CONSULTATION ON THE PROPOSAL TO BUILD AN ACUTE MENTAL HEALTH INPATIENT FACILITY AT BELFAST CITY HOSPITAL

Section 75 and Schedule 9
The Northern Ireland Act 1998

Equality Impact Assessment and Consultation Document

Consultation period:
14th December 2009 – 5th March 2010
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This document is available on request in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English).

Please contact Orla Barron, Equality Manager by telephone 028 90960069, by text phone 028 9056 5330 or by email orla.barron@belfasttrust.hscni.net
Executive Summary

Belfast Health and Social Care Trust strives to provide the highest quality of care and treatment for people with a mental illness. Excellence and Choice in Mental Health outlined the proposed reforms that the Trust believes are timely, appropriate and necessary to modernise health and social care services so that users can live as full a life as possible.

Belfast HSC Trust is now embarking on a consultation process regarding the preferred option for the location of the single acute mental health inpatient facility. This document is an Equality Impact Assessment through which the Trust seeks to consult openly and transparently as regard any equality and human rights implications for its internal and external stakeholders on the preferred option - to build a single acute mental health unit at the Belfast City Hospital Site.

This EQIA reflects on an option appraisal process, which outlines the various options that the Trust has considered for the reconfiguration of adult mental health services in Belfast. An Equality Impact Assessment (EQIA) is an in-depth study to assess the extent of the impact on the equality of opportunity for the nine categories identified in Section 75 of the Northern Ireland Act 1998. It requires the analysis and consideration of both quantitative and qualitative data.

The Trust advocates a new model of care focusing on recovery - whereby fewer people need go into hospital as acute inpatients and they are instead able to receive home or community treatment packages, which are person-centred and person-led.

The Belfast Trust will consequently require fewer acute hospital beds and deems the most effective way of providing the acute mental health inpatient service is on one site.

The Trust acknowledges that this process must be progressed on the premise that a much enhanced and developed infrastructure of home

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1 Excellence and Choice in Mental Health – Consultation document on reform and modernisation of mental health services in Belfast Health and Social Care Trust.

http://www.belfasttrust.hscni.net/involving/reference/Excellence_and_Choice_Adult_Mental_Health_Services.pdf
treatment services and community treatment beds will be in place. To this end there has been and will continue to be investment and development in these areas.

Important to note is the fact that provision of mental health services within this new unit would not replicate the current service provision now delivered at three current units.

To be more precise this new single purpose built unit would be designed to accommodate for and cater to the delivery of a whole new care pathway, based on the recovery model and of a much enhanced experience in the day-to-day life of those acute mental health patients who need inpatient treatment. It is envisaged that a single Psychiatric Intensive Care Unit (PICU) for the Belfast Trust and the South Eastern Trust area would be co-located with this new purpose built unit.

Following Belfast HSC Trust Board’s ratification of the proposal to modernise Acute Inpatient services in Belfast a project team was established to develop a Business Case for a single purpose built inpatient unit for Belfast.

This project team developed and considered options for an acute mental health inpatient unit to support the modernisation and reconfiguration agenda within mental health services.

Option 5 emerged as the preferred option, from the nine initial options, whereby eighty acute inpatient beds and twelve PICU beds would be provided in a new, purpose built facility on the Belfast City Hospital site.

The Trust is fully committed to modernising its mental health services, which will improve access and develop services in the community, reducing reliance on hospital services. The Trust believes that the best way to do this is in partnership with users and carers.

The Trust is conducting this Equality Impact Assessment to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views before any final decisions are taken.

Belfast HSC Trust is statutorily bound to consider the implications for equality of opportunity and good relations. Human rights and disability considerations are also integral to this process.
The Trust will consult widely on these proposals and will also be arranging a series of meetings to provide an opportunity for discussion with Trust managers.

This Equality Impact Assessment paper will firstly outline the organisational and strategic context from where this proposed reform has emanated.

Section 2 provides an overview of the current service model, the factors which have prompted the Trust to propose the centralisation of acute mental health inpatient services in one new purpose built facility and how the future model would work. Section 3 outlines the option appraisal process and how the preferred option of the Belfast City Hospital was identified.

Available data and research is considered and covered in Section 4 whilst Section 5 examines how this proposed reconfiguration could potentially affect the key stakeholders.

Section 6 looks at any mitigation measures necessary in the event of adverse impact for either staff or service users.

To conclude Section 7 looks at the formal arrangements that the Trust will make in terms of consultation and communication of the final decision, following the consultation.
SECTION 1
INTRODUCTION

1.1 Introduction
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1.6 Management structure
1 INTRODUCTION

1.1 Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998, the Belfast HSC Trust ('The Trust') gave an undertaking to carry out an Equality Impact Assessment (EQIA) on each policy or group of co-joined policies where screening had indicated that there may be significant implications in relation to one or more of the nine equality dimensions.

The Trust welcomes any comments which you may have in terms of the Equality Impact Assessment.

A copy of this EQIA report is available on the Trust's website at http://www.belfasttrust.hscni.net

Deadline for comments will be:

To facilitate comments please see Appendix Three – Consultation Pro-forma. Following consultation a summary report will be made available.

1.2 Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, 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.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trust submitted its adopted Equality Scheme to the Equality Commission for Northern Ireland (ECNI) in June 2007. The Scheme
outlines how the Trust proposes to fulfil its statutory duties under Section 75. Following approval of the Scheme, existing policies were screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- Is there any evidence of higher or lower participation or uptake by different groups?
- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy issue?
- Is there an opportunity to promote equality of opportunity between the relevant different groups, either by altering the policy, or by working with others in government or in the larger community, in the context of the policy?
- Have consultations with relevant groups, organisations or individuals indicated that policies of that type create problems specific to any relevant group?
- Consideration was also given to the health and social inequality, disability discrimination and human right implications.

Further, the Trust gave a commitment to apply the above screening methodology to all new policies as an integral part of the development process and where necessary and appropriate to subject new policies to further Equality Impact Assessment.

1.3 The Equality Impact Assessment Process

An Equality Impact Assessment is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties (Annex 1 – Procedure for conduct of Equality Impact Assessment). Whilst an EQIA must address all nine Section 75 categories, it does not need afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.
An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

This current EQIA shall follow seven separate elements as outlined in the Equality Commission’s guide to Statutory Duties:

1. Consideration of available data and research
2. Assessment of Impacts
3. Consideration of measures which might mitigate any adverse impact or alternatives which might better achieve the promotion of equality of opportunity
4. Formal Consultation
5. Decision by public authority
6. Publication of results of EQIA
7. Monitor for Adverse impact in the future and publication of results of such monitoring.

1.4 Trust’s Background, Purpose and Structure

1.4.1 Background to the Trust

The Belfast HSC Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. The Belfast HSC Trust has been formed from the following six Legacy Trusts :

- Belfast City Hospital Trust
- Green Park Healthcare Trust
- Mater Hospital Trust
- Royal Hospitals Trust
- North & West Belfast H&SS Trust
1.5 Trust’s Purpose, Values and Objectives

Purpose:

The purpose of the Belfast HSC Trust is “to improve health and wellbeing and reduce health inequalities”

Values:

The values to which Belfast Trust are committed are as follows: Respect and Dignity, Accountabilities, Openness and Trust and Learning and Development.

Strategic Objectives:

On the firm base of the organisational values, five strategic objectives have been developed. These five objectives support the purpose and shape the strategic direction over the next three to five years:

1. To provide safe, high quality and effective care
2. To modernise and reform our services
3. To improve health and wellbeing through engagement with our service users, local communities and partner organisations
4. To show leadership and excellence through organisational and workforce developments
5. To make the best use of our resources to improve performance and productivity.

1.6 Management Structure

The Management Structure of the Belfast Trust is as follows:-
The Trust’s Headquarters is situated at:

Roe Centre  
Knockbracken Healthcare Park  
Saintfield Road  
BELFAST  
BT8 8BH

Telephone number: 028 9056 5555  Minicom number: 028 9056 5406  
The Trust also has a freephone enquiry line. This provides information about Trust services: Telephone number: 0800 228844.

A summary description of Mental Health and Learning Disability is as follows: -

**Mental Health and Learning Disability**

Responsible for the development and delivery of a high quality service to adults with mental health needs and learning disabilities within community, primary and secondary care settings.
Mental Health and Learning Disability Management Structure

- Director of Mental Health & Learning Disability
  - Associate Medical Director
    - Planning and Performance Manager
    - Co-Director
      - Mental Health
        - Primary Care Manager
        - Acute Services Manager
        - Recovery Services Manager
        - Service User Consultant
          - Quality & Performance
          - Service Improvement & Governance Manager
    - Co-Director
      - Learning Disabilities
        - Supported Living & Day Services Manager
        - Community Treatment & Support Services
        - MAH Operations & Nursing Manager
SECTION 2

BACKGROUND TO SERVICE PROVISION

2.1 Current service profile
2.2 Acute Inpatient Mental Health Beds
2.3 Psychiatric Intensive Care Unit (PICU)
2.4 Key Drivers for Change
2.5 Future Model
2) BACKGROUND TO SERVICE PROVISION

2.1 Current Service Profile

Operating within the available resources and the principles of fairness and reasonableness, Mental Health Services within the Belfast HSC Trust deem it timely and appropriate to reform and modernise the provision of acute mental health services.

The Belfast Trust provides its acute mental health services through the three elements of Home Treatment services including community treatment beds, day treatment services and its acute inpatient services.

2.1.1 Home Treatment Service including Community Treatment Beds

The Trust’s Home Treatment Team, established in 2007, includes a consultant psychiatrist, nursing, social work staff and a psychologist and provides intensive support without the need for hospital admission.

The service:

- Operates 24-hours a day seven days a week
- Remains in contact with the patient until their crisis is resolved
- Acts as a sole gate-keeper for mental health inpatient beds; and
- Offers a range of psycho-social, psychotherapeutic and psychopharmacological interventions to service users at home.

