EHIA Form Pro-forma – Policy and Activity Review

Title of activity
ADULT MENTAL HEALTH REHABILITATION REDESIGN

Section 1: Service area

County Wide Community Services	Primary Care and Community Mental Health Service	Integrated Community Services	Specialist Mental Health and Learning Disabilities Services	Children Young People and Families	Corporate and Administrative Services (please specify which directorate)
			x		

Senior Responsible Officer (Associate Director or Executive Director) / Lead for the Activity		
Name: John Devapriam	Job Title: Medical Director	E-mail address: john.devapriam1@nhs.net
Details of individual completing this assessment, please include name, job title and email contact (must be minimum of 2 persons completing this EHIA)		
Name: Alison Marshall Name: Sian Westaway	Job Title: Working Age Inpatient and Rehabilitation Service Manager Adult Mental Health & LD Service Delivery Unit Job Title: Deputy Programme Director	E-mail address: alison.marshall28@nhs.net E-mail address: sian.westaway@nhs.net
Date assessment completed		
14th August 2025 Attended EAG 15/10/2025 – Report updated in line with discussion.		

Section 2 – The activity

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)
Programme of work: Adult Mental Health Rehabilitation Redesign
Brief summary of the proposal in a few sentences. What is/are the aim, purpose and/or intended outcomes of this activity?

Purpose:

1. To design a system wide rehabilitation pathway which meets the requirements all individuals needing mental health rehabilitation and support.

   The service redesign will consider a full range of opportunities in line with national guidance, to include:

- Level 1 Community Enhanced Rehabilitation team
- Level 1 Inpatient Rehabilitation
- Level 2 Inpatient Rehabilitation.

Outcomes:

Rehabilitation Pathway:

1. A Robust, Evidence-Based Clinical Pathway:

A clearly defined, end-to-end rehabilitation pathway that aligns with national guidance, patient needs, and service objectives.

2.Enhanced Community Rehabilitation Team Integration:

Specifications for the role and functions of the community rehabilitation team, ensuring effective coordination with inpatient services, outpatient supports, and community-based interventions.

3. Informed by Best Practice and Benchmarking:

Incorporation of lessons learned from other successful rehabilitation services, ensuring the pathway is both innovative and contextually appropriate.

4. Patient-Centred Improvements:

Documented patient input and feedback used to tailor the pathway, resulting in more responsive, accessible, and person-focused care interventions.

5. Clarity on Partnership Agency Involvement:

A clearly defined strategy for involving external providers in Level 1 rehabilitation, including identified benefits, challenges, and recommended collaborative arrangements.

6. A Roadmap for Implementation:

A finalised pathway ready to guide resource allocation, staff training, service planning, and subsequent implementation steps in the adult mental health rehabilitation redesign programme.

Is this a review of an existing activity, new activity, planning to withdraw or reduce a service, activity, or presence?

Review of EHIA as good practice whilst following the Getting Right First-Time methodology as part of the major change process. This consists of a review and quality improvement of an existing service, in addition to review of rehabilitation which requires changes to the current service provision based upon commissioning guidance. • NHS England » Commissioner guidance for adult mental health rehabilitation inpatient services
Which stakeholders will be affected by the development & implementation of this activity? Service user, staff, patient, communities, partner organisation
Service Users Staff Partner Organisations Communities Families / Carers / Loved Ones

