



Staffordshire
County Council

Community Impact Assessment – Checklist and Executive Summary

Name of Proposal: Improving the Emotional Health and Wellbeing of Children and Young People in Staffordshire.

Project Sponsor: Staffordshire County Council and the Clinical Commissioning Groups.

Project Manager: Karen Coker, Senior Commissioning Manager.

Date: 20/09/19

Final Checklist

Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself/ SLT/ Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed (tick)	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	√	
It is clear what the decision is or what decision is being requested.	√	
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible).	√	
The aims, objectives and outcomes of the policy, service or project have been clearly identified.	√	
The groups who will be affected by the policy, service or project have been clearly identified.	√	
The communities that are likely to be more adversely impacted than others have been clearly identified.	√	
Engagement / consultation has been undertaken and is representative of the residents most likely to be affected.	√	
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	√	
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	√	
The CIA evidences how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.	√	
The next steps to deliver the project have been identified.	√	

Executive Summary – The Executive Summary is intended to be a collation of the **key issues and findings** from the CIA and other research undertaken. This should be completed **after** the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the **CIA template**. Where no major impacts have been identified, please state N/A.

	Which groups will be affected?	Benefits	Risks	Mitigations / Recommendations
<p>PSED – What are the impacts on residents with a protected characteristic under the Equality Act 2010? <i>Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision and this can be supported with robust evidence.</i></p>	<p>RACE Children, Young People (CYP) and Families from diverse cultural origins.</p> <p>Asylum Seekers, Refugees, Gypsies and Travellers.</p> <p>Looked After Children (LAC) and Care Leavers (CLs) who are Asylum Seeking Children (UASC) in the care of the Local Authority.</p>	<p><i>Commissioners have prioritised support for children and young people (CYP) who are from diverse family and cultural backgrounds, especially those whose first language is not English.</i></p> <p><i>CYP will have a direct and self-directed support offer of support relating to their emotional health and wellbeing (EHWB) promoting choice and anonymity where appropriate.</i></p> <p><i>SCC utilises the NHS Framework agreement for the provision of translation services, where necessary.</i></p> <p><i>SCC have a designated Central Throughcare Team to support our UASC LAC and CL's. Effective links ensure that the specialist knowledge within this team is accessible to support commissioners' understanding.</i></p>	<p><i>Information, advice and guidance materials along with self-directed digital support options may not be entirely accessible due to language barriers and different cultural/socio-economic considerations.</i></p> <p><i>Black and Minority Ethnic (BME) Groups are statistically less likely to access EHWB support but are three times less likely to have a disorder. (NHS Report – 'Mental Health of CYP in England, 2017)</i></p> <p><i>Without cultural sensitivity and awareness of the differing needs of some CYP's needs may not be effectively met.</i></p> <p><i>In the JSNA report for Emotional Wellbeing, 2018 it was estimated that the prevalence of emotional health issues for LAC was at 45%.</i></p>	<p><i>All commissioned services will seek to ensure timely interventions for hard to reach communities, will be culturally aware and will consider the most appropriate access routes for such groups. An 'additional', priority service will be flexible to meet the needs of LAC and CLs effectively.</i></p> <p><i>KPI's with respect to ethnic diversity will be embedded into contractual arrangements.</i></p> <p><i>Workforce development plans will incorporate the need for cultural sensitivity, Providers will be supported to identify staff training/development needs and to respond to them accordingly.</i></p> <p><i>Links with the Central Throughcare Team will remain to ensure the UASC's views are heard as part of service design.</i></p>
	<p>DISABILITY CYP and family members with a</p>	<p><i>Robust evidence and insight via the JSNA work undertaken linked to the All Age Disability Strategy. This re-enforces the</i></p>	<p><i>Access to existing services may not always be equitable</i></p>	<p><i>The priorities outlined in the pan Staffordshire Emotional Health and Wellbeing</i></p>

