



2017/2018 Savings Plan

Proposal - Temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital

Draft Equality Impact Assessment in accordance with Section 75 and Schedule 9 of The Northern Ireland Act 1998

To be considered by Trust Board 13 October 2017

Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or

electronic formats. Please let us know what format would be best for you.
Contact the Equality Unit – contact details on page 25.

Contents

1.0	Introduction	3
1.1	Overview of the Trust.....	3
1.2	Statutory Context - Section 75 NI Act 1998	4
1.3	Human Rights	5
2.0	Background to 2017/18 Savings Plan Proposals.....	6
3.0	Proposal	7
3.1	Strategic Context of Proposal	8
4.0	Consideration of Available Data and Research Sources	9
5.0	Assessment of impact on affected service users by Section 75 Equality groups	17
5.1	Good Relations	17
5.2	Section 75 Groups	18
5.3	Mitigation of Impact on Current Service Users.....	20
6.0	Assessment of impact on staff affected by Section 75 Equality Groups	21
6.1	Good Relations	21
6.2	Mitigation of impact on current staff.....	24
7.0	Formal Consultation	25
7.1	Consultation on 2017/18 Savings Plan	25
7.2	Consultation on EQIA on the proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital..	25
8.0	Publication of the Results of this Equality Impact Assessment	26
9.0	Monitoring	26

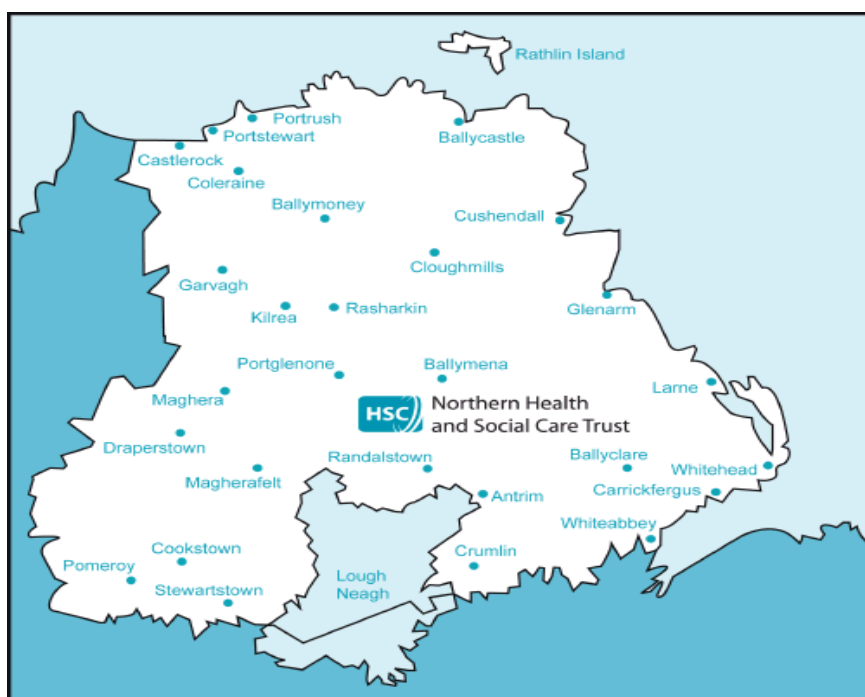
1.0 Introduction

This Equality Impact Assessment (EQIA) has been prepared to assess the impact of the Trust's proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the nine equality categories under Section 75 of the Northern Ireland Act 1998.

1.1 Overview of the Trust

The Northern Health and Social Care Trust provides a wide range of acute hospital, community care, social services and services in people's own homes across the whole of the Trust area, which has a population of approximately 465,000. The map below shows the geographical area covered.



In providing health and social care services, our staff work closely with others including local GPs and other agencies and providers, delivering services in people's own homes and in other community settings. The Trust purchases some services from other independent providers, primarily nursing and residential homes, also from independent domiciliary care providers and a range of non-residential services such as day care and counselling, working with the community and voluntary sector.

