Southern Health and Social Care Trust

Proposal for the Future of Stroke Services, Dementia and Hospital Services for Older People

An Equality Impact Assessment

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

Consultation from 12th June 2014 until 31st October 2014

This document can be made available on request in alternative formats e.g. easy-read, electronic version, Braille, computer disc, audiocassette, large font, DAISY, and in other languages to meet the needs of those who are not fluent in English – see contact details on page 6.

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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 reconfiguration of stroke services, dementia and hospital services for older people.

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 documents relating to the following proposed service changes: -

- Development of a specialised Stroke Unit (for acute stroke care and rehabilitation stroke care) at Craigavon Area Hospital
- Relocation of Dementia Assessment Inpatient Care from the Gillis Unit in Armagh to a new build on the Craigavon Area Hospital site
- Future provision of rehabilitation and assessment beds from non-acute hospitals sites to Craigavon Area Hospital

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; and
- between persons with dependants and persons without.

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

The Equality Commission for Northern Ireland (ECNI) approved the Trust's new Equality Scheme in August 2011. The Trust's Equality Scheme 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 new 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.

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 stroke services, dementia and hospital services for older people.

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. A copy of the equality screening, this EQIA and a consultation report are available on the Trust's website www.southerntrust.hscni.net/consultations

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

In keeping with paragraph 3.2.11 of 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 20 week formal Consultation process commencing 12th June 2014 until 31st October 2014.

Due to consultation taking place over the Summer period the Trust made a decision to extend the usual 12 week consultation period to ensure we can consult as widely as possible with all interested persons on these proposals as well as targeting our consultation at those directly affected. 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.

The Trust has pre consulted with a wide range of stakeholders during January to June 2014 in view of the strategic importance of these proposals. Details of our pre-consultation engagement are available on the Trust's website.

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, telephoning, faxing. (This list is not intended to be exhaustive).

All enquiries regarding this EQIA should be directed to:

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Alternative Formats

This document and the Trust's Equality Scheme can be made available on request in alternative formats e.g. easy-read, electronic version, Braille, computer disc, audiocassette, large font, DAISY, and in other languages to meet the needs of those who are not fluent in English – see contact details above.

3.0 Background to the Proposal

'Transforming Your Care' the regional strategic review of the delivery of health and social care services across Northern Ireland sets out key proposals for change across a range of service areas including acute or 'hospital' care. The review outlines the reasons why the health and social care system needs to change, based on evidence of what are the most effective models of service. It promotes a model for integrated health and social care and identifies how a focus on prevention, earlier interventions, and the promotion of personalised care could enable more services to be provided in the community, closer to people's homes where possible.

In making this decisions following public consultation on the direction set out in 'Transforming Your Care', the Minister has supported the Trust's hospital model which maintains two acute hospitals, working as a network, with on-going development of services across that network to meet the needs of patients and to comply with good standards of care.

In responding to the Minister's decisions, the Trust has developed an implementation strategy called 'Changing for a Better Future 2013 – 2015' which was agreed at our Trust Board meeting in March 2013. This strategy is clear that while major acute hospital services would continue at both Craigavon and Daisy Hill Hospitals, planned changes in new community and primary care services should lead to a reduction in the number of inpatient beds in acute and non-acute hospitals. This includes considering how we can improve inpatient stroke services and dementia services.

Why do we need to change?

People are living longer, and we can all celebrate the added years of living that so many are enjoying. Information is now widely available that describes the changing make-up of our local population, including the rising number of older people. We need to change the way we provide our services for older people if we are to address these priorities, fill the gaps in services and achieve the best possible outcomes for individuals and for our communities.

The Trust is committed to supporting older people to live as long as possible in their own homes, living independent lives and supporting them to choose how their needs are met.

We want to ensure that when older people need hospital care, it is because their needs cannot be met in their home or local community. This will mean they will be able to access care in a hospital environment that is high quality and delivered in an appropriate setting with access to a range of professional staff and services, including necessary diagnostics, specialist knowledge and treatment.

The Southern Trust ageing population places an even greater demand on the service delivery and will drive demand for services in the future. This is one of the key drivers to the changes we are proposing for the future of hospital services for older people.

The growing prevalence of dementia and the growing number of patients who will be diagnosed with dementia who may also have several other conditions which will need to be managed by appropriately trained staff has led to the necessity to review our current service model to ensure that there is safe and available access to hospital care for people with dementia.

The Trust wants to ensure that inpatient services operate within an appropriate care environment and integrated pathway model of dementia care in which our community and hospital based staff work together to deliver the best possible care and treatment for people with dementia in line with Regional Strategy.

