

Equality Impact Assessment



Southern Health
and Social Care Trust

Provision of Inpatient Dementia Services in SHSCT

Southern Trust Inpatient Dementia Services

An Equality Impact Assessment

This EQIA should be read in conjunction with the Trust's accompanying consultation document

Consultation from:

3rd October 2022 until 23rd December 2022

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1.0 Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Southern Health and Social Care Trust (SHSCT) to assess the impact of the future provision of Inpatient Dementia Services within the Southern Health and Social Care Trust.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 equality categories under Section 75 of the Northern Ireland Act 1998.

This EQIA should be read in conjunction with the Trust's accompanying consultation document: 'Provision of Dementia Inpatient Services in SHSCT'.

The consultation period will last for a period of 12 weeks. The closing date for submission of comments is Friday 23 December 2022.

2.0 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.
- 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 Trust's Equality Scheme (Approved by the Equality Commission for Northern Ireland in September 2011 and revised in June 2018) sets out its management arrangements for ensuring its statutory equality duties, as described above, are implemented effectively and on time.

The Trust has given a commitment in its Equality Scheme to apply the tool of equality screening to all new and revised policies/proposals as an integral part of the development process and where necessary and appropriate to subject new policies/proposals to an Equality Impact Assessment (EQIA). The primary function of an EQIA is to determine the extent of any differential impact of a policy/proposal upon the 9 Section 75 categories and to determine if the differential impact is an adverse impact. An EQIA can assist in decision-making and improve policy making by adding to the evidence base available.

Human Rights

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. In so doing, the Trust is mindful of the impact of this proposal in relation to Article 2 and Article 8 rights.

Disability Duties

The Trust when carrying out its function must have due regard to the need to:

- Promote positive attitudes toward disabled people; and
- Encourage participation of disabled people in public life

(The Disability Duties)

The Trust will ensure that the disability duties are reflected in the decision making process around the proposal for the future of Inpatient Dementia Services in the Southern Trust.

EQIA Process

In keeping with the commitments in its Equality Scheme the Trust carried out an initial Equality Screening in relation to this proposal. The screening outcome was to progress to a full EQIA.

Amongst the considerations listed by the Equality Commission for NI in *favour* of conducting an EQIA are:

- The policy is significant in terms of its strategic importance.
- Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy proposal about which there are concerns amongst affected individuals and representatives.

The Trust believes it is appropriate in this instance to conduct a full EQIA in order to fully assess the equality and human rights implications of this proposal. In so doing the Trust has adhered to the ECNI guidelines in conducting this EQIA. This EQIA relates to stages 1 to 5. Stages 6 and 7 will be completed at the end of the consultative process.

Key Stages of the EQIA

Key Stage	Description
1	Defining the aims of the Policy
2	Consideration of available data and research
3	Assessment of impacts
4	Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity
5	Consultation
6	Decision/recommendation by the Public Authority and publication of report on Results of Equality Impact Assessment
7	Monitoring for adverse impact in the future and publication of the results of such monitoring

In keeping with the commitment in its Equality Scheme *...in making any decision with respect to this proposal, the Trust will take into account any assessment and consultation carried out in relation to this proposal.*

Consultation

This EQIA and accompanying consultation document are available as part of a 12 week formal consultation process commencing **3rd October 2022 until 23rd December 2022.**

The Trust is committed to consulting as widely as possible with all interested persons on this proposal as well as targeting the consultation at those directly affected. This included Trade Unions, Consultant Psychiatrists of Old Age, Communications, Strategic Planning and Performance Group, service users and staff. A mix of virtual engagement sessions and face to face meetings took place with all interested staffing groups and Service User Group.

The Trust recognises the importance of consultation and is committed to carrying out consultation in accordance with the principles contained in its Equality Scheme together with its arrangements detailed in its PPI Strategic Action Plan.

How to Get Involved?

This EQIA and accompanying consultation document contains a lot of information. A consultation questionnaire has been developed to help you provide a response to the Trust in respect of this EQIA. You do not have to use this questionnaire but it may help – see Appendix 1.

Your views are very important to us and we welcome your comments in a variety of means e.g. using the questionnaire, by writing to us, emailing (This list is not intended to be exhaustive).

All enquiries regarding this EQIA should be directed to:

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BT63 5QQ
Tel: 02837564819

Email: consultations@southerntrust.hscni.net

Alternative Formats

This document and the Trust's Equality Scheme can be made available on request in alternative formats.

3.0 Background to the Proposal

Why do we need to change?

Psychiatry of Old Age (POA) and Memory Services in the SHSCT are delivered through a mixed care model. Psychiatry of Old Age services sit within Mental Health Support and Recovery and offer assessment and intervention for individuals over-65 with a functional mental illness. Memory is a stand-alone service that offers assessment and treatment to individuals with dementia.

Medical staff work across both POA and Memory Services, on a sectorised basis across the three SHSCT localities, i.e. Craigavon & Banbridge, Newry & Mourne and Armagh and Dungannon.

There is a single inpatient dementia assessment and treatment unit for SHSCT (Gillis ward) on the St Luke's hospital site in Armagh with equity of access to all SHSCT patients and a single responsible Consultant. Older people with a functional mental illness are admitted to the Bluestone Unit on the Craigavon Area Hospital (CAH) site with a single Consultant responsible for their care.

Due to significant staffing recruitment and retention challenges in relation to Consultant Psychiatrists of Old Age it has been necessary to review Inpatient Dementia Service provision across SHSCT. It is recognised that there are significant challenges relating to service provision and that a new approach is required to be considered.

The Trust has been proactive in seeking to attract Consultants in Psychiatry of Old Age to join our services, including a recent permanent recruitment campaign.

Recruitment efforts include:

- Psychiatry of Old Age posts were recently advertised, recruitment campaign was unsuccessful.
- There has been regular attempted sourcing of locums.
- SHSCT has attending a recruitment drive at International Congress during June 2022.
- All 5 Northern Ireland Health and Social Care Trusts have advertised Consultant Psychiatry of Old Age positions over the last 6 months.
- Regional work regarding medical workforce has been raised at Department of Health, Faculty and Northern Ireland Medical & Dental Training Agency on several occasions.