Section 3 – Sources of evidence and engagement

What information and evidence have you reviewed to help inform this assessment? (Please name sources, e.g. demographic information for patients / services / staff groups affected, complaints etc.)
Services affected: Rehabilitation Units: • Cromwell House Inpatient Level 1 rehab unit • Keith Winter House Inpatient Level 1 rehab unit • Oak House Inpatient Level 1 rehab unit Staffing groups affected: Nursing, Occupational Therapy, Medical, Psychology, Administration, students. Patient cohort affected: • Adult (over age 18yrs) mental health rehabilitation service users across Herefordshire and Worcestershire, in addition to service users placed out of county in Level 2 rehabilitation facilities. Evidence reviewed: • Evidence from established services across the UK utilising MDT full pathway models. • National Benchmarking report 2022 • GIRFT reports on Rehabilitation and Adult Crisis and Acute Mental Health Care. • Rehabilitation NICE guidelines (NG181) Rehabilitation for adults with complex psychosis • Standards for Community Mental Health Rehabilitation Services (1st Edition), (Royal College of Psychiatry, 2022) • Standards for Inpatient Mental Health Rehabilitation Services (4th Edition), (Royal College of Psychiatry 2020). • NHSE Commissioning guidance for adult mental health rehabilitation inpatient services (2024). • NHSE Commissioning guidance for adult mental health community rehabilitation services (2025) • Published research – literature reviews

- Staff complaints, compliments, PALs and other surveys
- NHS Mental Health Implementation Plan
- NHS Long Term Plan
- National Institute for Health and Care Excellence guidance
- National Institute for Health and Care Excellence (NICE) Rehabilitation for Adults with Complex Psychosis
- Prescribing Observatory for Mental Health (POMH)
- National Confidential Inquiry into Suicide and safety in mental Health (NCISH)
- National Clinical Audit of Psychosis (NCAP)
- Site visits of partner agencies who can provide L1 & L2 Rehabilitation services.

Summary of engagement or consultation undertaken (e.g. who and how have you engaged, or why do you believe this is not required). If engagement is required, please contact the Public and Patient Engagement Experience and Participation team (whcnhs.ehia@nhs.net) who can advise and support you.

Engagement:

- There has been engagement with stakeholders since the programme was first initiated in 2023. There has been a public pre-consultation events where a report has been completed.
- The programme has two participation partners, who are active within working groups, steering group and Programme Board.
- Stakeholders who attend Programme Board and Steering Group include:
- ICB
- WCC
- VCSE
- Stakeholders, throughout the trust, ICB, and GP colleagues have been regularly visited and updated in addition to regular drop ins and communication.
- Health Overview Scrutiny Committee (HOSC) has been attended on two occasions. NHSE and Clinical Senate are supporting the major change process.
- Clinical Rehabilitation Pathway workshop incorporating systemwide partners to contribute to the redesign.