The Trust also wishes to improve the outcome of patients who have had a stroke. To do this, we have considered the Sentinel Stroke National Audit Programme (SSNAP) which aims to improve stroke care by measuring the quality of Stroke Services against evidence based standards alongside recent National Stroke Guidelines established by the Royal College of Physicians which recommends that after coming to the Emergency Department for assessment/treatment all patients seen with a suspected stroke should be transferred directly to a specialised “Hyper-Acute” stroke unit. In line with these guidelines we propose the creation of a specialised Stroke unit at Craigavon Area Hospital.

4.0 Aim of the Proposals

The Trust's current hospital network provides inpatient acute care in Craigavon and Daisy Hill. Non-acute care, where patients are receiving rehabilitation or need regular monitoring when they are no longer acutely ill, is provided in Loane House, South Tyrone Hospital and Lurgan Hospital.

Patients admitted to our acute hospitals will have the support of teams of specialist staff and access to a range of diagnostic services, such as CT and MRI scans, and 24 hour pharmacy and laboratory support. In Loane House and Lurgan Hospital, which are small stand-alone units which have a combined total of 96 beds, it is simply not possible to provide the same access to timely care on these sites, as a patient at Daisy Hill or Craigavon would expect. Medical cover is also limited at evenings and weekends.

Providing different levels of care to patients, simply on the basis of age, is not how we want to deliver hospital care in the future. We are therefore proposing to provide future non-acute hospital beds from Loane House and Lurgan Hospital in a new purpose built centre at Craigavon Area Hospital. As well as improving access and linkages with acute services, this would enable us to meet new standards and provide environments necessary to support the care expected by patients, carers and their families.

Patients are admitted to the Gillis Memory Centre for specialist assessment and treatment of dementia and complex psychiatric/behavioural difficulties, often with other acute medical problems, they need a range of support to allow the individual to either return home or arrange a future placement. In providing a future model for dementia services in line with the Dementia Strategy NI, the Trust wants to further develop assessment services in the community and enhance multidisciplinary inputs to dementia inpatients. The proposals would require the establishment of a Community Intensive Support Team to provide a key link between community and inpatient services and provide additional support to independent sector providers. We are proposing to relocate inpatient beds from Gillis Memory Centre to a new build on the Craigavon Hospital site to improve the physical ward environment for patients with dementia; to enhance out of hours and in hours medical cover; and to provide better access to other psychiatric and medical services, including diagnostic and treatment.

The Trust wants to modernise stroke care to better comply with the latest medical evidence. We have considered recommendations from the Sentinel Stroke National Audit Programme (SSNAP) and standards set out in the Acute Stroke Pathway (NICE) and National Clinical Guidelines for Stroke (Royal College of Physicians). We are proposing that following treatment within Emergency Departments, patients will be moved to a specialist Stroke Unit within Craigavon Area Hospital, which would be dedicated to giving stroke patients every support to make the best possible recovery. Specialist community based stroke teams will continue to work with patients once they leave hospital to continue their rehabilitation at home.

Identification of Groups Affected by this

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

- Current patients, their families, relatives, visitors/carers, independent advocates, community and voluntary sector, independent sector
- Current staff employed in stroke services, dementia assessment and non-acute hospitals and related areas and Trade Unions
- Potential future services users from the resident population within the Southern area

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 form the following sources:

- Transforming Your Care – A Review of Health and Social Care in NI – December 2011
- NI Executive's Programme for Government 2011-15 a four year Programme published by the OFDFM
- NI Executive Economic Strategy, NI Executive - January 2011
- Southern Health Economy Population Plan 2012/13-2014/15 and Beyond – Changing for a Better Future 2013-2015
- Trust Delivery Plan 2013/14
- Southern Area Local Commissioning Plan 2013/14
- A Healthier Future (Regional Strategy 2005-2025)
- Northern Ireland Statistics and Research Agency(NISRA)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2011 Census of Population (Northern Ireland)
- Electoral Register – voting patterns May 2011
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- Equality Commission for NI – Composite Report – Emerging Workforce Trends 5 HSC Trusts
- Available data in respect of each of the Section 75 groupings for service users and staff
- Quality 2020 : A 10 Year Strategy to Protect and Improve Quality in HSC in NI
- NHS Improvement Plan Supporting People with Long Term Conditions 2007
- The Bamford Review, A Strategic Framework for Adult Mental Health Services. (2005)
- Independent Review of Health and Social Care Services in Northern Ireland (2005), Professor John Appleby.
- Key strategies such as "Caring for People Beyond Tomorrow", DHSSPS, June 2004
- A demographic portrait of Northern Ireland: some implications for public policy Research and Library Service Research Paper, Northern Ireland Assembly 2011
- Sentinel Stroke National Audit Programme (SSNAP).
- Dementia Strategy for Northern Ireland 2011
- National Clinical Guidelines for Stroke (Royal College of Physicians)
- RQIA Inspection Reports
- Kings Fund "Older People and Emergency Bed Use: Exploring Variation" (August 2012)
- Royal College of Physicians 'Future Hospital Commission: Caring for Medical Patients' (September 2013)

This list is not exhaustive.

