



Western Health
and Social Care Trust

MAKING CHOICES: Proposed Changes to the Provision of Statutory Residential Care in the Western Health and Social Care Trust

An Equality Impact Assessment

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

Consultation from 7th August 2015 until 30th October 2015

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 8.

Contents

1.0	Introduction	3
2.0	Statutory Context Section 75 NI Act 1998.....	4
3.0	Background to the Proposal	9
4.0	Ministerial Commitment.....	10
5.0	Aim of the Proposals	11
6.0	Consideration of Available Data and Research Data Sources.....	15
6.0	Assessment of Impact on Current Service Users by Section 75 Equality Groups.....	20
8.0	Mitigation of Impact on Service Users	24
8.1	Mitigating measures for potential residents’ living in the general population	25
8.0	Assessment of Impact on Current Staffing	28
10.0	Assessment of Impact on Current Staff by Section 75 Equality Groups	31
12.0	Formal Consultation	35
13.0	Decision/Recommendation of Trust Board and Publication of Report on Results of this EQIA.....	36
14.0	Monitoring for Adverse Impact in the Future and Publication of the Result of such Monitoring	37
	APPENDIX 1.....	38
	APPENDIX 2.....	44
	APPENDIX 3.....	45

1.0 Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Western Health and Social Care Trust (WHSCT) to assess the impact of the changes outlined within the Trust's Consultation Document – 'Proposed Changes to the Provision of Statutory Residential Care for Older People'.

An EQIA is a thorough 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. The EQIA also considers the human rights impacts on the proposal for the future of residential care for older people.

This EQIA should be read in conjunction with the Trust's accompanying consultation document on the 'Proposed Changes to the Provision of Statutory Residential Care for Older People' – which is also available on the Trust's website or by contacting:

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The Trust's EQIA is to be read in conjunction with the Health and Social Care Board's previous consultation document 'Making Choices: Meeting the Current and Future Accommodation Needs of Older People' – Proposed Criteria for Change – November 2013'.

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 is particularly mindful of Articles 8 i.e. the right to respect for private and family life as regards this particular proposal and Article 3 of the Human Rights Act in the context of considering proposals for the future of statutory residential care for older people and will ensure that respect of Human Rights is at the core of its day to day work and is reflected as an integral part of its decision making processes.

The Trust is also mindful of its obligation under the UN Convention on the Rights of Persons with Disabilities in particular Article 19 e.g. the right to independent living – see Disability Duties below. Further, the Trust is also mindful of the need to consider the UN Principles for Older Persons in its day to day work and in its decision making process. The UN 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.

The Trust will take into account the Good Practice Guidelines produced by the HSCB on the Management and Reconfiguration of Statutory Residential Homes as well as the feedback received from the age sector in response to the Board's consultation on Making Choices: Meeting the current and future accommodation needs of older people.

The Trust will also draw on the experiences of the recent Human Rights enquiry into Emergency Health – launched May 2015 which recommended the need for an operational human rights based approach to emergency care. The Trust will look to see how the proposed set of values for emergency health care (to be developed by a working group) can translate to other areas of the service. These values will be explicitly grounded in the principles of participation, accountability, non-discrimination, empowerment and legality.

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 Proposed Changes to the Future Provision of Statutory Residential Care for Older People.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) – The Trust will also take into account the principles enshrined in the UNCRPD in its decision making processes. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

UNCRPD Article 19 Right to Independent Living and being included in the community – The Trust is also mindful of its obligation under Article 12 of the UNCRPD. State Parties to this Convention recognize the equal rights of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- ◆ Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

- ◆ Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- ◆ Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

EQIA Process

In keeping with the commitments in its Equality Scheme, the Trust carried out an equality screening in relation to this proposal. The screening outcome was to progress to a full EQIA. A copy of the Equality Screening Template can be made available upon request. This EQIA and an accompanying consultation report are available on the Trust’s website www.Westerntrust.hscni.net/consultations

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

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

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

Key Stages of the EQIA

Key Stage	Description	Page
1	Defining the aims of the Policy	11
2	Consideration of available data and research	15-16
3	Assessment of impacts	20 & 31
4	Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity	24 & 33
5	Consultation	35
6	Decision/recommendation by the Public Authority and publication of report on Results of Equality Impact Assessment	36
7	Monitoring for adverse impact in the future and publication of the results of such monitoring	37

In keeping with paragraph 3.2.10 of the Western Trust Equality Scheme “...***in making any decision with respect to this proposal, the Trust will take into account any assessment and consultation carried out in relation to this proposal***”.

Consultation

This EQIA and accompanying consultation document are available as part of a 12 week formal Consultation process commencing 7th August 2015 until 30th October 2015.

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 as set out below:

- Regional pre-consultation event took place on 8th June 2015 with representation from the Western Trust and attendees invited to attend include:
 - Commissioner for Older People Northern Ireland
 - Age NI
 - Equality Commission
 - Patient & Client council
 - Age Sector Platform
- The Trust circulated information to residents and displayed same information in each of the Statutory Residential Care Homes for families, carers and friends to let them know of Health & Social Care Board meeting (on 19th May) and advised then of an invitation to attend if they wished.
- Progress update regarding proposals provided to Homes prior to meeting on the 19th May
- Following the decision made at the Health & Social Care Board Meeting on 19th May 2015, the Trust issued correspondence to each of the Statutory Residential Care Home Managers to advise of the decision.
- All residents in each home received a letter from F Mc Andrews HSCB on the 20th May regarding decisions relating to each residential home and the next steps
- Letter from the Minister of Health, Simon Hamilton, was issued to each of the residents on 27th May 2015

The Trust has developed a detailed communications plan and will continue to engage with local stakeholders on the proposed changes to the provision of statutory residential care for older people.

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).

As stated at the outset of this EQIA **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.**

All enquiries regarding this EQIA should be directed to:

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Alternative Formats

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 above.

3.0 Background to the Proposal

The Health & Social Care Review Report *Transforming Your Care (TYC)* was published in December 2011. The Report set out a compelling case for change in the light of demographic projections for Northern Ireland and strong evidence that fundamental change is necessary if we are to be able to meet future demand for health and social care services.

The *Transforming Your Care: Vision to Action* consultation document was issued on 9th October 2012. One of the major themes in *Transforming Your Care: Vision to Action* is making the home the ‘hub’ of care for older people. Overwhelmingly people tell us that they would rather stay in their own home with the right support so that they can be as independent as possible for as long as possible.

The Western Health and Social Care Trust’s (the Trust) strategic direction is focused on supporting older people to live independently in their own homes where possible. In recognition of the growing ageing population in the Western Health Economy, future provision of services will increasingly be modelled with a preventative focus to promote independence and improve wellbeing. An independent living ethos will be created, where services are delivered within a person’s own home or as close to it as possible.

