

DBH proposal Equality Impact Assessment (EIA): Version 8 – 22 January 2020

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1. Version control

| Date | Version | Amendment |
|---------------------------------|---------|---|
| 20 th June 2019 | 1 | <ul style="list-style-type: none"> Text drafted for Part 1 and sections 1-3 of part 2. Initial evidence added on current service delivery quality indicators for Lambeth hospital site inpatient services. |
| 8 th July 2019 | 2 | <ul style="list-style-type: none"> Evidence reanalysed following EIA meeting on 2nd July within a part 2 EIA for adult acute wards. Addition of summary of staff and stakeholder engagement undertaken as at 8th July. Addition of face to face interpreter booking data Addition of equality-related aspects of design of the proposed new DBH building added |
| 15 th July 2019 | 3 | <ul style="list-style-type: none"> Evidence analysed within a part 2 EIA for Leo ward. |
| 16 th July 2019 | 4 | <ul style="list-style-type: none"> Evidence analysed within a part 2 EIA for THU. Evidence analysed within a part 2 EIA for Ward in the community. |
| 20 th August 2019 | 5 | <ul style="list-style-type: none"> Part 2 EIAs for acute updated following EIA meeting on 9th August Part 3 initial EIA action plan drafted for acute |
| 23 rd August 2019 | 6 | <ul style="list-style-type: none"> Part 2 EIAs for acute, Leo, THU and workforce updated following EIA meeting on 20th August Part 2 EIAs for Ward in the community updated following B&D feedback on 21st August Part 3 initial EIA action plan drafted for acute, Leo, THU, Ward in the community and workforce updated following EIA meeting on 20th August and B&D feedback on 21st August Draft version control, part 1, parts 2 and parts 3 of EIA combined into one document |
| 19 th September 2019 | 7 | <ul style="list-style-type: none"> Amendments to Part 3 initial EIA action plan following EIA meeting on 5th September Initial part 2 service delivery EIA for proposals to relocate community and outpatient services from Lambeth Hospital to community venues drafted |
| 22 nd January 2020 | 8 | <ul style="list-style-type: none"> Updates to EIA action plan to align with comments and suggestions from engagement with Lambeth and Croydon SUCAG |

2. 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?

Name of the policy or service development:

The relocation services currently operating at the Lambeth Hospital site as an aspect of a wider set of Douglas Bennet House (DBH) proposals.

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 (Only if considering employment issues) |
|-----|------------|----------------------|-----------------------|------|---------------------|-----|--------------------|---|
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed 20th June 2019

Name of person completing: Dr Rob Harland – Clinical Lead & Vanessa Smith – Operational Lead

Directorate: Lambeth Directorate

Service: Lambeth Hospital site services

3. PART 2: Service delivery equality analysis for proposal to relocate adult acute wards

Options of service development being assessed

- The relocation of adult acute wards (Eden ward, Luther King ward, Nelson Ward, Rosa Parks Ward and ES2 - currently operating on Maudsley Hospital site) from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).

This EIA is being considered alongside EIAs on the following:

- Service delivery EIA on the relocation of Leo ward from Lambeth Hospital to the Maudsley Hospital (ES2).
- Service delivery EIA on the relocation of Tony Hillis Unit from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Service delivery EIA on the relocation of the Ward in the Community from Lambeth Hospital to the Bethlem Royal Hospital as a result of the wider DBH proposals.
- Service delivery EIA on the relocation of Lambeth community and outpatient services from Lambeth Hospital to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).
- Workforce EIA on the staff affected by proposed relocations.

Name of lead person responsible for the service development

Project Leads:

- Dr Rob Harland – Clinical Lead
- Vanessa Smith – Operational Lead

Staff supporting the EIA:

- Neil Robertson, Service Director Lambeth for SLaM and Interim Managing Director of the Lambeth Alliance
- Macius Kurowski, Equality Manager

Describe the policy or service development

What is its main aim?

The aim of this project is to reconfigure inpatient services to align with the clinical strategy and the increased specialisation of adult acute inpatient services. These services are currently delivered from four hospital site and delivery of this proposal will provide a greater critical mass of beds on fewer sites.

In parallel, the Trust has developed a community service strategy, which proposes new models and locations for community services to increase access and to manage conditions in the least restrictive environment. A separate EIA has been produced to inform the development of the Lambeth Living Well Centres and associated supported services.

What are its objectives and intended outcomes?

- Increase the critical mass of beds which will enable focussed interventions, standardised processes and pathways and efficient service delivery
- Improve the quality of inpatient accommodation by relocating Lambeth inpatient service from accommodation that is not fit for purpose or in accordance with the latest guidelines, to modern

inpatient spaces at the Maudsley which have been purpose designed to provide a therapeutic recovery environment.

- Vacate the Lambeth Hospital site, releasing it for disposal which will fund in part the delivery of the project

What are the main changes being considered?

- Four adult acute wards for Lambeth residents will move from Lambeth Hospital site (in Lambeth) to the Maudsley Hospital site where one (ES2) is currently operating (in Southwark) within a new building (referred to in this EIA as Douglas Bennett House – DBH).
- This would result in 5 adult acute wards for Lambeth residents operating from the Maudsley Hospital site.

What is the timetable for its development and implementation?

- If the proposals are approved, the relocations of adult acute wards would be expected to occur in 2022/23 (once the new facilities at the Maudsley have been built).

These dates are indicative and may be subject to change.

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

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

Evidence for adult acute wards includes:

- Age, ethnicity and sex ePJS demographic data (between April 2018 and June 2019) on active patients, length of stay (LOS) excluding leave.
- Demographic data friends and family test responses (between Oct 2015 and March 2019)
- Face to Face interpreting data for all services between April 2017 and May 2019
- ePJS NHS Accessible Information field recording rates (in May 19)

Lambeth-wide evidence:

- [Draft Lambeth Council Transport Strategy – October 2018](#)
- [Healthwatch Lambeth evidence on older people](#)
- [Certitude evidence on Community Connecting through Connect & Do](#)
- [Lambeth Council report - Lambeth: A Trans agenda?](#)
- [Lambeth Council report – Lambeth LGBT Matters](#)
- [KCL, SLaM and Maudsley Charity LGBT+ Mental Health Event, 26th February 2018: Report](#)
- SLAM 2018/19 religion and spirituality needs assessment
- [AccessAble disability access reports for Lambeth Hospital](#)
- [AccessAble disability access reports for Maudsley Hospital](#)
- Equality-related aspects of the proposed new DBH design proposal
- Previous engagement undertaken by the Planning and Equality team through equality partnership time events; engagement with members of Black Communities in Lambeth (through the Lambeth Black Health and Wellbeing Independent Advisory Group) and engagement with LGBT people (through LGBT+ mental health events and a confidential mailing list).

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

(Please let us know who you have spoken to and what developments or action has come out of this)

Staff engagement (as at 20th August 2019)

- A series of face-to-face briefing sessions were held with affected staff at Lambeth on 20 May ahead of the Trust Board meeting on 21 May. Between all the local managers and Directorate leaders all the wards, on site community teams, social care teams and onsite voluntary services were met with. There was also engagement with teams at Lewisham to ensure they were made aware.
- Service Directors met with all the wards, on site community teams, social care teams and onsite voluntary services on the Lambeth site. They started the morning meeting on 20 May with ward managers and consultants and then back office staff based at Raey House, finishing with ES2 staff at the end of the day.
 - Overall the feedback from these sessions has been positive. Information from the meetings will be available on Maud.
 - Nothing controversial was raised and staff on Nelson, Luther King and Eden are pleased with the potential DBH offer.
 - It was stressed that this is a pre-consultation phase and the importance of staff involvement going forward. There were some questions raised which we will ensure we address in our future communications activity.
 - A number of staff asked why a new build is not possible on the Lambeth site. Neil Robertson responded was that we will struggle logistically to rebuild the site as there is nowhere for wards to be decanted and also that financially, the disposal of the site (or part of it) is key to future plans.
 - Although the consultants affected were generally in support of the ideas, a couple did reflect on how it could appear that the Maudsley was becoming a “big asylum” and the messages associated with this.
- Ongoing engagement with all clinical teams (e.g. with Eden and THU staff)
- Engagement with Trust Leadership Team on 5th June
- Council of Governors -13th June
- Sessions with NEDs and Board Members
- JSC – 22nd May and 11th June

Stakeholder Engagement (as at 20th August 2019)

Letters were sent to a number of key stakeholders setting out the context and early details of the proposed changes and asking for a meeting with them at this early stage to seek their views on the proposals, our plans for engagement and how best to involve them and where relevant, their committee/board/organisation. Letters have been sent to:

- Cllr Liz Atkins, Chair of Lambeth Council's Overview and Scrutiny Committee
- Cllr Jim Dickson, Chair of Lambeth Council's Health and Wellbeing Board
- Cllr Edward Davie, Lambeth Council's Cabinet Member for Health and Adult Social Care
- Larkhall Ward Councillors, where Lambeth Hospital is located: Cllr Timothy Windle, Cllr Andy Wilson and Cllr Tina Valcarcel,
- Sarah Corlett, Chair Healthwatch Lambeth and
- Catherine Pearson, Chief Executive Healthwatch Lambeth

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

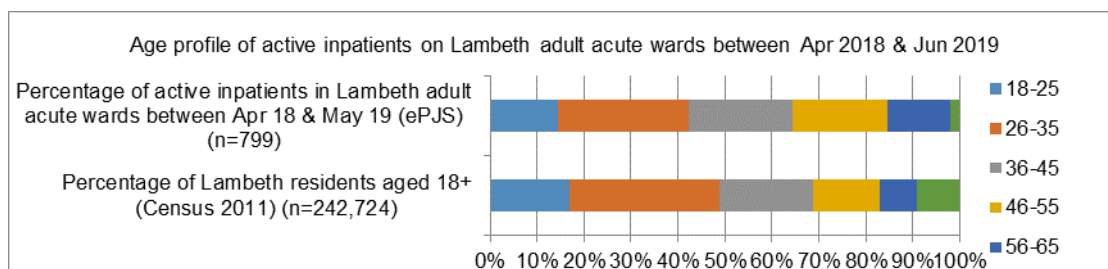
| Age | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----|---|--|
|-----|---|--|

Age profile of Lambeth acute ward service users:

| | | |
|--|--|--|
| | Percentage of Lambeth residents aged 18+ (Census 2011) (n=242,724) | Percentage of active inpatients in the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19 (ePJS) |
|--|--|--|

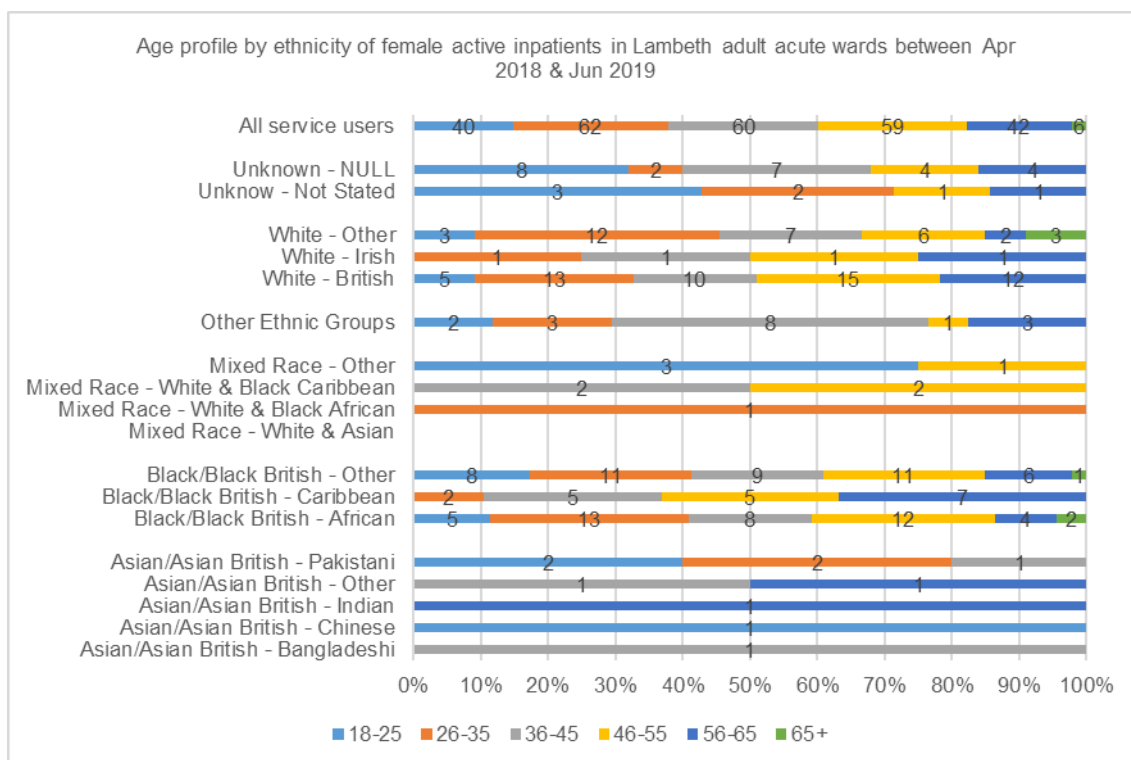
| | | (n=799) |
|---------|-------|---------|
| 18-25 | 16.8% | 115 |
| 26-35 | 31.9% | 222 |
| 36-45 | 20.1% | 177 |
| 46-55 | 14.2% | 161 |
| 56-65 | 7.9% | 107 |
| 65+ | 9.0% | 17 |
| Unknown | 0.0% | 0 |

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19



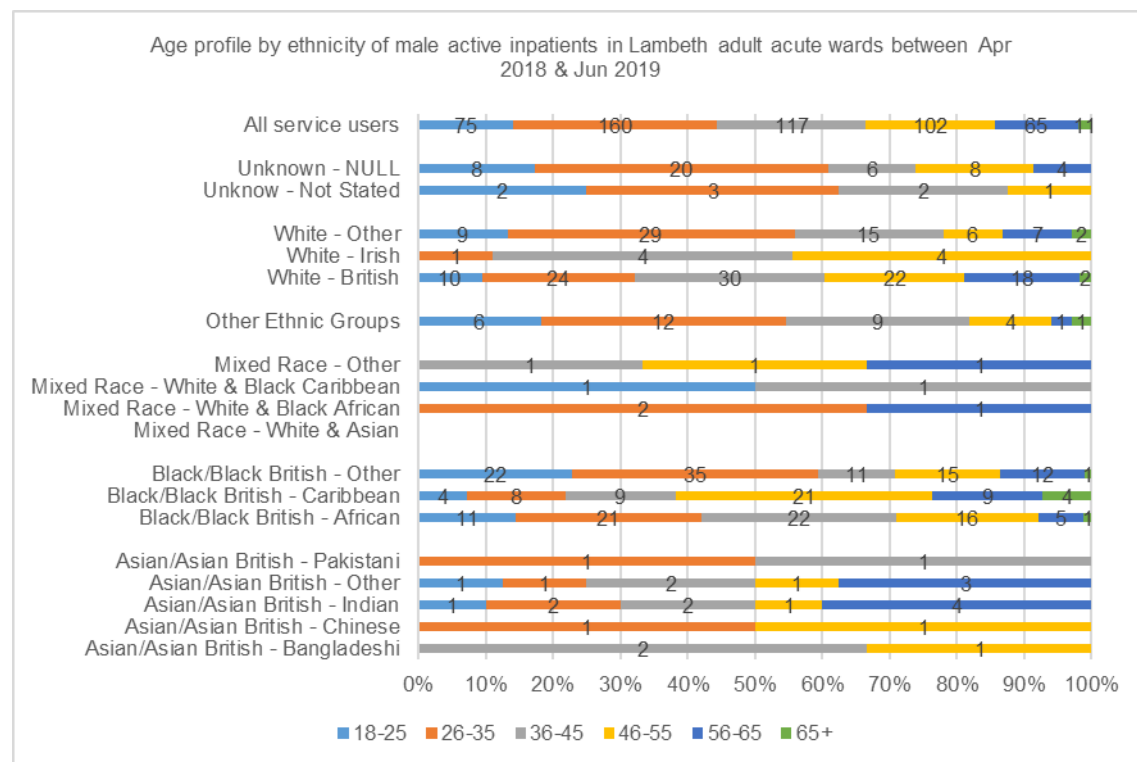
Age profile of female Lambeth acute ward of service users of different ethnicities:

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19



Age profile of male Lambeth acute ward of service users of different ethnicities:

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19

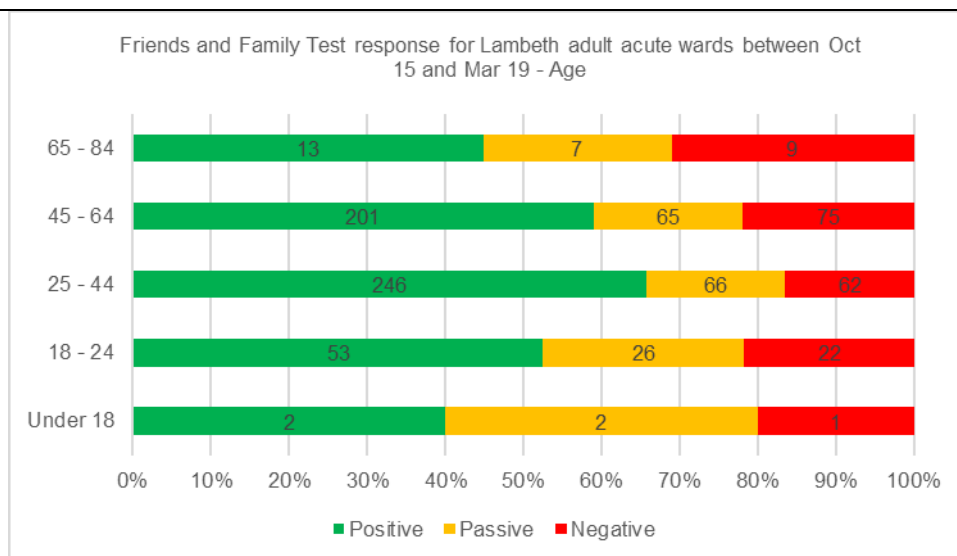


Current service delivery quality indicators:

Experience of service users by age-group:

Note: patient surveys are voluntary and not all patients choose to complete these. The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards considered in this EIA that submitted by respondents between October 2015 and March 2019.

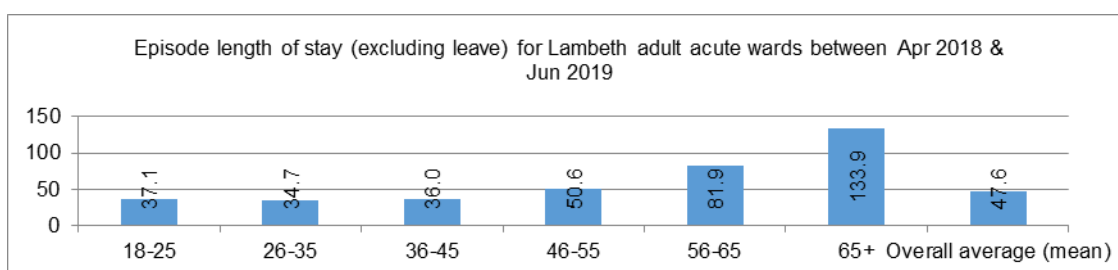
| | Negative | Passive | Positive | Grand Total |
|----------|----------|---------|----------|-------------|
| Under 18 | 1 | 2 | 2 | 5 |
| 18 - 24 | 22 | 26 | 53 | 101 |
| 25 - 44 | 62 | 66 | 246 | 374 |
| 45 - 64 | 75 | 65 | 201 | 341 |
| 65 - 84 | 9 | 7 | 13 | 29 |



- Respondents aged 24-44 were most likely to recommend Lambeth adult acute wards
- Younger-aged (under 18s) and older-aged (65-84) respondents were least likely to recommend Lambeth adult acute wards

LOS (excluding leave) of service users by age group:

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19



This data suggests that older service users had longer length of stays in Lambeth adult acute wards between April 18 and June 19.

Summary of potential age-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on certain age groups who are at greater risk of social isolation (e.g. older service users who also have a longer length of stay).

Travel:

- Any change of location will have travel implications that may have differential impacts on service users, family members, carers or supporters of particular age groups if those people experience age-related barriers to travel such as:
 - Limited physical mobility due to older age
 - Vulnerability of young people to be attacked or suffer violence while travelling to different

area from which they live.

Estates:

- The design for the proposed new DBH building complies with Building Regs Part M and BS 8300 so should be more accessible to older people (see disability section)

Potential risks:

- There are potential risks of increased social isolation for older people (who have longer average length of stay) during inpatient admissions at the proposed new location.
- There are potential travel-related risks for certain age groups, in particular for older and younger people travelling to the new location.

Potential benefits:

- There are potential age-related benefits, in particular for older people with physical access issues, of delivering services in the proposed new building, which will be more accessible than buildings on the current Lambeth Hospital site.
- There are potential benefits to reduce age-related variations in service user experience and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

- The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive.

Disability

Positive impact:

Potential benefits identified

Negative impact:

Potential risks identified

Disability profile of Lambeth acute ward service users

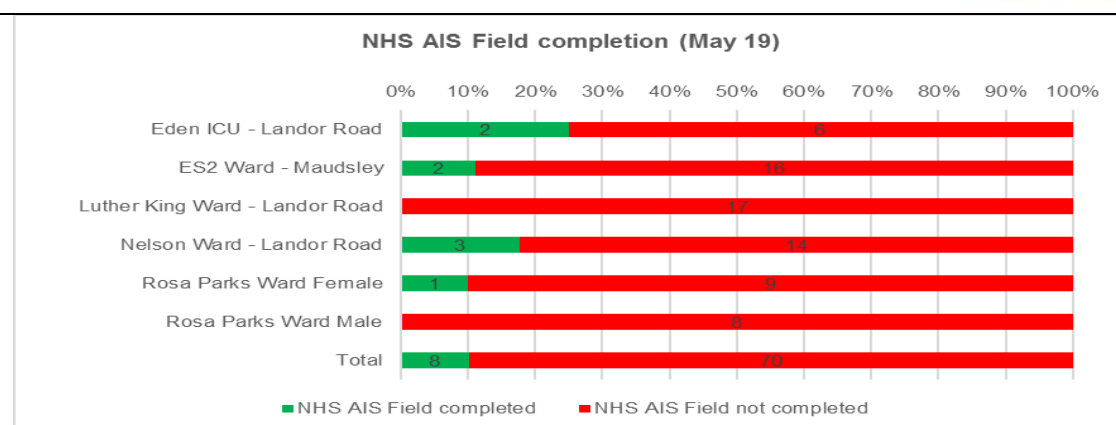
Census 2011 data highlights:

- 6.1% of Lambeth residents reported that their day-to-day activities were limited at lot because of a health problem or disability which has lasted, or expected to last at least 12 months
- 6.6% of Lambeth residents reported that their day-to-day activities were limited at little because of a health problem or disability which has lasted, or expected to last at least 12 months

There is currently insufficient recording of disability on ePJS to enable production of meaningful data on the disability profile of service users.

Current service delivery quality indicators:

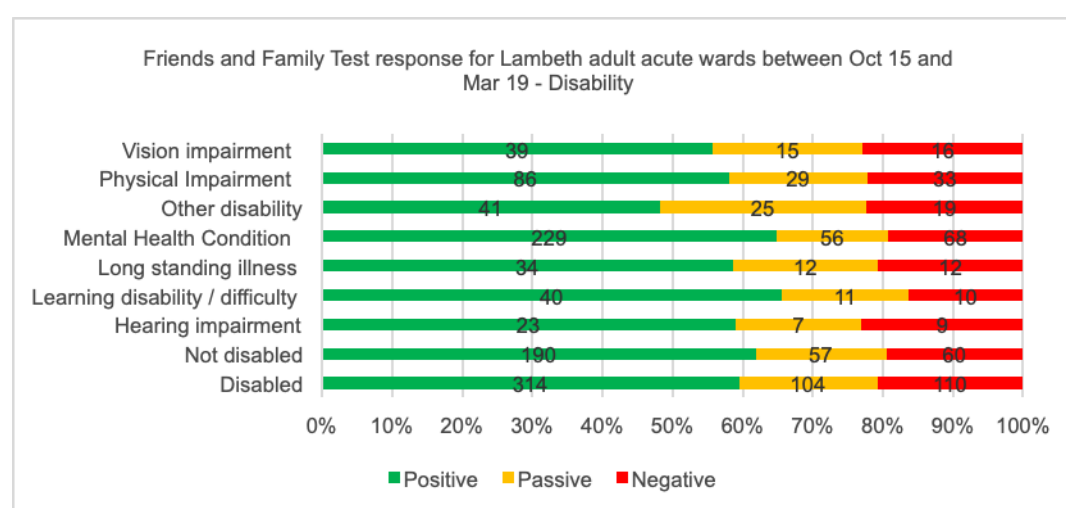
NHS Accessible Information Standard: There are currently low levels of recording of accessible communication needs in the 5 Lambeth adult acute wards considered in this EIA.



Experience of service users by disability:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards considered in this EIA that submitted by respondents between October 2015 and March 2019.

| | Negative | Passive | Positive | Grand Total |
|----------------------------------|----------|---------|----------|-------------|
| Disabled | 110 | 104 | 314 | 528 |
| Not disabled | 60 | 57 | 190 | 307 |
| Hearing impairment | 9 | 7 | 23 | 39 |
| Learning disability / difficulty | 10 | 11 | 40 | 61 |
| Long standing illness | 12 | 12 | 34 | 58 |
| Mental Health Condition | 68 | 56 | 229 | 353 |
| Other disability | 19 | 25 | 41 | 85 |
| Physical Impairment | 33 | 29 | 86 | 148 |
| Vision impairment | 16 | 15 | 39 | 70 |



This data suggests disabled respondents were slightly less likely to recommend Lambeth adult acute wards than non-disabled service users. Respondents with other disabilities were the least likely to report this.

LOS (excluding leave) of service users by disability:

There is insufficient recording of disability on ePJS to enable production of meaningful on the LOS of disabled service users.

Summary of potential disability-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on disabled service users who are at greater risk of social isolation

Travel:

- Any change of location will have travel implications that may have differential impacts on disabled service users, family members, carers or supporters if those people experience disability-related barriers to travel.

Estates:

- In 2015, AccessAble (previously Disabled Go) produced disability access reports for buildings (excluding inside wards) on the [Lambeth](#) and [Maudsley](#) hospital sites.
- They also produced best practice guidance on disability access improvements to equipment, maintenance, minor and major works, management and signage. This assessment identified 350 potential issues for improvement with an estimate cost of between £69,908 and £233,300
- They also produced best practice guidance on disability access improvements to equipment, maintenance, minor and major works, management and signage. This assessment identified 350 potential issues for improvement with an estimate cost of between £69,908 and £233,300.
- The design for the proposed new DBH building complies with Building Regs Part M and BS 8300 so should be more accessible to disabled people than buildings on the Lambeth Hospital site in the following ways:
 - The building has no ramps. All spaces are on one level accessed by lifts.
 - The main reception at ground floor levels will be installed with hearing hoops. Service Users on the ground floor will receive assistance with mobile hoists as required.
 - Accessible WC facilities are available on every floor level
 - Accessible WC facilities on the ground floor:
 - Entrance has 1 x accessible WC.
 - Ward has 2 x assisted en-suite bathrooms and 2 x assisted bathroom facilities.
 - Accessible WC facilities on the first floor through third floor:
 - 2 x accessible WC's outside both air-locks
 - 4x larger assisted en-suite bathrooms and 2 x per ward and 1 x shared assisted bathroom.
 - Fourth floor level Ward:
 - 1 x accessible WC within air-lock and 2 x assisted Bathrooms
 - Some of the service user bedroom spaces on the fourth floor level are slightly larger than the other standard ward bedrooms.
 - The building will have a roof garden with wheelchair friendly planters and seating.

Potential risks:

- There are potential risks of increased social isolation for disabled people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for disabled people travelling to the new location.

Potential benefits:

- There are potential disability-related benefits of delivering services in the proposed new building, which will be more accessible than buildings on the current Lambeth Hospital site. This can potentially reduce the risk of the Trust being unable to admit a disabled service users requiring

inpatient care due to the inaccessibility of the current Lambeth wards.

- There are potential benefits to improve disabled service user experience and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

Gender re-assignment

Positive impact:

Potential benefits identified

Negative impact:

Potential risks identified

Gender re-assignment profile of Lambeth acute ward service users

There is currently no robust evidence on the prevalence of people who are transgender in the borough.

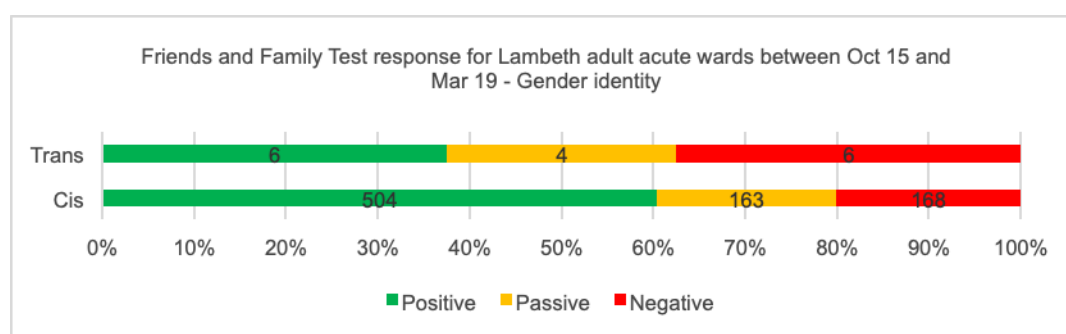
There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on the profile of service users by this protected characteristic.

