Northern Health and Social Care Trust

Reprovision of mental health inpatient services

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

Consultation Dates: 1 July to 21 October 2014

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Introduction

This Equality Impact Assessment (EQIA) has been prepared to assess the impact of the Trust's proposal for future mental health inpatient services.

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.

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.

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 and in taking forward this proposal.

This EQIA has been made available as part of a formal consultation and the Trust welcomes your views.

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

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

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Deadline for comments will be Tuesday 21 October 2014.

Following consultation a summary report of feedback received will be made available.

In compliance with the legislation, when making any final decision the Trust will take into account the feedback received on this EQIA and from any consultation carried out in relation to this proposal.

About the Trust

The Northern Health and Social Care Trust (the Trust) was established on 1 April 2007 under the Northern Health and Social Services (Establishment) Order (Northern Ireland) 2006.

The Trust Headquarters are located at Bretten Hall, Antrim Area Hospital, 45 Bush Road, Co Antrim, BT41 2PX.

The Health and Personal Social Services (Northern Ireland) Order 1991 Article 10(1) defines the nature and function of the Trust as a major employer and provider of health and social care services.

The Trust provides a wide range of hospital, community and primary care services. Working in collaboration with GPs and other agencies, staff deliver locally based services in Trust premises, in people's own homes and in the community. The Trust purchases some services including domiciliary care, residential and nursing care from independent and community /voluntary agencies.

The Trust provides a range of health and social care services, the majority of which are provided in peoples' own homes. We also provide community based health and social care services including day centres, health centres and residential care, from approximately 150 locations.

We provide acute services from Antrim Area Hospital, Causeway Hospital in Coleraine, the Mid Ulster and Whiteabbey hospitals. Services are also provided from the Braid Valley, Dalriada, Moyle and Robinson hospitals.

Holywell Hospital, a psychiatric hospital based in Antrim, is the base for a wide range of mental health and addiction services.

Delivering safe and effective services which are accessible and responsive to the needs of patients, clients and carers is central to the Trust's role.

The Trust acknowledges its responsibilities when buying services from other providers. The Trust will ensure that the obligations under Section 75 of the Northern Ireland Action 1998 will be reflected in contractual arrangements made with those providers.

The Trust also has the power to exercise statutory functions which embrace all the activities undertaken by the Trust including the recruitment/employment of its staff, financial arrangements, contracted-out services and staff training, maintenance of its property and the delivery and development of services, including the purchase of equipment and facilities needed to do this.

The Trust carries out its business in the following ways:-

- undertake assessments of needs

- developing strategies to address those needs
- setting and monitoring quality and performance standards
- carrying out reviews of service areas
- resource allocation and financial management
- setting service agreements with purchasers of care
- human resource management in relation to its staff, and
- corporate and clinical governance, i.e. ensuring safe practices.

The Trust has an annual budget of £619m and employs approximately 12,000 people. Funding is secured from a range of commissioners, the main commissioner being the Health and Social Care Board.

Background to Proposal

Aim of proposal

To provide a modern, purpose built mental health inpatient facility that will enhance patient experience in an improved therapeutic environment.

We propose that patients who currently receive inpatient mental health services in the Ross Thompson Unit at Causeway Hospital and Holywell Hospital will receive future services in a modern facility on the Antrim Area Hospital site. The physical condition and functional suitability of both Holywell Hospital and the Ross Thompson Unit are not fit for purpose. A single unit will give us the opportunity to better meet patient needs through a high quality integrated structure, with integrated team working and a single cohesive staff culture. We will be able to introduce new service models which will enhance patient experience in an improved therapeutic environment.

Strategic Context

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

Transforming Your Care (TYC) – Vision to Action Post Consultation Report March 2013

This consultation document sets about the strategic way to take forward the TYC proposals over the next 3-5 years. With regard to mental health services this required the following.

- A more joined up approach in how we deliver services, in particular how mental health services work with GPs, other primary providers and hospitals.
- Reduction in the number of people living in institutional case and inpatient beds by investment in the community through intensive home support.
- the development of a single acute mental health unit for those aged 18+ in the Northern Area.
- to locate mental health hospitals close to general acute hospital provision in order to reduce stigma and ensure there is good access to acute care
- Increased uptake of self-directed support which would increase choice for people.