The balance of provision between the statutory and independent sectors will shift to achieve better value for money and to respond to demographic pressures. The Trust will continue to promote the opportunities presented by personalised budgets and self-directed support as a means by which services users meet their care needs.

The preferred future model for people who require residential support will be through a range of provision methods and as part of this, the Trust will work with Supporting People Partnership/Ni Housing Executive to develop schemes specifically for older people.

On the 29th November 2013 the Health & Social Care Board commenced a public consultation on the proposed criteria for evaluating the future role and function of statutory residential homes for older people. The consultation closed on 7th March 2014 and the final criteria were published in June 2014. Following Health & Social Care Board approval, the Trust was required to apply the criteria to the 4 residential care homes for older people in the Western area and subsequently make proposals, within the context of the Western Local Commissioning Groups needs assessment, for change to the Health & Social Care Board to consider. At its most recent public meeting on 19th May 2015, the Health & Social Care Board approved the recommendation that the Trust proceed to consult on proposals for change. Consequently the Western Trust has developed a local consultation paper, which is due to commence on 7th August 2015 until 30th October 2015.

The Health Minister, Simon Hamilton, in his letter to residents at the end of May 2015, re-iterated his commitment that any residents currently residing in statutory residential care homes would not be required to leave their home if they don’t want to, providing their current home is able to safely meet their needs.

The Trust is happy to honour this commitment to its permanent residents.

4.0 Ministerial Commitment

On 16th April 2014, the Minister made a further commitment to the current permanent residents within statutory residential homes that they would be able to remain in their existing home for as long as they wish and as long as their care needs could be appropriately addressed.

In a communication to Statutory Homes on 5th September 2014 from the Health & Social Care Board, it was stated that:

“The Health & Social Care Board has endorsed the Minister’s announcement ensuring that current permanent residents are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.

Only in the circumstance that there are no permanent residents and the Trust has thoroughly evaluated potential alternative uses for a home and ruled them out, could a proposal for closure be made.”

More recently the current Minister for Health, Simon Hamilton, in his letter to residents at the end of May 2015 re-iterated his commitment that any residents currently residing in statutory residential care homes would not be required to leave their home if they don’t want to, providing their current home is able to safely meet their needs.

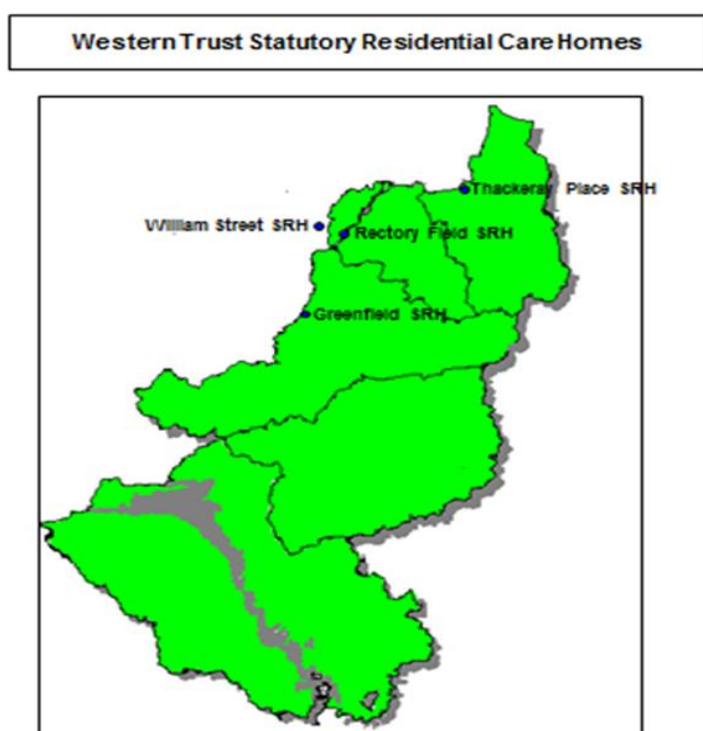
5.0 Aim of the Proposals

Current provision

As of the 25th May 2015, the Western Trust currently provides 63 permanent places to people over 65 years within its four Statutory Residential Homes which are located in:

- Thackeray Place Residential Home, Limavady;
- Greenfield Residential Home, Strabane;
- Rectory Field Residential Home, Waterside, L'Derry;
- William Street Residential Home, Cityside, L'Derry

Figure 1: Current Location of Statutory Residential Homes within Western Area



The underpinning policy aim of the proposal is to ensure we continue to improve and change the way services are provided to older people, we will continue to work with others including older people, their carers and others who have a key role in supporting improved choice and access to alternative services (e.g. Supporting People).

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 to be cared for in an alternative setting, it is because their needs cannot be met in their home or local community.

The pattern of statutory residential care has been changing for many years. In the last five years, 3 statutory residential care homes for older people in the Western Trust have closed. Where the change has been made, very few people would argue for a return to the previous model of care. Residents and their families / carers as well as staff have been involved in the planning. The Trusts have considered their views, and residents have moved to other accommodation such as supported housing and independent sector residential care homes. In many cases this has allowed Trusts to plan and develop other facilities that meet people's needs in a different way.

The main reasons for the change in demand for residential care include:

- Expectations of older people have changed over recent years;
- Alternative services available;
- Trend in demand for residential care is declining;
- No new statutory residential care homes for older people have been built since the early 1980s and many require on-going maintenance works, structural repairs and refurbishment.

The Trust proposes the following:

1. Thackeray Place Statutory Residential Care Home will remain open and continue to accept admissions due to the current lack of alternative provision at present.
2. Greenfield Statutory Residential Care Home will remain open and continue to accept admissions due to current lack of alternative provision at present.
3. Rectory Field Statutory Residential Care Home should cease admissions and as a result this Home will eventually close. The Home will continue to function for as long as it can meet the needs of current residents.
4. William Street Statutory Residential Care Home should cease admissions and as a result this Home will eventually close. The Home will continue to function for as long as it can meet the needs of current residents.

Identification of Groups Affected

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

- Potential future services users from the resident population within the Western area
- Current staff employed in Thackeray Place, Greenfield, Rectory Field and William Street Residential Care Homes.

In line with the Minister for Health's statement above, current permanent residents will be able to remain in their existing home for as long as they wish and their care needs can be met.

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 they think of the Trust's proposals and we are keen to involve these groups specifically in the process.

We would like to hear your views as they are very important to us.

The views of our staff are also important to us.

The Trust has developed a robust communication plan to ensure that the views of internal and external stakeholders are facilitated in this consultation process.

The Trust will carefully consider all responses received and will take the views of consultees into account in making any final recommendations/decisions regarding the proposal for the future of statutory residential care for older people living in its geographical area.

This consultation runs from 7th August 2015 to 30th October 2015.

How to respond is covered in Section 12, page 36 of this document.

