



Northern Health
and Social Care Trust

Reconfiguration of Domiciliary Care Services

**Consultation and Equality Impact Assessment – January
2009**

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Executive Summary

The Northern Health & Social Care Trust provides a wide range of services to people living within the Trust area.

Domiciliary Care (sometimes also referred to as ‘home help’) is provided to approx 3766 service users by the Trust’s ‘in-house’ service (staff employed directly in the Trust) – this currently equates to approx 82%, with the remaining 18% being provided by Independent Sector providers with whom the Trust contract.

We know that the Independent Sector providers are able to deliver each hour of domiciliary care at a rate that is, on average, about £3.19 less than the cost of the Trust delivering an hour through its in-house service.

The Trust has assessed the current provision of domiciliary services, and proposes the following:

- It is proposed to increase the input from Independent Sector Providers in providing domiciliary care services to achieve improved value for money, flexibility and capacity to expand this service as we expand home based support, avoiding longer than necessary stays in hospital and as an alternative to residential care.

Through the proposed new arrangements, overall spend on domiciliary care hours will reduce, while maintaining the same level or volume of service to our population served. By commissioning a higher proportion of the overall service from the Independent Sector, we estimate a saving of approximately £3.19 for each hour of service delivered. The provisional estimate converts to approximately £1.2 million per year potentially being saved, with no reduction of service volume or quality, by 31 March 2011. Both the Trusts in-house service and the Independent Sector providers are regulated by the same authority (RQIA) and both must achieve the same quality standards.

It is not planned that there will be any compulsory redundancies as a result of this proposal. It is hoped that a balance of workforce controls, suitable alternative employment, voluntary redundancies and early retirement will be sufficient to avoid the need for any compulsory redundancies.

This consultation is seeking your views on these proposals. You can write to the Trust, or use the Consultation Proforma Form (at the back of this document). Public meetings about these proposals are also planned and dates are included in this document and in local papers. Documents are available on the Trust web site or by contacting the Trusts Equality Unit. The closing date for the consultation is 6 March 2009.

Introduction

The purpose of this document is to seek views on the Northern Health and Social Care Trust's proposed reform and modernisation of Domiciliary Care Services.

Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Equality Commission for Northern Ireland (ECNI) approved the Trust's Equality Scheme in June 2001. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75. Following approval of the Scheme, existing policies were screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- Is there any evidence of higher or lower participation or uptake by different groups?
- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy issue?
- Is there an opportunity to promote equality of opportunity between the relevant different groups, either by altering the policy, or by working with others in government or in the larger community, in the context of the policy?
- Have consultations with relevant groups, organisations or individuals indicated that policies of that type create problems specific to any relevant group?

Further, the Trust gave a commitment to apply the above screening methodology to all new and revised policies as an integral part of the development process and where necessary and appropriate to subject new policies to further equality impact assessment.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

Comprehensive Spending Review

In January 2008, the Trust received notification from the Department of Health, Social Services and Public Safety (DHSSPS) of the investment funds expected in services in the Northern Board area over the period 2008-2011 and the requirement to deliver cash releasing efficiency savings of £44m over the same period. The 2008-2011 Comprehensive Spending Review (CSR) Cash Releasing requirement will represent the greatest financial challenge in the history of the Northern Ireland Health and Personal Social Services. The Northern Health and Social Care Trust has responded to this challenge and has identified, through a process of reviewing all aspects of its organisation and services, proposals to achieve the required savings. Underpinning the overall approach will be a culture of financial stability and respect for financial control, whilst keeping the patient/client at the centre of all we do.

The Trust identified proposals across its service areas that it considered would, if implemented, contribute to achieving the required savings over the three year period. Many of these proposals were not driven by achieving savings but were in keeping with the aims of health and social care to support people to live independently, at home, avoiding the need for hospitalisation and institutional care where possible. In achieving these aims there is also potential for improved efficiency. These proposals are draft and decisions have not been made. The Trust has equality screened all the proposals and indicated where a full equality impact assessment (EQIA) would be carried out. The Trust has produced and consulted on an overarching Equality Impact Assessment (EQIA) which details the outcomes of the screening process. The views of a wide range of stakeholders were sought during the consultation of the overarching EQIA.