Summary of relevant findings

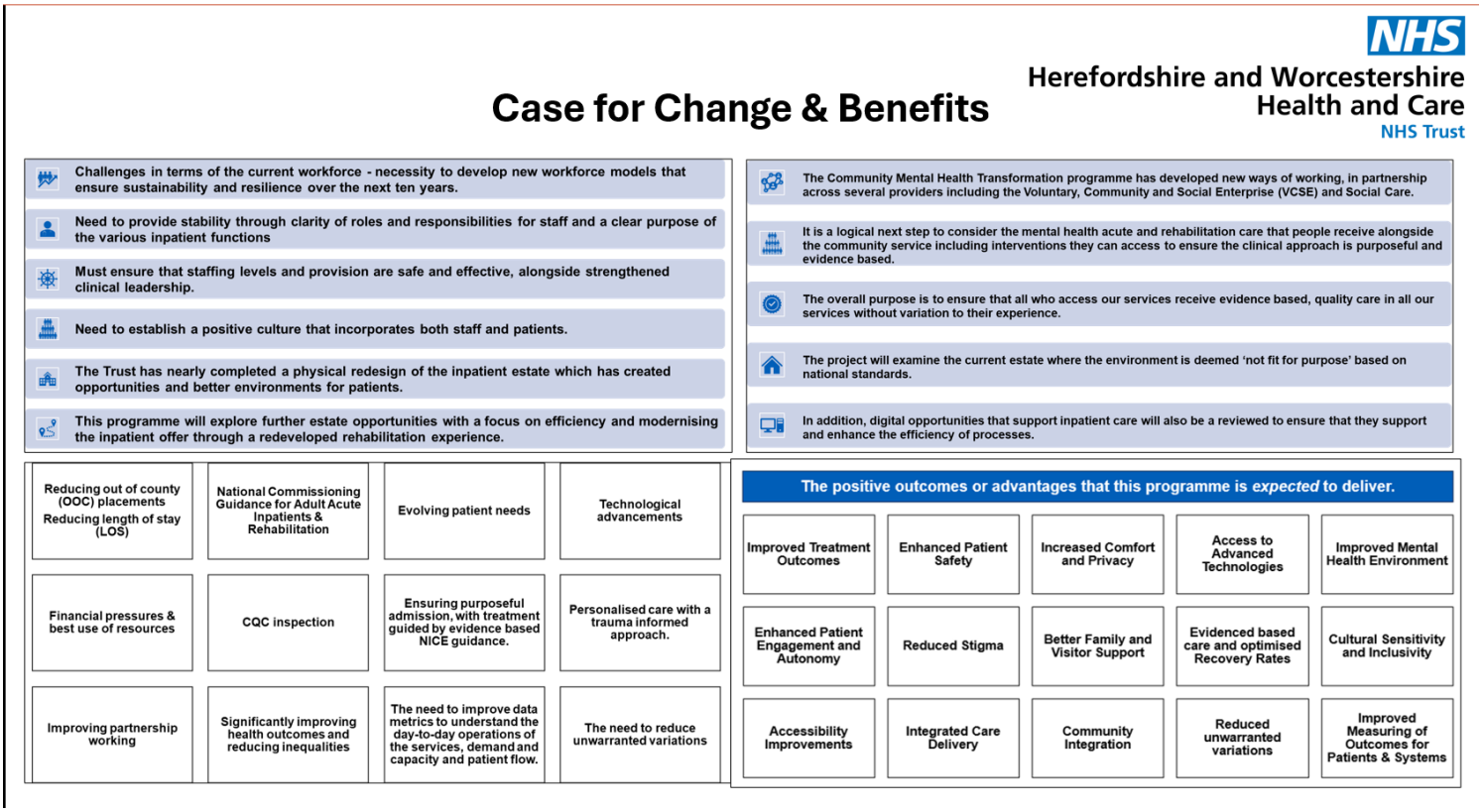
The programme is following the following schedule:

Phase 1	Development of Programme Initiation Document (PID) and programme governance (Jan 2023 – May 2023)	Complete
Phase 2	Ideas formulation/hurdle process/patient & staff Engagement/ public engagement feedback formulation (May 2023 – Apr 2024)	Complete
Phase 2A	Finalise case for change. Strategic sense check. Develop options appraisal. Finalise PCBC. Service Improvement & Rehab deep dive. (May 2024 – May 2026) NHSE Stage 1 Meeting (May 2025) Clinical Senate (January 2026 – May 2026) NHSE Stage 2 Meeting (April/May 2026)	Commenced May 2024

Phase 3	Public Consultation & service improvement. (June 2026 – October 2026)	Not started
Phase 4	Implementation.	Not started

It is evident from both the commissioning guidance and further evidence bases that Adult Mental Health inpatient wards are requiring an improvement approach; Adult Mental Health Rehabilitation Service require transformation.

The case for change:



The programme has already undertaken, hurdle criteria, and nominal group ranking sessions. The programme has three remaining options which an options appraisal will take place.

The introduction could have a positive impact upon patient experience by:

- Minimising out of county placements for level 2 rehabilitation
- Increasing the number of people able to access rehabilitation services.
- Introducing a community focused rehab offer – which will be beneficial to the largest cohort of patients.
- Increase efficiency of current level 1 rehab beds by allowing streamlined transition.
- Improve patient experience and outcomes.
- Increased cost effectiveness
- Reduce reliance on inpatient acute beds and inappropriate length of stays.
- Requires redesign of staff roles to adapt to the provision of community rehab.
- Eradication of unwarranted variation across units.

