Knowsley NHS Primary Care Trust

Sefton NHS Primary Care Trust

Liverpool NHS Primary Care Trust

Rapid Health and Equality Impact Assessment (HEqIA)of Mersey Care NHS Trust's Outline Business Case for Mental Health and Learning Disability Services

FINAL REPORT

Liverpool Public Health Observatory

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CONTENTS

Introduction to the Health and Equality Impact Assessment (HEqIA).

What is the purpose of this Health and Equality Impact Assessment (HEqIA)?

The aim of this assessment is to look at the Health and Equality impacts of Mersey Care's Outline Business Case, which aims to;

- Establish home treatment as the norm
- Refocusing in-patient services around patients who are acutely ill with shorter lengths of stay
- Developing a local Psychiatric Intensive Care in-patient Unit (PICU)
- Strengthen community and primary care services.

The results of this Health and Equality Impact Assessment will be used to feed into the Outline Business Case.

What is Health Impact Assessment (HIA)?

The purpose of HIA is to assess the consequences for human health of a policy, programme or project and to use this information in the decision making process. HIA systematically evaluates the effects which a proposed policy, programme or project will have on the health of a population.

What is Equality Impact Assessment (EqIA)?

Equality Impact Assessment involves testing the potential effects of a policy on particular populations in a rigorous way. The issues that are considered are; Race, Disability, Gender, Transsexual and Transgender people, Age, Religion/belief, and Sexual Orientation.

Equality Impact Assessment is a legal requirement. Since 2002, public authorities have been required to assess and monitor the impact of all relevant policies on race equality. The Disability Discrimination Act requires authorities to assess the impact of policies on disabled people. The Equality Act 2006 imposed a duty to promote equality between men and women, including transsexual men and women.

Aims and objectives of this assessment

The overall aim of this HEqIA was to maximise the health benefits which could result from implementation of the Mersey Care NHS Trust's Outline Business Case, for mental health and learning disability services. In order to do this, the following objectives had to be achieved;

- Identify and profile the population groups who will be affected by the proposal.
- Identify the potential positive and negative health and equality impacts of the proposal and set out clearly who will be affected by these impacts.
- Make recommendations for the elimination or mitigation of negative impacts (or compensation for those affected).
- Make recommendations for the maximisation of positive impacts.

Methodology.

In total, 75 people, plus facilitators, participated in a stakeholder event for the Rapid HEqIA, held on 8th July 2008. Participants were from a wide range of relevant statutory and voluntary organisations, service users and private sector representatives. Following this, a number of interviews were conducted with other stakeholders who were unable to attend the event. We also received information via telephone and e-mail.

Following analysis of this data, a number of positive and negative impacts on the key determinants of health and equalities were identified. Impacts were thought likely to occur during construction (including demolition) and operational phases. The following tables set out the positive and negative impacts on the key determinants of health, during the two phases of the project; construction (including demolition) and operational phase.

Criteria used to assess if issues raised in the workshop were included in the matrix below were as follows;
1/ Severity – how much of a positive/ negative effect would an impact have
2/ Probability – how likely is it that the impact will happen
3/ Consensus – the amount of agreement between group members on the likelihood of an impact occurring, and of its severity.
4/ Availability of supporting evidence in relevant HEqIA literature.

Issues raised by only one group member, which were not likely to be severe in impact, and with no supporting evidence in the literature, were not included in the matrix, for example.

Where the impact is negative, mitigation measures are suggested, where appropriate, and where the impact is positive enhancement measures are suggested.

A summary of the detailed findings and proposed enhancement/mitigation measures is given in Appendix 2.

RECOMMENDATIONS

The key recommendations are those which received the most support from those who participated in the HEqIA. A full list of recommendations is provided overleaf.

A full list of findings is provided in Appendix 2.

KEY RECOMMENDATIONS

1. Mersey Care to ensure two way communication with the local community where possible about location and progress on the sites, e.g. through local publications, local radio, use of the high street.

2. Mersey Care to take the opportunity to create centres that promote both the physical and mental well being of service users, families, carers, staff, and visitors. Centres that also reduce the stigma associated with mental health, e.g. provision of community gyms, access to open space, enabling local community groups to use facilities. There is also an opportunity to create an environment that is more appropriate to the needs of specific groups of people, e.g. single sex rooms for certain faith groups.

3. Mersey Care to draw on relevant documents, e.g. Mental Health Equity Audit, in order to ensure that provision is available where need is greatest, wherever possible. For example, to meet needs of black people in Liverpool, where mental health need has been shown to be high. Consider provision of satellite services, or provision of transport, where service users would have to travel a long way to use facilities.

4. Mersey Care to work with local authorities and other relevant agencies, to ensure all reasonable steps are taken to ensure local firms are utilised during construction of the new facilities, and local people are employed.

A. Recommendations for Pre-operational phase.

1. Services, public policy and socio-economic conditions.

1.1 Contracting/employment

a) A large number of jobs will be created during the construction and demolition phase. The Contractor(s) and Mersey Care, along with local authorities and other relevant agencies need to take positive action to ensure that local people are employed/ local firms utilised in this phase.

b) Local people should be suitably trained to take advantage of potential employment opportunities. The Trust needs to liaise with JET (Jobs, Education and Training) teams, needs to begin as soon as possible, to involve local schools, colleges, Universities, Chamber of Commerce, as well as organisations such as Liverpool One (a large scale regeneration project) and other relevant organisations.

c) As far as is practically or legally possible, the Trust should ensure firms carrying out construction work offer skills training opportunities, e.g. apprenticeships for local people.

d) In awarding construction contracts, the Trust should ensure that employment of local people is a key consideration. Procurement should include measures to encourage and facilitate employment of 'local' people (to be clearly defined) and ensure that these are followed through. Open days could be held for local companies, to give them more information about the project.