This consultation document sets out the full Equality Impact Assessment on one of the proposals screened in for EQIA, namely the reconfiguration of Domiciliary Care Services. This EQIA has been conducted to ensure that the Trust fulfils its Section 75 equality obligations and will determine any equality implications for those directly affected by the proposal.

This report has been made available as part of the Formal Consultation stage of the EQIA on the reconfiguration of Domiciliary Care at the Northern Health and Social Care Trust. The Trust welcomes your views on:

- this EQIA,
- data sources relied upon, and
- mitigation measures that have been identified for those directly affected by these proposals.

A copy of this EQIA report is available on the Trust's website at <http://www.northerntrust.hscni.net>.

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:

Alison Annett
Head of Equality
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

E-mail: equality.unit@northerntrust.hscni.net

Deadline for comments will be 6th March 2009.

To facilitate comments please see Appendix 1 – Consultation Proforma.
Following consultation a summary report will be made available.

In compliance with the legislation, when making any final decision the Trust will take into account this equality impact assessment and the feedback received from any consultation carried out in relation to these proposals.

Background to the Proposal

Context

The Comprehensive Spending Review requires the Trust to generate savings of £44 million during the next three years. The Trust has identified a number of projects that, once implemented, should generate these savings. The reconfiguration of domiciliary care services is one of these.

Through this proposal the Trust intends to rebalance the delivery of domiciliary care services, reducing the proportion provided by the in-house service, and increasing that provided by the independent sector. If implemented, by the end of the three-year period, the Trust will have reduced in-house provision by approximately 360,000 hours, transferring that number of hours to the independent sector.

With the anticipated new arrangements, overall expenditure on domiciliary care hours will reduce, while maintaining the same level of service to our population. By commissioning a higher proportion of the overall service from the independent sector, we estimate a saving of approximately £3.19 for each hour of service delivered.

The reconfiguration of domiciliary care services will deliver a more flexible, responsive service for our service users. The Trusts proposes to contract with the Independent sector providers to facilitate the provision of a considerable proportion of our overall service. The independent sector will provide services that complement those delivered by the Trust's in-house service, and those services will be provided in an effective manner and delivered on a value-for-money basis. The proposed arrangements will achieve cost savings of £1,200,000 by 31/3/2011 with no reduction of service.

The project will create systems that readily provide us with accurate and robust information about the provision of domiciliary care services. This will enable the Trust to manage services in the best possible way, and allow the Trust to review and approve submitted invoices at a central point. This will reduce the use of professional time in this task and should improve the cash flow for providers. It should also assist the Trust's ability to assess current provision and identify trends and gaps in service delivery, improving the capacity to make informed decisions about future services.

Current Service Provision in Northern Trust

At present the Trust provides a much greater proportion of domiciliary care (82%) through its in-house service, with only 18% being sub-contracted to the Independent Sector Providers. The Trust currently provides care to more than 3,766 service users, with more than four out of five service users being older persons or persons with dementia.

The Trust employs approximately 1,480 staff to deliver the service, with the total cost of provision being in excess of £26 million. This figure includes costs for staff delivering care, management and travel.

Currently the Trust pays more than £4.5 million to the independent sector providers in return for additional domiciliary care.

Aim of Proposal

To deliver a more flexible, responsive domiciliary care service with the independent sector providing more services to complement those delivered by the Trust.

Consideration of Available Data and Research

In keeping with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data was drawn from a number of sources to inform this EQIA. In conducting this EQIA, the Trust took into account data and research findings from the following sources.

