

### Introduction and overview

<b>Title of EHIA</b>	Redesigning Inpatient Services: East Sussex (RIS:ES)				<b>ID No.</b>					
<b>Team / Department</b>	RIS:ES Programme Team				<b>Assessor Completing the EHIA</b>			Paula Kirkland, RIS:ES Programme Director		
<b>Date EHIA Started</b>	Tuesday 14 January 2020				<b>Date EHIA Completed</b>			20 <sup>th</sup> April 2021		
<b>What is the focus of this EHIA?</b>	Workforce Policies	Organisational strategy	Clinical services	Clinical policies	Other: Please state					
		X	X							
<b>What is the status of this policy / function / practice or provision?</b>	New	Revised	Monitoring	End	<b>Who will be affected?</b>	Staff	Carers	Patients / service users	Communities	Other
	X		X			X	X	X	X	

**Brief description of the aims of the service, policy, strategy, function that this EHIA relates to.**

The Proposal: East Sussex Clinical Commissioning Group (ESCCG) in collaboration with Sussex Partnership NHS Trust (SPFT) is proposing to relocate the acute adult mental health services provided at the Department of Psychiatry (DoP) (currently on the site of the Eastbourne District General Hospital) to a new site either in Hailsham or Bexhill.

The Purpose of this EHIA is, prior to public consultation, to identify population groups that may be disproportionately negatively or positively affected by the proposed re-location and to make appropriate recommendations to mitigate any potential inequity in access to services and to reduce the inequalities in outcomes. It also provides an opportunity to proactively assess the proposals in terms of tackling known health inequalities and promoting equality, diversity and inclusion. This informs the options and the pre-consultation business case, as well as subsequent consultation.

Background: The need for this change has arisen for a number of reasons:

- The DoP operates dormitory accommodation which is outdated and impacts on patient privacy and dignity.
- Current facilities are no longer considered fit for purpose, are not conducive to delivery care effectively and are not sufficiently flexible for the variety of therapeutic interventions that should be offered and available.

The potential re-provision of the DoP on to a new site forms the first step in a longer-term vision. The vision is for new state-of-the-art facilities in East Sussex to cover all inpatient services which could be provided on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future.

Delivering a re-provided DoP as the first outcome would provide the backdrop for future expansions, the necessary momentum to carry through the longer-term outcomes and enable the impact of the Community Transformation Programme and other initiatives to be understood fully. In order to achieve the longer vision, given the availability and deliverability of sites, there is a strong possibility that the campus would be provided in an area other than Eastbourne. This change would require a public consultation and the Trust will continue to engage and involve stakeholders as the proposals develop. The new building must be welcoming and accessible to all and will consider the specific and intersectional needs of patients in relation to gender, age, race, disability, gender reassignment, sexual orientation, religion, marital status and pregnancy. We will also consider the needs of other health inclusion groups. The building must support the delivery of the highest quality of care and take into account the recommendations of the Mental Health Act Review.

The work on the EHIA will continue as part of an iterative process through consultation and to inform final proposals for decision-making. This will also inform the consultation process helping targeted engagement with particular groups identified.

**Outline the links to national and local policy and strategy.**

The proposals are aligned to NHS priorities, both locally and nationally. These include those set out in NHS Long Term Plan and the associated Mental Health Implementation Plan, as well as SPFT's Clinical Strategy, Organisational Plan and Estates Strategy and East Sussex CCG's own strategic and operational priorities. The proposals fall within the Sussex Mental Health Collaborative Programme which is the vehicle for delivering the Long-Term Plan for mental health in Sussex, in partnership with the three places (East Sussex, West Sussex, and Brighton and Hove) and takes a system-wide joint CCG and provider partnership approach to transformation.

The Mental Health Collaborative Programme has been informed by the national strategy for mental health mandated requirements (articulated in the Five Year Forward View for mental health), as well as the local strategic priorities and outcomes derived from legacy CCG, Local Authority and Provider documents including the relevant Joint Strategic Needs Assessments (JSNAs). This includes a requirement to increase access to treatment, commence treatment earlier, eliminate out of area placements, provide all-age mental health hospital liaison teams and reduce suicide rates and premature mortality.

The Sussex Mental Health Collaborative Programme has adopted a whole system approach to bringing about transformation to ensure the right access to the right services in a way that delivers improved outcomes for local people. The re-provision of acute adult inpatient services (as one of the 11 Workstreams delivering the transformation) is an integral part and a *key enabler* of the Sussex Mental Health Collaborative Programme. While treating people close to home and in local communities as much as possible and delivering care in the least restrictive setting, it is also recognised that there will always be a need to treat the most acute cases in inpatient settings.

- ▼ The re-provision of the DoP will provide patients with the highest quality care in safe, modern, secure and highly therapeutic environments.
- ▼ The new *Community Mental Health Services Model* and improved therapeutic inpatient environment work together.  
Improved therapy → shorter stays + Improved Community Services closer to home → fewer readmissions.

The Mental Health Act Review which completed in December 2018 made a number of recommendations. The proposals support delivery of these recommendations as follows:

- choice and autonomy – ensuring service users' views and choices are respected – *The proposed change will ensure that there will be sufficient/more spaces to enable conversations*
- least restriction – ensuring the Act's powers are used in the least restrictive way – *The design of the wards will support discreet observation and minimise risk and technology to enable the least restrictive practice albeit in an inpatient setting. Patients will be able to access to outdoor therapeutic care direct from the ward without being accompanied as all bedrooms will be on the ground floor.*

	<ul style="list-style-type: none"> <li>- therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act – <i>there will be more and better therapeutic spaces to directly support this recommendation. Therapeutic services (including culturally competent therapies) will be developed as part of the Mental Health Collaboration Programme. There will be more and easier access to outdoor therapeutic space. The DoP currently has limited garden space and this is further challenged by general separation leading to inequitable access across the genders.</i></li> <li>- the person as an individual – ensuring patients are view treated as individuals. <i>This will be addressed by adhering to policy and best practice but the move to single en suite rooms will improve privacy and dignity and a sense of individuality and independence for patients.</i></li> </ul>
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<p><b>What patient and public involvement has already taken place in relation to this proposal?</b></p>	<p>All communications and involvement activity outlined in this document is underpinned by a Communications and Public Involvement Strategy which has been scrutinised and approved by the Programme Board. It sets out the practice and principles we will adhere to throughout the duration of the Programme.</p> <p>This is backed up by a detailed communications and involvement plan, stakeholder map and tracker to gauge all stakeholder sentiment throughout the length of the Programme, including those who experience health inequalities.</p> <p>To support the delivery of the strategy and plan, a Communications and Involvement Oversight Group (CIOG) has been established which reports to the RIS:ES Programme Board and meets regularly to oversee all communications and public involvement. Opinion Research Services (ORS) has also been appointed as external public involvement advisor to provide independent advice and support as proposals are co-produced and designed.</p> <p>This is further supported by an Assurance Group made up of five Experts by Experience to act as a 'critical friend' and provide scrutiny, challenge and endorsement of all communications and public involvement activity. Members of this group also have a representative on the Programme Board. As well as this Group, an Advisory Group of Service User and Staff Governors from Sussex Partnership has been set up, again to provide further external scrutiny and assurance of all involvement activity being undertaken.</p> <p><u>Early stage involvement and engagement</u></p>
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This took place between October and December 2020. During this period, service users, their families and carers, key clinicians and service leads and other stakeholders were invited to provide feedback through a range of methods, including:

- sharing their views with ORS researchers who attended meetings arranged by NHS partners and community organisations
- one-to-one interviews, recruited and undertaken by ORS research staff, and
- an open early-involvement questionnaire, accessible via the Sussex Partnership and CCG websites.

