

## PART 1: Equality relevance checklist

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

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

<b>Name of the policy or service development: Re-organisation of SLaM-MHOA Specialist Continuing Care provision on the basis of reduced demand</b>								
<b>Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?</b>								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
Y	Y	N	N	Y	Y	N	N	N
<b>If yes to any, please complete Part 2: Equality Impact Assessment</b>								
<b>If not relevant to any please state why:</b>								

**Date completed: 6<sup>TH</sup> January 2015**  
**Name of person completing: Helen Kelsall**  
**CAG: MHOA&D**  
**Service / Department:**

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

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead

## PART 2: Equality Impact Assessment

**1. Name of policy or service development being assessed?** Re-organisation of SLaM-MHOA&D Specialist Care provision in Lewisham on the basis of reduced demand.

**2. Inglemere Specialist care Unit**

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

Lead: David Norman, Service Director, Mental Health of Older Adults & Dementia

Others involved: Daniel Harwood, Helen Kelsall.

- Clinical staff working in the Inglemere Specialist Care unit
- Colleagues in Lewisham Commissioning and Continuing Care Panels
- Service users and their representatives including relatives and advocates where appropriate

**4. Describe the policy or service development**

**What is its main aim?** SLAM and Lewisham CCG are seeking to redesign the current Specialist Care services so that they can meet the current need for the small number of older people with mental health needs who require specialist care because their continuing care needs are so complex that no other providers locally have the capacity to provide this level of care.

This will also entail SLaM to fully implement the NHS Continuing Care Framework 2009 and assess current residents in SLaM units Inglemere Specialist Care Unit and support the discharge of those service users who no longer meet the criteria for these beds because their needs have changed.

The impact of this change will be that NHS Lambeth will not need to commission the current level of continuing care provision that it is and SLaM will therefore wish to re-organise current services accordingly. The net impact of this will be a reduction of continuing care beds provided by SLaM and this will result in savings in staffing and resources being re-invested by Lewisham CCG through its QIPP programme.

**What are its objectives and intended outcomes?**

### **1.4 Service Objectives**

**What are the main changes being made?**

- **Reduction in specialist care beds and a no longer any provision of specialist care beds in Lewisham. Beds will be available out of borough.**
- **What is the timetable for its development and implementation? 6 months aiming for closure June 2015.**

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

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

- The Lewisham Joint needs assessment has identified that Lewisham has a population of approximately 285 thousand of this population only 8.8. % of patients' is over 65 in comparison with the national figures of 15.9%.
- In Lewisham they consider more women over 65 receive service and higher number of white men in Inglemere specialist care unit we have a higher number of men receiving services but they meet the demographic of white.
- Evidence suggests that SLAM currently provides a greater number of continuing care beds per head of the local population(s) as compared with the national average and including other London boroughs (see main assessment). This is mainly as a result of history with SLAM Continuing Care provision mainly being established as long ago as the 1990s as a result of the closure of Tooting Bec and Cane Hill Hospitals and the need to establish facilities to support a large number of institutionalised older people being discharged from that hospital. Since then the clinical and commissioning processes for access to a continuing care placement have changed radically, most recently through the introduction of the NHS Continuing Framework in 2009, which requires all residents in continuing care facilities to be reviewed using national assessment criteria in order to assess for eligibility under the framework.
- This process has effectively removed the home for life entitlement for residents in these units. Coupled to this, the application of the criteria in the current care pathways from acute mental health services to continuing care placement has resulted in less referral to SLAM provision with higher numbers of patients being correctly referred to care homes in Lambeth and beyond. There is no evidence therefore that demand for SLAM beds will increase.
- We have used data relating to local population, service use and service evaluations from both the Trust and other MH units. This data covers a number of the equality protected grounds, however there are gaps in terms of current data collection (for example in relation to disability) and these are addressed in the action plan which accompanies this EIA.

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

*(Please let us know who you have spoken to and what developments or action has come out of this)*  
*Staff consultation – staff working within the SLAM units have been made conversant with the NHS Continuing Care Framework and the changes that this will have on future provision. This has involved discussions with individual staff in regular supervision and in groups in wider fora such as team briefings and management team meetings.*

- User consultation – when the Decision Support Tool and Health Need Assessment processes take place, those service users who have capacity and their relatives have the process explained to them and are expected to participate and contribute in the reviews.

- Carers consultation – As above. The SLAM units have carers groups and any changes to the way these units operate are discussed in these meetings.

-We also intend to carry out a public consultation and Staff consultation as part of this process.