As of 31 March 2022 there has been no aligned / available Consultant Psychiatry cover for the 18 bedded unit Gillis dementia assessment and treatment unit. Gillis is a stand-alone unit on the St Luke's hospital site, Armagh looking after a vulnerable patient group who have a dementia diagnosis, often in addition to multiple comorbidities and significant behavioural challenges.

Service provision was unsustainable and as such the Trust instigated an interim change in service delivery to ensure safe and effective care.

Gillis ward, as an interim contingency arrangement, relocated from the St Luke's hospital site, Armagh to Willows Ward, Bluestone site, Craigavon Area Hospital on 4th May 2022.

As a consequence of this interim contingency arrangement bed capacity is currently:

- 10 inpatient dementia assessment and treatment beds (reduction of 8)
- 10 inpatient functionally mentally ill assessment and treatment beds (reduction of 6)
- reduction of 4 inpatient general adult psychiatry beds.

Co-location of the two units does offer more robust access to the wider multi-disciplinary team than was available in the Gillis unit and allows the Specialty Doctor from Gillis ward greater access to Consultant Grade Psychiatrists on-site.

This is a temporary interim arrangement to ensure safe and effective patient care which is monitored closely on an ongoing basis.

As part of the process embarked on to review the ongoing situation and to enable the creation of the interim contingency arrangement, consideration was given to both the risks and consequences on Gillis and other services such as beds for functional mental illness and beds for general adult psychiatry. In an attempt to ensure service provision of inpatient dementia beds locally and prevent greater regional pressure, a reduction and move of site was considered the safest and most appropriate interim arrangement.

The Trust wants to deliver the best outcomes for patients who require Inpatient Dementia services by providing services that are in the right place, with access to a range of specialist support. Our priority is to provide safe and effective patient care, reflecting best practice.

The Trust believes that their pursuit of sustainability and excellence, with an emphasis on quality, safety and the best health outcomes will be achieved through the reconfiguration of their services.

The purpose of this document is to formally consider the potential equality impacts with regards to the preferred model for the future provision of Inpatient Dementia Services. The preferred option was identified as **Creation of an inpatient dementia unit within the Bluestone Mental Health unit**. This is the option that the Trust is consulting on.

The key reasons for this recommendation and why it should be located at Bluestone Mental Health unit include:

- It allows for the future provision of inpatient dementia service that are safe, secure and effective providing services that are in the right place, with access to a range of specialist support.
- It is important to have ease of access to a range of professionals within a multi-disciplinary team with expertise in delivery of safe and effective care for patients with mental ill health.
- Enhance opportunities for provision of input from and access to Consultant Psychiatrist for assessment and treatment pathway which is critically important. It is important to maximise opportunities to recruit and retain adequate Consultant staff to deliver the proposed service model.
- Provision of safe and effective care, reflecting current strategic direction and best practice.
- Supports interface from Acute Services, Psychiatry of Old Age and Older People's services.
- Supports on integrated approach to working across community and inpatient settings.
- Provides inpatient beds to meet the future projected demand.
- Provision of an inpatient environment for the care of dementia patients aligning with current recommendations.
- Ability to progress a solution that will comply with Health Building Notes, statutory standards, RQIA standards and recommendations relating to inpatient dementia units. The proposed environment should be dementia friendly and for purpose with private spaces, safe internal and external therapeutic spaces.

The public Consultation will commence on **3rd October 2022 and will finish on 23rd December 2022.**

This Equality Impact Assessment assesses the impact of the Trust's proposed service changes to achieve the Trust's vision for a safe and sustainable provision of Inpatient Dementia Services. The outcome from the Equality Screening was to progress to a full Equality Impact Assessment (EQIA). The Trust is committed to its legal duties and fundamental principles under Section 75 of the Northern Ireland Act 1998. The Trust intends to fully engage and consult on this proposal and the future of safe and sustainable Inpatient Dementia care provision.

NB: In keeping with the commitment in its Equality Scheme the Trust in making any final decision(s) will take into account any assessment and consultation carried out in relation to its plans for change.

4.0 Aim of the Proposal

The aim of this project is to outline the proposed reconfigured service model for Inpatient Dementia Services which aims to provide safe, sustainable, high quality care for all residents of the Southern Trust Area.

The key objectives of the project are to provide a comprehensive Inpatient Dementia Service that:

- is attractive for potential new staff, with opportunities to develop specialist skills that aids both recruitment and retention in Southern Health & Social Care Trust (SHSCT)
- will provide improved training opportunities through access to adequate peer support and mentoring for newly appointed Consultants and doctors in training which is essential to ensure the provision of a safe, high quality service.
- ensures alignment with other services
- ensures alignment with national and regional strategic direction.

Identification of Groups Affected by this

The Trust has identified the following groups likely to be affected by this proposal:

- SHSCT population
- Current and future Dementia Inpatients, their families and carers/ advocacy support.
- Staff providing Dementia Inpatient services
- GPs
- Other Health and Social Care Trusts
- NIAS
- Wider SHSCT staff
- Voluntary/ Independent Sector
- RQIA
- Patient Client Council, Councils
- Local media
- Local Politicians
- Staff Side/ Trade Unions
- Minister for Health,
- DOH / SPPG / PHA

Involving You

We are committed to improving the way we provide services for people and we need you to help us to do this. We believe that the people who use the service, their families, relatives, visitors, 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.

