



Northern Health
and Social Care Trust

Our future – your say

**The future of care for people
living with dementia**

An Equality Impact Assessment

Consultation from 15 February 2013 to 10 May 2013

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Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Northern Health and Social Care Trust to assess the impact of the proposed change to the way we meet the accommodation needs of people living with dementia.

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.

Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its work, 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.

The Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

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

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

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

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

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

This EQIA has been made available as part of the Formal Consultation and the Trust welcomes your views.

A copy of this EQIA and a consultation 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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In compliance with the legislation, when making any final decision the Trust will take into account of the feedback received from this consultation.

Background to the Proposal

The knowledge and understanding we have in relation to caring for people living with dementia has grown significantly over the past 20 years. Evidence through research has highlighted the importance of paying particular attention to the environment.

The ongoing implementation of the Northern Health and Social Care Trust's dementia strategy 'Adding Life to Years', will allow us to deliver the latest models of care based on national guidance and research for people living with dementia.

We want to hear your views in relation to one aspect of the dementia strategy; meeting the accommodation needs of people living with dementia. We want to improve the way we provide care for people living with dementia who need a higher level of care than can be provided in their own homes.

We want everyone; people living with dementia, carers, local people and voluntary organisations and our staff, to tell us what they think of our plans.

How we currently meet the needs of people living with dementia

Research tells us that the demand for accommodation based care in the future is more likely to come from people living with dementia who are no longer able to stay within their own home.

We know that:

- 1 in 20 people over the age of 65 will develop dementia
- 1 in 5 people over the age of 80 will develop dementia
- The total number of people living with dementia is projected to rise by 80% over the period until 2030

A key element of the Department of Health, Social Services and Public Safety's Dementia Strategy (2011) is that people living with dementia should be able to live independently for as long as possible. We propose to work in partnership with individuals and their carers to support people living with dementia to live in their own home for as long as possible, with appropriate care and support including the use of assistive technology and appropriate housing adaptations to meet the particular needs of the individual.

In the Trust area, the majority of people who require residential and nursing home care are cared for by the independent sector and this will continue to be the case.

Ferrard House, Antrim

Until 29 June 2012, the Trust operated a residential home, Ferrard House, at Station Road, Antrim. Ferrard House provided care for 20 permanent residents and four temporary residents (three respite and one assessment bed) along with a daycare and a sitting service. In June 2012 the building was flooded and given the serious risk to residents the decision was made to evacuate them to alternative accommodation.

Ferrard House provided care in a traditional residential setting, with a number of shared rooms, narrow corridors and limited toilet facilities. It was based on a 'race track' model of care which is no longer considered good practice. It does not meet current standards either for dementia accommodation design or for registration.

Despite working closely with Water Services to try to protect the building, Ferrard House has experienced flooding on several occasions in recent years. The flooding in June was the most extensive and given the damage to the building, the risk of further flooding and the unsuitability of the accommodation it is clear that Ferrard House is not suitable as a residential home and should remain closed.

The Trust currently manages two other facilities that provide specialist care and support for people living with dementia, Moylinney in Monkstown, Newtownabbey and The Brook, Coleraine.

Moylinney, Monkstown

Moylinney was opened in 1974 and provides residential care for 23 people living with dementia and has, on an interim basis, five respite beds and one intermediate bed. An additional nine people come each day Monday to Friday for day care.

Moylinney is an old building that was designed on an outdated model where people could continually walk in a circle through out the day. Research undertaken by the Alzheimer's Society, Australia (2004) shows that this is not a good design; people can become exhausted by continually walking.

The building is out-dated and does not meet current accommodation standards. It is our intention to develop a replacement supported living scheme in the Newtownabbey area specifically designed for people living with dementia. This scheme will be designed to meet modern best practice for people living with dementia with the ethos of supporting people that the Trust has developed in The Brook.

The Trust has identified a site and is currently working with a housing association to develop a supported living scheme of 24 units.

The Brook, Coleraine

The Brook opened in 2004. It provides accommodation for 60 people living with dementia, six of which are residential care places, with the remainder in supported living in independent bungalows and flats.