	<p>physical and/or emotional impairment.</p> <p>CYP and families where comorbidities relating to physical health, disability and emotional wellbeing occur.</p>	<p><i>need to focus on CYP with comorbidities, focusing on those CYP where emotional health is the primary need.</i></p> <p><i>Transformation plans have included consultation with CYP with disability and/or special educational needs.</i></p> <p><i>Improved integration with social care, health and education services will ensure clear pathways for support.</i></p> <p><i>Cohesive working with Clinical Commissioning Groups (CCGs) and Special Education Needs and Disability (SEND) commissioners will result in reduced duplication, cost efficiency and seamless access to services. CCG's have a commitment to ensuring parity of service outcomes for CYP with SEND.</i></p> <p><i>The development of self-directed services, via a digital platform, will promote choice and reduce restrictions for some as it allows access to support at home/school/care facility.</i></p> <p><i>Collaborative commissioning with the CCG's affords us the opportunity to effectively use intelligence about mental health needs to develop a preventative service that will address issues for CYP early and will reduce escalation.</i></p>	<p><i>to this cohort.</i></p> <p><i>Transformational plans could result in uncertainty for this group of CYP and their families.</i></p> <p><i>Without a collaborative approach to EHWP for this group there is a risk that services will not be joined up across their entire support systems.</i></p> <p><i>The JSNA report for Emotional Wellbeing, 2018 identified that 22% of CYP with a specific learning difficulty had a diagnosable mental disorder. It also outlined that CYP with a long-term physical illness are twice as likely to suffer EHWP problems. Without a robust support offer for this cohort there is a risk of their needs escalating exponentially.</i></p> <p><i>If there is not the provision to tailor support to individuals, gender specific groups and provide themed support then</i></p>	<p><i>Strategy, 2018 are linked directly to the transformational change intended. Moving towards a model of support that is based on 'Thrive' and CYP support that is relevant/ timely we will believe we will see better outcomes for all, including CYP with SEND.</i></p> <p><i>Pathways for services will be appropriately aligned to make them easier to navigate.</i></p> <p><i>Information about services will be available through the Local Offer website.</i></p> <p><i>The transformation proposals within the Emotional Health and Wellbeing Strategy support the concept of 'no wrong front door'. This aligns to the PBA and further</i></p>
	<p>SEX/GENDER</p> <p>We know from research that there are likely to be differences in health outcomes</p>			

