

Sussex and East Surrey Commissioners



**EXTENDED
Equality and Health Inequalities Impact Assessment (EHIA)
MH inpatient bed consultation 2019**

An EHIA is a tool to explore the potential for a policy, strategy, service, project or procedure to have an impact on a particular group, groups or community. This includes the impact on one or more of these groups:

- Protected characteristic groups (as outlined in the Equality Act 2010)
- Disadvantaged or marginalised groups or communities
- Deprivation and socio-economic disadvantage within local communities
- Local health inequalities for groups and communities

Please complete this Equality and Health Inequalities Impact Assessment when the proposed change has a potential negative impact on staff, patients, public or local communities.

Please note:

To comply with our agreed Equality Policy and Procedure and meet our requirements under legislation, all new policies and new and proposed services or strategies must be impact assessed before being introduced. Within this document, you will need to provide evidence to demonstrate:

- Consideration of the impact of your initiative for each protected characteristic and other disadvantaged groups and communities
- Assessment of the impact you have identified and a clear action plan to mitigate the issues and concerns which arise from this.

For further support or advice please contact:

- **Elaine Colomberg – Equality and Diversity Manager**
elaine.colomberg@nhs.net
- **Jane Lodge - Head of Engagement**
jane.lodge1@nhs.net
- **Nicky Cambridge – Stakeholder Engagement Lead**
nicky.cambridge@nhs.net

1. Introduction and overview

Title of EHIA	West Sussex Inpatient Reconfiguration of Mental Health Services				ID No.					
Team / Department	Communications & Engagement Team West Sussex – Mental Health Team				Assessor Completing the EHIA			Harpreet Kaur – Head of Commissioning Jane Lodge – Head of Engagement		
Date EHIA Started	Draft EHIA prepared April 2019 Full EIA started 15 th June 2019				Date EHIA Completed			28 th December 2020		
What is the focus of this EHIA?	Workforce Policies	Organisational strategy	Clinical services	Clinical policies	Other: Please state					
What is the status of this policy / function / practice or provision?	New X	Revised	Monitoring	End	Who will be affected?	Staff X	Carers X	Patients / service users X	Communities X	Other
Brief description of the aims of the service, policy, strategy, function that this EHIA relates to.	<p>The programme of work is to redesign the mental health services for adults of working age and older people in West Sussex. The proposal involves potentially relocating adult and older adult inpatient care currently provided at the Harold Kidd Unit in Chichester and Iris Ward at Horsham Hospital.</p> <p>The pre consultation business case outlines the rationale for change and the preferred option: https://www.sussexpartnership.nhs.uk/west-sussex-consultation</p> <ol style="list-style-type: none"> 1. Close the inpatient service currently provided at the Harold Kidd Unit in Chichester and Iris Ward at Horsham Hospital 2. Relocate the current inpatient bed provision on both sites to Langley Green Hospital in Crawley and Salvington Lodge at Swandean in Worthing 3. Establish single gender wards to meet national standards across at Langley Green Hospital, Meadowfield Hospital and Salvington Lodge. <p>Only existing staff, service users, members and carers would be relocated and their corresponding records and data would be transferred with their move in location as per details above.</p>									

