



**Belfast Health and
Social Care Trust**

**Strategic Response to the Comprehensive
Spending Review 2008-2011**

**Section 75 and Schedule 9
The Northern Ireland Act 1998**

An Equality Impact Assessment 2008

November 2008

Belfast Health and Social Care Trust Strategic Response to the Comprehensive Spending Review 2008–2011

An Equality Impact Assessment

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**STRATEGIC RESPONSE TO THE
COMPREHENSIVE SPENDING REVIEW 2008 – 2011**

AN EQUALITY IMPACT ASSESSMENT (EQIA)

Acknowledgment:

The Belfast Health and Social Care Trust would like to thank Dr John Kremer, Co Author of the Equality Commission for Northern Ireland Equality Impact Assessment Guidelines and the Health & Social Inequalities Team for their input to the preparation of this EQIA.

Belfast Health and Social Care Trust

Response to the Comprehensive Spending Review 2008-2011

Executive Summary

1) Introduction

To achieve the successful delivery of the significant change programme outlined in the Programme for Government and as a consequence of the scale of the savings required under the Comprehensive Spending Review (CSR) Programme, delivery will only be achieved through a robust formal change programme agreed in partnership with Key Stakeholders.

The Belfast Health and Social Care Trust is working towards transforming and enhancing the way Health and Social Services can be delivered to the citizens of Belfast.

This Reform and Modernisation of Services has two objectives :-

- ① To improve the patient and client experience (work on the strategic direction of services has already commenced with the Trust's formal consultation on 'The Belfast Way' and 'New Directions';)
- ② To achieve more effective service delivery through better resource utilisation and performance improvement (this is incorporated in the MORE Programme: Maximising Outcomes, Resources and Efficiency).

This document sets out the Belfast Health and Social Care Trust's (the Trust's) proposals contained within the Reform, Modernisation and Efficiency Programme, to meet the Comprehensive Spending Review efficiency targets set for the Trust. The Comprehensive Spending Review requires the Trust to achieve a 9% reduction in its spending over the three year period, April 2008 to March 2011.

This Equality Impact Assessment (EQIA) process is undertaken as part of the Trust's equality screening and EQIA commitments and to ensure the Trust meets its Section 75 Equality obligations.

The purpose of this overarching EQIA is to set out :-

- The Regional and Local context to the Comprehensive Spending Review;
- The Trusts approach and proposals to meet the Comprehensive Spending Review efficiency targets;
- To outline the Equality outcomes of the Screening process on the proposals to date;
- To outline the consideration of data available and measures to mitigate potential adverse impacts;
- To engage with stakeholders and provide a mechanism for feedback on the proposals and Equality outcomes to date.

The Trust is committed to ensuring it meets, not just its' statutory requirements in regard to communication, engagement and consultation set out in its values, but also its' objective of working in partnership with key stakeholders.

In keeping with the Trust's commitments in its Equality Scheme the Trust has subjected the proposals to Equality Screening in line with the Equality Commission for Northern Ireland Guidelines. The Trust will be carrying out further Equality Screening and EQIAs where necessary and appropriate on the range of proposals outlined.

The Trust will be embarking on a comprehensive process of engagement on its strategic direction for services including the proposals set out in the Reform, Modernisation and Efficiency Programme. It is intended to commence this formal consultation and engagement process in January 2009. An indicative timeline on consultation proposals and EQIAs is set out in Page 20 of this document

2) Background to the Trust

The Belfast Health and Social Care Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. The Belfast Health and Social Care 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
- South & East Belfast H&SS Trust

The Trust serves the population, not only of Belfast and Castlereagh but all of Northern Ireland with its Regional Services. It provides the full range of hospital, community and social care services for older people, for children and for people with mental health, learning disability, physical disability as well as acute and rehabilitative care, for patients and clients.

Health and Social Services Trusts (HSS) are provided for under Article 10(1) of the Health and Personal Social Services (NI) Order 1991 and the functions of the Trusts are conferred by this legislation.

The Belfast Health and Social Care Trust :-

- employs approximately 22,000 staff
- covers a population of 340,000
- has an annual income of approximately £1,000 million.

The Management Arrangements put in place to enable the Trust to carry out its Statutory Responsibilities and to conduct its business are contained in Section One of this document.

3) Trust's Purpose, Values and Objectives

The Purpose of the Trust is :-

“to improve health and wellbeing and
reduce health inequalities”

The Values which guide our behaviour, our attitudes, the decisions we make and what we expect of one another are:

- respect and dignity;
- accountability;
- openness and Trust;
- learning and development;

The Trust has five key objectives shaping its strategic direction and priorities :-

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

4) Health and Social Care Reform

The basic rationale for the reform of Health and Social Care provision in Northern Ireland is to create structures that are patient/client-led, patient/client-centred and patient/client-responsive, and which free resources for investment in front line services. The reduction in the number of Trusts from nineteen to six (including the Ambulance Service) has made a start in this direction.

5) The Trust Context (Health and Social Care Reform)

The New Structures are designed to offer the opportunity to improve Health and Social Care across Belfast with a greater focus on delivering services based around the needs of individuals and less around institutions or location. The challenge for the Trust over the next few years is to create an overarching and unified Health and Social Care system for its population. The Trust believes it is timely to modernise the way Health and Social Care is delivered.

The Trust has started a process to examine how it will deliver its services in the future with its consultation and engagement processes on :-

- The Belfast Way : a vision of excellence in Health and Social Care for 2008 – 2013 including pre-consultation workshops and a formal consultation document issued 18th July – 12th September 2008;

- New Directions : a conversation on the future delivery of Health and Social Care Services for Belfast including pre-consultation processes with stakeholders and a formal consultation document issued 29th August – 7th November 2008.

This period 2008/2011 coincides with the first budget period in the Northern Ireland Assembly which offers significant financial opportunities and challenges for Health and Social Care across Northern Ireland. In order to create revenue for re-investment into front line services, each Health and Social Care Trust must find 3% efficiency savings per annum in each of the next three years.

In the case of the Trust the efficiency target required as a result of the Comprehensive Spending Review for each of the next three financial years is £25m, £56m and £92m representing savings of 2.5%, 5.5% and 9% of the Belfast Trust's financial budget over the three year period.

In addition to these demanding efficiency targets there are a number of underlying deficits which have been inherited by the Trust from its six Legacy organisations. This results in the Trust having to find a total of nearer £130 million savings over the next three years.

Achieving the required levels of efficiency savings is a significant and complex undertaking. The Trust has adopted a strategic approach to this task which is grounded in the vision and strategic direction of the organisation. The Trust has embarked on a Reform, Modernisation and Efficiency Programme which focuses on resource utilisation, performance improvement and effective service delivery. This comprehensive programme has been named the MORE Programme (Maximising Outcomes Resources and Efficiencies) reflecting the aims of the programme in terms of maximising outcomes, resources and efficiencies. The programme aims to deliver the best care for patients and clients and deliver the best possible value for money.

The Trust has established the MORE Programme as the overarching vehicle which will lead the Reform, Modernisation and Efficiency Programmes and improves our services and enable the release of the necessary savings. The Trust has undertaken a number of external and internal communications and consultations in regard to its MORE Programme.

The Trust received notification in October 2008 from the Department of Health, Social Services and Public Safety advising the Trust's outline proposals for meeting the efficiency targets had been considered and to ensure the Equality and Consultation processes are undertaken.

This overarching EQIA is now part of a process of engagement the Trust will be undertaking with its Service Users, Staff, Trade Unions, the Voluntary and Community Sector and the General Public on the proposals to meet the efficiency targets.

6) Section 75 Equality Duties

6.1 Legislative Background

In Northern Ireland there are a number of pieces of Equality Legislation that place statutory duties on Public Authorities. The Belfast Health and Social Care Trust is a designated Public Authority.

Equality Legislation that effects the Trust includes :-

- The Northern Ireland Act 1998 (Section 75 (i) and (ii));
 - The Disability Discrimination Act 1995 (as amended);
 - The Human Rights Act 1998;
- (this list is not exhaustive)

The Trust also has firmly embedded its' commitment to improve Health and Wellbeing and reduce Health and Social Inequalities setting it out as its core purpose. Health and Social Inequality issues will also be taken into account in assessing the impact of proposals.

The Trust is wholly committed to the principle of promoting equality of opportunity and good relations and in so doing will operate within the letter and spirit of the legislation in fulfilling its statutory duties as set out in Section 75 of the NI Act 1998.

6.2 Equality Scheme

The Trust's Equality Scheme is an important document in that it sets out the measures it has put in place to ensure that it delivers on its statutory obligations. The Equality Scheme is available to download at www.belfasttrust.hscni.net

The focus of the Trust's Equality Scheme is now on new emergent Strategies and Policies. The Trust has given a commitment to subject new and proposed policies to Equality Screening and Equality Impact Assessment where appropriate and necessary in the same way as it has done with its existing policies. The Trust will also pay regard to the Human Rights Act in its policy development processes. Similarly, the Trust will also ensure the new Disability Duties (Section 49A of the Disability Discrimination Act 1995 refers) are embedded in its decision making process.

7) Reform, Modernisation and Efficiency Programme

The Trust has embarked on a strategic reform programme which focuses on resource utilisation, performance improvement and effective service delivery. The comprehensive programme has been named the MORE Programme reflecting the aims of the programme in terms of maximising outcomes, resources and efficiencies.

The Trust's MORE Programme has been drawn up as a strategic response to the Programme for Government 2008-11, Investment Strategy 2008-11 and Executive Budget 2008-11 and a number of underlying financial pressures. The scale of the challenge is such that the traditional cost efficiency / cash releasing projects which have been delivered in the past will not be sufficient.

This programme is designed to address the strategic, clinical, operational and financial performance issues which will ultimately drive service improvement, productivity and efficiency.

The Trust's efficiency proposals have been categorised into three broad headings within the MORE Programme as follows :-

- ① Workforce;
- ② Non-Pay Economies and Efficiencies;
- ③ Health and Social Care Process Improvements and Service Reform;

Workforce

The main focus of the workforce initiatives is around productivity improvements and robust workforce management across all staff groups and services across the Trust. The Trust anticipates savings of £31m, £41.1m, £44.9m over the three year period.

Non-Pay Economies and Efficiencies

It is assumed that the Trust will receive approximately 40% of the efficiencies which are projected to be delivered from the Regional Procurement and Pharmacy Workstreams. The Trust anticipates savings of £3m, £6m and £10m over the three year period.

In addition, non pay efficiency targets have been applied to each Service and Corporate group of ½%, 1% and 2% of non-pay funding over the three year period 2008/09 to 2010/11. Efficiencies in this category will centre around product and service standardisation across the Trust, the review and effective management of contracts, using the Trust's enhanced purchasing power, the elimination of waste (particularly around energy, stock-holding etc.) and the increased use of recycling. The Trust anticipates efficiencies of £2m, £4m and £8m over the three year period 2008/09 to 2010/11.

Health and Social Care Process Improvements and Service Reform

The third strand of the MORE Programme focuses on Service Reform and Modernisation. Under this strand the Trust and its Service Groups will fundamentally review the systems, processes, activities and resources that have traditionally been used to provide Health and Social Care to its Patients and Clients. The Trust anticipates savings of £7m, £30m and £59m over the three year period.

The Trust's approach is principally centred on thinking differently and taking new and innovative approaches to service delivery, particularly in the use of technology, thereby increasing efficiency and productivity and maximising outcomes.

In light of this the Trust has identified four overarching themes and organisational workstreams, within which a number of proposals and schemes will be programmed and performance managed.

- Hospital / Institutional Process Reform;
- Hospital / Community Interface Reform and Enhancement of Community based Services;
- Strategic Service Reform;
- Impact of Technology;

Further details are provided on each of these in Section 3 of the document.

8) Context of this EQIA

This is an overarching EQIA which links the Trust's Reform, Modernisation and Efficiency Programme proposals to the Programme for Government 2008 – 2011, Investment Strategy 2008 – 2018 and the Executive Budget for 2008 – 2011 and a number of underlying financial pressures. The Executive Budget 2008 – 2011 places a requirement on all Health Trusts' in Northern Ireland to achieve 3% efficiency on Trust spending each year over the three-year life span. In the case of the Belfast Trust this equates to £92 million spending reduction to be achieved by March 2011. In addition to this demanding efficiency target there are a number of underlying deficits inherited by the Trust from its' six legacy organisations. This results in the Trust having to find total savings nearer £130 million savings over the next three years. The Trust's proposals set out in its MORE Programme are to meet the total efficiency savings requirements.

It is also important to set in context that many of the MORE proposals are in line the with the strategic direction of the Trust and a number of notable strategic drivers, that are based on considered consultation that has already been carried out, for example :-

- Developing Better Services (DBS) – Acute (Hospital based services);
- Regional Strategy 'A Healthier Future (2005-2025)';
- Health and Well-being Strategy for Older People 2005-2015;
- Bamford Review – Mental Health and Disability Services;
- 10-year Strategy for Children and Young Persons;
- Department of Health Equality, Good Relations, Human Rights Strategy and Action Plan;
- Department of Health Priorities for Action 2008-09 etc.;

Other key strategic documents are referred to in Section 4 of this document. The Trust has also undertaken a formal Consultation process on 'New Directions', a conversation on the future delivery of Health and Social Care services in Belfast. This sets out the proposed strategic direction for services. The principles proposed by the Trust are :-

- Improve health and wellbeing and reduce health inequalities;
- Focus on prevention of illness, early assessment and intervention;
- Focus on individual needs and choices;
- Provide safe, high quality and effective care;
- Improve accessibility to Services, provide equity and welcome diversity;
- Localise where possible, centralise where necessary;

- Integrate services (through partnership working);
- Provide clear directions to services, reducing fragmentation and frustrating services;
- Maximise utilisation of assets;

9) Risk

It is important to note the proposals contained in the Trust's MORE Programme carry a range of risks to their achievement. For example :-

- Ministerial, political and community support for the changes proposed and their impact on local facilities and services;
- The need for meaningful community, staff and trade union engagement and consultation may impact on some of the timescales and outcomes set out;
- The need to develop capacity and capability within the workforce to make the shift to new models of care and service provision.
- The availability of capital to make the necessary investments to support the change programme;
- Other risks are referred to in Section 3 of this document.

10) Equality Assessment and commitment to further Equality and EQIA Process

The Trust has submitted each of the Proposals set out in the MORE Programme, in the first instance to a high level Equality Risk Assessment to assign an indicative Risk Rating. Each proposal was then subjected to the Equality Screening process. The results of which are set out in Section 3. The Equality Screening process used was that set out in the Trust's Equality Scheme, approved by the Equality Commission for Northern Ireland.

The following criteria used :-

- Is there any evidence of higher or lower participation or uptake by different groups;
- Is there any evidence that different groups have different needs, experience, issues and priorities in relation to a particular policy issue;
- Is there an opportunity to promote equality of opportunity between 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 groups;
- Consideration was also given to the health and social inequality, disability discrimination and human right implications”.

Of note, the Trust has given a commitment to completing a number of further detailed Equality Screening reports on some of the proposals that are considered to have some impact on patients, clients and staff and which require further scrutiny to ascertain any potential adverse effects along with a commitment to conduct a number of detailed EQIAs on specific proposals that are complex and the full impact(s) are unknown at this stage.

Screening outcomes are listed in Section 3 of this document. An indicative timetable for future EQIA's is set out in Page 20 of this document. This timetable will be dependent on a number of factors, including the risks highlighted, the consultation process and as such may be subject to change over the life span of the Reform, Modernisation and Efficiency Programme.

11) Equality Integration with the Reform, Modernisation and Efficiency Programme

The Trust has established a programme infrastructure to support and performance manage the delivery of the MORE Programme.

Two key organisational bodies have been established with clear responsibility for the MORE programme :-

1) The MORE Programme Assurance Board

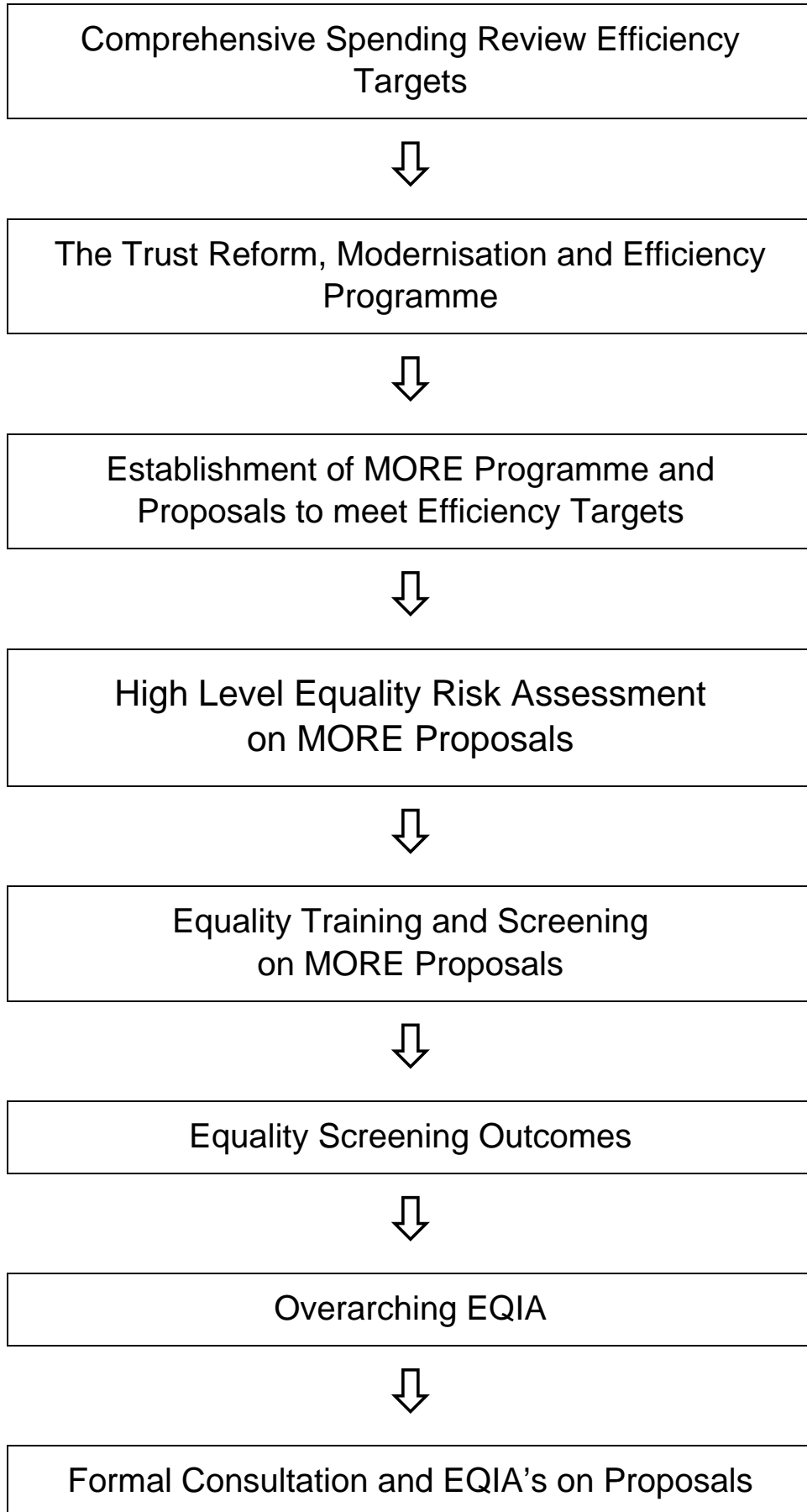
This Board has responsibility for overseeing the programme ensuring that its plans are robust and that the required objectives are achieved. The Director of Human Resources is a member of the MORE Assurance Board.

2) The MORE Steering Group

This Group has responsibility for the planning and delivery of the MORE Programme. The Director of Human Resources with accountability for the Equality requirements within the Trust is a member of the Group; together with the Co-directors for Pay, Partnership and Employee Relations and Recruitment, Resourcing and Utilisation.

The MORE Project Reporting Structure: The Co-Director with responsibility for Equality reports to Project Steering Group on Equality issues and updates.

Key Stages in the Equality Process



This table illustrates how the Trust has included equality, good relations, human rights and disability consideration into its MORE Programme Management Structure and its MORE Programme processes. The model provided for an initial high level equality risk assessment, equality screening of each Service Group's specific proposals which in turn has led to the identification of further detailed screening reports and the need for EQIA's, each necessitating their own targeted engagement strategy with stakeholder interests.

12) Information Sources

The Trust has drawn on a wide range of information sources to inform this overarching EQIA and its equality screening outcomes.

Qualitative ie. regional strategic drivers, regional sources of information eg. Equality and Inequalities in Health and Social Care in NI, ECNI Statement of Key Inequalities in NI, NI Multiple Deprivation Measures, Social Trends, local data sources

and

Quantitative ie. statistical information on the population of potential patients and clients within the Belfast area drawn from NISRA (NI Statistical Research Agency) and staffing profile of existing employees.

13) Conclusion and Way Forward

Stringent efficiency targets have been set for the Trust by the Department of Health, Social Services and Public Safety as a consequence of the Government's 2007 Comprehensive Spending Review. The Trust recognises the significant challenges which lie ahead, organisationally, clinically and financially and understands the need to reform and change in order to deliver sustainable improvements against this demanding Health and Social Care agenda over the next ten years.

Achieving the levels of change required is a significant and complex undertaking.

The Trust has adopted a strategic approach to the programme which is grounded in the Vision and Strategic direction of the organisation. The programme aims to deliver the best care for patients and clients and deliver the

best possible value for money. Under the MORE Programme the Trust has been critically examining and fundamentally assessing the ways in which it delivers its services and has identified and targeted areas where recurrent and sustainable improvements and efficiencies can be achieved. It is imperative that patients and clients safety is not compromised and that clinical services, including activity levels are maintained and where possible improved. The programme is essentially about ensuring the **right** person is doing the **right** thing in the **right** place./

It is likely there will be impacts on each of the Section 75 groups and affected staff. Some of the impacts will be more significant than others as illustrated through the Equality Screening process and as such these proposals will be subject to further detailed scrutiny in the form of individual Screening Reports and Equality Impact Assessments as required.

Screening Outcomes

The Equality Screening outcomes of the MORE projects have been classified as follows:

Screened Out	Little or no impact on S75 equality obligations
Complete Detailed Screening Report	Some impact that needs further consideration to address potential for adverse impact on patients, clients and staff
EQIA	Conduct full Equality Impact Assessment

Note : Normally a Screening process is used to identify which policies or decisions are likely to have a significant/major impact on, or consequence for, people including those in any of the nine specified equality groups. If it is decided that a policy or decision does have significant/major issues relating to equality, it is then necessary to carry out a more detailed exercise called an Equality Impact Assessment (EQIA). In some instances the issues will be complex and the full impacts may be unknown, as such an EQIA is a way of identifying any equality and human rights implications.

