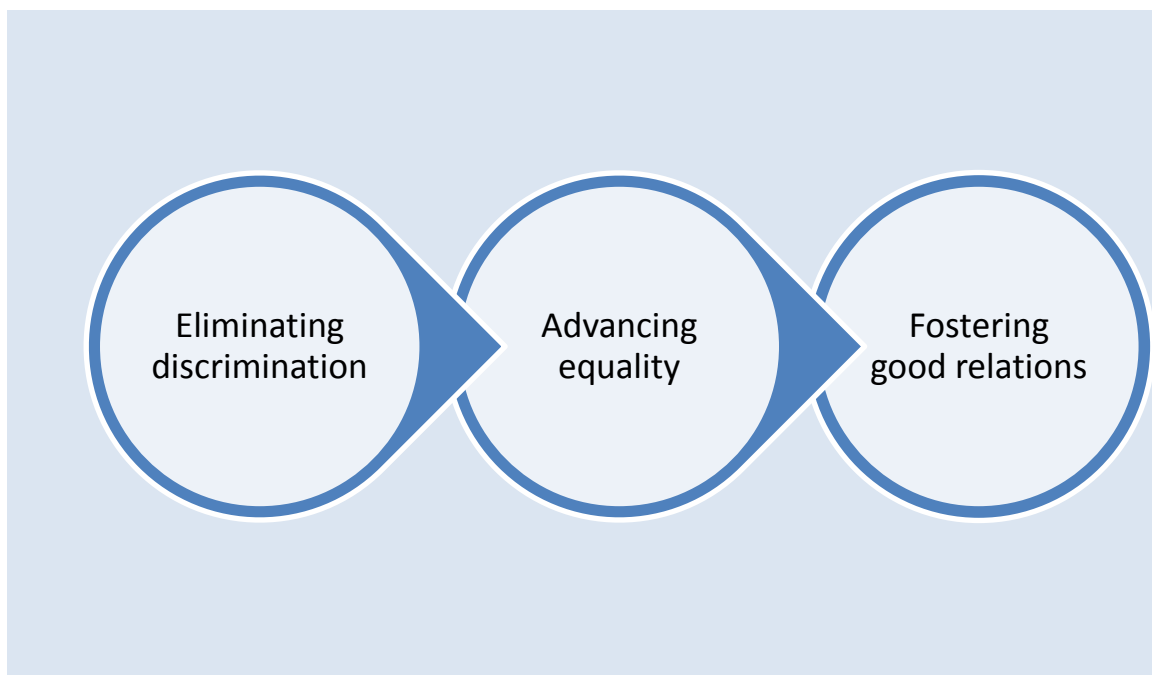


EQUALITY ANALYSIS

(Equality Impact Assessment)





A quick checklist

Equality Analysis is one of the ways the CCG demonstrates 'due regard' to the Public Sector Equality Duty. However, before an equality analysis is carried out, managers are asked to check few things:

- Does the policy or service have a relevance to equality? As a general rule of thumb, all public and staff facing policies have relevance to equality. If you are not sure and need advice please speak to NEL CSU Equality and Diversity Team.
- Do you have sufficient data/evidence (e.g. JSNA, service) available to complete the equality analysis? If not, then you may need to commission a quick data/evidence gathering project.
- Have you engaged the relevant people? This will depend on the scope of the policy/service. All large scale transformational change projects require engagement of external stakeholders who represent protected groups.
- Does the equality analysis action plan deliver any of the CCG's equality objectives?
- Have we considered the Accessible Information Standard in action planning?
- Have you shared your equality analysis with NEL CSU for contribution/input?

Name of policy/function

Redevelopment of St Pancras Hospital

Is this a new or existing policy/function?

[Please check appropriate box]

New X

Existing

Please give a brief description of policy/function

Re provision of mental health in-patient beds to a new build, and relocation of community services to new locations in Camden and Islington establishing Community Hubs.