	<p>between the genders or our CYP, across physical and mental health.</p> <p>The JSNA report for Emotional Wellbeing, 2018 recognised that on the whole CYP recorded levels of emotional satisfaction that were line with the national average. Boys in Staffordshire though recorded a slightly higher score.</p> <p>AGE The proposed future service is aimed at supporting CYP aged 5-18 (+364 days)</p>	<p><i>Our approach encourages community capacity via a Place Based Approach (PBA). This will support sustainability of support for boys and girls with EHWB needs. It will also help respond to needs at the earliest opportunity.</i></p> <p><i>Placing a focus on partnership working for the future service design will ensure a wide range of stakeholders are involved from the beginning. This is pertinent as the issue of EHWB of CYP is a far-reaching one.</i></p> <p><i>Effective services, with both a directed and self-directed support offer will provide choice to CYP and should reduce the likelihood of a CYP' falling through the net'.</i></p> <p><i>There is scope within the future service to address needs/trends in relation to sex and gender. Puberty would be one example of this.</i></p> <p><i>There are clear benefits with regards wellbeing and cost efficiency to CYP accessing early EHWB support, if they require it.</i></p> <p><i>Providing choice via a self-directed support platform will ensure CYP and the</i></p>	<p><i>the opportunity to tackle issues and maximises impact could be missed.</i></p> <p><i>Successful transformational change will partly rely on partners, stakeholders and integration of service pathways.</i></p> <p><i>The partnership led PBA approach will require flexibility across the Districts within Staffordshire to be effective.</i></p> <p><i>Our needs analysis supports evidence that CYP are experiencing considerable pressure and anxiety which</i></p>	<p><i>supports the ambition for early intervention, self-help and community support.</i></p> <p><i>Engagement with any relevant groups who support specific groups of CYP has/will be undertaken.</i></p> <p><i>Use of our existing contract monitoring processes will measure how effectively cultural diversity, sex and gender issues are taken into consideration and will inform the future model.</i></p> <p><i>The over-arching approach of the future EHWB service is to reduce stigma around EHWB, promote acceptance within communities/ peer groups and to 'upskill' CYP to recognise any EHWB issues they have.</i></p> <p><i>The age range for the future services recognises the need for early support, at a young age where appropriate, but also allows for supportive transitions into adult services</i></p>
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	<p>The NHS Long Term Plan, 2019 stated that 'Mental health problems often develop early and between the ages of 5-15 years. 1 in every 9 CYP has a mental disorder'. Also highlighted that CYP with poor emotional health have relatively worse prospects throughout adulthood.</p>	<p><i>communities that they live in have ease of access that is accessible 24hours per day, 7 days per week.</i></p> <p><i>Focused work on pathways of care and transitions form part of the competitive dialogue discussions to ensure that they are efficient and seamless. This is especially important for LAC/CLs and those CYP with SEND.</i></p> <p><i>There are benefits to having one service model, this should reduce confusion around the service offer but also the routes into it. Through CYP consultation with 160+ individuals (including 8-18-year olds, Children in Care, CYP with SEND) it is clear that they want equitable services that provide them with choice, advice rather than diagnosis.</i></p> <p><i>We are not aware of significant research on the correlation between religion and EHWF but on balance, studies have demonstrated positive associations between spiritually and shared beliefs which can contribute to achieving positive wellbeing.</i></p> <p><i>There is a commitment to ensure that religious and cultural needs of CYP and families are met sensitively in the future</i></p>	<p><i>can lead to poor outcomes in relation to their physical health, mental health and educational achievements.</i></p> <p><i>Family members and carers may not always recognise EHWF struggles in CYP and may need support and advice to do so effectively.</i></p> <p><i>We need to build resilience and understanding around EHWF issues within CYP, peer groups, establishments and communities so that early help can be provided, and root causes addressed.</i></p> <p><i>If future services are not sensitive to the religious and philosophical beliefs of the local population(s) they may limit accessibility for some CYP.</i></p> <p><i>There is a recognition that some staff/volunteers within</i></p>	<p><i>for those who require it.</i></p> <p><i>The Strategy and commissioning plans encourage a life course approach (Starting Well, Living Well, Supporting Well). Where possible inter-generational work will be promoted.</i></p> <p><i>Staffordshire's Children's System Transformation Plans and the PBA will seek to support EHWF of CYP through communities, formal and informal networks.</i></p> <p><i>Our new model recognises the value that peer support can offer and seeks to formalise this through contractual arrangements.</i></p> <p><i>Engagement with CYP, families and relevant groups that work with, represent and/or support CYP and families of religious beliefs in the local population on the design/implementation of service access points.</i></p> <p><i>The new commissioning approach will help foster links</i></p>
	<p>RELIGION OR BELIEF CYP and families all have religious and philosophical beliefs (including lack of belief)</p>			