Access issues.

a) The Trust, in collaboration with other key groups, including Highways, local police, social services, Mersey Travel, bus companies, need to develop comprehensive transport plan for staff, patients, and visitors to the five sites. This needs to consider the use of public transport, in addition to facilitation of walking and cycling, as well as adequate parking. They should also develop a plan to minimise negative impacts of the renewal on local residents, e.g. consider residents parking only. There needs to be two way communication with the local community about this planning.

b) Designated parking bays may be needed for staff undertaking work in both hospital and community sites. Establishing clearly signposted drop off points, particularly for disabled users, is also a priority.

c) Clear signage on the site during construction work is also important. The Trust should look the experiences of other hospitals where building work has been executed, e.g. Whiston Hospital, and implement similar measures where these have worked successfully.

d) The Trust should make arrangements to accommodate the needs of patients coming to hospital during the construction/demolition phase; particularly those who may suffer excessive stress from visiting sites while construction work is ongoing.

2. Social and community influences.

2.1 Mersey Care should look into siteing mental health services in highly visible locations, where possible, in order to reduce stigma. The Trust could look at examples where this process has worked well, e.g. in the case of sexual health services.

2.2 The Trust needs to ensure that there is 2 way communication with local residents, (e.g. through local publications, local radio, the high street), in order to keep them well-informed about proposed plans, and ensure that their views are taken on board.

3.Physical environment.

3.1 See recommendations above.

3.2 The Contractor(s) and Trust must ensure that current statutory health and safety standards are adhered to.

3.3 There is a need for adequate security on sites during construction work. This could be provided by adequately trained people living locally.

3.4 The Contractor and Trust must ensure that construction site traffic is kept away from other traffic wherever possible, and that movement

of such traffic, particularly heavy goods vehicles, occurs at specified times- ideally avoiding peak times and when children are travelling to school. Strict hours for when work and deliveries are permissible should be enforced to minimise noise levels.

3.5 Pedestrian routes must be kept free from mud and dust.

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B. Recommendations for Operational phase.

1. Services, public policy and socio-economic conditions.

1.1a The number of inpatient beds will decrease, with care being increasingly managed in the community. Local Primary Care Trusts together with Mersey Care will need to build capacity in the community, to ensure that community services are ready for the change. This will need to be resourced appropriately.

1.1b Mersey Care will also need to work with other agencies to assess the impact of the changes on the voluntary sector as more people are likely to need support from the voluntary sector.

1.2 There also needs to be better shared communication between the Mersey Care NHS Trust, PCT, Local Authority, Social Services, NW Ambulance service etc , in order to co-ordinate patient care more effectively, e.g. to facilitate more effective discharge planning, to avoid delayed discharges.

1.3 There is a need to ensure that staff are trained in delivery of the proposed recovery model. Staff training needs to begin well in advance, to enable them to adapt to new ways of working, e.g. caring for patients for a shorter period of time.

1.4 There is an opportunity to build new facilities where clinical outcomes and building design work in tandem, to improve mental health and well-being. The Trust should work towards establishing the hospital as model of a best practice health-promoting hospital, e.g. establishing light, well-ventilated wards, with views of well-maintained greenery, which has been found to facilitate the recovery process (Ulrich, 1984). Information on these measures can be found in the Liverpool Public Health Observatory Report, 'Top tips for healthy hospitals' (LPHO, 2006). The Trust should also look at measures to improve the health of patients, visitors and staff, e.g. consider a gym that could be used by staff, visitors and patients, as well as members of the public.

1.5 There are also opportunities to provide additional services to promote mental wellness, such as aromatherapy/ reflexology.

1.6 The Trust should introduce a simpler, cheaper, system, of access to telephones, TV's and other audio-visual facilities. Permitting mobile phone use should also certainly be considered where possible.

1.7 There is a need for both Mersey Care, and local Primary Care Trusts, to monitor the effectiveness of the new sites on health, both of patients using the facilities, and on mental health need.

2.Social and community influences.

2.1 Services provided in the new facilities could also be used by the local population, in order to encourage integration between those using the facilities and the local population, and to reduce stigma.

2.2 There is a need to provide single sex bedrooms, and ideally single sex areas in which to socialise, for certain groups of women, particularly those who are Muslims, or who have suffered from abuse or domestic violence. Some of these women need to be cared for by female staff.

2.3 There is a need to consult with service users with children, to ensure that appropriate care can be put in place for children when their parents are inpatients. Some parents may have a need to have their children with them, e.g. breast feeding mothers, and facilities (e.g. adequate sized bedrooms), will need to be in place for this.

2.4 Mersey Care to liaise with organisations representing the transgender population, and gay and lesbian groups, to ensure that the new facilities meet their needs. There is also a need for consultation with service users of various ages, to ensure that service provision is appropriate for age. For example, service users aged 16-18 often prefer to be in facilities with people of a similar age.

2.5 Mersey Care to liaise with patient groups, to ensure that the locations are appropriate to the needs of the different groups. There is a need to ensure that patients can access services, e.g. services need to be accessible to those with mental health problems in Kirkby – Mersey Care could consider the provision of satellite services where service users would have a long way to travel to facilities. There may also be a need to provide transport, where public transport is inadequate (e.g.

in Northwood, where mental health need is high, and the train station is not easily accessible), or where service users are unable to use the facilities because of their health needs. Mersey Care also to draw on relevant documents, e.g. Mental Health Equity Audit, in order to identify areas of greatest need.

2.6 Local Primary Care Trusts and Mersey Care also need to consider the possibility that some groups (e.g. those whose home circumstances have contributed to their mental health problems), might benefit from facilities that are neither inpatient nor home care, e.g. Crisis Housing/ Community Sanctuaries. The Trust could look at examples of where these have been successfully implemented, e.g. Drayton Park, run by Camden and Islington NHS Trust.

2.7 Mersey Care to liaise with GPs, in order to address their concerns about the change from the current model of care.

2.8a The Trust should provide opportunities for inpatients to be involved in planning and preparation of food, where appropriate, in order to maintain independence. However, there will be occasions where patients feel unable to be involved in this, but will still require the provision of healthy food in order to facilitate their recovery.

2.8b Food that is being provided (see above) should be appropriate to the needs of different BME and religious groups, e.g. halal food may be required, or vegetarian.

2.9 Local Primary Care Trusts and Mersey Care to liaise with Primary Care Trust, the voluntary sector, and other community groups, in order to build capacity in the community, is it is anticipated that care will become increasingly community focussed, as inpatient bed numbers decrease.

2.10 As inpatient stays, and length of stay, is anticipated to decrease, there is a need to look at respite provision. There may be a need to put alternative methods of respite for carers into place, if service users are spending shorter periods in hospital.