<p>Outline the links to national and local policy and strategy.</p>	<p>The CQC has put a requirement on the Trust to eliminate mixed sex accommodation in order to meet the national standards. These are set out in the 2007/08 NHS Operating Framework for England (DoH 2006) and good practice guidance under Privacy & Dignity which states that CCG's should "ensure local implementation of the commitment to reduce mixed-sex accommodation.</p>
<p>What patient and public engagement has already taken place in relation to this proposal?</p>	<p>Since March 2018, the CCGs and SPFT in particular have carried out communications and engagement activity with a range of stakeholders including GPs, charities and other third sector organisations, West Sussex Health and Adult Social Care Scrutiny Committee, Healthwatch and other partners. There has been a particular focus on talking to service users, carers their families and/or representatives who have been involved in reviewing the options considered.</p> <p>Groups contacted include Crawley Mental Health Forum, Sussex Partnership Service User Working Together Groups (during July 2018 and March 2019) and Chichester Carers' Support Group. Sussex Partnership has also engaged with service user representatives through the Capital Project Trust and MIND.</p> <p>SPFT spoke to Carer Support branches in Crawley, Worthing and Littlehampton, Age UK and Worthing Churches and has received emails from several service users and carers requesting further information about the plans.</p> <p>There has been a significant and ongoing programme of staff engagement events during 2018. A video featuring the clinical director detailing the proposals has been viewed more than 350 times (one of the most popular on the Sussex Partnership YouTube channel).</p> <p>A series of more than 12 service user, carer and staff events were held between January and March 2019, as well as more informal engagement with as many of these stakeholders as possible. More than 70 service users, carers and their families attended Sussex Partnership's 'Working Together' groups during this period.</p> <p>We have also had contact with representative organisations such as the Dementia Alliance, West Sussex Carer Support and local carer committees. These meetings generated debate around:</p> <ul style="list-style-type: none"> • The pros and cons of moving from mixed to single sex wards • Transport issues and suggested solutions • Why we need to close down units, and • Wider general issues facing services users and carers, such as community services. <p>Feedback has been collated, and has contributed to the development of options and the consultation.</p> <p>An independently-led review panel was set up and chaired by an independent GP and made up of West Sussex GPs, other health professionals, service users and Healthwatch in December 2018 to review the proposals and the decision-making processes to date.</p> <p>The first Independent Panel was held on 18th December 2018 and the second on 8th January 2019 where and the options were scored and an outcome reached. Recommendations were made, such as ensuring a community model being up and running prior to the implementation of the inpatient redesign and the trust to feedback on how to improve the impact on, and involvement of, carers.</p>

	<p>An Independent Transport Analysis was undertaken by West Sussex County Council in 2018 and feedback and recommendations from a Transport Review Group. The Review Group's membership included service users, carers, Trust Governors and Healthwatch.</p> <p>They suggested:</p> <p>Mileage allowance or payments for people who use their own cars, or pay people's public transport costs. The group recognised that this may be difficult to implement but suggested it could be targeted at those most seriously affected, for example the families of those who are inpatients at the time we move services to other wards.</p> <p>Minibus transport: A minibus which followed a specific route once or twice a day would be very helpful to carers and family members. Dial-a-Ride or community transport. The group recognised there is a huge demand for these services, but suggested looking at providing a volunteer transport scheme.</p> <p>Provide overnight stays for carers and families in certain circumstances: the group suggested that this could be for a limited time, for example during the first three or four days after a patient has been admitted.</p> <p>A full public consultation will run from early July 2019 until early October 2019, which will include details of the above.</p> <p>This EHIA is a post consultation update, indicating where the consultation identified feedback from inclusion groups and the proposed action as a result as in the Decision Making Business Case (DMBC), and where further action is needed when the DMBC is signed off.</p>
--	--

2. 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 EIA)	How has this action progressed?	What <u>further</u> actions do you need to take? (add these to the Action plan below)
The draft EHIA was taken into account when preparing this full EHIA.		

3. Health inequalities

	YES	NO	DON'T KNOW	Provide evidence to support your assessment
<p><i>Will this initiative help to reduce health inequalities for any specific groups and communities?</i></p> <p><i>e.g. access to services, improved health outcomes</i></p>	X			<p>The proposals are aimed at improving the quality of inpatient facilities in mental health wards and creating a dementia centre of excellence. In doing so it is expected that the service will improve health outcomes for people receiving care and treatment through mental health in patient services.</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 This can be census data, research, complaints, surveys, reports etc.	Engagement / feedback information to support your assessment This could be focus groups, face-to-face meetings, surveys, speak out events etc.	Actions to take forward with a focus on <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination • foster good relations
Race		X			<p>Across West Sussex, there are differences in the numbers of Black, Asian and Minority Ethnic (BAME) population; in Crawley, 28% of the population are from a BAME background, whereas in Horsham and mid Sussex, numbers are substantially lower (under 10%). Across the Coastal West Sussex areas, the overall proportion of BAME residents is small, but there are pockets of communities across the area.</p> <p>Over the period Jan 2017- Dec 2018, 2.5% of patients in the Harold Kidd Unit (HKU) and Iris Ward were reported as BAME.</p> <p>Note that there is no data collected on Gypsies, Roma and Travellers.</p>	The redesign is subject to a full 12-week consultation, therefore the population of West Sussex will be have opportunities to engage and to give their feedback regardless of protected characteristic. There will be a range of methods to engage, ensuring that all communities are able to respond, should they wish to.	<p>During consultation:</p> <ul style="list-style-type: none"> • Ensure any public facing information on the proposals is offered and provided in appropriate formats if required • Ensure links have been made with local faith communities or cultural groups in order to obtain feedback during the consultation period. • Ensure that Friends, Families and Travellers receive information on the consultation <p>Post consultation:</p> <ul style="list-style-type: none"> • Develop a consistent mechanism of robust equalities based engagement to ensure continued feedback is sought and obtained appropriately