The following data sources were relied upon to inform the development of this proposal:

- Programme for Government (PFG) 2008/11
- DHSSPS Priorities for Action (PFA) 2008-09
- Northern Ireland Statistics and Research Agency(NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- The Equal Opportunities Commission for Northern Ireland (EOCNI) Cost of Caring Report 1993
- Regional Strategy 'A Healthier Future (2005-2025)
- Health and Well Being Survey 2005
- 2001 Census of Population (Northern Ireland)
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- NHSSB Health and Wellbeing Investment Plan (HWIP)
- NHSCT Strategic Response to the Comprehensive Spending Review 2008 – 2011
- Available data in respect of Section 75 groupings for current service users and staff
- Adding Years to Life - Dementia and Mental health Services for Older People – A Service Strategy for the Northern Area (NHSCT, NHSSB)
- Living Well, Ageing Better – A Strategy for Services for Older People 2006 - 2011, Northern Health and Social Care Trust
- Key strategies such as “Caring for People Beyond Tomorrow”, DHSSPS, June 2004
- Bamford Review
- Trust Delivery Plan
- Soscare (Social services Client Administration and Retrieval Environment)

Profile of Northern Health & Social Care Trust Resident Population

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965)
Gender	Female 51.25% Male 48.75%
Age	0 -15 23.09% 16-24 11.91% 25-44 29.34% 45-64 22.38% 65-84 11.94% 85+ 1.33%
Religion	Protestant 56.44% Roman Catholic 29.07% Not Known 14.44%
Political Opinion	Not collected
Marital Status	Single 30.63% Married 57.60% Not Known 11.77%
Dependent Status (based on 158,520 households)	Households with dependent children 36.40%
Disability (based on 158,520 households)	Household with one or more persons with a limiting long term illness 38.61%
Ethnicity	Black African – 0.02% Irish Traveller – 0.05% Bangladeshi – 0.01% Pakistani – 0.04% Black Caribbean – 0.01% Mixed Ethnic Group– 0.18% Chinese – 0.23% White – 99.29% Indian – 0.09% Not Known – 0.05% Other Black – 0.01%
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008

Population Profile by Age (Mid Year Population Estimates for 2006)

Age Band	Local District Government Area										Total NHSCT Population
	Antrim	Ballymena	Magherafelt	Cookstown	Larne	Carrickfergus	Newtownabbey	Coleraine	Ballymoney	Moyle	
0-4	3800 7.2%	4000 6.4%	3100 7.2%	2500 7.1%	1800 5.7%	2500 6.2%	5200 6.4%	3200 5.6%	2000 6.7%	1000 6.0%	29100
5-19	11100 21.1%	12100 19.5%	9500 22%	7800 22%	6100 19.4%	8000 20%	16100 19.7%	11700 20.6%	6200 20.8%	3500 20.8%	92100
20-64	31500 60%	36400 58.6%	25500 59.2%	20800 58.8%	18600 59.2%	23800 59.4%	48000 58.7%	32700 57.7%	17400 58.4%	9600 57.1%	264300
65-74	3600 6.9%	5200 8.4%	2800 6.5%	2300 6.5%	2800 8.9%	3200 8.0%	6700 8.2%	5100 9.0%	2300 7.7%	1500 8.9%	35500
75-84	1900 3.6%	3300 5.3%	1700 3.9%	1500 4.2%	1600 5.1%	2000 5.0%	4500 5.5%	3000 5.3%	1400 4.7%	900 5.4%	21800
85+	600 1.1%	1100 1.8%	500 1.2%	500 1.4%	500 1.6%	600 1.5%	1300 1.6%	1000 1.8%	500 1.7%	300 1.8%	6900
All Ages	52500	62100	43100	35400	31400	40100	81800	56700	29800	16800	449700

Source: Northern Ireland Statistics and Research Agency (NISRA) - Northern Health and Social Services Board – Mid Year Population Estimates for 1991, 2001 & 2006

* The above MYE figures are rounded to the nearest 100 and therefore totals may not agree to sum of components.

* There may be some level of inaccuracy in the above data given groups such as migrant workers (and others) who may not be reflected within the census.

The above table shows that the age breakdown is broadly similar across all 10 local District Government areas in terms of population percentage.

The following table shows population projections for the NHSCT. These projections are based on the 2002 mid-year population estimate.