3.Physical environment.

3.1 The Trust should maximise the use of 'courtyards' that will be created where new buildings are being put in place, e.g. establish green gyms. Where existing buildings are being used, access to green space should also be maximised.

3.2 The Trust could use bright colour schemes in certain areas of the new facilities, to make them feel less like a hospital.

3.3 Colour coding could be used, to help patients, especially those with disabilities, find their way around the facility more easily, especially those with disabilities.

3.4 The Trust needs to consult with groups representing those with disabilities, in order to ensure that the new facilities meet their needs most effectively.

3.5 Mersey Care should work with relevant organisations such as the Forestry Commission to ensure that any new facilities are sustainable, e.g. by aiming for units to be energy self-sufficient wherever possible, allocate green space for food production, enable waste recycling and reuse wherever possible.

4. Lifestyle and individual factors.

4.1a Mersey Care will need to ensure that staff are adequately trained in caring for patients who are trying to give up smoking, or who are unable to smoke because of the smoking ban, which came into place in mental health facilities from 1st July 2008. The Trust could consider training staff in delivering brief interventions, or in prescribing Nicotine Replacement Patches, to encourage people to quit, for example.

4.1b The Trust could also provide access to smoking cessation services for staff who are trying to quit smoking.

Appendix 1

Mental Health Equity Profile for the Mersey Care NHS Trust catchment area

Background and recommendations

Liverpool Public Health Observatory, July 1st 2008

Background

Liverpool Public Health Observatory was commissioned by Sefton, Liverpool and Knowsley PCTs to undertake a rapid mental health equity profile, to support the Mersey Care NHS Trust TIME (To Improve Mental Health Environments) project. Results will inform the commissioning of services to support adult mental health and well-being for each of the three PCTs.

This is a brief presentation of the recommendations of the profile. The summary and full report will be available by the end of July on the Liverpool Public Health Observatory website at www.liv.ac.uk/PublicHealth/obs [1]

The catchment area of the Trust is Liverpool, Sefton and the Kirkby area of Knowsley (Figure 1).The profile examines equity of access to and provision of services to meet the mental health needs of the adult population covered by the Trust. The indicators that were analysed are listed in Box 1.

Box 1
Mental Health Equity Profile
List of indicators

Primary care indicators

- Prescribing for the treatment of anxiety
- GP Referrals

Specialist community care indicators

- Caseload
- Crisis resolution home treatment
- Outpatient attendances
- Outpatient DNA ('did not attend')

Secondary care indicators

- Hospitalised mental illness
- Hospital inpatient episodes
- Hospitalised self-harm
- A&E attendances for self harm
- Readmissions within 90 days
- Delayed discharges
- Detentions under section
- Suicide

Additional Indicator

- Deprivation

[1] Further information/ details from j.ubido@liv.ac.uk , or telephone Liverpool Public Health Observatory, 0151 794 5570.

For most of the fourteen indicators, Liverpool had slightly higher rates than Kirkby and Sefton, but there were mostly no great differences between the three areas. Within Kirkby, Liverpool and Sefton, there were wide variations between wards in rates for each indicator. It is recognised that high levels of deprivation are associated with mental health problems. For twelve of the fourteen indicators, it was possible to analyse data by deprivation. There were significant positive correlations between deprivation and all but two of the twelve indicators, with high levels of deprivation associated with high rates. The map in Figure 1 shows the levels of deprivation in the Mersey catchment area.

Recommendations

Improved access:

1. *Geography*: Locate mental health facilities in the areas identified in the profile as being in greatest need, as follows:

    - *Liverpool*: central Liverpool (Kensington-Fairfield and Princes Park wards), which scored high on most indicators, and parts of Speke-Garston and Belle Vale in the south, and County ward in the north, where there are high rates of self-harm;

    - *Sefton*: the far north west (Dukes and Cambridge wards) and south west (Linacre and Church wards) of Sefton, where high rates for most indicators were consistently found;

    - *Kirkby*: east Kirkby (Northwood ward), which had high scores for most indicators.

2. *Gender:* Provide improved quality and quantity of support for males, who had very high suicide levels compared to females (significantly higher than the national average in Liverpool), and were less likely than females to access community services.

3. *Ethnic minorities:* Ensure community support services are accessible to ethnic minority groups – especially black and Asian people. Black people were much more likely to score highly on most mental health indicators, for example they were seven times more likely to be detained under section of the mental health act than the white population (four times more likely for the Asian population). Support for black people is especially required in Kensington & Fairfield, and Princes Park wards in Liverpool, and the Asian population in Sefton.

Specific issues:

4. *Hospitalised prevalence*: Address the factors leading to high levels of hospitalised prevalence of mental health conditions in Liverpool and Knowsley, so that levels fall in line with the north west average

5. *Non-attendance*: Investigate the reasons for non-attendance at outpatients, especially in the most deprived areas, and amongst the over 65s in Kirkby.

6. *Self-harm:* Further analyse factors behind the relatively high levels of self-harm and self-harm ambulance call-outs in Kirkby, especially in the more deprived areas, and in the more deprived parts of Sefton and Liverpool. This would include examining the links between A&E attendance and access to GPs.

7. *GP prescribing for anxiety*: Continue with efforts to reduce the prescribing of benzodiazepines for anxiety, so that for more practices within the Mersey Care area, levels fall to within SHA averages.

8. *Readmissions to hospital :* Readmission levels across Sefton are high, and require further investigation.

Areas for further analysis include:

9. *Smaller area analysis*: Identify pockets of need in areas smaller than wards, such as the analysis of hospitalised self-harm, that revealed high levels in parts of Speke-Garston.

10. *Access to psychology services:* Carry out audits of access to counselling, psychological therapies and social support. This would help to determine equity of access to such services.

11. *Ethnic minority needs:* Carry out special studies to determine which groups within the black and Asian populations are most in need.

12. *Learning difficulties:* Consider the needs of people with learning difficulties in any future mental health equity audit work. Lack of time prevented their inclusion in this profile.

13. *Delayed discharges from hospital*: Use readily available information to explore the reasons for delayed discharges.