5.0 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:

- Mental Health Strategy 2021-2031
- Regional Dementia Care Pathway (March 2018)
- Memory Service National Accreditation Programme (MSNAP), Royal College of Psychiatrists
- Dementia NICE Guideline 2018
- Bamford Review, 2002
- SHSCT Corporate Plan 2022-23
- Health & Wellbeing 2026 - Delivering Together
- New Decade, New Approach (January 2020)
- The Right Time, The Right Place (The Donaldson Report) (January 2015)
- Systems, Not Structures – Changing Health and Social Care (Bengoa Report) (October 2016)
- Transforming Your Care – A Review of Health and Social Care in NI December 2011
- DoH regional covid-19 pandemic surge planning strategic framework (1 Sept 2020)
- HSC Framework for Supporting the Well-being Needs of our HSC staff during Covid-19
- Section 75 of the NI Act 1998 – A Guide for Public Authorities
- Trust People Management Framework 2014-2017
- Trust Management of Change Framework – vehicle to manage and effect changes at it relates to Trust staff
- Trust Consultation Scheme Section 19 and 20 of the Reform Act (NI) 2009 – places a statutory requirement on the Trust to involve and consult the public about proposals and decisions in the planning, commissioning and delivery of HSC services
- Transforming Your Care – A Review of Health and Social Care in NI (December 2011)
- Human Rights Act 1998
- Care Principles for the UN Principles for Older People
- Other International HR Instruments/Treaties
- NIHRC Investigation : ‘In Defence of Dignity’ - The Human Rights of Older People in Nursing Homes – March 2012
- Trust’s Equality, Diversity and Inclusion Policy
- Trust’s Recruitment and Selection Policy/Procedures
- Trust Work Life Balance Policy
- Trust’s Disability Action Plan and Guidelines for Managers on Reasonable Adjustment in the Workplace
- European Working Time Directive
- My Day, My Way – Patient Client Council 2011
- SHSCT Approved Equality Scheme
- Health and Social Care Workforce Strategy 2026

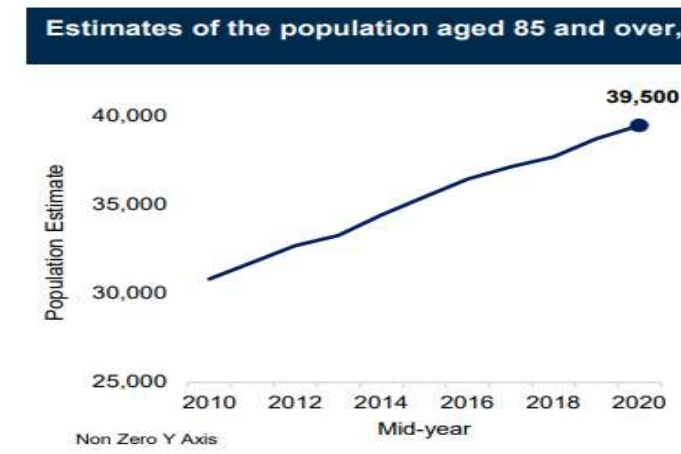
- Quality 2020: A 10 Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland
- DHSS – Change or Withdrawal of Services; Revised Guidance on Roles & Responsibilities – DHSSPSNI- 24th November 2014
- Making Life Better 2012–2023 is the ten year public health strategic framework
- Regional Transport Strategy
- Delivering Care
- Northern Ireland Statistics & Research Agency (NISRA) population statistics.
- UN Convention on the Rights of Persons with Disabilities.

The list is not intended to be exhaustive.

Profile of Southern Health and Social Care Trust Resident Population - 2011 Census

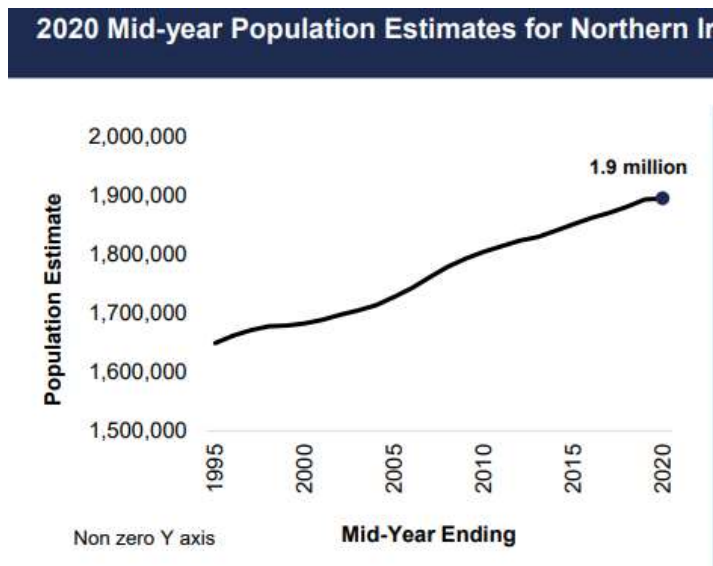
Section 75 Group	Trust's Area Population Profile	
	Census 2011 (Population of 358,034)	
		Percentage
Gender	Female	50.36
	Male	49.64
Religion	Protestant	39.15
	Roman Catholic	56.69
	Other	4.16
Political Opinion	Not collected	
Age	0-15	22.73
	16-24	12.25
	25-44	28.45
	45-64	23.40
	65-84	11.69
	85+	1.48
Marital Status	Single	34.99
	Married	50.24
	Other	14.77
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	11.34% of usually resident population provide unpaid care
Long-term health problem or disability	Yes	19.64
	No	80.36
Ethnicity	Black African	0.11
	Bangladeshi	0.01
	Black Caribbean	0.01
	Chinese	0.22
	Indian	0.17
	Irish Traveller	0.15
	Pakistani	0.07
	Mixed Ethnic Group	0.29
	Black Other	0.10
	Asian Other	0.20
	White	98.51
Other	0.16	
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual – Source: 2012 report by Disability Action & Rainbow Project	