To ensure robust engagement and co-production, two workshops have been held with stakeholders including clinicians, patients, carers and staff to firstly consider possible options to deliver the change and then to assess them.

This early engagement showed that stakeholders recognise and agree that there is a need to improve inpatient services and facilities.

There was broad recognition of the challenges facing inpatient mental health provision, and agreement with the vision and priorities identified by East Sussex CCG and Sussex Partnership. Therefore, there was strong agreement across all early involvement activities with the need to make significant changes and improvement to address these issues



A full report on this early engagement is available but feedback relevant to this EHIA is set out below:

- Contact was made with representatives from the Deaf Cultural Outreach Group (DeafCOG) and they are keen to take up opportunities for future engagement during the consultation.
- We held introductory discussions with five BAME forum members on 30 November 2020 (set up by Outreach and Engagement Officer - Delivering Race Equality Programme in Mental Health Care).
- Non-English-speaking East Sussex community mental health service user interview was held in December 2020.
- Non-English-speaking East Sussex inpatient mental health service user telephone interview held in January 2020.

ORS designed an early-involvement questionnaire which included several “closed” multiple choice questions regarding different aspects of the challenges, priorities and possible approaches to redesign and improvement identified as well as the opportunity for “open text” comments.

There was a link to the questionnaire available via the Sussex Partnership website and it was promoted by direct communication to existing networks of stakeholders, and by ORS and RIS:ES programme team members who attended the engagement workshops and meetings.

In total, 40 people fully or partially completed the questionnaire. To understand the geographic spread and diversity of respondents, people were asked to provide their postcode and some demographic information. The breakdowns were as follows:

In the responses to the questionnaire, for example:

- An overwhelming majority (38 out of 40) who answered the question) agreed that changes need to be made
- 37 out of 38 agreed that the vision and priorities identified were appropriate, and
- A substantial majority (29 out of 35) agreed with the suggestion to prioritise improvements to acute inpatient mental health facilities in Eastbourne and Hastings.

#### Future consultation and engagement

We will continue to engage with individuals and groups with protected characteristics under the Equalities Act 2010, and their advocates, to understand the specific needs and concerns of members of these and other communities (e.g. low-income families) in relation to inpatient mental health services.

Some of these groups are described as “seldom-heard” or marginalised, requiring specific targeted activities to be undertaken which require planning and time. While feedback has already been received in relation to some of these groups, further opportunities to engage with and involve protected characteristics and other groups and individuals will continue in 2021.

The findings from these will be added to subsequent reports and shared with the RIS:ES Programme Team.

Without providing specific feedback, two questionnaire respondents highlighted the gypsy and traveller community, and people who are homeless or rough sleeping, as groups who might be impacted by changes and improvements to inpatient mental health services.

Deprivation was also mentioned, with concerns expressed about the impact of moving services on those with low incomes.

ORS conducted an interview with a BAME service user who, as someone whose first language is not English, often relies on translation services. They reported challenges in understanding and accessing community services in East Sussex, as well as difficulties in communicating their feelings and needs which were “lost in translation”. More work needs to be done to encourage people from the BAME communities to participate in the programme.

A carer/family member responding to the early-involvement questionnaire suggested that the needs of younger adults (those under the age of 25 years) who are admitted to adult inpatient wards need to be considered, stating that, “an immature 18-year-old” might find an adult ward very difficult.

The specific needs of inpatient service users with children - and in particular nursing mothers and those with very young children - were raised several times. This included a suggestion that additional perinatal beds be made available as part of future plans.

An informal discussion with a representative of an organisation working with d/Deaf people highlighted the importance of ensuring the needs of service users with sensory disabilities are understood and addressed when planning services and designing inpatient mental health buildings and facilities.

Further work will be undertaken as part of the ongoing engagement programme to ensure that the views and concerns of people with disabilities are given due consideration.

#### COVID-19

The Coronavirus pandemic and subsequent lockdown and social distancing measures placed restrictions on the methods by which Sussex Partnership, East Sussex CCG and ORS could engage with and involve stakeholders. Activities that are normally undertaken face-to-face (e.g., group discussions, individual interviews) took place online or via telephone.

This worked well, helped by the support of public and voluntary sector organisations who promoted the involvement programme to relevant stakeholders via existing channels and invited ORS researchers to join regular meetings which had already moved online.

Additional measures included ensuring that a telephone number, email address and postal address were included in communications so that people who might not be comfortable using video conferencing software were also able to engage, and paper copies of the early-involvement questionnaire were available on request.

These measures will be repeated and built on as plans for the next stage of engagement and consultation are prepared, including specifically seeking input from stakeholder organisations and advocates about accessibility and how best to ensure that those they represent will be able to take part, if lockdown measures and social distancing restrictions continue throughout 2021.



Update on previous EHIA (where one exists) and outcomes of previous actions or if this is new, then record N/A.

What actions did you plan last time? (List them from the previous EHIA)	How has this action progressed?	What <u>further</u> actions do you need to take? (add these to the Action plan below)
N/A		

### 3. Health inequalities

	YES	NO	DON'T KNOW	Provide evidence to support your assessment
<p><b><i>Will this initiative help to reduce health inequalities for any specific groups and communities?</i></b></p> <p><b><i>e.g. access to services, improved health outcomes</i></b></p>	X			<p>This initiative is an opportunity to build fit for purpose, flexible facilities and to address any identified inequalities within the current services and replace outdated facilities provided at the DoP in Eastbourne. We would expect service users from all the protected characteristic groups to experience improved privacy, dignity and safety as all service users will benefit from more modern, safer environments. This will be the case irrespective of which of the two shortlisted sites are taken forward.</p> <p>Travel analysis has indicated that the cost of accessing these new sites is less than to the current site for those in the lowest decile who experience the greatest levels of deprivation.</p> <p>There is, therefore, through the design and location, an opportunity to reduce health inequalities through these proposals.</p>

#### 4. Impact assessment

Please consider each protected characteristic and consider whether the policy / function / practice or provision has the potential to impact on each protected characteristic group and / or community

