



Northern Health
and Social Care Trust

Traffic Management at Northern Health and Social Care Trust

Consultation and Equality Impact Assessment – January 2009

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Executive Summary

The Northern Health and Social Care Trust offer parking at all sites. This is available on a free access basis to all users, with some exceptions and segregation for staff and special user groups. As would be expected, decisions about where to park are predominantly influenced by locality to end destination. However, observations have highlighted that this often results in users ignoring yellow lines and restrictions to marked bays as well as in areas which could cause obstruction. The larger facilities at Antrim and Causeway have higher demand levels and are most affected by these parking related problems.

The implications of this largely ad hoc approach to parking continuing are widespread, compromising the Trust's duty of care at many levels. The Northern Health and Social Care Trust propose that the introduction of traffic management measures would significantly improve the quality of service for all users.

The public demand to park at hospitals locations is obvious and is subject to further growth due to the condensed visiting times and increase in clinics to meet government targets. Currently at Antrim and Causeway there is no dedicated car parking personnel to manage the additional pressure that is imposed on our car parks.

It would therefore seem an appropriate time to introduce traffic management procedures on the Antrim and Causeway sites. Implementing such a system would have many advantages, including to:

- Provide a secure environment for users
- Create a more efficient site network for all user groups
- Improve site traffic management including encouraging use of segregated staff parking
- Provide a dedicated parking management team, funded by revenue generated

The level of charging proposed needs to be adequate to cover all associated costs and generate positive revenue for future development of parking services and improving the patient experience at Antrim and Causeway.

It is an appropriate time to introduce traffic management measures and will prove to be beneficial to the trust and its users.

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 proposals regarding Traffic Management.

Statutory Context Section 75 NI Act 1998

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

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

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

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

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

Further, the Trust gave a commitment to apply the above screening methodology to all new and revised policies as an integral part of the

development process and where necessary and appropriate to subject new policies to further equality impact assessment.

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

Comprehensive Spending Review

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

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

This consultation document sets out the full Equality Impact Assessment on one of the proposals screened in for EQIA, namely the need to put in place a policy for effective traffic management as a result of condensed visiting times and inappropriate use of the car parking spaces in Antrim and Causeway Hospitals, in the first instance. This EQIA has been conducted to ensure that the Trust fulfils its Section 75 equality obligations and will determine any equality implications for those directly affected by the proposal.

This report has been made available as part of the Formal Consultation stage of the EQIA on Traffic Management at the Northern Health and Social Care Trust.

The Trust welcomes your views on:

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

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

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

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

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

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

Deadline for comments will be 6 March 2009.

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

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

Background to the Proposal

Context

In June 2008, The Department of Health and Social Services and Public Safety (DHSSPS) issued guidance on Health and Social Care Hospital Car Parking Provision and Management which stated that most of our hospitals were designed and built in an era when car ownership and usage were significantly less than they are today. In addition, with more services being placed on constricted health and social care hospital sites together with an increase in health and social care activity, there is evidence to suggest that current capacity and management of car parking has become a problem for most acute hospitals in Northern Ireland. This is having an impact on patients gaining access to hospital services.

The DHSSPS Guidance states that car park management and policy decisions around charging are a local operational matter for Trusts. The Guidance has been developed to assist Trusts to demonstrate that the introduction of car parking charging reflects a reasonable balance between the needs of legitimate car park users and the costs of maintaining car parking facilities.

The Inclusive Mobility and Transport Advisory Committee (IMTAC) and Disability Action Regional Access Committee produced a Position Paper on Car Parking for Disabled People and Older People at Health Services Buildings in Northern Ireland. This paper states that

“Imtac and the Access Committee recognise that there is a clear rationale for charging for car parking in hospitals. Such schemes allow better management and control of parking on sites. There is better security for staff, visitors and vehicles. There should also be better enforcement of parking restrictions on site”

The report does clarify that anything that increases the costs of travelling by car are likely to have a disproportionate effect on the lives of disabled people and older people.