The Equality Screening outcomes are set in Section 3 of this document.

Engagement Process:

It is intended this Overarching EQIA will mark the start of a comprehensive engagement process with a wide range of stakeholder interests. The Trust plans to formally consult and engage on key proposals in January 2009. As these proposals are implemented across the Trust over the next three years or so each project and any additional proposals will be subjected to scrutiny under Section 75 NI Act 1998, including equality screening, EQIAs - where necessary, and informal and formal consultation.

Proposed Consultation Timetable:

Consultation Timetable

Timescale	Consultation Document
November 2008	EQIA Consultation Document
November 2008	'New Directions' Closing Report
January 2009	EQIA Closing Report
January / 2009	Formal Consultation documents and Engagement on :- <ul style="list-style-type: none">- Draft Excellence and Choice in Mental Health & EQIAs- Draft Excellence and Choice in Learning Disability Services & EQIAs;- Draft Excellence and Choice in Unscheduled Care & EQIAs;- Draft Excellence and Choice in Elderly Services & EQIAs;- EQIA programme

This is a proposed Consultation timetable and may be subject to change.

Structure of this Report

For ease of reference the rest of this EQIA is structured as follows:

Introduction – includes contact details i.e. how to respond to the Trust's EQIA, a summary of Section 75 equality duties. A consultation pro-forma is appended (Appendix 2) to facilitate responses to the overarching EQIA and proposed timetable for CSR on specific proposals and EQIA's. It sets out the Trust's background, purpose, values and objectives and a summary of the management and service group descriptions.

Section 2 – sets out the policy aim of the EQIA which reflects the wider policy context notably the Programme for Government 2008 – 11, Investment Strategy 2008 – 18 and the Executive Budget for 2008 – 11 which in turn sets the context for NI departments, including Health and Social Care, to deliver cumulative efficiency gains of 3% per annum over the period 2008 – 11.

Section 3 - details the content of the Trust's Reform, Modernisation and Efficiency Programme; a summary of the work streams to realise £130 million approximately to be achieved by March 2011; and the risks associated with the delivery of same. This section sets out the Equality Screening outcomes.

Section 4 – details the information sources both qualitative and quantitative the Trust has utilised to inform the overarching EQIA.

Section 5 – considers the impact of the proposals in terms of promoting equality and good relations in relation to the nine equality groupings. It draws on a wide range of information sources.

Section 6 – considers the measures to mitigate adverse impacts.

Section 7 – Sets out the consultation publication and monitoring plans.

SECTION 1

INTRODUCTION

- 1.1 Introduction;
- 1.2 Statutory Context Section 75;
- 1.3 Trusts Background, Purpose Values and Strategic Objective;
- 1.4 Trust Management Structure and Descriptions;

1 INTRODUCTION

1.1 Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998, the Belfast Health and Social Care 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.

This draft report has been made available as the first part of the Formal Consultation stage of the EQIA relating to the Trust's response to government's Comprehensive Spending Review (CSR) proposals, as outlined in the Programme for Government 2008-11

(<http://www.pfgbudgetni.gov.uk/finalpfg.pdf>),

Investment Strategy Northern Ireland 2008-18

(<http://www.pfgbudgetni.gov.uk/isnifinal.pdf>); and

Executive's Budget for 2008-11

(<http://www.pfgbudgetni.gov.uk/finalbudgetdocument.pdf>).

The Trust welcomes any comments which you may have in terms of the :

- equality screening outcomes
- data sources used
- mitigation measures that have been identified for those directly affected by these proposals

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

If you have any queries about this document, and its availability 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) then please contact:-

Colin Jackson

**Health and Social Inequalities
Manager**

Graham House

Knockbracken Healthcare Park

Saintfield Road

Belfast BT8 8BH

Tel: 028 9056 6700

Fax: 028 9056 6701

Text phone: 028 9056 5330

E-mail: colin.jackson@belfasttrust.hscni.net

Deadline for comments will be: Friday 16 January 2009

To facilitate comments please see Appendix Two – 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 Trust's Background, Purpose, Values and Strategic Objectives

1.3.1 Background to the Trust

The Belfast Health and Social Care Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006. The Belfast Health and Social Care 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
- South & East Belfast H&SS Trust

The Trust serves the population, not only of Belfast and Castlereagh but all of Northern Ireland with its Regional Services providing the full range of hospital community and social care services for older people, for children and for people with mental health, learning disability, physical disability as well as acute and rehabilitative care for patients and clients.

Health and Social Services Trusts (HSS) are provided for under Article 10(1) of the Health and Personal Social Services (NI) Order 1991 and the functions of the Trusts are conferred by this legislation.

The Belfast Health and Social Care Trust :-

- employs approximately 22,000 staff
- covers a population of 340,000
- has an annual income of approximately £1,000 million.

1.3.2 Trust's Purpose, Values and Objectives

Purpose:

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

Values:

The Trust undertook an engagement process asking a range of people what matters most as we carry out our work. Through dialogue and engagement with Service Users, Carers, Staff, Staff Side and others, four key values were identified :-

- Respect and Dignity

Treating all with respect and dignity. Respect embodies equality and equity, maintain fairness in policy and practice.

- Accountability

Having a personal and professional accountability for the provision of high quality care and services by competent staff in a safe environment. Being accountable for achieving clear standards in service delivery, care and service outcomes and experience. Securing the best use of resources and ensuring services are planned, delivered and evaluated to make the most of financial and other available resources.

- Openness and Trust

Have a clear process with two-way communication with Users, Staff and the Public with transparency, openness and trust in decision making and communication and providing timely and appropriate information to service users.

➤ Learning and Development

Building capacity and empowering people through appropriate development and support.

Strategic Objectives:

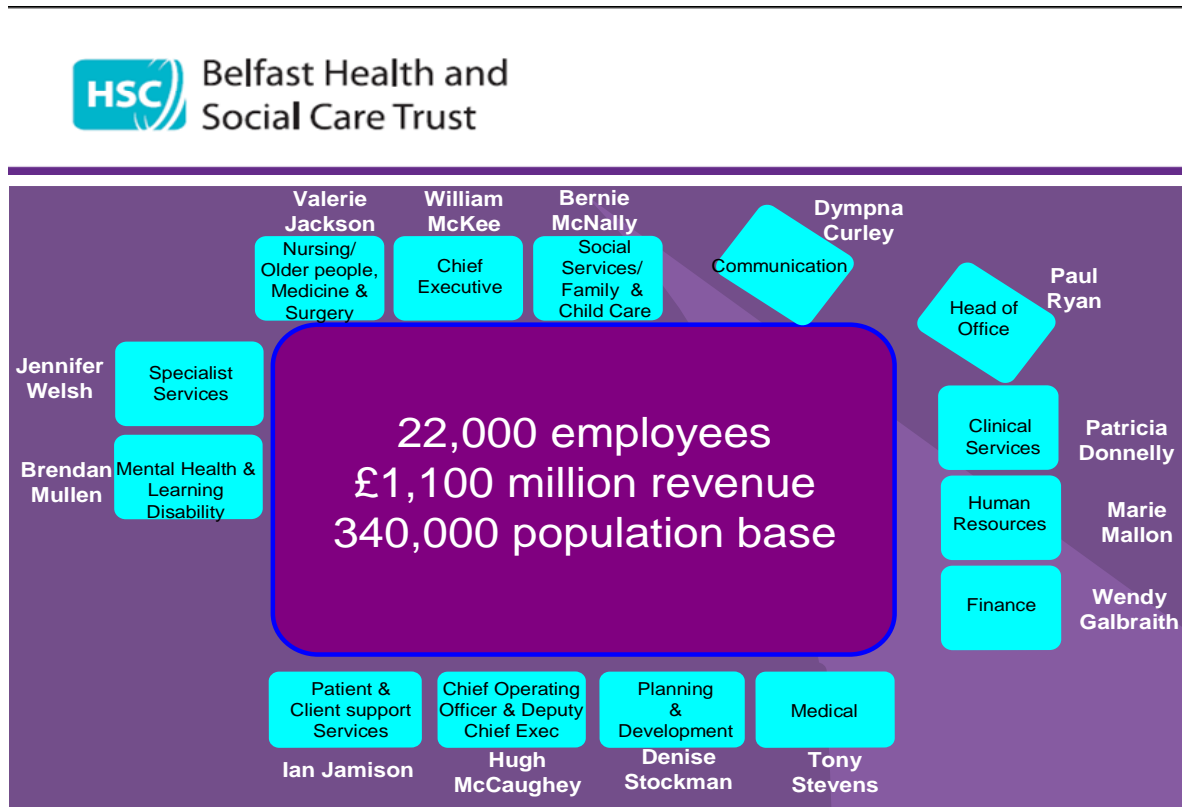
On the firm base of the organisational values, five strategic objectives have been developed. These five objectives support the purpose and shape the strategic direction over the next three to five years :-

- 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.

In developing and implementing the proposed plans to deliver the Trusts Comprehensive Spending Review savings target, the Trust has adopted a strategic approach to the programme which is grounded in the vision and strategic direction of the organisation. The Reform, Modernisation and Efficiency Programme of the Trust, set out in Section 3 of this report aims to achieve the best possible care for patients and clients and deliver maximum value for money.

1.4 Management Structure and Descriptions

The Management Structure of the Belfast Trust is as follows :-



A summary description of each Service Group is as follows :-

- ***Child and Family Services Social Work & Social Care***

Responsible for a comprehensive range of acute and community, health and social services based around the needs of the child, the mother and the family, which will deliver better outcomes for them all.

- ***Clinical Services***

Responsible for the management of a range of clinical services including: - anaesthetics, theatres, critical care and sterile services, radiology, laboratories and therapy and therapeutic services.

- ***Medical Director***

Responsible for health improvement and community development; health protection and occupational health; safety, quality and standards; risk management; redress (complaints and litigation); medical workforce and education, and research and development.

- ***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.

- ***Nursing, Older People, General Medicine and Surgery***

Responsible for nursing governance, standards and performance; workforce planning, design and development; education learning and research and development. This service group is also responsible for the development and delivery of high quality services in the areas of older people, people with physical disabilities, acute medicine, surgery and emergency services.

- ***Specialist Services***

Responsible for the development and delivery of services including : cardiology, oncology, haematology, radiotherapy, renal, rheumatology, dermatology and urology.

Responsible for the development and delivery of high quality services in areas including: - neurosciences, ENT, dentistry, fractures and orthopaedics.

- ***Chief Operating Officer***

Responsible for the development, implementation and operation of the Trust's internal performance and accountability systems and external engagement with commissioners on all aspects of the Trust's performance.

- ***Communication Services***

Responsible for a central communication services unit covering a range of core functions. These include: -strategic public relations planning and advice, a 24-hour media enquiry service and a public liaison service.

- ***Finance***

Responsible for all aspects of financial management and performance including: -

accounting and financial services, financial management, commissioning, resource utilisation and capital development.

- ***Human Resources***

Responsible for all aspects of human resource management, including: -
resourcing, utilisation and productivity, partnership, pay and employment relations, learning and development and equality, governance and improving working lives.

- ***Patient and Client Support Services***

Responsible for the delivery of the following core services: -

domestic services, catering services, security/caretaking, portering, laundry, transport and management of external contracts.

- ***Planning and Redevelopment***

Responsible for capital planning, business cases and patient/public involvement; capital redevelopment; PFI and estates.

It should be noted that the Trust does not employ general practitioners. They are independent contractors who provide services directly to the public. The Trust also works in partnership with voluntary and private organisations to provide residential and nursing home care. It does not provide nursing home care directly. However the Trust does employ general practitioners to provide general practitioner “out of hours” services

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.

SECTION 2

THE POLICY CONTEXT

- 2.1 Introduction;
- 2.2 UK Context;
- 2.3 Northern Ireland Context;
- 2.4 Northern Ireland Budget;
- 2.5 Budget Settlement for Department of Health, Social Services and Public Safety (DHSSPS);
- 2.6 Focus on Efficiencies;
- 2.7 Reform within Health and Social Care Sector;
- 2.8 Draft Equality Impact Assessment

2.1 Introduction

This Section sets out the wider policy context and financial framework within which the Belfast Trust has to achieve its core purpose of improving health and wellbeing and reduce health inequalities. The Trust's objectives centre around delivering safe, improving, modernising, cost effective health and social care, by engaging with staff and working in partnership with others.

2.2 UK Context

Since 2000-01 there has been sustained growth in public sector expenditure at the UK level. Public expenditure has over the past years accounted for an increasingly greater share of total economic activity. This trend, however, is not sustainable in the longer term.

Treasury projections indicate that public expenditure will grow at a slower rate than the economy in general over the period to 2010-14. Public expenditure, at the UK level, is planned to grow at around 2% over the period covered by the 2007 Comprehensive Spending Review (2008-09 to 2010-11). This is the slowest rate of growth since the Spending Review process was first introduced.

In light of the significantly slower growth in available resources, plans are required across the public sector to deliver significant levels of cash releasing efficiencies over the CSR period in order to improve front-line service delivery and release the resources needed to respond to long term challenges. The cash releasing target across the UK public sector is 3% per year, net of implementation costs.

2.3 Northern Ireland Context

Public expenditure in Northern Ireland is strongly linked to the UK position. Public expenditure has grown at around 5.7% per annum in cash terms over the past two decades. Up until 2000 most of this growth simply reflected increases in inflation, with real growth of around only 1.7% per annum. Subsequently, however, public expenditure has grown at 3.7% per annum in real terms, significantly in excess of the growth in the economy.

The level of public expenditure per head of population remains significantly higher in Northern Ireland than in England, Scotland and Wales. This higher level of spend across public services needs, however, to be considered in the context of the significantly greater need for public services in Northern Ireland. Enhanced need, for example, is demonstrated by the higher number of pupils per head of population (19% higher than in England), while higher rates of deprivation also drive up the costs of providing local public services.

The majority of current public expenditure is allocated to two main departments, the Department of Health, Social Services and Public Safety and the Department of Education. In addition there has been a clear shift in recent years in priority spending away from DETI and DARD and strong growth in DHSSPS. This trend of health and social services in Northern Ireland absorbing an increasing share of the total public services funding is similar to the position in most industrialised countries. This trend is mainly due to changing demographics (particularly for social services), and increasing public expectations.

As with the position within the UK generally, the previous rates of growth for Northern Ireland public expenditure, and Health, Social Services and Public Safety in particular, are not sustainable over the short to medium term.

2.4 Northern Ireland Budget

The amount of additional resources received from Treasury over the Budget period for 2008-11 was set out in the 2007 Comprehensive Spending Review (CSR) announcement by the Chancellor of the Exchequer on 9 October 2007. As with the rest of the UK, this confirmed that the increase in resources available to the Northern Ireland Executive over the next three years will be less than in previous Spending Reviews.

In overall terms, the outcome for Northern Ireland was an average annual growth of 1.2% in real terms across the period.

The share of total public expenditure funding allocated to Northern Ireland by the Treasury is the most significant issue impacting on the level of resources available for allocation in the Northern Ireland Budget. The reduced settlement outlined above highlighted the necessity for the Northern Ireland Executive to mirror the action of its counterparts across the UK and require cash releasing efficiencies from its Departments over the next three years. It was considered

that this action would provide additional resources to improve the provision of public services and the resources released would remain in Northern Ireland for reinvestment in local services.

The Northern Ireland Budget sets out the Executive's spending plans for the 3-year period from April 2008 to March 2011. This Budget reflects the outcome of a formal consultation process, which followed the issue of the Draft Programme for Government, Investment Strategy, and Budget on 25 October 2007.

The public was invited to respond to this consultation by post, fax, email or via the Programme for Government / Budget website. In addition, as part of the consultation process, four public consultation events were held across Northern Ireland and there were a number of meetings with key stakeholder groups.

The formal consultation process ended on 4 January 2008. Over 9,500 written responses were received from a wide range of individuals and organisations, covering a broad spectrum of issues.

The Northern Ireland Executive's Programme for Government (PfG) 2008-11 and Investment Strategy 2008-18 were formally endorsed by the Assembly on 28 January 2008. This was followed on 29 January 2008 with the Assembly formally agreeing to the Executive's Budget for 2008-11.

2.5 Budget settlement for Department of Health, Social Services and Public Safety (DHSSPS)

The overall aim of the Department of Health, Social Services and Public Safety is *to improve the health and social well-being of the people of Northern Ireland.*

In pursuing this aim, the Department's key objective is to improve health and well-being outcomes through a reduction in preventable disease and ill-health by providing effective, high quality, equitable and efficient health and social care.

The budget settlement for Health, Social Services and Public Safety is set out in the table below. Full details of the budget for the Department of Health, Social Services and Public Safety are included in Annex A.

**Table 1: Department of Health, Social Services and Public Safety -
Current Expenditure – extract from Northern Ireland’s Executive’s
Budget**

Objective and Spending Area	2007-08 £m	Plans		2009-10		2010-11	
		2008-09 £m	%	£m	%	£m	%
Objective A							
Hospital Community Health inc discretionary FHS	2,559.0	2,664.2	4.1	2,763.3	3.7	2,927.2	5.9
Personal Social Services	819.3	849.2	3.7	857.4	1.0	874.1	1.9
Family Health Services	257.4	259.1	0.6	269.9	4.2	278.8	3.3
Training Bursaries and Further Education and Research	62.4	71.1	13.9	78.8	10.9	84.5	7.3
Other Centrally Financed Services and Welfare Foods	20.5	19.0	-7.3	19.4	2.0	19.8	2.0
Grants to Voluntary Bodies	7.1	7.2	2.4	7.4	2.0	7.6	2.5
N/S Body – Food Safety Promotion	2.0	2.0	3.1	2.1	3.6	2.2	3.2
Total Objective A	3,727.7	3,871.9	3.9	3998.4	3.3	4,194.2	4.9
Objective B							
Fire Service	77.1	77.7	0.8	78.1	0.5	79.4	1.7
Total Objective B	77.1	77.7	0.8	78.1	0.5	79.4	1.7
Total	3,804.8	3,949.6	3.8	4,076.4	3.2	4,273.6	4.8

Table 2: Department of Health, Social Services and Public Safety – Additional Investment – extract from Northern Ireland’s Executive’s Budget

Objective and Spending Area	Plans			
	2007-08 £m	2008-09 £m	2009-10 £m	2010-11 £m
Objective A				
Hospital Community Health inc discretionary FHS	148.3	184.9	189.0	175.4
Personal Social Services	22.2	11.1	10.5	13.8
Training Bursaries and Further Education and Research	3.9	2.6	0.2	-
Other Centrally Financed Services and Welfare Foods	0.4	-	-	-
Grants to Voluntary Bodies	-	-	-	-
N/S Body – Food Safety Promotion	-	-	-	-
Total Objective A	174.7	198.6	199.7	189.2
Objective B				
Fire Service	3.0	8.0	9.0	29.0
Total Objective B	3.0	8.0	9.0	29.0
Total	177.8	206.6	208.7	218.2

The figures within the Budget have since been increased as set out in Table 3 and Notes below;

Table 3

	<u>2007-08</u> <u>£m</u>	2008-09 £m	2009-10 £m	2010-11 £m
Total as per Final Executive Budget		3949.6	4076.4	4273.6
Promised by DFP from In Year Monitoring ⁽¹⁾		20.0	20.0	20.0
DSD Funding Welfare Reform ⁽²⁾		3.6	3.6	4.6
TOTAL	3,804.8	3,973.3	4,100.0	4,298.2

Notes:

- (1) The Department has been given greater flexibility to manage its resources in-year and has first call on an additional £20m non-recurrently each year. The money has been allocated in the expectation that it will be made available. Some £5m of this £20m has been received to date in June Monitoring.
- (2) DHSSPS also receives monies from DSD for Welfare Reform.

The DHSSPS budget represents annual uplifts of some 4.4%, 3.2% and 4.8% year on year or an extra £168.5m, £295.2m, £493.4m across the three years compared to 2007-08.

Efficiency savings targets of some £118m, £233m, £344m set by the Northern Ireland Executive within the Budget are already assumed in the DHSSPS's resource allocations. It is only through achievement of these efficiency savings that the DHSSPS and the HPSS can meet the full range of unavoidable commitments and embark on a major programme of service developments. Failure to achieve these efficiencies means that either planned service developments cannot be provided or alternatively cutbacks will arise within the current pattern of service delivery.

The DHSSPS's efficiency targets imposed by the Executive have been distributed across the major expenditure streams as shown in Table 4 below.

Table 4 – Breakdown of DHSSPS's Efficiency Targets

	2008-09 £m	2009-10 £m	2010-11 £m
A. Pharmaceutical savings (primary care)	17.9	26.2	32.8
B. NI Fire and Rescue Service	1.5	3.8	5.7
C. NI Ambulance Service	1.2	2.7	4.4
D. Administration, RPA in non trust bodies and pay savings	31.7	52.2	90.8
E. Trust targets	65.7	148.1	244.4
Total	118	233	378
Target	118	233	344
Extra efficiencies	0	0	34

The key assumptions underlying these proposals are:

- Pharmaceutical efficiency targets in primary care are based on a Departmental analysis, looking at historic spend patterns to identify the potential for efficiencies through reducing wasteful prescribing.
- The NIAS, other Trusts and NIFRS have been set targets to achieve 9% efficiency savings by 2010/11.
- Departmental administration targets were set centrally by DFP for all Northern Ireland departments to deliver 5% efficiencies cumulatively year on year.
- Non Trust RPA targets represent the results of Departmental staff modelling of how a total of 25% administration efficiencies can be delivered from Boards and relevant Agencies as a result of the definition of post RPA structures. (Trust RPA targets are incorporated within the overall efficiency targets for Trusts).

The Belfast Trust's plans represent approximately 38% of the total Trust targets.

The Minister for Health, Social Services and Public Safety presented his Efficiency targets and the underlying outline plans, including the Belfast Trust's proposals, to the Health Committee on 9 October 2008.

2.6 Focus on Efficiencies

Given the scale of public expenditure in Northern Ireland, even marginal changes in the levels of efficiencies give rise to significant sums in absolute terms. The need to maximise efficiency is particularly important over the period to 2010-11, when funds for public services will be less than in previous years.

As outlined above and in line with the approach adopted across the UK, the Northern Ireland Executive agreed that all Departments should work to deliver cumulative efficiency gains of 3% a year over the period 2008-09 to 2010-11. All of the efficiency savings made over this period are required to be resource releasing.

In total, Northern Ireland Departments plan to deliver some £790 m efficiency gains by 2010-11.

