



# **Improving acute inpatient mental health services in Lambeth**

**Independent consultation feedback report**

**June 2020**

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## Document revision history

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# 1 Executive summary

This independent consultation feedback report has been prepared by NEL Healthcare Consulting and was commissioned by South London and Maudsley NHS Foundation Trust (SLaM). Feedback recorded and analysed in this report has been in response to the consultation regarding proposed changes to adult acute inpatient mental health services, currently being provided by SLaM, on behalf of the South East London CCG. Consultation began on 4 March 2020 and concluded on 31 May 2020.

This executive summary highlights the overall feedback and key themes across **all respondent types and feedback methods**, providing an indication of the overall balance of opinions. Given the target respondent groups identified in section 3 of this report, we have also drawn out key issues from these groups, to highlight similarities and differences, if and where they were present.

However, readers are urged to consult the entire report for more detailed insights and views by question and by feedback method, in regard to possible changes to adult acute inpatient mental health services at Lambeth Hospital.

In this report, we present the opinions, arguments and perceptions from the many different interested parties participating in the consultation, but it is not our role to ‘make a case’ for any particular outcome.

In contrast to the more thematic approach in this executive summary, the full report considers the feedback by question and by feedback method in turn (which can at times be repetitive given that similar issues emerged). It is important that this report provides a full evidence base for those considering the consultation and its findings.

It should be noted that the consultation report can at times reflect and present polarised views; this can be because people with strong feelings are more likely to provide these views robustly.

This section gives a summary of findings across all questions and feedback methods. It also points to any specific issues across the target respondent groups identified in section 3 of the report.

## 1.1 Consultation response

This infographic summarises the response to the consultation, across the available feedback methods.



## 1.2. Key findings

The majority of respondents, across all feedback methods, were supportive of the need to make changes and to move beds from the Lambeth Hospital site.

This being said, many respondents were keen to retain services in Lambeth and look to refurbish the Lambeth Hospital site.

Key themes across all feedback methods and respondent groups have been summarised into six themes.

### 1. The look and feel of a new site

Most feedback focused on ensuring the new space (assuming wards were relocated) was sensitively designed to ensure patients from all backgrounds were catered for, as well as maximising the use of, and access to, outdoor space.

The new space should ensure privacy and dignity for patients, whilst also prioritising safety and security. Moving away from the look and feel of an institutionalised setting to airier, bright and modern surroundings was felt to be positive. This suggests a fair degree of acceptance for the proposed relocation.

### 2. Travel and access to the Maudsley Hospital site

There were concerns relating to travel from southern parts of the borough (particular references were made to Streatham and Brixton, with one comment around access from central Lambeth and one comment around access from West Lambeth) and that these particular areas could be adversely affected by the proposed move to the Maudsley Hospital site. This was due to a perceived lack of public transport and increase in travel time for some visitors and carers.

Less frequently raised was a perceived issue with parking on the Maudsley Hospital site and whether this would be exacerbated.

Although negative impacts of the move were noted for people with a physical disability, this group agreed overwhelmingly with the proposed move, despite travel issues.

### 3. Reputation and familiarity

Feedback highlighted concerns around the reputation of the Maudsley Hospital and unfamiliarity with the local area which might deter some service users and carers from accessing services.

“A new build is what we've needed for a long time. The airy, fresh, approach with modern facilities also fits with the NHS Long Term Plan. We have had an empty building on the Southwark site for many years so let's use it now.”

Current or recent service user

The reputation stems from the site having an institutional look in particular, and concerns about stigma due to accessing a hospital for people with mental ill health issues. It was felt important to ensure privacy and discretion for service users entering the building.

The perception was also raised that service users may be hesitant to go out when they do not know the local area and as such people who are not familiar with the Camberwell area may not benefit from the opportunities that are local to the site.

#### **4. The Maudsley Hospital site**

There was a perception that the Maudsley Hospital site is too dense for the development of another ward block to be reasonable. Further to this, there was a notion that there was insufficient green space available on the site relative to that at the Lambeth Hospital site.

Another key challenge raised by several respondent groups (including staff, service users, carers, members of the public and black respondents) is its proximity to King's College Hospital – potentially presenting challenges such as noise, increased activity and lack of discrete entrance area for people being admitted.

#### **5. Service model**

Some respondents saw the potential move of services as an opportunity to refresh the current service model provided on the wards so that it is appropriate for the case mix and demographic mix of service users frequenting the services. The availability of high-quality staffing and a range of appropriate therapeutic interventions (ensuring cultural sensitivities) were felt to be as important as the physical environment within which services are housed. This feedback was heard most strongly from black and minority ethnic (BAME) respondents.

Other more infrequent feedback touched on areas such as how the relocated service would interact with other supporting services still based in Lambeth including early intervention, community services' access, discharge processes and connections with third sector support organisations.

Reference was also made to the potential to increase the number of beds whilst making this proposed change, given there is perceived to be a large unmet demand in Lambeth.

Relocating Lambeth services to within Southwark raised issues with a small number of respondents about the current provision for Southwark patients, who often have to use services within Lewisham.

#### **6. Future of the Lambeth Hospital site and remaining services**

Although outside the scope of this consultation, a significant amount of feedback was received raising concerns about both the change in use of the Lambeth Hospital site, the need to retain services locally within Lambeth, and proposed options for what could be housed on the site in future. Some respondents felt that redevelopment options for the site had not been fully considered.

Many respondents were unsure as to what would be happening to other clinical and non-clinical services currently housed on the Lambeth Hospital site, for example, Home Treatment Team, Pharmacy, Community Services/Outpatients, Library and Training Suite.

### 1.2.1 Positives feedback around the proposed change

**“There are more positive reasons than negative for the move. The positive aspects are that the Maudsley Hospital site has more of a history of treatment of mental health problems. The new building will be purpose-built and have more of a therapeutic focus, brighter and easier for staff to monitor patients, so that is much better.”**

Carer/family member

- It was felt that change was needed as Lambeth Hospital wards are no longer fit for purpose and negatively impact patient and staff wellbeing
- The new site could provide a new, more therapeutic environment that would be designed with services users’ needs in mind
- The new site would have good links to other mental health services, to King’s College Hospital, and to transport links into central London
- The site is a centre of excellence and is recognised nationally and internationally
- Staff would be working in a safer and more welcoming environment, which could support recruitment and retention.

### 1.2.2 Negative feedback around the proposed change

- The loss of services within Lambeth would mean residents could no longer access acute adult inpatient mental health services within their own borough
- The opportunities to improve the existing facilities were felt to have been downplayed. It was felt that there were other solutions that could be considered to keep services on the site – for example temporarily decanting services whilst Lambeth Hospital is refurbished
- Relocating services could be disorientating for patients who currently are familiar with existing service, and could mean family and friends are less likely to visit
- Feedback from members of the public, service users, staff and people from the black community suggested the Maudsley name comes with a certain stigma and this needs to be addressed

**“Specialist services which might in the future be provided on the Landor Road site are less likely to be attended if they are on the Maudsley Denmark Hill site because of location, visibility and stigma. The Landor Road site is relatively anonymous.”**

Member of the public



- Carer/family members, staff and people experiencing socio-economic deprivation could be impacted by an increase in travel time and cost.

### 1.2.3 Feedback by target respondent groups

Although there was broad agreement with the key themes in section 1.2 across all respondent groups and feedback methods, table 1 represents a breakdown of the prevalence of this feedback across different respondent groups and across all questions. Themes have been checked where there have been at least four mentions about that particular theme by the respondent group. Where a theme has not been checked, this means that the theme was mentioned fewer than four times.

All respondent groups across all feedback methods were more positive than negative in regard to making changes to Lambeth Hospital and with moving services from Lambeth Hospital to the Maudsley Hospital site.

All respondent groups across all feedback methods recognised the importance of the design of the new building and access to outdoor space, the impact of increased travel on carers and family members, and a desire to retain services locally. After table 1 there are some key issues, particular to certain respondent groups, highlighting differential feedback as and when it arose.

Table1: Key themes by respondent group

Respondent group /Theme		Current or recent service user	Carer/ family member	Staff	Member of the public	Black and minority ethnic respondents	Lambeth residents	Southwark residents
<b>Consultation proposal</b>	More positivity than negativity towards changes being made to Lambeth Hospital wards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	More positivity than negativity towards moving services from Lambeth Hospital to the Maudsley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Theme 1: The look and feel of a new site</b>	Importance of design of buildings and outdoor space to accommodate all service user needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Theme 2: Travel and access to the Maudsley</b>	Impact of increased travel time for visitors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Impact of increased travel for staff			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<b>Theme 3: Reputation</b>	Positive reputation of the Maudsley						<input checked="" type="checkbox"/>	

Respondent group /Theme		Current or recent service user	Carer/ family member	Staff	Member of the public	Black and minority ethnic respondents	Lambeth residents	Southwark residents
<b>and familiarity</b>	Negative reputation and stigma of using Maudsley services			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
	Service users experiencing unfamiliarity with the local area and disconnect from family support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Theme 4: The Maudsley Hospital site</b>	Positives of co-locating services on the Maudsley Hospital site				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Negatives of co-locating services on the Maudsley Hospital site (including availability of space)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Perception of improved facilities at the Maudsley	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Negative impact of proximity to Kings College Hospital (due to noise					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Respondent group /Theme		Current or recent service user	Carer/ family member	Staff	Member of the public	Black and minority ethnic respondents	Lambeth residents	Southwark residents
	pollution and lack of private entrance)							
<b>Theme 5: Service model</b>	Need for a refreshed service model					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>Theme 6: Future of the Lambeth Hospital site and remaining services</b>	Concerns over the future use and development of the site			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Retain services in Lambeth and refurbishing the Lambeth Hospital site	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### Service user perspective

Although there were concerns about the increased travel for carers and family members and retaining services within Lambeth, it was recognised that any relocation of services could lead to a significant improvement in the quality of the environment and therefore service user experience.

### Staff perspective

It was noted that the potential relocation of services would likely mean an increase in commuting time for some staff. Staff reflected feedback from their patients and carers about the stigma of the Maudsley name and the need to work on rebranding this. When looking at service users' views in general, stigma did not arise as a key theme. It did, however, seem to resonate particularly with respondents from a black and minority ethnic backgrounds.

Staff also spoke of concerns for patients being relocated to unfamiliar surroundings and the impact this would likely have on their recovery. It was strongly felt that Lambeth service users should be seen within Lambeth.

It was recognised that the Maudsley Hospital site already feels quite full, and there were concerns over available clinical and non-clinical space to ensure a high-quality service for patients, as well as ensuring staff have appropriate working spaces.

### Black and minority ethnic perspective

As with other respondent groups, there was recognition that any relocation of services would likely result in improvements to facilities for service users. The move itself was seen as potentially less of an issue than the quality of relationships with staff and the ability of the service model – in whichever location – to meet their specific needs; there was some hope that a new build would allow for a fresh conversation about how to make broader improvements to the experience of black mental health service users in Lambeth.

Particular challenges for this group centred around concerns over the impact of being closely located to a busy road and

**“As vital services are centralised/moved outside the communities they seek to serve, it is the most vulnerable in our borough who are impacted the most. Those who cannot afford to travel – or whose families cannot afford to travel, who live with a physical disability or who are elderly, will be even further removed from the services they depend on.”**

Voluntary/community organisation

**“This move will disproportionately affect black men and women from Lambeth. It will make it more difficult to stay in touch with family members while they are in hospital.”**

Black carer/ family member

hospital and having limited space on the site. The increased noise and activity were felt to have a negative impact on the process of releasing trauma and healing. There was also a desire to see a discrete entrance to the building as this group in particular expressed the stigma and shame around accessing mental health services were a particular issue. There was felt to be more anonymity when accessing Lambeth Hospital.

Respondents also felt being unfamiliar with the local area and disconnected from family support would lead to isolation and could impact recovery.

### **Public perspective**

This group seemed to give more detailed thought to the positives and negatives of being co-located with other mental health services on the Maudsley Hospital site. It was recognised that the Maudsley Hospital was a centre of excellence and would likely provide an improved environment as part of the upgrading process. However, as with other respondent groups, there were concerns regarding the available space on the site.

Members of the public, alongside Lambeth residents, were most concerned with the future use of the site (both moving away from NHS use and what it would be used for) and retaining services within Lambeth.

### **Lambeth residents**

Lambeth residents' primary concerns were about the future use of the site (both moving away from NHS use and what it would be used for) and retaining services within Lambeth. In respect of the future of the site, residents were concerned with noisy building works in the surrounding area and concerned about the impact of a large housing redevelopment on surrounding local amenities. In respect of retaining services in Lambeth, concerns were around travel and access from some areas of the borough, and the impact of service users being moved out of borough for treatment. Residents felt it important to refurbish the existing Lambeth Hospital site.

### **Southwark residents**

As with Lambeth residents, people from Southwark also expressed a desire for services to remain within Lambeth and to refurbish the existing site. A small number commented on the impact of the potential relocation on Southwark service users who are already going out of borough for acute inpatient care.

### **Carers' perspective**

This group commented most frequently on the impact of increased travel for carers and family members. It was noted that travel from some parts of Lambeth could require changing buses. The increase in travel time meant that some carers felt they would not be able to visit as frequently, which could have a negative impact on service users.

### 1.2.4. Equalities and impacts related feedback

All respondent groups across all feedback methods were asked about impacts. Therefore, the suggested impacts below may come from people who do not possess those characteristics themselves (based on cross-referencing the demographic information provided by respondents) and present an estimation of the impact on some groups.

Table 2 summarises the positive and negative impacts identified across all respondent groups and feedback methods.

*Table 2: Identified potential positive and negative impact by protected characteristic, based on feedback*

Theme	Protected characteristic	
	Positive impacts	Negative impacts
<b>Increased travel time</b>		<ul style="list-style-type: none"> <li>• Some older people</li> <li>• People of working age</li> <li>• Carers</li> <li>• Some within black Asian and minority ethnic communities</li> </ul> <p>As a result, these groups could be less likely to visit family members.</p>
<b>Travelling new and busier routes</b>		<ul style="list-style-type: none"> <li>• Some older people</li> <li>• People with disabilities (mental, physical, learning, and sensory) could experience anxiety and confusion as a result.</li> </ul>
<b>Increased travel cost</b>		<ul style="list-style-type: none"> <li>• People experiencing socio-economic deprivation.</li> </ul>
<b>Impact of proximity to busy main road and helipad</b>		<ul style="list-style-type: none"> <li>• People with sensory disabilities and mental impairments may become over-stimulated</li> <li>• Some within black Asian and minority ethnic communities described finding this environment not ideal for releasing trauma and healing. This group also identified concerns about the discretion of accessing services on such a busy site as there is a lot of stigma for this group in accessing mental health services.</li> </ul>

Theme	Protected characteristic	
	Positive impacts	Negative impacts
Service users experiencing unfamiliarity with the local area and disconnect from family support		<ul style="list-style-type: none"> <li>Black and minority ethnic communities (more specifically people from black backgrounds) referenced feeling being in an unfamiliar area would mean they were disconnected from their families and likely to be visited less due to the increase in travel time for carers/family members.</li> </ul>
Colocation with other mental health services	<ul style="list-style-type: none"> <li>People with mental impairments having access to other mental health services on the same site.</li> </ul>	
Physical access to the building	<ul style="list-style-type: none"> <li>People with physical disabilities and mental impairments due to improved quality of environment and better designed spaces.</li> </ul>	
Increased privacy and dignity	<ul style="list-style-type: none"> <li>People with different religions or beliefs and people who identify as transgender could experience an increase in privacy and dignity through new ward layouts and shared spaces.</li> </ul> <p>The wards in the proposed new Douglas Bennett House building would provide separate bedrooms with ensuite bathrooms. This could help staff manage the care of transgender service users more effectively than is currently possible in wards on the Lambeth Hospital site.</p>	

### 1.3. Consultation process

A small number of comments (13 across all questions, with most comments coming from members of the public) were made with regards to the consultation process itself and the ongoing involvement of local people in the future of the site. One voluntary organisation felt that all engagement processes with regards to services on the site should have been conducted together or evaluated together so that there is a view of the whole picture.



