

Reform and Modernisation of Mental Health Services

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

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Executive Summary

Since 2003, the Trust has been engaged in an ambitious programme of modernisation and reform of mental health services aimed at improving treatment and support available to people who need mental health services.

The Trust understands that many service users and carers now value the choice of receiving treatment at home as an alternative to hospital admission, and acknowledge the need to develop and introduce a trust-wide range of home treatment services to provide this range of choice where possible.

The Trust now proposes a number of service modernisation initiatives, including:

- Introducing a new Home Treatment Service across the trust. This new service will significantly reduce the need for admission to hospital; such services have been shown to reduce the need for hospital admission by 20%-50% for shorter stay and less complex conditions.
- Establishing a local service to better meet the needs of people with personality disorders and reduce reliance on referrals to services in Great Britain. This local service will enable service users to remain closer to friends and relatives whilst receiving treatment and support.
- Developing community rehabilitation services for mental health patients as an alternative to hospital-based rehabilitation.
- Developing community-based alternatives for people with dementia who have complex needs and are currently cared for in a hospital environment.

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 the Trust's Mental Health 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 requirements 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 the reform and modernisation of the Trust's Mental Health 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 proposals.

This report has been made available as part of the Formal Consultation stage of the EQIA on the reform and modernisation of the Trust's Mental Health Services. 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:

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Deadline for comments will be 6 March 2009.

To facilitate comments please see Appendix 2 – 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 Proposals

This document sets out the reform and modernisation programme for the Trust's mental health services. The strategic direction is shaped by:

- The Bamford Review in its Strategic Framework for Adult Mental Health Services, (2005)
- Regional Strategies, such as Equal Lives, Caring for Carers and A Healthier Future
- Adding Life to Years, the Northern Health and Social Care Trust's Strategy for Dementia and Mental Health Services for Older People
- Who Cares Wins- Guidelines for the Development of Liaison Mental Health Services for Older People, Royal College of Psychiatrists (2005)

The above strategies set out a clear direction for services for people with mental illness which includes the following.

- Develop locally based services
- Offer local rather than remote service provision;
- Provide community alternatives to hospital based care;
- Focus on working in partnerships involving the independent sector;
- Have adequate professional skills base to support change process;
- Focus on the service as a complete system rather than on individual elements.

The proposals assessed within this Equality Impact Assessment are as follows:

- Development of Localised Services for Patients with Personality Disorders
- Introduction of Trustwide Home Treatment Services
- Development of Community-based Rehabilitation Services
- Development of Community-based Dementia Services

Aim of proposals

To reform and modernise mental health services to provide locally based community person centred services and to promote the ethos of recovery rather than maintenance.

Development of Localised Services for Patients with Personality Disorders

The National Service Framework for Mental Health issued by the Department of Health (DoH) in 1999 aimed to improve service provision for all people with severe mental illness, including people with personality disorder. Recognising the particular need of this marginalised group the DoH issued two specific documents regarding personality disorder, both published by the National Institute for Mental Health in England in 2003. The second document, “The Personality Disorder Capabilities Framework – Breaking the Cycle of Rejection”, outlines the skills and capabilities required by practitioners to deliver good quality services within new dedicated personality disorder services, mainstream mental health services, primary care and also in the wide range of other agencies involved in treating and supporting people with personality disorders.

The first document, ‘Personality Disorder: No Longer a Diagnosis of Exclusion’, is policy implementation guidance for the development and provision by Trusts of services for people with personality disorder.

On the 4th December 2008 the DHSSPS launched for public consultation a Personality Disorder Strategy for N Ireland. This strategy envisages a 6 tier model for service delivery to people with a personality disorder.

Generally a person is felt to have a personality disorder if their personal characteristics cause regular and long-term problems in the way they cope with life, interact with people and respond emotionally. Personality disorders are common disorders, present in approximately 1 person in 20, and can cause significant distress to both the sufferer and those around him or her. It is generally considered that personality disorders are caused by a combination and interaction of genetic vulnerability and adverse early experiences such as abuse and neglect. Having a personality disorder during adolescence doubles the risk of having anxiety, mood disorders, self harming behaviour and substance misuse disorders during early adulthood. People with personality disorder also have higher rates than the general population of social problems, such as homelessness.

People with Personality Disorders (PD) are already heavy users of health, social care services. Unfortunately approximately 10 % of people with a PD complete suicide and 12% of all people who complete suicide have a diagnosis of personality disorder.

There is now established evidence that Personality Disorders can be effectively managed, increasing the person’s quality of life and decreasing use of health and criminal justice services; however the development of a Personality Disorder Service has been very limited.

The Bamford Review recommended the development of dedicated personality disorder services, in both its adult mental health services and forensic services reports, and this was accepted in the subsequent Government

response. The timescale for achieving the Bamford vision is 10-15 years, however this proposal focuses on the first developments of such services over the next 3 years.

In Northern Ireland there are currently no dedicated personality disorder services, however many people with a personality disorder present to local services where staff, within existing resources, respond to their various needs. Consequently local mental health services all have considerable experience in dealing with patients suffering from a personality disorder, although relatively few people are being treated explicitly for this.

People with personality disorder represent a significant number of the more than 4500 people each year who need treatment at hospital due to self harming. Providing appropriate support can prevent an ongoing cycle of repeated self harm and the risk of suicide. The self harm service for North and West Belfast that provides follow-up to people attending A&E following an episode of self harm found over 80% of those with repeated self harm had a diagnosis of personality disorder. Through provision of ongoing treatment and support, particularly group interventions, for this group of patients there has been a marked reduction in self harming behaviour, reduced A&E attendances from 30% to 5%, fewer and shorter mental health inpatient admissions and greater engagement with education and employment.

In the community and voluntary sector many agencies provide a range of supports for people with personality disorders, from addressing practical issues such as accommodation through to therapeutic interventions.

Some local people with personality disorder require specialist inpatient treatment that is not available within Northern Ireland. Since the type of service they require varies, the 4 Health and Social Services Boards commission services for such patients in a range of specialist units in GB including specialist medium secure units for personality disordered offenders. For example in 2007/08 there were 17 people who received specialist treatment in GB in 10 different units at an overall cost of approximately £1.4M.

It is proposed to develop a locally based personality Disorder Service offering a range of support to individuals at Tier 3 (Intensive day treatment/access to acute inpatient care and Tier 2 (Community based personality disorder specific treatment and case management). This service model would be in line with that proposed in the draft regional strategy.