Population Projections for NHSCT (2007–2017)

Projected Population - NHSCT							
	2007	2009	2011	2013	2015	2017	2007-2017
0-4	27389 (6.2%)	27264 (6.1%)	27334 (6.1%)	27504 (6.1%)	27678 (6.1%)	27850 (6.1%)	461 (2.5%)
5-19	92351 (21.0%)	90894 (20.5%)	89536 (20.0%)	88530 (19.6%)	87814 (19.3%)	87073 (19.0%)	-5278 (-28.4%)
20-64	257,065 (58.4%)	259,030 (58.3%)	260,928 (58.2%)	261,793 (57.9%)	262,739 (57.7%)	263659 (57.4%)	6594 (35.4%)
65-74	35000 (7.9%)	37245 (8.4%)	39080 (8.7%)	41089 (9.1%)	42545 (9.3%)	43859 (9.6%)	8859 (47.6%)
75-84	21,566 (4.9%)	22178 (5.0%)	22954 (5.1%)	24076 (5.3%)	25303 (5.6%)	26553 (5.8%)	4987 (26.8%)
85+	7122 (1.6%)	7693 (1.7%)	8277 (1.8%)	8833 (2.0%)	9427 (2.1%)	10109 (2.2%)	2987 (16.1%)
All Ages	440493	444304	448109	451825	455506	459103	18610

Source: NISRA (Northern Health and Social Services Board Mid Year Population Estimates for 1991, 2001 & 2006)

*These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns.

The table indicates that the NHSCT population is expected to increase by 4.2% by 2017 (an increase of 18,610 people).

The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over a 10 year period.

Profile of Workforce by Section 75 Groups (with comparison as at 1 January 2007 and 2008)

SECTION 75 GROUP		WORKFORCE PROFILE AS AT 1 JANUARY 2007	WORKFORCE PROFILE AS AT 1 JANUARY 2008	DIFFERENTIAL
Gender	Female	86.4%	87.0%	+0.6%
	Male	13.6%	13.0%	-0.6%
Religion	Protestant	58.8%	59.0%	+0.2%
	Roman Catholic	34.2%	34.6%	+0.4%
	Not known	7.0%	6.4%	-0.6%
Political Opinion	Not collected			
Age	16-24	7.2%	6.8%	-0.4%
	25-34	21.8%	20.3%	-1.5%
	35-44	30.6%	30.4%	-0.2%
	45-54	27.5%	28.9%	+1.4%
	55-64	12.4%	12.8%	+0.4%
	65+	0.5%	0.8%	+0.3%
	Not known	---	---	---
Marital Status	Single	23.2%	23.5%	+0.3%
	Married	71.2%	70.7%	-0.5%
	Other/Not known	5.6%	5.8%	+0.2%
Dependant Status	Not collected			
Disability	Yes	0.9%	0.9%	---
	No	77.0%	79.0%	+2.0%
	Not known	22.2%	20.1%	-2.1%
Ethnicity	Black African	0.08%	0.07%	-0.01%
	Bangladeshi	0.01%	0.01%	---
	Black Caribbean	0.02%	0.02%	---
	Chinese	0.06%	0.03%	-0.03%
	Indian	0.87%	0.82%	-0.05%
	Irish Traveller	0.03%	0.02%	-0.01%
	Pakistani	0.14%	0.07%	-0.07%
	Mixed Ethnic	0.11%	0.11%	---
	Filipino	0.02%	0.08%	+0.06%
	White	64.24%	65.41%	+1.17%
	Other/Not known	34.43%	33.35%	-1.08%
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008			