A member of staff and comments from the black working age focus group suggested service users and carers should be well informed and prepared for any changes, following decision-making, through the provision of timely and adequate information. This should include, but not be limited to, how to access the services, transport information, site maps and building information. This would ensure all affected by any changes are as prepared as possible.

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## 2 Introduction

NEL Healthcare Consulting was commissioned by South London and Maudsley NHS Foundation Trust (SLaM) and NHS Lambeth Clinical Commissioning Group<sup>1</sup> (CCG) to analyse and report independently upon the data from the 'Improving inpatient mental health services in Lambeth' consultation which concluded on 31 May 2020. This summary consultation feedback report sets out the analysed and thematic data from all responses to, and activities around, the consultation.

At the time of launching the consultation, NHS Lambeth (CCG) was the decision-making body responsible for considering consultation feedback before implementing any changes. NHS Lambeth CCG is part of the Lambeth Living Well Network Alliance (LWNA) which supports people in Lambeth who are experiencing mental illness or distress. LWNA partners include NHS Lambeth CCG, South London and Maudsley NHS Foundation Trust, Lambeth Council, Certitude and Thames Reach.

NHS South East London Clinical Commissioning Group (SEL CCG) was set up on 1 April 2020, in line with guidance in the NHS Long Term Plan. As of 1 April 2020, NHS Lambeth CCG ceased to exist, and SEL CCG is now the decision-making body in respect of the outcomes of this consultation.

SEL CCG is the organisation that buys mental health services from South London and Maudsley NHS Foundation Trust (SLaM) on behalf of local people. Between 4 March and 31 May 2020, SLaM and SEL CCG consulted with their local communities on proposals that could change the location of acute adult inpatient mental health beds for Lambeth service users.

### 2.1 Consultation proposal

SLaM currently provides the majority of adult acute inpatient mental health services to Lambeth from Lambeth Hospital. Here, the wards are in a poor condition and this has a negative impact on people's recovery and the experience of the care they receive. Service users, families and organisations which monitor the quality of services, have raised this as an issue. To ensure the safety and quality of services for service users in Lambeth, there is an urgent need to improve the inpatient accommodation.

To help shape the proposals, early engagement was undertaken (from May 2019 to March 2020) with service users, their families and carers, staff, governors, GPs, Lambeth Living Well Network Alliance partners, local authority officers and councillors, Lambeth and Southwark Healthwatch, CCG members, Lambeth and Southwark Joint Health Overview and Scrutiny Committee (JHOSC) and the London Clinical Senate. Activities included a mix of face-to-face feedback sessions, briefing meetings, and information sharing. In addition, Healthwatch

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<sup>1</sup> As of 1 April 2020, NHS Lambeth CCG ceased to exist, and SEL CCG is now the decision-making body in respect of the outcomes of this consultation.

Lambeth undertook pre-consultation engagement with service users and carers to identify key benefits and issues which informed the public consultation.

Several options were looked at to improve inpatient accommodation, including refurbishing the existing site, rebuilding on the existing site, rebuilding elsewhere in Lambeth and rebuilding on the Maudsley Hospital site. All options were assessed through a rigorous options appraisal process and, following a decision by SLaM's board, two were taken forward to consultation. The other potential options which were explored, were not taken forward to public consultation because they were assessed as unrealistic and unsustainable. An option to develop a new high-quality facility on the Lambeth Hospital site would have meant relocating services during its construction, causing major disruption for many years, and would have needed additional funding of around £30m, making it unrealistic and financially unsustainable.

Two viable, realistic, and sustainable options were taken forward.

- Option 1 (Do nothing) – services remain on the Lambeth Hospital site and service users continue to use the existing wards and buildings
- Option 2 – Move adult acute inpatient services for adults from Lambeth Hospital to new facilities on the Maudsley Hospital site, in Denmark Hill, less than three miles away.

Option 2 would mean redeveloping Douglas Bennett House, on the Maudsley Hospital site to provide new purpose-built adult acute inpatient facilities that meet modern standards of care. If the proposed move of adult acute inpatient services from Lambeth Hospital is agreed, 72 acute beds for Lambeth service users across four 18-bed wards and a Psychiatric Intensive Care Unit (PICU), would move to the Maudsley Hospital site, where there is already an existing Lambeth ward. There would be no decrease in bed numbers.

People responding to the consultation were asked if they agreed with the proposed move of inpatient wards from Lambeth Hospital to the Maudsley Hospital site, what they believed were the benefits and if they had any concerns. They were asked if they had any other solutions or alternative options that should be considered to address the challenges identified. They were also asked about how the change might impact them personally, as well as considering impacts for people with protected characteristics.

## 2.2 Decision making process

Feedback from the consultation will be presented to the SEL CCG Governing Body along with recommendations as part of the decision-making business case in July 2020, and this is where the decision will be made on the outcome of the consultation.

Prior to this, interim findings from the consultation will be shared with the Lambeth Together Strategic Board for recommendation to the SEL CCG Governing Body; findings will also be shared with the Lambeth and Southwark Joint Health Overview and Scrutiny

Committee before a decision is made by the SEL CCG Governing Body. Once the decision is made, this will be presented to SLaM's Board.

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## 3 Consultation methodology

### 3.1 Consultation approach

During preparations for consultation, advice was received from stakeholders including the Lambeth and Southwark JHOSC and the Communications and Engagement Steering Group about the approach to take. Comments from the Steering Group and members of the SLaM Service User Advisory Group were incorporated into draft versions of the consultation document and helped shape the consultation survey.

The formal consultation period was launched on 4 March 2020 and ended on 31 May 2020.

During the consultation, the CCG and the Trust aimed to consult with service users, staff, other stakeholders and residents across Lambeth and Southwark in a way that was as accessible as possible and which offered a range of ways through which people could give their views including:

- A structured survey – available online and in hard copy (to print from the website or posted on request)
- Online public event – open to all
- Online focus groups – invitation only and specifically targeting respondent groups identified
- Dedicated consultation email address
- Freephone number – with answerphone capability for maximum access
- Freepost address
- Social media – via Facebook, Twitter, and Instagram
- Meetings of the JHOSC including formal meetings open to members of the public.

NEL Healthcare Consulting was commissioned to receive and analyse feedback from all engagement methods.

#### 3.1.1 Impact of COVID-19 on the consultation approach

When the consultation launched in early March, four public discussion events had been planned. As the Covid-19 pandemic situation developed in the UK, safeguards were discussed to try and find a way to continue with the public events. Proposed mitigations included the provision of hand sanitiser, sealing pens and materials before and after events for three days to prevent them from carrying any live virus, and clear signage advising people with symptoms of COVID-19 not to attend.

The situation evolved and, shortly after the start of the consultation, the UK government introduced a range of measures designed to limit non-essential public contact as a result of the COVID-19 pandemic via the implementation of a strict national lockdown. In terms of the consultation, responses were already being received through the online survey; however all face-to-face activities had to be rethought, including public meetings, roadshow events,

joining existing meetings and events to promote the consultation and gather feedback from groups most likely to be affected and people identified within the equality analyses.

The CCG and the Trust carefully considered how best to modify the approach. This included significantly boosting the promotion of the consultation via virtual channels and the introduction of a revised social media plan, as well as a flyer drop and advertorial in the local media. Promotion focused on directing people interested to the online survey as the main way to give structured feedback on the proposals whilst online face-to-face activities were also introduced to the plan.

Due to the changing circumstances through the pandemic, consultation responses were kept under constant review. NEL Healthcare Consulting provided the project team with weekly breakdowns of key themes, response rates and demographic profiles of respondents so that there was adequate monitoring throughout.

As part of consultation good-practice, the project team undertook a mid-point review halfway through the consultation.

Engagement with the consultation and levels of response to the survey were viewed as good at the point of conducting the mid-point review; no significant gaps were identified and at this point no substantially new themes appeared to be emerging from feedback. With these considerations in mind, it was not considered necessary to extend the consultation beyond the original 12-week period. However, the team were nevertheless keen to continue to improve overall response rates and also to ensure that further in-depth feedback from target groups was sought.

The online focus groups and public event were set up to take place during the second half of the consultation providing audio and video-enabled opportunities for individuals to listen, ask questions and give their views in a live online session rather than in meetings in community venues as had originally been planned.

### 3.1.2 Target respondents

In planning for the consultation, several groups were identified as key to hear from, as these were more likely to be impacted by the proposed changes. These were identified by pre-consultation engagement and the equalities and transport analyses. Target respondent groups included:

- Mental health service users
- Mental health service users' carers and families
- Staff
- Black and minority ethnic communities, specifically focussing on black working age men and Portuguese and Spanish speakers
- Local people, groups and other stakeholders who might have an interest in mental health provision for Lambeth.

### 3.1.3 Engagement with minority ethnic communities and carers

#### **Black and minority ethnic communities – focus on black men**

The equality analysis identified working age men from Black British, African or Caribbean (or mixed) backgrounds as likely to be most impacted by the proposals, due to the high percentage representation of this community in adult acute inpatient mental health services in Lambeth.

To reach out to these groups and provide them with information on the consultation to enable them and their service users/members to take part, the consultation team undertook pre-consultation stakeholder mapping to include community mental health service providers, voluntary and community organisations, and faith groups working with this community.

Consultation materials were translated into Spanish, Portuguese and Somali (as the three languages most commonly requested for interpreters by SLaM's Lambeth services) and were made available on the website along with versions in English.

Black Thrive, a Lambeth-based community organisation that has mental health and equality as a key campaigning focus, has been a member of the Communication and Engagement Steering Group since May 2019. The original consultation plan included a public meeting held in conjunction with Black Thrive. This plan was modified as a result of the impact of Covid-19 and plans for this meeting to take place virtually were put in place, with Black Thrive agreeing to chair the meeting and actively promote it via social media channels alongside SLaM, the CCG, Lambeth Together, Lambeth Healthwatch and others. However, this online session was cancelled, following discussions with Black Thrive, as a mark of respect to family and friends following the tragic death of a mental health service user in the period leading up to the meeting. Everyone who was registered to attend the meeting was contacted individually and given the opportunity to engage in another way to give their views.

At the mid-point review, the online survey results showed there was a good level of response from this group and no significant gaps, but additional efforts to promote the consultation and seek views from this group were adopted which included targeted social media (e.g. Facebook advertising) and a focus group targeting working age men from Black British, African or Caribbean (or mixed) backgrounds who lived in Lambeth and had experience of, or an active interest in, mental health services, either inpatient or community-based services.

Recruitment for this group was via community-based organisations and networks that included Faiths Together in Lambeth, the Black Men's Consortium, a drama group with a focus on mental wellbeing, a young black men's group run by Lambeth and Southwark Mind, the Black Prince Trust, Lambeth Made (to reach younger adults) and the Bright Centre, which works largely with the Somali Community and runs a men's group. Recruitment was also undertaken through community-run mental health support services such as Mosaic Clubhouse and Certitude and through the Lambeth Collaborative partnership, as well as through SLaM's service user involvement register.

### **Minority ethnic communities – Portuguese and Spanish speakers**

The equality analysis showed relatively small numbers of Spanish and Portuguese speaking residents using adult acute inpatient mental health services and accessing interpreting support.

Within Lambeth as a whole, people of Latin American and Portuguese heritage are significant minorities, with Spanish and Portuguese being the second and third most spoken languages after English in Lambeth schools. Although the number of inpatients from these communities is small, groups working with these communities were included in stakeholder mapping and in activity to promote the consultation. Consultation materials were also translated into Portuguese and Spanish and available on the website.

Organisations, networks and community connectors for Lambeth's Portuguese and Spanish speaking communities were similarly mapped and the channels used to promote the consultation with this population included the Lambeth Portuguese Wellbeing Project, the Portuguese Project at Stockwell Partnership (also shared on Stockwell Partnership's twitter and Facebook accounts), the Portuguese Community Centre, a local Stockwell GP with majority Portuguese registered patients, who also shared with colleagues and contacts in the Primary Care Network in Stockwell area, as well as with local residents' associations.

Information and consultation materials were also shared with Voces Amigas de Esperanza, a community-led mental health support network and helpline for Spanish and Portuguese speakers.

Lambeth Council's community engagement team shared the call to action with the Portuguese and black and minority ethnic communities through their 'community roundup' mailing which they reactivated to support the consultation. In sharing information on the consultation with Portuguese and Spanish-speaking groups, they were given the opportunity to attend a virtual meeting or to drop-in to an online session with any group on request. No group made such a request during the consultation period.

### **Black and minority ethnic communities – service users of Asian descent**

In addition, the South Asian Community Mental Health Service (Amardeep) held one-to-one interviews with 12 service users of Asian descent to listen to their views.

### **Carers**

Stakeholder mapping, the equality analysis and pre-consultation engagement identified family/carers as a group likely to be impacted by proposals, largely related to travel to the Maudsley Hospital site. In the pre-consultation period, Healthwatch Lambeth attended a meeting with Lambeth Carers' Hub and presented feedback in a report along with the recommendation that a further session be held with the Carers' Hub. This was actioned and further engagement was planned with carers during the consultation. This included a virtual session was held with a joint Lambeth and Southwark Carers' Forum as part of the consultation. Carers' groups were also targeted in promoting the consultation and the online public meeting, where at least one carer attended.



### 3.1.4 Activities carried out by SLaM and the CCG to promote the consultation

A range of steps was taken to promote the consultation, channelling people through engagement methods to give feedback. The consultation website<sup>2</sup> hosted key materials, available in a number of formats, including:

- Full and summary consultation document
- Translated and easy read versions of the summary document
- Hard copy of the survey
- Link to the online survey
- Virtual tour of the proposed new building
- Consultation film
- Press releases
- Equalities analysis
- Transport analysis
- Pre-consultation Business Case
- Lambeth Healthwatch report
- London Clinical Senate Report
- NHSE Regional Review Panel letter.

Details of the public online meetings were publicised on the website, and there was also the option to post documents to respondents if requested, ensuring the consultation team reached out to people without the use of technology.