The Brook is a modern purpose-built facility and reflects many of the good practice ideas such as creating personal space as well as ensuring people living with dementia can be provided with dignity and privacy when they need help with their personal care. It has been designed to support people living with dementia maintain their independence for much longer than they would have done in a traditional residential care setting or in fact their own family homes. It provides opportunities to engage with other people living with dementia and a safe environment similar to their own homes. People living with dementia and their families are encouraged to personalise their own homes and use the space available to engage positively with the community.

The Trust works closely with service users and their families to ensure each person living in The Brook has their care and support needs met individually.

Supported Living

Supported housing schemes, called 'Supported Living', extend the range of options for people. In these settings the person is a tenant provided with high quality accommodation and access to 24 hour care and support services. This option can offer a greater degree of safety and community than staying at the former family home. This provides an additional option for people who otherwise may have had to move to a residential care home.

Many supported living schemes, designed to meet a range of needs, have been built throughout Northern Ireland in the last number of years. However, within the Northern Trust area there is a gap in this service provision for people living with dementia, with The Brook being the only scheme in operation.

Our ambition for meeting the accommodation needs of people living with dementia

It is our ambition, based on our learning from The Brook, to further develop supported living accommodation designed specifically for people living with dementia in the Trust area. Although it will not have been a person's lifelong home, we aim to make it a home environment for each individual. There will be space where family will be able to spend quality time with their relative in a personalised environment where the person living with dementia feels comfortable and safe.

When people living with dementia live in accommodation that is designed to meet their needs they can adjust more readily to the new environment. They

can then be supported to remain there for a relatively longer settled period of their life.

The National Dementia Strategy recommends providing more suitable physical environments. We intend to create a more therapeutic and dementia appropriate environment working in partnership with other providers. There is evidence that this could also support a reduction in the use of medications to manage behaviours that challenge.

In addition, we will also use assistive technology to ensure the safety of people living with dementia but in a manner that is unobtrusive and enables them to have choice.

We will be working in partnership with people living with dementia, their families and service providers, to develop appropriate settings for people living with dementia.

People living with dementia tend to respond more positively in surroundings with natural light, natural ventilation, a view out onto nature and easy access to the outdoors. We aim to provide all these elements.

- The reprovided units will have direct access to safe outdoor space using designs successfully introduced in other dementia care settings.
- We will ensure that there is easy access to gardens.
- Buildings will be planned to maximise natural light, views out and natural ventilation.

We want to make sure that people living with dementia live in surroundings where they feel as close to being at home as possible. This will make it easier for people to adjust to their new home and feel safe and supported.

- People will have the dignity of being supported as tenants in their own home and be supported within their capabilities to undertake routine tasks of living.
- People will have their own bathroom and bedroom along with cupboards and space for belongings.
- People will be able to make drinks and snacks.
- There will be quiet spaces and areas for recreational activities.
- People will have a space to meet visitors and their families.

Our planning process

In June 2010 we set up a group to look at how we provide our current residential care for people living with dementia. Membership of the group included carers, staff from our two residential dementia units (Moylinney and Ferrard), and representatives from the voluntary sector. We also worked with the Alzheimer's Society Advocacy Service to gather the views of service users.

Having gathered advice from our team of advisors, which includes architects, engineers, cost consultants and planners we explored a number of options for the future accommodation needs of people living with dementia. Full details of the options explored are in the paper entitled EMI Re provision which can be found on our website www.northerntrust.hscni.net.

The timeframe for the period of transition for the Moylinney re provision is difficult to predict, however we acknowledge that it is important to be as clear as we can about this for residents living in Moylinney and their families.

Moylinney is a large building comprising of 29 bedrooms and 5 communal areas. During the period of transition there will be a reduction in resident numbers, which would mean many of these areas will be unused. We propose that when permanent resident numbers reduce below 10 it will make the use of the building untenable, as over 60% of the bedrooms will be unoccupied and many of the communal areas will be unused. This environment would not comply with best practice when working with people living with dementia.

If residents continue to move from Moylinney at the current rate it is anticipated that permanent resident numbers will reduce below 10 in the next eighteen months. We will work closely with families during this time to ensure they are supported through the process.