Current service delivery quality indicators:

Experience of service users by gender reassignment:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards considered in this EIA that submitted by respondents between October 2015 and March 2019.

| | Negative | Passive | Positive | Grand Total |
|-------|----------|---------|----------|-------------|
| Cis | 168 | 163 | 504 | 835 |
| Trans | 6 | 4 | 6 | 16 |



This data suggests trans respondents were less likely to recommend Lambeth adult acute wards than cis service users.

Gender reassignment and length of stay: There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on LOS of service users by this protected characteristic.

Summary of potential gender reassignment-related implications of the

proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient care further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on trans people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on trans service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Estates:

- Male and Female wards will be on different floors in the proposed new DBH building. All service users will get their own room. All rooms will have ensuite bathrooms. Floor levels 1 to 4 have single occupancy Shower and WC facilities (situated behind lifts.)

Potential risks:

- There are potential risks of increased social isolation for trans people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for trans people who have public safety fears travelling to the new location.

Potential benefits:

- The wards in the proposed new DBH building will provide separate bedrooms with ensuite bathrooms. This may help staff manage the care of transgender service users more effectively than is currently possible in wards on the Lambeth Hospital site.
- There are potential benefits to improve trans service user experience and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

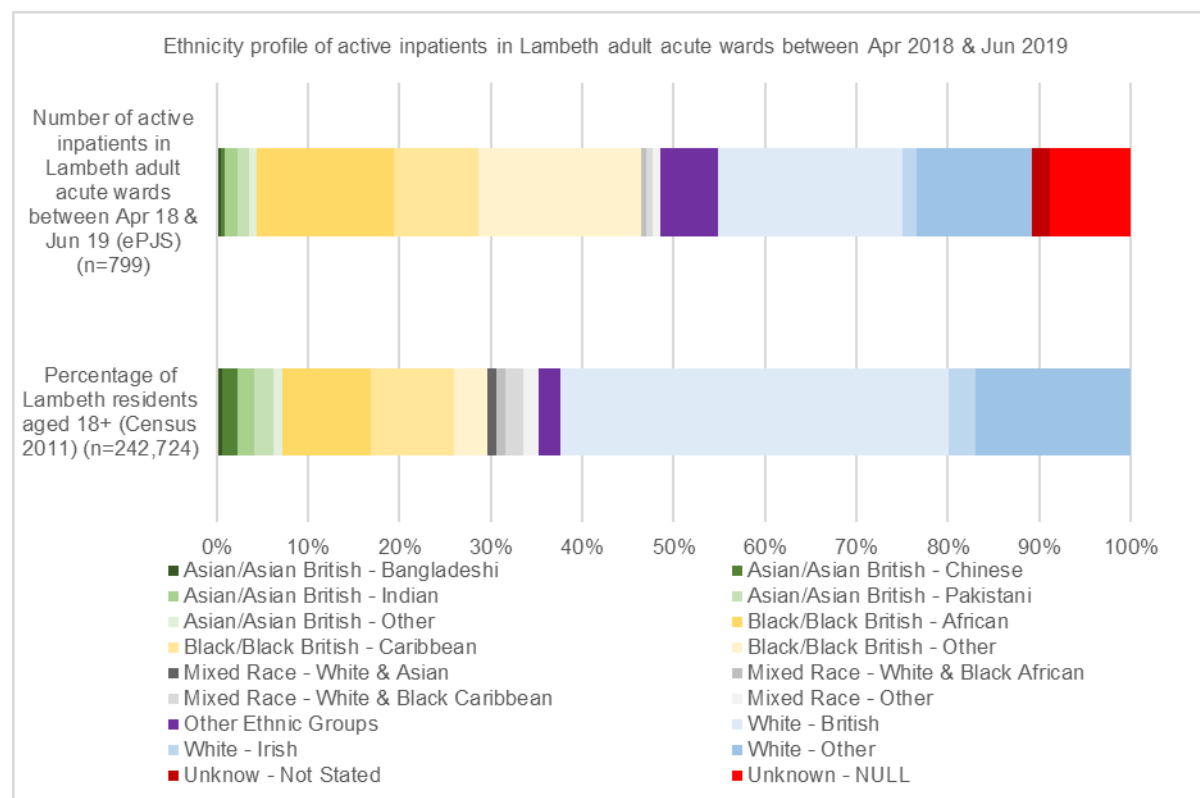
| Ethnicity | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|------------------|--|---|
|------------------|--|---|

Ethnicity profile of Lambeth acute ward service users

| Ethnicity | Percentage of Lambeth residents aged 18+ (Census 2011) (n=242,724) | Number of active inpatients in the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19 (ePJS) (n=799) |
|-----------------------------------|--|--|
| Asian/Asian British - Bangladeshi | 0.6% | 4 |
| Asian/Asian British - Chinese | 1.7% | 3 |
| Asian/Asian British - Indian | 1.8% | 11 |
| Asian/Asian British - Other | 1.0% | 7 |
| Asian/Asian British - Pakistani | 2.1% | 10 |
| Black/Black British - African | 9.7% | 120 |
| Black/Black British - Caribbean | 9.1% | 74 |
| Black/Black British - Other | 3.6% | 142 |

| | | |
|--------------------------------------|-------|-----|
| Mixed Race - White & Asian | 1.0% | 0 |
| Mixed Race - White & Black African | 1.0% | 4 |
| Mixed Race - White & Black Caribbean | 1.9% | 6 |
| Mixed Race - Other | 1.8% | 7 |
| Other Ethnic Groups | 2.4% | 50 |
| White - British | 42.4% | 161 |
| White - Irish | 3.0% | 13 |
| White - Other | 17.0% | 101 |
| Unknown - Not Stated | 0.0% | 15 |
| Unknown - NULL | 0.0% | 71 |

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19



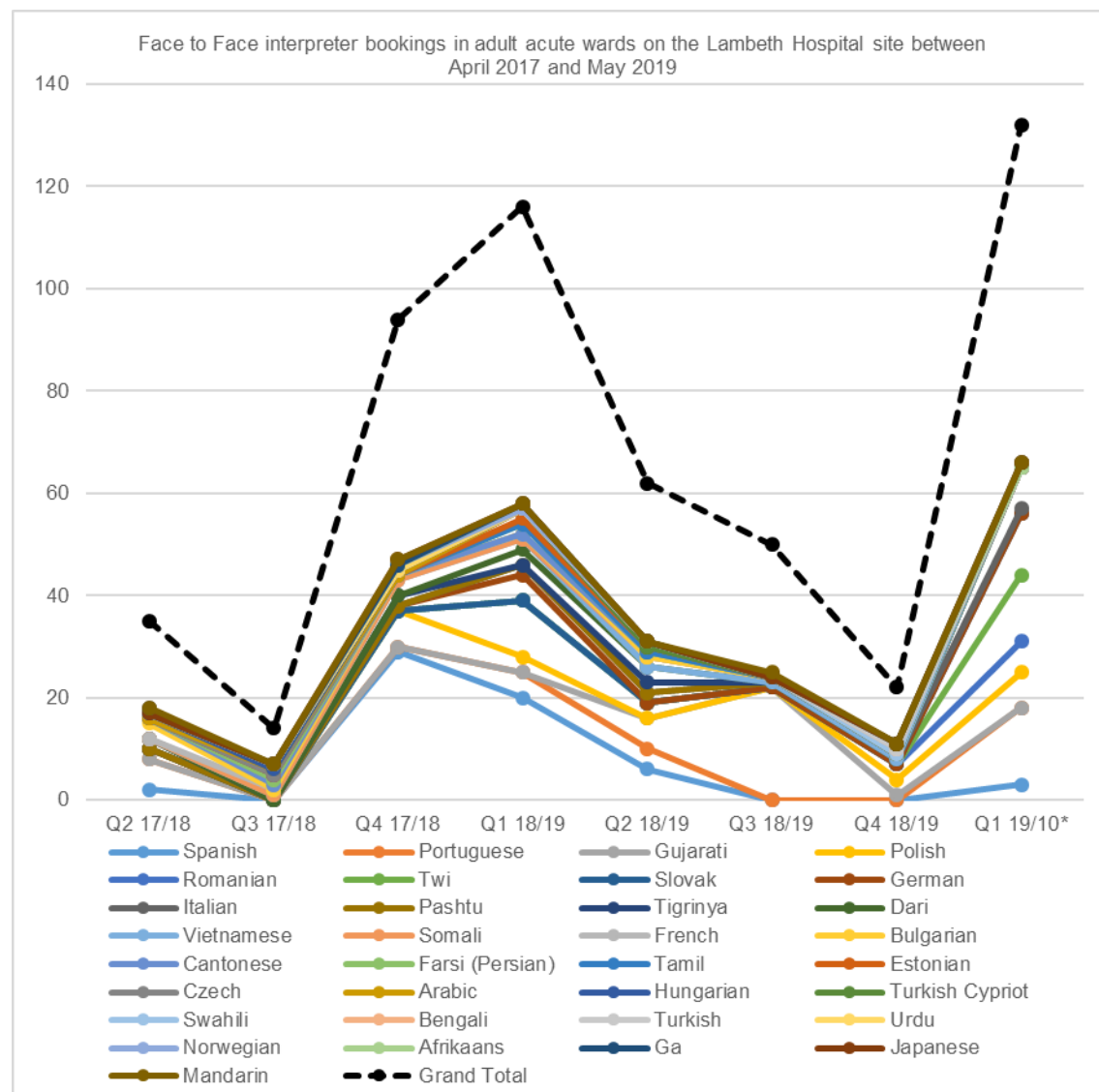
| | |
|---------------------------|---|
| Ethnicity | Number of active inpatients in the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19 (ePJS) (n=20) |
| Columbian (SK) | 8 |
| Other Latin American (SM) | 6 |
| Portuguese (C4) | 6 |
| Total | 20 |

This data suggests there is a higher proportion of ethnic minority service users (particularly Black

service users and service users from other ethnic groups) are currently accessing Lambeth adult acute wards.

Current service delivery quality indicators:

Face to face interpreter usage:



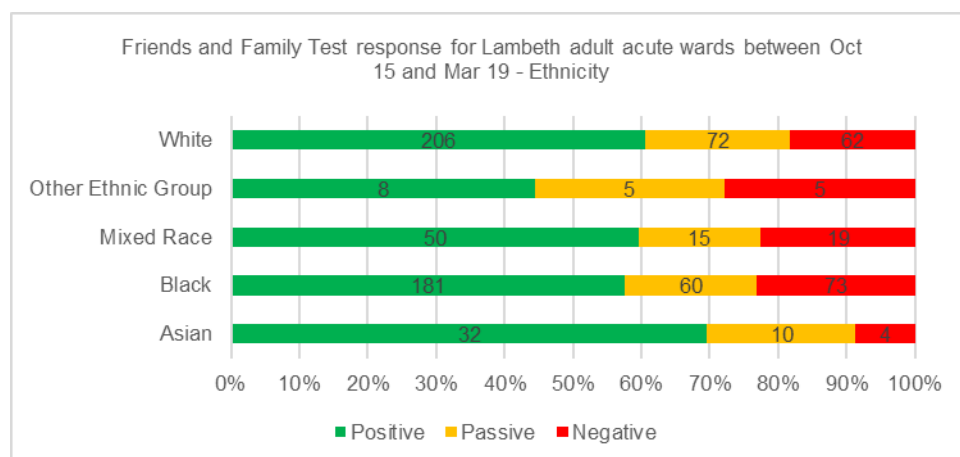
Fulfilment rates of face to face interpreter bookings for services based at the Lambeth and Maudsley Hospital sites between April 2017 and May 2019 is the same (94%)

Experience of service users by ethnicity:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards considered in this EIA that submitted by respondents between October 2015 and March 2019.

| | Negative | Passive | Positive | Grand Total |
|-------|----------|---------|----------|-------------|
| Asian | 4 | 10 | 32 | 46 |
| Black | 73 | 60 | 181 | 314 |

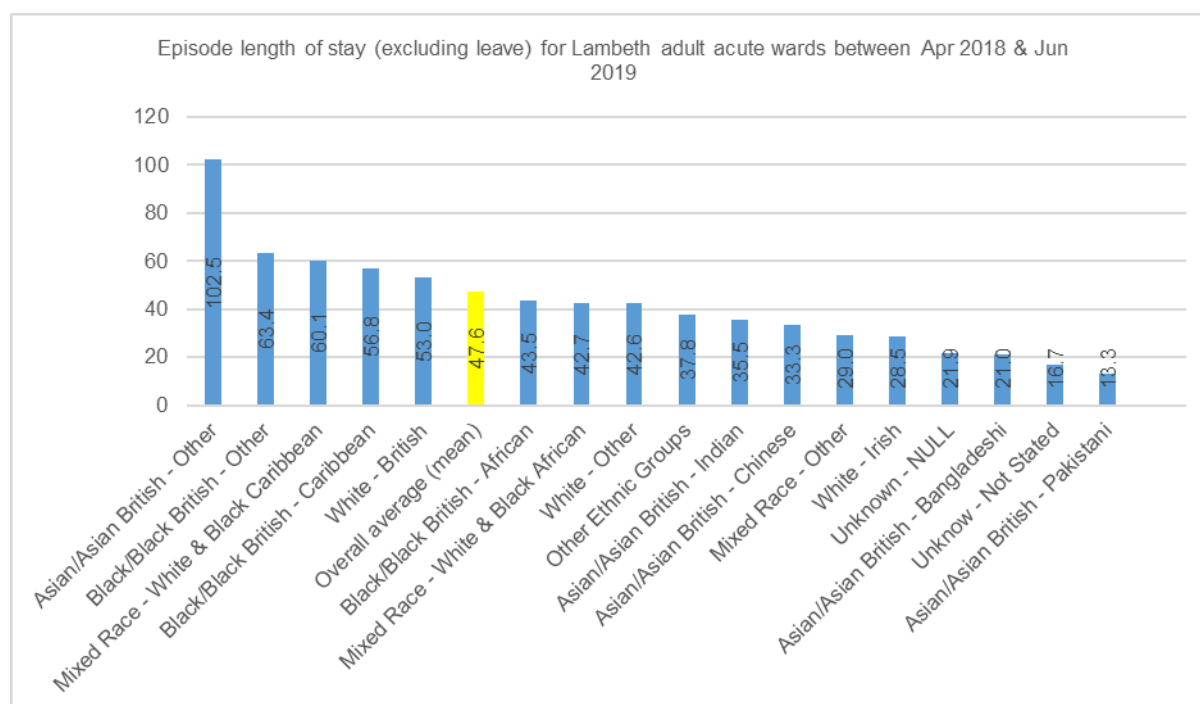
| | | | | |
|--------------------|----|----|-----|-----|
| Mixed Race | 19 | 15 | 50 | 84 |
| Other Ethnic Group | 5 | 5 | 8 | 18 |
| White | 62 | 72 | 206 | 340 |



This data suggests respondents from other ethnic groups were less likely to recommend Lambeth adult acute wards and Asian service users were most likely to report this.

Ethnicity and length of stay:

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19.



This data suggests that service users who were Asian/Asian British - Other; Black/Black British - Other; Mixed Race - White & Black Caribbean and White - British had longer than average length of stay in Lambeth adult acute wards between April 2018 and June 2019.

LOS of female service users in the 5 Lambeth Adult acute wards considered in this EIA by ethnicity and age group between Apr 2018 & Jun 2019:

| Ethnicity | Age group | | | | | | Overall average (mean) |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|------------------------|
| | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | 65+ | |
| Asian/Asian British - Other | 56.3 | 19.0 | 34.8 | 27.0 | 244.5 | | 102.5 |
| Black/Black British - Other | 60.7 | 58.8 | 51.1 | 69.4 | 77.8 | 86.0 | 63.4 |
| Mixed Race - White & Black Caribbean | 31.0 | | 44.3 | 85.7 | | | 60.1 |
| Black/Black British - Caribbean | 56.7 | 40.6 | 64.1 | 55.8 | 64.8 | 45.3 | 56.8 |
| White - British | 30.3 | 33.8 | 32.2 | 47.8 | 120.9 | 90.5 | 53.0 |
| All service users (mean) | 37.1 | 34.7 | 36.0 | 50.6 | 81.9 | 133.9 | 47.6 |
| Black/Black British - African | 29.2 | 42.5 | 41.5 | 37.7 | 50.8 | 154.3 | 43.5 |
| Mixed Race - White & Black African | | 61.0 | | | 6.0 | | 42.7 |
| White - Irish | 18.5 | 24.3 | 23.9 | 73.2 | 68.1 | 263.8 | 42.6 |
| Other Ethnic Groups | 61.2 | 22.9 | 41.8 | 37.7 | 37.0 | 43.0 | 37.8 |
| Asian/Asian British - Indian | 5.5 | 30.0 | 12.0 | 19.0 | 58.1 | | 35.5 |
| Asian/Asian British - Chinese | | 4.0 | | 48.0 | | | 33.3 |
| Mixed Race - Other | 13.0 | | 10.0 | 46.3 | 11.0 | | 29.0 |
| White - Other | | 6.6 | 18.0 | 46.8 | 34.0 | | 28.5 |
| Unknown - NULL | 27.3 | 25.7 | 21.3 | 17.9 | 11.8 | | 21.9 |
| Asian/Asian British - Bangladeshi | | | 24.7 | 10.0 | | | 21.0 |
| Unknown - Not Stated | 19.4 | 17.5 | 13.0 | 11.5 | 13.0 | | 16.7 |
| Asian/Asian British - Pakistani | 27.0 | 5.4 | 19.5 | | | | 13.3 |

LOS of male service users in the 5 Lambeth Adult acute wards considered in this EIA by ethnicity and age group between Apr 2018 & Jun 2019:

| Ethnicity | Age group | | | | | | Overall average (mean) |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------|
| | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | 65+ | |
| Black/Black British - Other | 65.1 | 66.2 | 68.2 | 51.4 | 77.0 | | 64.9 |
| Black/Black British - Caribbean | 56.7 | 38.7 | 35.7 | 58.3 | 79.9 | 45.3 | 55.1 |
| White - British | 42.2 | 47.0 | 27.9 | 53.5 | 103.9 | 90.5 | 50.0 |
| Black/Black British - African | 31.9 | 57.0 | 39.4 | 35.6 | 52.8 | 353.0 | 46.6 |
| Average (mean) | 47.5 | 40.8 | 33.3 | 50.6 | 70.6 | 91.5 | 46.5 |
| Mixed Race - White & Black Caribbean | 31.0 | | 57.0 | | | | 44.0 |
| White - Other | 22.7 | 27.6 | 30.9 | 122.0 | 35.4 | 78.5 | 37.4 |
| Other Ethnic Groups | 80.5 | 23.2 | 28.4 | 37.7 | 12.0 | 43.0 | 34.3 |
| Asian/Asian British - Chinese | | 4.0 | | 48.0 | | | 33.3 |
| White - Irish | | 5.5 | 11.3 | 51.7 | | | 28.2 |
| Asian/Asian British - Indian | 5.5 | 30.0 | 12.0 | 19.0 | 44.3 | | 28.0 |
| Mixed Race - Other | | | 10.0 | 62.0 | 11.0 | | 27.7 |
| Unknown - NULL | 52.0 | 25.4 | 25.2 | 20.8 | 10.3 | | 26.3 |

| | | | | | | | |
|------------------------------------|--|------|------|------|-----|--|------|
| Mixed Race - White & Black African | | 41.0 | | | 6.0 | | 23.5 |
| Asian/Asian British - Bangladeshi | | | 30.0 | 10.0 | | | 23.3 |
| Not Stated | | 26.0 | 13.0 | 17.0 | | | 22.3 |
| Asian/Asian British - Pakistani | | 3.0 | 32.0 | | | | 17.5 |

Summary of potential ethnicity-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater indirect impact people from ethnic minority backgrounds who represent a high proportion of Lambeth acute ward service users.
- Previous engagement with representative of local Black communities has highlighted a lack of trust in the 'Maudsley Hospital'. A high proportion of adult acute ward service users are Black. It will therefore be important to consider how moving Lambeth acute wards to the Maudsley site will be perceived and affect Black service users, family members, carers, supporters and community members.

Travel:

- Any change of location will have travel implications that may have differential impacts on ethnic minority service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety or other factors.

Potential risks:

- There are potential risks of increased social isolation for ethnic minority service users during inpatient admissions at the proposed new location.
- There are potential travel-related risks for ethnic minority people (in particular Black service users, family members, carers and supporters) travelling to the new location.

Potential benefits:

- There are potential benefits to reduce ethnic variation in service user experience and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

- Lambeth adult acute wards operating from the Maudsley hospital site will be able to access the same level of timely and high quality interpreter support they receive at the Lambeth Hospital site.
- The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Pregnancy & Maternity | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|----------------------------------|--|---|
|----------------------------------|--|---|

Pregnancy and maternity profile of Lambeth acute ward service users

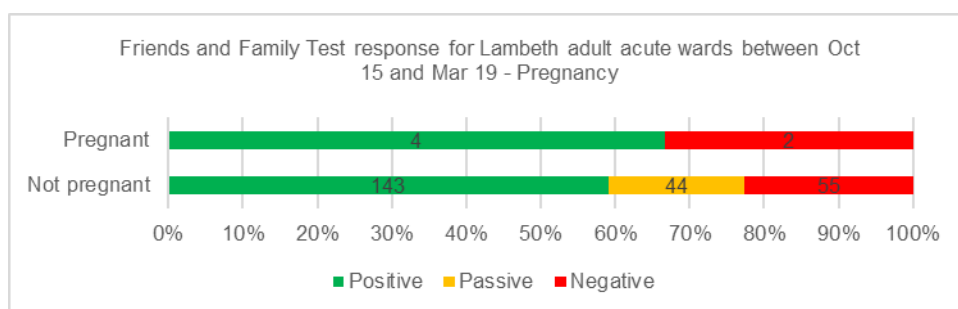
There is currently no robust evidence on the prevalence of people who are pregnant or on maternity leave in the borough. There is no specific field for recording pregnancy on ePJS. Therefore, it is not possible to produce meaningful data on the profile of service users by this protected characteristic.

Current service delivery indicators

Experience of service users by pregnancy:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards considered in this EIA that submitted by respondents between October 2015 and March 2019.

| | Negative | Passive | Positive | Grand Total |
|--------------|----------|---------|----------|-------------|
| Not pregnant | 55 | 44 | 143 | 242 |
| Pregnant | 2 | | 4 | 6 |



This data suggests that the small number of pregnant respondents were more likely to recommend Lambeth adult acute wards than non-pregnant service users.

Pregnancy and length of stay: There is no specific field for recording pregnancy on ePJS. Therefore, it is not possible to produce meaningful data on LOS of service users by this protected characteristic.

Summary of potential pregnancy-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home.
 - This may increase the risk of social isolation during admissions, which may have a different impact on pregnant service users.
 - This will mean that pregnant service users may be located further away from maternity services they are accessing in Lambeth.

Travel:

- Any change of location will have travel implications that may have differential impacts on service users, family members, carers or supporters who are pregnant or have recently given birth if those people experience barriers to travel.

Estates:

- The new building is designed to comply with Part M of the Building Regulations, so spatially is capable of accommodating any pregnant user.
- All Service Users have their own en-Suite within their Bedrooms, with outward opening doors.
- Pregnant users could use the slightly enlarged Bariatric Bedrooms and en-Suites with extra handrails (2 No. per ward) if it is perceived they are struggling with their allocated accommodation.
- There are no partitioned cubicles in any of the WC facilities or shower areas. These rooms are single occupancy and generally oversized to allow for a full size door. If at any point these are perceived too small; pregnant service users can also use all the Accessible WC facilities

available. For example there is one at the entrance and one per ward (excluding the Assisted Bathrooms etc.).

Potential risks:

- There are potential risks of increased social isolation and increased distance from maternity services for pregnant service users during inpatient admissions at the proposed new location.
- There are potential travel-related risks for service users who are pregnant or who have recently given birth and need to travel to the new location.

Potential benefits:

- There are potential benefits to improve pregnant service user experience and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

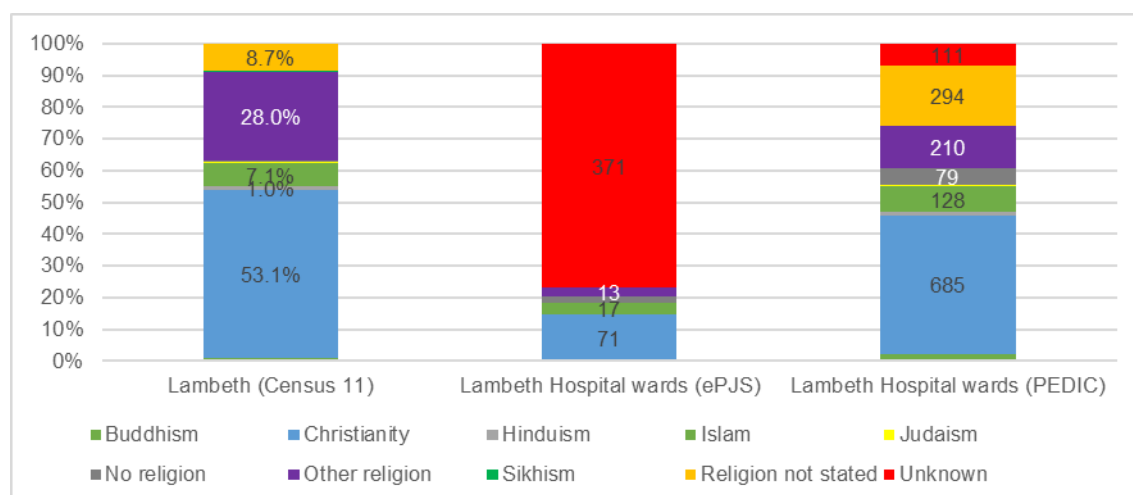
The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Religion and Belief | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|---------------------|---|--|
|---------------------|---|--|

Religion and belief profile of Lambeth acute ward service users

There is insufficient recording of religion on ePJS to enable production of meaningful data on the religion and belief profile of service users. The following data is taken from the Trust's 2018/19 religion and spirituality needs assessment, which analysed the religion and belief of PEDIC survey respondents.

Chart showing the religion and belief of service users on the Lambeth Hospital site recorded on ePJS in 2018/19 in comparison with the religion and belief of service users on the Lambeth Hospital site disclosed in PEDIC surveys between October 2015 and November 2018.



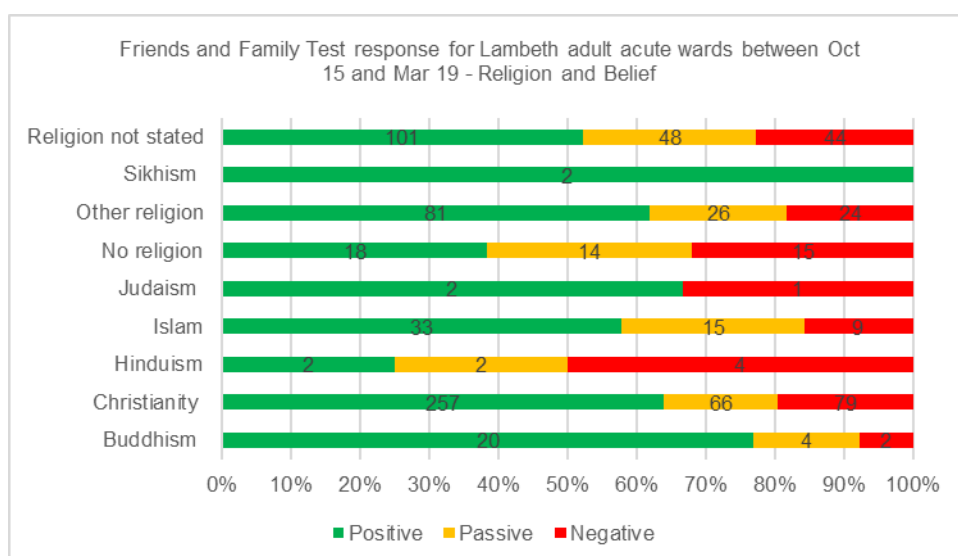
Current service delivery quality indicators:

Experience of service users by religion and belief:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards

considered in this EIA that submitted by respondents between October 2015 and March 2019.

| | Negative | Passive | Positive | Grand Total |
|---------------------|----------|---------|----------|-------------|
| Buddhism | 2 | 4 | 20 | 26 |
| Christianity | 79 | 66 | 257 | 402 |
| Hinduism | 4 | 2 | 2 | 8 |
| Islam | 9 | 15 | 33 | 57 |
| Judaism | 1 | | 2 | 3 |
| No religion | 15 | 14 | 18 | 47 |
| Other religion | 24 | 26 | 81 | 131 |
| Sikhism | | | 2 | 2 |
| Religion not stated | 44 | 48 | 101 | 193 |



This data suggests respondents who were Hindu or who had no religion were less likely to recommend Lambeth adult acute wards. Buddhist and the small number of Sikh respondents were most likely to do this.

Religion and belief and length of stay:

There is insufficient recording of religion on ePJS to enable production of meaningful data on length of stay of service users of different religions and beliefs.

Summary of potential religion and belief-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on people who are active in a faith community or place of worship in Lambeth.

Estates:

- The proposed new DBH building will include a Multi-Faith facility on the ground floor level that can be used by staff and service users. It will have an ablution room and Qibla line. There is also the

potential for other therapy room spaces to be used for religion and belief purposes.

Potential risks:

- There are potential risks of increased social isolation and increased distance from places of worship and faith communities for service users with different religions and beliefs during inpatient admissions at the proposed new location.