The success of the Home Treatment Team has been most visible since April 2009, when it took on responsibility for coordinating all admissions into the Service. The reduction in bed days has been accompanied by a reduction in the number of people admitted for inpatient care. There were sixty-nine fewer admissions to acute wards between April to August 2009/10 when compared to April to August 2008/09. This is directly correlated to the increase in home treatment referrals.

This trend has been sustained and continues to such a degree that there are on average twenty-five-twenty-six empty beds in Belfast across the three units. In order to maximise efficiencies within the service a ward of twenty-four beds will be able to close and staff redeployed to wards where there are significant vacancies. This will improve staffing levels in
the remaining beds improving quality and reducing bank and agency usage.

2.1.2 Day Treatment Services

Day treatment is currently provided by a single day treatment team located at Woodstock. The team provide day treatment services from a number of centres including Woodstock, Carlisle Well-Being and Treatment Centre and other community facilities.

2.2 Acute Inpatient Mental Health Beds

Some people will require admission to an inpatient unit for a period of assessment and/or treatment. The Trust currently has three acute mental health inpatient units, Windsor House (thirty-five beds) at the Belfast City Hospital, Knockbracken (Dorothy Gardiner (male) and Rathlin (female), forty-eight beds) and the Mater Hospital (fifty-five beds).

2.3 Psychiatric Intensive Care Unit (PICU)

Occasionally people may be very ill and need to be moved to a more secure environment within hospital i.e. the Psychiatric Intensive Care Unit (PICU). The PICU within the Belfast Trust is called Avoca and is situated at Knockbracken Healthcare Park. There are currently twelve beds available in the Unit.

The Trust’s aim is that services will be provided more locally within the community and admissions to mental health beds will be reduced because of early intervention and continuity of treatment and care in the community.

The Belfast HSC Trust favours a model of care that provides more community based services such as day treatment services and crisis beds in the community.

2.4 Key Drivers for Change

There are a number of documents, which are significant in influencing the way mental health services are delivered into the future. A summary is provided below.
2.4.1 Commissioner Strategy and Commissioning Statement

The Trust’s commissioner for mental health services, the legacy EHSSB, has published two relevant documents in relation to the future of mental health services in the Boards area:

- The EHSSB Strategy for Adult Mental Health Services (2004) reflects much of what is in the Bamford Vision Report; and

- The Commissioning Statement on the Future Provision of Acute Psychiatric In-patient Services (2007) in the Board’s area which was quality assured by ATM Consulting.

2.4.2 The Bamford Review

The Bamford Framework envisages that, with the appropriate development of community based services, the need for admission to hospital will be much reduced and that patients will stay for a much shorter period. This will result in a reduction in the number of acute mental health inpatient beds required.

2.4.3 Belfast Trust Consultation on the Future of Acute Psychiatric Inpatient Provision

In May 2008 the Belfast HSC Trust commissioned, an independent consultant, to carry out a consultation exercise on the future of the existing three psychiatric units in Belfast with key stakeholders including service users, carers, GP’s and staff. The issues that have emerged from the consultation exercise are summarised below:

In relation to a vision of an effective mental health service:

- All participants indicated they would like to see ‘a modern fit for purpose building(s)’ which supported the delivery of high quality care. There was universal acceptance that the current acute inpatient mental health buildings are unfit for purpose and the need to improve, enhance or replace the current buildings.

- For many of the stakeholders the quality of the patient experience was much more important than location and structure of any future inpatient provision.
In relation to the future location of services:

- There was no clear consensus as responses to the consultation exercise tended to be very dependent on where an individual worked or had received treatment.

- For the majority of carers the link between any changes to acute inpatient provision and community based service provision was uppermost in their thinking.

2.4.4 Priorities for Action 2008/09 – 2010/11

The Priorities for Action documents sets out the key priorities for Health and Social Care services as identified by the Minister. The targets contained within the most recent PFA document set out a number of targets in relation to mental health services targets, i.e.

- By 2011, ensure a 10% reduction in admission to mental health hospitals

- By 2011 ensure a 10% reduction in the number of long-stay patients in mental health hospitals

- By 2009, ensure a thirteen week maximum waiting time for defined psychotherapy services.

2.4.5 Delivering the Bamford Vision

In October 2009, the Minister for Health, Social Services and Public Safety, published ‘The Response of the Northern Ireland Executive to The Bamford Review of Mental Health and Learning Disability – Action Plan 2009-2011’. The Bamford Action Plan will drive change over the coming years. In relation to Mental Health Services the plan outlines that its focus will be the provision of a comprehensive range of safe and effective services that support people with mental health needs to achieve and maintain their maximum level of functioning. This will be achieved through a focus on the recovery model, by providing an early and appropriate service response, as far as possible within the primary and community care sector.

In relation to the development of inpatient services the action plan details that “There will still be a need for some people to be admitted to hospital for assessment and treatment. The continued development of
community mental health services, however, should result in a 10% reduction in admissions to mental health hospitals by 2011. Over time there will be a shift from large psychiatric institutions to smaller psychiatric units and a network of step-up and step-down facilities closer to the community, with a smaller number of beds overall” (DHSSPS, 2009, The Response of the Northern Ireland Executive to The Bamford Review of Mental Health and Learning Disability – Action Plan 2009-2011, Pg 56).

2.4.6 Excellence and Choice – A Consultation on Adult Mental Health Services in Belfast

The consultation documents were sent to a broad range of stakeholders and made available on the Trust’s website. In addition to the postal consultation process a public meeting was also held on 25th February 2009 at the Grosvenor Hall in Belfast. The Trust received forty-six written responses to the consultation on Mental Health Services.

Following the consultation period, referenced in paragraph 1.1 and which concluded on 26th March 2009, a number of recommendations were made to Trust Board:

- That the Excellence and Choice Consultation paper recommending the modernisation of the Mental Health Services in Belfast be approved
- That a single acute mental health inpatient unit should be developed with PICU co-located with the new unit.
- That the Modernisation of Mental Health Day Support Services Paper recommending the closure of Victoria Day Centre as a further step in the development of a recovery based day support service be approved; and
- That the development of an implementation plan by the management of Mental Health Services which will provide assurances to the Trust Board that the process of change will be managed in a safe and effective way be approved.
Summary

In summary the policies influencing the changes required in the Trust’s current services are endorsing an increase in the level of community home based treatment and care along with a reduced reliance on acute mental health hospital inpatient beds.

2.5 Future Service Provision in Mental Health

The Trust is guided in its approach to modernising Mental Health Services by a number of general principles:

- Services are person-centred
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs
- Everyone has the right to community living
- Everyone has the right to experience the same level of service regardless of location
- Services will be planned, implemented and evaluated in partnership with users and carers
- All mental health services will be provided on a Belfast wide basis
- Service improvement and modernisation will be based on best practice
- Staff will be supported in their professional and personal development; and
- Services will be delivered in an efficient and effective manner within available resources.

2.5.1 The future model

This proposed future model would result in a centralisation of mental health inpatient acute services at a single inpatient purpose built unit on the Belfast City Hospital Site, consisting of eighty beds for acute mental health and a twelve bed Psychiatric Intensive Care Unit facility for use by the Belfast HSC Trust area and the South Eastern Trust Area, (as commissioned by the Board in accordance with a recent review of current usage and projected requirements for the medium to long term.)
2.5.2 Benefits of single purpose built mental health inpatient facility

The Trust has outlined its ultimate objective to create a single, new and purpose built acute mental health unit in previous consultations. Key stakeholders concurred with the Trust’s belief that the people of Belfast would be best served by such a facility and inherent to this single purpose-built establishment would be many benefits.

The benefits of the new model are many. More people will be able to have support and treatment provided to them in their own homes as opposed to a hospital admission. Those who do not require hospital admission, but for whom home treatment is no longer an option, can avail of home treatment in the community treatment beds.

It is envisaged that this single acute unit could help cement a sense of collaborative working and joint purpose amongst those involved in delivering safe and effective mental health care and that they could share specialist expertise and best practice and communication would also be greatly enhanced.

2.5.3 Supporting Changes in the Model of Care

The Department of Health has recognised that additional resources are required for mental health to deliver the modernisation of services set out in the Bamford Review. Initially an extra £44 million has been secured by the Minister to begin this process within Northern Ireland over the next three years.

The Belfast Trust currently has around £57 million available from commissioners to support the delivery of mental health services. The resources available to the Trust include the impact of efficiency savings of 3% a year from 2008-2011, which health and social care services are required to achieve.

The EHSSB has made available through the Health and Wellbeing Investment Plan (HWIP) almost £5 million of new investment over the current three years to enhance the range of community services available within Belfast which will support the delivery of the proposed new mental health service model.
2.5.4 Home Treatment

The Trust is already experiencing and expects to see more people receiving home treatment and being supported and treated locally rather than centrally.

Home treatment can be provided in a person’s own home, or for a short-term basis, in community treatment beds (six residential beds), currently located at Old See House on the Antrim Road. Referrals to the service are made by GP's and by community mental health staff.

2.5.5 Community Treatment Beds

The community treatment beds complement the Home Treatment Service and further reduce the need for people experiencing mental illness to be admitted to acute mental health beds.

The service has the capacity to successfully enable many patients to receive intensive care and treatment without admission to hospital.

Figures regarding uptake of home treatment illustrate an upward trend with more service users each year being able to avail of treatment at home. The Trust anticipates that more people will avail of its new community home treatment beds in Old See House and this will facilitate people who are unable to remain in their own home to continue to receive treatment in the community, thus avoiding unnecessary hospital admission.

2.5.6 Day Treatment

The Trust has already begun to modernise the way day treatment is provided by moving away from a centre-based day hospital approach to delivering care and treatment more locally to patients. The Acute Day Treatment Service offers an intensive programme of therapeutic interventions within a safe, supportive structure, thus enabling patients who would otherwise require inpatient care, to remain at home.

As a result of developments in acute care and recovery the Trust expects to see fewer admissions to hospital with those patients who are admitted having shorter length of stay for inpatient treatment and being able to return home more quickly than currently. The Trust will also want to see an enhancement of therapeutic interventions, including
psychological therapies, for those requiring admission to an acute inpatient bed.