14. *Prescribing data:* For future mental health equity audits, explore how best to use prescribing data, including:
    a. explore the possibility of analysing antipsychotics by low and high dose, so that low dose antipsychotics can give an indication of the prevalence of dementia, and high dose antipsychotics for the prevalence of schizophrenia;
    b. explore the analysis of prescribing of benzodiazepines for other conditions than anxiety, e.g. for drug mis-users – to determine whether it is a useful indicator of the prevalence of anxiety-related conditions.

Gaps in data

15. *Psychology:* Make data urgently available through the clinical information system on GP referrals to clinical psychology services, and on attendance at clinical psychology services, including ethnic coding.

16. *Separate conditions*: Regional Public Health Observatories should disaggregate hospital inpatient data for mental health conditions by each separate condition (schizophrenia, depression, etc.).

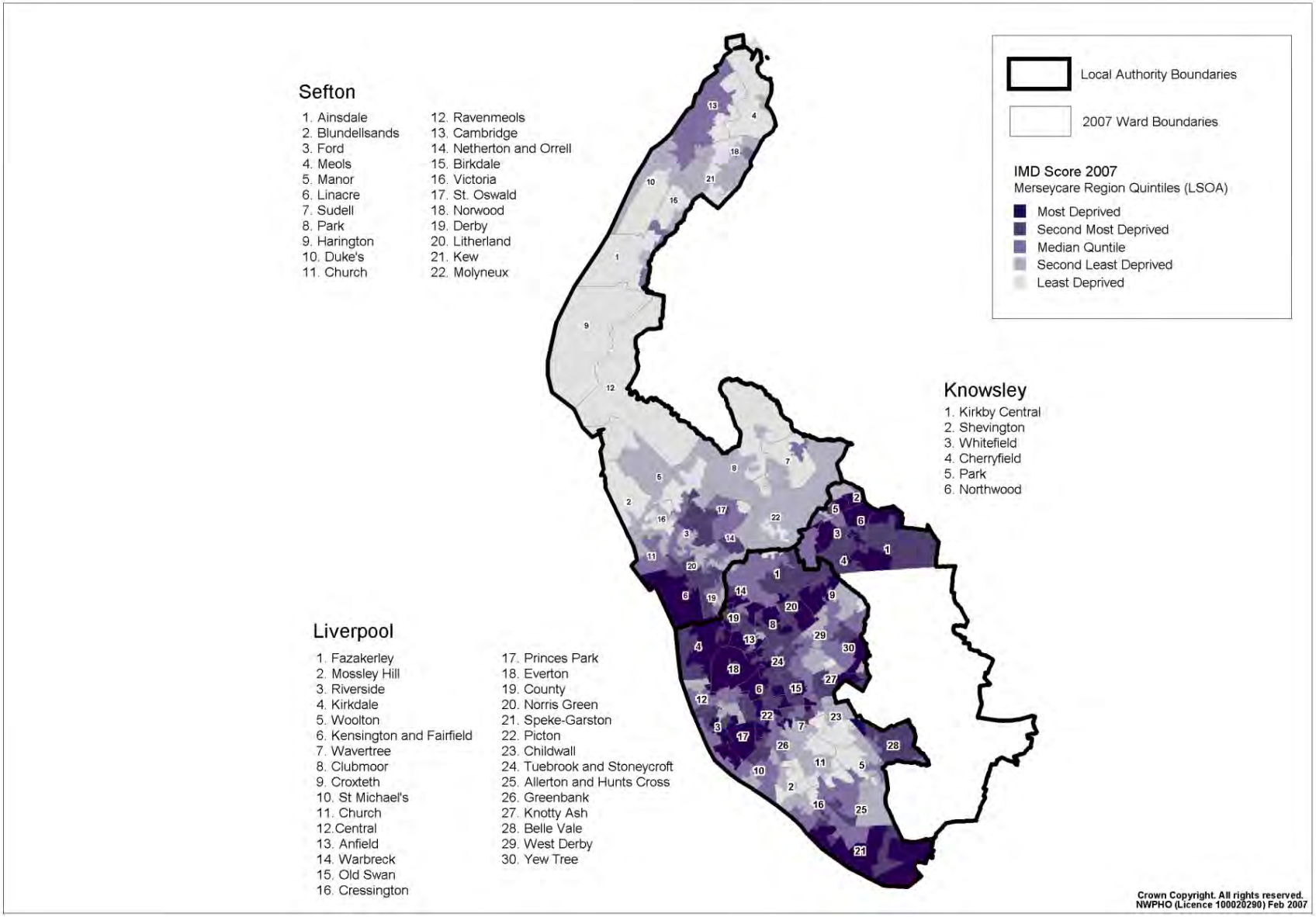
17. *A&E ethnic data:* Collect A&E attendance data by ethnic group.

Conclusion.

The results of this Health and Equality Impact Assessment will be used to feed into the Mersey Care Outline Business Case.

Mersey Care Trust main catchment area; Sefton, Liverpool and Kirkby area within Knowsley.

Shaded by level of deprivation (Index of Multiple Deprivation, quintiles, by lower Super Output Area, with ward boundaries overlaid. Source NWPHO).



APPENDIX 2: DETAILED FINDINGS

Impacts during construction phase (including demolition phase)

Description of impact	Positive or negative	Determinant (s) affected	Population (s) affected	Enhancement/ Mitigation measures
It is likely that a significant number of jobs will be created during construction of new facilities. This may create jobs for the local population, as well as possible training opportunities/ apprenticeships for local people, to ensure that they are sufficiently skilled to be involved in the construction work.	Positive	**Social and community influences** Local pride **Services, public policy and socio-economic conditions** Unemployment Income Types of employment **Mental wellbeing protection factors** Enhancing control Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Population of Liverpool and surrounding areas. Unemployed people People living in poverty.	The Trust should take all practical steps to ensure that local people are involved in carrying out the construction work. Procurement should include measures to encourage and facilitate employment of 'local people', e.g. advertising posts in local publications, and ensuring that these are followed through. The Trust should help ensure that local people have the necessary skills to carry out these tasks. This may involve the Trust liaising with JETS teams, in the first instance, to involve local schools/ colleges/ skills council Liverpool1/ Chamber of Commerce, to ensure that the local workforce are sufficiently skilled. Historically, the local workforce has been insufficiently skilled to fill certain roles. It may be possible to create apprenticeships for people to work on this project, but it is also important that jobs are available for people at the end of their apprenticeship. Open days could be held for local companies. The Trust should look review experiences of NHS Trust in Greater Manchester, where there are examples of local people being employed in

