

Equalities and Health Inequalities – Full Analysis Form

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To be read in conjunction with the Equalities and Health Inequalities Analysis Guidance, Equality and Health Inequalities Unit, NHS England, July 2016

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Classification: OFFICIAL

PART A: General Information
1. Title of project, programme or work:
Mental Health Service Review, Child and Adolescent Mental Health Services (CAMHS): General Children's Services Specification, Engagement Process
2. What are the intended outcomes?
<p>The outcome of the consultation and engagement process is to ensure that the service specification:</p> <ol style="list-style-type: none"> 1. Clearly describes the service to be provided 2. Includes all relevant service information 3. Identifies that the specification represents part of a whole patient pathway 4. Sets appropriate comprehensive quality outcomes 5. Clearly describes the response times and service standards 6. Takes account of and considers any relevant equalities and health inequalities issues and actions needed.
3. Who will be affected by this project, programme or work? Please summarise in a few sentences which of the groups below are very likely to be affected by this work.
<p>Patients/Service Users, families and carers as users of the service covered by the National Service Specification</p> <p>Staff who are required to deliver the specification within provider Children's Services inpatient units or deliver outreach provision in the community</p>
4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work?
<p>The service specification covers children with mental disorders and/or neurodevelopmental disorders including learning disability and autism up to their 13th birthday.</p>
PART B: Equalities Groups and Health Inequalities Groups
5. Impact of this work for the equality groups listed below.
<p>Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the following questions:</p> <p>a) Does the equality group face discrimination in this work area?</p>

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<p>b) Could the work tackle this discrimination and/or advance equality or good relations?</p> <p>c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?</p> <p>d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?</p> <p>e) If you cannot answer these questions what action will be taken and when?</p>
<p>5.1. Age</p> <p>The Service Specification relates to children aged to their 13th birthday. Service Specifications are in place for children aged 13 to 18 years old.</p>
<p>5.2. Disability -</p> <ul style="list-style-type: none"> Physical Disability - Specification include and reference appropriate standards that support ensuring services are accessible to children and young people with a physical disability. Learning Disability – the specification encompasses Learning Disability BSL Users – There is a separate service specification for children and young people who are deaf and most admissions would be to the nationally commissioned services.
<p>5.3. Gender reassignment</p> <p>Services treat mental health issues in children and young people irrespective of equality group</p>
<p>5.4. Marriage and civil partnership</p>
<p>5.5. Pregnancy and maternity</p>
<p>5.6. Race</p> <p>Services treat mental health issues in children and young people irrespective of equality group</p>
<p>5.7. Religion or belief</p> <p>Services treat mental health issues in children and young people irrespective of equality group</p>
<p>5.8. Sex or gender</p> <p>Services treat mental health issues in children and young people irrespective of equality group. The service specification includes specific standards to ensure services are sighted on and can accommodate the needs of children and young people who are in the process of considering their gender identity.</p>
<p>5.9. Sexual orientation</p> <p>Services treat mental health issues in children and young people irrespective of equality group</p>
<p>6. Implications of our work for the health inclusion groups listed below.</p>

Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below (Sections 6.1. To 6.12), and any others relevant to your work¹, please answer the following questions:

- f) Does the health inclusion group experience inequalities in access to healthcare?
- g) Does the health inclusion group experience inequalities in health outcomes?
- h) Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?
- i) Could the work assist or undermine compliance with the duties to reduce health inequalities?
- j) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
- k) As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 5.1 to 5.9. That is fine; please just say below if that is what you have done.
- l) If you cannot answer these questions what action will be taken and when?

6.1. Alcohol and / or drug misusers

Services treat mental health issues in children and young people irrespective of equality group

6.2. Asylum seekers and /or refugees

Services treat mental health issues in children and young people irrespective of equality group

6.3. Carers

6.4. Ex-service personnel / veterans

6.5. Those who have experienced Female Genital Mutilation (FGM)

Services treat mental health issues in children and young people irrespective of equality group

6.6. Gypsies, Roma and travellers

Services treat mental health issues in children and young people irrespective of equality group

6.7. Homeless people and rough sleepers

Services treat mental health issues in children and young people irrespective of equality group

6.8. Those who have experienced human trafficking or modern slavery

Services treat mental health issues in children and young people irrespective of equality group

6.9. Those living with mental health issues –

This is the focus of the service specification.