Sex	X				<p>Iris ward is an all female ward. Grove ward (HKU) is an all male ward. Orchard ward patients comprise 61% female and 39% male Jan 2017-Dec 2018.</p> <p>Current services do not meet the national standards of single sex wards. This redesign will address this by reconfiguring inpatient facilities to create single sex wards across west Sussex.</p> <p>According to the statistics more women may gain benefit from this redesign as they constitute the highest number of patients in respect of gender.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any feedback in relation to the single sex wards will be collated during the public consultation.</p> <p>Consultation Feedback: It was strongly felt by some that to move to single sex wards would be detrimental to the wellbeing of adult and older people inpatients, and that it would not prepare for, and reflect the reality of, care after discharge.</p> <p>It was felt single sex wards may make it difficult for those who are non-binary or intersex to access mental health inpatient services.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> • Ensure that a range of opportunities are offered for people to provide feedback during the consultation, targeting gender specific groups where appropriate. • Ensure that inpatients of the HKU and Iris ward are provided with opportunities to feed back. <p>DMBC proposal: It is proposed that all wards for adults of working age and older people with mental health problems – other than dementia - as mixed sex wards. To comply with national guidance, it is proposed to create enhanced segregated zones within existing mixed sex wards, with both segregated and communal lounges. There will be flexibility to accommodate the needs of people who are non-binary or intersex. All wards for those with dementia will remain single sex in order to address the particular clinical needs of these patients.</p> <p>Post consultation:</p> <ul style="list-style-type: none"> • SPFT will ensure that patients and carers are involved in any implementation and post implementation to assess the impact of single sex accommodation.
-----	---	--	--	--	--	--	--

Gender reassignment		X			<p>No data available in relation to current inpatients.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p> <p>Overall this proposal is likely to have a positive impact on transgender patients, who will continue to be treated appropriately in single sex wards in line with their gender identity. However, given the lack of evidence, the impact has been marked as neutral.</p> <p>Consultation Feedback People, including some staff, felt that plans to make wards single sex may make it difficult for transgender patients to access MH inpatient services. Some felt that single sex wards reinforced gender stereotypes.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Take measures to identify any Trans groups in the West Sussex area and target to obtain feedback <p>DMBC Proposals: It is proposed to maintain mixed sex wards for working age adults and older people. There will be flexibility to accommodate the needs of Trans people so they can maintain dignity, privacy and safety.</p> <p>Post consultation:</p> <ul style="list-style-type: none"> There needs to be recognition of the geographical clustering of this community, but also that there are Trans individuals living across the Sussex geography, and appropriate measures need to be supported to recognise and respond to this, especially when admissions are made to single sex wards. SPFT will ensure there is access to specific advice and information to ensure that Trans individuals are supported appropriately when admitted. There is a need to ensure sufficient, accurate diversity data from providers to ensure understanding of use of services and the need of this community. Staff will be expected to have undergone appropriate Trans awareness training Continue to engage transgender patients to feedback on their experience of single sex wards.
---------------------	--	---	--	--	---	--	---