The consultation was promoted through:

- **Social media posts** – A total of 49 social media posts promoting the consultation were issued using the SLaM, CCG and Lambeth Together social media channels. Partners and voluntary and community organisations were encouraged to retweet these and/or issue their own. Healthwatch Lambeth and Black Thrive were active partners in this activity, with the Black Thrive followership being a key target demographic
- **Social media advertising** – A total of five paid Facebook advertisements (each running for one week) were issued promoting the consultation to Lambeth and Southwark residents. One Facebook advert was also used to promote the public online consultation discussion event. Together these adverts had a potential reach of 171,189 over the 5-week period which they ran over: 2,569 click throughs, 288 likes, 24 comments and 87 shares
- **Poster** – given the limitations placed on the population due to the COVID-19 pandemic, posters were displayed in pharmacies as well as at Lambeth Hospital and the Maudsley Hospital. These were accompanied by consultation materials available to pick up

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<sup>2</sup> <https://lambethtogether.net/lambethhospital>

- **Mailing databases** – SLaM, CCG, Lambeth Together and partners reviewed and refreshed their existing database of contacts to send out information about the consultation to staff, service users, voluntary and community groups. For example, Lambeth Healthwatch, Southwark Healthwatch and Black Thrive members were actively involved in sharing messages through their channels.
- **Meetings** – despite the impact of Covid-19, many staff, service users and carers switched to holding their regular meetings online. The consultation was widely promoted at these including Service User Advisory Group meetings, Lambeth and Southwark carers' forums, staff meetings and fortnightly Alliance staff live broadcasts
- **Mail drop** – a double-sided flyer with details about the proposals and consultation was distributed to residents and businesses located around Lambeth Hospital (4,342 addresses) and Maudsley Hospital (1,530 addresses)
- **Partner channels** – content was provided for SLaM and partner newsletters and other forms of outreach, to promote the consultation. For example, the Lambeth Together newsletter, Black Thrive's newsletter and website, the Mosaic Clubhouse website, the Trust's Membership Update newsletter and staff bulletins, Lambeth Forum Network, Lambeth Patient Participation Group Network, Lambeth Council news bulletins and 'community roundup' mailing which goes to around 250 'community connectors' - people identified as very active in the community who can also pass on to others
- **Media** – four press releases were issued announcing the consultation launch, the online public events and availability of a short film which showed the current wards and a virtual tour of the proposed building, and promoting the consultation during and in the final week. The media releases were put on the Lambeth Together website news page and proactively pitched into local publications, blogs and radio stations including South London Press, Lambeth Life, Lambeth Weekender, Southwark News, South London Club, Lambeth Collaborative online, Love Lambeth blog, Rerezent, Rinse and Pixel FM, as well as the leading national black and minority ethnic title The Voice, and BBC Radio London
- **Stakeholder letters/emails** – these included a comprehensive overview of the proposals, the consultation and the materials which were available. Whilst face-to-face meetings with councillors, MPs, other stakeholders, voluntary and community groups were not possible, the opportunity was offered to facilitate video or conference calls so these audiences could still hear about and discuss the proposals and the consultation
- **Static unmanned exhibition** – pull-up banners and full and summary consultation documents were displayed at Lambeth Hospital for staff/service users/families using the site to view. Consultation materials were also available in a Rest and Recharge Hub at Lambeth Hospital, set up to support staff during the Covid-19 pandemic
- **Paid for advertorials** – an advertorial was secured in the South London Press (SLP), the leading local publication for Lambeth and Southwark. A half-page colour advert and half-page advertorial ran in the paper the week prior to the first public event. The

article was duplicated as editorial on SLP Online with a landing-page feature slot, and the consultation and events were promoted via two tweets to SLP's 28.2k followers

- **Radio broadcast** – The consultation was proactively pitched to local radio stations Repräsent, Rinse FM, PIXEL FM and BBC Radio London, encouraging them to promote it to their listeners
- **Engagement with GPs** – a letter was sent from Lambeth GP Adrian McLachlan, Chair of the former Lambeth CCG, and now clinical lead for mental health on the SEL CCG Governing Body, to all GPs and primary care staff in Lambeth, via the directors of Lambeth Primary Care Networks (PCNs) to encourage promotion of consultation with their patient groups – including notice of two public meetings. Lambeth GPs were also kept up to date via GP bulletins and a further letter towards the end of the consultation
- Engagement with local/key community groups – Mailings, emails or phone calls proactively engaged around 90 community groups or organisations so that they were aware of the consultation and could promote with their networks. They received regular communications about the consultation and were provided with newsletter articles and information to help them promote the consultation and circulate materials through their channels, i.e. newsletters, mailing lists, social media.

## 4 Approach to analysis

This report includes responses from all feedback methods including the online survey, focus groups and the public event, social media, and written correspondence (emails and letters). The executive summary gives an overview of the most frequently heard themes from across all feedback methods and audiences. More detailed commentary from each feedback method and, where appropriate, from different audiences can be found in section 6.

Raw data received directly to the NEL Healthcare Consulting team has been passed to South London and Maudsley NHS Trust and South East London CCG for consideration within the decision-making process.

Qualitative responses from all feedback methods have been coded into key themes and, where possible, sentiment. Comments received were often coded to several themes, hence a larger number of responses may be shown. Unless expressly stated, the themes within this report represent a majority view; in other words, the themes which were most commonly expressed.

Where appropriate, we have drawn out differential findings when comparing findings from all respondents with feedback from people in target respondent groups identified in section 3.

Comments received outside of the scope of the consultation i.e. about the future of the site and the consultation process have been recorded and included in section 8.

### Points to note regarding data:

- Some respondents may have fed back on the consultation through more than one method, for example they may have completed the online survey *and* participated in an event, giving mirrored responses. As feedback received is anonymous, and because different feedback methods have been analysed separately, this may mean that the number of responses received to the consultation may be different from the number of people who participated
- Not all survey respondents completed every question. We have included response rates for each question, for information
- Not all survey respondents completed demographic information. We have included response rates for each question, for information.
- Where we have referred to respondents as from **black and minority ethnic communities**, this includes the demographic fields – Black or Black British: Black Caribbean, Black or Black British: Black African, Black or Black British: Any other Black background, Asian/Asian British: Indian, Asian/Asian British: Pakistani, Asian/Asian British: Bangladeshi, Asian/Asian British: Any other Asian background, Mixed: White and Black Caribbean, Mixed: White and Black African, Mixed: White and Asian, Mixed: Any other mixed background, Other ethnic background: Chinese, and Other ethnic background

- Where we have referred to respondents from a **black background**, this includes the demographic fields – Black or Black British: Black Caribbean, Black or Black British: Black African, Black or Black British: Any other Black background, Mixed: White and Black Caribbean, Mixed: White and Black African
- With the collection of partial postcodes through the consultation process, we have aimed to be as accurate as possible with identifying whether respondents were Lambeth residents or from outside of the borough. However partial postcodes only provide a certain level of accuracy
- When calculating percentages, these have been rounded up or down accordingly to keep data to whole numbers
- A small number of some survey responses were unusable as they were either incomplete or illegible and they have not been used in this feedback report.

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## 5 Profile of respondents

### 5.1 Overview of findings from the early equality analysis

In preparing for consultation, an early equality analysis was undertaken on the proposals in September 2019<sup>3</sup>. Findings showed that the change proposals were relevant to all protected characteristic groups outlined within the Equality Act 2010, with both negative and positive impacts across most groups.

It is important, in this report, to understand the current demographic make-up of inpatient mental health service users to understand those groups most likely to be impacted (positively or negatively) by the change proposals and to understand how representative feedback has been to this consultation.

The equalities analysis suggested the following potentially positive or negative impacts on the different protected characteristics, as a result of the proposals.

*Table 3: Identified potential positive and negative impact by protected characteristic, according to Equality Analysis*

Characteristic	Positive impacts	Negative impacts
Age	Potential benefits identified	Potential risks identified
Disability	Potential benefits identified	Potential risks identified
Gender reassignment	Potential benefits identified	Potential risks identified
Ethnicity	Potential benefits identified	Potential risks identified
Pregnancy and maternity	Potential benefits identified	Potential risks identified
Religion and belief	Potential benefits identified	Potential risks identified
Sex	Potential benefits identified	Potential risks identified
Sexual orientation	Potential benefits identified	Potential risks identified
Marriage and civil partnership	N/A	N/A
Other i.e. carers	Impacts included within other protected characteristics	Impacts included within other protected characteristics

<sup>3</sup> <https://lambethtogether.net/wp-content/uploads/2020/03/DBH-proposal-Equality-Impact-Assessment.pdf>

### 5.1.1 Demographics of current service users of adult acute inpatient mental health services at Lambeth Hospital

As set out in the early equality analysis, the following information describes the demographics of current service users of adult acute inpatient mental health services at Lambeth Hospital (data represents service users on five Lambeth Hospital wards between April 2018 and June 2019). As explained in the consultation methodology section (3.1.2), this information aided in determining the target respondents for the consultation.

When analysing feedback, this data has helped inform understanding of how representative responses have been from different protected characteristic groups, in comparison to the demographic profile of current service users.

*Table 4: Current profile of acute inpatient service users*

Characteristic	Current service user profile	Percentage of Lambeth residents aged 18+ (Census 2011)
Age	The majority (98%) of current service users are of working age (18-65)	90% of Lambeth residents are working age (18-65)
Disability	There is currently insufficient recording of disability to enable production of meaningful data on the disability profile of service users. However, Census 2011 data highlights that around 12% of Lambeth residents reported that their day-to-day activities were <u>limited a lot or limited a little</u> because of a health problem or disability which has lasted, or expected to last, at least 12 months.	
Ethnicity	Data suggests there is a higher proportion of ethnic minority service users (particularly black service users and service users from other ethnic groups) currently accessing Lambeth adult acute wards. The majority of current service users identify as having a black and minority ethnic backgrounds (46%) and 42% identify as black. 34% of current service users for whom data is available are white	The majority (62%) of Lambeth residents are White, 22% identify as black and 26% are from a black and minority ethnic backgrounds.
Gender reassignment	There is currently no robust evidence or insufficient recording of data on the prevalence of people with these characteristics using inpatient mental health services at Lambeth Hospital. Therefore, it is not possible to produce meaningful data on the profile of service users by these protected characteristics.	
Pregnancy and maternity		
Marriage and civil partnership		
Religion and belief	There is currently no robust evidence or insufficient recording of data on the prevalence of people with these characteristics using	Christianity is the largest faith in Lambeth (53%).

Characteristic	Current service user profile	Percentage of Lambeth residents aged 18+ (Census 2011)
	inpatient mental health services at Lambeth Hospital.	
<b>Sex</b>	The majority (66%) of current service users are male.	Across Lambeth, 50% of residents are male.
<b>Sexual orientation</b>	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.	

## 5.2 Respondent and participant profiles

The following tables contain the demographic profiles of respondents to the online survey, focus groups and public event. Overall, there was generally good compliance via the online survey in completing this information, which was not mandatory. Although CCG and Trust focus groups and events were targeted at reaching specific groups and populations, individual participant demographic information is only available for one of these sessions.

To note, none of those who responded to the consultation via email, telephone or social media gave demographic information.

No feedback has been excluded from this report, regardless of whether or not respondents chose to fully or partially complete information.

All target groups identified were engaged with to some extent through the survey and online sessions, and included current service users, carers and family members, staff and black working age men.

There was a good representation of responses from black and minority ethnic communities (30% of respondents across all feedback methods identified as being from black and minority ethnic communities) and generally a fair split between respondents who were female and those who were male, with the latter being slightly under-represented. Due to the categorisation of data, it is unclear if any respondents were Spanish or Portuguese.

When considering disability, although no data is available about the prevalence of this within adult acute inpatient mental health services at Lambeth Hospital, census data suggests around 12% of the population in Lambeth has a disability. The survey showed 23% of respondents identified as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. This over-representation is likely due to the fact the consultation is about mental health services and therefore respondents are more likely to identify with having a mental impairment.



### 5.2.1 Survey respondent profile

The information in this section provides a breakdown of the respondent profile for people responding to the survey.

In total there were 147 responses to the survey. These have been analysed and split into areas based on postcode information provided by respondents. The majority of responses (59%) have come from Lambeth postcodes (Lambeth = 57 responses, Southwark= 16 responses, Other areas = 23 responses, Total= 96 responses).

It is important to note that most areas have been determined based on the partial postcode information provided. In some circumstances, the first half of the postcode could represent residents living in Lambeth or another south east London borough. Wherever the centre of the partial postcode is, then that is the borough that we have aligned this to. Therefore, there may be some inaccuracy in the areas assigned to a postcode.

If respondents have completed full postcode information, we have included this level of detail.

*Table 5: Respondents by borough*

Borough	Postcode	Number of responses	% of survey responses
Lambeth	SE5 9AP	1	1%
	SE11	1	1%
	SE27	1	1%
	SW2	6	6%
	SW4	3	3%
	SW9	38	40%
	SW16	7	7%
	<b>Total Lambeth</b>	<b>57</b>	<b>59%</b>
Southwark	SE1	3	3%
	SE5	3	3%

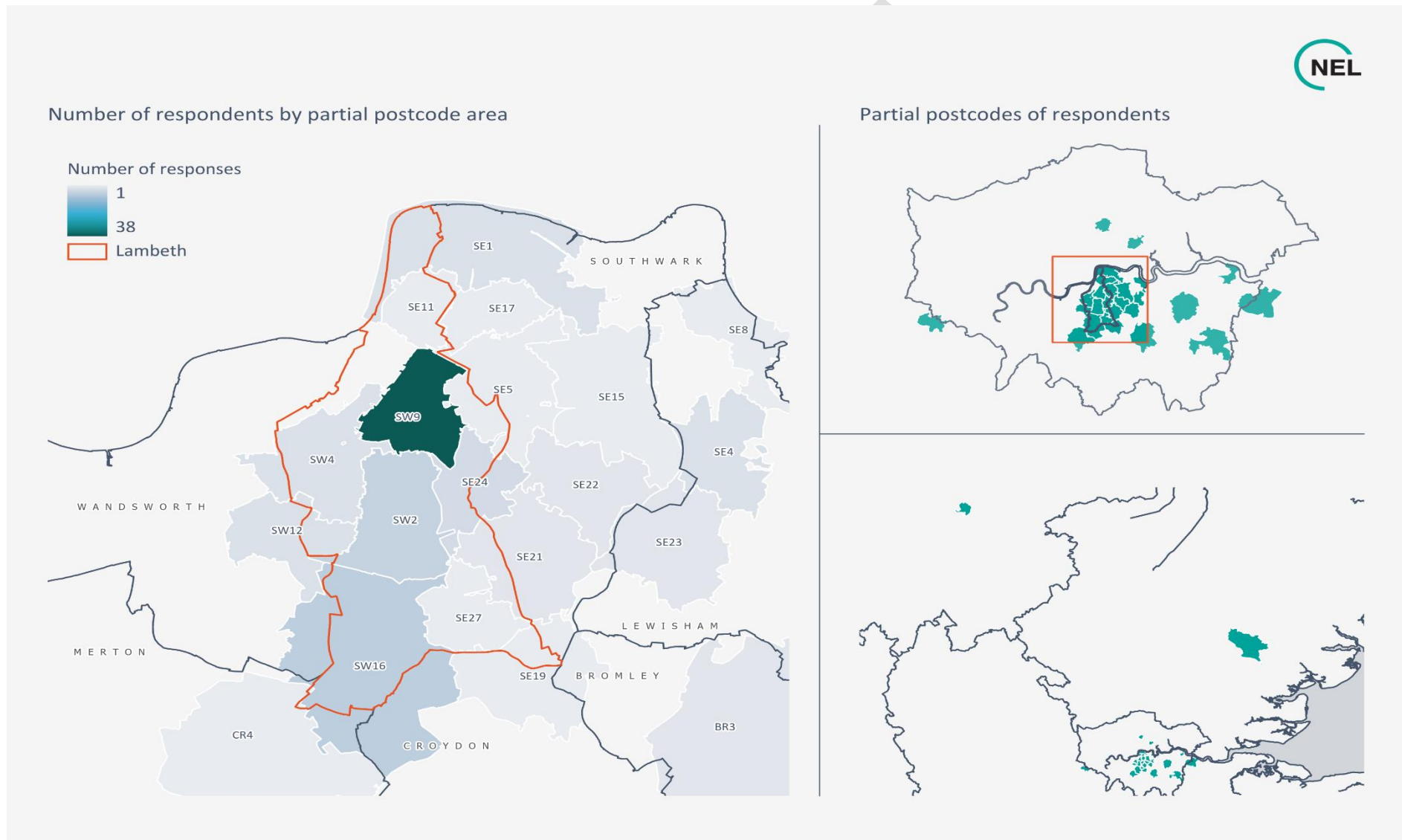
Borough	Postcode	Number of responses	% of survey responses
	SE15	1	1%
	SE17	1	1%
	SE21	2	2%
	SE22	2	2%
	SE24	4	4%
	<b>Total Southwark</b>	<b>16</b>	<b>17%</b>
Lewisham	SE4	3	3%
	SE8	1	1%
	SE23	2	2%
Bromley	BR3	2	2%
	BR5	1	1%
Bexley	DA17	1	1%
Greenwich	SE9	1	1%
Croydon	SE19	1	1%
Merton	CR4	1	1%
Wandsworth	SW12	3	3%
Hackney	E9	1	1%
Kingston	KT	1	1%
Haringey	N4	1	1%

Borough	Postcode	Number of responses	% of survey responses
Dartford	DA1	1	1%
Ashford	TW15	1	1%
Braintree	CO9	1	1%
Leicester	LE3	1	1%
<i>Total other boroughs</i>		<b>23</b>	<b>24%</b>
<b>Total responses</b>		<b>96</b>	