	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on																														
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination foster good relations</li> </ul>																														
Race		X			<p>The Black, Asian and Minority Ethnic (BAME) population is spread fairly evenly across the main regions in East Sussex and represents 4 % (21,249) of the total population of 526,671 (2011 Census figures).</p> <p>Numbers of people from a BAME background are the highest in Eastbourne (1.8% of the total population) and Hastings (2.2% of the total population).</p> <table border="1"> <thead> <tr> <th></th> <th>East Sussex Pop</th> <th>ES pop %</th> <th>Patients</th> <th>Patient %</th> </tr> </thead> <tbody> <tr> <td>All White</td> <td>505,422</td> <td>96%</td> <td>989</td> <td>84%</td> </tr> <tr> <td>All Mixed</td> <td>7473</td> <td>1.4%</td> <td>29</td> <td>2.4%</td> </tr> <tr> <td>All Asian</td> <td>9143</td> <td>1.7%</td> <td>20</td> <td>2%</td> </tr> <tr> <td>All Black</td> <td>2912</td> <td>0.6%</td> <td>16</td> <td>1.4%</td> </tr> <tr> <td>Other Ethnic</td> <td>1721</td> <td>0.3%</td> <td>14</td> <td>1.2%</td> </tr> </tbody> </table> <p><i>East Sussex in Figures</i></p> <p>Approximately 8% of patients at the four inpatient units across East Sussex were recorded as BAME. This indicates that people from a BAME background are twice as likely to</p>		East Sussex Pop	ES pop %	Patients	Patient %	All White	505,422	96%	989	84%	All Mixed	7473	1.4%	29	2.4%	All Asian	9143	1.7%	20	2%	All Black	2912	0.6%	16	1.4%	Other Ethnic	1721	0.3%	14	1.2%	<p>Although the Programme reached out to the BAME communities during the early involvement activities engagement was low and needs to be enhanced in the future stages.</p> <p>However, in developing the options so far consideration has been given to the needs of BAME communities and the final design should include all of the following improved facilities.</p> <ul style="list-style-type: none"> <li>- Single en suite rooms improve privacy, dignity and gender separation</li> <li>- Improved space for therapy to support culturally competent therapies</li> <li>- Much improved outdoor space and an improved food offer from on-site provision of fresh cooked food, increasing choice.</li> </ul> <p>The options will be developed further over the next phases and will ensure that the</p>	<p><u>Actions</u></p> <ol style="list-style-type: none"> <li>(1) Community Transformation will look to reduce the number of admissions to inpatient services generally and will need to specifically consider the disproportionately high rates of admission into inpatient services for BAME Communities in East Sussex.</li> <li>(2) Adult Therapeutic Workstream will need to incorporate how Culturally Competent Therapies and Therapists can be drawn into the service.</li> <li>(3) Workforce transformation will need to consider how to maintain the level of BAME representation in the staff group.</li> </ol>
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				<p>as other groups in East Sussex to be admitted to an inpatient unit.</p> <p>The staff group within East Sussex mental health inpatients services and the DOP, however, is approximately 20% BAME.</p> <p>This is significantly higher than represented in the population as a whole which could be considered to be positive in relation to the experience of BAME patients.</p> <p>The BAME staff group is split 58% women and 42% men which reflects the gender split across services</p> <p>It will be important to maintain this representation within the staff group.</p> <p>Note: there is no data collected on Gypsies, Roma and Travellers.</p>	<p>final outcome is fully co-produced and co-designed. This will ensure that the needs of the BAME community are fully addressed.</p>	<p>All of the above actions will be overseen each Workstream by the MH Collaborative Programme and will be reviewed by the programme team on a bi-monthly basis.</p> <p><u>Consultation Plans</u> This programme is supported by a comprehensive communications and involvement strategy (see above) which will be aimed at providing opportunities for the population of East Sussex to be involved in the development of the programme and to give their feedback, regardless of protected characteristic. There will be a range of methods to encourage involvement and ensure that all communities, including those that are hard to reach, are able to respond if they want to.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• ensure any public facing information on the programme and any subsequent proposals are provided in appropriate formats, if needed.</li> <li>• ensure links have been made with the BAME Forum, local</li> </ul>
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							<p>faith communities or cultural groups in order to encourage involvement and gain feedback through all stages of public involvement.</p> <ul style="list-style-type: none"> <li>• ensure that “Friends, Families and Travellers” (the national charity working on behalf of all Gypsies, Travellers and Roma) receive information on all involvement activity.</li> <li>• We will work with the Staff Ethnic Minority Network to understand their needs.</li> <li>• develop a consistent mechanism of robust equalities-based involvement to ensure that all voices are heard.</li> </ul>
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	Positive	Neutral	Negative	No Impact	<b>Data to support your assessment</b>	<b>Engagement / feedback information to support your assessment</b>	<b>Actions to take forward With a focus on</b>
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Gender Reassignment	X				No data available in relation to current inpatients because it is not yet collected.	As part of the early involvement activity the Programme sought to establish links with transgender groups within East Sussex but were not successful in part	<u>Actions</u> (1) Community Transformation will look to reduce the number of admissions to inpatient services

				<p>However, the current assumption nationally indicates that about 1% of the population is transgender</p> <p>This would infer that, within the population of East Sussex, there would be approximately 5,260 transgender people.</p> <p>Using the 1% assumption this could mean that over a year around 10 patients in inpatient services as a whole would identify as transgender.</p> <p>However, Stonewall Health LGBT Health Report 2018 found that almost half of trans people (46 %) had thought about taking their own life in the last year, and that 41% of non-binary people said they harmed themselves in the last year.</p> <p>Additionally, Brighton and Hove Trans Needs Assessment indicated that transgender people are disproportionately affected by mental health issues. Namely due to</p> <ul style="list-style-type: none"> <li>- gender dysphoria</li> <li>- discrimination</li> <li>- negative reactions, and</li> <li>- treatment delays.</li> <li>-</li> </ul> <p>The Brighton and Hove trans community survey found that in the last five years:</p> <ul style="list-style-type: none"> <li>• nearly four out of five respondents had experienced depression, and</li> </ul>	<p>due to inactivity among the community group due to Covid.</p> <p>During the upcoming consultation the following groups will be contacted and invited to participate in the development of plans.</p> <p>Hastings &amp; Rother Rainbow Alliance Trans Support Group (HRRAT)</p> <p>LGBT Switchboard</p> <p>MindOut (LGBT mental health project)</p> <p>In developing the options so far, consideration has been given to the needs of people who are transgender or undergoing gender reassignment reflecting work that was undertaken within the West Sussex Redesign Proposals - and this will continue with the co-design.</p> <p>Overall this proposal is likely to have a positive impact on transgender patients, for example they will be treated appropriately in single sex wards which provide the flexibility to meet their needs, in line with their gender identity.</p>	<p>generally and will need to specifically consider any disproportionately high rates of admission into inpatients services from the Transgender Community in East Sussex.</p> <p>(2) Adult Therapeutic Workstream will need to develop therapeutic activities which address the specific needs of the transgender community.</p> <p>(3) Staff policies are in place and these will need to be reinforced and/or training put in place to support staff to better understand and treat transgender people.</p> <p>(4) We will ensure that there is specific advice and support to make sure that trans individuals are supported appropriately when admitted to any ward.</p> <p><u>The Consultation</u> We will take measures at the outset to identify any trans groups in East Sussex (or Brighton and Hove) so we can involve them in the programme development and gain feedback. This will include:</p>
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				<ul style="list-style-type: none"> <li>• one in three respondents had self-harmed.</li> </ul> <p>It would, therefore, not be unreasonable to assume that while 1% of the population may identify as transgender, a disproportionately higher percentage will require inpatient services.</p> <p>It is the aim of Sussex Partnership NHS Foundation Trust to ensure that all service users are respected, valued and cared for in a collaborative way that is sensitive to the needs of each individual.</p> <p>There is a policy “Supporting Transgender Service Users” which provides staff with information and good practice in order to achieve this aim for trans service users.</p>	<p>Additionally, the provision of single en suite rooms will greatly improve privacy, dignity and respect.</p> <p>The Programme will support the transgender people by providing</p> <ul style="list-style-type: none"> <li>- more space for therapy tailored therapies</li> <li>- much improved outdoor space</li> <li>- single en suite rooms improve privacy, dignity and gender separation, and</li> <li>- improved gym facilities to support health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>- Hastings &amp; Rother Rainbow Alliance Trans Support Group (HRRAT)</li> <li>- LGBT Switchboard</li> <li>- MindOut (LGBT mental health project)</li> </ul> <p>We need to make sure there is enough accurate diversity data from providers to ensure we understand the needs of this community and how they use services.</p>
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Sex/Gender	X				The mental health wards at Department of Psychiatry are for both adult men and women.	Of those that stated a gender, significantly more women (70%) than men participated in the early involvement. This will need to be addressed during the consultation and	<u>Actions</u> (1) Design will enable a degree of flexibility to accommodate shifts in demand patterns across the genders.