Profile of Domiciliary Care Staff

SECTION 75 GROUP		Workforce Profile As At 1 January 2008	Workforce Profile of Domiciliary Care Staff
Gender	Female	87%	98.9%
	Male	13%	1.1%
Religion	Protestant	59%	61.8%
	Roman Catholic	34.6%	33.8%
	Not known	6.4%	4.5%
Political Opinion	Not collected		
Age	16-24	6.8%	3.0%
	25-34	20.3%	12.8%
	35-44	30.4%	25.1%
	45-54	28.9%	30.9%
	55-64	12.8%	26.3%
	65+	0.8%	0%
	Not Known	0%
Marital Status	Single	23.5%	18.0%
	Married	70.7%	74.2%
	Other/Not known	5.8%	7.9%
Dependent Status	Not collected		
Disability	Yes	0.9%	0.9%
	No	79.0%	40.1%
	Not known	20.1%	59.0%
Ethnicity	Black African	0.07%	0.1%
	Bangladeshi	0.01%	0%
	Black Caribbean	0.02%	0%
	Chinese	0.03%	0%
	Indian	0.82%	0.1%
	Irish Traveller	0.02%	0%
	Pakistani	0.07%	0%
	Mixed Ethnic	0.11%	0%
	Filipino	0.08%	0%
	White	65.41%	52.4%
	Other/Not known	33.35%	47.4%
Sexual Orientation	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008		

Assessment of the Impact of Proposal on Services Users

There are currently 3,766 service users in receipt of domiciliary care in the Trust area. Domiciliary care is provided to:

- older people, including people with dementia;
- people with physical disability;
- people with sensory disability;
- people with a learning disability; and
- people with mental ill health.

The Trust will continue to provide domiciliary care services either directly or through Independent Sector domiciliary care providers. Therefore, the Trust does not anticipate that this proposal will have any adverse impact on Section 75 equality categories in relation to service users.

In order to ensure the highest quality of domiciliary care services are provided, the Trust will develop a quality assurance model, based on best practice, which will provide a consistent approach to quality assurance. This will make sure the appropriate information is available, at service delivery, management and contracting levels. The Trust will develop a partnership relationship with the independent sector and hold central records of any adverse incidents and complaints in regard to the independent sector. This will provide the capacity to develop or address areas of concern across the sector and enhance the Trust's ability to take remedial and preventative action. The Trust will make sure that commissioned services are high quality and that concerns are addressed promptly, appropriately, efficiently and in a coordinated manner. The Trust through its contracting process will ensure that providers have robust contingency plans to address serious threats to continuity of service.

All providers of domiciliary care must be registered with the Regulation and Quality Improvement Authority (RQIA) and will be subject to inspection by that body. The Trust will maintain strong links with the RQIA in respect of its regulatory role.

Assessment of Impact on staff

In order to achieve savings of £1,200,000 over the CSR period, a total of approximately 360,000 hours (21% of total annual hours) per year will need to be transferred to the independent sector.

The table below illustrates how these 360,000 hours should be broken down per locality, and calculates how many staff (working an average of 21 hours per week) currently work to provide the number of hours which are required to be transferred for each locality.

Based on the calculations for the total number of staff to be affected per locality, the Trust proposes to implement a 40:60 ratio for CSR years 2 & 3.

Locality	Hours to be transferred to I.S (Per Year)	Hours to be transferred to I.S (Per Week)	No. of Staff affected (av 21 hrs p/w)	CSR Year 2 (40%)	CSR Year 3 (60%)
Coleraine/ Ballymoney/ Moyle	95,982	1845.8	88	35	53
Antrim/ Ballymena	67,865	1305	62	25	37
Newtownabbey (urban/rural)	47,311	909.8	43	17	26
Larne/Carrick	60,591	1165	55	22	33
Magherafelt/ Cookstown	86,625	1665.8	79	32	47
TOTALS	358,374 Hours per year	6891.40 Hours per week	327 staff	131 staff in year 2	196 staff in year 3

There are currently 1,480 Domiciliary Care staff employed in the Trust.

The figures used above are taken from 2007/08 figures, and are the total number of hours delivered per locality, and NOT the contracted hours.

Assessment of the Impact of Proposal on Staff by Section 75 Equality Groups

Between men and women generally

The gender profile of domiciliary care staff is 98.9% female and 1.1% male. The gender profile for the total Trust workforce is 87.0% female compared with 13.0% male. Historically the gender composition within the Health and Social Care workforce has been predominately female. The Trust is therefore of the opinion that this proposal has the potential to impact on grounds of gender. The Trust is aware that this section of the workforce may have dependency and caring responsibilities. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy.