Current Practice in Northern Trust

There is currently no on-site traffic management at Antrim & Causeway Hospitals. This is demonstrated by the visible unauthorised parking by service users and staff. A high proportion of Northern Trust staff use the patient/visitor car parks because of their close proximity to the main hospital entrances. Despite numerous reminders by the Trust the problem still exists. Since the opening of the South bound M2 slip road from Antrim Hospital to

Belfast, Antrim Hospital car parks has also seem to have become used by some as a 'Park and Ride' facility for onward journeys which increases the pressure on stretched parking facilities. These difficulties in parking congestion have led to the obstruction of roads and footpaths.

Due to the increase in demand for car parking spaces and changes in the way services are delivered, the Northern Trust recognises its duty to provide effective car parking facilities to improve access to services for patients and carers. The introduction of paid car parking for patients/visitors at the two major acute sites of Antrim and Causeway will generate income which will be redirected to front line services and make significant improvements regarding traffic management at these sites.

The Trust established a Traffic Management Project Team to develop Traffic Management Policy that will improve the patient experience by ensuring patients and visitors have access to a secure parking space within close proximity to Antrim and Causeway Hospitals. This policy details the options for effective traffic management measures onsite with methods of enforcement to deter park and ride users and unauthorised parking. Membership of this group includes Trust staff and representatives from Disability Action and Carers NI.

Proposal - Traffic Management Policy

The Traffic Management Project team has developed a draft policy as follows.

Introduction

This Operational Policy is produced to describe the Trust's Management arrangements for the car parking system on the Antrim and Causeway sites.

The main aims are

- To highlight the arrangements and provide information about car parking facilities
- Outline how users of the site may access car parking.

Major reconfiguration is being undertaken on the Antrim and Causeway sites and it is anticipated that adequate designated parking facilities will be available for staff and visitors by December 2009. As the site continues to develop the number of available spaces must be reviewed and allocations of spaces will be made in accordance with this availability.

The parking arrangements will eliminate the level of unauthorised and unacceptable patterns of parking across the site and provide for a more efficient access to the Hospital.

The revenue generated from the scheme would facilitate the funding of a staff team, which would be required to run the traffic management scheme, and additional revenue would then be directed back into frontline services.

Policy Aim

To minimise congestion and improve traffic management at Antrim and Causeway Hospitals and maximise car parking spaces for patients and visitors.

Definitions

In this Operational Policy the term 'car park areas' refers to all car parks and all other areas designated for parking including on road parking and the term 'car park users' refers to patients and visitors on Trust related- business.

Key Objectives

The Trust's Facilities Department will provide a car parking service including traffic management across the Antrim and Causeway sites. The service shall be operable 24 hours per day 365 days per year.

The objectives are to:-

- a) Provide a secure and safe car park environment for patients, staff and visitors to the hospital, their vehicles and their property.
- b) Maximise the use of car parking areas whilst minimising the risk of crime and pollution.
- c) Provide traffic management across the site to ensuring free flow of traffic and access at all times.
- d) Provide a service that controls all parking related administration.

Key Customers

The key customers for this service are:

- a) Patients
- b) Staff
- c) Visitors
- d) Emergency Services
- e) Service Providers / Contractors

Designated Public Car Park Areas

Antrim – Public Parking

Car Park No 1 - Patient/Visitor Car Park
Car Park No 2 - Helipad Car Park
Car Park No 3 - Renal Car Park
Car Park No 4 – Laurel House Car Park

Causeway – Public Parking

Car Park No 1- Patient/Visitor Car Park
Car Park No 2 – Ross Thompson Car Park
Car Park No 3 – Emergency Department

Antrim – Staff Parking

Car Park No 5 – Main Staff Car Park
Car Park No 6 – Fern House Car Park
Car Park No 2 - Helipad Car Park (Overflow for staff if necessary)

Causeway –Staff Parking

Car Park No 3 – Main Staff Car Park
Off road parking at rear of site

Drop off/Pick up Zones

These are clearly designated throughout the site. The areas will be closely monitored and any vehicle overstaying the allocated drop-off/pick-up zone time-span will be subject to enforcement procedures. Set Down/Pick Up time span will be 15 minutes.