6.0 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. Data on older people who currently live in statutory residential care homes within the Trust's area was collected and analysed, data on the wider population trends i.e. those who might need care in the future as well as data on staff currently working in the Trust's Residential Care Homes was also analysed.

In conducting this EQIA, the Trust took into account data and research findings from 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
- ◆ Trust Delivery Plan 2014/15
- ◆ Western Area Local Commissioning Plan 2014/15
- ◆ 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)
- ◆ 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
- ◆ A demographic portrait of Northern Ireland: some implications for public policy Research and Library Service Research Paper, Northern Ireland Assembly 2011
- ◆ RQIA Inspection Reports
- ◆ Human Rights Act
- ◆ The Right Time, The Right Place – Donaldson Review – December 2014
- ◆ Health & Social Care Board: Making Choices, Meeting the current and future accommodation needs of older people – Post Consultation Report Feedback, Responses and Final Criteria (June 2014)
- ◆ Health & Social Care Board Making Choices: Proposals for Change to the Future role and function of statutory residential care homes for older people (November 2013)
- ◆ Qualitative research reports from the Community & Voluntary Sector
- ◆ NI Assembly Budget Settlement
- ◆ DHSSPSNI Budget 2015/16
- ◆ DHSS - Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014

- ◆ Transforming Your Care, December 2011
- ◆ DHSSPS Who Cares? The Future of Adult Care and Support in NI”
- ◆ ECNI Guide on Section 75 and Budgets
- ◆ Care Principles from the UN Principles for Older Persons
- ◆ UN Convention on the Rights of Persons with Disabilities
- ◆ NIHRC Investigation : ‘In Defence of Dignity’ - The Human Rights of Older People in Nursing Homes – March 2012
- ◆ NIHRC Enquiry into Emergency Health Care – May 2015 – which recommends an operational human rights based approach to emergency care
- ◆ Forthcoming Goods, Facilities and Services anti-discrimination in relation to age
- ◆ HSCB – Review of Good Practice in the Management of Reconfiguration of Statutory Residential Care – June 2013
- ◆ Rainbow Project, Age NI: Making this my Home: Making Nursing and Residential More Inclusive for Older Lesbian, Gay, Bisexual or Transgender People (2011)
- ◆ Carers NI: Facts about carers in NI (2011)
- ◆ Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, ‘See Me, hear me, know me (2014)
- ◆ Trust’s Redeployment and Redundancy Policy
- ◆ Trust’s Equality Scheme which incorporates the Trusts Human Rights obligations and disability duties.
- ◆ Consultation Scheme – Personal and Public Involvement Statutory requirements
- ◆ Trust’s - Themed Inequalities Audit
- ◆ Trust Equal Opportunities policy
- ◆ Trust’s Annual Monitoring Returns to the ECNI
- ◆ Trust’s Article 55 Review Report – highlighting workforce composition and trends
- ◆ Trust Recruitment and Selection Policy
- ◆ Trust Work Life Balance Policy
- ◆ Trust Disability Policy and Guidelines for Managers on reasonable adjustments in the workplace.

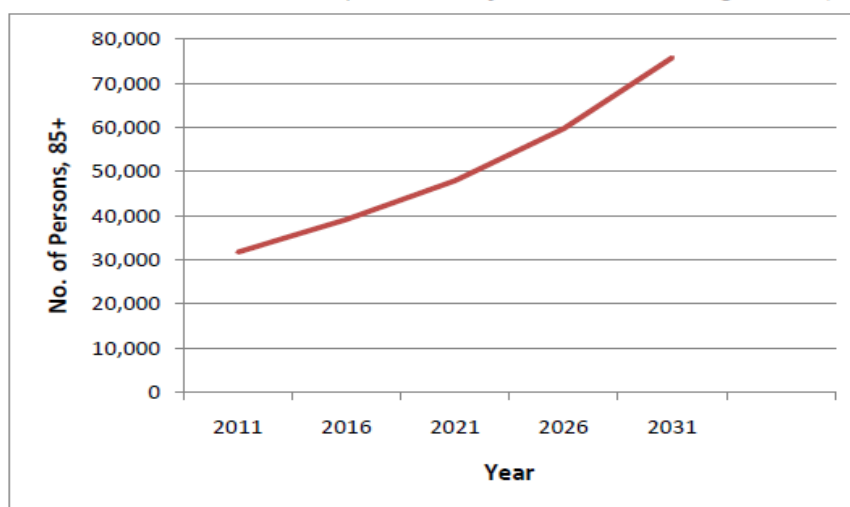
This list is not exhaustive.

Profile of Western Health and Social Care Trust Population - 2011 Census

Section 75 Group	Trust's Area Population Profile (Population of 294,417)	Percentage
Gender	Female	50.39
	Male	49.61
Religion	Protestant	26.70
	Roman Catholic	62.16
	Other	0.50
	No Religion	4.14
	Not Stated	6.50
Political Opinion	Not collected	
Age	0-14	20.59
	15-24	14.16
	25-44	27.62
	45-64	24.51
	65-84	11.68
	85+	1.43
Marital Status	Single	38.18
	Married	46.46
	Other	15.36
Dependent Status (based on 109,206 households)	Households with dependent children.	36.65
Disability (based on 131,129 households)	Households with one or more persons with a limiting long term illness	44.15
Ethnicity	Black African	0.04
	Bangladeshi	0.01
	Black Caribbean	0.02
	Chinese	0.17
	Indian	0.3
	Irish Traveller	0.09
	Pakistani	0.03
	Mixed Ethnic Group	0.25
	Black Other	0.02
	Asian Other	0.16
	White	98.81
	Other	0.1
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 181,086 of the NI population and 29,441 of the Western Trust Area i.e. possibly 1 in 10 in terms of clientele/service users – data source Rainbow Project July 2008.	

Table below is 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.

Population Projections for WHSCT (2008–2018)

Population Projection - WHSCT														
	2008		2010		2012		2014		2016		2018		2008-2018	
0-4	19,894	6.8%	20,795	7.1%	21,315	7.2%	20,768	7.0%	20,227	6.8%	19,931	6.6%	37	0.2%
5-19	64,490	22.1%	62,275	21.2%	61,220	20.6%	60,565	20.3%	60,280	20.1%	59,808	19.9%	-4,682	-7.3%
20-64	172,191	58.9%	173,381	58.9%	173,716	58.6%	173,795	58.3%	173,540	57.9%	173,427	57.6%	1,236	0.7%
65-74	20,175	6.9%	21,613	7.3%	23,153	7.8%	24,598	8.3%	26,154	8.7%	27,225	9.0%	7,050	34.9%
75-84	11,762	4.0%	12,163	4.1%	12,780	4.3%	13,469	4.5%	14,125	4.7%	15,077	5.0%	3,315	28.2%
85+	3,841	1.3%	4,094	1.4%	4,426	1.5%	4,822	1.6%	5,259	1.8%	5,761	1.9%	1,920	50.0%
All Ages	292,353	100.0%	294,321	100.0%	296,610	100.0%	298,017	100.0%	299,585	100.0%	301,229	100.0%	8,876	3.0%

Source: NISRA (Western Health and Social Services Trust 2012 based population projections)

**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 WHSCT population is expected to increase by 3.0% by 2018 (an increase of 8,876 people).

