Title: The Resettlement of the patients in Continuing Rehabilitation Unit, CRU and the closure of the Ward

**Completed Screening Templates are public documents and will be posted on the Trust’s website***

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).
### (1) Information about the Policy/Proposal

#### (1.1) Name of the policy/proposal

The resettlement of patients in Continuing Rehabilitation Unit, (CRU) and the closure of the Ward.

#### (1.2) Is this a new, existing or revised policy/proposal?

New

#### (1.3) What is it trying to achieve (intended aims/outcomes)?

The Belfast Trust mental health service continues to modernise its services and resettle patients from its long stay wards in accordance with strategic direction recommended in the Bamford review and in accordance with a Recovery ethos.

The Bamford Review recommended reducing the number of people in institutional care and inpatient beds by supporting existing residents to live in the community through intensive home support, alternative supported living arrangements based in the community, and individual budgets. This will take full account of the complex family dynamics in this area.

Anthony (1993) identifies recovery as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as
one grows beyond the catastrophic effects of mental illness."

The Belfast HSC Trust takes the view that the resettlement experience is a process as opposed to a one off event and as such the process can involve a staged journey towards increased independence. In many of the resettlements those being resettled have been placed in a suitable community placement in order to allow the service to conduct further community based assessments of need and to provide further preparation for independent living with support before moving onto a more permanent placement. Some people have gone on to graduate from these secondary placements to less supported environments given time and the appropriate support.

**Advocacy services**

The Trust is ensuring that the resettlement programme for 2011/15 provides a robust service user and care advocacy support network with identified advocates attached to each resettlement ward.

**Quality.**

As part of the programme the Trust will ensure service user and carer feedback is continuously captured in order to make timely adjustments in order to continuously improve the patient experience. This is being assisted by the recording of individual feedback and personal resettlement stories.

We are going to resettle adults with severe and enduring mental illness into the community after several years of hospitalisation.

**Benefits of community care:**

- Appropriate community care residential programs can successfully substitute for long-term inpatient care.
- Supported housing can successfully serve a diverse population of persons with psychiatric disabilities.
but support networks need to be monitored

- Service User choice is associated with housing satisfaction, residential stability and emotional well-being
- Service Users prefer single occupancy, choice, and supports when requested. Individuals with severe mental illness, including homeless people, can be housed when provided with assertive case management services

In line with the Bamford Review recommendations, the aim is to reduce the number of people in institutional care and inpatient beds by existing residents moving to live in the community through intensive home support, alternative supported living arrangements based in the community, and individual budgets. This will take full account of the complex family dynamics in this area.

(1.4) How will the proposal be implemented?

The Resettlement Team have involved the service users and their families in the process. The Multidisciplinary Team meeting occurs weekly to discuss the resettlement plan for each individual in partnership with the family and carers.

It will be implemented as a phased process over the next 4 months in conjunction with the Resettlement Team who have been specially designed and have the experience and expertise in this area. To resettle adults with severe and enduring mental illness into the community after several years of hospitalisation. This will include intense, tailored support and intervention for each service user and their families, empowering them through their recovery journey, ensuring their move into the community is carefully planned to ensure the service user’s experience is safe and positive.

Service user and carer Advocates are an integral part of the option appraisal process and involved in case conferences, team meetings and visits community placements to ensure that service users are placed in the most appropriate setting. They are also involved with the additional gathering of information regarding clients’ knowledge on their understanding of resettlement, their expectations and fears.
From a Care Management perspective, all carers are consulted prior to considering placement to find out their views and concerns. When patients are discharged from hospital, they receive a review at 6wks, 6mths and then every 6mths after that or earlier if necessary.

In terms of staff there will be:

1. Redeployment within service group or wider or relocation
2. Phased in line with Trust redeployment policy
3. Support for staff – counselling, Staff Care
4. Retraining/reskilling for new roles
5. Arrangements for other staff effected by ward closure – PCSS, AHP, Social Services, Administrative, Medical

(1.5) Are there any Section 75 categories (see list in 2.1) which might be expected to benefit from the intended policy/proposal?

This will benefit people with Mental health Disabilities who are currently residing as patients in CRU, Knockbracken Healthcare Park

(1.6) Who owns and who implements the policy/proposal?

The Belfast Health & Social Care Trust.

(1.7) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

No
(1.8) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc).