Potential benefits:

- There are potential benefits to reduce variation in experience reported by service users of different religions and beliefs and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

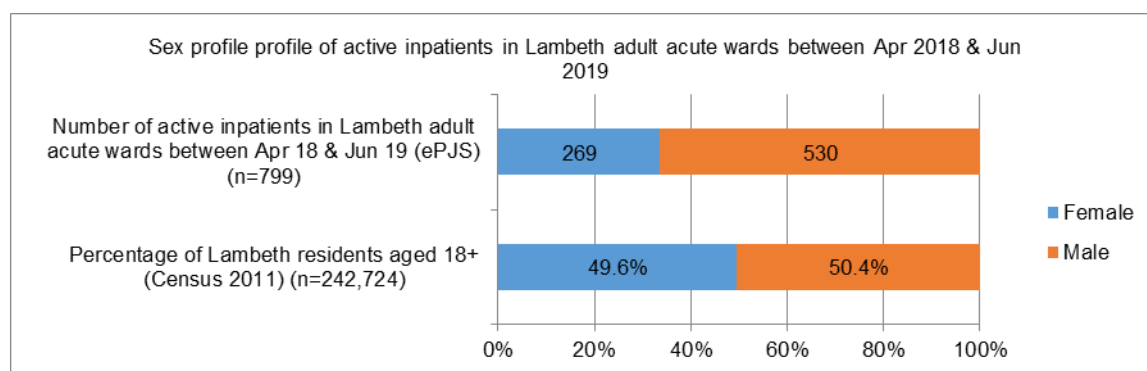
The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Sex | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----|---|--|
|-----|---|--|

Sex profile of Lambeth acute ward service users

| | Percentage of Lambeth residents aged 18+ (Census 2011) (n=242,724) | Number of active inpatients in the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19 (ePJS) (n=799) |
|--------|--|--|
| Female | 49.6% | 269 |
| Male | 50.4% | 530 |

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19



This data suggests there is a higher proportion of male service users are accessing Lambeth adult acute wards.

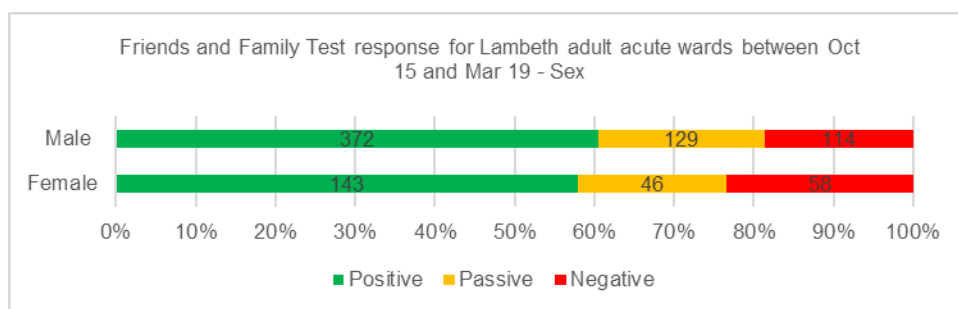
Current service delivery quality indicators:

Experience of service users by sex:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards

considered in this EIA that submitted by respondents between October 2015 and March 2019.

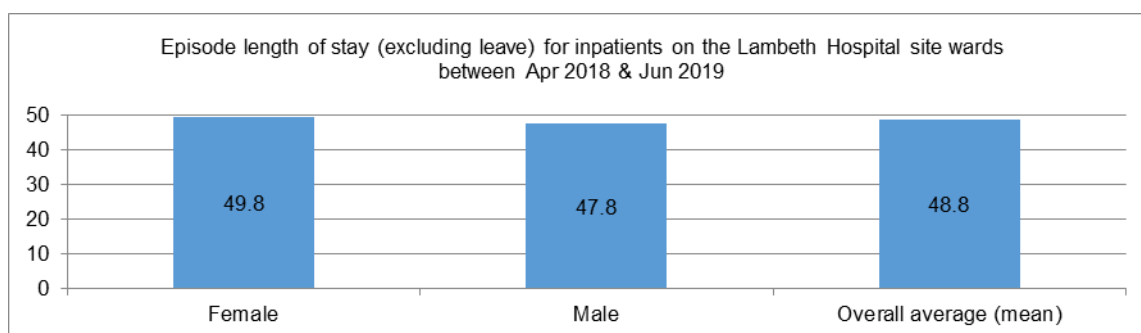
| | Negative | Passive | Positive | Grand Total |
|--------|----------|---------|----------|-------------|
| Female | 58 | 46 | 143 | 247 |
| Male | 114 | 129 | 372 | 615 |



This data suggests respondents who were female were slightly less likely to recommend Lambeth adult acute wards than male respondents.

Sex and length of stay:

Note: the chart below only contains data for the 5 Lambeth adult acute wards considered in this EIA between Apr 18 & Jun 19



This data suggests that female service users had a slightly longer average length of stay in Lambeth adult acute wards between April 2018 and June 2019.

Summary of potential sex/gender-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may have a greater indirect impact on male service users who represent a high proportion of Lambeth acute ward service users.

Estates:

- Male and Female wards will be on different floors in the proposed new DBH building. All service users will get their own room. All rooms will have ensuite bathrooms. Floor levels 1 to 4 have single occupancy Shower and WC facilities (situated behind lifts.)

Potential risks:

- It will be important for wards to be configured to meet demand for female and male beds.

- There are potential risks of increased social isolation for service users during inpatient admissions at the proposed new location.

Potential benefits:

- There are potential benefits to improve experience reported by female and male service users and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Sexual Orientation | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|---------------------------|---|--|
|---------------------------|---|--|

Sexual orientation profile of Lambeth acute ward service users

There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

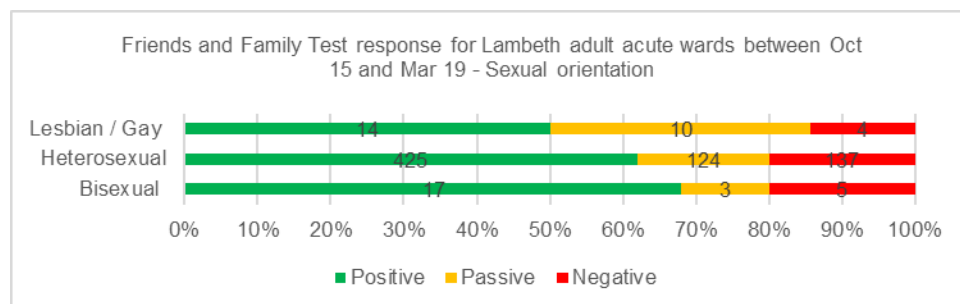
Lambeth Council report that there is currently very limited data about sexual identity in the UK but existing estimates suggest that 5-10% of Lambeth residents are from LGBT+ groups. There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

Current service delivery indicators

Experience of service users by sexual orientation:

The following feedback is from a sample of 918 responses from 5 Lambeth Adult acute wards considered in this EIA that submitted by respondents between October 2015 and March 2019.

| | Negative | Passive | Positive | Grand Total |
|---------------|----------|---------|----------|-------------|
| Bisexual | 5 | 3 | 17 | 25 |
| Heterosexual | 137 | 124 | 425 | 686 |
| Lesbian / Gay | 4 | 10 | 14 | 28 |



This data suggests respondents who were lesbian or gay were less likely to recommend Lambeth adult acute wards and bisexual respondents were most likely to recommend these. There is also evidence that lesbian, gay or bisexual people from ethnic minority background face particular

challenges on adult acute wards.

Sexual orientation and length of stay: There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation and LOS.

Summary of potential sexual orientation-related implications of the proposals to relocate adult acute wards:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on lesbian, gay or bisexual people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on lesbian, gay or bisexual service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Potential risks:

- There are potential risks of increased social isolation for lesbian, gay or bisexual people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for lesbian, gay or bisexual people who have public safety fears travelling to the new location.

Potential benefits:

- There are potential benefits to improve experience of lesbian, gay or bisexual people (particularly those from ethnic minority backgrounds) and improve dignity and privacy by delivering inpatient care in the improved environment of the proposed new building.
- This may help reduce the length of stay of some service users unless there are additional factors such as treatment resistance, physical health needs or complex housing or support needs that delay their discharge.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| | | |
|--|-----------------------------|-----------------------------|
| Marriage & Civil Partnership (Only if considering employment issues) | Positive impact: N/A | Negative impact: N/A |
| Service delivery EIA only. | | |
| Other (e.g. Carers) | Positive impact: N/A | Negative impact: N/A |
| See above sections for each protected characteristic. | | |

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

YES: Please detail actions in PART 3: EIA Action Plan

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?

See EIA action plan.

4. PART 2: Service delivery equality analysis for the proposal to relocate of Leo ward

Options of service development being assessed

- Service delivery EIA on the relocation of Leo ward from Lambeth Hospital to the Maudsley Hospital (ES2)

This is EIA is being considered alongside EIAs on the following:

- The relocation of adult acute wards (Eden ward, Luther King ward, Nelson Ward, Rosa Parks Ward and ES2 - currently operating on Maudsley Hospital site) from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Service delivery EIA on the relocation of Tony Hillis Unit from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Service delivery EIA on the relocation of the Ward in the Community and outpatient services from Lambeth Hospital to the Bethlem Royal Hospital as a result of the wider DBH proposals.
- Service delivery EIA on the relocation of Lambeth community services from Lambeth Hospital to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).
- Workforce EIA on the staff affected by proposed relocations.

Name of lead person responsible for the service development

Project Leads:

- Dr Rob Harland – Clinical Lead
- Vanessa Smith – Operational Lead

Staff supporting the EIA:

- Neil Robertson, Service Director Lambeth for SLaM and Interim Managing Director of the Lambeth Alliance
- Macius Kurowski, Equality Manager

Describe the service development

What is its main aim?

The aim of this project is to reconfigure inpatient services to align with the clinical strategy and the increased specialisation of adult acute inpatient services. These services are currently delivered from four hospital site and delivery of this proposal will provide a greater critical mass of beds on fewer sites.

In parallel, the Trust has developed a community service strategy, which proposes new models and locations for community services to increase access and to manage conditions in the least restrictive environment. A separate EIA has been produced to inform the development of the Lambeth Living Well Centres and associated supported services.

What are its objectives and intended outcomes?

- Increase the critical mass of beds which will enable focussed interventions, standardised

processes and pathways and efficient service delivery

- Improve the quality of inpatient accommodation by relocating Lambeth inpatient service from accommodation that is not fit for purpose or in accordance with the latest guidelines, to modern inpatient spaces at the Maudsley which have been purpose designed to provide a therapeutic recovery environment.
- Vacate the Lambeth Hospital site, releasing it for disposal which will fund in part the delivery of the project

What are the main changes being considered?

- Leo Early Intervention Unit for Lambeth residents will move from Lambeth Hospital site (in Lambeth) to the Maudsley Hospital site (in Southwark) to the current location of ES2 ward.

What is the timetable for its development and implementation?

- If the proposals are approved, the relocations of Leo Early Intervention Unit would be expected to occur in 2022/23 (once the new facilities at the Maudsley have been built).

These dates are indicative and may be subject to change.

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

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

Evidence for Leo ward includes:

- Age, ethnicity and sex ePJS demographic data (between April 2018 and June 2019) on active patients, length of stay (LOS) excluding leave.
- Demographic data friends and family test responses (between Oct 2015 and March 2019)
- Face to Face interpreting data for all services between April 2017 and May 2019
- ePJS NHS Accessible Information field recording rates (in May 19)

Lambeth-wide evidence:

- [Draft Lambeth Council Transport Strategy – October 2018](#)
- [Healthwatch Lambeth evidence on older people](#)
- [Certitude evidence on Community Connecting through Connect & Do](#)
- [Lambeth Council report - Lambeth: A Trans agenda?](#)
- [Lambeth Council report – Lambeth LGBT Matters](#)
- [KCL, SLaM and Maudsley Charity LGBT+ Mental Health Event, 26th February 2018: Report](#)
- SLAM 2018/19 religion and spirituality needs assessment
- [AccessAble disability access reports for Lambeth Hospital](#)
- [AccessAble disability access reports for Maudsley Hospital](#)
- Equality-related aspects of the proposed new DBH design proposal
- Previous engagement undertaken by the Planning and Equality team through equality partnership time events; engagement with members of Black Communities in Lambeth (through the Lambeth Black Health and Wellbeing Independent Advisory Group) and engagement with LGBT people (through LGBT+ mental health events and a confidential mailing list).

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

(Please let us know who you have spoken to and what developments or action has come out of this)

Staff engagement (as at 20th August 2019)

- A series of face-to-face briefing sessions were held with affected staff at Lambeth on 20 May ahead of the Trust Board meeting on 21 May. Between all the local managers and Directorate leaders all the wards, on site community teams, social care teams and onsite voluntary services were met with. There was also engagement with teams at Lewisham to ensure they were made aware.
- Service Directors met with all the wards, on site community teams, social care teams and onsite voluntary services on the Lambeth site. They started the morning meeting on 20 May with ward managers and consultants and then back office staff based at Raey House, finishing with ES2 staff at the end of the day.
 - Overall the feedback from these sessions has been positive. Information from the meetings will be available on Maud.
 - Nothing controversial was raised and staff on Nelson, Luther King and Eden are pleased with the potential DBH offer.
 - It was stressed that this is a pre-consultation phase and the importance of staff involvement going forward. There were some questions raised which we will ensure we address in our future communications activity.
 - A number of staff asked why a new build is not possible on the Lambeth site. Neil Robertson responded was that we will struggle logistically to rebuild the site as there is nowhere for wards to be decanted and also that financially, the disposal of the site (or part of it) is key to future plans.
 - Although the consultants affected were generally in support of the ideas, a couple did reflect on how it could appear that the Maudsley was becoming a “big asylum” and the messages associated with this.
- Ongoing engagement with all clinical teams (e.g. with Eden and THU staff)
- Engagement with Trust Leadership Team on 5th June
- Council of Governors -13th June
- Sessions with NEDs and Board Members
- JSC – 22nd May and 11th June

Stakeholder Engagement (as at 20th August 2019)

Letters were sent to a number of key stakeholders setting out the context and early details of the proposed changes and asking for a meeting with them at this early stage to seek their views on the proposals, our plans for engagement and how best to involve them and where relevant, their committee/board/organisation. Letters have been sent to:

- Cllr Liz Atkins, Chair of Lambeth Council’s Overview and Scrutiny Committee
- Cllr Jim Dickson, Chair of Lambeth Council’s Health and Wellbeing Board
- Cllr Edward Davie, Lambeth Council’s Cabinet Member for Health and Adult Social Care
- Larkhall Ward Councillors, where Lambeth Hospital is located: Cllr Timothy Windle, Cllr Andy Wilson and Cllr Tina Valcarcel,
- Sarah Corlett. Chair Healthwatch Lambeth and
- Catherine Pearson, Chief Executive Healthwatch Lambeth

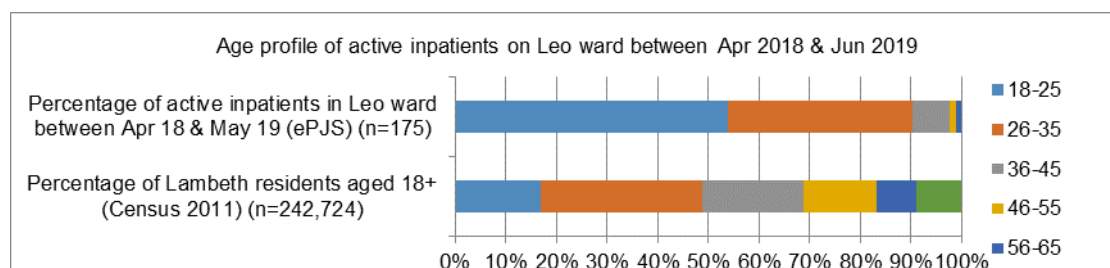
Does the evidence you have considered suggest that the service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

| Age | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|-----|--|--|
|-----|--|--|

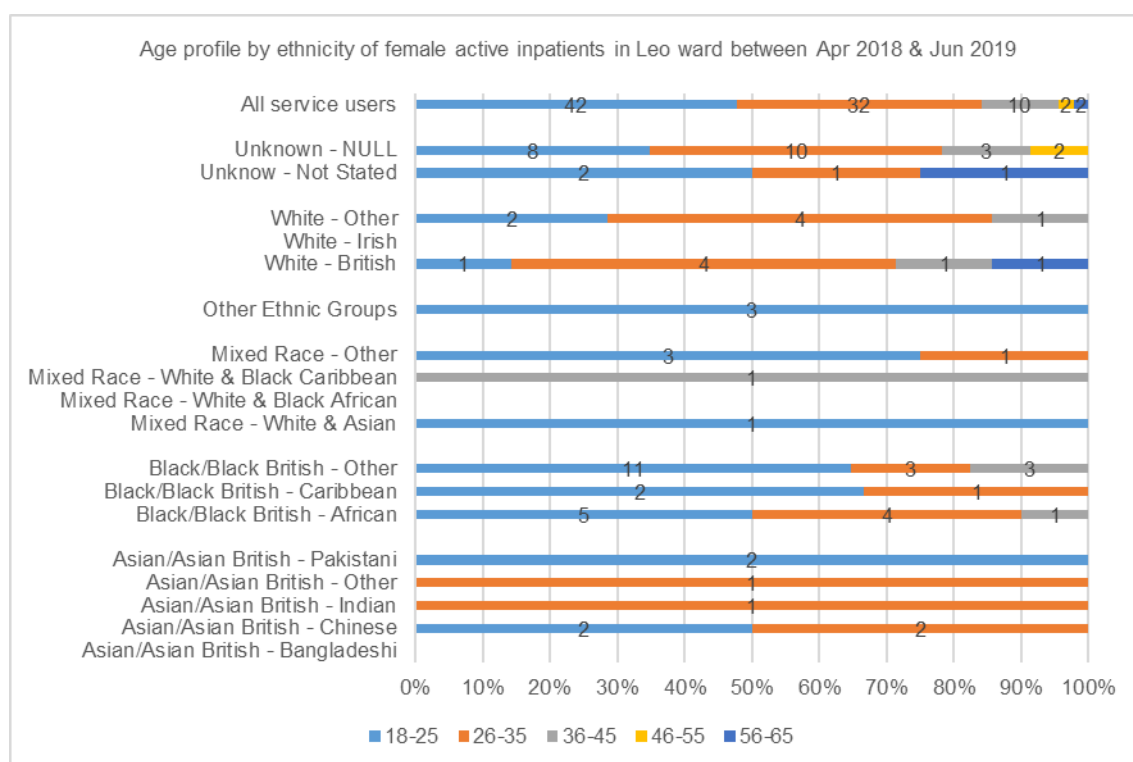
Age profile of Leo ward service users:

| | | |
|--|--|--|
| | Percentage of Lambeth residents aged 18+ (Census 2011) (n=242,724) | Number of active inpatients in Leo ward between Apr 18 & Jun 19 (ePJS) (n=175) |
|--|--|--|

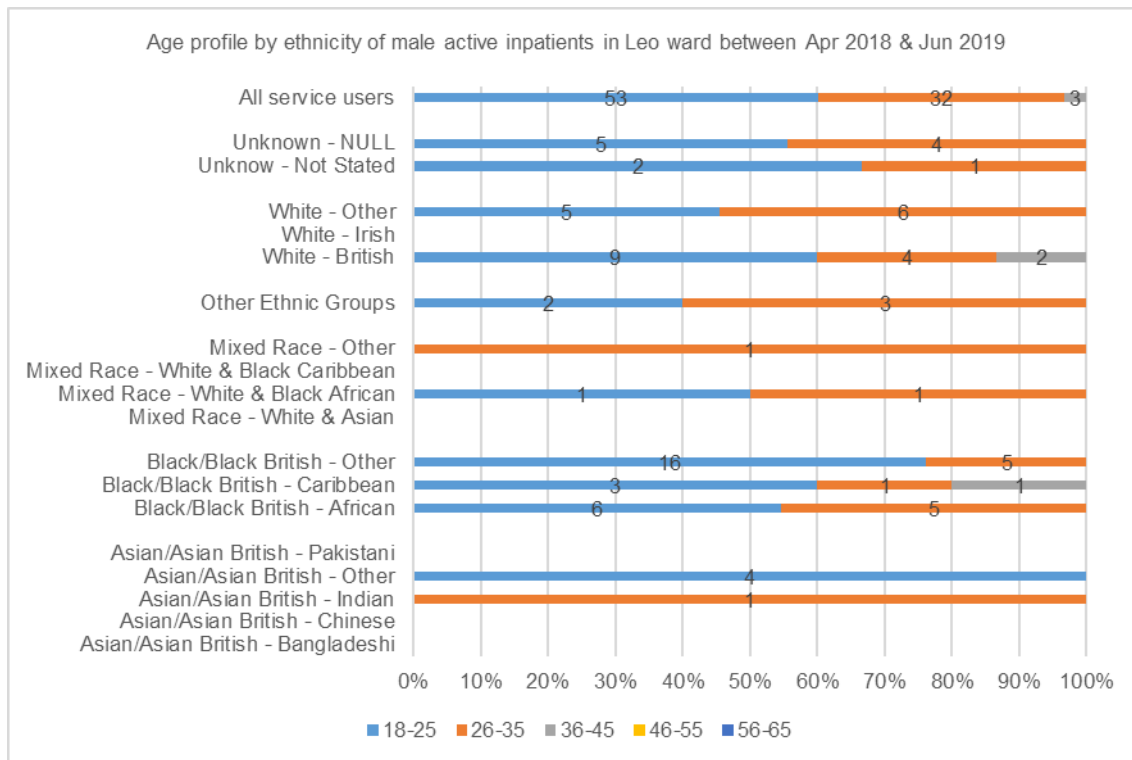
| | | |
|-------|-------|----|
| 18-25 | 16.8% | 94 |
| 26-35 | 31.9% | 64 |
| 36-45 | 20.1% | 13 |
| 46-55 | 14.2% | 2 |
| 56-65 | 7.9% | 2 |
| 65+ | 9.0% | 0 |



Age profile of female Leo ward of service users of different ethnicities:



Age profile of male Leo ward of service users of different ethnicities:

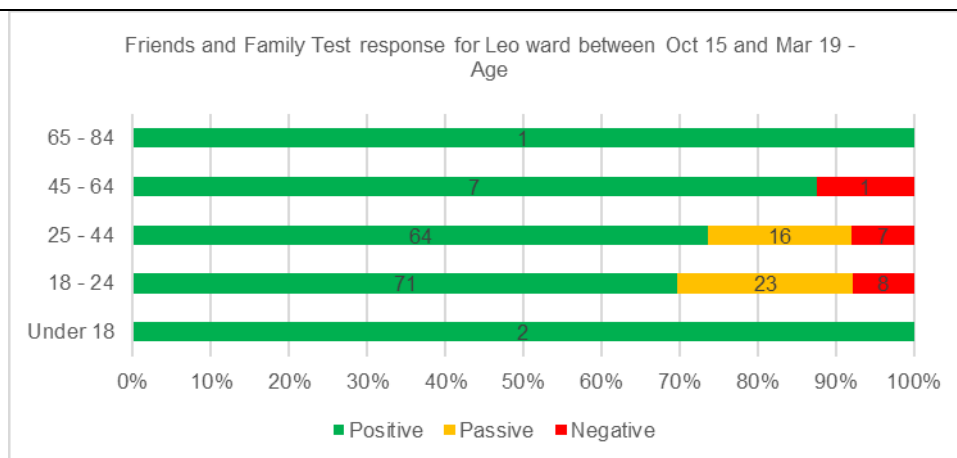


This data shows there is high proportion of service users aged 18-35 currently accessing Leo ward.

Current service delivery quality indicators:

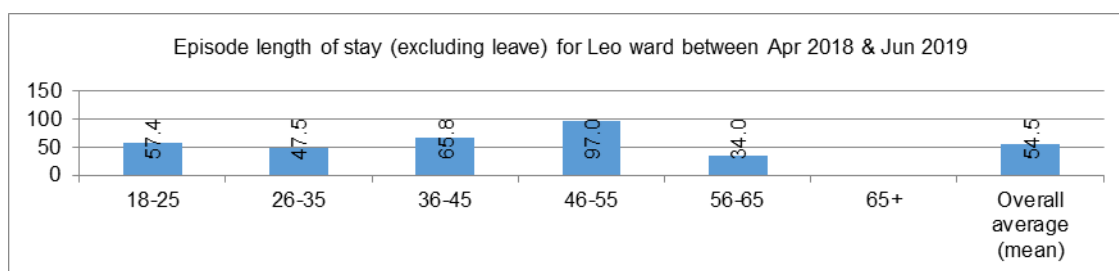
Experience of service users by age-group:

| | Negative | Passive | Positive | Grand Total |
|----------|----------|---------|----------|-------------|
| Under 18 | | | 2 | 2 |
| 18 - 24 | 8 | 23 | 71 | 102 |
| 25 - 44 | 7 | 16 | 64 | 87 |
| 45 - 64 | 1 | | 7 | 8 |
| 65 - 84 | | | 1 | 1 |



- Respondents aged under 18 and 65-84 were most likely to recommend Leo ward
- 18-24 year old respondents were least likely to recommend Leo ward

LOS (excluding leave) of service users by age group:



This data suggests that 46-55 year old service users had longer length length of stays in Leo ward between April 18 and June 19.

Summary of potential age-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which will have a greater indirect impact on people aged 18-35 years old who represent a high proportion of Leo ward service users.

Travel:

- Any change of location will have travel implications that may have differential impacts on service users, family members, carers or supporters of particular age groups if those people experience age-related barriers to travel such as:
 - Limited physical mobility due to older age
 - Vulnerability of young people to be attacked or suffer violence while travelling to different area from which they live.

Estates:

- The ward will move to the current site of ES2 ward. This will have a greater indirect impact on people aged 18-35 years old who represent a high proportion of Leo ward service users.

Potential risks:

- There are potential risks of increased social isolation for people (in particular those aged 46-55

years old - who have the longest average length of stay) during inpatient admissions at the proposed new location.

- There are potential travel-related risks for certain age groups, in particular for older and younger people travelling to the new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for people of different ages. This will have a greater indirect impact on people aged 18-35 years old who represent a high proportion of Leo ward service users.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| | | |
|-------------------|---|---|
| Disability | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|-------------------|---|---|

Disability profile of Leo ward service users

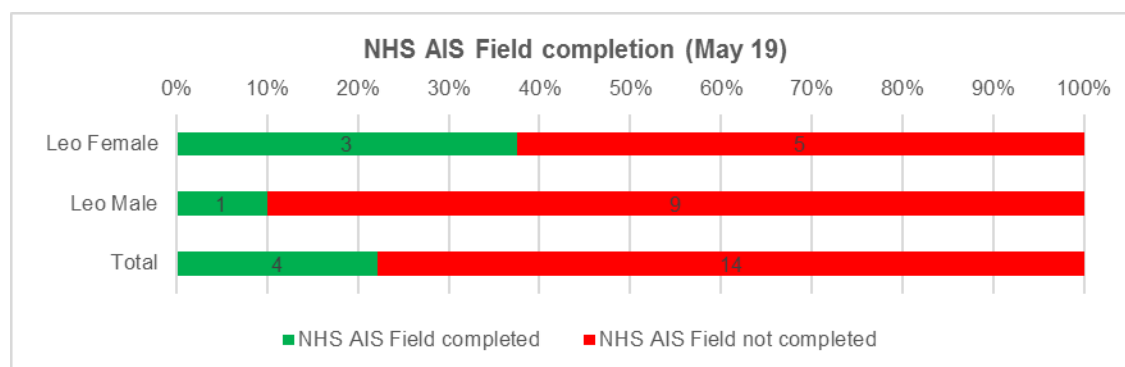
Census 2011 data highlights:

- 6.1% of Lambeth residents reported that their day-to-day activities were limited at lot because of a health problem or disability which has lasted, or expected to last at least 12 months
- 6.6% of Lambeth residents reported that their day-to-day activities were limited at little because of a health problem or disability which has lasted, or expected to last at least 12 months

There is currently insufficient recording of disability on ePJS to enable production of meaningful data on the disability profile of service users.

Current service delivery quality indicators:

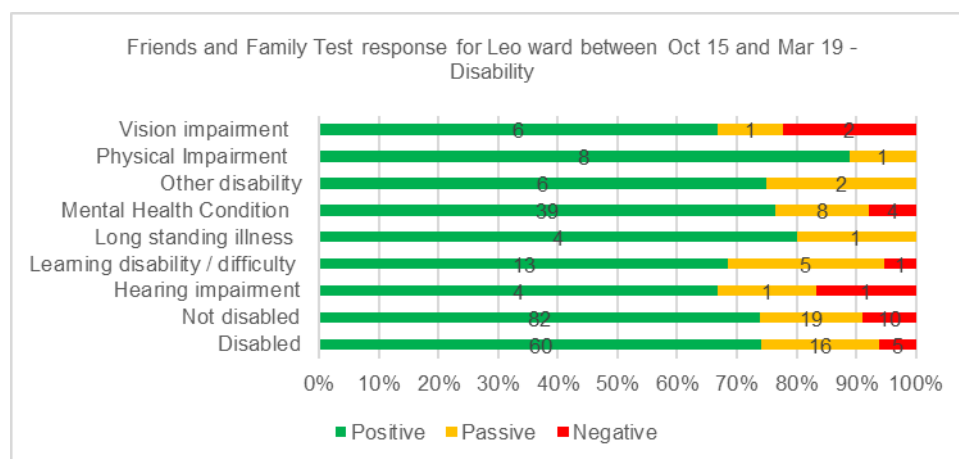
NHS Accessible Information Standard: There is currently low levels of recording of accessible communication needs in Leo ward.



