



Northern Health
and Social Care Trust

Proposal for the Future of Statutory Residential Care for Older People

An Equality Impact Assessment

**Consultation from Friday 26 April 2013 until Friday 26
July 2013**

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Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Northern Health and Social Care Trust to assess the impact of our proposal for the future of statutory residential care for older people.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the nine equality categories under Section 75 of the Northern Ireland Act 1998.

Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its work, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

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

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

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

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

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

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

This EQIA has been made available as part of the Formal Consultation and the Trust welcomes your views.

A copy of this EQIA and a consultation report is available on the Trust's website at <http://www.northerntrust.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:

Alison Irwin
Head of Equality
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377

Fax: 028 2766 1209

Mobile Text: 07825667154

E-mail: equality.unit@northerntrust.hscni.net

In compliance with the legislation, when making any final decision the Trust will take into account the feedback received from this consultation.

Background to the Proposal

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

The review has also identified that there will be a reduction in statutory (Trust run) residential care homes for older people acknowledging that more older people will be supported to remain in their own homes and that the independent sector provide a wide range of accommodation based services across the area, including residential care. In keeping with ‘Transforming Your Care’, the Trust intends to move away from providing Trust run residential care homes and this EQIA assesses the Section 75 impact of our proposals for taking that forward.

Older people themselves have told us that they would prefer to live in their own home for as long as possible. The results of a needs assessment exercise indicated that the majority of people being admitted into residential care could have been maintained in their own home if appropriate support had been available.

As more services are delivered to people in their own homes there will be a reduced need for residential care. A range of accommodation based services will continue to be available to older people, provided by the independent sector, and these include residential care homes, nursing home care and a range of supported living schemes. The Trust has nine statutory residential homes for older people and at present there are 106 nursing and residential homes in the independent sector widely spread across the Trust area. The Trust also funds a significant number of placements of Northern Trust residents in nursing and residential homes across Northern Ireland. In many of these cases the placement enables relatives to visit more conveniently.

Why do we need to change?

People are living longer, and we can all celebrate the added years of living that so many are enjoying. Information is now widely available that describes the changing make-up of our local population, including the rising number of older people. We need to change the way we provide our services for older

people if we are to address these priorities, fill the gaps in services and achieve the best possible outcomes for individuals and for our communities.

Over the last number of years we have asked older people and carers to tell us about the types of care services they would like to see provided in the future. The majority of people tell us that they want support so they can stay at home for as long as possible. People who previously would have had to leave their home to move to residential and nursing home care want to have more choice.

Developments in a wider range of services for older people over the last 3-5 years have meant that demand for residential care is reducing. At the same time, the independent sector has been busy improving and developing new modern care homes and there are now more residential and nursing home care beds in the Trust area than we need, with an average of 200 available places at any one time in independent sector residential and nursing care homes. In addition the independent sector continues to develop more homes.

The re-design of our intermediate care services, which currently uses available beds in statutory residential homes to enable a person to stay for a short period of rehabilitation, will have an impact on the use of beds in residential homes. Intermediate care is a bed based service and is used as a 'step-down' from the acute hospital, or as a 'step-up' from home, particularly for older people who may need an intense period of recovery and reablement after an injury or illness. It is evidenced that if this service is provided in a rehabilitation focussed environment it can achieve better outcomes for patients.

There continues to be a sustained need for nursing home care provision. We believe that widening the range of services for older people in their own homes will create other ways to meet this need in the future. This may reduce demand for nursing home places. Nursing homes provide care for those whose needs have to be met directly by nursing staff or staff under the supervision of a nurse. Throughout Northern Ireland this form of care is provided solely by the independent sector. Despite the growing number of older people we expect that the demand for nursing home places will remain steady as more people will be able to access care at home or make a choice for supported living options with access to appropriate care.

For the future, older people will be supported in their own homes and in home like settings that promote independence, such as sheltered or supported housing. Where their needs cannot be met in such settings, nursing home care will be the long term setting.

Helping people to stay at home

We are continuing to develop a range of services that mean people can receive support and treatment at home, assisted by new technology and

equipment, which enables individuals to remain independent for as long as possible.

In 2010, in an effort to break with traditional patterns of home care we re-designed part of our home care service into a reablement home care service. The emphasis moved from providing a long-term service to one which focused on encouraging people to maintain their independence. Helping people to regain the skills and confidence to do things for themselves can mean that they won't need any long term help from social care services, or a reduced amount of help after a period of more intense help and support.

We will continue to explore ways to reform the Trust's domiciliary care service so that it is flexible enough to provide an initial service to people newly assessed as requiring home care and to provide a further service to those whose needs have changed who require further service. This will include rapid response, out of hours and carer support services.

We have been working with a number of community and voluntary sector organisations to enhance the range of support available for older people. These services provide practical support helping people to feel safe, secure and supported at home and within their local community.

Technology has come on leaps and bounds and technical innovations can support people in their own homes and assist families, friends and home carers. These include devices such as falls detectors, low and high temperature sensors, movement sensors and carer pager alerts. We would like to see more people get the opportunity to use technology to assist their independence at home and plan to extend the use of assistive technology.

Sometimes it is not possible to remain at home, and so we have been developing options that would assist people to have their own accommodation within a community setting. We have been working with other partners, including the Housing Executive and Housing Associations, to develop supported living schemes. Supported living combines all the advantages of living in your own home with the benefits of access to on site support and care teams and many people who have moved from residential care into supported living schemes have talked about a huge improvement in the quality of their lives.

