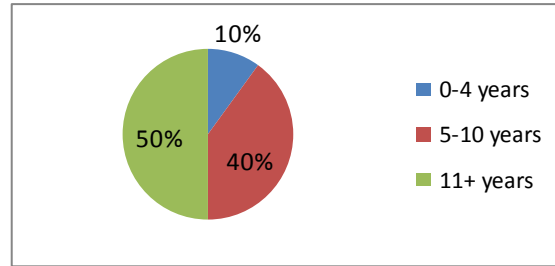
Is Disabled?	Total
No	316
Yes	24
Sum:	340

Nature of Disability	Total
Behaviour	3
Cerebral Palsy	2
Consciousness	1
Diagnosed with Autism or Asperger's syndrome	10
Disabled under DDA but not in the other categories	2
Hearing	1
Learning	10
Vision	2
Total	31

Disability Severity	Total
2 - Moderate	9
3 - Severe	9
4 - Profound	1
Not Recorded	9
Total	28

CAMHS LAC annual report 2013/14. Total LAC being 201 open to the team during the course of the year (25% increase on 2012/13) - data split by gender, age and ethnicity as per below.

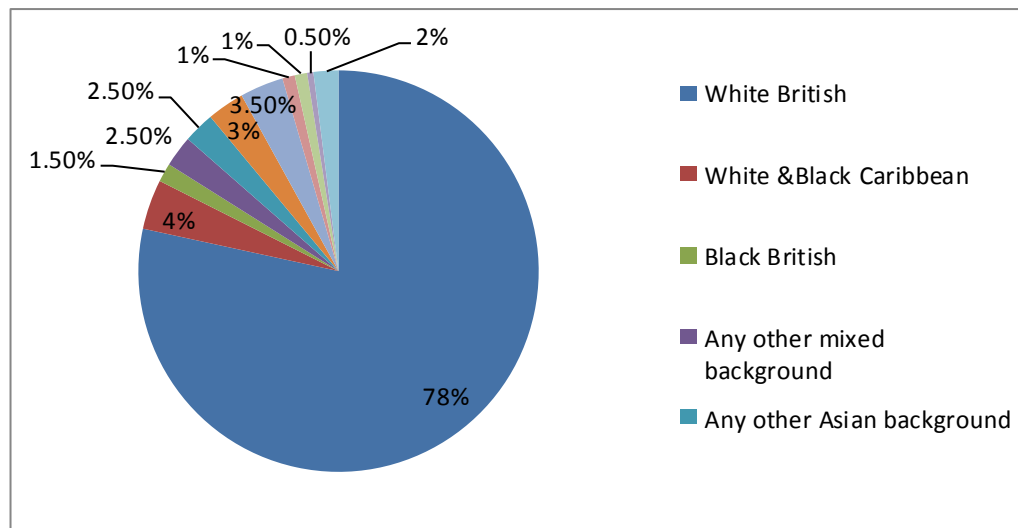
Age



Mean age of children was 10 years old. There was an increase of 6% (compared to 2012/13) within the 5-10 years age group.

Gender 51% male and 49% female.

Ethnicity



		<p>Other key documents relevant to this service provision include:</p> <ul style="list-style-type: none"> • CAMHS business delivery plan 2014/15; • Safeguarding report November 2014; and • Trafford CCG Pennine Care contract 14/15 performance reports monthly.
2	<p>Please specify monitoring information you have available and attach relevant information*</p>	<p>Equality data is outlined in the attached reports as referenced in section 1 above.</p> <p>Safeguarding report November 2014. There has been a gradual increase in the number of LAC in the last two years. April 2013 – 295: November 2014 – 338.</p> <p>Trafford CCG Pennine Care contract 14/15 performance reports monthly. Within this there is a key performance indicator that is reported on a quarterly basis. <i>All referrals of LAC scoring 18 points or more on SDQ are dealt with appropriately by a CAMHS worker.</i> For quarters 1 and 2 this has been reported at 100%.</p>
3	<p>If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data?</p>	<p>Not applicable</p>

**Your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service*

D. Consultation & Involvement		
1	Are you using information from any previous consultations and/or local/national consultations, research or practical guidance that will assist you in completing this EIA?	No
2	Please list any consultations planned, methods used and groups you plan to target. (If applicable)	None specifically for this however there will be engagement activity as part of the full CAMHS transformational review.
3	**What barriers, if any, exist to effective consultation with these groups and how will you overcome them?	Not applicable

***It is important to consider all available information that could help determine whether the policy/ function could have any potential adverse impact. Please attach examples of available research and consultation reports*

E: The Impact – Identify the potential impact of the policy/function on different equality target groups

The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will also need to assess whether that negative potential impact is high, medium or low

	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Gender – both men and women, and transgender;		Low		A greater proportion of young men are looked after than young women (55%), which could result in a greater negative impact for boys and men
Pregnant women & women on maternity leave				
Gender Reassignment				
Marriage & Civil Partnership				
Race - include race, nationality & ethnicity (NB: the experiences may be different for different groups)		Low		22% of service users are not White British which is higher than the Trafford population as a whole (19.6%)
Disability – physical, sensory & mental impairments		Low		7% of LAC are considered to have a disability which is higher than the Trafford estimated (3% - 5.4%)
Age Group - specify eg; older, younger etc)		Low		Service is for those aged under 18 with 50% being 11-17

				inclusive
Sexual Orientation – Heterosexual, Lesbian, Gay Men, Bisexual people				Data not available or no current indication of disadvantage
Religious/Faith groups (specify)				Data not available or no current indication of disadvantage

As a result of completing the above what is the potential negative impact of your policy?

Low

F. Could you minimise or remove any negative potential impact? If yes, explain how.		
Race:		The full CAMHS review will consider the needs of all equality target groups including those within the LAC population
Gender, including pregnancy & maternity, gender reassignment, marriage & civil partnership		As above
Disability:		The full CAMHS review will consider the needs of all equality target groups including those within the LAC population
Age:		The full CAMHS review will consider the needs of all equality target groups including those within the LAC population
Sexual Orientation:		N/A
Religious/Faith groups:		N/A
Also consider the following:		
1	If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for a particular equality group or for another	No

	legitimate reason?	
2	Could the policy have an adverse impact on relations between different groups?	No
3	If there is no evidence that the policy <i>promotes</i> equal opportunity, could it be adapted so that it does? If yes, how?	No

G. EIA Action Plan

Recommendation	Key activity	When	Officer Responsible	Links to other Plans eg; Sustainable Community Strategy, Corporate Plan, Business Plan,	Progress milestones	Progress
Monitor implementation of the change	Identify the best ways to implement this change Communicate to all stakeholders Implement the agreed actions	On-going	Ken McDonald (CAMHS HoS) Jill Colbert & Andy Howard	N/A	To be confirmed	

Link this proposed change to the full CAMHS transformational review	Align and make connections	On-going	Jill Colbert & Andy Howard	CCG 5 year strategic plan	Outlined in full project plan	
Ensure that the full CAMHS review considers the needs of all equality target groups including those within the LAC population	Align and make connections	On-going	Jill Colbert & Andy Howard	As above	As above	
Ensure that LAC and their carers are included in the engagement activity as part of the full CAMHS review	Align and make connections	On-going	Jill Colbert & Andy Howard	As above	As above	

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Signed *Andy Howard*
Lead Officer Andy Howard
Date 12/1/15

Signed 
Service Head Jill Colbert
Date 12/1/15