Experience of service users by disability:

| | Negative | Passive | Positive | Grand Total |
|----------------------------------|----------|---------|----------|-------------|
| Disabled | 5 | 16 | 60 | 81 |
| Not disabled | 10 | 19 | 82 | 111 |
| Hearing impairment | 1 | 1 | 4 | 6 |
| Learning disability / difficulty | 1 | 5 | 13 | 19 |
| Long standing illness | | 1 | 4 | 5 |
| Mental Health Condition | 4 | 8 | 39 | 51 |
| Other disability | | 2 | 6 | 8 |

| | | | | |
|---------------------|---|---|---|---|
| Physical Impairment | | 1 | 8 | 9 |
| Vision impairment | 2 | 1 | 6 | 9 |



This data suggests disabled and non-disabled respondents were equally likely to recommend Leo ward. There was some variations in experience for service users with particular impairments (e.g. slightly less positive experiences reported by the small number of respondents who had hearing or vision impairments or learning disability/difficulties)

LOS (excluding leave) of service users by disability:

There is insufficient recording of disability on ePJS to enable production of meaningful on the LOS of disabled service users.

Summary of potential disability-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on disabled service users who are at greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on disabled service users, family members, carers or supporters if those people experience disability-related barriers to travel.

Estates:

- The ward will move to the current site of ES2 ward.

Potential risks:

- There are potential risks of increased social isolation for disabled people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for disabled people travelling to the new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for disabled people.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

Gender re-assignment

Positive impact:
No potential benefits identified

Negative impact:
Potential risks identified

Gender re-assignment profile of Leo ward service users

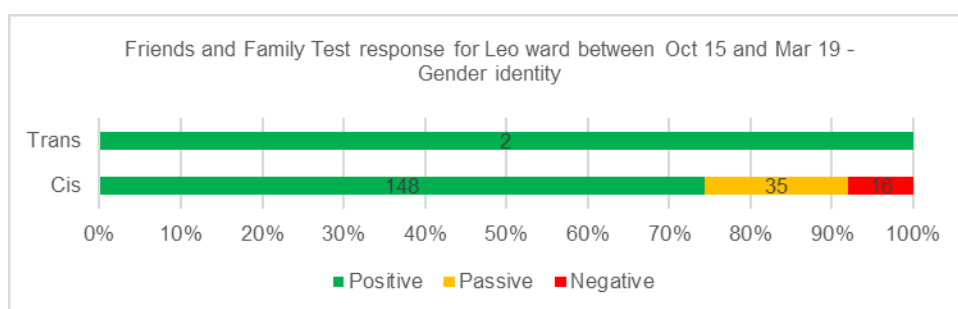
There is currently no robust evidence on the prevalence of people who are transgender in the borough.

There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on the profile of service users by this protected characteristic.

Current service delivery quality indicators:

Experience of service users by gender reassignment:

| | Negative | Passive | Positive | Grand Total |
|-------|----------|---------|----------|-------------|
| Cis | 16 | 35 | 148 | 199 |
| Trans | | | 2 | 2 |



This data suggests the small number of trans respondents were more likely to recommend Leo ward than cis service users.

Gender reassignment and length of stay: There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on LOS of service users by this protected characteristic.

Summary of potential gender reassignment-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on trans people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on trans service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Estates:

- The ward will move to the current site of ES2 ward

Potential risks:

- There are potential risks of increased social isolation for trans people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for trans people who have public safety fears travelling to the new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for trans people.

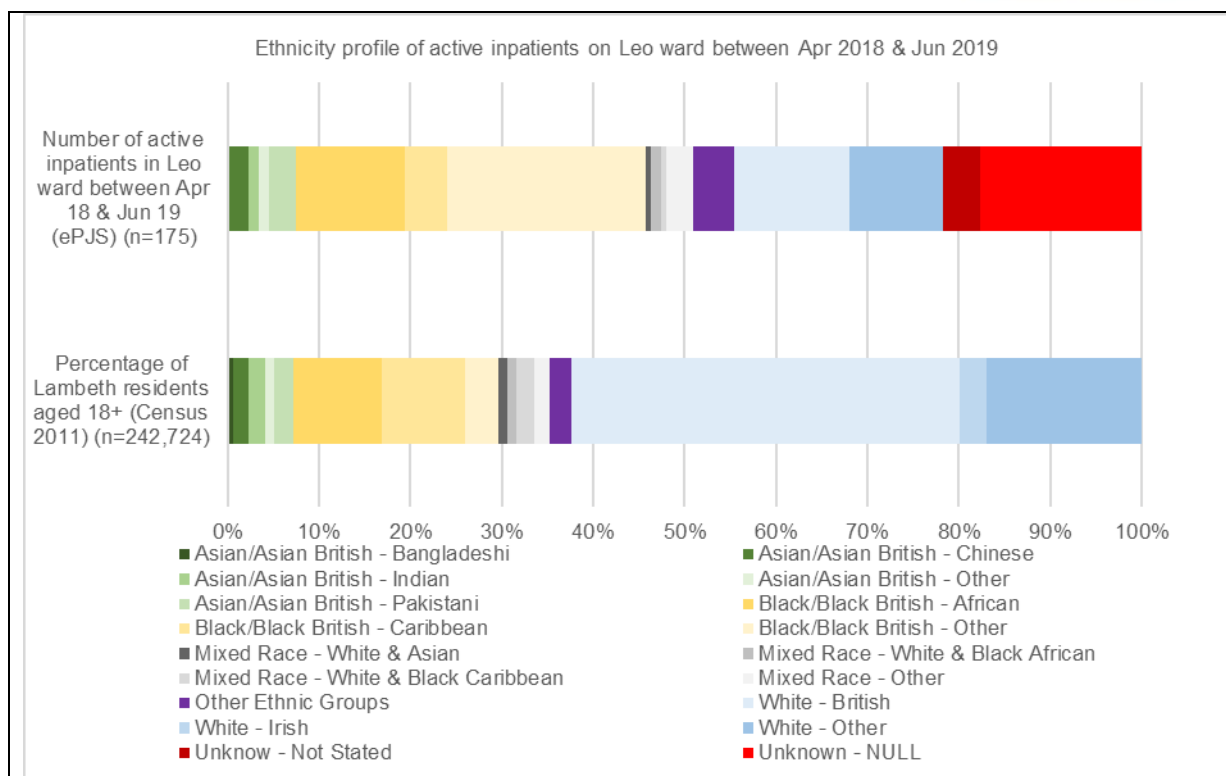
No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Ethnicity | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|-----------|--|--|
|-----------|--|--|

Ethnicity profile of Leo ward service users

| Ethnicity | Percentage of Lambeth residents aged 18+ (Census 2011) (n=242,724) | Number of active inpatients in Leo ward between Apr 18 & Jun 19 (ePJS) (n=175) |
|--------------------------------------|--|--|
| Asian/Asian British - Bangladeshi | 0.6% | 0 |
| Asian/Asian British - Chinese | 1.7% | 4 |
| Asian/Asian British - Indian | 1.8% | 2 |
| Asian/Asian British - Other | 1.0% | 2 |
| Asian/Asian British - Pakistani | 2.1% | 5 |
| Black/Black British - African | 9.7% | 21 |
| Black/Black British - Caribbean | 9.1% | 8 |
| Black/Black British - Other | 3.6% | 38 |
| Mixed Race - White & Asian | 1.0% | 1 |
| Mixed Race - White & Black African | 1.0% | 2 |
| Mixed Race - White & Black Caribbean | 1.9% | 1 |
| Mixed Race - Other | 1.8% | 5 |
| Other Ethnic Groups | 2.4% | 8 |
| White - British | 42.4% | 22 |
| White - Irish | 3.0% | 0 |
| White - Other | 17.0% | 18 |
| Unknown - Not Stated | 0.0% | 7 |
| Unknown - NULL | 0.0% | 31 |

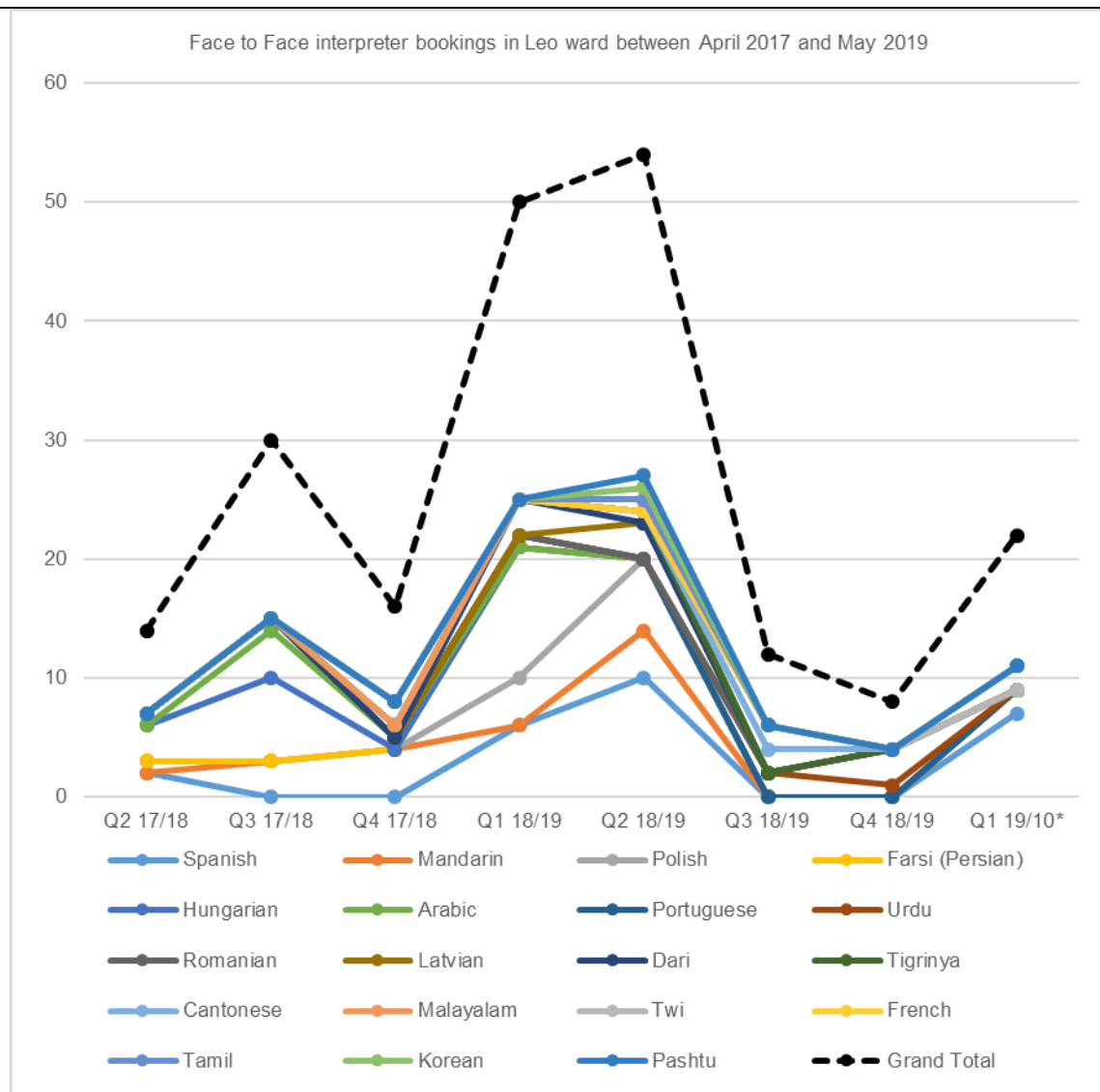


| Ethnicity | Number of active inpatients in Leo ward between Apr 18 & Jun 19 (ePJS) (n=2) |
|---------------------------|--|
| Other Latin American (SM) | 1 |
| Portuguese (C4) | 1 |
| Total | 2 |

This data suggests there is a higher proportion of ethnic minority service users (particularly Black service users and service users from other ethnic groups) are currently accessing Leo ward.

Current service delivery quality indicators:

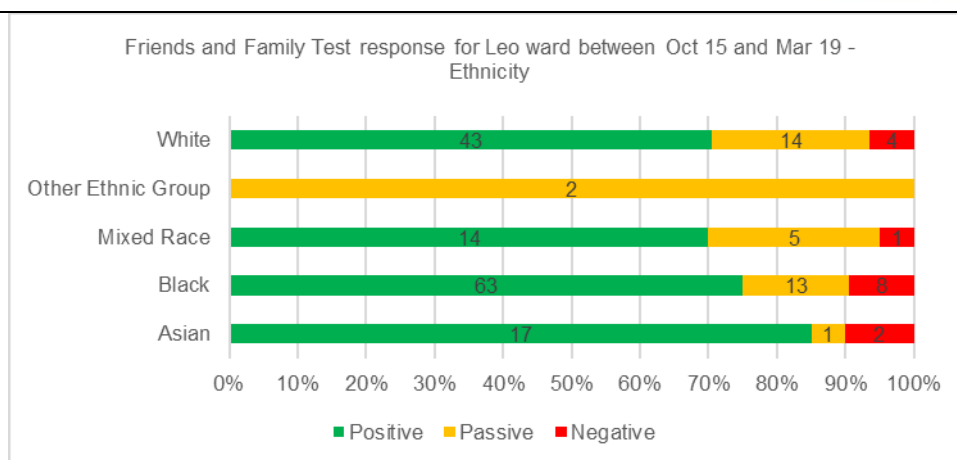
Face to face interpreter usage:



Fulfilment rates of face to face interpreter bookings for services based at the Lambeth and Maudsley Hospital sites between April 2017 and May 2019 is the same (94%)

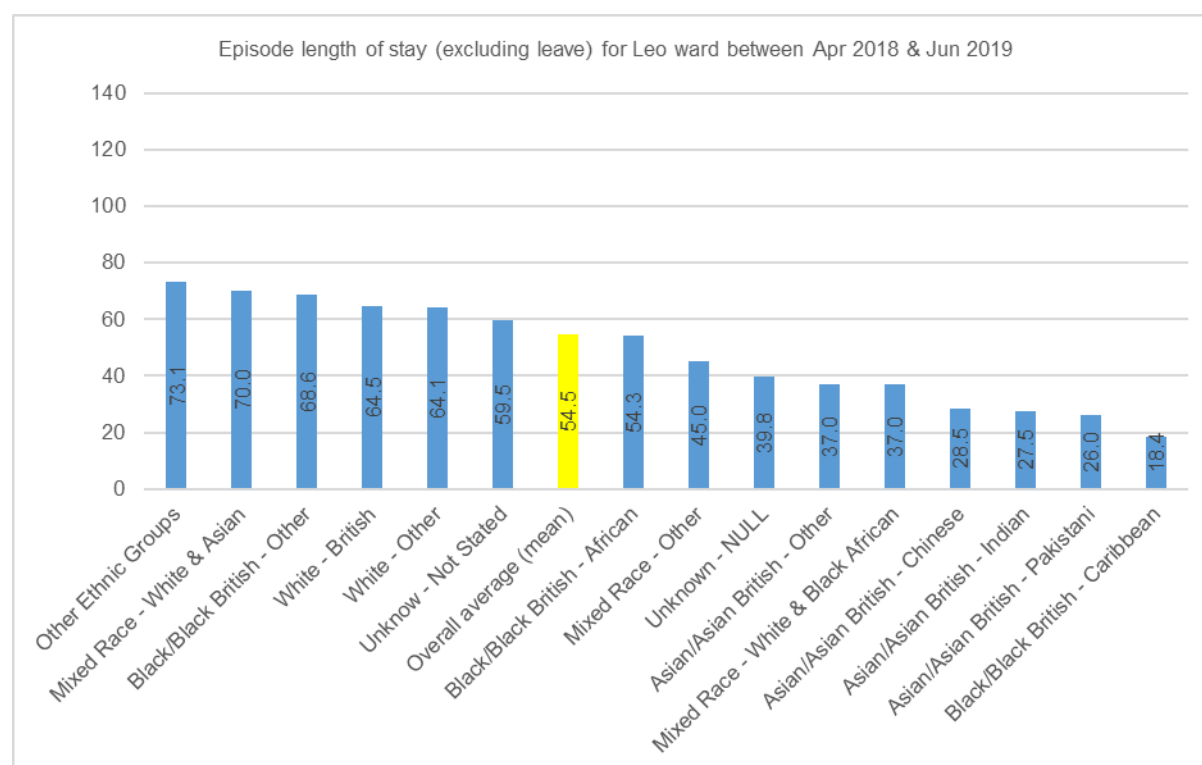
Experience of service users by ethnicity:

| | Negative | Passive | Positive | Grand Total |
|--------------------|----------|---------|----------|-------------|
| Asian | 2 | 1 | 17 | 20 |
| Black | 8 | 13 | 63 | 84 |
| Mixed Race | 1 | 5 | 14 | 20 |
| Other Ethnic Group | | 2 | | 2 |
| White | 4 | 14 | 43 | 61 |



This data suggests respondents from other ethnic groups were less likely to recommend Leo ward and Asian service users were most likely to report this.

Ethnicity and length of stay:



This data suggests that service users who were from Other ethnic groupd, Mixed Race – White & Asian; Black/Black British – Other; White – British and White – Other had longer than average length of stay in Leo ward between April 2018 and June 2019.

LOS of female service users ethnicity and age group between Apr 2018 & Jun 2019:

| Ethnicity | Age group | | | Average LOS |
|---------------------|-----------|-------|-------|-------------|
| | 18-25 | 26-35 | 36-45 | |
| Other Ethnic Groups | 70.0 | 153.0 | | 111.5 |

| | | | | |
|---|-------------|-------------|-------------|-------------|
| Black/Black British - Other | 93.2 | 55.0 | | 87.7 |
| White - British | 67.9 | 79.3 | 24.0 | 68.0 |
| White - Other | 66.5 | 60.5 | | 63.5 |
| Average (mean) | 63.0 | 54.5 | 17.5 | 58.6 |
| Unknown - NULL | 23.8 | 58.3 | | 41.0 |
| Asian/Asian British - Other | 40.0 | | | 40.0 |
| Mixed Race - White & Black African | 27.0 | 47.0 | | 37.0 |
| Not Stated | 52.0 | 13.0 | | 32.5 |
| Black/Black British - African | 36.5 | 30.0 | | 32.2 |
| Asian/Asian British - Indian/British Indian | | 28.0 | | 28.0 |
| Mixed Race - Other | | 24.0 | | 24.0 |
| Black/Black British - Caribbean | 8.5 | 22.0 | 11.0 | 12.5 |

LOS of male service users ethnicity and age group between Apr 2018 & Jun 2019:

| Ethnicity | Age group | | | | | Average LOS |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 18-25 | 26-35 | 36-45 | 46-55 | 56-65 | |
| Not Stated | 43.0 | 130.0 | | | | 86.5 |
| White & Asian | 70.0 | | | | | 70.0 |
| Black African | 76.0 | 49.0 | 74.0 | | | 67.5 |
| White Other | 113.0 | 29.3 | 124.0 | | | 65.0 |
| Other Ethnic Groups | 57.8 | | | | | 57.8 |
| White British | 27.0 | 71.7 | 55.0 | | 34.0 | 55.2 |
| Black Other | 46.1 | 70.0 | 68.0 | | | 53.7 |
| Mixed Other | 68.0 | 20.0 | | | | 52.0 |
| Average (mean) | 51.4 | 41.6 | 71.8 | 97.0 | 34.0 | 50.5 |
| Unknown - NULL | 48.3 | 22.7 | 57.5 | 97.0 | | 38.4 |
| Chinese | 9.0 | 48.0 | | | | 28.5 |
| Asian Other | | 28.0 | | | | 28.0 |
| Indian/British Indian | | 27.0 | | | | 27.0 |
| Black Caribbean | 30.5 | 18.0 | | | | 26.3 |
| Pakistani/British Pakistani | 26.0 | | | | | 26.0 |

Summary of potential ethnicity-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater indirect impact people from ethnic minority backgrounds who represent a high proportion of Leo ward service users.
- Previous engagement with representative of local Black communities has highlighted a lack of trust in the 'Maudsley Hospital'. A high proportion of Leo ward service users are Black. It will therefore be important to consider how moving Leo ward to the Maudsley site will be perceived

and affect Black service users, family members, carers, supporters and community members

Travel:

- Any change of location will have travel implications that may have differential impacts on ethnic minority service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety or other factors.

Potential risks:

- There are potential risks of increased social isolation for ethnic minority service users during inpatient admissions at the proposed new location.
- There are potential travel-related risks for ethnic minority people (in particular Black service users, family members, carers and supporters) travelling to the new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for people of different ethnicities. This will have a greater indirect impact on Black people who represent a high proportion of Leo ward service users.

No anticipated change:

- Lambeth adult acute wards operating from the Maudsley hospital site will be able to access the same level of timely and high quality interpreter support they receive at the Lambeth Hospital site.
- The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

Pregnancy & Maternity

Positive impact:
No potential benefits identified

Negative impact:
Potential risks identified

Pregnancy and maternity profile of Leo ward service users

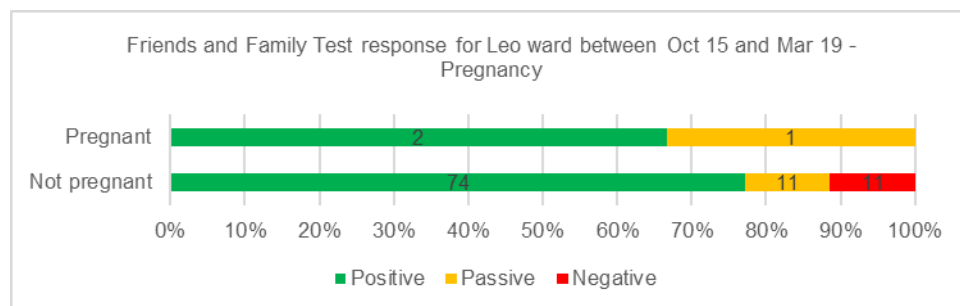
There is currently no robust evidence on the prevalence of people who are pregnant or on maternity leave in the borough. There is no specific field for recording pregnancy on ePJS. Therefore, it is not possible to produce meaningful data on the profile of service users by this protected characteristic.

Current service delivery indicators

Pregnancy and length of stay: There is no specific field for recording pregnancy on ePJS. Therefore, it is not possible to produce meaningful data on LOS of service users by this protected characteristic.

Experience of service users by pregnancy:

| | Negative | Passive | Positive | Grand Total |
|--------------|----------|---------|----------|-------------|
| Not pregnant | 11 | 11 | 74 | 96 |
| Pregnant | | 1 | 2 | 3 |



This data suggests that the small number of pregnant respondents were more slightly less to recommend Leo ward than non-pregnant service users.

Summary of potential pregnancy-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home.
 - This may increase the risk of social isolation during admissions, which may have a different impact on pregnant service users.
 - This will mean that pregnant service users may be located further away from maternity services they are accessing in Lambeth.

Travel:

- Any change of location will have travel implications that may have differential impacts on service users, family members, carers or supporters who are pregnant or have recently given birth if those people experience barriers to travel.

Estates:

- The ward will move to the current site of ES2 ward

Potential risks:

- There are potential risks of increased social isolation and increased distance from maternity services for pregnant service users during inpatient admissions at the proposed new location.
- There are potential travel-related risks for service users who are pregnant or who have recently given birth and need to travel to the new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for pregnant.

No anticipated change:

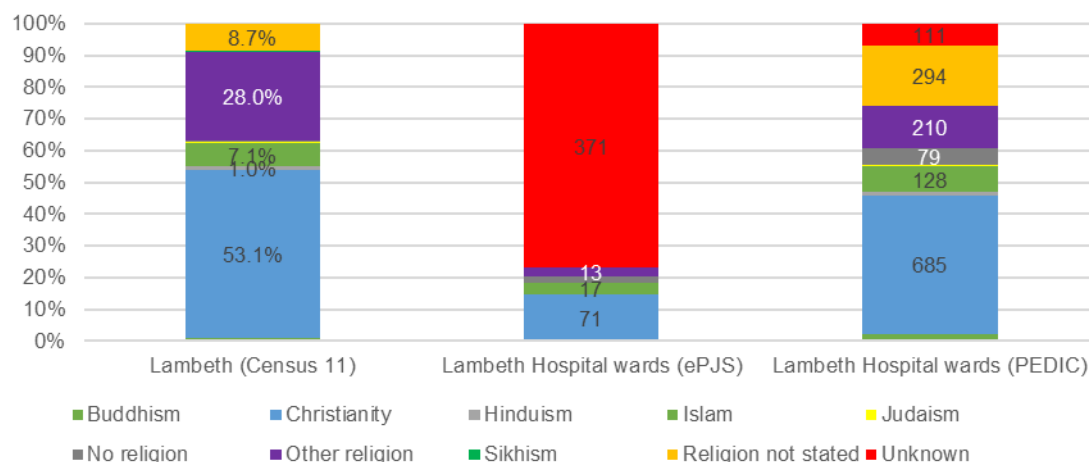
The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| | | |
|----------------------------|---|---|
| Religion and Belief | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|----------------------------|---|---|

Religion and belief profile of Leo ward service users

There is insufficient recording of religion on ePJS to enable production of meaningful data on the religion and belief profile of service users. The following data is taken from the Trust's 2018/19 religion and spirituality needs assessment, which analysed the religion and belief of PEDIC survey respondents.

Chart showing the religion and belief of service users on the Lambeth Hospital site recorded on ePJS in 2018/19 in comparison with the religion and belief of service users on the Lambeth Hospital site disclosed in PEDIC surveys between October 2015 and November 2018.



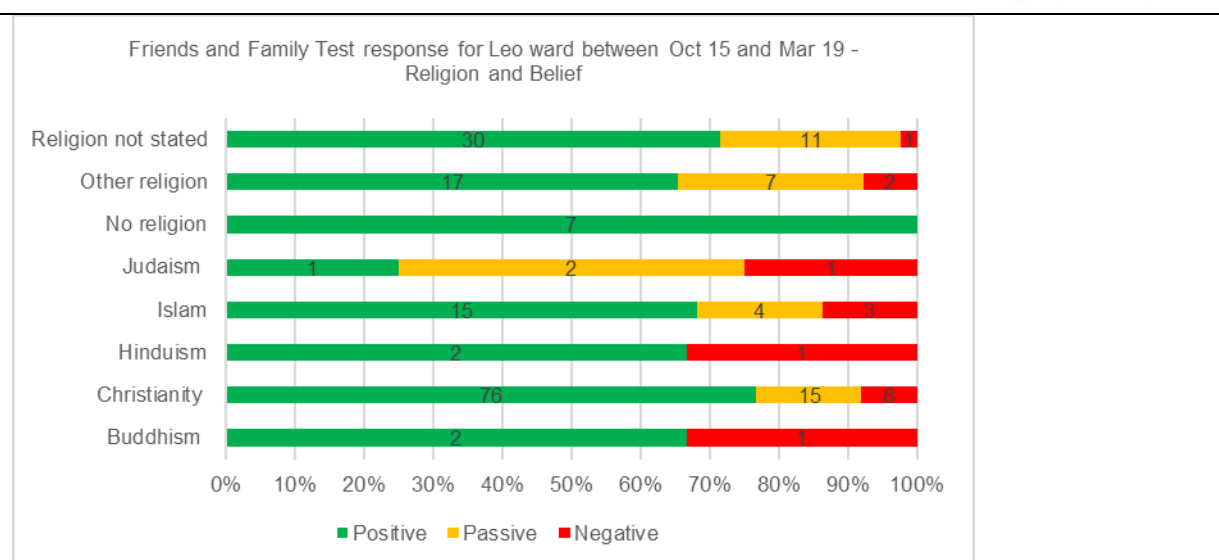
Current service delivery quality indicators:

Religion and belief and length of stay:

There is insufficient recording of religion on ePJS to enable production of meaningful data on length of stay of service users of different religions and beliefs.

Experience of service users by religion and belief:

| | Negative | Passive | Positive | Grand Total |
|---------------------|----------|---------|----------|-------------|
| Buddhism | 1 | | 2 | 3 |
| Christianity | 8 | 15 | 76 | 99 |
| Hinduism | 1 | | 2 | 3 |
| Islam | 3 | 4 | 15 | 22 |
| Judaism | 1 | 2 | 1 | 4 |
| No religion | | | 7 | 7 |
| Other religion | 2 | 7 | 17 | 26 |
| Sikhism | | | | |
| Religion not stated | 1 | 11 | 30 | 42 |



This data suggests the small number of respondents who were Jewish were least likely to recommend Leo. Those with no religion were most likely to do this.

Summary of potential religion and belief-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on people who are active in a faith community or place of worship in Lambeth.

Estates:

- The ward will move to the current site of ES2 ward.

Potential risks:

- There are potential risks of increased social isolation and increased distance from places of worship and faith communities for service users with different religions and beliefs during inpatient admissions at the proposed new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for people of different religions.