Profile of Resident Population as at 18th May 2015

Section 75 Group	Category	% Across existing 4 homes	% Across proposed homes that will eventually close (Rectory Field, William St.)	% Across proposed remaining homes (Thackeray, Greenfield)
Gender	Female	53%	70%	43%
	Male	47%	30%	57%
Religion	Roman Catholic	60%	73%	51%
	Protestant	38%	24%	47%
	Other	2%	3%	2%
Racial Group	White	99%	97%	100%
	Not Known	1%	3%	0
Disability	With level of disability	100%	100%	100%
Age	Aged under 64	0	0	0
	Aged 65–69 years	1%	0	1%
	Aged 70-84 years	49%	43%	54%
	Aged over 85 years	50%	57%	45%
Marital Status	Married	3%	3%	2%
	Unmarried	97%	97%	98%
	Other	0	0	0
TOTAL NUMBER OF RESIDENTS & REGULAR SERVICE USERS		77	30	47

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

Whilst the Trust has included a combined analysis of all 4 homes and the 2 homes potentially affected (by the Trust's proposals for change) a detailed S75 analysis was conducted and the impacts considered for each of the 4 homes and those potentially affected. In the interest of safeguarding confidentiality and protecting data protection principles combined data sets and percentages have been used in this report.

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.

Personal and Public Involvement (PPI)

The Trust will ensure that its engagement arrangements are meaningful and inclusive and that any consultation and assessment, carried out in respect of these proposals, is taken into account in making any final decision regarding the future of statutory residential care services. In accordance with Personal and Public Involvement (PPI) duties Section 75 requirements.

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

	Derry	Fermanagh	Limavady	Omagh	Strabane
DUP	5	4	3	3	4
UUP	1	6	2	3	1
SDLP	14	3	3	3	1
Sinn Fein	10	9	6	10	8
Independent		1		2	2
TUV			1		

NB: By proxy both main communities are potentially affected by the proposed reconfiguration of services.

Dependency Status – Most permanent residents are visited by family, relatives and friends on a regular basis. Previous consultations highlighted concerns regarding the risk of loss of contact between residents and family, friends and carers as well as social needs in the proposed reconfiguration of services. The Trust is sensitive to these concerns – as such Article 8 considerations of the European Convention on Human Rights will inform the thinking and decision making processes surrounding discussions with residents and their families as will the best practice guidelines issued by the HSC Board in June 2013. The Trust will listen to and will be guided by the wishes of individual residents. It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Sexual Orientation – Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or 'trans' (transsexual, transgendered and transvestites) (LGBT) community. The Trust will adhere to best practice guidelines issued in 2014 by the Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, 'See Me, hear me, know me (2014)' when considering the needs older LGBT people. It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Age – People are living longer. Information is now widely available that describes the changing make-up of our local population, including the rising number of older people. The age profile of the residents is entirely over 65 years old (100% over 65) with a greater increase in the over 80 population (48%). It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Gender - The gender profile of current residents and service users (53% female, 47% male) is in keeping with evidenced based research which shows life expectancy is higher for women than men. The 2011 Census confirms that women are on average living longer than men. In Northern Ireland life expectancy increased between 2002-2009 from 74.5 to 76.1 years for men and from 79.6 years to 81.1 years for women. Female life expectancy has consistently been higher than that for males (Source: Compton Review TYC). The impact is therefore greater for females. It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

NB: Of note however the gap in life expectancy between men and women has declined in recent years. In 1991 there were three females for every one male over 85. By 2011 this has decreased to two females for every one male.

Religion – The overall religious breakdown of the 4 homes was as follows: (60%) Roman Catholic, (38%) Protestant and (2%) Other.

The table below shows the religious composition of the population of the local government district areas and electoral wards together with the overall religious composition of the population of the Western Trust. The religious profile of people living in statutory residential care home tends generally to reflect that of the local geographical area where the homes are located. Practising religion and participating in community and spiritual activities is an important aspect of resident's lives and this is respected and catered for within the homes.

It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

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

LGD Area	Religious Composition (%)			
	Protestant	Catholic	Other	No Religion
Derry	22.34	74.83	0.76	2.06
Fermanagh	37.78	59.16	0.57	2.49
Limavady	37.65	59.68	0.31	2.37
Omagh	27.42	70.34	0.48	1.77
Strabane	33.69	64.93	0.29	1.09

Religious Composition of Wards (Census 2011) for Proposed Homes Affected by Proposal	Protestant	Catholic	Other	No Religion	Not stated
Coolessan	60.48%	29.54%	0.98%	4.85%	4.15%
Brandywell	1.56%	84.49%	0.32%	2.00%	11.62%
Caw	67.50%	14.80%	5.08%	7.04%	5.57%
Artigarvan	46.22%	43.84%	3.19%	2.86%	3.88%

	Religious Composition (%)			
	Catholic	Protestant	Other	No Religion
Western Trust	67.69	29.75	0.56	2.00

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

Racial Group – Across the 4 residential homes 99% of all current residents and service users are recorded as white. All homes offer a welcoming environment. There were no issues raised or evidence to suggest that there would be any adverse effect for current residents on the ground of race. It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Disability – All residents have some level of disability. For both men and women the rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. It is estimated that between 17-21% of the NI population have a disability, affecting 37% of households compared to 44.15% households in the WHSCT. 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. Any proposal should consider the potential for differential impact on grounds of disability. The Trust is committed to monitoring for any future adverse impact in relation to this proposal.

In Northern Ireland there are about 16,500 people with a learning disability. McConkey and others (2006) predict that it will increase by 20.5% by 2021. Changes to older people's services must take account of the needs of older people with learning disabilities as well as other forms of disability. Of note people who responded to the TYC Vision to Action consultation asked the Board to consider social isolation in its criteria. Respondents wanted to be sure that this issue would get priority in any plans to reduce the number of statutory homes. Any proposal will consider the potential for differential impact on grounds of disability. The Trust is committed to monitoring for any future adverse impact in relation to this proposal.

It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Marital Status – Across the 4 homes there are 19% of residents classified as Single, 40% as married and 40% classified as 'other' which includes those who are widowed, divorced or separated. Any future proposal(s) should pay due regard to this fact particularly where existing residents are reliant on regular contact from family, relatives and friends in the absence of husbands/partners – see correlation with dependants. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister's commitment that *current permanent residents within statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

8.0 Mitigation of Impact on Service Users

The Western 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).