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

Section 75 Group	Trust's Area Population Profile (Population of 358,034)	Percentage
Gender	Female Male	**50.36** **49.64**
Religion	Protestant Roman Catholic Other	**39.15** **56.69** **4.16**
Political Opinion	Not collected	
Age	0-15 16-24 25-44 45-64 65-84 85+	**22.73** **12.25** **28.45** **23.40** **11.69** **1.48**
Marital Status	Single Married Other	**34.99** **50.24** **14.77**
Dependent Status (based on 131,129 households)	Households with dependent children.	**37.39**
Disability (based on 131,129 households)	Households with one or more persons with a limiting long term illness	**40.57**
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Group Black Other Asian Other White Other	**0.11** **0.01** **0.01** **0.22** **0.17** **0.15** **0.07** **0.29** **0.10** **0.20** **98.51** **0.16**
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 181,086 of the NI population and 35,803 of the Southern Trust Area i.e. possibly 1 in 10 in terms of clientele/service users – data source Rainbow Project July 2008.	

Population Projections for SHSCT (2007–2017)

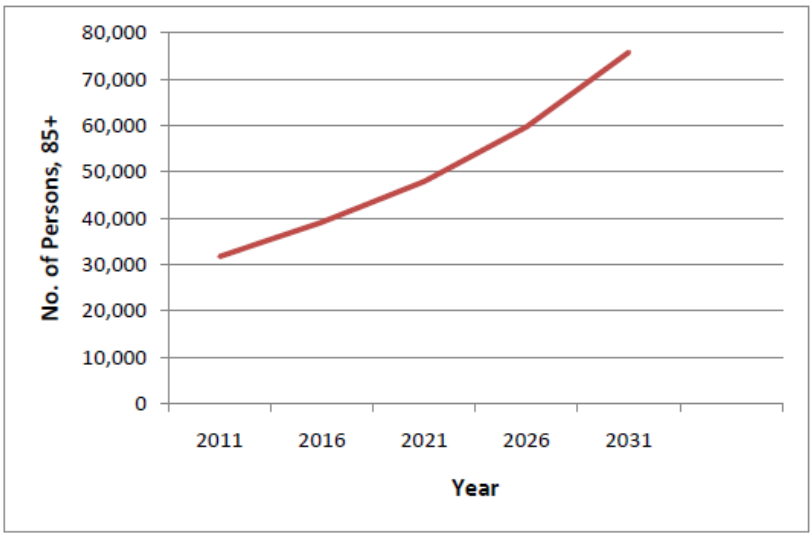
Projected Population – SHSCT							
	2007	**2009**	**2011**	**2013**	**2015**	**2017**	**2007-2017**
0-4	22 200 (6.8%)	22 200 (6.7%)	22 500 (6.7%)	22 800 (6.7%)	23 100 (6.7%)	23 500 (6.7%)	+1 300 (+5.9%)
5-19	72 600 (22.2%)	71 300 (21.5%)	70 000 (20.8%)	69 000 (20.2%)	68 500 (19.8%)	68 300 (19.4%)	-4 300 (-5.9%)
20-64	190 100 (58%)	193 600 (58.3%)	197 100 (58.5%)	199 400 (58.4%)	201 600 (58.2%)	203 900 (58%)	+13 800 (+7.3%)
65-74	23 900 (7.3%)	25 200 (7.6%)	26 600 (7.9%)	28 200 (8.3%)	29 800 (8.6%)	31 000 (8.8%)	+7 100 (+29.7%)
75-84	14 400 (4.4%)	15 000 (4.5%)	15 600 (4.6%)	16 500 (4.8%)	17 300 (5.0%)	18 100 (5.2%)	+3 700 (+25.7%)
85+	4 500 (1.4%)	4 900 (1.5%)	5 300 (1.6%)	5 700 (1.7%)	6 100 (1.8%)	6 500 (1.9%)	+2 000 (+44.4%)
All Ages	327 600	332 200	336 900	341 600	346 400	351 300	+23 700 (+7.23%)

Source: NISRA (Southern Health and Social Services Board population estimates)
**These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns.*

The table above indicates that the SHSCT population is expected to increase by 7.23% by 2017 (an increase of 23,700 people).

Tables below are taken from Research and Library Service Research Paper, Northern Ireland Assembly, 2011

Chart 6: Northern Ireland Population Projections for those aged 85 +, 2011 – 2031.