	<p>GENDER REASSIGNMENT All CYP considering and undergoing the process of transitioning from one gender to another. CYP whose gender does not correspond with the sex assigned at birth. CYP who identify as 'trans' or transgender.</p>	<p><i>service, as outlined in information relating to Race.</i></p> <p><i>The transformation proposals are intended to improve outcomes for all CYP.</i></p> <p><i>Taking a whole family and community approach to supporting CYP with their EHWP will encompass all CYP, irrespective of how they identify.</i></p> <p><i>Recognition, and relevant training can be delivered to staff working in the new service to ensure that they are aware of how to support any CYP who are undergoing/considering gender reassignment.</i></p> <p><i>The transformation proposals are intended to improve outcomes of CYP and their</i></p>	<p><i>the future service will require additional training to ensure they are culturally, religiously and racially sensitive and aware.</i></p> <p><i>There is not always the provision to offer support in a full range of language. Interpretation services may therefore be required.</i></p> <p><i>If future services are not aware and sensitive to the issues relating to gender reassignment it may limit accessibility for this cohort of CYP.</i></p> <p><i>Appropriate training will need to be offered to any staff and volunteers that do not have the necessary skills to understand and support a CYP with such specific needs.</i></p> <p><i>Studies since 2011 have shown that transgender youth have higher rates of depression, suicidality and self-harm, and eating disorders when compared with their peers (Science Direct, 2019) this in turn highlights</i></p>	<p><i>between CYP and families from a wide range of religious/philosophical beliefs, building on community capacity and resilience.</i></p> <p><i>Our change proposals are intended to improve outcomes for ALL CYP.</i></p> <p><i>Links with the UASC Community Hub (Amity) will help facilitate relationships with this group of CYP and will in turn increase understanding around religious/cultural/philosophical needs.</i></p> <p><i>Engagement with CYP via consultation enabled commissioners to speak directly to a group of CYP who had direct experience of identifying as transgender. Information provided through discussions has been captured and used to inform the service model.</i></p> <p><i>Appropriate learning and development will need to be available to staff and volunteers who work to support CYP in the new service.</i></p>
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	<p>SEXUAL ORIENTATION Lesbian, gay and bisexual people and those questioning (LGBQ) or exploring their sexuality.</p> <p>The JSNA report, 2018 reported that 35% of LGBTQ groups of CYP identified as having EHWB issues.</p>	<p><i>families, regardless of sexual orientation.</i></p> <p><i>The whole family and system approach to CYP EHWB should ensure that CYP feel effectively supported.</i></p> <p><i>The voice of LGBTQ CYP will be promoted throughout the partnership-led PBA, local and county-wide commissioning and local service delivery.</i></p> <p><i>The whole family approach to supporting CYP mental health will ensure that young mothers and fathers can access support around EHWB. Flexibility in the modality of support (via the direct or self-directed support platforms) will provide increased accessibility and should reduce any escalation of needs.</i></p> <p><i>Partnership and stakeholder established links will ensure CYP are appropriately signposted for additional support from health and social care services if it is deemed necessary. Again, assuring the earliest help possible is crucial. A multi-agency approach will align services around the CYP, will reduce duplication and the</i></p>	<p><i>the need to recognise individual CYP support needs efficiently.</i></p> <p><i>Current service access points may not be sensitive and adaptable to the needs of LGBT CYP, therefore risking barriers to effective support.</i></p> <p><i>Without engagement with groups/organisations that specifically work to support LGBTQ individuals the opportunity for joined-up support may be lost.</i></p> <p><i>Appropriate training will need to be offered to any staff and volunteers that do not have the necessary skills to understand and support a CYP with such specific needs.</i></p> <p><i>Services will not work effectively and as cohesively as hoped to meet the needs of this group of CYP. This includes those CYP who may require support to transition into specialist or adult mental health support services.</i></p> <p><i>Appropriate training will need to be offered to any staff and volunteers that do not have the necessary skills to understand and support a</i></p>	<p><i>Engagement with CYP via consultation enabled commissioners to speak directly to a CYP who identified as LGBTQ. Information provided through discussion has been captured and used to inform the service model.</i></p> <p><i>As part of local asset mapping, identification and partnership working will be established with local community support groups in relation to LGBTQ.</i></p> <p><i>Ensure appropriate learning and development opportunities are available for staff and volunteers working in the new service.</i></p> <p><i>SCC's People Strategy is ambitious but requires provision to be in place for CYP and citizens across their life course.</i></p> <p><i>As part of local asset mapping links between other relevant services will be strengthened. This includes community initiative as well as commissioned and statutory services.</i></p>
	<p>PATERNITY AND MATERNITY CYP that are pregnant, expecting a baby or are new parents following the birth of the child. Based on national research, the prevalence of mild-moderate depressive illness during pregnancy is between 10-15%. Based on 2016</p>			