Service Users, families, Staff, Trade Unions, Service User & Carer Advocates & Voluntary Organisations within Mental Health.

<table>
<thead>
<tr>
<th>(1.9) Other policies/strategies/information with a bearing on this policy/proposal (for example internal or regional policies) - what are they and who owns them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modernisation &amp; Belfast Health &amp; Social Services Trust, Mental health Resettlement, Draft 3 year plan, April 2012 to March 2015.</td>
</tr>
<tr>
<td>Transforming Your Care (HSCB 2011) states that services for older People must be proactive and prevent, where possible, admissions into hospital and maximise independence for as long as possible in older populations.</td>
</tr>
<tr>
<td>The Belfast Way - Excellence and Choice (BH&amp;SCT 2009) stresses the importance of the right care at the right time and avoiding duplication of services.</td>
</tr>
</tbody>
</table>
(2) Available Evidence / Needs, Experiences and Priorities

(2.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories for both service users and staff. Please note there are separate tables for Service Users and staff.

Service Users

<table>
<thead>
<tr>
<th>Category</th>
<th>Details of evidence/information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service users</td>
</tr>
<tr>
<td></td>
<td>Belfast/Castlereagh population as a whole</td>
</tr>
<tr>
<td></td>
<td>Service users affected</td>
</tr>
<tr>
<td></td>
<td>Needs, Experiences &amp; Priorities</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>*2011 census</td>
</tr>
<tr>
<td></td>
<td>10 Male</td>
</tr>
<tr>
<td></td>
<td>10 Female</td>
</tr>
</tbody>
</table>

The proposal will impact equally on males and females. The service is designed to meet the specific individual needs of each service user in relation to their resettlement into a community environment. Accommodation selected for each client will be suitable to their specific requirements including gender. Patients in CRU sleep in a dormitory with other patients but new community facilities will have single bedrooms.
with either ensuite or other appropriate single gender washing facilities.

Based on available information, there is no indication that the proposal would have an adverse impact in terms of gender.

<table>
<thead>
<tr>
<th>Age</th>
<th>0-16</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22%</td>
<td>11%</td>
<td>12%</td>
<td>14%</td>
<td>14%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45-54</td>
<td>55-64</td>
<td>65+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The proposal will impact on patients aged 45+ with a higher number (10) aged between 55-64 and 7 aged 65+.

The care provided to the patients in their particular accommodation will be specific to meet their needs. There is no information available to indicate that the proposal would have an adverse impact in terms of age.

<table>
<thead>
<tr>
<th>Religion</th>
<th>Protestant</th>
<th>Roman Catholic</th>
<th>No Religion or No Religion Stated</th>
<th>42%</th>
<th>41%</th>
<th>17%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Roman Catholic</td>
<td>8</td>
<td>Protestant</td>
<td>4</td>
<td>Unknown</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2</td>
<td>Unknown</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The majority of those affected by the proposal are from a Roman Catholic background. The religious and spiritual needs of all patients will be accommodated in their new accommodation which will be in a safe and welcoming environment. Specifications in relation to the service provided must adhere to the principles of equality of opportunity to all Section...
75 categories, which includes race, religion and political opinion. Service providers must also support the principles outlined in the Trust Good Relations strategy. Service providers are encouraged and supported by the Trust to ensure that all their staff attends equality, good relations and human Rights training. It is not anticipated the proposal would have an adverse impact in terms of religious belief.

<table>
<thead>
<tr>
<th>Political Opinion</th>
<th>Broadly Unionist</th>
<th>Broadly Nationalist</th>
<th>Other</th>
<th>Do not wish to answer/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48.3%</td>
<td>45.4%</td>
<td>2.3%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* 2011 Assembly election</td>
</tr>
<tr>
<td></td>
<td>This information is not collected.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>Married</td>
<td>Other/Not known</td>
<td></td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>47%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*2011 census</td>
</tr>
<tr>
<td></td>
<td>Single 12</td>
<td>Married 2</td>
<td>Separated 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Widowed 1</td>
<td>Not known 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Consideration of available information does not suggest that the proposal would have an adverse impact in terms of marital status. The service is designed to cater to the individual needs of each patient which would take in to account their marital status where applicable.
<table>
<thead>
<tr>
<th>Dependent Status</th>
<th>Caring for a child dependant older person/ person with a disability</th>
<th>12% of usually resident population provide unpaid care</th>
<th>Due to the nature of the service the majority of patients would be dependant to some degree on various forms of support.</th>
<th>The nature of the service provided requires that the individual needs of each patient are accommodated which may involve some degree of dependency. The service provided is designed to provide a high standard of health and social care support to clients and where applicable appropriate support to live independently. There is no available information which shows that this proposal would have an adverse impact on service users in terms of dependent status.</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability</th>
<th>Yes</th>
<th>No</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21%</td>
<td>69%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*2011 census