During the period 2001 – 2011, Northern Ireland had the fastest growing population of any UK region. Population growth over the past decade, however, has not been evenly spread. The largest percentage increases have occurred in the pension age population (60+/65+, 17.7 per cent), with the number of those aged 85+ growing by over a third (35.4 per cent). These trends are expected to continue in the coming decade. Between 2011– 2021, the number of persons 85+ is expected to increase by half (51.1 per cent) to 47,900. By 2031, the 85+ population is projected to reach 75,800, or 3.8 per cent of the total population. The median age is projected to reach 37.0 years in 2011, 38.8 years in 2021 and 41.9 years in 2031.

Profile of Service Users

Section 75 Group	Profile of Service Users	Percentage		
		Stroke[1]	Dementia	Non Acute[2]
Gender	Female Male	**48%** **52%**	**48%** **52%**	**62%** **38%**
Religion	Protestant Roman Catholic Other No religion Not Known	**39%** **49%** **2%** **4%** **6%**	**50%** **29%** **21%**	**53%** **38%** **2%** **2%** **5%**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**Not collected**	**Not collected**	**Not collected**
Age	0-15 16-24 25-44 45-64 65+	**0.5%** **0.5%** **4%** **19%** **76%**	**0** **0** **0** **3%** **97%**	**0** **0** **0** **6** **94%**
Marital Status	Single Married Divorced Widowed Separated Common Law Not Known	**13%** **49%** **2%** **30%** **2%** **1%** **3%**	**21%** **29%** **0** **0** **0** **0** **50%**	**12%** **34%** **4%** **46%** **2%** **0%** **2%**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not Known	**Not collected**	**Not collected**	**Not collected**
Disability	Yes No Not Known	**Not collected**	**100%**	**Not collected**
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino	**Not collected**	**100% white. However there is a high level of BME groups within the Trust population**	**Not collected**

	Black Other White Not Known			
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/ Not Known	**Not Available**	**Not Available**	**Not collected**

1 **Figures are based on number of stroke inpatient admissions for Craigavon Area Hospital and Daisy Hill Hospital between 1/4/2013-31/3/14.**

2 **Figures are based on inpatient admissions for South Tyrone Hospital and Lurgan Hospital between 1/4/2013-31/3/14**

6.0 Assessment of Impact on Current Service Users 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 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 re the future provision/configuration of services. In line with the Trust's Management of Change Framework staff and Trade Unions will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

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 2011

	Armagh	Dungannon	Craigavon	Banbridge	Newry & Mourne
DUP	4	6	9	5	1
UUP	6	4	6	7	3
SDLP	5	3	2	2	9
Sinn Fein	6	8	8	2	14
Independent	1	1	0	0	3
Alliance	0	0	1	1	0
Green	0	0	0	0	0
UKIP	0	0	0	0	0

NB: By proxy both main communities will be affected by the proposed reconfiguration of stroke services.

Dependency Status – Whilst not collected, under the proposed centralisation model for stroke services and the relocation of dementia services and the future provision of rehabilitation and assessment beds on non acute hospitals service users, family, relatives, carers, etc. may have to incur further travel distances and journey times which may impact on the regularity of visits and potential loss of contact during longer periods of hospitalisation and rehabilitation. The proposed reorganisation of stroke services on the Craigavon Area Hospital site allows for Newry and Mourne patients to receive their

rehabilitation care at Daisy Hill Hospital from day 16 under the care of a Consultant Geriatrician, thus reducing the impact on dependents having to travel.

Sexual Orientation – Whilst no direct information is gathered on sexual orientation, population trends estimate that 5-7% 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 current patients and population.

Gender - The gender profile of current service users is as noted in the table above (Stroke 52% Female and 48% Male, Dementia 48% Female and 52% Male, Non-Acute 56% Female and 44% Male). In Northern Ireland life expectancy increased between 2002-2009 from 74.5 to 76.1 years for men and from 79.6 to 81.1 years for women. Female life expectancy has consistently been higher than that for males (Source Compton Review TYC).

Religion – The table 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 centralisation will impact upon both main communities living in the Armagh and Craigavon areas, more so the Roman Catholic community living in the Newry/Mourne and Dungannon areas and Protestants in the Banbridge area by virtue of the community make up.

NB: All patients 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) [18.48]	(79.37) [81.52]	(2.64)

	Religious Composition (%)		
	Catholic	Protestant	Other
Southern Trust	(56.69) [59.15]	(39.15) [40.85]	(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 and that there are large numbers of Polish, Portuguese, Lithuanian, Chinese, Indian communities, as well as increasing numbers of from East Timor, (but not exclusively) living within its jurisdiction. Any specific cultural needs will be addressed in the proposed new service model. As with religion – see above - the proposed centralisation 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.

Disability – All stroke patients may have a level of disability dependent on the severity of the stroke and speed of intervention. As stated the service user group is not static and is forever changing. However in the dementia client group and by the nature of this dementia service all have a disability.

It is estimated that between 17-21% of the NI population have a disability, affecting 37% of households compared to 40.57% of households in the Southern Trust. 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%. The Trust is committed to monitoring for any future adverse impact should this proposal go ahead.