Public Parking Charges (Draft)

Car Park charges will apply 24 hours – 7 days per week throughout the year. Charges will be made for parking within various time frames as follows.

Up to 1 hour	50p
1 – 2 hours	£1
2 – 4 hours	£2
4 – 8 hours	£3
8 – 24 hours	£5
Lost tickets	£5

Tariffs will be reviewed annually, with any proposed increases approved by the Senior Management Team before implementation.

Traffic Management Equipment

The proposed option for equipment employed for traffic management on the Antrim & Causeway sites is as follows.

Pay and Display

- Patients and visitors will park and then pay for their ticket at a Pay and Display machine. This ticket will be displayed on the dashboard of their car or a visible location for the parking attendant to view. The Pay & Display machines will be populated throughout the relevant car parks.
- Disabled drivers will be able to park near the entrances in designated parking spaces. Only Blue Badge Holders may use these spaces and disabled friendly Pay & Display machines will be located at the disabled parking bays. Unauthorised users of disabled parking bays will be subject to enforcement procedures.
- Information to Inpatients and Outpatients will include references to parking charges.
- Drop off / pick up zones are clearly marked and adjacent to hospital entrances. Waiting time here is limited. Those who exceed the specified time will be subject to enforcement procedures.

Payment Exemptions

Senior Nursing Staff or Departmental Managers will, using their discretion determine and authorise exemptions using a proforma voucher. The right to exemptions for next of kin is not automatic; all relevant circumstances must be assessed prior to authorisation.

It is anticipated that the majority of exemptions will be issued to

- Renal Patients who travel by their own transport
- Next of kin of patients in ICU and Neonatal Unit
- Next of kin, sitting for prolonged periods of time with patients with life threatening condition
- Cancer Patients

Procedures for administering these exemptions will be implemented and monitored.

The Senior Nurse / Departmental Manager will use discretion and judgement in all other instances.

Exemptions for other groups may apply following a review being carried out by the Department of Health & Social Services & Public Safety Northern Ireland.

Staff Parking

All Staff and employees of organisations who wish to bring a motor vehicle to Antrim & Causeway Hospitals will not pay for parking but must display a valid Permit. Failure to do so will result in clamping.

Parking permits may need to be displayed in specific uncontrolled areas.

Entry to Staff car parks will only be by means of a reusable car park pass.

A fee of £10.00 will be charged for the replacement of lost passes.

All passes will be permit entry / exit to users and allocated to users of designated Trust car parks.

The Trust's Facilities Management Department will manage the system for car park permits and passes. The Team will be responsible for the provision of all car parking permits and passes, for ensuring authorisation.

Cancellation of passes

One week's written notice is required to cancel a pass. An amendment form is available from the Car Park Office and the Trust's Intranet. The reusable pass and / or permit should be returned to the Car Park Office.

Forgotten Pass Cards

Staff members, who for whatever reason are without a pass available for use, will not be granted access to staff car parks. These Staff should proceed to a Public Car Park where they will be required to pay the tariff for that car park.

If staff misuse car parks for e.g. by parking inappropriately, improper use of passes etc, the Trust reserves the option to reallocate or withdraw their car park pass.

Occasional Staff Users

Staff attending training events or who only bring a vehicle on site on official business will be required to pay the public tariff for parking, which can be reclaimed.

An occasional user parking pass is available to accommodate staff who visit the site on a limited basis. Passes are available for a fixed period.

Volunteers

Volunteers or Trust user Representatives who regularly attend the hospital may apply for a Trust Volunteer Pass through Facilities Department. Free car parking in staff areas will only be available to Volunteers on official business. Passes will be logged and monitored for audit purposes.