Section 4 – Potential impacts on the Protected Characteristics

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. Please put an x in one or more impact box below for each Equality Group and explain your rationale. Please note the potential impact can be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, the public, patients, carers, etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
Age - People from different age groups		x	x	**Neutral Impacts** **This is standard practice:** The Rehabilitation services will be for adults age 18yrs with no upper age cap. At the upper end of the age range, Access & Mobility: Redesigned services must consider physical accessibility, transport, and digital literacy. Complex Needs: Older patients often have multiple conditions requiring integrated care. There will be which is decided on a patient-by-patient basis and where their needs are best met. **Positive Impacts:** **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) means partners or carers may need to travel further to be treated as an inpatient. This is counter balanced by the ability to move into the community in a timelier manner and for patients to be treated within their own home.
Armed forces (as per the Armed forces act 2021) The Armed Forces Act 2021 introduced a new requirement for some public bodies, including the NHS and local authorities, to pay due regard to the principles of the Covenant		x		**Positive Impacts:** **Neutral Impacts:** Redesign of services will not change the current access to services for this equality group. **Negative Impacts:**

Disability - People with visible and hidden disabilities; physical attitudinal and societal impacts	x	x	x	**Positive Impacts:** The offer of community rehabilitation will mean improved engagement in a person's home/ community environment meaning inclusion of care planning to suit individualised needs. Delivering care in the community will better integration with communities and carers/ families. **Standard Practice:** Learning Disability / Autism: All staff are required to complete Oliver McGowan Training. In addition, each area will have a Green Light Champion. Patients identified as having a learning disability or an autism diagnosis will have a Care and Treatment Review (CTR). A CTR is independent, person-centred reviews for autistic individuals with a learning disability in the UK who are in, or at risk of being admitted to, a mental health or learning disability hospital. Yearly Patient Led Assessments of the Care Environment (PLACE) Audit is the system for assessing the quality of the patient environment, this assesses privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability. **Hidden Disabilities:** **Standard Practice:** There is currently no braille signage on the wards. There is currently no hearing loops installed on the wards – The service lead is looking to manage this and where possible installation. This is currently being costed for Keith Winter House, but not as yet for CWH or Oak until the redesign has clear outcomes based on cost vs benefit at this late stage in the process. All patients who require interpretation services can access these.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
				The Trust is in the process of offering British Sign Language sessions for all staff. This will require engagement from staff across the organisation, and operational manager will require a strategy to build engagement and attendance. **Neutral Impacts**: **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) means partners or carers may need to travel further to engage. This is counter balanced by the ability to transition into the community in a timelier manner, in addition to patients being treated in their home environment. Current Level 1 rehab units are not able to cater for people with some physical disabilities due to the structure of buildings. There is no ability to change current building structures to accommodate need. There is minimal ability to influence environments for out of county level 2 beds in the current service provision currently, however this is being explored as part of the programme.