2.5.7 Acute Hospital Mental Health Hospital Services - Rationale for Eighty Acute Beds

As a result of improvements in patient flow, reduction in delayed discharges and a reduction in the need to admit patients from outside Belfast, the Belfast Trust has reduced its reliance on beds and will need fewer acute hospital beds in the years ahead.

2.5.8 Acute Inpatient Beds for 18-64 Age Group

Bamford states that ‘the requirement for acute inpatient provision should reduce to approximately twenty places per 100,000, their location recognising the advantages of general hospital settings.’ (This relates to 18-64 age group).

Belfast Trust currently serves a population of 345,000. The requirement for inpatient provision for Belfast using Bamford recommendations would equate to seventy beds.

This is supported by work undertaken by the EHSSB (ATM report) which initially proposed the commissioning of one hundred and seventy-four beds for those aged 18-64 until community services are fully developed, and then moving to one hundred and ten beds (seventy for Belfast Trust and forty for South Eastern Trust).

2.5.9 Acute Inpatient Beds for those over 65

15% of bed days (on average) are occupied by patients aged >65. The Trust will ensure that there is adequate provision for those in this age group to avail of mental health services. There will be ten beds nominally allocated for the provision of services to those over 65 with functional mental illness.

2.6 Implementation

While the position on bed numbers has been detailed by both Bamford and ATM acute inpatient beds will reduce as community provision continues to develop, supported by the commissioner. It is envisaged that beds will reduce in a phased way over the next three to five years. It
is anticipated that the Trust will eventually operate with approximately eighty acute inpatient beds.

This reduction will be possible due to:

- Ongoing development in home treatment service
- Consistent admission protocols with only those requiring intensive support being admitted resulting in reduced admissions. Inpatient admissions should only be required for people with the most severe episodes of mental disorder, typically psychosis and severe depression; and
- Reduced length of stay as those patients admitted will have intensive treatments and interventions to enable them to be discharged to community settings as quickly as possible.

Acute service provision in eighty beds will only occur when the service is centralised on one site (approximately five years). During this period the integrated, recovery model will have developed sufficiently to support this reducing reliance on inpatient beds.

The three current acute mental health inpatient units at Knockbracken, Mater Hospital and Windsor housing one hundred and thirty-eight beds in total would close.

**Psychiatric Intensive Care Unit Beds**

The Trust currently has twelve PICU beds in Avoca, providing services for the Belfast area.

In line with the modernisation of mental health services PICU services have been reviewed. It is the intention of the Health and Social Care Board (Eastern Area) to commission twelve beds for the Eastern Area (six for Belfast Trust and six for South Eastern Trust) in a modern purpose built facility adjacent to the acute inpatient unit. These figures are based on mental health combined mapping.

For Belfast Health and Social Care Trust mental health services, the objective is to provide person-centred, seamless community-based services, informed by the views of service users and their carers and making prevention and early intervention key priorities. This must be achieved through a coherent approach that enhances people’s ability to
live full lives within their own community. Inappropriate admission to hospital must be prevented and, where admission is necessary, early discharge must be facilitated. The expansion of psychological therapies through primary care-oriented models will enable common, mild-to-moderate, mental health problems to be addressed in a timely and accessible manner.

This is consistent with the vision set out by the Bamford Review for the reform and modernisation of mental health services.

Mental health services within the Belfast HSC Trust have engaged in an ongoing consultation with its key stakeholders – namely staff, service users, carers and representative organisations to ensure that the process of reform and modernisation was open, transparent and inclusive.

**Summary**

In summary the future service provision of mental health services will deliver:

- Enhanced home treatment services
- Day Treatment Services – delivered on an outreach basis
- Community treatment beds
- Acute inpatient services on one site; and
- PICU services - adjacent to a single acute inpatient unit.

The one hundred and ten beds proposed in the medium term for the Eastern area, compared to the current two hundred and eighteen beds, reflects the confidence within the Belfast Trust that the recovery focussed model will sustain the delivery of a new model of care. With this proposal for eighty acute beds, the Trust is signalling its intention to continue to develop its community mental health services as per its Health and Wellbeing Investment Plans into 2010/11 and beyond.

Likewise the Commissioner requirements for a twelve bed PICU facility for the Eastern area, merging two inappropriately sized facilities, brings this service into line with the scale of services across the UK. With the sustained improvements in the patient flow throughout the mental health system, both Commissioners and Trusts are confident that PICU will
continue to reduce average length of stay and deliver services only to those who are in need.
SECTION 3
OPTIONS CONSIDERED FOR OPTIMUM LOCATION OF NEW FACILITY

3.1 Long List of Options
3.2 Discounted Options
3.3 Shortlist of Options
3.4 Preferred Option
3) OPTION APPRAISAL

This section sets out a summary of options considered by the Trust to meet the needs of the service. The list of options was developed by the Project Team based on an analysis of a strategic context, vision and objectives for the service set out earlier in this Report.

Mindful of the Section 75 considerations the Trust convened an Option Appraisal on the understanding that the preferred option would be subject to rigorous scrutiny in the emerging Equality Impact Assessment. Prior to the Options Workshop on 22\textsuperscript{nd} July 2009, a high level equality assessment of the long list of options was undertaken to see if any should be precluded on grounds of significant adverse impact in terms of equality, human rights or disability discrimination. At this initial assessment, no options needed to be excluded from consideration at the options workshop.

3.1 Long List of Options

An options workshop was held on 22\textsuperscript{nd} July 2009 where a sub-group of the mental health inpatient operational group met to undertake the key steps in the option appraisal process. The group comprised of sixteen members and was representative of all current inpatient sites and all professions and included trade union representation.

They began with a list of nine potential options for the proposed acute mental health inpatient reconfiguration. This began with the option to do nothing and this option was retained through the process to act as a comparator for any shortlisted options. The second option was to look at the refurbishment of existing sites. Option 3, 4 and 5 looked at the option of centralisation of all acute mental health inpatient beds on the Mater site, Knockbracken site and Belfast City Hospital site respectively. Option 6 dealt with the centralisation of these beds on a site within Greater Belfast, which is not currently owned by the Belfast HSC Trust – the two sites proposed were the Court House site and Girdwood Barracks both on the Crumlin Road, whilst Option 7 proffered two sub-choices to centralise all acute mental health beds on an existing Trust owned site - 7a Musgrave Park Hospital site and 7b Forster Green Hospital site. Finally, Option 8 involved the reconfiguration of all beds onto the Royal site.
3.2 Discounted Options

Option 2 – Refurbishment of three sites was discounted at the options workshop. The rationale for its failure to shortlist was attributed to a number of reasons - it did not comply with the strategic vision to develop person centred seamless services from one site. Secondly it would be virtually impossible to refurbish Windsor and the Mater to the appropriate Health Building Note Standards. Furthermore refurbishment of this scale would cause major disruption to services. Not all of the three current sites would have the appropriate availability of service linkages whether hospital links or links to promote inclusion – socially or recreationally.

Option 6 – that was to centralise all beds on a site not owned by Belfast Trust:
Option 6a was Girdwood Barracks site, on the Crumlin Road and it did not proceed to shortlist because the Trust do not own the site and would have to incur additional cost to take the project forward and secondly, there are a number of areas that are still awaiting resolution from the Girdwood Barracks Master plan. These are mainly issues arising out of the Department of Social Development’s Equality Impact Assessment particularly regarding Housing. The interdepartmental working group were unable to advise on timeframe for resolution of the above. Both the timescale and cost precluded this option.

Option 6b was the Court House Site (Crumlin Road) is 7600sq metres and is a Grade B+ listed building. This option was not taken forward to shortlist for a number of reasons –the size of the site would mean that it could not accommodate the new acute inpatient unit. Moreover because the Court House is a listed building, the Trust would need planning permission and there would be no guarantee that it this proposal would be approved and the consultation period required for a listed building of such significance would impact negatively on the project. Because it is a listed building, having to use it for a modern acute mental health unit would compromise both design and the clinical effectiveness of the unit. Lastly the cost of the project would increase as the Trust would have to purchase the site. Additional costs would also be incurred as specialist consultants would be required to provide advice on the specialist refurbishment of a listed building.

Option 7b – the reconfiguration on the Forster Green site was ruled out from further examination. The site is currently being developed to provide a new inpatient mental health facility for children and
adolescents. As well as potential significant risk of co-locating adult and children’s mental health services, the group conceded that further mental health services on this site might engender an institutional location.

Option 8 – to provide adult inpatient mental health beds on a new purpose built site on the Royal Group of Hospitals site. This option was not taken forward on the basis on limited capacity on the site due to other planned strategic developments. The group also recognised that due to the congestion of the site, that it would not be best placed to offer a new facility.

3.3 Shortlist of Options

The following synopsis provides details of the options that were short-listed for further consideration against agreed criteria to identify preferred option

Option 1 – Do Nothing
Services remain on three sites providing one hundred and thirty-eight acute mental health beds (forty-eight Knockbracken, fifty-five Mater and thirty-five Windsor). This option was taken forward as the baseline option.

Option 3 – Centralise all Acute Mental Health Inpatient Beds on Mater Site
This option involves the reconfiguration of acute mental health inpatient services to provide eighty inpatient beds plus twelve PICU beds. The beds will be provided in a new, purpose built facility on the Mater Hospital site. This option was taken forward to short list. The Trust currently owns a small, narrow strip of land adjacent to the Fairview buildings, opposite the main hospital site on which a new facility could be developed. This option will be examined in further detail at the next stage in the process.

