

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Reduce number of community based rehabilitation beds

(1.2) Is this a new, existing or revised policy/proposal?

Proposal 11 – NHSCT Savings Plan 2017/2018

This is a new proposal for the Northern Health and Social Care Trust and is part of a range of proposals put forward in order to achieve a balanced financial plan in 2017/18.

Background/Context

The Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care in 2017/18 in order to meet the statutory requirement of achieving a balanced financial plan across the HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts have been tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

As directed by DoH, the Northern Health and Social Care Trust (NHSCT) has publicly consulted on the proposals in the savings plan from 24 August 2017 – 5 October 2017 in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014. In order to fully inform the public about all savings options under consideration the consultation document included information on the totality of the savings plan for the Northern area which amounts to £13m.

The Trust carried out an initial Section 75 assessment of the temporary proposals in its 2017/18 Savings Plan by applying the four Section 75 screening questions. Based on the

information available, this initial assessment determined if the proposals would have Major/Minor/Little or No Impact. The outcome of this assessment was provided as an appendix to the consultation document. The Trust also committed to more thorough and comprehensive Section 75 assessments on the temporary proposals during the six week consultation period. Proposals identified as having a potential minor impact on people in one or more of the Section 75 categories were subjected to a more thorough Section 75 assessment which includes an assessment of the impact on both service users/patients and staff if the proposal were to be implemented.

This Section 75 screening of the proposal to reduce the number of community based rehabilitation beds has been prepared by the Trust and has been informed by the feedback received during initial consultation period.

Draft Section 75 screenings on the proposals identified as having a minor impact will be tabled at the extraordinary public Trust Board meeting on Friday 13 October 2017, then at the Board of the Health and Social Care Board for onward submission to the Department of Health for final decision.

(1.3) What is it trying to achieve (intended aims/outcomes)?

This proposal is to reduce the number of community rehabilitation beds commissioned from the independent sector and continue to manage Trust community rehabilitation beds without use of nurse agency staffing.

The Trust has a small number of contracts for community rehabilitation beds in independent care homes throughout the year, and at times of peak pressure we purchase beds from a number of other care homes on an ad hoc basis. This proposal would reduce the number of contracted beds by approximately 25 and result in minimal ad hoc purchases of such beds from independent nursing and residential homes over this winter.

The Trust currently has 174 community rehabilitation beds across our community hospitals; statutory residential homes and independent sector nursing and residential care homes. This figure typically rises to 210 beds during winter with extra placements in the independent sector. A reduction of 25 will impact on supporting discharges from the hospitals and result in an increase in delayed discharges, particularly over the winter months. It will impact on independent providers of nursing and residential care in terms of reduced income for contracted rehabilitation beds, which make up a part of the services in the care home and support sustaining care home workforce.

The nursing workforce in our community hospitals is stable and there is very little use of agency nursing staff. Our local GPs provide a stable and effective medical service in the community hospitals. We will sustain this position and plan not to use agency staff, managing small adjustments in beds numbers as required.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

This proposal is subject to a six week public consultation and consultees will include representatives from the Section 75 equality categories.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

HSC Trusts have been tasked by the DoH with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and have directed that it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

- DoH level approval and endorsement of Trust actions to achieve financial balance for 2017/18.
- The need for meaningful engagement and consultation may impact on some of the timescales and outcomes
- Feedback from consultation process may impact on implementation.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Internal stakeholders: DoH, HSCB, NHSCT, other HSC Trusts, LCG, Staff, Trade Unions and Professional Bodies etc.

External stakeholders: The Trust's Cost Savings/Financial Plan 2017/18 will impact on its local population i.e. service users, patients and clients, relatives, as well as other organisations e.g. the public sector, independent sector, voluntary and community groups, Section 75 representative groups and advocates, MLAs etc. (This list is not intended to be exhaustive).