It is estimated that the development of this service will reduce the usage of ECRs to specialist centres elsewhere in the UK through both reduced numbers and reduced durations of stay.

Dedicated Personality Disorder services will be developed using a tiered approach to care involving users, carers, voluntary agencies, Criminal Justice System (CJS), Housing Agencies, Education, Primary Care, A&E, local mental health services and dedicated specialist services.

A Regional Personality Disorder Network Group will be established to support the development of the service.

Consideration of Available Data and Research Data Sources

Data Sources

- Programme for Government (PFG) 2008/11
- The National Service Framework for Mental Health – Modern Standards and Service Models, Department of Health, (1999).
- The Personality Disorder Capabilities Framework – Breaking the Cycle of Rejection, National Institute for Mental Health in England, (2004)
- Personality Disorder: No Longer a Diagnosis of Exclusion, policy implementation guidance for the development of services for people with personality disorder, Department of Health (2003)
- The Psychiatric Morbidity Survey (Great Britain 2000)
- The Bamford Review, A Strategic Framework for Adult Mental Health Services. (2005)
- N I Personality Disorder Strategy (2008) (*currently out to public consultation*)

Assessment of Impact on Service Users

The Psychiatric Morbidity Survey (Great Britain 2000) measured the prevalence of personality disorders in GB as 4.4%. Most personality disorders occur in those aged 25-44 years and with equal prevalence across genders, although some disorders are much more common in specific genders, e.g. anti-social personality disorder is 5-6 times more common in men than women.

In 2006/07 there were approximately 300 recorded admissions of people with a primary diagnosis of personality disorder to mental health inpatient hospitals in Northern Ireland, accounting for nearly 5,000 bed days. If those with personality disorder and another mental health diagnosis co-existing were taken into account this rose to 400 admissions using over 7,500 bed days. The majority of such patients were between 25 and 45 years of age and a ratio of two female patients to one male.

The Trust will develop a locally based personality Disorder Service offering a range of support to individuals. It is estimated that the development of this service will support the return of a least 6 people from Units in England and Scotland.

This is an additional service over and above that provided by the Trust, therefore the Trust does not anticipate that this proposal will have any

adverse impact on Section 75 equality categories but will be a positive action measure with regard to people with a disability.

Assessment of Impact on Staff

The development of this service will create additional posts. This proposal will have no impact on current Trust staff.

Introduction of Trust Wide Home Treatment Services

There has been continuing strategic direction of service delivery over a number of years in the Trust's mental health services towards the development of community mental health services and a consequent reduction in the need for hospital based services.

The Bamford Review in its **Strategic Framework for Adult Mental Health Services (2005)** indicates that 'Mental health inpatient provision in Northern Ireland is significantly greater than in England.....the present relatively high level of provision reflects a lack of alternative provision, the result of deficiencies in the current and previous strategies, lack of investment and resources'.

The Appleby Report, **Independent Review of Health and Social Care Services in Northern Ireland (2005)** noted that although some progress has been made in N Ireland with spend on the provision of mental health services in a community setting increasing at a faster rate than for psychiatric hospitals, that the community share of mental health spend is still lower than was the case for England in 1999/00.

Most importantly research shows that many service users and carers value the choice of receiving treatment at home as an alternative to inpatient admission, (National Audit Office, **Helping people through mental health crisis: The role of Crisis Resolution and Home Treatment services (2007)**).

Crisis Resolution Home Treatment (CRHT)

CRHT services provide intensive support at home for individuals experiencing an acute mental health crisis. They aim to reduce both the number and length of hospital admissions and ease the pressure on inpatient units. (*McGlynn (ed.) 2006*). The introduction of CRHT services was one of the key elements of the 1999 National Service Framework for mental health; the NHS plan (2000) made the provision of CRHT services a national priority, with targets for both the number of teams and the number of people to be treated

CRHT Services is an element of a modern mental health service and in Northern Ireland, the Bamford Review (2005) recommended that home treatment services be made available on a 24-hour basis and accessible to GPs, A&E departments, Community Mental Health Teams (CMHTs), social services and the police.

The Trust's proposal for CRHT is for a service based on the Department of Health Policy Implementation Guide, providing rapid response and an alternative to inpatient hospital care for patients with a serious mental illness. It will provide flexible comprehensive acute care at home, 24 hours a day, seven days a week. The CRHT will be responsible for gate keeping of acute beds and is best placed to undertake this function. This gate keeping function

will assist in managing capacity to ensure that inpatient services are available when required.

CRHT will be designed as a part of an integrated service for Mental Health and cannot work in isolation to other parts of the service many of which have a common purpose and at times overlapping functions. Therefore the development and success of CRHT is dependent upon the continuing development and investment in other parts of the service including Community Mental Health Teams.

Key service objectives of CRHT are to

- Improve the quality of the patient experience and patient care through enhanced community services
- Improve patient choice by providing a CRHT service, where appropriate, as an alternative to hospital admissions
- Reduce hospital admissions.
- Assist in earlier discharge from hospital
- Ensure access for urgent admissions to acute psychiatric inpatient services
- Improve the quality of inpatient services
- Reduce the levels of occupancy in the inpatient services
- Continue to provide a self harm assessment mental health liaison service to A&E

When fully operational the CRHT service will operate as one team working in two localities:

- Locality 1: Larne, Carrickfergus, Antrim, Newtownabbey (200,000 approx)
- Locality 2: Causeway, Ballymena, Magherafelt and Cookstown (230,000 approx)

Impact on Acute Bed Requirements

The Northern Health and Social Care Trust has currently 151 acute beds in 7 units located as follows:

Location	Bed Nos
Holywell Hospital TNVs	81
Ward 8 Whiteabbey	19
Ross Thompson Unit Causeway	33
Psychiatric Intensive Care Unit (PICU)	18
Total	151

These beds admit both adults and older adults with functional mental health problems (65+). In addition due to the unavailability of specialist beds, young people and children, people with personality disorders and people with eating disorders are also admitted to these beds.

The Trust has considered in detail the model of CRHT services and the possible impact of that model. Studies elsewhere have found that the expansion of CRHT services results in a reduction in hospital admissions.

A study of acute care by a 24-hour crisis resolution team (Johnson et al, 2005) in north London showed a significant reduction in admissions in the home treatment group during the 8 weeks of the study, which persisted 6 months after baseline. In the 8 weeks of the study, the number needed to treat to prevent 1 admission was 2.65.