Ethnicity/Race/Nationality - Black and minority ethnic people; Gypsy and Traveller people, different ethnic groups; language	x	x	x	**Positive Impacts:** An introduction of a community rehabilitation service can allow increased opportunity and access for people with BAME backgrounds – engaging in community integration and social inclusion. A community offer will be needs specific which includes a focus on religious/ cultural or other needs specifically linked to the racial or religious needs - including supporting attendance at religious institutes and re-integration into their community-based belief systems or engaging with community groups/ projects specifically orientated towards meeting same needs. **Standard Practice:** Current Rehabilitation services are not fully orientated to adapt to people's ethnic/ Race/ Nationality requirements and units make adaptations on an ad-hoc basis. The ability to address is primarily based on environment - example prayer rooms are added into "lounges" as needed - as this is environmental teams mitigate where possible. The organisation also offers the following staff networks: Armed Forces network was created in recognition of the challenges faced by people who serve or have served in the armed forces, and are now working in an alternative, civilian workplace. The Trust will work collaboratively with the network on any matters relating to the Armed Forces Covenant and anything related to the armed forces. Carers network has been set up to provide a supportive forum for staff who are working carers or staff who want to understand how best to support their carer colleagues. ENRICH (Equality Network for Race Inclusion and Cultural Heritage) network consists of a range of staff whose aim is to work with the Trust at all levels, to provide an effective and autonomous voice for ethnic minority communities, through inclusion, diversity, and equality.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
				Faith and Spiritual Network: This is a multi-faith network with the purpose of bringing together representatives from different religions and beliefs to appropriately address and debate the religious/non-belief and spiritual needs of our staff which impact on better outcomes for our patients. It is also a forum to address and share good practices of religious/beliefs that have a positive impact on people's health. Please contact Charles Stubbings, Lead Chaplain and Pastoral Support, for more information. IADA (I Am Differently Abled) network provides a forum for disabled staff to share knowledge and experience in a safe and supportive environment and use a collective voice to contribute to the Trusts disability agenda. LGBT+ (Lesbian, Gay, Bisexual, Trans, and others) network was developed to provide a safe, supportive, and open environment to all LGBT+ staff, and all staff who are enthusiastic and committed to driving change and advancing Equality and Diversity, in keeping with the Trust's message of inclusiveness: 'Together We Can'. Patient and Public Engagement, Experience and Participation Team can support units with queries / questions in relation to ethnicity/race/ nationality based on their role within the organisation **Neutral Impacts:** **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) may impact accessing local religious groups which a patient may be affiliated to – however support would be offered to attend these with supporting travel.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
Gender Reassignment - Gender Identity and Gender expression, Transgender and Transexual people	X	x		**Neutral Impact:** **Standard Practice** The trust is working towards a policy, which will align with National Guidance in 2025. Risk assessments undertaken with all other patients for safety and trauma reasons. There is a Sexual safety policy and Sexual safety awareness training and literature is being developed. **Positive Impacts:** Introduction of a community rehabilitation service will enable adaptions to include specific and patient identified social inclusion and community engagement to meet gender needs. The community offer increases access by allowing for rehabilitation needs in a community space with access to more aligned activities. Reduced beds will enable community activity to happen which cannot currently. **Negative Impacts**:

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
Marriage & Civil Partnerships -People who are married or in a same sex or heterosexual civil partnership –	x	x	**x**	**Positive Impacts:** The introduction of a community rehabilitation team allows the flexibility of treating patients in their own home without the requirement of an inpatient provision. As with all care, carer/family impact will be assessed with every referral which will allow for appropriate decision of where patients need are best served. Based upon engagement feedback the experience of patients being separated from loved ones can be very difficult, a community offer ensures there is no separation. Also taking into consideration “think family” approach and carers needs. **Neutral Impacts:** The redesign of services will not change the current access to services for this equality group. **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) means partners or carers may need to travel further to visit loved ones.

Pregnancy & Maternity - Women and people who are pregnant or on maternity leave		x	x	**Neutral Impacts:** **Standard Practice** Community rehabilitation services will afford mothers engagement with social and communities as well as remain focused on family life in a supported manner. Early pregnancy managed within current mental health services following a risk assessment. Acuity of the wards would be reviewed and establish an appropriate placement for a pregnant woman based upon risk to patient and unborn. Should the environment be deemed too high risk to the mother alternative placements can be sought. In the third trimester, there should be consideration of transfer to a mother and baby unit (where appropriate), these services would be involved from the start to ensure transfer of care is seamless. Perinatal mental health services would be considered during pregnancy and in the postnatal period and referral where appropriate. Pregnancy tests undertaken when clinically indicated. Patients who are an acute ward will receive support from perinatal mental health team and maternity (where required), where required a mother and baby unit would be considered. There is continuous assessment of risk to mother and baby. **Positive Impacts:** **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) means partners or carers may need to travel further to visit loved ones. This is counter balanced by the ability to move into the community in a timelier manner and offer treatment in their home environment. Where an inpatient bed in required for a mother and baby a specialised unit would be sourced if this were to be considered appropriate by the Perinatal Mental Health Team.