Scope of the Equality Analysis

Patients requiring a range of mental health services in Islington including community services, acute in-patient provision and rehabilitation in-patient provision:

- How the services will impact on protected and vulnerable groups in the community
- How the CCG and our providers must ensure equality and fairness in terms of access to these services- and appropriate provision for all patients based on their clinical, personal, cultural and religious needs.
- How we will work together with our providers and patients and carers to ensure high quality of the services that all patients can experience

This EIA will be completed in two stages e.g. this is the initial stage and the final stage will be based on consultation outcomes

Consultation, engagement and contribution/outcomes

[Please list who you have consulted with on this EA and what contribution they have made, if any. If the policy/function is customer facing then please mention which protected group from the potential beneficiary groups has been involved]

Camden and Islington NHS Foundation Trust Mental health service users for both inpatient and community mental health services as part of pre-engagement work for the development of the plans.

Service user pre-engagement to date, is listed below:

20 March: Islington and Camden Healthwatch

24 March: cBug, iBug, Nubian Users' Forum, Women's Strategy Group

31 March: Service User Alliance

13 April: Service Users' Conference at St Pancras

25 April: cBug

28 April: Islington Carers' Hub

19 May: Camden Carers' Hub

27 June: iBug

18 July: Nubian Users' Forum

3 August: St Pancras Community Association

12 September: Islington Healthwatch

16 September: Voluntary Action Camden

22 September: Service User Alliance

25 September: Camden Healthwatch

28 September: Briefing SMS Service Users at Margarete Centre

29 September: Service User Conference

17 October: Camden and Islington HealthWatch's

2 November: Frontline Service Users

6 November: Meeting of CPPEG to road-test public consultation document and survey

15 November: iCope Islington

7 December: Margie Butler, CEO at Camden Citizen's Advice Bureau

14 December: Julie Parish, Operational Lead, Octopus Communities

15 December: Saul Gallick, Operational Lead and Sam Hopely, Chief Executive, Holy Cross Centre Trust

9 January 2018: Carers' Partnership Meeting

10 January 2018: Somers Town Neighbourhood Forum

24 January 2018: Healthwatch inpatient survey

26 January 2018: Healthwatch inpatient survey

30 January 2018: Healthwatch inpatient survey
2 February 2018: Extraordinary Service Users' Forum
6 February 2018: Islington Carers' Meeting
16 February 2018: Camden Carers' Meeting

Additionally, there will be a full consultation later in the year with service users and the public. In addition to specific targeted work with specific groups of service users.

Impact assessment and actions

Protected Group	Relevance YES/NO	Evidence of impact <i>(note: consider the groups that have greater and/or specific needs)</i>	Nature of potential impact (positive/negative /unknown)	Recommendations/ mitigating actions <i>(Note: consider how equity can be achieved)</i>
Age	Yes	<p>The current and future services remain accessible for people from 18+.</p> <p>In Islington a small number of people are seen for appointment at Camden Mews these appointments could be held at the new Community Hub in Islington on Lowther Road which would reduce journey times and have a small positive impact on older people.</p>	Positive	
Disability	Yes	<p>Current buildings that services operate from are on the whole old Victorian buildings on the St Pancras site or smaller buildings where disabled access was not considered in the original design. New buildings would comply with modern standards for disabled access and other disabilities such as sensory needs. This would have a positive impact on the needs of disabled people.</p> <p>Some disabled people may have to travel further to reach the new location this would have a negative impact but could be mitigated against with clear route planning to the new</p>	<p>Positive</p> <p>Negative</p>	<p>Trust policy on disabilities</p> <p>Improved disability access at the newly built facilities for both community and inpatient</p> <p>Route planning to new site</p>