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White</th>
<th>Black/Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98.21%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

White 18

The known ethnic status of each
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>n/a</th>
<th>Not known 2</th>
<th>patient is white. Specifications in relation to the service provided must adhere to the principles of equality of opportunity to all Section 75 categories, which includes race, religion and political opinion. Service providers must also support the principles outlined in the Trust Good Relations strategy. Service providers are encouraged and supported by the Trust to ensure that all their staff attends equality, good relations and human Rights training. It is not anticipated the proposal would have an adverse impact in terms of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>Opposite sex</td>
<td>The general view in NI is that an estimated 6-10% identify as lesbian, gay, bisexual</td>
<td>The sexual orientation of patients is not collected. Specifications in relation to the service provided must adhere to the principles of equality of opportunity to all Section 75 categories, which includes sexual orientation. Service providers are encouraged by the Trust to ensure all staff receive equality training which would include sexual orientation. The service provided is designed to meet the individual need of each patient,</td>
</tr>
<tr>
<td></td>
<td>Same sex/Same and Opposite sex</td>
<td>*2012 report by Disability Action &amp; Rainbow Project</td>
<td></td>
</tr>
</tbody>
</table>
including sexual orientation. There is no indication to suggest the proposal would have an adverse impact with regard to sexual orientation.

Staff

A total of 30 staff provide the service including Nurses, Consultant, Domestic, Administrative, Social Work and Occupational Therapy staff. Detailed figures have not been provided due to the small numbers involved to ensure confidentiality.

<table>
<thead>
<tr>
<th>Category</th>
<th>Trust workforce Jan 2013</th>
<th>Staff affected</th>
<th>Needs, Experiences &amp; Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female 79% Male 21%</td>
<td>87% 13%</td>
<td>The majority of staff affected are female. Carer’s Northern Ireland statistics indicate that 64% of Females are carers.</td>
</tr>
<tr>
<td>Age</td>
<td>&lt;25 4%, 25-34 26%, 35-44 26%, 45-54 29%, 55-64 13%, 65+ 2%</td>
<td>33% are under 45 and 66% over 45</td>
<td>There is no indication of different needs in relation to age</td>
</tr>
<tr>
<td>Religion</td>
<td>Protestant 45%, Roman Catholic 50%</td>
<td>30% 63%</td>
<td>There is a higher proportion of Roman Catholics than in the Trust. There is no</td>
</tr>
<tr>
<td></td>
<td>Not known/Other</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Political Opinion</td>
<td>Broadly Unionist</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Broadly Nationalist</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>25%</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>No answer</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>38%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Not known</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring Responsibilities</td>
<td>For an adult</td>
<td>2%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>For a child</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>For a disabled person</td>
<td>19%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>6%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Not known</td>
<td>7%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>Yes</td>
<td>2%</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>6%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Not known</td>
<td>7%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>White</td>
<td>Black/Minority</td>
<td>Ethnic Not known</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>78% 4%</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

| Sexual Orientation(towards people of the) | Opposite sex | Same sex/Same and Opposite sex | 36% 1% 63% | Only 4 members of staff disclosed this. | There is no indication of different needs in relation to sexual orientation |

(2.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The Resettlement Team have involved the service user and their families in the process. The Multidisciplinary Team meeting occurs weekly to discuss the resettlement plan for each individual in partnership with the family and carers.

Action:

1. Letter sent to individual carers and asked to meet with either the MDT at the case conference or meet with the Ward Sister and a member of staff from Care Management.

2. On-going 1:1 meetings with Service Users

3. Meeting with Families & the Carers
4. Weekly Case Conference

5. Monthly Practice Development with the Multidisciplinary Team

Service user and carer Advocates are an integral part of the option appraisal process and involved in case conferences, team meetings and visits community placements to ensure that service users are placed in the most appropriate setting. They are also involved with the additional gathering of information regarding clients knowledge on their understanding of resettlement their expectations and fears.