The Bamford Review

The Bamford Review of Mental Health, published in June 2005, recommended a shift towards community based services and away from an over reliance on hospital services. The review recognised that some people will need admission to hospital from time to time for specialist assessment or treatment but states that such admissions must be short, therapeutic and focused on a speedy return to life in the community.

The “centre of gravity” for services continues to shift towards community based services and away from an over reliance on hospital services. Providing care and support to people in such a way as to allow them to remain in their own home should be regarded as the norm. The Minister for Health, Social Services and Public Safety has confirmed that the NI Executive is fully committed to delivering the Bamford Vision which is recognised will take time and effort and additional resources to achieve (over some 10-15 years).

The NHSCT Mental Health Bed Requirements Review

In response to the Bamford Review the Trust has been undertaking a comprehensive modernisation programme for mental health services across hospital and community settings. These changes have resulted in reduced need for inpatient admissions and care and the consequent closure of 222 beds from March 2001 to 31 March 2014.

These changes reflect key Bamford principles and have reduced reliance on inpatient services through greater levels of treatment and support in the community. A series of initiatives have been implemented to extend capacity to provide appropriate services within community settings and to enhance pathways for patients across community and hospital services. These include the:

- strengthening of the community mental health teams;
- establishing a Crisis Response Team;
- introduction and expansion of the Home Treatment Service;
- development of a range of specialist mental health and dementia community treatment and support services;
- Integrated care pathways for inpatient services to improve quality of care and reduce lengths of stay;
- development of a recovery ethos within mental health services;
- introduction of New Ways of Working; and
- further development of supported living schemes to facilitate resettlement for long stay patients.

The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2014.

The Commissioning Plan was prepared and published by the Regional Health and Social Care Board and provides details of the health and social care services which it will commission for the period from 1st April 2014 to 31st March 2015. The services commissioned align with and support the Executive's Programme for Government (PFG) commitments, its Economic and Investment Strategies; the Minister's vision and priorities for health and social care, the standards, policies and strategies set by the Department, the agreed transformation of health and social care services including TYC; and Departmental guidance and guidelines.

It details how services being commissioned represent an equitable use of the resources made available for health and social care to the Northern Ireland population, based on relative need.

The targets and standards set out in the Commissioning Plan reflect the Minister's priorities for Health and Social Care services to:

- improve and protect health and well–being and reduce inequalities, through a focus on prevention, health promotion, anticipation and earlier intervention;
- improve the quality of services and outcomes for patients, clients and carers through the provision of safe, resilient and sustainable services;

- improve the management of long term conditions in the community, with a view to improving the quality of care provided and reducing the incidence of acute hospital admissions for patients with one or more long term conditions.
- promote social inclusion, choice, control, support and independence for people living in the community, especially older people and those individuals and their families living with disability
- improve the design, the delivery and evaluation of health and social care services through the involvement of individuals, communities and the independent sector;
- improve productivity, by ensuring effective and efficient allocation and utilisation of all available resources in line with priorities; and
- ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across our services.

The NHSCT New Ways of Working Project

The Trust had established a “New Ways of Working” Project which has produced the report entitled: “A Proposal for the Implementation of New Ways of Working in Acute General Adult Psychiatric Services” (September 2010). The group suggested,

- Reorganisation of the existing Community Mental Health Teams (CMHT’s) from 8 teams to 9.
- Categorisation of the CMHT caseloads into 3 broad groups - primary care facing, secondary care acute and recovery.
- Creation of inpatient acute care teams based in acute wards with dedicated inpatient consultants acting as joint clinical leads along with ward managers and administrative support.

The next phase of improvement and efficiency is to consolidate these improvements within a modernised estate providing a tightly focused inpatient service fully integrated with community services which can respond to the rising levels of acuity across inpatients. A consistent medical presence on the ward (with dedicated ward based consultants) will improve quality and management of the patient pathway. It is envisaged that a further reduction of inpatient beds will occur over the next 2 to 3 years facilitated by the continued implementation of the “New Ways of Working” project.

Further changes to bed numbers will be achieved through resettlement of the remaining long stay patients and the development of increased capacity to provide rehabilitation services in community settings.

Listed above is a summarised sample of the main strategic drivers that are influencing the changes required from the Trust’s mental health services. They have endorsed the increased level of community home based treatment and care along with a reduced reliance on acute mental health inpatient beds.

A list of key strategic drivers and research associated with this project can be seen below.

