

APPENDIX A – EQUALITIES ANALYSIS ASSESSMENT FOR LEWISHAM CAMHS SAVINGS PROPOSALS

EQUALITY ANALYSIS ASSESSMENT (EAA)	
Name of Proposal	<ul style="list-style-type: none"> Review of Lewisham CAMHS
Lead Officer	<ul style="list-style-type: none"> Rosalind Jeffrey (CYP Commissioning Change Lead) Caroline Hirst (CYP Joint Commissioner – Mental Health)
Other Stakeholders	<ul style="list-style-type: none"> Lewisham CAMHS NHS Lewisham Clinical Commissioning Group (CCG)
Start Date Of EAA	<ul style="list-style-type: none"> June 2016
End Date Of EAA	<ul style="list-style-type: none"> September 2016
Step 1: Identify Why You Are Undertaking An Equality Analysis Assessment	
<p>Savings proposals for child and adolescent mental health services (CAMHS) in Lewisham totalling £244k over three years (2017/18 to 2019/20) are due to be presented to Mayor & Cabinet in September 2016. Given that these proposals will involve changes to the delivery of the service, it is necessary to undertake an Equality Analysis Assessment (EAA). This assessment will consider the effect of the proposed changes, analyse whether they are likely to have a positive, neutral or negative impact on different protected characteristics within the local community and identify mitigating actions to address any disproportionately negative impacts.</p>	
Step 2: Identify The Changes To Your Service	
<p>CAMHS in Lewisham is divided into specialist community and tertiary inpatient/outpatient services. The specialist community service is delivered by eight teams, but the savings proposals focus on those teams providing generic support to young people and dedicated support to looked after children:</p> <ul style="list-style-type: none"> <i>West Clinic Team/East Clinic Team</i> – generic teams covering the whole borough which support young people up to the age of 18 who have significant mental health problems (providing a 'front door' for the wider CAMHS service) <i>Symbol Team</i> – supporting young people up to the age of 21 who have been in care or will remain in care for the foreseeable future <i>Virtual School for CAMHS</i> – the Lewisham Virtual School (LVS) has collaborated with CAMHS to design an integrated mental health outreach service to support Lewisham looked after children to improve their readiness to learn <p>There are two specific proposals:</p> <ul style="list-style-type: none"> Proposal 1 – Improve the access pathway for child and adolescent mental health services (£194k) <ul style="list-style-type: none"> <i>Phase 1 (2017/18)</i> – enable greater alignment of the two generic teams by merging operational management & integrating the crisis care team within the generic function to provide additional capacity for emergency/urgent presentations <i>Phase 2 (2018/19 to 2019/20)</i> – implement the Choice & Partnership Approach (CAPA) across the service in order to improve the flow of cases, reduce the overall treatment time and increase the speed from referral to treatment <i>Wider redesign activity</i> – further enhance the access pathway for children and 	

young people by developing a blended online/face-to-face triage and clinical support model & delivering CAMHS outreach support in the community

- **Proposal 2 – Further integration of mental health services for looked after children (£50k)**
 - Integrate the mental health outreach service delivered by the Virtual School for CAMHS with the SYMBOL service, blending outreach and clinic-based support within a graduated model

Step 3: Assessment Of Data And Research

As part of the EAA process, a scoping exercise was undertaken to capture the initial assessment of the impact that the proposed changes to the CAMHS service may potentially have on the eight relevant protected characteristics. The outcome is summarised on the grid below:

PROTECTED CHARACTERISTIC	PROPOSAL 1			PROPOSAL 2		
	High Impact	Medium Impact	Low Impact	High Impact	Medium Impact	Low Impact
Disability	X			X		
Age	X			X		
Gender		X			X	
Ethnicity		X			X	
Sexual Orientation			X			X
Religion Or Belief			X			X
Gender Reassignment			X			X
Pregnancy & Maternity			X			X
Marriage & Civil Partnerships			X			X

From this scoping exercise, it is possible to observe that the protected characteristics most likely to be disproportionately affected by the savings proposals are disability and age, plus gender and ethnicity to a lesser extent. Local and national data (including the 2011 Census and information from the Office of National Statistics) for these protected characteristics has been analysed below:

Disability

- 10% of school age children in Lewisham suffer from a diagnosable mental health illness, which is in line with the national average¹. The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders (ASD)²
- Approximately 2% of young people in Lewisham are currently on the CAMHS caseload – in 2015/16, there were 1,314 referrals to CAMHS (of which 822 or 62.6% were accepted)
- Looked after children (LAC) are a particularly vulnerable cohort – in Lewisham, 77 children in every 10,000 are looked after (compared to 60 nationally and 55 in London). 46% of