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Figure 1: Respondents by borough

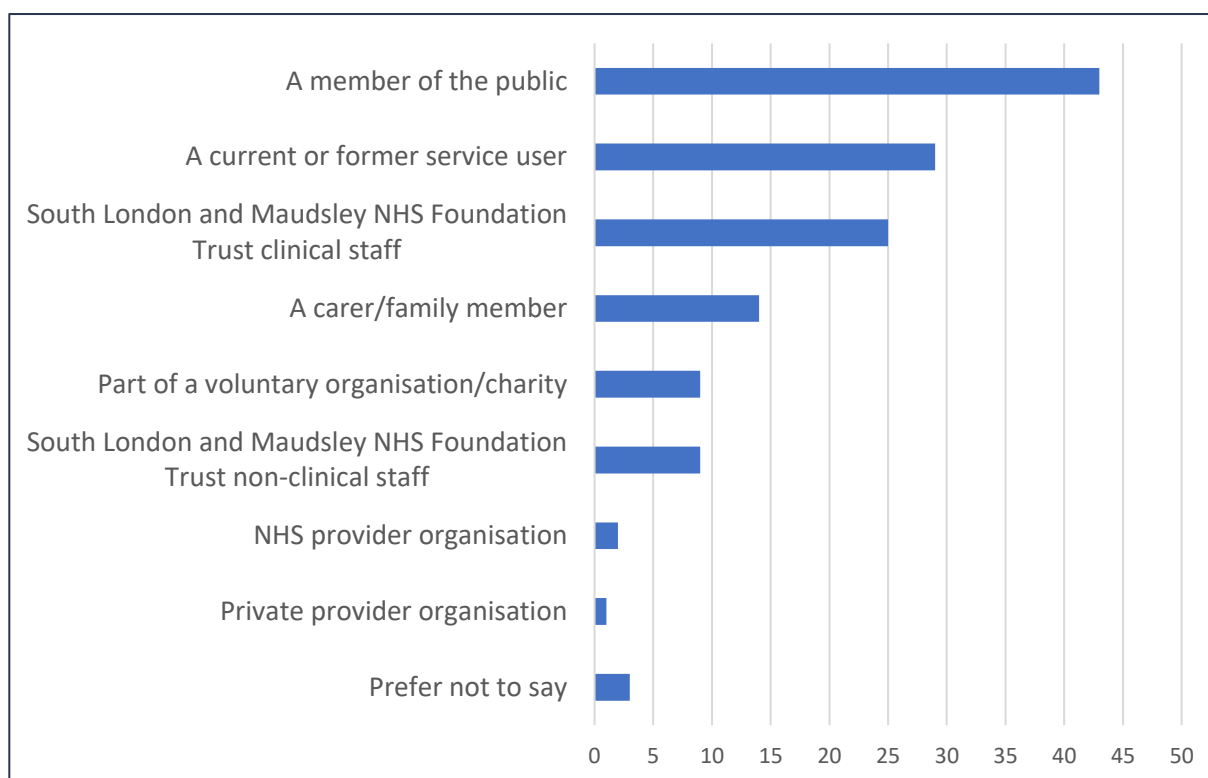


*Table 6: Response by type of respondents (Q10)*

Answer choices	% of survey responses
A member of the public	32%
A current or former service user	20%
South London and Maudsley NHS Foundation Trust clinical staff	18%
A carer/family member	10%
Part of a voluntary organisation/charity	7%
South London and Maudsley NHS Foundation Trust non-clinical staff	7%
NHS provider organisation	1%
Private provider organisation	1%
Other public body	1%
NHS commissioner	0%
Prefer not to say	2%

**Total number of responses: 135**

Figure 2: Response by type of respondents (Q10)



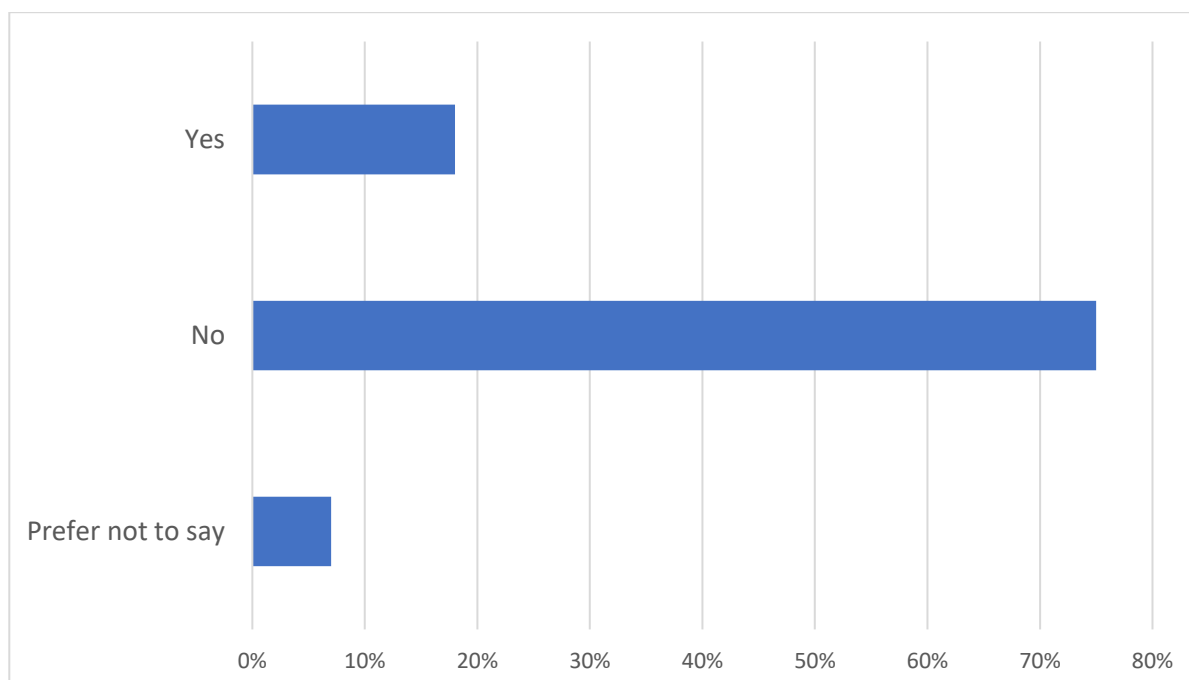
- Members of the public make up the greatest respondent group (32%)
- 30% of respondents directly represent the patient voice (current or former service user or carer/family member)
- Clinical or non-clinical staff make up 25% of survey respondents
- Other NHS and public bodies (including commissioners) make up 3% of survey respondents.

Table 7: Do you currently use Lambeth adult acute inpatient mental health services, or have you used them in the past two years? (Q11)

Answer choices	% of survey responses
Yes	18%
No	75%
Prefer not to say	7%

Total number of responses: 136

Figure 3: Do you currently use Lambeth inpatient mental health services, or have you used them in the past two years? (Q11)



Of people who responded as current or recent service users:

- 96% are working age (18-64)
- 16% described themselves as coming from a black background (Black or Black British – Caribbean, African or any other black background) compared with an overall figure of 32% for Lambeth as a borough
- 63% reported having a disability
- 28% are male
- 4% are black working age men.

Table 8: Which age group are you in? (Q12)

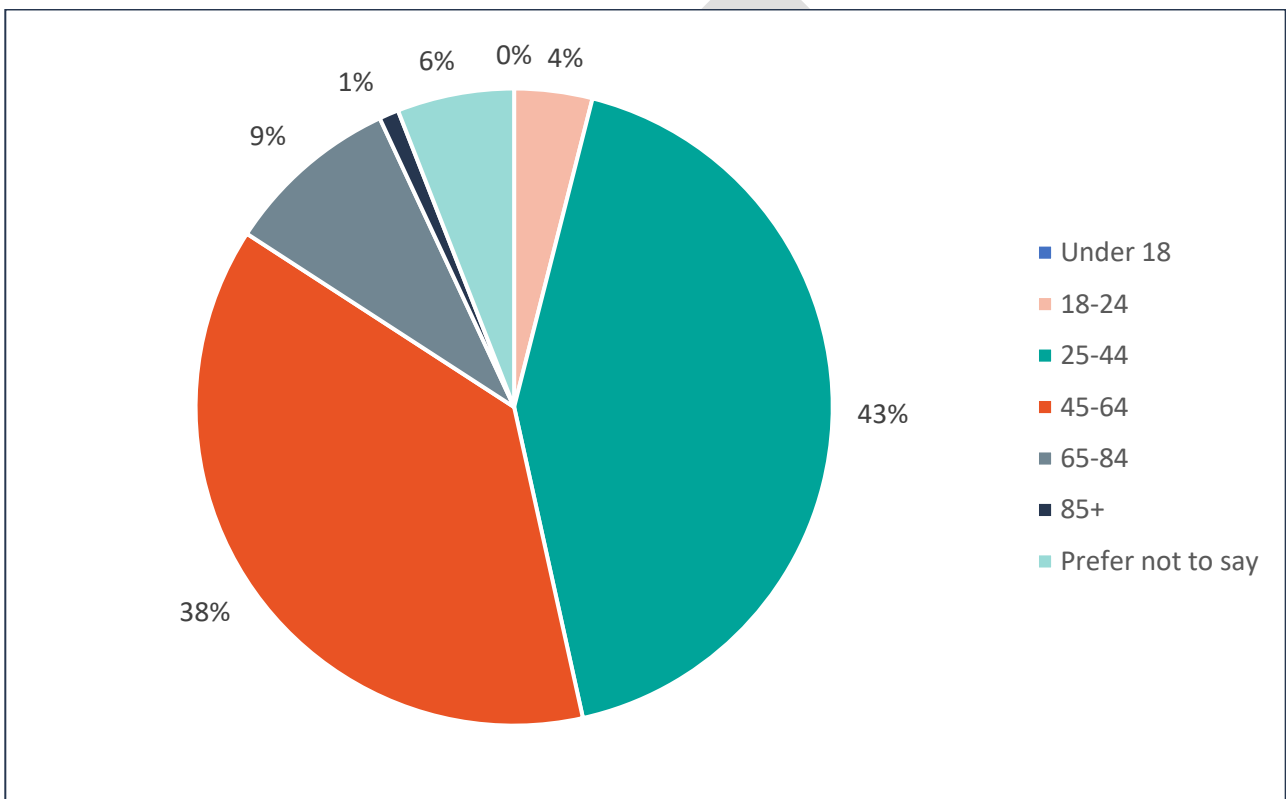
Answer choices	% of survey responses
Under 18	0%
18-24	4%
25-44	43%
45-64	38%



Answer choices	% of survey responses
65-84	9%
85+	1%
Prefer not to say	6%

Total number of responses: 136

Figure 4: Which age group are you in? (Q12)



- 85% of respondents are working age (18-64)

Table 9: Which of the following options best describes how you think of yourself? (Q13)

Answer choices	% of survey responses
Female (including trans woman)	55%
Male (including trans man)	37%
Non-binary	0%
In another way	1%
Prefer not to say	7%

Total number of responses: 136

Figure 5: Which of the following options best describes how you think of yourself? (Q13)

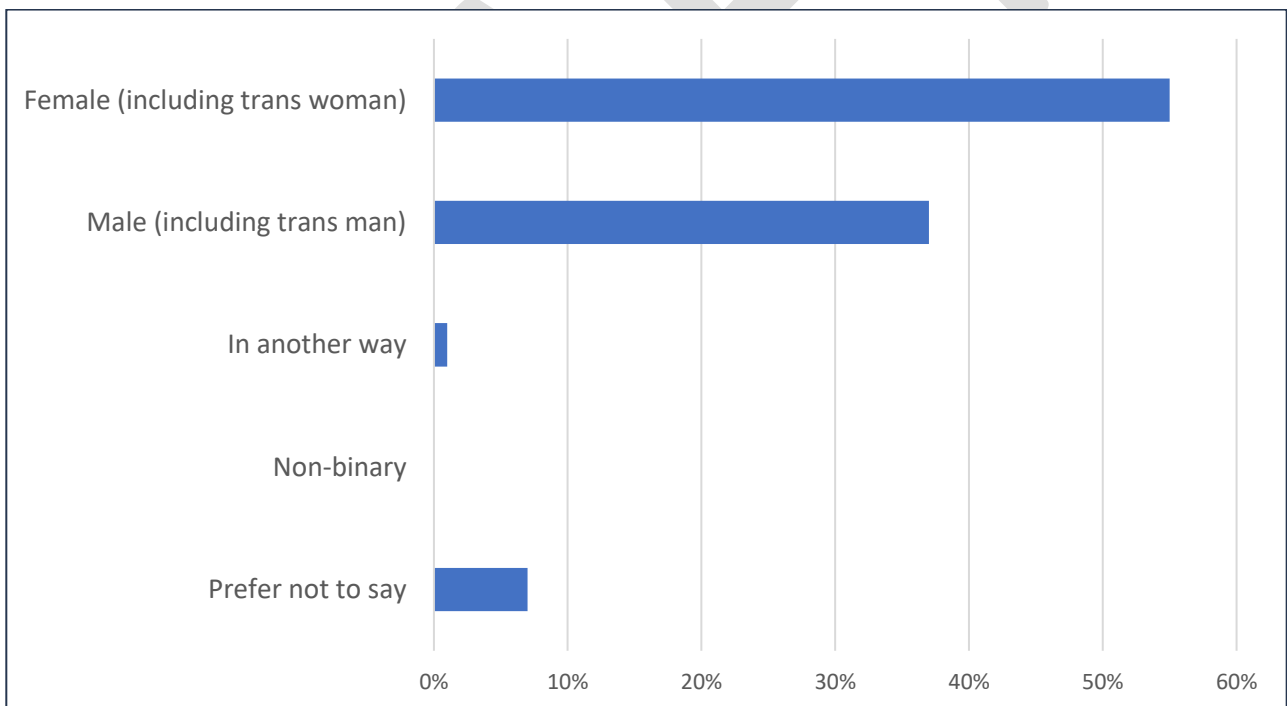


Table 10: Is your gender identity the same as the gender you were given at birth? (Q14)

Answer choices	% of survey responses
Yes	95%
No	1%
Prefer not to say	4%

Total number of responses: 133

Figure 6: Is your gender identity the same as the gender you were given at birth? (Q14)