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. The Trust is committed to monitoring for any adverse impact. With the aging population comes the prelevance of dementia. Given the nature of the service the majority of service users are 65 years and over however research has shown that there is a an increase in the number of under 65 years of age developing dementia. It is noted that 80% of stroke patients are aged 65 years and older.

Marital Status – The future location of stroke services proposed should pay due regard to the fact patients are dependent on regular contact/visits from husbands/partners, family and friends – see correlation with dependants who may have further to travel and the potential for loss of contact during hospital stays and longer periods of rehabilitation. The Trust is committed to monitoring for any future adverse impact.

7.0 Mitigation of Impact on Service Users

The Southern Health and Social Care Trust is committed to continually improving the quality of its services. This proposal has been developed as part of the on-going implementation of Transforming Your Care (TYC).

The assessment has found that that the proposal to relocate **inpatient dementia care** from Armagh to Craigavon has the potential to impact on all future service users of both genders and age in particular those over 65 on the grounds of disability, given the prevalence of disability and correlation with age. As regard religion and political opinion both main communities are potentially affected by the relocation of this service from Armagh to Craigavon.

However, as this is a Trust wide service and will continue to be a Trust wide service this proposal will support the continuing needs for a level of dementia inpatient assessment services. It is proposed to relocate the service to better accommodation which meets current standards for providing a dementia service. It also provides the Trust with the opportunity to remodel its service and provide improved access to services and working arrangements between acute, older peoples, psychiatry of old age services and community services. It is expected that this will reduce the need for admission to inpatient care and that enhance local access.

The assessment on **non-acute hospital inpatient services** has found that that the proposal to relocate beds from Loane House, South Tyrone Hospital and Lurgan Hospital to Craigavon Area Hospital has the potential to impact on all future service users of both genders and age in particular those over 65 on the grounds of disability, given the prevalence of disability and correlation with age. As regard religion and political opinion both main communities are potentially affected by the relocation of this service from Lurgan and South Tyrone Hospitals to Craigavon Area Hospital.

The proposals for hospital services for older people would provide for new purpose-built accommodation for the provision of assessment and rehabilitation beds on the Craigavon Area Hospital site which will meet new standards and provide environments necessary to support the care expected by patients, carers and their families. It will improve access to hospital services for older people requiring an inpatient stay, meaning less transfers between hospital sites, which will include access to diagnostics, acute geriatric services and a range of specialist services, including psychiatry of old age. It will also improve access to consultant and senior medical staff in hours and out of hours which will improve patient outcomes. The centralisation of beds will lead to improved working arrangements between acute and rehabilitation services, with improved staff cover arrangements and opportunities for enhanced learning and understanding. Through continued development of community services it is expected that local access to care options will be enhanced and there will be fewer admissions into inpatient care.

Similarly, proposals for the **development of a specialist stroke unit** would ensure that access to appropriate medical staff and services are available at all times. This will ensure that stroke patients get the vital specialist acute rehabilitation required to give them the best chance of recovery.

Patients who have suffered a stroke will always get immediate diagnosis and emergency

treatment, including thrombolysis 'clot-busting drugs' where this is clinically appropriate at both of our Emergency Departments in Daisy Hill Hospital and Craigavon Area Hospital. Patients from the Newry and Mourne area would be able to receive rehabilitation care at Daisy Hill Hospital from day 16 under the care of the Geriatrician if this was required.

The SSNAP Audit Reports indicate that the Southern Trust needs to change where and how we use our specialist stroke staff in order to better comply with SSNAP Guidelines and ensure Stroke patients receive the highest quality medical care in hospital when they need it. To maximise the level of Nursing and Allied Health Professional input for stroke patients and to achieve the standards set by SSNAP we need to consolidate and focus these skills and promote more integrated working across Acute and Rehabilitation Stroke teams.

Best medical practice states that MRI scanning should be available for ongoing clinical management of stroke patients, meaning that all diagnostic tests that could be required for the acute phase of care (MRI and CT scanning) would be provided on the Craigavon Area Hospital site.

It is recognised that these proposals will mean increased travel time for some people. For all health and social care services there is a challenge in relation to seeking to ensure accessibility while maintaining standards of best practice. In an area as large as that covered by the Southern Trust, it remains a constant challenge to provide equality of access. Part of the rationale for having centralised other services in the past has been to ensure that facilities are appropriate for the service which is being delivered and to ensure that accessibility is maximised for the local population. These proposals take these factors into account and have considered the importance of good road networks and public transport links to improve physical accessibility. To mitigate the impact of these proposals on travel time, the Trust would plan to:

- Work with our partners to explore other transport options to help support families and carers who have difficulty accessing transport to Craigavon Area Hospital, particularly those living in rural areas.