Services

The Trust provides a range of community services to help people to plan, manage and adapt to changes in their health, as well as respond to times of crisis. We provide services for older people, children, people living with a mental health condition and people living with a disability. Last year we delivered, 2,913,949 domiciliary care hours to 5,015 people and our District Nursing service made 279,403 contacts with patients. Our physical and sensory disability teams had an active caseload of 1950 service users at the end of March 2017 and our family and child care teams a caseload of 10,222 service users.

We provide a wide range of acute services from Antrim Area and Causeway Hospitals, and some hospital Consultant lead out-patient clinics and day surgery services are provided across a number of the five community hospitals. Many specialist or regional acute services are provided by other Trusts in Northern Ireland and indeed some are provided outside of Northern Ireland. For example cardiothoracic surgery, major trauma care, neurosurgery and oesophago-gastric and liver surgery are provided in Belfast for all of Northern Ireland. People living in the Northern Trust area who require orthopaedic surgery or intervention cardiology services receive those services in Belfast or Altnagelvin Hospital. Plastic surgery is provided in the Ulster Hospital for the region and Belfast does all the kidney transplants in Northern Ireland. Those requiring a liver transplant go across to the mainland UK. Children's cardiac surgery is provided in Dublin for the whole of Ireland.

Divisional Directorates provide the management arrangements for the delivery of Trust services:

- Women, Children and Families Services
- Surgical and Clinical Services
- Medicine and Emergency Medicine Services
- Community Care Services
- Mental Health, Learning Disability and Community Well Being Services

1.2 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 new Equality Scheme in July 2011. 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:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial 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.

1.3 Human Rights

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 interpreted so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.

The Trust will make every effort to ensure that respect for human rights, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD) which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by

all persons with disabilities and to promote respect for their inherent dignity.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention against Torture and Other Cruel, Inhumane or Degrading Treatment.

In addition to these, there are European-level treaties including:

- European Convention on Human Rights
- European Social Charter
- Charter of Fundamental Rights of the European Union.

2.0 Background to 2017/18 Savings Plan Proposals

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 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 major impact on people in one or more of the Section 75 categories were subjected to a full Equality Impact Assessment (EQIA). The Equality Impact Assessment includes an assessment of the impact on both service users/patients and staff if the proposal were to be implemented.

This draft EQIA on the proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital has been prepared by the Trust and has been informed by the feedback received during initial consultation period.

The draft EQIA on the proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital has been prepared by the Trust. Draft EQIAs on the proposals identified as having a major 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.

3.0 Proposal

Whiteabbey Hospital rehabilitation wards (WA2 and WH3) have an average of 700 admissions per annum, admitted to 44 rehabilitation beds. 40% of patients transfer from the Belfast Hospitals post orthopaedic surgery and 60% transfer from Antrim Area Hospital for post stroke and general rehabilitation. On average patients stay for 22.9 days – see table below.

	2014/2015	2015/2016	2016/2017	Average
Average Length of Stay	21.5	23.5	23.6	22.9

The Day Rehabilitation Unit provides an out-patient rehabilitation service to community patients within the East Antrim Area with an average of 700 attendances per annum for both new and review patients.

Whiteabbey Hospital rehabilitation wards currently rely on a significant number of agency nurses and other flexible staffing due to an increasing number of vacant posts which is compounded by staff absence. This proposal would temporarily close the two rehabilitation wards at Whiteabbey Hospital and the associated day rehabilitation service. This means that current Trust employed staff (nurses, doctors and other staff in rehabilitation) would be redirected to work temporarily at Antrim Area Hospital and other appropriate Trust services. This would therefore negate the

need for agency staff at Whiteabbey Hospital. The Trust staff redeployed temporarily would contribute to a reduction in part for our current reliance on non-contract agency staff in Antrim Area Hospital.

