

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
 1. All SLaM service users have a say in the care they get
 2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
 3. All service users feel safe in SLaM services
 4. Roll-out and embed the Trust's Five Commitments for all staff
 5. Show leadership on equality through our communication and behaviour

Name of the policy or service development: Proposed changes to MHOAD acute bed configuration								
Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
?yes	yes	no	no	no	no	no	no	no
If yes to any, please complete Part 2: Equality Impact Assessment								
If not relevant to any please state why:								

Date completed: 18 June 2017 updated 14 September 2017

Name of person completing: Vanessa Smith

CAG: MHOAD CAG

Service / Department: CAG Management Team

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of lead person responsible for the policy or service development?

Vanessa Smith/Cha Power

2. Describe the policy or service development

What is its main aim?

Improve clinical outcomes, patient safety and patient experience by organising acute beds to manage defined disorders.

Background and Current Service Model:

Currently, patients over the age of 65 from the boroughs of Lambeth, Southwark, Lewisham and Croydon who are acutely unwell and require an inpatient admission to a mental health bed regardless of their diagnosis are admitted to the first available bed on either:

- Aubrey Lewis 1, Maudsley Hospital, Southwark
- Hayworth on the Ladywell Unit, Lewisham
- Chelsham House, Bethlem Royal Hospital, Bromley

Every effort is currently made to accommodate patient and carer choice and there is no ward currently designated for a particular borough. However, it is to be noted that should there not be a bed available on the patients preferred ward the first available bed will be offered to the patient.

Need for change:

Having separate in-patient beds for patients with functional mental health needs versus organic needs has consistently been regarded as good practice (Audit Commission, 2000, 2002; Royal College of Psychiatrists, 2006). People with severe depression, for example, may find that sharing their living space with people with behavioural problems associated with dementia can have a negative impact on their recovery and add to their distress. Similarly, the effect on people with dementia sharing a ward with people with severe depression may also be unhelpful given that the nature of care and supervision needed for the two groups may be quite different. In their 2011 report on inpatient services, the Faculty of Old Age Psychiatry, Royal College of Psychiatrists made a clear recommendation that “*inpatient areas (for functional and organic disorders) should be separate and dedicated if possible*”(Royal College of Psychiatrists, 2011).

There is also evidence from the 2011 national report of the older persons inpatient services National Accreditation Programme (Royal College of Psychiatrists, 2011) that specialist organic/dementia wards offered better advocacy, care planning, communication with patient and carer, provision of activities, and engagement with carers in comparison with mixed functional/organic wards.

What are its objectives and intended outcomes?

Continue to treat those patients with mental health problems for whom we are commissioned to provide inpatient care, but offer a more specialist and person centred care based on the patients' needs

What are the main changes being made?

The current service model used across the four boroughs is currently not in line with the outlined national recommendations.

Following intensive collaboration with commissioners from the four boroughs, a new service delivery model is being proposed in line with national guidance and recommendations.

In future, we are proposing that we will have a designated ward to meet the particular needs of patients experiencing moderate to severe dementia (organic conditions). We are proposing that this ward should be Chelsham House. Chelsham House has been identified as the most appropriate ward, due to its facilities, layout and settings it lends itself to best-practice delivery of care for patients with dementia.

The remaining two wards will mainly focus on the care of patients with functional mental health conditions (psychotic, mood and anxiety disorders) and patients in the early stages of dementia whose primary diagnosis is of a functional one.

Allocating one ward for patients with dementia and two wards for those with functional mental health needs will mean that patients can be admitted to the ward which best meets their clinical needs. Staff will be experts in the treatment and care for patients with these distinctly different presentations.

Although we are proposing this split, patient and carer preferences and clinical need will continue to be accommodated (there will be flexibility should they prefer to be cared for on a particular ward). This is in line with the Royal College of Psychiatrists recommendations (2011) which state *"If separate functional and organic wards are provided and there is uncertainty regarding which is most appropriate for an individual patient, then ultimately it is an issue of assessment of need rather than one led inflexibly by diagnosis (e.g. a patient with early dementia who is suicidal or displays predominately psychotic symptoms may be better placed on a functional ward)"*

There are 54 beds available across the four boroughs on three wards. When a decision is made that a person requires treatment on an inpatient ward this is discussed with the person and their family and carers. People are able to express a preference and will continue to be able to do so. All the wards have multidisciplinary teams, which include doctors, nurses, psychologists and occupational therapists with sessional input from other professions for example Speech and Language Therapists and Physiotherapists. All teams are able to provide care and treatment for people whatever their diagnosis.