- Raise awareness of arrangements that already exist where families, who are in receipt of Means Tested Benefits, will be able to claim the equivalent of public transport costs of travelling to the hospital. The Trust would raise awareness of this by including advice in information circulated to those being admitted to hospital.

8.0 Assessment of Impact on Current Staffing

The Trust has used both quantitative (statistical) and qualitative (staff surveys) 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, Payroll, Travel and Subsistence System (HRPTS).
- The Trust's Equal Opportunities Monitoring System.
- Northern Ireland Statistics and Research Agency (NISRA).
- 2011 Census of Population (Northern Ireland)
- Equality Screening – Transforming Your Care – Strategic Implementation Plan
- Article 55 Review Report
- ECNI Composite Report – Emerging Workforce Trends across 5 HSC Trusts
- ECNI Monitoring Reports
- Previous staff consultations

Profile of Trust Staff

The following tables show the:

- Profile of the Trust's total workforce by Section 75 groups as at January 2014.
- Profile of the current staff employed in stroke services and related service** areas

**as above

Profile of Current Staffing in the Southern Health and Social Care Trust by Section 75 - as at 1 January 2014

Section 75 Group	*Total Trust Workforce Profile as at 1 January 2014*	*Percentage*
Gender	Female Male	**86.54** **13.46**
Religion	Protestant Roman Catholic Not Known	**39.74** **55.21** **5.05**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**9.04** **8.37** **5.75** **76.84**
Age	16-24 25-34 35-44 45-54 55-64 65+	**4.85** **24.24** **24.08** **28.05** **16.33** **2.44**
Marital Status	Single Married Not Known	**26.87** **66.32** **6.81**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not Known	**25.42** **74.58**
Disability	Yes No Not Known	**1.95** **77.70** **20.35**
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino Black Other White Not Known	**0.11** **0.00** **0.01** **0.06** **0.58** **0.03** **0.14** **0.15** **0.28** **0.01** **79.65** **19.98**
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**40.08** **0.46** **0.03** **59.43**

** The Trust is mindful that the prevalence of disability amongst its workforce may be unreported.*

Profile of current staff affected by the proposals

Stroke, Non Acute and Dementia Proposals

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Gender	Female Male	**94.4** **5.6**
Religion	Protestant Roman Catholic Not Known	**37.6** **60.2** **2.2**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**8.6** **6.1** **5.3** **79.9**
Age	16-24 25-34 35-44 45-54 55-64 65+	**4.7** **15.3** **22.0** **37.3** **18.1** **2.5**
Marital Status	Single Married Not Known	**22.0** **73.5** **4.5**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None/Not Known	**27.0** **73.0**
Disability	Yes No Not Known	**1.4** **71.6** **27.0**
Ethnicity	Black African Bangladeshi Black Caribbean Chinese Indian Irish Traveller Pakistani Mixed Ethnic Filipino Black Other White Not Known	**0** **0** **0** **0.3** **1.7** **0** **0** **0** **1.4** **0** **66.3** **30.4**
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**35.1** **0** **0** **64.9**

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.

With regards to the information provided in the tables on pages 11-25 the assessment of impact identified potential for differential impact with regard to the following S75 categories: gender, age, disability and dependants by virtue of the makeup/profile of existing staff.

Gender – Historically the gender composition within health and social care has been predominately female**.** The gender profile of staff potentially affected by this proposal is 94.4% female and 5.6% male which is a higher % spilt in favour of females when compared to the overall workforce - 86.54% female and 13.46% male. The Trust is also mindful of the dependency/caring obligations associated with its 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 the table on page 23 the religious profile of staff employed within stroke and related services is 37.6% Protestant, 60.2% Roman Catholic and 2.2% Not Known – which is broadly reflective of the overall workforce composition as at 1st January 2014 i.e. 39.74% Protestant, 55.21% Roman Catholic and 5.05% Not Known.

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. 66.3%, 1.7% Indian, 1.4% Filipino, 0.3% Chinese, and 30.4% Not Known. There is no evidence to suggest that the

proposed centralisation of stroke services will 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.

Disability – Available figures indicate that a small number of staff have a disability i.e. 1.4%. The Trust is mindful that the prevalence of disability is generally under-reported amongst its workplace. The proposed centralisation will take into account the needs of staff with regard to any reasonable adjustments in line with the Trust's Management of Change Framework and Disability Action Plan and related employment policy and practice. The Trust is committed to monitoring for any future adverse impact and will honour its obligations with regard to the Disability Discrimination Act 1995 and the need for reasonable adjustments in the workplace for staff likely to be affected.

Age – The majority of staff potentially affected by the proposed centralisation of stroke services are within the 45-54 age group i.e. 37.3% - an older age profile when compared to the overall workforce profile for this age group i.e. 28.05%. The Trust is committed to monitoring for any adverse impact and will manage any staffing issues in line with the Trust's Management of Change Framework.