Table 5 below sets out the Cash Releasing Efficiency savings targets by Department.

	2008-09 £m	2009-10 £m	2010-11 £m
Agriculture and Rural Development	6.2	12.2	18.1
Culture, Arts and Leisure	3.6	7.0	10.4
Education	63.2	124.5	184.0
Employment and Learning	20.3	40.1	59.2
Enterprise, Trade and Investment	7.7	15.2	22.5
Finance and Personnel	5.7	10.3	14.8
Health, Social Services and Public Safety	118.2	232.8	344.0
Environment	3.9	7.7	11.4
Regional Development	22.4	44.2	65.3
Social Development	19.3	38.1	56.3
Food Standards Agency	0.2	0.4	0.7
Office of the First Minister and Deputy First Minister	2.4	4.6	6.8
Total	273.2	537.3	793.5

Building on this initiative, the Minister for Finance and Personnel established a Performance and Efficiency Delivery Unit (PEDU) to examine *inter alia* the scope for Departments to deliver higher levels of cash releasing efficiencies, combined with parallel improvements in performance and delivery.

2.7 Reform within Health and Social Care sector

The Review of Public Administration was launched by the Northern Ireland Executive in June 2002 to deliver wide-ranging and comprehensive modernisation and reform across the public sector.

There were two major phases of implementation of the RPA within health and social care.

The first phase involved the establishment of the 6 new integrated Health and Social Care Trusts, replacing 19 Trusts which operated across Northern Ireland. This first phase took effect from April 2007.

Under the new arrangements management structures have been streamlined and administrative costs reduced. The new organisational structures adopt a “whole systems” approach which promotes integrated working within service delivery networks. These structures seek to deliver a seamless client / patient journey, which is person centred, with optimal levels of performance and outcomes.

The second phase is scheduled for completion by April 2009 and includes establishing new organisational arrangements to replace the present four Health and Social Services Boards, four Health and Social Services Councils and a number of Agencies.

The main elements of this second phase are:

- a streamlined Regional Health and Social Care Board;
- dynamic Local Commissioning Groups;
- a smaller Department;
- the establishment of a Regional Support Services Organisation;
- range of support functions for the health and social care service;
- a new Regional Agency for Public Health and Social Well Being; and
- a single Patient and Client Council.

2.8 Draft Equality Impact Assessment : Programme for Government, Executive Budget : Investment Strategy

Department of Health, Social Services and Public Safety (DHSSPS): Budget 2008 – 2011 Allocations

Key extracts from the Northern Ireland Executive's Budget 2008-2011 document are set out in Appendix 3 to provide information on the regional context against which the Trust's strategic response has been formed.

Draft Equality Impact Assessment : Programme for Government : Executive Budget : Investment Strategy

The Executive also carried out an Equality Impact Assessment on these Policies (<http://www.pfgbudgetni.gov.uk/draftequi.pdf>). Included within this assessment were a number of statements with a direct bearing on the current EQIA :-

- “The amount of resources to be provided by the Treasury through the Northern Ireland Block Grant for 2008-2011 were set out in the Comprehensive Spending Review (CSR) announcements by the Chancellor on 9th October 2007. In overall terms, the outcome for Northern Ireland was annual growth across 2008-2011 of 1.2% in real terms. This represents a significant slow down in the rate of growth in public expenditure, reflecting the position at UK level. While recognising this, however, in total the resources available to the Executive will increase by £254m, £622m and £1,061m over the next three years.”
- “There would appear to be substantial additional resources available for the Executive to allocate through the Budget in support of its priorities. In reality however, there are significant constraints. Most of the additional resources are required to meet the costs of ongoing commitments in Public Service provision, especially for Public Sector pay. In that context there is, in particular, a need to ensure that sufficient resources are made available to ensure that current levels of frontline service provision in key areas, such as education and health, can be maintained and where possible improved over the Budget period, taking account of rising costs.”
- “The Executive's room for manoeuvre in terms of allocating significant additional increases to any particular area of expenditure is therefore strictly limited. To increase the room for manoeuvre, the Executive has agreed that Northern Ireland Departments should work to deliver cumulative efficiency gains of 3% per annum over the period 2008-2011. In total Departments plan to deliver some £790m efficiency gains by 2010-2011. While it will be for Departments to determine how best to deliver

those efficiency gains, the Executive will wish to ensure that potentially adverse impacts on Section 75 groups are avoided.”

- “The Executive recognises however, that decisions to reprioritise the allocation of resources have the potential to impact on the provision of current services, with the potential for negative impacts on a number of Section 75 groups. In that context, the allocation of the resources as set out in the Budget takes full account of the less benign fiscal environment the Executive is operating in.”
- “While the Budget allocations aim to support the Executive’s priorities, particularly in relation to economic growth, the proportion of funding allocated to the delivery of key frontline services has increased over that provided in previous budgetary settlements. The increased proportion of funding allocated to these areas is in line with the Executive’s commitment to safeguard and, where possible, enhance key services, particularly those in support of vulnerable groups. Recognising this and to ensure that as far as possible the allocation of resources resulted in positive impacts, all departmental spending proposals were subject to High Level Impact Assessments.” The EQIA pointed to the positive impact that the proposals were likely to have on the promotion of equality of opportunity, as made explicit in the following extracts :
- “Delivering significant investment and improvements to Northern Ireland’s infrastructure, as set out in the Investment Strategy, is likely to have a positive impact on all Section 75 groups, both directly and indirectly by contributing to economic growth, social progress and environmental protection. It is anticipated, however, that some areas of infrastructure investment will have a differential impact on a number of the Section 75 groups. That impact is likely to be positive and addresses recognised need. In this context, investing in infrastructure has the potential to promote equality and good relations while addressing issues of exclusion and marginalisation. However, that potential will only be realised where Departments ensure that the delivery of individual investment projects are subject to and informed by due consideration of the need to promote equality and good relations.”
- “The departmental allocations set out in the Budget, therefore will enable Departments to maintain and where possible enhance the currently level of frontline service provision in key areas while ensuring that any reprioritisation of resources does not result in significant adverse impacts. Alongside the allocations of resources and action in support of the Executive’s priorities, the Budget has the potential for a positive impact on a number of Section 75 groups and there is no evidence to suggest a significant negative impact on any of the Section 75 groups.”

- “The Executive has sought to develop a PfG, Budget and Investment Strategy which contributes to a more tolerant, inclusive society and which promotes equality of opportunity. Consideration of the Executive’s priorities as set out in the PfG, and the allocation of resources, as set out in the Budget and Investment Strategy, has not identified any potentially adverse impacts. Rather, the analysis concludes that the delivery of the PfG, Budget and Investment Strategy have the potential to have a positive, though differential impact on all Section 75 groups. As a result mitigating action or alternative Policies are unnecessary at this stage.”
- “The realisation of the potentially positive impacts identified in this assessment will be dependent upon the delivery of actions, programmes and investment projects at Departmental level. As such, in delivering programmes, Policies and Projects in support of the Executive’s priorities, it is recommended that Departments should seek to identify further opportunities to promote equality and good relations, taking account of the findings of this assessment.”
- “To facilitate that outcome, the specific Policies, Programmes and investment projects which Departments will deliver in support of the Executive’s priorities will continue to be subject to equality screening and, where appropriate, full EQIA by Departments and their Agencies and relevant Statutory Authorities, in accordance with the criteria set out in the guidance produced by the Equality Commission for Northern Ireland.”

In early 2008, the Trust received notification from the Department of Health, Social Services and Public Safety (DHSSPS) of the investment funds expected in services in the Belfast Trust over the period 2008-2011 and the requirement to deliver cash releasing efficiency savings of £92m over the same period.

As evidenced in this document the Trust intends to address its Section 75 obligations by undertaking this overarching equality impact assessment and a series of individual EQIA’s on specific proposals.

SECTION 3

REFORM, MODERNISATION AND EFFICIENCY PROGRAMME

- 3.1 Introduction;
- 3.2 Financial Context;
- 3.3 Rationale for a Strategic Reform and Modernisation Approach;
- 3.4 Core Principles of the MORE Programme;
- 3.5 Benefits Management Approach;
- 3.6 MORE Programme Linked to Trust's Core Purpose and Strategic Objectives;
- 3.7 MORE Programme Linked to Trust's Strategic Review of Services;
- 3.8 MORE Programme Development;
- 3.9 MORE Programme Overview Risk Assessment;
- 3.10 Further Analysis of the Overall Risk Assessment and Action Planning;
- 3.11 The MORE Programme;
- 3.12 The MORE Programme: Screening Outcomes

3.1 Introduction

The Belfast Trust provides hospital based care, community services and social care, and also commissions a range of services from the independent private and voluntary sectors. The Trust's new management structure promotes a 'whole systems' approach towards the delivery of health and social care, emphasising integrated working and the provision of seamless patient and client service pathways.

3.2 Financial context

The Trust has a budget of approximately £1 billion and employs around 22,000 staff. It is one of the largest health and social care entities in the UK.

The Department of Health, Social Services and Public Safety has set challenging efficiency targets for the Belfast Trust over the next three years (2008-09 to 2010-11) as a result of the Northern Ireland Executive's Budget. The Trust IS required to deliver an average of 3% annual efficiency savings, which approximates to £25m; £56m; and £92m over the next three years.

In addition to the efficiency requirement the Trust faces a number of other financial challenges over the short to medium - term time horizon due to an underlying financial shortfall from its legacy organisations.

This shortfall is due to the difference between the funding received from commissioning boards and the Department of Health, Social Services & Public Safety (DHSSPS) and the operational costs associated with the Trust providing and commissioning its services.

In accordance with the DHSSPS's requirements under Departmental circular HSS(F) 29/2000 "Promoting Financial Stability within HPSS organisations, the Trust is required to put in place plans to address this shortfall.

3.3 Rationale for a Strategic Reform and Modernisation Approach

The Trust recognises that the combined impact of the above changes is considerable and will result in a material reduction in the funding baseline of the organisation. It is aware of the significant challenges which lie ahead organisationally, clinically and financially, and understands the need to reform and change in order to deliver sustainable improvements against this demanding agenda over the next three to five years.

The scale of the challenge is significant and complex, and is such that the traditional cost efficiency/cash releasing projects which have been delivered in the past will not be sufficient.

The Trust has therefore embarked on an organisational reform and modernisation programme which focuses on resource utilisation, performance improvement and effective service delivery.

This comprehensive programme has been named the MORE programme, reflecting the aims of the programme in terms of Maximising Outcomes, Resources and Efficiencies.

The programme will address strategic, clinical, operational and financial performance within the Trust, drive improvements in services and address productivity and operational inefficiency.

The programme will be a three year rolling programme and will focus on maximising value for money whilst achieving the best possible care for patients and clients. The programme will contribute to the Trust's long term strategy to become an all round high performing organisation.

Under the MORE programme the Trust will critically examine, and fundamentally assess the ways in which it delivers its services, and will identify and target areas where recurrent and sustainable improvements and efficiencies can be achieved.

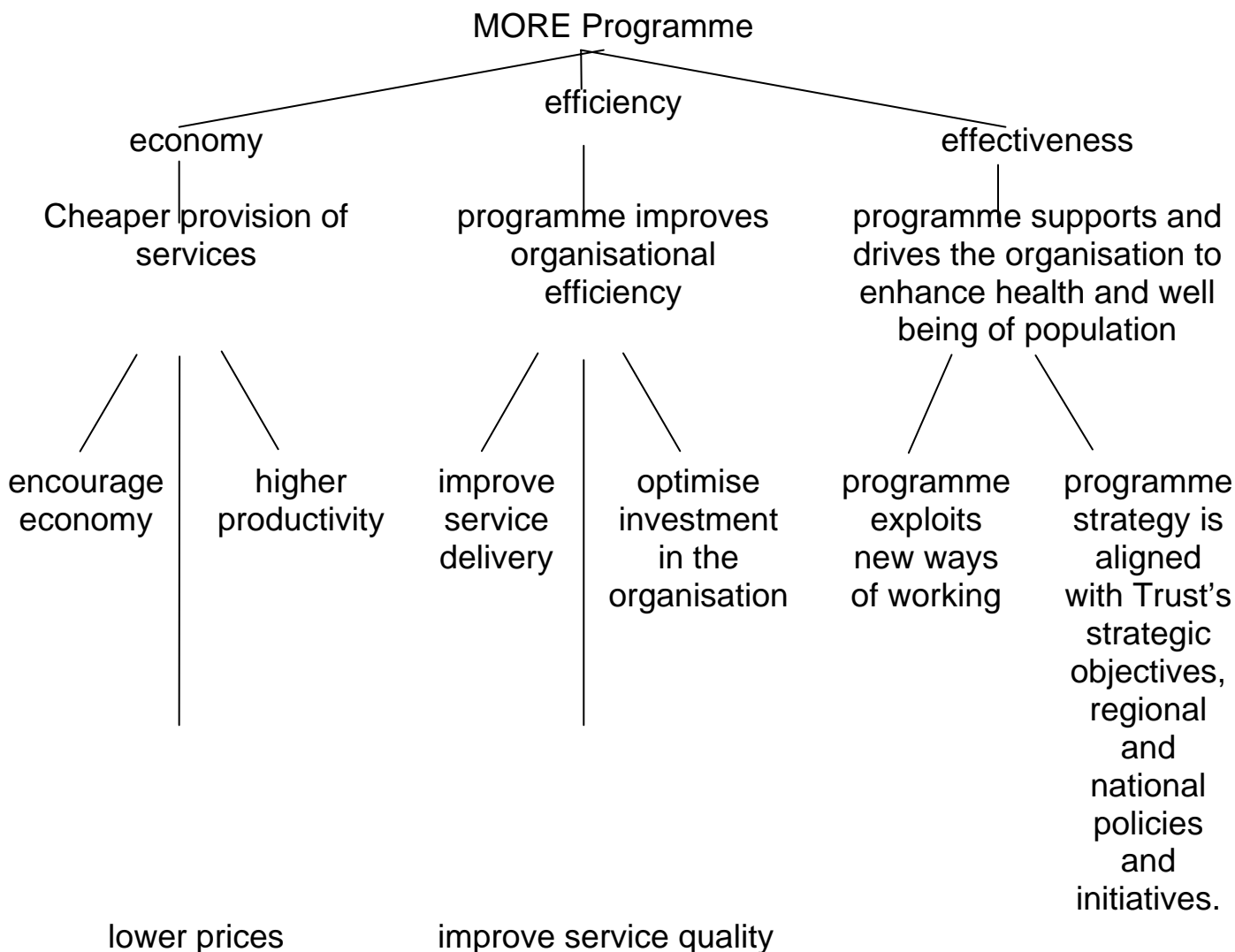
The programme is essentially about ensuring the right person, is doing the right thing, in the right place.

3.4 Core Principles of the MORE Programme

The MORE programme will :-

- look for better value for money, find more effective ways of providing services in the same or similar ways, prevent and remove waste;
- find ways of achieving the same (or better) outcomes for patients and clients for less cost by redesigning care pathways and reorganising the way in which services are delivered; and
- rationalise services provided across the patch.

The following schematic outlines the themes which will drive the programme;



3.5 Benefits Management Approach

The Trust has developed a Benefits Management approach to oversee the reform and transformation of services. Under this approach the focus is on the benefits for the patient, client and citizen, in addition to efficiency and productivity benefits for the organisation. This Benefits Management approach also takes into account and stresses the critical importance of early recognition and management of the associated risks of service change and the full range of stakeholder interests.

In addition to the Benefits Management approach, the Trust has developed a Communications Strategy which outlines the rationale for, and direction of travel of the MORE programme. This strategy outlines the requirement and necessity of doing MORE (for less), promotes the key message of 'doing the right thing' and emphasises the need for effective engagement from the full range of stakeholders in the design and implementation of the new service models.

The MORE programme has been established as a core element of the Trust’s business and performance management framework. It is not a stand alone project but a methodology and way of working which is totally mainstreamed.

3.6 MORE Programme Linked to Trust’s Core Purpose and Strategic Objectives

The objectives of the MORE programme are intrinsically linked to the Trust’s core purpose and its strategic objectives as outlined below :-

Improve health and wellbeing and reduce health inequalities				
<u>SAFETY</u>	<u>MODERNISATION</u>	<u>PARTNERSHIPS</u>	<u>STAFF</u>	<u>RESOURCES</u>
Provide safe, high quality, effective care <ul style="list-style-type: none"> Standards Outcomes HCAI Continuous improvement Assurance 	Reform and renew health and social services <ul style="list-style-type: none"> Access “Localise where possible, centralise where necessary” Service reviews Aligned capital plans 	Improve health and wellbeing through partnership with users, communities and partners <ul style="list-style-type: none"> Citizen centred Joint working Civic leadership 	Show leadership and excellence through organisational and workforce development <ul style="list-style-type: none"> Staff engagement Leadership Learning + development Team effectiveness 	Make best use of resources by improving performance and productivity <ul style="list-style-type: none"> Workforce diagnostics Process improvement Resource utilisation VFM Performance Management

3.7 MORE Programme Linked to Trust’s Strategic Direction for Services

The MORE programme fits within the strategic direction of services which has a context within the ‘Belfast Way’ and ‘New Directions’ documents, which have been subject to a consultation process.

The aim of the strategic review of services within the ‘New Directions’ document is to create an overarching and unified health and social care system for the population of Belfast. Under this vision the delivery of services will be simplified, unnecessary duplication and fragmentation of services will be reduced and services will be more clearly signposted for patients, clients and their carers. The Trust aims to reform and renew its services so that services can be delivered in a faster, more flexible, less bureaucratic and more effective way. The Trust aims is to have the right care, delivered by the right person in the right place.

A number of key principles will guide the review and reorganisation of services under this strategic review. These are the same principles which are core to the delivery of the MORE programme.

The following guiding principles are integral to The Trust's short and longer term reform and efficiency agendas.

- Improve health and wellbeing and reduce health inequalities;
- Focus on prevention of illness, early assessment and intervention;
- Focus on individual needs and choices;
- Provide safe, high quality, effective care;
- Improve accessibility to services – promote equity and welcome diversity;
- Localise where possible, centralise where necessary;
- Integrate services (through partnerships working);
- Provide clear directions to services, reducing fragmented and frustrating services; and
- Maximise utilisation of assets.

3.8 MORE Programme Development

The MORE programme was planned and developed over a number of months using a wide range of specific events to engage all levels of staff within the Service and Corporate Groups across the Trust.

The Benefits Management approach developed by the Trust was used to identify a long list of opportunities to enhance efficiencies, improve productivity and maximise value for money.

This approach ensured that the initiatives looked to achieve both non monetary and monetary benefits, and took cognisance of the relevant stakeholder groupings, risks and interdependencies. In addition by adopting this Benefits Management approach the Trust sought to ensure that the best possible care and outcomes for patients and clients will be achieved as a result of this strategic change programme.

3.9 MORE Programme Overview Risk Assessment

A comprehensive internal review was carried out on the proposals and outline plans underpinning their delivery. The review considered the scope of the proposals, the extent of the change activity required, the key stakeholders, the risks and interdependencies and the availability of resources (revenue and capital) to deliver the changes required.

The aim of this risk assessment was to identify where the risks of delivery currently lie within the context of the overall programme, and ensure that the most significant and challenging proposals were prioritised for appropriate action planning.

A risk rating was assigned to each proposal, using a RAG (Red, Amber, Green) scoring approach.

3.10 Further analysis of the Overall Risk Assessment & Action Planning

The risks which were flagged as Red and Amber in terms of overall deliverability within the overview risk assessment were analysed further in order to determine in more detail the nature and impact of the risk.

The objective of this approach was to ensure that appropriate action planning takes place to address the issues, mitigate the risks and identify contingency arrangements, where necessary.

The Trust is cognisant of its responsibilities in terms of its statutory requirements under the equality and human rights legislation, the NI Act 1998 Section 75 (Equality of Opportunity and Good Relations) and the Human Rights Act 1998. In addition it is committed to effective public consultation where the proposal constitutes a significant change in the provision of services which fits within the requirements of circular guidance HSS (OP1) 1/93.

As part of the more detailed risk assessment analysis the MORE proposals were subject to a high level Equality Risk Assessment followed by an Equality Screening process undertaken by the Project Managers and Equality Specialists in accordance with the Trusts Equality Scheme. The outcome of the Equality Screening is detailed in Section three of this document. Other risks relating to availability of capital and revenue have, and continue to be, considered and brought forward through a number of fora with the Department, commissioners, other public sector partners.

3.11 The MORE Programme

The Trust's combined target for the Department's efficiency savings, and its underlying deficit, which has been scheduled for delivery over the three years as follows; £43m (2008-09), £81m (2009-10) and £122m (2010-11).

The MORE programme proposals to achieve these targets fall under three high level themes :-

- Workforce;
- Non Pay Economies and Efficiencies;
- Health and Social Care Process Improvements and Service Redesign.

3.11.1 The MORE Programme - Workforce

A significant proportion of the efficiency savings identified within the MORE programme will come from workforce initiatives, in line with the cost profile of the Health and Social Care sector.

The main focus of the workforce initiatives centres around productivity improvements and robust workforce management across all staff groups and service areas of the Trust.

The Trust has identified four specific workforce initiatives;

- Review of Public Administration (RPA) (aligned to the policy direction outlined within Section 2.7 of the Policy Section;
- Absence Management;
- Vacancy Controls;
- Harmonisation of staffing levels, grades and skill mix.

The split of the overall workforce target across the above four headings is identified over :-

Target Action Area	Indicative 2008/09 Target £'m	Indicative 2009/10 Target £'m	Indicative 2010/11 Target £'m
RPA	6,4	13,1	13,4
Absence Management	1,5	3,0	4,5
Vacancy Controls	19,0	16,0	13,0
Harmonisation of Staffing Levels Grades & Skill mix	4,1	9,0	14,0
<u>Total</u>	31,0	41,1	44,9

Although these four areas constitute major areas of work in their own right, there are significant interdependencies between the areas and therefore the Trust will programme manage their delivery through a cross-cutting workstream which is co-ordinated corporately from a Human Resources and Finance perspective.

3.11.2 The MORE Programme - RPA

The Trust has been an integral part of the RPA reform within the Health and Social Care sector referred to within Section 2. The RPA has also sought to improve and streamline management of public services and develop more efficient and effective ways of working. Under the RPA initiative the Trust submitted an RPA savings plan with DHSSPS in January 2008. The plan has been agreed by the DHSSPS.

3.11.3 The MORE Programme - Absence Management

The Trust will work to promote the healthier wellbeing of staff alongside a robust approach to the effective management of staff absence in accordance with the Trust's policies and procedures. Targeted initiatives will focus on the effective management of sickness absence and a reduction in the numbers of staff absent and the overall percentage of absence.