Tables below are taken from NISRA 2020 Mid-year Population Estimates

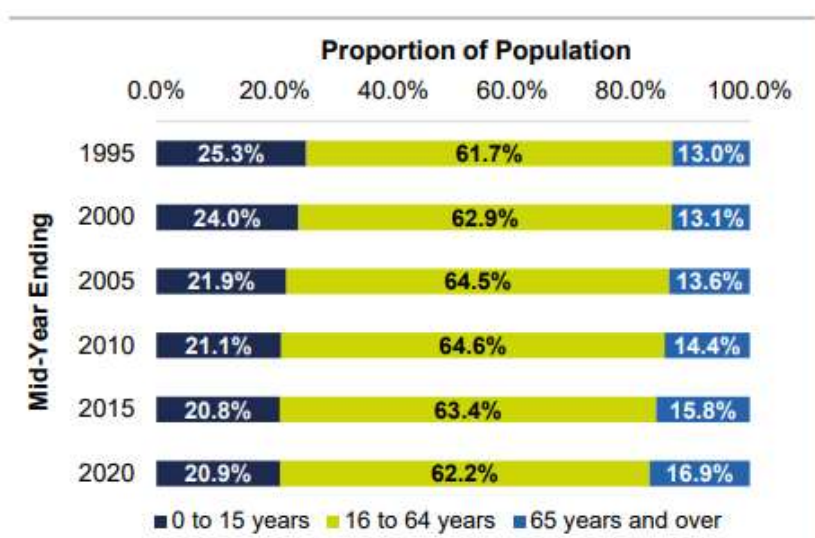


The number of people aged 85 and over in Northern Ireland was estimated to be 39,500 in mid-2020, an increase of 700 people (1.9 per cent) since mid-2019. Over the decade, the population aged 85 and over grew by 8,700 people (28.1 per cent).

[2020 estimates of the population aged 85 and over - statistical bulletin \(nisra.gov.uk\)](https://www.nisra.gov.uk/statistics/2020-estimates-of-the-population-aged-85-and-over-statistical-bulletin)



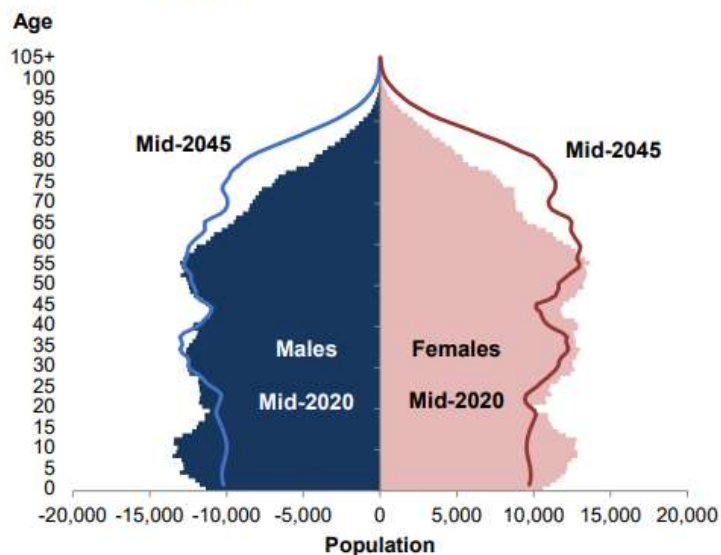
Northern Ireland’s population (30 June 2020) was 1,895,500. The population increased by 1,800 people or 0.1 per cent between mid-2019 and mid-2020. The graph shows the trend from 1995- 2020.



By mid-2020, one in six people in Northern Ireland were aged 65 and over. The proportion of the population aged 65 or more has increased from 13.0 per cent in mid-1995 to 16.9 per cent in mid-2020. In contrast, the proportion of the population aged 0 to 15 years has decreased from 25.3 per cent in mid-1995 to 20.9 per cent in mid-2020.

([2020 Mid-year Population Estimates - summary infographic \(nisra.gov.uk\)](https://www.nisra.gov.uk/2020-mid-year-population-estimates-summary-infographic))

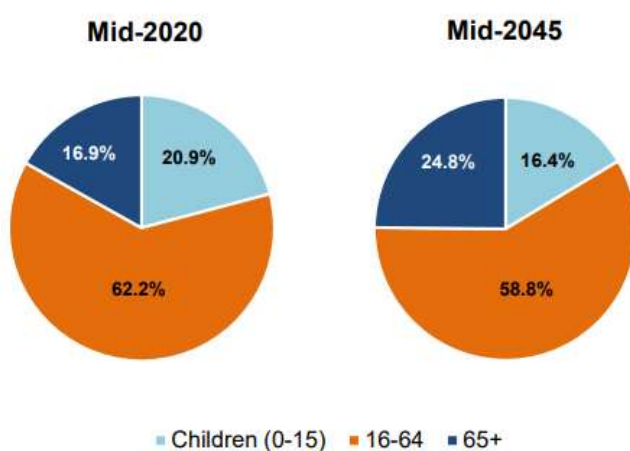
Figure 5: Estimated and projected population by age and sex, mid-2020 and mid-2045



As well as a projected growth in the overall numbers of people in Northern Ireland over the 25 year projection period, the age structure of the population is also projected to change. Figure 5, a population pyramid, is an illustrative way of showing that the age profile of both males and females is projected to get older. By mid-2045, it is evident that the population around the older ages (65 and over) is projected to increase significantly. By mid-2027, the number of people aged 65 and over is projected to overtake the number of children.

The number of children (aged 0- 15) is projected to decrease by 19.8 per cent (78,200 people) from 395,800 in mid-2020 to 317,600 in mid-2045. Similarly, it is projected that number of people aged 16-64 will decrease from 1,179,700 to 1,139,400 people (3.4 per cent) by mid2045. In contrast, the number of people aged 65 and over is projected to increase from 319,900 to 481,500, (50.5 per cent) over the next 25 years. As a result of this increase, by mid2027, the number of people aged 65 and over will outnumber children in Northern Ireland.

Figure 7: Estimated and projected proportion of population by age, mid-2020 and mid-2045



By mid-2045, almost 1 in 4 people in Northern Ireland are projected to be aged 65 and over. The proportion of children is projected to decrease from 20.9 per cent in mid-2020 to 16.4 per cent in mid-2045. Similarly, the proportion of people aged 16 to 64 is projected to decrease between 2020 and 2045, from 62.2 per cent to 58.8 per cent. Conversely, the proportion of people aged 65 and over is projected to increase from 16.9 per cent to 24.8 per cent over the next 25 years

[2020-based interim population projections - statistical bulletin \(nisra.gov.uk\)](https://www.nisra.gov.uk/publications/2020-based-interim-population-projections-statistical-bulletin)

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

Patient data (Section 75) on current service users is not routinely collected. As at June 2022 there were 2,779 patients on the Trust Dementia Register. Therefore overall Trust population figures were considered as part of this EQIA.