Religion & Belief - People with / of different religions or those with strongly held philosophical beliefs or no belief	x	x	x	**Positive Impacts:** An introduction of a community rehabilitation service can allow increased opportunity and access for people with BAME backgrounds – engaging in community integration and social inclusion. A community offer will be individual need and a focus on religious/ cultural or other needs specifically linked to the racial or religious needs - including supporting attendance at religious institutes and re-integration into their community-based belief systems or engaging with community groups/ projects specifically orientated towards meeting same needs. A community offer can have positive effect for those who struggle to engage with mental health services, this offer can adapt the approach based on individual and family need and see patients in differing locations where the patient would consider this to be more acceptable. **Neutral Impact** **Standard Practice:** Current Rehabilitation services are not fully orientated to adapt to people's ethnic/ Race/ Nationality requirements and units make adaptations on an ad-hoc basis. The ability to address is primarily based on environment - example prayer rooms are added into "lounges" as needed - as this is environmental teams mitigate where possible. Patients and staff have access to the chaplaincy service, who can connect with other religious leaders and cultural leads to support patients. Multi-faith rooms or areas are available in some hospitals and more are planned. Where there is no dedicated room available, we provide a multi-faith provision for most mainstream faiths, and we aim to respond to any spiritual needs you may require. Multi-faith rooms also provide a quiet space for reflection. The organisation recognises national inclusion week, Founded by Inclusive Employers, National Inclusion Week (NIW) is a week dedicated to

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
				celebrating inclusion and taking action to create inclusive workplaces. **Neutral Impacts:** Redesign of services will not change the current access to services for this equality group. **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) may impact accessing local religious groups which a patient may be affiliated to – however support would be offered to attend these with supporting travel.
Sex - Women, men, non-binary	x	x		**Positive Impacts:** Introduction of a community rehabilitation service will enable adaptions to include specific and patient identified social inclusion and community engagement to meet gender needs. The community offer increases access by allowing for rehabilitation needs in a community space with access to more aligned activities. Reduced beds will enable community activity to happen which cannot currently. **Neutral Impacts:** Redesign of services will not change the current access to services for this equality group. **Standard Practice:** The trust is working towards a policy, which will align with National Guidance in 2025. Risk assessments undertaken with all other patients for safety and trauma reasons. There is a Sexual safety policy and Sexual safety awareness training and literature is being developed. **Negative Impacts:**

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
Sexual Orientation: Lesbian, gay, straight, or heterosexual, bisexual, other	x	x		**Positive Impacts:** Introduction of a community rehabilitation service will enable adaptions to include specific and patient identified social inclusion and community engagement to meet gender needs. The community offer increases access by allowing for rehabilitation needs in a community space with access to more aligned activities. Reduced beds will enable community activity to happen which cannot currently. **Neutral Impacts:** The trust is working towards a policy, which will align with National Guidance in 2025. Risk assessments undertaken with all other patients for safety and trauma reasons. There is a Sexual safety policy and Sexual safety awareness training and literature is being developed. Redesign of services will not change the current access to services for this equality group. **Negative Impacts:**