	<p>maternity data for Staffordshire, this equates to 860-1300 mothers.</p> <p>Additional data informs us that poor mental health during pregnancy is linked to post-natal ill health and can be attributed to detrimental effects on the baby's long-term mental health as they develop.</p>	<p><i>risk of 'falling through the gaps' / service provision.</i></p> <p><i>The approach will support community capacity and the building of effective support networks for all expectant or new parents.</i></p> <p>N/A</p>	<p><i>CYP with such specific needs.</i></p> <p><i>The building of community capacity and the PBA may take time and subtle changes to best meet the needs of communities across Staffordshire.</i></p> <p>N/A</p>	<p><i>Appropriate learning and development opportunities will upskill any future service staff and volunteers to ensure that needs of CYP who are pregnant, expecting a baby or have recently become parents are met.</i></p> <p><i>Links with statutory, commissioned and local services are already in place and have been further explored via the competitive dialogue process. Joint commissioning with the CCG also incorporates the health element of support and ensure pathways to this are open for CYP.</i></p> <p>N/A</p>
<p>Health and Care – How will the proposal impact on residents' health? How will the proposal impact on demand for or access to social care or health services?</p>	<p>All CYP and families. Including those with comorbidities and issues relating to their lifestyles such as substance misuse, sexual health. Also CYP who are the subject of Early Help assessments or statutory safeguarding services. Vulnerable CYP.</p>	<p>The transformation approach is intended to improve outcomes for all CYP by addressing root causes of EHWB and ensuring early help is accessible.</p> <p>A holistic, integrated approach will promote effective support for those CYP where the 'toxic trio' are present) mental health, domestic abuse, substance misuse)</p> <p>Locality and county-wide commissioning by SCC and CCGs will use intelligence to understand population need and project future needs.</p> <p>CYP who are identified as</p>	<p>Staff and volunteers may require additional training.</p> <p>There is a risk that parental mental health support will not be available or may have limited capacity.</p> <p>Levels of mental health prevalence may vary according to locality, requiring a flexible approach to service delivery.</p> <p>CYP may not wish to engage with services.</p> <p>Impacts from 'contributing factors' such as homelessness, poverty,</p>	<p>Recognition and promotion of positive prevention and early help in relation to EHWB services.</p> <p>Flexibility in modality of support (direct and self-directed offer for the first time)</p> <p>Effective partnership relationships are already in place but have been further strengthened by the competitive dialogue process.</p> <p>The flexible model of support will encourage a 'no wrong door' approach whereby CYP are able to access the right</p>