When established the two teams in the Northern Trust CRHT will have a capacity for up to 90 cases at any one time. Assuming an average caseload of 75 patients this shows that potentially at any time up to 28 people will be supported through CRHT who otherwise would have been admitted to hospital. However set against this number is the current high levels of bed occupancy in acute inpatient services and the need for an element of the capacity of the CRHT services to be directed towards reducing pressures on current acute services.

In looking towards the rationalisation of inpatient services two of the current 7 units provide psychiatric intensive care services where the impact of the CRHT service would be much less significant therefore the choice must be made from across the other 5 acute admission units. The potential 'do nothing' option of not introducing a CRHT services and subsequently retaining all 7 current inpatient units is not included in the appraisal as the regional policy direction established by the Bamford Review, which included significant stakeholder engagement, is towards the development of CRHT services and a consequent reduced reliance on hospital services.

An analysis of which units should be retained was undertaken utilising 4 factors as follows:

Quality & Safety: This considers the extent to which the unit will facilitate high quality treatment and care of patients admitted. Following the introduction of CRHT patients in inpatient wards will, on average, be more acutely ill and exhibit higher levels of challenging behaviour, since less ill patients would increasingly be treated at home and make up a smaller proportion of those admitted. Similarly, levels of risk on the inpatient wards could increase because of the changing profile of those being admitted, particularly a larger proportion of patients with acute psychosis, mania or dual diagnosis.

Quality of Environment: This considers the extent to which the ward offers high quality, accommodation appropriate to the needs of patients, carers and staff. This will include consideration of the capacity of the unit

to afford good levels of observation and afford patients’ respect and dignity etc.

Accessibility: The Bamford review indicates that acute inpatient services should be based close to the community they serve such as general hospital sites. This looks at the extent to which the ward offers local access to communities.

Ease of Implementation: This looks at the extent to which the change process can be readily implemented and the potential disruption to service delivery and staff.

A scoring system utilising a simple ordinal ranking system is applied 1-3 where 3 does best and 1 does least well. The outcome of this is as follows

	A Tobernaveen Unit	Ward 8	Ross Thompson Unit
Quality & Safety	3	1	2
Quality of Environment	3	1	2
Accessibility	1	2	3
Ease of Implementation*	2	1	3
Total Scores	9	5	10

*Higher score indicates most difficult to implement.

This indicates that the ward most appropriate for closure is Ward 8 in Whiteabbey. This approach does not weight the four factors for relative importance however as Ward 8 scores lowest in three of the four factors weighting would be likely to reinforce the outcome.

The rationale for the scoring is as follows:

Quality & Safety: Ward 8 is a small 19 bedded standalone unit. Currently Whiteabbey patients who are considered to be higher risk are sent to the Tobernaveens. Following the implementation of CRHT, Ward 8 would not offer the optimum level of safety for those presenting with increased complex mental health needs. Whilst Ross Thompson Unit is a standalone unit it is much larger than Ward 8 and consequently has more resources at its disposal for the safe management of patients. The Tobernaveens have significant skilled nursing back up between the acute and other wards. In addition they have the proximity of the male and female psychiatric intensive care units.

Quality of Environment: Whilst significant improvements have been made to the accommodation at Ward 8 it does nevertheless provide very inadequate accommodation, which is not fit for purpose. Levels of accommodation for therapeutic activities are limited, facilities for nursing observation are poor and the ward presents safety concerns around points of ligature etc. The Ross Thompson unit whilst the most modern unit is not of ideal design with problems relating to storage, observation and general ambience. The Tobernaveens whilst not providing modern accommodation have in recent years been substantially upgraded to provide bright, spacious, comfortable and safe inpatient accommodation.

Ease of Access: Bamford recommends that acute inpatient services should be situated close to the community they serve such as general hospital sites. Ross Thompson is an integral part of the Causeway Hospital and meets the general acute mental health needs of all the patients in the locality except those small numbers requiring psychiatric intensive care who transfer to Holywell. Ward 8 is sited on a hospital site however as indicated above a portion of Whiteabbey patients continue to be admitted to Holywell. The Tobernaveen wards whilst sited in close proximity to Antrim Area hospital, which is the District General Hospital that serves their catchment population (including Whiteabbey), are nevertheless ranked 3rd.

Ease of Implementation: Implementation will take place on a planned basis over a two year period of significant investment in mental health services which will facilitate staff planning and maximise opportunities for staff to be redeployed. Small local accessible units are increasingly difficult to staff. As indicated above it is not anticipated that bed usage would decrease to the extent necessary to allow either the Ross Thompson Unit (33 beds) or a Tobernaveen Unit (24 beds) to close, whilst reducing pressures on remaining acute services, therefore if any of these units were to close a small number of additional beds would have to put up in other wards which would cause substantial difficulties.

Conclusion

In summary the development of CRHT services in the Trust is a natural progression of the modernisation of mental health services, continuing the shift in focus from hospital based to community-based services in the Northern Area. It requires a substantial investment, which will enhance the Trust's overall treatment capacity whilst allowing it to utilise inpatient provision more efficiently.

The Trust plans to implement a high fidelity model of CRHT which is demonstrated to be most effective and consequently with the greatest impact on admissions. The planning for the implementation of CRHT will ensure that adequate time is given for the CRHT to be fully operational and sufficiently impacting upon acute admissions prior to removing these beds from the system.

Whilst bed reductions could be made across the current inpatient units this would significantly increase the cost of the remaining beds and not represent an efficient use of resources. It would also compromise the service's ability to fund the CRHT service. Consequently the Trust must look towards the rationalisation of inpatient services through the closure of one of the existing inpatient units.

Consideration of which unit should close against a range of factors indicates that Ward 8 in Whiteabbey should most appropriately close. Whilst Ward 8 scores lowest in 4 out of 5 factors, of particular concern is patient safety with the increasing levels of risk presenting in inpatients admitted following the introduction of CRHT services.

The Trust is committed to maintaining a substantial presence of mental health service on the Whiteabbey site, in terms of the continuing presence and development of our mental health day hospital service and two of our eight Community Mental Health Teams.