Disabled Parking

Spaces will be made available for Staff in the location nearest to their place of work.

Specified Users

The Trust may decide to ensure specific groups of personnel have access to designated parking areas, when authorised by the Car Park Review Group.

Bank Staff and Non Trust Employees

Senior Nursing Staff or Departmental Managers will, using their discretion, authorise permits/passes for bank staff who regularly visit the site for bank work. Bank staff without an authorised permit/pass will have to pay to park in the public car park.

Residents

All residents who wish to park on site will be required to apply for a Resident pass. Where allocated spaces are in a non-barrier controlled area, a parking authorisation permit will be issued following the standard application procedure.

Other Users

Where service vehicles for equipment used by the Trust are required to be near the point of work then they would be located in the most appropriate service vehicle set down area.

Contractors

Vehicles related to main contracts and Capital Development Projects must park within Contractors designated areas or Public Car Parks. (Relevant Departments who hold post-tender award meetings, with all Building Contractors / Service Providers must ensure car-parking operational arrangements are identified).

Business Visitors

Company representatives will be considered as another hospital visitor and will have to pay to park in the public car park.

Meetings

External groups/visitors, which use Antrim/Causeway premises for meetings will have to pay parking charges and park in the public car parks.

Courier Services

The Trust's Courier Service must park in agreed areas.

Abandoned Cars

Cars that are abandoned on site by staff or public will be reported to the local council offices for action. Charges for parking may be raised for the duration the cars are left on the site.

Motorcycles and Bicycles

These vehicles are all parked free of charge if parked in the designated spaces on the site.

Enforcement Method

Wheel Clamping Enforcement

Clamping Zones throughout the Antrim & Causeway sites will be clearly designated. Where the registered authorised service provider has identified a vehicle that requires clamping the following procedure will be adopted:

A notice will be affixed to the vehicle advising the driver that the vehicle must not be moved and informing him / her how release may be arranged and the fee payable.

When payment has been received the clamp will be removed, and removal will be recorded. The organisation responsible for wheel clamping will use their discretion in all cases and will comply with the Trust's specification

In all disputes the removal of any clamp, and fees paid, will be the responsibility of the authorised clamping agency. On payment of tariff, clamps will be released within 90 minutes.

The fee for release of wheel clamps is £60.

Financial Procedures

All sources of income accruing to the Trust under this arrangement will be controlled in accordance with the Trust's Financial Procedures.

Publicity

Car parking charges and arrangements will generally be published through the Trust website, press and media wherever opportunities arise, and will always be included in patient information literature sent out to In patients, Day Cases and Out patients.

Consideration of Available Data and Research

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

Strategic Data Sources

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

- **Northern Ireland Statistics and Research Agency (NISRA)**

The NI Census (normally taken every ten years) provides essential statistical information about the population and households for all parts of the country. The most recent results available are from the 2001 census returns.

- **Position Paper on Car Parking for Disabled People and Older People at Health Service Buildings in NI – jointly produced by the Inclusive Mobility and Transport Advisory Committee (IMTAC) and Disability Action Regional Access Committee**

Imtac is a committee of disabled people and older people as well as others including key transport professionals. Their role is to advise Government and other in NI on issues that affect the mobility of older people and disabled people.

- **Guidance on Health and Social Care Hospital Car Parking Provision and Management - June 2008**

Contains Regional Exemption Policy for Car park Charges and provides for free car parking across NI for very ill patients and their families.

- **Baywatch Campaign (NI) – Providing Accessible Parking – A Good Practice Guide**

The Baywatch Campaign has been set up with the objective of ending abuse of car parking for disabled persons. The Campaign was set up in Great Britain by the Mobilise Organisation (Formerly the Disabled Drivers Association and the Disabled Drivers Motor Club) as well as other disability organisations. Mobilise was at the forefront of bringing Baywatch to NI working alongside Imtac and organisations such as Disability Action and Shopmobility NI.