Specific stakeholders:

- Social Work staff
- Community Integrated Care Teams
- Community and Voluntary sector organisations
- Domiciliary Care Staff
- Domiciliary Care Service Users
- Independent Sector Nursing and Residential Homes
- Local elected representatives

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

- DoH Budget 2017/18
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- Trust's Equality Scheme which incorporates the Trust's Human Rights obligations and disability duties.
- ECNI Guide on Section 75 and Budget
- NHSCT 2017/18 Savings Plan
- UN Convention on the Rights of Persons with Disabilities
- Human Rights Act 1998

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information
<p>This proposal is to reduce the number of community rehabilitation beds commissioned from the independent sector and continue to manage Trust community rehabilitation beds without use of nurse agency staffing.</p> <p>The Trust have a small number of contracts for community rehabilitation beds in independent care homes year round, and at times of peak pressure we purchase beds from a number of other care homes on an ad hoc basis. This would be affected by this action and would reduce contracted beds by approximately 25 and mean minimal ad hoc purchases of such beds from independent nursing and residential homes over this winter.</p>

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965) (2011 Census)
Gender	Female 50.99% Male 49.01%
Age	0 -15 16-39 40-64 65-84 85+ 20.81% 31.63% 32.36% 13.46% 1.74%
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

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities Census 2001 by Section 75 Groups NORTHERN AREA POPULATION (426,965)	
	Service users	Staff
Gender	67% of those accessing the community beds are female and this is generally reflective of the gender profile across the NHSCCT population is 50.99% female and 49.01% male. The 2011 Census confirms that women are on average living longer than men. Females represent 60% of the over 65s in the general population. In Northern Ireland life expectancy increased between 2002-2009 from 74.5 to 76.1 years for men and from 79.6 years to 81.1 years for women. Female life expectancy has consistently been higher than that for males however the gap in life expectancy between men and women has declined in recent years. In 1991 there were three females for every one male over 85. By 2011 this has decreased to two females for every	Trust staff will not be affected by this proposal

	<p>one male. In light of this population trend, the impact will always be greater on females. The Trust is committed to monitoring for any adverse impact.</p>	
Age	<p>16-24 25-44 45-64 - 6% 65-84 – 51% 85+ - 43%</p> <p>94% of those accessing the community beds are over the age of 65. Whilst the majority of service users are over the age of 65 years the Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.</p>	N/A
Religion	<p>It is important to note that whilst the religious profile of service users for community based rehabilitation beds is unknown the Trust will ensure to provide a welcoming environment for all service users and carers and necessary arrangements will be made for service users to practice his/her religious beliefs. There is no evidence to suggest that this proposal will have any adverse impact on any religious grouping. The Trust is committed to monitoring for any adverse impact.</p>	N/A
Political Opinion	<p>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. The Trust will ensure that it provides a welcoming environment for all service users. There is no evidence to suggest this proposal will have an impact on the grounds of the political opinion.</p>	N/A
Marital Status	<p>The Trust is mindful that there may be a higher prevalence of service users who are widowed compared to the general population, given the service provided and the age profile</p>	N/A

	<p>of services users who use community rehabilitation beds. It is important that any support provided reflects the need for service users to have regular contact with family, relatives and friends in the absence of husbands/partners. The Trust is also mindful that research shows that the majority of women who have caring responsibilities tend to be married. Individual and specific circumstances will be considered and where adverse impact is identified, the Trust will consider steps to mitigate its effects. The Trust is committed to monitoring for any future adverse impact.</p>	
<p>Dependent Status</p>	<p>This information is not gathered but it is anticipated that a number of carers could be affected by this proposal given the nature of the service provided and the age profile of the service users. The Trust is aware of the importance of regular contact between clients and their family and friends and this will be addressed when considering future care options. The Trust is also aware that the Survey of Carers of Older People in Northern Ireland found that over three-quarters (77%) of the carers who responded to the survey were female. Carers are entitled to an individual carer's assessment to identify their specific needs and to establish the impact of caring on their own health and wellbeing. Carers can then be signposted to appropriate services and support. As evidenced in research, women still have the main caring responsibility of dependant adults.</p> <p>The Trust is mindful of Article 8 (European Convention on Human Rights) which will inform decision making processes and discussions with service users and carers. The Trust will listen to and will be guided by their wishes. The Trust is</p>	<p>N/A</p>

	committed to on-going engagement with service users and carers and to monitoring for any adverse impact.	
Disability	Whilst the Trust does not currently collect statistical information relating to levels of disability amongst its service users, it is predicted that the service users will have some level of disability, given the nature of the service provided. The rate of disability among men and women increases with age. Women on average live longer than men therefore disability tends to be more common among women. For those aged 85 and above, the prevalence of disability increases to almost 67%. Any proposal should consider the potential for differential impact on grounds of disability and any specific requirements will be taken fully into account when meeting their future needs. The Trust will make sure that the needs of each patient/service user are fully assessed and any special requirements are identified.	N/A
Ethnicity	There is no evidence to suggest that this proposal will have an impact on service users 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 will continue to ensure that any information is available in a range of languages. The Trust is committed to ensuring that its services are accessible to everyone	N/A
Sexual Orientation	Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or 'trans' (transsexual, transgendered and transvestites) (LGBT) community. The Trust will adhere to best practice guidelines issued in 2014 by the	N/A

	Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, 'See Me, Hear Me, Know Me (2014) when considering the needs of older LGBT people.	
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(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

On 24 August 2017, following approval from Trust Board we commenced a public consultation on our '2017/18 Savings Plan'. The consultation closed on 5 October 2017.