Multiple Identities

The assessment has found that the proposal to eventually close Rectory Field and William Street has the potential to impact on all future service users of both genders and age in particular those over 65 and over on the grounds of disability, given the prevalence of disability and correlation with age. As regard religion and political opinion, both main communities will be impacted upon with the proposal as well.

The Trust would wish to reiterate that all current permanent residents within its statutory residential care homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met. The views and wishes of individual residents will be discussed in considering the future individual needs.

The Trust will also provide for support and independent advocacy to ensure that the views of residents are heard and supported throughout this process and in so doing the Trust will adhere to articles and principles set out in the Human Rights Acts and related conventions including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Trust will also take into account the principles enshrined in the UNCRPD in its decision making processes. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity as well as the UNCRPD Article 19 Right to Independent Living and being included in the community. The Trust is committed to the promotion of human rights in all aspects of its work. The Trust is therefore conscious of the need to promote and safeguard the Article 8 and Article 3 Rights of older people in conjunction with the Care Principles from the UN Principles for Older Persons.

The Trust will also draw on the Good Practice Guidelines produced by the HSCB in Managing and Reconfiguration of Statutory Residential Homes.

The Trust has noted in previous consultation the views of the Commissioner for Older People for NI response regarding the need for the presence of an effective communication and information campaign and that any such information should be disseminated in a clear, user friendly and easy to understand format.

At the centre of our plans are the residents for whom we have a duty of care. The Trust will work to ensure their needs are listened to and provided for and that the quality of care provided will be maintained across all existing homes.

8.1 Mitigating measures for potential residents' living in the general population

The Trust has a responsibility to redesign services for the future at the same time as taking into account the need of current residents in its statutory residential homes. As well as current residents the Trust is also mindful that any move to reorganise care for older people will also affect family members and carers of older people. Current permanent residents who choose to remain *within statutory residential are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

The Trust also recognises in order to meet the needs of older people into the future change is needed to redesign services and systems to support more older people in the community (TYC, Home is the Hub of Care), in order to maximise their independence and enable older people to maintain links with their local communities.

The pattern of statutory residential care has been changing for many years. In the last five years at least 11 statutory residential care homes in Northern Ireland for older people have closed. Where the change has been made, very few people would argue for a return to the previous model of care. Residents and their families / carers as well as staff have been involved in the planning. The Trusts have considered their views, and residents have moved to other accommodation such as supported housing and independent sector residential care homes. In many cases this has allowed Trusts to plan and develop other facilities that meet people's needs in a different way.

As part of the way services are developing see 7.1.1 below, the Trust believes that older people will be relying less on residential homes when choosing the type of care that they want in the future. There has been a steady downturn in the number of older people choosing residential care to meet their long terms needs.

Parallel developments in the community including reablement, Acute Care at Home Services and ongoing modernisation of Domiciliary Care Services and Day Care Services are all testament of how services are being designed and delivered to mitigate the potential adverse impacts on the general population of the proposal to phase out/close a number of the Trust's residential care homes.

8.1.1 How Services are developing and could be delivered in the Future

From the assessment of the wider population needs it is clear that future provision will need to provide for the needs of all S75 categories including multiple identities. The population profile is changing. The data presented in this EQIA shows that future service users will for example be more ethnically and religiously diverse, more people are openly declaring their sexual orientation:

Gender

Future provision will need to cater for both men and women. That said, longevity rates show that women are living longer than men 2:1 ratio although it is acknowledged that this gap is closing.

Age

From 2008, the WHSCT population is expected to increase by 3.00% by 2018 (an increase of 8,876 people). In terms of age profile the over 65 population is expected to increase by 12,285 (25.6%), with the number of those aged 85+ growing by the largest percentage (33.3%). These trends are expected to continue in the coming decade. Between 2012– 2022, the number of persons 85+ is expected to increase by three quarters (75.7 per cent) to 5,761. By 2032, the 85+ population is projected to reach 11,259, or 3.68 per cent of the total population.

Older transgender people should feel comfortable and at home wherever they live. Their experiences should help inform future provision. Service developments will focus on supporting people to maintain their independence in the community for as long as possible with the support of a range of services including statutory provision to independent sector and voluntary and community organisations.

Religious Belief

Statutory Residential Care Homes tend to reflect the local community make-up, as the analysis shows the Catholic population is 60%, while the Protestant population is 38%.

In planning for future needs both main communities need to be catered for – see also correlation with Race below – which shows that whilst a very high proportion of residents are white – future provision should provide for a greater diversity of religious and ethnic backgrounds (in light of population trends) including those who do not practice any religion. Future provision of services should be welcoming and inclusive as well as culturally sensitive.

Political Opinion

Whilst the Trust does not collect information on residents' political opinion, proxy can be drawn with a person's religious group as an indication albeit this may not always be an accurate reflection. As with religion above, future care provision should be welcoming and inclusive as well as culturally sensitive.

Marital Status

There are fewer married people amongst residents in care homes. Future care provision should take cognisance of the higher prevalence of residents who are classified as 'other', which includes those who are widowed, divorced or separated compared to the general population profile – as evident in the longevity trends for males and females with women tending to outlive their husbands/partners.

According to the 2011 Census from age 75 onwards more women are widows than in any other relationship, to the point that 80.8% of women aged over 90 are widows. The high number of widowed residents is therefore reflective.

Any future proposal(s) should pay due regard to this fact particularly where existing residents are reliant on regular contact from family, relatives and friends in the absence of husbands/partners – see correlation with dependants below in order to further the Trust’s human rights obligations in particular article 8 considerations.

Dependants

Most residents are regularly visited by relatives, friends etc. – see correlation with marital status above in planning for future care needs and the need to provide for regular visitation/support.

Disability

The majority of residents in residential care have some level of disability in a greater proportion when compared with the general population. A range of disability is experienced. Any future care needs would need to consider the impact of disability on a person’s ability to undertake normal day to day activities.

Race

Whilst a very high proportion of residents are white – future provision should provide for a greater diversity of ethnic backgrounds in view of population trends. Future provision of services should be welcoming and inclusive as well as culturally sensitive in order to meet the needs of an increasingly diverse population and to promote the dignity and respect for all those coming in need of support and care.

Sexual Orientation

Whilst no direct information is gathered on the sexual orientation of residents, population trends estimate that 6-10% are from the gay, lesbian, bisexual or ‘trans’ (transsexual, transgendered and transvestites) (LGBT) community. In terms of future provision the best practice guidelines issued in 2014 by the Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, ‘See Me, hear me, know me (2014) should be considered when providing for the needs of older LGBT people along with the views of the LGBT community and individuals themselves.