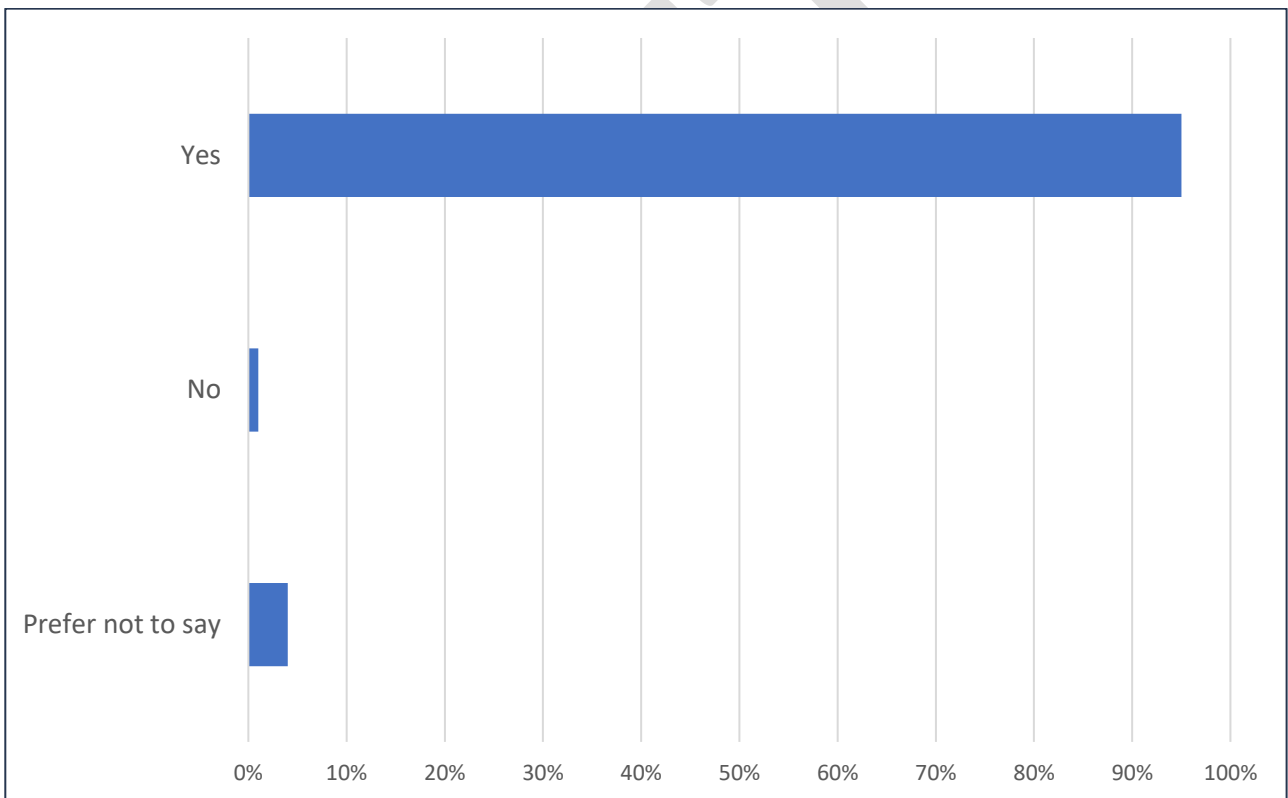
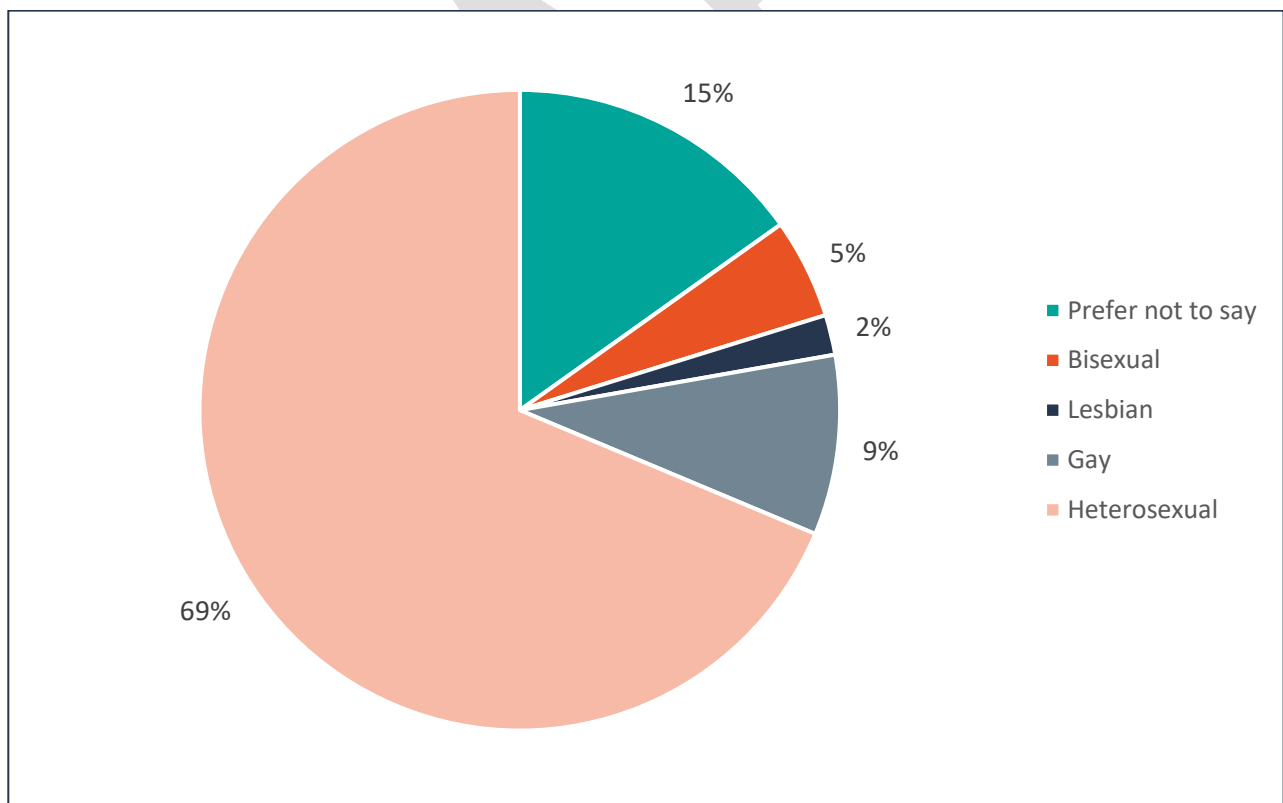


Table 11: Please indicate which option best describes your sexual orientation? (Q15)

Answer choices	% of survey responses
Heterosexual	68%
Gay	9%
Lesbian	2%
Bisexual	5%
Prefer not to say	15%

Total number of responses: 132

Figure 7: Please indicate which option best describes your sexual orientation? (Q15)

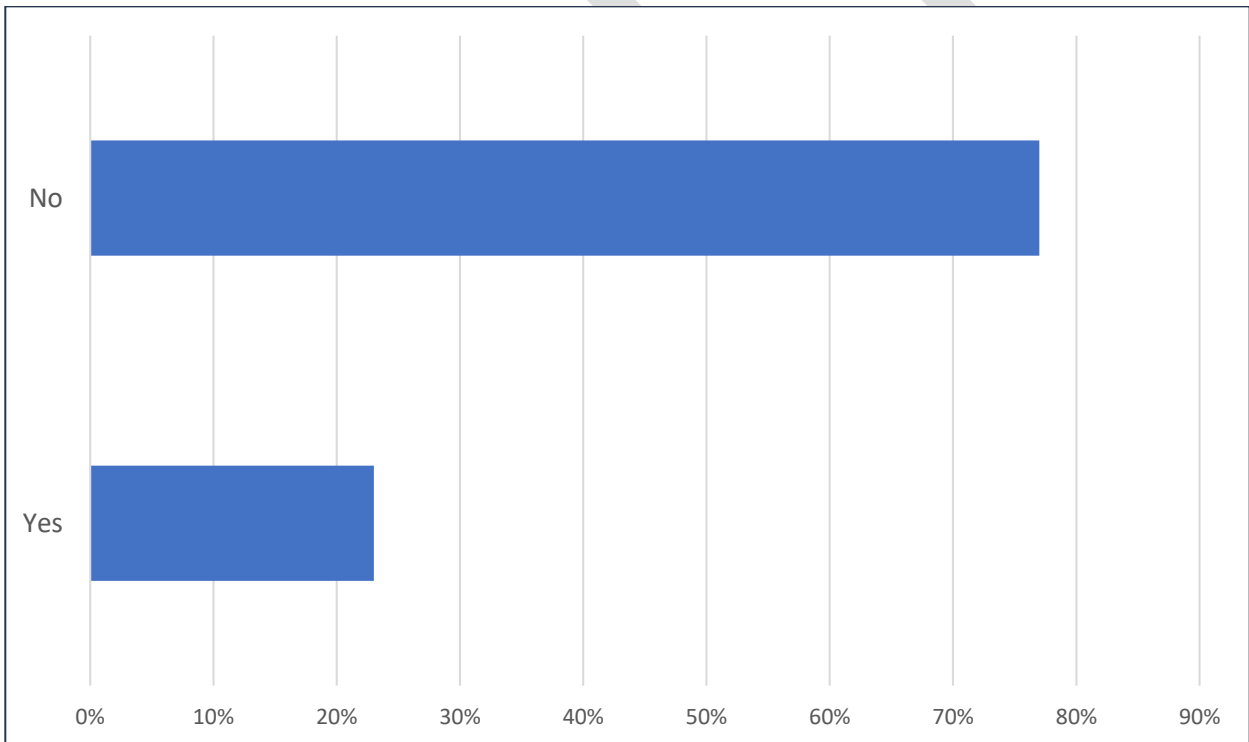


*Table 12: Do you consider yourself to have a disability? Definition of disability under the Equality Act 2010: if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities. (Q16)*

Answer choices	% of survey responses
Yes	23%
No	77%

**Total number of responses: 132**

*Figure 8: Do you consider yourself to have a disability? Definition of disability under the Equality Act 2010: if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities. (Q16)*

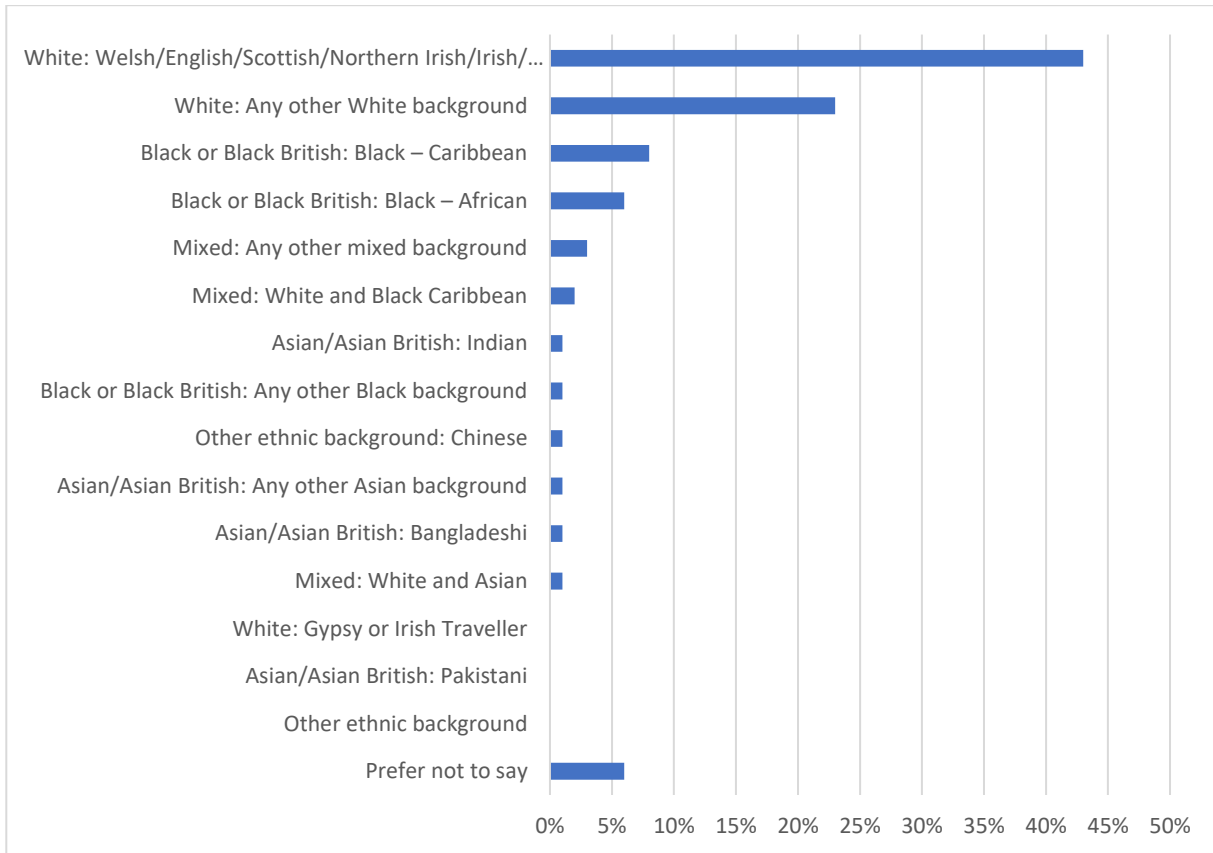


*Table 13: Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality. (Q17)*

Answer choices	% of survey responses
White: Welsh/English/Scottish/Northern Irish/Irish/ British	43%
White: Gypsy or Irish Traveller	0%
White: Any other White background	23%
Mixed: White and Black Caribbean	2%
Mixed: White and Black African	1%
Mixed: White and Asian	1%
Mixed: Any other mixed background	3%
Black or Black British: Black – Caribbean	8%
Black or Black British: Black – African	6%
Black or Black British: Any other Black background	1%
Asian/Asian British: Indian	1%
Asian/Asian British: Pakistani	0%
Asian/Asian British: Bangladeshi	1%
Asian/Asian British: Any other Asian background	1%
Other ethnic background: Chinese	1%
Other ethnic background	0%
Prefer not to say	6%

**Total number of responses: 134**

Figure 9: Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality. (Q17)



- The majority of respondents (66%) describe their ethnicity as White (43% White: Welsh/English/Scottish/Northern Irish/Irish/ British and 23% Any other White background)
- 23% of survey respondents identified as ‘white other’. This may include some who consider themselves to be from a minority ethnic background
- 18% describe their ethnicity as black (Black or Black British: Black – Caribbean, Black or Black British: Black – African, Black or Black British: Any other Black background, Mixed: White and Black Caribbean, Mixed: White and Black African)
- 26% of respondents are from black and minority ethnic communities.

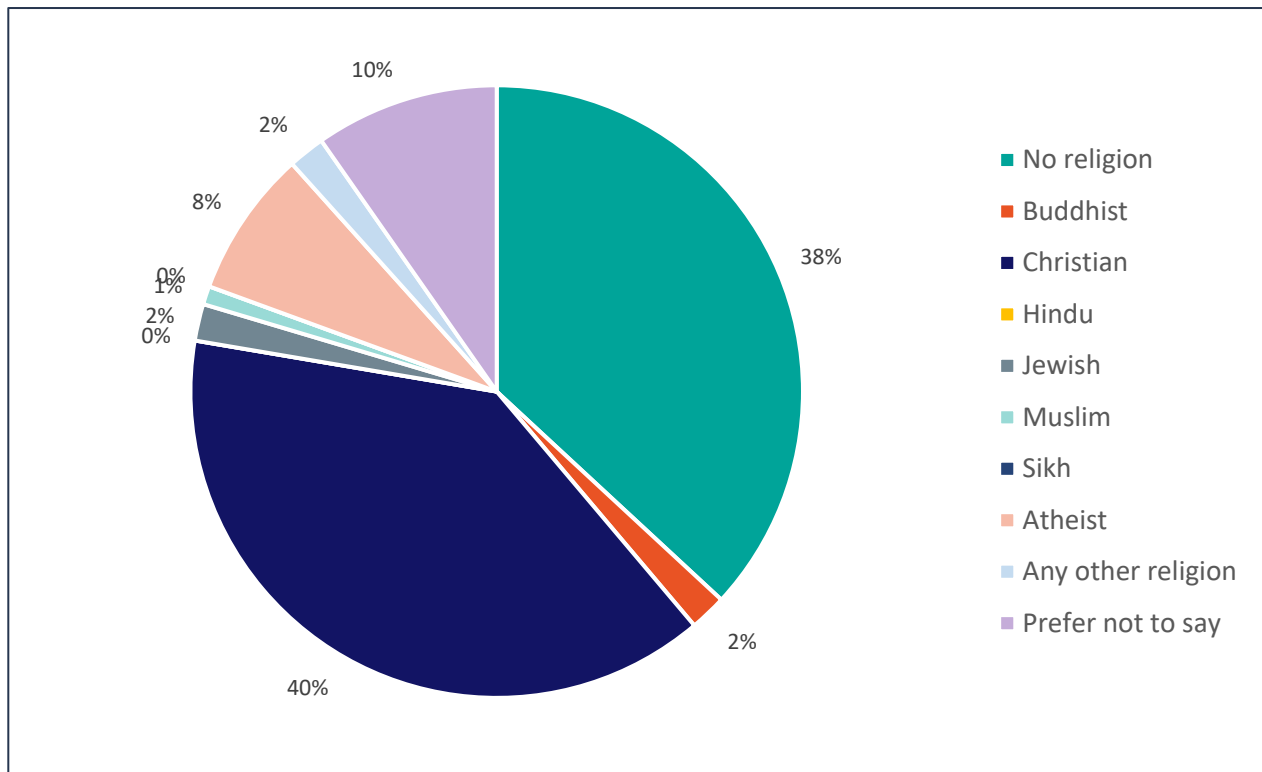
*Table 14: Please indicate which option best describes your religion or belief (Q18)*

Answer choices	% of survey responses
No religion	38%
Buddhist	2%
Christian	40%
Hindu	0%
Jewish	2%
Muslim	1%
Sikh	0%
Atheist	8%
Any other religion	2%
Prefer not to say	10%

Total number of responses: 134



Figure 10: Please indicate which option best describes your religion or belief (Q18)



### 5.2.2 Focus groups and public event respondent profile

Four focus groups and one public event were undertaken during the consultation; four targeted members of the public and service users and one was an event for staff. A total of 48 people were engaged through this method.