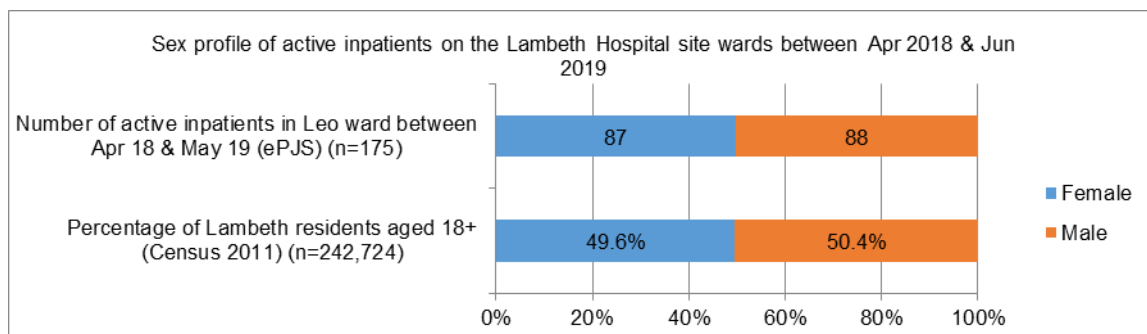
No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Sex | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|-----|--|--|
|-----|--|--|

Sex profile of Leo ward service users

| | Percentage of Lambeth residents aged 18+ (Census 2011) (n=242,724) | Number of active inpatients in Leo ward between Apr 18 & Jun 19 (ePJS) (n=175) |
|--------|--|--|
| Female | 49.6% | 87 |
| Male | 50.4% | 88 |

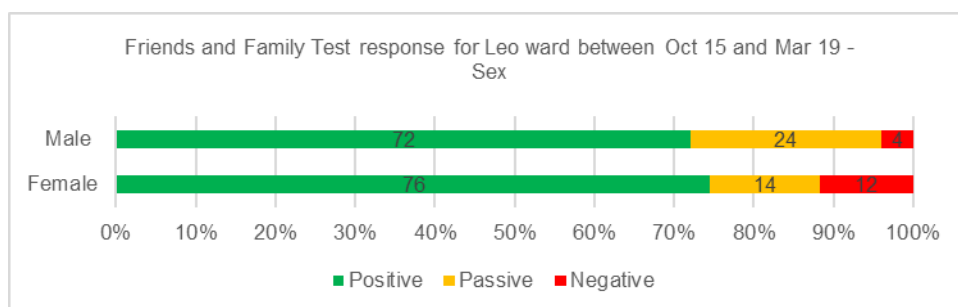


This data suggests equal proportions of female and male service users are accessing Leo ward.

Current service delivery quality indicators:

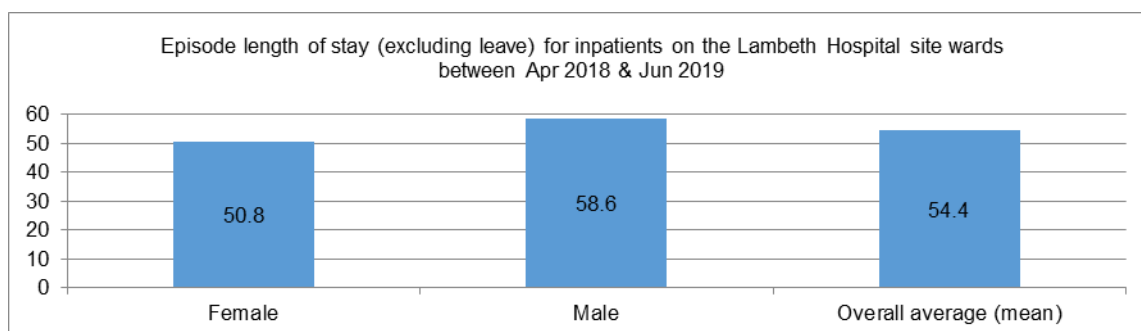
Experience of service users by sex:

| | Negative | Passive | Positive | Grand Total |
|--------|----------|---------|----------|-------------|
| Female | 12 | 14 | 76 | 102 |
| Male | 4 | 24 | 72 | 100 |



This data suggests respondents who were male were slightly less likely to recommend Leo ward than female respondents.

Sex and length of stay:



This data suggests that male service users had a slightly longer average length of stay in Leo ward between April 2018 and June 2019.

Summary of potential sex/gender-related implications of the proposals to

relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home.

Estates:

- The ward will move to the current site of ES2 ward

Potential risks:

- There are potential risks of increased social isolation for service users during inpatient admissions at the proposed new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for people of different sexes.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

Sexual Orientation

Positive impact:

No potential benefits identified

Negative impact:

Potential risks identified

Sexual orientation profile of Leo ward service users

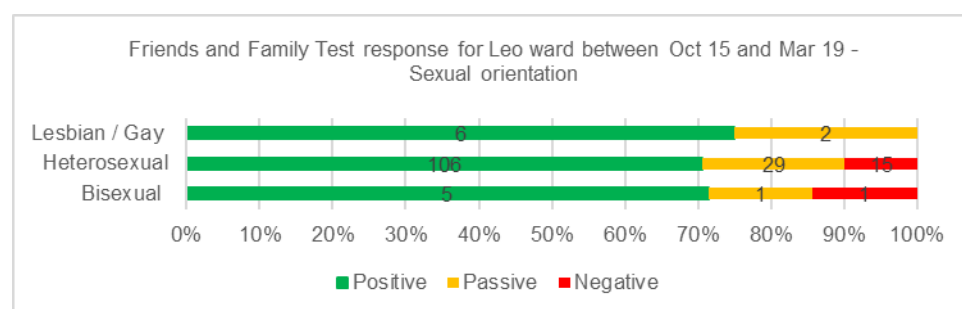
There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

Lambeth Council report that there is currently very limited data about sexual identity in the UK but existing estimates suggest that 5-10% of Lambeth residents are from LGBT+ groups. There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

Current service delivery indicators

Experience of service users by sexual orientation:

| | Negative | Passive | Positive | Grand Total |
|---------------|----------|---------|----------|-------------|
| Bisexual | 1 | 1 | 5 | 7 |
| Heterosexual | 15 | 29 | 106 | 150 |
| Lesbian / Gay | | 2 | 6 | 8 |



This data suggests respondents who were heterosexual were most likely to recommend Leo ward..

Sexual orientation and length of stay: There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation and LOS.

Summary of potential sexual orientation-related implications of the proposals to relocate Leo ward:

Location:

- Any change of location will mean Lambeth residents will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on lesbian, gay or bisexual people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on lesbian, gay or bisexual service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Potential risks:

- There are potential risks of increased social isolation for lesbian, gay or bisexual people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for lesbian, gay or bisexual people who have public safety fears travelling to the new location.
- There may be estate-related risks of the proposed move from the current location of Leo ward to ES2 for people of different sexual orientations.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| | | |
|--|-----------------------------|-----------------------------|
| Marriage & Civil Partnership (Only if considering employment issues) | Positive impact: N/A | Negative impact: N/A |
| Service delivery EIA only. | | |
| Other (e.g. Carers) | Positive impact: N/A | Negative impact: N/A |
| See above sections for each protected characteristic. | | |

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

YES: Please detail actions in PART 3: EIA Action Plan

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?

See EIA action plan.

5. PART 2: Service delivery equality analysis for proposal to relocate Tony Hillis Unit

Name of service development being assessed?

- Service delivery EIA on the relocation of Tony Hillis Unit from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH)

This EIA is being considered alongside EIAs on the following:

- The relocation of adult acute wards (Eden ward, Luther King ward, Nelson Ward, Rosa Parks Ward and ES2 - currently operating on Maudsley Hospital site) from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Service delivery EIA on the relocation of Leo ward from Lambeth Hospital to the Maudsley Hospital (ES2).
- Service delivery EIA on the relocation of the Ward in the Community and outpatient services from Lambeth Hospital to the Bethlem Royal Hospital as a result of the wider DBH proposals or no change.
- Service delivery EIA on the relocation of Lambeth community services from Lambeth Hospital to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).
- Workforce EIA on the staff affected by proposed relocations.

Name of lead person responsible for the service development?

Project Leads:

- Dr Rob Harland – Clinical Lead
- Vanessa Smith – Operational Lead

Staff supporting the EIA:

- Neil Robertson, Service Director Lambeth for SLaM and Interim Managing Director of the Lambeth Alliance
- Macius Kurowski, Equality Manager

Describe the service development

What is its main aim?

This proposed relocation is part of a wider project to reconfigure inpatient services to align with the clinical strategy and the increased specialisation of adult acute inpatient services. These services are currently delivered from four hospital sites and delivery of this proposal will provide a greater critical mass of beds on fewer sites.

In parallel, the Trust has developed a community service strategy, which proposes new models and locations for community services to increase access and to manage conditions in the least restrictive environment. A separate EIA has been produced to inform the development of the Lambeth Living Well Centres and associated supported services.

What are its objectives and intended outcomes?

- Increase the critical mass of beds which will enable focussed interventions, standardised processes and pathways and efficient service delivery
- Improve the quality of inpatient accommodation by relocating Lambeth inpatient service from accommodation that is not fit for purpose or in accordance with the latest guidelines, to modern

inpatient spaces at the Maudsley which have been purpose designed to provide a therapeutic recovery environment.

- Vacate the Lambeth Hospital site, releasing it for disposal which will fund in part the delivery of the project

What are the main changes being made?

Tony Hillis Unit will move from Lambeth Hospital site (in Lambeth) to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH)

What is the timetable for its development and implementation?

- If the proposals are approved, the relocations of Tony Hillis Unit would be expected to occur in 2022/23.

These dates are indicative and may be subject to change.

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

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

Evidence for Tony Hillis Unit (THU) includes:

- Age, ethnicity and sex ePJS demographic data (between April 2018 and June 2019) on active patients, length of stay (LOS) excluding leave.
- Demographic data friends and family test responses (between Oct 2015 and March 2019)
- Face to Face interpreting data for all services between April 2017 and May 2019
- ePJS NHS Accessible Information field recording rates (in May 19)

Other evidence:

- [KCL, SLaM and Maudsley Charity LGBT+ Mental Health Event, 26th February 2018: Report](#)
- SLAM 2018/19 religion and spirituality needs assessment
- [AccessAble disability access reports for Lambeth Hospital](#)
- [AccessAble disability access reports for Maudsley Hospital](#)
- Previous engagement undertaken by the Planning and Equality team through equality partnership time events; engagement with members of Black Communities in Lambeth (through the Lambeth Black Health and Wellbeing Independent Advisory Group) and engagement with LGBT people (through LGBT+ mental health events and a confidential mailing list).

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

(Please let us know who you have spoken to and what developments or action has come out of this)

Staff engagement (as at 20th August 2019)

- A series of face-to-face briefing sessions were held with affected staff at Lambeth on 20 May ahead of the Trust Board meeting on 21 May. Between all the local managers and Directorate leaders all the wards, on site community teams, social care teams and onsite voluntary services were met with. There was also engagement with teams at Lewisham to ensure they were made aware.
- Service Directors met with all the wards, on site community teams, social care teams and onsite voluntary services on the Lambeth site. They started the morning meeting on 20 May with ward managers and consultants and then back office staff based at Raey House, finishing with ES2 staff at the end of the day.

- Overall the feedback from these sessions has been positive. Information from the meetings will be available on Maud.
- Nothing controversial was raised and staff on Nelson, Luther King and Eden are pleased with the potential DBH offer.
- It was stressed that this is a pre-consultation phase and the importance of staff involvement going forward. There were some questions raised which we will ensure we address in our future communications activity.
- A number of staff asked why a new build is not possible on the Lambeth site. Neil Robertson responded was that we will struggle logistically to rebuild the site as there is nowhere for wards to be decanted and also that financially, the disposal of the site (or part of it) is key to future plans.
- Although the consultants affected were generally in support of the ideas, a couple did reflect on how it could appear that the Maudsley was becoming a “big asylum” and the messages associated with this.
- Ongoing engagement with all clinical teams (e.g. with Eden and THU staff)
- Engagement with Trust Leadership Team on 5th June
- Council of Governors -13th June
- Sessions with NEDs and Board Members
- JSC – 22nd May and 11th June

Stakeholder Engagement (as at 20th August 2019)

Letters were sent to a number of key stakeholders setting out the context and early details of the proposed changes and asking for a meeting with them at this early stage to seek their views on the proposals, our plans for engagement and how best to involve them and where relevant, their committee/board/organisation. Letters have been sent to:

- Cllr Liz Atkins, Chair of Lambeth Council’s Overview and Scrutiny Committee
- Cllr Jim Dickson, Chair of Lambeth Council’s Health and Wellbeing Board
- Cllr Edward Davie, Lambeth Council’s Cabinet Member for Health and Adult Social Care
- Larkhall Ward Councillors, where Lambeth Hospital is located: Cllr Timothy Windle, Cllr Andy Wilson and Cllr Tina Valcarcel,
- Sarah Corlett. Chair Healthwatch Lambeth and
- Catherine Pearson, Chief Executive Healthwatch Lambeth

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

[Tony Hillis Unit](#) is a 15 bed high dependency rehabilitation unit for men with treatment resistant psychosis, presenting with challenging behaviour. It provides care on a cost per case basis to service users from a range of CCGs.

| Responsible CCG | Active Patients |
|--------------------|-----------------|
| NHS SOUTHWARK CCG | 7 |
| NHS LEWISHAM CCG | 5 |
| NHS LAMBETH CCG | 2 |
| NHS SHROPSHIRE CCG | 1 |
| NHS WANDSWORTH CCG | 1 |
| NHS EREWASH CCG | 1 |
| NHS HARROW CCG | 1 |
| NHS RICHMOND CCG | 1 |

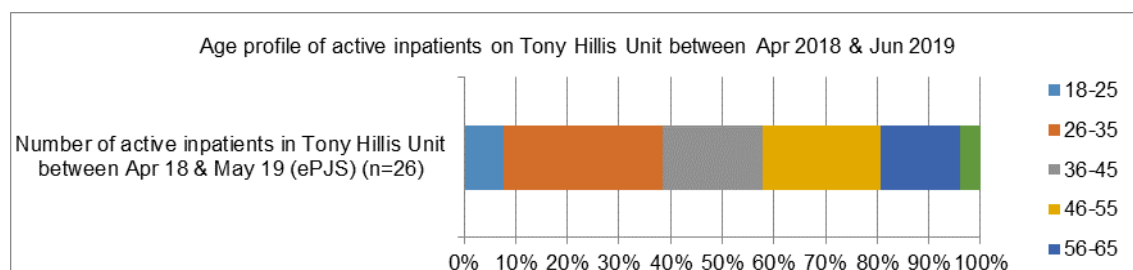
| | |
|---------------------------------|----|
| NHS KINGSTON CCG | 1 |
| NHS SOUTH DEVON AND TORBAY CCG | 1 |
| NHS DORSET CCG | 1 |
| NHS SURREY DOWNS CCG | 1 |
| NHS WALSALL CCG | 1 |
| NHS CUMBRIA CCG | 1 |
| NHS EAST SURREY CCG | 1 |
| NHS NORTH EAST LINCOLNSHIRE CCG | 1 |
| Grand Total | 26 |

Note: this data is

| Age | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----|---|--|
|-----|---|--|

Age profile of THU service users:

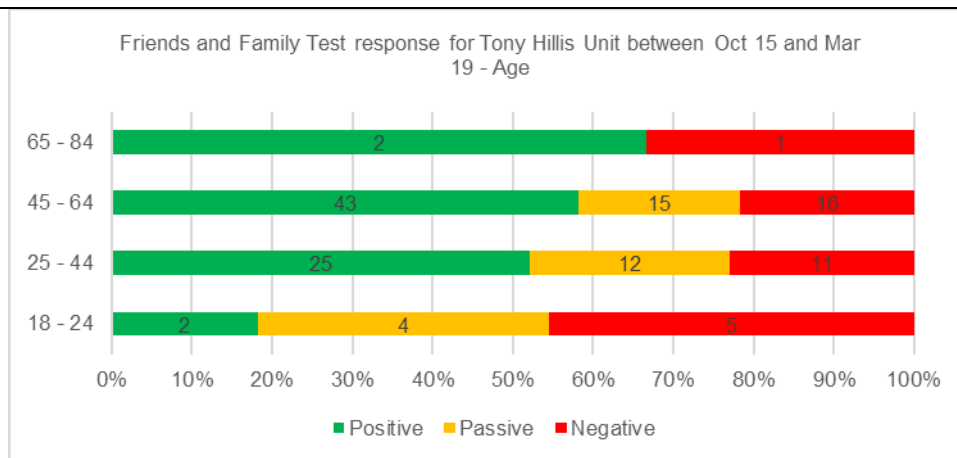
| | Number of active inpatients in Tony Hillis Unit between Apr 18 & Jun 19 (ePJS) (n=26) |
|-------|---|
| 18-25 | 2 |
| 26-35 | 8 |
| 36-45 | 5 |
| 46-55 | 6 |
| 56-65 | 4 |
| 65+ | 1 |



Current service delivery quality indicators:

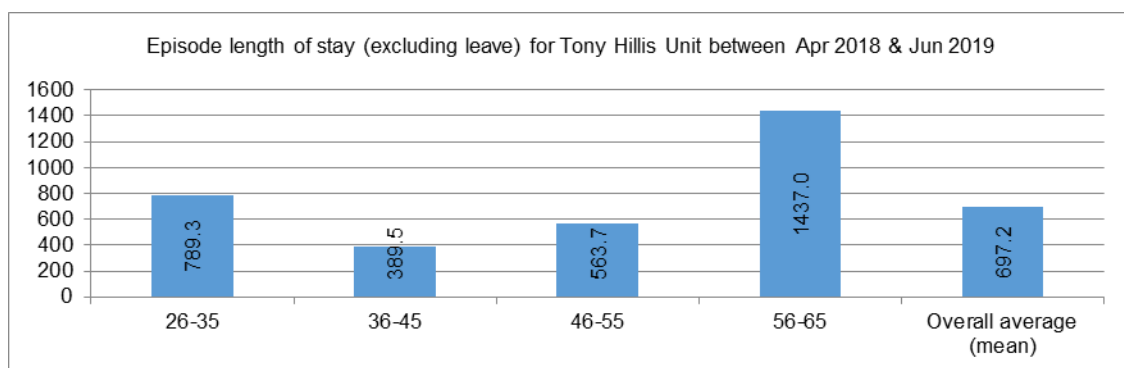
Experience of service users by age-group in THU:

| | Negative | Passive | Positive | Grand Total |
|----------|----------|---------|----------|-------------|
| Under 18 | | | | |
| 18 - 24 | 5 | 4 | 2 | 11 |
| 25 - 44 | 11 | 12 | 25 | 48 |
| 45 - 64 | 16 | 15 | 43 | 74 |
| 65 - 84 | 1 | | 2 | 3 |



- This data suggests that younger service users (especially those aged 18-24) were less likely to recommend THU.

LOS (excluding leave) of service users by age group:



This data suggests that 56-65 year old service users had the longest length length of stays in THU between April 18 and June 19. Note: There is no data for certain age groups as service users in the missing groups were not discharged during this time period.

Summary of potential age-related implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on certain age groups who are at greater risk of social isolation (e.g. older service users).

•

Travel:

- Any change of location will have travel implications that may have differential impacts on the 2 Lambeth service users, family members, carers or supporters of particular age groups if those people experience age-related barriers to travel such as:
 - Limited physical mobility due to older age
 - Vulnerability of young people to be attacked or suffer violence while travelling to different area from which they live.

Estates:

- The design for the proposed new DBH building complies with Building Regs Part M and BS 8300

so should be more accessible to older people (see disability section)

Potential risks:

- There are potential risks of increased social isolation for 56-65 year olds (who have longer average length of stay) during inpatient admissions at the proposed new location.
- There are potential travel-related risks for certain age groups, in particular for older and younger people travelling to the new location.

Potential benefits:

- There are potential age-related benefits, in particular for older people with physical access issues, of delivering services in the proposed new building, which will be more accessible than buildings on the current Lambeth Hospital site.
- There are potential benefits to improve reduce age-related variations in service user experience by delivering inpatient care in the improved environment of the proposed new building. This may benefit younger and older service users in particular who currently report slightly less positive experiences of care in Lambeth adult acute wards and older service users who have a longer average length of stay.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

Disability

Positive impact:

Potential benefits identified

Negative impact:

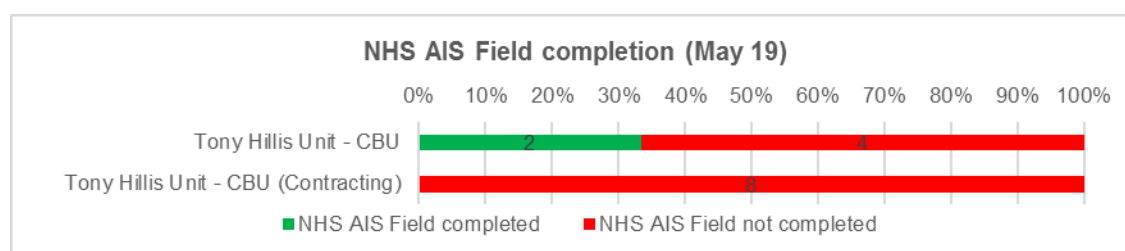
Potential risks identified

Disability profile of THU service users

There is currently insufficient recording of disability on ePJS to enable production of meaningful data on the disability profile of service users.

Current service delivery quality indicators:

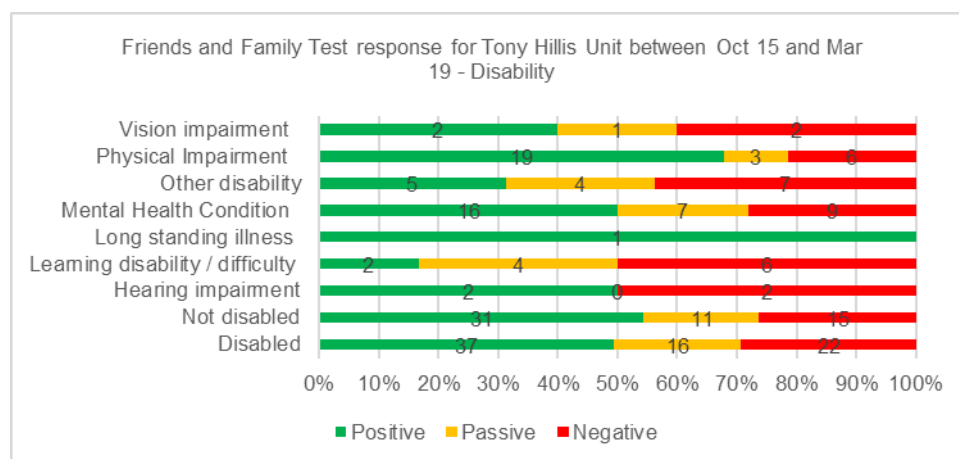
NHS Accessible Information Standard: There is currently low levels of recording of accessible communication needs in THU.



Experience of service users by disability:

| | Negative | Passive | Positive | Grand Total |
|----------------------------------|----------|---------|----------|-------------|
| Disabled | 22 | 16 | 37 | 75 |
| Not disabled | 15 | 11 | 31 | 57 |
| Hearing impairment | 2 | | 2 | 4 |
| Learning disability / difficulty | 6 | 4 | 2 | 12 |
| Long standing illness | | | 1 | 1 |
| Mental Health Condition | 9 | 7 | 16 | 32 |
| Other disability | 7 | 4 | 5 | 16 |

| | | | | |
|---------------------|---|---|----|----|
| Physical Impairment | 6 | 3 | 19 | 28 |
| Vision impairment | 2 | 1 | 2 | 5 |



This data suggests disabled respondents were slightly less likely to recommend THU. There was some variations in experience for service users with particular impairments (e.g. less positive experiences reported by the small number of respondents who learning disability/difficulties)

LOS (excluding leave) of service users by disability:

There is insufficient recording of disability on ePJS to enable production of meaningful on the LOS of disabled service users.

Summary of potential disability-related implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on disabled service users who are at greater risk of social isolation

Travel:

- Any change of location will have travel implications that may have differential impacts on disabled service users, family members, carers or supporters if those people experience disability-related barriers to travel.

Estates:

- In 2015, AccessAble (previously Disabled Go) produced disability access reports for buildings (excluding inside wards) on the [Lambeth](#) and [Maudsley](#) hospital sites.
- They also produced best practice guidance on disability access improvements to equipment, maintenance, minor and major works, management and signage. This assessment identified 350 potential issues for improvement with an estimate cost of between £69,908 and £233,300
- They also produced best practice guidance on disability access improvements to equipment, maintenance, minor and major works, management and signage. This assessment identified 350 potential issues for improvement with an estimate cost of between £69,908 and £233,300.
- The design for the proposed new DBH building complies with Building Regs Part M and BS 8300 so should be more accessible to disabled people than buildings on the Lambeth Hospital site in the following ways:
 - The building has no ramps. All spaces are on one level accessed by lifts.

- The main reception at ground floor levels will be installed with hearing hoops. Service Users on the ground floor will receive assistance with mobile hoists as required.
- Accessible WC facilities are available on every floor level
- Accessible WC facilities on the ground floor:
 - Entrance has 1 x accessible WC.
 - Ward has 2 x assisted en-suite bathrooms and 2 x assisted bathroom facilities.
- Accessible WC facilities on the first floor through third floor:
 - 2 x accessible WC's outside both air-locks
 - 4x larger assisted en-suite bathrooms and 2 x per ward and 1 x shared assisted bathroom.
- Fourth floor level Ward:
 - 1 x accessible WC within air-lock and 2 x assisted Bathrooms
 - Some of the service user bedroom spaces on the fourth floor level are slightly larger than the other standard ward bedrooms.
- The building will have a roof garden with wheelchair friendly planters and seating.

Potential risks:

- There are potential risks of increased social isolation for disabled people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for disabled people travelling to the new location.

Potential benefits:

- There are potential disability-related benefits of delivering services in the proposed new building, which will be more accessible than buildings on the current Lambeth Hospital site.
- There are potential benefits to improve disabled service user experience by delivering inpatient care in the improved environment of the proposed new building.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Gender re-assignment | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|----------------------|---|--|
|----------------------|---|--|

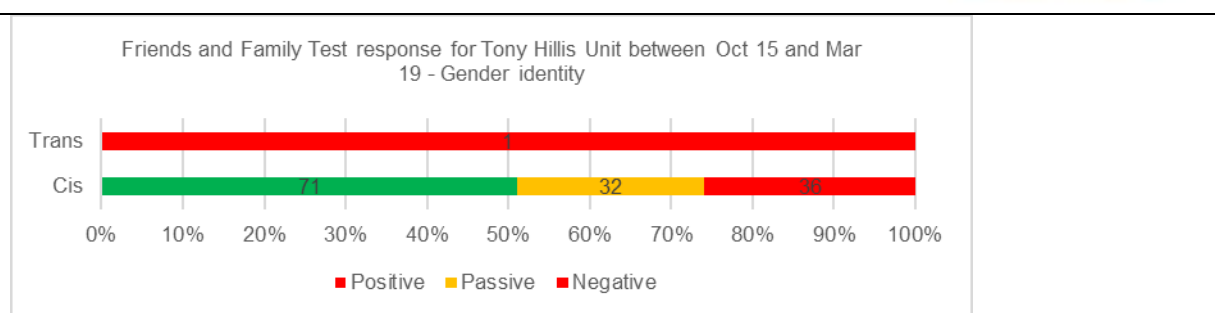
Gender re-assignment profile of THU service users

There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on the profile of service users by this protected characteristic.

Current service delivery quality indicators:

Experience of service users by gender reassignment:

| | Negative | Passive | Positive | Grand Total |
|-------|----------|---------|----------|-------------|
| Cis | 36 | 32 | 71 | 139 |
| Trans | 1 | | | 1 |



This data suggests the one trans respondent would not recommend THU.

Gender reassignment and length of stay: There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on LOS of service users by this protected characteristic.

Summary of potential gender reassignment-related implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on trans people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on trans service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Estates:

- Male and Female wards will be on different floors in the proposed new DBH building. All service users will get their own room. All rooms will have ensuite bathrooms. Floor levels 1 to 4 have single occupancy Shower and WC facilities (situated behind lifts.)

Potential risks:

- There are potential risks of increased social isolation for trans people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for trans people who have public safety fears travelling to the new location.

Potential benefits:

- The wards in the proposed new DBH building will provide separate bedrooms with ensuite bathrooms. This may help staff manage the care of transgender service users more effectively than is currently possible in wards on the Lambeth Hospital site.
- There are potential benefits to improve trans service user experience by delivering inpatient care in the improved environment of the proposed new building.