Developments in intermediate care services have supported people to regain their independence after illness or injury. These services give time to recover and prevent people making inappropriate decisions about their long-term care at a time of a crisis, for example on discharge from hospital. On leaving hospital, people can be discharged home to complete their rehabilitation and receive support from the Intermediate Rehabilitation and Stroke Services Teams in their own home.

Our proposal

There are nine Trust residential homes for older people (excluding those for people with dementia).

- Clonmore situated in the Rathcoole estate
- Greenisland House in Greenisland
- Joymount in Carrickfergus
- Lisgarel in Larne.
- Pinewood in Ballymena
- Rathmoyle in Ballycastle
- Roddens in Ballymoney
- Rosedale in Antrim
- Westlands in Cookstown

Aim of the Proposal

To develop alternative models of care for older people and to reduce reliance on statutory residential care as a long term option.

All of the homes have been in existence for over 35 years and despite expenditure to improve the homes most still have to share toileting and bathing facilities. It is acknowledged that the staff in our statutory residential homes have provided excellent care for over 35 years. Registered bed numbers in some homes have reduced as a result of lack of demand, for example people no longer wanting to share bedrooms.

In 2009, within the Newtownabbey and Ballycastle areas, where Greenisland House and Rathmoyle Residential Homes are situated, we started to plan and consult on replacing the statutory residential homes with home care and reablement services, and with local supported living accommodation. These two new schemes, supported by the Housing Executive and through working with Housing Associations, now expect to be completed by 2014/2015.

The Trust considered and evaluated a number of options to establish the best way to begin planning and developing alternative care and support services in the areas of the remaining Trust run residential homes for older people.

A range of principles underpinned those considerations, including:

- Ensuring that existing residents in the statutory residential homes are disrupted as little as possible
- That residents, relatives, staff and other stakeholders are actively engaged in local implementation of plans
- That adequate service provision is available for older people who still require and choose residential accommodation.
- That no further long-term admissions would be made to Trust residential homes given the plans for the future
- The needs of older people who require residential care in the future could be met through use of the services provided by the independent sector
- The development of alternatives for Greenisland House and Rathmoyle would continue
- That beds in statutory residential homes would not be used to provide short-term intermediate care as that service would be provided in other facilities that are focussed on rehabilitation

As a result of the considerations, we propose a planned and phased reduction in the number of statutory residential homes by at least 50% over the next 3-5 years with all statutory homes closing in the longer term. The funding from residential care will continue to be reinvested in home based care and support.

The timeframe for the period of transition is difficult to predict, however we acknowledge that it is important to be as clear as we can about this to ensure that residents and their families have the opportunity to exercise choice.

We understand this will be a difficult time for residents, families and staff. It is important to emphasise that no-one will be expected to move from any home unless an alternative placement is available and Trust staff will assist residents and their families to find alternative accommodation. Any move will be handled sensitively with the residents' needs paramount and we will continue to communicate with residents and relatives regarding timescales. Managers and staff within the homes will provide regular information and be available to answer any questions residents and relatives may have.

When developing the proposed timescales below, we have considered those residents who will continue to require residential accommodation as it is essential that alternative suitable provision is available locally. We have also taken into consideration resident safety and stimulation as a reduction in resident numbers in a home will have an impact on the social and physical environment.

Greenisland House – to ensure the supported living scheme on the Greenisland site is completed, it is expected that the remaining long-term residents will move to another residential home when building work would be imminent. We expect this to happen by the end of November 2013.

Rathmoyle – to ensure the supported living scheme on the Rathmoyle site is developed, the remaining long-term residents will move to another residential home as building work would commence on the site. We expect this to happen by the end of January 2014.

Pinewood – in early April 2013 Pinewood accommodated 11 long-term residents and 15 intermediate care residents. As intermediate care beds will be provided in alternative rehabilitation focussed locations, the number of long-term residents would suggest that Pinewood could be closed by the end of November 2013.

Westlands – in early April 2013 Westlands accommodated 16 long-term residents. As intermediate care beds will be provided in alternative locations and as there is availability of alternative residential care placements in the Cookstown locality, Westland's could be closed by the end of November 2013.

Rosedale – resident numbers may initially increase to facilitate some resident transfers from Pinewood. No new long-term admissions and the provision of intermediate care beds in alternative locations may allow closure by 2016/17. The availability of alternative placements in the independent sector may bring this date forward.

The Roddens – resident numbers are likely to increase initially to facilitate some resident transfers from Rathmoyle. No new long-term admissions and the provision of intermediate care beds in alternative locations may allow closure by 2017/18. The availability of alternative placements in the independent sector may bring this date forward.

Lisgarel – resident numbers are likely to increase initially to facilitate some resident transfers from Greenisland. No new long-term admissions and the provision of intermediate care beds in alternative locations may allow closure by 2016/17. The availability of alternative placements in the independent sector may bring this date forward. In addition the Trust will need to pursue alternative accommodation for the tenants in the Lisgarel Chalets.

Joymount – resident numbers are likely to increase initially to facilitate some resident transfers from Greenisland. No new long-term admissions and the provision of intermediate care beds in alternative locations may allow closure by 2017/18. The availability of alternative placements in the independent sector may bring this date forward.

Clonmore – resident numbers are likely to increase initially to facilitate some resident transfers from Greenisland. No new long-term admissions and the provision of Intermediate Care beds in alternative locations may allow closure

by 2015/16. The availability of alternative placements in the independent sector may bring this date forward.

During the period of the transition a team will be established including the named workers, staff representatives and advocates to plan any moves and agree short-term support that might be required.