Consideration of Available Data and Research Data Sources

Data Sources

- Programme for Government (PFG) 2008/11
- DHSSPS Priorities for Action (PFA) 2008-09
- Northern Ireland Statistics and Research Agency(NISRA)
- Regional Strategy 'A Healthier Future (2005-2025)
- Investing for Health Strategy 2002
- 2001 Census of Population (Northern Ireland)
- NHSCT Strategic Response to the Comprehensive Spending Review 2008-2011
- NHSCT Trust Delivery Plan
- The Bamford Review, A Strategic Framework for Adult Mental Health Services. (2005)
- Independent Review of Health and Social Care Services in Northern Ireland (2005), Professor John Appleby.
- National Audit Office, (2007), Helping people through mental health crisis: The role of Crisis Resolution and Home Treatment services.
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- Johnson, S., et al. (2005) Randomised controlled trial of acute mental health care by a crisis resolution team: the north Islington crisis study. British Medical Journal, 331, 599-602
- Joy, C.B., Adams,C.E., Rice,K., (2004) Crisis intervention for people with severe mental illness. The Cochrane Database of Systematic Reviews 2004, Issue 4. John Wiley & Sons Ltd.

- McGlynn, P.(ed.)(2006) Crisis Resolution and Home Treatment- a practical guide. Sainsbury Centre for Mental Health
- Adding Life to Years; A Strategy for Mental Health and Dementia Services for Older People (2007). NHSSB & NHSCT
- Available data in respect of the Section 75 groupings for current service users and staff.

Profile of Users of Mental Health Inpatient Units by Section 75 Groups

Section 75 Group		Ross Thomson Unit	Tobernavene Annex	Tobernavene Centre	Tobernavene Lower	Tobernavene Upper	Ward 8 White Abbey	Average across all Units	Average across remaining Units
Gender	Female	52.6%	100%	39.1%	48.1%	46.2%	38.9%	54.2%	47.2%
	Male	47.4%	0	60.9%	51.9%	53.8%	61.1%	45.9%	52.8%
Religion	Roman Catholic	31.6%	30%	47.8%	18.6%	42.3%	22.2%	32.1%	34.06%
	Protestant	18.4%	60%	21.7%	40.7%	30.8%	38.9%	35.1%	34.32%
	Other	50%	10%	30.5%	40.7%	26.9%	38.9%	32.9%	31.62%
Age	16-24	13.2%	0	0	3.7%	7.7%	16.7%	6.9%	4.92%
	25-34	10.6%	0	4.3%	18.6%	15.4%	16.7%	10.9%	9.78%
	35-44	15.8%	10%	21.7%	29.6%	19.2%	33.3%	21.7%	19.26%
	45-54	31.5%	30%	17.4%	22.2%	38.5%	16.7%	26.1%	27.92%
	55-64	7.9%	10%	8.7%	25.9%	11.5%	11.1%	12.5%	12.8%
	65+	21%	50%	47.9%	0	7.7%	5.5%	22%	25.3%
	Not Known	0	0	0	0	0	0	0	0
Marital Status	Single	29.0%	0	26.1%	37.1%	53.8%	33.3%	29.9%	29.2%
	Married	39.5%	80%	34.8%	44.4%	19.3%	22.2%	40%	43.6%
	Not Known	31.5%	20%	39.1%	18.5%	26.9%	44.5%	30%	27.2%

Profile of Staff of Ward 8, Whiteabbey by Section 75 Groups

Section 75 Group		Ward 8, Whiteabbey Hospital	NHSCT Staff Profile at 1.1.08
Gender	Female	81.8%	87.0%
	Male	18.2%	13.0%
Religion	Protestant	59.1%	59%
	Roman Catholic	27.3%	34.6%
	Not Known	13.6%	6.4%
Political Opinion	Not Collected		
Age	16-24	4.5%	6.8%
	25-34	22.8%	20.3%
	35-44	18.2%	30.4%
	45-54	40.9%	28.9%
	55+	13.6%	13.6%
Marital Status	Single	22.7%	23.5%
	Married	63.6%	70.7%
	Other/Not Known	13.7%	5.8%
Dependant Status	Not Collected		
Disability	Yes	0.0%	0.9%
	No	90.9%	79.0%
	Not Known	9.1%	20.1%
Ethnicity	Indian	4.5%	0.8%
	Mixed Ethnic	0.0%	0.1%
	White	95.5%	65.4%
	Other/Not Known	0.0%	33.7%
Sexual Orientation	Not Collected		

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			

Northern Area Population – Census 2001 by Section 75 Groups

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

Religious Composition of Northern Area Population – Local District Government Area

	Local District Government Area									
	Antrim	Ballymena	Magherafelt	Cookstown	Larne	Carrickfergus	Newtownabbey	Coleraine	Ballymoney	Moyle
Protestant	40.85%	58.95%	25.73%	32.4%	55.05%	60.0%	56.02%	54.38%	50.98%	31.72%
Roman Catholic	35.1%	18.96%	61.52%	55.18%	22.25%	6.46%	17.09%	24.14%	29.55%	56.61%
Other	6.69%	9.07%	6.44%	5.66%	6.91%	10.69%	8.80%	6.41%	8.21%	2.22%
Not known	17.26%	13.04%	6.31%	6.77%	15.79%	22.84%	18.09%	15.06%	11.26%	9.45%

Source: NISRA 2001 Census figures

Assessment of Impact on Current Service Users by Section 75 Equality Groups

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the current users of the Trust's Mental Health Inpatient Units.

Gender

The average gender profile across all the Trust's Mental Health Inpatient Units is 54.2% female and 45.9% male. The gender profile across Ward 8, Whiteabbey is 38.9% female and 61.1% male. The gender profile across the remaining Units will be 47.2% female and 52.8% male. The Trust considers there is no adverse impact on the grounds of gender.

Persons of different age

The average age profile of patients in the Units the proposed closures is broadly reflective of the average age across all the Trust's Inpatient Mental Health Units. The Trust considers there is no adverse impact on the grounds of age.

Persons with or without a disability

Whilst the Trusts does not current collect statistical information relating to levels of disability amongst the users of its Inpatient Mental Health Units, it is predicted that users may have some level of disability, given that many types of mental health conditions can lead to a disability. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

40% of users of the Trust's Inpatient Mental Health Units are married and 29.9% are single. 30% indicated that their marital status was 'not known' which is higher than the percentage of those indicating 'not known' in the total Trust population (11.77%). 22.2% of the patients in the proposed closure are married, with the recorded marital status of 44.5% is unknown. The Trust considers there is no adverse impact on the grounds of marital status.

Persons of different religious belief

32.1% of patients in the Trust's Inpatient Mental Health Unit are Roman Catholic and 35.1% is Protestant. 38.9% of patients in Ward 8 Whiteabbey are Protestant and 22.2% is Roman Catholic. Although there is an imbalance with regard to religious belief within Ward 8 existing inpatients who require inpatient treatment will continue to be accommodated within the Trust area and including Holywell Hospital.

Persons with/without dependants

This information is not routinely collected by the Trust. The Trust is aware of the importance of regular contact between patients and their family and friends.