On the assumption of the Trust's current estimates for cover it is projected that the actions undertaken under this initiative will have the effect of decreasing costs by £1.5m, £3m, £4.5m respectively over the three year period. This will be achieved through reductions in overtime, agency and additional hours and therefore will not have a detrimental impact on the level of staff employed by the Trust.

3.11.4 The MORE Programme - Vacancy Controls

A target of 3%, 2.5% and 2% has been applied to each Service and Corporate Group over the three year period, with projected savings of £19m, £16m, and £13m respectively.

Under this initiative the Trust will deliver the same level of activity and care, with no detrimental impact to patients and clients, whilst at the same time increasing the Trust's productivity indicators. The whole time equivalents (WTE) impacted by this work is in the region of 610 (2008-09), 511 (2009-10), and 409 (2010-11).

3.11.5 The MORE Programme - Skill Mix/Harmonisation of Staffing Levels

Targets have been applied to each Service and Corporate Group totalling £4.1m, £9m, £14m over the three year period 2008-09 to 2010-11.

The Trust plans to achieve the above targets by critically assessing staffing levels and skill mix across all staff groups and service areas within the Trust.

This initiative will incorporate a number of the targets which have been set for the Trust by the Department of Health Social Services and Public Safety as part of its Regional Productivity project. In addition the Trust will carry out comparative analysis against stretch targets from a number of top performing organisations, as part of its ongoing performance management work.

The indicative WTE impact of harmonisation of staffing levels is projected as 295, and the indicative WTE impacted by skill mix changes is in the region of 600.

3.11.6 The MORE Programme - Non-Pay Economies and Efficiencies

Regional Goods & Services Procurement and Pharmacy Workstreams

It is assumed that the Trust will receive approximately 40% of the efficiencies which are projected to be delivered from the regional procurement and pharmacy workstreams.

The Trust anticipates savings of £3m, £6m and £10m over the three year period.

The Trust is keen to engage fully with the regional workstreams to facilitate and drive these initiatives forward.

Internal Non-Pay Efficiencies

Non-Pay Efficiency targets have been applied to each Service and Corporate Group of ½%, 1% and 2% of non-pay funding over the three year period 2008-09 to 2010-11.

The Service and Corporate Groups have brought forward a number of initiatives to meet these targets. The initiatives centre around product and service standardisation across the Trust, the review and effective management of contracts, exploiting the Trust's enhanced purchasing power, the elimination of waste (particularly around energy, stock holding etc), and the increased use of recycling.

The Trust anticipates efficiencies of £2m, £4m and £8m, over the three year period 2008/09 to 2010/11.

3.11.7 The MORE Programme - Health and Social Care Process Improvements and Service Reform

The third strand of the MORE programme focuses on service reform and modernisation.

Under this strand the Trust and its Service Groups will take a radical review of the systems, processes, activities and resources that have traditionally been used to provide health and social care to its patients and clients. The Trust's approach is principally centred on thinking differently and taking new and innovative approaches to service delivery, particularly in the use of technology, increasing efficiency and productivity, and maximising outcomes.

The MORE programme will concentrate on clinical activities that offer the greatest scope for improvement. It hopes to maximise effective evidence based treatments and review those treatments that have been researched and shown to be clinically ineffective or inefficient. The approach also aims to focus on removing unnecessary processes, steps and interventions from the patient and client journey and pathways, using service improvement methodologies such as LEAN and Six Sigma.

Within the overarching category of Health and Social Care Process Improvement and Service Reform the Trust has identified four overarching cross cutting themes and organisational workstreams, within which a multiplicity of proposals and schemes will be programme and performance managed.

The key themes are:

- **Hospital/Institutional Process Reform;**
- **Hospital/Community Interface Reform and Enhancement of Community Based Services;**
- **Strategic Service Reform;**
- **Impact of Technology;**

Table 6 outlines the projected efficiencies which will be achieved under the four broad themes over the three year CSR period, together with an indication of the reduction in posts

TABLE 6: Projected efficiencies:

	Indicative 2008/09 Target £'m	Indicative 2009/10 Target £'m	Indicative 2010/11 Target £'m	Indicative Reduction in Posts
Hospital/Institutional Process Reform	3.750	12.700	21.950	674
Hospital/Community Interface Reform	1.825	7.350	18.150	518
Strategic Service Reform	0.675	5.950	10.900	329
Impact of Technology	0.750	4.000	8.000	224
Total	7.000	30.000	59.000	1745

3.11.8 The MORE Programme - Hospital/Institutional Process Reform

The Trust's overarching theme within this area is to improve productivity and efficiency through better utilisation of resources from staffing to physical infrastructure and estate.

The Trust aims to improve productivity within its hospitals through utilising less inpatient beds to deliver the same quantum of patient care. It is projected that the main reductions in bed requirements will result from reductions in pre-operative length of stay, admission on day of surgery, and through more effective theatre utilisation, the reduced need for beds at weekends.

It is recognised that the actions required to deliver the reduction in bed requirements will be different across Service Groups and hospitals, and therefore the Trust will co-ordinate this work within its institutions in a way which maximises the benefits delivered.

In addition occupancy and activity levels will be reviewed within non acute programmes of care within the Trust's institutions and facilities, with the potential to move the provision of services from a number of locations and increase productivity levels on other sites, without impacting on the quantum of services or how the services are delivered.

3.11.9 The MORE Programme - Hospital/Community Interface Reform and Enhancement of Community Based Services

The Trust is committed to the delivery of health and social care services which promote better experiences and outcomes for its patients, clients and the citizens of Belfast.

Within this overarching area the Trust has adopted a number of key principles:

- Early Intervention and the Promotion of Preventative Care - producing a delivery model that supports and develops a culture of self assessment and self care.
- Personalisation of Services – where clients and patients have more choice and personal control of the services they require, leading to enhanced independence, inclusion and well being, and less reliance on institutional based care.
- Community Engagement and strong Inter-sectoral/Agency Partnership Working.

3.11.10 The MORE Programme - Strategic Reform

The creation of the Belfast Trust from its six legacy predecessors provides the opportunity to reconfigure, reform and modernise services across the city of Belfast for the benefit of its citizens, and also the wider Northern Ireland population.

The Trust's new organisational structures which are focused around the totality of a patient/client journey or experience has facilitated the strategic review of services and identified the potential for rationalisation.

There are numerous examples of duplication across the Trust as services have traditionally been organised around hospitals or institutions. As a consequence there are significant opportunities to deliver an improved quality of service to patients and clients by reviewing and rationalising services whilst improving productivity and realising a significant level of resource release.

The Trust recognises the significant challenges posed internally and externally by changing the locations of service provision. However these strategic service reviews will be set within the wider vision and strategic direction proposed by the Trust within 'the Belfast Way' and 'New Directions' documents.

3.11.11 The MORE Programme - Impact of Technology

The Trust intends to deliver productivity improvements through the use of technologies to support its business and operational processes. It is expected that by working smarter the Trust will release staff time and resources, reduce duplication of effort, avoid unnecessary manual processes and ultimately improve services.

The Trust expects that the establishment of the European Centre for Connected Health will assist the Trust with its development plans in the above areas.

3.12 The MORE Programme - Screening Outcomes

Reform, Modernisation and Efficiency Programme

M.O.R.E. PROGRAMME (PROPOSALS) Equality screening outcomes

1) PROJECT THEME: WORKFORCE

Equality Screening Reference	Project Title / Description	Screening Outcomes
1.1	Absence Management. To promote staff health and wellbeing and ensure the effective management of staff absence and attendance in accordance with agreed Policies and Procedures	Screened out
1.2	Vacancy Controls Under this initiative the Trust will deliver the same level of activity and care, with no detrimental impact to patients and clients, whilst at the same time increasing The Trust's productivity.	Screened out
1.3	Skill Mix / Harmonisation of staffing levels A review of skill mix across all staff groups using skill mix benchmarking information from the DHSSPS and top performing Health and Social Care Organisations and harmonizing staffing levels across disciplines and sites within service groups.	Complete Detailed Screening Report
1.4	Reduction in expenditure to Agencies and the promotion of a Trust Nurse Bank Scheme	Screened out
1.5	Electronic Nurse Rostering To improve the management of the nursing resource.	Screened out

2) PROJECT THEME: NON-PAY ECONOMIES & EFFICIENCIES

Equality Screening Reference	Project Title / Description	Screening Outcomes
2.1	Regional Procurement and Pharmacy Workstreams	Regional Project
<i>Internal Non-Pay Efficiencies:</i>		
2.2	<p>Non-Pay efficiency targets have been applied to each Service and Corporate Group. The initiatives centre around</p> <ul style="list-style-type: none"> ➤ product and service standardization across the Trust :- ➤ the review and effective management of contacts; ➤ utilizing the Trusts enhanced purchasing power; ➤ the reduction / elimination of waste; ➤ the increased use of recycling ➤ income generation from external bodies 	Screened out
2.3	<p>Car Parking</p> <p>The introduction / harmonisation of standardised car-parking charging with one standardized charge for staff, patients and clients</p>	Full EQIA
2.4	Review and benchmark existing and new security/parking systems and wheelclamping for potential income generation.	Complete detailed screening report.

3) PROJECT THEME: HEALTH & SOCIAL CARE PROCESS IMPROVEMENTS AND SERVICE REFORM

Equality Screening Reference	Project Title / Description	Screening Outcomes
3.1 Hospital/Institutional Reform		
3.1.1	To enhance patient flow and reduce the average patient length of stay within acute hospital settings across all service groups by a number of process improvements such as pre-operative assessment, reduction in inappropriate admissions and admission on day of surgery where appropriate.	Screened out
3.1.2	Centralisation of booking process and extension of partial booking for all review out-patients.	Screened out
FAMILY & CHILDCARE:		
3.1.3	Reduction in the length of stay for children with complex needs.	Screened out
SPECIALIST SERVICES:		
3.1.4	To increase the number of patients starting dialysis with a functioning fistula as per NSF standards through expansion of interventional radiology service and resulting in more efficient in-patient days.	Screened out
3.1.5	Review with the aim of reprofiling and rationalising speciality split and utilisation of beds within Specialist Services (Oncology, Haematology, Dermatology, Rheumatology, Plastics & Burns Surgery and Breast Surgery) and introduce new ways of working to reduce bed requirement.	Screened out

Equality Screening Reference	Project Title / Description	Screening Outcomes
3.1.6	To maximize the outcomes and efficiency in Cancer Centre by streamlining patient flow, increasing day cases and increasing flexibility by key multi-professional support services.	Screened out
3.1.7	Implementation of Developing Better Services recommendations by centralisation of ENT bed provision.	Full EQIA
3.1.8	Review Regional Orthopaedic Clinics.	Full EQIA
PATIENT & CLIENT SUPPORT SERVICES:		
3.1.9	To review the patient and client support staffing (eg. portering and domestic) as a result of reprofiling of services and bed activity reduction across the service groups.	Complete Detailed Screening Report
3.1.10	To review catering provision across the site, including rotational menu cycle, standardizing charges for staff meals, review supply chain and maximizing output from Knockbracken Foods and review provision of contract for supply of domiciliary meals.	Complete Detailed Screening Report
3.1.11	<p>To review transport services including :-</p> <ul style="list-style-type: none"> ➤ review of provision with the independent sector ➤ maximize benefits of merged fleet and workforce ➤ staff travel – air / sea / rail travel and hospital travel. 	<p>Complete Detailed Screening Report</p> <p>Complete Detailed Screening Report</p> <p>Screened out</p>
3.1.12	To review laundry services	Complete Detailed Screening Report

Equality Screening Reference	Project Title / Description	Screening Outcomes
<i>MENTAL HEALTH & LEARNING DISABILITY:</i>		
3.1.13	Proposed rationalisation of wards on Knockbracken site to deliver optimal bed utilization.	Complete Detailed Screening Report
<i>CLINICAL SERVICES:</i>		
3.1.14	Development of Pharmacy education programme for clinical staff at Ward level and achieve standardization of prescriptions, reduction in stock and reduction in stock obsolescence.	Screened out
3.1.15	To reduce the demand for diagnostic testing through reduction / eliminating of clinically ineffective unnecessary tests.	Screened out

3) PROJECT THEME: HEALTH & SOCIAL CARE PROCESS IMPROVEMENTS & SERVICE REFORM

Equality Screening Reference	Project Title / Description	Screening Outcomes
3.2 HOSPITAL/COMMUNITY INTERFACE & COMMUNITY REFORM		
FAMILY & CHILDCARE SERVICES:		
3.2.1	To transfer services within an 8 bed Children's Home in poor condition on the Antrim Road to an 8 bedded children's facility at North Road in better physical condition.	Screened out
OLDER PEOPLE MEDICINE & SURGERY:		
3.2.2	To reprovide services for complex elderly patients delayed in hospital settings to intermediate care settings in Meadowlands / nursing homes.	Screened out
3.2.3	To investigate the transfer and replacement of (96) beds in Wakehurst and Elliott Dynes with (48) beds in the City hospital building and alternative services in the patients own home or in the community. The expansion of 24 hour rapid nursing support, rehabilitation services, reduction in admission through multi-disciplinary support to nursing home and proactive discharge from hospital through the Older Peoples assessment and liaison service and community nursing in reach.	Complete Detailed Screening Report

Equality Screening Reference	Project Title / Description	Screening Outcomes
3.2.4	To review residential services currently provided in four homes with the proposal of replacing two homes with care provided under suggested housing type model with domiciliary care and replacing two homes with care provided in clients homes. There are currently nine residential homes in Belfast. The remaining five homes plus supported housing stock equivalent to two homes would be evenly spread across Belfast. This proposal will also be depended on successful interagency working and funding from DSD and Northern Ireland Housing Executive.	Full EQIA
3.2.5	Proposed rationalisation of services for older people with mental health needs on Knockbracken site and re-provision in more appropriate community setting.	Full EQIA
3.2.6	To investigate transfer of day services for older people in Wakehurst, Elliott Dynes and Windsor hospital facilities to community facilities within local Health and Wellbeing Centres across Belfast.	Complete Detailed screening report
3.2.7	To increase older people direct payments for domiciliary care at home.	Screened out
3.2.8	To increase the uptake of direct payments for people with physical disabilities as an alternative to statutory / independent section provision.	Screened out

Equality Screening Reference	Project Title / Description	Screening Outcomes
MENTAL HEALTH & LEARNING DISABILITY:		
3.2.9	<p>Learning Disability: To consider the re-provision of supported living with domiciliary support for learning disability clients currently residing within Malone Road and Hanna Street homes. This proposal is dependent on successful interagency working and funding from DSD and the N.I.H.E.</p>	Full EQIA
3.2.10	<p>To review / consider the re-provision of services for 20 patients from the Muckamore Abbey Hospital to a supporting Living Scheme with domiciliary support. This proposal is dependent on successful interagency working and funding from DSD and the N.I.H.E.</p>	Full EQIA
3.2.11	<p>To re-provide services currently delivered in a poor condition Learning Disability Day Centre through alternative service provision.</p>	Full EQIA
3.2.12	<p>Mental Health : To review the current Mental Health Day Hospital services with alternative provision provided through home treatment services and within Community settings in partnership with other statutory agencies. This will enable better utilisation of mental health day hospital sites with the proposed cessation of day hospital services at the Windsor facility and the re-configuration of services on the Woodstock site.</p>	Full EQIA

Equality Screening Reference	Project Title / Description	Screening Outcomes
3.2.13	To review the reprovision of services currently delivered within two mental health day centres.	Full EQIA
3.2.14	Expansion of direct payments within Mental Health and Learning Disability as an alternative to domiciliary care.	Screened out

3) PROJECT THEME: HOSPITAL & SOCIAL CARE PROCESS IMPROVEMENTS AND SERVICE REFORM

Equality Screening Reference	Project Title / Description	Screening Outcomes
3. STRATEGIC SERVICE REFORM		
FAMILY & CHILDCARE SERVICES		
3.3.1	To review and potentially reconfigure gynaecology in-patient services by reprofiling services from three to one site and changing surgical techniques for increase in day care activity.	Full EQIA
OLDER PEOPLE MEDICINE & SURGERY:		
3.3.2	Strategic Service Review, reform, rationalisation of general surgical teams across Belfast.	Full EQIA
3.3.3	Review of unscheduled care across clinical networks and integration of other forms of unscheduled care.	Full EQIA
MENTAL HEALTH & LEARNING DISABILITY:		
3.3.4	To review the reprovion of acute psychiatric provision. The development of community based services and community crisis response – home treatment services providing for a reduction of in-patient psychiatry provision at Windsor House.	Full EQIA
CLINICAL SUPPORT SERVICES:		
3.3.5	To centralize four site microbiology services.	Screened out
3.3.6	Strategic Review of Laboratory Services.	Complete Detailed Screening Report
3.3.7	Strategic Services site review Pharmacy.	Complete Detailed Screening Report
SPECIALIST SERVICES:		
3.3.8	To review in-patient vascular surgery by reprofiling current services across the Trust pathways, with the potential for centralization.	Full EQIA

Equality Screening Reference	Project Title / Description	Screening Outcomes
3.3.9	To review inpatient interventional cardiology services with a view to potential centralization.	Full EQIA
3.3.10	The proposed reform and modernisation of cardiac services as part of the regional action plan.	Screened out

4) PROJECT THEME: TECHNOLOGY:

Equality Screening Reference	Project Title / Description	Screening Outcomes
CLINICAL SERVICES:		
4.1	Implementation of automatic dispensing system (robotics) at BCH Pharmacy Department (Phase I) to support medicines management and electronic stock control and facilitate rationalisation of pharmaceutical services across Belfast (Phase II).	Screened out
4.2	Reprofiling of service provision models post implementation of robotics at Mater and MPH to support medicines management and electronic stock control as well as facilitate review of skill mix and staffing levels across all sites.	Screened out
4.3	Telehealth Cardiology – ICD for Heart Failure/Arrhythmia – Ambulatory Monitoring – Paediatric Congenital heart Disease Electronic White Board—Inter-hospital Transfers	Screened out
PLANNING & RE-DEVELOPMENT:		
4.4	Reduce The Trust's Utilities bill in terms of energy consumption and rates expenditure.	Screened out

SECTION 4

CONSIDERATION OF AVAILABLE DATA AND RESEARCH

- 4.1 Strategic Sources
- 4.2 Cross Departmental Strategies
- 4.3 Local Data Sources
- 4.4 Population Profile: Belfast Health & Social Care Trust
- 4.5 Population Statistics: Northern Ireland
- 4.6 Staff Profile: Belfast Health & Social Care Trust
- 4.7 Additional Data Sources

4. CONSIDERATION OF AVAILABLE DATA AND RESEARCH – QUALITATIVE AND QUANTITATIVE

In keeping with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data was drawn from a number of sources. The following information sources were used to inform both this overarching EQIA and the screening outcomes:

4.1 Strategic Sources

The strategic direction for the provision of health and social care is laid down in a number of key strategic documents notably:

- Regional Strategy ‘A Healthier Future (2005–2025)’
- DHSSPS - Equality, Good Relations and Human Rights Strategy and Action Plan
- DHSSPS Priorities for Action 2008-09
- Public Service Agreement 2008-11
- Investing for Health Strategy 2002
- Developing Better Services (DBS)
- Health and Wellbeing Strategy for Older People (2005–2015)
- Bamford Review
- NI Regional Transport Strategy EQIA
- SSI Child Protection Overview Report 2006
- 10-year Strategy for Children and Young Persons
- Children’s Matters Task Force – DHSSPS
- Care Matters – DHSSPS Recommended Standards of Care for Children
- Regional Review of Early Years Policies and Procedures
- Regional Review of Early Years Standards
- Regional Child Protection Standards (Sept 2008)
- Regional Review of Health Visiting and School Nursing
- Regional Project to Develop a Health Visiting Caseload Weighting Tool
- Proposals for Health and Social Care Reform and associated EQIA – February 2008
- Transformation of Business Services in Health and Social Care – Shared Services (September 2007) - EQIA
- Human Resources Framework EQIA (October 2006)
- DFP Framework to Underpin Decisions on the Location of Public Sector Jobs resulting from the RPA (November 2007);

- The Equal Opportunities Commission for Northern Ireland (EOCNI) Cost of Caring Report 1993;
- Northern Ireland Health and Personal Social Services Workforce Census 2006;
- Specific data collected by Information and Analysis Directorate in DHSSPS;
- 2001 Census of Population (Northern Ireland).

4.2 Cross Departmental Strategies

- Race Equality Strategy
- Shared Future
- Gender Equality Strategy
- Sexual Orientation Strategy and Action Plan 2006-2009
- Ageing in an Inclusive Society – strategy for older people.

This list is not exhaustive.

4.3 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)

4.4 Population Profile: Belfast Health and Social Care Trust

The Belfast Health and Social Care Trust provides Health and Social Care to the populations of Belfast City Council and Castlereagh Borough Council. The following statistics refer to the population of both council areas.

Table 7 Belfast & Castlereagh Area Population by Section 75 Group

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Gender	Male	47.4%
	Female	52.6%
Age	0 to 9	11.8%
	10 to 19	14.4%
	20 to 29	15.9%
	30 to 39	13.0%
	40 to 49	14.0%
	50 to 59	10.6%
	60 to 69	8.9%
	70 to 79	7.2%
	80 and Over	4.3%
Religion	Roman Catholic	37.4%
	Protestant	44.7%
	Other Religion	0.6%
	No Religion or None Stated	17.3%
Political Opinion (Based on council seats on Belfast City and Castlereagh Borough Councils)	DUP	26 seats
	UUP	12 seats
	Alliance	8 seats
	SDLP	10 seats
	Sinn Fein	14 seats
	PUP	2 seats
	Traditional Unionist Voice	1 seat
	Independent	1 seat
Marital Status (based on over 16s)	Single (never married)	38.9%
	Married	39.5%
	Re-married	2.4%
	Separated	5.1%
	Divorced	4.8%
	Widowed	9.2%
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children	30.4%
	No Dependent Children	69.6%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled	43.6%
	Not Disabled	56.4%

Section 75 Group Area	Belfast Health and Social Care Trust Population	
Ethnic Group	White	98.63%
	Irish Traveller	0.07%
	Mixed	0.26%
	Indian	0.15%
	Pakistani	0.06%
	Bangladeshi	0.02%
	Other Asian	0.03%
	Black Caribbean	0.02%
	Black African	0.06%
	Other Black	0.03%
	Chinese	0.51%
	Other Ethnic Group	0.16%
Sexual Orientation	Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)	

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

4.5 Population Statistics: Northern Ireland

In addition to providing services for the population of Belfast and Castlereagh, the Belfast Health and Social Care Trust also provides Regional Specialist services to the population of Northern Ireland.