- Programme for Government (PFG) 2008/11
- DHSSPS Priorities for Action (PFA) 2008-09
- Northern Ireland Statistics and Research Agency(NISRA)
- Regional Strategy 'A Healthier Future (2005-2025)
- Investing for Health Strategy 2002
- 2001 Census of Population (Northern Ireland)
- NHSCT Strategic Response to the Comprehensive Spending Review 2008-2011
- NHSCT Trust Delivery Plan
- The Bamford Review, A Strategic Framework for Adult Mental Health Services. (2005)
- Independent Review of Health and Social Care Services in Northern Ireland (2005), Professor John Appleby.
- National Audit Office, (2007), Helping people through mental health crisis: The role of Crisis Resolution and Home Treatment services.
- Glover,G.,Arts,G., Babu, K.S. (2006) Crisis resolution and home treatment teams and psychiatric admission rates in England. British Journal of Psychiatry. 189, 441-445
- Johnson, S., et al. (2005) Randomised controlled trial of acute mental health care by a crisis resolution team: the north Islington crisis study. British Medical Journal, 331, 599-602
- Joy, C.B., Adams,C.E., Rice,K., (2004) Crisis intervention for people with severe mental illness. The Cochrane Database of Systematic Reviews 2004, Issue 4. John Wiley & Sons Ltd.
- McGlynn, P.(ed.)(2006) Crisis Resolution and Home Treatment- a practical guide. Sainsbury Centre for Mental Health
- Adding Life to Years; A Strategy for Mental Health and Dementia Services for Older People (2007). NHSSB & NHSCT
- DHSSPS 2011. Transforming Your Care – A Review of Health and Social Care in Northern Ireland.

This list is not exhaustive.

Our current inpatient services

Holywell Hospital in Antrim was opened in 1898. It currently (March 14) provides 139 beds although at one time had over 800. The wards do not meet contemporary standards for inpatient accommodation. Whilst capital investments have significantly improved patient environments in recent years, these are limited by the constraints imposed by existing buildings. Property appraisals indicate that the physical condition, building and engineering conditions are poor and that full compliance with statutory standards cannot be achieved within the current buildings. Overall the accommodation of patients within a former asylum setting is not compatible with providing mental

health care within a non-stigmatising environment and is by definition unacceptable for 21st century service provision.

The Ross Thomson Unit, is a 23 bedded acute psychiatric admission ward attached to Causeway Hospital which was built in 2001. Although the unit is less than 20 years old, it is based on a general hospital design and there are problems with the ward layout. There is a lack of good observation, single bedrooms, and clear sight level. It is not conducive to providing a therapeutic environment and has limited areas for private discussions.

Within wards in Holywell and Ross Thompson, Coleraine the current accommodation does not meet modern standards for therapeutic mental health inpatient care. Patients do not have single ensuite bedrooms and there is inadequate provision of clinical, occupational and recreational space. Staff and visitor accommodation is inadequate.

The main Holywell hospital building currently houses the Intensive care, Rehabilitation, Challenging Behaviour, Continuing Care and Addiction wards. Forty three inpatient beds are located in the main hospital building with the remainder of beds located in the three Tobernaveen blocks which were built in 1952.

There are 17 Psychiatric Intensive Care Unit (PICU) beds on the Holywell Hospital site. The main function of a PICU is to rapidly assess and manage acute mental illness and behavioural disturbance, within an integrated care pathway. The multi-disciplinary team takes an active, treatment focused approach aimed at rapid stabilisation, crisis resolution, risk reduction and prevention of relapse and promotion of recovery. A purpose designed unit would provide better quality accommodation with more space and privacy for patients and visitors and allow for more flexible use of these beds.

Our 10 bedded inpatient addiction service for people with drug or alcohol addiction is currently provided within Holywell Hospital main building. The regional commissioning framework sees the continuing need for addictions inpatient services as part of a comprehensive addictions provision.

The modernisation of our dementia services, including the development of specialist community services, has reduced the number of inpatient dementia assessment admissions and beds required. In line with our Adding Life to Years Strategy (2007) and NICE-SCIE guidelines there is continuing needs for inpatient dementia assessment beds provided as a part of an overall spectrum of care.

In future most people will receive the specialist rehabilitation they receive in appropriate community settings. However a number of people will continue to require inpatient rehabilitation in a more secure setting. Currently we do not have a low secure ward to treat patients who require care and specialist rehabilitation in a more secure environment. We have identified the need for 12 low secure beds for the Trust population with future provision for low secure services being taken forward regionally.