Plans for the transfer of daycare services have been discussed with service users, carers and staff. We propose to examine a range of options to meet the current provision of daycare within Moylinney. This will include the use of existing statutory daycare services, direct payments and daycare provided in the voluntary and independent sector.

Following the flooding at Ferrard, we worked closely with service users families to ensure that all residents were transferred to alternative accommodation that appropriately met their needs. Family members have acknowledged this was a difficult process in very challenging circumstances but felt the level of support from Trust staff was of 'the utmost professionalism' with the situation resolved 'in a timely and sensitive manner'. It is our aim to replicate this process with Moylinney.

Involving you

We are committed to improving the way we provide services for people living with dementia and we need you to help us to do this. We believe that the people who use the service, their carers and communities and the staff who deliver the service are best placed to tell us what the new service should look like and we are keen to involve these groups specifically in the process.

We will be guided by carers and families on how best to engage with their relatives and will agree individual arrangements to do so. We are aware the current clients may find the process stressful and have engaged with the Alzheimer's Society to provide advocacy services. We will be advised by carers and professionals on the ground on how best to proceed.

We are aware that the voluntary sector have a wealth of knowledge and experience and will be seeking to use that experience. These plans have been developed in partnership with Alzheimer’s Society, Age Concern and the Dementia Services Development Centre and support our ambition to create a better environment for people living with dementia.

Affected staff

We value and respect our staff and will keep them informed at every stage. The principles of the Trust’s Management of Change Human Resource Framework provide a robust and transparent process for supporting staff through the change process. The principles of fairness, dignity and equity of treatment will be applied in the management of staff undergoing this change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. Existing arrangements such as reasonable adjustments for individual staff will remain. All staff will be kept fully informed and supported during this change process.

Aim of the Proposal

To improve the care provided for people who would normally be cared for in Ferrard and Moylinney by providing a better environment through partnership working.

Consideration of Available Data and Research Data Sources

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

- ◆ Developing Better Services (DBS) (June 2002)
- ◆ DHSSPS Priorities for Action (PFA) 2008-09
- ◆ A Healthier Future (Regional Strategy 2005-2025)
- ◆ Northern Ireland Statistics and Research Agency(NISRA)
- ◆ Northern Ireland Health and Personal Social Services Workforce Census 2006
- ◆ 2001 Census of Population (Northern Ireland)
- ◆ Statement of Key Inequalities, Equality Commission for Northern Ireland
- ◆ NHSSB Health and Wellbeing Investment Plan (HWIP)

- ◆ NHSCT Strategic Response to the Comprehensive Spending Review 2008 – 2011
- ◆ Best Practice –Best Care
- ◆ NHS Improvement Plan 2005/ Supporting People with Long Term Conditions 2007
- ◆ Available data in respect of Section 75 groupings for current service users and staff
- ◆ Programme for Government (PFG) 2008/11
- ◆ Investing for Health Strategy 2002
- ◆ 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**
- ◆ National Services Framework for Older people (DoH, March 2001)
- ◆ 'Forget Me Not: Mental Health Services for Older People' (Audit Commission, 2000 and 2002 update)
- ◆ Ringing the Changes (NHSSB,2003)
- ◆ 'Care of Older people with Mental Illness' (Council Report CR69, Royal College of Psychiatrists June 1998)
- ◆ 'Report of the Dementia Scrutiny' (DHSS, 1995)
- ◆ Services for Younger People with Alzheimer's disease and other dementias' (Council report CR77, Royal College of Psychiatrists Jan 2000)
- ◆ 'Forgetful not Forgotten' (Royal College of Psychiatrists 2005A)
- ◆ 'Who Cares Wins' (Royal College of Psychiatrists, 2005B)
- ◆ 'Everybody's Business' (DoH 2005)
- ◆ Available data in respect of Section 75 groupings for current service users and staff
- ◆ Alzheimer's Society Australia 2004 - Position Paper 3. Dementia Care and the Built Environment.
- ◆ FOLD 2010. Brain Bus- Tackling Dementia Head on - Available online.<http://www.brainbus.co.uk/technology>