Good Relations

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust will ensure that its engagement arrangements are meaningful and inclusive and that any consultation and assessment, carried out in respect of these proposals, is taken into account in making any final decision regarding the future provision of Inpatient Dementia services.

The key findings from the tables shown on the previous pages are described below.

Political Opinion – Whilst not collected, proxy information such as religious affiliation is generally accepted as providing a reliable indication of a person’s political opinion as are council voting patterns. The Trust has examined the breakdown of seats held within each of the Local Government Districts as follows: -

Breakdown of Councillors Seats May 2022

Party	Banbridge & Craigavon (Upper Bann Seats)	Mid Ulster (Mid Ulster + South Tyrone Seats)	Newry & Armagh (Newry and Armagh Seats)
DUP	2	2	1
UUP	1	1	0
SDLP	0	1	1
Sinn Fein	1	6	3
Independent	0	0	0
Alliance	1	0	0
Green	0	0	0
UKIP	0	0	0
Aontu	0	0	0

Dependency Status – Carers NI estimate that there are currently 220,000 carers in Northern Ireland (a substantial increase from the DHSSPS figure of 185,000 quoted in 2006).

Sexual Orientation – Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or ‘trans’ (transsexual, transgendered and transvestites) (LGBT) community. There is no information to suggest that the Trust’s proposal will have an adverse impact on the grounds of sexual orientation.

Gender - The gender profile of current/potential service users is as noted in the table - Male 49.6% and Female 50.4%. The Trust is committed to monitoring for any adverse impact in relation to this proposal.

Religion – The tables below shows the religious composition of the population of the local government district areas together with the overall religious composition of the population of the Southern Trust. The proposed service model will impact upon both main communities living in the Southern Trust area.

NB: All service users will be treated with dignity and respect and communicated in a way that is sensitive to their needs and in line with the patient and client standards which are aimed at improving the patient experience.

Religious Composition of Population by Local Government District Area (LGD) – 2011 Census

LGD Area	Religious Composition (%)		
	Protestant	Catholic	Other
Armagh	(48.00) [49.81]	(48.36) [50.19]	(3.64)
Banbridge	(62.02) [65.95]	(32.02) [34.05]	(5.96)
Craigavon	(48.04) [51.12]	(45.94) [48.88]	(6.02)
Dungannon	(33.03) [34.01]	(64.12) [65.99]	(2.85)
Newry and Mourne	(17.99)	(79.37)	(2.64)

	[18.48]	[81.52]	
	Religious Composition (%)		
	Catholic	Protestant	Other
Southern Trust	(56.69)	(39.15)	(4.16)

Note: Percentages shown within the square brackets refer to Protestant and Catholic figures only and exclude the figures for 'other'.

The above table highlights the local variations in religious composition across the local government district areas.

Racial Group – The Trust is mindful that there are increasing numbers of BME communities living in its geographical area. The Trust has reviewed the requests from service users in general, for interpreters from the Northern Ireland Health and Social Care Interpreting Services (NIHSCIS) over a twelve month period (1 April 2021 – 31 March 2022) which, gives an indication of minority ethnic service users but, of course, will not capture those who are fluent in English or provide an interpreter from outside the (NIHSCIS). Requests for the top ten languages shows that Polish is the most requested at 8002, followed by Lithuanian at 6694, Bulgarian at 4973, Tetum at 4744 and Portugese at 4572.

Any specific cultural needs will be addressed in the proposed new service model. As with religion – see above - the proposed changes may impact upon some BME community groups in terms of further travel distances and journey times especially for service users who do not have access to a form of transport. The Trust will continue to work with users and representative groups to monitor impact and ensure that minority ethnic patients have access to Trust services. This will be particularly necessary in planning a communication strategy around this proposal so that BME and the wider population are aware of any changes in the future provision of Inpatient Dementia Services.

Disability – For both men and women the rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. It is estimated that between 17-21% of the NI population have a disability, affecting 37% of households compared to 40.57% households (Source 2011 Census) in the SHSCT. The prevalence of disability amongst adults varies significantly with age, ranging from a low of 5% amongst young adults aged 16-25 to 60% amongst those aged 75 and above. Those aged 85 and above, the prevalence of disability increases to almost 67%. Any proposal should consider the potential for differential impact on grounds of disability. The Trust is

committed to monitoring for any future adverse impact in relation to this proposal.

The view of service users will further be taken into account through the formal consultation phase and in making any final decisions.

The use of advocacy and other alternative formats will be made available on request.

Age - The Northern Ireland Assembly research paper - A demographic portrait of Northern Ireland: some implications for public policy – states that between 2011 – 2021 the number of persons aged 85+ is expected to increase by half (51.1%) to 47,900. By 2031, the 85+ population is projected to reach 75,800, or 3.8 % of the total population. The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over the next 10 year period. With the aging population comes the prevalence of long term conditions.

Marital Status – There were no issues raised or evidence to suggest that there would be any adverse effect for current services users on the grounds of marital status. The Trust is committed to monitoring for any adverse impact.

7.0 Mitigation of Impact on Patients

The Trust wants to deliver the best outcomes for patients who require Inpatient Dementia services by providing services that reflect the best evidence for dementia care. Our priority is to provide the best care possible through a service that meets quality standards.

This consultation paper explains the changes that we propose to seek to achieve this vision in our area including:

- Our current Dementia Inpatient services including interim contingency arrangement at Willows ward, Bluestone, Craigavon Area Hospital site.
- The recruitment and retention issues relating to Dementia Inpatient services and why this means change for our current services
- What the proposed future service model is
- What will be better after the change

7.1 Profile of Southern Health and Social Care Trust Inpatient Memory Service Users from 2017/18 to 2021/22

This table indicates the average profile of Trust Inpatient Memory Service Users from 2017/18 to 2021/22 against each of the Section 75 categories. Patient data on many of the Section 75 categories is not routinely collected apart from Gender and Age.