We set up a multi-disciplinary team to look at how we would provide our inpatient mental health services in the future. We drew upon regional strategic direction and national best practice. We also carried out a number of focus groups to gather the views of service users. Having gathered advice from our team of advisors we explored a number of options for the future of our mental health inpatient services. Full details of the options explored are in the paper entitled Outline Business Case for the Reprovision of Mental Health Inpatient Services in the NHSCT which can be found on our website www.northerntrust.hscni.net

Our future services

Our mental health services have undergone significant transformation involving the development and enhancement of community based services and a reduction in the need for inpatient services. We plan to consolidate these improvements within a modernised estate providing a condition specialised inpatient service that is fully integrated with community services. We anticipate some further reduction of the need for inpatient beds over the next 2 to 3 years, facilitated by further development of community services.

The modernisation of our mental health services is guided by the following principles.

- Services are person-centred
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs
- Everyone has the right to community living
- Everyone has the right to experience the same level of service regardless of location
- Services will be planned, implemented and evaluated in partnership with users and carers
- All mental health services will be provided on a Trust wide basis
- Service improvement and modernisation will be based on best practice
- Staff will be supported in their professional and personal development
- Services will be delivered in an efficient and effective manner within available resources

Our proposals are underpinned by the development of a recovery focused model with care provided in partnership with service users and their carers. A recovery focus for services across acute and community settings will help better integrate care to help ensure that each service user;

- can access services more easily,
- has choice about where and how services are delivered, and
- receives seamless, person centred care.

We believe it is better for people to be treated at home whenever possible and we have already seen a shift to many more people receiving home treatment

and being supported within their communities. This shift is partly a result of our modernisation programme and improvements in treatments and partly because of people's desire to have care and treatment provided as close to home as possible.

Treatment at home or in the community reduces the stress and anxiety for people who are acutely unwell and enables them to stay in touch more easily with friends and family. It also allows people to retain more independence and to continue making choices about their lives, thus reducing the risk of institutionalisation.

Treatment at home is now becoming the norm for people in an acute phase of mental illness. People are now admitted to an inpatient unit if clinical assessment shows it would be unsafe for them or for others to stay at home. We want to provide our inpatient services in an environment that is comfortable, therapeutic, safe and secure.

Our decision-making process

We set up a multi-disciplinary team to look at how we would provide our inpatient mental health services in the future. We drew upon regional strategic direction and national best practice. We also carried out a number of focus groups to gather the views of service users.

Having gathered advice from our team of advisors we explored a number of options for the future of our mental health inpatient service. Full details of the options explored are in the paper entitled Outline Business Case for the Reprovision of Mental Health Inpatient Services in the NHSCT which can be found on our website www.northerntrust.hscni.net

Our proposal

We have identified that we will need 134 inpatient beds to meet the future needs of the Northern population. These will comprise Acute, Psychiatric Intensive Care, Dementia Assessment, Addictions and Low Secure provision.

A number of options for the new inpatient service were identified and subsequently short-listed and appraised against agreed benefit criteria. These criteria were weighted to reflect their relative importance. Shortlisted options were then scored against each weighted criteria. The outcome of this analysis is a preferred option to build a standalone mental health inpatient facility on the Antrim Area Hospital site. The facility will provide 92 acute beds including 12 intensive care beds (PICU), 22 non-acute beds for low secure and addictions services, and 20 beds for dementia assessment and intermediate treatment.

The centralisation of our mental health inpatient services will allow the very vulnerable patients who in future will be admitted to our beds, to be safely cared for within a comprehensive inpatient system. Locating the service on the Antrim site will help reduce stigma and improve care provision across mental health and general acute hospital settings. There is adequate room on the Antrim site to accommodate this development.

National and regional standards will be met in the design and quality of the building and the patient accommodation will be at ground floor level. All bedrooms will be single rooms and accessible for people with a physical or sensory disability. Both the internal and external surroundings will maximise therapeutic benefits for patients. The location of the proposed new build will lessen the stigma associated with a mental health facility as the entrance will be via the Antrim hospital site. Dedicated car parking will be available for service users and carers.

Currently all inpatient services for the Trust area, with the exception of acute services for Causeway, are provided at Holywell. We recognise therefore that this will have an impact on some inpatients and their relatives/carers from Causeway as they will have further to travel for some services. This has to be balanced against the increasing challenges presented in providing care safely and effectively in a small isolated mental health unit that has not access to the other specialist wards and clinical team back up available in a larger central unit. We will explore transport for the service users, carers or nearest relatives as part of the admission assessment.