Age		X			<p>The 50 plus population continues to rise and forms 61% of the overall patients accessing mental health services across West Sussex. There is also a large growth projected in the proportion of the population made up of people aged 75 and over. Key areas of decline over the next five years include the age ranges 20-29, 45-54, and 70-74.</p> <p>Over the period Jan 2017- Dec 2018, 39% of patients in HKU and Iris ward were aged 50 and below, 47% aged 51- 80 and 14% aged 81+</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>In the pre-engagement phase, we heard from groups and individuals that there are concerns centred on transport, particularly older people who may have to travel further to access dementia care, and also the provision of community services.</p> <p>Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> • Through the consultation include any actions agreed in the transport review and emphasise the mitigating proposals for older people, particularly affecting those likely to access the dementia centre of excellence. • Ensure that older people’s groups are reached and feedback obtained • Whilst the numbers of those under 60 using these facilities are low, there is the need to ensure that the need of this younger cohort are met appropriately. Ensure that the consultation includes liaison with this younger cohort. <p>Post consultation:</p> <ul style="list-style-type: none"> • Further work will be carried out post consultation to ensure we are obtaining feedback from both older people and the younger cohort, and acting on any points raised. • Also, feedback will be sought from those aged 60+ as they comprise the larger cohort of service users. inpatient population?
-----	--	---	--	--	--	---	---

Religion and belief				X	Data is held on 941 patients of the relevant wards/unit, of which almost 50% (415) identify their religion as being Christian. 272 patients have not specified any religion and for 140 their religion is unknown.	There is an unlikely impact on people of a specific religion or belief. Any feedback on impact will be considered in developing final proposals.	<p>During consultation:</p> <ul style="list-style-type: none"> • Ensure any public facing information on the proposals is offered and provided in appropriate formats • Ensure links have been made with Faith communities in West Sussex <p>Post consultation:</p> <ul style="list-style-type: none"> • Consider the religious needs of patients in any post consultation redesign work.
---------------------	--	--	--	---	--	--	--

Disability	X		X		<p>No specific data is held on users of the wards/units currently however each patient with a disability will be assessed and their specific needs identified prior to admission.</p> <p>There is a proven link between physical and mental wellbeing.</p> <p>There will be a significant number of these inpatients with mental health issues and dementia who have co existing physical health issues.</p> <p>Some of these patients may also have other disabilities, which will need to be assessed.</p> <p>This data is not currently available.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>There is likely to be an impact on patients and their families with disabilities who may need to travel further to access inpatient services.</p> <p>Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p> <p>Consultation Feedback It was felt by approximately 80% of those who contributed that people with mental health issues should be cared for in their own homes where possible. People supported community services with a focus on prevention and early help to reduce the demand for inpatient services.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> • Ensure that groups and communities working with disabled people are contacted and provided with the opportunity to engage, including using a range of formats/methods <p>DMBC Proposal The final recommendations detail how SPFT intend to improve and strengthen community services. Additional government funding has also been used to introduce new measures to support community services.</p> <p>Post consultation:</p> <ul style="list-style-type: none"> • Any modernisation of facilities will ensure that required standards for access and care for those with physical and sensory disabilities are met • We will continue to engage with patients following the redesign for feedback on how the estate meets their multiple mental health and care needs including disability. • There is a need to ensure sufficient, accurate diversity data from providers to ensure understanding of use of services and the need of this community.
------------	---	--	---	--	---	---	--

Sexual orientation				X	<p>Only 1% of the patient population using these facilities currently identifies themselves as being gay/lesbian, bisexual. 38% do not specify sexual orientation.</p> <p>The redesign will not impact on sexual orientation</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>There is unlikely to be impact on those with differing sexual orientation.</p> <p>Sexual orientation. Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Ensure that LGB groups and communities are identified and provided with the opportunity to engage <p>Post consultation:</p> <ul style="list-style-type: none"> Continue to ensure that the needs of those with differing sexual orientations are met.
Marriage or civil partnership				X	<p>29% of HKU and Iris ward patients report as being married or in a civil partnership; 9% are divorced or separated, 42% are single, 7% widowed. 15% of patients have unknown marriage or partnership status</p>	<p>No impact expected</p>	<p>Through the consultation process, it is expected that feedback will be provided from those with a range of partnership status. Should any specific issues emerge, they will be highlighted.</p>
Pregnancy and maternity				X	<p>This data is not available</p> <p>Note that this work relates largely to older people and those with dementia, so unlikely to directly impact on this protected characteristic</p>	<p>The redesign is subject to a full 12-week consultation. There is unlikely to be an impact unless transport issues arise for an individual who is going through pregnancy or maternity. Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p>	<p>Through the consultation process, it is expected that feedback will be provided from a range of people. Should there be any issues specific to pregnancy and maternity, these will be highlighted.</p>