- ◆ Marshall, M. 2001. Environment. How it helps to see dementia as a disability in Care Homes and dementia (ed S.Benson) - The Journal of Dementia Care
- ◆ Phair, L. and Health, H. (2001) Environments and Older People with Dementia. Mental Health Practice. 4.9,32-38
- ◆ National Care Standards Care Homes for Older people. (The Scottish Government, 2001)
- ◆ SCIE Dementia web resource.- Available on line
<http://www.scie.org.uk/publications/dementia/environments/index>
- ◆ Remember I'm Still Me.(Care Commission and Mental Welfare Commission)
- ◆ DHSSPS 2011. Improving Dementia Services in Northern Ireland – A Regional Strategy.
- ◆ DHSSPS 2011. Transforming Your Care – A Review of Health and Social Care in Northern Ireland.

This list is not exhaustive.

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

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

Age Band	Local District Government Area										Total NHSCT Population
	Antrim	Ballymena	Magherafelt	Cookstown	Larne	Carrick	Newtownabbey	Coleraine	Ballymoney	Moyle	
0-4	3800 7.2%	4000 6.4%	3100 7.2%	2500 7.1%	1800 5.7%	2500 6.2%	5200 6.4%	3200 5.6%	2000 6.7%	1000 6.0%	29100
5-19	11100 21.1%	12100 19.5%	9500 22%	7800 22%	6100 19.4%	8000 20%	16100 19.7%	11700 20.6%	6200 20.8%	3500 20.8%	92100
20-64	31500 60%	36400 58.6%	25500 59.2%	20800 58.8%	18600 59.2%	23800 59.4%	48000 58.7%	32700 57.7%	17400 58.4%	9600 57.1%	264300
65-74	3600 6.9%	5200 8.4%	2800 6.5%	2300 6.5%	2800 8.9%	3200 8.0%	6700 8.2%	5100 9.0%	2300 7.7%	1500 8.9%	35500
75-84	1900 3.6%	3300 5.3%	1700 3.9%	1500 4.2%	1600 5.1%	2000 5.0%	4500 5.5%	3000 5.3%	1400 4.7%	900 5.4%	21800

85+	600 1.1%	1100 1.8%	500 1.2%	500 1.4%	500 1.6%	600 1.5%	1300 1.6%	1000 1.8%	500 1.7%	300 1.8%	6900
All Ages	52500	62100	43100	35400	31400	40100	81800	56700	29800	16800	449700

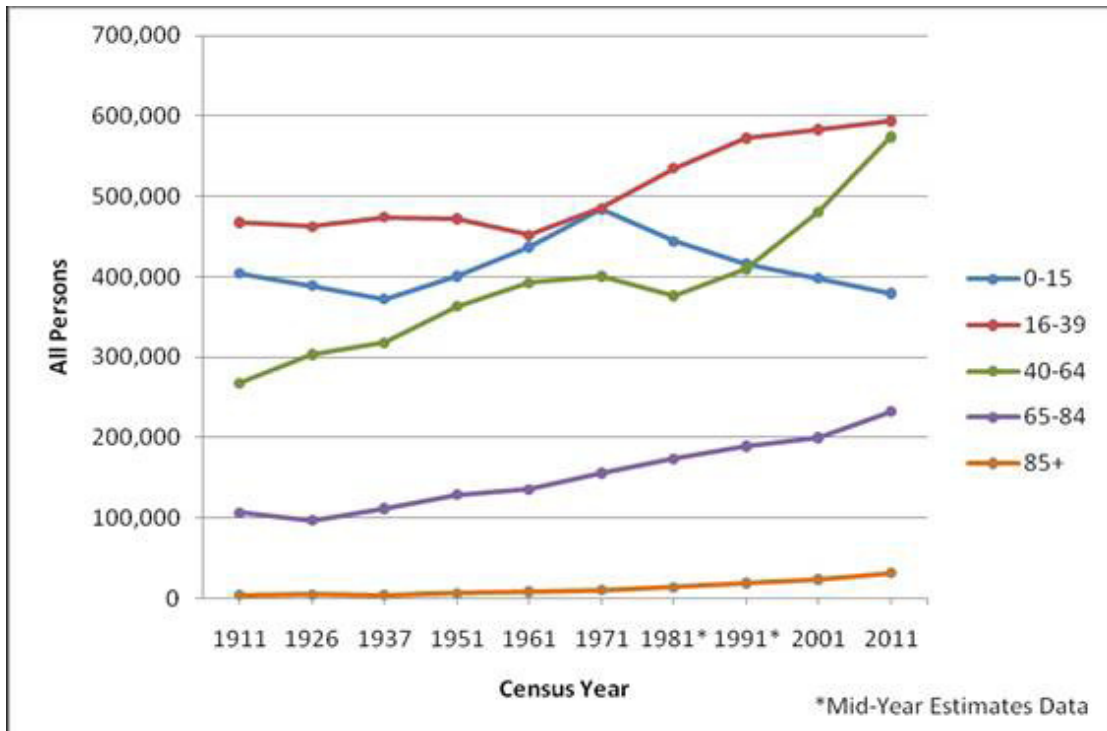
Source: Northern Ireland Statistics and Research Agency (NISRA) - Northern Health and Social Services Board – Mid Year Population Estimates for 1991, 2001 & 2006