¹ However, a recent survey by Healthwatch Bromley and Lewisham suggests that the prevalence of mental health problems in those aged 5-15 years is about 15% (50% higher than the national average)

² Lewisham Child & Teenage Health Profile 2015

them have a clinically diagnosable mental health problem (whilst 72% have behavioural or emotional problems)³

Age

- Lewisham has a younger age profile than the national average, with 24% of residents aged 0-19 (approximately 67,000). Between 2004 and 2014, the number of young people aged 0-4 increased by 27%
- Over half of all mental health problems (excluding dementia) are established by the age of fourteen and 75% by the age of 18-20. The life chances of these individuals are significantly reduced in terms of their physical health, their educational and work prospects and their chances of committing a crime⁴
- However, 70% of children and adolescents who experience mental ill health have not had appropriate interventions at a sufficiently early age⁵
- 62% of referrals received by CAMHS between January and March 2016 were for children aged 12 or above. Young people in Lewisham using Kooth.com (which provides confidential online counselling and 24/7 peer support) were typically aged 16/17

Gender

- In England as a whole, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders⁶
- The number of referrals received by CAMHS for males between January and March 2016 was slightly higher than for females (50.7% versus 49.3%). However, a higher proportion of females (57%) were referred to the two generic teams whilst only one in five young people registering for Kooth.com over a similar period were male

Ethnicity

- Whilst 47% of residents are from a black and minority ethnic background, this rises to 74% for the school-age population. There are 170 languages spoken by pupils (with 33% having English as a second language) and a wide range of religions represented
- In general, people from black and minority ethnic groups living in the UK are more likely to be diagnosed with mental health problems, more likely to experience a poor outcome from treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and deterioration in their mental health⁷
- Although CAMHS do not currently disaggregate referral data by ethnicity, 62% of young people registering for Kooth.com between April and June 2016 were from a black and minority ethnic background

Socio-Economic Factors

There are a number of risk factors which increase young people's vulnerability to mental health problems. Although these risk factors alone do not cause mental health problems, the more factors a child is exposed to, the greater the risk of poor outcomes⁸:

- *Poverty* – the 2015 Index of Multiple Deprivation ranked Lewisham 48th out of 326 local authorities, meaning it is amongst the 20% most deprived in England. Approximately one in three children live in poverty whilst 25% are entitled to free school meals and nearly four in ten are pupil premium recipients
- *Employment* – 25.1% of children in the borough live in jobless households (compared with

³ The Health Of Lewisham Children & Young People – The Annual Report Of The Director Of Public Health For Lewisham (2015)

⁴ 'Future In Mind', NHS England (2015)

⁵ The Children's Society (2008)

⁶ Mental Health Foundation (www.mentalhealth.org.uk)

⁷ Mental Health Foundation (www.mentalhealth.org.uk)

⁸ Data from Lewisham's Mental Health & Emotional Wellbeing Strategy

18.2% nationally). The youth unemployment rate (16-24) is 36.1%, significantly higher than the London (22.6%) and national (19.3%) rates

- *Housing* – 4.7 in every 1,000 households in Lewisham are homeless households with dependent children or pregnant women (compared to 3.6 in London and 1.7 nationally)
- *Parents with mental health and/or substance misuse issues* – 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In 2014/15 the Lewisham Perinatal Mental Health Service saw a 9% increase in the number of referrals, when compared to 2013/14
- *Exposure to trauma* – Lewisham has one of the highest rates of domestic violence with 555 children identified as being exposed to high risk domestic violence in the home in 2013-2014, and up to a third of all children in the borough exposed to any domestic violence in any one year
- *Lone parent households* – Lewisham has a high proportion of lone parent households (12%) compared to (9%) London and (7%) England
- *Referrals to social care* – the number of referrals to children's social care has risen 15% in the last year. The service now receives over 2000 contacts per month and there are 375 children who are subject to a child protection plan which is 27% higher than the national average

Step 4: Consultation

In 2014, extensive consultation focusing on mental health and well-being was undertaken with a wide cross section of stakeholders (including young people, parents/carers and professionals) as part of Lewisham's Mental Health & Emotional Wellbeing Strategy and the wider HeadStart programme. The key issues identified from this consultation were:

- The transition between primary and secondary school as a time of emotional difficulty
- Peer support for parents/carers
- Training/supporting frontline workers
- The varying provision of counselling support
- Bullying (including cyber)
- School and peer pressures
- A lack of a good source of local information and resources
- The need for resilience programmes in schools as part of PSHE

Young people also highlighted that there was a general lack of education about mental health, both amongst young people specifically and people generally.