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

*(Please select yes or no for each relevant protected characteristic below)*

Age	Positive impact: Yes	Negative impact:
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**Please summarise potential impacts:** The service provides specialist support for people aged 65 and over. A breakdown of the current age range of service users in the SLaM MHOA facilities is given below:

Ages of patients' at Inglemere SCU	GENDER
68	Male
71	male
74	male
78	female
79	male
82	male
86	female
97	male
100	female

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

We are aware that most service users accessing our services have long term mental health conditions and therefore meet the definition of disability. In addition this group presents a high risk of vulnerability and therefore effective Safeguarding arrangements are paramount. We believe that the number of service users with additional identified disabilities is higher than recorded as the disability will be detailed in the case notes narrative.

In relation to mobility, all the services whether managed directly by SLAM MHOA or commissioned by the NHS and Local Authority are required to be registered by the CQC and must therefore meet current requirements in respect of disabled access and facilities, in particular bathroom and WC facilities. Therefore it is the norm for these services to be able to provide necessary adjustments to enable facilities to be accessible for service users.

The majority of service users impacted by this change will suffer from a primary diagnosis of dementia, which is a progressive condition that affects the memory functions in the brain leading to confusion, disorientation, loss of personality and sometimes aggressive and dis-inhibited behaviour.

**Diagnosis**

All patients' at Inglemere have a diagnosis of dementia one has a secondary diagnosis of depression.

All patients' and their carers' have access to independent mental capacity advocates.

<b>Gender re-assignment</b>	<b>Positive impact:</b>	<b>Negative impact:</b> NO
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**Please summarise potential impacts:** We have no patients' who have undergone gender reassignment and we have no data from Lewisham borough.

<b>Race</b>	<b>Positive impact:</b>	<b>Negative impact:</b>
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**Please summarise potential impacts:**

Our ethnicity mix is aligned to the Lewisham needs assessment of higher percentage of patients' being white .

Ethnicity Break down of patients' at Inglemere

Asian Other -0

Black African-0

Black Caribbean - 1

Other Ethnic Groups-0

Pakistani/British Pakistani-0

White British - 6

White Irish-0

White Other - 1

<b>Pregnancy &amp; Maternity</b>	<b>Positive impact:</b>	<b>Negative impact:</b>
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**Please summarise potential impacts:** Not applicable

<b>Religion and Belief</b>	<b>Positive impact:</b>	<b>Negative impact:</b>
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**Please summarise potential impacts:**

All services outlined above will focus on developing care plans for individual service users and these will record religious preference and where a service user or their family expects to be supported in religious observance, this will be accommodated in the care plan with an expectation that care staff will support this. We would not expect any patient move to have a negative impact for a patient wishing to meet their spiritual needs.

<b>Sex</b>	<b>Positive impact:</b>	<b>Negative impact:</b>
<b>Please summarise potential impacts:</b>		
<p>We have higher proportion of men to women. This is not in line with the joint needs assessment that t women represent a higher percentage of receiving services in Lewisham. No group would be disadvantaged by closure as alternative options for care can be offered to both men and women the distance to Lewisham would be dependent on the individuals different mental health needs. As ongoing nhs specialist care services are out of borough</p>		
<b>Sexual Orientation</b>	<b>Positive impact:</b>	<b>Negative impact:</b>
<b>Please summarise potential impacts: We record sexual orientation at patient agreement. No patient at Inglemere has identified as Gay lesbian or transgender.</b>		
No impact		
<b>Marriage &amp; Civil Partnership</b> <i>(Only if considering employment issues)</i>	<b>Positive impact: Yes or No</b>	<b>Negative impact: Yes or No</b>
<b>Please summarise potential impacts: N/a</b>		
<b>Other (e.g. Carers)</b>	<b>Positive impact: Yes</b>	<b>Negative impact: No</b>
<b>Please summarise potential impacts:</b>		
<p>Impact for carers is they may be required to travel greater distances to visit their relatives. This will be mitigated by involvement in choosing suitable alternative care homes.</p>		

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

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

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

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

*All patients' will be followed up by slam services for review of placement and suitability via care home support team.*

**Date completed: January 2015**

**Name of person completing:**

**CAG: MHOA-D**

**Service / Department: Inglemere speciliast care unit**

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### PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Carers needing to travel greater distances to see their relatives/ next of /kin /significant other	<p><i>Identify clear transport options for individuals who may be affected.</i></p> <p><i>Full carers assessments for all relevant parties</i></p> <p><i>Ensure all benefits and allowances are offered to meet this need.</i></p>	Helen Kelsall	ongoing	

**Date completed: January 2015**

**Name of person completing:**

**CAG:**

**Service / Department:**

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