SLaM and SEL CCG worked with local organisations to arrange these focus groups and events, aiming to reach people most likely to be impacted by the change, particularly black and minority ethnic populations, carers and males from a Black British, African or Caribbean background, of working age with experience of, or interest in, mental health services, either inpatient or community-based or who are carers for someone accessing these services.

*Table 15: Summary of focus groups and events*

Meeting	Protected characteristic group	Date	Number of attendees
<b>Amardeep Asian Mental Health Service online focus group</b>	Race, Disability	27.05.20	12
<b>Black working age men online focus group</b>	Race, Sex, Age	27.05.20	7
<b>Carers Forum online focus group</b>	N/A	24.04.20	13
<b>Online public event</b>	N/A	20.05.20	6
<b>SLaM staff event</b>	N/A	29.05.20	10
<b>Total</b>			<b>48</b>

Attendees at focus groups and events were encouraged, but not required, to provide demographic information (the same information as requested via the survey). However, demographic information was only collected from one of the sessions (Amardeep Asian Mental Health Service online focus group), therefore, the results below are not comprehensive, being based on information from only 12 participants, but do give some indication of the reach of the focus groups and events.

Focus groups with carers were run with carers groups to ensure demographic was reached; recruitment to the black men's focus group was via organisations and groups working with black men using a recruitment advert that specified target group. People expressing an interest were asked screening questions (from the targeted advert) to ensure that the right demographic was reached.

Table 16: Focus group and public event demographic information

Protected characteristic	Breakdown	Focus groups and events attendees	
		Number	%
Age	16 - 18	0	0%
	19 – 34	2	16%
	35 – 49	4	33%
	50 – 64	5	42%
	65 – 79	1	8%
	80+	0	0%
	Prefer not to say	0	0%
Disability	Yes	1	100%
	No	0	0%
Gender reassignment	Data not collected		
Ethnicity	Data not collected		
Pregnancy and maternity	Data not collected		
Religion and belief	No religion	0	0%
	Buddhist	0	0%
	Christian	2	18%
	Hindu	2	18%
	Jewish	0	0%
	Muslim	6	0%

Protected characteristic	Breakdown	Focus groups and events attendees	
		Number	%
	Sikh	1	9%
	Atheist	0	0%
	Any other religion	0	0%
	Prefer not to say	0	0%
Sex	Female (including trans woman)	7	58%
	Male (including trans man)	5	42%
	Non-binary	0	0%
	In another way	0	0%
	Prefer not to say	0	0%
Sexual orientation	Heterosexual	10	83%
	Gay	0	0%
	Lesbian	0	0%
	Bisexual	0	0%
	Prefer not to say	2	17%
Marriage and civil partnership	Data not collected		
Other i.e. carers	Participant identified themselves as a carer	2	16%

## 6 In-depth analysis

### 6.1 Consultation survey

The consultation survey was available throughout the entire twelve-week consultation period, from 4 March to 31 May 2020.

The consultation document and link to the online survey were hosted on the consultation website<sup>4</sup>

All questionnaire responses received by the close of the consultation period, in which at least one of the consultation questions was answered, were included in the analysis, regardless of whether any demographic information was provided. A total of 147 online surveys were fully or partially completed.

Although there was the opportunity to complete the survey in hard copy format, all respondents chose to complete the survey online.

Feedback relating to equalities and impacts (Q5 and Q8) can be found in section 7.

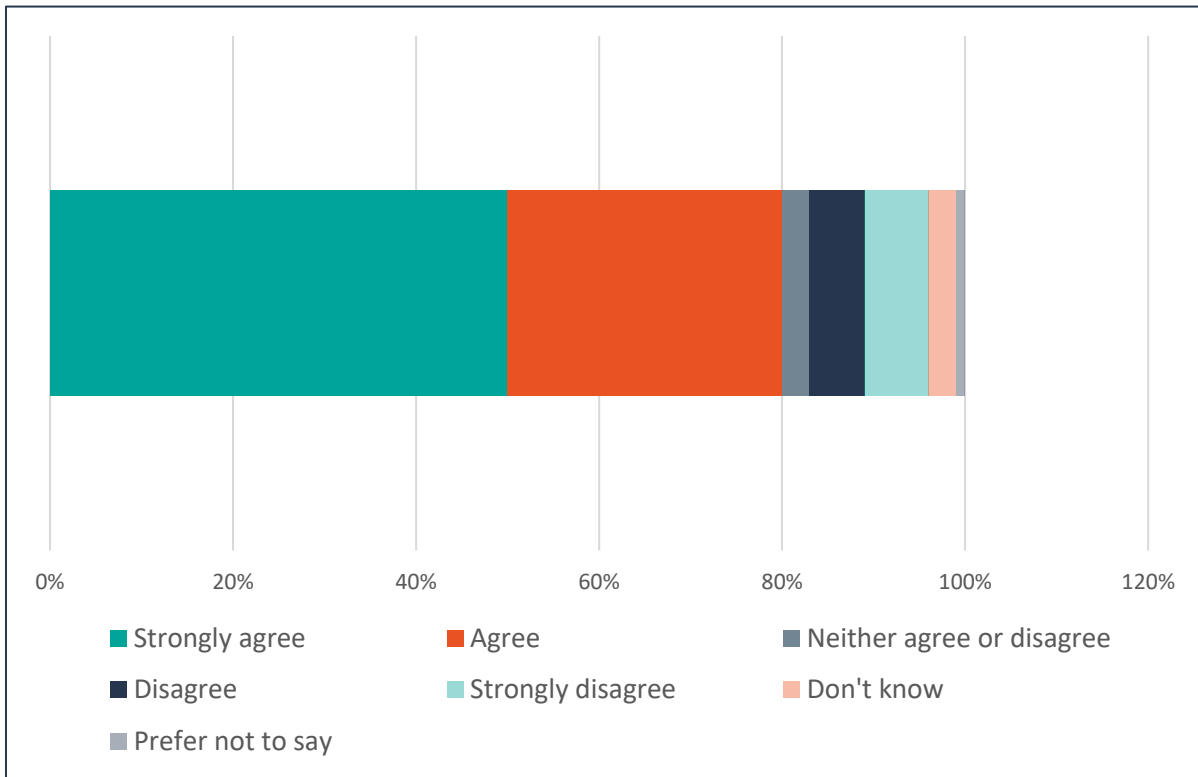
*Table 17: Having read our proposals, as well as from your own knowledge and experience, how much do you agree or disagree that we need to make changes to the inpatient wards at Lambeth Hospital? (Q1)*

Answer choices	% of survey responses
Strongly agree	50%
Agree	30%
Neither agree or disagree	3%
Disagree	6%
Strongly disagree	7%
Don't know	3%
Prefer not to say	1%

**Total number of respondents to question: 145**

<sup>4</sup> <https://lambethtogether.net/living-well-network-alliance/lambethhospital/>

Figure 11: Having read our proposals, as well as from your own knowledge and experience, how much do you agree or disagree that we need to make changes to the inpatient wards at Lambeth Hospital? (Q1)



- 80% of *all* survey respondents agree (strongly agree or agree) that changes need to be made to inpatient wards at Lambeth Hospital. Of these, 18% were current or former service users, 9% were carers/family members, 29% were SLaM staff and 39% were members of the public
- Of those agreeing changes need to be made, the following groups responded with higher levels of agreement when compared to overall figures; staff (97%) and people identifying themselves as having a disability (83%)
- 12% of all respondents disagree (strongly disagree and disagree) that changes are needed. 15% of current and recent service users, 21% of carers and 3% of staff who responded disagree that changes are needed
- Responses from older people and people of working age align with feedback from *all* respondents.

*Table 18: Please tell us your reasons for agreeing or disagreeing? (That changes are needed to inpatient wards at Lambeth Hospital) (Q2)*

Coded response	Number
Supportive of the change	87
Unsupportive of the change	21
Positive comments about Lambeth Hospital	7
Positive comments about Maudsley Hospital	7
Negative comments about Lambeth Hospital	43
Negative comments about Maudsley Hospital	3
Refurbishment of Lambeth Hospital	9
Current and future considerations about the clinical environment, including buildings and outdoor space	65
Future of the site, if sold	7
Travel or location concerns	7
Travel or location positives	2
General comments in regard to mental health services	5
Improved care is needed	9
New ways of working	3
More information needed to reply	2
Concerns about staffing levels and recruitment and retention	8

**Total number of respondents to question: 147**

**The majority of survey respondents are supportive of the need to make changes to the inpatient wards at Lambeth Hospital.**

Amongst people **supportive of the change**, there was broad recognition that:

- **Lambeth Hospital wards are not fit for purpose** – there are opportunities to improve the quality of the environment and bring facilities up to modern standards. Challenges with the current site included the layout of wards, range and volume of therapeutic activities offered, patient facilities such as the lack of ensuite bathrooms, lack of access to outdoor space and fresh air, lack of privacy and dignity for patients and not enough shared areas for communal activities
- **Lambeth Hospital wards negatively impact patient and staff wellbeing** – there were many comments suggesting the environment was not only physically unfit for purpose, but that it was having a negative impact on the recovery of patients and increasing stress levels among staff
- **The Maudsley Hospital site has better facilities** – there were also benefits recognised of relocating close to King's College Hospital and other mental health services.

It was recognised that there needed to be more information about how the relocation and new facilities would be funded.

People **unsupportive of the change**:

- **Wanted to keep services in Lambeth**
- **Disagreed with the assessment that the current site is not fit for purpose** – there was a perception that the facilities at the current Lambeth Hospital site are in better condition than reported and better than some spaces on the Maudsley Hospital site
- **Were keen to improve the existing facilities** – some suggestions included temporarily re-siting services whilst Lambeth Hospital is refurbished
- **Redevelopment on the Lambeth Hospital site would create noise pollution and disruption** to residents
- Suggested **relocating services would be disorientating for patients who currently are familiar with the services** and may lead to them not to access inpatient services, when needed, in future.

### Service delivery

It was felt that, in addition to the benefits of relocating and improving wards, there is an opportunity to improve the quality and management efficiency of inpatient care through revising the service model. This would provide more streamlined care and enable inpatient care to operate in a similar way to other Trust services. Having a range of interventions, not just a medical approach is important for recovery.

### Staffing

It was recognised that the physical working environment is not good for staff and that recruitment of additional staff, whilst retaining current staff, should be a priority.



## Travel and access

Concerns were expressed by carers, Lambeth residents and black and minority ethnic communities about travel from the south of the borough to the Maudsley Hospital site. Some said there are no direct public transport links from Lambeth to Denmark Hill station, and it was felt the Maudsley Hospital site is already crowded and noisy, and experienced a lot of traffic.

General comments from respondents discussed the importance of continual investment in mental health services so that they could continually improve. There were also comment that there would be advantages of being closely located to King's College Hospital where there is greater access to acute emergency bed space and inpatient substance misuse detoxing were among other general comments.

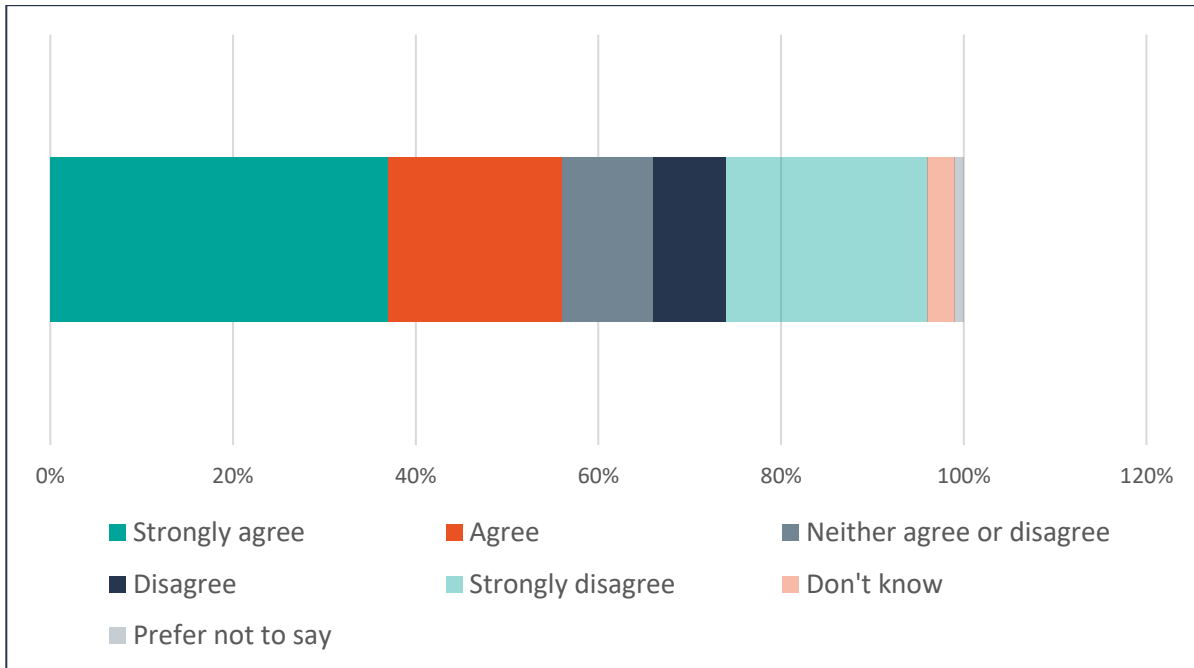
As the future of the site is outside of the scope of this consultation, comments received about this topic have been collated and presented in section 8 of this report.

*Table 19: How much do you agree or disagree with the move of adult inpatient beds from the Lambeth Hospital site to the Maudsley Hospital site? (Q3)*

Answer choices	% of survey responses
Strongly agree	37%
Agree	19%
Neither agree or disagree	10%
Disagree	8%
Strongly disagree	22%
Don't know	3%
Prefer not to say	1%

**Total number of respondents to question: 144**

Figure 12: How much do you agree or disagree with the move of adult inpatient beds from the Lambeth Hospital site to the Maudsley Hospital site? (Q3)



- 56% of *all* survey respondents agree (strongly agree or agree) with the move of wards to the Maudsley Hospital.
- 59% of current or former service users agree with the move of wards to the Maudsley Hospital, whilst 26% disagree.
- 41% of staff agree with the move
- 70% of members of the public agree with the move
- There were mixed views about the move from carers and Southwark residents (43% of carers and 44% of Southwark residents agree with the move and 43% of carers and 44% of Southwark residents disagree)
- 31% of all respondents disagree (strongly disagree and disagree) that changes are needed
- Survey responses from people identifying themselves to have a disability were more likely to agree with the move (63% strongly agree or agree)
- Carers, staff and people from a black background are less likely to agree (42% of carers, 41% of staff and 33% of people from a black background strongly agree and agree) and are more likely to disagree (43% of carers, 35% of staff and 43% of people from a black background strongly disagree and disagree) with the move of wards, compared to *all* respondents.