Involvement of stakeholders in developing our proposals

During 2013 we engaged with our Mental Health Forum, client consultation groups and service user groups on the future of our mental health inpatient services and they have told us that:

- Linkages to regional services should be maintained.
- A new facility in Coleraine area does not make financial sense as Trust would have to purchase land.
- Stigma around mental health does not relate to the where facilities are located.
- A new build on the Antrim Area site would be quite separate and quite apart from the main building and could in itself be stigmatizing.
- Going to Antrim Area would make it a “medical” issue and would therefore not be stigmatizing. Best way to reduce stigma would be to have a common entrance for medical and mental health services.
- Availability of green fields, gardens and nature is important.
- A new name for the site on Holywell would remove the stigmatizing effect of the Holywell identification.

- Ross Thomson Unit (RTU) in Coleraine, even though in the same building as the Causeway hospital was known as a psychiatric unit.
- Physical environment should be part of a package of care
- Antrim hospital proposed site stigmatizing as it is in the back of car parks. To remove stigma, best to have mental health and other services under the same roof.
- Access is important - new site should have close links to the acute hospital.

We have considered the range of views about the type of inpatient services people want to have in the future. We have a responsibility to design our services for the future at the same time as taking account of the needs of those who currently use our services. We understand why some people might feel that a new build on the Holywell site would be the best option but having considered all of the feedback and the key drivers for change we feel that a new build on the Antrim Hospital site provides the best opportunity to create an environment that will meet the needs of service users, carers and staff.

Our “New Ways of Working” Project Team and Project Board include service user and carer representation to allow for effective user involvement at a strategic level. The sharing of views and experiences has influenced the redesign of our inpatient and community services.

Engagement and discussion with stakeholders has helped to shape our proposals and we are committed to continued dialogue in taking forward our plans.

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.

Strategic and local data sources

- Regional Strategy 'A Healthier Future (2005–2025)
- Investing for Health Strategy 2002
- DHSSPS Priorities for Action 2008/09 – 2010/11
- Investing for Health Strategy 2002
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- Bamford Review
- Northern Ireland Statistics and Research Agency(NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2001 Census of Population (Northern Ireland)
- Delivering the Bamford Vision -Action Plan 2009-2011 DHSSPS
- Transforming Your Care – A Review of Health and Social Care in Northern Ireland, DHSSPS 2011.
- Transforming Your Care: Vision to Action Post Consultation Report 2013
- The Northern HSC Trust Delivery Plan
- The Northern HSC Trust Corporate Plan
- Adding Years to Life - Dementia and Mental health Services for Older People – A Service Strategy for the Northern Area (NHSCT, NHSSB)
- Trust Board Monthly Performance Report
- Available data in respect of the Section 75 groupings for current service users and staff.
- Reform and Modernisation of Mental health Services – Consultation and Equality Impact Assessment 2009

Profile of Northern Health and Social Care Trust Resident Population

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

Profile of Current Staffing in the Northern Health and Social Care Trust by Section 75 Equality Group

Group	Workforce profile as at 1 January 2013	
Gender	86.5% Female 13.4% Male	
Age	16 – 24 years 25 – 34 years 35 - 44 years 45 – 54 years 55+	5.3% 21.2% 27.2% 29.6% 16.8%
Community Background	Protestant – 53.6% Roman Catholic – 35.9% Neither/Not known – 10.5%	
Religious belief	Muslim – 0.15% Hindu – 0.19% Sikh – 0.03% Jewish – 0.01% Buddhist – 0.10% Christian – 28.83% Other – 0.05% None – 4.71% No data held – 65.76%	
Political Opinion	Broadly Unionist – 13.1% Broadly Nationalist – 5.9% Other - 8.7% Do not wish to answer – 17.9% No data held – 54.4%	
Marital Status	Single – 25.4% Married – 68.3% Other – 6.3%	
Dependent Status	A child (or children) – 23.4% A dependent older person – 6.1% A person(s) with a disability – 3.5% None of the above – 18.8% No data held – 48.2%	
Disability	Declared disability – 2.3%	
Ethnicity	White – 79.7% Black African – 0.11% Bangladeshi – 0.00% Black Caribbean – 0.03% Chinese – 0.05% Indian – 1.26% Irish Traveller – 0.02%	