Consequently the Trust has analysed the available population data for the whole of Northern Ireland.

TABLE 8: POPULATION DATA FOR NORTHERN IRELAND:

Section 75 Group	Northern Ireland Population	
Gender	Male	49.0%
	Female	51.0
Age	0 to 9	13.09%
	10 to 19	14.33%
	20 to 29	14.14%
	30 to 39	13.80%
	40 to 49	14.27%
	50 to 59	11.42%
	60 to 69	9.17%
	70 to 79	6.23%
	80 and Over	3.65%
Religion	Roman Catholic	40.26%
	Protestant	45.57%
	Other Religion	0.30%
	No Religion or None Stated	13.88%
Political Opinion (Based on seats in the NI Assembly October 2008)	DUP	36 seats
	UUP	18 seats
	Alliance	7 seats
	SDLP	16 seats
	Sinn Fein	27 seats
	PUP	1 seats
	Green	1 seat
	Independent	1 seat
	Ind Health Coalition	1 seat
Marital Status (based on over 16s)	Single (never married)	33.1%
	Married	48.45%
	Re-married	2.67%
	Separated	3.84%
	Divorced	4.12%
	Widowed	7.81%
Dependent Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependent Children	36.47%
	No Dependent Children	63.53%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled	41.21%
	Not Disabled	58.69%

Ethnic Group	White	99.15%
	Irish Traveller	0.10%
	Mixed	0.20%
	Indian	0.09%
	Pakistani	0.04%
	Bangladeshi	0.01%
	Other Asian	0.01%
	Black Caribbean	0.02%
	Black African	0.03%
	Other Black	0.02%
	Chinese	0.25%
	Other Ethnic Group	0.08%
Sexual Orientation	Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)	

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

4.6 Belfast Health and Social Care Trust: Staff profile

Table 9 Belfast Health and Social Care Trust: Staff profile by Section 75 Group

Section 75 Group	Belfast Health and Social Care Trust Staff Profile (October 2008)	
Gender	Male	21.4%
	Female	78.6%
Age	16 to 24	7.0%
	25 to 34	26.3%
	35 to 44	28.9%
	45 to 54	26.2%
	55 to 64	11%
	65 and Over	0.9%
Religion	Roman Catholic	46.9%
	Protestant	43.8%
	Not Known	9.2%
Political Opinion	Not Currently Collected	
Marital/Civil Partnership Status	Divorced	2.02%
	Married	56.18%
	Other	0.12%
	Separated	0.76%
	Single	38.27%
	Unknown	1.67%
	Widowed	0.49%
	Not Known	0.49%
Dependent Status	Not Currently Collected	
Disability	Disabled	0.6%
	Not Disabled	39.0%
	Not Known	60.4%
Ethnic Group	Bangladeshi	0.01%
	Black African	0.17%
	Black Caribbean	0.01%
	Chinese	0.22%
	Filipino	1.10%
	Indian	1.48%
	Mixed Ethnic Group	0.11%
	Other	0.41%
	Pakistani	0.09%
	White	76.65%
	Not Known	19.76%
Sexual Orientation	Not Currently Collected. Research indicates that 10% of a population is LGB. (Source: Rainbow Project July 2008)	

The information detailed above is based on the current monitoring arrangements undertaken by the Belfast Health and Social Care Trust.

Currently, the Trust information on religion, race and disability is obtained via a monitoring form which each 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 Staff Side a revised monitoring form has been developed to capture information relating to the 9 equality categories. The Trust plans to resurvey its workforce in 2009 and to use this form for all job applicants thus enhancing its database.

4.7 Additional Data Sources

There follows a synopsis of other data sources which were drawn and will continue to be drawn upon to inform the overall strategic direction of the Trust, this overarching EQIA and screening outcomes of the Trust's Reform, Modernisation and efficiency proposals.

➤ Equality and Inequalities in Health and Social Care in Northern Ireland

Published by DHSSPS in 2004, the report draws together a corpus of wide ranging information to document inequalities in health and social care in Northern Ireland. Where data permit, the overview includes information about differences that exist between the statutory equality categories of Section 75 of the Northern Ireland Act.

➤ Northern Ireland Census

A census of population is normally taken every ten years and is carried out by the Census Office for Northern Ireland. The census provides essential statistical information about the population and households for all parts of the country. The most recent results available are from the 2001 census returns.

➤ Indicators of Equality and Diversity in Northern Ireland

Published on 12 January 2007, this is the fifth in a series of reports from a research project commissioned by the Office of the First Minister and Deputy First Minister to study the development of indicators of diversity and equality in Northern Ireland. Through reviewing and extensively analysing existing NI statistics and research, the report aims to develop an "equality and diversity picture" of the region; to identify key indicators of change over time; and to

consider the potential of existing data to provide useful indicators of equality and diversity.

➤ **Statement on Key Inequalities in Northern Ireland**

Published by the Equality Commission for Northern Ireland in October 2007, the statement seeks to highlight the range and breadth of the equality agenda in Northern Ireland and to set out some of the inequalities that remain to be addressed.

➤ **Northern Ireland Multiple Deprivation Measure 2005**

Published by NISRA, May 2005, the report identifies small area concentrations of multiple deprivation across Northern Ireland. The report includes a series of maps which set out each domain of deprivation and the overall Multiple Deprivation Measure.

➤ **Social Trends**

Social Trends is an annual publication produced by the National Statistics Office. An established reference source, it draws together social and economic data from a wide range of government departments and other organisations to paint a broad picture of society today, and how it has been changing.

➤ **Continuous Household Survey 2004/05**

The Continuous Household Survey provides a regular source of information on a wide range of social and economic issues in Northern Ireland, and has been running since 1983. The survey is based on a random sample of 4,500 domestic addresses. Interviews are sought of all adults aged 16 and over in the selected households.

➤ **Northern Ireland Life and Times Survey**

The Northern Ireland Life and Times Survey, launched in the autumn of 1998, monitors the attitudes and behaviour of people in Northern Ireland annually to provide a time-series and a public record of how attitudes and behaviour develop on a wide range of social policy issues.

➤ **The Expenditure and Food Survey**

The Expenditure and Food Survey (EFS) took over from the Family Expenditure Survey and the National Food Survey on 1 April 2001. The EFS is a continuous survey, collecting information on household expenditure, income and food consumption. The primary uses of the survey are to provide

information about spending patterns for the Retail Price Index, and about food consumption and nutrition.

➤ **Households Below Average Income, NI 2003-04**

Households Below Average Income uses household disposable incomes, adjusted for household size and composition, as a proxy for material living standards or, more precisely, for the level of consumption of goods and services that people could attain given the disposable income of the household in which they live.

➤ **Family Resources Survey NI 2003-04**

The Family Resources Survey collects detailed data on income levels, resources and financial circumstances of individuals and households for the period from April 2002 to the end of March 2003.

➤ **Northern Ireland Crime Survey**

The Northern Ireland Crime Survey is carried out by Central Survey Unit on behalf of the Northern Ireland Office. It is a household survey which has been running as a continuous survey since January 2005. It was first carried out as a one-off survey in 1994/5 and was repeated in 1998, 2001 and 2003/4. The main purpose of the survey is to collect information about levels of crime and public attitudes to crime. The information is collected by interviewing people to find out about crimes they may have experienced, including those that were not reported to the police. Respondents are also asked their views about the level of crime and how much they worry about crime.

➤ **Regional Trends**

Regional Trends is a comprehensive regular source of official statistics for the Statistical Regions of the United Kingdom (Scotland, Wales, Northern Ireland and the Government Office Regions within England) produced by the National Statistics Office. It includes a wide range of demographic, social, industrial and economic statistics, covering aspects of life in the regions.

➤ **Labour Force Survey**

The Labour Force Survey (LFS) is a quarterly sample survey carried out by interviewing people about their personal circumstances and work. It is the biggest regular household survey in Northern Ireland and provides a rich and vital source of information about the labour force using internationally agreed concepts and definitions. The LFS provides information on labour market structure, employment, ILO (International Labour Organisation) unemployment, economic activity, groups within the labour market.

➤ **2005 Labour Force Survey Religion Report**

The 2005 Labour Force Survey Religion Report presents information from the 2005 Labour Force Survey on the labour market characteristics of Protestants and Roman Catholics in Northern Ireland.

➤ **Women in Northern Ireland**

Women in Northern Ireland is a quarterly publication produced by the Department of Enterprise, Trade and Investment. This publication contains key facts and figures about women in Northern Ireland. It covers the areas of employment, unemployment, economic inactivity, education, childcare provision and representation in public life.

➤ **Child and Family Poverty in Northern Ireland**

Published in April 2006, the report was commissioned by the OFMDFM (Office of the First Minister and Deputy First Minister) and provides an analysis of the levels and composition of child and family poverty and social exclusion.

➤ **Equality Mainstreaming - Policy and Practice for Lesbian, Gay and Bisexual (LGB) People**

This research report was commissioned by the Equality Directorate of OFMDFM prior to devolution, with the aim of providing a 'broad evidence base to assist statutory bodies in effectively considering LGB issues in the development of policy and practice.

➤ **Public Attitudes to Health and Personal Social Care in Northern Ireland 2004**

The Public Attitudes Survey sought to establish the level of satisfaction with Health and Social Care services in Northern Ireland and to provide feedback on those areas in which the public would like to see changes and improvements.

SECTION 5

CONSIDERATION OF ADVERSE IMPACTS

- 5.1 Scope
- 5.2 Equality Screening Outcomes
- 5.3 Assessment of impact on Section 75 Groups – Patients & Clients
- 5.4 Assessment of impact on Section 75 Groups - Staff

5.1 Scope

The Trust recognises the combined impact of the above changes are considerable and will result in a material reduction in the funding baseline of the organisation. It is aware of the significant challenges which lie ahead organisationally, clinically and financially and understands the need to reform and change in order to deliver sustainable improvements against the demanding agenda over the next three to five years. The proposals on the Reform, Modernisation and Efficiency Programme outlined in Section 3 are linked to the Trust's purpose and strategic objectives.

The proposals are in line with key strategic drivers directing the future provision of health and social care within Northern Ireland. They are underpinned by a body of evidence based research and earlier consultations with a wide range of stakeholders.

In the Government's EQIA attached to the Programme for Government, a positive message was presented as to how the budget would impact positively across the Section 75 grounds.

“The approach to the development of the Programme for Government, Budget and Investment Strategy is to promote equality and good relations and address the causes and consequences of poverty and exclusion. In this context, the Programme for Government highlights that, alongside action to address poverty and exclusion, the Executive will seek to address differential outcomes in key areas such as health and education which may be experienced by a number of Section 75 grounds and which significantly impact on the lifetime opportunities of those groups. Focusing action to address differentials will have a more positive impact on some Section 75 groups than others. However, there is no evidence to suggest that this is likely to equate to a negative impact on others.”

5.2 Equality Screening Outcomes

The Trust has carried out a screening exercise on all its proposals to meet the CSR requirements. This assessment is the initial step in ensuring the Trust meets its Section 75 obligations.

The Trust has assessed the screening outcomes as follows: -

Screened Out	Little or no impact on S75 equality obligations
Complete Detailed	Some impact that needs further consideration to address potential for adverse impact on patients, clients and staff
EQIA	Conduct a full Equality Impact Assessment

The Trust is seeking views on these initial screening outcomes. The Trust will consider feedback it receives during the consultation period that runs from **20 November 2008 until Friday 16 January 2009**.

The Trust will carry out the detailed screening reports and full Equality Impact Assessments on the projects identified as requiring such action. These processes will contain formal and informal consultations with a wide range of stakeholders such as patients, clients, service users, management, staff, trade unions, voluntary and community groups, public authorities and statutory organisations.

Where consultation identifies adverse impacts, the Trust will make every effort to take steps to mitigate these effects.

The Trust is aware it is operating in an evolving context. As such the Trust acknowledges that the outcomes of the initial screening assessment may change as a result of the formal consultation.

This EQIA is the first step in ensuring the Trust meets its S75 equality obligations.

5.3 Assessment of impact on Section 75 Groups – Patient and Clients

Persons of different religious belief

The available data on adults living in lower-income households suggests that there is an approximate balance between the Protestant and Roman Catholic communities in the numbers living in such households, although data shows that Roman Catholics are at greater risk of multiple deprivation.

In this context, the government's focus on addressing poverty and disadvantage may be seen to have the potential to impact upon a greater proportion of Roman Catholics. However, measures to address inequality and poverty will be focused on responding to need. They will, therefore impact equally on Protestants experiencing multiple deprivation and exclusion. As

such, there is no evidence to suggest the priority will have an adverse impact on persons of different religious belief. The population profile for the Belfast Health and Social Care Trust area in the 2001 Census was 44.7% Protestant, 37.4% Catholic and 17.3% not known.

During 2006/07 there were 1,695 recorded sectarian incidents, up from 1,470 in 2005/06 (*Ref: PSNI, Statistical Report No. 3, Hate Incidents and Crimes 1 April 2006 – 31 March 2007*). A key priority of government is also to address sectarianism, racism and intolerance and to build a shared and better future. Delivery of this priority and realisation of the associated objectives will, therefore make a significant contribution to the promotion of good relations between persons of different religious belief such as DHSSPS Zero Tolerance Campaign and publication of Good Relations guidance which the Trust actively participates in and which is reflected in its Human Resources policies and delivery of training

Persons of different political opinion

No evidence of adverse impact, however, delivery of measures to promote tolerance and respect for diversity will contribute to the promotion of good relations between people of different political opinion such as the Trust's commitment to a good and harmonious working environment and delivery of training along with its commitment to the DHSSPS Zero Tolerance Campaign.

Persons of different racial group

Reflecting the economic differentials outlined previously, Irish Travellers are at greater risk of poverty, multiple deprivation and exclusion. They are also more likely than other groups to leave school with no qualifications. A number of initiatives across Departments aim to address the difficulties Irish Travellers may face in accessing services and employment. Research undertaken by the Equality Commission also appears to confirm negative attitudes towards Irish Travellers among a significant minority of respondents (*Ref: Statement on Key Inequalities in Northern Ireland, Equality Commission for Northern Ireland, October 2007*). Of those surveyed, 24% would mind having an Irish Traveller as a work colleague, 41% as a neighbour and 38% as a relative by marriage. Similarly, the 2005 Northern Ireland Life and Times Survey, found that 82% of respondents were unwilling to accept a member of the Irish Traveller Community as a close friend

The 2005 Northern Ireland Life and Times Survey also found that 68% of respondents thought there was more racial prejudice in Northern Ireland in 2005 compared to 5 years previous. Reflecting that perception is the fact that the number of racist incidents reported to the PSNI in 2006/07 increased by over 12% on the previous year to 1,047 (*Ref: PSNI, Statistical Report No. 3, Hate Incidents and Crimes 1 April 2006 – 31 March 2007*).

The government seeks to provide a strategic framework to promote racial equality, tolerance and respect for cultural diversity. The implementation of this will, therefore have a positive impact on persons of different racial group, and will make a significant contribution to the promotion of good relations between people of different racial group.

The Executive and associated Health and Social Care bodies is committed to the promotion of good relations, tolerance and respect for diversity. For those Section 75 groups who are more likely to experience hate crime or live in communities blighted by sectarianism and/or intolerance there is the potential for a more positive impact in this area. However, as government's focus is on addressing need this does not equate to a negative impact on other groups. Rather, it is anticipated that building a more tolerant society will have wider benefits for all Section 75 groups and will make a significant contribution to the promotion of good relations. The Trust spends significant resources in ensuring its services are accessible by the whole community and operates the NIHSS Interpreting Service for all Health organisation in Northern Ireland. Similarly, the Trust translates information into a range of formats for those whose first language is not English. Whilst it is not possible to assess the full extent of Black and Minority Ethnic (BME) and Migrant Workers resident within the Trust area, the numbers are significant.

Persons of different age

Poverty and exclusion can have a negative impact on children's upbringing and can reduce the chances of children enjoying a happy childhood, achieving skills and qualifications and as a result can significantly impact on outcomes in later life.

While younger households are more likely to experience poverty, there would also appear to be particular issues with regard to older people, who tend to have lower incomes, are more benefit dependent and spend more on necessities than the rest of the population. In 2004/05, 52.8% of pensioner household weekly expenditure was on necessities (*Ref: Expenditure and Food Survey, NISRA*). They also experience other forms of exclusion, such as isolation from friends, relatives, services and facilities and increased fear of crime (*Ref: Ageing in an Inclusive Society, OFMDFM, 2005*). Recent work undertaken by Help the Aged indicates that 53% of older people feel that loneliness is the major issue facing older people today (*Ref: Statement of Key Inequalities in Northern Ireland, Equality Commission for Northern Ireland, October 2007*). The Northern Ireland Equality Commission's 2006 survey "Attitudes and Awareness of Equality Issues Amongst the General Public in Northern Ireland" revealed that older people in Northern Ireland perceived that they are treated unfairly.

Older people living in remote areas or on disadvantaged housing estates have difficulty accessing the sorts of opportunities that most people in society can often take for granted. This is a particular issue for pensioners in rural areas who are more likely to be in poverty than those in urban areas. For older women, participation can be further constrained by pensioner poverty.

The Trust is mindful of the demographic trends. There is recognition that the over 65 population will continue to need more care than younger age groups.

Persons of different marital status

Marital status is associated with poverty. The population profile for the Belfast Health and Social Care Trust area in the 2001 Census was as follows: Single 38.9%, Married 39.5%, Separated 5.1%, Divorced 4.8%. Those who are separated have the highest rate of poverty followed by those who are divorced and then single people. (*Ref: Households Below Average Income DSD*).

Action to address poverty and exclusion may impact more on single people and those who are separated or divorced.

Persons of different sexual orientation

While attitudes towards LGB people are changing, experiences of discrimination and marginalisation are still common for many within the LGB community. The number of homophobic incidents reported to the Police Service of Northern Ireland has increased in recent years. In 2006/07 there were 155 reported homophobic incidents, of which 77% were violent.

The Trust is committed to working in partnership with a wide range of key stakeholders in furthering its equality, human rights and good relations obligations. In keeping with the commitments in its Equality Scheme, the Trust will take steps to mitigate any adverse impact identified for service users.

Between men and women generally

Evidence shows that women are at greater risk of experiencing poverty, multiple deprivation and exclusion. This is reflected in studies which suggest that 57% of adults in poor households are women (*Ref: Bare Necessities – Poverty and Social Exclusion in Northern Ireland, Democratic Dialogue, October 2003*). Moreover, single people with children, who are more likely to be female, have the highest risk of poverty overall (*Ref: Households Below Average Income, DSD*). Any action to address the causes and consequences of poverty may be assumed to have the potential for a greater impact on women, particularly those who are carers. However, such an outcome may be associated directly with the current differential rates of poverty between men and women. In this context, men who are in poverty are likely to benefit equally

from wider measures to address poverty and there is no evidence of an adverse impact on men.

Life expectancy is higher for women than men, although they are likely to suffer more ill health than men. In 2003-05 life expectancy was 80.8 for women and 76.0 for men (*Ref: Health and Social Care Inequalities Monitoring System: First Update Bulletin 2004, DHSSPS*) in non-deprived wards. Life expectancy for those in deprived wards was somewhat lower, at 77.9 years for women and 72.0 years for men. There is a clear relationship between deprivation and health outcomes. Those in deprived areas tend to experience worse health outcomes, they are more likely to suffer from increased morbidity and mortality and higher levels of mood and anxiety disorders, while the teenage birth rate in deprived areas is 71% higher than the Northern Ireland average. Through the Executive is committed to addressing the differential outcomes for those in deprived areas. This is likely to have a positive impact on both men and women in deprived areas.

There has been a significant change in the patterns of educational performance of girls and boys, as a result girls now outperform boys at school. In 2006/07 the percentage of girls gaining A-C grades at GCSE was 75.5%, this compared to 69.0% for boys (*Ref: Department of Education GCSE Headline Statistics 2006/07*). After leaving school only 56% of boys progressed to further or higher education compared to 75% of girls.

Both boys and girls from areas of high deprivation, however, are more likely to leave formal education with no qualifications. This is a key concern as it significantly limits their life opportunities and contributes to a cycle of deprivation. In the 2005-06 school year, 24.3% of Protestant pupils entitled to free school meals achieved 5+ GCSEs A-C, compared to 35.2% of Roman Catholic pupils entitled to free school meals.

Addressing the causes and consequences of poverty and exclusion is likely, therefore, to impact marginally more on women than men, given women are more likely to experience poverty. However, it is equally likely to benefit those men in poverty and there is no evidence of an adverse impact on either gender.

The gender profile for the Belfast Health and Social Care Trust population in the 2001 Census was 47.4% male and 52.6% female.

Between persons with a disability and persons without

Of the Section 75 categories, adults with a disability and children with a disability have the highest risk of poverty before social transfers (*before social transfers excludes from household income all social cash transfers including state pensions and state benefits*) at 77% and 70% respectively in 2004-05 (*Ref: Households Below Average Income DSD*). After social transfers the risk of poverty for adults with a disability was 26% and children with a disability was 37%. Research also highlights the fact that disabled people may face particular difficulties when accessing public and social services such as transport, housing and financial services.

People with a disability may experience prejudice as a direct result of their disability. In a study undertaken by Mencap in 2000 (*Living in Fear. The need to combat bullying of people with a learning disability*) nine out of ten people with a disability reported that they had been harassed in the previous year because of their disability, while one third of people with a learning disability had experienced such harassment on a weekly basis. The Trust's commitment to a good and harmonious working environment is reflected in its Human Resources Policies and its commitment to the Department of Health's Zero Tolerance Campaign which seeks to eradicate all forms of harassment in the work place including harassment on grounds of disability.

A key aim of Government is to support vulnerable people, including those with disabilities to live independently within their communities and to address exclusion, for example through promoting access to services. This has the potential to have a more positive impact on people with a disability. However, it reflects the higher rates of at risk of poverty experienced by people with a disability and there is no evidence to suggest that the delivery of initiatives in this area will have an adverse impact on people without a disability. The Trust's Disability Action Plan aims to promote a range of channels to improve the experiences of disabled persons accessing health and social care.

Between persons with dependents and persons without

Households caring for children or dependant adults have higher poverty rates and are at greater risk of multiple deprivation than those without dependants. In 2004/05, 24% of couples with children were at risk of poverty compared to 18% of couples with no children (*Ref: Households Below Average Income, DSD*). Single parent households, which are more likely to be female, experience an elevated risk of poverty and exclusion compared to other groups, 49% in 2004/05. It may be assumed that in addressing recognised need, the delivery of the government priority of promoting tolerance, inclusion, health and well-being may impact more on those with dependants, however,

there is no evidence to suggest it will have an adverse impact on persons without dependants. In the 2001 Census, 30.4% of households in the Belfast Health and Social Care Trust area contained dependent children.