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area of inequality, income, resident status Refugees, asylum seekers or those experiencing modern slavery (migrants) and other groups experiencing disadvantage and barriers to access. These include Looked after children and young people, Carers of patients: unpaid, family members. People involved in the criminal justice system: offenders in prison/on probation, ex-offenders. Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	x	x	x	**Positive Impacts:** Rehabilitation services are designed to be person centred and cater to the individual needs/ wishes/ backgrounds/ characteristics of a person. The introduction of community rehabilitation service will enable access to closer community engagement and social inclusion opportunities, thereby meeting a person's holistic needs. In addition, VCSE offers would be promoted (Carers and beyond). VCSE will an important element of the Rehabilitation Pathway and have been engaged throughout the programme and further engagement will be required when at implementation and mobilisation stage. Homeless patients– Complex Discharge Facilitators and Housing support will be an element of the rehabilitation pathway. In addition, the team will "in reach" into providers (supported accommodation etc) to support the placement and offer early intervention , education and preventative work. **Neutral Impacts:** **Standard Practice**: The service is anticipated to have no exclusion criteria providing there is an identified mental health need. Homeless patients– Complex Discharge Facilitators within the Patient Flow Team liaise with local housing authority – emergency accommodation sought, and no one is discharged without somewhere to go. Carers are considered within every assessment and revisited during patient care where onward referrals / carers assessments may be required. Sign posting is also utilised for application of carers allowance. There will be a "Think Family" approach. Services engage with other organisations a patient may be involved with i.e. Criminal Justice to ensure clear communication and care planning.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral, or negative impact identified
				Across rehabilitation units, carer focussed sessions are held, these are educational and Peer. This would be replicated in a community offer. In addition, VCSE offers would be promoted. VCSE will be part of the Rehabilitation Pathway. **Negative Impacts:** Redesign of a Level 1 provision to a single location (should this be the final option supported) means partners or carers may need to travel further to engage. This is counter balanced by the ability to move into the community in a timelier manner and allow patients to be treated in their own home with their families, loved ones and social networks.

Public Sector Equality Duty

The Public Sector Equality Duty came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the NHS are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010;
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?	x	x
Uncertain if the proposal will support?		

This proposal **may support** reducing inequalities in health care and health outcomes by providing a wider level of support across Herefordshire and Worcestershire. There is an acknowledgement of a bed reduction, however this has been anticipated within the service redesign and is based upon a successful Leicestershire NHS model. The new pathway will seek to improve care, providing care where possible in patients own homes which positively impact recovery rates and onward recovery. It is acknowledged as a system there may be only one Level 1 inpatient setting, and there will be an impact on families/carers and loved ones visiting sites, to note that the sites are on public transport routes.

Level one providers have been assessed and evaluated in Herefordshire, with no possible outcome at this time.

Level 2 beds, which are currently outside of the ICB footprint (Local trust do not offer Level 2 beds) the programme is looking an options to source this closer to home with one / two providers – this is exploratory and not confirmed as a decision.

Section 5 – Negative Impacts, Mitigations and Risks

Risk	What mitigations will be put in place to address each negative impact?	'Who will be the owner and be responsible for the delivery of each mitigation?	How will you monitor these actions for each mitigation?	Please give details of how this is a risk to the organisation and how those risks will be mitigated.
Redesign of staffing roles - potential loss of staff during process	Staff are engaged and involved within the redesign process, with opportunity to make comment of contribute via identified routes of communication. Staff will be engaged with HR processes as early as possible to understand future employment roles / offers.	Programme Team Clinical Services Manager	Staff feedback Risk register and Ulysses reporting – specially to employment and retention of staff. Workforce data	Risk to the organisation by an inability to retain staff due to changes. Continued engagement and communication with staff.
Finance	Potential that redesigned pathway is financially not viable.	Finance	Robust options appraisals will include financial impact/ consequences	Robust options appraisals will include financial impact/ consequences. Redesign can be reviewed based on outcome of options appraisal
Patients/ families and carers having to travel to one system provided resource for Level one (if the options appraisal chooses this option)	Patients would be supported to access their local community with staff support where this is required. Patients will now have a possibility to be treated at home (where clinically appropriate). Level one unit in Worcestershire and Herefordshire are on local transport routes.	Operational / Clinical teams	Patient/ Family feedback Staff Feedback Outcome measures	Risk to the organisation is the family/loved one accessibility to patients who may be placed in one unit for the system. Engagement with public, in addition HOSC.
Ethnic Groups accessing services due	Where there are identified groups that will struggle to adapt or engage with services, the community rehabilitation team will	Clinical Teams	Patient/ Family feedback Staff Feedback	A community rehabilitation model allows further adaptation to meet the needs of patients / carers and loved ones which an inpatient