- **National Transport Strategy for NI 2002-2012**

The National Transport Strategy for Northern Ireland expects that all government and public sector organisations, including HSC Trust, to lead by example and demonstrate commitment to the National Strategy by producing Healthy Transport Plans. HSC Trusts are required to identify targets for reducing environmental pollutions from transport in partnership with relevant stakeholders. Trust Transport Action Plans should address issues such as car sharing, cycling, public transport and car park management for patients, staff and the general public (DHSSPS Fleet Transport Management Controls Assurance Standards).

The management of car parking at HSC hospital is therefore an integral part of wider travel planning requirements, including Trust environmental responsibilities.

- **DHSSPS regional Review of Health & Social Care Car Parking Final Report (March 2008)**

Car park charges at acute hospital sites across NI – comparative data.

Local Data Sources

The Trust employed Hill Cannon Car Parking Consultants to complete a comprehensive report regarding car parking at Trust acute premises.

The Consultant was required to review the 2005 draft Business Case/Options Appraisal completed for Paid Car Parking on the Antrim Area Hospital site, and incorporate relevant findings/"best practice" models into a revised proposal which will encompass the Northern Health and Social Care Trust Acute Hospital sites.

The revised report includes:

- Findings/recommendations following a review of the draft Business Case/Options Appraisal for Paid Car Parking, Antrim Area Hospital to ensure these are "fit for purpose".
- The operational improvements the introduction of paid car parking will have within the Northern Health & Social Care Acute Hospital sites.
- A review and report on the current parking habits and problems associated with unauthorised parking on all sites.
- A review and proposal for "best practice" models for optimum car park control configurations for all sites. This to include areas such as site lineage, set down/pick up, access control, disabled parking, ambulance parking, staff parking, patient/visitor parking, unauthorised parking zones etc.

- A review of the current car parking management equipment and functionality of same.
- A review and proposal for “best practice” models for staff parking / visitor parking area allocations and management.
- A review and proposal for “best practice” models with regard to site lighting for compliance with Secure Car Parks award.
- A review and proposal for “best practice” models in relation to Help Points (for staff/patients/visitors that may be at risk) for compliance with Secure Car Parks award.
- A review and proposal for “best practice” models for the introduction and enforcement of clamping procedures.
- A review and proposal for “best practice” models for the networking of car park systems between the various sites including a central administration point.
- A review and proposal for “best practice” models for the networking of security systems between the various sites including a central administration point.

This report confirmed the need for improved traffic management procedures.