*Table 20: Please tell us your reasons for agreeing or disagreeing? (With the move of adult inpatient beds from the Lambeth Hospital site to the Maudsley Hospital site) (Q4)*

Coded response	Number
Supportive of the change	71
Unsupportive of the change	45
Positive comments about Maudsley Hospital	27
Negative comments about Lambeth Hospital	3
Negative comments about Maudsley Hospital	10
Co-locating services	13
Refurbishment of Lambeth Hospital	10
Environment (emotional and physical (i.e. buildings and outdoor space))	33
Funding	5
Future of the site, if sold	12
Increase bed numbers	2
Staffing	6
Travel or location concerns	40
Travel or location positives	9
New ways of working	2
More information needed to reply	2
Consultation process	1

**Total number of respondents to question: 147**

The majority of respondents were supportive of the move of adult inpatient beds from Lambeth Hospital to the Maudsley Hospital. There was an understanding, as in responses to question 2, that the current wards are not fit for purpose and any move could help improve

the physical and emotional environment for patients. It was also felt to be the most financially viable option.

Over twice as many people responding to the survey (30%) commented that they were unsupportive of moving beds when compared with the numbers of comments being unsupportive of changes being required to Lambeth Hospital inpatient wards (14%).

People disagreeing that a move is required remarked on the loss of much needed public services and NHS estate within the borough, favouring instead to refurbish the Lambeth Hospital site. One respondent commented that services for Southwark residents are already lacking, so how could the site accommodate Lambeth patients.

People from black and minority ethnic communities, including service users, recognised that there would likely be improvements to the quality of the physical environment, however, there were concerns around losing a local service as well as the impact on people travelling to visit loved ones. One comment raised concerns about noise levels as a result of being close to a busy main road.

### **Reputation of the Maudsley Hospital**

- The site has significant access to state-of-the-art research and treatment and is a Centre of Excellence
- Perception that the staff at the Maudsley Hospital are more qualified/more specialised and that being co-located would give access to these staff
- Staff reported that there is a stigma with the Maudsley name, and it has a (negative) reputation amongst service users and carers. This was not corroborated when looking at service user and carer feedback. However, people from a black and minority ethnic communities did struggle with the stigma and shame of accessing mental health services and were keen to ensure discretion when being admitted for treatment

### **Co-location of services**

#### *Positives*

- Having an A&E close by would mean quicker access to emergency care, if needed
- Being on-site with other mental health services, e.g. the recovery college and Hearing Voices' meetings

#### *Negatives*

- The site already feels cramped and this would negatively impact on patient and staff experience, for example the noise and activity at King's College Hospital across the road.

### **Physical and emotional environment**

There were mixed views about improvements to the physical and emotional environment for patients, as a result of any proposed move.

### *Positives as a result of any move*

- The new purpose-built accommodation could meet the needs of patients better, providing; greater privacy and dignity with ensuite bathrooms, unsupervised access to large outdoor balconies and the capacity to provide single-sex accommodation
- There was a perception that there would be greater safety and security for patients, with the new surroundings decreasing violence and aggression as well as length of stay (by promoting recovery)
- Access to Ruskin Park.

### *Negatives as a result of any move*

- There would be a lack of private outdoor space. The closest green space is Ruskin Park which patients could need to be escorted to and from
- There would be fewer amenities like libraries and clubs. Lambeth Hospital is currently within walking distance from the Mosaic clubhouse
- There needs to be a clear suicide risk assessment published due to the site's proximity to the heavily used Denmark Hill station
- Staff raised concerns about the amount of space available for their working environment.

### **Staffing**

- It was recognised that there are recruitment and retention issues, but it was felt this issue would be improved if the service was co-located with other mental health services. There was a perception that any potential move would lead to increased access to additional staff (other than people working on the inpatient wards).

### **Travel and access**

#### *Positives as a result of any move*

- The Maudsley Hospital site is more central and has better transport links, being easy to reach via bus, train, London Overground and car.

#### *Negatives as a result of any move*

- Patients are familiar with Lambeth Hospital and can be visited by family members and friends easily. A move could lead to an increase in travel time and likely impact the frequency and duration of visits from friends and family. There was a perception that moving services out of Lambeth would leave service users and carers feeling abandoned if the communication and transition period is not managed sensitively
- The Maudsley Hospital is less accessible to some parts of Lambeth borough and could present challenges to staff and visitors, making commuting and visiting more stressful – this was a common theme amongst service users, carers/ family members, staff,

members of the public, black and minority ethnic communities and Lambeth residents

- There were concerns over how Denmark Hill station and the car parks would cope with additional footfall
- Respondents were unclear what work had been done to consider the impact of the move on other Maudsley Hospital services and whether, in fact, there would be enough space on the site.

As the future of the site is outside of the scope of this consultation, comments received about this topic have been collated and presented in section 8 of this report.

*Table 21: What else should we consider? (Q6)*

Coded response	Number
Access to outdoor space	10
Accessibility	3
Maintaining connections with community services	4
Consultation process	2
Environment (building and outdoor space)	23
Future of remaining Lambeth Hospital services	8
Future of the site, if sold	14
General comments	2
Impact of building on local areas	2
Impact on service users, family and visitors	22
Impact on staff	2
Increase staffing levels	4
Increased travel time and transport costs	7
Model of care	5

Coded response	Number
Parking	4
Refurbishing the Lambeth Hospital site	13
Services remaining in Lambeth	9
Safety and security	3
Selling off NHS estate	4
Use of therapeutic activities for patients	7

**Total number of respondents to question: 147**

### Considerations around the future environment

- Design of, and access to, the building – taking into account neuro-diversity, good sound proofing, temperature control, calm spaces that are not overwhelming in terms of causing sensory overload, as well as the physical amount of space available so patients don't feel trapped
- Consider whether all new wards need to be the same design, or whether there could be some variation to avoid an institutionalised feel to the environment
- Using spaces on the wards on each floor collaboratively to improve choice
- Some comments regarding food provisions for patients and staff on the Maudsley Hospital site – whether the canteen would need to be expanded to accommodate additional activity and/or could there be the provision of self-catering options for patients
- Consider the use of Ruskin Park as a potential therapeutic resource to compensate for the lack of a garden and provision for physical activities and sports(football/tennis/basketball) and smaller gym equipment on each ward. It was noted that there are perceived to be fewer amenities around the Denmark Hill area
- The environmental sustainability of the building
- Retaining the heritage and legacy of Edward Adamson to the Maudsley Hospital and the NHS
- Parking for staff and visitors is already a challenge – how would this be addressed in future
- It was felt important to have private spaces to speak to staff to complement open plan reception and nursing stations
- Currently Lambeth Hospital has a library, this was seen as a valuable asset that should be transferred to any new surroundings.

### Impact on service users, family and visitors

- Following decision-making processes around the outcome of this consultation, clear communication with service users, family and visitors is essential
- Increased travel and transport times patients, family and visitors and recognising– nearly 90 comments were received across all questions and respondent groups on this topic
- Patients not feeling close to home and in unfamiliar surroundings. It was noted that some inpatients use the Lambeth Hospital site to access outpatient pharmacy services – what provision would there be for this on the future site?

### Model of care

- Greater investment in mental health services
- Consideration should be given to the range of therapeutic activities available for patients. Suggestions included meditation rooms, on site cinema, gym, cooking, creative writing, and art therapies.
- Collaborating more with Southwark around use of community resources – so Southwark and Lambeth resources are open to patients from either borough
- Improving inpatient plans so they are more consistent with an individual's community care plans
- Improving discharge arrangements so people do not fall through the net and are connected to community services prior to discharge
- There should be a matched offer of support in the community to undertake outreach work
- Shared office and communal areas for staff as well as smaller offices/ spaces for private meetings/supervision
- Some respondents were unsure of what would happen to remaining services at Lambeth Hospital
- The right amount of staff should be available with a move away from agency staff – without this the surroundings would not make a difference.

### Safety and security

- Consider the patient mix at the Maudsley Hospital. In moving these wards to the Maudsley Hospital, would high risk patients be placed near lower risk patients? There were some concerns about the safety and security of both sets of patients.

A number of comments were also received relating to retaining and refurbishing the Lambeth Hospital site to keep services local. There were concerns about selling off NHS estate.

Comments about the future of the site and about the consultation process have been collated and presented in section 8 of this report.



Table 22: Do you have any other solutions we should consider? (Q7)

Coded response	Number
Consultation process	6
Design of new space and garden	10
Future of the site	12
Impact of building works	1
Increasing staffing level	1
Refurbish Lambeth Hospital	24
Services remaining in Lambeth	4
Funding and costings	7
Model of care and strategy	11
Support for change	2
Therapeutic activities	3

**Total number of responses: 86**

Due to the wording of questions 6 and 7 there are many similarities in responses, in particular around refurbishing Lambeth Hospital and retaining services within Lambeth.

#### **Design of the new space and garden**

- As with responses to question 6, consideration of the physical design and outdoor space was felt to be of high importance
- Working creatively with designers to consider all elements of the new facility to ensure it is fit for purpose for mental health service users including reducing noise pollution and increasing natural light sources
- The virtual tour highlights a number of risk areas – balconies which patients may jump/fall from and ligature points around the wards. Will the design be run by clinical specialists to remove these risks through the design process?
- Creating family and visitors' rooms and on-site shop and cash machine on the Maudsley Hospital site
- Introducing free parking for families and subsidised bus services
- Consideration of the use of green spaces.

## Model of care and strategy

- Create more step-down facilities which offer dynamic rehab/reablement/enablement. The model used by the Lambeth Early Onset Community Team, for example, should be available to all patients who would benefit. Where there ceases to be a clinical need for people to be on a ward, but they are not fully ready to be discharged as there is a likelihood they would not be able to look after themselves, step down is important to help them
- Consider supporting staff to undertake home visits
- New wards should be designed to enable people to acquire/reacquire daily living skills as well as volunteering and preparing to return to work
- It was felt that having a perceived 'institutionalised building' did not support in reducing stigma faced by those experiencing mental ill health – one suggestion was to have a health and social care campus on the Lambeth Hospital site to regenerate it, rather than upgrading Douglas Bennett House.

There were questions about the long-term strategy for mental health, in line with NHS national policy.

## Funding and costings

- Solutions to refurbish Lambeth Hospital included seeking additional national funds, selling parts of the grounds to fund its refurbishment
- With money made from the sale of the land suggestions were to spend this on; channelling some of the money made from it towards making improvements to existing community buildings which are in poor states of affair and to increase staffing levels
- Ensure any investment/ expenditure creates things which are sustainable.

Comments about the future of the site and about the consultation process have been collated and presented in section 8 of this report.

## 6.2 Focus groups and public event feedback

Each of the five sessions conducted were written up individually, then passed to the NEL Healthcare Consulting Team for analysis. Presented here are the main themes from all of the sessions. These responses have informed the executive summary in section 1 of this report along with feedback from all other engagement methods.

Feedback relating to equalities and impacts can be found in section 7.

**Across all sessions there was broad agreement that changes are needed to inpatient wards at Lambeth Hospital and agreement that, in order to improve the quality of the wards, there was a need to move these to the Maudsley Hospital.**

### 6.2.1 Current environment at Lambeth Hospital

It was recognised that the current wards are not fit for purpose.

#### Emotional environment

- Comments described the wards at Lambeth Hospital as “chaotic” and being challenging places to visit. Some comments suggested that people do not feel safe as patients or visitors.

#### Physical environment

- Facilities such as bathrooms need upgrading
- Communal areas such as television rooms need redesigning to create calming spaces
- The nurses’ station is enclosed, and this leads to agitated patients congregating around this area
- Around Lambeth Hospital there is quite a lot to do, with access to Brixton and Clapham Common.

### 6.2.2 Future environment at the Maudsley Hospital site

#### Emotional environment

It was generally felt that the future environment at the Maudsley Hospital site would be conducive to improved patient and carer/family experience.

Staff recognised that, although it has an international and national reputation for high quality training and research, there is stigma with the Maudsley name that needs to be addressed.

#### Physical environment

Participants were encouraged by the proposed enhancements to the physical environment patients would experience, in particular:

- Patient facilities, such as private bathrooms, redesigned bedrooms, large windows, multi-faith prayer room and other communal rooms i.e. for arts therapies. There were some initial safety concerns about the proposed balconies providing unsupervised outside space, however after explanation these were felt to be positive
- Positive feedback was received about redesigning the nurse’s station, including lots of seating to talk to patients about their care plans and other issues with safe and confidential office spaces if needed
- Having access to Ruskin Park as outdoor space was seen as a positive, although it was noted that there was more to do around Lambeth Hospital. Having access to good outdoor space was seen as essential for recovery
- For patients who are smokers, consideration should be given to where they could do so on the site

- Staff felt the specifications of the wards were important, in particular that they be flexible in meeting the needs of different patient groups i.e. single sex areas. There were also some concerns about overcrowding on the site.
- It was noted that consideration needed to be given to ensure the environment is mentally stimulating, for example through use of colour on walls to ensure it was not bland and to incorporate a range of therapeutic activities into patients' days to avoid boredom
- Lambeth Hospital has a particular history and is well recognised within the community. The design of the new space should reflect this rich history
- Staff were keen to ensure there was enough office and workspace on the new site.

There were some concerns about the new site's proximity to the road and to the heliport – that the noise pollution would not be conducive to rest and recovery.

### Service model

- There were concerns about the idea that, in future, patients were likely to require less time in inpatient wards. Participants were keen that patients' recoveries were not rushed
- Through a new service model, it would be beneficial to create supported living for patients or step-down care and also to consider how there could be continued access to the Home Treatment Team (HTT)
- It was noted that, as important as upgrading the buildings are, having the right staff with the right attitudes and qualities also has a huge impact on patient recovery and experience. Ensuring staff wellbeing should be a part of any changes
- Participants could see the benefits of being located close to other mental health services
- During the focus group with black working age males, the potential for an improved quality of service overall for black men was felt to be a significant opportunity with the proposed move. One member of this group was keen to see the recommendations from the Lambeth BAME mental health report published in 2014 being considered when working up a new service model.

### Transport and travel

- Generally, it was felt that access to Lambeth Hospital was much easier and quieter than the Maudsley Hospital site
- Although the Maudsley Hospital is well served for buses and has train access, from Lambeth there is no direct route from some areas within Lambeth
- It was noted that some visitors and carers would be impacted by likely having to travel further to visit, meaning they would visit less frequently, which would have an impact on the patient.

## Retaining Lambeth Hospital

- Retaining mental health inpatient services in Lambeth was felt to be very important
- Some felt the option should have been considered to redevelop the Lambeth Hospital site in a more suitable way, so it is not lost as a mental health site. One of the ways the space could be used could be a supervised bedded rehabilitation unit - for people coming off medication
- There were concerns about what the site would be used for if it is no longer owned by the NHS.

## 6.3 Social media and individual correspondence

In addition to the survey, focus groups and public event, feedback was also received through the following methods:

- Facebook – 24 responses to promoted posts
- Individual correspondence – 12 emails
- Telephone calls – 4 responses (3 members of the public and one facilitator of a mental health support group for young black men).

These 39 responses have been collated for common themes, which have informed the key findings in the executive summary for this report (section 1) along with all other engagement methods. No demographic information is available for this feedback.

**Due to the small sample size, comments here reflect more individual views in comparison to the broader summaries in sections 6.1 and 6.2 of this report.**

There were mixed views about the suitability of the Maudsley Hospital site to house inpatient mental health wards. Some commented the proposed new environment was an improvement, but had questions about outdoor space, catering and staff mixes. The building should ensure privacy and dignity by creating confidential spaces for patients to speak to staff. Some commented that the Maudsley Hospital site was congested and not a conducive environment for recovery.

It was noted that the move would mean patients and visitors having to travel further, increasing travel time and cost.