Whiteabbey Hospital would continue to provide out-patient services, endoscopy, radiology, and the existing aligned range of Allied Health Professional (including physiotherapy and occupational therapy) and community services.

The primary impact of this proposal relates to patients currently managed through the in-patient rehabilitation service in Whiteabbey Hospital and those who access the day rehabilitation service. As there would be no reprovision in the community for these patients (in order to achieve the required savings) patients would remain in Antrim Area Hospital for their rehabilitation, resulting in additional pressure in both Antrim Area Hospital and in the Belfast Trust Hospitals, with patients delayed awaiting discharge for rehabilitation outside of an acute setting.

New patients would not be able to be referred to the day rehabilitation service and existing review patients would have to be discharged to other services or back to their General Practitioner (GP) for onward management.

The temporary closure of Whiteabbey rehabilitation services would release savings of £930,000 to end of year contributing to the overall £13m savings required by the Trust.

Aim of proposal

The aim of this proposal is to end the reliance on use of non-contracted agency nursing staff and to reduce the workforce gap created at Antrim Area Hospital by diverting Trust employed nurses from Whiteabbey Hospital to Antrim Area Hospital. This would assist in providing permanent Trust staffing and minimise the need to reduce the number of acute beds that would otherwise close at Antrim Area Hospital.

3.1 Strategic Context of Proposal

- DoH Budget 2017/18
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- Trust’s Management of Change Framework – which is the main vehicle in effecting change as it relates to staff with trade union input.
- Trust’s Equality Scheme which incorporates the Trust’s Human Rights obligations and disability duties.

- Equality Commission for Northern Ireland Guide on Section 75 and Budget
- NHSCT 2017/18 Savings Plan

4.0 Consideration of Available Data and Research Sources

The Trust has relied on the following quantitative and qualitative information when considering the equality implications of this proposal.

- Northern Ireland Statistics and Research Agency (NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2017
- 2011 Census of Population (Northern Ireland)
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- Available data in respect of the Section 75 groupings for current service users and staff
- Data on usage of Whiteabbey rehabilitation services
- Breakdown of Newtownabbey population in comparison to Trust population as a whole

This list is not exhaustive.

Table 1 Trust Workforce Profile as at 1 January 2017

Section 75 Group	Total Trust Workforce Profile as at 1 January 2017	Percentage
Gender	Female	85.73
	Male	14.27
Religion	Protestant	54.54
	Roman Catholic	38.79
	Neither	6.67
Political Opinion	Broadly Unionist	14.51
	Broadly Nationalist	6.91
	Other	10.86
	Do Not Wish To Answer/Not Known	67.73
Age	16-24	3.47
	25-34	20.70
	35-44	24.43
	45-54	30.00
	55-64	18.96
	65+	2.44
Marital Status	Single	25.00
	Married	68.03
	Not Known	6.97
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	33.49
	None	23.44
	Not Known	43.07
Disability	Yes	2.79
	No	82.88
	Not Known	14.33
Ethnicity	Bangladeshi	0
	Black African	0.09
	Black Caribbean	0.02
	Black Other	0.03
	Chinese	0.05
	Filipino	0.28
	Indian	1.05
	Irish Traveller	0.02
	Mixed Ethnic	0.17
	Other	0.29
	Pakistani	0.12
	White	82.40
	Not Known	15.48
Sexual Orientation towards:	Opposite Sex	55.30
	Same Sex	1.39
	Same and Opposite Sex	0.19
	Do not wish to answer/not known	43.12