				a similar project. Service users also have skills that could be put to use as part of the process.
There is an opportunity to implement services that are flexible enough to change with the changing needs of the population, in terms of both size and changing disease prevalence.	Positive	**Services, public policy and socio-economic conditions** Access to services. Policies, programmes, projects	Patients, Visitors and Staff	Mersey Care to look at future health needs of the population
There is an opportunity to site services in highly visible locations, in order to reduce stigma. There is an opportunity to consider wider health issues for staff, visitors and the local community, as well as patient, and look at how these population groups can benefit from the new facilities. However, it is also important to consider safety issues, as well as patients' need for privacy.	Positive	**Social and community influences** Local pride. **Services, public policy and socio-economic conditions** Unemployment Income Types of employment **Mental wellbeing protection factors** Enhancing control Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Patients Visitors Staff Disabled people	Where mental health facilities are part of large hospitals, in other areas stigma has been decreased where services are highly visible, e.g. at the front of sites, rather than tucked away at the back. This needs to be balanced against the potential need for privacy among those patients arriving at the facility in times of crisis. Facilities could be organised as a 'resource' centre, accessible to all members of the local community, e.g. provision of cafe facilities that could be used by the local community. Member of the community could also be invited into the facility for art displays, poetry readings etc. Small school groups could also be invited in and school work experience placements encouraged. Again, a 2 way communication process with the local community is needed. Leaflets may help the community to understand what mental health means, and what the unit is there for. Also, talks about mental health in schools would help overcome stereotypes. It may be useful to look at other services where facilities are open to the local community, e.g.

				neurological services have done this.
Some of the sites are already being used as hospital facilities, but will be used for different services or new buildings will be created. The process of applying for planning permission is simplified when existing sites are used.	Positive	**Services, public policy and socio-economic conditions** Access to services. **Mental wellbeing protective factors** Increasing resilience – promoting support and communication. Facilitating participation and promoting social inclusion.	Local population.	
Accessing appropriate buildings is particularly hard at this time, as Liverpool's Capital of Culture status has led to an increase in price, and decrease in availability, of land.	Negative		Local population.	There may be a possibility to transfer assets to the community via a community asset company.
Consideration needs to be given to the needs of people with physical disabilities using the facilities. It was felt that this should be done in a way which aims to optimise the health of these people, rather than simple compliance with the Disability Discrimination Act.	Positive	**Services, public policy and socio-economic conditions** Access to services **Mental wellbeing protective factors** Increasing resilience – promoting support and communication. Facilitating participation and promoting social	Those with disabilities.	There is a need for additional consultation with groups representing those with disabilities, to ensure that their needs are met in the new facilities. Representatives of groups of deaf people have particularly emphasised the need to improve communication. There is a need to increase awareness that the Deaf Society can provide interpreters when deaf people are receiving care. Posters highlighting this could be put up in the new facilities, or new technology used to facilitate this, e.g. an easy access phone line to the Deaf Society.

		inclusion.		
There is an opportunity to look at the needs of the transgendered population, in order to meet these more effectively in the new facilities. One aspect of this is looking at ensuring that the design of the physical environment is beneficial to the health of this group, e.g. consider basic issues such as the provision of appropriate toilet facilities.	Positive	**Services, public policy and socio-economic conditions** Access to health care services **Physical environment** Indoor environment **Mental wellbeing protective factors** Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Transgendered people.	Mersey Care to liaise with groups representing this population, and to review appropriate literature, to ensure that services are appropriate to their needs.
There is an opportunity to ensure that optimum care provision may vary according to age. Some groups may benefit from being on wards with people of a similar age.	Positive	**Physical environment** Built environment, neighbourhood design Access to green and open space Mental wellbeing protective factors; Facilitating participation and promoting social inclusion	People of different ages.	Representatives of young people with mental health problems, e.g. those aged 16-18, have particularly expressed the wish to be cared for alongside others of the same age.

There is an opportunity to improve provision for those who are gay or lesbian with mental health problems, as there are high levels of mental health problems in these groups.	Positive	**Services, public policy and socio-economic conditions** Access to health care services. **Physical environment** Indoor environment **Mental wellbeing protective factors** Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Gay and lesbian groups.	There is a need for consultation with these groups, in order to ensure appropriate provision.
There are opportunities to improve catering facilities, as part of the new builds. Patients may welcome the opportunity to be able to make snacks and drinks for themselves. Some patients may also benefit from being more involved in planning and preparing main meals, in order to facilitate independence. On the other hand, other patients may want less involvement in this process, but will still need to be provided with nutritious meals, in order to facilitate their recovery. It is important that meals are appropriate to different population groups who may be using the facilities, e.g. halal food.	Positive.	**Physical environment** Built environment, neighbourhood design Access to green and open space **Mental wellbeing protective factors** Facilitating participation and promoting social inclusion **Social and community influences**	Patients and visitors.	A wide range of food needs to be available, that is appropriate to a wide range of religious/ BME groups. There should be opportunities for patients to maintain independence, where possible. Patients can be involved in planning menus, preparation of food, clearing away etc where appropriate.