Persons of different age

There are currently 26.3% of domiciliary care staff in the 55-64 age band, compared to 12.8% of the total Trust staff in the same age band. This indicates that the domiciliary care workforce is slightly older than the total workforce. Therefore, this proposal has the potential to impact on the older staff employed in a Domiciliary Care role. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy.

Persons with or without a disability

Records indicate that 0.9% of staff in a Domiciliary Care role have a disability. This is reflective of the overall percentage for employees in Northern Trust (0.9%). The Trust does however note that 59% of the Domiciliary Care workforce are recorded as neither having or not having declared themselves as having a disability or not. There is no evidence to suggest that this proposal will have any adverse impact for current staff on the grounds of disability.

Persons of different marital status

Available figures indicate that 74.2% of domiciliary care staff are married, which is largely reflective of the Trust's total workforce (70.7%). The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status.

Persons of different religious belief

61.8% of domiciliary care staff are from the Protestant community, 33.8% from the Roman Catholic community and 4.5% unknown. This is reflective of the religious profile of all Trust staff, with 59% Protestant, 34.6% Roman Catholic with 6.4% recorded as their religious belief being unknown. There is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of religious belief.

Persons with/without dependants

The Trust does not record whether or not staff have dependants. The Trust is mindful of the caring obligations associated with its female employees.

Persons of different political opinion

The Trust does not record the political opinion of its staff. Analysis of voting patterns does however suggest that political opinion is often linked to religion. As stated above, the religious profile of domiciliary care staff is reflective of the religious profile of Trust staff as a whole. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of political opinion.

Persons of a different racial group

Available figures indicate that 52.4% of the domiciliary care workforce is white, 47.4% unknown, 0.1% Indian and 0.1% Black African. Available figures regarding the racial group of the current workforce in the Northern Trust indicate 65.41% is white, 33.35% unknown, 0.82% Indian, 0.07% Pakistani, 0.02% Black Caribbean, 0.11% Mixed Ethnic, 0.07% Black African, 0.01% Bangladeshi, 0.03% Chinese, 0.02% Irish Traveller and 0.08% Filipino. When compared with the overall figures for the staff profile across all the Northern Trust, a higher percentage of domiciliary care staff indicated that their racial group is unknown. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.

Persons of different sexual orientation

The Trust does not record the sexual orientation of its staff. There is no evidence to suggest that the proposed reconfiguration of Domiciliary Care will have an adverse impact on staff on the grounds of sexual orientation.

Consideration of Measures to Mitigate any Adverse Impacts on Staff

A communication strategy will be devised to ensure staff are kept fully informed of any proposed action and developments. This proposal may impact on staff in terms of relocation to a new work site, reduction in the overall numbers of posts and redeployment to a different post and a new role. The Trust will work in partnership with staffside organisation to assess the impact on staff and to put robust mitigating measures in place.

Northern Trust CSR Human Resource Strategy

The Northern Trust's CSR Human Resource Strategy and Action Plan provides a robust and transparent process for decisions relating to staff. The Strategy was screened for Section 75 implications and staffside was fully consulted during its development.

Key principles contained within the strategy are detailed below.

Purpose

The intention of the CSR proposals is to develop a more modern and effective health and social care response that promotes health and social wellbeing, improves services to patients and clients and generates savings to be reinvested in patient and client care.

The purpose of this strategy is to ensure that:

- Any disruption to services to patient and clients is avoided during this period of change.
- Managers and Staff Side work together to ensure that the change is managed consistently across the Trust.
- The change can move at a pace to ensure timely decision-making on the implementation of the changes.
- Service continuity is maintained.
- Managers ensure that staff affected know how the changes will be managed and how this is likely to affect them personally and that they are properly supported through the change process.
- There is an equitable and consistent approach to the treatment of staff.

Principles

The following are the key principles, which all managers must adopt to underpin the management of the proposed CSR changes.

The CSR changes will be taken forward through partnership approaches and in consultation and negotiation with trade unions.

The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these change processes. Steps must be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. It is expected that existing arrangements such as reasonable adjustments for individual staff.

An integrated HR process should be applied, which will be equitable and transparent. This process should also be mindful of the need to move quickly and to continue to deliver a high quality service.

A balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies may be sufficient to avoid the need for any compulsory redundancies. Every possible effort will be made to avoid compulsory redundancies to keep valuable skills and experience within the Trust and to minimise costs and provide value for money.

Where relocation or redeployment is required then every effort will be made to ensure staff remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.

Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities.

All staff will be kept fully informed and supported during these change processes. Communication will be across the service, within affected groups and at individual level.

Preparing for the Changes

The Trust will comply with all relevant employment and equal opportunities legislation when implementing the proposed changes. Any decisions in respect of the identification of at risk staff must be fair and transparent. Procedures will be designed to support equality and ensure that there is no unlawful direct or indirect discrimination against any particular individual or group of employees.

The Trust will ensure that qualitative and quantitative monitoring and data collection systems are in place and will record all the decisions they take

during this period which affect the employment of groups and individuals. Screening and equality impact assessments will be carried out when appropriate.

The Trust in partnership with Staff Side will consider how it will minimise any adverse impact resulting from the proposed changes on the workforce.

The Trust will plan the implementation of CRS proposals through a project management approach.

Supporting Staff through the Proposed Changes

All staff should be kept fully informed of developments. There should be support from line managers, Human Resources staff and Staff Side to help staff to consider their future options.

The Trust will consider workforce controls including the restriction of permanent vacancies. The Trust will maximise opportunities for the redeployment of existing staff and minimise redundancies.

The use of secondments/project support and other opportunities will be promoted through this period of change. This will give staff the opportunity to test new skills and build alternative career development at this time. Some staff may see these options as alternatives to their current career plan and as opportunities for career development.

Action to Support Staff at Risk

Every possible effort will be made to avoid compulsory redundancies and keep valuable skills and experience within the Trust. It is hoped that a balance of workforce controls, suitable alternative employment, voluntary redundancies and early retirement will be sufficient to avoid the need for any compulsory redundancies.

There is a risk that skills will be depleted post change processes if too many volunteers are allowed to leave the Trust and the Trust must ensure that an appropriate balance of cost and skill retention is reached.

The Trust would plan at the earliest practicable opportunity and in discussion with Staff Side (subject to available funding) to consider voluntary redundancy and early retirement schemes for staff in at risk groups, as it is clear that the number of overall staff will reduce.

The Trust will put in place a range of support mechanisms for individual staff and will include:

- career counselling
- trial periods in appropriate posts

- re-training/re-skilling for new roles
- training in application and interview preparation

The Trust in consultation with Staff Side will ensure that a redeployment system is established.

The Trust will develop a communications strategy to ensure that all staff are kept fully informed of planned actions/developments.

In managing the transition of services (savings and reinvestment) a significant number of staff will be affected by the changes. The Trust will minimise this impact by ensuring that every possible effort is made to retain those staff who wish to remain in the Trust's employment by re-skilling/re-training and redeploying staff to areas of the Trust where vacancies exist.

A number of staff may be redeployed on an interim basis into temporary positions to cover leave of other staff e.g. maternity and study leave.

Some staff may find that there is not alternative but to redeploy to a position at a lower grade. In such circumstances protection of pay will be afforded.

There will be a number of staff for whom their first preference in the changing environment will be to avail of voluntary early retirement or voluntary redundancy arrangements. The Trust would wish to accommodate such requests funding permitted and also ensuring that scarce skills are not depleted.

Conclusion

The Trust will work with Management, Staff and Staff Side to mitigate any potential adverse effects as a consequence of the implementation of this proposal.

The completion of and consultation on the EQIA is evidence of the Trust's commitment to ensuring that it actively addresses its equality, human rights, good relations and disability obligations.

Formal Consultation

The Trust wishes to consult as widely as possible on this proposal and the findings of this EQIA. With this in mind the Trust will consult on this proposal over an eight week period commencing 8 January 2009 and ending 6 March 2009. This consultation process will include the following.