Option 4 – Centralise all Acute Mental Health Inpatient Beds on Knockbracken Site
This option involves the reconfiguration of acute mental health inpatient services to provide eighty inpatient beds on one site plus PICU beds. The beds will be provided in a new, purpose built facility on the Knockbracken site. This option was taken forward to short list as there would be sufficient land on which to develop a new facility. This option will be examined in further detail at the next stage in the process.
Option 5 – Centralise all Acute Mental Health Inpatient Beds on Belfast City Hospital Site
This option involves the reconfiguration of acute mental health inpatient services to provide eighty inpatient beds on one site plus PICU beds. The beds will be provided in a new, purpose built facility on the Belfast City Hospital site. This option was taken forward to short list as it was felt that with some reconfiguration of the site there would be sufficient space to develop a new build. This option will be examined in further detail at the next stage in the process.

Option 7 – Centralise all Acute Mental Health Inpatient Beds on an existing Trust owned site
This option involves the reconfiguration of acute mental health inpatient services to provide eighty inpatient beds on one site plus PICU beds. The beds will be provided in a new, purpose built facility on a Trust owned site which has sufficient space to enable the development to take place. Trust owned sites that would have sufficient space are:

Option 7a - Musgrave Park Hospital site
This option involves the reconfiguration of acute mental health inpatient services to provide eighty inpatient beds plus PICU beds (number to be confirmed) on the Musgrave Park Hospital site. The beds will be provided in a new, purpose built facility. This option was taken forward to short list as there would be sufficient land on which to develop a new facility. This option will be examined in further detail at the next stage in the process.

3.4 Preferred Option

When ranked against the other shortlisted options, Option 5 emerged as the preferred option - to centralise all Acute Mental Health Inpatients on Belfast City Hospital Site.

The rationale for this decision is given as follows:

As regards Improvement in quality and effectiveness of service, the group proposed that service provision would be improved as an environment could be created that would be enhance service provision
In terms of **Compatibility with strategic direction** this solution would:

- Meet the Trust’s strategic direction of moving from three sites to one
- Would provide an environment conducive to recovery
- Is located close to acute facilities.

When considered for **Accessibility and Acceptability**, the BCH location was viewed as the most accessible and acceptable.

The Belfast City Hospital site, when assessed for **Availability of Other Service Linkages**, was acknowledged as being located on an acute site so clinical linkages readily available.

**Minimum disruption** – this option might result in some disruption to service users within Windsor although this would be minimised and managed by stopping admissions and utilising beds on other sites.

**Ease of implementation** – at the options workshop, the group recognised that there might be some site constraints due to location of other services but these could be identified in advance and resolved.

**Appropriate space** The BCH option involves a long, narrow site that may restrict space in some places resulting in double storey buildings.

With regard to **Flexibility to respond to future need**, it was felt that there would be the potential to increase capacity if required and that the Building could be re-used by other services on the site with some adaptations.

Full options appraisal available on request or to download from [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)
SECTION 4
CONSIDERATION OF AVAILABLE DATA AND RESEARCH

4.1 Strategic Data Sources
4.2 Local Data Sources
4.3 Population Profile
4.4 Belfast Health and Social Care Trust - Staff Profile
4.5 Additional Data Sources
4) CONSIDERATION OF AVAILABLE DATA AND RESEARCH

In keeping with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources.

The following data sources were used to inform this Equality Impact Assessment:

4.1 Strategic Data Sources

- DHSSPS Priorities for Action 2008/09 – 2010/11
- Investing for Health Strategy 2002
- Bamford Review
- Quality Assurance of its Acute Mental Health Mode on Eastern Board by ATM Consulting
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2001 Census of Population (Northern Ireland)
- Delivering the Bamford Vision -Action Plan 2009-2011 DHSSPS.
4.2 Local Data Sources

This document is also shaped by a number of Trust documents as follows: -

- “The Belfast Way”: A vision of excellence in Health and Social Care
- “New Directions”: A conversation on the future delivery of Health and Social Care Services for Belfast. (This document is subject to change as part of an on-going consultation process)
- The Belfast HSC Trust Delivery Plan
- The Belfast HSC Trust Corporate Plan
- The Belfast HSC Trust Health and Wellbeing Investment Plan (HWIP)
- Report on Belfast Trust Consultation on the future of Acute Psychiatric Inpatient Provision
- Good Practice Guide on Consultation and Communication in relation to Strategic Reform and Modernisation Programme – Belfast HSC Trust
- Proposed Reform and Modernisation of Mental Health Services (EQIA) – November 2008 http://www.setrust.hscni.net/
- Excellence and Choice in Mental Health
- Reform and Modernisation of Acute Psychiatric Inpatient Services
- EQIA Consultation on Reprovision of Acute Psychiatric Inpatient and Day Hospital Services from Windsor House.
4.3 Population Profile: Belfast Health and Social Care Trust

TABLE 1: Belfast & Castlereagh Area Population by S.75 Group

<table>
<thead>
<tr>
<th>Section 75 Group Area</th>
<th>Belfast Health and Social Care Trust Population – Approximately 345,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
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<tr>
<td>0 to 9</td>
<td>11.8%</td>
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<tr>
<td>10 to 19</td>
<td>15.9%</td>
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<tr>
<td>20 to 29</td>
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<td>60 to 69</td>
<td></td>
</tr>
<tr>
<td>70 to 79</td>
<td></td>
</tr>
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<td><strong>Religion</strong></td>
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<td>Roman Catholic</td>
<td>37.4%</td>
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<tr>
<td>Protestant</td>
<td>44.7%</td>
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<tr>
<td><strong>Political Opinion</strong></td>
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</tr>
<tr>
<td>(Based on council seats on Belfast City and Castlereagh Borough Councils)</td>
<td></td>
</tr>
<tr>
<td>DUP</td>
<td>26 seats</td>
</tr>
<tr>
<td>UUP</td>
<td>12 seats</td>
</tr>
<tr>
<td>Alliance</td>
<td>20 seats</td>
</tr>
<tr>
<td>SDLP</td>
<td>20 seats</td>
</tr>
<tr>
<td>Sinn Fein</td>
<td>14 seats</td>
</tr>
<tr>
<td>PUP</td>
<td>2 seats</td>
</tr>
<tr>
<td>Traditional Unionist Voice</td>
<td>1 seat</td>
</tr>
<tr>
<td>Independent</td>
<td></td>
</tr>
<tr>
<td>(based on over 16s)</td>
<td></td>
</tr>
<tr>
<td>Single (never married)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
</tr>
<tr>
<td>Re-married</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td></td>
</tr>
<tr>
<td>Section 75 Group Area</td>
<td>Belfast Health and Social Care Trust Population – Approximately 345,000</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dependent Status</td>
<td></td>
</tr>
<tr>
<td>(based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)</td>
<td>Dependent Children</td>
</tr>
<tr>
<td></td>
<td>No Dependent Children</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>(based on households with one or more person with a limiting long-term illness)</td>
<td>Disabled</td>
</tr>
<tr>
<td></td>
<td>Not Disabled</td>
</tr>
<tr>
<td>Ethnic Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Irish Traveller</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
</tr>
<tr>
<td></td>
<td>Indian</td>
</tr>
<tr>
<td></td>
<td>Pakistani</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>Other Asian</td>
</tr>
<tr>
<td></td>
<td>Black Caribbean</td>
</tr>
<tr>
<td></td>
<td>Black African</td>
</tr>
<tr>
<td></td>
<td>Other Black</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Other Ethnic Group</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Research indicates that 10% of a population is LGB.</td>
</tr>
<tr>
<td></td>
<td>(Source: Rainbow Project July 2008)</td>
</tr>
</tbody>
</table>

Source: Northern Ireland Census 2001 Key statistics (except Age. NISRA 2007 Mid-Year Population Estimates)

The Trust recognises that the Census figures do not provide a truly, accurate and up-to-date reflection of the Northern Ireland population, given that it was conducted in 2001. There have been significant demographic changes since then and the Trust does not rely solely on these census figures but rather looks to complement the statistics with other relevant quantitative and qualitative information sources.
**Additional information sources:**

- Number of people availing of home treatment
- Numbers of people availing of treatment from remaining units
- Complaints
- Ongoing support and review for patients and their families
- Monitoring statistics of service users
- Qualitative information through face to face consultation.

**NB: This list is not definitive and illustrates some examples of information sources.**

In terms of service users, the Trust’s current monitoring systems do not routinely gather across all nine Section 75 groups. Monitoring systems across the three sites have been inherited by the legacy Trusts. To try to address the gaps in service user information for the purposes of an Equality Impact Assessment, Mental Health services commissioned a one-off survey to be done with current users to reflect a snapshot profile of acute mental health inpatients.

This survey, which was conducted in mid-September 2009, yielded the following results:

**GENDER**

![Figure 1: Windsor by Gender](image-url)
There are now thirty-five acute inpatients in Windsor – 54% of whom are male and 46% female. This would indicate that men would be differentially impact by the service reconfiguration.

![Knockbracken by Gender](image)

**Figure 2: Knockbracken by Gender**

There are three wards on the Knockbracken site – Dorothy Gardiner which caters for male inpatients and Rathlin which provides accommodation for female inpatients. Avoca provides Psychiatric Intensive Care facilities for all the Belfast Trust area and is used for both genders. The table above demonstrates the combined numbers across the Knockbracken site. Similar to Windsor, Knockbracken has a predominance of male service users on acute mental health provision. There is a gender breakdown of 55% male and 45% female.

![Mater by gender](image)

**Figure 3: Mater by gender**

The Mater has three Wards for acute inpatient mental health – Ward J, K and L – this diagram illustrates the gender balance and similar to the other two sites, there are more males than females with a 54% -46% male to female composition. (Exactly the same as Windsor)
This bar chart shows an amalgamation of all current users to illustrate that the proposed reconfiguration would not change the gender composition with a male predominance of acute inpatient mental health facilities of 54%.

The age profile reflected from the snapshot profile ranges from eighteen – over sixty-five – the proposed reconfiguration would cater for those over eighteen and those over sixty-five. Essentially anyone over eighteen with a functional mental illness would access the service whilst Dementia Specific Services patients would be treated separately through services catering specifically for them in Older People and Medicine and Surgery. 45% of the current inpatient population of Windsor are aged between forty-five – sixty-four. The single inpatient acute facility would not cater for those under eighteen and they would be dealt with under their specialist service CAMHS – Children and Adult Mental Health Services.
Knockbracken Wards show a prevalence of people aged between twenty-five – forty-four (34%) and forty-five – sixty-four (34%) who are using acute inpatient mental health facilities most. The two under eighteen’s are being treated in adolescent beds within the Dorothy Gardiner facility.