Table 2 detailing Section 75 make-up of staff affected by the temporary proposal

Section 75 Group	Make up of staff affected	Percentage
Gender	Female	95.24
	Male	4.76
Religion	Protestant	61.90
	Roman Catholic	26.98
	Other	11.11
Political Opinion	Broadly Unionist	9.52
	Broadly Nationalist	0
	Other	7.94
	Do Not Wish To Answer/Not Known	82.54
Age	0-15	0
	16-24	1.59
	25-44	31.75
	45-64	65.08
	65-84	1.59
	85+	0
Marital Status	Single	14.29
	Married	74.60
	Other	11.11
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	28.57
	None/Not known	71.43
Disability	Yes	4.76
	No	80.95
	Not known	14.29
Ethnicity	Black African	1.59
	Bangladeshi	0
	Black Caribbean	1.59
	Chinese	0
	Indian	12.70
	Irish Traveller	0
	Pakistani	0
	Mixed Ethnic	0
	Filipino	1.59
	Black Other	0
	Asian Other	0
	White	69.84
	Other	0
	Not assigned	12.70
Sexual Orientation towards:	Opposite Sex	38.10
	Same Sex	0
	Same and Opposite Sex	0
	Do Not Wish To Answer/Not known	61.90

Table 3 detailing Northern Trust area population (2011 Census)

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	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				

Table 4 showing the breakdown of Newtownabbey population compared to the Trust population as a whole

Section 75 Group	Trust's Area Population Profile	Total Trust Percentage	Newtownabbey Percentage
Gender (NINIS Area Profile)	Female	51.00	51.90
	Male	49.00	48.10
Religion (NINIS Area Profile)	Protestant	59.58	67.76
	Roman Catholic	33.61	22.56
	Other	6.81	9.68
Political Opinion	Not collected		
Age (June 2013) NINIS – Table KS102NI	0-15	20.60	20.38
	16-24	11.72	12.42
	25-44	26.13	27.18
	45-64	25.49	24.61
	65-84	14.19	13.57
	85+	1.87	1.77
Marital Status NINIS – Table KS103NI	Single	33.28	33.20
	Married	50.94	50.12
	Other	15.78	16.68
Dependent Status NINIS – Table KS105NI	Households with dependent children.	33.97 (based on 177,914 households)	33.57 (based on 33,971 households)
Disability (NINIS Area Profile)	Persons with a limiting long term illness	19.65	19.60
Ethnicity NINIS – Table KS201NI	Black African	0.08	0.10
	Bangladeshi	0.01	0.01
	Black Caribbean	0.01	0.01
	Chinese	0.31	0.59
	Indian	0.28	0.52
	Irish Traveller	0.04	0.01
	Pakistani	0.06	0.13
	Mixed Ethnic Group	0.28	0.36
	Black Other	0.02	0.02
	Asian Other	0.17	0.26
	White	98.66	97.90
	Other	0.08	0.09
Sexual Orientation towards:	Estimated 10% of population is LGB equates to estimated 181,086 of the NI population and 46,672 of the Northern Trust Area population and 8,556 of the Newtownabbey District Council population i.e. possibly 1 in 10 in terms of clientele/service users – data source Rainbow Project July 2008.		

Table 5 detailing Section 75 make-up of patients/clients affected by the temporary proposal

Section 75 Group	Make up of Patients/Clients Affected	Percentage
Gender	Female Male	63% 37%
Religion	Protestant Roman Catholic Other	64.39% 12.12% 23.48%
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	Not applicable
Age	0-15 16-24 25-44 45-64 65-84 85+	0.00% 0.00% 1.14% 6.06% 57.95% 34.85%
Marital Status	Single Married Other	5.68% 35.61% 58.71%
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not known	Not applicable
Disability	Yes No Not known	Not applicable
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino Black Other Asian Other White Other	Not applicable
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not known	Not applicable

Table 6 detailing home postcode of patients who were admitted to the Whiteabbey Rehabilitation Unit 1 Nov 2016 to 31 March 2017

	2014/15	2015/16	2016/17	% of total
BT29 - Crumlin	18	45	34	6%
BT36 - Newtownabbey	122	100	60	16%
BT37 - Newtownabbey	85	76	50	12%
BT38 - Carrickfergus	115	144	56	18%
BT39 - Ballyclare	75	66	39	10%
BT40 - Larne	45	36	13	5%
BT41 - Antrim	99	95	37	13%
BT42 - Ballymena	78	60	27	9%
BT43 - Ballymena	43	34	15	5%
Other	33	42	9	5%
Total	713	698	340	