to beliefs held.	have the ability to adapt their approach on a need's basis. This will also include use of language and providing information in an accessible way.			facility is unfortunately unable to provide due to the nature of care needing to be delivered.

Review of EHIA

When will you review this EHIA? (e.g. in a service redesign, this EHIA should be revisited regularly throughout the design & implementation phase) Please include expected dates.
The programme will be due to be completed as follows

Phase 1	Development of Programme Initiation Document (PID) and programme governance (Jan 2023 – May 2023)	Complete
Phase 2	Ideas formulation/hurdle process/patient & staff Engagement/ public engagement feedback formulation (May 2023 – Apr 2024)	Complete
Phase 2A	Finalise case for change. Strategic sense check. Develop options appraisal. Finalise PCBC. Service Improvement & Rehab deep dive. (May 2024 – May 2026) NHSE Stage 1 Meeting (May 2025) Clinical Senate (January 2026 – May 2026) NHSE Stage 2 Meeting (April/May 2026)	Commenced May 2024
Phase 3	Public Consultation & service improvement. (June 2026 – October 2026)	Not started
Phase 4	Implementation.	Not started

The options appraisal will require review of the EHIA.

The EHIA will be reviewed a minimum of 6 monthly throughout the process

Please indicate which committee will this go through *(the SRO will be responsible for advising the committee and updating them)*

Which committee will this go through *(the SRO will be responsible for advising the committee and updating them)*
Programme Steering Group, Programme Board and Trust Programme Management Board. As part of business as usual this will go through integrated governance, quality and safety reporting.

Section 7 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the nine protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

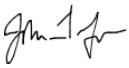
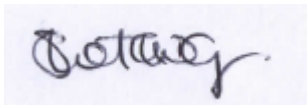
1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc., and as such treat them and members of the workforce respectfully, paying due regard to the nine protected characteristics.

1.4 Our organisations are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will need to assess that the Adult Mental Health Rehabilitation Redesign and Acute Inpatient improvement is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

1.5. Herefordshire and Worcestershire Health and Care NHS Trust must meet its statutory duty to reduce inequalities of access and outcomes, as set out in the NHS Act 2006 (as amended). As a result, the Herefordshire and Worcestershire Health and Care NHS Trust aims to design and implement policy documents that seek to reduce any inequalities that already arise or may arise from any new policy. Therefore, Herefordshire and Worcestershire Health and Care NHS Trust will consciously consider the extent to which any policy reduces inequalities of access and outcomes.

1.6. Any change to a service will require a conscious effort from the author(s) of that change to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of the Project/Service, the commissioners and or Providers, who are implementing the said Project and or service will seek to minimise such an impact and simultaneously conduct a full review.

Signature of Senior Responsible Officer / Lead for the Activity	 John Devapriam, Medical Director
Date signed	14/08/2025 Originally agreed 14/08/2025, review at EAG and updated following discussion, re agreed: ???2025
Signature of Author completing the EHIA	 Alison Marshall – Clinical Service Manager 

	Sian Westaway – Deputy Programme Director
Date signed	Originally agreed 14/08/2025, review at EAG and updated following discussion, re agreed: 16/10/2025
Organisational Sign Off (Director of People / Director of Strategy and Partnerships)	 Sue Harris, Director of Strategy, People & Culture
Date signed	09/07/2026
Organisational Sign Off (Director of Patient Experience, Digital and Innovation)	 Gemma Artz, Director of Patient Experience, Digital and Innovation
Date signed	09/07/2026

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