To raise awareness of the consultation process it was advertised in the local newspapers indicating that the document could be downloaded from the Trust's website or available from the Trust's Equality Unit. Over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultees were also reminded of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats on request.

During the consultation period the Trust held five locality engagement meetings in each of the four Trust localities to engage directly with service users, carers, the public, local representatives. The Trusts also held a number of staff engagement meetings and participated in a number of meetings with Councils and MLAs during the consultation process.

A consultation outcome report, detailing the consultation process and feedback received is available on the Trust website.

The Trust has had 2 consultation meetings with care home providers to consider the impact of the proposed reduction of rehabilitation beds. The meetings were held on the 8 and 18 of September 2017.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	Minor	None	Minor
Age	Minor	None	Minor
Religion	None	None	None
Political Opinion	None	None	None
Marital Status	Minor	None	Minor
Dependent Status	Minor	None	Minor
Disability	Minor	None	Minor
Ethnicity	None	None	None
Sexual Orientation	None	None	None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	Please provide details
Gender	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.
Age	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.
Religion	<p>The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.</p> <p>The Trust will ensure to provide a welcoming environment for all service users and carers and necessary arrangements will be made for service users to practice his/her religious beliefs.</p>
Political Opinion	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.
Marital Status	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.
Dependent Status	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.
Disability	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.
Ethnicity	<p>The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.</p> <p>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 and provides an interpreting service for those whose first language is not English.</p>
Sexual Orientation	The Trust will engage with service users and carers to ensure that care needs can be met where possible using other forms of care provision.

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief	On the basis of the information available to date, it is not envisaged that the proposed reduction of community based rehabilitation beds would have any impact on terms of good relations.	None
Political opinion	As above	None
Racial group	As above	None

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	As detailed above the implementation of this proposal will have no adverse impact on the promotion of good relations. The Trust is committed to the promotion of good relations – its Good Relations Statement is as follows - “We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users.”
Political opinion	As above.
Racial group	There is no evidence that this proposal will have an adverse impact on persons of a different racial group. The Trust spends significant resources in ensuring its services are accessible by the whole community and is one of the biggest users of the DHPSSNI Regional Interpreting Service. Similarly, the Trust translates information into a range of formats for those whose first language is not English.

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

This proposal will involve ongoing engagement with those affected. The Trust will take into account individual extenuating circumstances and work in partnership with individuals and TUs to alleviate any potential impact for people with disabilities.

The Trust will ensure relevant staff receive disability equality training and will adhere to its obligations under the Disability Discrimination Act 1995 and its commitments in the Disability Action Plan.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X

Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

The Trust is mindful of Article 8 (European Convention on Human Rights) which will inform decision making processes and discussions with service users and carers. The Trust will listen to and will be guided by their wishes. The Trust is committed to on-going engagement with service users and carers and to monitoring for any adverse impact.

The Trust will provide on-going training and staff awareness on human rights.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening?

Yes	
No	X

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust considers that there will be sufficient mitigation to alleviate potential adverse impact.

We will make best use of our rehabilitation beds in our Community Hospitals – Robinson (Ballymoney), Dalriada (Ballycastle), Inver (Larne) and Mid-Ulster Hospital (Magherafelt) – and in our residential homes, prioritising patients' needs and working closely with the acute hospital and GPs to manage the pressures.

The Trust believes that the implementation of this proposal will have a minor impact on the population and will therefore engage with service users and carers to ensure the care needs of those affected are managed in the best possible way.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust will continue to monitor the impact and ensure that it is not more major than initially anticipated.

Monitoring mechanisms will be implemented to monitor for possible unforeseen adverse impact. The Trust will also take account of information or feedback provided by stakeholders during the 6 week consultation on these proposals.

Approved Lead Officer: Patrick Maguire

Position: Business Manager Community Care

Date: 4 October 2017

Policy/proposal screened by: Patrick Maguire