Table 7 detailing total activity in Whiteabbey rehabilitation service

	2014/15	2015/16	2016/17
Patients	713	698	340
Bed days	15,095	15,319	7,840
ALoS	21.2	21.9	23.1

Table 8 detailing total by referring Trust

	2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
BHSCT	275	5,902	21.5	156	3,046	19.5	42%	40%
NHSCT	404	9,160	22.7	179	4,717	26.4	56%	59%
Other/NR	19	257	13.5	5	77	15.4	2%	1%
Total	698	15,319	21.9	340	7,840	23.1		

Table 9 detailing source of patient transfers

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
BHSCT	311	6,374	20.5	275	5,902	21.5	156	3,046	19.5	42%	40%
NHSCT	399	8,686	21.8	404	9,160	22.7	179	4,717	26.4	56%	59%
Other/NR	3	35	11.7	19	257	13.5	5	77	15.4	2%	1%
Total	713	15,095	21.2	698	15,319	21.9	340	7,840	23.1		

Table 10 detailing primary diagnosis of patients

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
Fracture	282	5,252	18.6	248	5,442	21.9	90	2,005	22.3	35%	33%
Stroke	80	2,497	31.2	89	3,078	34.6	43	1,917	44.6	12%	20%
Other	351	7,346	20.9	361	6,799	18.8	207	3,918	18.9	52%	47%
Total	713	15,095	21.2	698	15,319	21.9	340	7,840	23.1		

Table 11 detailing source of transfer for fracture patients

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
BHSCT	218	4,186	19.2	192	4,138	21.6	76	1,584	20.8	78%	78%
NHSCT	62	1,044	16.8	50	1,140	22.8	13	407	31.3	20%	20%
Other/NR	2	22	11.0	6	164	27.3	1	14	14.0	1%	2%
Total	282	5,252	18.6	248	5,442	21.9	90	2,005	22.3		

Table 12 detailing source of transfer for stroke patients

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
BHSCT	14	433	30.9	8	274	34.3	10	319	31.9	15%	14%
NHSCT	66	2,064	31.3	79	2,743	34.7	33	1,598	48.4	84%	85%
Other/NR				2	61	30.5				1%	1%
Total	80	2,497	31.2	89	3,078	34.6	43	1,917	44.6		

Table 13 detailing source of transfer for other patients

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
BHSCT	79	1,755	22.2	75	1,490	19.9	70	1,143	16.3	24%	24%
NHSCT	271	5,578	20.6	275	5,277	19.2	133	2,712	20.4	74%	75%
Other/NR	1	13	13.0	11	32	2.9	4	63	15.8	2%	1%
Total	351	7,346	20.9	361	6,799	18.8	207	3,918	18.9		

Table 14 detailing Belfast Health and Social Care Trust (BHSCT) patients by diagnostic group

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
Fracture	218	4,186	19.2	192	4,138	21.6	76	1,584	20.8	65%	65%
Stroke	14	433	30.9	8	274	34.3	10	319	31.9	4%	7%
Other	79	1,755	22.2	75	1,490	19.9	70	1,143	16.3	30%	29%
Total	311	6,374	20.5	275	5,902	21.5	156	3,046	19.5		

Table 15 detailing NHSCT patients by diagnostic Group

	2014/15			2015/16			2016/17			% of total	
	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days	ALoS	Patients	Bed days
Fracture	62	1,044	16.8	50	1,140	22.8	13	407	31.3	13%	11%
Stroke	66	2,064	31.3	79	2,743	34.7	33	1,598	48.4	18%	28%
Other	271	5,578	20.6	275	5,277	19.2	133	2,712	20.4	69%	60%
Total	399	8,686	21.8	404	9,160	22.7	179	4,717	26.4		

Table 16 detailing Whiteabbey day rehabilitation clinic attendances

	FY2014/2015	FY2015/2016	FY2016/2017	Average per Fiscal Year
Attendances (New)	259	250	277	262
Attendances (Follow up)	432	362	456	417
Attendances	691	612	733	679

5.0 Assessment of impact on affected service users by Section 75 Equality groups

5.1 Good Relations

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust has developed a Good Relations Strategy, available on our website www.northerntrust.hscni.net, which details the Trust's plans to ensure the promotion of good relations. The Trust will make sure its engagement arrangements are meaningful and inclusive and that any consultation and assessment, carried out in respect of these proposals, is taken into account in making any final decision.