Any transfer to a new facility will be planned with the named workers, liaising closely with residents and their families. During this time, residents and their families can be supported by an independent advocacy service if desired.

All residents will have a review of their needs to establish the level of care required and suitable alternatives will be identified for families so they can make a decision about the home they prefer. Groups of friends moving to the same facility will be assisted to move together.

Involving You

We are committed to improving the way we provide services for people and we need you to help us to do this. We believe that the people who use the service, their carers and communities and the staff who deliver the service are best placed to tell us what the new service should look like and we are keen to involve these groups specifically in the process.

We will be guided by carers and families on how best to engage with their relatives and will agree individual arrangements to do so. We are aware the current clients may find the process stressful and have engaged with Age NI to provide independent advocacy services to assist people in expressing their views and choices. We will be advised by carers and professionals on the ground on how best to proceed for each individual.

Affected staff

We value and respect our staff and will keep them informed at every stage. The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for supporting staff through the change process. The principles of fairness, dignity and equity of treatment will be applied in the management of staff undergoing this change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. Existing arrangements such as reasonable adjustments for individual staff will remain. All staff will be kept fully informed and supported during this change process.

Consideration of Available Data and Research Data Sources

In keeping with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data was drawn from a number of sources to inform this EQIA. In conducting this EQIA, the Trust took into account data and research findings from the following sources:

- ◆ Developing Better Services (DBS) (June 2002)
- ◆ DHSSPS Priorities for Action (PFA) 2008-09
- ◆ A Healthier Future (Regional Strategy 2005-2025)
- ◆ Northern Ireland Statistics and Research Agency(NISRA)
- ◆ Northern Ireland Health and Personal Social Services Workforce Census 2006
- ◆ 2001 Census of Population (Northern Ireland)
- ◆ Statement of Key Inequalities, Equality Commission for Northern Ireland
- ◆ NHSSB Health and Wellbeing Investment Plan (HWIP)
- ◆ NHSCT Strategic Response to the Comprehensive Spending Review 2008 – 2011
- ◆ Best Practice –Best Care
- ◆ NHS Improvement Plan 2005/ Supporting People with Long Term Conditions 2007
- ◆ Programme for Government (PFG) 2008/11
- ◆ Investing for Health Strategy 2002
- ◆ The Bamford Review, A Strategic Framework for Adult Mental Health Services. (2005)
- ◆ Independent Review of Health and Social Care Services in Northern Ireland (2005), Professor John Appleby.
- ◆ Statement of Key Inequalities, Equality Commission for Northern Ireland
- ◆ Ageing in an Inclusive Society 2005
- ◆ Caring for Carers 2006
- ◆ Ringing the Changes, NHSSB 2003
- ◆ Adding Years to Life - Dementia and Mental health Services for Older People – A Service Strategy for the Northern Area (NHSCT, NHSSB)
- ◆ Living Well, Ageing Better – A Strategy for Services for Older People 2006 - 2011, Northern Health and Social Care Trust
- ◆ Key strategies such as “Caring for People Beyond Tomorrow”, DHSSPS, June 2004
- ◆ Bamford Review
- ◆ Trust Delivery Plan
- ◆ Available data in respect of Section 75 groupings for current service users and staff
- ◆ National Services Framework for Older people (DoH, March 2001)
- ◆ National Care Standards Care Homes for Older people. (The Scottish Government, 2001)

- ◆ A demographic portrait of Northern Ireland: some implications for public policy Research and Library Service Research Paper, Northern Ireland Assembly 2011
- ◆ Transforming Your Care – A Review of Health and Social Care in Northern Ireland, DHSSPS 2011.
- ◆ Transforming Your Care: Vision to Action Post Consultation Report 2013

This list is not exhaustive.

Profile of Northern Health and Social Care Trust Resident Population

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965)
Gender	Female 50.99% Male 49.01% (2011 Census figures)
Age	0 -15 16-39 40-64 65-84 85+ 20.81% 31.63% 32.36% 13.46% 1.74% (2011 Census figures)
Religion	Protestant 56.44% Roman Catholic 29.07% Not Known 14.44%
Political Opinion	Not collected
Marital Status	Single 30.63% Married 57.60% Not Known 11.77%
Dependent Status (based on 158,520 households)	Households with dependent children 36.40%
Disability (based on 158,520 households)	Household with one or more persons with a limiting long term illness 38.61%
Ethnicity	Black African – 0.02% Irish Traveller – 0.05% Bangladeshi – 0.01% Pakistani – 0.04% Black Caribbean – 0.01% Mixed Ethnic Group– 0.18% Chinese – 0.23% White – 99.29% Indian – 0.09% Not Known – 0.05% Other Black – 0.01%

Sexual Orientation	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008
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Population Projections for NHSCT (2007–2017)

Projected Population – NHSCT							
	2007	2009	2011	2013	2015	2017	2007-2017
0-4	27389 (6.2%)	27264 (6.1%)	27334 (6.1%)	27504 (6.1%)	27678 (6.1%)	27850 (6.1%)	461 (2.5%)
5-19	92351 (21.0%)	90894 (20.5%)	89536 (20.0%)	88530 (19.6%)	87814 (19.3%)	87073 (19.0%)	-5278 (-28.4%)
20-64	257,065 (58.4%)	259,030 (58.3%)	260,928 (58.2%)	261,793 (57.9%)	262,739 (57.7%)	263659 (57.4%)	6594 (35.4%)
65-74	35000 (7.9%)	37245 (8.4%)	39080 (8.7%)	41089 (9.1%)	42545 (9.3%)	43859 (9.6%)	8859 (47.6%)
75-84	21,566 (4.9%)	22178 (5.0%)	22954 (5.1%)	24076 (5.3%)	25303 (5.6%)	26553 (5.8%)	4987 (26.8%)
85+	7122 (1.6%)	7693 (1.7%)	8277 (1.8%)	8833 (2.0%)	9427 (2.1%)	10109 (2.2%)	2987 (16.1%)
All Ages	440493	444304	448109	451825	455506	459103	18610

Source: NISRA (Northern Health and Social Services Board Mid Year Population Estimates for 1991, 2001 & 2006)

*These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns.