From a Care Management perspective, all carers are consulted prior to considering placement to find out their views and concerns. When patients are discharged from hospital, they receive a review at 6wks, 6mths and then every 6mths after that or earlier if necessary.

Regarding Staff, a contact person within Human Resources has been established

The Ward Sister had an Individual Meeting with all staff affected

Meeting with all staff and the Trade Unions

Adherence to the Framework on the Management of staff affected by Organisational change and staff redeployment Protocol.

The following process is currently taking place

a) Staff Consultation

1-2-1 meetings with staff (Date identified)

Views sought on preferred options for redeployment

Any concerns raised to be taken into consideration
c) Planned consultations

Staff and TU’s (Date identified)

On-going progress updates
### (3) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

#### Staff

(3.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

<table>
<thead>
<tr>
<th>Section 75 Category</th>
<th>Details of policy/proposal impact</th>
<th>Level of impact? Minor/major/none</th>
<th>(3.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories? If yes, provide details. If no, provide reasons.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Opinion</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Status</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No
### Service Users

**3.1** What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

<table>
<thead>
<tr>
<th>Category</th>
<th>Details of policy/proposal impact</th>
<th>Level of impact? Minor/major/none</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Noel, has there been a specification drawn up for service providers?</td>
<td>None</td>
</tr>
</tbody>
</table>

**3.2** Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

*If yes, provide details. If no, provide reasons.*

No. The health and social care provided to each patient is assessed to their individual needs, this would include taking into account equality of opportunity for each of the Section 75 categories. Specifications in relation to the service provided must adhere to the principles of equality of opportunity in relation to all Section 75 categories. Service providers are encouraged and supported.
by the Trust to ensure that all their staff attends equality, good relations and human Rights training. Monitoring and assessment of the proposal will be conducted over a period of 1 year to allow monitoring for any unforeseen adverse impact. Mitigation will be implemented where required.

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>All as above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Political Opinion</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Dependent Status</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
(3.3)

<table>
<thead>
<tr>
<th>Good relations category</th>
<th>Details of policy/proposal impact</th>
<th>Level of impact Minor/major/none</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious belief</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Political opinion</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Racial group</td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

(3.4)

Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

<table>
<thead>
<tr>
<th>Good relations category</th>
<th>Please provide details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious belief</td>
<td>No. The religious and spiritual needs of all patients will be respected in their new accommodation which will be in a safe and welcoming environment. Specifications in relation to the service provided refer to the principles of equality of opportunity to all Section 75 categories, which includes race, religion and political opinion. Service providers must also support the principles outlined in the Trust Good Relations strategy. Service providers are encouraged and supported by the Trust to ensure that all their staff attends equality, good relations and human Rights training. Monitoring and assessment of the proposal will be conducted over a period of 1 year to allow monitoring for any unforeseen adverse impact. Mitigation will be implemented where required.</td>
</tr>
</tbody>
</table>
(4) Is there an opportunity to better address the health and social inequalities of groups/areas in greatest social, economic or educational need by altering the policy/decision?

<table>
<thead>
<tr>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

(5) Consideration of Disability Duties

How does the policy/proposal or decision currently encourage disabled people to participate in public life and promote positive attitudes towards disabled people? Consider what other measures you could take.

Due to the nature of the service, each of the patients would have one or more disabilities. The health and social care packages selected for each patient were chosen to ensure that each of the patients individual needs are catered for specifically in terms of their disability and their physical and mental health and wellbeing. The ethos of the proposal is aimed at respecting patient’s individual needs and independence and promoting positive attitudes towards the patients. Each patient's needs have been assessed to encourage participation in public life where possible and to ensure they continue their lives in an environment that is more appropriate to their needs which includes being cared for in the community as opposed to a hospital inpatient environment.
For example, have your staff received disability equality training or training on the Trust’s Patient and Client Experience Standards?