	Pakistani – 0.12% Mixed Ethnic Group – 0.06% Filipino – 0.40% Other – 0.47% Black Other – 0.01% Not Known – 17.69%
Nationality	EC – 0.12% Non-EC – 0.03% Polish – 0.15% British – 23.4% Scottish – 0.23% Welsh – 0.04% Irish – 7.43% Portuguese – 0.01% Latvian – 0.00% Lithuanian – 0.01% English – 0.12% Northern Irish – 2.13% Indian – 2.13% Filipino – 0.07% Pakistani – 0.02% No data held – 66.15%
Sexual Orientation	Opposite sex – 41.3% Same sex – 1.2% Same and opposite sex – 0.2% Do not wish to answer – 4.3% No data held – 53.1%

The table below details the profile of all staff by Section 75 group both in Holywell Hospital and in the Ross Thompson Unit. This profile is compared below with the profile of all trust staff to identify any potential adverse impact on particular groups.

	Grouping	Ross Thompson	Holywell Hospital	Trust
Gender	Male	20%	24.9%	13.4%
	Female	80%	75.1%	86.5%
Age	16-24	2.5%	5.8%	5.3%
	25-34	20%	21.3%	21.2%
	35-44	40%	26.7%	27.2%
	45-54	30%	28.3%	29.6%
	55+	7.5%	18%	16.8%
Community Background	Protestant	42.5%	49.8%	53.6%
	Roman Catholic	52.5%	40.3%	35.9%
	Unknown/ Other	5%	9.3%	10.5%
Religious Belief	Muslim	0%	0.19%	0.15%
	Hindu	0%	0.85%	0.19%
	Sikh	0%	0%	0.03%
	Jewish	0%	0%	0.01%
	Buddhist	0%	0.66%	0.10%
	Christian	20%	33.55%	28.83%
	Other	2.5%	0.85%	0.05%
	None	2.5%	8.32%	4.71%
	No data held	75%	55.6%	65.76%
Political Opinion	Broadly Unionist	10%	13.9%	13.1%
	Broadly Nationalist	7.5%	8.6%	5.9%
	Other	5%	9.5%	8.7%
	Do not wish to answer	15%	24.4%	17.9%
	No data held	62.5%	43.7%	54.4%
Marital status	Married	67.5%	62.2%	68.3%
	Single	17.5%	30.8%	25.4%
	Other	15%	7%	6.3%
Dependent Status	A child (or children)	17.5%	24.6%	23.4%
	A dependent older person	0%	4.4%	6.1%
	A person(s) with a disability	0%	1.9%	3.5%
	None of the above	10%	24.4%	18.8%
	No data held	72.5%	44.7%	48.2%
Disability	Declared	0%	3.6%	2.3%

	disability			
Ethnicity	White	50%	85.54%	79.7%
	Black African	0%	0%	0.11%
	Bangladeshi	0%	0%	0.00%
	Black Caribbean	0%	0%	0.03%
	Chinese	0%	0.09%	0.05%
	Indian	0%	3.88%	1.26%
	Irish Traveller	0%	0.09%	0.02%
	Pakistani	0%	0.19%	0.12%
	Mixed Ethnic Group	0%	0.28%	0.06%
	Filipino	0%	0%	0.40%
	Other	0%	0%	0.47%
	Black Other	0%	0.09%	0.01%
	Not Known	50%	9.83%	17.69%
Nationality	EC	0%	0.38%	0.12%
	Non-EC	0%	0.09%	0.03%
	Polish	0%	1.04%	0.15%
	British	20%	29.96%	23.4%
	Scottish	0%	0.09%	0.23%
	Welsh	0%	0.09%	0.04%
	Irish	12.5%	9.26%	7.43%
	Portuguese	0%	0%	0.01%
	Latvian	0%	0%	0.00%
	Lithuanian	0%	0.09%	0.01%
	English	0%	0.09%	0.12%
	Northern Irish	2.5%	3.21%	2.13%
	Indian	0%	0.47%	2.13%
	Filipino	0%	0%	0.07%
	Pakistani	0%	0.09%	0.02%
	No data held	65%	55.48%	66.15%
Sexual Orientation	Opposite sex	37.5%	51.2%	41.3%
	Same sex	0%	1.3%	1.2%
	Same and opposite sex	0%	0.4%	0.2%
	Do not wish to answer	0%	4.5%	4.3%
	No data held	62.5%	42.5%	53.1%

The Trust's current information systems do not routinely hold information on service users who currently use Holywell Hospital and the Ross Thompson unit across the 9 equality categories. The table below details the information currently collected.