The table above shows population projections for the NHSCT. These projections are based on the 2002 mid-year population estimate. It indicates that the NHSCT population is expected to increase by 4.2% by 2017 (an increase of 18,610 people).

The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over a 10 year period.

Tables below are taken from the 2011 Census figures - www.nisra.gov.uk/publications

Table 1: Projected components of population change, 2010-2035 (annual averages)

(Thousands) 2010-2015	2015-2020	2020-2025	2025-2030	2030-2035	
Population at start	1,799.4	1,859.2	1,910.5	1,951.3	1,982.1
Births (average)	25.5	24.8	23.4	22.4	22.0
Deaths (average)	14.4	14.6	15.3	16.3	17.5
Natural change	11.2	10.2	8.2	6.2	4.5
Net migration (average)	0.8	0.1	0.0	0.0	0.0
Population at end	1,859.2	1,910.5	1,951.3	1,982.1	2,004.8

Table 2: Projected age distribution of population, 2010-2035 (percentages) 2010	2015	2020	2025	2030	2035	
Children (Under 16)	21	21	21	20	19	18
Adult Population (16-64)	64	63	62	61	60	59
Older population (65+)	14	16	17	19	21	23
Total	100	100	100	100	100	100

Table 3: Projected population by age group, 2010-2035 (thousands) Year	Children (Aged under 16)	Adult Population (Aged 16-64)	Older population (Aged 65 and over)	Total
2010	382	1,157	260	1,799
2011	383	1,161	266	1,811
2012	384	1,165	274	1,823
2013	385	1,170	281	1,836
2014	387	1,174	287	1,848
2015	388	1,177	294	1,859
2016	391	1,179	301	1,870
2017	394	1,180	307	1,881
2018	397	1,181	314	1,891
2019	399	1,182	320	1,901
2020	400	1,183	327	1,910
2021	401	1,183	335	1,919
2022	402	1,183	343	1,928

2023	401	1,183	352	1,936
2024	399	1,185	360	1,944
2025	396	1,186	370	1,951
2026	393	1,186	379	1,958
2027	390	1,185	389	1,965
2028	387	1,185	399	1,971
2029	384	1,184	409	1,977
2030	381	1,182	419	1,982
2031	377	1,181	429	1,987
2032	374	1,180	438	1,992
2033	371	1,179	447	1,997
2034	368	1,178	455	2,001
2035	366	1,177	463	2,005

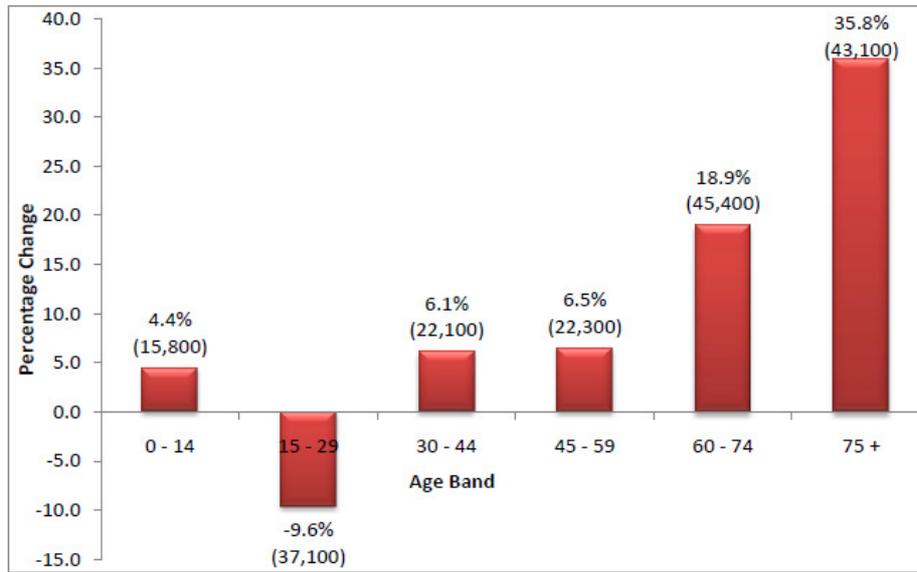
The above tables show that

- the projections indicate a marked increase in the size of the older population. The number of older people (those aged 65 or more) is projected to increase by over a quarter in the next ten years (2010-2020), whilst the population aged 85 or more is projected to rise by 51% in the same period;
- people will continue to live longer, with death rates continuing to reduce. In the long term rates of improvement in mortality rates are projected to be 1.2% per annum
- The average age will rise from 37.9 years in 2010 to 40.8 years by 2025. The number of people aged 65 and over will continue to rise after 2025, and there are projected to be twice as many people aged 65 and over in 2047 than there are today.

Dr David Marshall, from the Statistics and Research Agency, noted:
“Over the next ten years, the population is set to grow by around 10,000 persons each year. The population will also continue to age, with the population aged 85 and over set to double within two decades. Understanding and responding to these trends will be important for public services in Northern Ireland.”