5.4 Assessment of impact on Section 75 Groups – Staff

Persons of different religious belief

Changes in location for staff may potentially differentially impact on people from different religious beliefs. This impact would be considered further within the context of individual screening reports and EQIA when decisions on the positioning of new or alternative service provision are being actively considered.

Persons of different political opinion

There is no information held on political opinion for any individual within the Trust. Evidence does suggest that political opinion is often linked to religion and it has already been highlighted that changes in location for staff may potentially differentially impact on people from different religious beliefs.

This impact will be considered further when decisions on the positioning of new services/potential relocation of existing services are being actively considered.

Persons of different racial group

There is no evidence to suggest that there would be any adverse impact on any individuals by reason of their ethnicity in relation to the proposals.

As previously stated the Trust is committed to the Department of Health's Zero Tolerance Campaign on abuse of staff, when all abuse against staff is totally unacceptable. This is further underpinned by the range of training provided by the Trust and related employment policy aimed at promoting a harmonious working environment for all staff regardless of background.

Training and retraining may also potentially impact on this group as the delivery of training programmes could lead to difficulties for people from different cultures or who do not speak English as a first language.

Persons of different age

Using early retirement and voluntary redundancy as part of the mechanism to avoid compulsory redundancies may lead to a disproportionate number of older people leaving the Trust. This in turn may lead to an overall loss of valuable skills, expertise and experience. The Trust will pay regard to the skills mix through its assessment criteria in order to secure the correct skills mix within its staffing profile.

Staff leaving through early retirement however, would be on a voluntary basis and therefore no differential impact is envisaged in relation to these individuals. As evidenced in the Trust's age profile analysis the greatest percentage of staff are aged between 35-44 representing 28.9% of the Trust's total workforce.

Persons of different marital status

Research shows that the majority of females who have family and caring responsibilities tend to be married. As the Trust's workforce profile comprises of predominantly married persons, there is potential that the Trust's proposals may adversely impact on married females. As with gender the Trust will consider any potential impacts on a one to one basis with staff directly affected by any of the proposals, when required.

Persons of different sexual orientation

There is no exact data on the number of lesbians, gay men and bisexuals in Northern Ireland as to date no national census has ever asked people to define their sexuality. There are however estimates such as 1 in 10 of the population could be Lesbian, Gay, Bisexual (LGB). Research undertaken by the Rainbow Project estimated that there are possibly 168,527 LGB living in NI of which 64% choose to conceal their sexuality.

There is currently no information held on individual staff member's sexual orientation. There is no evidence however to suggest that there would be a significant differential impact on anyone by reason of their sexual orientation as a consequence of the implementation of the Trust's proposals. The Trust will be actively engaging with management, staff and trade unions throughout the implementation of the proposals and issues of sexual orientation will be dealt with in a sensitive manner.

Between men and women generally

There is a potential for adverse impact on females in relation to some of the Trust's proposals as a consequence of a potential reduction in the overall number of posts and relocation. Analysis shows there is a substantially larger proportion of females employed within the HSC. Evidence based research shows that females continue to be those primarily with family and caring commitments for children, young persons and/or dependant adults.

Females are more likely than males to work part-time or have an alternative flexible working pattern so any increase in travel time may have a greater impact on females than full-time workers in terms of the cost, that is additional costs associated with caring and potentially greater travel to work distances.

This impact would be dealt with separately and on a one to one basis with staff, when required. The Trust will consider mitigating measures for staff directly affected, that is flexible working patterns and payment of travel to assist with the potential additional cost in accordance with regional agreements.

The Trust is committed to working in partnership with management, staff, trade unions and statutory agencies in furthering its equality, human rights and good relations obligations.

Between persons with a disability and persons without

Changes to employment arrangements may impact differentially on people with a disability if alternative transport arrangements are required for relocation or redeployment. In keeping with the Trust's Human Resource Policies reasonable adjustments would be considered for all staff declaring a disability.

Persons with a learning disability are less likely to have access to private transport and therefore may find it more difficult to adapt to a new location or working environment. Again, this impact would be considered further and on a one to one basis where it arises.

Between persons with dependents and persons without

There is the potential for adverse impact on staff with dependants if changes are made to their employment arrangements and location. As already stated the care of dependants is often carried out by women.

In recognition of the large number of female staff with caring responsibilities, the Trust is putting in place a comprehensive range of flexible working arrangements to enable staff to balance their family and work commitments.

The Trust will give consideration to all requests in order to mitigate any adverse impact on staff directly affected by any of its proposals.

Staff with dependants may be adversely affected as any increase to their traveling time may impact on their caring arrangements such as increased costs and longer response time to home emergencies. Again, this impact will be considered on a one to one basis with staff, when required, when decisions on the location of services are being considered.

SECTION 6

CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES

- 6.1 Introduction;
- 6.2 Service Users;
- 6.3 Staff;
- 6.4 Reduction in Staff Numbers;
- 6.5 Relocation;
- 6.6 Staff Support;
- 6.7 Partnerships;

6.1 Introduction

The Trust recognises the Reform, Modernisation and Efficiency Programme as set out in its MORE Programme proposals represents both a significant change programme for the way services are delivered to patients, clients and how they are delivered by Staff.

6.2 Service Users

The aim is to create an overarching and unified Health and Social Care system for the population of Belfast and beyond. Under this vision the delivery of services will be simplified, unnecessary duplication and fragmentation of services will be reduced and services will be clearly signposted for our patients, clients and their carers.

The Trust aims to reform and review its services so that they can be delivered in a faster, more flexible, less bureaucratic and more effective way. Overall the Trust aim is to have the right care delivered by the right person in the right place.

The Trust proposals have also been shaped by a number of strategic drivers which direct the provision of Health and Social Care that have been subject to previous consultations with a wide range of stakeholders.

A number of proposed key principles will guide the review and reorganisation of services under the Strategic Review. The following proposed guiding principles are also indicators of the desired outcomes and impact for services users :-

- Improve Health and Wellbeing and reduce health inequalities;
- Focus on prevention of illness, early assessments and intervention;
- Provide safe, high quality effective care;
- Improve accessibility to services : promote equity and welcome diversity;
- Localise where possible, centralise where necessary;
- Integrate Services (through partnership working);
- Provide clear direction to Services, reducing fragmented and frustrating services;
- Maximise the utilisation of assets;

Mitigation Measures

At this time it is not possible to predict the precise impact of the proposals on each of the Section 75 groups, the Trust has begun its process to identify issues at an early stage through the equality and human rights screening process.

The Equality Screening Process has identified the need for further detailed screening reports or the requirement to undertake an Equality Impact Assessment in accordance with the Trusts Equality Scheme following the Equality Commission for Northern Ireland Guidelines. This assessment will also include the requirements set out under the Human Rights and Disability Legislation.

This will require both an informal and formal engagement process with a wide range of stakeholder interests, eg. patients, clients, staff, trade unions, residents, carers, family / extended family members, voluntary and community sector, public and private sector organisation etc. In order to determine the potential for any adverse impact and the need for appropriate mitigating action.

The Trust has developed a Consultation and Communication Framework, for the Reform and Modernisation of Services Process. This Framework endorses both the requirement and principles of Good Practice and sets out the obligations to consult with key stakeholders in line with Statutory, Legislative and Departmental Circulars.

6.3 Staff

A significant proportion of the efficiency savings identified within the MORE Programme proposals will come from workforce initiatives, in line with the cost profile of Health and Social Care sector.

The Trust is committed to improving the productivity and utilisation of our staff over the next number of years. However, in so doing, this challenge will be categorised by openness, transparency, involvement, recognition and engagement with our staff in modernising the services we provide for the benefit of our patients and clients while securing employability for our Staff. The Trust will work actively in partnership with staff organisations to both promote staff interests and the interests of our patients and clients and ensure a stable and productive Industrial Relations climate.

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.

The Trust has developed for consultation, a Good Practice Guidance on Consultation and Communication in relation to the 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 staffing and equality considerations to be undertaken by Managers.

The main impacts anticipated for staff are, a reduction in the number of staff, staff relocations, avoidance of compulsory redundancies, new ways of working; retraining and/or reskilling.

6.4 Reduction in Staff Numbers

The proposals in the MORE Programme estimate a total of 2,500 WTE staff reductions. The new posts created over the Comprehensive Spending Review period by reinvestment of the savings into frontline services are estimated at 733 WTE. The approximate net reduction of staff numbers is 1,767.

Mitigation Measures

It is hoped to avoid compulsory redundancies with a balance of natural wastage (leavers and retirements), vacancy freezes in affected areas; re-training and re-skilling and the use of voluntary early retirement and voluntary redundancy for some staff that may choose to leave the service. By utilising staff turnover, the percentage level of turnover of staff (leavers and retirements) over the three year period will provide an opportunity to assist in mitigating the adverse impact on staff.

The Trust will comply with all relevant employment and equal opportunities Legislation when implementing the proposed changes. Any decision in respect of appointments, promotions, identification of staff at risk and selection for redundancy would be fair, transparent, made with reference to justifiable, objective criteria and be in line with relevant guiding principles recommended by the Public Services Committee (PSC) and accepted by Government. The

Trust will also pay regard to the outcome of recent Tribunal cases in respect of the treatment of temporary staff. Procedures would be designed to support equality and ensure that there is no unlawful direct or indirect discrimination against any particular individuals or groups of employees.

The Trust is currently developing a Regional Redundancy and Redeployment Policy in consultation with Staff Side and agreed arrangements will also be applied.

The Trust will give consideration to the provision for different work patterns and/or arrangements to facilitate employees personal circumstances, whenever possible, whilst ensuring the Service Reform, Modernisation and Efficiency programme progresses. This will be facilitated through the Trusts range of Worklife Balance Policies and Flexible Working arrangements developed in partnership with Staff Side.

6.5 Relocation

Decisions on the position and location of service change in the proposals will form part of the consultation process. Where staff are required to relocate the Trust's agreed guidance with Staff 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 transfers of staff with respect to change in workforce location arising out of the implementation of the Review of Public Administration. It takes account of the statutory obligations, including those arising out of Section 75 of the Northern Ireland Act, the Guiding Principles and Associated Recommendations of the Public Service Commission, Equality Laws and their specific significances in relation to employment and location issues.

Mitigation Measures

The protocol has been developed in recognition of the fact location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating practice, compliance with statutory obligations and agreed Guiding Principles. These include :-

- Equality Legislation;
- Section 75 Northern Ireland Act;
- Public Service Guiding Principles and Associated Recommendations
 - Third Guiding Principles : Staff Transfers
 - Seventh Guiding Principles : Location
 - Eighth Guiding Principles : Equality
- HPSS Human Resource Framework;
- Regional Agreement on Excess Mileage;
- Application of Flexible Working Arrangements;

6.6 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 / Reskilling for new roles;
- Advice and guidance on pension, early retirement and redundancy consideration
- Advice and guidance on Human Resource policies and procedures.

6.7 Partnerships

The Trust in partnership with Staff Side will consider how it will minimise any adverse impact resulting from the proposed changes on the workforce. In so doing the Trust will have regard to the HPSS Human Resources Framework and the Public Services Committee – Guiding Principles and Framework, to underpin decision.

There has been public concern that the need for efficiency savings will lead to staff reductions and redundancy. The need for efficiency savings and the proposals on service charges will have an impact on the number of staff as detailed. However, the Belfast Trust will do everything possible to avoid any compulsory redundancies. As outlined this will be achieved through a range of measures including, the utilisation of staff turnover, vacancy controls, redeployments and retraining opportunities, retraining and upskilling and voluntary redundancy. Staff in some areas may need to be flexible and retrain or work in another area, but if they wish to remain working for the Trust, everything possible will be done to retain them. These measures, when implemented, are intended to mitigate any significant adverse impact for staff.

Engagement Process

In parallel with this eight week consultation on the Trust's overarching EQIA and screening outcomes, the Trust plans to embark on a consultation and engagement process with a wide range of stakeholders on its Reform, Modernisation and Efficiency Programme proposals.

The Trust welcomes your views on this overarching EQIA, the initial Equality Screening outcomes, data sources relied upon and mitigation measures that have been identified for those directly affected by these proposals.

A consultation proforma is attached in Appendix (2).

Please take time to respond.

SECTION 7

FORMAL CONSULTATION, PUBLICATION AND MONITORING

7.1 Formal Consultation

7.2 Publication

7.3 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 all Consultees listed in the Trust's Equality Scheme;
- 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 16th January 2009.

7.2 Publication

The outcomes of this EQIA will be posted on the Trust's website and/or made available on request.

7.3 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 Reform, Modernisation and Efficiency Programme 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 Reform, Modernisation and Efficiency Programme 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.

GLOSSARY OF ABBREVIATIONS

BHSCT	Belfast Health and Social Care Trust
BME	Black and Minority Ethnic
CSR	Comprehensive Spending Review
DBS	Developing Better Services
DHSSPS	Department of Health Social Services & Public Safety
ECNI	Equality Commission for Northern Ireland
EQIA	Equality Impact Assessment
HPSS	Health and Personal Social Services
HSC	Health and Social Care
LGB	Lesbian, Gay and Bisexual
M.O.R.E.	Maximising outcomes resources and efficiency
NISRA	Northern Ireland Statistics and Research Agency
PFI	Private Finance Initiative
PGF	Programme for Government
PSA	Public Service Agreement
PSC	Public Services Commission
RPA	Review of Public Administration



Trust's Strategic Response to the Comprehensive Spending Review 2008-2011

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 this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. The closing date for this consultation is Friday 16 January 2009 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Mr Colin Jackson, Health & Social Inequalities Manager,
Health & Social Inequalities, 1st Floor,
Graham House, Knockbracken Healthcare Park, Saintfield Road,
Belfast, BT8 8BH

Tel: 028 90566700 Fax: 028 90566701 Textphone: 028 90902863
E-mail: colin.jackson@belfasttrust.hscni.net

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

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

Name:	
Position:	
Organisation:	
Address:	

I am responding: as an individual on behalf on an
organisation
(please tick)

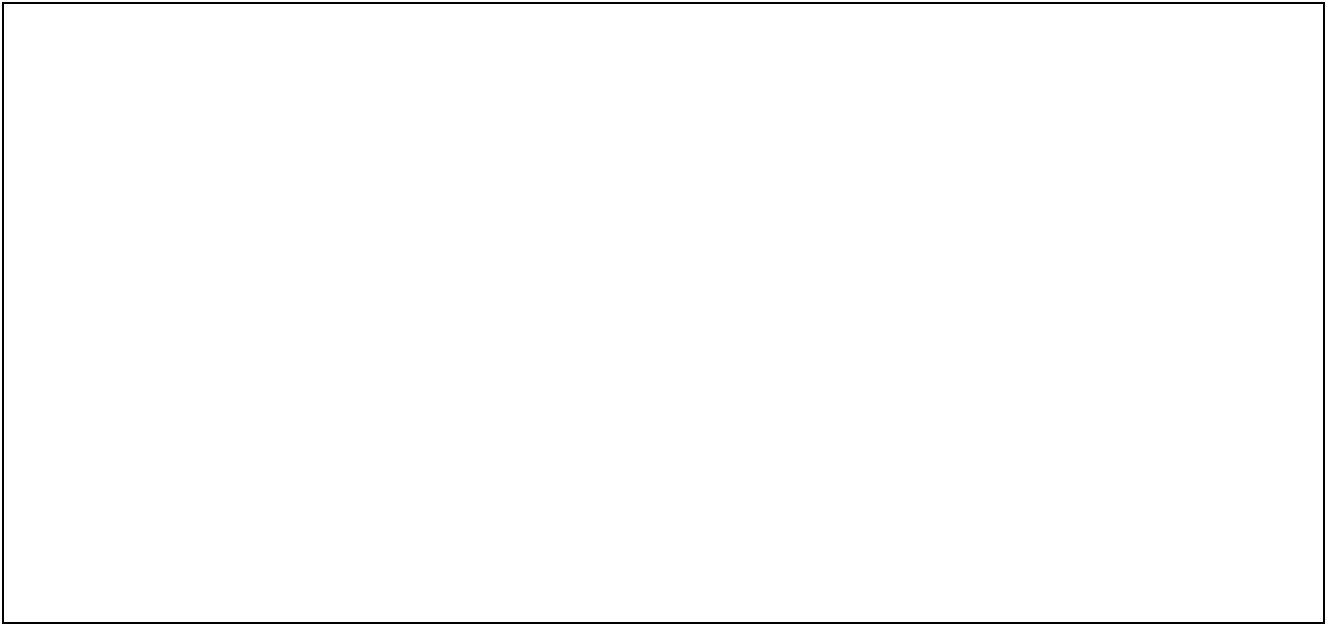
Do you agree with the screening outcomes? (please refer to Section 3 pages 57-69 of the document).

YES NO

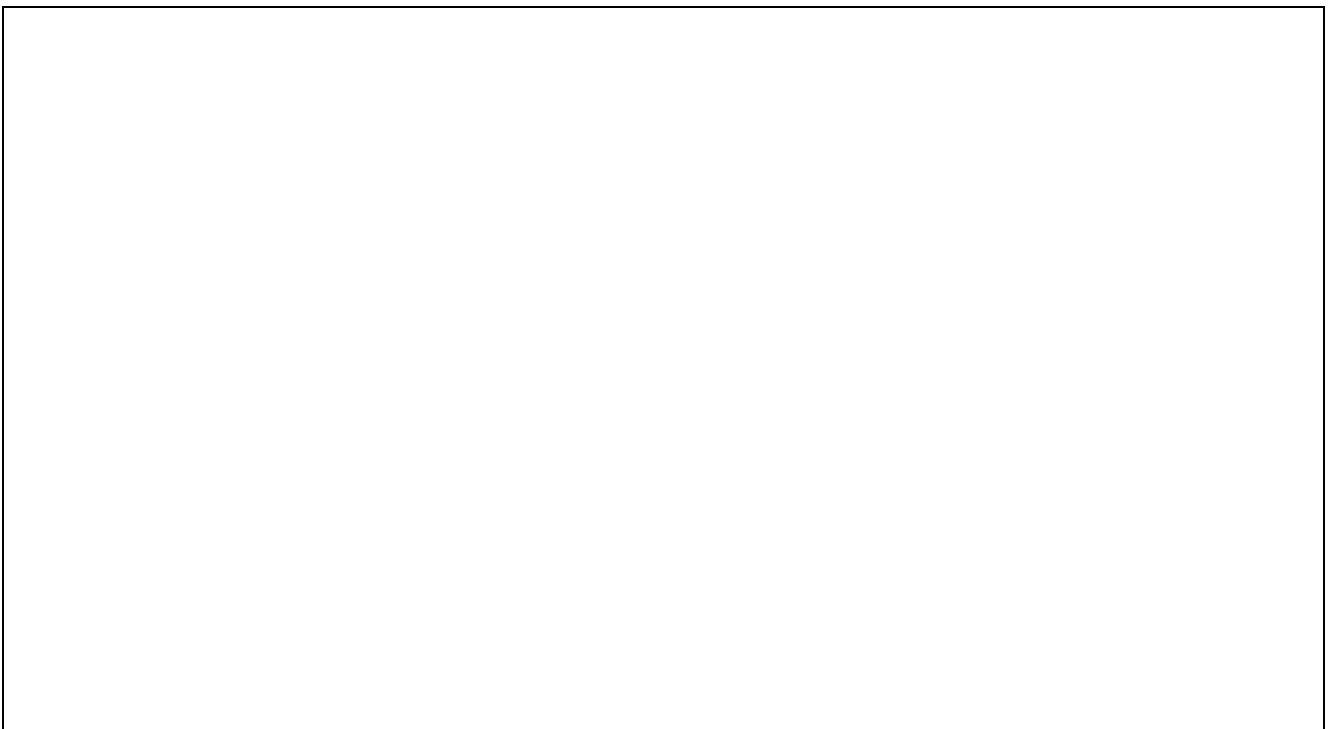
If no, please comment:

--

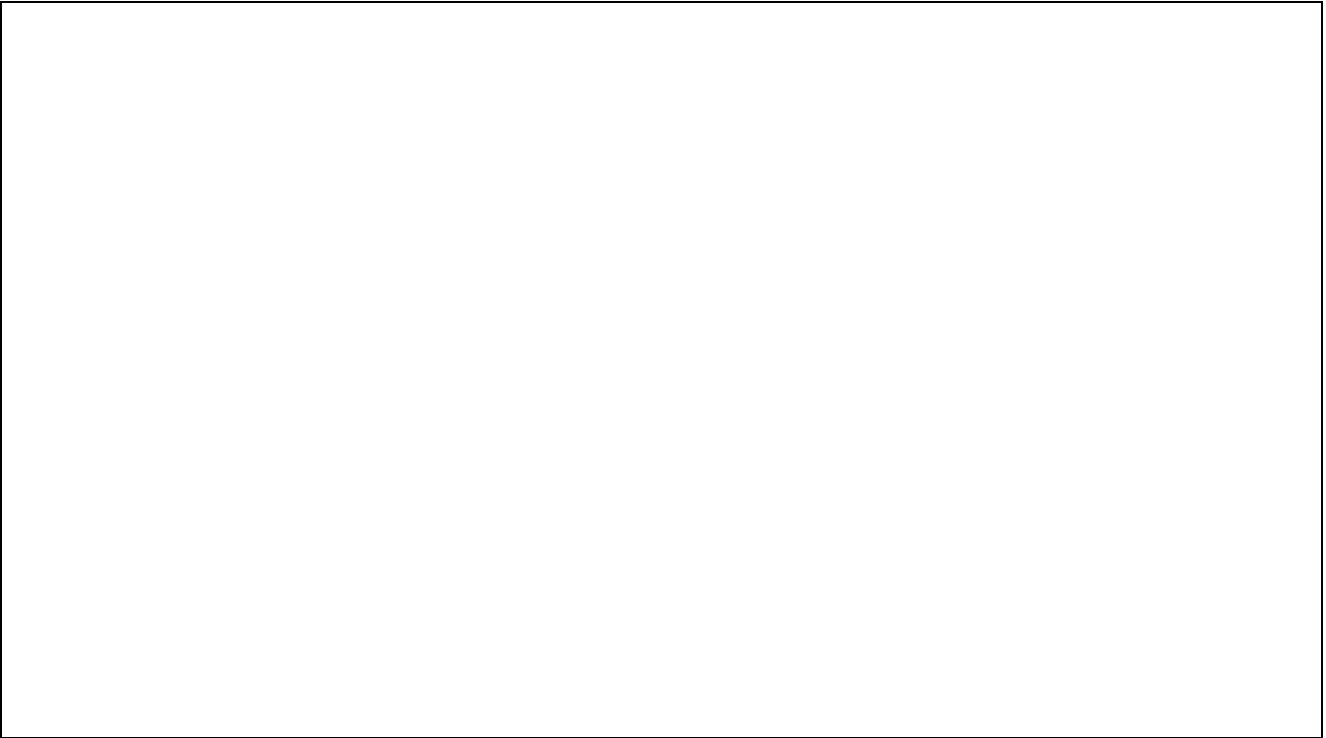
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals.