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone’s human rights in a positive, negative or neutral way? Complete for each of the articles

<table>
<thead>
<tr>
<th>Article</th>
<th>Positive impact</th>
<th>Negative impact = human right interfered with or restricted</th>
<th>Neutral impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 2 – Right to life</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 4 – Right to freedom from slavery, servitude &amp; forced or compulsory labour</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Article 5 – Right to liberty &amp; security of person</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 6 – Right to a fair &amp; public trial within a reasonable time</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Article 7 – Right to freedom from retrospective criminal law &amp; no punishment without law</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Article 8 – Right to respect for private &amp; family life, home and correspondence.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 9 – Right to freedom of thought, conscience &amp; religion</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 10 – Right to freedom of expression</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 11 – Right to freedom of assembly &amp; association</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 12 – Right to marry &amp; found a family</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Article 14 – Prohibition of discrimination in the enjoyment of the convention rights</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st protocol Article 1 – Right to a peaceful enjoyment of possessions &amp; protection of property</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st protocol Article 2 – Right of access to education</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or a representative from the Equality Team. It may also be necessary to seek legal advice.
6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

Specifications contained within the procurement procedures refer to the obligation of service providers to respect the human rights of each patient.

The proposal is designed to respect the human rights of each patient to ensure respect for their private and family life by involving patients, their families and carers to choose the type of accommodation appropriate to the individual needs of each service user.

The Trust will encourage and support service providers to ensure that their staff attends equality, good relations and human rights training.
(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

<table>
<thead>
<tr>
<th>Impact Level</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major impact</td>
<td></td>
</tr>
<tr>
<td>Minor impact</td>
<td></td>
</tr>
<tr>
<td>No impact</td>
<td>✓</td>
</tr>
</tbody>
</table>

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening?

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>✓</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>✓</td>
</tr>
</tbody>
</table>
(7.4) **Please give reasons for your decision.**

Each of the service users impacted by this proposal has a mental health disability. Many of them have been cared for in an institutional environment for either some or all of their lives. This proposal is in accordance with strategic direction recommended in the Bamford review and in accordance with a Recovery ethos. The resettlement experience is a process as opposed to a one off event and as such the process will involve a staged journey towards increased independence. In many of the resettlements those being resettled have been placed in a suitable community placement in order to allow the service to conduct further community based assessments of need and to provide further preparation for independent living with support before moving onto a more permanent placement. Some people have gone on to graduate from these secondary placements to less supported environments given time and the appropriate support.

Patients and their families have been involved in choosing the type of accommodation appropriate to the individual needs of each service user.

**Monitoring**

In order to allow monitoring of the implementation of the proposal and any unforeseen adverse impacts, this proposal will be subject to on-going screening over a period of one year. During which time as part of the programme the Trust will ensure service user and carer feedback is continuously captured in order to make timely adjustments in order to continuously improve the patient experience. This is being assisted by the recording of individual feedback and personal resettlement stories

a) In terms of staff there will be:

1. Redeployment within service group or wider or relocation
2. Phased in line with Trust redeployment policy
3. Support for staff – counselling, Staff Care  
4. Retraining/reskilling for new roles  
5. Arrangements for other staff effected by ward closure – PCSS, AHP, Social Services, Administrative, Medical

On-going monitoring – staff – trial periods and further redeployment opportunities if required

(7.5) If you have identified any impact, what mitigation have you considered to address this?

The Trust recognises that as a consequence of the patients in CRU and the Ward closure, this proposal may impact on staff in terms of relocation to a new work site, reduction in the overall numbers of posts and redeployment to a different post and new role. The BH&SCT is committed to supporting staff within this process and will take into account staff preferences for potential redeployment.

A scoping exercise of staff has taken place taking into consideration their first preference of redeployment. Redeployment of staff will take place on a phased process in conjunction with Human Resources and all relevant agencies.

A contact person within Human Resources has been established. The Ward Sister had an Individual Meeting with all staff affected. Meeting with all staff and the Trade Unions to take place. Adherence to the Framework on the Management of staff affected by Organisational change and staff redeployment Protocol. With reference to the staffing profile, minimise disruption to staff taking into account work life balance issues and reasonable adjustments

Protection arrangements - pay protection or excess travel
Managing the change process - summary of section 1.4 including on-going consultations, support, retraining
Monitoring. In line with the guidance, you will be obliged to monitor this policy every 2 years.

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust will ensure service user and carer feedback is continuously captured in order to make timely adjustments in order to continuously improve the patient experience. This is being assisted by the recording of individual feedback and personal resettlement stories.

After 6 months a report will be submitted to the equality manager on the findings of monitoring procedures. This process will be completed after a further 6 months.

Approved Lead Officer: Noel McDonald
Position: 
Date: 30th June 2014
Policy/proposal screened by 
Equality Manager: Veronica McEneaney
Employment Equality Manager:

Please forward completed schedule to lesley.jamieson@belfasttrust.hscni.net