- **Does the health inclusion group experience inequalities in access to healthcare?**

Yes – Over recent years a lot of work has been undertaken to review and better

¹ Our guidance document explains the meaning of these terms if you are not familiar with the language.

understand the Child and Adolescent Mental Health Services (CAMHS) care pathway. The nationally commissioned Tier 4 CAMHS Review in 2014 identified significant challenges for children and young people accessing a range of Tier 4 specialised mental health services as close to home as possible. The review mapped the current capacity against local need and demand; it concluded there was insufficient capacity and established an immediate need to increase short term bed capacity for general Tier 4 CAMHS services. Specifically, this review has focused on the challenges for children and young people accessing a range of Tier 4 CAMHS specialised services and, importantly, what needs to change. The Tier 4 CAMHS Review Report (July 2014), Future in Mind (March 2015) and the CAMHS Service Review Report (December 2016) describe the outputs of this period of review and the recommendations for change. As a consequence, 5 new service specifications were published in February 2018 and the accelerated bed programme has opened 113 new beds during 2017/18.

- **Does the health inclusion group experience inequalities in health outcomes?**

Yes at times, due to difficulties in timely access to services and significant distances patient may be expected to travel as a result of the current geographical distribution of services and bed capacity.

- **Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?**

Yes - National service specifications that clearly describe the service and quality outcomes and are crucial for the provision of quality services. Specifications inform commissioning decisions and are included in provider contracts; they enable the ongoing monitoring of service delivery and adherence to standards and are used to hold providers to account for the quality of services provided.

Could the work assist or undermine compliance with the duties to reduce health inequalities?

This work assists compliance as national service specifications support the commissioning of quality services which are consistent across England so reducing the 'postcode lottery' effect. Specifications provide a mechanism for robustly monitoring provider compliance and are very clear in describing the service access and eligibility criteria ensuring that only those children and young people that require the service are admitted.

Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?

No

6.10. Sex workers

Services treat mental health issues in children and young people irrespective of equality group

6.11. Trans people or other members of the non-binary community

Services treat mental health issues in children and young people irrespective of equality group

6.12. The overlapping impact on different groups who face health inequalities

Services treat mental health issues in children and young people irrespective of

equality group		
7. Other groups that face health inequalities that we have identified.		
Have you have identified other groups that face inequalities in access to healthcare?		
No		
Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes?		
<p>Short explanatory notes - other groups that face health exclusion.</p> <p>As we research and gather more data, we learn more about which groups are facing health inequalities. If your work has identified more groups that face important health inequalities please answer questions 7 and 8. Please circle as appropriate.</p> <p>If you have not identified additional groups, that face health inequalities, just say not applicable or N/A in the box below.</p>		
Yes Complete section 8	No Go to section 9	N/A
8. Other groups that face health inequalities that we have identified.		
<p>Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities?</p> <p>Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact?</p> <p>Is the work going to help NHS England to comply with the duties to reduce health inequalities?</p> <p>If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.</p>		

PART C: Promoting integrated services and working with partners

Short explanatory notes: Integrated services and reducing health inequalities.

Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below.

9. Opportunities to reduce health inequalities through integrated services.

Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.

Yes Go to section 10	No Go to section 11	Do not know
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10. How can this work increase integrated services and reduce health inequalities?

Please explain below, in a few short sentences, how the work will encourage more integrated services that reduce health inequalities and which partners we will be working with.

The service specifications are very clear that they represent part of a whole patient pathway, the whole pathway journey is critical to the nature of the patient's experience of services as they progress through services. The recognition of whole pathways is driving increasingly collaborative approaches between different commissioning organisations. The specification clearly describes the expectation that inpatient services develop strong relationships through effective communication with local teams prior to admission, during and in planning for discharge/transition.

PART D: Engagement and involvement

11. Engagement and involvement activities already undertaken.

How were stakeholders, who could comment on equalities and health inequalities engaged, or involved with this work? For example in gathering evidence, commenting on evidence, commenting on proposals or in other ways? And what were the key outputs?