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

Chart 4: Projected Percentage Change in Age Structure in Northern Ireland by 15-year age bands, 2011 – 2021.



Note: Bracketed figures show projected increase in raw counts, 2011 – 2021.

Chart 5: Projected Percentage Change in Age Structure in Northern Ireland by Selected Population Groups, 2011 – 2021.

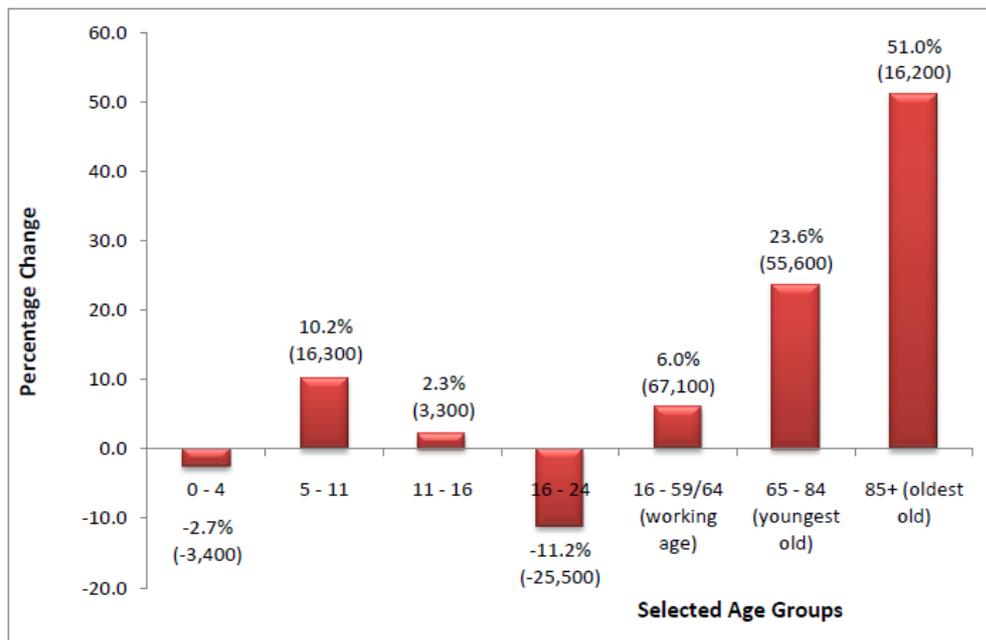
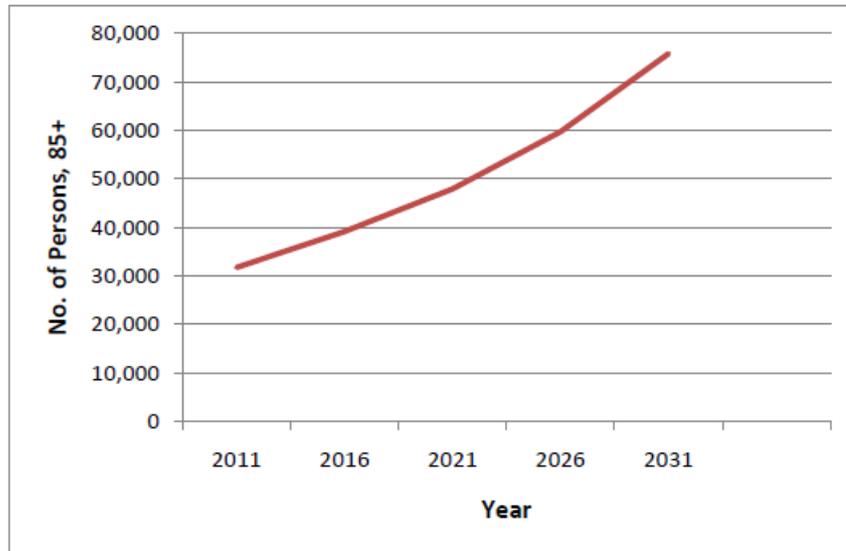


Chart 6: Northern Ireland Population Projections for those aged 85 +, 2011 – 2031.

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

Total number of carers in Northern Trust by Council area

Council area	Number of carers 2001	Number of carers 2011	% rise in number of carers
Antrim	4,815	5,989	24%
Ballymena	5,664	7,140	26%
Ballymoney	2,526	3,425	36%
Carrickfergus	4,285	4,966	16%
Coleraine	5,396	6,361	18%
Cookstown	3,389	4,109	21%
Larne	3,492	4,010	15%
Magherafelt	3,791	4,784	26%
Moyle	1,642	1,953	19%
Newtownabbey	9,259	10,770	16%
Total	44,259	53,507	21%

Total number of hours of caring by Council area

Council area	2001 – provides 50 or more hours of care per week	2011 – provides 50 or more hours of care per week
Antrim	1229	1476
Ballymena	1407	1802
Ballymoney	706	963
Carrickfergus	1000	1288
Coleraine	1300	1638
Cookstown	840	1055
Larne	812	1046
Magherafelt	893	1191
Moyle	428	557
Newtownabbey	2067	2640
Total	10,682	13,656