Mental health problems affect both men and women, but not in equal measure, across the spectrum of mental health issue

The split of male and female patients within East Sussex

	Male	Female
South East (gen pop)	49.1%	50.9%
East Sussex (gen pop)	48.2%	51.8%
East Sussex inpatients	53%	47%
DoP Staff	26%	74%

Within our current services including the DoP there are examples where women have been allocated less space than men. This has tended to occur when changes to the internal configuration of wards has taken place to meet compliance with standards such as single sex accommodation.

beyond to ensure that the view so men are incorporated into the co-design.

In developing the options so far consideration has been given to the needs of all genders and this will continue through the co-design.

Overall the proposed changes will be positive for all genders as everyone will be allocated their own room and bathroom improving privacy and dignity.

The proposals will provide equity of provision across the genders in respect of rooms, garden, access to appropriate therapy, privacy and dignity.

Therefore, women may see even more benefit from current services as they will be allocated space on an equal basis.

(2) Other MH Programme Workstream such as Community Transformation, IAPT and Suicide Prevention will target key gender issues minimising as far as possible the need for inpatient services.

Consultation plans

All quantitative research will be segmented according to demographics including sex.

Ensure men are proportionately represented in the co-design.

Engage with mental health organisations for women, such as Threshold Women’s Services (Brighton Housing Trust).

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Age	X				<p>East Sussex has an older age profile<sup>1</sup> compared to England, with 4.7% of females aged 85 years or over compared to 2.9% for England. It also has a lower percentage of 20 to 44 year olds (both males and females) than England.</p> <p>Indicators around life expectancy are significantly worse than nationally in Hastings and significantly better in Lewes.</p> <p>In Wealden, they are generally significantly better than England and they are either similar or significantly better in Rother.</p> <p>In 2017, East Sussex had an estimated population of 552,455. Overall population growth is forecast to be 7.58% over the period. This breaks down to an overall reduction of 3.08% in the population under 65 years old and a growth of 40% in the population over 65 in the same period to 2040. This is likely to cause significant pressures in the system in</p>	<p>Assuming 65+ as older people and 18-25 as younger adults, there was very little participation in the early engagement from either group and more will be done during consultation and design to work with these groups.</p> <p>The proposed new building will have a minor put positive impact on all age groups based on the inclusion of single en suite rooms.</p> <p>The needs of various age groups have been considered in the options development so far with a ward specified to meet the needs of older people.</p> <p>With more work needed with stakeholders to fully consider the specific needs of all ages, there could be more positive attributes identified:</p> <ul style="list-style-type: none"> <li>- younger people – flexible design may enable cohorting/separation of ages within the wards etc</li> </ul>	<p>The programme is not able, with this phase of the development, to address the forecast growth in older people’s demand for mental health services. Capacity and growth issues will need to be addressed in future phases over the next five to 10 years. Design of future phases will be flexible enough to enable the Trust to respond to changes in demography over time.</p> <p>It will be important to ensure that the need for future phases is fully understood and supported to enable any inequalities in relation to age to be reduced in the long term.</p> <p><u>Action</u></p> <p>(1) continue to build support for phase 2 to increase capacity to meet demand</p>

<sup>1</sup> Source: NHS Digital April 2017



				<p>terms of older people and dementia services.</p> <p>The bed modelling exercise confirmed this but the proposal to replace the DoP does not include opportunities for increasing capacity. Increases in capacity would need to come in further phases of the programme and take into account the impact of the MH Transformation Programme Workstreams.</p> <p>The Trust has used Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) Need to consider the demographic. These data sets take into account the gender and age prevalence for healthcare needs.</p> <p>Population growth over the forecast period between 2016-2031 is projected to be mostly among the over-60s as the population continues to age, especially those people born during the baby booms of the 1950s and 1960s.</p>	<ul style="list-style-type: none"> <li>- Older Age Adults</li> <li>- opportunities for digital enhancements – enable patients to keep in touch with friends and family and to support discreet observation and safety for patients and staff, and</li> <li>- future demographic and capacity issues</li> </ul> <p>Co-design of the outcomes will enable all these opportunities to be tested and developed.</p>	<p><u>Consultation Plan</u></p> <p>We will ensure that older people's groups and any younger age adults are reached, involved as much as possible and feedback gathered through online and traditional channels organised by external consultants.</p> <p>All quantitative research will be segmented according to demographics including age</p>
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Patient group	Gender	2025	2030	2035	2040
People aged 18-64 predicted to have a mental health problem <sup>4</sup>	Male	0.53%	-0.13%	-1.19%	-1.53%
	Female	0.19%	-0.51%	-1.85%	-2.30%
People aged 65 and over predicted to have depression or severe depression, by age and gender, projected to 2040 <sup>5</sup>	Male	11.20%	25.80%	36.69%	45.79%
	Female	9.20%	19.84%	31.16%	38.21%
People aged 65 and over predicted to have dementia, by age and gender, projected to 2040 and people aged 30-64 predicted to have early onset dementia, by gender, projected to 2040 <sup>6</sup>	Male	14.37%	31.85%	48.92%	64.44%
	Female	9.67%	22.37%	37.94%	52.17%

The number and proportion of people living with dementia will increase more than elsewhere in the South East region.

Currently, Heathfield Ward in the DoP is available for Older People but this is an integrated ward which means that it is not solely used for older people. Beds in these wards are allocated against an agreed set of criteria which means that younger people can and do occupy bed in this ward.

The needs of younger people (18-25) may not be being fully met in the current services. Feedback from a carer in the early involvement felt that the needs of younger adults (those under the age of 25 years) who are admitted to adult inpatient wards need to be specifically considered, stating that, *“an immature 18-year-old”* might find an adult ward very difficult.

	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Religion/Belief		x			<p>Approximately 60% of the population of East Sussex are Christian, with 2.5% stating other religions/beliefs including, Buddhist, Muslim, Hindu, Sikh, Jewish.</p> <p>Both the patient and staff groups show a significant difference from this, with only 30% and 38% of them stating they were Christian, respectively.</p> <p>There are also much higher proportions of other religions among patients (9.7%) and staff (23%). However, c50% of respondents prefer not to state a religion/belief.</p> <p>Within the current service there is one faith room and service use and staff benefit from multi-faith chaplaincy services.</p>	<p>The programme did not collect data on the religion during the early involvement activities.</p> <p>In developing the options so far, consideration has been given to the needs of all religions and belief, eg looking at a providing multi-faith rooms and dietary needs. This will continue through the co-design</p> <p>The impact will be positive for this group as there is likely to be one multi-faith room for every two wards. This means there would be two multi-faith rooms in the reprovided building compared with one currently.</p> <p>Access to multi-faith chaplaincy services and religious material will continue to be available.</p>	<p>Actions</p> <ol style="list-style-type: none"> <li>1. We will identify and contact faith groups in East Sussex throughout public engagement and involvement.</li> <li>2. We will work with the staff Spirituality Network to make sure we meet the needs of patients and staff from differing religious and faith backgrounds.</li> </ol>