		<p>sites and availability of home visits where required.</p> <p>Some disabled people will have to travel less distance to reach the new location and this would have a positive impact.</p> <p>The specialist learning disability beds (4) will be part of the redevelopment.</p>	<p>Positive</p> <p>Positive</p>	
Race/ethnicity	Yes	<p>The new services will not differ from existing service provision in terms of the treatment offered. However people from BAME groups are generally over-represented in in-patient facilities so the intention to provide more services in community settings may help alleviate this over-representation</p>	Positive	
Sex/gender	Yes	<p>There are two specialist female only wards available at the St Pancras site these are Rosewood a 14 bed acute ward and Ruby an 11 bed psychiatric intensive care unit. Currently Rosewood has limited access to outdoor space this would be increased in the new facility as all wards would have outdoor areas or terrace. This would have a positive impact on the experience of female patients. The configuration of the new wards will ensure that the facilities or</p>	Positive	<p>Ensure same number of beds in women-only wards – in the new inpatient building at Highgate site</p>

		<p>number of beds is not diminished for women.</p> <p>All other wards are currently mixed so the access to outdoor space will have a positive impact.</p> <p>Increasing the provision of services in the community would have a positive impact on both men and women as their needs can be met in a less restrictive setting.</p>		
Gender reassignment	Yes	<p>The current and future services remain accessible for people who are or have undergone gender reassignment. Most wards are mixed wards and all have private rooms so that they are accessible by anyone at any stage in gender reassignment. The women's only wards would similarly be accessible by someone reassigning to female gender.</p>	Positive	
Sexual orientation	Yes	<p>Current and future services remain accessible for people from all sexual orientations. The Trust has good links with voluntary LGBTQ community groups and these will be built on and maintained to ensure it continues to meet the needs of these service users.</p>	Neutral	
Religion/belief		<p>The Trust currently employs chaplains, an Imam and an Anglican</p>	Neutral	

		<p>Chaplain, all on an 0.4 WTE basis, to meet patient needs at St Pancras and Highgate. The Trust also has arrangements to request the services of a Rabbi and a Catholic priest. These arrangements will continue in the new inpatient space.</p> <p>'The Well' at St Pancras provides a space for all faiths. The new in-patient facilities will have space for private prayer and reflection.</p>		
Maternity/pregnancy	Yes	<p>There are two specialist female only wards available at the St Pancras site these are Rosewood a 14 bed acute ward and Ruby an 11 bed psychiatric intensive care unit. These wards sometimes accommodate women who are pregnant, new configuration of the services will need to ensure that facilities for pregnant women do not deteriorate.</p> <p>There are no mother and baby units on the site as these are provided at a sub-regional level and will therefore be unaffected.</p> <p>The Trust provides Specialist Community Perinatal Services however patients are seen on other sites such as Acute hospital maternity</p>	<p>Neutral</p> <p>Neutral</p> <p>Positive</p>	

		facilities and as such these patients will be unaffected. There may be possibilities to see women in Community Hubs in the future which could provide care closer to home and positively impact women in the perinatal period.		
Civil partnership /marriage	Yes	Current and future services remain accessible for individuals' spouses and partners to visit. There will be more comfortable visiting areas for spouses and partners in the new in-patient facilities. This will have a positive impact.	Positive	
Human Rights	Yes	All eligible patients/users will have equal access to the service- and staff will be trained about the needs of users e.g. cultural and religious needs, dignity and respect.	Positive	Ongoing training and awareness raising activities
Socio-economic group		Other disadvantaged groups e.g., homeless people, unemployed will be targeted during consultation to ensure that they are not adversely impacted		
Social inclusion				

Community cohesion				
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Final outcomes:

[Please check appropriate box]

- A. Continue with the policy/proposal as it is
- B. Continue with the policy with adjustment or further analysis
- C. Stop/remove the policy/proposal
- D. Carry out a further analysis of new data

Signature of the SRO/Director:

Date:

Date of Next Review:

[Statutory requirement at least 3 years unless there is any change in existing policy/function]

Further information:

Please read the CSU guidance on 'how to complete an equality analysis' and the Q&As document when completing an equality analysis.

Please forward a copy of this EA report to the Equality and Diversity Team at the CSU at emdad.haque@nhs.net