The specific pre-consultation and engagement activity included a stakeholder testing exercise which was undertaken for 3 weeks, completing on 19/4/2018. It consisted of a 'sense-check' for the proposed service specification and feedback against a specific set of questions. The key outputs from this process led to a number of changes to be made to the proposed service specifications, mostly around providing further clarity.

The proposed Children's Specification has also benefitted from changes agreed through the 90-day formal consultation conducted in 2017 on the 5 CAMHS service specifications subsequently published in February 2018, including the extensive

engagement piece undertaken by YoungMinds.
12. Which stakeholders and equalities and health inclusion groups were involved?
Young Minds, Care Quality Commission, Directors of Children's Services, NHS England Patient & Public Voice, Clinical Reference Group Chair and members, Clinical Networks, NHS E Quality Assurance Team, Public Health England, Regional Specialised Commissioners, Providers, NHS E Transforming Care Programme, Children, NHS E Children and Young People's Programme.
13. Key information from the engagement and involvement activities undertaken.
<p>Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?</p> <p>The specification has been updated following the Stakeholder Testing process. The key changes were as follows:</p> <ul style="list-style-type: none"> • General policy and reference updates e.g. Transforming Care and NICE guidelines • Providing additional clarity on service requirements
14. Stakeholders were not broadly supportive but we need to go ahead.
<p>If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?</p> <p>Stakeholders are supportive of this work</p>
15. Further engagement and involvement activities planned.
<p>Are further engagement and involvement activities planned? If so what is planned, when and why?</p> <p>Formal 60-day public consultation is planned to reach a much larger group of stakeholders. This will include both face to face engagement events with key stakeholders as well as WebEx meetings (virtual meetings) to ensure access for all members of the public.</p> <p>The engagement objectives are:</p> <p>a) to enable Children and Young People (CYP) who use Tier 4 CAMHS and their carers/families to participate in and comment on the development of CAMHS services and the related service specifications going forward</p>

- b) to ensure that engagement is appropriate to the audience and hears the voice of different groups who have a view and are impacted by proposed developments
- c) to ensure that NHS England feeds back the results of patient and public involvement
- d) to understand how children, young people and parents and carers would like to be involved in the future.
- e) to identify any issues in respect of equality/health inequalities and plan for how they can be addressed

This consultation period will be supported by 6 face to face engagement events in the 4 regions as follows:

Date	Region/ Hub	Target Audience
21/5/2018	East Midlands	stakeholders
4/6/2018	West Midlands	stakeholders
7/6/2018	East of England	stakeholders
12/6/2018	South	stakeholders
22/6/2018	London	stakeholders
5/7/2018	North	stakeholders

The consultation will be further supported by 2 WebEx events:-

Date	Region	Target Audience
4/7/2018	National	stakeholders
17/7/2018	National	stakeholders

To support the consultation, NHS England have commissioned YoungMinds to lead on the engagement phase with support from the NHS England Patient and Public Voice team and Mental Health Service Review team members as appropriate.

In 2017/18 YoungMinds led the design and delivery of the young people and parent/carer engagement for the 90-day public consultation for the 5 other CAMHS service specifications published in February 2018 (General Adolescent; Psychiatric Intensive Care; Low Secure, Medium Secure, Community Forensic CAMHS). This included enabling parents and carers and young people to share their views about the new service specifications through face-to-face workshops and online surveys. YoungMinds plan to build on this work with a new phase of engagement to enable harder to reach groups to be involved in reviewing the proposed Children's Services specification.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

All inpatient CAMHS services commissioned by NHS England are required to use the national service specifications and which are included in contracts. The contract monitoring and performance arrangements undertaken by the 4 regions are responsible for ensuring that the service requirements as described in the National CAMHS Service Specifications are adhered to by Providers. In addition, there are also other key processes that support the monitoring of service specifications including the national Provider Self Declaration process which includes key requirements from the service specifications. In addition all CAMHS Providers are required to be a member of the Quality Network For Inpatient CAMHS which undertakes an annual peer review process, again monitoring aspects of the service specifications.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

- National CAMHS Tier 4 Review July 2014
- Mental Health Task Force Report (February 2015)
- Building The Right Support (October 2015)
- Five Year Forward View For Mental Health – Implementation Plan (July 2016)
- CAMHS Local Transformation Plans
- New Care Models for Tertiary Services
- Nation Mental Health Service Review – CAMHS

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

Yes

No

Yes - As described above, difficulties in timely access to services and the current national geographical distribution of services and bed capacity can result in children and young people travelling significant distances to access a service.