What is the timetable for its development and implementation?

If it is considered that the proposed service changes are substantial then this would require a formal consultation of 90 days/3 months. Specific timescales would need to be agreed but time is needed to prepare for a formal consultation, 90 days for the consultation period and a period of time afterwards to feedback the outcomes.

If this is not considered to be a substantial change then the CAG needs to work on a project plan to deliver the agreed changes and ensure these are communicated appropriately to staff and service users and carers. This will take up to 6 months.

3. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

Census Data for 2011 Lambeth Southwark Lewisham & Croydon for population over 65 yrs.

Total population of people over 65 (March 2011)

Croydon - 44375

Lambeth – 23187

Lewisham- 26135

Southwark- 22329

London profile data

Croydon's ethnic diversity is about average for London, with around 47% recorded as White British. There are high proportions of people with Indian Caribbean and African origin/ethnicity. Ethnic composition varies greatly across the borough.

Lewisham borough is also ethnically diverse, with only 41% White British residents. In particular, Lewisham has large Black African (11%) and Black Caribbean (12%) communities.

Southwark's population is ethnically diverse, with a high proportion of Black Africans (16%) concentrated in Peckham, Liversey, Foundry, Camberwell Green) and Black Caribbean residents (6%, concentrated in Peckham, Nunhead, the Lane and Camberwell Green) compared to both the national and London average. Lambeth's population is also ethnically diverse. 57% White, 26% Black, 7% Asian and 10% other. Over 24,000 over 65s live in Lambeth. The population aged 60+ is projected to grow by a quarter in the next 10 years, compared to a 10% growth across the whole population.

Our neighbouring Trusts, South West and St Georges (SWLSG) and Oxleas NHS Trust, cover an area that is demographically similar to SLaM. Oxleas successfully operates a model of care that includes specialist functional and organic wards. SWLSG are moving towards a separation of functional and organic care in inpatient units, as part of their Estates Modernisation programme

4. Have you explained, consulted or involved people who might be affected by the policy or service development?

Progress on the proposal is discussed at the monthly 4 Borough Commissioner Meeting and at the CAG Executive Committee. All of the commissioners from the 4 boroughs are supportive of the proposed changes and trigger templates are being completed for all.

There is a MHOAD Service User and Carer Advisory Group that meets monthly this can provide feedback on the proposal and specific aspects for e.g. the environmental issues were discussed in November 2016 and the Service Director is presented in March 2017.

Members of SUCAG sit on the CAG Executive Committee.

There are regular Carers' Groups on the inpatient wards facilitated by members of SUCAG where the proposal can be discussed.

There is a CAG project group to oversee progress which will have a SUCAG member.

All of the staff working on Chelsham House receive regular updates on the proposal. There is a formal structure between staff and management to facilitate a two way dialogue about the proposal, progress and to listen to feedback from the staff re issues or opportunities. This is facilitated by our HR Business Partner.

A poster has been displayed on each ward outlining the proposal and asking for feedback. Information leaflets have been made available and discussions have taken place at ward based service user and carer groups. Posters have also been displayed in each of the community sites that patients and carers attend.

5. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

Age	Positive impact: No	Negative impact: No
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Please summarise potential impacts: Commissioned as an older adult service

Disability	Positive impact : Yes	Negative impact: Yes
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Please summarise potential impacts:

The proposed split of wards will have no impact on the overall number of available beds for older adults available across the four boroughs.

The split enables patients to receive best evidence based care according to their needs. Staff on the individual wards will be specialists in treating functional or organic mental health conditions.

There will still be flexibility for patients and carers should they prefer to be cared for on a particular ward.

For a small number of service users and their carers the proposed change can mean that the patient is receiving treatment relatively far away from their home. Chelsham House, in particular, can be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.

All the wards are signed up to John's Campaign. *"John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital."* Age UK.

John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to be their cognitive ramps, their experts in experiences, and a voice for the voiceless. The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.

Gender re-assignment	Positive impact: No	Negative impact: No
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Please summarise potential impacts: : None

Race	Positive impact: No	Negative impact: No
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Please summarise potential impacts: : None

Pregnancy & Maternity	Positive impact: No	Negative impact: No
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Please summarise potential impacts: None

Religion and Belief	Positive impact: No	Negative impact: No
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Please summarise potential impacts: : None

Sex	Positive impact: No	Negative impact: No
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Please summarise potential impacts: : None

Sexual Orientation	Positive impact: No	Negative impact: No
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Please summarise potential impacts: : None

Marriage & Civil Partnership	Positive impact: No	Negative impact: No
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(Only if considering employment issues)

Please summarise potential impacts: None

Other (e.g. Carers)	Positive impact: Yes	Negative impact: Yes
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Please summarise potential impacts:

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For a small number of service users and their carers the proposed change can mean that the patient is receiving treatment relatively far away from their home. Chelsham House, in particular, can be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.