Profile of Current Residents in the Trust's Statutory Homes for Older People

Section 75 Group		Clonmore House	Greenisland House	Joymount House	Lisgarel	Pinewood	Rathmoyle	Rosedale	The Roddens	Westlands	Average Across Homes
Gender	Female	72%	73%	83%	62%	91%	63%	84%	47%	50%	69%
	Male	28%	27%	17%	38%	9%	37%	16%	53%	50%	31%
Religion	Roman Catholic	0%	33%	11%	5%	8%	63%	11%	6%	25%	18%
	Protestant	100%	67%	78%	95%	82%	32%	89%	94%	75%	79%
	Other	0%	0%	11%	0%	0%	5%	0%	0%	0%	3%
Political Opinion	Not Collected										
Age	16-24	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	25-34	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	35-44	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	45-54	0%	0%	0%	0%	0%	5%	0%	0%	0%	1%
	55-64	0%	0%	0%	0%	0%	5%	0%	12%	0%	2%
	65+	100%	100%	100%	100%	100%	90%	100%	88%	100%	97%
	Not Known	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dependent Status	Not Collected										
Disability	Not Collected										
Marital Status	Single	0%	13%	17%	14%	36%	42%	21%	47%	44%	26%
	Married	100%	87%	83%	86%	64%	58%	79%	6%	56%	69%
	Not Known	0%	0%	0%	0%	0%	0%	0%	47%	0%	5%
Ethnicity	White	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sexual Orientation	Not Collected										

Profile of current staff in the Trust's Statutory Homes for Older People

Group	Average profile across homes	
Gender	96% Female 4% Male	
Age	16 – 24 years	5%
	25 – 34 years	11%
	35 - 44 years	18%
	45 – 54 years	40%
	55 –59 years	13%
	60+ years	13%
Community Background	Protestant – 64% Roman Catholic – 29% Other 7%	
Religious belief	Muslim – 0% Hindu – 0% Sikh – 0% Jewish – 0% Buddhist – 0% Christian – 34% None – 6% No data held – 60%	
Political Opinion	Broadly Unionist – 17% Broadly Nationalist – 4% Other - 7% Do not wish to answer/not known – 72%	
Marital Status	Single – 21% Married – 70% Other – 9%	
Dependent Status	A child (or children) – 16% A dependent older person – 7% A person(s) with a disability – 2% None of the above – 27% No data held – 48%	
Disability	Declared disability – 2%	
Ethnicity	White – 86% Black African – 0% Bangladeshi – 0% Black Caribbean – 0% Chinese – 0% Indian – 1% Irish Traveller – 0%	

	<p>Pakistani – 0%</p> <p>Mixed Ethnic Group – 0%</p> <p>Filipino – 0%</p> <p>Other – 0%</p> <p>Black Other – 0%</p> <p>Not Known – 13%</p>
Nationality	<p>Polish – 1%</p> <p>British – 31%</p> <p>Scottish – 1%</p> <p>Welsh – 0.04%</p> <p>Irish – 6%</p> <p>Lithuanian – 0%</p> <p>English – 0%</p> <p>Northern Irish – 1%</p> <p>Indian – 0%</p> <p>Filipino – 0%</p> <p>Pakistani – 0%</p> <p>No data held – 60%</p>
Sexual Orientation	<p>Opposite sex – 47%</p> <p>Same sex – 0%</p> <p>Same and opposite sex – 0%</p> <p>Do not wish to answer/not known – 53%</p>

Profile of Current Staffing in the Northern Health and Social Care Trust by Section 75 - as at January 2013

Group	Workforce profile	
Gender	86.1% Female 13.9% Male	
Age	16 – 24 years 25 – 34 years 35 - 44 years 45 – 54 years 55 – 64 years 65+ years	4.4% 21.6% 25.5% 30.4% 16.1% 1.9%
Community Background	Protestant – 55.1% Roman Catholic – 36.6% Neither/Not known – 8.3%	
Religious belief	Muslim – 0.17% Hindu – 0.2% Sikh – 0.02% Jewish – 0.01% Buddhist – 0.13% Christian – 35.59% Other – 0.44% None – 6.39% No data held – 57.04%	
Political Opinion	Broadly Unionist – 15.4% Broadly Nationalist – 7% Other - 10.7% Do not wish to answer/not known – 66.9%	
Marital Status	Single – 26% Married – 68.3% Other – 5.7%	
Dependent Status	A child (or children) – 27.8% A dependent older person – 3.8% A person(s) with a disability – 1.7% None of the above – 21.6% No data held – 45.1%	
Disability	Declared disability – 3.2%	
Ethnicity	White – 83.97% Black African – 0.12% Bangladeshi – 0.00% Black Caribbean – 0.04% Chinese – 0.06% Indian – 1.04% Irish Traveller – 0.02% Pakistani – 0.14% Mixed Ethnic Group – 0.14%	

	Filipino – 0.38% Other – 0.26% Black Other – 0.03% Not Known – 13.8%
Nationality	EC – 0.19% Non-EC – 0.09% Polish – 0.23% British – 28.98% Scottish – 0.28% Welsh – 0.04% Irish – 9.58% Lithuanian – 0.04% English – 0.11% Northern Irish – 2.73% Indian – 0.18% Filipino – 0.09% Pakistani – 0.01% No data held – 57.47%
Sexual Orientation	Opposite sex – 50.7% Same sex – 1.4% Same and opposite sex – 0.2% Do not wish to answer/not known – 47.7%

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

With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to the service users of the Trust's statutory residential homes. Please note that this assessment is based on the profile of service users in April 2013.

Gender

The average gender profile of clients across the Trust's statutory residential homes is 69% female and 31% male. The gender profile of the Northern Trust resident population is 51% female and 49% male. Females represent 60% of the over 65s in the general population. This gender profile is reflective of research which demonstrates that life expectancy is higher for women than men. In light of this population trend, the impact will always be greater on females. The Trust is committed to monitoring for any adverse impact.