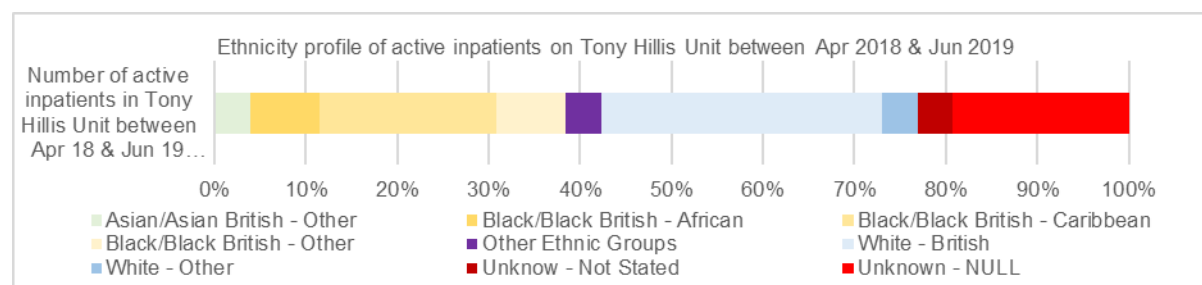
No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| | | |
|------------------|--|---|
| Ethnicity | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|------------------|--|---|

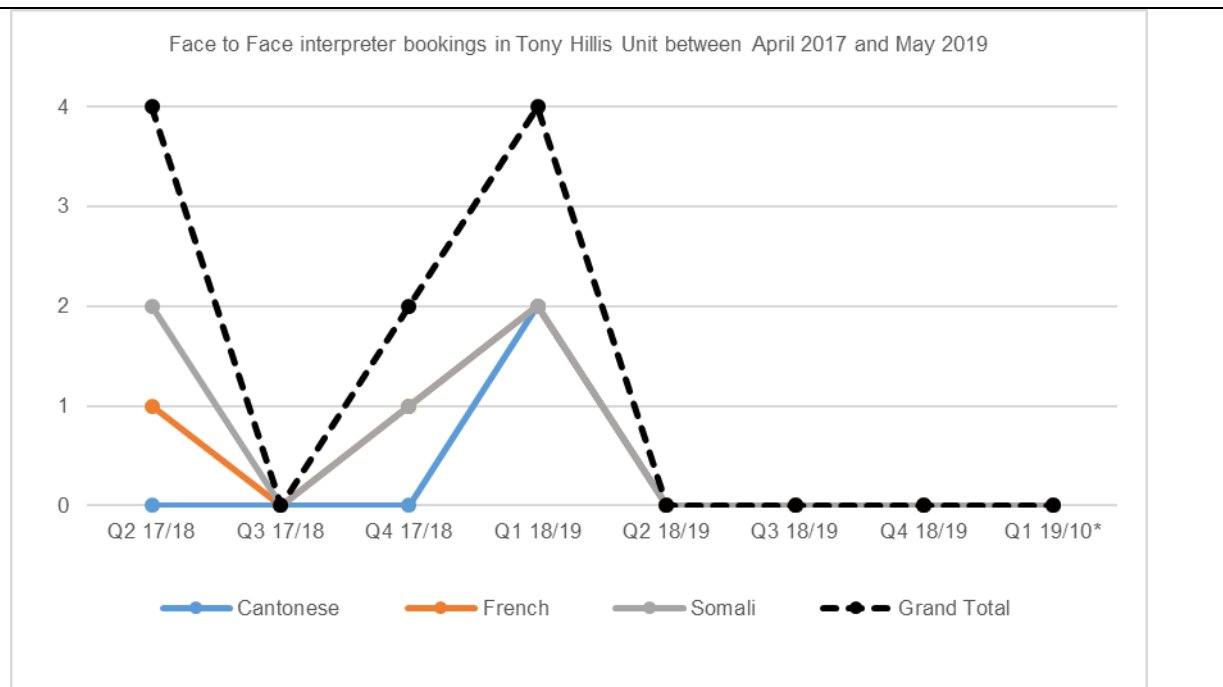
Ethnicity profile of THU service users

| Ethnicity | Number of active inpatients in Tony Hillis Unit between Apr 18 & Jun 19 (ePJS) (n=26) |
|--------------------------------------|---|
| Asian/Asian British - Bangladeshi | 0 |
| Asian/Asian British - Chinese | 0 |
| Asian/Asian British - Indian | 0 |
| Asian/Asian British - Other | 1 |
| Asian/Asian British - Pakistani | 0 |
| Black/Black British - African | 2 |
| Black/Black British - Caribbean | 5 |
| Black/Black British - Other | 2 |
| Mixed Race - White & Asian | 0 |
| Mixed Race - White & Black African | 0 |
| Mixed Race - White & Black Caribbean | 0 |
| Mixed Race - Other | 0 |
| Other Ethnic Groups | 1 |
| White - British | 8 |
| White - Irish | 0 |
| White - Other | 1 |
| Unknown - Not Stated | 1 |
| Unknown - NULL | 5 |



Current service delivery quality indicators:

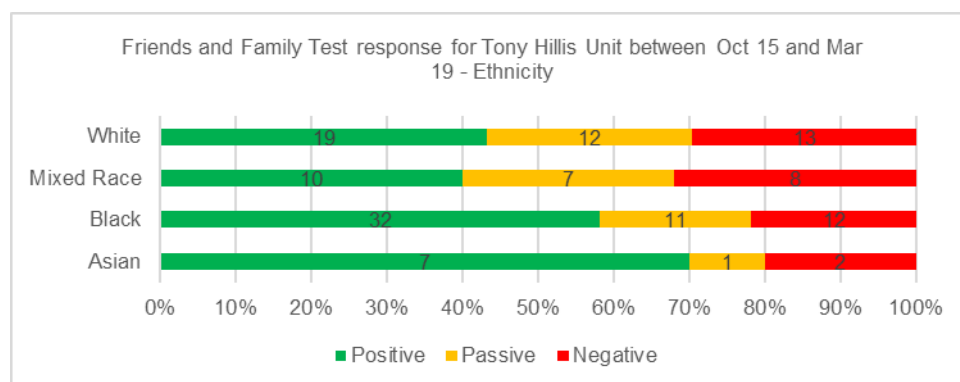
Face to face interpreter usage:



Fulfilment rates of face to face interpreter bookings for services based at the Lambeth and Maudsley Hospital sites between April 2017 and May 2019 is the same (94%)

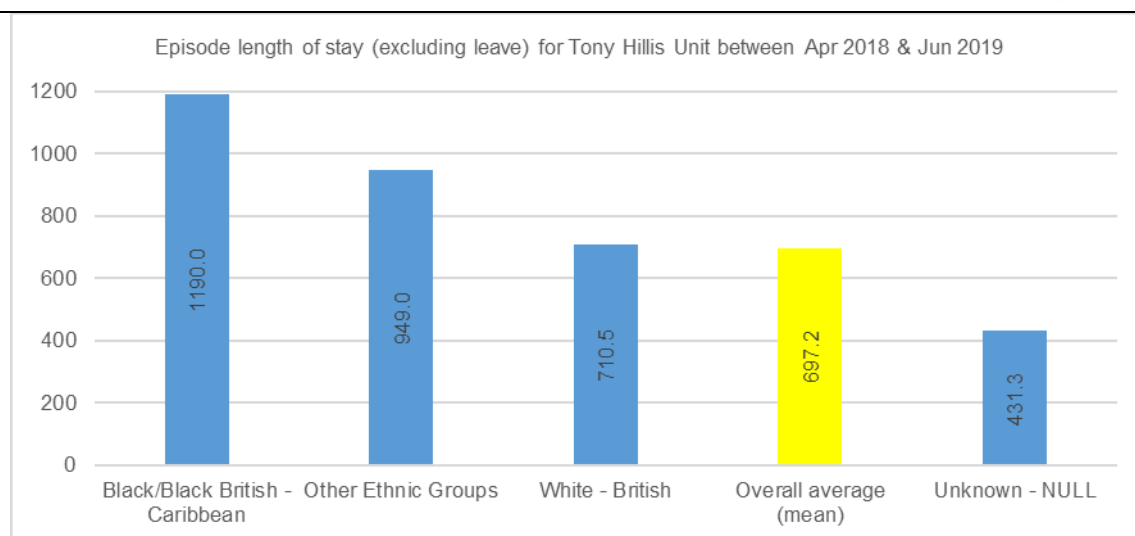
Experience of service users by ethnicity:

| | Negative | Passive | Positive | Grand Total |
|--------------------|----------|---------|----------|-------------|
| Asian | 2 | 1 | 7 | 10 |
| Black | 12 | 11 | 32 | 55 |
| Mixed Race | 8 | 7 | 10 | 25 |
| Other Ethnic Group | | | | |
| White | 13 | 12 | 19 | 44 |



This data suggests respondents who were Mixed Race and White were less likely to recommend THU and Asian respondents were most likely to report this.

Ethnicity and length of stay:



This data suggests that service users who were from Black/Black British – Caribbean, Other ethnic groups and White – British had longer than average length of stay in THU between April 2018 and June 2019. Note: There is no data for certain ethnic groups as service users in the missing groups were not discharged during this time period.

Summary of potential ethnicity-related implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater indirect impact people from ethnic minority backgrounds who represent a high proportion of Lambeth acute ward service users.
- Previous engagement with representative of local Black communities has highlighted a lack of trust in the 'Maudsley Hospital'. A high proportion of adult acute ward service users are Black. It will therefore be important to consider how moving Lambeth acute wards to the Maudsley site will be perceived and affect Black service users, family members, carers, supporters and community members.

Travel:

- Any change of location will have travel implications that may have differential impacts on ethnic minority service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety or other factors.

Potential risks:

- There are potential risks of increased social isolation for ethnic minority service users during inpatient admissions at the proposed new location.
- There are potential travel-related risks for ethnic minority people (in particular Black service users, family members, carers and supporters) travelling to the new location.

Potential benefits:

- There are potential benefits to reduce ethnic variation in service user experience by delivering inpatient care in the improved environment of the proposed new building.

No anticipated change:

- THU operating from the Maudsley hospital site will be able to access the same level of timely and high quality interpreter support they receive at the Lambeth Hospital site.

- The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Pregnancy & Maternity | Positive impact: | Negative impact: |
|-----------------------|------------------|------------------|
| | N/A | N/A |

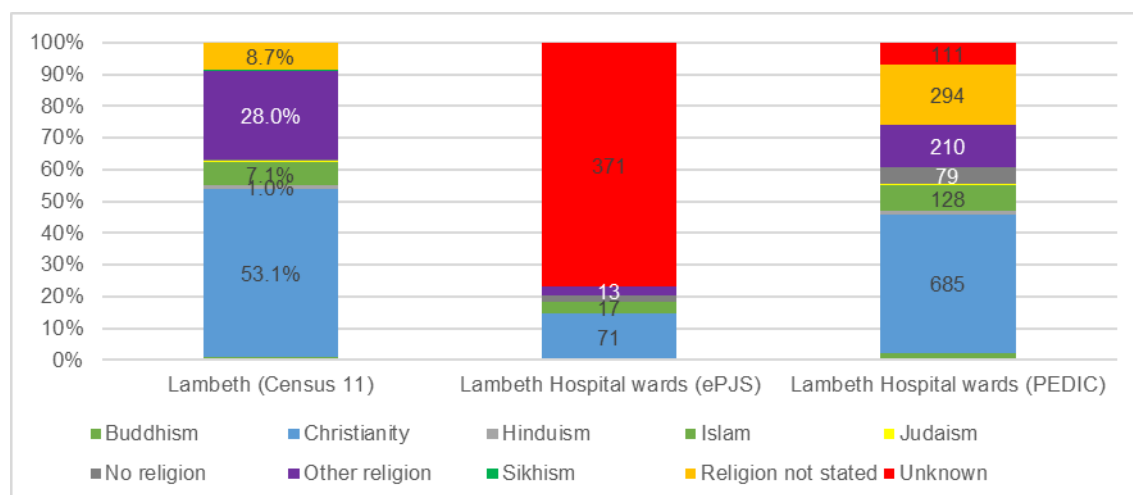
THU is a male-only ward that has not provided care to any pregnant service users.

| Religion and Belief | Positive impact: | Negative impact: |
|---------------------|-------------------------------|----------------------------|
| | Potential benefits identified | Potential risks identified |

Religion and belief profile of THU ward service users

There is insufficient recording of religion on ePJS to enable production of meaningful data on the religion and belief profile of service users.

Chart showing the religion and belief of service users on the Lambeth Hospital site recorded on ePJS in 2018/19 in comparison with the religion and belief of service users on the Lambeth Hospital site disclosed in PEDIC surveys between October 2015 and November 2018.



Current service delivery quality indicators:

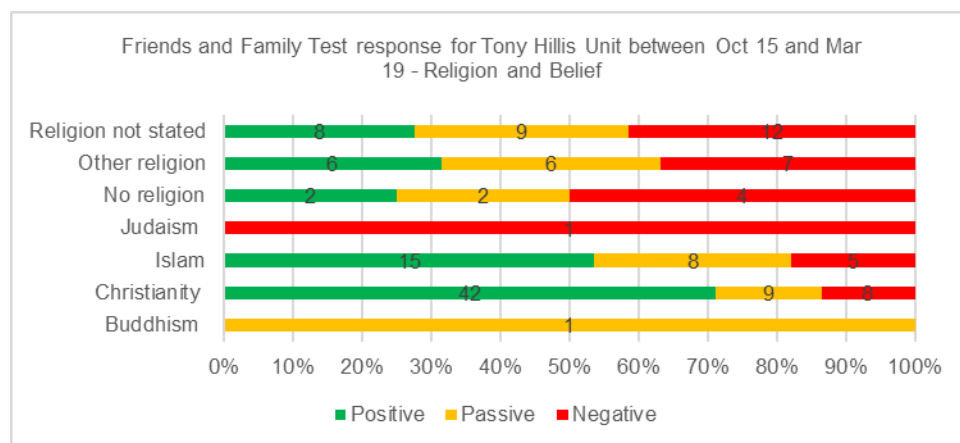
Religion and belief and length of stay:

There is insufficient recording of religion on ePJS to enable production of meaningful data on length of stay of service users of different religions and beliefs.

Experience of service users by religion and belief:

| | Negative | Passive | Positive | Grand Total |
|----------------|----------|---------|----------|-------------|
| Buddhism | | 1 | | 1 |
| Christianity | 8 | 9 | 42 | 59 |
| Hinduism | | | | |
| Islam | 5 | 8 | 15 | 28 |
| Judaism | 1 | | | 1 |
| No religion | 4 | 2 | 2 | 8 |
| Other religion | 7 | 6 | 6 | 19 |

| | | | | |
|---------------------|----|---|---|----|
| Sikhism | | | | |
| Religion not stated | 12 | 9 | 8 | 29 |



This data suggests the one Jewish respondent would not recommend THU. Christian service users were most likely to do this.

Summary of potential religion and belief-related implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on people who are active in a faith community or place of worship in Lambeth.

Estates:

- The proposed new DBH building will include a Multi-Faith facility on the ground floor level that can be used by staff and service users. It will have an ablution room and Qibla line. There is also the potential for other therapy room spaces to be used for religion and belief purposes.

Potential risks:

- There are potential risks of increased social isolation and increased distance from places of worship and faith communities for service users with different religions and beliefs during inpatient admissions at the proposed new location.

Potential benefits:

- There are potential benefits to reduce variation in experience reported by service users of different religions and beliefs by delivering inpatient care in the improved environment of the proposed new building.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive

| Sex | Positive impact: | Negative impact: |
|-----|------------------|------------------|
| | N/A | N/A |

THU is a male-only ward that has not provided care to any female service users. Therefore the proposals will only effect THU's male service users.

Summary of potential Jun 19 implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may have a greater indirect impact on male service users who represent a high proportion of Lambeth acute ward service users.

Estates:

- All service users will get their own room. All rooms will have ensuite bathrooms. Floor levels 1 to 4 have single occupancy Shower and WC facilities (situated behind lifts.)

Potential risks:

- There are potential risks of increased social isolation for service users during inpatient admissions at the proposed new location.

Potential benefits:

- There are potential benefits to improve experience reported by female and male service users by delivering inpatient care in the improved environment of the proposed new building.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive.

| Sexual Orientation | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|---------------------------|--|---|
|---------------------------|--|---|

Sexual orientation profile of THU ward service users

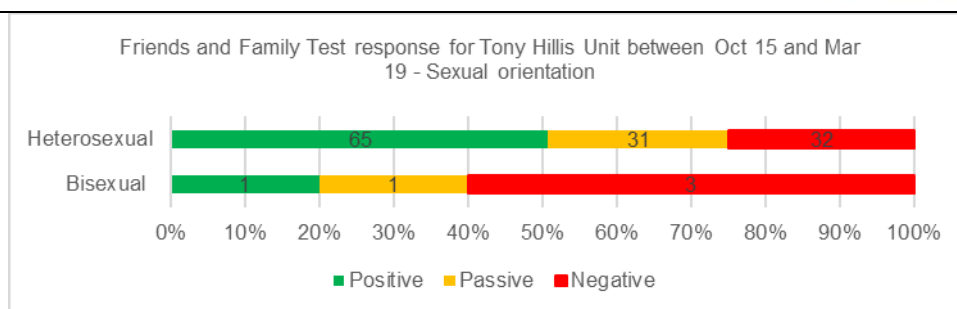
There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

Lambeth Council report that there is currently very limited data about sexual identity in the UK but existing estimates suggest that 5-10% of Lambeth residents are from LGBT+ groups. There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

Current service delivery indicators

Experience of service users by sexual orientation:

| | Negative | Passive | Positive | Grand Total |
|---------------|----------|---------|----------|-------------|
| Bisexual | 3 | 1 | 1 | 5 |
| Heterosexual | 32 | 31 | 65 | 128 |
| Lesbian / Gay | | | | |



This data suggests respondents who were heterosexual were most likely to recommend THU.

Sexual orientation and length of stay: There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation and LOS.

Summary of potential sexual orientation-related implications of the proposals to relocate THU:

Location:

- Most current service users in THU are funded Southwark CCG and others are funded by a variety of CCGs. Any change of location will mean the 2 Lambeth CCG will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on lesbian, gay or bisexual people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on lesbian, gay or bisexual service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Potential risks:

- There are potential risks of increased social isolation for lesbian, gay or bisexual people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for lesbian, gay or bisexual people who have public safety fears travelling to the new location.

Potential benefits:

- There are potential benefits to improve experience of lesbian, gay or bisexual people (particularly those from ethnic minority backgrounds) by delivering inpatient care in the improved environment of the proposed new building.

No anticipated change:

The proposed re-location is not expected to significantly impact on staffing levels at the proposed new site as there will be no change to the inner-London weighting that staff currently receive.

| | | |
|--|-----------------------------|-----------------------------|
| Marriage & Civil Partnership (Only if considering employment issues) | Positive impact: N/A | Negative impact: N/A |
| Service delivery EIA only. | | |
| Other (e.g. Carers) | Positive impact: N/A | Negative impact: N/A |
| See above sections for each protected characteristic. | | |

Are there changes or practical measures that you can take to mitigate negative impacts or

maximise positive impacts you have identified?

YES: *Please detail actions in PART 3: EIA Action Plan*

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?

See EIA action plan

6. PART 2: Service delivery equality analysis for proposal to relocate Ward in the Community

Name of service development being assessed

- Service delivery EIA on the relocation of the Ward in the Community from Lambeth Hospital to the Bethlem Royal Hospital as a result of the wider DBH proposals.

This EIA is being considered alongside EIAs on the following:

- The relocation of adult acute wards (Eden ward, Luther King ward, Nelson Ward, Rosa Parks Ward and ES2 - currently operating on Maudsley Hospital site) from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House – DBH).
- Service delivery EIA on the relocation of Leo ward from Lambeth Hospital to the Maudsley Hospital (ES2).
- Service delivery EIA on the relocation of Tony Hillis Unit from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Service delivery EIA on the relocation of Lambeth community and outpatient services from Lambeth Hospital to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).
- Workforce EIA on the staff affected by proposed relocations.

Name of lead person responsible for the service development

Project Leads:

- Dr Rob Harland – Clinical Lead
- Vanessa Smith – Operational Lead

Staff supporting the EIA:

- Emma Porter, Deputy Director Forensic Offender Health
- Macius Kurowski, Equality Manager

Describe the service development

What is its main aim?

This proposed relocation is part of a wider project to reconfigure inpatient services to align with the clinical strategy and the increased specialisation of adult acute inpatient services. These services are currently delivered from four hospital sites and delivery of this proposal will provide a greater critical mass of beds on fewer sites.

In parallel, the Trust has developed a community service strategy, which proposes new models and locations for community services to increase access and to manage conditions in the least restrictive environment. A separate EIA has been produced to inform the development of the Lambeth Living Well Centres and associated supported services.

What are its objectives and intended outcomes?

- Increase the critical mass of beds which will enable focussed interventions, standardised processes and pathways and efficient service delivery
- Improve the quality of inpatient accommodation by relocating Lambeth inpatient service from accommodation that is not fit for purpose or in accordance with the latest guidelines, to modern inpatient spaces at the Maudsley which have been purpose designed to provide a therapeutic recovery environment.

- Vacate the Lambeth Hospital site, releasing it for disposal which will fund in part the delivery of the project

What are the main changes being considered?

- Ward in the Community will move from Lambeth Hospital site (in Lambeth) to the Bethlem Hospital site (in Bromley).

What is the timetable for its development and implementation?

- If the proposals are approved, the relocations of the Ward in the Community would be expected to occur in 2022/23.

These dates are indicative and may be subject to change.

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

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

Evidence for Ward in the Community includes:

- Age, ethnicity and sex ePJS demographic data (between April 2018 and June 2019) on active patients, length of stay (LOS) excluding leave.
- Demographic data friends and family test responses (between Oct 2015 and March 2019)
- Face to Face interpreting data for all services between April 2017 and May 2019
- ePJS NHS Accessible Information field recording rates (in May 19)

Lambeth-wide evidence:

- [Draft Lambeth Council Transport Strategy – October 2018](#)
- [Healthwatch Lambeth evidence on older people](#)
- [Certitude evidence on Community Connecting through Connect & Do](#)
- [Lambeth Council report - Lambeth: A Trans agenda?](#)
- [Lambeth Council report – Lambeth LGBT Matters](#)
- [KCL, SLaM and Maudsley Charity LGBT+ Mental Health Event, 26th February 2018: Report](#)
- SLAM 2018/19 religion and spirituality needs assessment
- [AccessAble disability access reports for Lambeth Hospital](#)
- [AccessAble disability access reports for Bethlem Hospital](#)
- Previous engagement undertaken by the Planning and Equality team through equality partnership time events; engagement with members of Black Communities in Lambeth (through the Lambeth Black Health and Wellbeing Independent Advisory Group) and engagement with LGBT people (through LGBT+ mental health events and a confidential mailing list).

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

(Please let us know who you have spoken to and what developments or action has come out of this)

Staff engagement (as at 20th August 2019)

- A series of face-to-face briefing sessions were held with affected staff at Lambeth on 20 May ahead of the Trust Board meeting on 21 May. Between all the local managers and Directorate leaders all the wards, on site community teams, social care teams and onsite voluntary services were met with. There was also engagement with teams at Lewisham to ensure they were made aware.
- Service Directors met with all the wards, on site community teams, social care teams and onsite

voluntary services on the Lambeth site. They started the morning meeting on 20 May with ward managers and consultants and then back office staff based at Raey House, finishing with ES2 staff at the end of the day.

- Overall the feedback from these sessions has been positive. Information from the meetings will be available on Maud.
- Nothing controversial was raised and staff on Nelson, Luther King and Eden are pleased with the potential DBH offer.
- It was stressed that this is a pre-consultation phase and the importance of staff involvement going forward. There were some questions raised which we will ensure we address in our future communications activity.
- A number of staff asked why a new build is not possible on the Lambeth site. Neil Robertson responded was that we will struggle logistically to rebuild the site as there is nowhere for wards to be decanted and also that financially, the disposal of the site (or part of it) is key to future plans.
- Although the consultants affected were generally in support of the ideas, a couple did reflect on how it could appear that the Maudsley was becoming a “big asylum” and the messages associated with this.
- Ongoing engagement with all clinical teams (e.g. with Eden and THU staff)
- Engagement with Trust Leadership Team on 5th June
- Council of Governors -13th June
- Sessions with NEDs and Board Members
- JSC – 22nd May and 11th June
- Ward in the Community Consultant and Clinical Service Lead, both expressed concern moving to Bethlem, the impact on staffing and being moved out of the local community (which is the essence of the service). Both favoured the Maudsley site

Stakeholder Engagement (as at 20th August 2019)

Letters were sent to a number of key stakeholders setting out the context and early details of the proposed changes and asking for a meeting with them at this early stage to seek their views on the proposals, our plans for engagement and how best to involve them and where relevant, their committee/board/organisation. Letters have been sent to:

- Cllr Liz Atkins, Chair of Lambeth Council’s Overview and Scrutiny Committee
- Cllr Jim Dickson, Chair of Lambeth Council’s Health and Wellbeing Board
- Cllr Edward Davie, Lambeth Council’s Cabinet Member for Health and Adult Social Care
- Larkhall Ward Councillors, where Lambeth Hospital is located: Cllr Timothy Windle, Cllr Andy Wilson and Cllr Tina Valcarcel,
- Sarah Corlett. Chair Healthwatch Lambeth and
- Catherine Pearson, Chief Executive Healthwatch Lambeth

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

The Ward in the Community is a 13 bed open rehabilitation unit providing single sex accommodation for female and males who have enduring mental disorders and co-morbid conditions. 9 beds are blocked funded by Lambeth. 2 beds block funded by Croydon.

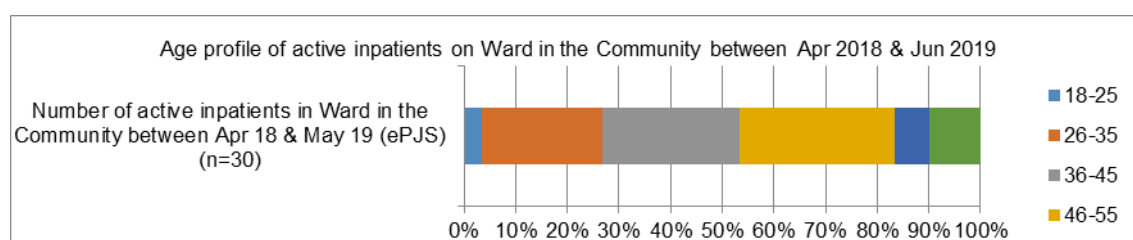
| Responsible CCG | Active Patients in Ward in the Community between Apr 18 and Jun 19 |
|--------------------|--|
| NHS LAMBETH CCG | 21 |
| NHS CROYDON CCG | 10 |
| NHS WANDSWORTH CCG | 1 |

| | |
|-------------------|----|
| NHS SOUTHWARK CCG | 1 |
| Grand Total | 30 |

| | | |
|------------|---|---|
| Age | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|------------|---|---|

Age profile of Ward in the Community service users:

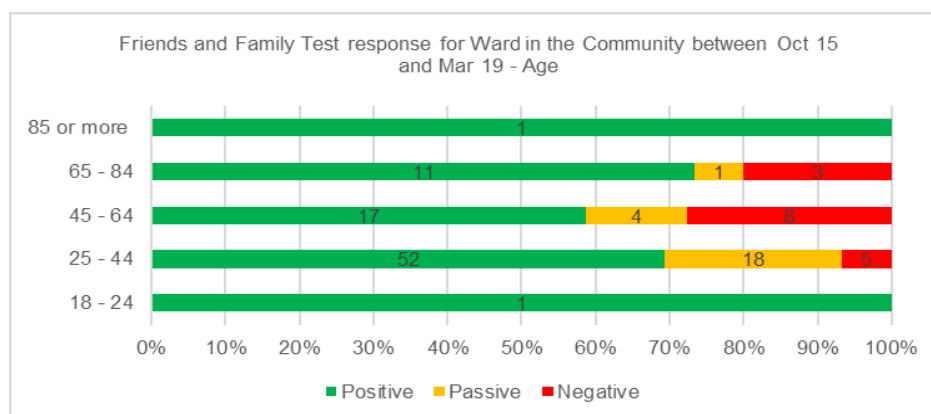
| | Number of active inpatients in Ward in the Community between Apr 18 & Jun 19 (ePJS) (n=30) |
|-------|--|
| 18-25 | 1 |
| 26-35 | 7 |
| 36-45 | 8 |
| 46-55 | 9 |
| 56-65 | 2 |
| 65+ | 3 |



Current service delivery quality indicators:

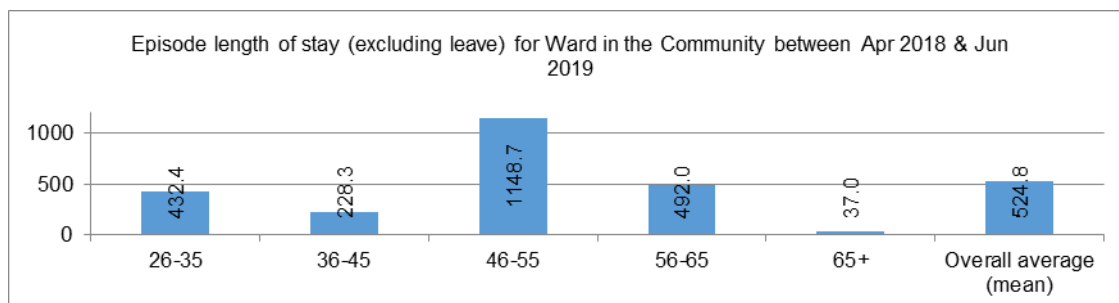
Experience of service users by age-group in Ward in the Community:

| | Negative | Passive | Positive | Grand Total |
|------------|----------|---------|----------|-------------|
| 18 - 24 | | | 1 | 1 |
| 25 - 44 | 5 | 18 | 52 | 75 |
| 45 - 64 | 8 | 4 | 17 | 29 |
| 65 - 84 | 3 | 1 | 11 | 15 |
| 85 or more | | | 1 | 1 |



- This data suggests that service users aged 45-64 were least likely to recommend Ward in the Community.

LOS (excluding leave) of service users by age group:



This data suggests that 46-55 year old service users had the longest length length of stays in recommend Ward in the Community between April 18 and June 19. Note: There is no data for certain age groups as service users in the missing groups were not discharged during this time period.

Summary of potential age-related implications of the proposals to relocate Ward in the Community:

Location:

- The Ward In The Community was designed to deliver support within the local community of service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will impact on these community links for Lambeth residents of different ages.
- Any change of location will mean some service users will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on certain age groups who are at greater risk of social isolation (e.g. older service users).

Travel:

- Any change of location will have travel implications that may have differential impacts on service users, family members, carers or supporters of particular age groups if those people experience age-related barriers to travel such as:
 - Limited physical mobility due to older age
 - Vulnerability of young people to be attacked or suffer violence while travelling to different area from which they live.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital.

Potential risks:

- There are potential risks of the change in location for Lambeth residents of different ages as they will be farther from their community. This may result in increased social isolation for older people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for certain age groups, in particular for older and younger people travelling to the new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

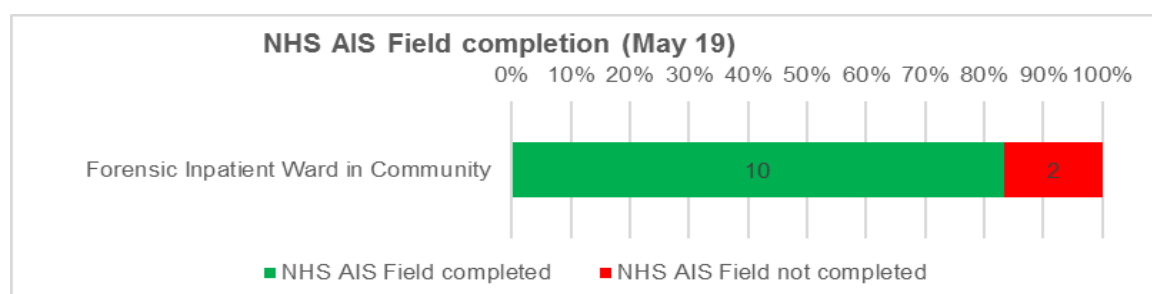
| | | |
|-------------------|---|---|
| Disability | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|-------------------|---|---|

Disability profile of Ward in the Community service users

There is currently insufficient recording of disability on ePJS to enable production of meaningful data on the disability profile of service users.