Marital Status – The majority of staff potentially affected by the proposed centralisation of stroke services are married i.e. 73.5% - a higher percentage when compared to the overall workforce composition i.e. 66.32%. 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. 27% of staff potentially affected have declared that they have caring responsibilities.

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 and negotiation with 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 so that every possible effort can be made to avoid compulsory redundancies, to retain valuable skills and experience within the Trust and to minimise costs and provide value for money i.e. a balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies. A key goal of no compulsory redundancy will be maintained given flexibility of staff. As such staff should give 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 20 week period commencing 12th June 2014 until 31st October 2014 on the proposed changes for stroke services, inpatient dementia care and hospital services for older people 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 http://www.southerntrust.hscni.net, however we will accept comments in any format.

All responses regarding this EQIA process should be directed to:

Mrs Lynda Gordon
Head of Equality Assurance Unit
Southern Health and Social Care Trust
The Hill Building
St Luke's Hospital Site
ARMAGH
Co Armagh
BT61 7NQ

Tel: 028 3741 2643
E-mail: lynda.gordon@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 www.southerntrust.hscni.net

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 these proposals 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

Proposal for the Future of Stroke Services, Dementia Inpatient Care and Hospital Services for Older People in the Southern HSC Trust

Section 75 and Schedule 9
The Northern Ireland Act 1998

Consultation Questionnaire

The aim of this consultation is to obtain views from stakeholders in Northern Ireland on the proposal for the future of stroke services, inpatient dementia care and hospital services for older people in the Southern HSC Trust. The Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 31st October 2014 and we need to receive your completed questionnaire on or before that date. You can also respond to the consultation document by e-mail, letter or fax by forwarding your response to:

Mrs Lynda Gordon, Head of Equality Assurance Unit
First Floor, Hill Building, St Luke's Site,
Loughgall Road, Armagh, BT61 7NQ
Tel: 028 3741 2643
E-mail: lynda.gordon@southerntrust.hscni.net

Before you submit your response, please read the Appendix 2 at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name: Ben Harris

Position: Policy Officer

Organisation: The Commissioner for Older People for Northern Ireland

Address: 7-9 Shaftesbury Square, Belfast, BT2 7DP

I am responding: as an individual ☐ on behalf of an organisation ☑

(please tick)

Do you agree with the screening outcome? *(In this instance the screening outcome was to progress to a Full Equality Impact Assessment and public consultation)*

YES ☑ **NO** ☐

If no, please comment:

The Commissioner agrees with the screening outcome as a full public consultation and Equality Impact Assessment process will help improve the quality of these proposals and their compliance with section 75 legislation by enlisting the views of stakeholders.

Q.1 Is there any additional relevant evidence or information which the Trust should consider in assessing the equality impacts of this proposal?

It is important to ensure that a wide cross-section of the community has an opportunity to comment and provide information to the Trust before the decision making process has been completed.

The Trust should therefore proactively engage with community, statutory and voluntary groups involved in the provision of care to older people generally and in particular relevant groups within the Southern Trust area.

In the absence of a formal list of consultees the Trust must ensure that there is meaningful consultation with all relevant groups and that evidence and information provided by these groups is given due weight and consideration by decision makers.

Q.2 Are there any other potential differential/adverse impacts which might occur as a result of this proposal being implemented? If so, please provide some supporting evidence for why you think this and also who might be affected e.g. service users, carers and/or staff etc

The EQIA impact report provided data on the Southern Trust population as well as the profile breakdown relating to service users and staff affected.

The EQIA impact clearly indicates that there are high numbers of older people who will be affected by any change to current services. 97% of service users receiving assessment/treatment for Dementia are aged 65+. In addition, the projected increase for the over 65 population is from 63,688 to 80,521 over the next ten years. It follows that the number of older people attending facilities within the Southern Trust for treatment/assessment will increase over the next ten year period.

It is therefore of critical importance that any proposed measures take into account these changing demographics and the Trust must put in place measures that will mitigate the potential adverse impact on these older people. In particular, the impact of removing older people from Gillis Unit in Armagh to a new site in Craigavon should be considered carefully and any decision to remove older people should only be carried out after active and participatory consultation with older people and their families in conjunction with best medical practice and individual needs assessment.

Similarly, the proportion of older people using Non Acute services at Loane House, South Tyrone Hospital and Lurgan Hospital is in excess of 94%. The removal of these services will have a potential adverse impact on the older people who make up the bulk of the service users in these particular medical facilities. The decision making process regarding the proposed relocation of these services should only be completed once real and meaningful consultation has taken place with older people and their families. The opinions of the older people potentially affected should be given appropriate weight and consideration during this process.