	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Disability	X				<p>No specific data is held on users of wards in East Sussex in relation to patients with disabilities. This is being addressed through discussions with the informatic teams at both the CCG and Trust to gather this data in the future.</p> <p>However, Scope estimates that there are c 14million in the UK living with a disability. 19% of working age adult and 44% of older age adults are disabled.</p> <p>4% of the DoP staff have identified as disabled with a further 11% choosing not to specify.</p> <p>When rated for disability access, the current site's 2019 PLACE rating is only 81.65% accessible when compared to the national average of 84.25%, and the even higher rating for comparative MH Trusts at 93.32% accessible. Relocating to a newly-built site that meets modern accessibility requirements will increase equality of access for users, staff and visitors.</p>	<p>The proposal will be positive for disabled patients and staff.</p> <p>The design will improve equity of esteem for this group by:</p> <ul style="list-style-type: none"> <li>• meeting all accessibility requirements</li> <li>• Including a sensory room</li> <li>• having improved lighting and acoustics</li> <li>• including signage will be dementia friendly</li> <li>• there will be fully accessible bathrooms to complement the provision of en suite facilities which will all have assisted shower rooms</li> <li>• ADL kitchens to aid return to home</li> <li>• private ground level garden will be available to each ward</li> <li>• space for appropriate therapies to all equally available to all, and</li> <li>• there will disabled parking in line with planning rules.</li> </ul>	<p><u>The Consultation Plan</u></p> <p>We will ensure that groups and communities working with people with disabilities are involved in the programme development, using a range of formats and methods.</p> <p>Any modernisation of facilities will ensure that required standards for access and care for those with physical or sensory disabilities, learning disabilities and those on the autistic spectrum are met.</p> <p>We will continually involve patients to make sure that our wards meet multiple mental health and care needs, including disability.</p> <p>We will work with the Staff Disability Network.</p> <p>There is a need to ensure that we have sufficient and accurate diversity data to monitor how people with</p>

				<p>In terms of actual facilities, the DoP currently has 40 beds in shared dormitories and shared bathrooms for 54 beds.</p> <p>In the new facilities everyone will have access to an assisted private shower room. Additionally, there will be 6 fully accessible bedrooms meaning that wheelchair users will be able to use the space and bathroom independently.</p> <p>Overall the building will offer greater independence to anyone living with a disability.</p> <p>The building will be fully compliant and accessible.</p> <p>The building will be more accessible for staff with disabilities.</p>	<p>As part of the Programme, ongoing analysis of transport needs will continue to be undertaken and measures agreed to mitigate any adverse outcomes.</p> <p>Any feedback in relation to this impact will be considered throughout the development and co-design process and appropriate actions agreed.</p>	<p>disabilities use services and what their particular needs are.</p> <p>A Data Gap exists and should be addressed.</p> <p>These are being addressed through discussions with the informatic teams at both the CCG and Trust to gather this data in the future.</p>
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	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Sexual Orientation	x				<p>92% of the population or East Sussex identity as heterosexual, with 3.2% identifying as LBGT. The remaining have not declared a sexual orientation.</p> <p>2% of the patient population using East Sussex wards identify as being gay/lesbian or bisexual. 45% do not specify a sexual orientation.</p> <p>Higher rates of mental health problems in LGB communities: <a href="https://www.stonewall.org.uk/lgbt-britain-health">https://www.stonewall.org.uk/lgbt-britain-health</a></p>	<p>There was low participation from this group with only 1.2% of coming from the LGBTQ+ community.</p> <p>However, the impact on this group is likely to be positive for patients as the single en suite rooms will provide the privacy they need which may be more difficult for some in dormitory type settings.</p>	<p>Any feedback in relation to this impact will be considered throughout the development and co-design process and appropriate actions agreed.</p> <p>To ensure the outcomes are co-designed we will work with:</p> <ul style="list-style-type: none"> <li>- LGBTQ+ community groups such as MindOut to help identify and engage with potential services user in this group.</li> <li>- The staff LGBTQ+ Network to understand the needs of staff.</li> </ul>

	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Marriage and Civil partnership	X				17% of patients in East Sussex wards report as being married or in a civil partnership. 7% are divorced or separated, 44% are single, 4% are	This group will be positive impacted from the inclusion of single en suite rooms providing enhance privacy and dignity.	Throughout the programme development process, we expect to receive feedback from those with a range of partnership status. We will

				<p>widowed and 3% have unknown marriage or partnership status.</p> <p>Of the staff in the DoP that stated, 42% are married or in a civil partnership, 37% are single and 14% are divorced or separated.</p>	<p>There is a neutral impact from the proposed changes for staff group in this protected characteristic.</p>	<p>highlight any specific issues if they emerge and respond to these issues accordingly.</p>
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	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					<p>This can be census data, research, complaints, surveys, reports etc</p>	<p>This could be focus groups, face-to-face meetings, surveys, speak out events, etc.</p>	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Pregnancy and Maternity	X				<p>This data is not available for either patients or staff.</p> <p>We have had no involvement with this specific group to date. But any feedback in relation to this impact will be considered throughout the development and co-design process and appropriate actions agreed.</p> <p>There have yet to be conversations about the needs specific to pregnancy and maternity for the staff group and these should be examined.</p> <p>We will consider the needs of pregnant and women who are breast feeding as</p>	<p>This group will be positively impacted for patients from:</p> <ul style="list-style-type: none"> <li>- inclusion of single en suite rooms providing enhanced privacy and dignity, and</li> <li>- there will also be a dedicated family rooms on each ward compared with only one family in the DoP, and</li> <li>- this will enable wider family visits to support the patient and keep positive relationships with partners and children of any age.</li> </ul>	<p>Throughout the programme development process, we expect to receive feedback from a range of people. We will highlight any specific issues specific to pregnancy and maternity if they emerge and respond to these issues accordingly.</p> <p>There are no plans for specific mother and baby wards at present but we may consider the needs of pregnant patients in any future phases.</p>

					stress, anxiety and depression can be much higher among pregnant women – as well as those experiencing peri and post menopause. There is also a possibility of relapse as, for example, people stop taking medication.	There will be particular focus on enhancing privacy and dignity for women who are breastfeeding  The needs of staff will be considered in more detail in the next phase.	The needs of staff in this group need to be considered and addressed in the design process.  We will also target support groups for breast feeding mothers and those going through the menopause, eg those run by Sussex Community NHS Foundation Trust.
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	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Other disadvantaged or inclusion groups	X				<p>The needs of the following disadvantaged group will principally be met through a number of the MH Collaboration Programme which will provide for each group the following improvements.</p> <p><b>Carers</b> –carers and families of people with mental health problems will have easier access to services, earlier intervention, care closer to home and more effective urgent care pathways for the people they support. There is an enabling workstream for service users and carers engagement that will ensure</p>	<p>We have no specific data in relation to carers, where they live and how they travel. Covid restrictions has meant that patients have been unable to receive visitors for the past year.</p> <p>As part of the West Sussex Redesign Programme, we surveyed carers and other visitors to our wards and it was shown that more than 80 per cent people travel to visit patients by car.</p> <p>Taking this as a proxy and assuming that the majority of carers may live within</p>	<p><u>Actions</u></p> <ol style="list-style-type: none"> <li>1. We will undertake an initial survey to enable us to better understand the profile of carers including how they travel.</li> <li>2. We have engaged with carers and carers groups in early involvement and will continue to do so throughout the duration of the Programme so we can seek their views, through one-to-one interviews, liaison with representative groups and</li> </ol>