Persons of different political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. Therefore, as stated above, the proposal will not have an impact on the grounds of political opinion.

Persons of a different racial group

There is no evidence to suggest that this proposal will have an impact on the patients on the grounds of their racial background. The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trust is committed to ensuring that its services are accessible to everyone.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal would have an adverse impact on anyone by reason of their sexual orientation.

Mitigation of Impact on Current Service Users

The Northern Health and Social Care Trust is committed to continually improving the quality of its services. This proposal has been developed in the context of a number of strategic drivers and is designed to improve services for patients and clients.

The development of a Crisis Response/Home Treatment Service CRHT services in the Trust is a natural progression of the modernisation of mental health services, continuing the shift in focus from hospital based to community-based services. Research has found that the expansion of CRHT services results in a reduction in hospital admissions.

The planning for the implementation of CRHT will ensure that adequate time is given for the CRHT to be fully operational and sufficiently impacting upon acute admissions prior to removing these beds from the system.

The Trust is committed to maintaining a substantial presence of mental health services on the Whiteabbey site, in terms of the continuing presence and development of our mental health day hospital service and two of our eight Community Mental Health Teams.

In order to ensure the best possible quality of service provision for our population it is essential that the Trust makes best use of its funding. The significant investment funding available for CRHT and other developments in Mental Health Services over the 3-year period will be possible through the overall Comprehensive Spending Review funding package.

The Trust will ensure that respect for human rights is integral to the implementation of this proposal.

Assessment of Impact on Current Staff by Section 75 Equality Groups

With regard to the information gathered above, the Trust has noted the following in relation to the current Trust staff and staff in Ward 8 Whiteabbey and Tobernavene Annex, Holywell.

Gender

The gender profile of staff employed in Ward 8 is 81.8% female and 18.2% male. This is broadly reflective of the gender profile of all Trust staff (87% female and 13% male). Historically the gender profile within health and social care is predominantly female. The Trust does not consider that this proposal impacts disproportionately on the female staff.

Persons of different age

There is a higher percentage of Ward 8 staff in the 45 – 54 age band when compared with of the age profile of Northern Trust staff as a whole (28.9%). This proposal may impact disproportionately on staff in this age band. 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

None of the staff in Ward 8, Whiteabbey have declared that they have a disability. The Trust recognises that not all staff may wish to declare a disability. Reasonable adjustments will be considered on a one to one basis in line with related employment policies for any disabled staff affected by this proposal.

Persons of different marital status

63.6% of the affected workforce is married which is slightly lower than the marital status of the workforce as a whole (70.7%). However, it is broadly reflective of the marital status of the Trust’s population. The Trust considers that no disproportionate impact arises on grounds of marital status.

Persons of different religious belief

59.1% of affected staff is Protestant and 27.3% are Roman Catholic. This is reflective of the religious profile of all Trust staff (59% Protestant and 34.6% Roman Catholic) and the population of the Northern Trust as a whole (56.4% Protestant and 29.07% Roman Catholic). The Trust considers that no disproportionate impact arises on grounds of religious belief.

Persons with/without dependants

The Trust does not routinely record information on the dependant status of staff. As already stated 63.6% of affected staff are female. As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognised that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities. The Trust will consider mitigating measures for staff directly affected in line with the Trust’s CSR Human Resource Strategy (Appendix 1).

Persons of different political opinion

The Trust does not record the political opinion of staff. Analysis of voting patterns does however suggest that political opinion is often linked to religion. The Trust considers that no disproportionate impact arises on grounds of political opinion.

Persons of a different racial group

95.5% of affected staff declared themselves as white and 4.5% indicated they are Indian. This compares to 0.82% of Trust staff overall declaring themselves as Indian. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of Impact on Current Staff

These proposals will primarily impact on staff within Ward 8, Whiteabbey.

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 to assess the impact on staff and to put robust mitigating measures in place.

The Northern Trust's CSR Human Resource Strategy and Action Plan (Appendix 1) provides a robust and transparent process for decisions relating to staff.

Community Based Rehabilitation

In the context of Mental Health Service Provision a Rehabilitation and Recovery service has a number of meanings. There is no one definition acceptable to all parties. Recovery is defined in the New Zealand blueprint of Mental Health as the ability to "live well" in the presence or absence of ones mental illness. Each person with mental illness needs to define for themselves what "living well" means to them. The definition is a broad one, because the experience of rehabilitation and recovery is different for everyone. The approach applied to rehabilitation and recovery is more in keeping with a community-based model of service provision rather than an institutional one.

The current inpatient service is based in Holywell Hospital where the institutional setting does not lend itself to the need for a focus on social inclusion, use of community resources and family support.

The DHSSPS (NI) Regional Strategy (2005-2025) - A Healthier Future, emphasises that services should be accessible with continuity of care and support for as long as is needed. The promotion of independence, self-esteem and social interaction and the promotion of the safety of service users, carers, providers and members of the public will be central. The Northern Trust is committed to the continuing development of supported living schemes as a strategic priority through the reprovision of a dedicated facility for clients with severe and enduring mental health problems.

The Trust aims to:

- Ensure an attractive supported living environment for tenants who no longer need the intensive provision of hospital care but require rehabilitation and phased community based recovery.
- Ensure accommodation with a modern layout and amenities that will meet the current and future needs of the client group and the staff that support them.
- Provide an active rehabilitation and recovery programme that is delivered and monitored by specialist-trained staff.
- Ensure health and safety concerns for the client group and staff are addressed.

Priorities for action 2005 – 2008 states the following.

"In relation to people with mental health problems the reliance on inpatient hospital services should diminish with the development of alternative services including community accommodation"

"The key to good community services is integration, co-operation across agencies and disciplines, promoting health and well being as well as responding to the need for care and support. Partnership with other sectors will also play an increasing important role for example; with the Northern

Ireland Housing Executive and housing providers through the Supporting People and Investing for Health Initiative”.

The Bamford Review promotes the development of a range of community services for people with mental health conditions. Good practice identifies the need for rehabilitation to take place as near as possible to an individual’s normal environment. The development of community base rehabilitation will promote social inclusion. The service will be further supported by the development of a community based Recovery Team.

The Trust currently has 14 rehabilitation inpatient beds (Carrick 3) on the Holywell Hospital site. As part of its modernisation and reform programme it is proposed to transfer this to a community setting to enhance the rehabilitation process for mental health patients.

It is anticipated the new service will be located in the Antrim Town area close to local shops, relevant services with good links to local transport.