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

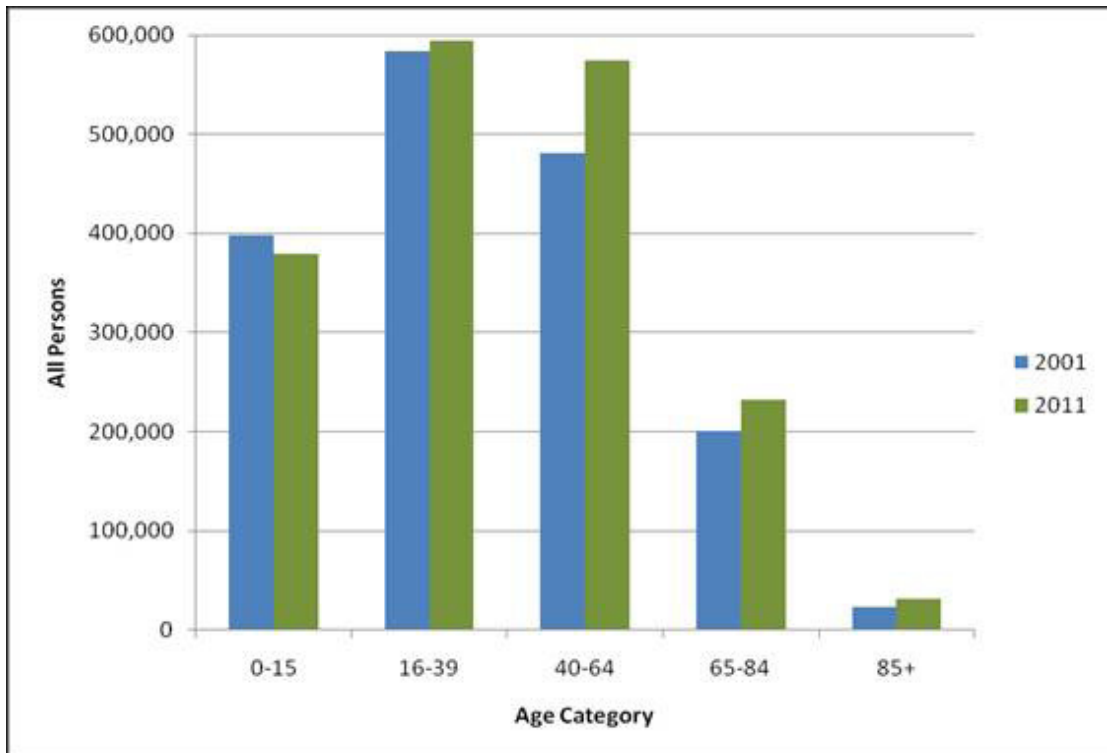
* There may be some level of inaccuracy in the above data given groups such as migrant workers (and others) who may not be reflected within the census.