				<p>that all workstreams are co-produced with service users and carers.</p> <p>These proposals will not directly impact other disadvantaged groups such as, rough sleepers, veterans, low income and those with alcohol/drug problems. These will be addressed through the wider MH Collaborative Programme as described above.</p> <p>Should they require an inpatient stay any protected characteristics will be met as above.</p> <p>However, these groups may have particular needs and more work needs to be done to identify needs and ensure that the service is inclusive of needs of these disadvantaged groups.</p>	<p>the same locality as their loved one. The impact will be similar to that of the patient group itself.</p> <p>See section below on deprivation and socio-economic disadvantage.</p> <p>This concluded that the Bexhill site would be more beneficial to those patients living in the most deprived areas.</p> <p>Carers did participate well in the early engagement. The following consideration has been given to the needs of carers.</p> <ul style="list-style-type: none"> <li>- The single rooms will allow greater privacy for visitors.</li> <li>- Family rooms (1 per ward compared with 1 in the DoP) will be available and designed to ensure visitor safety.</li> <li>- There will be more dedicated and accessible garden space.</li> <li>- Digital technology will be incorporated to enable carers to keep in touch.</li> </ul>	<p>facilitation of focus groups and workshops.</p> <p>3. Identify groups to work with the programme to understand and address the needs of disadvantaged groups</p>
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	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Deprivation and socio-economic disadvantage		X			<p>Across East Sussex, there are some affluent areas and some of the most deprived areas in the country.</p> <p>The Indices of Deprivation 2019 show how deprived some local areas are, in comparison to other parts of England. They are calculated by combining data on employment, low incomes, education, health, crime, living environment, and barriers to housing and services.</p> <p>Using the latest data, Hastings is ranked as the 13th most</p>	<p>The impact of the location on those living in deprivation and/or social economic disadvantage is mixed so on balance is considered to be neutral at this point.</p> <p>Bexhill has the greatest potential for reducing health inequalities but would increase cost for those in the higher Deciles.</p> <p>The impact of staff is difficult to fully assess. Traveling by car to Hailsham would be cheaper for all but, as with patients, a move to Bexhill would have a greater positive impact on those in the lower deciles.</p> <p>More work is required in relation to public transport costs for staff.</p> <p>Analysis has been undertaken to establish the impact of the change on each decile of the Index of Multiple Deprivation (IMD). Decile 1 being the lowest 10% and Decile 10 being the highest for patients and staff. The results are summarised below.</p> <p><u>Private Car</u> The cost of travel to the DoP has been compared with the cost of travel to Bexhill and to Hailsham for both patients and staff.</p>	<p><u>Actions</u></p> <ol style="list-style-type: none"> <li>(1) We will involve as many people as possible in developing any proposals, as part of the overall communications and involvement strategy.</li> <li>(2) We will listen to people's feedback and we will consider the impact of any proposals as they are developed alongside all stakeholders.</li> <li>(3) Involvement activity will seek feedback on this issue and identify any mitigating actions.</li> <li>(4) We will look specifically at how we listen to those from deprived areas, e.g.</li> </ol>

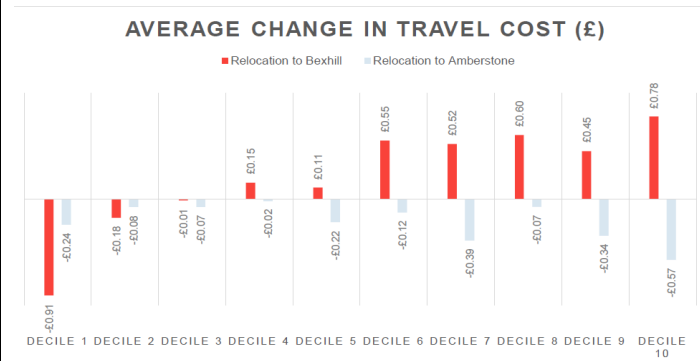
deprived local council area out of 317 areas in England. According to these figures, Hastings is the most deprived local council area in the South East of England by far.

Looking at the other council areas in East Sussex, Eastbourne is ranked 106, Rother is 135, Lewes is 194, and Wealden is ranked 254 out of 317 local council areas in England.

Those from deprived areas or those already at a socio-economic disadvantage may be negatively affected by any proposed changes. This may include patients, carers/relatives and staff.

The potential location is the main differentiating factor

The result are as follows for Patients:

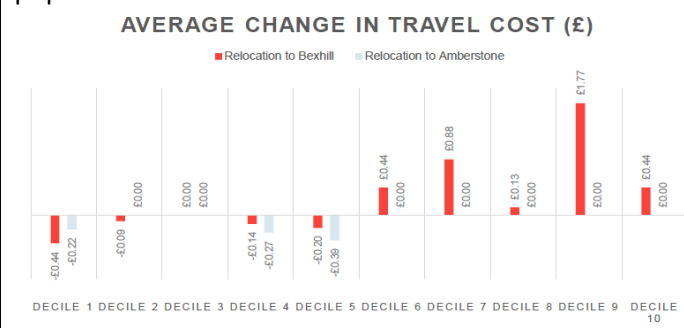


Bexhill

The journey cost to Bexhill are reduced by c40% for those in the lowest Decile. Conversely, they are increased by c50% for those in the top decile.

Hailsham

For all Deciles a move to Hailsham would indicate a reduction in cost for all with the greatest reduction accruing to the least deprived population.



- presence in local shops etc.
- (5) For instance, we will pay particular attention to the travel needs of patients, families and carers from deprived areas in any new proposals.
- (6) All patients and carers from deprived areas will be given information and support to tackle the known difficulties around managing finances that can affect some of our service users.
- (7) We will encourage people to apply for travel reimbursement through the DWP. This information will made as accessible as possible to make applying for reimbursement easier.
- (8) Staff travel impact needs more work and a travel reference group will be established fully

between the two location options.

While the protected characteristics of patients are impacted equally by either proposed locations (Hailsham or Bexhill), potential health inequalities may not be.

This is because both sites would be able to deliver all of the improved physical requirements. The one area where this may not be equivalent is in outdoor space and parking as the site in Hailsham is more constrained than Bexhill.

This equates approximately as follows and would indicate that Bexhill positively impacts on those in the lowest IMD whereas this is the opposite for Hailsham.

Patients	Bexhill		Hailsham	
	Decile 1	Decile 10	Decile 1	Decile 10
Original Cost	£2.28	£2.30	£2.18	£2.38
New Cost	£1.37	£3.06	£1.94	£1.81
	-£0.91	£0.76	-£0.24	-£0.57

A move to Bexhill would therefore potentially improve health inequalities for patients when compared with Hailsham.

For Staff

The impact on staff is neutral or cost positive for all staff living in the 5 lowest Decile areas for both sites. Again, Bexhill provides the greatest saving for those in the lowest decile. There is an impact on staff in some of the higher deciles particularly for a move to Bexhill and this would need to be considered and addressed.

Staff	Bexhill		Hailsham	
	Decile 1	Decile 10	Decile 1	Decile 10
Original Cost	£1.33	£0.88	£1.29	£0.88
New Cost	£0.89	£1.32	£1.07	£0.88
	-£0.44	£0.44	-£0.22	£0.00

The small sample size means the numbers are sensitive to outliers.