		Cultural and spiritual ethos.		
There is an opportunity to monitor the effectiveness of the new sites on health, both of patients using the facilities, and on mental health need. The former might be measured by looking at patient outcomes following treatment (e.g. employment, attendance on training courses, etc), as well as traditional measures such as LOS etc.	Positive	**Services, public policy and socio-economic conditions** Access to health care services. **Physical environment** Indoor environment **Mental wellbeing protective factors** Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Patients.	
There is an opportunity for the new developments to be sustainable.	Positive	**Physical environment**	Whole population Local residents.	Developments should aim for a carbon neutral footprint. Developments should be energy self-sufficient wherever possible. Green space could be dedicated for food production for inpatients/staff, e.g. allotments, orchard. New build should enable waste reduction, recycling and reuse wherever possible. Mersey Care can contribute to the economy through being social entrepreneurs, e.g.

				encouraging local people to apply for jobs, sourcing local goods, working with local partners to deliver care.
Mersey Care only covers the Kirkby part of Knowlsey, and there are no proposed locations in the Knowsley area at present. Access for Kirby residents is potentially problematic. At present, they have to go to Aintree Hospital, which is difficult for some Kirkby residents. Proposed sites such as Walton Hospital are even more difficult for Kirkby residents to get to, especially as there are low levels of car ownership in Kirkby. Access is particularly a problem for Northwood, with high mental health needs, situated over to the east of Kirkby, further away from the proposed centre, and not near to the train station. If some services are located in Southport, this is a long way for residents living elsewhere in Sefton to travel. Also, the population of Southport has changed recently due to the migrant community. There is also the need to consider ethnic populations, particularly in Kensington and Fairfield, and Princes Park Wards, in Liverpool, where there are high numbers of residents from black populations. The current Windsor House facility, in Princess Park Ward, is well-placed to serve the surrounding ethnic community; further developments here would be	Positive/ negative	**Services, public policy and socio-economic conditions** Access to services Transport **Social and community influences** Cultural and spiritual ethos	Patients BME groups Diverse faiths/religion	Mersey Care needs to carefully consider locations, in order that the services are accessible to those with the greatest mental health need. Mersey Care to provide services that are accessible to the residents of Kirkby. There may be a possibility to provide some sort of satellite unit in Kirkby. If patients need to go to other sites, transport needs to be considered. Mersey care to liaise with Mersey Travel about this. Where public transport is inadequate, there may be possibilities to provide hospital transport. There are also certain groups of people, e.g. some patients with learning disabilities, who may not be able to use public transport. Mersey Care to consider engaging in discussions with Lancashire Care Trust, where there are current overlaps in provision. There may be a possibility of increased sharing of facilities across the boroughs, particularly specialist facilities, to avoid duplication of services within too small an area. Mersey Care needs to consider the needs of the migrant population in Southport. Mersey Care to ensure that translation services are available for those for who English is not their first language. Mersey Care to draw on relevant documents to

welcome. However, Kensington residents see themselves as separate to those in Princess Park, and further work may need to be done on increasing cohesion if Kensington residents are going to use this facility. Conversely, there is also a risk that BME groups, in particular, will travel some distance, rather than being seen, to avoid the risk of stigma. Also, BME groups may feel threatened travelling to the North of the City, where there is more perceived racism, for treatment. This may also apply to asylum seekers, to whom feeling safe is particularly important. Some groups of service users felt that there were advantages to mental health facilities being located in more affluent areas, as they provided a pleasant environment that was more conducive to recovery. It was felt that this particularly applied to locations in green, rural areas. The needs of people from different cultures, and religious groups, also need to be taken into account. There is only one site being proposed for people with learning disabilities, so access issues need to be very carefully considered. If new facilities are further away from where people live, this is also likely to increase stigma as patients no longer feel they can just 'pop into' community				identify areas of greatest need for the patient groups, e.g. Mental Health Equity Audit to look at where services for those with mental health problems need to be. Mersey Care need to ensure that there is an ongoing process of consultation with service users, especially current service users. It is important that we do not lose sight that patient health is the key driver for change. There is a risk that this may take second place to economic pressures, for example. See **Mental Health Equity Profile**, LPHO 2008, for more information on mental health need.

services, and they may be less likely to use these facilities. There may be also be increased stigma where services are based in large hospital buildings. There are reasons why it would be advantageous to spread part of each service across each of the sites. However, issues of access need to be balanced against the risk of increasing stigma and discouraging people from using services There is a range of client groups being addressed by this Outline Business Case, and their needs vary greatly. Those with mental health problems may feel stigmatized by being cared for in the same environment as those with learning disabilities, for example.				
There is the possibility that some patients may need options other than inpatient or home care. For some patients, home circumstances have been a contributory factor in them becoming unwell, and they need a different environment in which to become well.	Positive/ Negative	**Services, public policy and socio-economic conditions** Access to services.	Patient groups Women suffering from domestic violence	Consultation is needed with a wide variety of user groups on the idea of introducing 'Community Sanctuaries', crisis housing where patients can recover in a non-medical environment. Mersey Care also need to look at other areas where Community Sanctuaries have been successfully implemented, e.g. Drayton Park, run by Camden and Islington NHS Trust. There may be opportunities to give patients a choice of inpatient or home care, or community sanctuary care, depending on their needs.

Uncertainty about the location of the fifth site will impact on the others.	Negative	**Services, public policy and socio-economic conditions** Access to services.	Patients, carers and staff.	2 way communication is needed between Mersey Care and partner organisations, about progress on deciding sites etc.
It is of paramount importance that services should be accessible for all patients. They need to be able to access via public transport, unless alternatives are in place. If parking space is not available at the sites, there may be problems with patients/visitors parking outside local residents' houses, which is already a problem with the current facilities.	Negative	**Services, public policy and socio-economic conditions** Access to services.	Patient groups Patients with severe mental health problems or learning disabilities Patients with physical disabilities. Households without access to a car	Mersey Care to liaise with organisations such as Mersey Travel, Highways etc, to ensure that locations are accessible for those using public transport, as well as those who wish to drive. Sufficient parking spaces need to be available. Spaces need to be available for visitors, as well as staff and patients. It may be possible to have designated parking spaces for staff who are also working in the community. Disabled parking spaces also need to be available. It may be necessary to introduce parking restrictions, such as residents parking only, in some areas.
Transgendered people may not benefit from policies intended to promote equity between the genders, as they may not be officially classified as a particular gender. However, they may not wish to receive treatment under the mental health act, due to stigma.	Negative	**Social and community influences** Social isolation. Social support and social networks.	Transgendered people.	
The process of moving facilities may also cause anxiety for staff, patients and visitors, as well as local residents. The new service model will involve a culture change, with units expected to be	Positive/ Negative	**Services, public policy and socio-economic conditions** Access to services **Social and community**	Patients, staff and visitors.	Involve nursing and other staff in the planning process. Training in new ways of working needs to begin