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

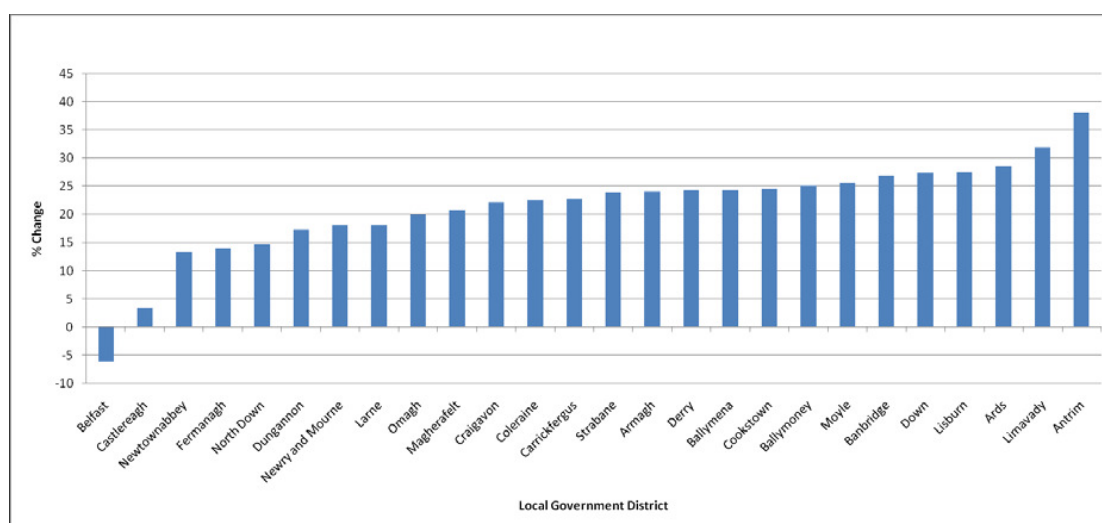
Census Year Population Estimates by Age (1911 – 2011)



Census Year Population Estimates by Age (1911 – 2011)



Percentage population change between the 2001 and 2011 Censuses by local government district – people aged 65 to 84 years



Total number of carers in Northern Trust by Council area

Council area	Number of carers 2001	Number of carers 2011	% rise in number of carers
Antrim	4,815	5,989	24%
Ballymena	5,664	7,140	26%
Ballymoney	2,526	3,425	36%
Carrickfergus	4,285	4,966	16%
Coleraine	5,396	6,361	18%
Cookstown	3,389	4,109	21%
Larne	3,492	4,010	15%
Magherafelt	3,791	4,784	26%
Moyle	1,642	1,953	19%
Newtownabbey	9,259	10,770	16%
Total	44,259	53,507	21%

Total number of hours of caring by Council area

Council area	2001 – provides 50 or more hours of care per week	2011 – provides 50 or more hours of care per week
Antrim	1229	1476
Ballymena	1407	1802
Ballymoney	706	963
Carrickfergus	1000	1288

Coleraine	1300	1638
Cookstown	840	1055
Larne	812	1046
Magherafelt	893	1191
Moyle	428	557
Newtownabbey	2067	2640
Total	10,682	13,656

Population Projections for NHSCT (2007–2017)

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

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

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

The table above shows population projections for the NHSCT. These projections are based on the 2002 mid-year population estimate. It indicates that the NHSCT population is expected to increase by 4.2% by 2017 (an increase of 18,610 people).

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

Religious Composition of Northern Area Population – Local District Government Area

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

Source: NISRA 2001 Census figures

Dementia UK data - Northern Ireland: Districts

	Males with dementia (current)						Females with dementia (current)						People with dementia (current)					
	30-64	65-74	75+	Total	% of males 65+ with dementia	% of all males with dementia	30-64	65-74	75+	Total	% of females 65+ with dementia	% of all females with dementia	30-64	65-74	75+	Total	% of people 65+ with dementia	% of all people with dementia
Antrim	7	57	107	171	6.55	0.70	5	40	217	262	8.02	1.09	12	97	324	432	7.38	0.89
Ballymena	9	46	143	198	4.77	0.69	6	46	401	454	8.39	1.51	15	92	545	651	6.85	1.11
Ballymoney	4	19	56	79	4.31	0.59	3	13	119	135	5.80	1.00	7	33	175	214	5.16	0.80
Carrickfergus	5	25	70	100	4.12	0.55	4	30	241	276	8.48	1.42	9	55	311	376	6.66	1.00
Coleraine	8	50	148	207	5.38	0.77	6	52	365	423	8.21	1.44	14	102	514	630	7.02	1.12
Cookstown	4	24	80	109	5.82	0.67	3	19	159	181	7.66	1.10	7	43	239	289	6.85	0.89
Larne	5	27	60	92	4.29	0.61	3	19	155	177	6.34	1.13	8	46	215	269	5.46	0.87
Magherafelt	5	26	64	95	4.17	0.48	4	14	107	125	4.48	0.63	9	41	170	220	4.34	0.55
Moyle	3	14	40	57	4.92	0.73	2	14	101	116	7.93	1.44	4	28	141	173	6.62	1.09
Newtownabbey	11	58	187	257	4.81	0.66	8	53	453	514	7.22	1.24	19	111	640	771	6.21	0.96
TOTAL				5278						10491						15770		