Public Transport Analysis

The public transport analysis provides a different viewpoint and reflects the rural nature of East Sussex and the relative difficulty and expense in

consider the impact and agree any mitigating actions.

travelling across the county. It should be noted, that all public and community bus routes use accessible vehicles across all routes.

For Patient

The journey cost to Bexhill are reduced by c12% for those in the lowest Decile. Conversely, they are increased by 6% for those in the top decile.

Patients	Bexhill		Hailsham	
	Decile 1	Decile 10	Decile 1	Decile 10
Original Cost	£12.25	£28.17	£11.71	£25.33
New Cost	£10.78	£29.86	£9.25	£24.57
	-£1.47	£1.69	-£2.46	-£0.76

For all Deciles, a move to Hailsham would indicate a reduction in cost but for public transport the greatest reduction would accrue to the most deprived population.

A move to Bexhill could potentially improve health inequalities in this respect.

For Staff

Public transport journeys will increase for staff with the exception Decile 1 moves to Hailsham which is essentially cost neutral for all staff.

Staff	Bexhill		Hailsham	
	Decile 1	Decile 10	Decile 1	Decile 10
Original Cost	£58.42	£67.50	£62.50	£68.75
New Cost	£77.70	£106.65	£62.00	£70.40
Per month change	£19.28	£39.15	-£0.50	£1.65
Per day (22w/pm) change	£0.88	£1.78	-£0.02	£0.08

						A move to Bexhill could negatively impact staff across the piece. More work is required to fully understand the public transport costs for staff as the small sample size may be skewing the result.	
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	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Actions to take forward With a focus on
					This can be census data, research, complaints, surveys, reports etc	This could be focus groups, face-to-face meetings, surveys, speak out events, etc.	<ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination</li> <li>• foster good relations</li> </ul>
Community Cohesion		x			<p>It will be important to ensure that the proposals are embedded within the community.</p> <p>There is no recent data on level of Community Cohesion in East Sussex.</p>	<p>The impact on Community Cohesion is not known at this point in the development of options.</p> <p>It will be important to connect with local residents and community groups to build a sense of ownership and co-production of the outcome.</p> <p>Either options Hailsham or Bexhill require planning consent which will include a public consultation on the use, scale, look, feel and operation of the building. The Public will be able to give their views and any concerns should be addressed. This should help to build confidence in the facilities and how it</p>	<p><u>Actions</u></p> <p>1. The programme will work with local voluntary action group such as Rother &amp; Bexhill Voluntary Action Group, 3VA (covering Eastbourne, Lewes and Wealden), East Sussex County Council and the local and parish councils to build a better understanding of community cohesion in the relevant areas and agree any action to support and/or enhance community cohesion through the programme.</p>

					<p>will fit and enhance existing communities.</p> <p>The facility will bring high quality, secure employment to the area where it is placed which should impact positively on levels of deprivation and health inequality.</p> <p>On an individual level, the Community Transformation Programme aims to see more people treated closer to home, in their communities with community connectors working with patients to make sure that they are engaged with their communities, support networks, friend, family and carers.</p> <p>The proposals will support the introduction of appropriate therapies and therapists, tailored to meet the specific needs of patients, by providing suitable space. This will mean that lengths of stay should be shorter and readmission reduced as patients will be discharged back their communities earlier and with the right level of support to enable them to stay there and improving community cohesion.</p>	
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5. Cumulative Impact

What factors could increase the impact of this proposed change for some groups of people?	Which groups of people or communities are affected?	Are there any additional actions to include in this EIA?

6. Equalities or health inequalities data gaps

	YES	NO	DON'T KNOW	Provide evidence to support your assessment and include this as an Action below.
<i>As a result of undertaking this EHIA, are there any gaps in equalities or health inequalities data or information?</i>	X			<p>There is no data available for gender reassignment and on some BAME categories, including Gypsies, Roma and Travellers.</p> <p>Data on disability or carer status is also not collected.</p> <p>Data on age, religion and sexual orientation is collected as routine.</p> <p>Data on gender reassignment is not collected.</p>



Overall summary of impact. Please tick an overall equality impact grade for this initiative.



***Please explain your decision:***

Overall the impact of the proposal will be positive. All the protected characteristic will benefit from improved facilities, in particular the introduction of single en suite rooms which will improve dignity and privacy for all.

Those patients with religious beliefs will benefit from dedicated and improved spiritual spaces.

Those with disabilities will benefit from compliant space with sensory rooms, appropriate lighting, better acoustics, accessible bathrooms and ADL kitchen spaces.

Additional therapy space (both indoor and outdoor) will support the requirements under the MH Act Review for all inpatient stays to be therapeutic and provides an opportunity for culturally competent therapies and therapists dedicated to key groups to be developed and delivered.

Fresh cook food will enable the wellbeing of all and enable a culturally diverse offer to patients and staff.

The Bexhill site offers an opportunity to improve health inequalities as the cost of travel is much reduced for those in the lowest decile. While the Hailsham site would be cheaper for all patients than the current provision, the greatest benefit would accrue to those in the highest decile.

In summary, there are many positive attributes to the proposal with no negative impacts identified for any of the protected characteristics and, with the Bexhill site, the potential to reduce health inequalities for those living in the areas of East Sussex with the lowest Index of Multiple Deprivation.

## Summary of Actions

Record all your EHIA assessment potential concerns (impact) and actions below:

Add in another action on ensuring support to patients as part of the involvement, easy read, interpreters,

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
<p><b>1. Community Transformation will look to reduce the number of admissions to inpatient services generally. (BAME)</b></p>	<p>We will need to specifically consider the disproportionately high rates of admission into inpatient services for BAME Communities in East Sussex.</p>	<p>Adult Therapeutic Workstream will need to incorporate how Culturally Competent Therapies and Therapists can be drawn into the service. Workforce transformation will need to consider how to maintain the level of BAME representation in the staff group.</p>	<p>Outline any proposed engagement to achieve these actions</p> <p>We will ensure links have been made with the BAME Forum, local faith communities or cultural groups in order to encourage involvement and gain feedback through all stages of public involvement. We will work with the Staff Ethnic Minority Network to understand their needs. We will develop a consistent mechanism of robust equalities-based involvement to ensure that all voices are heard.</p>	<p>Programme team</p>	<p>ongoing</p>

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<p><b>2. Community Transformation will look to reduce the number of admissions to inpatient services generally (transgender)</b></p>	<p>We will need to specifically consider any disproportionately high rates of admission into inpatients services from the Transgender Community in East Sussex.</p>	<p>The Programme will support the transgender people by providing:</p> <ul style="list-style-type: none"> <li>more space for therapy tailored therapies</li> <li>much improved outdoor space</li> <li>single ensuite rooms improve privacy, dignity and gender separation, and improved gym facilities to support health and wellbeing.</li> </ul> <p>Adult Therapeutic Workstream will need to develop therapeutic activities which address the specific needs of the transgender community.</p> <p>Staff policies are in place and these will need to be reinforced and/or training put in place to support staff to better understand and treat transgender people.</p> <p>We will ensure that there is specific advice and support to make sure that trans individuals are supported appropriately when admitted to any ward.</p>	<p>Outline any proposed engagement to achieve these actions</p> <p>We will take measures at the outset to identify any trans groups in East Sussex (or Brighton and Hove) so we can involve them in the programme development and gain feedback. This will include:</p> <ul style="list-style-type: none"> <li>Hastings &amp; Rother Rainbow Alliance Trans Support Group (HRRAT)</li> <li>LGBT Switchboard</li> <li>MindOut (LGBT mental health project)</li> </ul> <p>We need to make sure there is enough accurate diversity data from providers to ensure we understand the needs of this community and how they use services.</p>	<p>Programme team</p>	<p>ongoing</p>