Population Profile

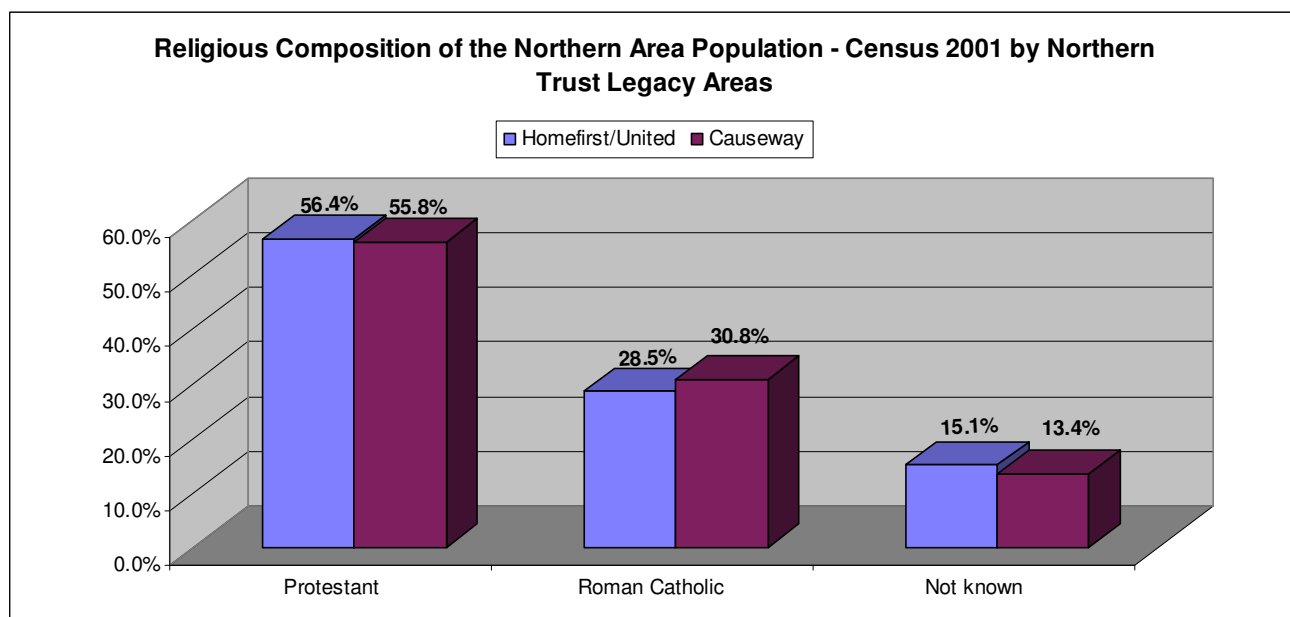
Northern Area Population – Census 2001 by Section 75 Groups

SECTION GROUP	75	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965)				
Gender		Female	51.25%			
		Male	48.75%			
Age		0 -15	16-24	25-44	45-64	65-84
		23.09%	11.91%	29.34%	22.38%	11.94%
		85+	1.33%			
Religion		Protestant	Roman Catholic		Not Known	
		56.44%	29.07%		14.44%	
Political Opinion		Not collected				
Marital Status		Single	Married	Not Known		
		30.63%	57.60%	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				

Northern Area Population – Census 2001 by Gender and Religion within Northern Trust Legacy Areas

	Homefirst/United	Causeway
Gender		
Female	50.9%	51.5%
Male	49.1%	48.5%
Religion		
Protestant	56.4%	55.8%
Roman Catholic	28.5%	30.8%
Not known	15.1%	13.4%

Religious composition of the Northern Area Population - Census 2001 by Northern Trust Legacy Areas



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

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

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

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

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

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

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

Population Projections for NHSCT (2007–2017)

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

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

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

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

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

Assessment of Impacts

This proposal is in line with Departmental Policy which directs traffic management and policy decisions around charging for car parking.

Assessment of the Impact of Proposal on Services Users by Section 75 Equality Groups

Between men and women generally

The gender profile for the Northern Health and Social Care Trust's population (in accordance with the 2001 Census) was 51.25% female compared with 48.75% male.

Evidence shows that women are at greater risk of experiencing poverty, multiple deprivation and exclusion. This is reflected in studies which suggest that 57% of adults in poor households are women (*Ref: Bare Necessities – Poverty and Social Exclusion in Northern Ireland, Democratic Dialogue, October 2003*). Moreover, single people with children, who are more likely to be female, have the highest risk of poverty overall (*Ref: Households Below Average Income, DSD*).

Life expectancy is higher for women than men, although they are likely to suffer more ill health than men. In 2003-05 life expectancy was 80.8 for women and 76.0 for men (*Ref: Health and Social Care Inequalities Monitoring System: First Update Bulletin 2004, DHSSPS*) in non-deprived wards. Life expectancy for those in deprived wards was somewhat lower, at 77.9 years for women and 72.0 years for men.

There is a clear relationship between deprivation and health outcomes. Those in deprived areas tend to experience worse health outcomes, they are more likely to suffer from increased morbidity and mortality and higher levels of mood and anxiety disorders, while the teenage birth rate in deprived areas is 71% higher than the Northern Ireland average.