Profile of Permanent Residents in Moylinney Residential Home – at January 2013

Section 75 Group		Percentage N=23
Gender	Female	78%
	Male	22%
Religion	Protestant	91.30%
	Roman Catholic	4.35%
	Not Known	4.35%
Political Opinion	Not Collected	
Age	0-15	Nil
	16-24	Nil
	25-44	Nil
	45-64	Nil
	65+	100%
Marital Status	Single	Nil
	Married	39.13%
	Separated	4.35%
	Divorced	Nil
	Widow	56.52%
Ethnicity	Not Collected	
Sexual Orientation	Not Collected	

Profile of Current Staffing in the Northern Health & Social Care Trust by Section 75 - as at end May 2012

Group	Workforce profile as at 1 January 2011	
Gender	86.5% Female 13.4% Male	
Age	16 – 24 years 25 – 34 years 35 - 44 years 45 – 54 years 55 – 64 years 65+ years	5.3% 21.2% 27.2% 29.6% 15.1% 1.7%
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%	

	<p>Chinese – 0.05%</p> <p>Indian – 1.26%</p> <p>Irish Traveller – 0.02%</p> <p>Pakistani – 0.12%</p> <p>Mixed Ethnic Group – 0.06%</p> <p>Filipino – 0.40%</p> <p>Other – 0.47%</p> <p>Black Other – 0.01%</p> <p>Not Known – 17.69%</p>
Nationality	<p>EC – 0.12%</p> <p>Non-EC – 0.03%</p> <p>Polish – 0.15%</p> <p>British – 23.4%</p> <p>Scottish – 0.23%</p> <p>Welsh – 0.04%</p> <p>Irish – 7.43%</p> <p>Portuguese – 0.01%</p> <p>Latvian – 0.00%</p> <p>Lithuanian – 0.01%</p> <p>English – 0.12%</p> <p>Northern Irish – 2.13%</p> <p>Indian – 2.13%</p> <p>Filipino – 0.07%</p> <p>Pakistani – 0.02%</p> <p>No data held – 66.15%</p>
Sexual Orientation	<p>Opposite sex – 41.3%</p> <p>Same sex – 1.2%</p> <p>Same and opposite sex – 0.2%</p> <p>Do not wish to answer – 4.3%</p> <p>No data held – 53.1%</p>

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

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the service users of Moylinney Residential Home. Please note that this assessment is based on the profile of service users in January 2013.

Gender

The 'Dementia UK' report predicts that, by 2017, there will be 20,500 people living with dementia in Northern Ireland, which will be a rise of 27% in 10 years. The report also predicts that, by 2051, there will be 47,000 people living with dementia in Northern Ireland. Two out of three of the 16,000 people living with dementia here are women.

The average gender profile of clients in Moylinney Residential Home is 78% female and 22% male. Females represent 60% of the over 65s in the general population. This gender profile is reflective of research which demonstrates that life expectancy is higher for women than men. In light of this population trend, the impact will always be greater on females. The Trust is committed to monitoring for any adverse impact.

Persons of different age

One in five people who are over 80 years of age and one in 20 people who are over 65 years of age have a form of dementia. The proportion of people living with dementia doubles for every five-year age group. One in three people who are over 65 years of age will die with dementia.

All of the clients in Moylinney Residential Home are over 65 years, which is expected in light of the service provided. The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over the next 10 year period. The Trust is committed to monitoring for any adverse impact.