The Mater wards show a similar pattern with the most common age range being between twenty-five – forty-four (34%) and forty-five – sixty-four (36%). The decline in users at sixty-five+ and under eighteen is due to the availability of dementia specific services and Children and Adolescent Mental Health services.
The post reconfiguration projection shows that the age profile would not differ significantly and that services would be available to all over eighteen’s with a functional mental illness. The exception to the pre-reconfiguration model would be that in the future there would be no provision of Adolescent beds within an adult inpatient mental health facility and they would be provided for in the CAMHS facility.

RELIGIOUS BELIEF

Of the thirty-five inpatients in Windsor, 49% are Protestant and 51% are Roman Catholic. There is no inpatient currently in Windsor of another religious belief.

The current inpatients at Knockbracken are predominantly Protestant (53%) and 19% are Roman Catholic, whilst 25% declared that they did not have a religious belief. Only one person comes from a different faith, other than Protestant or Catholic.
At the Mater, the current inpatient intake is predominantly Roman Catholic (50%) whilst the percentage of Protestants are 30%. Three of the fifty patients are from another religious belief, four have no religious belief. This leaves three patients whose religious denomination was not provided in the snapshot survey.

The most evenly distributed religious composition is at Windsor at present – the post reconfiguration model shows that the balance would be more equitable as opposed to having large majorities of one religion or another as currently experienced in Knockbracken and the Mater.
Figure 12: Post-reconfiguration by religious belief

POLITICAL OPINION

In terms of political opinion, only one of the three sites provided this information so this category is not included since it would not be reflective. Very often there can be a direct correlation between religion and political opinion in Northern Ireland. See 4.3 Population Profile: Belfast Health and Social Care Trust -Table 1: Belfast & Castlereagh Area Population by Section 75 Group

MARITAL STATUS

Of the thirty-five current inpatients at Windsor, five are married, twenty-three are unmarried, five are separated and two are widowed.

Figure 13: Windsor by Marital Status
This profile is similar across the other two sites with the majority of users being single or unmarried. 63% at Knockbracken and 74% at the Mater respectively fall into this category. The reconfiguration of services at the Belfast City Hospital would have little difference on service users being single or unmarried. (67%)

Figure 14: Knockbracken by marital status

Figure 15: Mater by marital status

Figure 16: Post reconfiguration by marital status
Caring responsibilities/Dependants Status

The majority of service users of acute inpatient mental health have no caring responsibilities (72% at Windsor, 98% at Knockbracken and 96% at the Mater.

Figure 17: Windsor by dependants

Figure 18: Knockbracken by Dependants Status

Figure 19: Mater by dependant status
The post-reconfiguration profile would indicate that 90% of the patients would have no caring responsibilities.

![Post reconfiguration by dependants status](image)

Figure 20: Post reconfiguration by dependants status

The Trust acknowledges that many of the patients will have carers and that the proposed location of the single inpatients facility may potentially impact on them. The Trust has not monitored how many of these inpatients have people who care for them and so will not at this stage be able to assess the impact of the proposed location of Belfast City Hospital on them. By definition the inpatient stay is considered short term in duration so that any impact will not be long-term. The consultation process will facilitate ongoing and meaningful engagement with these carers and families to ensure that their view and perspectives will help to inform the final outcome of the proposal.

Mental Health services will continue to be proactive in involving both carers and carer organisations in the consultation process.

**Disability**

It would appear that whilst conducting this snapshot survey across the different sites, there has been a varying interpretation of the term ‘disability’. As defined by the Disability Discrimination Act 1995, “Mental Illness which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities” constitutes a disability.

All current service users in Windsor acute inpatient facility deem themselves to have a disability and this would not indicate that they all have a physical or additional disability, but rather their disability would be attributed to their current mental ill health.
With disability Without disability

Figure 21: Windsor by disability

63% at Knockbracken stated that they did not have a disability – whilst 37% did. (n.b This question was only posed to inpatients at Dorothy Gardiner and Rathlin and not to the PICU (Psychiatric Intensive Care Unit) service users). It was established that given the acute nature of these patient’s illness that only information that was readily available would be gathered. This decision was taken on the advice of Clinicians and Mental Health management. 98% of patients at the Mater Mental Health Wards indicated that they did not deem themselves to have a disability.

Figure 22: Knockbracken by disability

Whilst the Trust has not historically gathered information on disability from service users, one could proportionately anticipate that a significant number of patients with mental illness of a nature and severity that necessitates an acute inpatient admission would fulfil the definition of disability stipulated in the Disability Discrimination Act 1995 (“Mental Illness which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”.)
Ethnicity

All service users at present in Windsor are white. At Knockbracken of the fifty-eight patients across the three wards, there was a significant majority of white people, and a small minority of other ethnic origins. The exact figures are not cited in this document as the lower percentage may reduce anonymity. In the Mater there is a very similar pattern. These percentages have been taken into account in the assessment of impact, but not published in this document. The Trust acknowledges that there is a low uptake of mental health services in general by ethnic minority people.
The table below depicts the composition of service users across the three sites and the projected composition of service users post reconfiguration in terms of the Section 75 categories. Post reconfiguration the profile would not vary greatly overall. In terms of religious belief, where there was most variance between some of the sites, the post reconfiguration profile would be more balanced. The disability statistics may not provide an accurate reflection since the interpretation of ‘disability’ was different across the three sites.

<table>
<thead>
<tr>
<th>S75 category</th>
<th>Windsor</th>
<th>Knockbracken</th>
<th>Mater</th>
<th>Post Reconfiguration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>52%</td>
<td>55%</td>
<td>54%</td>
</tr>
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<td></td>
<td>Female</td>
<td>46%</td>
<td>45%</td>
<td>46%</td>
</tr>
<tr>
<td>Age</td>
<td>0 – 17</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
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<td></td>
<td>18 – 24</td>
<td>11%</td>
<td>12%</td>
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<td></td>
<td>25 – 44</td>
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<td>45 – 64</td>
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<td>36%</td>
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<td></td>
<td>65+</td>
<td>9%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Religious Belief</td>
<td>Protestant</td>
<td>49%</td>
<td>53%</td>
<td>30%</td>
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<tr>
<td></td>
<td>Roman Catholic</td>
<td>51%</td>
<td>19%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>0%</td>
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<td>6%</td>
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<td>No Beliefs</td>
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<td></td>
<td>Not Known</td>
<td>0%</td>
<td>26%</td>
<td>6%</td>
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<tr>
<td>Marital Status</td>
<td>Unmarried</td>
<td>66%</td>
<td>64%</td>
<td>74%</td>
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<td></td>
<td>Married</td>
<td>14%</td>
<td>21%</td>
<td>4%</td>
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<td>Separated/ Divorced</td>
<td>14%</td>
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<td></td>
<td>Widowed</td>
<td>6%</td>
<td>12%</td>
<td>6%</td>
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<tr>
<td>Dependants</td>
<td>Caring Responsibilities</td>
<td>29%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Without Caring Responsibilities</td>
<td>71%</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td>Disability</td>
<td>With Disability</td>
<td>100%</td>
<td>33%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Without Disability</td>
<td>0%</td>
<td>67%</td>
<td>98%</td>
</tr>
</tbody>
</table>
N.B. Ethnicity has been gathered in the snapshot survey and duly assessed for potential adverse impact, however the breakdown is not provided to ensure confidentiality. Sexual Orientation and Political Opinion are not currently monitored.

**Ethnicity**

In the absence of routine or uniform gathering of ethnicity across the sites and given that this was a snapshot survey, another indicator of ethnicity is use of requests for Northern Ireland Health and Social Services Interpreting Services. This gives an indication of the language needs of foreign nationals and ethnic minorities and the following statistics have been extrapolated for the purposes of the Equality Impact Assessment. They indicate the level of demand for foreign language interpreters in the wards, inherently affected by the proposed reconfiguration of acute mental health inpatient services over a one year period.

**Acute Mental health Requests 1 August 2008 - 31 July 2009**

<table>
<thead>
<tr>
<th>Ward</th>
<th>Language</th>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mater Hospital</td>
<td>Polish</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Cantonese</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Farsi</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Hungarian</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td>Dorothy Gardiner Unit KHCP</td>
<td>Slovak</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Cantonese</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
</tr>
<tr>
<td>Rathlin Ward</td>
<td>Chinese</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Mandarin</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Cantonese</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Chinese - Hakka</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>134</strong></td>
</tr>
<tr>
<td>Avoca Ward KHCP</td>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>
4.4 Belfast Health and Social Care Trust: Staff profile

The information detailed below is based on the current monitoring arrangements undertaken by the Belfast HSC Trust, obtained via a monitoring form which each job applicant completes at the recruitment stage.

A key objective of the Trust’s Employment Equality and Diversity Plan is to further develop and expand its monitoring arrangements. Following regional discussion with Trust Equality Managers, the Equality Commission for NI and Trade Union Side, a revised monitoring form has been developed to capture information relating to the nine equality categories. The Trust is in the process of re-surveying its workforce and using this form for all job applicants, thus enhancing its database.