The service will provide Step Down for hospital based patients who require intensive support from highly qualified staff to support them towards recovery and independent living.

The emphasis of service provision will be on the rehabilitation of individuals with severe and enduring mental illness and will be dependent on the transfer of staff, who are skilled and experienced in this area of work, from the inpatient unit to the community facility.

Consideration of Available Data and Research Data Sources

Data Sources

- 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
- Regional Strategy 'A Healthier Future (2005-2025)
- 2001 Census of Population (Northern Ireland)
- Caring for Carers 2006
- NHSSB Health and Wellbeing Investment Plan (HWIP)
- NHSCT Strategic Response to the Comprehensive Spending Review 2008 – 2011
- A Strategic Framework for Adult Mental Health Services (DHSSPS 2005)
- National Institute for Mental Health in England (2004)
- Mental health Commission (1998)
- Bamford Review
- Trust Delivery Plan
- Available data in respect of Section 75 groupings for current service users and staff

Profile of Users of Carrick 3 (Rehabilitation Ward) Holywell by Section 75 Groups

Section 75 Group		Carrick 3, Holywell Hospital	NHSCT Population (2001 census)
Gender	Female	53.8%	51.25%
	Male	46.2%	48.75%
Religion	Protestant	15.4%	56.44%
	Roman Catholic	38.5%	29.07%
	Not Known	46.1%	14.44%
Age	0-15	0%	23.09%
	16-24	30.7%	11.91%
	25-44	46.2%	29.34%
	45-64	23.1%	22.38%
	65+	0%	13.28%
Marital Status	Single	92.3%	30.63%
	Married	0%	57.60%
	Other/Not Known	7.7%	11.77%

Profile of Staff of Carrick 3 (Rehabilitation Ward) Holywell by Section 75 Groups

Section 75 Group		Carrick 3, Holywell Hospital	NHSCT Staff Profile at 1.1.08
Gender	Female	81.3%	87.0%
	Male	18.7%	13.0%
Religion	Protestant	37.5%	59%
	Roman Catholic	62.5%	34.6%
	Not Known	0%	6.4%
Political Opinion	Not Collected		
Age	16-24	6.3%	6.8%
	25-34	12.5%	20.3%
	35-44	6.3%	30.4%
	45-54	43.7%	28.9%
	55+	31.2%	13.6%
Marital Status	Single	12.5%	23.5%
	Married	62.5%	70.7%
	Other/Not Known	25.0%	5.8%
Dependant Status	Not Collected		
Disability	Yes	12.5%	0.9%
	No	87.5%	79.0%
	Not Known	0%	20.1%
Ethnicity	Indian	6.3%	0.8%
	Mixed Ethnic	0%	0.1%
	White	75%	65.4%
	Other/Not Known	18.7%	33.7%
Sexual Orientation	Not Collected		

Assessment of Impact on Current Service Users of Carrick 3 by Section 75 Equality Groups

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the current users of the Trust's 14 rehabilitation inpatient beds (Carrick 3).

Gender

The current gender profile of users of the Trust's 14 rehabilitation inpatient beds (Carrick 3) is 53.8% female and 46.2% male which is broadly reflective of the gender profile of the Northern Trust population (51.25% female and 48.75% male). There is no evidence to suggest that the proposal will have an adverse impact on the basis of gender.

Persons of different age

69.3% of current patients are in the 25 – 64 age band which is significantly higher than the proportion of the general population of the Northern Trust area in the same age band (51.72%), although there is no evidence to suggest that this proposal will have an adverse impact on this group given the alternative services that will be provided.

Persons with or without a disability

Whilst the Trusts does not current collect statistical information relating to levels of disability amongst the users of its rehabilitation inpatient beds, it is predicted that users may have some level of disability, given that many types of mental health conditions can lead to a disability. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

92.3% of current users of Carrick 3 are single, which is significantly higher than in Northern Trust population (30.63%). There is no evidence to suggest that this proposal will have an adverse impact on this group given the alternative services that will be provided. The Trust is committed to monitoring for any adverse impact.

Persons of different religious belief

The religious profile of current users of Carrick 3 is 15.4% Protestant, 38.5% Roman Catholic and 46.1% not known. This compares to 56.44% Protestant, 29.07% Roman Catholic and 14.44% unknown in the Northern Trust population. Whilst the percentage of current users from the Protestant community is considerably lower than the percentage in the total Trust population, the Trust notes that a high percentage of current users indicated that their religious belief was not known. The Trust is of the view that there is

no evidence to suggest that this proposal will have an impact on the residents on the grounds of their religious belief.

Persons with/without dependants

This information is not routinely collected by the Trust. The Trust is aware of the importance of regular contact between patients and their family and friends and this will be addressed in the development of the community facility.

Persons of different political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. Therefore, as stated above, the Trust is of the view that there is no evidence to suggest that this proposal will have an impact on the residents on the grounds of their political opinion.

Persons of a different racial group

There is no evidence to suggest that this proposal will have an impact on the patients on the grounds of their racial background. The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trust is committed to ensuring that its services are accessible to everyone.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact for service users on the grounds of sexual orientation.

Mitigation of Impact on Current Service Users

The Northern Trust is committed to continually improving the quality of care it provides to patients and clients and to providing services that are effective, efficient patient-centred and promote patient choice.

This proposal is designed to improve the rehabilitation service we provide for patients and clients by:

- Providing an attractive supported living community based service for tenants who no longer need the intensive provision of hospital care but require rehabilitation and phased community based recovery;
- Providing accommodation with a modern layout and amenities that will meet the current and future needs of the client group and the staff that support them; and
- Providing an active rehabilitation and recovery programme that is delivered and monitored by specialist-trained staff.

The aim of the proposal is to provide services that are more efficient which focus on rehabilitation in a community setting and less on institutional based care.

A key element of a Rehabilitation and Recovery Service includes a focus on family support, being user led with attention to the individual's own goals. The involvement of Service Users and Carers in developing the Service will therefore be essential.

Assessment of Impact on Current Staff of Carrick 3 by Section 75 Equality Groups

With regard to the information gathered above, the Trust has noted the following in relation to the current Trust staff and staff in Carrick 3, Holywell.

Gender

The gender profile of staff employed in Carrick 3 is 81.3% female and 18.7% male. This is generally reflective of the overall NHSCT staff profile of 87% female and 13% male. Historically the gender profile within health and social care is predominantly female. There is no evidence to suggest that there would be any adverse impact on any individuals because of their gender.