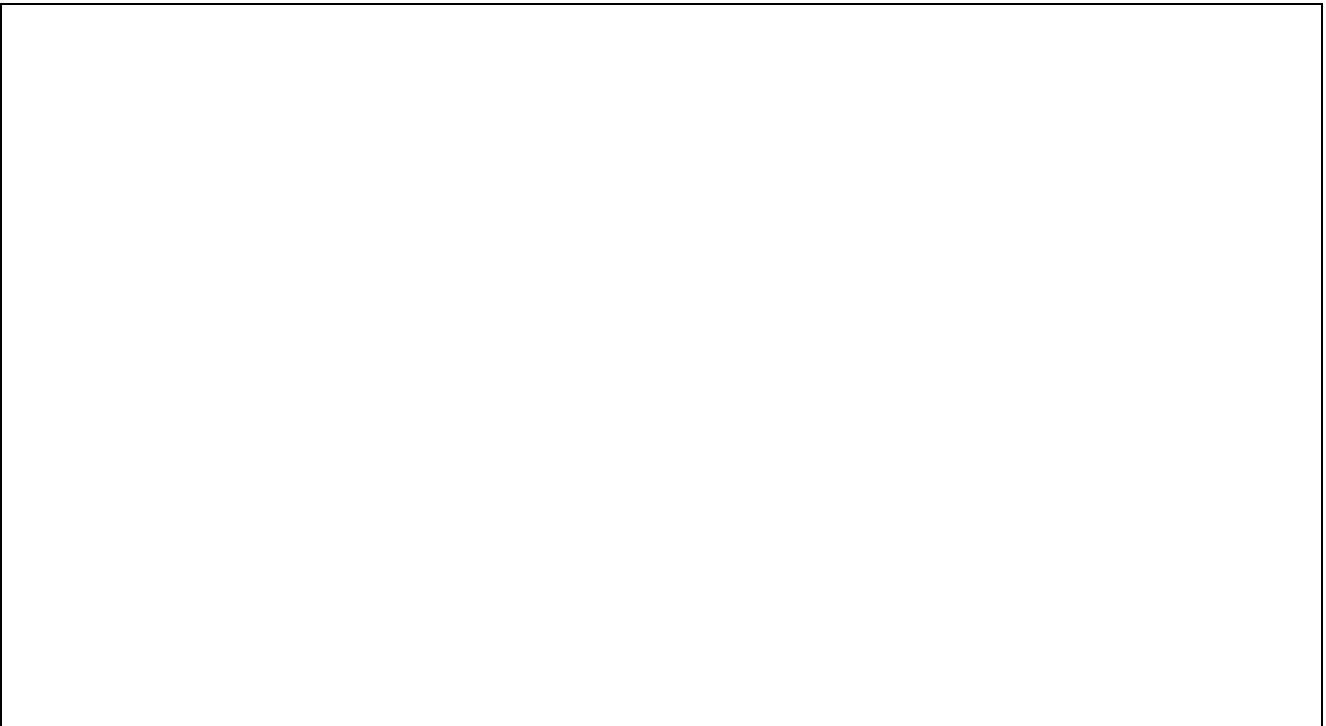
Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented.



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.



General comments

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE.

Freedom of Information Act (2000) – Confidentiality of Consultations

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 circumstances would information of this type be withheld.

DHSSPS Section within the Northern Ireland Executive's Budget

Key issues / Challenges over period to 2010-11

Despite improvements in recent years, people in Northern Ireland continue to have a lower life expectancy than the UK average as well as a higher incidence of some serious diseases, such as coronary heart disease and respiratory disease. As in the rest of the UK, the lifestyles of many local people is damaging to their health with obesity an increasing threat as well as high levels of binge drinking. Northern Ireland also has the highest prevalence in the UK of mental illness and a distressingly high incidence of suicide.

Clearly, further improvement is needed across a wide range of conditions. For the 2008-11 Budget period and beyond, it is essential that the health and social care sector provides prompt and responsive access to appropriate health and social care services – whether in clinical settings, such as hospitals and GPs' surgeries, or in the community through nursing, social work and other professional services. It must also lead a major cross-governmental effort both to raise general health and well-being and to reduce health inequalities. The only sustainable path to improvement is alongside a population which is much more engaged in ensuring its own health and well-being.

The Budget allocations address many of the key determinants of ill-health as well as issues of actual illness. This programme will be taken forward in a way that ensures resources and facilities are used more productively, with safety and quality being key considerations.

This will enable the Department to meet a range of very substantial unavoidable cost pressures over the Budget period including inflationary pressures with respect to pay, non-pay and pharmaceuticals. It will also enable the Department to meet its statutory obligations, including maintaining the high standards in blood donation, ensuring that acute services in rural areas are sustained and in meeting demographic pressures associated with an ageing population.

The Budget allocation will provide funding to combat the threat of pandemic 'flu, provide essential medical workforce training and provide additional life-saving renal services. Improvements in child protection will be funded as well as enhanced services to children with complex needs, revenue consequences of approved capital investment and mainstreaming the children's and young people's package.

The allocation will provide extra funding for the public health programme, supporting action to bring about a 15% reduction in the present suicide rate. Other initiatives are intended to reduce the proportion of smokers in the population, reduce the incidence of binge drinking and the taking of illegal drugs, cut the number of children at risk from parental dependency on alcohol or drugs, and halt the rise in obesity. By the end of the Budget period, it is expected that not only will there be an increase in average life expectancy but also a reduction in the disparity between the overall NI average and that for the most disadvantaged areas.

Promoting healthier ways of living is a key element of reform in health and social care, and is integral to proper management of the pressures on hospital services, which is also reflected in PSA 8 (Promoting Health and Addressing Health Inequalities). The extra resources for primary and community care will enable the Department to fund a programme of early intervention and 'wraparound' services to help people with long term conditions (such as heart disease or respiratory disorder) to live more active lives, with less need for recourse to hospital treatment. Part of this development, which makes use of assistive technology and remote monitoring of patients, will be financed through the Funding for Innovation initiative, as set out in Chapter 5. By 2011, unplanned hospital admissions for these case-managed patients are expected to be cut by 50%.

The role of carers must be recognized and given greater support. By 2011, an extra 200 learning disability care packages will provide for respite, and an extra 200 care packages for those with physical or sensory disability will also include new or enhanced respite. By the same date the maximum waiting time for specialised wheelchairs will be cut to 13 weeks.

Treatment in the community or primary setting will also become a standard feature of the mental health and learning disability programmes of care. As the Bamford Report argued, the Department must extend and strengthen the range of services available in the community so that people receive immediate support and are spared inappropriate hospitalisation. The Budget allocations now proposed will begin that process and contribute to the delivery of PSA 7 (Making Peoples' Lives Better) through continued reduction in the numbers of learning disabled and mental health long stay patients, as well as a 10% reduction in admissions to mental health hospitals.

The Northern Ireland population now has access to some of the most advanced forms of treatment for cancer, but the key to survival remains early identification. A new screening programme, together with follow-up treatment, will by 2011 reduce mortality from bowel cancer by 10%, and a new vaccination programme which will eventually lead to a 70% reduction in mortality from cervical cancer, and the breast cancer screening programme will be extended to cover the 65-69 age group.

Stroke is the third biggest cause of death and the single biggest cause of adult disability. Investment in specialist stroke units, to provide fast and effective intervention and high quality rehabilitation, will reduce mortality and disability by 10% by 2011. Extra resources will go towards reducing the maximum waiting time for specialist drugs for severe arthritis, while funding to help improve hospital cleanliness will, by 2009, reduce MRSA infections by 10% and cases of clostridium difficile by 20%, which are also reflected in PSA 18 (Deliver High Quality Health & Social Services). Prompt access, as well as skilled modern treatment, is essential to health and social care. By March 2009, no patient will wait longer than nine weeks for a first outpatient appointment, nine weeks for a diagnostic test, and 17 weeks for inpatient or day case treatment - a cumulative waiting time guarantee of 35 weeks as opposed to the present standard of 47 weeks.

Obviating the need for children to be taken into care or, where that cannot be avoided, providing stability once in care, will increase the chances of better outcomes for children. Under PSA 6 (Children and Family) the extra investment in family support, foster care etc will, by 2011, help reduce by 12% the number of children in care, increase by 25% the number of care leavers aged 18-20 living with their former foster carers or supported family, and increase by 50% the proportion of care leavers in education, training or employment. The aim is also to reduce by 12% the number of children needing to be placed on the child protection register.

The Budget allocation for capital investment will ensure continuation of the major hospital modernisation and reform programme alongside a range of ongoing regional and local developments including primary and community care, learning disability and residential childcare. The Budget allocation will enable the Department to contribute towards the delivery of PSA 16 (Investing in the Health & Education Estates) with key developments such as:

- Continuation of the redevelopment programmes at the Royal Victoria, Ulster and Altnagelvin sites;
- Opening of a new enhanced local hospital in Downpatrick;
- Planning and enabling work for the new acute hospital in the South-West and work progressing on the new enhanced local hospital in Omagh;
- Continued investment in a network of new modern community health facilities with five new centres by 2011; and,
- Delivering improvements in mental health including completion of a new state-of-the-art mental health care centre on the Craigavon Area Hospital site

While final decisions have yet to be taken on the application of Review of Public Administration principles to the health and social care system, some of the main elements of organisational reform are already in place, and the broad policy intention is clear. The basic rationale is to create structures that are patient-led, patient-centred and patient-responsive, and which free resources for investment in front line services. The reduction in the number of Trusts from 19 to six (including the Ambulance Service) has made a start in that direction, and the detailed way ahead will be decided shortly

Efficiency programme

The Department has a target to find cash releasing efficiencies of £118.2 million, £232.8 million and £344.0 million respectively over the period 2008-09 to 2010-11, which will provide additional spending power to the Department during this time.

These savings will be delivered through a range of measures including regional procurement of HPSS consumables and social care services, as well as pharmacy lead initiatives such as better prescribing of generic drugs, continued implementation of therapeutic tendering and increased use of pharmaceutical clinical technology. There will also be significant efficiencies generated from increased productivity through, for example, savings generated as a result of the rationalisation of health bodies and more clinically appropriate management of long term conditions such as diabetes and asthma. The Department will shortly publish further details regarding its Efficiency Programme.

Equality and Good Relations

Addressing inequalities has long been integral to the business of the Department and its associated bodies. Section 75 of the Northern Ireland Act 1998 creates specific duties for the Department, Boards, Trusts and executive Non-Departmental Public Bodies (NDPBs) and other HSC bodies with regard to equality and good relations. The Department's established mechanisms for allocating resources, for example via its capitation and local equity arrangements, ensure that available health and social care is accessible to those in need of it.

CONSULTATION LIST:

Community/Voluntary

A.D.H.D Project	Arches Drama Group
ACCEPT	Ardcarn Residents' Association
Accord Catholic Marriage Counselling Service	Ardmonagh Family & Community Group
ACE Ventures	Ardmonagh Family Centre
ACORD NI	Ardoyne & Marrowbone CEP
ACOVO	Ardoyne Association
Acting CEO St Vincent De Paul Trust	Ardoyne Community Centre
Action Cancer	Ardoyne Elders
Action Mental Health	Ardoyne Shankill Living Project
Action MS	Ardoyne Women's Group
Adopt	Ardoyne Youth & parent Association
Advice N.I.	Ardoyne Youth Club
African Cultural Centre NI	Ardoyne Youth Providers Forum
Age Concern East Belfast & Castlereagh	Ardoyne/Shankill Health Partnership
Age Concern NI	Ark Housing Association
Age Concern St Johns (West Belfast)	Artability
Al-Anon Family Group	Arthritis Care Northern Ireland
Albertbridge Road Community Development	Arthritis Research Campaign NI
Alcoholics Anonymous	Artillery Young Parents Project
Alcoholics Anonymous Family Group	Artillery Youth Club
Alessie Centre	Arts Care
Alexandra Presbyterian Women's Association	Arts for All
Alzheimers Disease Society	ASBAH - Spina Bifida & Hydrocephalus
An Droichead	Ashmount Community Association
An Munia Tober	Ashton Community Trust
Andersonstown Community Group	Aslan Association
Anti Poverty Network	Aspergers Network Office
Antrim Rd Pre-School Playgroup	Asthma UK Northern Ireland
Antrim Rd Regeneration Committee	Autism NI (PAPA)
Aran Women's Group	AWARE Defeat Depression
ARC (N.I.) Office	Ballybeen Men in Focus
Archdiocese of Armagh	<u>Ballybeen Womens Centre</u>
	Ballygomartin Baptist Woman's Fellowship
	Ballymac Friendship Trust
	Ballymacarrett Arts & Cultural Society
	Ballymacarrett Group of Churches
	Ballymacarrett Visual Arts

Ballymacarrett Youth & Community Project
 Ballymurphy Women's Group
 Ballymurphy Women's Centre
 Ballymurphy Women's Support Group
 Ballyoran Old Tyme Dance & Social Group
 Ballysillan Ardoyne Community Group
 Ballysillan Community Forum/Women's Group
 Ballysillan Presbyterian Church
 Ballysillan Youth for Christ
 Bangor Respite Unit
 Baptist Union of Ireland
 Barnardos Chinese Health Project
 Barnardos Fostering Services
 Barnardos Learning Together Project
 Barnardos NI
 Barnardos Parenting Matters
 Barnardos, Tuar Ceatha Project
 Base Project
 Beechfield Children's Respite Unit
 Beechmount Community Council
 Beechmount Community Project
 Beechmount Residents
 Belfast & Lisburn Women's Aid
 Belfast Carers Centre
 Belfast Central Branch of Carers UK
 Belfast Central Mission
 Belfast Charitable Society
 Belfast Chinese Christian Church
 Belfast Community Housing Association
 Belfast Community Sports Development Network
 Belfast East Seniors' Forum
 Belfast Gay Pride Committee
 Belfast Gems
 Belfast Group of Citizens Advice Bureau
 Belfast Health Initiative
 Belfast Healthy Cities
 Belfast Hebrew Congregation
 Belfast Out Resource Centre
 Belfast Rape Crisis & Sexual Abuse Centre
 Belfast Travellers Support Group
 Belfast Ulster Irish Studies
 Belfast Unemployed Resource Centre
 Belfast Women's Aid
 Belfast Women's Training Services
 Belmont Church Lunch Club
 Belmont Council of Churches
 Belvoir Community Association
 Belvoir Community Association Health Committee
 Belvoir Thursday Night S.C. Club
 Benview Community Centre
 Bethel Mission
 BIH Housing Association
 Blackie Project
 Blackmountain Action Group
 Blackstaff Community Development Assoc
 Blind Centre for Northern Ireland
 Bloomfield Community Association
 BLTV
 Braniel Over 60s Club
 Bridge Community Assoc
 Bridge Community Association
 British Limbless Ex Service's Association
 British Red Cross
 British Telecom Age & Disability
 British Thyroid Foundation
 Brook Northern Ireland
 Brookvale Fold
 Bryson Charitable Group
 Business in the Community
 Butterfly Club
 Bytes Project
 C.T.A.
 CACDP Council for the Advancement of Communication with Deaf people.
 CAJ
 Calder Fountain

Cambria Court Residents Committee
 Cancer Lifeline
 Cancer Registry NI
 Cara Friend
 Cardiac Rehab Support Group
 Care for NI
 CARE for Northern Ireland
 Carer Advocate
 Carers National Assoc.
 Carers NI
 Carew/N'ards Road Womens Group
 Carrick Hill Residents Association
 Carrickhill Senior Citizens Club
 (formally Trinity Thursday Club)
 Carryduff Community Forum
 Carryduff Playcare
 CASA
 Castlereagh Lifestyle Forum
 Catholic Church (Down & Connor
 Diocesan Office)
 Catholic Families Care Society NI
 CAUSE
 CAUSE for Mental Health
 Cedar Foundation
 CEHT
 Central Belfast Contact Centre
 Centre for Contemporary
 Christianity in Ireland
 The Egyptian Society of NI
 The Welcome Organisation
 Chairperson ACSONI
 Chairperson NI Muslin Family
 Association
 Challenge
 Chest, Heart & Stroke Association
 Child & Family Centre
 Child Care NI
 Child Poverty Action Group
 Child Protection Panel
 Childcare Northern Ireland
 Childminding Association
 Children in Northern Ireland
 Children's & Disability Services
 Children's Law Centre
 Choice Housing Association
 Church of Ireland Diocesan Office
 Citizen Youth Partnership
 Citizens Advice Bureau
 City of Belfast YMCA
 City Wide Enterprise Ldd
 Clan Mor Sure Start
 Clan Mor Womens' Group
 Clanmil Housing Association
 Clara Park Residents' Association
 Clarawood 50+ Club
 Clarawood Community Association
 Cleft Palate & Lip Association
 CLIC Sargent
 Cliftonville Community Centre
 Cliftonville Community Regeneration
 Forum
 Cliftonville Joint Development
 Centre
 Cliftonville Youth Project
 Cliftonville/Oldpark Fhéile an
 Phobail
 Clonard Neighbourhood
 Development Partnership
 Clonard N'hood
 Clonard Residents Association
 Clonard Youth Club
 Clonduff Community Association
 Cluain Ard Women's Group
 Coalition on Sexual Orientation
 Coiste na n-iarchimi
 Colin Glen Trust
 Committee on the Administration of
 Justice
 Common Purpose
 Community Action Mental Health
 Community Assistance Belvoir
 Milltown
 Community Change
 Community Convention and
 Development Company
 Community Development & Health
 Network
 Community Development Unit
 Community Education Centre
 Community Evaluation Northern
 Ireland

Community Health Information Group
 Community Nursing Service
 Community Resource South Belfast
 Community Restorative Justice
 Community Restorative Justice Ireland
 Community Safety Organisation
 Community Technical Aid
 Community Work Education & Training
 Community Information Network NI
 Confederation of British Industry
 Confederation of Community Groups
 Conservation Volunteers NI
 Contact a Family Northern Ireland
 Contact Youth
 Converge
 Conway Mill Community Enterprise
 Co-Operation Ireland
 COPD Support Group Mater
 Corkey House
 Corner House Cross Community Family Centre
 Corner Stone Community Centre
 Corpus Christi Parent/Teachers Association
 Corpus Christi Senior Citizens Club
 Corpus Christi Services
 Corpus Christi Youth Centre
 Corpus Christie Counselling Service
 Corrymeela Community
 Council for Catholic Maintained Schools
 Council for the Homeless
 Counteract
 Cregagh and District Old People's Club
 Cregagh Community Health Information Group
 CRISP
 CRJ
 Crosscollyer Street & Somerton Road Churches
 Crossroads Care
 Crossroads Limited
 CROWN Project
 Crumlin Road Presbyterian Women's Association
 Cruse Bereavement Care
 Cystic Fibrosis Trust
 Dee Street Community Centre
 Democratic Dialogue
 Developing Leadership Initiative
 Development Office POBAL
 Diabetes UK
 Diocese of Down & Connor
 Director Rosemount House Hostel
 Director Salvation Army Divisional Headquarters
 Disability Action
 Disability Sports NI
 Disabled Drivers Association NI
 District Childcare Partnership
 Divis Joint Development Committee
 Domestic Violence Forum
 Donegall Pass Community Forum
 Down's Syndrome Association
 Drug Awareness
 Duncairn CHAT
 Duncairn Community Centre
 Duncairn Community Forum
 Duncairn Health Forum
 Duncairn Senior Citizens Club
 Dundela Forum Association
 Dundonald Cultural Society
 Dundonald Green Belt Association
 Dundonald Village Regeneration Group
 Dunlewey Substance Advice
 Dunmurray Advice Centre
 Early Years Project
 East Belfast Women's Development Group
 East Belfast Alternatives
 East Belfast Area Youth Project
 East Belfast BCC Neighbourhood Office
 East Belfast Citizens' Advice Bureau
 East Belfast Community Development Agency

East Belfast Community Focus
 East Belfast Concerned Women's Group
 East Belfast Enterprise
 East Belfast Independent Advice Centre
 East Belfast Mission
 East Belfast Partnership Board
 East Belfast Sure Start
 East Belfast Talking Newspaper
 East Belfast Youth Forum
 Eastern Child Care Partnership
 EB Alternatives
 EBCHIP Ballybeen
 EDACT
 Eglinton Lunch Club
 Employers Forum on Disability
 Engage with Age
 Enterprise Ulster
 EPIC
 Equality Forum NI
 Evangelical Contribution on NI
 Evergreens, Cregagh Presbyterian Church
 Extern
 Extra Care
 FACT
 Falls Community Centre
 Falls Community Council
 Falls Forum
 Falls Women's Centre
 Families Bereaved through Suicide
 Family Care Society
 Farset Community Development
 FASA
 Fibromyalgia Support NI
 Filor Housing Association
 Finaghy Community Centre
 First Class Care Limited
 First Friends
 First Ke NI
 First Key
 First Step Drop-in Centre
 First Steps Playgroup
 Flax Trust
 Fleming Fulton School
 Fold Housing Association
 Forbairt Feirste
 Forthriver Regeneration Trust
 Forthspring Inter Community Group
 Fortwilliam Fold
 Fortwilliam Resource Centre
 Forum for Action on Substance Abuse
 Forum for Community Work Education
 Foster Care Advisory Group (North & West Belfast)
 Foundry Regeneration Trust
 Foyle Friend
 Frank Cahill Resource Centre
 Frank Gillen Centre
 Free Presbyterian Church
 Future Voices
 Gae Lairn Centre
 Gay & Lesbian Youth NI
 Gingerbread NI
 Girls' Brigade NI
 Glen Community Centre
 Glen Parent & Youth Group
 Glen Residents Association
 Glenbrook Sure Start
 Glencairn Community Initiative
 Glencairn Lunch Club at St. Andrews
 Glenluce Quality Caring Centre
 Glenmona Children's Home
 Glenowen Court
 Golden Threads Pensioners Club
 Golden Years Club
 Greater New Lodge Community Empowerment Partnership
 Greater Shankill Alternatives
 Greater Shankill Community Council
 Greater Shankill Community Forum
 Greater Shankill Partnership Board
 Greater Shankill Senior Citizens Forum
 Greater Turf Lodge Residents Association
 Greater Village Regeneration Trust
 Green Action