<table>
<thead>
<tr>
<th>Windsor House BCH</th>
<th>Language</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Farsi</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Chinese - Mandarin</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Arabic</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Slovak</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Spanish</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Turkish</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Polish</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>
Table 1: Belfast Health and Social Care Trust: Staff profile by Section 75 Group

<table>
<thead>
<tr>
<th>Section 75 Group</th>
<th>Belfast Health and Social Care Trust Staff Profile (June 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>16 to 24</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>Roman Catholic</td>
</tr>
<tr>
<td><strong>Political Opinion</strong></td>
<td>Not Currently Available</td>
</tr>
<tr>
<td><strong>Marital/Civil Partnership Status</strong></td>
<td>Divorced</td>
</tr>
<tr>
<td><strong>Dependent Status</strong></td>
<td>Not Currently Available</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>Disabled</td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td>Bangladeshi</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td>Not Currently Available.</td>
</tr>
<tr>
<td></td>
<td>Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)</td>
</tr>
</tbody>
</table>
The Trust’s Human Resources Management System lists a total of two hundred and seventy-seven people, employed in the service under review – seventy-three based in the City Hospital (Windsor Unit), ninety-seven based in the Mater Hospital and one hundred and seven based at Knockbracken. The staff includes Nurses (both qualified and unqualified) Doctors, Administrative and Clerical staff and Domestic Services staff. The profile of all staff for the service is compared below with the profile of all Trust staff to identify any potential adverse impacts on particular groups. Staff involved in providing outpatient services have not been included.

Table 2: Staff by Section 75 grouping

<table>
<thead>
<tr>
<th>Category</th>
<th>Grouping</th>
<th>City</th>
<th>Mater</th>
<th>Knockbracken</th>
<th>3 Sites</th>
<th>Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>29%</td>
<td>25%</td>
<td>33%</td>
<td>29%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>71%</td>
<td>75%</td>
<td>67%</td>
<td>71%</td>
<td>78%</td>
</tr>
<tr>
<td>Age</td>
<td>16-24</td>
<td>0%</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>25-34</td>
<td>23%</td>
<td>31%</td>
<td>15%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>35-44</td>
<td>37%</td>
<td>27%</td>
<td>26%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>45-54</td>
<td>25%</td>
<td>22%</td>
<td>32%</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>55-64</td>
<td>15%</td>
<td>10%</td>
<td>18%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Religion</td>
<td>Protestant</td>
<td>41%</td>
<td>33%</td>
<td>38%</td>
<td>37%</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Roman Catholic</td>
<td>52%</td>
<td>64%</td>
<td>54%</td>
<td>57%</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>Unknown/Other</td>
<td>7%</td>
<td>3%</td>
<td>8%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>66%</td>
<td>45%</td>
<td>51%</td>
<td>53%</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>30%</td>
<td>44%</td>
<td>41%</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>4%</td>
<td>10%</td>
<td>7%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Disability</td>
<td>Disabled</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td>Not disabled</td>
<td>21%</td>
<td>58%</td>
<td>41%</td>
<td>42%</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>79%</td>
<td>41%</td>
<td>57%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>Ethnic origin</td>
<td>White</td>
<td>86%</td>
<td>81%</td>
<td>66%</td>
<td>77%</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>13%</td>
<td>18%</td>
<td>29%</td>
<td>20%</td>
<td>22%</td>
</tr>
</tbody>
</table>

**Gender**

shows the breakdown of staff by gender. There is a higher proportion of female than male staff at each location (71% City, 75% Mater, 67% Knockbracken and 71% for all three locations). This is lower than the Trust as a whole, (78%).
**Age**
shows staff by age band.
At the City Hospital, 60% are under forty-five and 40% over forty-five.
At the Mater 67% are under forty-five and 33% over forty-five.
At Knockbracken 48% are under forty-five and 52% are forty-five and over.
For all three locations 59% are under forty-five and 41% forty-five and over.
In the Trust as a whole 61% of staff are under forty-five and 39% forty-five and over.

**Religion**
shows the community background of staff.
There are 37% Protestants (41% City, 33% Mater and 38% Knockbracken), 57% Roman Catholics (52% City, 64% Mater and 54% Knockbracken) and 6% Other or Unknown (7% City, 3% Mater and 8% Knockbracken).
In the Trust as a whole 44% are Protestant 47% are Roman Catholic, and 9% Other or Unknown.
Political Opinion
The Trust does not currently have information the political opinion of its staff.

Marital/Civil Partnership Status
shows the marital status of staff. Overall, 53% are Married (66% City, 45% Mater and 51% Knockbracken), 39% Single (30% City, 44% Mater and 41% Knockbracken) and 8% Other or Unknown (4% City, 10% Mater and 7% Knockbracken). This profile varies slightly from that of the Trust, where 56% of staff are recorded as married, 39% as single and 6% other or unknown.
Dependent Status
The Trust does not currently have information on staff members’ dependents.

Disability
Only 1% of staff have stated that they have a disability (2% Knockbracken, 1% Mater,) compared to the Trust figure of 0.6%.

Ethnic Group
On the three sites ethnic origin is not recorded for 21% of staff, 77% are White and 3% Other races. In the Trust as a whole 74% stated that they were White, 4% Other and 22% provided no information.

Sexual Orientation
The Trust does not currently have information the sexual orientation of its staff. It is considered reasonable to assume that up to 10% of the population is lesbian, gay, bisexual or transgender.
4.5 Additional Data Sources

- Equality and Inequalities in Health and Social Care in Northern Ireland
- Statement on Key Inequalities in Northern Ireland.
SECTION 5

CONSIDERATION OF ADVERSE IMPACTS

5.1 Scope
5.2 Equality Screening Outcomes
5.3 Assessment of impact on Section 75 Groups – Service Users
5.4 Assessment of impact on Section 75 Groups – Staff
5.5 Human Rights
5.6 Disability
5) CONSIDERATION OF ADVERSE IMPACTS

5.1 Scope

The scope of the Equality Impact Assessment is on the reconfiguration of acute mental health — with the preferred option being centralisation of Acute Inpatient Mental Health Services in a single purpose built unit at Belfast City Hospital.

This would effectively replace the three current Acute Mental Health Services provided at Knockbracken, the Mater and Windsor House.

5.2 Equality Screening Outcomes

During the Equality Screening process, the Belfast HSC Trust screened this proposal in — meaning that it should undergo a full Equality Impact Assessment. The Trust had highlighted in its final report on a previous EQIA (entitled Consultation on Reprovision of Acute Psychiatric Inpatient and Day Hospital Services from Windsor House) that the development of a single Acute Inpatient Facility would require a full business case and further Equality Impact Assessment and it committed to doing both at the appropriate time.

5.3 Assessment of impact on Section 75 groups - service users

Gender

The proportion of men using the Trust’s Acute Mental Health Services is higher than that of women. The proposed reconfiguration of services would continue to provide Acute Mental Health Services to both sexes and the current profile would be maintained post-reconfiguration.

Age

The majority of patients attending the Acute Mental Health Services are aged between eighteen and sixty-four. There is no significant difference between the services. There is known to be an approximate population of twenty thousand students living in South Belfast during term time, this figure is not reflected in census figures. The lower than baseline number of patients aged 0 – 17 reflects the specific provision for Children and Adolescent Mental Health Services. The lower number of over sixty-five’s reflects Dementia specific services for this group in the Older
Persons and Medicine Services and beds have been identified for this particular age group, but anyone over eighteen with a functional mental illness will be able to access the service.

**Religion**

The population who are inpatients in Windsor House are evenly split in terms of religion. The population of Knockbracken users appears to be predominantly Protestant whilst the Mater has more Catholics than Protestants. The projection for the post-reconfiguration model would indicate that 44% of the inpatients would be from the Protestant faith whilst 37% would be Roman Catholic. This variance is less than the difference in the Mater and Knockbracken and is more reflective of the baseline population of Belfast and Castlereagh

**Political Opinion**

Political opinion is not routinely collected and within the scope of the snapshot survey, this particular information was not forthcoming from any of the three sites. It is acknowledged that there can be a link between political opinion and religious belief in Northern Ireland.

**Marital Status**

Patients who are admitted to Acute Mental Health Services are more likely to be single than the general population 67% compared to a population baseline of 38%.

**Dependent Status**

The principal impact of any change on people with dependents is likely to be on carers. The nature of this impact will vary depending on the person being cared for. A number of people who use Mental Health Services may have Carers themselves.

**Disability**

Whilst the Trust has not historically gathered information on disability from service users, one could proportionately anticipate that a significant number of patients with mental illness of a nature and severity that necessitates an acute inpatient admission would fulfil the definition of disability stipulated in the Disability Discrimination Act 1995 (“Mental Illness which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”).
A provision of Acute Mental Health Services from one site will mean that some of the population will have to travel further to access the service, by a maximum of 1.2 miles for patients who formerly went to the Mater and approximately 5.5 miles for those who would have been admitted to any of the wards on the Knockbracken site. This may present difficulties for some people with reduced mobility; however, given the relative proximity of the three hospitals under consideration this should not have a major impact, particularly if travelling by ambulance or private car.

**Ethnicity**

The Trust is aware of the low uptake of Mental Health Services from ethnic minorities. The current monitoring systems used in Mental Health Services were inherited from three different Legacy Trusts; therefore there is disparity in information collected and major gaps in terms of ethnicity. As a result, a snapshot profile was obtained by use of a questionnaire to ascertain the ethnic composition of service users. This was used to provide additional information for this Equality Impact Assessment, alongside statistics from the Northern Ireland Health and Social Services Interpreting Service. The Belfast Trust will work to streamline monitoring systems across all sites and thus address this issue.

**Sexual Orientation**

While the Trust does not gather information on the sexual orientation of its users, population trends of 10% are assumed for gay, lesbian and bisexual community. (Source: Rainbow Project July 2008).

5.4 Assessment of impact on Section 75 Groups – Staff

**Gender**

The workforce on all three sites is predominately female (71%). This is lower than the Trust workforce as a whole, where the female to male ratio is 78%: 22%. The proportion of women is lowest at Knockbracken (67%).

**Dependent Status**

Whilst the Trust does not currently have information on the caring responsibilities of staff, statistics provided by Carers Northern Ireland
show that 17.6% of adults in Northern Ireland reported some caring responsibilities and that 62% of carers are female and 38% male. Any relocation for female staff is more likely to impact on their caring responsibilities, particularly in respect of the proximity of their work base to their home.

Age

In the Trust as a whole 61% of staff are under forty-five and 39% are forty-five and over. In the areas under review 58% are under forty-five and 42% are forty-five and over. There is some variation between the sites. In the Mater the proportion of staff under forty-five is highest at 67% and lowest in Knockbracken at 48%. The age profile of staff means that any staffing reorganisation will have more of an effect on younger staff.