5.2 Section 75 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 Whiteabbey hospital wards and day rehabilitation service.

Gender

The gender profile of those people affected is majority female compared to the average gender profile of the Northern Trust population. This is in keeping with evidenced based research which shows life expectancy is higher for women than men. 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 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.

Age

Please note: Whiteabbey Hospital does not admit or treat children or young people therefore no children or young people would be directly affected by this proposal.

The majority of patients/service users affected by the proposal are over 65 years 92.8 % with 34.85% 85 years or over. The profile of service users is also older than the profile of residents of the Newtownabbey area. This is reflective of the nature of rehabilitation services provided in Whiteabbey and the predicted uptake of services by the ageing population within the Trust area.

Information is now widely available that describes the changing make-up of our local population, including the rising number of older people. The Northern Ireland Assembly research paper – ‘A demographic portrait of Northern Ireland: some implications for public policy’ – states that between 2011 – 2021, the number of persons 85+ is expected to increase by half (51.1%) to 47,900. By 2031, the 85+ population is projected to reach 75,800, or 3.8 % of the total population. The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over the next 10 year period.

There is potential for impact on this age group requiring rehabilitation services within the Whiteabbey area if rehabilitation services at Whiteabbey hospital are temporarily closed. The Trust is committed to monitoring for any adverse impact. The Trust is committed to ensuring all patients/service users assessed as requiring rehabilitation services receive it. This will be managed within the acute setting and alternative community services however there will be increased waiting times from acute and community settings due to the reduction in beds and limitations on domiciliary care services.

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. The prevalence of disability amongst adults varies significantly with age, ranging from 5% amongst young adults aged 16-25 to 60% amongst those aged 75 and above. 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.

Marital status

The majority of patients/service users who use the rehabilitation services at Whiteabbey hospital are married or identified as 'other'. The Trust is mindful that there may be a higher prevalence of service users who are widowed compared to the general population, given the age profile of residents and the service provided. 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 – see correlation with dependants. 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.

Religious belief

The profile of residents of the Newtownabbey area is 68% Protestant / 23% Roman Catholic / 10% other, which is a higher proportion of Protestant than the general population. 64.39% of the service users affected are Protestant which is slightly higher than the Trust population as a whole at 56.44%. Age is also a factor as the age profile of the Protestant population is older relative to the Catholic population. In 2001 Protestants accounted for less than 50% of children, but constituted 70% of those aged 75 years or over. This resulted in a Protestant/Catholic ratio among those over 75 of approximately 2:1. Practising religion and participating in community and spiritual activities is an important aspect of people's support and this will be respected when considering future care options. All services for older people will be expected to respect the particular religious affiliation of the client they will be caring for and to make the necessary arrangements for the client to practice his/her religious beliefs. The Trust is committed to monitoring for any adverse impact.

Dependency status

This information is not gathered for patients/service users in Whiteabbey rehabilitation services but it is anticipated that a number of carers will be affected by this proposal given the nature of the service provided and the age profile of the service users.

Recent Census figures indicate that the number of carers in the Trust area has risen by 21% since 2001 which would be reflective of the age profile of those living in the Trust area. 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.

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.

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. As stated above, all Trust services provide a welcoming environment where all patients/service users are cared for together. There is no evidence to suggest this proposal will have an impact on the grounds of patients/service user's political opinion.