This feedback directly informed the development of the CAMHS savings proposals. Officers also worked closely with CAMHS staff and managers to refine the proposals as well as ensure that their potential impact on the service and its users were fully understood.

In addition, young people are engaged on a regular basis in the planning and designing of services via the Young Mayor and Advisors. Recent examples include co-production of an online resource kit and the youth-led commissioning framework where young people have developed a specification and commissioned activity in schools to support children's well-being. Officers intend to utilise this approach during the detailed design and implementation of the proposals.

Step 5: Impact Assessment

This Equality Analysis Assessment has been undertaken to ensure that, in implementing the savings proposals for the CAMHS service, the Council has met its responsibilities under the Equality Act 2010, specifically:

- To eliminate unlawful discrimination, harassment and victimisation.
- To advance equality of opportunity between people from different groups.
- To foster good relations between people from different groups.

The assessment of the likely impact of the two proposals on the nine protected characteristics identified in the Equality Act 2010 has been based on an analysis of available data (both direct and indirect), research and findings from consultation activity.

Assessment – Proposal 1

As outlined in the main report, this proposal will create a more coherent and consistent pathway for children and young people accessing mental health services, ensuring that there is better integration between community provision and CAMHS clinical services. In particular, the online element of the triage model (combined with other existing platforms, such as Work It Out Lewisham) will offer improved access to local information and resources, which was highlighted as an issue by young people during consultation activity.

Although there will be a reduction in clinical staff within the two generic teams as a result of the savings delivered in phase 2 (£150k), this will not have a negative impact on users as the CAPA approach (together with improvements to the access pathway and integration of the crisis care team) will enable the service to manage demand and capacity more effectively and respond flexibly to clinical pressures.

However, the analysis of data and research suggests that males, those aged under 13 and those from a black or minority ethnic background may be disproportionately less likely to access support from mental health services (including Kooth.com). In designing and implementing the new access pathway, it will be necessary to ensure that any unmet needs with these groups are identified and appropriate engagement mechanisms are in place.

Assessment – Proposal 2

The analysis of data and research reveals that looked after children are far more likely to suffer from a diagnosable mental health illness than young people as a whole (46% versus 10-15%). In addition, the SYMBOL service has high 'did not attend' (DNA) rates for those looked after children offered appointments, anecdotally due to the potential stigma of accessing clinical services. The proposed model (which blends outreach and clinical support) will increase the speed of response for the most vulnerable children and young people whilst ensuring that opportunities to see them in the most appropriate environment are maximised.

Concerns have been raised that the proposed model will be less efficient as fewer children and young people can be seen via an outreach approach. However, the outreach approach is not intended to simply replicate clinic-based appointments in a local setting, but to provide more tailored support through a number of different routes, including more collaborative working with other services (such as schools & community organisations) and alternative ways of engaging children and young people (e.g. online provision).

Overall Assessment

Although part of the wider savings agenda, these proposals should be regarded as an opportunity for positive change, enabling the Council to reshape part of the current CAMHS service in order to deliver a more integrated, streamlined clinical function and refocus resources from crisis intervention to prevention, with resilient practice embedded in community settings

Step 6: Decision/Result

The analysis of relevant data, research and consultation results has determined that the savings proposals for CAMHS do not discriminate or have an adverse impact on any protected characteristics within the local community. As a result, no major amendments are required.

However, this decision will be reviewed regularly over the three year implementation period to ensure that equalities issues continue to be positively reflected in the delivery of mental health services for children and young people in Lewisham.

Step 7: Equality Analysis Action Plan

This plan (see below) has been developed to provide a clear framework for any mitigating actions identified in the above assessment. It will be reviewed every quarter to track progress, with an evaluation of the changes being undertaken annually to measure whether they have had their intended effect/outcomes.

Step 8: Sign Off

As part of the report process for Mayor & Cabinet, this EAA will be reviewed and signed-off by the Head of Targeted Services & Joint Commissioning and the Executive Director for Children & Young People.

Equalities Analysis Action Plan				
Issue	Actions To Be Taken	Lead Officer	Timescale For Implementation	Timescale For Completion
Insufficient data collected by CAMHS about the equalities profile of service users (e.g. ethnicity)	<ul style="list-style-type: none"> Ensure that equalities data for all relevant protected characteristics is collected and regularly analysed 	Caroline Hirst	1 April 2017	Ongoing
Particular groups (e.g. males, those from a black or minority ethnic background) may be less likely to access support	<ul style="list-style-type: none"> Ensure that equalities data is used to target any outreach or engagement work for particular groups (by CAMHS and other service providers) 	Caroline Hirst	1 April 2017	Ongoing