Religion

The staff profile for the Trust is 44% Protestant, 47% Roman Catholic and 9% Other/Not Known. Overall, there is some variation in the religious profile of staff at the three locations. In total at the three locations there are 37% Protestants (41% City, 33% Mater and 38% Knockbracken), 57% Roman Catholics (52% City, 64% Mater and 57% Knockbracken) and 6% Other or Unknown (7% City, 3% Mater and 8% Knockbracken). If the preferred option is accepted there will be a higher proportion of Roman Catholics than Protestants who may have to move from their present work location as a result of the re-organisation.

Political Opinion

The Trust does not currently have any means of identifying or recording the political opinion of its staff.

Disability

The proportion of staff stating that they have a disability is 1% compared with 0.6% in the Trust as a whole. It is therefore unlikely that the proposed changes will have an adverse impact on people with disabilities. The Trust will continue to ensure that reasonable adjustments are made for disabled staff if it is necessary for them to change post or location.
Ethnicity

Ethnic origin is not recorded for 20% of staff in the areas under review. Of those with a recorded ethnic group, 96% are White and 4% Other Ethnic Origins. This is similar to the Trust as a whole where 95% of those whose ethnic origin is known stated that they were White and 5% Other Ethnic Origins.

Sexual Orientation

The Trust has no means of identifying or recording the sexual orientation of its staff.

Travel to Work

The Table below shows the post codes of the staff at each location

<table>
<thead>
<tr>
<th>AREA</th>
<th>BELFAST CITY HOSPITAL</th>
<th>KNOCKBRACKEN HEALTHCARE PARK</th>
<th>MATER HOSPITAL</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO ANTRIM</td>
<td>8</td>
<td>11%</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>CO ARMAGH</td>
<td>3</td>
<td>4%</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>CO DOWN</td>
<td>7</td>
<td>10%</td>
<td>52</td>
<td>49%</td>
</tr>
<tr>
<td>LISBURN</td>
<td>6</td>
<td>8%</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>EAST BELFAST</td>
<td>6</td>
<td>8%</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>NORTH BELFAST</td>
<td>8</td>
<td>11%</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>SOUTH BELFAST</td>
<td>19</td>
<td>26%</td>
<td>33</td>
<td>31%</td>
</tr>
<tr>
<td>WEST BELFAST</td>
<td>16</td>
<td>22%</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>CO TYRONE</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>NOT KNOWN</td>
<td>0%</td>
<td>2</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>73</td>
<td>107</td>
<td>97</td>
<td>277</td>
</tr>
</tbody>
</table>

The majority of staff at all three locations live in or close to Belfast. Staff travel to each of the three sites from a range of locations across Belfast and beyond. Most of the administrative and support staff, live close to their place of work. In the Mater Hospital 26% of staff live in North Belfast and 14% in West Belfast. At Knockbracken 48% live in County Down and a further 31% in South Belfast which would also be close to the City Hospital site. As the staff living close to their place of work are mainly in administrative and clerical and support posts, it may be possible for some of them to be re-deployed at their present location. It may also be possible for some of the staff to re-locate to similar work.
within the community in North Belfast as the Trust develops community provision for mental health at Old See House.

5.5 Human Rights

In terms of human rights, the Trust regards the proposed reconfiguration as having potential positive impact on human rights of the service user.

By providing a reformed and modernised service model, the Trust aims to provide the highest attainable standard of mental health services within the resources available.

By focusing on the recovery ethos and moving towards community based provision and home treatment services from inpatient acute facilities, there could well be a positive impact in terms of Article 8 Right to Home & Family Life in that many of those in need of mental health services will be able to access the support they need and still remain at home.

Privacy will be upheld in that service users needing acute inpatient treatment will have single bedrooms and ensuite bathrooms as opposed to current facilities housing dormitory style wards and shared bathrooms.

There is a potential improvement in terms of Right to Life as regards the proposed new accommodation in that the building will be purpose-built to provide a safer environment and thus minimise potential risk.

5.6 Disability

Cognisant of the recent extension to the Disability Discrimination legislation: “to promote positive attitudes toward people with a disability and to enable them to participate more fully in a public life”, the single purpose built unit for inpatient mental health will promote equality of opportunity for inpatients. The building will be designed in line with international best practice and Health Building Note Standards. The facilities and layout along with the new model of care will greatly enhance the inpatient journey. Bamford advocated this direction of travel and the creation of such a facility would underpin a strong commitment and positive attitude toward people with a disability.
SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES

6.1 Introduction

6.2 Service Users

6.3 Staff
6.1 Introduction

The consideration of mitigating measures and alternative policies is at the heart of the EQIA process. Mitigation can take the form of lessening the severity of the adverse impact. Having considered all relevant information, the Belfast Trust indicates herein proposed measures to mitigate adverse impact or methods identified to better promote equality of opportunity.

6.2 Service Users

Gender

More men are users of the Trust’s Inpatient Acute Mental health Services and thus will be differentially impacted as a result of the single inpatient unit being located at the Belfast City Hospital. The Trust does not anticipate any adverse impact in terms of gender on service users. The Trust will continue to monitor uptake of the services post-configuration and to engage with key stakeholders to ensure that any impact is not greater than predicted.

Age

The age of patients across the three sites is very similar with the most part falling into the bracket age forty-five – sixty-four. The Trust does not anticipate that the profile will change post-configuration - so there is unlikely to be any adverse impact on any age group. However, any issues which may arise will be mitigated by the following measures:

- A Single Point of referral has been developed and will soon be able to offer urgent appointments with professional staff to those who require it
- Mental health liaison services will be improved at A&E Departments.

Religion

The religious profile of Windsor is the most evenly divided between Catholics and Protestants. According to statistics the other Acute Hospital sites appear to have more of one or other religion attending and this would largely be a reflection of the population living in the vicinity of
each hospital. The Trust will work and continue to engage with Community Groups and public representatives in the Belfast area to ensure that the Belfast City Hospital is deemed readily accessible to all sections of the community. Any changes will also be the subject of a public awareness and education initiative to ensure people know how to access services appropriately i.e. through the Trust’s Single Point of Referral.

Ethnic Minority

Services at the new single acute mental health inpatient facility will be person-centred and person-led. They will be accessible to all sections of the community. Within the proposed schedule of accommodation, there are plans to house multi-faith worship facilities.

Political opinion

The Trust will continue to engage with political representatives and organisations to ensure that their views and the perspectives of their constituents are taken on board.

Marital Status

A differential percentage has been identified, as people using mental health services are more likely to be single. The Trust feels however that the proposed single acute inpatient mental health unit at the Belfast City Hospital will not lead to a differential impact over the location at any of the other options.

Dependent Status

As the nature of any impact on carers will vary depending on the person being cared for, the principal mitigating measures for this category are those suggested elsewhere in this document. In addition to this the Trust will engage with carers and carers’ representatives during the consultation process to access their perception of any differential impact.

Disability

Given the relative proximity of the three hospitals under consideration the proposal should not have a major impact on those with physical disability, particularly if travelling by ambulance or private car. The Trust
will nevertheless engage with relevant advocacy groups, umbrella organisations and other interested parties as part of its public consultation.

The Belfast City hospital site is well served by the public transport network and is deemed accessible in terms of its central location. The Belfast City Hospital has a train station adjacent to it and there is also a free shuttle bus going from the Royal Victoria Hospital to the Belfast City Hospital.

The Mater Hospital is well served by public transport however people coming from south or east Belfast would need to take two separate buses to reach it.

Knockbracken is also not readily accessible as it is on the outskirts of the city – a journey from North, West or East Belfast would incur two different bus journeys.

Disability access will improve with the creation of a single purpose built acute inpatient unit – the current accommodation in Windsor and the Mater both have first level accommodation and the disability access could be improved.

The proposed new build will be purpose built and in line with Health Building Note Standards and will comply with access requirements as set out in disability discrimination legislation.

The Trust anticipates that rather than having an adverse impact, the provision of purpose built accommodation in partnership with users, carers and organisations from across the disability sector will promote equality of opportunity.

The Trust will endeavour to monitor disability more robustly in the future and make appropriate arrangements for disabled patients accessing acute inpatient services. The Trust’s aspiration is to provide person-centred, person-led services so services will be holistic and responsive and sensitive to each individual.

**Ethnicity**

In order to mitigate the potential impact on access to mental health services in general, the Trust will work with the Health and Social Care Board and ethnic minority groups to increase awareness of Primary
Mental Health Services, with a view to increasing uptake of services among the ethnic minority population.

Externally, Mental Health Services will continue to work with community groups and representatives and also to conduct more outreach initiatives to ensure that more individuals from ethnic minorities avail of these services. Mental Health Services shall also work in partnership with the Health and Social Inequalities Team, Community Development and Health Improvement internally to look at ways of overcoming any barriers to accessing Mental Health Services.

Sexual Orientation

In order to explore the impact of the proposed changes on this section of the population, the Trust will engage with gay, lesbian and bisexual advocacy groups as part of its public consultation.

Multiple Identity

The Trust recognises that people - service users or staff - do not neatly fit into one Section 75 category and that pure statistical information does not capture these multi-faceted complexities- e.g. a woman from an ethnic minority presenting with mental health issues may have dependants and these may present different needs in terms of service provision or employment. This is why the Belfast Trust will not rely solely on quantitative data but rather engage on a one-to-one basis with the service user, carer and family and patient advocate ensuring that they receive a sensitive and responsive service.

The Mental Health Services within the Belfast HSC Trust are committed to monitoring service uptake, service user satisfaction surveys, staff satisfaction surveys, (supervision and regular review meetings for staff). Services for users with mental health needs will be provided on a person-centred, person-led basis and tailored according to the individual's needs.