Section 75 Group		Ross Thompson Unit	Holywell Hospital	All inpatient services
Gender	Female	60.87%	38.58%	42%
	Male	39.13%	61.42%	58%
Religion	Roman Catholic	17.39%	19.69%	19.33%
	Protestant	26.09%	33.86%	33.34%
	Other or not known	56.52%	46.45%	47.33%
Age	16-24	4.35 %	5.51%	5.33%
	25-34	21.74%	11.81%	13.33%
	35-44	26.09%	16.54%	18%
	45-54	26.09%	22.05%	22.67%
	55-64	8.7%	13.39%	12.67%
	65+	13.04%	30.71%	28%
Marital Status	Single	39.13%	47.24%	46%
	Married	21.73%	23.62%	23.33%
	Other	39.13%	29.14%	30.67%

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

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to a snapshot of current users of mental health inpatient services.

Gender

The proportion of men using the Trust's mental health inpatient services is higher than that of women. From the snapshot of information examined it appears that more women (60.87%) than men (39.13%) are currently using mental health inpatient services in the Ross Thompson Unit. The gender profile of mental health inpatient users as a whole is 458% male and 42% female. The Trust does not anticipate that this proposal will have any adverse or major impact on service users because of their gender. The Trust is committed to ongoing monitoring for any adverse impact.

Persons of different age

The age profile of service users in the Ross Thompson Unit and Holywell Hospital indicates that the majority (over 50%) are aged between 25 and 54 years which is reflective of the age profile of all mental health inpatient services. The information gathered indicates that there is a broad range of ages and the Trust has not identified that any particular age range will experience an adverse impact. The Trust is mindful of on-going demographic trends and the potential increase in the number of people over 65 years who will require more care. The Trust is committed to monitoring for any adverse impact.

Persons with or without a disability

All of the services users affected by this proposal have a disability for a period of time because of the nature of this service. Their specific requirements will be taken fully into account when meeting their future needs. The Trust will make sure that the needs of each service user are fully assessed and that any special requirements are identified. We are aware that reprovision of mental health inpatient services on the Antrim Area Hospital site will mean that some of the population will have to travel further to access the service. This may present difficulties for people with reduced mobility. However the new facility will provide an improved therapeutic environment be fully accessible for people with a disability. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

The majority of current service users are single (46%) which is reflective of the profile across both of the inpatient sites. When compared to the marital status of the population as a whole30.63% single and 57.6% married it that people using mental health inpatient services are more likely to be single. The Trust is committed to monitoring for any adverse impact.

Persons of different religious belief

The religious profile of service users across the current inpatient sites is reflective of the religious profile of inpatient services as a whole. All of the Trust's mental health inpatient services provide a welcoming environment where people from differing religious backgrounds are cared for together necessary arrangements are made for client to practice his/her religious beliefs. There is no evidence to suggest that this proposal will have any adverse impact on people from any religious grouping. The Trust is committed to monitoring for any adverse impact.

Persons with/without dependants

The impact of the proposal on people with dependents is anticipated to be on carers. It is anticipated that many of the people who receive mental health inpatient services are visited by friends and family on a regular basis and the Trust is aware of the importance of the caring role. The Trust is also aware of the impact of extra travel times and distance for those who currently visit people in the Ross Thompson Unit.

The Trust is aware of the importance of regular contact between clients and their family and friends and we will explore transport for the service users, carers or nearest relatives as part of the admission assessment. 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.

The Trust is committed to on-going engagement with service users and carers and to monitoring for any adverse impact. 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.

Persons of different political opinion

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. As stated above, all mental health inpatient services provide a welcoming environment where everyone can be cared for together. There is no evidence to suggest this proposal will have an impact on the grounds of political opinion.

Persons of a different racial group

While the Trust does not routinely gather this information 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 to everyone and provides an interpreting service for those whose first language is not English

Persons of different sexual orientation

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

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

Mitigation of Impact on Current Service Users

The Northern Health and Social Care Trust is committed to continually improving the quality of its services. The Trust's proposals are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

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

Our future inpatient mental health services will be provided in a modern, purpose built facility that is comfortable, relaxed, safe and secure. A single unit will give us the opportunity to better meet patient needs through a high quality integrated service, with integrated team working and a single cohesive staff culture. We will also be able to introduce new service models which will enhance patient experience in an improved therapeutic environment.