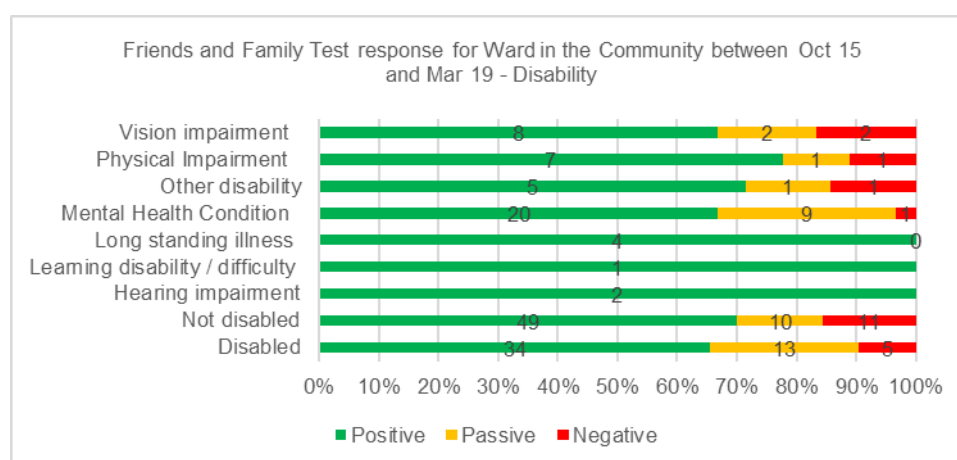
Current service delivery quality indicators:

NHS Accessible Information Standard: There is currently good levels of recording of accessible communication needs in Ward in the Community.



Experience of service users by disability in Ward in the Community::

| | Negative | Passive | Positive | Grand Total |
|----------------------------------|----------|---------|----------|-------------|
| Disabled | 5 | 13 | 34 | 52 |
| Not disabled | 11 | 10 | 49 | 70 |
| Hearing impairment | | | 2 | 2 |
| Learning disability / difficulty | | | 1 | 1 |
| Long standing illness | 0 | | 4 | 6 |
| Mental Health Condition | 1 | 9 | 20 | 30 |
| Other disability | 1 | 1 | 5 | 7 |
| Physical Impairment | 1 | 1 | 7 | 9 |
| Vision impairment | 2 | 2 | 8 | 12 |



This data suggests disabled respondents were slightly less likely to recommend Ward in the Community. There was some variations in experience for service users with particular impairments.

LOS (excluding leave) of service users by disability:

There is insufficient recording of disability on ePJS to enable production of meaningful on the LOS of disabled service users.

Summary of potential disability-related implications of the proposals to relocate Ward in the Community:

Location:

- The Ward In The Community was designed to deliver support within the local community of service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will impact on these community links for Lambeth residents who are disabled.
- Any change of location will mean some service users will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on disabled people who are at greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on disabled service users, family members, carers or supporters if those people experience disability-related barriers to travel.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital

Potential risks:

- There are potential risks of the change in location for disabled Lambeth residents as they will be farther from their community. There are potential risks of increased social isolation for disabled people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for disabled people travelling to the new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

Gender re-assignment

Positive impact:

No potential benefits identified

Negative impact:

Potential risks identified

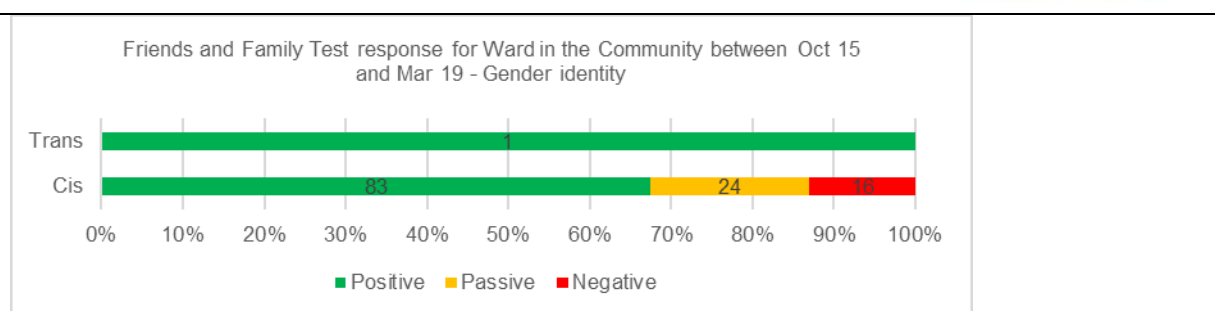
Gender re-assignment profile of Ward in the Community service users

There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on the profile of service users by this protected characteristic.

Current service delivery quality indicators:

Experience of service users by gender reassignment in Ward in the Community::

| | Negative | Passive | Positive | Grand Total |
|-------|----------|---------|----------|-------------|
| Cis | 16 | 24 | 83 | 123 |
| Trans | | | 1 | 1 |



This data suggests the one trans respondent would recommend Ward in the Community.

Summary of potential gender reassignment-related implications of the proposals to relocate Ward in the Community

Gender reassignment and length of stay: There is no specific field for recording gender reassignment on ePJS. Therefore, it is not possible to produce meaningful data on LOS of service users by this protected characteristic.

Location:

- The Ward In The Community was designed to deliver support within the local community of service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will mean some service users will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on trans people who are at greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on trans service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital

Potential risks:

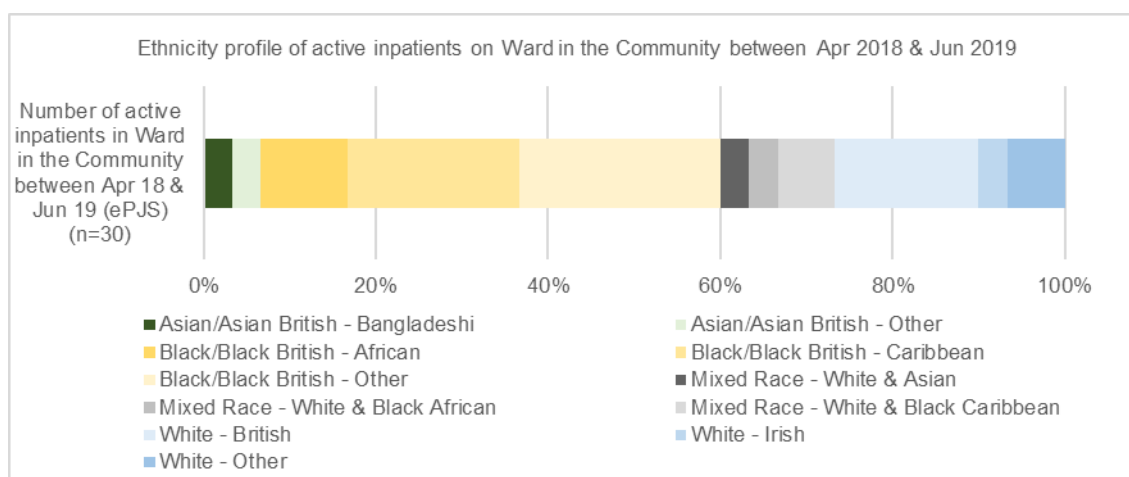
- There are potential risks of the change in location for trans Lambeth residents as they will be farther from their community. There are potential risks of increased social isolation for trans people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for trans people who have public safety fears travelling to the new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

| Ethnicity | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|-----------|--|--|
|-----------|--|--|

Ethnicity profile of Ward in the Community service users

| Ethnicity | Number of active inpatients in Ward in the Community between Apr 18 & Jun 19 (ePJS) (n=30) |
|-----------------------------------|--|
| Asian/Asian British - Bangladeshi | 1 |
| Asian/Asian British - Chinese | 0 |

| | |
|--------------------------------------|---|
| Asian/Asian British - Indian | 0 |
| Asian/Asian British - Other | 1 |
| Asian/Asian British - Pakistani | 0 |
| Black/Black British - African | 3 |
| Black/Black British - Caribbean | 6 |
| Black/Black British - Other | 7 |
| Mixed Race - White & Asian | 1 |
| Mixed Race - White & Black African | 1 |
| Mixed Race - White & Black Caribbean | 2 |
| Mixed Race - Other | 0 |
| Other Ethnic Groups | 0 |
| White - British | 5 |
| White - Irish | 1 |
| White - Other | 2 |
| Unknown - Not Stated | 0 |
| Unknown - NULL | 0 |



Current service delivery quality indicators:

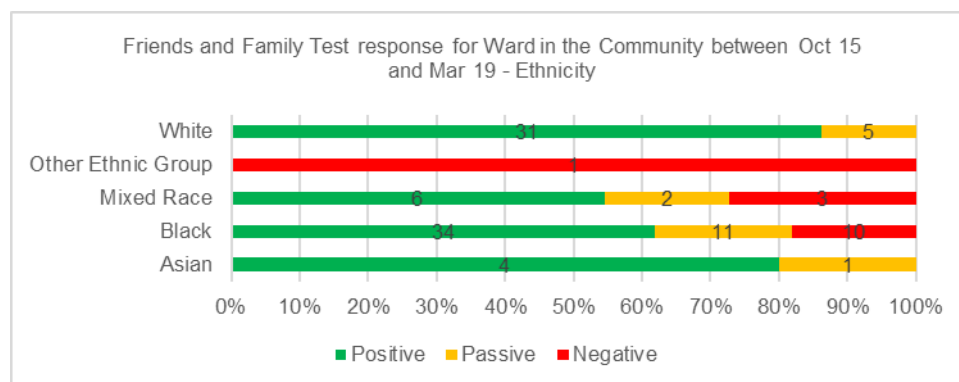
Face to face interpreter usage:

Ward in the Community have not made any face to face interpreter bookings between April 2017 and May 2019. Fulfilment rates of face to face interpreter bookings for services based at the Lambeth and Bethlem Hospital sites between April 2017 and May 2019 is the same (94%)

Experience of service users by ethnicity in Ward in the Community::

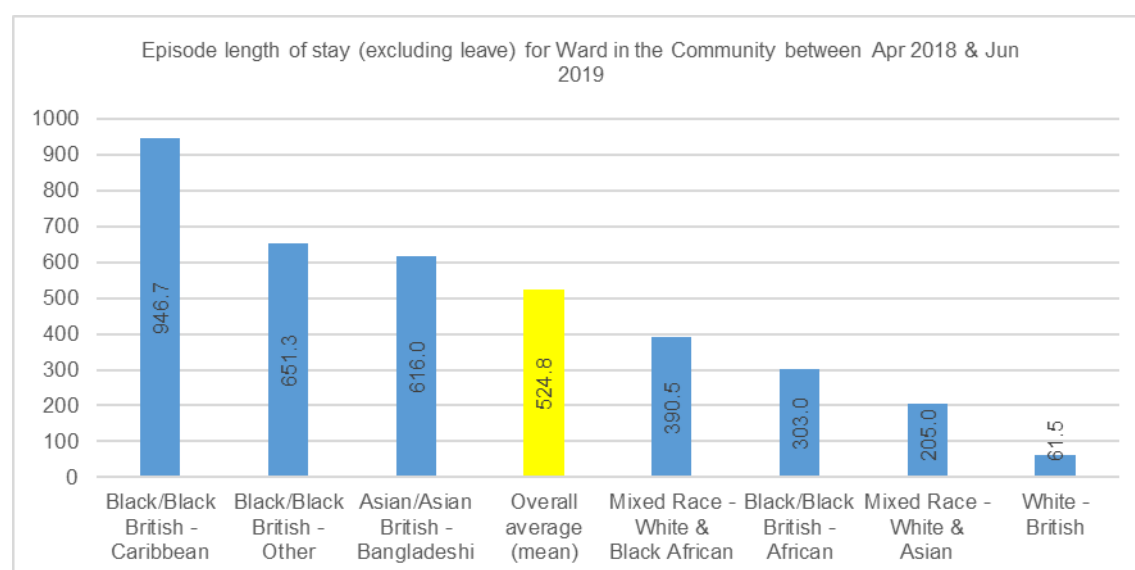
| | Negative | Passive | Positive | Grand Total |
|--------------------|----------|---------|----------|-------------|
| Asian | | 1 | 4 | 5 |
| Black | 10 | 11 | 34 | 55 |
| Mixed Race | 3 | 2 | 6 | 11 |
| Other Ethnic Group | 1 | | | 1 |

| | | | | |
|-------|--|---|----|----|
| White | | 5 | 31 | 36 |
|-------|--|---|----|----|



This data suggests respondents from other ethnic groups were less likely to recommend Ward in the Community and White service users were most likely to report this.

Ethnicity and length of stay:



This data suggests that service users who were from Black/Black British – Caribbean, Black/Black British – Caribbean - Other ethnic groups and Asian/Asian British - Bangladeshi had longer than average length of stay in Ward in the Community between April 2018 and June 2019. Note: There is no data for certain ethnic groups as service users in the missing groups were not discharged during this time period.

Summary of potential ethnicity-related implications of the proposals to relocate Ward in the Community:

Location:

- The Ward In The Community was designed to deliver support within the local community of service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will mean some service users will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater indirect impact people from ethnic minority backgrounds who represent a high proportion of service users. This will have an indirect impact on Black service users who

represent a high proportion of service users and also have longer lengths of stay.

Travel:

- Any change of location will have travel implications that may have differential impacts on ethnic minority service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety or other factors.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital

Potential risks:

- There are potential risks of the change in location for Lambeth residents of different ethnicities as they will be farther from their community. There are potential risks of increased social isolation for ethnic minority service users during inpatient admissions at the proposed new location.
- There are potential travel-related risks for ethnic minority people (in particular Black service users, family members, carers and supporters) travelling to the new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

No anticipated change:

- Ward in the Community operating from the Bethlem hospital site will be able to access the same level of timely and high quality interpreter support currently provided to services at the Lambeth Hospital site.

Pregnancy & Maternity

Positive impact:

N/A

Negative impact:

N/A

Ward in the Community currently only has male service users and has not provided care to any pregnant service users. Therefore there are no anticipated equality impacts of the proposals for this protected characteristic.

Religion and Belief

Positive impact:

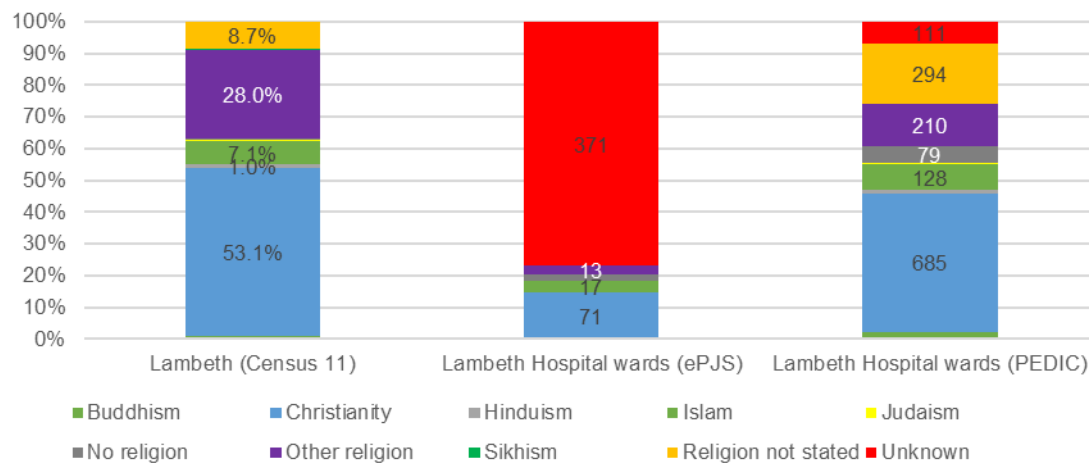
No potential benefits identified

Negative impact:

Potential risks identified

Religion and belief profile of Ward in the Community service users

There is insufficient recording of religion on ePJS to enable production of meaningful data on the religion and belief profile of service users. The chart showing the religion and belief of service users on the Lambeth Hospital site recorded on ePJS in 2018/19 in comparison with the religion and belief of service users on the Lambeth Hospital site disclosed in PEDIC surveys between October 2015 and November 2018.



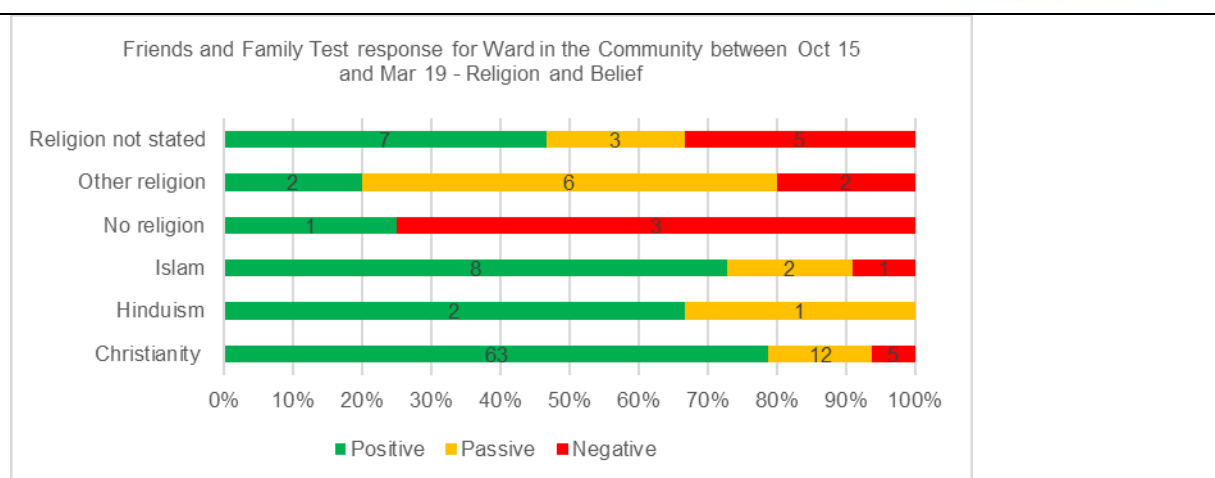
Current service delivery quality indicators:

Religion and belief and length of stay:

There is insufficient recording of religion on ePJS to enable production of meaningful data on length of stay of service users of different religions and beliefs.

Experience of service users by religion and belief in Ward in the Community:

| | Negative | Passive | Positive | Grand Total |
|---------------------|----------|---------|----------|-------------|
| Buddhism | | | | |
| Christianity | 5 | 12 | 63 | 80 |
| Hinduism | | 1 | 2 | 3 |
| Islam | 1 | 2 | 8 | 11 |
| Judaism | | | | |
| No religion | 3 | | 1 | 4 |
| Other religion | 2 | 6 | 2 | 10 |
| Sikhism | | | | |
| Religion not stated | 5 | 3 | 7 | 15 |



This data suggests the respondents from 'other religions' or no religion were less likely to recommend Ward in the Community. Christian service users were most likely to do this.

Summary of potential religion and belief-related implications of the proposals to relocate Ward in the Community:

Location:

- The Ward In The Community was designed to deliver support within the local community of service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will mean some service users will receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on people who are active in a faith community or place of worship in their borough of residence.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital

Potential risks:

- There are potential risks of the change in location for Lambeth residents of different religions and beliefs as they will be farther from their community. There are potential risks of increased social isolation and increased distance from places of worship and faith communities for service users with different religions and beliefs during inpatient admissions at the proposed new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

| | | |
|------------|---|---|
| Sex | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|------------|---|---|

Ward in the Community supports male inpatient service users. Therefore the proposals will only effect THU's male service users.

Summary of potential sex/gender-related implications of the proposals to relocate Ward in the Community:

Location:

- The Ward In The Community was designed to deliver support within the local community of service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will mean some service users will receive inpatient carer further

away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on people who are active in a faith community or place of worship in their borough of residence This will impact on the male service of Ward in the Community.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital

Potential risks:

- There are potential risks of the change in location for male Lambeth residents as they will be farther from their community. There are potential risks of increased social isolation for service users during inpatient admissions at the proposed new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

Sexual Orientation

Positive impact:

No potential benefits identified

Negative impact:

Potential risks identified

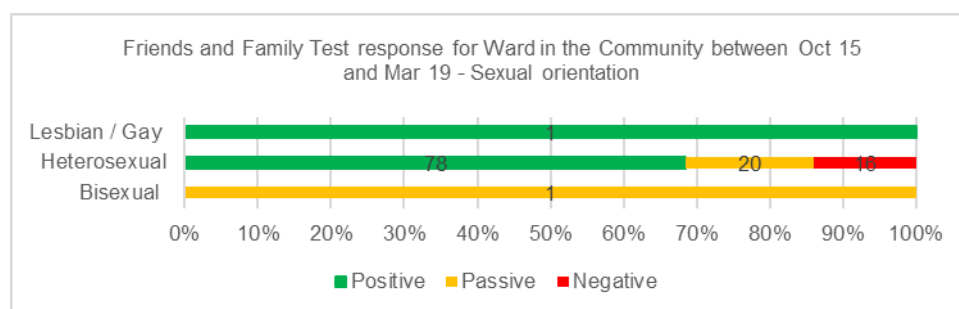
Sexual orientation profile of Ward in the Community service users

There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation profile of service users.

Current service delivery indicators

Experience of service users by sexual orientation in Ward in the Community:

| | Negative | Passive | Positive | Grand Total |
|---------------|----------|---------|----------|-------------|
| Bisexual | | 1 | | 1 |
| Heterosexual | 16 | 20 | 78 | 114 |
| Lesbian / Gay | | | 1 | 1 |



This data suggests the one lesbian / gay respondents would recommend Ward in the Community. The one bisexual respondent were passive in their response.

Sexual orientation and length of stay: There is insufficient recording of sexual orientation on ePJS to enable production of meaningful data on the sexual orientation and LOS.

Summary of potential sexual orientation-related implications of the proposals to relocate Ward in the Community:

Location:

- The Ward In The Community was designed to deliver support within the local community of

service users so they can develop and maintain links with their local community to assist their discharge. Any change of location will mean service users may receive inpatient carer further away from their home. This may increase the risk of social isolation during admissions, which may have a greater impact on lesbian, gay or bisexual people who can have a greater risk of social isolation.

Travel:

- Any change of location will have travel implications that may have differential impacts on lesbian, gay or bisexual service users, family members, carers or supporters if those people experience barriers to travel relating to concerns about their safety.

Estates:

- The ward will move to the current site of Dennis Hill Unit at the Bethlem Royal Hospital

Potential risks:

- There are potential risks of the change in location for Lambeth residents of different sexual orientations as they will be farther from their community. There are potential risks of increased social isolation for lesbian, gay or bisexual people during inpatient admissions at the proposed new location.
- There are potential travel-related risks for lesbian, gay or bisexual people who have public safety fears travelling to the new location.
- The change of location is anticipated to impact on staffing levels at the new location as staff will lose their inner-London allowance.

| | | |
|--|-----------------------------|-----------------------------|
| Marriage & Civil Partnership (Only if considering employment issues) | Positive impact: N/A | Negative impact: N/A |
| Service delivery EIA only. | | |
| Other (e.g. Carers) | Positive impact: N/A | Negative impact: N/A |
| See above sections for each protected characteristic. | | |

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

YES: Please detail actions in PART 3: EIA Action Plan

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)

See EIA action plan.

7. PART 2: Service delivery equality analysis for proposal to relocate community and outpatient services from Lambeth Hospital

Name of service development being assessed

- Service delivery EIA on the relocation of Lambeth community and outpatient services from Lambeth Hospital to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).

This EIA is being considered alongside EIAs on the following:

- Service delivery EIA on the relocation of the Ward in the Community from Lambeth Hospital to the Bethlem Royal Hospital as a result of the wider DBH proposals.
- The relocation of adult acute wards (Eden ward, Luther King ward, Nelson Ward, Rosa Parks Ward and ES2 - currently operating on Maudsley Hospital site) from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House – DBH).
- Service delivery EIA on the relocation of Leo ward from Lambeth Hospital to the Maudsley Hospital (ES2).
- Service delivery EIA on the relocation of Tony Hillis Unit from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Workforce EIA on the staff affected by proposed relocations.

Name of lead person responsible for the service development

Project Leads:

- Dr Rob Harland – Clinical Lead
- Vanessa Smith – Operational Lead

Staff supporting the EIA:

- Emma Porter, Deputy Director Forensic Offender Health
- Macius Kurowski, Equality Manager

Describe the service development

What is its main aim?

This proposed relocation is part of a wider project to reconfigure inpatient services to align with the clinical strategy and the increased specialisation of adult acute inpatient services. These services are currently delivered from four hospital sites and delivery of this proposal will provide a greater critical mass of beds on fewer sites.

In parallel, the Trust has developed a community service strategy, which proposes new models and locations for community services to increase access and to manage conditions in the least restrictive environment. A separate EIA has been produced to inform the development of the Lambeth Living Well Centres and associated supported services.

What are its objectives and intended outcomes?

- Increase the critical mass of beds which will enable focussed interventions, standardised processes and pathways and efficient service delivery
- Improve the quality of inpatient accommodation by relocating Lambeth inpatient service from accommodation that is not fit for purpose or in accordance with the latest guidelines, to modern

inpatient spaces at the Maudsley which have been purpose designed to provide a therapeutic recovery environment.

- Vacate the Lambeth Hospital site, releasing it for disposal which will fund in part the delivery of the project

What are the main changes being considered?

Lambeth community and outpatient services that are currently delivered from Lambeth Hospital will be relocated to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).

What is the timetable for its development and implementation?

- If the proposals are approved, the relocations of the Ward in the Community would be expected to occur in 2022/23.

These dates are indicative and may be subject to change.

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

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

Evidence for Lambeth community and outpatient services to be affected:

It is anticipated that the following non-inpatient services will be affected by the proposals:

- Lambeth Older Adults CMHT
- Forensic Intensive Psychological Treatment Service
- Lambeth Talking Therapies
- Lambeth Learning Disabilities Psychology
- HIV Liaison Service
- OPTIMA

Lambeth-wide evidence:

- [Draft Lambeth Council Transport Strategy – October 2018](#)
- [Healthwatch Lambeth evidence on older people](#)
- [Certitude evidence on Community Connecting through Connect & Do](#)
- [Lambeth Council report - Lambeth: A Trans agenda?](#)
- [Lambeth Council report – Lambeth LGBT Matters](#)
- [KCL, SLaM and Maudsley Charity LGBT+ Mental Health Event, 26th February 2018: Report](#)
- SLAM 2018/19 religion and spirituality needs assessment
- [AccessAble disability access reports for Lambeth Hospital](#)
- Previous engagement undertaken by the Planning and Equality team through equality partnership time events; engagement with members of Black Communities in Lambeth (through the Lambeth Black Health and Wellbeing Independent Advisory Group) and engagement with LGBT people (through LGBT+ mental health events and a confidential mailing list).

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

(Please let us know who you have spoken to and what developments or action has come out of this)

Staff engagement (as at 20th August 2019)

- A series of face-to-face briefing sessions were held with affected staff at Lambeth on 20 May ahead of the Trust Board meeting on 21 May. Between all the local managers and Directorate

leaders all the wards, on site community teams, social care teams and onsite voluntary services were met with. There was also engagement with teams at Lewisham to ensure they were made aware.