more warm and friendly. Some staff may find this difficult if they are not used to working in this way. There is a need for the service model to be based on a model of care, rather than focussing primarily on the buildings. Some groups felt that there was a possibility that the buildings might change, but there would be little resulting change to the service, without other changes such as the staff training mentioned above etc. A skills mix issue re: staff has not yet been resolved		**influences** Social isolation Cultural and spiritual ethos Racism.		well in advance of the planned moves. Recruitment should focus on employing staff who can provide holistic care. User groups emphasised the need to have someone non-judgemental who they could talk to. Trainers/ managers etc to work with staff and other relevant groups to resolve skills issues.
There is a risk that the changes will negatively affect existing service provision. New facilities will not be operational until 2012, and Mersey Care must ensure that facilities are not run down in the transition period, to the extent that patient care is impacted.	Negative	**Services, public policy and socio-economic conditions** Access to services.	Patients.	Mersey Care will need to ensure that a risk management plan will need to be in place, in order to manage this transition.
GPs' concerns need to be addressed about the new model of care, as some GPs felt that the current model was working well and did not need to be changed. Discussions about Practice Based Commissioning also need to be completed.	Negative	**Services, public policy and socio-economic conditions** Access to services.	GPs. Patient population.	Ongoing consultation with GPs is necessary.
Local residents may feel anxious about mental health services being located close to where they live, or where children go to school. This may be due to lack of awareness about the threat posed	Negative	**Services, public policy and socio-economic conditions** Access to services.	Local residents. School-children.	Two-way communication is vital, in order to ensure local residents are well-informed about proposed plans, and that their views are taken on board. It may be possible to use the high street to communicate with the local community

by people with mental health problems or learning disabilities. If there is a change of use, residents may also face disruption, e.g. if a service is to go from traditional office hours only to 24/7. Even when the risk is likely to be low, the perceived threat can still be damaging to the health of local residents. Where existing sites are used, the planning application process may be easier, and there is less possibility of objections/anxiety in local residents.		**Social and community influences** Social isolation Cultural and spiritual ethos.		– this has been successful in sexual health services. Local volunteers with valuable skills could be encouraged to volunteer to help out in the facilities, in order to increase awareness and to reduce stigma. Service users also have valuable skills that could be utilised. Measures to be taken to facilitate the involvement of the local population in the construction work.
There were concerns raised if private finance was the best way to fund essential public services.	Negative	**Services, public policy and socio-economic conditions** Access to services	Patients	
The process of constructing the new facilities may cause inconvenience for those using the facility, particularly where new buildings are being created on existing sites. There may be issues around dust being created, and noise. This may however have a beneficial effect on patients, giving them something interesting to watch and to talk about. The process may also result in disruption for local residents.	Negative	**Services, public policy and socio-economic conditions** Access to services **Mental wellbeing protective factors** Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Patients, visitors and staff.	Distance between public transport stops, and parking, and facilities that are in use need to be considered. If people have to walk around the areas where construction is going on, the distance may be too great for people to walk. In these circumstances, Mersey Care could look at providing a courtesy bus, or introducing a Park and Ride scheme. It may be possible to arrange with local supermarkets or schools to temporarily use parking spaces. Adequate signposting must be in place, to help those visiting the hospital find their way round during the construction work.

				Walkways to be safe to work on, free from mud etc. Temporary zebra crossings could also be put in place on the site. There should be a 2 way communication process about plans and developments, between Mersey Care and relevant groups such as patient and resident groups.
Building sites need to be safe, in order to safeguard the health of local residents, staff, patients and visitors.	Negative/ Positive	**Physical environment** Community safety Injury hazards.	Patients, visitors and staff. Local residents.	There is a need for building sites to be adequately fenced off. Security to be provided on site where appropriate. Construction guidelines/regulations etc must be complied with.
The new facilities will not be completed until 2012, which means a delay for service users until the improved facilities are available.	Negative	**Services, public policy and socio-economic conditions** Access to services.	Patients and staff.	There should be a 2 way communication process about plans and developments, between Mersey Care and patient groups, and particularly current service users.
If redevelopment involves pulling down old historical buildings, and replacing them with modern ones, as happened in Southport, this may raise concerns among local residents and other organisations.	Negative	**Physical environment** Built environment **Social and community influences** Cultural and spiritual ethos.	Local residents Patients, staff and visitors	There should be a 2 way communication process about plans and developments, between Mersey Care and the local community, and other relevant groups, e.g. Historical Society.

There is a great opportunity for clinical outcomes and building design to work in tandem, to improve mental health and well-being There is an opportunity for some of the space to be flexible, so it can be used for different purposes when required. There is an opportunity to site services for patients, e.g. cafe, on the ward, to reduce the need for patients to be escorted off the ward to use these facilities. This needs to be balanced with the consideration that facilities based off the ward might be able to be used by the local community. Observation of patients, and allowing them more freedom, will be easier for staff in the new units, with easier access to the enclosed outdoor areas. The atmosphere will be more pleasant for patients, staff and visitors. There is also an opportunity to build community safety into the new buildings, which will reduce anxiety for local residents.	Positive.	**Physical environment** Built environment, neighbourhood design Access to green and open space **Mental wellbeing protective factors** Facilitating participation and promoting social inclusion	Patients, visitors and staff Disabled people BME groups Various faiths/religions Transgendered people.	New facilities will be light and well-ventilated, with more open space, which has been shown to improve the health of patients, visitors and staff. There are opportunities to look at examples of good design from other areas, e.g. London. Design will probably be set around a courtyard, with bedrooms around the outside and open courtyard space in the middle. (See Top Tips for Healthier Hospitals, LPHO, 2006). It is also important to ensure that the entrance to facilities is welcoming to staff, visitors and patients. Open space near the entrance is important. It may be appropriate to site faith rooms near to the main entrance. It may be possible to have someone to 'greet' patients, visitors etc as they arrive. If the design means that other patients will be walking past the windows of patient rooms whilst using the courtyards, it is necessary to ensure patient privacy, e.g., by the use of blinds. Mersey Care and designers need to consider that needs of different client groups in regards to building design may vary. For example, not everyone perceives green space in a positive way. There is an opportunity to consider additional facilities that could be provided for patients using the new facilities, e.g. Occupational Therapy, alternative therapies such as aromatherapy and reflexology. Opportunities also need to be provided for physical activity, e.g. provision of a