Persons of different age

The largest percentage (43.7%) of staff in Carrick 3 falls within the 45 – 54 age range. This compares to 28.9% of the NHSCT workforce in the same age range. 31.2% of staff in Carrick 3 are aged 55 or over, compared to 13.6% of total Trust staff. Staff within Carrick have a comparatively older age profile compared to the NHSCT as a whole. The Trust will consider mitigating

measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons with or without a disability

12.5% of staff within Carrick 3 is recorded as having a disability. 0.9% of the NHSCT workforce has indicated that they have a disability. 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. Reasonable adjustments will be considered on a one to one basis in line with related employment policies for any disabled staff affected by this proposal.

Persons of different marital status

62.5% of the staff in Carrick 3 is married, which is just slightly lower than those married in the NHSCT workforce (70.7%). A higher percentage of staff in Carrick 3 (25%) indicated that their marital status was other or not known, compared to 5.8% of the total Trust workforce. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact on staff in Carrick 3 on the grounds of marital status. The Trust is mindful of the caring obligations associated with its female employees and that research shows that the majority of women who have caring responsibilities tend to be married. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons of different religious belief

37.5% of staff in Carrick 3 is Protestant and 62.5% are Roman Catholic. The religious profile of the Northern Trust workforce is 59% Protestant and 34.6% Roman Catholic. It follows that this proposal affects Roman Catholics to a disproportionate degree. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons with/without dependants

The Trust does not routinely record information on the dependant status of staff. As already stated 81.3% of the staff in Carrick 3 is female. As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognised that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities.

Persons of different political opinion

The Trust does not record the political opinion of staff. Analysis of voting patterns does however suggest that political opinion is often linked to religion. As stated above, this proposal affects Roman Catholics to a disproportionate degree. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons of a different racial group

75% of affected staff declared themselves as white and 6.3% indicated they are Indian. This compares to 0.82% of Trust staff overall declaring themselves as Indian. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of Impact on Current Staff

These proposals will primarily impact on staff within Carrick 3, Holywell.

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 to assess the impact on staff and to put robust mitigating measures in place.

The Northern Trust's CSR Human Resource Strategy and Action Plan (Appendix 1) provides a robust and transparent process for decisions relating to staff.

Community-based Dementia Services

The population of older people in the Trust area is projected to increase by 30% over the next 10 years with a particularly marked increase in the over 85's.

Over the past 30 years, government policy and regional strategies have seen a shift of service provision away from hospital settings towards community based services. This change reflects:

- A preference of service users to remain at home and in their own communities;
- A developing evidence base on a range of effective community based alternatives to inpatient care; and
- A philosophical shift within society towards normalisation and integration of care for those who would previously have been cared for in institutional care settings.

Inpatient services for patients with dementia are currently stretched and there are waiting lists to come into hospital and delayed discharges in moving on from hospital care.

People with dementia are admitted to Holywell Hospital for assessment and treatment for a range of challenging and disturbing behaviours, associated with their dementia, which carers find difficult to manage at home or in community care settings.

It is essential that investment be made in community alternatives to inpatient assessment and treatment in order to meet increased needs in the service. It is essential to stimulate the Independent Sector market, in order to develop capacity to support people in appropriate settings.

The Bamford Review for Older People with Mental Health needs, "Living Fuller Lives", (2007) states that there should be no long term provision within a hospital setting.

Inver 4 ward in Holywell Hospital is a medium to long stay ward for patients with Dementia who have challenging needs which cannot currently be met in the community. Although patients do not have intensive nursing care needs, because of their condition they require intensive support from staff skilled in their management.

"Adding Life to Years", (2007) the Trust and Northern Health and Social Services Board, Strategy for Older People with Dementia and Mental Health problems, provides a commitment to work with the Independent sector to develop services. It specifically indicates that ideally the Inver 4 service should be provided in 2 or 3 locality based community locations in the Trust.

It is proposed to commission this service directly from the Independent Sector in community based settings, as none of the patients require inpatient treatment.

Consideration of Available Data and Research Data Sources

Data Sources

- 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
- Regional Strategy 'A Healthier Future (2005-2025)
- 2001 Census of Population (Northern Ireland)
- Caring for Carers 2006
- NHSSB Health and Wellbeing Investment Plan (HWIP)
- NHSCT Strategic Response to the Comprehensive Spending Review 2008 – 2011
- A Strategic Framework for Adult Mental Health Services (DHSSPS 2005)
- National Institute for Mental Health in England (2004)
- Mental Health Commission (1998)
- Bamford Review
- Trust Delivery Plan
- National Services Framework for Older people (DoH, March 2001)
- 'Forget Me Not: Mental Health Services for Older People' (Audit Commission, 2000 and 2002 update)
- Ringing the Changes (NHSSB,2003)
- 'Care of Older people with Mental Illness' (Council Report CR69, Royal College of Psychiatrists June 1998)
- 'Report of the Dementia Scrutiny' (DHSS, 1995)
- Services for Younger People with Alzheimer's disease and other dementias' (Council report CR77, Royal College of Psychiatrists Jan 2000)
- 'Forgetful not Forgotten' (Royal College of Psychiatrists 2005A)
- 'Who Cares Wins' (Royal College of Psychiatrists, 2005B)
- 'Everybody's Business' (DoH 2005)
- Available data in respect of Section 75 groupings for current service users and staff

Profile of Users of Inver 4, Holywell by Section 75 Group

Section 75 Group		Inver 4, Holywell Hospital	NHSCT Population (2001 census)
Gender	Female	14.3%	51.25%
	Male	85.7%	48.75%
Religion	Protestant	52.3%	56.44%
	Roman Catholic	4.8%	29.07%
	Not Known	42.9%	14.44%
Age	0-15	0%	23.09%
	16-24	0%	11.91%
	25-44	0%	29.34%
	45-64	28.6%	22.38%
	65+	71.4%	13.28%
Marital Status	Single	19.0%	30.63%
	Married	52.4%	57.60%
	Other/Not Known	28.6%	11.77%

Profile of Staff of Inver 4, Holywell by Section 75 Groups

Section 75 Group		Inver 4, Holywell Hospital	NHSCT Staff Profile at 1.1.08
Gender	Female	79.3%	87.0%
	Male	20.7%	13.0%
Religion	Protestant	44.8%	59%
	Roman Catholic	37.9%	34.6%
	Not Known	17.3%	6.4%
Political Opinion	Not Collected		
Age	16-24	7.0%	6.8%
	25-34	38.0%	20.3%
	35-44	41.3%	30.4%
	45-54	10.3%	28.9%
	55+	3.4%	13.6%
Marital Status	Single	44.9%	23.5%
	Married	51.7%	70.7%
	Other/Not Known	3.4%	5.8%
Dependant Status	Not Collected		
Disability	Yes	0.0%	0.9%
	No	82.8%	79.0%
	Not Known	17.2%	20.1%
Ethnicity	Indian	17.2%	0.8%
	Mixed Ethnic	0.0%	0.1%
	White	82.8%	65.4%
	Other/Not Known	0.0%	33.7%
Sexual Orientation	Not Collected		

Assessment of Impact on Current Service Users of Inver 4 by Section 75 Equality Groups

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the current users of Inpatient Dementia Services at Inver 4.