Both boys and girls from areas of high deprivation, however, are more likely to leave formal education with no qualifications. This is a key concern as it significantly limits their life opportunities and contributes to a cycle of deprivation. In the 2005-06 school year, 24.3% of Protestant pupils entitled to free school meals achieved 5+ GCSEs A-C, compared to 35.2% of Roman Catholic pupils entitled to free school meals.

Addressing the causes and consequences of poverty and exclusion is likely, therefore, to impact marginally more on women than men, given women are more likely to experience poverty.

Persons of different age

Poverty and exclusion can have a negative impact on children's upbringing and can reduce the chances of children enjoying a happy childhood, achieving skills and qualifications and as a result can significantly impact on outcomes in later life.

While younger households are more likely to experience poverty, there would also appear to be particular issues with regard to older people, who tend to have lower incomes, are more benefit dependent and spend more on necessities than the rest of the population. In 2004/05, 52.8% of pensioner household weekly expenditure was on necessities (*Ref: Expenditure and Food Survey, NISRA*). They also experience other forms of exclusion, such as isolation from friends, relatives, services and facilities and increased fear of crime (*Ref: Ageing in an Inclusive Society, OFMDFM, 2005*). Recent work undertaken by Help the Aged indicates that 53% of older people feel that loneliness is the major issue facing older people today (*Ref: Statement of Key Inequalities in Northern Ireland, Equality Commission for Northern Ireland, October 2007*). The Northern Ireland Equality Commission's 2006 survey "Attitudes and Awareness of Equality Issues Amongst the General Public in Northern Ireland" revealed that older people in Northern Ireland perceived that they are treated unfairly.

Older people living in remote areas or on disadvantaged housing estates have difficulty accessing the sorts of opportunities that most people in society can often take for granted. This is a particular issue for pensioners in rural areas who are more likely to be in poverty than those in urban areas. For older women, participation can be further constrained by pensioner poverty.

The Trust is mindful of the demographic trends. There is recognition that the over 65 population will continue to need more care than younger age groups. It is therefore likely that there will be an increasing intensity of expenditure on health and care services for this age group.

Persons with or without a disability

Of the Section 75 categories, adults with a disability and children with a disability have the highest risk of poverty before social transfers (*before social transfers excludes from household income all social cash transfers including state pensions and state benefits*) at 77% and 70% respectively in 2004-05 (*Ref: Households Below Average Income DSD*). After social transfers the risk of poverty for adults with a disability was 26% and children with a disability was 37%. Research also highlights the fact that disabled people may face particular difficulties when accessing public and social services such as transport, housing and financial services.

Persons of different marital status

Marital status is associated with poverty. The population profile for the Northern Trust 2001 Census was as follows: single 30.63%, married 57.60%, not known 11.77%. Those who are separated have the highest rate of poverty followed by those who are divorced and then single people. (*Ref: Households Below Average Income DSD*).

Persons of different religious belief

The available data on adults living in lower-income households suggests that there is an approximate balance between the Protestant and Roman Catholic communities in the numbers living in such households, although data shows that Roman Catholics are at greater risk of multiple deprivation.

The population profile for the Northern Trust area, in the 2001 Census was as follows: Protestant 56.44%, Roman Catholic 29.07% and not known 14.44%.

Persons with/without dependants

Households caring for children or dependant adults have higher poverty rates and are at greater risk of multiple deprivation than those without dependants. In 2004/05, 24% of couples with children were at risk of poverty compared to 18% of couples with no children (*Ref: Households Below Average Income, DSD*). Single parent households, which are more likely to be female, experience an elevated risk of poverty and exclusion compared to other groups, 49% in 2004/05. Within the Northern Trust there were 36.4% of households with dependent children – 2001 Census refers.

Persons of different political opinion

There is no evidence to suggest that this proposal will have an adverse impact on persons of a different political opinion.