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation.

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

A national Mental Health Service Review is underway, its key objectives are:

- Improved access to specialised mental health services across England
- Standardised approach to quality, safety and performance monitoring for these services
- Ensure inpatient beds are used where absolutely necessary and are part of a

<p>comprehensive pathway</p> <ul style="list-style-type: none"> • Create savings and enable these to be reinvested into the pathway • Alignment to national service specifications resulting in improved services • Reducing the number out of area placements • Improved patient experience and outcomes • Improved experiences for families and carers

PART F: Summary analysis and recommended action		
20. Contributing to the first PSED equality aim.		
Can this work contribute to eliminating discrimination, harassment or victimisation?		
Yes	No	Do not know
If yes please explain how, in a few short sentences		
Yes by delivering principles of Parity of Esteem and recommendations of Mental Health Task Force Report which are embedded in the key objectives of the Mental Health Service Review programme for CAMHS.		
21. Contributing to the second PSED equality aim.		
Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.		
Yes	No	Do not know
If yes please explain how, in a few short sentences		
Yes - the Mental Health Service Review Programme is underpinned by the principle of Parity of Esteem and the recommendations of the Mental Health Task Force Report This supports the opportunity for children and young people suffering from mental health issues to have equitable access to services when compared with those suffering from physical health issues.		
22. Contributing to the third PSED equality aim.		
Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.		
Yes	No	Do not know
If yes please explain how, in a few short sentences		
Yes – crucial is the requirement to consider whole pathways of care so encouraging and supporting the building of strong collaborative working relationships with other		

commissioning partners.		
23. Contributing to reducing inequalities in access to health services.		
Can this policy or piece of work contribute to reducing inequalities in access to health services?		
Yes	No	Do not know
If yes which groups should benefit and how and/or might any group lose out?		
Yes – Children and young people will benefit by improved access to high quality services – right place, right time, right quality. Not aware that any group will lose out.		
24. Contributing to reducing inequalities in health outcomes.		
Can this work contribute to reducing inequalities in health outcomes?		
Yes	No	Do not know
If yes which groups should benefit and how and/or might any group lose out?		
Yes - <ul style="list-style-type: none"> • Improving access to services and reducing delays • Reductions in the distance children and young people sometimes need to travel to access services. • Using national service specifications to commission and monitor the provision of high quality services, consistently across England. 		
25. Contributing to the PSED and reducing health inequalities.		
How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.		
Refer key objectives below in 26		
26. Agreed or recommended actions.		
What actions are proposed to address any key concerns identified in this Equality and Health Inequalities Analysis (EHIA) and / or to ensure that the work contributes to the reducing unlawful discrimination / acts, advancing equality of opportunity, fostering good relations and / or reducing health inequalities? Is there a need to review the EHI analysis at a later stage?		
Formal Mental Health Service Review for CAMHS underway which encompasses the following key objectives:- <ul style="list-style-type: none"> • Fairer access to specialised mental health services across England 		

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- Standardised approach to quality, safety and performance monitoring for these services
- Ensure inpatient beds are used where absolutely necessary and are part of a comprehensive pathway
- Create savings and enable these to be reinvested into the pathway
- Alignment to national service specifications resulting in improved services
- Reducing the number out of area placements
- Improved patient experience and outcomes
- Improved experiences for families and carers

Following the review process and including the consultation on the specification, there will be a further opportunity to reflect on and further update the EHI in light of any issues that are raised during that period.

[illegible]

PART G: Record keeping

27.1. Date draft circulated to E&HIU:	
27.1. Date draft EHIA completed:	
27.2: Date final EHIA produced:	
27.3. Date signed off by Director:	
27.4: Date EHIA published:	
27.5. Review date:	
28. Details of the person completing this EHIA	
Name	Post held
E-mail address	

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29: Name of the responsible Director		
Name	Directorate	
Cathy Edwards	Operations & Delivery Director	