Persons of different age

The Northern Ireland Assembly research paper - A demographic portrait of Northern Ireland: some implications for public policy – states that between 2011 – 2021, the number of persons 85+ is expected to increase by half (51.1%) to 47,900. By 2031, the 85 + population is projected to reach 75,800, or 3.8 % of the total population.

97% of the clients in our statutory residential homes are over 65 years, which is expected in light of the service provided. The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over the next 10 year period. The Trust is committed to monitoring for any adverse impact.

Persons with or without a disability

Whilst the Trusts does not currently collect statistical information relating to levels of disability amongst clients in its statutory residential homes, it is predicted that the residents will have some level of disability, given the nature of the service provided. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

Within the statutory residential homes, the majority of residents 69% are married, with 26% being single which is reflective of the population as a whole. The Trust is mindful that there may be a higher prevalence of residents who are widowed compared to the general population, given the age profile of residents. The Trust

is committed to monitoring for any adverse impact and will engage with residents and their carers throughout the process.

Persons of different religious belief

The Trust notes that religious profile of the residential homes is reflective of the religious profile of the geographical area in which the homes are located. The average across all of the homes is 79% Protestant and 18% Roman Catholic. When compared to the religious profile of the Trust population, there are slightly more Protestant residents in Trust owned statutory homes. It is important to note that this is an analysis of the 154 residents in statutory residential homes and there are a further 295 Trust residents in independent sector homes across the Trust area.

All of the Trust's statutory homes and the independent homes provide a welcoming environment where clients from differing religious backgrounds are cared for together. All independent home owners will be expected to respect the particular religious affiliation of the client they will be caring for and to make the necessary arrangements for the client to practice his/her religious beliefs. This proposal will not have any adverse impact on clients from any religious grouping.

Persons with/without dependants

This information is not routinely collected by the Trust in relation to service users. Recent Census figures indicate that the number of carers in the Trust area has risen by 21% since 2001 which would be reflective of the age profile of those living in the Trust area. The Trust is mindful that most clients are regularly visited by relatives and friends. The Trust is aware of the importance of regular contact between clients and their family and friends and this will be addressed when considering future care options. The Trust is also aware that the Survey of Carers of Older People in Northern Ireland found that over three-quarters (77%) of the carers who responded to the survey were female.

Persons of different political opinion

The Trust does not collect information on political opinion of service users. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. As stated above, all independent home owners will be expected to provide a welcoming environment where clients with differing political opinion are cared for together. The Trust feels that this proposal will not have an impact on the grounds of political opinion.

Persons of a different racial group

All of the residents of our statutory residential homes are white. There is no evidence to suggest that this proposal will have an impact on the clients on the grounds of their racial background. Any specific cultural needs will be addressed during the consideration of future care options. The Trust is mindful that there are

increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trust is committed to ensuring that its services are accessible and welcoming to everyone.

Persons of different sexual orientation

No direct information is gathered from service users on sexual orientation but research would indicate that 10% of the population is lesbian, gay or bisexual.

There is no evidence to suggest that this proposal would have an adverse impact on anyone by reason of their sexual orientation.

Mitigation of Impact on Service Users

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

The Trust acknowledges that any changes to the current provision will be challenging for residents, families and staff. No resident or relative will be expected to find alternative accommodation on their own, Trust staff will assist at all times. No-one will be expected to move from any home unless a suitable alternative placement is available.

In order to alleviate concerns the Trust will continue to communicate with residents and relatives regarding timescales for taking forward the proposals. Any transfer to a new facility will be planned with the named workers, liaising closely with residents and their families. During this time, residents and their families will be supported by an independent advocacy service if desired.

All residents will have a review of their needs carried out to establish the level of care required and suitable alternatives will be identified. During the period of the transition a team will be established including the named workers, staff representatives and advocates to plan the move and agree any short-term support that might be required.

The Trust will undertake to meet any additional reasonable costs. This will be those services that the resident has already purchased for their current home. Groups of friends moving to the same facility will be assisted to move together.

We understand that this will be a difficult time for residents, families and staff and we will ensure the move is handled sensitively with the residents' needs paramount. The manager and staff within the home will provide regular updated information and be available to answer residents and relatives questions.

The following options will be available for residents and families.

Transfer to Supported Living Scheme - This will be considered once the Supported Living Schemes in Greenisland and Rathmoyle are completed. This will be based on the assessed need of the individual and take into account the admission criteria of the Support Living Unit.

Transfer to Residential Care in the Independent Sector - This will be to a setting registered to meet the individual's needs. If there is a third party charge in the home, the Trust will pay the additional charge until the resident requires nursing care.

Transfer to Nursing Care in the Independent Sector - This will apply to all residents who are assessed as needing nursing care or will do so in the near future. They will transfer to nursing care as is current practice. This will be planned in discussion with the named worker and the family.

Service Model for Future Service Users

In line with TYC, the Trust continues to develop alternatives to residential care. This has, in the main, been focussed on expanding domiciliary care services. In 2010/11 the Trust either directly provided or funded 2,302,770 hours and in 2013/14 this will have increased to 2,558,831 hours, an additional 4,900 hours per week.

Rather than people going into residential and nursing care at a point of crisis we have developed assessments beds which give older people and their carers the opportunity to reflect on their situation, deal with the crisis and have time to adjust to the change, whilst being supported in a protective environment.

Our step-up/down beds are focussed on reablement to ensure that the older person has the required amount of time to recover and develop the skills needed to return home.

We intend to continue to develop close links with supporting people and housing providers to make sure that the existing sheltered dwellings and supported living facilities are used to the full.