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 29th May 2015.
- Profile of the current staff employed in statutory residential care homes across the Western Trust

Profile of Current Staffing in the Western Health and Social Care Trust by Section 75 - as at 29th May 2015

Section 75 Group	Total Trust Workforce Profile as at 29th May 2015	%
Gender	Female	82
	Male	18
Religion	Protestant	27
	Roman Catholic	66
	Not Known	7
Political Opinion	Broadly Unionist	7
	Broadly Nationalist	14
	Other	10
	Do Not Wish To Answer/Not Known	69
Age	16-24	3
	25-34	23
	35-44	27
	45-54	29
	55-64	16
	65+	2
Marital Status	Single	32
	Married	62
	Not Known	7
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability	32
	None/Not Known	68
Disability	Yes	2
	No	60
	Not Known	38
Ethnicity	Bangladeshi	0
	Black African	0
	Black Caribbean	0
	Black Other	0
	Chinese	0
	Filipino	0
	Indian	1
	Irish Traveller	0
	Mixed Ethnic Group	0
	Pakistani	0
	White	88
	Other	1
Not Known	10	
Sexual Orientation towards:	Opposite Sex	53
	Same Sex	1
	Same and Opposite Sex	0
	Do Not Wish To Answer/Not Known	46

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

Residential Care: Staff Affected by this Policy/Proposal

Section 75 Group	Make up of Staff Affected	Staff across existing 4 homes %
Gender	Female	87
	Male	13
Religion	Protestant	18
	Roman Catholic	76
	Not Known	6
Political Opinion	Broadly Unionist	3
	Broadly Nationalist	13
	Other	4
	Do Not Wish To Answer/Not Known	80
Age	16-24	0
	25-34	10
	35-44	18
	45-54	44
	55-64	24
	65+	4
Marital Status	Single	21
	Married	68
	Not Known/Other	11
Dependent Status	Caring for a Child/Children/ Dependant Older Person/ Person(s) with a Disability	23
	None/Not Known	77
Disability	Yes	3
	No	68
	Not Known	29
Ethnicity	Black African	0
	Bangladeshi	1
	Black Caribbean	0
	Chinese	0
	Indian	0
	Irish Traveller	0
	Pakistani	0
	Mixed Ethnic	0
	Filipino	0
	Black Other	0
	White	85
Not Known/Other	14	
Sexual Orientation towards:	Opposite Sex	41
	Same Sex	4
	Same and Opposite Sex	0
	Do Not Wish To Answer/Not Known	55

10.0 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 practice 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 29-30 the assessment of impact identified the potential for a differential impact with regard to the following S75 categories: gender, religion, disability, age and dependants by virtue of the makeup/profile of current staff. The steps the Trust will take to mitigate any impact on current staff are described on pages 33 & 34.

The Section 75 profile for staff potentially affected across the 4 homes is detailed in the table on page 30. There is currently a total of 71 staff employed across all 4 residential homes.

Whilst this section of the report describes the combined analysis of all 4 homes a detailed Section 75 analysis was conducted and the potential impacts considered for each home. In the interest of safeguarding confidentiality and protecting data protection principles combined data sets and percentages have been used in this report and are as detailed in the table on page 30.

The key points to note from the Section 75 analysis are as outlined below:-

Section 75 Profile of Current Staff within the 4 Homes Potentially Affected

Gender – Historically the gender composition within health and social care has been predominately female. The gender profile of staff in the 4 homes potentially affected i.e. Thackeray Place, Greenfield, Rectory Field and William St is 87.3% female and 12.7% male which is a higher % split in terms of females when compared to the overall Trust workforce – 81.8% female and 18.2% male.

Religion – Analysis shows that the religious composition of the staff within the 4 homes potentially affected i.e. Thackeray Place, Greenfield, Rectory Field and William St is 18.3% Protestant, 76.1% Roman Catholic and 5.6% Not Determined. The overall religious make-up of the Trust as at 29th May 2015 is 27.2% Protestant, 66.3 Roman Catholic and 6.5% Not Determined. The religious make-up of staff employed within each home is as follows: Thackeray 48.8% Protestant, 51.2% Roman Catholic, Greenfield 22.6% Protestant and 67.7% Roman Catholic and 9.7% Not Determined, Rectory Field 35.7% Protestant, 60.7% Roman Catholic and 3.6%

Not Determined and William St 10.0% Protestant and 90.0% Roman Catholic. 2 of the homes currently employ a higher proportion of Protestant employees when compared to the Trust's overall workforce, while the other 2 are under, however this is broadly reflective of the local population in those areas.

Political Opinion - Whilst information on political opinion is sourced, it is voluntary - many staff chose not to declare their political opinion. Voting patterns and religion are a good proxy for political opinion and thus give a good guide to political preference. The Trust is committed to monitoring in order to identify any future impacts.

Racial Group – 84.5% of current staff in the 4 homes potentially affected i.e. Thackeray Place, Greenfield, Rectory Field and William St are white, 1.4% are Black African and 14.1% Not Known. All 4 homes offer a welcoming and inclusive workplace for staff and residents regardless of racial background/group. There is therefore no evidence to suggest that the policy proposal will have an adverse effect for current staff on the grounds of race. The Trust is committed to monitoring in order to identify any future impacts.

Disability – Available figures indicate that a small number of staff in the 4 homes potential affected have a disability i.e. 2.8%. The Trust accepts that the prevalence of disability is often under reported. In keeping with requisite Trust policy and practise timely reasonable adjustments will be implemented for any staff affected by this proposal. There is therefore no evidence to suggest that the policy proposal will have an adverse impact on current staff on the grounds of disability.

Age – The majority of staff potentially affected are within the 45-54 age group i.e. 43.7% which is higher than the age profile when compared to the overall workforce profile for this age group i.e. 29%.

Marital Status – The majority of staff potentially affected are married i.e. 67.6% - a higher percentage when compared to the overall workforce composition i.e. 62.0%. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married.

Dependency Status – 22.5% of the staff aligned to the 4 homes have declared that they have caring responsibilities. This is lower than the overall Trust average of 31.5%.

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 is committed to providing a good harmonious and inclusive working environment for all staff regardless of their sexual orientation and is working in partnership with UNISON in support of Regional Staff LGBT Forum. The Trust will continue to monitor for any potential adverse effects.

11.0 Mitigation of Impact on Current Staff

In order to manage, monitor 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 Redeployment and Redundancy Policy is the main vehicle for managing workforce changes for all staff groups and services within the Trust. The Trust is also committed to mitigating any adverse impact on its staff in accordance with its obligations under the N Ireland Act 1998 and the Disability Discrimination Act 1995.

Thackeray Place and Greenfield

Thackeray Place and Greenfield Statutory Residential Care Homes will remain open and will continue to accept admissions.

Rectory Field and William Street

The Trust would wish to re-iterate its commitment that all of the current older people living in Rectory Field and William Street will remain in these two homes for as long as they wish and for as long as their needs can be appropriately met. If following this period of public consultation a decision is made to cease admissions and as a result eventually close these two homes on a phased basis over time, the Trust is obliged to ensure that at all times its staffing levels will provide the highest possible quality of care and comply with the minimum standard requirements specified by the Regulation Quality and Improvement Authority (RQIA). These specified minimum staffing requirements take account of resident occupancy levels.