<p>Other Disadvantaged or inclusion groups</p>			X		<p>There is likely to be potential negative impact on carers who may need to travel further to see the cared for (however it should be recognised that many of those who currently use the affected beds are from out of area, therefore carers and others would already need to travel).</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any impact will be considered when developing final proposals and appropriate actions agreed.</p> <p>Carers have been spoken with through the pre-consultation engagement, and raised issues including transport and community support.</p> <p>Consultation Feedback: There was feedback from carers, families and friends- particularly those living in and around Chichester and Horsham that they may have to travel further in some cases to visit a loved one.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Carers and specific carer groups have been included in the schedule for engagement activity <p>DMBC Proposal: It is proposed to:</p> <ul style="list-style-type: none"> Pay travel costs for carers and families who will be visiting patients at the time of transfer Investigate the potential to provide community transport/mini bus services between locations Raise awareness about how patients and carers on benefits can get travel costs reimbursed Work with West Susses County Council to discuss improving relevant bus routes. Look at travel options to improve access to Swandean site in Worthing. <p>Post consultation:</p> <ul style="list-style-type: none"> The recommendations of the transport review will be included in the consultation report and will be reviewed in the light pf the decision made about future services to assess taking the recommendations forward.
---	--	--	---	--	--	--	---

	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Any actions to take forward with a focus on
Deprivation and socio-economic disadvantage			X		<p>Across West Sussex, there are some affluent areas and also some of the most deprived neighbourhoods in the country, for example, in Crawley, and pockets of the Coastal West Sussex area such as Littlehampton and Bognor Regis.</p> <p>Those from deprived areas or those already at socio economic disadvantage may be negatively affected by the proposed changes. This may include patients, carers/relatives and staff.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any impact will be considered when developing final proposals and appropriate actions agreed</p> <p>Consultation Feedback: There was feedback from carers, families and friends particularly those living in and around Chichester and Horsham that they may have to travel further in some cases to visit a loved one, which may involve increased travel costs.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Engagement will seek further feedback on this issue to identify any further mitigating actions. <p>DMBC Proposal: It is proposed to:</p> <ul style="list-style-type: none"> Pay travel costs for carers and families who will be visiting patients at the time of transfer Investigate the potential to provide community transport/mini bus services between locations Raise awareness about how patients and carers on benefits can get travel costs reimbursed Work with West Susses County Council to discuss improving relevant bus routes. Look at travel options to improve access to Swandean site in Worthing. <p>Post consultation:</p> <ul style="list-style-type: none"> Particular attention will be paid on admission to the travel needs of the patient, family and carers. In addition, all patients and their carers will be given information and encouraged to apply for travel reimbursement through the DWP.

<p>Community Cohesion</p>		<p>X</p>			<p>Where hospital admission is appropriate, and should the preferred option be implemented, patients living in Chichester and North West Sussex will be admitted to the new centre of excellence at Salvington Lodge in Worthing. This could impact these patients, as they may feel isolated from their familiar community and reference points.</p>	<p>The redesign is subject to a full 12-week consultation. Any impact will be considered when developing final proposals and appropriate actions agreed</p> <p>Consultation feedback Some people including residents local to the Swandean site, said that the increase in the number of cars due to the proposals will exacerbate existing problems and potentially cause road safety issues.</p>	<p>During and post consultation:</p> <ul style="list-style-type: none"> Engagement will seek further feedback on views on current and planned community provision. This will inevitably be raised during the consultation, but will continue post consultation. <p>DMBC Proposal: SPFT have promised to meet with residents to see how concerns might be addressed. SPFT is developing a parking strategy to identify potential solutions and create more parking provision on the Swandean site, and will enable staff to use transport provision that is being put in place to travel between sites.</p>
----------------------------------	--	----------	--	--	---	---	---