Gender

The current gender profile of users of Inver 4 is 85.7% male and 14.3% female. The gender profile of the Northern Trust population is 48.75% male and 51.25% female. Whilst there is a higher percentage of men using Inver 4 there is no evidence to suggest that this proposal will have an adverse impact on this group given the alternative services that will be provided.

Persons of different age

71.4% of current patients of Inver 4 are 65 years or over. This is expected in light of the service provided. 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. The Trust is committed to monitoring for any adverse impact.

Persons with or without a disability

The Trust does not currently collect statistical information relating to levels of disability amongst the users of Inver 4. It is predicted that users may have some level of disability, given that many types of mental health conditions can lead to a disability, the correlation between disability and age and the nature of the service provided. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

52.4% of current users of Inver 4 are married, which is reflective of the percentage married in the Northern Trust population (57.6%). The Trust is of the view that there is no evidence to suggest that this proposal will have an impact on the residents on the grounds of their religious belief.

Persons of different religious belief

The religious profile of current users of Inver 4 is 52.3% Protestant, 4.8% Roman Catholic and 42.9% not known. This compares to 56.44% Protestant, 29.07% Roman Catholic and 14.44% unknown in the Northern Trust population. Whilst the percentage of current users from the Protestant community is reflective of the percentage in the total Trust population, the Trust notes that a lower percentage of current users are recorded as Roman Catholic. The Trust also notes that a higher percentage of service users have their religious profile recorded as not known. The Trust is of the view that there is no evidence to suggest that this proposal will have an impact on current patients on the grounds of their religious belief.

Persons with/without dependants

This information is not routinely collected by the Trust. The Trust is aware of the importance of regular contact between patients and their family and friends and this will be addressed in the development of alternative care provision.

Persons of different political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. Therefore, as stated above, the Trust is of the view that there is no evidence to suggest that this proposal will have an impact on the current patients on the grounds of their political opinion.

Persons of a different racial group

There is no evidence to suggest that this proposal will have an impact on the patients on the grounds of their racial background. The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trust is committed to ensuring that its services are accessible to everyone.

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact for service users on the grounds of sexual orientation.

Mitigation of Impact on Current Service Users

The aim of this proposal is to provide treatment for people with dementia in community based settings. Patients with dementia who develop behavioural problems are best managed with the support of a behavioural management team in residential or nursing home settings or in their own home. The Newcastle model, already piloted by the Trust promotes the use of a behavioural nursing team to support the staff in care homes to work with people who have dementia and challenging behaviour. The proposal will facilitate the development of more locally based services. It is anticipated that up to three units will be developed across the Trust area. This should reduce the level of travelling for service users and families.

Assessment of Impact on Current Staff of Inver 4 by Section 75 Equality Groups

With regard to the information gathered above, the Trust has noted the following in relation to the current Trust staff and staff in Inver 4, Holywell.

Gender

The gender profile of staff employed in Inver 4 is 79.3% female and 20.7% male. Therefore, there is a slightly higher percentage on males working in Inver 4 than in the Trust workforce (13%). Whilst this proposal may disproportionately affect males, the Trust is of the view that this impact is not adverse.

Persons of different age

The largest percentage (41.3%) of staff in Inver 4 falls within the 35 -44 age range and 38% with the 25 -34 age range. This compares to 30.4% and 20.3% of the NHSCT workforce in the same age ranges. 3.4% of staff in Inver 4 are aged 55 or over, compared to 13.6% of total Trust staff. Staff within Inver 4 have a comparatively younger age profile compared to the NHSCT as a whole. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons with or without a disability

None of the staff within Inver 4 are recorded as having a disability, compared to 0.9% of the NHSCT workforce. 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. Reasonable adjustments will be considered on a one to one basis in line with related employment policies for any staff affected by this proposal, who declare they have a disability.

Persons of different marital status

51.7% of the staff in Inver 4 is married, which is considerably less than those married in the NHSCT workforce (70.7%). 44.9% of staff in Inver 4 is single compared to 23.5% of the total Trust workforce. It follows that this proposal affects staff who are single to a disproportionate degree. The Trust does not consider this impact to be adverse but will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons of different religious belief

44.8% of staff in Inver 4 is Protestant and 37.9% are Roman Catholic. The religious profile of the Northern Trust workforce is 59% Protestant and 34.6% Roman Catholic. Whilst there is a slightly lower percentage of Inver 4 staff from the Protestant community the percentage from the Roman Catholic community is broadly reflective of the Trust workforce. The Trust notes that

the religious belief of 17.3% of affected staff is unknown. The Trust considers there is no evidence to suggest that there would be any adverse impact on affected staff of their religious belief.

Persons with/without dependants

The Trust does not routinely record information on the dependant status of staff. As already stated 79.3% of the staff in Inver 4 is female. As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognised that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities.

Persons of different political opinion

The Trust does not record the political opinion of staff. Analysis of voting patterns does however suggest that political opinion is often linked to religion. As stated above, the Trust considers there is no evidence to suggest that there would be any adverse impact on affected staff of their political opinion.

Persons of a different racial group

82.8% of affected staff declared themselves as white and 17.2% indicated they are Indian. This compares to 0.82% of Trust staff overall declaring themselves as Indian. The Trust will consider mitigating measures for staff directly affected in line with the Trust's CSR Human Resource Strategy (Appendix 1).

Persons of different sexual orientation

While no direct information is gathered on sexual orientation research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

Mitigation of Impact on Current Staff

These proposals will primarily impact on staff within Inver 4, Holywell.

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 to assess the impact on staff and to put robust mitigating measures in place.

The Northern Trust's CSR Human Resource Strategy and Action Plan (Appendix 1) provides a robust and transparent process for decisions relating to staff.

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 specific consultation meeting with staff and service users directly affected.

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.

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.

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.