It was recognised that having robust processes in place to discharge patients back into the community was important.

Some felt mental health services were being 'dumped' in ethnically diverse areas. It was recognised that a disproportionate number of people admitted as inpatients in mental health services come from black and minority ethnic communities.

There were concerns about selling off NHS estate and getting rid of much needed services – some cited other examples in London where buildings had been sold and this had led to services going downhill in those areas.

## 7. Equalities and impacts related feedback

The NHS has a statutory requirement to give due regard to the needs of, and potential impacts on, groups and individuals with protected characteristics under the Equality Act 2010. Other key NHS legislation requires CCGs to have regard for the need to reduce inequalities between patients in access to health services and the outcomes achieved. These obligations are particularly important when planning and commissioning major changes to health services.

It is important to understand both the views of protected characteristics groups and other key sociodemographic and vulnerable groups, and the concerns about potential impacts on these groups, as expressed by all participants in the consultation. The consultation methodology section of this report (section 3) sets out how SLaM and the CCG approached seeking feedback from these groups. Feedback collected will enable decision-makers to consider these impacts and corresponding mitigation measures which could be implemented.

This section sets out the findings in terms of equalities and potential impacts that can be derived from the consultation findings. This information has been obtained from responses to questions 5 and 8 of the survey. The survey questions were also used as a structure for the focus groups and public event. Comments from social media and individual correspondence were more general and therefore any equalities and impact feedback has been drawn out and included.

It should be noted that most, if not all, of the current service users within Lambeth Hospital inpatient mental health wards can be categorised in terms of the protected characteristics outlined within the Equality Act 2010. All will fall into more than one protected characteristic group.

The aim of this section is to draw out impacts that have emerged for particular protected characteristic groups that should be taken into account should the proposal to move services be approved.

### 7.1. Overview of equalities and impacts related findings

Across all feedback methods, the most commonly stated impacts were concerns around travel and access; the impact on service users in terms of the disconnect from their community; and familiar surroundings which may affect recovery and the loss of local services. An improved and redesigned environment at the Maudsley would likely have a positive impact on service users and staff experiences.

The three protected characteristics groups most frequently mentioned across all consultation feedback strands were older people and people with disabilities (particularly in relation to reduced mobility and sensory disabilities) and people from the black community. For older people, travel and access were cited as having potential for significant negative

impacts for this group. For people with disabilities (physical, learning, sensory and mental impairments), travel and access as well as the physical design and location for the new wards were cited as having potential for significant positive and negative impacts. For people from the black community, the move itself was seen as potentially less of an issue than the quality of relationships with staff and the ability of the service model – in whichever location - to meet their specific needs. There was some hope that a new build would allow for a refresh of the service model to make broader improvements to the experience of black mental health service users in Lambeth.

Lambeth residents were generally positive about the proposed move, however they identified more negative impacts than positive impacts; mostly due to increases in travel time and cost as well as this potentially having an impact on carers and family members ability to visit inpatients as frequently as they would like.

Southwark residents were also keen for services to remain within Lambeth. There were concerns over the available space on the Maudsley Hospital site and the impact on Southwark service users. The current lack of inpatient services for Southwark residents was raised.

When consultation target groups (adults of working age admitted as mental health inpatients, carers/families, and staff and black males) were asked about impacts, their responses broadly mirrored responses from all population groups. Feedback from and about these groups did not highlight particular impacts that were unique to people groups.

### 7.1.1. Equalities and impacts feedback from survey responses

*Table 23: How would our proposals affect you and your family? If you think our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this. (Q5)*

Coded response	Number
Identified positive affects	29
Identified negative affects	46
Identified no impact or neutral impact	10
Future of the Lambeth Hospital site, if sold	17
Environment (building and gardens)	17
Impact on service users, carers and visitors	17
Travel or location concerns	28
Travel or location positives	10
Future of other services on the Lambeth Hospital site	5
Working environment	4
Disruption due to building works	4
Co-location with other services on the Maudsley Hospital site	2
Consultation process	2
Service model	1
General/ individual comments	1

**Total number of responses: 112**

**The majority of affects identified by survey respondents were negative.**



**Negative affects/impacts include:**

- Having to travel out of the borough to access services which would mean increased travel time and cost for service users, carers, family members and, potentially, staff. This would particularly negatively affect those from socio-economically deprived background, and could be alienating and upsetting for service users, in particular, due to unfamiliar surroundings and previous bad experiences of services at the Maudsley Hospital
- A perceived lack of space on the Maudsley Hospital site to cope with these services being relocated there – respondents said more certainty was needed around the impact on other services on the Maudsley Hospital site
- It was noted that the Maudsley name had stigma attached to it, which would negatively affect service users. Some comments suggested the site was like an institution and services should be moving away from this approach. There were concerns about being seen going into the new site, so discretion and privacy and dignity were all important themes
- There were concerns about the ability of the proposed new space to be safe and therapeutic. Some comments described the Maudsley Hospital as a “prison” and questions over the safety of the proposed design of balconies and roof terrace space for people who are acutely unwell
- Residents near the Maudsley Hospital would have to bear more patients in their living space and the disruption of construction in the short to medium term
- Staff concerns about the impact on their working environment – too many teams on the site have to work in poorly lit converted basement offices due to a lack of office space on site and this would mean additional travel to get to work for some.

**Positive effects/impacts include:**

- Some felt that the Maudsley Hospital site is more central and better connected to other areas of London in terms of transport. Some staff commented that they would like to work on this site, and that it might be safer
- Access to a better environment at the Maudsley Hospital site including open spaces and gardens
- A perception that they would have access to additional specialist support on the site.

There were mixed views about using services on the Maudsley Hospital site if the move went ahead. Some had had bad experiences of the Maudsley Hospital whereas a number said they would prefer to go to the Maudsley Hospital, stating they would feel relieved.

**Q8: Tell us if there are any other ways that these changes could have an adverse impact on people with protected characteristics, in relation to their age, disability, ethnicity, gender, identity, pregnancy, religion and belief, sex and sexual orientation.**

The majority of feedback via the online survey outlined that the following groups would be negatively impacted if inpatient mental health services were to move to the Maudsley Hospital site:

- Older people and people of working age
- People with disabilities (mental, physical, learning and sensory impairments)
- Black and minority ethnic communities (specifically people from black backgrounds)
- People considered to be experiencing socio-economic deprivation.

Positive comments were made around the improvements to the physical environment, which would ultimately have a positive impact on service user's mental health and increase the privacy and dignity of all service users through the provision of en-suite bathrooms.

It was felt, across all characteristics, that support should be given to reduce additional travel times by looking at public transport routes. In general travel time should be considered when making appointments/ setting visiting hours.

Once comment suggested residential facilities could breed prejudice. Consideration should be given to ensuring they are safe spaces for people identifying as LGBT+ for women (cis and trans) and for people who might be vulnerable such as people with learning disabilities. These issues may be addressed through increased privacy and dignity in relation to bedroom and bathroom arrangements.

The stigma around the Maudsley name was also cited as an issue for people from the black and minority ethnic communities.

#### **Age specific findings**

- Additional travel across potentially multiple methods of transport would present challenges for older carers or visitors
- It was felt that young men who may be involved with gangs may be impacted. By moving services into a different borough, the highly territorial nature of gangs may put them at risk whilst they access outdoor space and the park.

#### **Disability specific findings**

- Additional travel across potentially multiple methods of transport would present challenges for people with physical and sensory disabilities. For people with learning and mental health disabilities, travelling to an unfamiliar place and having to navigate different routes and modes of transport may be distressing. However, there was support from people with a physical or mental disability in regard to moving services.

- For people with sensory disabilities, consideration should be given to neurodiversity, for example thinking about soundproofing, potential for sensory overload if spaces are too noisy, bright and busy with information
- It is important that the new facility is fully compliant with all disability discrimination legislation to ensure all have fair access, in particular people with physical and sensory impairments
- Additional noise from the road and King's College Hospital may cause distress to people with anxiety and other common mental health problems.

### **Ethnicity specific findings**

- It was recognised that the black community (particularly men) are disproportionately represented in the current caseload. Efforts should be made to ensure the community offer in Lambeth is strong to keep this group out of hospital, where appropriate
- Treatment and therapeutic activities need to be culturally appropriate
- Concerns regarding noise pollution from the main road and Kings College Hospitals Helipad. It was felt that this would not be conducive to recovery
- Desire to ensure discreet entrance to the building as stigma and shame are issues for this community when accessing mental health services

### **Sex and sexual orientation specific findings**

- Wards should be either male or female. Special thought needs to be applied to people that, for example, identify as female, but physically appear to be male.

### **Religion and belief specific findings**

- There should be neutral spaces for worship, to ensure all belief systems are catered for
- In terms of catering, a range of options should be available to suit people who have specific requirements due to their religious beliefs.

### **Socioeconomic deprivation specific findings**

- Having to travel further to access services could have a disproportionate financial impact on people experiencing socio-economic deprivation.

### **7.1.2. Equalities and impact feedback from focus groups and the public event**

During focus groups and the public event, participants were asked the same questions as set out in the online survey with regards to equalities issues and impact. Feedback across all sessions, where responses discussed equalities or other impacts, have been summarised below, under the most appropriate heading.

Sessions were specifically targeted at seeking feedback from groups most likely to be impacted by the changes including black working age males, carers, service users and staff.

Equalities and impact feedback from the focus groups and public event broadly align with feedback from the online survey and do not present or highlight any issues specific only to those groups.

**Q5: How would our proposals affect you and your family?**

**Positive affects**

- Staff felt the proposals would lead to a reduction in violent incidents and make the management of wards easier. This could have a positive effect on staff with the environment being a nicer environment and the people experience from being detained is better and could lead to less violence.

**Negative affects**

- Service users can be hesitant to go out, especially if they don't know the area. Service users are currently familiar with Lambeth Hospital, local facilities, shops and spaces. With increased travel times for carers/family members, they may not be able to visit as often to help service users to get out and take in fresh air. If the move to the Maudsley Hospital takes place, could there be chaperones available to help introduce people to the local area? Staff are normally too busy to do this. There should be support to help people get out
- Some staff could have to travel further to get to work.

**Q8: Tell us if there are any other ways that these changes could have an adverse impact on people with protected characteristics, in relation to their age, disability, ethnicity, gender, identity, pregnancy, religion and belief, sex and sexual orientation.**

- Service users and carers are currently very familiar with the Lambeth Hospital site. Finding the Maudsley Hospital could be harder, especially for people with dyslexia and physical disabilities. Information should be available, in different languages and formats, about where the site is, how to get there, where the wards are located and visiting times
- The change in location could mean surroundings are busier, noisier and perhaps more hostile (fights on weekend nights). This could impact people with hidden and visible disabilities. It could also present issues for older people and women
- Visitors, including carers, could visit less in future, due to increased travel times. This could also be exacerbated for people with disabilities, and could have a knock-on effect on the service users' wellbeing
- Being close to a busy road, helipad and generally busy site could be over stimulating for people with mental and sensory impairments. It was also felt by black and minority ethnic communities that it might not be conducive to the release of trauma and healing

- People from a black and minority ethnic communities highlighted the stigma and shame felt when accessing mental health services. Lambeth Hospital is discreet and anonymous in the sense that not many people know it is a mental health inpatient facility. Whereas the Maudsley is well known and is next to a main road and busy hospital. Comments urged discretion when designing front entrances to inpatient spaces.

### 7.1.3. Equalities and impact feedback from social media and individual correspondence

Feedback via social media and individual correspondence echoed comments made via other engagement methods, this included:

- Concerns for people with sensory disabilities and mental health issues being in a densely populated site with noise pollution
- Suggested remodelling of the reception area to ensure privacy and dignity and to reduce stigma for people being admitted
- It was noted that a new environment would likely have a positive impact on staff wellbeing.

Comments not heard through other engagement methods included:

- Young black men can have trust issues with services as a result of their culture – regardless of where services are located. Therefore, the relationship with mental health support staff is what makes the biggest difference – having the right staff who are culturally competent and trustworthy. It is less about the physical building for this group
- Suggestions that the proposal would have a negative impact on Southwark residents. There was a perception that there is not enough inpatient capacity for Southwark services users – having to access services in Lewisham. There were questions about getting the Southwark/Lambeth balance of patients right on the site
- A small number of comments suggested mental health services were being “dumped” in ethnically diverse areas.

Generally, it was felt that the transition needs to be well managed ensuring information and support is readily available. It was noted that Camberwell and the Landor Road area are very different.

## 8. Comments outside the scope of the consultation

A number of responses included comments that are outside the scope of this consultation – focussing on the future of the Lambeth Hospital site, with a few comments about the consultation process itself. Feedback about these topics has been collated from all questions and all engagement methods here.

Should the outcome of this consultation be to move wards from the Lambeth Hospital site, it is understood that there would be a further engagement process around the future of the site. Comments here will feed into future engagement processes.

### 8.1 Future of the Lambeth Hospital site

#### 8.1.1 Concerns about the future use of the site

- The current site should be renovated to keep services local
- Gentrifying the area would negatively impact the most marginalised minority groups because 'affordable' housing would not be affordable for most
- The space on the site, if used for housing, would not have the space also to provide community outdoor space which is so needed
- The number of proposed houses and how they would physically fit onto the site – a smaller development could be more acceptable to the local community
- The surrounding infrastructure such as schools, GP practices and public transport could struggle to cope with an influx of residents. It was noted that the Fenwick Estate nearby is also due to be refurbished, further compounding the issue
- Selling off NHS land to private housing developers, who's primary interest would be economic profit making for private shareholders
- Increase in noise and disruption due to building works for people local to the site
- The ongoing involvement of local people in any planning consultations.

#### 8.1.2 Ideas for the future use of the site

- Support for using the space to provide good quality affordable housing (including for keyworkers) and open public spaces
- Using space to increase community resources such as new shops, cafes, and community centres, public garden, and a small library
- Let the site to another sector of care such as social care or learning disabilities
- Retain the site as a health and social care campus
- Build houses, rather than building high rise flats.

## 8.2 Comments about the consultation process

A small number of comments were received regarding this consultation process and future engagement work following decision making. Views represented here are from individuals.

- Patient voices should be included on the project team throughout this piece of work
- Some challenge around putting forward a single option for change. There were questions around whether the process had sought views at the earliest possible opportunity
- Ensure there is ongoing engagement with service users and clinical staff to ensure the design and layout is sensitively designed
- The method of outreach/eliciting feedback and what methods had been used to reach local residents not through use of technology
- Splitting changes on the Lambeth Hospital site into different consultations seemed to be a deliberate way of moving forward on 'positive' actions, and not considering the picture as a whole. Ensure consultations for the move of the services and the future development of the current site are be evaluated together, along with plans for the services of the three wards that are deemed to be outside the scope of this consultation.

## 9. Next steps

Feedback from the consultation will be presented to the SEL CCG Governing Body along with recommendations as part of the decision-making business case in July 2020, and this is where the decision will be made on the outcome of the consultation.

Prior to this, interim findings from the consultation will be shared with the Lambeth Together Strategic Board for recommendation to the SEL CCG Governing Body; findings will also be shared with the Lambeth and Southwark Joint Health Overview and Scrutiny Committee before decision by the SEL CCG Governing Body. Once the decision is made, this will be presented to SLaM's Board.

DRAFT



## Appendix A. Glossary

A&E	Accident and Emergency
BAME	Black, Asian and Minority Ethnic
CCG	Clinical Commissioning Group
GP	General Practitioner
HTT	Home Treatment Team
JHOSC	Lambeth and Southwark Joint Health Overview and Scrutiny Committee
LGBT+	Lesbian, Gay, Bisexual, Transgender, plus
LWNA	Lambeth Living Well Network Alliance
PICU	Psychiatric Intensive Care Unit
PCNs	Primary Care Networks
SEL CCG	NHS South East London Clinical Commissioning Group
SLaM	South London and Maudsley NHS Trust
SLP	South London Press (SLP)