Greenway Women's Group
Greenwood House Assessment
Centre
Grove Community Centre
Grove Housing Association
Guide Dogs for the Blind
Association
Guild of Hospital Pharmacists
Habinteg Pensioners Club
Habitat for Humanity
Haemophilia Society
Hamil Street Centre
Hammer Community Centre
Hammer Unemployed Group
Happy Tots' Playgroup
Harmony Community Trust
Harrogate Senior Citizens Club
Headway Belfast
Healthy Living Centre
HEART Project
Help the Aged NI
Highfield Community Centre
Highspring Forum
Highway of Holiness Ministries
Hobby Horse Playgroup
Holy Cross Catholic Retreat
Holy Cross Parish Group
Holy Trinity Family Centre
Holy Trinity Monday Club
Home Start UK
Homecare NI
Homestart (North Belfast)
Home-Start East Belfast
Horn Drive Senior Citizens Club
Hospital Advisory Service
Housing Rights Service
Hungarian Community Assoc
ICPD
IMAGO
Include Youth
Indian Community Centre
Inner City South Belfast Sure Start
Inner East Youth Project
Inner South Belfast Partnership
Board
Integrated Education Fund

Interaction Belfast
Interface Project
Inverary Community and
Inverary Community Centre
Ionad Uibh Eachach
Irish Advocacy Network
Irish Council of Churches
Irish Guild of Catholic Nurses
Iveagh Community Group
Joanmount Friendship Club
Joanmount Open Door Ltd
Job Assist Centre
JOINTZ
Jumna Pensioners Club
Kansas Residents Association
Kids 'N Kin
Kinross Residents' & Tenants'
Association
Kirn Park Residents' & Tenants'
Association
Knock Parent & Toddler Group
Knocknagoney Community Centre
Knocknagoney Over Sixties Club
Lady Hoare
Lagan Watersports Centre
Lakewood Centre
LaLeche League
LAMP - Life After Mental Health
LARRI
LASI
Law Centre NI
Lawnbrook Family Centre
LEAD
Lee Hestia Association
Lenadoon Community Forum
Lenadoon Counselling Project
Leonard Cheshire Supported
Housing
Lesbian Line
Lifeline
Lifestart Foundation NI
Ligoniel Improvement Association
Ligoniel Community Empowerment
Partnership
Ligoniel Family Centre
Ligoniel Improvement Association

Link Centre
Link Community Association
Link Pensioners Group
LINKS Women's Group
Lisburn Road Community Forum
Lisburn Women's Aid
Lochinver Residents' & Tenants'
Association
Longstone Community Association
LORAG
Lord Street Tenants' & Residents'
Association
Lower Andersonstown Mothers
Support Group
Lower Castlereagh Community
Group
Lower North Belfast Area Project
Lower North Belfast CEP
Lower North Belfast Community
Council
Lower Oldpark Community Forum
Lower Ormeau & Botanic Env.
Group
Lower Ormeau & Markets
Community Forum
Lower Shankill Group Welfare
(Percy Street)
Lower Woodstock Community
Association
LUPUS
M Care
Macmillan Cancer
Mairead Farrell House
Making Belfast Work Headquarters
Manor Street Community and Youth
Centre
Marie Curie Cancer Care
Markets Development Association
Markets Health Initiative
Mater Community Forum
Mater Personal & Public
Involvement Group
Maternity Liaison Committee -
RJMS
Maureen Sheehan Centre
MCH-NI

ME Association
Mediation Network NI
Mediation Northern Ireland
Medical Women's Federation
Megain Memorial 'Silver Liners' Club
Men to Men
Men United
MENCAP NI
Men's Advisory Project
Men's Health Forum
Men's Health Project
Men's Project parents Advice Centre
Mental Health
Mental Health Review Tribunal
Mersey Street Area Residents'
Association
Mersey Street Mums & Tots
Methodist Church
Methodist Women's Association
Mid Falls NDP
Midland SCC
Miscarriage Association
Mitchell House School
MOARE Ltd
Mornington Community Project
Mornington Enterprises
Morton Community Centre
Mother's Hope Crisis Centre
Mother's Union (Down & Dromore)
Motor Neurone Disease Association
NI
Mount Eden Court Residents
Association
Mount Vernon Community
Association
Mount Vernon Community
Development Forum
Mountpottinger Methodist Church
Moyard Family Centre
MS Society
Multi Cultural Resource Centre
Multiple Sclerosis Society
Muscular Dystrophy Group of GB &
NI
N Belfast Communities in Action
N I Council for Integrated Education

N&W Belfast Victim Support
 N.I Music Therapy Trust
 N.I.C.M.A.The Childminding Association
 National Blood Pressure Association
 National Childbirth Trust (NCT)
 National Deaf Children's Society
 National Osteoporosis Society NI
 National Union of Students
 NBWISP
 NCB Northern Ireland
 NCH NI
 NEA National Energy Action
 Neighbourhood Development Association
 New Horizons
 New Life Counselling Service
 New Lodge & Duncairn Community Health Partnership
 New Lodge Forum
 Newhill Comm Centre
 Newhill Youth & Community Association
 Newington Day Centre
 Newington Residents Association
 Newlife Counselling
 Newlodge CEP
 Newlodge Forum
 Newstart
 Newtownabbey Senior Citizens Forum
 Newtownards Road Elim
 Pentecostal Church
 Newtownards Road Womens Group Limited
 Newtownbreda Women's Institute
 Nexus Institute
 NI Anti-Poverty Network
 NI Association for Mental Health
 NI Association of Citizens Advice
 NI Association of Homeopaths
 NI Childminding Association
 NI Citizens Advice Bureau
 NI Community Addiction Service
 NI Council for Orthopaedic Development
 NI Gay Rights Association
 NI Hospice Children's Service
 NI Lupus Group
 NI Music Therapy Trust
 NI Pituitary Foundation
 NI Transplant Group
 NI Women's Aid Federation
 NI Women's European Platform
 NIACRO
 NIAMH
 NICAS
 NICCY
 NICVA
 NIDYA
 NIFHA
 NIMBA
 NIPEC
 NIPPA Networking Group
 NISRA
 NIVT
 NIWAF
 Northern Ireland Hospice Care
 North and West Belfast Community Addiction Team
 North Belfast Cancer Lifeline
 North Belfast Community Action Unit
 North Belfast Community Development Centre
 North Belfast Community Support Group
 North Belfast Health Forum, 174 Trust
 North Belfast Partnership Board
 North Belfast Play Forum
 North Belfast Senior Citizens Forum
 North Queen Street Community Centre
 North West Community Network
 North West Forum of People with Disabilities
 Northern Ireland Cancer Fund for Children
 Northern Ireland Children's Hospice
 Northern Ireland Deaf Youth Association (NIDYA)

Northern Ireland Foster Care Association
Northern Ireland Hospice Care
Northern Ireland LUPUS Group
Northern Ireland Paraplegic Association
Northern Ireland Pensioner's Convention
Northern Ireland Student Centre
NOW Project Ltd
NSF Voices Forum
NSPCC
Nth Belfast Alternatives / Good Morning Ballysillan
Oak Partnership
Oaklee Housing Association
Oakwood School & Assessment Centre
Oasis Centre
Old Mill Senior Citizens' Club
Older Women's Network
Olympia Community Centre
One Stop Shop
One World Centre
OPELS Playgroup
Opportunity Now
Opportunity Youth
Orangefield Friendship Group
Orchardville Society
Osteogenesis Imperfecta
Parenting Forum NI
Parents Advice Centre
Parents Playground Committee
Parish House
Parkinson's Disease Society NI
Partnership in Community Transformation
PASA
Passionate Youth & Parent
Patient & Public Involvement Group
Patient Advocate
PCI
PHAB NI
PIPS
PIPS Public Initiative to Prevent Suicide & Self Harm

Playboard NI Ltd
Positive Futures
Poleglass Concerned Residents Association
PRAXIS
Presbyterian Board of Social Witness
Presbyterian Church in Ireland
Presbyterian Women's Association
Press for Change
Primecare
Provincial Care
Putting Children First
Quaker Cottage
Quakers Religious Society of Friends
Quality Care Services Ltd
Queen's Women's Graduates Association
R.A.V.E.
R.N.I.B Incorporating B.C.N.I
RADICAL
Rainbow Social Club for the Blind
Rape Crisis and Sexual Abuse Centre
Raynaud's and Scleroderma
RAYS
RECCY Womens Group
Regina Coeli Hostel
Relate NI
Relatives for Justice
Rethink
Riverdale Residents
RNIB (NI)
RNIBNI (Inc BCNI)
RNID NI
Roden Street Action Group
Roden Street Community Development Group
Rosemary Lunch Club
Royal Liver Support Group
Royal Society for the Prevention of Accidents
Rubicon
Rural Community Network
S.C.R.A.P.

Sacred Heart Pensioners Club
Salvation Army
Samaritans
SANDS (Stillbirth & Neonatal Death Society)
Sandy Row Comm. Health & Wellbeing Group
Sandy Row Community Forum
Sandy Row Residents Group
Save the Children
Schizophrenia Fellowship
SCOI
Seaview Senior Citizens Lunch Club
Senior Network Northern Ireland
SENSE (National Deaf-Blind & Rubella Assoc)
Shadow Programme Patient Group
Shalom House Community Resource
Shankill Festival
Shankill Stress & Trauma Group
Shankill Surestart/Early Years Project
Shankill Women's Centre
Shopmobility Belfast Ltd
Short Strand Community Centre
Short Strand Community Forum
Short Strand Drugs Awareness Group
Short Strand Men's Group
Short Strand Parent & Toddlers
Short Strand Partnership
Short Strand Residents' Group
Short Strand Special Needs
Sikh Community Association
Simon Community NI
Smile SureStart
Social Care Association NI
Society of St Vincent De Paul
Society Parents & Friends of Muckamore Abbey
Somerton Evergreen Club
Somerton Road Childrens Home
Soroptimist International of Ireland
SOS Bus NI Ltd
South Belfast Highway to Health

South Belfast Malecare
South Belfast Sure Start
South City Resource and Development
South Link Fellowship
South West Belfast Community Forum
Southlink Fellowship
Speechmatters
Spirit of Enniskillen
Springfield Charitable Association
Springfield Inter-Community Development
Springhill Community Assoc
Springvale Training
St Agnes Concerned Community Association
St Columbas Church
St Gerard's Friendship Club
St John Ambulance
St John of God Brothers
St Katherine's Ladies Guild
St Matthew's Community Association
St Matthew's Darts Club
St Matthew's Guide Unit
St Oliver Plunkett Lunch Club
St Patricks Community Enterprise
Stadium Youth and Community Centre
Star Neighbourhood Centre
Starting Point NI Ltd
Stoma Care Support Group
Stork Fertility Support Group
Strand Presbyterian Church
Streetbeat
Substance Misuse MH
Suffolk & Andersonstown CAB
Suffolk Community Centre
Suffolk Community Forum
Suffolk Community Services Group
Suffolk Happy Hour SSC
Suicide Awareness Group
Survivors of Trauma
Sydenham Cross-Community Support Centre

Synergy Park
 TAGIT
 Tar Anall
 Tar Isteach
 Taughmonagh Community Forum
 Taughmonagh Forum Volunteer
 Tennant Street Care Centre
 The Academy of Ulster-Scots
 (Ullans) Ltd
 The Beat Initiative
 The Bytes Project
 The Cedar Foundation
 The Centre
 The Church's Ministry of Healing
 The CODA Project
 The Community Foundation NI
 The Falls Forum
 The H.E.A.R.T. Project
 The HIV Support Centre
 The Homeless Support Team
 The Hopefuls
 The Junction Club
 The Men's Project
 The Natural Fertility Association
 The Passionists
 The Prince's Trust Volunteers
 The Rainbow Project
 The Salvation Army
 The Wider Circle
 Threshold
 Top of the Rock - Community Health
 Project
 Tots & Co (Mothers & Toddlers)
 Townsend Social Outreach Centre
 Townsend Street Presbyterian
 Church Lunch Club
 Tra Ghearr Ex-Prisoners
 Training For Life
 Triangle Housing Association
 Trinity Housing
 Tuesday Mother & Toddlers
 Tullycarnet Community Forum
 Tullycarnet Family Project
 Tullycarnet Neighbourhood Renewal
 Partnership
 Tullycarnet Resource Centre
 Tullycarnet Young Men's Group
 Twins & Multiple Births Association
 (TAMBA)
 Twinspires Community Group
 Tyndale Residents Association
 UCAT & T
 Ulidia Housing Association
 Ulster Cancer Foundation
 Ulster Chemists Association
 Ulster Independant Movement
 Ulster People's College
 Ulster Rheumatism & Arthritis
 Association NI
 Ulster-Scots Heritage Council
 UNBCEP
 United Response NI
 Upper Andersonstown Community
 Forum
 Upper Andersonstown Women's
 Network
 Upper Ardoyne Community
 Partnership
 Upper Ardoyne Community
 Partnership
 Upper North Belfast CEP
 Upper Springfield Community Forum
 Upper Springfield Development
 Trust
 Upper Springfield Health Forum
 Upper Springfield Resource Centre
 Upper Springfield/Whiterock
 Intervention Project
 Urban Institute
 VAST
 Venture International
 Victim Support
 Victims & Survivors Trust
 Vine Centre
 Vionville Residents' Association
 Voices of Young People In Care
 (VOYPIC)
 Voices Women's Group
 Voluntary Service Bureau
 Volunteer Development Agency
 Vorcus Women's Group
 Walkway Community Centre

Walkway Women's Group
Wandsworth Area Residents' Group
Wandsworth Community
Association
WAVE
WBEF
Welcome Centre
Welcome Trust Ltd
West Belfast & Greater Shankill
Employment Services Board
West Belfast & Greater Shankill
Health Employment Partnership
West Belfast Area Project
West Belfast Cross Community
Partnership
West Belfast Economic Forum
West Belfast Homeopathy Support
Group
West Belfast Parent and Youth
Support Group
West Belfast Senior Citizens Forum
West Belfast Suicide Awareness &
Support Group
West Kirk Presbyterian Women's
Association
Westburn Presbyterian Church
Westrock Parent Youth
Wheelchair Users Group
White City Community Association
Whiterock & Westrock Residents
Group
Whiterock Community Centre
Whiterock Creche Association
Whiterock Family Centre
Whiterock Resource Centre
William Keown Foundation
Willowfield Church
Willowfield Credit Union
Willowfield Parish Community
Association
Wilton Court Senior Citizens Club
Windsor Community Action Group
Windsor Women's Centre
Wishing Well Family Centre
WISPA
Wolfhill Centre

Women's Aid
Women's Aid Federation N.I.
Women's Forum N.I.
Women's Information Group
Women's Resource & Development
Agency
Women's Support Network
WOMEN'S TEC
Women's Weekly
Woodland's Blind & Visually
Impaired
Woodvale Community Centre
Woodvale Presbyterian Church
Sunshine Club
Woodvale Womens Group
Workers' Education Association
Workforce Training Services
Workmatters Job Club
WRDA
Yahoo Project
YMCA
Young Arthritis Care
Young at Heart Bowling Club
Young Carers Group
Young Help Trust
Young Men & Violence Project
Young Men's Education Group
Youth Action NI
Youth Initiatives
Youth Lyric Theatre

Ethnic Minority

Afro Asians Resident Group NI
Al-Nisa Association NI
An Munia Tober
Association of Baha'I Women
Belfast Anti Racism Network
Belfast Baha'I Community
Belfast Education & Library Board
Belfast Islamic Centre
Belfast Islamic Centre Women's
Group
Belfast Jewish Community
Black Youth Network
Chairperson Belfast Islamic Centre

Chairperson NI Committee for Refugees & Asylum Seekers
Chairperson Northern Ireland Pakistani Cultural Association
Chairperson Oi Kwan Chinese Women's Group
Chairperson Pakistani Community Association
Chairperson Sikh Cultural Centre (Derry)
Chairperson SIKH Women and Children's Association
Chairperson World Wide Women @ North Down
Chinese Chamber of Commerce
Chinese Welfare Association
East Belfast Anti-Racist
Hare Krishna Community
Indian Community Centre
Indian Senior Citizen's Club
Islamic Student's Society of Northern Ireland
Japan Society of N.I.
La Societa Italiana Irlanda del Nord
Latin America Unida
Liberal and Progressive Jewish Movement
Mandarin Speakers Association
Multicultural Resource Centre
NI African Cultural Centre
NICEM
Northern Ireland African Culture Centre
Northern Ireland Council for Ethnic Minorities NICEM
Northern Ireland Filipino Association
Northern Ireland Filipino Association Community in Action
Oi Yin Women's Group
Pakistani Community Association
President Bangladeshi Welfare Assoc
Secretary Guru Nanak Dev Ji Sikh Community Assoc
Secretary Northern Ireland Filipino Assoc

South Belfast Round Table on Racism
Tar Anall
Youth Development Officer Chinese Welfare Assoc

Trade Unions

Health Visitors Association
Irish Congress of Trade Unions
NIPSA
RCN
TGWU
UNISON
UNITE
Unite the Union
General & Municipal, Boiler Makers & Allied Trades
Manufacturing, Science and Finance Union
National Union of Students
The Union of Students in Ireland (NUSUSI)
NI Committee ICTU
NI Public Service Alliance
Trust
Union of Construction, Allied Trades (NI)
Belfast Trust Joint Negotiating Forum

Statutory Agencies

Ambulance Service of Northern Ireland
Avoniel Leisure Centre
Beech Hall Day Centre
BELB
BELB Creative Youth Partnerships
Belfast Area Manager NIHE
Belfast City Council
Belfast Education & Library Board
Belfast Institute of Further & Higher Education

Belfast Local Commissioning Group
Belfast Metropolitan College
BIFHE
Carer's Co-ordinator
Castlereagh Borough Council
Castlereagh Community Safety Co-ordinator
Castlereagh Youth Office - SEELB
Chief Executive NIHE
Community Dietician
Community Liaison Officer
Community Relations Council
Council for Catholic Maintained Schools
Eastern Drugs & Alcohol Co-ordination Team
Eastern Health & Social Services Board
Eastern Health & Social Services Council
Equality Commission for Northern Ireland
Fire Authority for N. I.
Fortwilliam Youth Centre
Glenmona Children's Home
Harberton Special School
Health Action Zone
Health Promotion Agency NI
Investing for Health
Lindsay House Children's Home
Mental Health Commission for NI
NI Human Rights Commission
NI Commissioner for Children & Young People
NI Housing Executive
NI Human Rights Commission
NI Ombudsman for Health
NIHE
NIHE Castlereagh
NIHE Strategic Partnerships
North & West Belfast Health Action Zone
North Belfast Area Project
North Belfast Community Action Unit
North Belfast Employment Centre
Northern Ireland Housing Executive

Northern Ireland Policing Board
Probation Board Northern Ireland
Probation Office
PSNI
Queen's University Belfast
Realising Potential
SAFEFOOD
Social Security Agency
Southlink Day Centre
Sport Northern Ireland
The Big Lottery Fund
Torbank School
Belfast Training & Employment Agency
Youth Conference Service
Youth Justice of NI
Belfast Regeneration Office

Political Parties

Alliance Party
Conservative Party
Democratic Unionist Party
Green Party
Natural Law Party
Progressive Unionist Party
Social Democratic and Labour Party
Sinn Fein
Socialist Party
Ulster Democratic Party
Unionist Party
Ulster Unionist Party
Workers Party

Public Representatives

Antrim Borough Council
Ballymena Borough Council
Ballymoney District Council
Carrickfergus Borough Council
Coleraine Borough Council
Cookstown District Council
Larne Borough Council
Magherafelt District Council

Moyle District Council
Newtownabbey Borough Council
Newry & Mourne District Council
North Down Borough Council
Omagh District Council
Castlereagh Borough Council
Belfast City Council
Ards Borough Council
Armagh Borough Council
Banbridge Borough Council
Craigavon Borough Council
Derry City Council
Down District Council
Dungannon & South Tyrone
Borough Council
Fermanagh District Council
Limavady Borough Council
Lisburn Borough Council
Strabane District Council

Professional Bodies

Association of Independent Advice
Centres
Association of Retired Persons
Association of Teachers & Lecturers
British Association of Social
Workers
British Dental Association
British Diabetic Association
British Medical Association
British Deaf Association
British Geriatric Society NI
College of Occupational Therapists
National Deaf/Mental Health
Services
Guardian Ad Litem Agency
Northern Ireland Chartered Society
of Physiotherapy
Northern Ireland Branch of the
Society of Radiographers
Northern Council for Post Graduate
Medical
Northern Ireland Diploma in Social
Work Programme

Northern Ireland Orthoptic Society
(BIOS)
NI Regional Medical Physics
Agency
Northern Local Medical Committee
Pharmaceutical Society
Royal College of Midwives
Royal College of Nursing (NI Board)
NI Speech & Language Therapists
Society of Podiatrists

Department of Health

Minister for Health, Social Services
and Public Safety
Permanent Secretary and HSC
Chief Executive
Deputy Secretary Resources and
Performance Group
Acting Deputy Secretary, Healthcare
Policy Group
Deputy Secretary, Social Policy
Group
Chief Medical Officer
Chief Executive, Health Estates
HSC Human Resources
Performance Management
Head of Primary and Community
Care
Secondary Care
Chief Nursing Officer
Acting Chief Dental Officer
Chief Pharmaceutical Officer
Head of Mental Health
Disability Services and Special
Projects
Chief Social Services Officer

Health & Social Care Trust Chairs & Chief Executives

Chief Executive Ambulance
Headquarters

Chief Executive Western Health and Social Care Trust
Chief Executive Southern Health and Social Care Trust
Chief Executive Northern Health and Social Care Trust
Chief Executive South Eastern Health and Social Care Trust

Chairman Western Health and Social Care Trust
Chairwoman Southern Health and Social Care Trust
Chairman Northern Health and Social Care Trust
Chairwoman South Eastern Health and Social Care Trust

Partnership Boards

North Belfast Partnership Board
East Belfast Partnership Board
South Belfast Partnership Board
West Belfast Partnership Board

Local Commissioning Groups

Eastern Health & Social Services Board

GP Practices NI

Northern Ireland Assembly Members

Belfast City Council Councillors

Castlereagh Borough Council Councillors

Southern Health & Social Services Board
Western Health & Social Services Board
Western Health & Social Services Board
North Eastern Health & Social Services Board

Patient Client Councils

Southern Health and Social Services Council
Southern Health and Social Services Council
Northern Health and Social Services Council
Eastern Health and Social Services Council
Western Health and Social Services Council