Racial group

This information is not gathered for those patients/service users using Whiteabbey rehabilitation services. There is no evidence to suggest that this proposal will have an impact on the grounds of racial background. Any specific cultural needs will be addressed during the consideration of future care options. 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 and welcoming to everyone.

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 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.

5.3 Mitigation of Impact on Current Service Users

Whiteabbey is in general a step down facility providing care following an acute episode of treatment. Patients are medically accepted into the facility and cannot

refer themselves into the service. The step down facility will continue to be available to a limited number of patients following appropriate assessment in a community based bed facility or within their own homes. The Trust will plan to maximise use of the current available community hospital beds.

The temporary closure of Day Rehabilitation Services will not be re provided in a clinic setting. The current rehabilitation services in the community will continue whilst they will experience an increase in demand and waiting lists are likely to increase. The Trust will continue to provide comprehensive geriatric assessments in the Direct Assessment Unit Antrim hospital following a GP referral.

As the majority of patients/service users are in the 65+ age group the Trust will assign a named worker to anyone who is assessed as requiring rehabilitation services to ensure their individual assessed needs are met or highlighted as unmet and a risk management plan put in place.

As Whiteabbey admissions are planned in advance, it is proposed that admissions will cease on a set date. The remaining in patients will be managed on an individual basis following assessment to find an appropriate alternative where possible. This approach will endeavour to manage the impact of the proposed changes in a phased approach. The Trust would anticipate any patients who are unable to be placed in a suitable environment may have to transfer to a community hospital to wait suitable onward placement or Antrim Area Hospital if the criteria for a community hospital is not met.

The Trust will continue to fully engage with patients, service users, families and carers throughout this process.

6.0 Assessment of impact on staff affected by Section 75 Equality Groups

6.1 Good Relations

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust will ensure that its engagement arrangements adhere to best practise principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Framework and Recognition Agreements. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

Whilst this section of the report describes the combined analysis of all the staff affected including nursing staff from both of the rehabilitation wards in Whiteabbey and the affected support staff. In the interest of safeguarding confidentiality and protecting data protection principles combined data sets and percentages have been used in this report.

The key points to note from the Section 75 analysis are outlined below.

The Trust recognises that this proposal may impact on staff in terms of relocation to a new work site. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change HR Framework. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.

Gender

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff is 86.5% female and 13.4% male. The gender profile of staff affected by this proposal is 95.24 % female which is a higher percentage in terms of females when compared to the overall Trust workforce. The Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of gender. The Trust is aware that this section of the workforce may have dependency and caring responsibilities and will consider mitigating measures for staff directly affected in line with the Trust's Management of Change Framework.

Age

65.08% of the staff affected is between the ages of 45 to 64 years. The Trust is mindful that people over 55 may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected.

Disability

There is an overall low percentage of employees in the Northern Trust (2.79%) who have declared a disability. 4.76% of staff affected have indicated that they have a disability. The Trust is mindful that people may be reluctant to declare that they have a disability and is currently working with disabled people and representative groups to ensure staff that have or declare a disability are fully supported. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies.

Marital status

Available figures indicate that the marital status of staff affected (74.6% married and 14.29% single) is only slightly higher percentage than staff in the Trust as a whole (68.03 % married). The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. The Trust will consider any mitigating measures for staff directly affected.

Religious belief

The religious profile of all staff across the Trust is 54.54% Protestant and 38.79% Roman Catholic. The religious profile of affected staff is 61.9%

Protestant and 26.98% Roman Catholic, which is a higher proportion of Protestant and lower proportion of Roman Catholic than the Trust as a whole. The religious profile of staff is more reflective of the local population with 67.76% Protestant and 22.56% Roman Catholic. The Trust is of the view that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of religious belief. The Trust will consider any mitigating measures for staff directly affected.

Dependency status

28.57% of affected staff have indicated they have caring responsibilities which is lower than all Trust staff (33.49%). Trust is aware of the caring obligations that may be associated with its female employees. The Trust is also mindful that the majority of staff is female. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that 64% of females are carers. The Trust will consider any mitigating measures for staff directly affected.