The modernisation of our mental health services will ensure that services are person-centred and in the right place, for the right length of time. Our service improvement and modernisation will be based on best practice and we are committed to planning our services in partnership with users and carers

Our proposals are underpinned by the development of a recovery focused model of care with more care in partnership with service users and their carers. A recovery focus for services across acute and community settings will integrate care to ensure that each service user;

- can access services more easily,
- has choice about where and how services are delivered, and
- receives seamless, person centred care.

People will be treated at home whenever possible as this reduces the stress and anxiety for people who are acutely unwell and enables them to stay in touch more easily with friends and family. It also allows people to remain more independent and to continue making choices about their lives, thus reducing the risk of institutionalisation.

The centralisation of our mental health inpatient services will allow the very vulnerable patients who in future will be admitted to our beds, to be safely cared for within a comprehensive inpatient system. Locating the service on the Antrim site will help reduce stigma and improve care provision across mental health and general acute hospital settings.

National and regional standards will be met and bedrooms will be single rooms and accessible for people with a physical or sensory disability. Both the internal and external surroundings will maximise therapeutic benefits for patients. Dedicated car parking will be available for service users and carers.

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

Assessment of Impact on Current Staff by Section 75 Equality Groups

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.

The table below includes the needs and experiences of health and social care staff as a whole, in relation to S75 categories. The Trust will be mindful of these needs and experiences during consultation with affected staff.

Between men and women generally

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff of 86.5% female and 13.4% male. The workforce on Ross Thompson and Holywell Hospital sites is predominately female. 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.

Persons of different age

The age profile of staff working on the two mental health inpatient sites is largely reflective of the profile of staff as a whole. The Trust notes that the number of staff in the 35-44 age band is slightly higher in the Ross Thompson site (40%). The Trust is mindful that as people get older they may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected.

Persons with or without a disability

There is an overall low percentage of employees in the Northern Trust (2.3%) who have declared a disability. 3.6% of staff working in the Holywell Hospital site has declared 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. There is no evidence to suggest that this proposal will have any adverse impact for current staff on the grounds of disability but for staff who declare themselves as having a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines.

Persons of different marital status

The marital status of staff working in the Trust as a whole is 68.3% married and 25.4% single which is reflective of the profile across the two inpatient sites. 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 and will consider any mitigating measures for staff directly affected.

Persons of different religious belief

The religious profile of all staff across the Trust is 53.6% Protestant and 35.9% Roman Catholic. The current staffing profile indicates that there is some variation between staff on the two inpatient sites with 52% Roman Catholic on the Ross Thompson site, compared with 40.3% on the Holywell Hospital site. 42.5% on the Ross Thompson site have indicated they are Protestant, with 49.8% stating they are Protestant on the Holywell Hospital site. While there may be a differential impact, 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.

Persons with/without dependants

6.1% of Trust staff have indicated they are caring for a dependent older person or person with a disability and 23.4% have dependent children. We are 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 is aware of the caring obligations associated with its female employees. The Trust will consider any mitigating measures for staff directly affected.

Persons of different political opinion

The political opinion of Trust staff as a whole is broadly reflective of the political opinion of staff across the two inpatient sites. It is important to note that the majority of staff did not wish to answer this question when surveyed or no data was collected at the time. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of political opinion.

Persons of a different racial group

Available figures indicate that the majority of staff affected is white. This is largely reflective of the overall average for all Trust staff (79.7%). It is important to note that 50% of staff in the Ross Thompson Unit indicated they were white however 50% did not complete this question on the survey.

The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.

Persons of different sexual orientation

The majority of Trust staff who answered this question on the staff survey have identified they are attracted to people of the opposite sex. It is important to note that the majority of people did not complete the question or indicated that they did not wish to answer this question. There is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of sexual orientation.

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.

A communication strategy 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.

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

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 a sixteen week period commencing 1 July and ending 21 October 2014.

Targeted consultation will include specific consultation with staff, service users and carers directly affected and a range of stakeholders.

To facilitate comments please complete the comments form available on the Trust Website at http://www.northerntrust.hscni.net, however we will accept comments in any format.

All enquiries regarding this consultation process should be directed to:

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Co Antrim
BT53 6BP

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

Publication of the Results of this Equality Impact Assessment

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

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 that 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.