Section 75 Group	Inpatient Memory Service User	Average Percentage
Gender	Female	46.5
	Male	53.5
Religion	Protestant	25.7
	Roman Catholic	28.6
	No Religion/Declined	2.5
	Unknown	43.2
	*Information for 19/20, 20/21, 2021/22 Not gathered	
Political Opinion	Not gathered	
Age	0-50	0
	51-59	1.7
	60-69	9.5
	70-79	39.8
	80-89	42.3
	90-99	6.2
	100+	0.4
Marital Status	Not Gathered	
Dependent Status	Not Gathered	
Long-term health problem or disability	Not Gathered	
Ethnicity	White	14.9
	Other/Not Stated	85.1
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual – Source: 2012 report by Disability Action & Rainbow Project	

The Trust fully accepts its obligation to take necessary steps to consider policy alternatives and mitigation, as an integral part of the EQIA process, in order to address any potential differential impact on current service users.

8.0 Assessment of Impact on Current Staffing

The Trust utilised both quantitative and qualitative data when considering the equality implications of this proposal on the current workforce. Both types of data were regarded as equally relevant and included information drawn from the following sources:

- The Trust's Human Resources Management System.
- The Trust's Equal Opportunities Monitoring System.
- Northern Ireland Statistics and Research Agency (NISRA).
- 2011 Census of Population (Northern Ireland)
- Article 55 Review Report
- ECNI Composite Report titles - Emerging Trends across 5 HSC Trusts
- ECNI Monitoring Report
- Previous engagement with relevant staff

Profile of Trust Staff

The tables below show details of the following:

- Profile of the current staffing employed in SHSCT (as at 1 January 2022).
- Profile of the Trust's Gillis and Willows workforce by Section 75 groups (as at August 2022).

Composition of Southern Trust Workforce

Staff Affected by this Policy/Proposal

Section 75 Group	Southern Trust Workforce Profile as at 1 January 2022	Percentage
Gender	Female	85.3%
	Male	14.7%
Religion	Protestant	34.9%
	Roman Catholic	57.2%
	Neither	7.9%
Political Opinion	Broadly Unionist	9.1%
	Broadly Nationalist	9.9%
	Other	7.8%
	Do Not Wish To Answer/Not Known	73.2%
Age	16-24	8.7%
	25-34	24.3%
	35-44	25.3%
	45-54	21.0%
	55-64	17.5%
	65+	3.2 %
Marital Status	Single	33.2%
	Married	56.9%
	Not Known	9.9%
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability	17.1%
	None	31.1%
	Not Known	51.8%
Disability	Yes	2.4%
	No	76.3%
	Not Known	21.3%
Ethnicity	Bangladeshi	0.01%
	Black African	0.2%
	Black Caribbean	0.02%
	Black Other	0.02%
	Chinese	0.08%
	Filipino	0.4%
	Indian	0.7%
	Irish Traveller	0.02%
	Mixed Ethnic	0.2%
	Pakistani	0.1%
	White	77.5%
Not Known	20.8%	
Sexual Orientation towards:	Opposite Sex	57.2%
	Same Sex	1.0%
	Same and Opposite Sex	0.2%
	Do Not Wish To Answer/Not Known	41.6%

Section 75 Group	Gillis and Willows Workforce Profile August 2022	Percentage
Gender	Female	87.1%
	Male	12.9%
Religion	Protestant	30.6%
	Roman Catholic	62.9%
	Neither	6.5%
Political Opinion	Broadly Unionist	3.2%
	Broadly Nationalist	12.9%
	Other	12.9%
	Do Not Wish To Answer/Not Known	71%
Age	16-24	3.2%
	25-34	22.6%
	35-44	25.8%
	45-54	29%
	55-64	16.1%
	65+	3.2%
Marital Status	Single	37.1%
	Married	54.8%
	Not Known	8.1%
Dependent Status	Caring for a Child/Children/ Dependant Older Person/ Person With a Disability	12.9%
	None	38.7%
	Not Known	48.4%
Disability	Yes	0%
	No	95.2%
	Not Known	4.8%
Ethnicity	Bangladeshi	0%
	Black African	0%
	Black Caribbean	0%
	Black Other	0%
	Chinese	0%
	Filipino	0%
	Indian	3.2%
	Irish Traveller	0%
	Mixed Ethnic	0%
	Pakistani	0%
	White	88.7%
	Not Known	8.1%
Sexual Orientation towards:	Opposite Sex	53.2%
	Same Sex	1.6%
	Same and Opposite Sex	1.6%
	Do Not Wish To Answer/Not Known	43.6%

9.0 Assessment of Impact on Current Staff by Section 75 Equality Groups

Good Relations

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

Gender – The overall gender profile is predominately female i.e. 87.1% Females and 12.9% Males which is reflective of the gender split to the overall workforce – 85.3% Female and 14.7% male. Therefore any future provision of Inpatient Dementia Services should consider the potential for differential impact on females. The Trust is also mindful of the dependency/caring obligations associated with its female workforce see dependents below. The Trust will take seriously requests for flexible working in line with its Work Life Balance Policy to enable staff to reconcile their work and caring commitments.

Religion – As noted in table above the religious profile of staff employed is 30.6% Protestant and 62.9% Roman Catholic and 6.5% not known. The religion profile is reflective of overall workforce as at 1st January 2022 staff figures i.e. 34.9% protestant and 57.2% Roman catholic and 7.9% not known. Any proposed reconfiguration in the future provision of Inpatient Dementia Services has the potential to impact on both the two main communities.

Having regard to the Management of Change Framework along with mitigating measures staff are not likely to be adversely impacted upon by this policy proposal with regards religion. The Trust is committed to monitoring for any adverse impact. The Trust promotes a harmonious working environment for all staff regardless of their religious background and actively supports the Equality Commission for NI's guidance on promoting a harmonious working. The Trust has also signed off on a Harmonious Working Environment Statement - Joint Declaration of Protection between Management and Trade Unions to prohibit displays and manifestations of material and behaviour likely to cause discord in the workplace.

Political Opinion - Whilst information on political opinion is sourced, it is voluntary and as such many staff choose not to declare their political opinion. Voting patterns and religion are a good proxy for political opinion. As with religion above, the Trust is committed to monitoring for any adverse impact.

Racial Group – The majority of existing staff are white i.e. 88.7%. There is no evidence to suggest that any future reconfiguration in the future provision of Inpatient Dementia Services would have an adverse effect for current staff on the grounds of race. The Trust is committed to promoting a harmonious working environment where all staff are treated with dignity and respect regardless of their ethnic background. The Trust is committed to monitoring for any adverse impact. The Trust will also be mindful of the language needs of staff who do not speak English as a first language via any engagement and communication plan.

Disability – Available figures indicate that no staff have a disability 0%. The Trust is mindful that the prevalence of disability is generally underreported. The proposal will take into account the needs of staff with regard to any reasonable adjustments in line with the Trust's Management of Change Framework. The Trust is committed to monitoring for any future adverse impact and will honour its obligations with the regard to the Disability Discrimination Act 1995.

Age – The majority of current staff employed are within the 35-44 age group i.e. 25.8% which percentage wise is in keeping with the overall workforce profile. The Trust is committed to monitoring for any future adverse impact and will manage any staffing issues in line with the Trust's Management of Change Framework – see 10.0.

Marital Status – Staff potentially affected by the proposed service model that are married is 54.8% - this is a lower percentage when compared to the overall workforce composition i.e. 56.9%. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. The Trust will take this into account when considering mitigation measures for staff directly affected - see correlation with 'gender' above and 'dependency status' below. The Trust's Work Life Balance Policy applies equally to men and women and same sex partners. Serious consideration will be given to all requests for flexible working in line with Trust Policy.

Dependency Status – The Trust is mindful of the caring obligations associated with existing staff in relation to this proposal and will take seriously all requests from staff affected regarding flexible working options in line with the Trust's Work Life Balance Policy.

Sexual Orientation – There is no evidence to suggest that the proposal will have an adverse impact on employees as a result of their sexual orientation. The Trust will continue to monitor for any potential adverse effects.

10.0 Mitigation of Impact on Current Staff

In order to manage and mitigate any potential differential impact on existing staff the Trust will adopt a project management approach. As part of this approach a project management group will include a Human Resources and Trade Union representative(s) so as to ensure robust, fair and agreed human resources processes are in place to manage any future staff changes. The Trust's Management of Change Framework is the main vehicle for effecting change within the Trust.

In association with the above framework, the Trust is committed to the following underpinning principles:

- Any future staff changes will be taken forward through a partnership approach in consultation with relevant trade unions.
- The principles of fairness, dignity and equity of treatment will be applied in the management of staff issues associated with any future organisational change processes. 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 commits to ensuring that existing arrangements such as reasonable adjustments for individual staff or affirmative action programmes already entered into will be honoured.
- Sound HR processes will be in place and applied in order to retain valuable skills and experience within the Trust and to optimise effective service delivery. As such staff should give due consideration to offers of reasonable alternative employment within the Trust.
- HR processes will be applied with equity, consistency and transparency and will be mindful of the need to move quickly and to ensure that the quality of care delivered to residents is not compromised.
- Where change is to be effected all staff affected will be offered one to one meetings with a senior representative from Human Resources (with their Trade Union representative in attendance) to ascertain their preferred employment options and to establish any particular personal circumstances which may need to be taken into account e.g. caring responsibilities, access to transport, health/disability issues etc.
- Every effort will be made to ensure staff requiring redeployment remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.
- Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities. Particular attention will be given to the need to support older staff avail of all training opportunities.
- All staff will be kept fully informed and supported during any future change management

processes.

The Trust will ensure that qualitative and quantitative monitoring and data collection systems are in place to record all future decisions taken which affect the employment of groups and individuals.

The Trust values and respects its staff and will keep them informed at every stage of this consultative process.

11.0 Formal Consultation

The Trust intends to consult as widely as possible with all interested persons over a 12 week period from 3rd October 2022 until 23rd December 2022 on the future provision of Inpatient Dementia Services within SHSCT and this accompanying EQIA. In doing so, it will conform with the guiding principles governing consultation contained in its Equality Scheme and the Commission Guide to the Statutory Equality Duties.

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

To facilitate comments please complete the consultation questionnaire attached further copies are available on the Trust's website at

<https://southerntrust.hscni.net/involving-you/consultations/>, however we will accept comments in any format.

All responses regarding this EQIA process should be directed to:

Mrs Cathy Lavery
Head of Equality, Diversity & Inclusion
Southern Health and Social Care Trust
c/o Corporate Planning Administration Office
The Brackens
Craigavon Area Hospital
68 Lurgan Road
Portadown
Co. Armagh
BT63 5QQ
Tel: 02837564819

Email: consultations@southerntrust.hscni.net

12.0 Decision/Recommendation of Trust Board and Publication of Report on Results of this EQIA

This EQIA has been published in keeping with the commitments in the Trust's Equality Scheme.

In keeping with the commitment in its Equality Scheme (paragraph 3.2.11 refers)... in making any decision with respect to a policy adopted or proposed to be adopted, the Trust will take into account any assessment and consultation carried out in relation to the policy.

When the consultation process is concluded the submissions will be considered and submitted to the Trust Board prior to any recommendation/decision being made. A record of the consultation process i.e. Consultation Outcome Report and Decision of the Trust will be placed on the Trust's website <https://southerntrust.hscni.net/involving-you/consultations/>

The final EQIA will also be published and will be posted on the Trust's website.

13.0 Monitoring for Adverse Impact in the Future and Publication of the Result of such Monitoring

In keeping with the Equality Commission's guidelines, the Trust will put in place a monitoring strategy to monitor the impact of this proposal on the relevant groups and sub groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for NI.

If the monitoring and analysis of results show that the impact of this proposal results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

APPENDIX 1



Southern Health and Social Care Trust

The Trust wishes to consult as widely as possible on the proposal. Please use this consultation questionnaire to register your comments by **23rd December 2022**.

Section 2 of the consultation document provides additional information on the Trust's communication, consultation and engagement processes and how you can be involved.

Question 1

Do you agree that for a sustainable and safe service into the future, that inpatient dementia services provided by the Trust need to change?

Yes

No

If you do not agree, please give your reasons below:

Question 2

Do you agree with the proposal to have an Inpatient Dementia unit on a single site at Bluestone Mental Health unit (as outlined in Section 7 of the consultation document)?

Yes

No

If you do not agree, please give your reasons below:

Question 3

Do you have any further views on the assessed impact of the proposals and any other potential impacts you feel we should consider?

Yes

No

If Yes, please include any views below:

Any other Comments

Please include any other comments you wish to make on the proposals outlined within this document.

APPENDIX 2

Privacy, Confidentiality and Access to Consultation Responses

For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public).

We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents, but may include the names of organisations responding.

For more information about what we do with personal data please see our consultation privacy notice, which can be accessed via: <https://southerntrust.hscni.net/involving-you/consultations/>

Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation.

If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Trust should receive a request for the information under FOIA or EIR.

APPENDIX 3

GLOSSARY

Article 5 of the Disability Discrimination (NI) Order 2006 – Outlines the duties of public authorities whilst carrying out its functions in relation to persons with a disability and, in particular, the need to promote positive attitudes towards disabled persons and the need to encourage participation by disabled persons in public life.

Article 2 of the European Convention on Human Rights (ECHR) – Right to Life.

Article 8 of the European Convention on Human Rights (ECHR) – Denotes the right to respect for private and family life extending to home and his correspondence.

Differential/Adverse Impacts – An **adverse** (or **differential**) **impact** means that some people are affected differently due to an action or a policy and the **effect** is less favourable

Equality Commission for Northern Ireland (ECNI) – The Equality Commission for Northern Ireland is an independent public body established under the Northern Ireland Act 1998. Their mission is to advance equality, promote equality of opportunity, encourage good relations and challenge discrimination through promotion, advice and enforcement.

European Convention on Human Rights (ECHR) – (formally the *Convention for the Protection of Human Rights and Fundamental Freedoms*) is an international treaty to protect human rights and fundamental freedoms in Europe.

Equality of Opportunity – Equal opportunity is a stipulation that all people should be treated in such a way that they are unhampered by artificial barriers or prejudices or preferences, except when particular distinctions can be explicitly justified i.e. it is an absence of discrimination.

Equality Screening – The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations. Screening will lead to one of the following **3** outcomes:

- The policy has been screened in for equality impact assessment
- The policy has been screened out with mitigation or an alternative policy proposed to be adopted
- The policy has been screened out without mitigation or an alternative policy proposed to be adopted

NB: for more detailed strategies or policies that are to be put in place, through a series of stages, a public authority should then consider screening at various times during implementation i.e. 'on going screening'.

Equality Impact Assessment (EQIA) - A thorough and systematic analysis of a policy the primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one.

HRPTS – New management information system which is being rolled out across HSC for Human Resources, Payroll, Travel and Subsistence (HRPTS)

Human Rights Act 1998 (HRA 1998) – The Human Rights Act 1998 (also known as the Act or the HRA) came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

Mitigating (Measures) – To mitigate is to make less severe, serious, or painful; to lessen the gravity of (an offense or mistake). Therefore mitigating factors decrease the severity of a situation or proposal.

Qualitative Data – Qualitative methods are ways of collecting data which are concerned with describing meaning, rather than with drawing statistical inferences. What qualitative methods (e.g. case studies and interviews) lose on reliability they gain in terms of validity. They provide a more in depth and rich description.

Quantitative Data – Quantitative methods are those which focus on numbers and frequencies rather than on meaning and experience. Quantitative methods (e.g. experiments, questionnaires and psychometric tests) provide information which is easy to analyse statistically and fairly reliable. Quantitative methods are associated with the scientific and

experimental approach and are criticised for not providing an in depth description.

Section 49A of the Disability Discrimination Act 1995 (DDA 1995) –

Places a general duty on all public authorities, whilst carrying out their functions, to have due regard for the need to eliminate discrimination against disabled persons; eliminate harassment of disabled persons that is related to their disabilities; promote equality of opportunity between disabled persons and other persons; take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons; promote positive attitudes towards disabled persons; and encourage participation by disabled persons in public life.

Section 75 of the Northern Ireland Act 1998 (the Act) – Section 75 (and Schedule 9) to the Northern Ireland Act 1998 came into force on the 01 January 2000 and placed a statutory obligation on public authorities in carrying out their various functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity –

- 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.

In addition, without prejudice to this obligation, Public Authorities are also required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion, and racial group.

Transforming Your Care (TYC) – A review about change in health and social care in Northern Ireland over a five year period. The Review was announced in June 2011 by Edwin Poots MLA, the then Minister for Health, Social Services and Public Safety.

Transforming Your Care Report – A Review of Health and Social Care in Northern Ireland which was published in December 2011 and outlines the findings and recommendations of John Compton and the Review Team for Health Care in N.I.

Transforming Your Care: Vision to Action – A report which collates responses from the TYC Consultation Period. It was published on 9th October 2012 and sets out key proposals for change across a range of service areas including mental health services, statutory residential homes, acute services and primary care. It explores how a focus on prevention, earlier interventions, integrated care and promotion of personalised care could enable more services to be provided in the community, closer to people's homes where possible.

Trust's Equality Scheme – sets out how the Southern Health and Social Care Trust (the Trust) proposes to fulfil the Section 75 statutory duties.

Trust's Health Economy Population Plan '*Changing for A Better Future*' – The Southern Local Commissioning Group and the Southern Health and Social Care Trust have developed a population plan which identifies which services and facilities are needed to address the needs of the local population and set out how this can be delivered.

Trust's Management of Change Framework – Outlines the underpinning principles in the management of changes for staff (during processes such as the implementation of Transforming Your Care (TYC) recommendations and commits to ensuring that the change implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation operating in Northern Ireland.

Trust's Personal and Public Involvement (PPI) Strategy – Personal and Public Involvement (PPI) is also known as Service User Involvement and can be described as: how service users - patients, clients and carers (including the public) - can have their say about care and treatment and the way services are planned and delivered.

UN Convention of the Rights of Persons with a Disability - The UNCRPD or 'the Convention' is an important international standard of rights and treatment of disabled people. The Convention recognises that we are all equal and that disabled people have the same rights as everyone else to freedom, respect, equality and dignity.