6.3 Staff

The proposal to replace the current service provision with a single purpose built unit on the Belfast City Hospital site will impact on those staff currently working in the City, Mater and Knockbracken as some staff need to move from one site to another if they want to remain within
their chosen specialism. The post code analysis indicates that staff are already travelling across Belfast to work as not all staff live close to their work location. In the Mater for example 26% of staff working there live in North Belfast and 14% live in West Belfast. There will be some opportunities for staff to remain in North Belfast and work in the Mental Health community service. At Knockbracken 31% staff live in South Belfast which is accessible to the City Hospital site.

The Trust is committed to improving the productivity and utilisation of all our staff over the next number of years. In so doing, this process will be characterised by openness, transparency, involvement, recognition and engagement with our staff and Trade Union Side colleagues.

The Trust has developed a Good Practice Guidance on Consultation and Communication in relation to its Strategic Reform and Modernisation Programme. This Guidance sets out the consultation and communication framework, the essentials of public consultation by the Trust and most importantly details the staff and equality considerations to be undertaken by Managers.

General guiding principles to be applied:

- Staff will be kept fully informed and will be supported during this process

- Every possible effort will be made to avoid compulsory redundancies to keep valuable skills and experience within the Trust and to minimise costs and provide value for money

- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes

- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

It should also be noted that at the time of issuing this consultation document the Trust is in the process of developing and agreeing an “Organisational Management of Change – Human Resource Framework” with its Trade Union representatives. This framework will be supplemented with a number of agreed detailed protocols relating to issues such as arrangements for vacancy control, redeployment, relocation, pay protection, retraining, redundancy, etc.
The main impacts anticipated for staff are:

- Staffing levels
- Relocation
- New ways of working/Retraining and/or re-skilling.

**Staffing levels**

While the number of beds in the new unit will be lower, the new proposed model and delivery of care will require a higher staff:patient ratio than in the existing units. The proposals within the Bamford Review identified a need for additional staff in community mental health services in Northern Ireland.

The Trust will comply with all relevant employment and equal opportunities legislation when implementing the proposed changes.

**Relocation**

Whilst the preferred option has been stated within the consultation document, decisions on the position and location of service in the proposals will form part of the consultation process. Where staff are required to relocate, the Trust’s guidance, agreed with Trade Union Side, on the protocol/process of staff movement within the Belfast Trust will be applied.

The Protocol on Staff Movement within the Belfast Trust has been developed in consultation between Management and Staff representatives to ensure the smooth and effective transfer of staff with respect to change in workforce location. It takes account of the statutory obligations, including those arising out of Section 75 of the Northern Ireland Act, Equality Laws and their specific significances in relation to employment and location issues.

The protocol has been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust’s flexible working arrangements.
A redeployment protocol is currently being developed as part of the Organisational Management Framework. Consideration can be given to redeploying some staff to work in the community mental health service or to posts within the Mater and Knockbracken. There may also be a possibility that some staff can relocate to posts in the community within their local area.

**New Ways of Working/retraining and/or re-skilling**

The Trust will be expanding the number of places on the Home Treatment service and six community beds will be relocated to the new Mental Health Treatment and Resource Centre on the site of Old See House in North Belfast. Appropriate training will be provided to all staff whose job role changes.

The Trust will give consideration to the provision for different work patterns and/or arrangements to facilitate employees' personal circumstances whenever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust’s range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

**Staff Support**

The Trust will put in place a range of support mechanisms for individual staff and will include:

- Staff support
- Career counselling
- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on pension, early retirement and redundancy consideration where applicable
- Advice and guidance on Human Resource policies and procedures.
Partnerships

The Trust in partnership with Trade Union Side will consider how it will minimise any adverse impact on the workforce resulting from the proposed changes.

Change and the management of change will be taken forward through partnership approaches and consultation and negotiation with Trade Unions.

The measures outlined above, when implemented, are intended to mitigate any significant adverse impact for staff.
SECTION 7

FORMAL CONSULTATION, PUBLICATION AND MONITORING

7.1 Formal Consultation
7.2 Publication
7.3 Decision of the Public Authority
7.4 Monitoring
7.1 Formal Consultation

The Trust wishes to consult as widely as possible on the findings included in this Equality Impact Assessment. With this in mind the Trust proposes to take the following actions:

- A press release will be prepared and submitted to various media outlets
- Prominent advertisements inviting the public to comment on this matter will be placed in the main newspapers in Northern Ireland, in accordance with normal practice
- A letter will be issued to Consultees listed in the Trust’s Equality Scheme
- Individuals or organisations who have expressed an interest in receiving detail on acute mental health reconfiguration will automatically receive a copy of this Equality Impact Assessment
- In addition to this, Mental Health have identified key stakeholders and organisations who should be added to the Trust’s corporate consultation list and automatically receive these papers
- A copy of this report will be posted on the website;
- Individual consultation meetings will be arranged with representatives of particular interest groups if requested.
- The report will be made available, on request, in alternative formats including Braille, disk and audio-cassette and in minority languages for those who are not fluent in English.

The closing date for responses is Friday 5th March 2010.

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2 A list of all Consultees is available on request and online [www.belfasttrust.hscni.net/involvingyou](http://www.belfasttrust.hscni.net/involvingyou)

3 A list of all Consultees is available on request and online [www.belfasttrust.hscni.net/involvingyou](http://www.belfasttrust.hscni.net/involvingyou)

4 A list of all Consultees is available on request and online [www.belfasttrust.hscni.net/involvingyou](http://www.belfasttrust.hscni.net/involvingyou)
This Equality Impact Assessment sets out proposals for changes to Mental Health Services. Consultation on these proposed changes is an important aspect of the Equality Impact Assessment process. The Trust will follow the Good Practice Guide on Consultation and Communication in relation to this EQIA.

This document contains a considerable amount of information and statistics and we understand there may be questions and clarification needed on aspects of the document.

The Belfast Trust appreciates and values the importance of consultation with those who may be affected by these proposed changes. The Trust recognises that for consultation to be meaningful and effective, that the means employed to consult must be appropriate and responsive to those with mental health needs. Therefore, to ensure that full and inclusive consultation takes place and all stakeholders have the opportunity to comment on the contents of this document, the Belfast Trust proposes to implement a range of consultation measures which include:

**Consultation meetings**

These meetings will be held at a range of venues and will be attended by senior managers from the Trust.

**Staff meetings at Mater, Knockbracken and Windsor**

This will enable staff and Trade Union Side to be engaged fully in the consultation process.

**Focus Groups**

Whereby a group of key stakeholders or interested individuals or parties come together to discuss and focus on the core issues intrinsic to a proposal or course of action.

The Trust would be keen to accommodate whatever form of communication may be required to facilitate consultation, this may include:
• Written
• E-mail
• Telephone
• Fax
• Face-to-face
• Advocacy

If none of the above are suitable to your needs, the Belfast Trust and would welcome suggestions or ideas on appropriate methods of consultation. Additional copies of this EQIA are available from the Belfast Health and Social Care Trust website: http://www.belfasttrust.hscni.net/

Responses to this EQIA can be made using the questionnaire to be found at the end of this document. Before you submit your response, please read Appendix A regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

In the interests of accessibility this document can be made available in a range of alternative formats.

For further information please contact:

Belfast HSC Trust
Health & Social Inequalities Department
Graham House, Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH
Tel 028 9056 6700
E-mail: orla.barron@belfasttrust.hscni.net

7.2 Publication

The outcomes of this EQIA will be posted on the Trust’s website and/or made available on request. The Trust will issue the outcome of this EQIA to those who have submitted to its consultation on this issue.
7.3 Decision of Public Authority

The Trust will take into account the consultation carried out in relation to this EQIA before a final decision is made.

7.4 Monitoring

In keeping with the Equality Commission’s guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Trust’s location of an acute mental health inpatient facility at Belfast City Hospital 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 Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the Trust’s location of an acute mental health inpatient facility at Belfast City Hospital results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.
## APPENDIX 1

### GLOSSARY OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>EQIA</td>
<td>Equality Impact Assessment</td>
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<td>PMHT</td>
<td>Primary Mental Health Team</td>
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<td>PICU</td>
<td>Psychiatric Intensive Care Unit</td>
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<td>ECNI</td>
<td>Equality Commission Northern Ireland</td>
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<td>EHSSB</td>
<td>Eastern Health and Social Services Board</td>
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<tr>
<td>PFA</td>
<td>Priorities for Action</td>
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<tr>
<td>LGB</td>
<td>Lesbian Gay Bisexual</td>
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<td>HWIP</td>
<td>Health &amp; Well-being Investment Plan</td>
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<tr>
<td>HSC</td>
<td>Health and Social Care</td>
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<tr>
<td>BHSCT</td>
<td>Belfast Health and Social Care Trust</td>
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<td>CMHTS</td>
<td>Community Mental Health Teams</td>
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<td>AHP</td>
<td>Allied Health Professionals</td>
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<td>MAH</td>
<td>Muckamore Abbey Hospital</td>
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<tr>
<td>DFP</td>
<td>Department of Finance and Personnel</td>
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<tr>
<td>KHCP</td>
<td>Knockbracken Healthcare Park</td>
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<tr>
<td>RPA</td>
<td>Review of Public Administration</td>
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<tr>
<td>NISRA</td>
<td>Northern Ireland Statistics and Research Agency</td>
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<tr>
<td>CAMHS</td>
<td>Children and Adolescent Mental Health Services</td>
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APPENDIX 2

Section 75 and Schedule 9
The Northern Ireland Act 1998

Consultation Questionnaire

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing the questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. Closing date for this consultation is Friday 5\textsuperscript{th} March 2010 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by email, letter or fax as follows:

Mrs Orla Barron
Equality Manager
First Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Tel: 028 90 960069
Fax: 028 90 566701
Or email: orla.barron@belfasttrust.hscni.net
Before you submit your response, please read Appendix 3 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.**

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<th>Name:</th>
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<td>Position:</td>
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I am responding: as an ☐ individual on behalf on an ☐ organisation (please tick)

Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals.
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented.

Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?
The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.
THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.
APPENDIX 3


Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited 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 general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do 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 withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.