		<p>requiring longer term/higher level support for their EHWB will be referred to appropriate services.</p> <p>The transformation programme aims to effectively support those CYP at the cusp of statutory services in order to reduce those coming into high cost, complex services/systems.</p>	workless families can all impact on the EHWB of a CYP.	<p>support, at the right time.</p> <p>Transition to adult services will be planned for, supported and managed where required.</p>
<p>Economy – How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire’s residents?</p>	<p>The Provider market who deliver EHWB services to CYP will be affected.</p> <p>The workforce within the future service will benefit.</p> <p>The population of Staffordshire.</p>	<p>New Providers coming into the EHWB within Staffordshire will drive innovation and competition, especially within the competitive dialogue procurement process.</p> <p>Recognition that the term ‘workforce’ can include members of the community, volunteers, specialist professionals, CYP and those with ‘lived experience’ that can support peers.</p> <p>If the preventative approach to CYP EHWB is effective, then it should see less CYP experiencing escalation of need that requires them to be supported within specialist mental health services. In turn, this reduces demand for costly specialist interventions.</p>	<p>Services may be contracted to currently ‘unknown’ Providers within Staffordshire.</p> <p>Risk that community capacity building and collaboration via the PBA is not sufficient to support the preventative agenda of the new service.</p>	<p>Positive market engagement has assisted in developing commissioning intentions and has influenced the direct of the tender procurement process.</p> <p>Transformation plans detail the benefits of co-production and collaborative working with Providers.</p> <p>There is no additional funding required but the impact of the changes to current service provision are intended to be far reaching.</p>
<p>Environment – How will the proposal impact on the physical environment of Staffordshire?</p>	<p>Mostly N/A.</p> <p>Transport – All CYP and families as well as voluntary, community and</p>	<p>Mostly N/A</p> <p>Potentially through community capacity building and promoting greater access to support within local communities there may be a reduced requirement to travel</p>	<p>Mostly N/A</p> <p>Access to the digital offer will require a device to facilitate support or advice and guidance.</p>	<p>Mostly N/A</p> <p>Continued commitment, communication and support by SCC to working partners locally to support PBA and community capacity building.</p>

	social enterprise organisation that work with CYP.	further distances for support. Utilisation of digital technologies (self-direct support) to remove some restriction around travel, transport and access.		As part of local asset mapping, gather understanding and strengthen links with and between any relevant community groups/organisations.
<p>Localities / Communities – How will the proposal impact on Staffordshire’s communities?</p>	<p>All Staffordshire communities and citizens. Including CYP and young adults expecting a baby, pregnant or with a child between the ages of 0-5 years.</p> <p>Groups that work with CYP and communities to prevent crime/promote community safety/work with victims or perpetrators.</p>	<p>Transformation of EHWB services is intended to improve outcomes for all CYP and to drive community support capacity and resilience.</p> <p>Taking a whole family approach should promote prevention, ensure early help and reduce the need for specialist services.</p> <p>Digital solutions and local assess points could promote support for CYP, especially across rural communities.</p> <p>A joined-up approach to services ensures economy of effort and resources. A reduction in complex service pathways will also be of benefit to those who require support from multiple agencies/organisations/services.</p> <p>Positive use of volunteers to support the service. Flexible use of education to support workforce development.</p> <p>The EHWB JSNA, 2018 recognises the impact poor EHWB has on educational attainment</p> <p>Close partnership working will</p>	<p>Risk that community capacity building and collaboration via the PBA is not enough or takes time to establish.</p> <p>The needs of communities may vary subtly and so some flexibility to the PBA approach needs to occur. Effort will be required to understand and map different services/activities for CYP in all areas.</p> <p>Domestic abuse is specifically recognised as a determinant for poor mental health so close links with the Community Safety Partnership are required.</p> <p>Poor EHWB is likely to impact on outcomes for CYP into adulthood if not addressed.</p> <p>Appropriate training will need to be offered to any staff and volunteers that do not have the necessary skills to understand and support a CYP with specific needs.</p>	<p>Promotion of positive prevention and the benefits of it. Upskill and raise awareness within communities.</p> <p>The offer of a web-based information, advice and guidance service, as well as self-directed support will ensure a consistent information for all.</p> <p>Engagement with CYP, providers and communities has informed the service design and proposed delivery.</p> <p>Opportunities to ensure EHWB support is available in schools are realised using the Trailblazer programme. Involvement and co-ordination with work funded via Building Resilient Families and Communities and Earned Autonomy money is also in place.</p> <p>The Local Offer, Staffordshire Connects and My Staffs mobile application all provide avenues for facilitating links. The also serve as a platform for informing people of the</p>

		mean that links with leisure and cultural activities will be made for CYP (where appropriate). This can see CYP diversifying their interests, social/peer groups and their networks.		future EHWB service.
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