All the wards are signed up to John's Campaign. "*John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital.*" Age UK.

John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.

There is a regular shuttle bus service that runs between the Maudsley and the Bethlem site that families can use. This is a free service and operates daily, Monday to Friday. If people need assistance with travel at the weekends or at bank holidays then the wards are able to action this and provide information on transport options available.

A positive impact is that people can be cared for and treated in a specialist unit with a more suitable environment and by staff with particular skills in the care and treatment of particular disorders. The aim is to improve quality and clinical and patient rated outcomes.

6. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

There will be some flexibility in providing dementia care on the designated functional units and a pragmatic approach will be used when it's in the best interests of the patient.

Home Treatment Teams operate in each borough and can support facilitated early discharge from hospital -this means that people can have the shortest stay possible in hospital and enable care and treatment at home.

Care home Intervention Teams operate in each borough to support patients in local nursing and care homes to help prevent admissions by supporting care homes to manage people with moderate and severe behavioural symptoms of dementia and to

help the smooth transition from inpatient settings to local placements.

7. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

(This may should include agreeing a review date and process as well as identifying the evidence sources that can allow you to understand the impacts after implementation)

Service change will be monitored through appropriate data including OBDs, readmission rates, length of stay, incidents, clinical and patient related outcomes.

Use of patient feedback routes including PEDIC, compliments and complaints.

Staff feedback via supervision/ appraisal framework and annual staff survey and FFT.

Date completed: 18 June 2017 updated 14 September 2017

Name of person completing: Vanessa Smith

CAG: MHOAD CAG

Service / Department: CAG Management Team

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2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible / lead person	Timescale	Progress
<p>People have to travel a longer distance to visit relatives or friends. People have a longer distance to travel home for leave.</p>	<p>There are 54 beds available across the four boroughs on three wards. When a decision is made that a person requires treatment on an inpatient ward this is discussed with the person and their family and carers. People are able to express a preference and will continue to be able to do so. All the wards have multidisciplinary teams, which include doctors, nurses, psychologists and occupational therapists with sessional input from other professions for example Speech and Language Therapists and Physiotherapists. All teams are able to provide care and treatment for people whatever their diagnosis.</p> <p>There will be some flexibility in providing dementia care on the designated functional units and a pragmatic approach will be used when it's in the best interests of the patient.</p> <p>Some patients and their families may prefer to be treated closer to their home</p>	<p>Cha Power</p>	<p>Achieved - this is currently the case and will continue once any change is implemented.</p>	

	borough and will choose not to access a specialist bed; where this is a preference we will attempt to accommodate this. In addition issues of privacy and dignity may mean that a person has to be admitted to an available bed and then transferred if appropriate.			
	All of the wards are actively engaged in John's Campaign. This is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.	Rebecca Horton	Achieved	Becky will monitor issues as they arise.
	Home Treatment Teams operate in each borough and can support facilitated early discharge from hospital -this means that people can have the shortest stay possible in hospital and enable care and treatment at home	Cha Power	Achieved	Service is operational
	Care home Intervention Teams operate in each borough to support patients in local nursing and care homes to help prevent admissions by supporting care homes to manage people with moderate	Cha Power	Achieved	Service is operational

	and severe behavioural symptoms of dementia and to help the smooth transition from inpatient settings to local placements.			
	There is a regular shuttle bus service that runs between the Maudsley and the Bethlem site that families can use. This is a free service and operates daily, Monday to Friday. If people need assistance with travel at the weekends or at bank holidays then the wards are able to action this and provide information on alternative transport options.	Director of Estates and Facilities.	Achieved	Service is operational
	The wards will have the necessary documentation available so that people can use the bus (i.e ticket/pass).	Rebecca Horton	Achieved	People already access this option.
	Some patients and their families may prefer to be treated closer to their home borough and will choose not to access a specialist bed; where this is a preference we will attempt to accommodate this	Cha Power	Achieved - this is currently the case and will continue once any change is implemented.	
	Assistance with alternative travel	Cha Power	Achieved -	

	arrangements are made based on individual needs.		this is currently the case and will continue once any change is implemented	
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Date completed: 18th September 2017

Name of person completing: Vanessa Smith

CAG: MHOAD CAG

Service / Department:

Please send an electronic copy of your completed action plan to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead