

**MENTAL HEALTH SERVICES:
THE FUTURE OF HOSPITAL INPATIENT CARE
IN THE SOUTH EASTERN TRUST**

A Consultation Document

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FOREWORD

The care and treatment of people with mental health problems is constantly changing and evolving. In the main this is in response to improved understanding of the nature of mental illness and of the needs of the mentally ill in both the caring professions and in society generally. In addition, there have been major advances in medical and psychological care that have revolutionised the treatment of mental health problems in a way that would have been unrecognisable even 50 years ago.

The pace of change has accelerated greatly since the early 1980's with large numbers of people being resettled from psychiatric hospitals into the community.

This national revolution in the care of the mentally ill was nothing new to the Downshire Hospital. More than 50 years ago Downshire was the first large psychiatric hospital in Northern Ireland to open its gates to develop community services and to begin the resettlement of the hospital population into the community.

We feel that it is fitting that Downshire Hospital should be the first in Northern Ireland to conclude this journey. The hospital, which had nearly 900 patients in the early 80's, now houses only 51 patients. The days of psychiatric care in large institutions are over and we are now at the final stages of closing the hospital.

The next 6 months will see a further 16-18 people resettled from Low Secure wards on the Downshire site into the community in the Downpatrick area. This will considerably reduce the long-stay population in the Downshire Hospital. The majority of those remaining in hospital will continue to need hospital based care. Four beds will be required intensive psychiatric care.

Acute psychiatric care is no longer provided in the Downshire Hospital. We now provide this care in three units across the Trust; at Downe Hospital, Lagan Valley Hospital and at the Ulster Hospital. In November 2008 we publicly consulted on a document entitled "Our Mental Health Services – the Future", which stated that "in the medium to longer term the Trust would seek to reduce the number of units from 3 to 1." This was based on the premise that an increasing number of people are, and would be, receiving support and treatment in their own homes. Referrals to Home Treatment services are increasing and the Trust has already

been able to reduce its bed complement by 15 beds in June 2009. It seems that the time is now right to make the move to a single acute in-patient unit.

This document lays out our proposals for how these changes are to be achieved. The Trust has examined a broad range of options for these changes. A project group consisting of a broad range of stakeholders has appraised these options, and has recommended the proposals outlined in this consultation paper.

We understand that this degree of change can be difficult and delicate to implement. We will continue to work closely with patients, advocates, carers and our staff to ensure that those who use our services continue to receive treatment and care of the highest quality during this transition.

We believe that these proposals will lead to the provision of the best possible quality of psychiatric in-patient services that can be sustained into the future. We look forward to hearing your views on what we have said, and hope that together we can develop a Mental Health Service of which we can all be proud.

1.0 Introduction

1.1 About the South Eastern Health and Social Care Trust

The South Eastern Health & Social Care Trust was established on 1st April 2007 and is one of 5 such Trusts within Northern Ireland. The Trust is an integrated organisation, incorporating acute hospital services and community health and social services.

The Trust covers the local government districts of Ards, North Down, Down and Lisburn, a population of approximately 340,000 people. The main hospital bases are Ards Hospital, Bangor Community Hospital, Downe Hospital, Downshire Hospital, Lagan Valley Hospital and the Ulster Hospital. Community bases are located in many local towns and villages from Moira in the west to Portaferry in the east and from Bangor in the north to Newcastle in the south.

1.2 About this document

Hospital-based Mental Health services within the Trust are evolving. The model of service which was appropriate a decade ago is no longer the best that we can offer our population today. For this reason the South Eastern Trust has been considering options for change for the last number of years. In 2008 the Trust produced a consultation document entitled “Our Mental Health Services – the Future” which set out the Trust’s vision. At that time, a stated aim was the provision of a single in-patient facility for the care of people with Low secure and psychiatric intensive care needs in the South Eastern and Belfast Trusts. The proposal was that this would be based in, and run by, the Belfast Trust. For a variety of reasons, this option is no longer available.

That paper also outlined the Trusts vision that “in the medium to longer term the Trust would seek to reduce the number of units from 3 to 1.” We now wish to outline our proposals for how this is to be achieved. We want to provide the best service we can with the funding we have received. This document sets out how we believe we can deliver the best quality in-patient mental health service to our population over the coming years.

The first section of this document outlines:

- the factors which influenced our plans for the future
- the model of service for in-patient care we propose to develop

The second section of the document gives details of the Equality Impact Assessment undertaken in relation to the proposed service changes. Very importantly, this document also tells you how **you can have your say** on the future of services. The document will explain our plans and then outlines how you can put forward your views.

1.3 What this document covers

This document is concerned with the future of in-patient adult mental health services within the South Eastern Trust. These are the mental health services we provide in hospitals to people aged between 18 and 65 years of age and those over 65 who have a functional mental illness.

1.4 What changes you might see

The most obvious change you will see is the closure of the Downshire Hospital as a psychiatric in-patient facility. This will change how the Trust provides services to those who have 'lived' in hospital for a long time, and who will continue to need this type of care in the future. Some of these people need specialised "psychiatric intensive care". You will see a change in how this is provided also.

Another major change you will see is the provision of acute in-patient care in a single unit instead of the three units currently used.

2.0 Context

Overall, the Trust's way forward for Mental Health Services has largely been influenced by a number of drivers for change.

These include the commissioner strategy and commissioning statement as outlined in the **Eastern Health and Social Services Board Strategy for Adult Mental Health Services (2004)** and the **Commissioning Statement on the Future Provision of Acute Psychiatric Services (2007)**.

Both these documents followed the vision outlined within the **Bamford Review of Mental Health and Learning Disability (NI)** which envisaged that appropriate development of community based services would reduce the need for admission to hospital and the length of stay for patients.

The resultant **Bamford action plan (2009-2011)** referred to the expectation that continued development of community mental health services should result in a 10% reduction in admissions to acute psychiatric hospitals by 2011. The **Priorities for Action** document reaffirmed this as a key priority for Health and Social Care Services. As the range of community treatment options continues to expand service users will have more choice in the management of their mental health condition.

In September 2008 the former Eastern Health and Social Services Board commissioned an independent body of experts (ATM Consulting) to undertake a review of the acute mental health model within the board's area.

In its report (**The Future Provision of Acute Psychiatric In-patient Beds**) ATM Consulting was strongly of the opinion that there was an excessive number of beds within the catchment area and recommended that a reduction in bed numbers should be achieved as quickly as practicable and considered a 2-3 year timescale to be realistic. Furthermore, they recommended that with the reduction in beds there should be a parallel reduction in the number of acute hospitals to the point where South Eastern Trust should have a single acute hospital which would facilitate the development of improved treatment and therapeutic outcomes for patients.

In view of these strategic influences we are proposing to move from three acute inpatient hospitals to a single unit at Lagan Valley Hospital. In addition we are proposing to locate the four Psychiatric Intensive Care beds alongside this single acute unit at Lagan Valley Hospital, and to develop an in-patient Low Secure facility at the new Downe Hospital.

3.0 What we currently provide

3.1 Acute Psychiatric Care

We currently offer acute psychiatric treatment across three sites:

- The Ulster Hospital, which has 24 beds for those aged 18 and over in the population.
- The new Downe Hospital, which has 25 beds including 5 beds contracted by the Southern Trust, for those aged 18 and over.
- Lagan Valley Hospital, which has 24 beds for ages 18-64, and 6 dedicated beds for the over-65 functionally mentally ill population.

The Southern Trust has already indicated its intention to withdraw its five beds from the new Downe hospital and develop alternative provision. This will impact upon the current in-patient service available in the new Downe Hospital.

In June 2009 we reduced the bed complement by 15 beds. Since then, in recent months, we have also begun to invest £1M in developing additional community alternatives for patient treatment including a 6-bedded community Crisis House serving mainly the populations of North Down and Ards. This service, based in Conlig, provides crisis care close to people's home communities. It helps reduce the need for people to be admitted to hospital and also helps to facilitate quicker discharge of patients back to their own communities. We have also made considerable investment to strengthen and improve Home Treatment services to treat people in their own homes, with the support of their families and friends at times of mental health crises. These investments, in the Down Sector and the North Down and Ards area have not yet had time to deliver their full potential benefits, but we expect positive outcomes in terms of patient recovery in line with best evidence from throughout Europe and beyond. These changes will lead to a reduction in admissions to hospital and a reduced length of stay for patients in hospital.

The Trust is also developing a more robust out-of-hours service which will see professionally qualified staff based in A&E departments from 8pm to 1am each evening. The development of all of these services will improve the quality of provision and will lessen the need for the current number of acute beds.

The ATM Consulting report mentioned earlier highlighted the fact that the development of such community alternatives throughout the UK has clearly led to better outcomes for

patients and significantly reduced the reliance on acute in-patient beds. In addition to the above there has been other investment in community provision in the South Eastern Trust that is beginning to have an impact. This includes the development of psychological therapies and new community-based accommodation options such as that in Stream Street, Downpatrick.

3.2 Low Secure Services

The Trust provides 47 Low secure beds in Downshire Hospital. Within the next 6 months the Mental Health programme plans to resettle a further 16-18 people from Low Secure wards on the Downshire site to a supported accommodation facility in the Downpatrick area. This will considerably reduce the long-stay population in the Downshire Hospital. Of the 29-31 patients who will remain, 7 are from the Southern Trust area. The Southern Trust has indicated that it will be developing alternative options for these patients. The majority of the 22-24 remaining patients, who are from the South Eastern Trust area, will continue to need in-patient hospital accommodation.

3.3 Psychiatric Intensive Care (PICU) Services

The Trust currently provides 4 Psychiatric Intensive Care beds in Ward 27, Downshire Hospital. This ward has always had 16 patients in total but 12 of these are Low Secure patients who share the ward with the 4 people who need intensive care. These 12 patients have been in this ward for long periods of time, some for years. This is not an ideal situation. In the future, we feel that it would be desirable to have separate accommodation for the Low Secure and Psychiatric Intensive Care populations.

4.0 Proposals for the future of Psychiatric In-patient Care

The Trusts proposals for the future provision of Psychiatric in-patient care are laid out in paragraph 4.2 below. However, the Trust went through a process of testing a range of possible options before putting forward these proposals. This process is outlined here.

4.1 The Option Appraisal

The decision to propose a preferred option for the site of the single acute in-patient unit was reached following a process called an Option Appraisal. To carry out this appraisal a Project Group was formed consisting of 16 people. This group included a number of service users,

carers and advocates working alongside Consultant medical staff and senior managers from the Trust.

This group considered a range of 7 possible options. Each of these options were discussed in detail. Options 2, 3 and 7 were discounted. These were:

- **Option 2 - Only relocate Acute In-patient Care**
- **Option 3 - Relocate Acute In-patient Care to one location and Low Secure and Psychiatric Intensive Care to another**
- **Option 7 – To build an entirely new facility**

A shortlist of 4 options was agreed and each was scored against a range of “Benefit Criteria”, which were “weighted”, depending on how important the group felt each criterion was.

The Benefit Criteria used were:

- **Clinical Quality** - The Team considered this to be the most important criterion because safe and effective clinical care for patients was of the utmost importance. This criterion was given a weighting of 30.
- **Accessibility and Acceptability** - The Team considered accessibility of services and their acceptability as a significant factor in the choice of a successful option. This criterion was given a weighting of 15.
- **Capacity and Efficiency and Sustainability** - The Team considered that sustainable, efficient, seamless services that can adapt flexibly to changing demand is a significant factor and this criterion was given a weighting of 15.
- **Quality of the Physical Environment** - This involves the suitability, quality and availability of the proposed environment. This is an essential component in maintaining a service and was given a weighting of 20.
- **Speed and Ease of Implementation** - This concerned how easily changes could be implemented with the least degree of disruption to current services. This criterion was given a weighting of 5.
- **Compatibility with Strategic Vision** - A clear strategic vision has been articulated for Mental Health services in Northern Ireland. This is outlined in section 2, above. The Trust sees compatibility with this to be of major importance. This criterion was given a weighting of 15.

The 4 Options were scored out of 10 for each of the benefit criteria and then the weightings were applied. The 4 Options discussed were:

- **Option 1: Keep things as they are at present.** This was quickly dismissed by the Group as doing this would severely limit the Trust's options for improving the service provided. It would also go against the drivers for change outlined in Section 2, above.
- **Option 4: Relocate Acute In-patient Care and PICU to Lagan Valley Hospital, and Low Secure to Downe Hospital.** This was the preferred option. The reasons for this decision are outlined in paragraph 4.2, below.
- **Option 5 - Relocate Acute In-patient Care and PICU to Ulster Hospital Dundonald, and Low Secure to Downe Hospital** The Project Team recognised that the Ulster Hospital site is an attractive option for future inpatient care and PICU services in that it meets strategic direction such as that outlined in "Developing Better Services". However, the team also accepted following analysis that, although there will be very significant capital development on the Ulster Hospital site at least until the year 2015, over the next 5 years there would be no physical capacity for the site to facilitate the strategic development of Mental Health Services.
- **Option 6 - Relocate Acute In-patient Care, PICU and Low Secure Services to a single location at Downe Hospital.** The Project Team recognised that this option was the least accessible alternative for the majority of the population served by the Trust. It would also require considerable new build to accommodate all of the various Mental Health hospital-based services.

How the options were scored is illustrated in Table 1, below.

Benefit Criteria	Weight	Option 1		Option 4		Option 5		Option 6	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
		Maintain Status Quo		Relocate Acute In-patient Care and PICU to Lagan Valley Hospital, and Low Secure Services to Downe Hospital		Relocate Acute In-patient Care and PICU to Ulster Hospital Dundonald, and Low Secure Services to Downe Hospital		Relocate Acute In-patient Care, PICU and Low Secure Services to a single location at Downe Hospital	
Clinical Quality	30	5	150	8	240	9	270	6	180
Accessibility & Acceptability	15	8	120	7	105	6	90	4	60
Capacity & Efficiency & Sustainability	15	5	75	7	105	8	120	6	90
Quality of the Physical Environment	20	6	120	8	160	4	80	4	80
Speed and Ease of Implementation	5	10	50	6	30	2	10	4	20
Compatibility with Strategic Vision	15	3	45	8	120	9	135	8	120
Total	100		560		760		705		550

Table 1- Scoring of the Benefits Criteria

4.2 The Proposed Option

As a result of the option appraisal process, the Trust's proposal is to relocate acute in-patient care and Psychiatric intensive care to Lagan Valley Hospital, and Low Secure to Downe Hospital. The reasons are laid out below.

4.2.1 Acute Psychiatric Care

As already mentioned we are proposing to move from three acute Hospitals to a single 67-bedded facility. This will enable us to develop a centre of excellence for the delivery of acute in-patient services.

It is proposed to locate this facility on the Lagan Valley Hospital site. There are a number of reasons for this:

- Given the geography of the South Eastern Trust area, there is no location that is totally ideal for all areas of the Trust. However, this option locates acute in-patient services in Lisburn city, the largest single population area within the Trust, and is the most accessible option for the large majority of the Trust population.
- During the consultation process the Trust has listened to the views of people who have raised concerns about the accessibility of Lagan Valley Hospital. These concerns have mainly been raised by people living in North Down and the Ards peninsula, and in those areas of Down traditionally served by Downshire Hospital. Particular concern has been expressed by those who live in rural areas and have to use public transport. Concerns centre on additional expense for families and additional travelling time. As a result, the Trust will be considering a range of options to address transport difficulties, the distances and length of time required to access Lagan Valley Hospital and the extra expense for families. The Trust will seek to improve arrangements to facilitate the reducing number of service users and their families.

It should be noted that in 2009/10, 42% of admissions from the North Down and Ards council areas went to Lagan Valley and Downe Hospitals. That represents 145 from a total of 349 admissions. There is already a significant and increasing number of people from this particular area going to units other than the Ulster Hospital for in-patient care.

In the new model of care, all patients, irrespective of where they live, will have greater access to improved local community Mental Health Services at times of mental ill –health. The primary purpose of the Mental Health proposal is to support

more people in their own home at times of crisis and to maintain family supports and familiarity at this crucial time. Recent investment in Mental Health services reflects this policy. As indicated in feedback from members of the public to the consultation proposals, the constant support of family is an important factor to a patient's well-being and care.

The Trust anticipates that fewer people will require hospital admission, admission, when required, will be to a Centre of Excellence and as a result, length of stay for patients will be shorter. Fewer people will be concerned about travel arrangements than is currently the case nevertheless the Trust recognizes the importance of supporting family contact during Hospital admission.

The trust accepts that the Acute Inpatient Proposal will present some travel difficulties for some families and will seek to address this.

- It offers the potential to locate the 4 Psychiatric Intensive Care beds alongside the acute psychiatric wards, which is considered best practice.
- This option is achievable within a reasonable time period and makes maximum efficient use of existing estate and resources. It is the only viable option available to the Trust that offers the accommodation space required without the need for extensive new build, extensions or refurbishment.

4.2.2 Psychiatric Intensive Care (PICU) Services

As described above we would wish to locate PICU in the same facility as acute in-patient services. We believe this will be of considerable benefit to patients who need it. This improvement will be felt most at the point of transfer between the two services as it will entail less upheaval and should be considerably less traumatic for the patient. It will also provide improved continuity of care and greater flexibility in acute bed provision.

4.2.3 Low Secure Services

Moving acute in-patient care to a single site would free up accommodation already designed for psychiatric use in the new Downe hospital. The accommodation for mental health services is purpose built and was commissioned in 2009 taking full account of the specific needs of people with mental health problems.

The current environment within the new Downe hospital is suited to Low Secure accommodation for people who need to "live" in hospital given its modern structure, its location and the fact that it is made up of single en-suite bedrooms. The accommodation is discreetly located within the building and provides space, privacy and security for patients. It has the additional benefit of a safe, enclosed open-air garden directly attached to the ward.

This would offer an improved alternative for South Eastern Trust patients. This proposal for Low Secure accommodation would cause less disruption to these patients (who have lived for some time in Downpatrick) and their families. It would also encourage a stronger rehabilitative focus with seamless linkages to recovery-based community services in the local area.



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Appendix A

EQUALITY IMPACT ASSESSMENT

1.0 SECTION 75 OF THE NORTHERN IRELAND ACT – SCREENING AND EQUALITY IMPACT ASSESSMENT (EQIA)

1.1 Section 75(1) of the Northern Ireland Act 1998 requires South Eastern Health and Social Care Trust, in carrying out its work, to have due regard to the need to promote the 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;
- Between persons with dependents and persons without.

In addition, Section 75(2) requires the Trust to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trust has carried out screening from a Section 75 and Human Rights perspective on the proposals relating to the future of hospital inpatient care and the decision was taken to carry out a full EQIA.

An Equality Impact Assessment (EQIA) is an in-depth study of a policy or decision or proposal to assess the extent of the impact on the Equality of Opportunity for the nine equality categories identified by Section 75 of the Northern Ireland Act 1998. It requires the analysis of both quantitative and qualitative data.

In line with the Equality Commission, 'Guidance for Implementing Section 75 of the Northern Ireland Act 1998' on EQIAs, the Trust has followed the seven designated key steps:

- Defining the aims of the policy/proposal.
- Consideration of available data and research.
- Assessment of impacts.
- Consideration of measures which might mitigate any adverse impact; and alternative policies which might better achieve the promotion of equality of opportunity.
- Consultation.
- Decision by Public Authority and publication of report on results of EQIA.
- Monitoring for adverse impact in the future and publication of the results of such monitoring.

1.2 This consultation document sets out the Trust's assessment in regard to the Equality and Human Rights considerations of the proposals.

The Trust would like to hear from service users, their relatives and advocates, staff and their representatives and any voluntary or community organisation which has an interest in these proposals. In particular, where you have a contrary view to our assessments, we would like to know what that might be and if you have any further suggestions as to how we might mitigate against any of the impacts on our patients, clients or staff, please let us know.

In particular we would like to know if:

- You agree with our assessments regarding the equality and human right considerations of our proposals.
- You agree with our proposed mitigating measures.
- You have any alternatives to our proposals.

1.3 Consultation

This document is being sent to a wide range of organisations and is available in alternative formats if required.

1.4 Next Steps

When the consultation process is concluded the submissions will be considered and submitted to the Trust Board prior to any decisions being made. Each submission arising

from this consultation process will be acknowledged and responded to in full. A full record of the consultation process will be placed on the Trust's website and the final decisions of the Board will be communicated to all who made submissions as part of the consultation process.

2.0 PROPOSALS RELATING TO THE FUTURE OF MENTAL HEALTH SERVICES HOSPITAL INPATIENT CARE

2.1 The Trust's strategic direction has largely been influenced by a number of drivers for change. These include the commissioner strategy and commissioning statement as outlined in the Eastern Health and Social Services Board Strategy for Adult Mental Health Services (2004) and the Commissioning Statement on the Future Provision of Acute Psychiatric Services (2007). Both documents followed the vision outlined within the Bamford Review of Mental Health and Learning Disability (NI) which envisaged that the appropriate development of community based services would reduce the need for admission to hospital and the length of stay for patients. The resultant Bamford action plan (2009-2011) referred to the expectation that continued development of community mental health services should result in a 10% reduction in admissions to acute psychiatric hospitals by 2011. The Priorities for Action document reaffirmed this as a key priority for Health and Social Care Services. As the range of community treatment options continues to expand service users will have more choice in the management of their mental health condition. There is irrefutable evidence provided by organisations such as the National Institute for Mental Health in England that the development of community treatment options is associated with significant reductions in inpatient admissions and that this phenomenon is reflected across the UK.

In view of these facts, the Trust is proposing to move from three acute inpatient hospitals to one. In addition the Trust is proposing to locate its small number of PICU beds alongside this single inpatient provision and to develop a local Low Secure Unit in one of its modern facilities.

An option appraisal for the future provision of hospital inpatient care for people with mental illness in the South Eastern Trust area has been carried out. It outlines the options available and evaluates them against non-financial criteria to establish the optimum way to provide service in the future. The initial appraisal was carried out by

the Project Team which established a list of criteria against which each option would be evaluated. One of the six criterion agreed was Accessibility and Acceptability which included the key feature of enabling the promotion of equality, empowerment, choice, good-relations and human rights considerations.

Consideration of Available Data and Research

- Developing Better Services (DHSSPS 2002)
- Comprehensive Spending Review Document (2008-2011)
- Our Mental Health Services – The Future (November 2008)
- The Bamford Review of Mental Health and Learning Disability (NI) A Strategic Framework for Adult Mental Health Services (June 2005)
- Eastern Health and Social Services Board – The Future Provision of Acute Psychiatric Inpatient Beds Report of the Review Team (ATM Consulting September 2005)

3.0 POPULATION PROFILE

3.1 South Eastern Trust Population – Census 2001 by Gender and Religion within South Eastern Trust Legacy Areas

	UCHT	DLT	SET
Gender			
Male	48.5	49.1	48.8
Female	51.5	50.9	51.2
Religion			
Protestant	81.5	49.1	65.3
Roman Catholic	12.6	47.7	30.1
Not Known	5.9	3.2	4.6

3.2 Profile of Current Staffing in South Eastern Health and Social Care Trust Workforce by Section 75 Groups with comparison as at 1 January 2008 and 2009

Section 75 Group		Workforce Profile as at 1 Jan 2008	Workforce Profile as at 1 Jan 2009	Differential
Gender	Male	2010 (19%)	1945 (18%)	65 (1%)
	Female	8544 (81%)	8692 (82%)	148 (1%)
Religion	Protestant	6588 (62%)	6694 (63%)	106 (1%)
	Roman Catholic	3106 (29%)	3143 (29%)	37
	Not Known	860 (9%)	800 (8%)	60
Age	<18 years	8	5	3
	18-24 years	611 (6%)	682 (6%)	71
	25-30 years	1074 (10%)	1144 (11%)	70
	31-35 years	1352 (13%)	1339 (13%)	13
	36-40 years	1258 (12%)	1237 (12%)	21
	41-45 years	1931 (18%)	1845 (17%)	86
	46-50 years	1626 (15%)	1582 (15%)	44
	51-55 years	1321 (13%)	1354 (13%)	33
	56-60 years	837 (8%)	878 (8%)	41
	61-64 years	360 (3%)	382 (3%)	22
>64 years	176 (2%)	189 (2%)	13	
Political Opinion	No direct information is gathered on political opinion. Council voting patterns have been considered.			

Section 75 Group		Workforce Profile as at 1 Jan 2008	Workforce Profile as at 1 Jan 2009	Differential
Marital Status	Married	5563 (53%)	5749 (54%)	186
	Single	4632 (44%)	4350 (41%)	282
	Divorced	225 (2%)	341 (3%)	116
	Separated	68	99	31
	Widowed	44	73	29
	Other	22	25	3
Dependant Status	As the majority of staff are female and many work part time it is likely that they may have caring responsibility.			
Disability	Yes	537 (5%)	550 (5%)	13
	No and Not Known	10017 (95%)	10087 (95%)	70
Ethnicity	EU	8200 (78%)	8180 (77%)	44
	Non EU	186 (2%)	301 (3%)	115
	Not Known	2168 (20%)	2156 (20%)	12
Sexual Orientation	No direct information is gathered on sexual orientation. Population trends of 10% are assumed for gay, lesbian and bisexual individuals – data source Rainbow Project 2008			

3.3 Profile of Current Staffing with regard to Mental Health Inpatient Care across Ulster Hospital, Downe Hospital and Lagan Valley Hospital

Section 75 Group		Ulster Hospital Ward 27	Downe Hospital	Lagan Valley Hospital
Gender	Male	6 (17%)	11 (33%)	8 (30%)
	Female	30 (83%)	22 (67%)	19 (70%)
Religion	Protestant	21 (59%)	3 (9%)	5 (19%)
	Roman Catholic	12 (33%)	28 (85%)	15 (55%)
	Not Known	3 (8%)	2 (6%)	7 (26%)
Age	16-20	0 (0%)	0 (0%)	0 (0%)
	21-30	6 (17%)	1 (3%)	4 (15%)
	31-40	9 (25%)	12 (37%)	5 (19%)
	41-50	12 (33%)	9 (27%)	12 (44%)
	51-60	7 (19%)	11 (33%)	4 (15%)
	61-65	2 (6%)	0 (0%)	2 (7%)
Political Opinion	No direct information is gathered on political opinion. Council voting patterns have been considered.			

Section 75 Group		Ulster Hospital Ward 27	Downe Hospital	Lagan Valley Hospital
Marital Status	Married	22 (61%)	19 (58%)	16 (59%)
	Single	9 (25%)	13 (39%)	9 (33%)
	Divorced	1 (3%)	1 (3%)	1 (4%)
	Separated	3 (8%)	0 (0%)	0 (0%)
	Widowed	0 (0%)	0 (0%)	0 (0%)
	Other	1 (3%)	0 (0%)	1 (4%)
Dependent Status	As the majority of staff are female and many work part time it is likely that they may have caring responsibility.			
Disability	Yes	0	0	0
	No and Not Known	36 (100%)	33 (100%)	27 (100%)
Ethnicity	EU	36 (100%)	33 (100%)	27 (100%)
	Non EU and Not Known	0 (0%)	0 (0%)	0 (0%)
Sexual Orientation See 3.5.1	No direct information is gathered on sexual information. Population trends of 10% are assumed for gay, lesbian and bisexual individuals. Data source: Rainbow Project.			

3.4 Profile of Current Staffing in Psychiatric Intensive Care (PICU) Services

Section 75 Group		PICU Ward 27 Kilclief Downshire Hospital
Gender	Male	14 (70%)
	Female	6 (30%)
Religion	Protestant	0 (0%)
	Roman Catholic	20 (100%)
	Not Known	0 (0%)
Age	16-20	0 (0%)
	21-30	2 (10%)
	31-40	0 (0%)
	41-50	8 (40%)
	51+	10 (50%)
Political Opinion	No direct information is gathered on political opinion. Council voting patters have been considered.	
Marital Status	Married	14 (70%)
	Single	6 (3%)
	Divorced	0 (0%)
	Separated	0 (0%)
	Widowed	0 (0%)
	Other	0 (0%)
Dependant Status	As the majority of staff are female and many work part time it is likely that they may have caring responsibility.	
Disability	Yes	0
	No and Not Known	20 (100%)
Ethnicity	EU	20 (100%)
	Non EU and	0 (0%)
	Not Known	0 (0%)
Sexual Orientation	No direct information is gathered on sexual information. Population trends of 10% are assumed for gay, lesbian and bisexual individuals.	

3.5 Profile of Low Secure and Continuing Care Services

Section 75 Group		Ward 28/29 Downshire
Gender	Male	1 (5%)
	Female	17 (95%)
Religion	Protestant	0 (0%)
	Roman Catholic	18 (100%)
	Not Known	0 (0%)
Age	16-20	0 (0%)
	21-30	2 (11%)
	31-40	0 (0%)
	41 – 50	7 (39%)
	51 plus	9 (50%)
Political Opinion	No direct information is gathered on political opinion. Council voting patters have been considered.	
Marital Status	Married	14 (78%)
	Single	3 (17%)
	Divorced	1 (5%)
	Separated	0 (0%)
	Widowed	0 (0%)
	Other	0 (0%)
Dependent Status	As the majority of staff are female and many work part time it is likely that they may have caring responsibility.	
Disability	Yes	0 (0%)
	No and	18 (100%)
	Not Known	
Ethnicity See 3.5.1	EU	0 (0%)
	Non EU	18 (100%)
	Not Known	
Sexual Orientation	No direct information is gathered on sexual information. Population trends of 10% are assumed for gay, lesbian and bisexual individuals.	

3.5.1

Section 75 Group	Current Staff in All Mental Health Wards
Ethnicity	White 131 (97%)
	Indians 3 (2%)
	Africans 2 (1%)

3.6 Profile of Users of Inpatient Mental Health Services by Ward January – March 2010

Section 75 Group		Ulster Hospital	Downe Hospital	Lagan Valley Hospital
Gender	Male	18 (39%)	34 (45%)	63 (50%)
	Female	28 (61%)	42 (55%)	64 (50%)
Religion	Protestant	16 (35%)	14 (18%)	27 (21%)
	Roman Catholic	6 (13%)	36 (47%)	26 (21%)
	Not Known	15 (33%)	21 (28%)	62 (49%)
	and Other	9 (19%)	5 (7%)	12 (9%)
Age	16-20	4 (9%)	9 (12%)	9 (7%)
	21-30	9 (19%)	12 (16%)	26 (20%)
	31-40	9 (19%)	16 (22%)	31 (25%)
	41-50	7 (16%)	24 (31%)	32 (25%)
	51-60	6 (13%)	6 (8%)	19 (15%)
	61-65	5 (11%)	4 (5%)	6 (5%)
	66+	6 (13%)	5 (6%)	4 (3%)
Political Opinion	No direct information is gathered on political opinion. Council voting patters have been considered.			
Marital Status	Married	13 (28%)	13 (17%)	28 (22%)
	Single	19 (41%)	40 (53%)	68 (54%)
	Divorced	3 (6%)	4 (5%)	8 (6%)
	Separated	4 (9%)	11 (15%)	9 (7%)
	Widowed	5 (11%)	1 (1%)	3 (2%)
	Other	2 (5%)	7 (9%)	11 (9%)
Dependent Status	The Trust does not routinely gather this information but is not aware of any significant impact..			
Disability	Yes No and Not Known	The Trust does not routinely record this information. Patients are identified as being disabled at least a period of time.		
Ethnicity	EU	42 (91%)	58 (76%)	99 (78%)
	Non EU	4 (9%)	18 (24%)	28 (22%)
	Not Known			
Sexual Orientation	No direct information is gathered on sexual information. Population trends of 10% are assumed for gay, lesbian and bisexual individuals. Data source: Rainbow Project.			

3.7 Profile of Users in Psychiatric Intensive Care (PICU) Services

Section 75 Group		PICU Ward 27 Kilclief Downshire Hospital
Gender	Male	9 (64%)
	Female	5 (36%)
Religion	Protestant	9 (64%)
	Roman Catholic	2 (14%)
	Not Known	3 (22%)
Age	16-20	0 (0%)
	21-30	0 (0%)
	31-40	5 (35%)
	41-50	5 (35%)
	51+	4 (30%)
		0 (0%) 0 (0%)
Political Opinion	No direct information is gathered on political opinion. Council voting patters have been considered.	
Marital Status	Married	0 (0%)
	Single	14 (100%)
	Divorced	0 (0%)
	Separated	0 (0%)
	Widowed	0 (0%)
	Other	0 (0%)
Dependant Status	The Trust does not routinely gather this information but is not aware of any significant impact.	
Disability	Yes No and Not Known	The Trust does not routinely record this information. Patients are identified as being disabled for a period of time
Ethnicity	EU	7 (50%)
	Non EU	7 (50%)
	Not Known	
Sexual Orientation	No direct information is gathered on sexual information. Population trends of 10% are assumed for gay, lesbian and bisexual individuals.	

3.8 Profile of Users of Low Secure and Continuing Care Services

Section 75 Group		Ward 28/29 Downshire
Gender	Male	24(63%)
	Female	14 (37%)
Religion	Protestant	11 (29%)
	Roman Catholic	23 (61%)
	Not Known	4 (10%)
Age	16-20	0 (0%)
	21-30	0 (0%)
	31-40	6 (16%)
	41 – 50	9 (24%)
	51 – 60	9 (24%)
	61-65	7 (18%)
	65+	7 (18%)
Political Opinion	No direct information is gathered on political opinion. Council voting patters have been considered.	
Marital Status	Married	1 (3%)
	Single	30 (79%)
	Divorced	0 (0%)
	Separated	5 (13%)
	Widowed	0 (0%)
	Other	2 (5%)
Dependent Status	The Trust does not routinely gather this information but is not aware of any significant impact.	
Disability	Yes No and Not Known	The Trust does not routinely record this information. Patients are identified as being disabled for a period of time
Ethnicity	EU	12 (32%)
	Non EU	
	Not Known	26 (68%)
Sexual Orientation	No direct information is gathered on sexual information. Population trends of 10% are assumed for gay, lesbian and bisexual individuals.	

3.9 Distances and Travel Times between Ulster Hospital, Downe Hospital, Lagan Valley Hospital

	Distance	Travel Time
Ulster Hospital – Downe Hospital	21.9 miles	31 minutes
Ulster Hospital – Lagan Valley Hospital	16.7 miles	27 minutes
Lagan Valley Hospital – Downe Hospital	20.4 miles	30 minutes

Source –mapquest.co.uk

4.0 CONSIDERATION OF IMPACT

4.1 Assessment of the Impact of the Proposal on Service Users by Section 75 Equality Groups

With regard to the information gathered above, in respect of the nine equality categories the Trust has noted the following in relation to the current population of the South Eastern Trust area and users of Mental Health Inpatient Services. As the proposal has not yet occurred some of the impacts are described as potential.

4.1.1 Between Men and Women Generally

The gender profile for the South Eastern Health and Social Care Trust's population (in accordance with the 2001 Census) was 51.2% female compared with 48.8% male. The gender profile of service users for the Inpatient Mental Health Wards at the Downe Hospital and Lagan Valley Hospital are broadly similar with a higher percentage of female patients in the Ulster Hospital. The gender profile for PICU at Downshire Hospital is 63% male and 36% female. The gender profile for Wards 28 and 29 at Downshire Hospital is 63% male and 37% female.

Therefore a proposal to move away from the Ulster Hospital setting may have a low potential adverse impact on this category. The Trust commits to monitoring for future adverse impact.

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4.1.2 Persons of Different Age

The age profile of users in the three main Mental Health Inpatient Wards shows that approximately 50% of service users are aged between 31-50. However, there is a broad spread of age ranges and the Trust has not identified that any particular age range will experience a potential impact.

In the PICU and Wards 28/29 the age range shows that patients fall in to the over 30 age range. A total of 23 (60%) of patients in Wards 28/29 in Downshire are aged over 50.

The Trust is aware of the ongoing Demographic trends and recognises that the over 65 population will continue to potentially need more care. The Trust is committed to monitoring for any further impact.

4.1.3 Persons with or without a Disability

All patients and service users are identified as being disabled for a period of time. Any proposal should consider the potential for adverse impact on this group. Research indicates that adults with a disability have a higher risk of experiencing poverty and also highlights that disabled people may face particular difficulties when accessing public and social services. The Trust is committed to monitoring for any future impact.

4.1.4 Persons of Different Marital Status

The Trust has identified that the majority of Mental Health service users are single, approx 50%, In addition, approximately 20% of patients are married. Therefore, any proposal may have a potential adverse impact on this group. The Trust is committed to monitoring for any future impact.

4.1.5 Persons of Different Religious Belief

The population profile for South Eastern Health and Social Care Trust in the 2001 Census was as follows. Protestant 65.3%, Roman Catholic 30.1% and not known 4.6%.

The Trust has identified that service users in the Ulster Hospital Wards are 35% Protestant and 13% Roman Catholic. In Downe service users are 18% Protestant and 47% Roman Catholic and in Lagan Valley 21% Protestant and 21% Roman Catholic. In all Wards a high percentage of service users fall into the Not Known or Other categories. The Trust recognises that, due to the nature of the proposals and the possible relocation of services, there may be a potential impact on local communities although travel times and distances to relocated services will still be within acceptable guidelines, Table 3.9. The Trust is committed to monitoring for any future adverse impacts.

4.1.6 Persons with/without Dependents

The Trust does not routinely gather information with regard to service user's dependents. The Trust is aware that patients in the Mental Health Wards are visited by friends and family on a regular basis, travel times and distances to relocated services have been taken into consideration, Table 3.9. The Trust is committed to monitoring for any future adverse impact.

4.1.7 Persons of Different Political Opinion

This information is not routinely monitored by the Trust but data shows that 82.6% of seats on Ards Borough Council are held by Unionist Parties, and 66% of seats of North Down Borough Council are held by Unionist Parties.

A total of 20% of seats on Down District council are held by Unionist Parties and 60% by Nationalist Parties.

A majority of 66% of seats on Lisburn City Council are held by Unionist Parties and 23% by Nationalist Parties.

Therefore it can be assumed that a proposal to change services at the Ulster and Lagan Valley may have a potential impact on the Unionist community and any change to services at the Downe Hospital may have a potential impact on the Nationalist community. The Trust is committed to monitoring for any future impact.

4.1.8 Persons of Different Racial Group

The Trust has identified that the majority of patients in the Mental Health Inpatient Wards are from the EU and has not identified any potential impact on this group. However, the Trust recognises the increasing diversity of its population and is committed to monitoring for any future potential impact.

The Trust spends significant resources in ensuring its services are accessible by the whole community. When necessary, provision is made for telephone and face to face interpreting services to be made available via the Northern Ireland Regional Interpreting Service and approved providers. Similarly, the Trust translates information into a range of formats for those whose first language is not English

4.1.9 Persons of Different Sexual Orientation

This information is not routinely monitored by the Trust but research indicates that 10% of the population may be lesbian, gay or bisexual. There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation. The Trust is

committed to monitoring for any future adverse impact.

5.0 ASSESSMENT OF IMPACT OF PROPOSAL ON STAFF BY SECTION 75 GROUPS

5.1 Between Men and Women Generally

The gender profile for the South Eastern Health and Social Care Trust workforce was 82% female compared with 18% male. These percentages are broadly reflected in all the inpatient wards with exception of Ward 27, Kilclief which has a staffing ratio of 70% male, 30% female. The Trust acknowledges this may have a potential adverse impact and undertakes to monitor this figure. However the number is relatively small and measures will be in place to mitigate and monitor potential impact.

5.2 Persons of Different Age

The age profile for Ward 12 LVH, MIPU Downe and Ward 27 Ulster Hospital is reflected in the age profile of staff within the whole of the South Eastern Trust. The age profile of staff within ward 28/29 Downshire and Ward 27 Kilclief is slightly older with a majority of staff being aged over 41 years of age. Therefore any proposal should consider the potential for adverse impact on this group.

5.3 Persons with or without a Disability

Within the South Eastern Trust 5% of staff have reported disability. Within the wards identified no staff have reported a disability but the Trust recognises that there is an under-reporting of disability by staff. The Trust does not anticipate that this proposal will have an adverse impact on staff with a disability but undertakes to monitor this issue.

5.4 Persons of different Marital Status

Available figures indicate that 61% of staff in Ward 27 Ulster Hospital, 58% MIPU in Downe and 59% of staff in Ward 12 LVH are married. A total of 70% in Ward 27 Kilclief and 78% in Ward 27/28 Downshire are married. Across the South Eastern Trust 54% of staff are married. These figures suggest that any changes to Mental Health Inpatient provision may have a slightly bigger impact on married staff than those who are single. The Trust is committed to monitoring for any future impact.

5.5 Persons of different Religious Belief

Staff within the South Eastern Trust are 63% Protestant, 29% Roman Catholic and 8% recorded as their religious belief being unknown. These figures indicate that there may be a potential impact on staff who work in MIPU Downe who are recorded as 85% Roman Catholic, Ward 27 Kilclief who are recorded as 100% Roman Catholic, Downshire and Ward 27/28 Downshire where 100% of staff are Roman Catholic. The Trust is committed to monitoring this impact as the proposal is consulted on.

5.6 Persons with or without Dependents

The Trust does not record whether or not staff have dependents but is aware of possible caring obligations associated with part-time female employees. As the majority of staff of the identified wards are female any proposal should consider the potential for adverse impact on this group. The Trust is committed to monitoring for any future impact.

5.7 Persons of Different Political Opinion

The Trust does not routinely record the political opinion of its staff. In the absence of comprehensive data the Trust has relied on local Government information. Therefore it can be assured that a proposal to changes services at the Ulster and Lagan Valley may have potential impact on the Unionist community and any change to services at the Downe Hospital may have a potential impact on the Nationalist Community. The Trust undertakes to monitor this potential impact.

5.8 Persons of a Different Racial Group

Available figures for the South Eastern Trust show that 77% of the current workforce is from an EU background, 3% from a non-EU background and 20% not known. Of the wards identified no staff have indicated that they are from outside the EU. The Trust commits to continuing to monitor this for potential impact.

5.9 Persons of Different Sexual Orientation

The Trust does not record the sexual orientation of its staff. Population trends of 10% are assumed for gay, lesbian and bisexual individuals. There is no evidence to suggest that the proposed changes will have an adverse impact on employees as a result of their sexual orientation. The Trust is committed to monitoring for any future impact.

6.0 CONSIDERATION OF MEASURES TO MITIGATE ANY ADVERSE IMPACTS

This is defined by the Equality Commission as measures which mitigate any adverse impact and the introduction of alternative policies which might better adhere to the promotion of equality of opportunity.

The Trust has carried out an equality screening exercise and EQIA to assess the impact of the proposals on the future of Mental Health Inpatient Care.

Information was gathered and analysed with respect to the users and staff within the relevant wards at Downe Hospital, Lagan Valley Hospital and the Ulster Hospital. As the proposal has not yet occurred impacts can be described as potential. The Trust has identified that, depending on the preferred option, there may be potential low impact on staff and service users from some of the nine equality categories.

Option 1: Maintain the Status Quo

Continue to provide acute in-patient treatment at three locations across the Trust. Maintain continuing care and PICU provision on Downshire Hospital site. This option serves as a baseline against which the others can be assessed.

As this is the current provision there is no potential adverse impact on any of the nine Equality Categories.

Option 4: Relocate Acute In-Patient Care and PICU to Lagan Valley Hospital and Low Secure Services to Downe Hospital

Move acute inpatient care from the current three locations to a single location at Lagan Valley Hospital. Co-locate PICU with acute inpatient care at the new single location. Move low secure services to a single site at the Downe Hospital.

The Trust has identified that this option may have a potential impact on service users and staff in the following categories: gender, religious belief and political opinion.

Option 5: Relocate Acute In-patient Care and PICU to Ulster Hospital Dundonald, and Low Secure Services to Downe Hospital

Move acute in-patient care from the current three locations to a single location at Ulster Hospital, Dundonald. Co-locate PICU with acute in-patient care at the new single location. Move low secure services to a single site at Downe Hospital.

The Trust has identified that this option may have a potential impact on service users and staff in the following categories: religious belief and political opinion.

Option 6: Relocate Acute In-patient Care, PICU and Low Secure Services to a single location at Downe Hospital

Move acute in-patient care from the current three locations to a single location at Downe Hospital. Co-locate PICU and low secure services with acute in-patient care at the new single location.

The Trust has identified that this option may have a potential impact on service users and staff in the following categories: gender, religious belief and political opinion.

6.1 Service Users

The Trust has identified a number of measures to mitigate these potential adverse impacts for service users including:

- The proposal will enable long stay patients to be given individual assessment of their needs.
- The proposals will impact on a fewer number of people due to the restructured provision of inpatient care.
- Due to increased provision of care in community setting there will be a reduced number of admissions to the acute wards.
- The proposals will enable the Trust to reduce the length of stay for acute patients.
- The reduction in length of stay will result in patients spending less time away from home and less time in the hospital setting.
- Patients will have better access to community mental health services.
- The Trust will be able to access alternatives to inpatient admission including community mental health services.
- The proposals are being independently validated by an external expert. Joyce Parkinson from the Pennine Acute Hospital NHS Trust will be carrying out this audit during June 2010.

- The Trust will consult with users, their families and carers to identify the best possible resettlement arrangements.

6.2 Staff

The Trust has identified the following mitigating measures with regard to staff.

- The Trust recognises that this proposal may impact on staff in terms of relocation to a new work site, reduction in the overall numbers of posts and redeployment to a different post and new role.
- The Trust will carry out one to one discussions with staff members who may experience impact.
- The Trust will take into account staff preferences for possible redeployment.
- The Trust has kept staff informed of the direction the proposals are taking.
- The Trust has carried out initial conversations with staff side representatives and will work in partnership with them to assess the potential impact.
- Service users and carers representatives were an integral part of the option appraisal process.
- The Trust will discuss retraining opportunities with all affected staff.
- The Trust will identify all vacancies which may be appropriate for affected staff.
- The Trust will monitor the rate at which it is able to meet deployment requests from staff.
- Staff transferring to new locations may be eligible for excess travel allowance paid at public mileage rate for a period of 4 years from the date of transfer to their new location. The eligibility for this will be reviewed on transfer.

6.3 Disability Discrimination

The Trust has not identified that any of the proposal will in any way discourage disabled people from participating in public life.

The Trust will work towards encouraging and promoting positive attitudes towards disabled people.

When the Trust is aware of a patient with a disability, services are put in place to accommodate their needs and this will continue to be the case.

The Trust will collate and monitor future data including:

Number of admissions by Ward

Length of stay in hospital

Numbers of people who receive mental health services in the community

Complaints/Compliments

Discharge data

6.4 Human Rights

The Trust has identified that the options for this proposal will have either a positive or a neutral human rights impact due to the modernised specialist service which will be provided to users of the mental health service. The Trust will keep this under review and ensure any interference is balanced and proportionate to the needs of the general community which we serve.

The proposal in general will allow patients and clients who have mental health issues to remain in their own home and their own communities for as long as possible thereby supporting their Article 8 rights.

However, due to the reprovizion of services some patients, relatives and carers and staff may experience additional travel distances and timings as follows:

	Distance	Travel Time
Ulster Hospital – Downe Hospital	21.9 miles	31 minutes
Ulster Hospital – Lagan Valley Hospital	16.7 miles	27 minutes
Lagan Valley Hospital – Downe Hospital	20.4 miles	30 minutes

Source –mapquest.co.uk

However this is not seen as a major impact. Patients and their relatives for whom this may cause financial hardship may be able to make an application for support with travelling expenses.

Staff transferring to new locations may be eligible for excess travel allowance paid at public mileage rate for a period of 4 years from the date of transfer to their new location. The eligibility for this will be reviewed on transfer.

Conclusion

The Trust will work with management, staff and staff side to mitigate any potential adverse effects as a consequence of the implementation of this proposal. The completion of and consultation on the EQIA is evidence of the Trust's commitment to ensuring that it actively addresses its equality, human rights, good relations and disability obligations.

7.0 CONSULTATION

7.1 What do you think?

This document sets out the Trust plans for optimising Mental Health Inpatient Care within the South Eastern Trust.

It contains a lot of information and we understand that you may have questions on the detail. To this end the Trust will organise a number of public consultation meetings at a variety of venues across the Trust. The Trust will advise of the locations and dates of these meetings and the meetings will be attended by Senior Managers from the Trust. These meetings will be as informal as possible and we will try to address any of your concerns.

7.2 Even if you cannot attend any of these consultation meetings your views are very important to us. You can send your comments to the Trust by a variety of means such as:

- in writing
- by email
- by telephone
- by textphone
- by fax
- via our website

7.3 Additional copies of this document are available from the South Eastern Health and Social Care Trusts website by clicking on Involving You. Please return your response by 27th August 2010 to:

Hugh McCaughey
Chief Executive
South Eastern Health and Social Care Trust
c/o Programme Management Office
Ground Floor
Trust Headquarters
Ulster Hospital
Dundonald

BT16 1RH

Telephone: 028 90564733

Textphone: 028 91510137

The consultation on the proposals will last from 4th June 2010 to 27th August 2010.

7.4 This document is available on request in a range of alternative formats including:

- Large font
- Audiocassette
- Braille
- Computer disc
- Minority ethnic languages
- Easy-read
- DAISY
- Electronic version

If you would like an alternative format please contact:

Julie-Anne Eccles

Equality and Human Rights Department

South Eastern Health and Social Care Trust

3 Church Street

Newtownards

BT23 4AN

Telephone: (028) 9151 2169

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Glossary of Terms

Adverse Impact

A group under Section 75 has been affected differently by a policy and the effect is less favourable.

Differential Impact

A group under Section 75 has been affected differently by a policy. This affect could either be favourable or unfavourable.

EQIA – Equality Impact Assessment

An assessment of equality implications carried out according to guidance issued by the Equality Commission for Northern Ireland.

Policy Screening

A procedure carried out using the four screening questions issued by the Equality Commission for Northern Ireland. The procedure informs the likelihood of a policy being subject to an Equality Impact Assessment.

TSN – Targeting Social Need

A Government policy to ensure that resources are targeted at those most in need, using objective data and criteria.