In line with residents' choice regarding how long they wish to remain in these two homes, it is not possible to be precise about timescales as to when any staffing changes/reductions may be required. The Trust is however hopeful that as a phased approach is being proposed it will be able to manage any staffing changes/reductions on a commensurate phased basis through a combination of natural staff turnover and vacancy controls.

If at any stage the staffing levels in either home exceed requirements the Trust commits to ensuring that any workforce changes are undertaken in accordance with the principles set out in its Redeployment and Redundancy Policy. The aim of the Western Trust is to maximise security of employment, however, there will be occasions when staffing changes will be required. The Trust is committed to providing a fair and consistent method of handling such redeployment situations and voluntary or compulsory redundancies. Any future staff changes will be taken forward through a partnership approach in consultation and negotiation with trade unions.

The following will apply:-

- Under the legislation, the Trust shall give the regional officers of the appropriate recognised Trade Unions or elected representatives of the employees, notification in writing that a staff surplus has been identified which affects 20 or more employees at one establishment within a 90 day period.
- The Trust shall offer to enter into consultations with the regional and/or local officers of the trade unions involved or with elected representatives of the affected employees. The unit of selection should be identified.
- The minimum period for consultation is:-
 - if fewer than 99 employees to be made redundant over a period of 30 days or
 - fewer - at least 30 days
 - if 100 or more employees to be made redundant over a period of 90 days or fewer - at least 90 days.

However, consultation should begin in good time and as soon as there is a likelihood that a redundancy may occur.

- Consultation must take place about ways of avoiding dismissals, reducing the number to be dismissed and mitigating the consequences of dismissals. Consultation will be undertaken by the employer “with a view to reaching agreement” with representatives. The Trust will handle redundancies with care and consideration and it will investigate all possible options before declaring compulsory redundancies.
- In investigating options to avoid compulsory redundancies, management may give consideration to giving staff in the same discipline in the Trust the option to volunteer for premature retirement or voluntary redundancy. In order to make every effort to avoid compulsory redundancies the Trust may consider the following:-
 - natural wastage
 - restrictions on recruitment
 - consider flexible working arrangements (e.g. part-time and job share)
 - retraining and redeployment
 - reduction or elimination of overtime
 - introduction of short-time working or temporary layoff
 - application of any existing premature or early retirement schemes
 - seeking applicants for voluntary redundancy
 - revising service contract arrangements
- The above are the current legislative requirements but the broad principles of consultation, etc. should be applied even if fewer than 20 employees are affected.

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.

12.0 Formal Consultation

The Trust intends to consult as widely as possible with all interested persons over a 12 week period commencing 7th August 2015 until 30th October 2015 on the Consultation Proposals 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.westerntrust.hscni.net/consultations>, however we will accept comments in any format.

All responses regarding this EQIA process should be directed to:

Ms Deirdre Walker
Assistant Director of Adult Safeguarding
Western Health & Social Services Trust
Spruce Villa
Gransha Park
Londonderry
BT47 6TF

Tel: 028 71611124
E-mail: deirdre.walker@westerntrust.hscni.net

13.0 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 3.2.10 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.westerntrust.hscni.net

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

14.0 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 that 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

Western Health & Social Care Trust

Proposal for the Future of Statutory Residential Care for Older People

Section 75 and Schedule 9 The Northern Ireland Act 1998

Consultation Questionnaire

Consultation Period 7th August 2015 to 30th October 2015.

The aim of this consultation is to obtain views from stakeholders in Northern Ireland on the proposal for the future of statutory residential care for older people. 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 30th October 2015 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:

Ms Deirdre Walker, Assistant Director of Adult Safeguarding
Western Health & Social Services Trust
Spruce Villa, Gransha Park, Londonderry, BT47 6TF
Tel: 028 71611124
E-mail: deirdre.walker@westerntrust.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: _____

Position: _____

Organisation: _____

Address: _____

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:

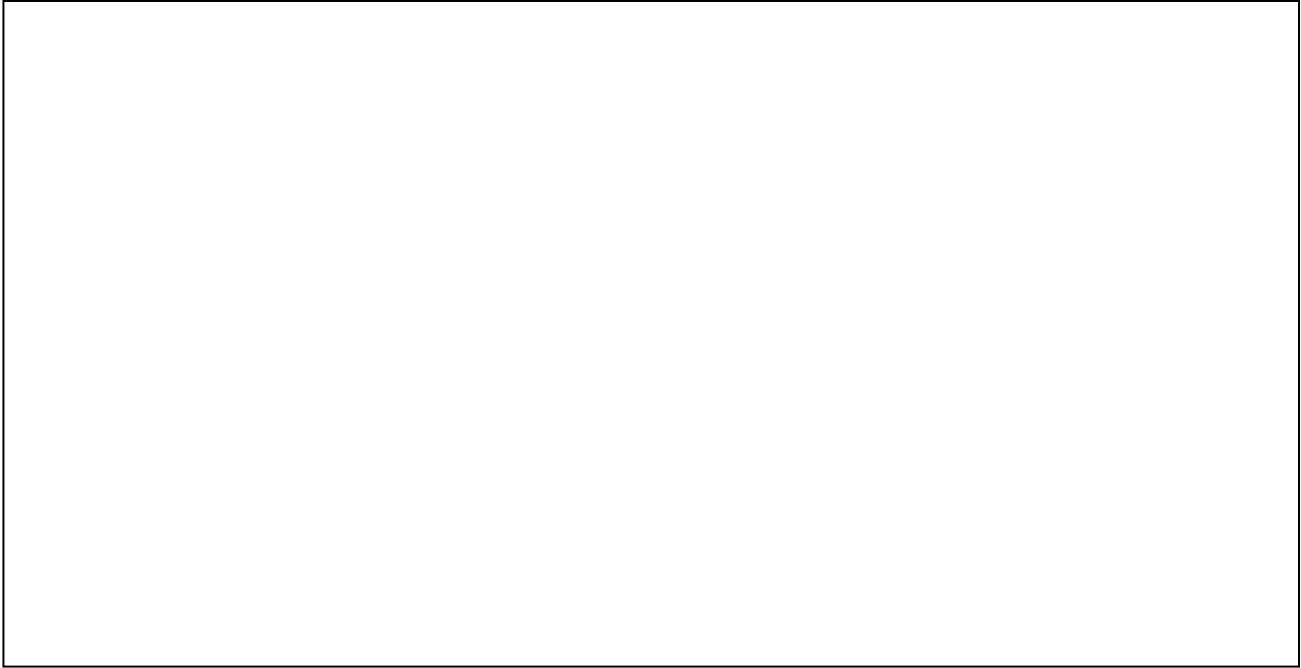
Q.1 Is there any additional relevant evidence or information which the Trust should consider in assessing the equality impacts of this proposal?