We will continue to expand the Telehealth network. This will focus not only on the equipment provided by the Trust but also equipment that can be purchased to assist with independence. We are currently looking at the potential to develop 3 demonstration sites. This will enhance carers, older people and professionals understanding of what is available and how this can benefit older people.

We will continue to develop links with the voluntary and community sector. For example, in providing Good Morning and Good Evening Schemes and Befriending Schemes which support people to live in their own homes.

Initial one to one meetings will be held in all residential homes with residents and relatives in order to outline the Trust's proposals. During the period of consultation Trust officers will be available to respond to resident and relative queries and will meet with them in all homes to discuss potential alternative accommodation

options. An independent advocate will be arranged to assist relatives and residents during the consultation process.

The Trust will ensure that suitable care arrangements are made for all permanent residents directly affected by this proposal. Future care options will be discussed with all residents and relatives to ensure that individual choices, existing social networks, and accessibility to family are fully considered.

The Trust will take all necessary steps to mitigate against any identified adverse impact on affected residents and the Trust is committed to supporting affected residents and their relatives during this consultation period and beyond. The Trust will ensure that it will pay particular regard to Article 8 issues when suitable care arrangements are being considered and that alternative care offered will maintain accessibility to family support and social networks.

Assessment of Impact on Current Staff by Section 75 Equality Groups

Please note: The Trust has taken the decision to only provide the average Section 75 profile of staff across all of its statutory residential homes for older people, in order to protect the identity of individuals. However the data for individual homes has been considered.

The Trust recognises that this proposal may impact on staff in terms of relocation to a new work site. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change HR Framework. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.

With regard to the information gathered, the Trust has noted the following in relation to the affected staff.

Between men and women generally

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current staff working in the Trust's statutory residential homes for older people is 96% female and 4% male. The overall Trust workforce average is 86.1% female and 13.9% male. The Trust is aware that women are more likely to have dependency and caring responsibilities. The Trust will consider mitigating measures for staff directly affected in line with the Trust's 'Management of Change – Human Resources Management Framework'

Persons of different age

The age profile of staff in the statutory residential homes (26% over 55) is slightly older than the age profile of staff across the Trust (18% over 55). The Trust is mindful that people over 55 may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected.

Persons with or without a disability

There is an overall low percentage of employees in the Northern Trust (3.2%) who have declared a disability. Records indicate that 2% of affected staff have declared a disability. The Trust is mindful that the prevalence of disability amongst its workforce may be unreported as people may be reluctant to declare they have a disability. We are currently working with disabled people and representative groups to ensure staff that have or declare a disability are fully supported. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies.

Persons of different marital status

Available figures indicate that the marital status of staff affected (70% married and 21% single) is largely reflective of the marital status of staff in the Trust as a whole (68.3% married and 26% single). The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. The Trust will consider any mitigating measures for staff directly affected.

Persons of different religious belief

The religious profile of staff affected is 64% Protestant and 29% Roman Catholic which indicates there are slightly more Protestant staff working in statutory residential homes when compared to the religious profile of all staff across the Trust (55.1% Protestant and 36.6% Roman Catholic). The Trust is of the view that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of religious belief. The Trust will consider any mitigating measures for staff directly affected.

Persons with/without dependants

9% of affected staff have indicated they are caring for a dependent older person or person with a disability which is reflective of the dependant status of staff across the Trust. 16% of staff affected have dependent children compared to 27.8% of staff across the Trust which is reflective of the age profile of those staff affected. The Trust is aware of the caring obligations that may be associated with its female employees. The Trust will consider any mitigating measures for staff directly affected.

Persons of different political opinion

17% of the staff affected have indicated they are broadly Unionist which compares to 15.4% of all staff across the Trust. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of political opinion.

Persons of a different racial group

Available figures indicate that the 86% of the staff affected are white which is reflective of the racial profile of all Trust staff (83.97%). It is important to note that 13% of staff affected indicated that their racial background was 'not known'. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.

Persons of different sexual orientation

There is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of sexual orientation.

Mitigation of Impact on Current Staff

The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for decisions relating to staff. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust has systems in place to support staff through the changes. This includes providing information in a timely way, providing time for training, attending interviews, counselling, trying out posts and accessing Occupational Health Support.

A communication strategy will ensure staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings with their managers to discuss plans, to influence the planning process and express any concerns.

This proposal may impact on staff in terms of relocation to a new work site and redeployment to a different post and a new role. The Trust will work in partnership with Staffside to assess the impact on staff and to put robust mitigating measures in place.

Formal Consultation

The 14 week formal public consultation on our proposals will be from 26 April 2013 until 26 July 2013.

Targeted consultation will include specific consultation meetings with staff, service users and carers directly affected and a range of stakeholders.

To facilitate comments please complete the comments form available on the Trust Website at <http://www.northerntrust.hscni.net>, however we will accept comments in any format.

All enquiries regarding this consultation process should be directed to:

Alison Irwin
Head of Equality
Route Complex
8e Coleraine Road
Ballymoney
Co Antrim
BT53 6BP

Tel: 028 2766 1377 Fax: 028 2766 1209
Mobile Text: 07825667154
E-mail: equality.unit@northerntrust.hscni.net

Publication of the Results of this Equality Impact Assessment

The outcomes of this EQIA will be published and results will be posted on the Trust's website and Intranet.

Monitoring

In keeping with the Equality Commission's guidance, the Trust will put in place a strategy to monitor the impact of this proposal on the relevant groups.

If as a result of this monitoring, the Trust finds that the impact of this proposal results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.