Persons with or without a disability

Whilst the Trusts does not currently collect statistical information relating to levels of disability amongst clients in Ferrard House and Moylinney Residential Home, it is predicted that all of the residents have some level of disability, given the nature of the service provided. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

Within Moylinney Residential Home 39.13% of clients are married and 56.53% are widowed. It is expected that there will be a higher prevalence of residents who are widowed compared to the general population, given the age profile of residents.

Persons of different religious belief

The Trust notes that within Moylinney Residential Home 91.3% is Protestant and 4.35% is Roman Catholic, which is not reflective of the religious profile of the local community or the service user profile across the whole of the Trust. The Trust is mindful that Moylinney Residential Home is located in an area that is perceived to be predominantly Protestant, which may create a barrier for the Roman Catholic community. The Trust feels that the re-provision of this service will ensure that future services are welcoming to everyone.

It is important to note that Moylinney Residential Home provides a neutral environment where clients from differing religious backgrounds are cared for together. All independent home owners 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. This proposal will not have any adverse impact on clients from any religious grouping.

Persons with/without dependants

This information is not routinely collected by the Trust. 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 mindful that most clients are regularly visited by relatives and friends. 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.

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 independent home owners will be expected to provide a welcoming environment where clients with differing political opinions are cared for together. The Trust feels that this proposal will not have an impact on the grounds of political opinion.

Persons of a different racial group

Whilst we have not collected statistical information on the ethnicity of the clients in Moylinney Residential Home, qualitative evidence suggests that the vast majority

of clients are white. There is no evidence to suggest that this proposal will have an impact on the clients on the grounds of their 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.

Persons of different sexual orientation

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

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

Mitigation of Impact on Service Users

The Northern Health and Social Care Trust is committed to continually improving the quality of its services. This proposal has been developed as part of the ongoing implementation of the Trust's dementia strategy 'Adding Life to Years' and is designed to improve services for clients.

We want to improve the way we provide care for people living with dementia who need a higher level of care than can be provided in their own homes. We plan to deliver the latest models of care based on national guidance and research for people living with dementia. People living with dementia will be cared for in environments that are designed to meet their needs, have personal space, privacy and protection, they can adjust into the new environment and can live there for a relatively long settled period of their life during which they feel fulfilled and cared for.

Throughout this process the Trust will fully engage with clients, families and carers. We will be guided by carers and families on how best to engage with their relatives and will agree individual arrangements to do so. We are aware that clients may find the process stressful and have engaged with the Alzheimer's Society to provide advocacy services. We will be advised by carers and professionals on the ground on how best to proceed.

Assessment of Impact on Current Staff by Section 75 Equality Groups

Please note: Due to the small numbers of Trust staff affected by this proposal the Trust has taken the decision, in order to protect the identity of individuals that specific information will not be included above. However the data has been considered by Trust staff.

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 some S75 categories. The Trust will be mindful of these needs and experiences during consultation with affected staff.

With regard to the information gathered, the Trust has noted the following in relation to the 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 staff working in Moylinney Residential Home is similar to the overall NHSCT profile of 86.5% female and 13.4% male. 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 for staff working in Moylinney. The Trust is aware that this section of the workforce may have dependency and caring responsibilities.

Persons of different age

The age profile of staff in Moylinney Residential Home is broadly reflective of the age profile of all staff in the Trust. The Trust is mindful that people in 45-55 age band 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. 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.

Persons of different marital status

Available figures indicate that the marital status of staff working in Moylinney Residential Home is largely reflective of the marital status of staff in the Trust as a whole with 68.3% married and 25.4% single. 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.

Persons of different religious belief

The religious profile of staff working in Moylinney Residential Home reflects the religious profile of the Newtownabbey area. 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.

Persons with/without dependants

9.6% 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. 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 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 working in Moylinney Residential Home is white. This is largely reflective of the overall average for all Trust staff (79.7%). 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

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 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.

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 formal public consultation on our proposals will be from 15 February until 10 May 2013.

Targeted consultation will include specific consultation meetings with staff and service users directly affected.

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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Publication of the Results of this Equality Impact Assessment

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