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

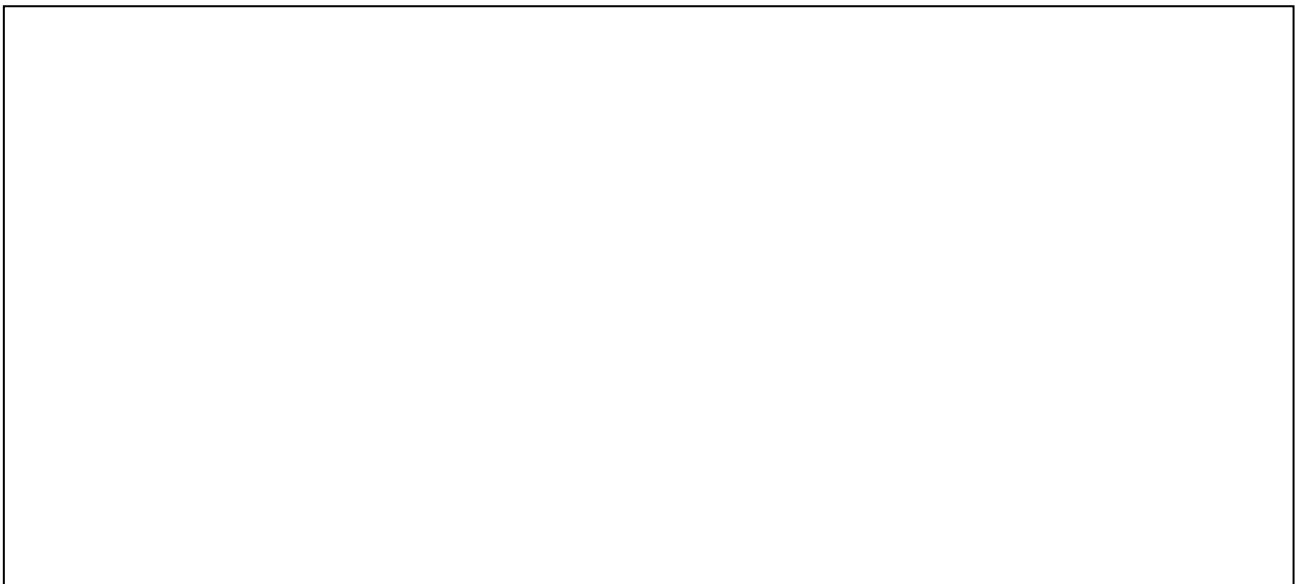
Q.3 Can you suggest any other mitigating measures the Trust could take to remove or minimise any potential adverse impact on service users/carers/staff etc?

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

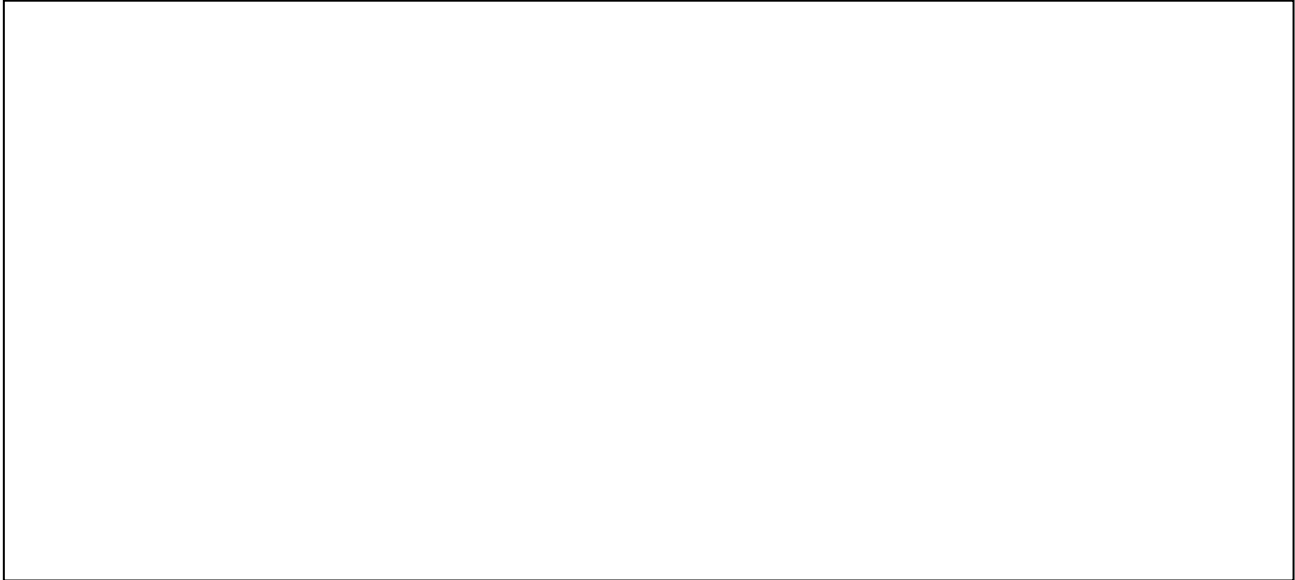
Q.5 Are there any other measures the Trust could take to promote equality of opportunity?



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



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?



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



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

GLOSSARY

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

Article 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 thorough and systematic analysis of a policy the primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one.

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

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

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

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

Quantitative Data – Quantitative methods are those which focus on numbers and frequencies rather than on meaning and experience. Quantitative methods (e.g. experiments, questionnaires and psychometric tests) provide information which is easy to analyse statistically and fairly reliable. Quantitative methods are associated with the scientific and experimental approach and are criticised for not providing an in depth description.

Section 49A of the Disability Discrimination Act 1995 (DDA 1995) – Places a general duty on all public authorities, whilst carrying out their functions, to have due regard for the need to eliminate discrimination against disabled persons; eliminate harassment of disabled persons that is related to their disabilities; promote equality of opportunity between disabled persons and other persons; take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons; promote positive attitudes towards disabled persons; and encourage participation by disabled persons in public life.

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

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

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

Transforming Your Care (TYC) – A review about change in health and social care in Northern Ireland over a five year period. The Review was announced in June 2011 by Edwin Poots MLA, 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 Western 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 Western Local Commissioning Group and the Western Health and Social Care Trust have developed a population plan which identifies which services and facilities are needed to address the needs of the local population and set out how this can be delivered.

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

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

UN Principles for Older Persons - The UN Principles for Older Persons were adopted by the UN General Assembly (Resolution 46/91) on 16 December 1991. Governments were encouraged to incorporate them into their national programmes whenever possible. There are 18 principles, which can be grouped under five themes as follows: independence, participation, care, self-fulfillment and dignity.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) - The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

UNCRPD Article 19 Right to Independent Living and being included in the community - State Parties to this Convention recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.