- Service Directors met with all the wards, on site community teams, social care teams and onsite voluntary services on the Lambeth site. They started the morning meeting on 20 May with ward managers and consultants and then back office staff based at Raey House, finishing with ES2 staff at the end of the day.
 - Overall the feedback from these sessions has been positive. Information from the meetings will be available on Maud.
 - Nothing controversial was raised and staff on Nelson, Luther King and Eden are pleased with the potential DBH offer.
 - It was stressed that this is a pre-consultation phase and the importance of staff involvement going forward. There were some questions raised which we will ensure we address in our future communications activity.
 - A number of staff asked why a new build is not possible on the Lambeth site. Neil Robertson responded was that we will struggle logistically to rebuild the site as there is nowhere for wards to be decanted and also that financially, the disposal of the site (or part of it) is key to future plans.
 - Although the consultants affected were generally in support of the ideas, a couple did reflect on how it could appear that the Maudsley was becoming a “big asylum” and the messages associated with this.
- Ongoing engagement with all clinical teams (e.g. with Eden and THU staff)
- Engagement with Trust Leadership Team on 5th June
- Council of Governors -13th June
- Sessions with NEDs and Board Members
- JSC – 22nd May and 11th June
- Ward in the Community Consultant and Clinical Service Lead, both expressed concern moving to Bethlem, the impact on staffing and being moved out of the local community (which is the essence of the service). Both favoured the Maudsley site

Stakeholder Engagement (as at 20th August 2019)

Letters were sent to a number of key stakeholders setting out the context and early details of the proposed changes and asking for a meeting with them at this early stage to seek their views on the proposals, our plans for engagement and how best to involve them and where relevant, their committee/board/organisation. Letters have been sent to:

- Cllr Liz Atkins, Chair of Lambeth Council’s Overview and Scrutiny Committee
- Cllr Jim Dickson, Chair of Lambeth Council’s Health and Wellbeing Board
- Cllr Edward Davie, Lambeth Council’s Cabinet Member for Health and Adult Social Care
- Larkhall Ward Councillors, where Lambeth Hospital is located: Cllr Timothy Windle, Cllr Andy Wilson and Cllr Tina Valcarcel,
- Sarah Corlett, Chair Healthwatch Lambeth and
- Catherine Pearson, Chief Executive Healthwatch Lambeth

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

| Age | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|-----|-------------------------------------|--|
|-----|-------------------------------------|--|

Summary of potential age-related implications of the proposals to relocate

non-inpatient services from the Lambeth Hospital site:

| | | |
|-------------------|--|---|
| Disability | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|-------------------|--|---|

Summary of potential disability-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location
- Increase in the number of serious incidents to changes in working practices, service reconfiguration and changes to the physical working environment.
- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential disability-related implications of these risks as the proposals are further developed.

| | | |
|-----------------------------|--|---|
| Gender re-assignment | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|-----------------------------|--|---|

Summary of potential gender reassignment-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location
- Increase in the number of serious incidents to changes in working practices, service reconfiguration and changes to the physical working environment.
- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential gender reassignment-related implications of these risks as the proposals are further developed.

| | | |
|------------------|---|---|
| Ethnicity | Positive impact: No potential benefits identified | Negative impact: Potential risks identified |
|------------------|---|---|

Summary of potential ethnicity-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location

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- Reduction in service users satisfaction due to new service location

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- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential ethnicity-related implications of these risks as the proposals are further developed.

| | | |
|----------------------------------|--|---|
| Pregnancy & Maternity | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|----------------------------------|--|---|

Summary of potential pregnancy and maternity-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location
- Increase in the number of serious incidents to changes in working practices, service reconfiguration and changes to the physical working environment.
- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential pregnancy and maternity-related implications of these risks as the proposals are further developed.

| | | |
|----------------------------|--|---|
| Religion and Belief | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|----------------------------|--|---|

Summary of potential religion and belief-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location
- Increase in the number of serious incidents to changes in working practices, service reconfiguration and changes to the physical working environment.
- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential religion and belief-related implications of these risks as the proposals are further developed.

| | | |
|------------|--|---|
| Sex | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|------------|--|---|

Summary of potential sex/gender-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location
- Increase in the number of serious incidents to changes in working practices, service reconfiguration and changes to the physical working environment.
- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential sex/gender-related implications of these risks as the proposals are further developed.

| | | |
|---------------------------|--|---|
| Sexual Orientation | Positive impact: To be confirmed | Negative impact: Potential risks identified |
|---------------------------|--|---|

Summary of potential sexual orientation-related implications of the proposals to relocate non-inpatient services from the Lambeth Hospital site:

Potential risks identified by initial QIA include:

- Reduction in service users satisfaction due to new service location
- Increase in the number of serious incidents to changes in working practices, service reconfiguration and changes to the physical working environment.
- There is a risk that support services for the new service locations cannot cope with the additional services resulting in the inability to provide acceptable service standards e.g. pharmacy needing to deliver to more sites etc.
- There is a risk that the living well centres do not provide enough physical capacity for face to face clinical services. This could then result in longer waiting times.
- There is a risk that fewer staff attend mandatory training /CPD due to the facilities being perceived to be less accessible in their new location.

The Trust will need to remain mindful of assessing the potential sexual orientation-related implications of these risks as the proposals are further developed.

| | | |
|--|-----------------------------|-----------------------------|
| Marriage & Civil Partnership (Only if considering employment issues) | Positive impact: N/A | Negative impact: N/A |
|--|-----------------------------|-----------------------------|

Service delivery EIA only.

| | | |
|----------------------------|-----------------------------|-----------------------------|
| Other (e.g. Carers) | Positive impact: N/A | Negative impact: N/A |
|----------------------------|-----------------------------|-----------------------------|

See above sections for each protected characteristic.

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

YES: Please detail actions in PART 3: EIA Action Plan

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)

See EIA action plan.

8. PART 2: Workforce equality analysis for SLaM staff affected by the proposals

Name of service development being assessed

Workforce EIA on the staff affected by proposed relocations.

This EIA is being considered alongside EIAs on the following:

- The relocation of adult acute wards (Eden ward, Luther King ward, Nelson Ward, Rosa Parks Ward and ES2 - currently operating on Maudsley Hospital site) from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House – DBH).
- Service delivery EIA on the relocation of Leo ward from Lambeth Hospital to the Maudsley Hospital (ES2).
- Service delivery EIA on the relocation of Tony Hillis Unit from Lambeth Hospital to the Maudsley Hospital (in a new building – Douglas Bennet House - DBH).
- Service delivery EIA on the relocation of Lambeth community and outpatient services from Lambeth Hospital to either Brixton Road or another community living well centre (Gracefield Gardens or Akerman Road).
- Service delivery EIA on the relocation of the Ward in the Community from Lambeth Hospital to the Bethlem Royal Hospital as a result of the wider DBH proposals

Name of lead person responsible for the service development

Project Leads:

- Dr Rob Harland – Clinical Lead
- Vanessa Smith – Operational Lead

Staff supporting the EIA:

- Emma Porter, Deputy Director Forensic Offender Health
- Patience McLean, Workforce Equalities Manager

Describe the service development

What is its main aim?

This proposed relocation is part of a wider project to reconfigure inpatient services to align with the clinical strategy and the increased specialisation of adult acute inpatient services. These services are currently delivered from four hospital sites and delivery of this proposal will provide a greater critical mass of beds on fewer sites.

In parallel, the Trust has developed a community service strategy, which proposes new models and locations for community services to increase access and to manage conditions in the least restrictive environment. A separate EIA has been produced to inform the development of the Lambeth Living Well Centres and associated supported services.

What are its objectives and intended outcomes?

- Increase the critical mass of beds which will enable focussed interventions, standardised processes and pathways and efficient service delivery
- Improve the quality of inpatient accommodation by relocating Lambeth inpatient service from accommodation that is not fit for purpose or in accordance with the latest guidelines, to modern inpatient spaces at the Maudsley which have been purpose designed to provide a therapeutic

recovery environment.

- Vacate the Lambeth Hospital site, releasing it for disposal which will fund in part the delivery of the project

What are the main changes being considered?

- Ward in the Community will move from Lambeth Hospital site (in Lambeth) to the Bethlem Hospital site (in Bromley).

What is the timetable for its development and implementation?

- If the proposals are approved, the relocations of the Ward in the Community would be expected to occur in 2022/23.

These dates are indicative and may be subject to change.

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

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

- ESR demographic data for staff in the affected service.
- [AccessAble disability access reports for Lambeth Hospital](#)
- [AccessAble disability access reports for Maudsley Hospital](#)
- [AccessAble disability access reports for Bethlem Hospital](#)

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

(Please let us know who you have spoken to and what developments or action has come out of this)

Staff engagement (as at 20th August 2019)

- A series of face-to-face briefing sessions were held with affected staff at Lambeth on 20 May ahead of the Trust Board meeting on 21 May. Between all the local managers and Directorate leaders all the wards, on site community teams, social care teams and onsite voluntary services were met with. There was also engagement with teams at Lewisham to ensure they were made aware.
- Service Directors met with all the wards, on site community teams, social care teams and onsite voluntary services on the Lambeth site. They started the morning meeting on 20 May with ward managers and consultants and then back office staff based at Raey House, finishing with ES2 staff at the end of the day.
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 - Nothing controversial was raised and staff on Nelson, Luther King and Eden are pleased with the potential DBH offer.
 - It was stressed that this is a pre-consultation phase and the importance of staff involvement going forward. There were some questions raised which we will ensure we address in our future communications activity.
 - A number of staff asked why a new build is not possible on the Lambeth site. Neil Robertson responded that we will struggle logistically to rebuild the site as there is nowhere for wards to be decanted and also that financially, the disposal of the site (or part of it) is key to future plans.
 - Although the consultants affected were generally in support of the ideas, a couple did

reflect on how it could appear that the Maudsley was becoming a “big asylum” and the messages associated with this.

- Ongoing engagement with all clinical teams (e.g. with Eden and THU staff)
- Engagement with Trust Leadership Team on 5th June
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- Ward in the Community Consultant and Clinical Service Lead, both expressed concern moving to Bethlem, the impact on staffing and being moved out of the local community (which is the essence of the service). Both favoured the Maudsley site

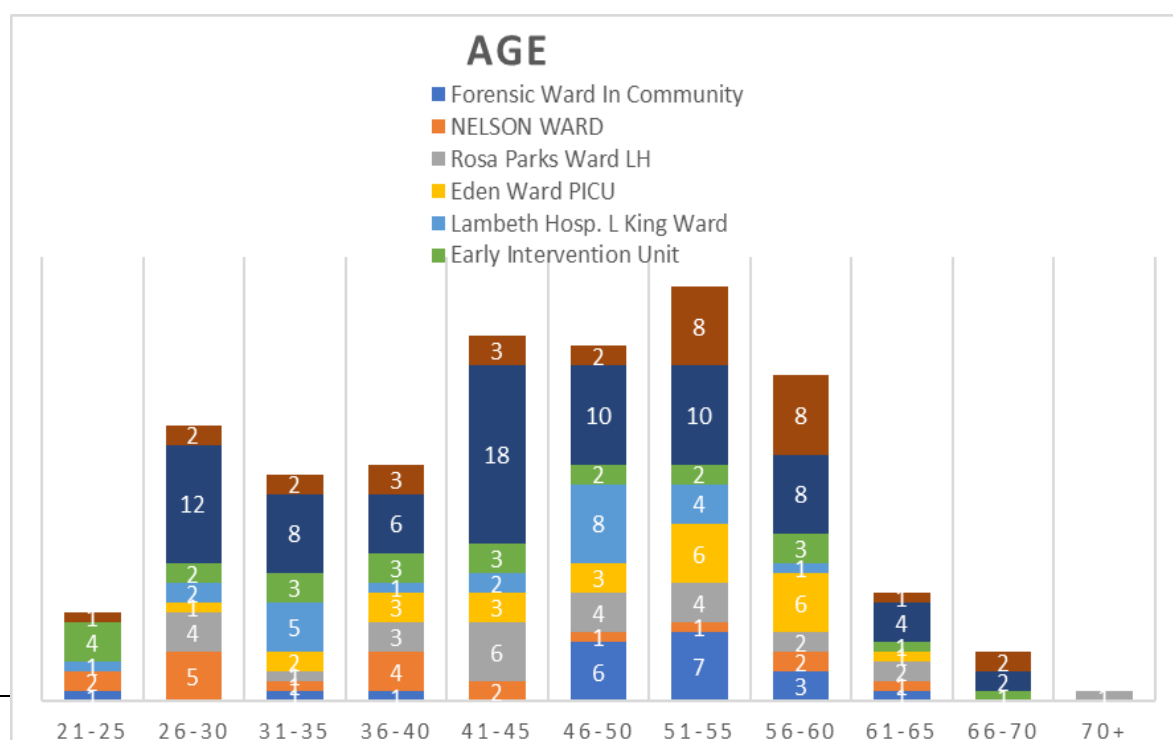
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- Sarah Corlett. Chair Healthwatch Lambeth and
- Catherine Pearson, Chief Executive Healthwatch Lambeth

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

| Age | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----|---|--|
|-----|---|--|



- in increase travel costs
- For older staff who have health problems limiting their mobility, the change of location may make it more difficult to travel to and from work. This is particularly relevant to the Ward in the Community which appear to have a larger proportion of older staff.

For all services relocating to the new build Douglas Bennett House, staff of all ages will be able to benefit from a modern and high quality working environment. The environment has been designed in accordance with the latest mental health design thinking which should reduce violence and aggression. This in turn should result in a nicer working environment for staff.

Potential benefits:

- For staff of all ages relocating to the new DBH building

Potential risks:

- Risks for Ward in The Community staff of all ages, particularly older staff.

| Disability | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|------------|---|--|
|------------|---|--|

| Disability | No | Not specified | Yes |
|-----------------------------|-----|---------------|-----|
| Forensic Ward In Community | 60% | 40% | |
| NELSON WARD | 73% | 16% | 11% |
| Rosa Parks Ward LH | 66% | 34% | |
| Eden Ward PICU | 64% | 36% | |
| Lambeth Hosp. L King Ward | 83% | 13% | 4% |
| Early Intervention Unit | 75% | 25% | |
| Lambeth Home Treatment Team | 69% | 28% | 3% |
| Challenging Behaviour Unit | 69% | 31% | |

In line with Equalities Act, no staff member will be disadvantaged in employment by reference to their disability. Consideration regarding extra travel time/flexibility with shift patterns etc, should be given to those staff who have declared a disability.

A number of staff on Nelson, Luther Kind and the Lambeth Home Treatment Team have specified that they have a disability. Specific disabilities are not yet known however the change of location for those with physical disabilities may result in a longer/more difficult journey.

Conversely, the estate for all new wards will be designed to comply with the latest building regulation standards which should positively impact those staff with physical disabilities.

Potential benefits:

- For disabled staff in services relocating to the new DBH building

Potential risks:

- Risks for disabled Ward in The Community staff.

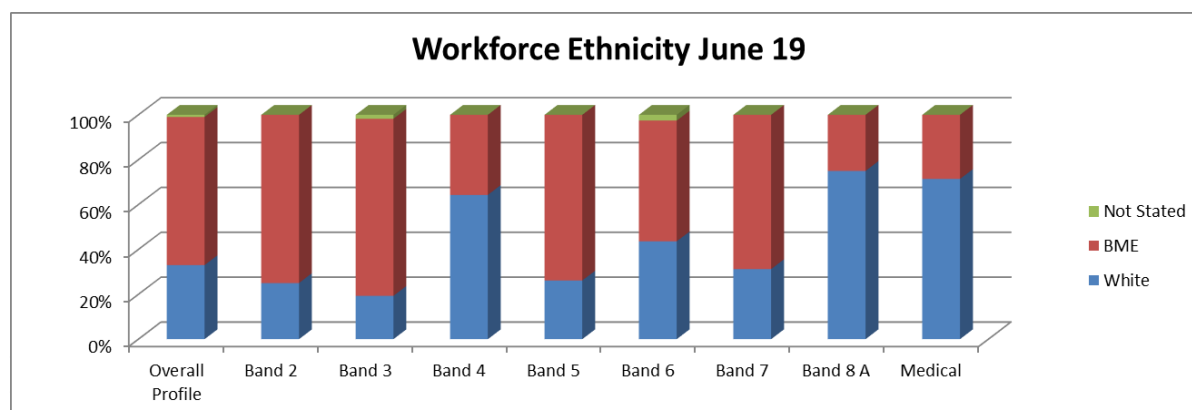
| Gender re-assignment | Positive impact: N/A | Negative impact: N/A |
|----------------------|-------------------------|-------------------------|
|----------------------|-------------------------|-------------------------|

There are no known staff who would attract the protection of the Equalities Act in respect of Gender re-assignment in the relevant group of staff impacted by these changes

| Ethnicity | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----------|---|--|
|-----------|---|--|

| Ethnicity | Asian or Asian British | Black or Black British | Mixed | Not stated | Other ethnic group | White |
|-----------------------------|------------------------|------------------------|-------|------------|--------------------|-------|
| Forensic Ward In Community | 1 | 16 | 1 | | | 2 |
| NELSON WARD | 1 | 8 | | | 1 | 9 |
| Rosa Parks Ward LH | 1 | 16 | | | 1 | 9 |
| Eden Ward PICU | 1 | 21 | | | 2 | 1 |
| Lambeth Hosp. L King Ward | | 15 | 1 | 1 | 1 | 6 |
| Early Intervention Unit | | 10 | 1 | 1 | 2 | 10 |
| Lambeth Home Treatment Team | | 22 | 4 | | 4 | 48 |
| Challenging Behaviour Unit | 1 | 19 | 3 | 1 | | 8 |

The ethnicity of the teams implies that there may be a disproportionate impact for black or minority ethnic staff, particularly those in lower pay banding as illustrated below.



currently working on the ward in the Community, which is relocating from inner London to outer London.

For all services relocating to the new build Douglas Bennett House, staff of all races will be able to benefit from a modern and high quality working environment. The environment has been designed in accordance with the latest mental health design thinking which should reduce violence and aggression. This in turn should result in a nicer working environment for staff.

Potential benefits:

- For staff of different ethnicities in services relocating to the new DBH building

Potential risks:

- Risks for Ward in The Community staff of all ethnicities, particularly Black staff.

| Pregnancy & Maternity | | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----------------------|--|---|--|
| Maternity | | Maternity & Adoption | |
| NELSON WARD | | 2 | |
| | | | |

The staff currently on maternity leave will be communicated with and kept informed of the consultation process.

Potential benefits:

- For pregnant staff in services relocating to the new DBH building

Potential risks:

- Risks for pregnant Ward in The Community staff.

| Religion and Belief | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|---------------------|---|--|
|---------------------|---|--|

| Religious Belief | Atheism | Buddhism | Christianity | Hinduism | Prefer not to answer | Islam | Other | Sikism | Not stated |
|-----------------------------|---------|----------|--------------|----------|----------------------|-------|-------|--------|------------|
| Forensic Ward In Community | | | 55% | | 15% | | | | 30% |
| NELSON WARD | 5% | | 37% | | 37% | 5% | 11% | | 5% |
| Rosa Parks Ward LH | 7% | | 56% | 4% | 15% | | | | 19% |
| Eden Ward PICU | | | 44% | | 20% | 8% | | | 28% |
| Lambeth Hosp. L King Ward | 8% | | 33% | | 38% | 4% | 4% | | 13% |
| Early Intervention Unit | 17% | 5% | 35% | | 18% | | | | 25% |
| Lambeth Home Treatment Team | 26% | | 38% | | 21% | | 5% | | 10% |
| Challenging Behaviour Unit | | | 44% | | 28% | 9% | 3% | 16% | |

For all services relocating to the new build Douglas Bennett House, staff of all religions/beliefs will be able to benefit from a modern and high quality working environment. The environment has been designed in accordance with the latest mental health design thinking which should reduce violence and aggression. This in turn should result in a nicer working environment for staff. There is a Multi faith space that will be available for staff in the new building.

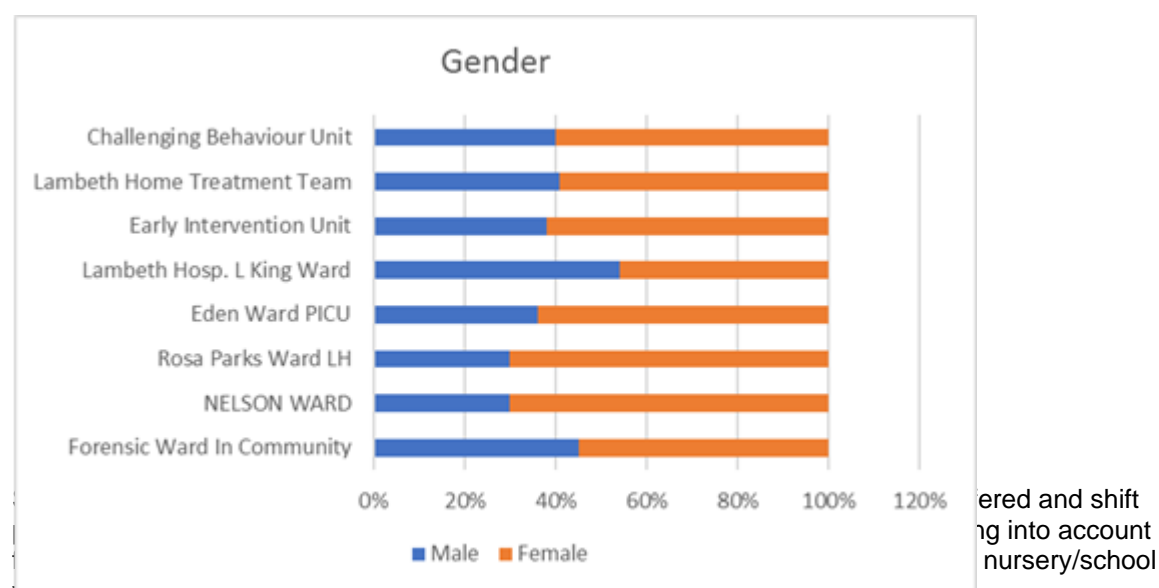
Potential benefits:

- For staff of different religion and beliefs in services relocating to the new DBH building

Potential risks:

- Risks for Ward in The Community staff of different religion and beliefs, particularly Christian staff.

| Sex | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|-----|---|--|
|-----|---|--|



For all services relocating to the new build Douglas Bennett House, male and female staff will be able

to benefit from a modern and high quality working environment. The environment has been designed in accordance with the latest mental health design thinking which should reduce violence and aggression. This in turn should result in a nicer working environment for staff.

Potential benefits:

- For staff of different sexes in services relocating to the new DBH building

Potential risks:

- Risks for Ward in The Community staff of different sexes.

| Sexual Orientation | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|--------------------|---|--|
|--------------------|---|--|

| Sexual Orientation | Bisexual | Gay or Lesbian | Heterosexual or Straight | Prefer not to answer | Other | Not stated |
|-----------------------------|----------|----------------|--------------------------|----------------------|-------|------------|
| Forensic Ward In Community | | | 60% | 10% | 30% | |
| NELSON WARD | | 5% | 58% | 32% | | 5% |
| Rosa Parks Ward LH | | 4% | 67% | 11% | 19% | |
| Eden Ward PICU | | | 56% | 16% | | 28% |
| Lambeth Hosp. L King Ward | | | 58% | 29% | | 13% |
| Early Intervention Unit | 4% | 4% | 50% | 17% | | 25% |
| Lambeth Home Treatment Team | | | 82% | 8% | | 10% |
| Challenging Behaviour Unit | 3% | | 62% | 19% | | 16% |

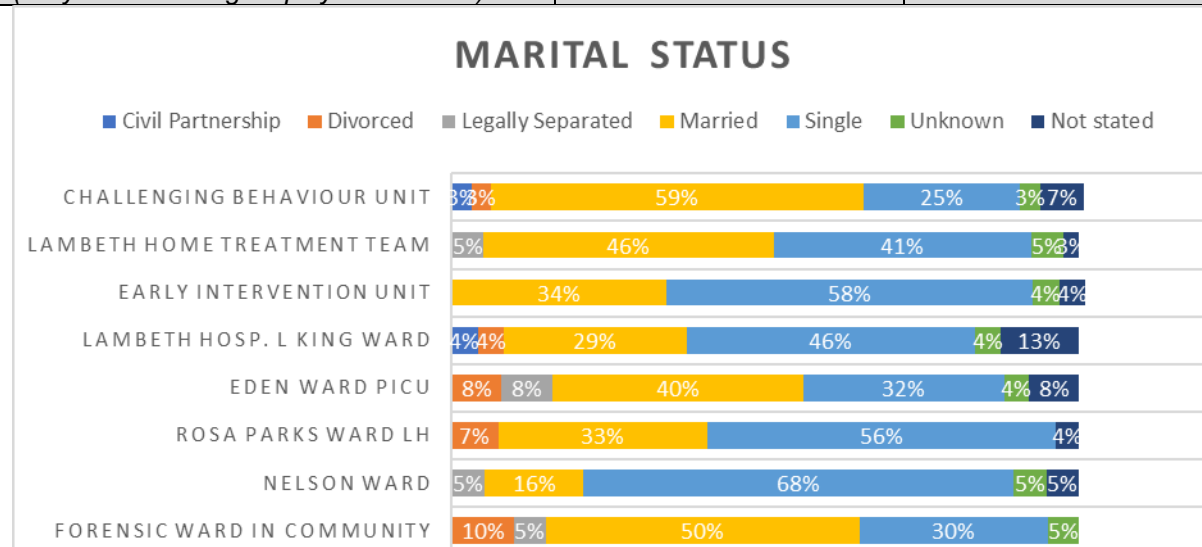
Potential benefits:

- For staff of different sexual orientations in services relocating to the new DBH building

Potential risks:

- Risks for Ward in The Community staff of different sexual orientations.

| Marriage & Civil Partnership (Only if considering employment issues) | Positive impact: Potential benefits identified | Negative impact: Potential risks identified |
|---|---|--|
|---|---|--|



Potential risks:

- Risks for Ward in The Community staff who are married or in a civil partnership.

| Other (e.g. Carers) | Positive impact: N/A | Negative impact: N/A |
|---|----------------------|----------------------|
| See above sections for each protected characteristic. | | |

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

YES: *Please detail actions in PART 3: EIA Action Plan*

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)

See EIA action plan.

9. PART 3: Equality Impact Assessment Action plan for proposed changes

| Potential impact | Proposed actions | Responsible/ lead person | Timescale | Progress |
|---|--|--------------------------------|--|----------|
| SERVICE DELIVERY | | | | |
| Improve our understanding of the potential equality implications and required actions of the proposed changes | Identify appropriate stakeholders for all protected characteristics to involve in all future consultations | Head of Communications | Mar 2020 | |
| | Share initial EIA in as part of future consultations | Head of Communications | Nov 2019 | Complete |
| | Ensure that EIA is fully coordinated with QIA | Clinical and Operational leads | Dec 2019 | Complete |
| | Update EIAs as required to incorporate equality-related evidence of the potential risks and benefits that emerge from evidence from future consultations, assessments or QIAs | Clinical and Operational leads | Ongoing (1 year before any future moves) | |
| | Ongoing engagement with wider clinical teams to share initial equality analysis and to seek views on potential risks opportunities and accompanying actions | Clinical and Operational leads | Ongoing (1 year before any future moves) | |
| Improve understanding of the travel implications of change in location of services in relation to service users, families, carers, supporters and community members of different ages, disabilities, ethnicities, gender identity, sexes and sexual orientations. | Undertake further detail assessment of the travel impact by age to understand quantum of when travelling for: <ul style="list-style-type: none"> • Young people, in particular those at risk of violence outside their area of residence • Older people with mobility issues • Disabled people • People from ethnic minorities, in particular from Black and Latin American communities. • People living in the Clapham Park Estate. • Ward in the Community service users | Transport Manager | May 2020 | |
| Improve understanding of how to mitigate potential risks of social isolation at the proposed new locations of services of service users who are older, who are disabled, who | Ask how to do this in future consultations. In particular with stakeholders in relation to: <ul style="list-style-type: none"> • People aged 26-35 • Older people • Black Thrive and Black people | Clinical and Operational leads | Ongoing (1 year before any future moves) | |

| | | | | |
|--|--|---|---|--|
| are transgender, who are Black, who are from other ethnic minority backgrounds (e.g. Latin American), who have places of worship in Lambeth, who are gay, lesbian or bisexual. | <ul style="list-style-type: none"> • Latin American people • Lesbian, gay and bisexual people • Pregnant people • Trans and non-binary people • Females and males • Different religions and beliefs • Ward in the Community service users | | | |
| Maximise the potential positive disability-related environmental impacts of the proposed new building | <ul style="list-style-type: none"> • Ensure disabled service users, carers and stakeholders are involved in consultation process for the proposed new building | Director of Estates | Ongoing (1 year before any future moves) | |
| | <ul style="list-style-type: none"> • Ensure that all appropriate disability aids are procured for use in the building (mobile induction hearing loops, hoists, etc.) | Director of Estates | 6 months before building opening | |
| | Commission an AccessAble assessment disability access report for the new building and wards | Director of Estates | On completion of new building | |
| | Promote any learning on disability access identified in delivery of Southwark equality objective | Equality Manager & Southwark Equality Lead | Apr 2020 | |
| Improve understanding of estate-related equality risks of proposed relocation of Leo and Ward In the Community | Engage with clinical teams and service users in identifying and delivering estates works required at ES2 and Dennis Hill Unit. | Director of Estates | Ongoing (1 year before any future moves) | |
| | Commission an AccessAble assessment disability access report for ES2 and Dennis Hill Unit. | Director of Estates | TBC – after any building/adaptions complete | |
| | Promote any learning on disability access identified in delivery of Southwark equality objective | Equality Manager & Southwark Equality Lead | Apr 2020 | |
| Improve service delivery to transgender service users | Deliver transgender policy sessions to all ward managers and ward staff | Lambeth Service Director & Equality Manager | Apr 2020 | |
| Improve understanding of potential sex-related implications of the | | | | |
| | Obtain activity data on Lambeth private patients and | Lambeth Service Director | Mar 2020 | |

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| proposals for single sex adult acute ward provision | analyse by age, ethnicity and sex | | | |
| Improve understanding of potential sexual orientation-related implications of the proposals | Understand further why LGBT+ service users have a poor service user experience to be able to understand whether the relocation will positively or negatively impact this | Lambeth Service Director & Equality Manager | Apr 2020 | |
| Monitor actual equality impacts of proposed changes | Engage with the Lambeth Development of Cultural Appropriate Services Forum on proposals and to identify mitigation measures to the impacts identified for Black service users. | Lambeth Service Director | Feb 2020 | |
| | Put measure in place to monitor length of stay and performance after the move by age, gender and ethnicity to assess whether the environment leads to improved experience and a reduction in length of stay. | Lambeth Service Director | TBC – after any potential changes are implemented | |
| | Adapt these to consider disability, religion and sexual orientation as demographic recording of these characteristics improves | Lambeth Service Director | TBC – after any potential changes are implemented | |
| WORKFORCE | | | | |
| Improve our understanding of the potential equality implications and required actions of the proposed changes | Ongoing engagement with wider clinical teams to share initial equality analysis and to seek views on potential risks opportunities and accompanying actions | Service Director – Lambeth Service Director - Croydon & BDP | Complete by Feb 2020 | Ongoing |
| Improve understanding of potential disproportionate impacts for Black and older Ward in the Community staff | <ul style="list-style-type: none"> Engage with BME staff forums to share plans and understand impact Engage with staff groups at ward level to update on plans and to understand the impact Develop mitigation actions where possible. | Human Resources & Croydon & BDP Director | Complete by Feb 2020 | |

Date completed 22 January 2020

Name of person completing: Dr Rob Harland – Clinical Lead & Vanessa Smith – Operational Lead

Directorate: Lambeth Directorate

Service: Lambeth Hospital site services