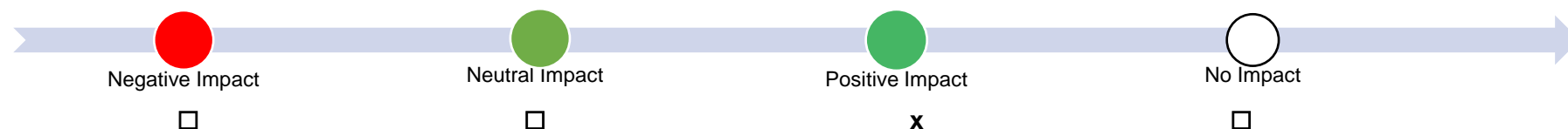
5. Cumulative Impact

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?
<p>The relocation of the wards in key locations in Worthing and Crawley may have an overall negative impact on travel for some patients and their families and staff.</p> <p>There are transport solutions proposed to mitigate this risk.</p> <p>The length of stay as an inpatient will have a cumulative impact on the carer's ability to visit hospital. This could lead to an increased cost of travel.</p> <p>The single sex wards may be a positive factor in enabling patients to come into hospital on a voluntary basis as they may feel safer and more secure.</p>	<p>All patients and their family not living within the proximity of inpatient facilities could be affected by the travel time and additional expense, should the preferred option be implemented.</p> <p>Carers, friends and families.</p>	<p>No additional actions.</p> <p>Specific engagement with carers, friends and family.</p>

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.
<p><i>As a result of undertaking this EHIA, are there any gaps in equalities or health inequalities data or information?</i></p>				<p>There is no data available for gender reassignment, and on some BAME categories including Gypsies, Roma and Travellers. Data on disability or carer status are also not collected.</p> <p>Data on age, religion and sexual orientation is collected as routine.</p> <p>In future it will be a requirement of the provider to ensure that robust diversity data is collected on patients using these and other West Sussex facilities and services.</p>

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



Please explain your decision

The proposals are likely to have a positive impact on quality of care for some patients and their families as there would be a major improvement in inpatient facilities along with a centre of excellence for dementia. There would also be a positive impact for those patients who would prefer a same sex environment for their care.

However, the proposed relocation of the wards means that there may be a negative impact for some people who would have to travel further to access services, e.g. carers and those who are socio economically disadvantaged.

8. Summary of Actions

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

We will be conducting a Public Consultation on the service redesign between 13th July and 11th October 2019. Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
1.	Potential impact on those with faith/religious needs, differing sexual orientation, Trans people	Engage with these groups and communities to obtain feedback and identify any issues and potential mitigations	Ensure link with faith communities, LGB and T groups (seeking input from VCS outside of West Sussex, if appropriate)	Jane Lodge	During consultation period

2	Potential impact on other protected characteristic groups	Ensure that the reach of the consultation is wide and that information and the opportunity to provide feedback is offered in a range of formats.		Jane Lodge	During consultation period
3	Lack of robust diversity data relating to patient access in mental health inpatient beds across West Sussex.	SPFT will work to improve the collection of diversity data with support from the commissioners	Engagement will be required with staff to increase understanding of the need to collect diversity data	SPFT/CCG Commissioner	TBC
4	Impact on staff working in the mental health inpatient estates in West Sussex	Once the outcome of the consultation has been reviewed and an option agreed, we will assess the impact on the workforce and develop proposal to mitigate the impact as much as possible, including reviewing terms of employment.	Staff will continue to be involved through the consultation. Dependent on the outcome, there may be the need for formal staff consultation with those affected by the service redesign.	SPFT lead	TBC

EHIA Notes:

1. The content of this EHIA reflects the feedback received from our pre-engagement work, with a specific focus on those who may be impacted upon by the proposals.
2. This EHIA is a work in progress and will be updated during the consultation, as we consider feedback from all stakeholder individuals and groups.
3. We will communicate the outcome of the consultation in accessible formats, including different languages and easy read, where appropriate and where the requirement is indicated, in accordance with the NHS Accessible Information Standards.

EHIA written by:	Harpreet Kaur	Date:	2/4/19 5/07/2019
	Post consultation update: Jane Lodge		23/12/20
EHIA reviewed by:	Jane Lodge Elaine Colomberg		5/7/19 5/8/19 12.08.19
EHIA authorised by: (manager)	Jessica Britton	Date:	12.8.19
EHIA approved: (governance)	YES	Date:	Original approved in 25 th and 27 th June 2019
Further comments	To be reviewed during consultation	Date:	17 th October 2020
EHIA published on the SES website	n/a Will be published on Consultation website	Date	
Person to review EHIA post implementation	Jane Lodge	Date	28 th December 2020