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<p><b>3. Build a better understanding of community cohesion in the relevant areas and agree any action to support and/or enhance community cohesion through the programme.</b></p>	<p>The impact on Community Cohesion is not known at this point in the development of options. It will be important to connect with local residents and community groups to build a sense of ownership and co-production of the outcome.</p>	<p>The programme will work with local voluntary action group such as Rother &amp; Bexhill Voluntary Action Group, 3VA (covering Eastbourne, Lewes and Wealden), East Sussex County Council and the local and parish councils</p>	<p>It will be important to connect with local residents and community groups to build a sense of ownership and co-production of the outcome.</p> <p>Either options Hailsham or Bexhill require planning consent which will include a public consultation on the use, scale, look, feel and operation of the building. The Public will be able to give their views and any concerns should be addressed. This should help to build confidence in the facilities and how it will fit and enhance existing communities.</p>	<p>Programme team</p>	<p>ongoing</p>

<p><b>4 The programme is not able, with this phase of the development, to address the forecast growth in older people's demand for mental health services.</b></p>	<p>Capacity and growth issues will need to be addressed in future phases over the next five to 10 years. Design of future phases will be flexible enough to enable the Trust to respond to changes in demography over time.</p> <p>It will be important to ensure that the need for future phases is fully understood and supported to enable any inequalities in relation to age to be reduced in the long term.</p>	<p>It will be important to ensure that the need for future phases is fully understood and supported to enable any inequalities in relation to age to be reduced in the long term.</p> <p>We will continue to build support for phase 2 to increase capacity to meet demand.</p>	<p>We will ensure that older people's groups and any younger age adults are reached, involved as much as possible and feedback gathered through online and traditional channels organised by external consultants.</p> <p>All quantitative research will be segmented according to demographics including age</p>	<p>Programme Director</p>	<p>2022/23</p>
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Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
<p><b>5 Mental health problems affect both men and women, but not in equal measure, across the spectrum of mental health issue.</b></p>	<p>Within our current services including the DoP there are examples where women have been allocated less space than men. This has tended to occur when changes to the internal configuration of wards has taken place to meet compliance with standards such as single sex accommodation.</p>	<p>Design will enable a degree of flexibility to accommodate shifts in demand patterns across the genders.</p> <p>Other MH Programme Workstream such as Community Transformation, IAPT and Suicide Prevention will target key gender issues minimising as far as possible the need for inpatient services.</p>	<p>All quantitative research will be segmented according to demographics including sex.</p> <p>Engage with mental health organisations for women, such as Threshold Women’s Services (Brighton Housing Trust).</p>	<p>Programme team</p>	<p>ongoing</p>

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
<b>6. No specific data is held on users of wards in East Sussex in relation to patients with disabilities.</b>	When rated for disability access, the current site's 2019 PLACE rating is only 81.65% accessible when compared to the national average of 84.25%, and the even higher rating for comparative MH Trusts at 93.32% accessible.	These actions could prevent, reduce or control the negative impact on specific groups or the wider initiative.  This is being addressed through discussions with the informatic teams at both the CCG and Trust to gather this data in the future.	Outline any proposed engagement to achieve these actions  We will ensure that groups and communities working with people with disabilities are involved in the programme development, using a range of formats and methods.	Programme team	Q4 2021
<b>7. We have no specific data in relation to carers, where they live and how they travel.</b>	The impact on carers is likely to be positive as car journeys will be cheaper than currently to either site except for those in the higher deciles.	We will undertake an initial survey to enable us to better understand the profile of carers including how they travel.	We have engaged with carers and carers groups in early involvement and will continue to do so throughout the duration of the Programme so we can seek their views, through one-to-one interviews, liaison with representative groups and facilitation of focus groups and workshops.	Programme team	Q4 2021

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
<p><b>8. Those from deprived areas or those already at a socio-economic disadvantage may be negatively affected by any proposed changes.</b></p>	<p>This may include patients, carers/relatives and staff.</p>	<p>These actions could prevent, reduce or control the negative impact on specific groups or the wider initiative.</p> <p>Analysis has been undertaken to establish the impact of the change on each decile of the Index of Multiple Deprivation (IMD). Decile 1 being the lowest 10% and Decile 10 being the highest for patients and staff. The results are summarised below.</p> <p>All patients and carers from deprived areas will be given information and support to tackle the known difficulties around managing finances that can affect some of our service users.</p> <p>We will encourage people to apply for travel reimbursement through the DWP. This information will be made as accessible as possible to make applying for reimbursement easier.</p> <p>Staff travel impact needs more work and a travel reference group will be established to fully consider the impact and agree any mitigating actions.</p>	<p>Outline any proposed engagement to achieve these actions</p> <p>We will involve as many people as possible in developing any proposals, as part of the overall communications and involvement strategy.</p> <p>We will listen to people's feedback and we will consider the impact of any proposals as they are developed alongside all stakeholders.</p> <p>Involvement activity will seek feedback on this issue and identify any mitigating actions.</p> <p>We will look specifically at how we listen to those from deprived areas, e.g. presence in local shops etc.</p>	<p>Programme team</p>	<p>Q4 2021</p>



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<p><b>9. There was low participation from LGBTQ+ groups in the early involvement activity with only 1.2% of coming from the LGBTQ+ community.</b></p>	<p>This group are likely to suffer high rates of mental health problems as they rest of the population</p>	<p>Single ensuite rooms will provide the privacy they need which may be more difficult for some in dormitory type settings</p>	<p>Any feedback in relation to this impact will be considered throughout the development and co-design process and appropriate actions agreed.</p> <p>To ensure the outcomes are co-designed we will work with:</p> <p>LGBTQ+ community groups such as MindOut to help identify and engage with potential services user in this group.</p> <p>The staff LGBTQ+ Network to understand the needs of staff.</p>	<p>Programme team</p>	<p>ongoing</p>

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
<p><b>10. Date on pregnancy and maternity is not available for either patients or staff.</b></p>	<p>We have had no involvement with this specific group to date. But any feedback in relation to this impact will be considered throughout the development and co-design process and appropriate actions agreed.</p> <p>There have yet to be conversations about the needs specific to pregnancy and maternity for the staff group and these should be examined.</p>	<p>This group will be positively impacted for patients from:</p> <p>inclusion of single en suite rooms providing enhanced privacy and dignity, and there will also be a dedicated family rooms on each ward compared with only one family in the DoP, and this will enable wider family visits to support the patient and keep positive relationships with partners and children of any age.</p> <p>There are no plans for specific mother and baby wards at present but we may consider the needs of pregnant patients in any future phases.</p>	<p>Throughout the programme development process, we expect to receive feedback from a range of people. We will highlight any specific issues specific to pregnancy and maternity if they emerge and respond to these issues accordingly.</p>	<p>Programme team</p>	<p>ongoing</p>

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EHIA reviewed by:	Nicky Cambridge, Head of EDI Sussex CCGs		27.05.21
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EHIA published on the ES CCG and SPFT websites		Date	
Person to review EHIA post implementation		Date	