Political opinion

Information on political opinion of staff is sourced but providing the information is voluntary and many staff chose not to declare their political opinion. The following analysis should be seen in this context. 9.52% of the staff affected have indicated they are broadly Unionist which compares to 14.51% of all Trust staff as a whole. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for affected staff on the grounds of political opinion. The Trust is committed to monitoring in order to identify any future impacts.

Racial group

Available figures indicate that the 69.84% of the staff affected are white with 12.70% identified as Indian. This compares to 82.4% of Trust staff as a whole indicating they are white with 1.05% Indian. The Trust is committed to ensuring a welcoming and inclusive workplace for staff regardless of racial background/group. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group. The Trust is committed to monitoring in order to identify any future impacts.

Sexual orientation

There is no evidence to suggest that the proposal will have an adverse impact on employees as a result of their sexual orientation. The Trust is committed to providing a good harmonious and inclusive working environment for all staff regardless of their sexual orientation and is working in partnership with UNISON in support of the Regional Staff LGBT Forum. The Trust will continue to monitor for any potential adverse effects.

6.2 Mitigation of impact on current staff

The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for decisions relating to affected staff. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust has systems in place to support staff through the changes. This includes providing information in a timely way, providing time for training, attending interviews, counselling, trying out posts and accessing Occupational Health Support.

Effective communication will ensure staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings to discuss plans, to influence the planning process and express any concerns. The Trust will identify a lead person for staff contact and support.

This proposal may impact on staff in terms of relocation to a new work site and redeployment to a different post and a new role. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

The Trust will meet with all staff affected individually and endeavor to meet individual's needs. The change will be managed by holding all current vacancies in East Antrim area relevant to the staff affected in Whiteabbey rehabilitation services. This will allow staff to express an interest via the management of change process for appropriate posts. Staff will be provided with any training identified to ensure they have the skills and competence to transfer to other areas.

Staff will be redeployed in a phased approach as the number of beds and services to Whiteabbey reduce. The Trust will continue to actively recruit to vacancies in Antrim Area Hospital to reduce the non-contracted agency spend.

The Trust recognises that its staff are its greatest resource. The staff in Whiteabbey rehabilitation services are highly skilled and it is clear that the care they provide is greatly valued. The Trust will ensure that alternative suitable employment is resourced for staff in their local areas and they are supported through the process. There will be no compulsory redundancies.

7.0 Formal Consultation

7.1 Consultation on 2017/18 Savings Plan

On 24 August 2017, following approval from Trust Board, the Trust 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. 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 locality engagement meetings in each of the four Trust localities to engage directly with service users, carers, the public and local representatives. The Trust also held a number of staff engagement meetings and Trade Unions have been kept informed throughout.

In addition the Trust attended and participated in a number of meetings during the consultation process.

A list of all the meetings held and the feedback received can be found in the 2017/18 Savings Plan – Consultation Outcome Report on the Trust's website or by contacting the Equality Unit.

7.2 Consultation on EQIA on the proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital.

Trust Board will consider the findings of this draft EQIA and if the proposal to temporarily close rehabilitation services at Whiteabbey Hospital and redirect Trust employed staff to temporarily work at Antrim Area Hospital is approved for implementation the Trust wishes to consult as widely as possible on these findings. Targeted consultation will include specific consultation with staff, service users and carers directly affected and a range of stakeholders.

All enquiries regarding this draft EQIA should be directed to:

Equality Unit
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377
Fax: 028 2766 1209
Mobile Text: 07825667154
E-mail: equality.unit@northerntrust.hscni.net

8.0 Publication of the Results of this Equality Impact Assessment

The outcome of the consultation process will be published and a summary of the feedback received will be posted on the Trust's website and Staffnet (intranet).

9.0 Monitoring

In keeping with the Equality Commission's guidance, 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.

Freedom of Information Act 2000 – Confidentiality of Consultations

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.