- Press releases will be prepared and submitted to various media outlets.
- Prominent advertisements, inviting the public to comment on this matter will be placed in the local press.
- A letter will be sent to all consultees listed in the Trust’s Equality Scheme to inform them of this consultation process.
- A copy of this report will be posted on the Trust’s website: www.northerntrust.hscni.net and the Trust’s Intranet.
- This report can be made available, on request, in alternative formats including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English.
- Four locality public meetings will be held as follows. (The Trust’s Senior Management Team will be available to provide more information and answer any queries).

Date and Time	Areas Covered	Venue
Monday 2 February 2009 at 7.00 pm	Coleraine, Ballymoney and Moyle	Lecture Theatre, Causeway Hospital
Tuesday 3 February 2009 at 7.00 pm	Carrickfergus, Larne and Newtownabbey	Carrick Room, Clarion Hotel, 75 Belfast Road, Carrickfergus
Monday 9 February 2009 at 7.00 pm	Antrim and Ballymena	Antrim Day Centre, Station Road, Antrim
Tuesday 10 February 2009 at 7.00 pm	Cookstown and Magherafelt	Cookstown Adult Centre Westland Road, Cookstown

- The Chief Executive will inform staff of the consultation process at her annual staff briefings to be held as follows:-

Date	Time	Venue
Thursday 8 January	2.00 pm	McNeill Theatre, Larne Leisure Centre, Larne
Friday 9 January	10.00am	Dodds Room, Town Hall, Carrickfergus
Friday 9 January	Noon	Boardroom, McCaughey House, Whiteabbey Hospital, Newtownabbey
Tuesday 13 January	2.00 pm	Ward 4, Mid Ulster Hospital, Magherafelt
Tuesday 13 January	3.30 pm	Dining Room, Cookstown Adult Centre, Westland Road, Cookstown
Friday 23 January	10.00am	Antrim Day Centre, Station Road, Antrim
Friday 23 January	Noon	Conference Room 1, Training Centre, Braid Valley Hospital, Ballymena
Monday 26 January	Noon	Training Room, Dalriada Hospital, Coleraine Road, Ballycastle
Monday 26 January	3.30 pm	Lecture Theatre, Causeway Hospital, Coleraine
Thursday 5 February	3.00 pm	WS Tweed Room, Robinson Hospital, Ballymoney

- All staff will be informed of the consultation process and how they can access further information.
- A letter will go to all GPs informing them of the consultation process and how they can access further information.

Targeted consultation will include:

- All domiciliary care staff, including home care management and administrative staff will be informed of the proposals and invited to comment.
- The Trust will work in partnership with staff side to ensure that staff are effectively involved in the consultation process.

All enquiries regarding this consultation process should be directed to:

Alison Annett
Head of Equality
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

E-mail: equality.unit@northerntrust.hscni.net

Publication of the Results of this Equality Impact Assessment

The outcomes of this EQIA will be published in the press and results will be posted on the Trust's website and Intranet.

Monitoring

In keeping with the Equality Commission's, the Trust will put in place a strategy to monitor the impact of this proposal on the relevant groups.

If as a result of this monitoring, the Trust finds that the impact of this proposal results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.



Consultation Proforma

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing this proforma. Please answer each question by writing your comments in the space provided. The closing date for this consultation is **Friday 6th March 2009** and we need to receive your completed proforma on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

**Ms Alison Annett,
Head of Equality,
8e Coleraine Road,
Ballymoney,
Co. Antrim,
BT53 6BP.**

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

E-mail: equality.unit@northerntrust.hscni.net

Before you submit your response, please read Appendix A at the end of this proforma regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation:	
Address:	

I am responding: *(Please tick)*

▪ as an individual

▪ on behalf of an organisation

My comments are in relation to:

- Reconfiguration of Acute Hospital Services
- Reform and Modernisation of Children's Services
- Traffic Management at Northern Health and Social Care Trust
- Reprovision of the Trust's Residential Homes for Older People
- Reconfiguration of Domiciliary Care Services
- Reform and Modernisation of Mental Health Services
- Reform and Modernisation Learning Disability Services

General Comments

Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals?

Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented?

Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?

The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.

Thank you for taking the time to respond to this consultation process.

APPENDIX A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

Trust Response and Freedom of Information Act (2000)

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.