				gym (that could also be used by staff/ visitors/ local residents), encouraging walking or cycling, or visits to a local gym (Top Tips for Healthier Hospitals, LPHO, 2006). Annual health check-ups for patient groups (e.g. Elderly Severely Mentally Ill) would be beneficial to health. Consider the Healthy Hospital model.
Patients who are using Mersey Care facilities can be encouraged to link into supported employment services, which have been found to be beneficial to the health of those with mental health problems. Those already accessing these services may need support to continue with work placements, if they wish to, whilst using services, e.g. whilst an inpatient.	Positive	**Service, public policy and socio-economic conditions** Unemployment **I**ncome Type of employment **Mental wellbeing protective factors** Enhancing control Increasing resilience – promoting support and communication Facilitating participation and promoting social inclusion.	Service users.	Mersey Care to continue to invest in Supported Employment – currently provided via Network Employment- and to liaise with other agencies providing Supported Employment.
The new model assumes higher levels, and more intensive, care, in the community. Mersey Care need to work with PCTs and other primary care providers, to ensure that care is	Positive/ Negative	**Services, public policy and socio-economic conditions** Access to services.	Patients and staff (particularly those working in community	Mersey Care to liaise with PCT and other primary care providers, to build capacity in the community. This will ensure a smooth transition to increased care being provided in the community. It is vital that funding is in place to

in place for these patients who would currently receive hospital care. There is an opportunity for hospital and community services to improve tandem working. Discharge planning needs to become more effective, as LOS will be shorter. The process of building capacity in the community and improving partnerships needs to start now, so services are in place when the new facilities become operational. We need to consider the impact on commissioning of voluntary sector in the 5 new centres. Carers of those with learning disabilities, mental health problems, etc, may currently use longer hospital stays as periods of respite care, and these opportunities for respite are likely to decrease as length of inpatient stay decreases. Length of inpatient stay is expected to decrease for most patients, but there may still be groups of people with mental health problems who require longer term housing. There are opportunities to further integrate primary and secondary care. Currently, a significant proportion of those with mental health problems present at Accident and Emergency. There is a need to			settings). Relatives/ carers.	provide these additional levels of care. Mersey Care also needs to consider the effect of the transition on the voluntary sector. Mersey Care to liaise with carers to ensure alternative methods of providing respite are implemented.

redirect these people to primary care facilities. For those who do present at A & E, there needs to be a link to Mersey Care facilities. Patients may need transport to the Mersey Care sites.				
There is also an opportunity to use bright colour schemes in certain areas of the new facilities, to make them feel less like a hospital environment. Neutral, light colours will need to be used in other areas, to keep areas looking bright and fresh.	Positive	**Physical environment** Indoor environment Attractiveness of area.	Staff, patients and visitors.	It is important to ensure that the new facilities do not become run down over time. One way to do this might be to use washable paint on the walls.
Colour coding may also be used, in order to help people find their way around the facilities more easily.	Positive	**Physical environment** Indoor environment	Staff, patients and visitors Those with disabilities BME groups	See Top Tips for Healthier Hospitals (LPHO, 2006).
The recovery model being proposed is welcome, as it would help reduce social exclusion.	Positive	**Services, public policy and socio-economic conditions** Access to services **Mental wellbeing protective factors** Increasing resilience – promoting support and communication. Facilitating participation and promoting social	People with mental health problems People with drug problems Gay men, lesbians, bisexual and transsexual people People with learning disabilities	There is a need to ensure that staff are trained in delivery of the recovery model.

		inclusion.	Patients with physical disabilities Transgender.	
Mersey Care have the opportunity to provide a no smoking environment in the new facilities, which will create a more pleasant environment. From 1st July 2008, smoking is banned in mental health establishments. There will be an ongoing need to assist service users in smoking cessation, and to ensure compliance with the ban. The needs of service users who are unable or do not wish to give up smoking must also be considered. Staff welfare needs to be considered, when they are dealing with these service users, or those who are trying to give up smoking.	Positive/ Negative	**Services, public policy and socio-economic conditions** Health care services **Mental wellbeing protective factors** Facilitating participation and promoting social inclusion Services, public policy and socio-economic conditions; Health care services Workplace conditions	Patients, visitors and staff.	Mersey Care could consider training staff in brief interventions and to prescribe NRT, for patients trying to quit Staff who are trying to quit smoking, or are unable to smoke because of the ban, will also need support, e.g. telephone helplines, brief interventions etc (see Top Tips for Healthier Hospitals, Ubido et al, 2006) Mersey Care could provide training in Control and Restraint for staff.

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Appendix 3: ATTENDEES, HEqIA Stakeholder Event, 8th July 2008

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Liz Barnett, Mersey Care
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Margaret Brown, Mersey Care
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Ruth Butland, Mersey Care
Anne-Marie Cagliarini, Alzheimer's Society
Les Carlile, Mersey Care
Carol Carney, European Lifestyles
Geraldine Carol
Joyce Carter, Liverpool PCT
Maria Caves, Knowsley Health and Wellbeing
Hannah Chellaswamy, Sefton PCT
Maria Cody, Liverpool PCT
Julia Cooke, Liverpool PCT
Nita Cresswell, Mersey Care
Meryl Cusack, Mersey Care
Judith Cummins, Advocacy Project
John Doyle, Mersey Care
Jane Dunn, Mersey Care
Moya Duffy, Liverpool PCT
Suzanne Edwards, University of Liverpool
Duncan Fellows, Mersey Care
Richard Fowan, Mersey Care
Kate Francis, Mersey Care
Steve Fraser, GP
Sue Frost
Ron Gould, Councillor
Leigh Griffin, Sefton PCT
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Fiona Haigh, Liverpool University
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Catherine Reynolds, Liverpool PCT
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Jackie Ruddock, Mersey Care
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John Short, Cheshire and Wirral Partnership Trust
Anthony Stanton, Mersey Care
Jan Swan, Natural Breaks
Mike Tiernan, Knowsley
Lynne Toolan, MENACP
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Mary Wheelan, Mersey Care
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APPENDIX 4: STEERING GROUP MEMBERS, ACKNOWLEDGEMENTS.

Steering Group

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Lyn Winters, Liverpool Public Health Observatory

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