The proposed measures may also have an effect on the carers of older people receiving treatment within the Trust. The proportion of older carers i.e those aged over 60 has increased from 33,267 to almost 50,000 in Northern Ireland between 2001 and 2011.[1] The majority of older carers care for their spouse/ partner.[2]

As the majority of older carers care for their spouse/partner it is fair to expect that a significant number of older carers will be impacted by these proposals as they will have increased distances to travel to visit or to facilitate hospital appointments. This will have a greater impact on those older carers reliant on public transport in addition to those older carers in receipt of means tested benefits and the increased financial impact that travelling further distances will have.

The specific impact on older carers is one that the Trust should consider in more detail in conjunction with the impact on relatives of patients being cared for in the proposed new facility.

1. http://www.ninis2.nisra.gov.uk/Public/Home.aspx
2. 'Supporting Older Carers: Examining the reasons for the low level of uptake of Carers Assessments by Older Carers in Northern Ireland' – COPNI 2014

Q.3 Can you suggest any other mitigating measures the Trust could take to remove or minimise any potential adverse impact on service users/carers/staff etc?

The Trust should take steps to ensure a greater uptake of carers' assessments by older carers. This assessment process can provide an opportunity for the older carer to talk to a social care professional and to advise on what help or support is needed.

The assessment process may highlight the areas where older carers are in need of additional support and can assist the Trust to adequately address these deficits and provide meaningful assistance and support to carers.

This process can also provide the Trust with a valuable opportunity to clearly outline what level of support is available and may also flag up areas of deficit within the level of service provided to older carers.

The presence of an effective communication and information campaign on the costs of travel and the entitlements of some older carers to re-imbursement may allay concerns of some older carers. Information should be disseminated in a clear, user friendly and easy to understand format.

Q.4 Are there any human rights implications the Trust should take into consideration?

The Trust should primarily take into consideration Art.8 of the European Convention on Human Rights (ECHR) namely right to respect for private and family life.

The Trust should ensure that their proposals respect an older persons (i.e a patient's) right to establish and maintain relationships. In these circumstances the Trust's proposals should not unduly impact on the older person's familial relationships and friendships. This particular right needs to be adequately considered when assessing the increased distances that patients, visitors, carers and family members will need to travel to access the proposed new hospital facility.

Additionally, the Trust should consider the UN Principles for Older Persons[3] when completing the final decision making process. The Principles outline that in relation to 'Care' older persons should benefit from family and community care protection in accordance with each society's system of cultural values and older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

3. Resolution 46/91 UN Principles for Older Persons

The need to appropriately balance the Art 8 ECHR rights of older people in conjunction with the Care Principles from the UN Principles for Older Persons is a balance that must be undertaken in earnest, methodically and ultimately with great care to ensure that the interests of the older people affected by these proposals are promoted and safeguarded.

Q.5 Are there any other measures the Trust could take to promote equality of opportunity?

The Trust may wish to form a patient forum group to discuss the implications of the consultation proposals. Such a group should consist of a representative mix of the service users/ patients to include an appropriate number of older people.

This group or a similar body should canvas opinion of current and former service users to ensure that the opinions and views of older people in particular are heard and considered during this ongoing consultation process.

Q.6 Are there any other measures the Trust could take to promote good relations?

The Trust should ensure that the consultation process involves as wide and varied a group of respondents as possible. An active engagement process which engages with a range of voluntary, community and statutory groups which adheres to best practice principles is essential.

Q.7 Are there any further ways in which the policy proposal might further encourage the participation of disabled people to participate in public life and what else could be done to promote positive attitudes?

The Equality Impact Assessment indicates that all stroke patients may consequently have a level of disability. The EQIA impact report also confirms that in excess of 76% of stroke patients are older people.

Specific consultation and engagement could be undertaken with this particular category of patient to ensure that their specific and particular needs are addressed and considered within the consultation process. Active and participatory engagement with charitable, voluntary and community groups working with stroke patients would also provide an increased level of information regarding the needs of these particular older patients.

Q.8 Are there any general comments you would wish to make?

The Commissioner welcomes the opportunity to respond to the Trust's consultation process and re-iterates the need to ensure that there is meaningful, active and participatory engagement with older people by decision makers.

The ultimate goal of safeguarding and promoting the interests of older people should be placed at the heart of the final decision making process.

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE

APPENDIX 2

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Trust will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Trust can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Trust in this case. This right of access to information includes information provided in response to a consultation. The Trust cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Trust should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Trust's functions and it would not otherwise be provided;

- the Trust should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and

- acceptance by the Trust of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see the website at: **http://www.ico.org.uk/**).

APPENDIX 3

G L O S S A R Y

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 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.

Augmented care – Critical Care (An Augmented Care Period may be defined as a period of time within a consultant episode during which a patient requires close observation and intervention by additional, specially trained staff using medical equipment not routinely available on general hospital wards).

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 and Human Rights 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 through 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, 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.