Persons of a different racial group

Reflecting the economic differentials outlined previously, Irish Travellers are at greater risk of poverty, multiple deprivation and exclusion. They are also more likely than other groups to leave school with no qualifications. A number of initiatives across Departments aim to address the difficulties Irish Travellers may face in accessing services and employment.

The Trust spends significant resources in ensuring its services are accessible by the whole community and is one of the biggest users of the HPSS Regional Interpreting Service. Similarly, the Trust translates information into a range of formats for those whose first language is not English. Whilst it is not possible to assess the full extent of Black and Minority Ethnic (BME) and Migrant Workers resident within the Trust's jurisdiction the numbers are significant.

Persons of different sexual orientation

Over that past 50 years, research has indicated that 10% of the population could be lesbian, gay or bisexual, possible 1 in 10 of the Trust's workforce and 1 in 10 of service users.

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

The above assessment indicates that this proposal is likely to impact on older people, people with a disability and women, in particular single women with dependants. A summary of the key findings are as follows.

- Households with older people, disabled people and single mothers tend to have lower than average incomes.
- Accessing health and social services can be a challenge for those who live in rural areas, live in isolated or deprived urban communities, have limited mobility through age or disability and have no access to a car.
- Alternatives such as public transport or taxis may not be available or be a viable option because they may not be available, are physically inaccessible or unaffordable.
- The car is the only method of mobility for many disabled people and older people.

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

The proposal does not include the introduction of car park charges for staff. Whilst staff parking in Antrim and Causeway Hospitals will have to display permits the Trust considers that there will be no adverse impact on staff across the nine equality categories.

Consideration of Measure to Mitigate any Adverse Impact/Alternative Policies

The Trust plans to put in place the following mitigating measures to reduce any adverse impact.

Adoption of Regional Exemption Policy

In May 2008, the Health Minister announced free car parking across Northern Ireland Hospitals for very ill patients and their families. The Guidance on HSC Hospital Car Parking Provision and Management provides a matrix for application of free car parking for very ill patients and their families. The Trust recommends the adoption of the following eligibility matrix.

HSC Eligibility Matrix for Free Car Parking

Care Path	Application of Free Car Parking			
	Patient	Next of Kin/Partner	Relative	Visitor
Radiotherapy Chemotherapy	Yes	Yes if transporting patient	Yes if transporting patient	N/A
Renal dialysis	Yes	As above	As above	N/A
Critical Care/ High Dependency	N/A	Yes	Discretionary	Discretionary

As part of this EQIA, the Trust is seeking your views on defining any other exemptions.

Patients on low incomes who are required to travel to Antrim or Causeway Hospitals may have their travel costs reimbursed through the Hospital Travel Costs Scheme (HTCS).

The Trust will review the number of disabled parking bays available to ensure the number of bays available is reflective of the prevalence of disability in Northern Ireland. Unauthorised users of disabled parking bays will be subject to the Trusts enforcement procedures.

Drop off / pick up zones are clearly marked and adjacent to hospital entrances. Whilst waiting times here will be limited, the Trust will ensure that adequate time will be given for someone with a disability.

In addition the Trust will ensure that adequate time is given for people to return to their cars so that people with a disability are not disadvantaged.

The Trust will ensure that there are adequate pay and display machines available in the car parks for ease of access for older people and people with a disability.

Signs will be erected throughout the car parks to ensure that people will be aware that they have to purchase a pay and display ticket. In addition a publicity campaign will be launched in the local press.

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.

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 the Equality Impact Assessment

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

Monitoring

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

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



Consultation Proforma

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

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

**Tel: 028 2766 1377
Fax: 028 2766 1209
Textphone: 028 2766 1377
E-mail: equality.unit@northerntrust.hscni.net**

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

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

Name:	
Position:	
Organisation:	
Address:	

I am responding: *(Please tick)*

▪ as an individual

▪ on behalf of an organisation

My comments are in relation to:

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

General Comments

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

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

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

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

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

APPENDIX A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

Trust Response and Freedom of Information Act (2000)

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

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